

Notice of a public meeting of Scrutiny of Health Committee

To: **Councillors Liz Colling (Vice-Chair),
Caroline Dickinson, Richard Foster, Sam Gibbs,
Nathan Hull, Peter Lacey, Andrew Lee (Chairman),
John Mann, Rich Maw, Heather Moorhouse,
Andrew Murday, David Noland, Clive Pearson,
Andy Solloway and Nick Brown.**

Date: **Wednesday, 13th December, 2023**

Time: **10.00 am**

Venue: **Brierley Room, County Hall, Northallerton, DL7 8AD**

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. Please contact the Democratic Services Officer whose details are at the foot of the first page of the Agenda if you would like to find out more.

This meeting is being held as an in-person meeting.

Recording is allowed at Council, committee and sub-committee meetings which are open to the public, please give due regard to the Council's protocol on audio/visual recording and photography at public meetings. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Democratic Services Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive.

AGENDA

- 1. Minutes of the Meeting held on 8 September 2023** **(Pages 5 - 10)**
- 2. Apologies for Absence**
- 3. Declarations of Interest**
All Members are invited to declare at this point any interests they have in items appearing on this agenda, including the nature of those interests.
- 4. Chairman's Announcements**
- 5. Public Participation**
Members of the public may ask questions or make statements at this meeting if they have given notice to Christine Phillipson of Democratic and Scrutiny Services and supplied the text (contact details below) by midday on Friday 8th December, three working days before the day of the meeting. Each speaker should limit themselves to 3

Enquiries relating to this agenda please contact Christine Phillipson Tel: 01609 533887

or e-mail christine.phillipson@northyorks.gov.uk

Website: www.northyorks.gov.uk

minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct anyone who may be taking a recording to cease while you speak.

6. Catterick Integrated Care Campus - A verbal update from Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, NHS Humber and North Yorkshire Integrated Care Board.

An update on the Catterick Integrated Care Campus.

7. TEWV Well Led Inspection - Brian Cranna

Feedback from Brian Cranna, Care Group Director of Operations & Transformation, Tees, Esk And Wear Valley NHS Foundation Trust on the most recent CQC Inspection at West Park Lane Hospital, Darlington.

8. Acute Mental Health Services - Brian Cranna and Kirsty Kitching

An update from Brian Cranna, Care Group Director of Operations & Transformation, Tees, Esk And Wear Valley NHS Foundation Trust & Kirsty Kitching, Assistant Director for the North Yorkshire Mental Health, Learning Disabilities and Autism Partnership, Humber and North Yorkshire Health and Care Partnership on Acute Mental Health services across the County.

9. North Yorkshire Hospice Care (Pages 11 - 86)

An Update from the Chief Executive Officers of North Yorkshire Hospices. Tony Collins CEO North Yorkshire Hospice Care, Emma Johnson CEO St. Catherine's Hospice and Ray Baird CEO St. Leonards Hospice.

Grant agreements for St. Michaels and St. Leonards are available to view.

10. Work Programme (Pages 87 - 92)

11. Items for Information (Pages 93 - 100)

[GP website health check-up | Healthwatch NorthYorkshire](#)

12. Any Other Items

Any other items which the Leader agrees should be considered as a matter of urgency because of special circumstances

13. Date of Next Meeting

The next Scrutiny of Health meeting is on Friday 8th March 2024 at 10am in the Brierley Room, County Hall, Northallerton.

Members are reminded that in order to expedite business at the meeting and enable Officers to adapt their presentations to address areas causing difficulty, they are encouraged to contact Officers prior to the meeting with questions on technical issues in reports.

(Legal and Democratic Services)

County Hall
Northallerton

Tuesday, 5 December 2023

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North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held on Friday, 8th September, 2023 commencing at 10.00 am.

County Councillor Andrew Lee in the Chair. plus County Councillors Liz Colling, Caroline Dickinson, Sam Gibbs, Nathan Hull, Peter Lacey, Rich Maw, Heather Moorhouse, Andrew Murday, David Noland, Clive Pearson, Andy Solloway, Nick Brown and George Jabbour. Councillor Donohue - Moncrieff by invitation.

Officers present: Linda Marfitt, Acting Head of Place-shaping & Economic Growth and Tracey Rathmell, Executive Officer Policy and Place and Acting Executive Officer Housing Delivery & Strategic Sites, and Christine Phillipson, Principal Democratic Services and Scrutiny Officer, North Yorkshire Council.

Other Attendees: Lisa Pope, Stephanie Porter, John Darley and Wendy Balmain, NHS Humber & North Yorkshire Integrated Care Board. Paul Willcoxon, Lead Clinician, Stroke Services, Darren Fletcher, Senior Operational Manager and Neil Wilson, Head of Partnerships and Alliance, York & Scarborough NHS Foundation Trust

Copies of all documents considered are in the Minute Book

262 Minutes of the Meeting held on 16 June 2023

That the minutes of the meeting held on 16th June 2023 be taken as read and be confirmed by the Chairman as a correct record.

Resolved – The minutes are confirmed as correct.

263 Apologies for Absence

Apologies were received from Councillor Kevin Foster with Councillor George Jabbour as substitute and Councillor John Mann.

264 Declarations of Interest

Councillor Liz Colling declared an interest as an appointed Governor of Scarborough and York Hospital NHS Trust.

265 Chair's Comments

The Chair reminded the Committee that we were in a pre-election period with the Hutton Rudby & Osmotherley Division by-election taking place on 28th September 2023.

266 Public Questions or Statements

There were none.

267 Hyper Acute Stroke Services for the North Yorkshire population.

Considered – A presentation from Paul Willcoxon, Darren Fletcher and Neil Wilson, York and Scarborough NHS Foundation Trust

Paul highlighted the following points;

- data on journeys to York, specifically from a Filey base;
- patient and families support;
- outcome data;
- priorities for the future;
- transfer and repatriation;
- a golden hour explanation;
- rehabilitation at home;
- recruitment and retention;
- international recruitment and the challenges currently being faced by the Trust.

There then followed a discussion raising the following questions and discussion points:

Change occurred within the Trust from 2015 onwards when 3 Consultants retired simultaneously, the priority then becoming how to provide better care for a large number of patients.

It was asked whether Paramedics were able to successfully identify stroke symptoms and deal with patients effectively ?

Ambulance crews have an 80% positive detecting with the relevant tools and are then able to spend more time assessing patients. Approximately 1,000 patients a year are admitted at York, with approx. another 500 patients presenting with symptoms initially but then subsequently not diagnosed with a stroke.

It was raised that the length of travel time from Scarborough to York is concerning and the possible delay in handover time once the ambulance arrived.

It was reiterated that ambulance crews rarely have issues getting from Scarborough to York and there is no handover time as the hospital staff are waiting and prepared, ready for the ambulance to arrive.

Councillor Rich Maw had previously presented a question that had been forwarded to the Trust which was

"The NHS England target time for transport to a HASU is 30 minutes, 1 hour at the very outside - and EVERY patient should access a stroke unit in under 4 hours.

NICE go further and recommend 'brain imaging immediately' in many cases and thrombolysis treatment 'as soon as possible' and at least 'within 4.5 hours of onset of stroke symptoms'.

What is the current national Standardised Mortality Ratio for East Coast stroke patients?

Figures from SNAP gave the mortality rate from April 14 – March 15 when there was an HSU in Scarborough as 1.26 and then from 17/18, 18/19 and 19/20 as 0.86, 0.96, 0.80 respectively, when the service moved to York. The best care for patients was paramount and it was noted that 30 patients died in 1 year, of which 9 were from Scarborough.

The current national Standardised Mortality Ratio (SMR) is 1.05.

Councillor Maw referenced a letter he had received which the Chair agreed to circulate after the meeting.

It was asked if other outcomes were measured on recovery levels ?

Other measurements used to measure recovery were time metrics, the amount of physiotherapy required and occupational therapy amongst others. All stroke patients will have a 6 month follow up examination. Ambulance response times could also have an effect on mortality figures.

It was also confirmed that all stroke patients would be taken to York, if the diagnosis was subsequently not a stroke, patients would be returned to Scarborough.

It was asked whether there were staffing issues that related to the length of stay being around 22 days ?

There were no specific issues relating to this figure and no staffing issues. The priority is to discharge patients wherever possible, but home care and community care remain the biggest struggle as it is adult social care generally.

A question was raised in relation to the practicalities of family support when patients were in Hull or York.

It was agreed that family support is crucial to recovery and wellbeing and when offered a place of care most patients chose to stay in York. A family room in York is being refurbished and this will be reintroduced to facilitate family support to patients.

Resolved – The Chair thanked the representatives from Scarborough and York NHS Foundation Trust for their presentation and the useful discussion with Members and suggested they return to a future Committee meeting with an update.

Due to time restraints of presenters and the Committee overrunning on the previous item the Chair agreed to take item 8 before item 7, allowing the presenters to leave for a previously agreed appointment.

268 Urgent Care Delivery in York and The East Coast.

Considered - Lisa Pope and John Darley, from Humber & North Yorkshire Integrated Care Board gave a progress update on the emerging integrated model for Urgent Care Delivery and the next steps now underway following the Covid pause.

The presentation covered the following main points:

- All parts of the health and care system provide urgent care to a degree.
- Urgent treatment centres (UTCs) provide urgent but non-emergency medical help.
- Urgent treatment centres are clinically led by doctors (sometimes GPs) working with nurses to deliver the service.
- UTCs can diagnose and deal with many of the common problems that people go to A&E with including:
 - sprains and strains and suspected broken bones
 - injuries, cuts and bruises
 - stomach pain
 - breathing problems
 - vomiting and diarrhoea
 - high temperature in children
 - mental health concerns
- The current urgent care services across North Yorkshire
- The emerging future model of integrated urgent care

There then followed a discussion around the following points:

The model of urgent care in place at the Friarage Hospital works well and looks to be replicated elsewhere.

It was noted that within the elderly population primary care was an integral part of urgent treatment centres. Access to the correct staff at the correct time, first time was paramount. Pressures within the 111 service were now beginning to recover but still under significant pressure.

Resolved – The Chairman thanked Lisa and John for their presentation which was extremely well received and asked that they may return to a future Committee meeting.

269 North Yorkshire Place and Planning Infrastructure.

Considered – A presentation around the NHS Infrastructure and the Planning Directorate of North Yorkshire Council to understand their alignment and interaction.

The presentation covered the following main points:

- How planning and health infrastructure align
- The role of the Integrated Care Board (ICB)
- Community Interest Levy (CIL)
- S106 (of the Town and Country Planning Act 1990) contributions
- The alignment of 7 previous District and Borough local plans
- The provision of a new plan by March 2028
- Delivery mechanism and community engagement

There then followed a discussion raising the following points:

Cllr Jabbour asked if there would be interaction with the 2 National Parks within the County that had their own local plans?

They will continue to deliver their local plans, but we would continue to liaise and consult with them as there were many cross-boundary issues.

Councillor Donohue-Moncrieff, who was attending the meeting having requested permission from the Chair, asked about the existing local plans that were a legacy from the District and Borough Council's and specifically around Scarborough Borough Council's local plan which was initiated in 2017 and how the existing services, such as GP's would cope ?

In response, it was discussed, and the main areas highlighted were;

- GP ownership was not straightforward
- Some practices will operate at 50% of guidance
- Extensions and new build costs were not covered by developers
- Practice owned buildings can be attractive to third parties
- Multiple smaller surgeries are much more sustainable longer term as one larger multi agency property
- Differing prescriptive methods are being looks at e.g., group consultations, holistic remedies, leisure and library facilities and further enhancement of digital technology, which proved effective throughout Covid
- Legal costs and fixtures are not part of the Capital request remit
- It has already been identified that there are health inequalities on the East Coast
- The availability of other estate properties for use.

Councillor Lacey asked if there was a workforce plan at the earliest stage of any Capital requests ?

One of the key priorities for the ICB is working in partnership, recruitment from abroad is successful, there are 300 roles expected to be filled by March 2024, with around 60% fulfilled already.

Councillor Colling asked if there was any lobbying to suggest that the financial process of Capital monies may be calculated on all aspects of the build and not simply just floorspace? GP's operate as a small business, and they drive the expansion with support from NHS in the background and in line with the rules of governance.

Councillor Maw asked if S106 monies could be combined ?

S106 agreements are legally binding, they can be negotiated but it is infrequent after signing. Time frame on spending is 10 years.

Councillor Solloway asked how the process works when healthcare is provided out of the North Yorkshire area.

It was reiterated that there is liaison **Page 8** areas working together to achieve the best

outcome. There is a legal duty to cooperate and demonstrate this with cross boundary neighbours.

Councillor Nick Brown asked if there was a specific plan for Harrogate in place?
All existing plans across the County will stay in place until the new plan is in existence.

Resolved – The Chairman thanked the presenters for their report and the discussion that followed and asked that they may return to a future Committee meeting with an update where required.

270 NHS Estate Follow Up Details

This was some further information on the NHS Estate following the last meeting. Any Members requiring any further information to forward that through the Democratic Services Officer.

271 Work Programme

Considered – The Committee's work programme.

- The objective is to enable the Committee to review the work programme and make suggestions on areas of scrutiny for inclusion for the remainder of the year and prioritise accordingly.

The Committee discussed the work programme and as well as the items on the programme, the following was suggested;

- Councillor Lacey suggested the Committee invite the Director of Public Health to a future Committee meeting to discuss the Better Care Fund once it has been presented to the North Yorkshire Health and Wellbeing Board in January 2024. - this will be discussed and agreed with Director of Public Health and added to the work plan.

272 Any Other Business

There was no urgent business.

273 Date of Next Meeting

The next meeting is on Friday 7th December at 10am in the Brierley Room, County Hall, Northallerton.

The meeting concluded at 12.50 pm.

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North Yorkshire Council
Scrutiny of Health Committee
13 December 2023
North Yorkshire Hospice Care

1.0 PURPOSE OF REPORT

- 1.1 To inform and update the Committee on North Yorkshire Hospice Care with regard to funding and the provision of end-of-life care.

2.0 BACKGROUND

- 2.1 The Chief Executives of North Yorkshire Hospice Care, St. Catherine's Hospice and St. Leonards Hospice expressed an interest in updating the Committee on Hospice Care in North Yorkshire.
- 2.2 To discuss and share with the Committee the current service development, need and risk factors affecting end of life providers.
- 2.3 To share with the Committee the financial schedule covering contract values of core services for the term 2023/24.

3.0 RECOMMENDATION

- 3.1 The Committee is asked to note the information.

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What we said to the Mid Cycle Scrutiny Committee Briefing
3 November 2023
Tony Collins

Three hospices serving North Yorkshire and York; St Catherine's based in Scarborough, St. Leonard's based in York and Saint Michael's and Herriot Hospices (merged) based in Harrogate and Thirsk. Providing a range of end of life and palliative services including; specialist inpatient beds, community based end of life care, outpatient clinics, lymphoedema services and bereavement counselling and support.

The total cost of providing these services across the three hospices is circa £20m and we received NHS funding of £5.6m as a contribution to this, which is 27% and leaves us £14.8m to raise through fundraising.

Four to five years ago the NHS funding was between 35-40% of total service costs. The funding gap is widening rapidly with no extra funding to follow the nurse salary increases and only 1.8% inflationary increase against our costs rising in excess of 7.5%. As three hospices we have asked for an increase in funding and been told no. This is now moving us quickly towards the possibility of needing to close some of our services.

Other issues in the funding from the NHS is the inequity of the funding model. Example given of the community based services being funded according to four different funding models across the three hospices.

Bereavement services receive no NHS funding across the three hospices.

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NHS Standard Contract 2023/24

Particulars (Shorter Form)

Version 1, March 2023

Contract title / ref:

**North Yorkshire Hospice Care
(Saint Michael's Hospice)**

Ref: C206158

Prepared by: NHS Standard Contract Team, NHS England
england.contracts@nhs.net
(please do not send contracts to this email address)

| | |
|--|---|
| Contract Reference | C206158 |
| DATE OF CONTRACT | 1 April 2023 |
| SERVICE COMMENCEMENT DATE | 1 April 2023 |
| CONTRACT TERM | 12 months commencing 1 April 2023 |
| COMMISSIONERS | NHS Humber and North Yorkshire ICB (ODS 42D) |
| CO-ORDINATING Commissioner <i>See GC10</i> | NHS Humber and North Yorkshire ICB (ODS Q0Q) Health House, Grange Park Lane, Willerby, Hull. HU10 6DT |
| PROVIDER | North Yorkshire Hospice Care Principal and/or registered office address: Crimple House Hornbeam Park Avenue Harrogate HG2 8NA Company number: 2121179 Registered Charity: 518905 |

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Definitions and Interpretation

CONTRACT

Contract title: North Yorkshire Hospice Care (Saint Michael's Hospice)

Contract ref: C206158

This Contract records the agreement between the Commissioners and the Provider and comprises

1. these **Particulars**, as completed and agreed by the Parties and as varied from time to time in accordance with GC13 (*Variations*);
2. the **Service Conditions (Shorter Form)**, as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>;
3. the **General Conditions (Shorter Form)**, as published by NHS England from time to time at: <https://www.england.nhs.uk/nhs-standard-contract/>.

Each Party acknowledges and agrees

- (i) that it accepts and will be bound by the Service Conditions and General Conditions as published by NHS England at the date of this Contract, and
- (ii) that it will accept and will be bound by the Service Conditions and General Conditions as from time to time updated, amended or replaced and published by, NHS England pursuant to its powers under regulation 17 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, with effect from the date of such publication.

IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

| | |
|-----------------------------|---|
| Signed by | Mark Bradley Director of Finance, North Yorkshire and York |
| for and on behalf of | NHS Humber and North Yorkshire Integrated Care Board (ICB) (sig) |
| Signature | |

| | |
|-----------------------------|---|
| Signed by | Tony Collins Chief Executive |
| for and on behalf of | North Yorkshire Hospice Care (sig) |
| Signature | |

| SERVICE COMMENCEMENT AND CONTRACT TERM | |
|---|--|
| Effective Date <i>See GC2.1</i> | 1 April 2023 |
| Expected Service Commencement Date <i>See GC3.1</i> | 1 April 2023 |
| Longstop Date <i>See GC4.1</i> | 30 September 2023 |
| Contract Term | 12 months commencing 1 April 2023 |
| Commissioner option to extend Contract Term <i>See Schedule 1C, which applies only if YES is indicated here</i> | NO |
| Notice Period (for termination under GC17.2) | 3 months |
| SERVICES | |
| Service Categories | Indicate <u>all</u> categories of service which the Provider is commissioned to provide under this Contract. <i>Note that certain provisions of the Service Conditions and Annex A to the Service Conditions apply in respect of some service categories but not others.</i> |
| Continuing Healthcare Services (including continuing care for children) (CHC) | No |
| Community Services (CS) | Yes |
| Diagnostic, Screening and/or Pathology Services (D) | No |
| End of Life Care Services (ELC) | Yes |
| Mental Health and Learning Disability Services (MH) | No |
| Patient Transport Services (non-emergency) (PT) | No |
| GOVERNANCE AND REGULATORY | |
| Provider's Nominated Individual | Tony Collins Email: tcollins@saintmichaelshospice.org Tel: 01423 878184 (Ext: 1230) |
| Provider's Information Governance Lead | Katie Freear Email: kfreear@saintmichaelshospice.org Tel: 01423 876478 |
| Provider's Data Protection Officer (if required by Data Protection Legislation) | Emily Dobson Email: edobson@saintmichaelshospice.org Tel: 01423 876476 (Ext: 1103) |




| | |
|---|---|
| Provider's Caldicott Guardian | <p>Megan Itson Email: mitson@saintmichaelshospice.org Tel: 01423 878183 (Ext: 2090)</p> <p>Deputy: Dr Jenny Smith Email: jennysmith@saintmichaelshospice.org Tel: 01423 876089 (Ext: 1234)</p> |
| Provider's Senior Information Risk Owner | <p>Emily Dobson Email: edobson@saintmichaelshospice.org Tel: 01423 876476 (Ext: 1103)</p> |
| Provider's Accountable Emergency Officer | <p>Emily Dobson Email: edobson@saintmichaelshospice.org Tel: 01423 876476 (Ext: 1103)</p> |
| Provider's Safeguarding Lead (children) / named professional for safeguarding children | <p>Megan Itson Email: mitson@saintmichaelshospice.org Tel: 01423 878183 (Ext: 2090)</p> |
| Provider's Safeguarding Lead (adults) / named professional for safeguarding adults | <p>Megan Itson Email: mitson@saintmichaelshospice.org Tel: 01423 878183 (Ext: 2090)</p> |
| Provider's Child Sexual Abuse and Exploitation Lead | <p>Jenna Collins Email: jcollins@justb.org.uk Tel: 07580 279857</p> |
| Provider's Mental Capacity and Liberty Protection Safeguards Lead | <p>Dr Jenny Smith Email: jennysmith@saintmichaelshospice.org Tel: 01423 876089 (Ext: 1234)</p> |
| Provider's Freedom To Speak Up Guardian(s) | <p>Megan Itson Email: mitson@saintmichaelshospice.org Tel: 01423 878183 (Ext: 2090)</p> |
| CONTRACT MANAGEMENT | |
| <p>Addresses for service of Notices</p> <p>See GC36</p> | <p>Co-ordinating Commissioner: NHS Humber and North Yorkshire Integrated Care Board (ICB)</p> <p>Name: Mark Bradley, Place Based Finance Director (North Yorkshire and York)</p> <p>Address: Health House, Grange Park Lane, Willerby, Hull. HU10 6DT Email: mark.bradley7@nhs.net</p> <p>Provider: North Yorkshire Hospice Care Address: Crimple House, Hornbeam Park Avenue, Harrogate, HG2 8NA Email: tcollins@saintmichaelshospice.org</p> |

| | |
|--|---|
| Commissioner Representative(s) <i>See GC10.2</i> | Rachael Nice Address: York Health and Care Partnership, West Offices, Station Rise, York, YO1 6GA Email: rachael.nice@nhs.net Tel: 07702 657459 |
| Provider Representative <i>See GC10.2</i> | Tony Collins Address: Crimple House Hornbeam Park Avenue Harrogate HG2 8NA Email: tcollins@saintmichaelshospice.org Tel: 01423 878184 |

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

The Provider must provide the Co-ordinating Commissioner with the following documents and complete the following actions:




| | |
|----|--|
| 1. | Evidence of appropriate Indemnity Arrangements |
| |  Employers Liability Certificate 23-24.pdf |
| |  To Whom It May Concern Letter 2023 ii |
| 2. | Evidence of CQC registration (where required) |
| |  CQC TC (002) Cert of Registration provider |

C. Extension of Contract Term

NOT APPLICABLE.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

| | |
|--------------------|--|
| Lymphoedema |  Lymphoedema Service Specification (|
| FastTrack | [Under review – Contract Variation to be actioned in-year to replace]  St Michael's Hospice - EoLC Service Specifi |
| Pharmacy |  St Michael's Hospice - Pharmaceutical Supj |

SCHEDULE 2 – THE SERVICES

Ai. Service Specifications – Enhanced Health in Care Homes

NOT APPLICABLE

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Based on an operational capacity of 28.5 hours per day and will be monitored / reviewed on a quarterly basis. The service will aim to deliver a 70:30 split between care and travel time which will be monitored monthly.

D. Essential Services (NHS Trusts only)

Not Applicable

G. Other Local Agreements, Policies and Procedures



G1c Conducting Investigations CUR.pd



G1a Non-clinical Incidents Near Misses



G1 Clinical Incidents Reporting and Manag



G4 NYHC Complaints Policy.pdf



CP4 Management of Medications CUR.pdf

Business Continuity Plan



Overview of North Yorkshire Hospice Car







NYHC Business Continuity Plan 2022.d

J. Transfer of and Discharge from Care Protocols



CPR1 Discharge.pdf

K. Safeguarding Policies and Mental Capacity Act Policies

| | |
|--|---|
| NHS HNY ICB Safeguarding Adults Policy |  ICB-Safeguarding-Adults-Policy (v.01 Oct 2) |
| NHS HNY ICB Safeguarding Children Policy |  ICB-Safeguarding-Children-Policy (v.01 July) |
| Provider Policies | |
| Safeguarding & Safety Policy |  SGPP1 Safeguarding Adults APR.pdf |
| Safeguarding Policy - Children |  SGPP2 Safeguarding Children.pdf |

SCHEDULE 3 – PAYMENT

B. Locally Agreed Adjustments to NHS Payment Scheme Unit Prices

Not Applicable

C. Local Prices

Fast Track Services

£22.47 per hour for care provided and travel to, from and in between care provision. This excludes up to the first twenty minutes* of each run** and up to the last twenty minutes* of each run**

All mileage is charged at 45p per mile.

* If the journey to the first appointment is less than 20 minutes, we would not charge anything for that journey. If the first journey is more than 20 minutes, we would charge the time over and above 20 minutes. The same principle would apply for the final journey of the run.

**A run is defined as a set of visits given to an HCA in a day. This is designed to maximise effectiveness of time use and minimise travel costs.

D. Expected Annual Contract Values

Activity Based/Cost per Case Contract.

Activity will be delivered in accordance with the local prices provided in Schedule 3C.

Chargeable activity for 2023/24 should not exceed:

Lymphoedema - £74,097

Fast Track - £285,821

Pharmacy is paid on a pass-through basis (indicative annual value £94,473 and reconciled quarterly).

Payment of Invoices

Invoicing will be on a quarterly basis.

Reference numbers for invoice:

North Yorkshire 'Place' – XXZIQMNY

Address for invoices:

NHS HUMBER & NORTH YORKSHIRE ICB

QOQ PAYABLES M835

PO BOX 312,

LEEDS,

WEST YORKSHIRE


LS11 1HP

SCHEDULE 4 – LOCAL QUALITY REQUIREMENTS

| Quality Requirement | Threshold | Method of Measurement | Applicable Service Specification |
|---|----------------|------------------------------|----------------------------------|
| <u>Lymphoedema</u> | | | |
| All patients to have a care plan | 100% | Quarterly Performance Report | |
| Patient numbers to be collected at HaRD GP practice level. | 100% | Quarterly Performance Report | |
| Urgent patients to be seen within 2 weeks of referral | 100% | Quarterly Performance Report | |
| Non urgent patients to be seen within 8 - 12 weeks of receipt of referral. | 95% | Quarterly Performance Report | |
| <u>FastTrack</u> | | | |
| Provider to be able to deliver up to 28.5 hours per day | 80% | Quarterly Performance Report | |
| The service will aim to deliver a 70:30 split between care and travel time. | Care time >70% | Monthly Report | |

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Reporting Requirements

| | Reporting Period | Format of Report | Timing and Method for delivery of Report |
|---|---------------------------------|---|--|
| National Requirements Reported Centrally | | | |
| 1. As specified in the Schedule of Approved Collections published at: https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections where mandated for and as applicable to the Provider and the Services | As set out in relevant Guidance | As set out in relevant Guidance | As set out in relevant Guidance |
| National Requirements Reported Locally | | | |
| 1. Activity and Finance Report (<i>note that, if appropriately designed, this report may also serve as the reconciliation account to be sent by the Provider under SC36.11</i>) <ul style="list-style-type: none"> • Number of patients rejected: <ul style="list-style-type: none"> ○ Reason (capacity / patient choice) ○ Provider of care • Number of patients accepted: <ul style="list-style-type: none"> ○ Secured within gold time frame (2hrs) ○ Secured within silver time frame 6hrs) • Number of care hours and cost per patient • Number of travel hours and cost per visit • Mileage and cost per visit • Total number of visits • Number of packages ended | Monthly | Monthly Report Format to be agreed with Commissioner | All reports to be sent via email to: hnyicb-voy.contracting@nhs.net By 15 th of the month |
| 2. Service Quality Performance Report, detailing performance against National Quality Requirements, Local Quality Requirements and the duty of candour | Quarterly | Quarterly Report Example:  Quarterly Quality Report NYHC 23-24.xl | All reports to be sent via email to: hnyicb-voy.contracting@nhs.net |

| | Reporting Period | Format of Report | Timing and Method for delivery of Report |
|---|------------------|------------------|---|
| 3. Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints | Quarterly | Quarterly Report | All reports to be sent via email to: hnyicb-voy.contracting@nhs.net |
| 4. Summary report of all incidents requiring reporting | Quarterly | Quarterly Report | All reports to be sent via email to: hnyicb-voy.contracting@nhs.net |
| Local Requirements Reported Locally | | | |
| n/a | | | The Provider must submit any patient-identifiable data required in relation to Local Requirements Reported Locally via the Data Landing Portal in accordance with the Data Landing Portal Acceptable Use Statement. [Otherwise, for local agreement] |

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

E. Provider Data Processing Agreement

Not Applicable

SCHEDULE 7 – PENSIONS

Not Applicable

SCHEDULE 8 – TUPE*

1. The Provider must comply and must ensure that any Sub-Contractor will comply with their respective obligations under TUPE and COSOP in relation to any persons who transfer to the employment of the Provider or that Sub-Contractor by operation of TUPE and/or COSOP as a result of this Contract or any Sub-Contract, and that the Provider or the relevant Sub-Contractor (as appropriate) will ensure a smooth transfer of those persons to its employment. The Provider must indemnify and keep indemnified the Commissioners and any previous provider of services equivalent to the Services or any of them before the Service Commencement Date against any Losses in respect of:
 - 1.1 any failure by the Provider and/or any Sub-Contractor to comply with its obligations under TUPE and/or COSOP in connection with any relevant transfer under TUPE and/or COSOP;
 - 1.2 any claim by any person that any proposed or actual substantial change by the Provider and/or any Sub-Contractor to that person's working conditions or any proposed measures on the part of the Provider and/or any Sub-Contractor are to that person's detriment, whether that claim arises before or after the date of any relevant transfer under TUPE and/or COSOP to the Provider and/or Sub-Contractor; and/or
 - 1.3 any claim by any person in relation to any breach of contract arising from any proposed measures on the part of the Provider and/or any Sub-Contractor, whether that claim arises before or after the date of any relevant transfer under TUPE and/or COSOP to the Provider and/or Sub-Contractor.
2. If the Co-ordinating Commissioner notifies the Provider that any Commissioner intends to conduct a process to select a provider of any Services, the Provider must within 20 Operational Days following written request (unless otherwise agreed in writing) provide the Co-ordinating Commissioner with anonymised details (as set out in Regulation 11(2) of TUPE but excluding the requirement to provide details of employee identity as set out in Regulation 11(2)(a)) of Staff engaged in the provision of the relevant Services who may be subject to TUPE. The Provider must indemnify and keep indemnified the relevant Commissioner and, at the Co-ordinating Commissioner's request, any new provider who provides any services equivalent to the Services or any of them after expiry or termination of this Contract or termination of a Service, against any Losses in respect any inaccuracy in or omission from the information provided under this Schedule.
3. During the 3 months immediately preceding the expiry of this Contract or at any time following a notice of termination of this Contract or of any Service being given, the Provider must not and must procure that its Sub-Contractors do not, without the prior written consent of the Co-ordinating Commissioner (that consent not to be unreasonably withheld or delayed), in relation to any persons engaged in the provision of the Services or the relevant Service:
 - 3.1 terminate or give notice to terminate the employment of any person engaged in the provision of the Services or the relevant Service (other than for gross misconduct);
 - 3.2 increase or reduce the total number of people employed or engaged in the provision of the Services or the relevant Service by the Provider and any Sub-Contractor by more than 5% (except in the ordinary course of business);
 - 3.3 propose, make or promise to make any material change to the remuneration or other terms and conditions of employment of the individuals engaged in the provision of the Services or the relevant Service;

- 3.4 replace or relocate any persons engaged in the provision of the Services or the relevant Service or reassign any of them to duties unconnected with the Services or the relevant Service; and/or
 - 3.5 assign or redeploy to the Services or the relevant Service any person who was not previously a member of Staff engaged in the provision of the Services or the relevant Service.
4. On termination or expiry of this Contract or of any Service for any reason, the Provider must indemnify and keep indemnified the relevant Commissioners and any new provider who provides any services equivalent to the Services or any of them after that expiry or termination against any Losses in respect of:
- 4.1 the employment or termination of employment of any person employed or engaged in the delivery of the relevant Services by the Provider and/or any Sub-Contractor before the expiry or termination of this Contract or of any Service which arise from the acts or omissions of the Provider and/or any Sub-Contractor;
 - 4.2 claims brought by any other person employed or engaged by the Provider and/or any Sub-Contractor who is found to or is alleged to transfer to any Commissioner or new provider under TUPE and/or COSOP; and/or
 - 4.3 any failure by the Provider and/or any Sub-Contractor to comply with its obligations under TUPE and/or COSOP in connection with any transfer to any Commissioner or new provider.
5. In this Schedule:

COSOP means the Cabinet Office Statement of Practice *Staff Transfers in the Public Sector* January 2000, available at <https://www.gov.uk/government/publications/staff-transfers-in-the-public-sector>

TUPE means the Transfer of Undertakings (Protection of Employment) Regulations 2006

**Note: it may in certain circumstances be appropriate to omit the text set out in paragraphs 1-5 above or to amend it to suit the circumstances - in particular, if the prospect of employees transferring either at the outset or on termination/expiry is extremely remote because their work in connection with the subject matter of the Contract will represent only a minor proportion of their workload. However, it is recommended that legal advice is taken before deleting or amending these provisions.*

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Contact: england.contractshelp@nhs.net

This publication can be made available in a number of alternative formats on request

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| Service | Total annual cost |
|------------------------------------|-------------------|
| Crimple House Inpatient Service | £ 2,154,706.10 |
| Lambert Inpatient Service | £ 1,909,532.60 |
| Community Service | £ 959,148.64 |
| Wellbeing Service | £ 438,837.78 |
| Frailty and Care connector Service | £ 177,392.83 |
| MND Service | £ 182,986.85 |
| Breathing Spaces Service | £ 132,202.34 |
| Complementary therapy service | £ 131,461.85 |
| Lymphoedema service | £ 190,683.36 |
| Just B Adults | £ 611,051.26 |
| Just B CYP | £ 504,183.91 |
| Just B H2H | £ 457,029.84 |

Services not covered

Just B Respond

ACP - tendered model

Homelessness service

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St. Leonard's Hospice York

(A company limited by guarantee)

Registered Charity No. 509294

Company No. 01451533

Annual Report and Consolidated Financial Statements

for the year ending 31 March 2023

St. Leonard's Hospice York

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St. Leonard's Hospice York

Report and financial statements for the year ending 31 March 2023

Foreword from the Chair and Chief Executive

The Trustees' Annual Report and audited financial statements for the year ending 31 March 2023 provide a summary of what our Hospice has achieved in delivering its strategic aims and responding to the needs of our local community.

In view of the unprecedented challenges that have been faced in recent years, the Board is very proud of the outstanding care that has been provided to patients and their families and is pleased with the charity's overall financial performance.

As a result of prudent financial management and strong legacy donations, the Hospice has built up good reserves and remains in a resilient financial position. We can be confident, therefore, that despite the uncertainty of some income streams and inflationary cost increases, we can continue to provide high quality and safe end of life care to those who need our services, and we continue to develop ways to reach more of our community that increasingly needs our care and support.

During this year, the Hospice has continued to see the benefits of strong appointments to both the Senior Management Team and wider Hospice management group. There continues to be a strong income generation performance and it is encouraging to see retail income continuing to grow for the benefit of our patients and families.

The Board of Trustees has worked closely with the senior team to meet the sector-wide challenges of workforce recruitment and retention, reviewing rewards and recognition and ensuring salaries are maintained in line with local NHS providers.

These ongoing recruitment challenges have limited the availability of patient beds during the year, but we have been able to mitigate this through a more robust system of patient assessment and continued growth and development of our range of community services, including the expansion of our Hospice @ Home service.

Following ongoing scrutiny of the organisation as a result of heightened publicity in 2021, we underwent a comprehensive CQC inspection in April 2022 and were rated as "Good" overall. We were also pleased to receive a "Good" rating in the safety category of the report. The CQC highlighted some areas of improvement to be made in relation to the well-led element of inspection and immediate and significant progress has been made.

This year, the Board welcomed as Trustees Kate O'Connell and Melanie Kay, who bring a wealth of experience and skill.

On behalf of the Board of Trustees and Senior Management Team, we would like to thank our donors and supporters for their energy and commitment to ongoing fundraising, and the Hospice's staff and volunteers for their unwavering commitment to excellence in holistic patient care.

David Dickson
Chair of the Board of Trustees

Emma Johnson
Chief Executive

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

Report of the Trustees

The Trustees are pleased to present their annual report together with the consolidated financial statements of the charity and its subsidiary for the year ending 31 March 2023, which are also prepared to meet the requirements for a directors' and strategic report and financial statements for Companies Act 2006 purposes.

The financial statements comply with the Charities Act 2011, the Companies Act 2006, the Articles of Association, and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and the Republic of Ireland (FRS 102) (effective 1 January 2019).

Our purpose and activities

The charitable purpose of St. Leonard's Hospice York is to promote the relief of sickness by such charitable means as the charity shall from time to time think fit.

Our mission is to provide excellent care and support to those living with life-limiting illness and to the people they care about, to enrich their lives and to contribute to the ongoing development of end-of-life care.

St. Leonard's Hospice cares for patients who have advanced, progressive and life-limiting illnesses. Our aim is to maintain and enhance their quality of life. We place the patient at the centre of everything we do, recognising that patients have the right to be consulted and to be involved in decisions about their care.

We believe that our patients should receive holistic care, meaning that in addition to their physical problems, their psychological, emotional and spiritual needs should be met in the course of their care.

Our aim is to create an environment of openness and honesty where feelings can be shared and received with sensitivity and understanding.

In shaping our objectives for the year and planning our activities, the Trustees have considered the Charity Commission's guidance on public benefit, including the guidance 'public benefit: running a charity (PB2)'. St. Leonard's benefits the public living in its catchment area by providing specialist palliative care, without charge, for those with life-limiting illnesses. The catchment area includes, but is not exclusive to, the communities of Easingwold, Pocklington, Selby, Sherburn in Elmet, Stamford Bridge, Tadcaster, North and West Ryedale and York.

The restrictions of the pandemic were eased during the year, and while Infection and Prevention Control (IPC) continued, the Hospice was able to increase its capacity for patients, caring for 220 in-patients compared to 184 in 2022. Available beds were limited by staffing levels, with sector-wide shortages of clinical staff during the year limiting beds to between 12 and 14 compared to a potential maximum of 20. Our Hospice@Home service, which works collaboratively with other primary care services and enables patients to remain in their own homes, received 651 referrals during the year (2022: 670), and provided 5,888 hours of care (2022: 6,145).

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

The Sunflower Centre was closed in 2020 at the outset of the pandemic, and at the end of the year remained suspended. The pandemic had a significant impact on the preferences of people living with life-limiting illness, and in light of this we undertook a major outreach project to consult our community with the aim of understanding how best to use our resources to deliver the best services to the widest number of people. Since the end of the year we have implemented our findings from that project, with the opening in May 2023 of the Wellbeing Hub, which will provide wellbeing facilities for our community. In January 2023 we also initiated a carer support service, which has been designed to give carers of fast-track patients a much-needed break.

Since 2020, we have been a Project ECHO (Extension of Community Healthcare Outcomes) teaching/training hub in collaboration with St. Catherine's Hospice. The project drew to a close this year at the end of NHS England's funding programme, having enabled training on health and social care to be shared widely during the pandemic. We continue to provide bereavement services (via telephone support) and our Single Point of Coordination service – set up in the wake of the pandemic to help patients to access local services – continues to grow, now handling over 1,500 calls per month.

The Bereavement service continues to develop and explore new ways of supporting families following the death of a loved one. We moved to a telephone support service throughout the pandemic to enable the service to continue through IPC restrictions. We received 115 (2022: 127) referrals during the year resulting in 809 bereavement telephone support sessions.

In April 2022, the Hospice was inspected by the Care Quality Commission (CQC) for the first time since 2016 and achieved a 'Good' rating. Although this was a lower grade than the 'outstanding' rating achieved previously, the 2022 inspection was assessed under the more exacting standards of the acute hospitals framework, as opposed to the care home framework of 2016. The report highlighted that the Hospice delivers high quality, inclusive, personalised care. There is a clear focus on putting the individual needs of patients and families first, treating them with compassion, kindness, and supporting them in making decisions. The Hospice continues to strive for excellence and will aim for an 'outstanding' rating when next assessed. In order to achieve this, we have addressed the recommendations of the CQC report, including revising our trustee recruitment procedure and appointing a "Freedom to Speak Up Guardian" in October 2022.

The strategies employed to achieve the charity's aims and objectives as part of a five-year strategic vision are to:

Patients

- Understand the diverse and challenging needs of patients and develop the best possible response to those needs
- Ensure our care is accessible to all those who need it
- Develop services that meet the needs of more people

Partnerships

- Become a whole-system leader for the provision of end-of-life care and specialist palliative care services
- Lead and encourage collaboration to improve the quality and co-ordination of care for patients across the localities

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

People

- Ensure that the Hospice is an employer of choice
- Broaden and deepen the provision of staff wellbeing
- Develop an organisational culture of learning and engagement

Finance

- Secure long term financial sustainability
- Review reserves policy alongside the development of services to address unmet need

Income

- Increase income through retail, donations, weekly prize draw and legacies
- Develop a broader integrated brand and marketing approach

During the year ended 31 March 2023, our key achievements were:

- Attainment of a CQC 'Good' rating under a new framework of higher standards
- Our response to elevated demand on the NHS over the winter period, which provided additional patient beds to help reduce hospital admissions
- Implementation of the new carer support service, which has helped to alleviate pressure on carers
- Inception of a Digital Transformation project, which will equip staff with the systems they need to work more effectively
- A financial operational deficit of less than £0.1m that represented a positive performance in the context of the challenges of high inflation, a cost-of-living crisis, and the withdrawal of Covid-19 grants that had provided support throughout the pandemic
- A major outreach project that consulted with the local community to understand their needs and will enable us to adapt our services to cater for those changing needs
- Collaborative work with the new Integrated Care Board in development of the strategy for End-of-Life care
- Establishment of a Workforce Education Learning & Development team, which has helped to improve staff learning and engagement

Our volunteers

The charity gratefully welcomes the unstinting help of 143 (2022: 207) volunteers in the hospice and 237 (2022: 196) volunteers in its shops. This reduction in hospice volunteers reflects a change in measurement so as to include only active volunteers. Volunteers undertake a variety of roles at St. Leonard's and without them we would not be able to continue to provide the high standard of care to patients and families without employing additional staff. We would like to thank all our volunteers for their continued loyal support and service.

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

Financial review

The Trustees are satisfied with the charity's financial performance for the year ended 31 March 2023.

The results on the Consolidated Statement of Financial Activities show an operating deficit of £94k. A fall in the value of investment assets amplified the total deficit to £645k.

Total income fell back from the record highs of the prior year, with total income of £8.6m down 21.5% on the prior year. Pandemic-related government funding was not continued in 2023, legacies of £2.1m were below the prior year (-£1.0m), while donations suffered in comparison to a prior year that featured an exceptional single donation of £1.0m.

Annual expenditure increased by £821k due mainly to the increase in cost of patient services (+£384k) as admissions rose following the lifting of pandemic restrictions, and the increased investment in shops (+£218k) as retail income grows to become an increasingly important income stream.

The trading subsidiary company, St. Leonard's Hospice Enterprises Limited, continued to sell bought-in goods and its trading income is recognised in the group results. Due to the low level of income generated by the subsidiary, the decision was made during the year to cease its trade, and sales of bought-in goods will continue through the charity from 1st April 2023. This is permitted under tax regulations and is not anticipated to have a detrimental impact on the financial contribution of new goods.

Principal funding sources

With the exception of the funding that it receives from Integrated Care Boards (ICBs) and other NHS organisations, St. Leonard's is entirely dependent on the support of the general public through donations, community fundraising, legacies, its lottery, fundraising events and charity shops.

In this financial year, the Hospice received funding totalling £1,907k (2022: £1,851k) from ICBs towards the cost of patient care. This included £340,000 (2022: £340,000) from the Humber and North Yorkshire ICB and City of York Council Better Care Fund to meet the cost of the extended Hospice@Home service, which operates every day up until midnight. This statutory funding will continue to fund the extended service in 2023/24. £475k of pandemic-related hospice grants in 2022 were not repeated in 2023.

Investment powers and policy

In accordance with the Articles of Association, the Trustees have the power to invest in such investments, securities or property as they see fit. The policy of the Board of Trustees is to invest the monies of the charity cautiously in a broad-based portfolio. The portfolio comprises two investment funds with differing investment objectives and strategies. The first and larger principally equity-based fund aims to achieve long-term capital and income growth that keeps pace with the underlying rate of inflation. This is complemented by a smaller absolute return-based fund designed to achieve positive returns in all market conditions, giving Trustees the ability to draw on the investment without risking significant capital loss. A proportion of the investments are also held in a cash fund. The Trustees regularly review, at least on an annual

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

basis, the proportion of the investments held in different asset classes. The performance of the portfolio is monitored and assessed in comparison with agreed composite benchmarks.

Fund managers appointed by the Hospice are encouraged to actively engage in Environmental, Social and Governance (ESG) issues. The investment policy was revised in 2023 to ensure that investments continue to be ethical and evolve in line with the short- and long-term strategies of the Hospice.

The Hospice's investments are overseen by the Finance & Investment Committee. Surplus funds are invested in the Sarasin Endowments Fund Class A inc., the CCLA COIF Charities Deposit Fund or the Ruffer Charity Assets Trust. Unrealised losses on investment totalled -£551k, contrasting with strong appreciation in the prior year (+£472k). Although a significant drop (-3%), this compared favourably to the strategic benchmark as investment performance struggled to keep pace with the highest levels of inflation seen in the UK in over 40 years.

Reserves policy

St. Leonard's Hospice aims to maintain its free reserves in the range of 18 to 24 months' forward expenditure. In setting its Reserves Policy, the Board of Trustees has considered the Charity Commission guidance in 'CC19 Charities and Reserves' and taken its strategic aims into account. To support its strategic aims, the Board may establish designated funds as appropriate for planned significant capital expenditure projects and new service initiatives.

In setting the target level of free reserves, the Board of Trustees has considered:

- the nature of services provided and the need to provide stakeholders with reassurance about the continuation and development of services for the long-term
- the charity's dependence on, and the volatile nature of, legacy income
- its working capital and cashflow requirements
- the generally fixed nature of its service delivery costs
- the use of reserves to fund planned or unplanned deficits
- a contingency for significant unplanned expenditure
- a contingency for a significant unplanned shortfall in voluntary income and/or the proceeds of income generation activities.

The Reserves Policy is reviewed by the Board of Trustees on an annual basis. The Board adopts a cautious approach to investments while balancing risk and potential returns. The level of funds held by the Hospice at the year-end amounted to £24,483k (2022: £25,128k) and included designated funds of £13,484k (2022: £13,624k) and restricted funds of £844k (2022: £1,118k). After deducting designated funds, restricted funds and funds held as functional assets, the hospice had free reserves of £10,155k (2022: £10,386k). Free reserves are held to allow the Hospice to withstand extraordinary events that significantly impact its income, and they represent 19 months' forward expenditure, (2022: 21 months), within the target range of 18 to 24 months.

Our approach to fundraising and compliance

St. Leonard's Hospice is reliant on the goodwill and support of the local community in order to provide its services to patients and their families completely free of charge. The Hospice enjoys a privileged status and an excellent reputation and with this comes a responsibility to maintain the very highest standards.

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

All income generation activities are undertaken within charity law, Charity Commission regulations, HMRC rules, the Gambling Act, local licensing laws, Advertising Standards Authority rules and data protection laws. This list is not exhaustive.

We continue to be registered with the Fundraising Regulator and are fully compliant with the Fundraising Code of Practice. We comply with all legislative requirements, but also strive to adopt best practice in all that we do.

As part of our fundraising efforts, we may work with commercial businesses, where as part of the activity we may promote and advertise their products in return for a donation or agreed share of profits. When we do so, we enter into a commercial participation agreement setting out specifics to protect our reputation and ensure compliance with relevant legislation.

St. Leonard's has an effective, open and accessible complaints policy, details of which can be found in our reception, within our shops, and on our website. We received no reportable complaints (2022: none) relating to fundraising practices in the year ending 31 March 2023.

External fundraisers

We use the service of one external provider to fundraise on our behalf: Starvale Management and Technologies Ltd (Company No: 03723339), who manage and promote the St. Leonard's Hospice Lottery. Plans for recruiting players to the St. Leonard's Hospice Lottery are discussed in advance in consultation with Starvale to ensure compliance and best practice.

Starvale is licensed and regulated by the Gambling Commission; all Starvale representatives receive Gambling Commission training (inclusive of vulnerable persons training) and are trained in and adhere to the Fundraising Regulators Rule Book for Face-to-Face Fundraising. Starvale is audited annually on the Gambling Commission subset of ISO27001:2022. The audit report is available on request.

There were no reportable complaints (2022: no complaints) relating to the activity undertaken by Starvale on behalf of the Hospice. In the year ending 31 March 2023, 50.7% (2022: 50.4%) of the proceeds from weekly draws and seasonal super draws were used to fund the work of the Hospice.

Responsibility towards the environment

The Hospice is committed to reducing its environmental impact and continues to develop its environmental strategy. This includes the formation since the year-end of a staff group focused on the sustainability of the Hospice and the tracking of its carbon footprint. The Hospice reduces its energy consumption through solar panels and its environmental impact through a recycling programme and a Cycle to Work scheme.

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

Plans for the future

The Process

The strategy for St. Leonard's Hospice needs not only to be responsive in the short-term but also to ensure services evolve over time to meet the changing needs of service users. It is vital that the strategy also takes into account the affordability and long-term financial sustainability of the organisation.

The Hospice uses a range of approaches when considering future services and shaping the strategic vision. The Humber and North Yorkshire Integrated Care System (ICS), which was introduced in July 2022 as part of the NHS commissioning restructure, and their strategic plan for end-of-life care is central to our plans. We discuss this with the commissioners and other providers within the Humber & North Yorkshire Integrated Care Board (ICB) and are actively engaged with the local place-based Health & Care partnership board; through this forum we will evaluate the future needs of our local population.

The Trustees play a vital role in formulating the strategic vision through discussions and papers at the Service Development and Governance sub-committees in particular, but also through the annual trustee strategic planning day.

Potential strategic developments are supported by budget proposals and recommendations to the Board of Trustees from relevant sub-committees.

The Plans

- Work with the Humber and North Yorkshire ICB to provide more community-focused care to address rising needs in the context of pressure on acute hospitals
- Further develop patient wellbeing services and engagement with the community through the new Wellbeing Hub
- Increase the reach of the Hospice in order to benefit a greater number of patients
- Implement the next stage of our Digital Transformation project, which will enhance our workflows with more efficient systems
- Redevelopment of the hospice building to reflect changing needs, improve sustainability and ensure flexibility for developing future services

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

Reference and administrative details

Charity Number: 509294
Company Number: 01451533
Registered Office: 185 Tadcaster Road, York, YO24 1GL

Our advisors

| | | |
|------------------------|------------------------------|--|
| Auditor | Azets Audit Services Ltd | Triune Court, Monks Cross Drive, York, YO32 9GZ |
| Bankers | National Westminster Bank | 1 Market Street, York, YO1 8SR |
| Solicitors | Hague & Dixon | Bank House, 1 The Square, Stamford Bridge, York, YO41 1AG |
| | Lupton Fawcett | Stamford House, Piccadilly, York, YO1 9PP |
| Investment Managers | Sarasin & Partners LLP | Juxon House, 100 St Paul's Churchyard, London, EC4M 8BU |
| | Ruffer LLP | 80 Victoria Street, London, SW1E 5JL |
| | CCLA | Senator House, 85 Queen Victoria Street, London, EC4V 4ET |

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

Key management personnel: St. Leonard's Hospice York

The directors of the charitable company are its Trustees for the purposes of charity law. The Trustees and officers serving during the year and since the year end were as follows:

Trustees and directors:

- David Dickson (Chair)
- Sandra Falcus
- Prof Kate Flemming
- Khushbu Goulden
- Juliette Healey
- Prof Mike Holmes
- Eamonn Keogh
- Jacqueline Myers
- Dr Lavinia Norton
- Tony Taylor
- Melanie Kay (appointed October 2022)
- Kate O' Connell (appointed November 2022)
- Lorna Allan (appointed June 2023)
- Dr Dan Cottingham (resigned June 2022)

Company Secretary: David Jones

Senior Management Team:

- Emma Johnson (Chief Executive)
- Ingrid Jenner (Director of People)
- David Jones (Director of Finance & Corporate Services; appointed September 2022)
- Dr Bill Hulme (Medical Director)
- Dawn Clements (Director of Income Generation; resigned July 2023)
- Jenny Brandom (Director of Clinical Services; resigned February 2023)
- Anne-Marie Roberts (Director of Clinical Services; appointed March 2023)

Key management personnel: St. Leonard's Hospice Enterprises Limited

Directors:

- Juliette Healey (Chair)
- David Dickson
- Mark Shepherd (resigned October 2022)
- Tony Taylor (appointed October 2022)

Company Secretary: David Jones

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

Structure, governance and management

Governing document

St. Leonard's Hospice York is a company limited by guarantee governed by its Articles of Association, which were last amended by Special Resolution on 29 October 2019.

Appointment of Trustees

The Hospice has a robust and transparent process for the recruitment of Trustees that plays a crucial role in ensuring the Board can draw on a diverse range of skills, expertise, experience and backgrounds and that the Board is as representative of the community we serve as possible. This is an area, however, where the CQC has made recommendations for improvement; following the inspection, we have addressed these issues and made changes to ensure we can demonstrate full compliance with the fit and proper person regulation (FPPR).

Recruitment to the Board is a two-stage process. Firstly, we invite members of the public who are prepared to act as a voluntary trustee to express an interest and undertake our selection process. Successful applicants are recorded on our Register of Potential Future Trustees. Secondly, the Board identifies a vacancy and invites an individual on the Register of Potential Future Trustees to fill the vacancy. It is usual for potential future trustees to serve as a co-opted member of one of the sub-committees of the Board before becoming a trustee.

Full information about the recruitment process for Trustees including our Recruitment and Appointment of Trustees policy is published on our website www.stleonardshospice.org.uk. Trustees are, if appropriate, re-appointed by the Board at the end of each three-year term and Trustees must retire after serving for 12 consecutive years. The maximum term of service exceeds the 9 years recommended by the Charity Governance Code. However, the Board of Trustees has agreed that a longer maximum term of service is more appropriate for a local service delivery charity like St. Leonard's and enables it to achieve the optimum balance of skills and experience on the Board.

Trustee induction and training

St. Leonard's operates an induction process for new Trustees to prepare them for their role. Trustees participate in in-house training programmes and attend external courses as necessary. They also attend meetings and conferences with their counterparts from other UK hospices and charities.

Organisation and governance

The Board of Trustees administers the charity. The Board normally meets quarterly and in addition holds an annual Strategy Day. Sub-committees (Finance & Investment, Governance, Membership, People & Culture, Income Generation and Service Development) meet between 2 and 6 times a year. Sub-committees are made up of Trustees with the appropriate knowledge and experience, along with outside advisors be they paid or voluntary where the committee deem it necessary.

The Board reviews its performance annually through a confidential board consultation and review exercise conducted by a trustee member of the Membership Committee.

The Board of Trustees is committed to compliance with the principles and recommended practice of the Charity Governance Code, supported by the benchmarking of Hospice policies, practices and procedures against the Code.

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

The Chief Executive and senior management team are appointed by the Trustees to manage the day-to-day operations of the charity. To facilitate effective operations the Chief Executive and the senior management team under the direction of the Chief Executive have delegated authority for operational matters under the scheme of delegation.

Related parties and co-operation with other organisations

None of the Trustees receive remuneration or any other benefits from their work with the charity.

Any connection between a Trustee, co-opted committee member or member of the senior management team, and a supplier, funder, supporter, organisation working collaboratively with, or beneficiary of the charity must be disclosed to the Board of Trustees in the same way as any other contractual relationship with a related party.

St. Leonard's works collaboratively with a number of organisations including other local hospices and local healthcare providers. In doing so, our aim is to improve palliative and end of life care for local people.

The Hospice is also represented on:

- Member of Hospice UK
- Yorkshire Hospices Forum
- Forum of Hospice Chairs
- NHS North Yorkshire and York Partnership End of Life Locality Group
- East Riding and Hull Partnership End of Life Locality Group
- York Health and Care Partnership Board

In the year ending March 2023, the charity's wholly-owned subsidiary company, St. Leonard's Hospice Enterprises Limited, traded on the charity's behalf to generate income from trading activities including the sale of Christmas cards and fancy goods, which are outside the charity's objects and are for commercial and fundraising purposes.

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

Pay policy for senior staff

The pay of the Chief Executive and senior management team is reviewed annually by the Board of Trustees. During the year, in light of recruitment challenges arising from sector-wide staff shortages, a pay increase was applied to all staff that bettered the NHS Pay Award by 1%.

Risk management

The Trustees have identified resources and established review systems to manage organisational risk.

The Governance committee of the Board receives regular reports covering the management of clinical, health & safety, information and other risks, along with notification of any matters reported to any regulatory authority. Financial risks are reported via the Finance & Investment Committee.

The Hospice operates a robust control environment to ensure compliance with legislation, regulations and best practice, principally that which is outlined in Charity Commission guidance. Controls are outlined in a full suite of policies and procedures, which are reviewed regularly by senior management.

The Trustees maintain a register of the risks faced by the charity and its subsidiary. The risk register is continually reviewed by the Senior Management Team, by the Governance Committee and Finance & Investment Committee on a quarterly basis and by the board on an annual basis. The risk register records the risks that may arise in each area of the charity's operation, along with the policies, systems and procedures in place to mitigate them.

Risks are identified, assessed, and scored according to their likelihood and impact. Appropriate steps are then taken to mitigate them in day-to-day operations.

The principal challenges and uncertainties faced by the Hospice at the time of writing are as follows:

- Recruitment of new staff amid a widespread shortage of staff in the health/care sectors
- Computer network failure or cyber attack
- Achieving sustainable funding as opposed to the current significant reliance on unpredictable legacy income
- Potential reputational damage from an unanticipated negative event

Trustees' responsibilities in relation to the financial statements

The charity Trustees (who are also Directors of St. Leonard's Hospice York for the purposes of company law) are responsible for preparing a Trustees' annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the charity Trustees to prepare annual financial statements that give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group. In preparing the financial statements, the Trustees are required to:

St. Leonard's Hospice York

Report of the Trustees for the year ending 31 March 2023

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities Statement of Recommended Practice;
- 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 financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue to operate.

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

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

Statement as to disclosure to our auditors

In so far as the Trustees are aware at the time of approving the annual report:

- there is no relevant information, being information needed by the auditor in connection with preparing their report, of which the group's auditor is unaware, and
- the Trustees, having made enquiries of fellow directors and the group's auditor that they ought to have individually taken, have each taken all steps required as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Auditors

The appointment of the auditor, Azets Audit Services Limited, is subject to periodic review following the year-end.

The Trustees' Report, which includes the Strategic Report, was approved by the Board of Trustees and signed on its behalf by:

David Dickson
Chair of Trustees

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St. Leonard's Hospice York

Independent Auditor's Report for the year ending 31 March 2023

Opinion

We have audited the financial statements of St. Leonard's Hospice York (the "parent charity") and its subsidiary (the "group") for the year ended 31 March 2023, which comprise the Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets, the Consolidated Statement of Cash Flows and the related Notes to the Financial Statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

St. Leonard's Hospice York

Independent Auditor's Report for the year ending 31 March 2023

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and parent charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report.

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

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

Responsibilities of the Trustees

As explained more fully in the trustees' responsibilities statement, the Trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

St. Leonard's Hospice York

Independent Auditor's Report for the year ending 31 March 2023

Our responsibilities for the audit of the financial statements

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

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

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above and on the Financial Reporting Council's website, to detect material misstatements in respect of irregularities, including fraud.

We obtain and update our understanding of the entity, its activities, its control environment, and likely future developments, including in relation to the legal and regulatory framework applicable and how the entity is complying with that framework. Based on this understanding, we identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. This includes consideration of the risk of acts by the entity that were contrary to applicable laws and regulations, including fraud.

In response to the risk of irregularities and non-compliance with laws and regulations, including fraud, we designed procedures which included:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the society through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias;
- Performing audit work over the timing and recognition of income and in particular whether it has been recorded in the correct accounting period.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or

St. Leonard's Hospice York

Independent Auditor's Report for the year ending 31 March 2023

regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

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

Use of our report

This report is made solely to the Charity'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 Charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

Alan Sidebottom (Senior Statutory Auditor)
For and on behalf of Azets Audit Services Limited
Chartered Accountants
Statutory Auditor

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Triune Court
Monks Cross Drive
York
YO32 9GZ

St. Leonard's Hospice York

Consolidated Statement of Financial Activities for the year ending 31 March 2023

| | Notes | Unrestricted Funds £k | Restricted Funds £k | Total Funds 2023 £k | Total Funds 2022 £k |
|--|-----------|-----------------------------|---------------------------|---------------------------|------------------------------|
| Income from: | | | | | |
| Donations and legacies | 4 | 2,668 | 217 | 2,885 | 5,153 |
| <i>Income from charitable activities:</i> | | | | | |
| Grants and contract income | 5 | 1,769 | 383 | 2,152 | 2,475 |
| <i>Income from other trading activities:</i> | | | | | |
| Shops | 6 | 2,477 | - | 2,477 | 2,128 |
| Lottery | 7 | 398 | - | 398 | 387 |
| Fundraising and other activities | 8 | 293 | - | 293 | 394 |
| Investment Income | 9 | 391 | - | 391 | 407 |
| Total income | | 7,996 | 600 | 8,596 | 10,944 |
| Expenditure on: | | | | | |
| <i>Costs of raising funds:</i> | | | | | |
| Donations and legacies | 11 | 781 | - | 781 | 592 |
| Shops | 6 | 1,914 | - | 1,914 | 1,696 |
| Lottery | 7 | 196 | - | 196 | 192 |
| Fundraising and other activities | 8 | 158 | - | 158 | 151 |
| Investment Management Costs | 11 | 80 | - | 80 | 81 |
| <i>Expenditure on charitable activities:</i> | | | | | |
| In-patient Care | 11 | 3,962 | 193 | 4,155 | 3,771 |
| Hospice@Home | 11 | 530 | 681 | 1,211 | 1,134 |
| Bereavement and Family Support | 11 | 195 | - | 195 | 252 |
| Total expenditure | 11 | 7,816 | 874 | 8,690 | 7,869 |
| Net income/ (expenditure) before other recognised gains/ (losses) | | 180 | (274) | (94) | 3,075 |
| Realised and unrealised gains/ (losses) on investments | 18 | (551) | - | (551) | 472 |
| Net income/ (expenditure) and net movement in funds | | (371) | (274) | (645) | 3,547 |
| Total funds brought forward | | 24,010 | 1,118 | 25,128 | 21,581 |
| Total funds carried forward | 23 | 23,639 | 844 | 24,483 | 25,128 |

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

The Statement of Financial Activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

A fully detailed comparative Statement of Financial Activities for the year ending 31 March 2022 is shown at note 29.

St. Leonard's Hospice York

Balance Sheets as at 31 March 2023

| | Notes | Charity | | Group | |
|---------------------------------------|-----------|---------------|---------------|---------------|---------------|
| | | 2023 | 2022 | 2023 | 2022 |
| | | £k | £k | £k | £k |
| Fixed assets | | | | | |
| Tangible assets | 17 | 4,484 | 4,624 | 4,484 | 4,624 |
| Investments | 18 | 17,008 | 14,909 | 17,008 | 14,909 |
| Investment properties | 18 | 105 | 105 | 105 | 105 |
| Total fixed assets | | 21,597 | 19,638 | 21,597 | 19,638 |
| Current assets | | | | | |
| Stock | 19 | 16 | - | 16 | 17 |
| Debtors | 20 | 2,576 | 3,339 | 2,543 | 3,286 |
| Cash at bank and in hand | | 754 | 2,570 | 803 | 2,621 |
| Total current assets | | 3,346 | 5,909 | 3,362 | 5,924 |
| Liabilities | | | | | |
| Creditors falling due within one year | 21 | (475) | (432) | (476) | (434) |
| Net current assets | | 2,871 | 5,477 | 2,886 | 5,490 |
| Net assets | 23 | 24,468 | 25,115 | 24,483 | 25,128 |

The funds of the charity

Unrestricted Funds:

| | | | | | |
|--------------------------------|-----------|---------------|---------------|---------------|---------------|
| Unrestricted general funds | | 10,140 | 10,373 | 10,133 | 10,369 |
| Unrestricted designated funds | | 13,484 | 13,624 | 13,484 | 13,624 |
| Non-charitable trading funds | | - | - | 22 | 17 |
| | | 23,624 | 23,997 | 23,639 | 24,010 |
| Restricted income funds | 10 | 844 | 1,118 | 844 | 1,118 |
| Total charity funds | 23 | 24,468 | 25,115 | 24,483 | 25,128 |

The notes on pages 22 - 42 form part of these financial statements.

The financial statements were approved by the Board on and signed on its behalf by:

David Dickson
Chair of Trustees

Juliette Healey
Trustee

Company registration number: 01451533

St. Leonard's Hospice York

Consolidated Statement of Cash Flows for the year ending 31 March 2023

| | Notes | 2023 £k | 2022 £k |
|---|-----------|----------------|--------------|
| Net cash provided by operating activities | 28 | 634 | 1,557 |
| Cash flows from investing activities: | | | |
| Dividends, interest and rent from investments | | 315 | 331 |
| Purchase of property, plant and equipment | | (56) | (46) |
| Proceeds from the sale of property, plant and equipment | | 17 | - |
| Payments to acquire investments | | (2,728) | (501) |
| Proceeds from the disposal of investments | | - | 500 |
| Net cash (used in)/ provided by financing activities | | (2,452) | 284 |
| | | | |
| Change in cash and cash equivalents in the year | | (1,818) | 1,841 |
| Cash and cash equivalents at the start of the year | | 2,621 | 780 |
| Total cash and cash equivalents at the end of the year | | 803 | 2,621 |
| | | | |
| Analysis of cash and cash equivalents | | | |
| Cash at bank and in hand | | 803 | 2,621 |
| | | 803 | 2,621 |

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

1. Accounting policies

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

(a) **Company information**

St. Leonard's Hospice York is a company limited by guarantee, governed by its Articles of Association that were last amended by special resolution on 29 October 2019, and a charity registered in England and Wales. The registered office is 185 Tadcaster Road, York, YO24 1GL.

(b) **Accounting convention**

The financial statements have been prepared on a going concern basis in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) (Charities SORP(FRS 102)), the Financial Reporting Standard applicable in the UK and Ireland (FRS 102), the Companies Act 2006 and the Charities Act 2011.

St. Leonard's Hospice meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at cost or transaction value unless otherwise stated in the relevant accounting policy notes.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £1,000.

On the grounds that the charitable company's results are consolidated into the charitable company's group accounts, the charitable company has taken advantage of certain exemptions conferred by section 1.11 of FRS 102 as follows:

- Exemption from presenting a charitable company statement of cash flows as a primary statement to the financial statements.

(c) **Going concern**

At the time of approving the financial statements, the Trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future and not less than one year from the date of approval. The Trustees are constantly monitoring the financial position of the charity, in particular with regard to the potential changes to funding following the abolition of the government's Clinical Commissioning Groups and the impact on donations of rising inflation and the cost-of-living crisis. The charity has no borrowings and receives substantial funding from government grants and contracts, of which significant amounts have already been secured for the 2023/24 financial year; its level of reserves give assurance that it can withstand the short-term fluctuations in income that might arise from this uncertainty, although the situation is under continual review. The decision has been made to discontinue the activities of the subsidiary company, St. Leonard's Hospice Enterprises, as of 1st April 2023.

(d) **Group financial statements**

The financial statements consolidate the results of the charity and its wholly owned subsidiary, St. Leonard's Hospice Enterprises Ltd, on a line-by-line basis. A separate Statement of Financial Activities and Income and Expenditure Account for the charity have not been presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006. The result for the year dealt with in the charity's Financial Statements is disclosed in note 3.

(e) **Income**

Income is recognised when the charity has entitlement to the funds, any performance conditions attaching to the item(s) have been met, it is probable that the income will be received and the amount can be measured reliably.

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

Income from government grants and other grants whether 'capital grants' or 'revenue grants' is recognised when the charity has entitlement to the funds, any performance conditions have been met, it is probable that the income will be received and the amount can be measured reliably and not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Hospice that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or part, is only considered probable when the amount can be measured reliably and where the Hospice is not aware of any potential challenge to the estate. Where legacies have been notified to the charity or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, the legacy is treated as a contingent asset and disclosed if material (see note 22).

Income received in advance of fundraising events is deferred until the event has taken place and the criteria for income recognition are met.

(f) **Donated goods, services and facilities**

Donated professional services and facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from use of the item is probable and the economic benefit can be measured reliably.

In accordance with Charities SORP (FRS 102), the value of volunteer time is not recognised in the financial statements. Please refer to the Trustees' Annual Report for more information.

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

Income from goods donated for sale in the charity's shops is recognised at point of sale. As a result of the high volume of low value donated goods received by the charity, the cost of recognising these items at fair value on receipt would outweigh the benefit of recognising them in the financial statements.

(g) **Investment income**

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

Rents from investment properties are included when they are receivable by the charity.

Dividend income from investment funds is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of dividends paid or payable.

(h) **Fund accounting**

Unrestricted general funds are available to spend on activities that further any of the purposes of the charity. Restricted funds are donations or other income that the donor or funder has specified are to be used for particular areas of the charity's work. Unrestricted designated funds have been set aside for fixed assets, capital projects including the redevelopment of the main hospice site into an energy-and space- efficient building adapted to the changing needs of patients, as well as the expansion of our retail estate in order to reduce our dependency on variable legacy income.

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

(i) **Expenditure and irrecoverable VAT**

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following headings:

- Costs of raising funds comprise the costs of raising funds from voluntary income and through fundraising activities including events, charity shops and lotteries and their associated support costs.
- Expenditure on charitable activities includes the cost of caring for patients either as in-patients or out-patients at the Hospice or in their own homes through the Hospice@Home service, bereavement and family support and educational activities undertaken to further the purposes of the charity and their associated support costs.
- Investment management costs reflect the cost of managing the Hospice's investment portfolio.
- Other expenditure represents those items not falling under any other heading.

The Hospice is able to reclaim most of the VAT it incurs. A small amount of irrecoverable VAT is included in support costs.

(j) **Allocation of support and governance costs**

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include administration, finance, human resources, information systems and governance costs that support the services providing care to patients and families.

Governance costs are those that are essential to ensure the effective running of the charity (e.g. audit fees).

Support and Governance costs have been allocated in proportion to the costs incurred directly within each element of the Costs of raising funds and Expenditure on charitable activities as set out in note 11.

(k) **Operating leases**

Rentals applicable to operating leases are charged to the Statement of Financial Activities on a straight-line basis over the term of the lease.

(l) **Pensions**

The charity operates a number of pension arrangements for the benefit of employees, which include both defined benefit and defined contribution schemes. The assets of the schemes are held separately from those of the charity and are invested in either the NHS Pension Scheme, the defined contribution Legal & General Workplace Pension Scheme or the personal pension schemes of certain employees, all of which are run independently of the Hospice. The charge to the Statement of Financial Activities represents the contributions payable by the charity to the schemes during the year.

The defined benefit NHS scheme is an unfunded scheme backed by the exchequer. Employers cannot identify their share of the assets and liabilities. In accordance with FRS 102 the scheme has been accounted for as if it were a defined contribution scheme and contributions are recognised as an expense.

(m) **Staff costs**

The costs of short-term employee benefits are recognised as a liability and an expense where settlement of obligations does not fall within the same period.

(n) **Investments**

Investments (other than investments in subsidiaries) are stated at market value at the balance sheet date.

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

The investment portfolio (see note 18) is held to generate returns and gains for the charity and accordingly is designated as fair value through profit and loss ("FVTPL"). The portfolio is re-valued at each period end to its fair value, as determined by reference to quoted market prices and values determined by independent fund managers, with any gains or losses going through the Statement of Financial Activities.

Investment properties, which are properties held to earn rentals and/or for capital appreciation, are measured using the fair value model and are stated at their fair value at the reporting date. The surplus or deficit on revaluation is recognised in the Statement of Financial Activities. Investments in subsidiaries are stated at cost and the Trustees review the carrying value annually for indications of impairment.

(o) **Tangible fixed assets**

Individual fixed assets costing more than £2,500 are capitalised and included at cost and are depreciated over their estimated useful economic lives in annual instalments, with a full year's charge in the acquisition year and no charge in the year of disposal as follows:

| | |
|-----------------------------------|--------------------------------|
| Freehold property | 2% Straight Line Basis |
| Leasehold property | Over the period of the lease |
| Retail point of sale system | 20% Straight Line Basis |
| Plant | 5% to 10% Straight Line Basis |
| Medical equipment | 10% to 20% Straight Line Basis |
| Furniture, fittings and equipment | 10% to 20% Straight Line Basis |
| Motor vehicles | 20% Straight Line Basis |

Buildings are regularly reviewed for indications of impairment. Where there is an impairment, the difference between the assessed recoverable value of the building and its written down cost is charged to the Statement of Financial Activities.

Freehold land is not depreciated.

Fixed Assets and depreciation charges are treated as designated funds.

(p) **Stock**

Stock of new bought-in goods is valued at the lower of cost and net realisable value.

It is impractical to estimate the fair value of goods donated for sale in the charity's shops due to the high volume and low value of these items, and so such goods are not included on the balance sheet. The value of these goods to the charity is instead recognised when they are sold in the shops.

(q) **Financial instruments**

The provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 are applied to all financial instruments.

(r) **Cash at bank and in hand**

Cash at bank and cash in hand includes cash and short-term highly liquid investments with a short maturity held for working capital.

(s) **Debtors and other assets**

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

Financial assets, other than those held at fair value through profit and loss, are assessed for indicators of impairment at each reporting end date.

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows have been affected. The impairment loss is recognised in the income and expenditure account.

(t) **Creditors, loans and provisions**

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

Financial Liabilities are only derecognised when, and only when, obligations are discharged, cancelled or they expire.

Amounts recognised as provisions are best estimates of the consideration required to settle the present obligation at the reporting end date, taking into account the risks and uncertainties surrounding the obligation.

(u) **Critical accounting estimates and judgements**

In the application of the group's accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors considered to be relevant.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised, if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities are outlined below:

Critical estimates

Depreciation of tangible assets

Depreciation policies have been set according to experience of the useful lives of the assets in each category and are reviewed annually.

Expenditure is incurred on creating tangible fixed assets for use in the charity, with costs incurred over a number of months. The Trustees believe it is possible to segregate these costs into identifiable projects, and as such no depreciation is charged on that project until it is brought into use.

Legacies

Legacies are recognised as income when probate has been granted, the charity has established its entitlement to the funds and sufficient information is available to allow the measure of entitlement, and it is probable that funds are receivable.

2. Legal status of the charity

St. Leonard's Hospice York is a company limited by guarantee and has no share capital. In the event of the charity being wound up, the liability in respect of the guarantee is £1 per member (the charity's trustees are also its members).

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

3. Financial performance of the charity

The consolidated Statement of Financial Activities includes the results of the charity's wholly owned subsidiary, which sells bought-in goods including Christmas cards.

The summary financial performance of the charity alone is:

| | 2023 | 2022 |
|------------------------------------|---------------|---------------|
| | £k | £k |
| Income | 8,532 | 10,880 |
| Gift Aid from subsidiary company | 24 | 30 |
| | <hr/> 8,556 | <hr/> 10,910 |
| Expenditure | (8,652) | (7,835) |
| | <hr/> | <hr/> |
| Net income/expenditure | (96) | 3,075 |
| Investment gains | (551) | 472 |
| Total funds brought forward | 25,115 | 21,568 |
| | <hr/> | <hr/> |
| Total funds carried forward | 24,468 | 25,115 |
| | <hr/> <hr/> | <hr/> <hr/> |
| Represented by: | | |
| Unrestricted income funds | 10,140 | 10,373 |
| Unrestricted designated funds | 13,484 | 13,624 |
| Restricted income funds | 844 | 1,118 |
| | <hr/> 24,468 | <hr/> 25,115 |
| | <hr/> <hr/> | <hr/> <hr/> |

4. Income from donations and legacies

| | 2023 | 2022 |
|-----------|-------------|-------------|
| | £k | £k |
| Donations | 787 | 2,015 |
| Legacies | 2,098 | 3,138 |
| | <hr/> 2,885 | <hr/> 5,153 |
| | <hr/> <hr/> | <hr/> <hr/> |

The Hospice benefits greatly from the involvement of its many volunteers, details of which are given in the Trustees' Annual Report. In accordance with FRS 102, the economic contribution of volunteers is not recognised in the financial statements.

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

5. Income from charitable activities

| | 2023 £k | 2022 £k |
|--|-------------------|-------------------|
| <i>Grants and contract income from Integrated Care Boards:</i> | | |
| Inpatient and day services | 1,567 | 1,511 |
| Hospice@Home | 340 | 340 |
| | <hr/> 1,907 | <hr/> 1,851 |
| <i>Other funding:</i> | | |
| NHS Pension contributions paid directly by NHS England | 114 | 97 |
| COVID-19 grant paid by NHS England | - | 458 |
| Coronavirus Job Retention Scheme | - | 17 |
| Carer Support Service | 63 | - |
| Pharmacy Services | 26 | - |
| Project Echo | 42 | 52 |
| Total income from charitable activities | <hr/> <hr/> 2,152 | <hr/> <hr/> 2,475 |

Included within the restricted funds is contract income of £340k (2022: £340k) from NHS Humber & North Yorkshire ICB through the Better Care Fund to fund the extended Hospice@Home service, which operates from 8am to midnight, seven days a week.

As the locally-appointed provider, the Hospice received £42k (2022: £52k) of funding as part of Project Echo from Health Education England through Humber Coast and Vale Sustainability and Transformation Plan to engage with other providers to support palliative care in non-hospice settings.

A 6.3% increase in NHS Pension Scheme employer contributions effective from 1 April 2019 was funded centrally by NHS England and is reflected in both income and expenditure on staff costs in these accounts. The cost of the increase was £114k (2022: £97k).

6. Income and expenditure from other trading activities - shops

| | 2023 £k | 2022 £k |
|---|-----------------|-----------------|
| Income from the sale of donated goods | 2,414 | 2,029 |
| Income from the sale of bought in goods | 63 | 64 |
| Retail grant (through trading subsidiary) | - | 35 |
| Total income from shops | <hr/> 2,477 | <hr/> 2,128 |
| Costs of buying in goods | (34) | (30) |
| Staff costs | (1,059) | (977) |
| Other costs | (821) | (689) |
| Total expenditure on shops | <hr/> (1,914) | <hr/> (1,696) |
| Net profit arising from shops | <hr/> <hr/> 563 | <hr/> <hr/> 432 |

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

The wholly owned trading subsidiary St. Leonard's Hospice Enterprises Ltd is incorporated in England and Wales (company number 02589172) and donates all its profits to the charity under the gift aid scheme. St. Leonard's Hospice Enterprises Ltd Limited sells bought in goods, including Christmas cards.

The summary financial performance of the subsidiary alone is:

| | 2023 | 2022 |
|--|-------------|-------------|
| | £k | £k |
| Trading Income | 63 | 64 |
| Retail grant | - | - |
| Cost of sales and administration costs | (39) | (34) |
| Net profit | <u>24</u> | <u>30</u> |
| Amount gift aided to the charity | <u>(24)</u> | <u>(30)</u> |
| Retained in subsidiary | <u>-</u> | <u>-</u> |

The assets and liabilities of the subsidiary were:

| | 2023 | 2022 |
|--------------------------------------|-------------|-------------|
| | £k | £k |
| Current assets | 60 | 69 |
| Current liabilities | (27) | (36) |
| Capital Loan | (20) | (20) |
| Total net assets | <u>13</u> | <u>13</u> |
| Aggregate share capital and reserves | <u>13</u> | <u>13</u> |

In the year to 31 March 2023 a donation of £24k (2022: £30k) was made to the parent charitable company.

7. Income and expenditure from other trading activities – lottery

| | 2023 | 2022 |
|---------------------------|--------------|--------------|
| | £k | £k |
| Income from lottery sales | <u>398</u> | <u>387</u> |
| Prizes | (37) | (37) |
| Other lottery costs | <u>(159)</u> | <u>(155)</u> |
| | <u>(196)</u> | <u>(192)</u> |
| Total lottery profits | <u>202</u> | <u>195</u> |

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

8. Income and expenditure from other trading activities - fundraising and other activities

| | 2023 | 2022 |
|--|--------------|--------------|
| | £k | £k |
| Fundraising events and activities | 223 | 332 |
| Provision of placements/training courses | 21 | 10 |
| Room hire | 3 | 3 |
| Catering for staff and visitors | 15 | 10 |
| Industrial injury claims for treating patients with mesothelioma | - | 29 |
| Generating electricity | 4 | 3 |
| Sponsorship income | 19 | - |
| Miscellaneous income | 8 | 7 |
| Total income from fundraising activities | <u>293</u> | <u>394</u> |
| Cost of fundraising events and activities | <u>(158)</u> | <u>(151)</u> |
| Surplus on fundraising events and activities | <u>135</u> | <u>243</u> |

Sponsorship income generated by fundraising activities is accounted for as donations.

9. Investment Income

The charity received investment income from the following sources during the year:

| | 2023 | 2022 |
|----------------------------------|-------------|-------------|
| | £k | £k |
| Dividends | 339 | 399 |
| Rents from investment properties | 6 | 7 |
| Interest on cash deposits | 46 | 1 |
| | <u>391</u> | <u>407</u> |

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

10. Restricted and unrestricted funds

| Restricted Funds Year ended 31 March 2023 | Movement in Funds | | | 31-Mar 2023 |
|--|-------------------|--------|-------------|----------------|
| | 01-Apr 2022 | Income | Expenditure | |
| | £k | £k | £k | |
| Hospice@Home service | 977 | 374 | (666) | 685 |
| Personalised Care Project | 63 | - | (26) | 37 |
| Hospice@Home vehicle | 40 | - | (15) | 25 |
| Workforce development | 2 | 3 | - | 5 |
| Project Echo | - | 43 | (43) | - |
| ACP Funding | 8 | - | - | 8 |
| Equipment Funds | 11 | 2 | (1) | 12 |
| Carer Support Service | - | 63 | (10) | 53 |
| Pharmacy Services | - | 26 | (26) | - |
| Drugs & oxygen | - | 80 | (80) | - |
| Homelessness Project. | 8 | 3 | (2) | 9 |
| Sundry other funds | 9 | 6 | (5) | 10 |
| | 1,118 | 600 | (874) | 844 |

| Restricted Funds Year ended 31 March 2022 | Movement in Funds | | | 31-Mar 2022 |
|--|-------------------|--------|-------------|----------------|
| | 01-Apr 2021 | Income | Expenditure | |
| | £k | £k | £k | |
| Hospice@Home service | - | 1,362 | (385) | 977 |
| Personalised Care Project | - | 63 | - | 63 |
| Hospice@Home vehicle | - | 40 | - | 40 |
| Workforce development | 2 | - | - | 2 |
| Project Echo | - | 52 | (52) | - |
| ACP Funding | 8 | - | - | 8 |
| Equipment Funds | 11 | - | - | 11 |
| Service extension/ Covid Co-ordinator | 72 | - | (72) | - |
| NHS England COVID-19 grant | - | 475 | (475) | - |
| Drugs & oxygen | - | 78 | (78) | - |
| Homelessness Project | 9 | 38 | (39) | 8 |
| Sundry other funds | 8 | 5 | (4) | 9 |
| | 110 | 2,113 | (1,105) | 1,118 |

Where a donor specifies that a donation is to fund a particular service e.g. the Hospice@Home service, the funds are restricted and applied to cover the cost of that service.

Donations for the Hospice@Home service in 2022 were boosted by an exceptional £1m donation, and these funds continue to be used in 2023 to expand the scope and reach of the service over a planned 3-year period.

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

The Personalised Care Project relates to funds received from the Humber & North Yorks Integrated Care Board (ICB) for the purpose of providing a more tailored domiciliary care service to patients and families.

The £40k donation received in 2022 was used in 2023 to purchase a new vehicle that is used to visit patients at the outer reaches of our communities; expenditure against this fund represents depreciation of the vehicle.

In addition to restricted donations, £340k (2022: £340k) of contract income was received from the Better Care Fund through Humber & North Yorks ICB to fund the Hospice@Home service.

The ICB funds the cost of drugs and other pharmaceutical services provided to Hospice patients by York Hospitals NHS Foundation Trust under the arrangements outlined in the Department of Health Executive Letter 94; these totalled £80k during the year. It also began to fund the cost of pharmacy services, totalling £26k during the year.

The ICB also commissioned a new Carer Support Service during the year, which provided £63k of funding. This service will provide valuable breaks and respite for the carers and family of those requiring palliative end-of-life care.

The Hospice is the locally-appointed provider of education through the Hospice UK Project Echo initiative to palliative care providers in non-hospice settings. Health Education England funds the salary and overhead costs of this project, which reached a conclusion in 2023.

Year ended 31 March 2023

| | Movement in Funds | | | | |
|-----------------------------|-------------------|--------|-------------|-------------|-------------|
| | 01-Apr 2022 | Income | Expenditure | Designation | 31-Mar 2023 |
| | £k | £k | £k | £k | £k |
| Unrestricted Funds | 10,386 | 7,996 | (8,227) | - | 10,155 |
| Designated Funds | | | | | |
| Fixed Assets Fund | 4,624 | - | (140) | - | 4,484 |
| Building redevelopment fund | 7,000 | - | - | - | 7,000 |
| Retail development fund | 1,500 | - | - | - | 1,500 |
| Digital transformation fund | 500 | - | - | - | 500 |
| | 24,010 | 7,996 | (8,367) | - | 23,639 |

During the year, the accounting policy for unrestricted funds was changed to allow for the designation of funds set aside for capitalised fixed assets and planned projects for redeveloping the hospice building, the retail estate and the digital infrastructure as outlined in note 1(h) above. The funds in the prior year are restated as below to align with the new accounting treatment:

Year ended 31 March 2022

| | Movement in Funds | | | | |
|-----------------------------|-------------------|--------|-------------|-------------|-------------|
| | 01-Apr 2021 | Income | Expenditure | Designation | 31-Mar 2022 |
| | £k | £k | £k | £k | £k |
| Unrestricted Funds | 21,471 | 9,303 | (6,764) | (13,624) | 10,386 |
| Designated Funds | | | | | |
| Fixed Assets Fund | | | | 4,624 | 4,624 |
| Building redevelopment fund | | | | 7,000 | 7,000 |
| Retail development fund | | | | 1,500 | 1,500 |
| Digital transformation fund | - | - | - | 500 | 500 |
| | 21,471 | 9,303 | (6,764) | - | 24,010 |

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

11. Analysis of expenditure including governance and support costs

| For the year ended 31 March 2023 | Direct Costs £k | Support Costs £k | Governance Costs £k | Total 2023 £k |
|--|-----------------------|------------------------|---------------------------|---------------------|
| <i>Costs of raising funds:</i> | | | | |
| Donations and legacies | 610 | 170 | 1 | 781 |
| Shops | 1,502 | 409 | 3 | 1,914 |
| Lottery | 196 | - | - | 196 |
| Fundraising and other activities | 124 | 34 | - | 158 |
| <i>Investment management costs</i> | 80 | - | - | 80 |
| <i>Expenditure on charitable activities:</i> | | | | |
| In-patient care | 3,361 | 789 | 5 | 4,155 |
| Hospice@Home | 946 | 263 | 2 | 1,211 |
| Bereavement and family support | 153 | 42 | - | 195 |
| Total expenditure | 6,972 | 1,707 | 11 | 8,690 |

Support Costs

| | HR, Health & Safety and Volunteers £k | Finance and Information Systems £k | Administration £k | Total 2023 £k |
|-----------------------------------|---|--|----------------------|------------------|
| Donations and legacies | 83 | 40 | 47 | 170 |
| Shops | 201 | 97 | 111 | 409 |
| Fundraising activities | 17 | 8 | 9 | 34 |
| In-patient care | 388 | 188 | 213 | 789 |
| Hospice@Home | 129 | 63 | 71 | 263 |
| Bereavement and family support | 21 | 10 | 11 | 42 |
| | 839 | 406 | 462 | 1,707 |

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

As a comparative, the expenditure for the prior year is shown below on the same basis:

| For the year ended 31 March 2022 | Direct Costs £k | Support Costs £k | Governance Costs £k | Total 2022 £k |
|--|-----------------------|------------------------|---------------------------|------------------|
| <i>Costs of raising funds:</i> | | | | |
| Donations and legacies | 476 | 115 | 1 | 592 |
| Shops | 1,370 | 324 | 2 | 1,696 |
| Lottery | 192 | - | - | 192 |
| Fundraising and other activities | 121 | 30 | - | 151 |
| <i>Investment management costs</i> | 81 | - | - | 81 |
| <i>Expenditure on charitable activities:</i> | | | | |
| In-patient care | 3,090 | 676 | 5 | 3,771 |
| Hospice@Home | 912 | 220 | 2 | 1,134 |
| Bereavement and family support | 203 | 49 | - | 252 |
| Total expenditure | 6,445 | 1,414 | 10 | 7,869 |

Support Costs

| | HR, Health & Safety and Volunteers £k | Finance and Information Systems £k | Administration £k | Total 2022 £k |
|--------------------------------|--|---|----------------------|------------------|
| Donations and legacies | 54 | 30 | 31 | 115 |
| Shops | 153 | 85 | 86 | 324 |
| Fundraising activities | 14 | 8 | 8 | 30 |
| In-patient care | 319 | 177 | 180 | 676 |
| Hospice@Home | 104 | 57 | 59 | 220 |
| Bereavement and family support | 23 | 13 | 13 | 49 |
| | 667 | 370 | 377 | 1,414 |

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

12. Net income for the year

This is stated after charging:

| | 2023 | 2022 |
|--|-------------------|-------------------|
| | £k | £k |
| Depreciation of tangible fixed assets | 186 | 179 |
| Auditor's remuneration: | | |
| - Audit fees | 13 | 10 |
| - Non audit services | 1 | 13 |
| Operating lease rentals – land and buildings and equipment | 195 | 186 |
| Profit on disposal of fixed assets | (7) | - |
| | <u> </u> | <u> </u> |

Of the total audit fee, £11k (2022: £8k) related to the charity.

13. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

| | 2023 | 2022 |
|-----------------------|-------------------|-------------------|
| | £k | £k |
| Wages and salaries | 5,583 | 5,170 |
| Social security costs | 522 | 465 |
| Pension costs | 646 | 587 |
| | <u> </u> | <u> </u> |
| | <u>6,751</u> | <u>6,222</u> |

The number of employees who received employee benefits during the year in excess of £60,000, classified within bands of £10,000 is:

| | 2023 | 2022 |
|---------------------|------|------|
| £60,001 - £70,000 | 4 | 2 |
| £70,001 - £80,000 | 1 | - |
| £80,001 - £90,000 | - | 1 |
| £90,001 - £100,000 | 1 | 2 |
| £110,000 - £120,000 | 1 | - |

The key management personnel of the charity and the group comprise the Trustees, the Chief Executive, Director of Clinical Services, Director of People, Director of Income Generation, Medical Director and Director of Finance & Corporate Services. The total employee benefits of the key management personnel of the charity including on-costs were £624k (2022: £589k).

The charity Trustees were not paid and did not receive any employee benefits from the charity or its subsidiary in the year (2022: £nil). There were no costs reimbursed to Trustees by St. Leonard's (2022: £nil).

No charity Trustee received payment for professional or other services supplied to the charity (2022: £nil).

NHS Pension Scheme

Eligible staff are able to remain in the NHS Pensions Scheme as if they were still in the employment of an employing authority. The NHS Pension Scheme is an unfunded occupational pension scheme backed by the Exchequer, which is open to all NHS employees and employees of approved organisations. The scheme provides pensions, based on final salary, in varying circumstances for employees of participating employers. The scheme receives contributions from employers and employees to defray

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

the costs of pensions and other benefits. The scheme is subject to a full actuarial valuation every four years and an accounting valuation every year. Details of benefits payable, and the basis for valuations under these provisions, can be found on the NHS Pensions website at www.nhsbsa.nhs/pensions.

In the year ended 31 March 2023, the charity made contributions to the NHS Pension Scheme totalling £375k (2022: £325k). Employer contributions were 20.68% and employee contributions were in the range of 5.0% to 13.5% of pensionable pay.

Other Pension Schemes

Other employees are entitled to join a defined contribution scheme. The contribution rates to the defined contribution scheme are 9% of pensionable pay for the employer and 5% of pensionable pay for the employees. The charity uses this scheme to meet the requirements of auto-enrolment legislation using the same contribution rates.

In the year ending 31 March 2023, the charity paid contributions to the schemes totalling £271k (2022: £263k).

14. Staff numbers

The average monthly head count and the average monthly number of full-time equivalent staff (including part-time and bank staff) during the year were as follows:

| | 2023 | | 2022 | |
|------------------------------------|------------|----------------------|------------|----------------------|
| | Head Count | Full Time Equivalent | Head Count | Full Time Equivalent |
| Charitable services | 134 | 100 | 128 | 97 |
| Income generation, including shops | 67 | 51 | 64 | 48 |
| Support services | 26 | 20 | 24 | 17 |
| | <u>227</u> | <u>171</u> | <u>216</u> | <u>162</u> |

15. Government grants

Income from government grants comprises grants from local Integrated Care Boards to support the provision of care; in 2022, they also included Retail & Leisure Grants under the Government's COVID-19 support package. More information is shown in notes 5 and 6 to the financial statements.

16. Taxation

The Hospice is a registered charity and as such is a charity within the meaning of schedule 6 of the Finance Act 2010. Accordingly, the Hospice is potentially entitled to tax exemption under part 11 of the Corporation Tax Act 2010 or section 256 of the Taxation of Chargeable Gains Act 1992 in respect of income and gains arising. Given this, no tax charge arises on the charity.

The trading subsidiary is liable to corporation tax on its chargeable profits. Current tax, including UK Corporation and foreign tax, is provided at amounts expected to be paid (or recovered) using the tax rates and laws that have been enacted or substantially enacted at the balance sheet date. As all profits arising in the subsidiary are gift aided to the parent charitable company within 9 months of the year end, no corporation tax arises.

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

17. Tangible fixed assets The Charity and the Group

| | Freehold Property £k | Leasehold Property £k | Retail Point of sale System £k | Plant £k | Fixtures Fittings & Equip £k | Medical Equip £k | Motor Vehicles £k | Totals £k |
|------------------------|----------------------------|-----------------------------|--|-------------|--|------------------------|-------------------------|--------------|
| Cost: | | | | | | | | |
| At 1 April 2022 | 6,601 | 38 | 38 | 82 | 220 | 191 | 164 | 7,334 |
| Additions | - | 14 | - | 9 | 3 | - | 30 | 56 |
| Disposals | - | - | - | - | - | - | (20) | (20) |
| At 31 March 2023 | 6,601 | 52 | 38 | 91 | 223 | 191 | 174 | 7,370 |
| Depreciation | | | | | | | | |
| At 1 April 2022 | 2,230 | 33 | 23 | 32 | 159 | 99 | 134 | 2,710 |
| Charge for the year | 121 | 2 | 8 | 7 | 18 | 14 | 16 | 186 |
| On Disposals | - | - | - | - | - | - | (10) | (10) |
| At 31 March 2023 | 2,351 | 35 | 31 | 39 | 177 | 113 | 140 | 2,886 |
| Net Book Values | | | | | | | | |
| At 31 March 2023 | 4,250 | 17 | 7 | 52 | 46 | 78 | 34 | 4,484 |
| At 31 March 2022 | 4,371 | 5 | 15 | 50 | 61 | 92 | 30 | 4,624 |

Freehold property includes non-depreciable land with a book value of £369k (2022: £369k).

18. Fixed asset investments

| Investments | The Charity and the Group | |
|---|---------------------------|------------|
| | 2023 £k | 2022 £k |
| Market value at 1 April 2022 | 14,909 | 14,516 |
| Additions at cost | 2,728 | 501 |
| Disposal proceeds | - | (500) |
| | 17,637 | 14,517 |
| Realised and unrealised investment gains/(losses) | (551) | 472 |
| Investment management costs | (78) | (80) |
| Charges within valuation | - | - |
| Market value at 31 March 2023 | 17,008 | 14,909 |

The historic cost of investments at 31 March 2023 was £12,312k (2022: £9,559k).

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

UK Investment Property

| | 2023 | 2022 |
|--------------------------|------------|------------|
| | £k | £k |
| Market value at 1 April | 105 | 105 |
| Market value at 31 March | <u>105</u> | <u>105</u> |

The property was valued by Malcolm Stuart Property Consultants LLP on 6 February 2020 on the basis of open market value. The Trustees have considered the fair value of the property with respect to recent market conditions and property transactions in the local area and are of the opinion that the professional valuation represents fair value at the balance sheet date.

The historic cost of investment property at 31 March 2023 was £16k (2022: £16k).

The total carrying amount of financial assets measured at fair value through income and expenditure for both the company and group was £17,113k (2022: £15,014k).

Investment in subsidiary

| | The Charity | |
|----------------|-------------|------------|
| | 2023 | 2022 |
| | £ | £ |
| Shares at cost | <u>100</u> | <u>100</u> |

The charity owns 100% of the share capital of St. Leonard's Hospice Enterprises Limited, whose results and year-end position are detailed in note 6.

19. Stock

| | Charity | | Group | |
|------------------|-----------|----------|-----------|-----------|
| | 2023 | 2022 | 2023 | 2022 |
| | £k | £k | £k | £k |
| Goods for resale | <u>16</u> | <u>-</u> | <u>16</u> | <u>17</u> |

20. Debtors

| | Charity | | Group | |
|---------------------------|--------------|--------------|--------------|--------------|
| | 2023 | 2022 | 2023 | 2022 |
| | £k | £k | £k | £k |
| Trade debtors | 34 | 26 | 34 | 27 |
| Amount owed by subsidiary | 33 | 54 | - | - |
| Other debtors | 69 | 267 | 69 | 267 |
| Prepayments | 140 | 123 | 140 | 123 |
| Accrued income | 2,300 | 2,869 | 2,300 | 2,869 |
| | <u>2,576</u> | <u>3,339</u> | <u>2,543</u> | <u>3,286</u> |

| | Charity | |
|-----------------------------------|-----------|-----------|
| | 2023 | 2022 |
| | £k | £k |
| Amounts Owed by Subsidiary | | |
| Due within one year | 13 | 34 |
| Capital Loan | 20 | 20 |
| | <u>33</u> | <u>54</u> |

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

The subsidiary has ceased to trade since the year-end, and the £20k loan will be repayable during the year ending March 2024.

21. Creditors: amounts falling due within one year

| | Charity | | Group | |
|---------------------------------|------------|------------|------------|------------|
| | 2023 | 2022 | 2023 | 2022 |
| | £k | £k | £k | £k |
| Trade creditors | 160 | 147 | 159 | 146 |
| Taxes and social security costs | 194 | 185 | 194 | 185 |
| Other creditors | - | - | - | - |
| Accruals | 47 | 52 | 49 | 55 |
| Deferred Income | 74 | 48 | 74 | 48 |
| | <u>475</u> | <u>432</u> | <u>476</u> | <u>434</u> |

Analysis of change in deferred income

| | At 31 March 2022 | Released during year | Deferred | At 31 March 2023 |
|-----------------|---------------------|-------------------------|-----------|---------------------|
| | £k | £k | £k | £k |
| Deferred Income | <u>48</u> | <u>(48)</u> | <u>74</u> | <u>74</u> |

22. Contingent assets – legacy income

At 31 March 2023, the charity had been notified of its entitlement to 5 (2022: 3) residuary and life interest legacies with Probate granted, the value of which is uncertain due to either insufficient information being available or due to potential claims on the estate. At the date when the accounts were signed, no further information had been received and so these legacies have either not been accrued or not been accrued in full.

23. Analysis of group net assets between funds

| Fund balances at 31 March 2023 are represented by: | Unrestricted | Unrestricted | Restricted | Total |
|---|---------------|------------------|------------|---------------|
| | General Funds | Designated Funds | Funds | |
| | £k | £k | £k | £k |
| Tangible fixed assets | - | 4,484 | - | 4,484 |
| Investments | 8,113 | 9,000 | - | 17,113 |
| Current assets | 2,518 | - | 844 | 3,362 |
| Current liabilities | (476) | - | - | (476) |
| Total net assets | <u>10,155</u> | <u>13,484</u> | <u>844</u> | <u>24,483</u> |

| Fund balances at 31 March 2022 are represented by: | Unrestricted | Unrestricted | Restricted | Total |
|---|---------------|------------------|--------------|---------------|
| | General Funds | Designated Funds | Funds | |
| | £k | £k | £k | £k |
| Tangible fixed assets | - | 4,624 | - | 4,624 |
| Investments | 6,014 | 9,000 | - | 15,014 |
| Current assets | 4,806 | - | 1,118 | 5,924 |
| Current liabilities | (434) | - | - | (434) |
| Total net assets | <u>10,386</u> | <u>13,624</u> | <u>1,118</u> | <u>25,128</u> |

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

24. Post balance sheet events

As of 1st April 2023, the subsidiary company, St. Leonard's Hospice Enterprise, has ceased to trade.

25. Capital commitments (group and charity)

At 31 March 2023, capital commitments amounted to £nil (2022: £nil).

26. Operating Lease Commitments (group and charity)

At 31 March 2023, the group and the charity had outstanding commitments for future minimum lease payments under non-cancellable operating leases as follows: -

| | 2023 | 2022 | 2023 | 2022 |
|--------------------------------|-----------------------------|-----------------------------|--------------|--------------|
| | Land & Buildings | Land & Buildings | Other | Other |
| | £k | £k | £k | £k |
| Due within one year | 140 | 183 | 1 | 2 |
| Due between two and five years | 190 | 205 | - | 2 |
| Due after 5 years | 4 | - | - | - |
| | <u>334</u> | <u>388</u> | <u>1</u> | <u>4</u> |

27. Related party transactions

During the year, St. Leonard's Hospice York conducted the following transactions with its subsidiary, St. Leonard's Hospice Enterprises Limited:

St. Leonard's Hospice York levied a management charge on St. Leonard's Hospice Enterprises Limited amounting to £3,151 (2022: £2,461), a software licence charge amounting to £500 (2022: £500) and interest amounting to £520 (2022: £520).

At 31 March 2023, St. Leonard's Hospice York was due £23k from St. Leonard's Hospice Enterprises Limited (2022: £34k). In addition to the trading balances St. Leonard's Hospice York was due an amount of £20k (2022: £20k) in respect of a loan in favour of St. Leonard's Hospice Enterprises Limited; the interest on this loan is secured against the assets of St. Leonard's Hospice Enterprises Limited and is charged at 2.5% above the base rate of principal bankers.

There were no transactions between the charity and its Trustees during the year that required disclosing as related party transactions under FRS 102.

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

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

| | 2023 | 2022 |
|--|-------------------|---------------------|
| | £k | £k |
| Net movement in funds | (94) | 3,075 |
| Adjustments for: | | |
| Dividends interest and rents from investments | (391) | (407) |
| Depreciation charges | 186 | 179 |
| Profit on sale of fixed assets | (7) | - |
| Investment management charges | 78 | 80 |
| Decrease in stocks | 1 | 2 |
| Decrease/(Increase) in debtors | 819 | (1,415) |
| Increase in creditors | 42 | 43 |
| Net cash provided by operating activities | <u>634</u> | <u>1,557</u> |

Analysis of changes in net funds

| | At 31 | Cash flow | At 31 |
|---------------------------|---------------------|-----------------------|-------------------|
| | March | | March |
| | 2022 | | 2023 |
| | £k | £k | £k |
| Cash and cash equivalents | <u>2,621</u> | <u>(1,818)</u> | <u>803</u> |

St. Leonard's Hospice York

Notes to the Financial Statements for the year ending 31 March 2023

29. Comparative Statement of Financial Activities

Consolidated Statement of Financial Activities (Including Income and Expenditure Account)
for the year ending 31 March 2022

| | Unrestricted Funds £k | Restricted Funds £k | Total Funds 2022 £k |
|---|-----------------------------|---------------------------|---------------------------|
| Income from: | | | |
| Donations and legacies | 3,432 | 1,721 | 5,153 |
| <i>Income from charitable activities:</i> | | | |
| Grants and contract income | 2,083 | 392 | 2,475 |
| <i>Income from other trading activities:</i> | | | |
| Shops | 2,128 | - | 2,128 |
| Lottery | 387 | - | 387 |
| Fundraising activities | 394 | - | 394 |
| Investment Income | 407 | - | 407 |
| Total income | 8,831 | 2,113 | 10,944 |
| Expenditure on: | | | |
| <i>Costs of raising funds:</i> | | | |
| Donations and legacies | 592 | - | 592 |
| Shops | 1,696 | - | 1,696 |
| Lottery | 192 | - | 192 |
| Fundraising activities | 151 | - | 151 |
| Investment Management Costs | 81 | - | 81 |
| <i>Expenditure on charitable activities:</i> | | | |
| In-patient Care | 3,051 | 720 | 3,771 |
| Sunflower Centre | - | - | - |
| Hospice@Home | 749 | 385 | 1,134 |
| Lymphoedema Service | - | - | - |
| Bereavement and Family Support | 252 | - | 252 |
| Total expenditure | 6,764 | 1,105 | 7,869 |
| Net income before other recognised gains | 2,067 | 1,008 | 3,075 |
| Realised and unrealised gains on investments | 472 | - | 472 |
| Net income | 2,539 | 1,008 | 3,547 |
| Total funds brought forward | 21,471 | 110 | 21,581 |
| Total funds carried forward | 24,010 | 1,118 | 25,128 |

SCHEDULE 3 – PAYMENT

D. Expected Annual Contract Values

The following financial schedule covers the contract term for 2023/24

| <u>Core Services</u> | 2023/24 includes 1.8% uplift |
|---|---|
| North Yorkshire Health and Care Partnership (Scarborough and Ryedale) | £1,031,437 |
| North Yorkshire Health and Care Partnership (Hambleton, Richmondshire and Whitby) | £193,889 |
| York Health and Care Partnership* | £158,325 |
| Total Value | £1,383,651 |

Other Services – Scarborough and Ryedale only

| Service Area | 2023/24 includes 1.8% uplift |
|---------------------------------|---|
| 2nd consultant on Call services | £7,985 |
| Pharmacy Support | £27,366 |
| Hospice Drug Provision | £38,221 |
| Total Other Services | £73,572 |

BCF Funded Services* - Scarborough and Ryedale Only**

| | 2023/24 includes 1.8% uplift |
|--|---|
| Nurse led beds | £143,364 |
| Lymphoedema Services | £34,974 |
| Integrated Palliative and End of Life Care Service | £296,622 |
| Total BCF Funded Services | £474,960 |
| Total Value | £1,932,183 |

Submission of monthly data in the format detailed in Schedule 6A (Activity Report – EOL Contract Data Collection) to aid reconciliation of new service costs.

The total annual value will be paid in four Quarterly payments on receipt of a valid invoice. Invoices for the total amount covering all Health and Care Partnership contributions should be submitted each quarter in advance to NHS North Yorkshire Health and Care Partnership at the following address:

Reference numbers for invoices: XXZIQMNY

**NHS HUMBER & NORTH YORKSHIRE ICB
QOQ PAYABLES M835
PO BOX 312,
LEEDS,
WEST YORKSHIRE
LS11 1HP**

Notes:-

*NHS North Yorkshire Health Care Partnership will undertake an internal recharge to the other Health and Care Partnerships as required. This arrangement will be reviewed at the end of the current contract term or through contract variation if there are any changes to the current inter Health and Care Partnerships mechanism before the current contract end date.

It is acknowledged that Health and Care Partnerships financial contribution does not wholly fund the cost of providing the range of services described in the service specification.

**The responsibility of payment for Hospice high cost drugs is with the Responsible ICB commissioner. The ICB have agreed an indicative budget for payment of Hospice drugs based on pro rata expenditure in 2020/21. This is following the transfer of drug provision and support from York Teaching Hospitals NHS Foundation to an Independent pharmacy service provider. While the Hospice maintain the SLA agreement with the new provider, the cost of drugs will be reimbursed on a pass through basis in line with the National guidance on high cost drugs. Actual drug spend will be monitored on a regular basis on an open book approach, with quarterly reconciliation. Adjusting invoices / credit note will be applied following agreed reconciliation against budget following review, validation and agreement of the supporting information.

***BCF services are subject to regular review and evaluation against expected outcomes, in terms of quality, and productivity and financial impact. As a consequence, ongoing funding for these projects or services is not automatically guaranteed for future years, and will be dependent on health community priority areas for investment

North Yorkshire Council
Scrutiny of Health Committee
13 December 2023
Work Programme 2023/2024

1.0 Purpose of Report

- 1.1 This report invites Members to consider the Committee's Work Programme for 2023/2024, considering the outcome of discussions on previous agenda items and any other developments taking place across the County.
- 1.2 The Work Programme schedule is enclosed at Appendix 1.

2.0 Introduction

- 2.1 The role of the Scrutiny of Health committee is to review any matter relating to the planning, provision and operation of health services in the county.
- 2.2 The Committee's powers include:
- reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area
 - requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions
 - making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise
 - requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations
 - requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service
 - referring contested proposals to the Secretary of State for Health
- 2.3 Further information is available in the Department of Health (2014) guidance to local authorities entitled 'Local Authority Health Scrutiny Guidance to support Local Authorities and their partners to deliver effective health scrutiny'. It is available via the following link –
<https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services>

3.0 Scheduled Committee dates and Mid-Cycle Briefing dates for 2023/2024

3.1 Committee Meetings

- Wednesday 13th December 2023 at 10 a.m.
- Friday 8th March 2024 at 10 a.m.

3.2 Mid Cycle Briefing Dates

- Friday 19th January 2024 at 10 a.m.
- Friday 19th April 2024 at 10am.

- 3.3 Please note that the Mid Cycle Briefings are not public meetings and are attended by the Chair, Vice-Chair and Spokespersons for the political groups. These meetings are used to develop the committee work programme and determine the scheduling of key items.

4.0 Recommendation

- 4.1 The Committee is asked to confirm, comment, or add to the areas listed in the Work Programme Schedule as appropriate.

Report Author: Christine Phillipson, Principal Democratic Services & Scrutiny Officer

Contact Details:

Tel: 01609 533887 E-mail: christine.phillipson@northyorks.gov.uk

27 November 2023

NORTH YORKSHIRE COUNCIL
Scrutiny of Health Committee
Committee Work Programme 2023/24
Dated: 4 December 2023

Meeting dates

- Scheduled future Committee Meetings: 10am on 13th December, 8th March 2024 in person
- Scheduled mid cycle briefings: 3rd November, 19th January, 19th April 2024 via Teams

| Meeting | Subject | Aims/Terms of Reference | Report |
|--------------------------|---|---|--|
| 10 March 2023 | DPHAR | Summary of Director of Public Health's Annual Report | Louise Wallace |
| | Preventative Prescribing | Alternative Social Prescribing – to be taken offline with Cllr Haslam and Louise Wallace. | Louise Wallace |
| | CAMHS | Mental health enhanced community services | Brian Cranna, Care Group director, NY, York & Selby Care Group |
| | Changes to sexual health service in North Yorkshire | Report on first 9 months of new service | Emma Davis, HAS, NYC |
| 16 June 2023 | YAS | Update on Yorkshire Ambulance Service | Jeevan Gill & Rod Barnes, Chief Exec, YAS |
| | Primary Care in North Yorkshire NHS Estate | Understanding of property portfolio | Wendy Balmain Andrew Dangerfield and Dr Bruce Willoughby |

| | | | |
|---------------------------------|--|--|--|
| | Response to workforce pressures within health and social care | Review of current workforce pressures across the health and social care system and the response to them. Summary report from HAS. | Rachel Bowes, HAS, NYC |
| 8th September | North Yorkshire Place - Infrastructure | How NHS workforce and S106 is planned. | Wendy Balmain, Stephanie Porter ICB Linda Marfitt, NYC |
| | Hyper acute stroke services for the North Yorkshire population | Performance data to be provided on the hyper acute stroke pathway – deferred from last meeting. | Paul Willcoxon, Darren Fletcher & Neil Wilson, York & Scarborough NHS Foundation Trust |
| | Urgent Care Delivery in York and The East Coast | NHS Vale of York Clinical Commissioning Group - Urgent care engagement (valeofyorkccg.nhs.uk) Started in 2019, 2 updates to Committee since then, progress now underway again after Covid pause. Update on emerging integrated model and next steps. | Lisa Pope, John Darley – Humber & NY ICB |
| | Update on progress so far with the Autism Strategy | Brief written update prior to report to Committee in March – moved to a later date to align with the Strategy. | Stacey Annandale Naomi Smith |
| 13th December | Catterick Integrated Care Campus | Follow up from November meeting. | Lisa Pope |
| | Well led inspection of TEWV completed early this year | Report expected August/September. Discuss at mid-cycle briefing, then on to Committee in December. | Brian Cranna |
| | Acute Mental Health Services | Deferred from September. | Brian Cranna & Kirsty Kitchen |

| | | | |
|----------------------------------|---|---|---|
| | North Yorkshire Hospice Care, St Leonard's, and Saint Catherine's | EOL providers, current service development, need and risk. | Chief Executives of all 3 hospices |
| 8th March 2024 | Update on progress so far with the Autism Strategy | Report to Committee on current situation and the Autism Strategy. | Stacey Annandale Naomi Smith |
| | Proposed re-build of the Airedale Hospital on the existing site | Follow up from November 2022 meeting | Francesca Hewitt |
| | Independent public inquiry into the Government handling of the COVID-19 pandemic. TBC | Review of module 1 and the Council's statutory duties around protecting the public. | Barry Khan, Assistant Chief Exec, Legal and Dem Svs & Monitoring Officer |
| | Better Care Fund | Update to Committee following sign off at Health and Wellbeing Board | Louise Wallace, Director of Public Health, NYC |
| | To Be Confirmed or Completed (possibly to return in the future) | | |
| | NHS Dentistry – access to and availability of places – submission to Health and Social Care Committee | | Ongoing scrutiny |
| | Information re the Health and Social Care Committee submission | | To Share when published |
| | Overview of Public Health commissioning, provision and budget planning (when required) | | Victoria Turner, HAS, NYC |
| | TEWV CQC inspections and action plans - as required | | Brian Cranna, TEWV Zoe Campbell Managing Director, North Yorkshire, York and Selby , TEWV |

| | | |
|--|--|------------------------------------|
| | GP Waiting list information and access figures | Ongoing scrutiny feedback to ACC's |
|--|--|------------------------------------|

ITEMS FOR MID CYCLE BRIEFINGS

| DATE | POTENTIAL ITEM |
|---|---|
| Friday 20 th January 2023 at 10.00am (in respect of the Committee meeting on 10 th March) | Discussion re outcome of request for social prescribing for March Committee - Louise Wallace Hyper acute stroke services – Neil Wilson, York & Scarborough NHS Foundation Trust Pharmaceutical Needs Assessment – Discuss the PNA and explore the wider role that pharmacies play in the local community as a first point of contact - Claire Lawrence/Louise Wallace. Date for Committee to be agreed for 23/24 |
| Friday 21 st April 2023 at 10am (in respect of the Committee meeting on 16 th June) | Neil Wilson – Hyper Acute Pathway content discussion prior to Committee in June Jeevan Gill , YAS content discussion prior to Committee in June Committee Work Programme |
| Friday 3 rd November 2023 at 10am in respect of the Committee meeting on 13 th December) | Acute Mental Health Services - Brian Cranna and Kirsty Kitchen (NHS) Naomi Smith & Stacey Annandale – update on Autism and the Strategy – full report to Committee in March. Chief Executives of North Yorkshire Hospice Care, St Leonard's, and Saint Catherine's informal discussion re Hospice and EOL providers, current service development, need and risk. Brian Cranna – TEWV to discuss informally the draft report of a Well Led inspection of Tees Esk Wear Valley Trust |
| Friday 19 th January 2024 | |

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*Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.
Please note that the work programme is under continuous review and items may be rescheduled several times during the year.

BLOG: DHSC confirms new health scrutiny arrangements to start in January

Posted on 24/10/2023 by Ed Hammond. Centre for Governance and Scrutiny (CfGS)

If you are a councillor on a health overview and scrutiny committee, or an officer supporting one, you will want and need to know about the forthcoming introduction of the Secretary of State's powers to intervene on NHS reconfigurations – including the abolition of the existing scrutiny "referral" power.

If you want to get up to speed, this material sets out more detail on the issues.

We now know that Government proposes that new powers will commence in January (yes, January 2024 – at most, three months away). We and the LGA have very strongly voiced our concerns about these timescales, particularly considering that previous Government has undertaken to consult on draft versions of guidance. That undertaking will still be honoured, we understand – just to very, very constrained timescales. As soon as we know any more – we hope that this will be in the next few days – we will write on this subject again.

Although the detail of new arrangements has yet to be confirmed I can tell you something about what to expect, and the overall "look" of the new arrangements – subject to ongoing work by Government. I hope that more can be shared with you, from more official sources, in the coming days. Government has agreed, though, that it's important that we're able to share at least something with you to raise awareness that this is happening.

We expect four official "things" from Government in the next couple of months:

A new set of health scrutiny Regulations. These will be laid in early January (to come into force at the end of the month);

Statutory guidance for NHS commissioners on the new arrangements, of which we have seen a draft;

Statutory guidance for health scrutiny (which will, we understand, be more general in scope but on which we currently have no information);

Statutory guidance for the Secretary of State themselves on the proper use of the power to intervene.

The process in brief

There will be a process to follow for substantial variations in future. There are some similarities with what we have now but a lot of differences.

The main feature is that intervention in a local reconfiguration will be a process with two stages – first the Secretary of State will determine whether or not they should call a reconfiguration in, and if they determine that they should, they then consider what form any direction or intervention might take. From the guidance it seems clear that once a reconfiguration has been “called in” the Secretary of State will, by definition, use their powers to intervene – this appears to be the case from the wording in the Act too. The only matter to determine is what that intervention will look like – basically, what the Secretary of State will direct. (He or she may direct, for example, that local commissioners’ plans should go ahead unamended).

The process will look like this:

Commissioners must notify the Secretary of State when they consider that they are planning a reconfiguration that involves a substantial variation. We are assuming that definitions will stay the same in the new regime. The judgement about what to notify and when seems, at the moment, to lie in the hands of the NHS locally, and we are arguing that (as is the case now) the relevant HOSC(s) have a stake in this decision. We have raised with DHSC specific concerns about how challenges have emerged in the past around the “substantial” nature of changes, particularly in relation to the way that patient flows operate for joint scrutiny work;

Requests can be made by *anyone* to the Secretary of State to use their powers. We’ve suggested that local requesters should be expected to engage with HOSCs / Local Healthwatch as a way of providing local co-ordination. We’re worried, here, that there is a risk that HOSCs will get embroiled in a flurry of unco-ordinated local requests to the Secretary of State – particularly as the guidance as currently drafted suggests that the Secretary of State may respond to requesters recommending that they go to the HOSC first, which all starts to feel a bit circular;

The Secretary of State will then decide whether to “call in” a reconfiguration. To come to this judgement they will take evidence including whether local attempts at resolution have been exhausted. It has been made clear to us that this will be a high bar – Government see these powers as a long-stop;

If the Secretary of State decides to call in a reconfiguration the law requires them to consult with HOSCs and Local Healthwatch on whether, and how, to use their power of intervention. We consider that there is quite a bit of overlap – in terms of evidence-gathering and consultation – with the first part of the process and have suggested some changes accordingly that better “centre” scrutiny’s role, and the role of Healthwatch, as advocates for and representatives of patients and the wider community;

If the Secretary of State directs / intervenes commissioners to do something, we have asked that this notification be sent to the relevant HOSC(s) too (at the moment it isn’t clear).

There are some information management issues associated with the Secretary of State’s decision-making that we hope to resolve by ensuring that HOSCs have access to the full slate of data and evidence that the Secretary of State will use to make their decision.

Finally, we have asked that DHSC makes clearer in the guidance their expectations of the indicative timescales that will operate for SoS decision-making and consultation. We have noted that clearer,

more consistent engagement with HOSCs at the start of the process, that is followed through, is likely to facilitate HOSCs being able to make slightly tighter timescales for turning around responses and evidence, although we note that given committee cycles that cannot always be guaranteed.

The IRP will continue to have a role in the process although in the current version of the guidance we have seen the exact nature of this isn't clear. We expect there will be more detail in the guidance to the Secretary of State.

Transitional arrangements

You will be able to refer things to the Secretary of State using the existing rules right up until 30 January 2024, and they will be taken forward under those arrangements. But from 31 January the arrangements above will come into force for everything "new". You should be aware that this may involve some uncertainty between you and NHS colleagues about what stage in the reconfiguration process you may have got to by January, if you are in an area where there is "live" work ongoing, or in prospect. If this describes your position please get in touch and we will try to funnel any issues to DHSC and NHSE.

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Stakeholder briefing – 1 November 2023

Changes to eight West Yorkshire commissioning policies

The NHS West Yorkshire Integrated Care Board (ICB) is reviewing its commissioning policies to make sure everyone gets the same access to treatments, wherever they live in West Yorkshire. Commissioning policies are documents that contain information about treatments, and who can have those treatments paid for by the NHS.

Patient and public involvement around this work took place earlier this year. Please see this page [Your views on treatments paid for by the NHS](#) for more information about the involvement.

At its meeting on 31 October 2023, the ICB Transformation Committee agreed to the following commissioning policy changes for West Yorkshire.

Gluten-free prescribing

Gluten-free prescribing will be stopped in Calderdale and Leeds to bring them in line with the other West Yorkshire places where it was stopped in 2016-17. This does not apply to patients who require low protein gluten-free foods due to [phenylketonuria \(PKU\)](#) for example. The new [commissioning statement for gluten-free prescribing is available to view here](#).

Patients in Calderdale and Leeds who get gluten-free products (bread and flour mixes) on prescription will receive a letter via their GP practices to thank them for taking part in the involvement, update them on the decision and explain the next steps. The letter will also include links to some frequently asked questions, and contact details if patients should have any questions, comments or complaints.

All gluten-free prescriptions will be stopped from 1 April 2024 so patients will have an adjustment period of around five months to find ways to adapt their diets.

Gluten-free prescriptions will not be available for those newly diagnosed with coeliac disease from 1 November 2023.

A wide range of gluten-free products is now readily available in supermarkets, other shops and online. However, the main theme from the patient and public feedback was the cost of these products compared to cheaper, gluten-containing alternatives. Many low-cost foods, including potatoes and rice, are naturally gluten-free so it is possible to follow a gluten-free diet without prescription products.

Local GPs and other healthcare professionals are committed to supporting coeliac patients to be able to follow a gluten-free diet.

Six cosmetic procedures carried out for health reasons

The body mass index (BMI) requirement for six cosmetic procedures carried out for health reasons will be set to 27 or below across West Yorkshire from 1 November 2023. The new commissioning policies for these procedures are available to view at the links below:

- [aesthetic abdominal procedures](#)
- [body contouring](#)
- [breast lift \(mastopexy\)](#)
- [breast procedures](#)
- [breast reduction for male gynaecomastia](#) (enlarged male breasts)
- [liposuction](#)

Achieving a BMI of 27 or below before surgery has a positive effect on different anaesthetic risks, wound healing rates, rates of postoperative infection and the ability for people to get mobile after surgery. A BMI of 27 or below was already the requirement for these procedures in some areas of West Yorkshire whilst for other areas it was set at 30 or below.

The majority of people who shared their views about the BMI for these procedures agreed that it should be set at 27 or below. Most also agreed that having consistency across West Yorkshire is important, as is following clinical evidence.

The new policy will not apply to people who are already on the waiting list for one of these procedures, or to those who are waiting to be assessed following a referral from a GP or other healthcare professional. It will apply to all new referrals.

Ear correction surgery

The age range for children and young people to access ear correction surgery will be set at 5 to 18 years from 1 November 2023. The age range varied slightly across West Yorkshire so this change removes that variation. It also aligns the policy with other treatments for those aged 18 and under, and with NHS guidance. The new [commissioning policy for ear correction surgery is available to view here](#).

The majority of people who shared their views on ear correction surgery agreed that the age range should be 5 to 18 years.

The new policy will not apply to children and young people who are already on the waiting list for ear correction surgery, or to those who are waiting to be assessed following a referral from a GP or other healthcare professional. It will apply to all new referrals.

Further information

Demand for NHS services continues to increase and the ICB needs to make sure that funding is used appropriately and fairly across West Yorkshire.

There may be exceptional clinical circumstances where a GP or other healthcare professional believes a patient should have a treatment or a procedure that is no longer routinely available. In such cases, the healthcare professional can ask the NHS to pay for that treatment by completing an [individual funding request](#) on behalf of the patient.

There are some frequently asked questions on this web page [Treatments paid for by the NHS](#) which may be helpful. If people would like to ask a question, or make a comment or complaint about this decision, they can email the ICB Governance Team at: westyorkshireics.governance@nhs.net or call: 01924 213050 (Monday to Friday 9am to 5pm).

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