

HELEN & DOUGLAS HOUSE

England & Wales - Charity number 1085951

Details

Other names HELEN HOUSE AND DOUGLAS HOUSE

Status Registered

Legal form Charitable company

Company number [04120488](#)

Registered 2001-03-30

Register [View on the Charity Commission register](#)

Contact

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Activities

Objects: The objects of the Charity are the relief of sickness and stress and in particular 1 To provide palliative and supportive care to children and young people with life-shortening conditions in order to relieve sickness and stress and in particular to enable them to live as well and as fully as possible to the end of their lives, supporting their needs and wishes at the time of their death. 2 To promote the well-being of families and carers of children and young people with life-shortening conditions by providing counselling, practical support and bereavement care

Activities: Relief of sickness and stress and provision of palliative and supportive care to children and young people with life-shortening conditions to enable them to live as well and as fully as possible to the end of their lives, supporting their needs and wishes at the time of their death. To promote the well-being of their families and carers with counselling, practical support and bereavement care.

Classification

- **How:** Provides Human Resources, Provides Buildings/facilities/open Space, Provides Services, Provides Advocacy/advice/information
- **What:** The Advancement Of Health Or Saving Of Lives, Disability
- **Who:** Children/young People, People With Disabilities

Geography

- **Area of benefit:** NOT DEFINED. IN PRACTICE, OXFORDSHIRE
- Throughout England

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£10,692,000	£12,478,000	£12,231,000	200
2024-03-31	£9,804,000	£11,790,000	£14,396,000	198
2023-03-31	£9,846,000	£10,470,000	£15,508,000	173
2022-03-31	£9,957,000	£9,037,000	£16,463,000	168
2021-03-31	£9,422,000	£8,330,000	£15,102,000	164

Trustees

Name	Role	Appointed
Ann Jane Lissaver		2020-01-27
DAVID HUGH GYE		2018-06-19
Ian Watson		2019-04-29
Janet Annewen Rowe		2019-04-29
Jean Rosemary Heritage		2017-01-24
Jennie Veronica Younger		2022-11-07
Martin Michael Wildsmith		2019-04-29
Tanya Baldwin		2020-01-27

HELEN & DOUGLAS HOUSE

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Accounts

Annual Report

2024/2025



Helen & Douglas House

your local children's hospice

Contents

About Us	4
Chair of Trustees & Chief Executive Joint Statement	6
2022-2025 Strategy Summary of Achievements	9
Fundraising Report	12
Retail Report	16
Research & Education Studies	20
Service Report	25
2025-2030 Strategic Aims & Objectives	29
Financial Review	40
Auditors' Report	52
Financial Statements	56



About Us

Helen & Douglas House hospice improves the lives of terminally ill children and their families living in Oxfordshire and the surrounding counties.

We help children live their lives to the full – even when those lives are short.

We support children and their families with life-enhancing care, either at our hospice in Oxford, at home or in hospital. This includes supportive stays, pain relief, symptom management, end-of-life care and bereavement support for parents and siblings.

Our care can help reduce the fear and pain families feel when facing an uncertain future. And, when life comes to an end, we're there to help them move forward after the loss of their child.

We need to raise £6 million a year to fund our work.

Inspected and rated

Outstanding 





How we are funded

We need to raise *£6 million to fund our work



Income from statutory sources is **11%**



Income from fundraising, legacies and trading is **86%**



● Direct care staff costs	£3,596,000
● Medical staff costs	£502,000
● Other direct costs	£646,000
● Support costs	£950,000
● Depreciation	£370,000

*£6,064,000 was the cost of care for the year 2024/25

Chair of Trustees & Chief Executive Joint Statement

We are delighted to report that the expansion of our services has meant we've been able to support more families and provide them with vital and life-enhancing care. Your continued support funds these achievements, and your generosity and commitment have enabled us to make significant progress in our mission.

We extend our thanks to each and every supporter for their donations. Every single one matters.

We write in our capacity as Chair of Trustees and Interim CEO following Jennie's appointment as Chair and CEO Jane Long's resignation in December 2024. David Gye, who served as Interim Chair last year, has returned to his role as Trustee and Treasurer. We operated with an interim CEO until we recruited a new CEO, David Whittingham who takes up his appointment in August 2025.

Our service depends on our fantastic volunteers and staff. Thank you to our volunteers, whose dedication and hard work have been truly inspiring. You have given your time and energy selflessly, and your efforts have made a profound impact on our local community.

Thank you also to all our staff. Your professionalism and passion have been outstanding. Wherever you work in the charity, your skills, enthusiasm and commitment have been crucial in caring for children and families. Thank you for everything you do, and for going above and beyond in your roles.

March 2025 marks the end of our most recent strategy, covering a three-year period from April 2022. This strategy was a fresh opportunity to move forward as an organisation after navigating through the pandemic. It aimed to enhance our service, and our driving ambitions were to ensure that children and their families receive exceptional palliative care, that we reach more children and families who need us, and that we offer a breadth of services beyond nursing and medical care. We've made significant progress across all our aims.



We recognise there are significant challenges within our sector. Economic pressures, regulatory changes and increasing demand for charitable services have tested many charities in the charity sector and continue to do so. Despite these hurdles, we're delighted to report that we've provided care to a greater number of children and families.

As an organisation that receives around 11% of its total income from statutory sources, we rely almost entirely on public support, so our financial health remains in sharp focus. In December 2024, we welcomed the UK Government's announcement that they would make a significant investment in hospice care, comprising £26 million NHS England funding for children's hospices in 2025/26 and a one-off capital grant covering both 2024/25 and 2025/26. While both are very welcome, on their own they're not enough to fund national demand for children's hospice services – so we remain indebted to our supporters, who fund the majority of our care.

In addition to Government funding, we extend our grateful thanks to Together for Short Lives and Hospice UK, who both do such an amazing job of supporting all children and adult hospices with influencing and policy change advocacy.

Looking ahead, we're excited to publish our new strategy in the summer of 2025. It will embrace the need for children and their families to receive seamless, integrated palliative care services in the settings in which they want to receive that care.

We'll also establish a leading role in advancing impactful research and education within the paediatric hospice sector, driving innovation and evidence-based practices to improve care for children and their families locally, nationally and internationally.

Finally, we aim to collaborate with partner organisations to transform the landscape of paediatric palliative and end-of-life care, setting new standards to meet the unique needs of children and families with compassion, innovation and excellence.

Thank you once again for your continued support. Your donations will fund vital care for local terminally ill children and their families, and the difference you make is immense.

Mark Stowe, Interim CEO and Director of Finance & Operations

Jennie Younger, Chair of Trustees

29 July 2025



2022-2025 Strategy Summary of Achievements

Here's a summary of our achievements this year and some of the things we've learned for the future.

March 2025 marks the end of our latest three-year strategy, which began in April 2022. This strategy was a fresh start for us after dealing with the pandemic. We aimed to increase the breadth of our services and create a meaningful impact within the children's hospice sector.

Our main goals were to make sure children and their families receive exceptional palliative care, to reach more families in need, and to offer a wider range of support complementary to our nursing and medical care.

Strategic Aim 1: Service

Reach more children and families and offer a wider range of care.

More bed nights and cases:

We provided a lot more bed nights, increasing our caseload by 10%, with four to five beds available six days a week.



Outstanding CQC rating: We were awarded an outstanding rating from the Care Quality Commission (CQC). ★★★★★

Level 4 consultant:

We secured a contribution to funding for a second Level 4 paediatric palliative care consultant and successfully recruited one.



Urgent symptom management:

We allocated bed resources more responsively for urgent symptom management and emergency care.



Play team expansion: We expanded our play team and increased our range of activities for children and families.

Managed clinical network development:

We worked with the local Integrated Care Board (ICB) to develop a Managed Clinical Network, which is now being taken forward and hosted by the ICB.

Music therapy:

We brought back music and music therapy in line with NICE guidance and in response to requests from families as well as staff.



Chronic Pain Service collaboration:

Taking advantage of the regional chronic pain and rehabilitation service for children and young people being our tenants at Douglas House, we've developed academic and clinical links between our teams.

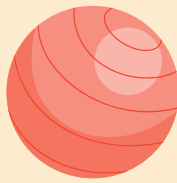
Early patient identification:

We worked with numerous teams including paediatric and neonatal intensive care units to identify patients earlier, as demonstrated by our increased referrals and caseload.



Physiotherapy services:

We recruited a physiotherapist and a physio-assistant to support medically vulnerable children.



Perinatal Palliative Care Programme:

We appointed a prescribing midwife practitioner to further develop our perinatal palliative care programme, ten years after we first began to accept antenatal referrals. She has already developed very active collaborations with other specialist providers nationally.



Transition age gap support:

We secured funding to support young adults in transition to adult services and developed partnerships with numerous adult providers.



Ethics and paediatric intensive care teams:

We supported offering home (as well as hospice) as a choice for end-of-life care for children leaving intensive care settings and our consultant team is represented on the Oxford University Hospital Trust clinical ethics advisory group.



Sibling programmes:

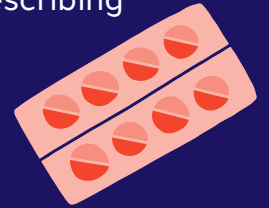
We created special programmes for siblings to help them cope, including therapy, activity days and peer connections.



External relationships: We built strong relationships with external partners and became more involved in influential forums.



Non-medical prescribing: We upskilled staff in non-medical prescribing and advanced history-taking, with plans for more colleagues to undertake these courses.



Refurbishments: We fully refurbished the Flexible Family Space and the Little Room, dedicated to caring for families after the death of their child.



Strategic Aim 2: Efficiency and Impact

Be more efficient and invest in technology to free up more funds for care.

Support services cost reduction: We reduced support costs while increasing investment in clinical services.



Family communication plan:

We created a plan for communicating with families about non-clinical matters, achieving high open rates.



Successful retail year: Retail had its best financial year in 2023/24, with new units, a new warehouse facility and expanded e-commerce offerings.



Staff intranet launch: We launched a new staff intranet called The Hive.

Project Management Office (PMO): We created the PMO and invested in risk and governance, while reducing overall support costs.



Fundraising and marketing investment:

We invested in fundraising, legacy marketing, events and philanthropy, and expanded communications.



Environmental impact:

We appointed energy consultants, conducted energy audits and developed a long-term sustainability strategy.



Strategic Aim 3: Culture

Invest in people and build an engaged, diverse and collaborative culture.

Volunteer strategy: We created and implemented a comprehensive volunteering strategy, increasing the number of volunteers from 427 to over 600.

Volunteer support: We supported more families through home, gardening and tutoring volunteers.



Speaking up: We introduced a new whistleblowing platform to enable anonymised feedback alongside the existing Freedom to Speak Up Guardians. The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC's report "The Freedom to Speak Up" (2015).



Volunteer engagement:

We developed new volunteer charter guidelines and long service awards, and reintroduced hospice visits for retail volunteers.



Improved staff benefits: We introduced improved staff benefits, including extended compassionate leave, holiday entitlement buy and sell options, and life assurance.



Equality, Diversity and Inclusion (EDI): We achieved Level 1 Accreditation in Investors in Diversity, improved representation, and raised the profile of EDI internally.



Line managers community of practice: We launched a community of practice for line managers to share experiences and best practices.



Leadership development: We upskilled leaders and managers through coaching, training and improved performance measurement in annual reviews.



These achievements highlight the significant progress we've made in service development, efficiency, impact and organisational culture over the three-year strategy period.

We also learned several lessons during this period, including the need for a longer strategic lifecycle, the importance of aligning strategic ambition with resources, and the need for clear strategic performance indicators. The need for more focus on staff engagement, and for strong governance and review processes, was also emphasised, and we'll take these learnings forward over the next five years.



Fundraising Report

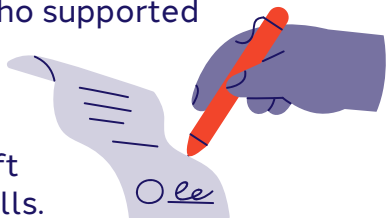
“Helen & Douglas House was a safe haven for us when our son was dying. It allowed us to be parents again and it was so good to be out of the stressful hospital environment.”

Parent of a child using our service



We're delighted to report that we beat our fundraising income targets again this year, exceeding budget by £140,000 for gross income and £264,000 for net contribution. We've achieved this against the backdrop of a 2025 sector-wide report that revealed that although the public donated £15.4 billion in 2024 to charities and good causes, the need to provide services is greater, with fewer people giving year on year.¹

With most of our funding coming from members of the public, we're indebted to them for continuing to support us even through tough economic times. We want to thank each of the 13,291 people who donated from April 2024 to end of March 2025, ranging from those who attended our events, participated in challenges, and gave monthly, to philanthropists who supported us with Trust, individual or corporate gifts, and those who left us gifts in their wills.



Creative fundraising

As ever, we've loved hearing from those who've supported us in their own enthusiastic ways, from running marathons and climbing Snowdon in the dark to baking cakes and organising jail breaks. We also ran a number of events of our own, including our Bubble Rush – attended by 1,948 people and raising £57,416 – and our Christ Church Christmas Concert, where 561 people enjoyed festive favourites and a performance from a Capella group Out of the Blue and readings from Raymond Blanc, raising £18,924.

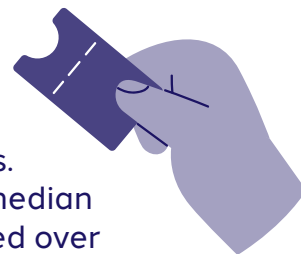


We were delighted to be able to thank donors personally at our recent Thanking Event at Oxford's Natural History Museum. Simply put, we couldn't support children and families or plan for future challenges without their help.

Thank you!



Our popular Comedy Night made a welcome return in February for the first time in 10 years. Kindly organised by comedian Matt Richardson, it raised over £50,000, with 1,722 people spending the evening laughing. On 5 April, we hosted Butterfly Bimble's memory walk at Harcourt Arboretum, and we'd like to thank everyone who bought the ceramic roses displayed in the Garden of Memories installation.



¹ Charities Aid Foundation UK Giving Report for 2025



Valued partnerships, national campaigns

Partnerships are pivotal to our work, so we were pleased to launch a two-year collaboration with the Mercedes-AMG Petronas Formula 1 team in February. Their Brackley-based staff aim to raise £100,000 for us by the end of 2026. What's more, the commitment of Trusts and Foundations continues to be excellent, with the Pepper Foundation renewing its support and pledging a three-year partnership with us to fund two new Clinical Nurse Specialist roles as part of the Outreach Nursing Team, covering Buckinghamshire.

*With £1 in every £5 spent coming from legacy giving, we've also been keenly involved in the first National Hospice UK Legacy campaign, encouraging people to leave a gift to their local hospice in their will. Local radio and press coverage generated 160 enquiries, and we aim to build on this momentum this autumn. This support often funds our core day to day work – adding to the vital funds we raise through regular gifts, lottery giving and direct mail campaigns.



* £1.00 of every £5.00 spent on hospice care is an average based on income and care costs over five years 2020/21 to 2024/25

What's next?

Our new strategy will be the focus going into the 2025/26 financial year, and we'll be aiming to build on our success through greater collaboration, insight and data analysis. To achieve this, we are:



Developing our case for support, outlining our ambition for the charity and key areas of development, improved donor journeys, stewardship processes and impact reporting.



Investing in a new Customer Relationship Management system (CRM) and ways of working, to understand and then strengthen our brand awareness and presence in the areas we serve.



Exploring how our research and education work can influence paediatric palliative care and support our fundraising.



Strengthening key areas of work, such as our legacy fundraising, lottery provision and work with major donors.



Retail Report

*“Sibling support
has been so wonderful
helping my other children
to manage following
their sibling’s death.”*

Quote from family survey



This year has been transformative for our retail team and filled with strategic changes aimed at enhancing our operations and broadening our impact in the community. Our emphasis on innovation, efficiency and customer engagement has laid the foundations for a successful year ahead.

E-commerce was a key focus for us this year, with our eBay operation strategically relocated to a new commercial warehouse in Oxford that has allowed us to expand our online sales dramatically. As part of this, we have been trialling cutting-edge AI software that will help us streamline our productivity, cut down on manual work and analyse sales data more effectively. It's also enabled us to better understand customer preferences and improve our customer service. And it's worked: November saw our e-commerce department celebrate its best ever month since it began trading!

Financial overview

Overall income remained fairly consistent between the two years, with a small increase of £85,000 compared to the previous year. This increase is particularly notable given the challenges we faced with RAG (recycling) income, which saw a reduced intake of £60,000 – a fluctuation that highlights how important it is for us to diversify our retail initiatives further and seek alternative revenue streams.

However, while our income has shown some resilience, expenses have increased year on year. Rising operational costs have led to a reduction in net income and as a result our net contribution was below budget.

Against this backdrop, the need for a sustainable financial model has never been more critical. Our retail leadership team is actively exploring strategies to curtail expenses while maximising revenue potential, all while maintaining the quality of service our donors and shoppers expect.





Investing in technology

AI is not the only technology we've been implementing this year. We have also been undertaking extensive planning and training as we prepare to roll out our new EPOS till system across all our retail locations. This is designed to enhance our point-of-sale capabilities, streamline transactions and provide us with real-time sales data and trends – informing strategic decision-making and further improving our inventory management and customer service. And to manage the increased sales volumes and make sure everything is delivered speedily, we have also invested in two new vans to support our internal distribution.

Hello, Marlborough

Another landmark achievement this year saw the opening of our first new shop in nine years. Testament to our commitment to growth and outreach, our new Marlborough store opened after extensive research into local consumer demographics and preferences, and it's strategically located to serve a community that we'd previously had a presence in.

Digital outreach

Finally, we've been making strategic use of social media to reach and engage as many people as possible within the communities around our shops, using targeted advertising and engaging content to drive footfall as well as raising awareness of initiatives such as International Nurses Day and our festive promotions. It's also proved useful for recruitment, allowing us to fill staff and volunteer roles quickly.



“You help manage our child’s symptoms so we are able to do things as a family and our child can do things independently.”

Quote from family survey



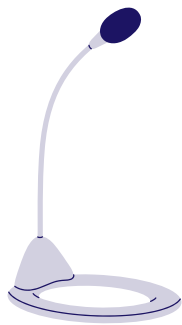
Research & Education



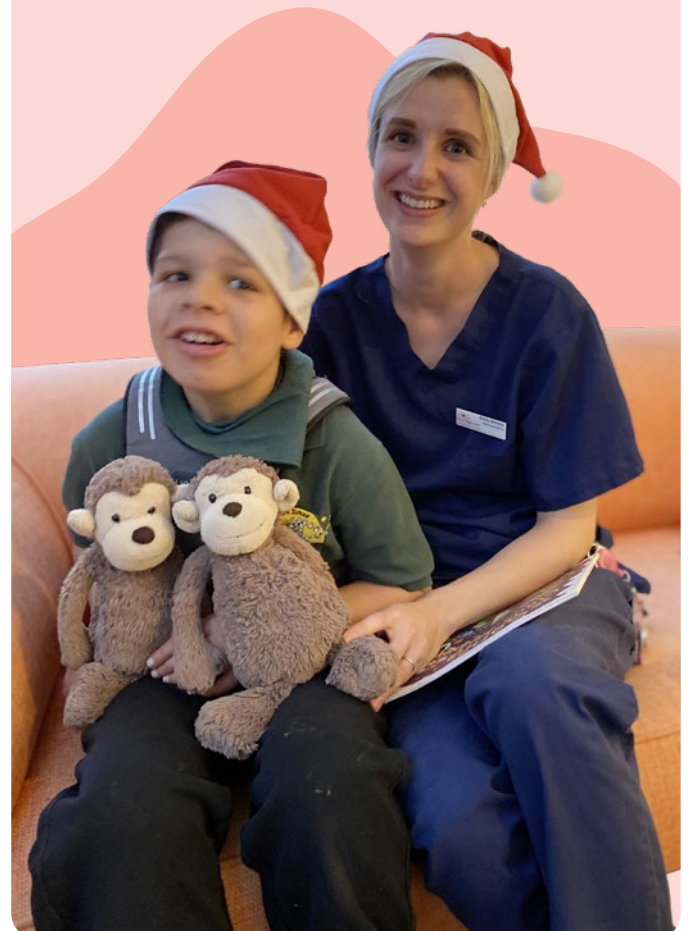


This year, our clinicians have continued to contribute to research and education both internationally and locally, from teaching and speaking at conferences to lending their expertise to course units and papers.

Here in Oxford, we've been teaching undergraduate medical students at Oxford University about managing difficult communication around end-of-life care. Meanwhile, our clinicians have contributed to teaching and research in the UK and overseas. For example, Dr Charlotte Holland has written modules and course units on children's palliative care for various educational institutions in the UK and leads on the virtual education platform for the South of England.



Our nursing team have increased our capacity for placements for children's nursing students from Oxford Brookes University. This not only increases our links with Brookes but also increases their awareness of palliative care and gives more of our nursing staff the opportunity to work as supervisors and assessors.



Dr Emily Harrop taught with the Children's Palliative Care Network in Moldova and Ghana, as well as joining the Steering Committee of the Children and Young People's (CYP) Reference Group of the European Association for Palliative Care (EAPC). Several members of the medical team contributed to the fifth edition of the Children and Young Persons Advance Care Plan and the sixth edition of the APPM formulary (2024).



We've contributed to organising and presenting at several paediatric palliative care conferences with several leading organisations this year, including the Royal College of Paediatrics, the EAPC (European Association for Palliative Care) and the International Children's Palliative Care Network. Our medical team has hosted a number of evening education events enabling colleagues in the wider region to come together and share their learning. We've also offered service users the chance to be part of several national clinical trials, including C-POS (evaluating outcome measures), SPARK (spirituality) and ENHANCE (looking at the experience of families whose children died after PICU/NICU care).



Collaborating on paediatric palliative care research

The *UK Collaborative Paediatric Palliative Care Research (CoPPAR) Network brings together seven partner organisations nationally to coordinate research into paediatric palliative care. The network has already achieved several objectives, including delivering educational webinars, establishing an online research toolkit and developing a research nurse group, in which we played a pivotal role. Our own Dr Emily Harrop was the local lead for Oxford on a pilot platform trial looking at prescribing patterns for a commonly used medicine in paediatric palliative care.

***Learnings from the establishment and delivery of the UK Collaborative Paediatric Palliative Care Research Network.** Peat G, Harrop E, Anderson AK, Box D, Murtagh F, Harding R, Ziegler L, Hewitt C, Wong I, Elverson J, Harris N, Fraser LK. *Health Technol Assess.* 2025 Feb 26;1-9. doi: 10.3310/VRFT5679. Online ahead of print.

Offering a different view on home birth in perinatal palliative care



We collaborated with the parents of baby Lily to co-author a *peer-reviewed paper sharing a positive experience of patient choice in perinatal palliative care. This type of care can offer compassionate support and choice to families following diagnosis of a life-limiting illness, but home birth is usually only offered in low-risk pregnancies. In this case, Lily's parents requested home delivery after receiving a diagnosis of hypoplastic left heart syndrome. We methodically risk-assessed the situation and presented the case at a national virtual forum before agreeing to facilitate this. The case has since been presented at several national forums, empowering other teams to look differently at risk in perinatal palliative care.

***Facilitating home birth in perinatal palliative care: A case report.** Bertaud S, Kirven R, Kirven T, Harrop E, Crudgington A, Wilkinson D.

Palliat Med. 2024 Dec;38(10):1194-1198. doi: 10.1177/02692163241280374. Epub 2024 Sep 27. PMID: 39340165 Free PMC article.

Several of our nursing staff have also taught children's nursing students at Oxford Brookes, including topics such as memory making and care after death.



Undergraduate education

Some of our senior staff are now in their second year of teaching undergraduate medical students at the University of Oxford along with nursing students from Oxford Brookes University. They repeat a well-received three-hour module seven times a year to each cohort, following guidance that recommends healthcare professionals receive training on communicating with the parents of critically ill children earlier in their career.² This helps ensure a confident and competent workforce for the future care of our patient group.

Students rated this training as good or very good and confirmed their confidence about communicating with parents of critically ill children had improved considerably because of the training they had received.



#PPC Educate

Dr Charlotte Holland's digital (Moodle) platform now has the facility for professionals outside our region to have paid access, and it's seen impressive sign-up. Many of our staff are involved in producing content for this wonderful virtual learning system, supporting colleagues across the region and beyond to improve their knowledge and confidence in caring for our families. We have secured external statutory funding to support the future of #PPC Educate thanks to its impressive impact.

² <https://www.nuffieldbioethics.org/project/disagreements-in-the-care-of-critically-ill-children>



Service Report

“It is hugely reassuring to know there is a team there who have the time and expertise to support us.”

Quote from family survey



We've made several improvements to our service this year, supported by ICB and Pepper Foundation funding that's enabled the addition of several new staff members. We've taken a patient-centred approach, making sure we listen to the needs of children, young people and their families and honing their care accordingly.



Improving patient safety and learning

This year, we've successfully developed and implemented the Patient Safety Incident Response Framework (PSIRF), marking a significant step forward in our approach to patient safety and learning. This has meant careful training as we transition from traditional incident investigation models to a more compassionate, systems-focused approach that prioritises understanding over blame. It's enabled us to foster a culture of transparency and continuous learning and improvement, which has led staff to feel more confident and engaged in the process.

We presented the framework at the Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board and we were commended on the high bar we had set with the plan and policy. We're planning to share our learning with other organisations to help support safer care across the sector.



Patient experience group

We've developed and strengthened our Children and Parent Engagement Group, recognising the vital importance of allowing the lived experiences of children, young people and their families to shape our care and support. Through regular meetings and engagement events with families, as well as involving them in creating resources such as care plans and training materials, we aim to improve patient safety, empowerment and the overall quality of care we provide. We're planning more engagement opportunities to ensure the voices of children and young people are heard.





Community outreach and activity

With growing demand and greater complexity among our catchment population, we've greatly expanded the work of our Community and Family Support Services (CAFSS), particularly in outreach. The team delivered an impressive 6,898 contact hours this year – a 32% increase on the previous year, reflecting our commitment to reaching families where they are and ensuring continuity of care and support beyond our hospice walls. We've worked with the ethics and paediatric intensive care teams to support offering home as a choice for families needing end-of-life care.

Our outreach service has also grown in depth and scope:

- One-to-one support across all areas of the service increased significantly, alongside a marked rise in group activity participation.
- The Sibling Support and Youth & Transition teams were particularly active, providing more opportunities than ever for young people to connect with peers in similar situations.
- The Youth & Transition team, bolstered by an additional staff member, was able to double its contact hours, creating a vibrant and supportive community environment through initiatives such as Network Saturday.

Supporting this activity, we've secured funding to recruit two more Outreach Nurses thanks to the Pepper Foundation. This means we can support more families at home, playing a critical role in helping people remain in their preferred place of care, particularly at end of life – a core commitment of our service.

Patient care

As well as increasing support at home, we've also been boosting our in-patient care, with significantly more bed nights and a 10% increase in our caseload (four to five beds delivered six days a week). We've re-introduced Music and Music Therapy, and expanded our Play team alongside increasing activities to help reduce isolation among children and their families.

We've recruited a physiotherapist and physio-assistant to support medically vulnerable children to live safely and comfortably in the community, enabling better management of their respiratory function so they can be more comfortable at the end of their lives. What's more, we've secured funding towards a second Level 4 paediatric palliative care consultant – which has made our service more robust and allowed us to care for more children and young people – and a prescribing midwife practitioner, who'll further develop our perinatal palliative care programme.



Partnerships have been key to developing our in-patient care. We've collaborated with:

- **OUH paediatric intensive care and neonatal units** – identifying patients earlier so that every child and family gets our support when they need it most.
- **Local healthcare partners** – ensuring the timely referral of children with palliative care needs from hospital and community nursing.
- **The local Integrated Care Board (BOB)** – developing a managed Clinical Network to ensure joined-up care for families in the community.
- **The Chronic Pain Service** – currently working out of Douglas House, this partnership has supported the biopsychosocial approach to pain management.



Finally, we've also extended the care we provide beyond nursing and medical care, with grief support programmes, sibling support, family activity days and social opportunities all among the initiatives we're taking to help families create positive memories outside medical settings.



"I think the service you offer is amazing and all the staff do their very best to help families."

Parent of a child using our service

2025-2030 Strategic Aims and Objectives

We're delighted to outline our new organisational strategy, which spans 2025-2030. We aim to continue the progress we made in 2022-2025 and remain focused on providing an exceptional range of services to children and families in their preferred settings.

Our new strategy details how we plan to develop and evolve our services in line with the needs of children and their families, and how we'll influence and advocate with our partners for positive change for all children and families. Ultimately, our aim is to help transform the landscape of paediatric palliative and end-of-life care.

We begin our strategy in a strong position financially and with a strategically planned deficit budget which we plan to reduce over the next five years through income growth whilst at the same time, ensuring all our operations are running as efficiently and effectively as possible.



You can find a more detailed document outlining our strategy on our website.

Three key strategic aims

Our mission drives our strategy and puts children and families at the heart of everything we strive to achieve. Our work for the next five years will be informed by three strategic aims.

- 1 Care:** Ensure children and their families receive seamless, integrated palliative care in their preferred settings.
- 2 Learn:** Establish a leading role in advancing impactful research and education within the paediatric hospice sector, driving innovation and evidence-based practices to improve care for children and their families.
- 3 Collaborate:** Collaboratively transform the landscape of paediatric palliative and end-of-life care, setting new standards to meet the unique needs of children and families with compassion, innovation and excellence.



Supporting our three clinically focussed strategic aims are the foundation pillars, comprising of all the enabling teams who will help ensure our strategic plan is successful. Their three focus areas will be: maintaining financial stability, investment in our physical and digital infrastructure, and a positive values and behaviours based culture with engaged and skilled staff.

"Nowhere else can parents find people who can care for their child like you do."

Parent of a child using our service





Our focus areas of work

We've identified the following key focus areas that will help us achieve our strategic aims over the next five years.

Ensure children and their families receive seamless, integrated palliative care in their preferred settings.

Focus areas	Why this is important
<p>Developing flexible care pathways to provide community-based support and tailor interventions to cultural, social and clinical needs</p>	<p>We support just over 200 children and young people across the Thames Valley, each with unique and evolving needs. Developing flexible care pathways to provide community-based support is essential to ensuring that each child or young person receives the personalised, accessible and timely care they need.</p>
<p>Expanding capacity for 24/7 remote services</p>	<p>Families have told us that access to support at any hour reduces anxiety and enhances care quality. Expanding our capacity for 24/7 remote services is therefore crucial, as it ensures that families have access to healthcare and support whenever they need it, regardless of time or location. This is particularly important, where people may face barriers to accessing in-person services due to geographical isolation, mobility issues, or even during times of increased demand, such as during health crises or public holidays.</p>
<p>Improving bereavement support for families</p>	<p>The need for bereavement services continues to rise, including an increase in those who may have not had an opportunity or chosen not to engage with our services before their child's death. Families value a range of options, including peer and one-on-one support. Delivering a structured and culturally sensitive bereavement programme ensures that those who've lost loved ones receive the emotional, psychological and practical help they need during an incredibly challenging time.</p>
<p>Expanding our planned care provision</p>	<p>Our planned care provision is currently limited by the need to have a doctor on site to manage all admissions. By investing in staff training and development to support nurse autonomous practice, we can extend our admission times and enable more children and young people to have flexible access to care, including overnight.</p>

Ensure children and their families receive seamless, integrated palliative care in their preferred settings.

Focus areas	Why this is important
<p>Investing in and expanding perinatal care and support</p>	<p>Over the last five years (2019-2023), over 200 children have died under the age of one in the Thames Valley region (BOB ICB). Expanding our perinatal care and support within a hospice setting is essential to ensuring that families receive compassionate, specialised care when facing the profound challenges of life-limiting conditions in pregnancy and early infancy. By expanding our perinatal services, we can provide holistic, family-centred support from the point of diagnosis, through birth and beyond – whether that involves palliative care for a baby with a life-limiting condition or bereavement support for grieving parents.</p>
<p>Improving and expanding our transition services from paediatric to adult care</p>	<p>More children with complex medical needs are living into adolescence and young adulthood, yet adult services aren't yet well set up to receive this new generation of patients. Ensuring smooth transitions between paediatric and adult services is vital to maintaining continuity of care and quality of life.</p>
<p>Improving comprehensive, co-ordinated quality care delivery locally and regionally</p>	<p>Families need confidence that the care they receive is seamless, no matter where they live. Strengthening regional coordination ensures that all children receive the same high-quality care, reducing disparities in service provision.</p>
<p>Developing and defining the specialist services that we can offer to support other providers delivering palliative care across the region</p>	<p>We have unique expertise in paediatric palliative care. By clearly defining and sharing our specialist knowledge, we can strengthen the overall system of care, supporting hospitals, hospices and community teams to deliver the best outcomes for children.</p>

Establish a leading role in advancing impactful research and education.

Focus areas	Why this is important
<p>Identifying and prioritising impactful research into areas of greatest need and benefit to patients, in person at Helen & Douglas House and in collaboration regionally and nationally</p>	<p>By focusing on the most pressing gaps in paediatric palliative care, we can ensure our research leads to tangible improvements in care quality, symptom management and family support. This will directly impact the care we provide for our own patients and families, as well as others nationally and internationally.</p>
<p>Strengthening and expanding a regional education platform, led by our consultants, in collaboration with NHS partners across the South of England</p>	<p>Expanding our education platform will enable knowledge-sharing across the region, upskilling healthcare professionals and improving the standard of care for children with life-limiting conditions.</p>
<p>Deepening research partnerships with other sector leaders to foster innovation in paediatric palliative care</p>	<p>Stronger partnerships with universities, NHS bodies and global organisations will help drive innovation, ensuring that the latest research translates into best practice at the bedside.</p>
<p>Amplifying our commitment to and engagement in international collaboration in education (International Children's Palliative Care Network = ICPCN), research (EAPC = European Association of Palliative Care), and quality improvement to shape the global palliative care agenda</p>	<p>Engaging with global leaders in paediatric palliative care ensures we contribute to and benefit from international best practices, ultimately improving outcomes for the children and families we support.</p>

Transform the landscape of paediatric palliative and end-of-life care.

Focus areas	Why this is important
<p>Delivering a consistent level of high-quality, integrated care across all areas of the Thames Valley region</p>	<p>Children’s palliative care currently suffers from both duplication of and gaps in service provision across the region, particularly around the availability of 24/7 care. Families say they want to receive care and support at home or local to them, but there’s disparity in local and regional provision that means they don’t have a genuine choice in where they receive compassionate, individualised support that meets their unique needs.</p>
<p>Drive a holistic approach to palliative care through fostering collaborative partnerships with health, education and social care sectors to enhance comprehensive care delivery</p>	<p>Effective palliative care requires a multidisciplinary approach. Strengthening partnerships across sectors ensures children receive holistic, well-coordinated support that meets their medical, educational and social needs.</p>
<p>Assessing the potential for alternative models of service delivery such as Hospice at Home or Virtual Wards and pioneering their implementation</p>	<p>Demand for community-based care is growing. Exploring new models, including Hospice at Home and Virtual Wards, will allow us to support more families while reducing the strain on hospital services.</p>
<p>Proactively contributing to the NHS’s immediate goals and long-term vision</p>	<p>By aligning with NHS priorities and being a proactive advocate of children’s palliative care, we can ensure that paediatric palliative care remains an integral part of the healthcare system, securing investment and improving access for families. The current NHS ten-year plan is very heavily weighted towards supporting care in the community and preventing unnecessary hospital admissions.</p>
<p>Actively sharing research and insights to influence public policy and promote understanding of paediatric care</p>	<p>Public perception and policymaking play a critical role in shaping funding and service availability. Sharing our expertise helps build awareness, improve decision-making and advocate for better national support for paediatric palliative care.</p>



Working together



Our new strategy builds on some of the outstanding work we've already undertaken over the past three years and will ensure we continue to evolve our services to meet the needs of children and families in the future.

However, one of the key things we've learned is the need to focus more on engaging our staff to embed the strategy fully. We understand that our ambitions can only be achieved when each and every one of our staff recognises their own role in achieving our goals, and when we've nurtured a culture of collaboration and ownership of the operational activities that support our strategy.

We'll achieve this by improving our internal communications, establishing strategic key performance indicators, tracking our progress and working collaboratively.

We'd like to say a very big thank you to the charitable trusts, corporate partners and other supporters who've made donations or generously donated their time in the last 12 months, and to many others not listed, including those who wish to remain anonymous.

1st Aston Clinton Scout Group
Airdri Limited
Alan and Diane Brown
Alice Smith
All our Children's Champions
All Saints Sisters of the Poor
Angela Barnes
Ann Cadogan & Colston Ladies Tennis Tournament
Ann Edwards
Anthony Calf
Barnsley Village Garden Festival
Brackley Athletic FC Under 16s
Buckinghamshire Young Performers
Cala Homes
Chris Hurdman
Crown House School
Francis Holly, Chesham Town Mayor
Give Them a Sporting Chance
Harrison-Frank Family Foundation
Hatherop Castle School
Hobbycraft (via Together for Short Lives)
Ian and Mave Richens
Jack Skipper
Jake Lambert
James Love
Jazz Pharmaceuticals
Jen Brister
Joel Dommett
Josh Pugh
Karen Beasley & Natasha Hamilton

Mabs Mardilyn Charitable Foundation
Morpheus Foundation
Morrisons (via Together for Short Lives)
Mr & Mrs J A Pye's Charitable Settlement
Notcutts
Out of The Blue
Oxford Brookes Sport Spinathon
Oxford High School
P F Charitable Trust
Personal Group
Raymond Blanc
Rotary Club of Marlow Thames
Speen Helping Hospices
St Edward's School
Stephen Bailey
Studley Wood Golf Club
Syder Foundation
Thame Cycling Club
Thames Water Community Fund
The Adrian Swire Charitable Trust
The Albert Hunt Trust
The Annandale Charitable Trust
The Bothwell Charitable Trust
The Chris Banton Foundation
The Edward Gostling Foundation
The Nora and Olive Brewer Memorial Trust
The Ofenheim Charitable Trust
The Old Bookbinders
The Oxford Welsh Male Voice Choir
The Pepper Foundation
The Perch & Mamma Mia
The Thornton Foundation
Thomas Curtis Charitable Trust
Together for Short Lives
Ultimate Activity Camps
Wantage in Harmony
Yvonne Hynchliffe & Pauline Mulford

We work with professional fundraisers and commercial participators to raise the vital funds we need to care for the children and families we support. Here's a look at the fundraising approach we've continued this year.

Our Fundraising team has 18 staff members who work in teams organised by function and income source to generate funds. Alongside them are the four staff members working on our Data, Governance & Risk team, who manage our donor database and data selections for fundraising activity. They ensure we operate in line with fundraising and data protection regulations, as well as managing risk and policies.

Our fundraising teams focus on raising money through our own and third party events, and through working with corporate partners and local businesses, community groups, churches, schools and individuals who take on their own fundraising activity.

We also raise funds through Trusts and other grant-making bodies, through direct marketing campaigns and appeals, and by building relationships with individuals who donate significant sums to support our work.

Finally, we work with commercial third-party organisations to recruit players to our lottery and donors giving a regular gift. This activity is primarily through door-to-door and private site (such as shopping centres) canvassing.

Fundraising Regulation and the Code of Fundraising Practice

We're registered with the Fundraising Regulator, and our Fundraising team is committed to adhering to the Regulator's Code of Fundraising Practice. We're also a member of the Chartered Institute of Fundraising and work to the standards laid out in their guidance.

For the period under review, we've had no significant incidence of noncompliance with the Code of Fundraising Practice or Chartered Institute of Fundraising guidance.

Our Fundraising Policy stresses our commitment to the Code, ethical considerations regarding donation acceptance and how we carry out due diligence in relation to our partners.

Complaints in the financial year 2024/25

We received donations from over 13,000 supporters. In the same period, we received ten complaints. Of these, six were related to regular giving acquisition activity, two regarding our events, two regarding fundraiser stewardship and one regarding administration of a supporter's record. We responded to all complaints appropriately.

Vulnerable people

The charity adheres to the Code of Fundraising Practice in its dealings with people whom we identify as vulnerable, and we're mindful of the Institute of Fundraising's guidance. We only work with third party commercial participators who are committed to protecting vulnerable people and who also adhere to the Code.

Monitoring the activity of third parties

We draft and review all materials used by third party commercial participators, and we oversee and regularly attend the training of fundraising staff by third party commercial participators. We periodically shadow third party fundraising staff while they canvas the public and regularly review recordings of telephone calls with donors conducted by third party commercial participators.

Contracts with third party commercial participators contain complaint and vulnerable people clauses, which we scrutinise and agree on.

Third party commercial participators share all complaints they receive with us.

We also support fundraising undertaken by members of the public, providing guidance and materials to ensure consistency, transparency and compliance.



Financial Review

“We are really grateful for the bereavement support sessions which have been a great help to get us through this desperately difficult time.”

Quote from family survey

Financial Review

We ended the financial year with a deficit on restricted funds of £0.341m and a deficit on unrestricted funds of £1.824m, resulting in a net consolidated decrease in funds for the year ended 31 March 2025 of £2.165m (2023/24: £1.112m decrease in funds).

Restricted accumulated funds decreased due to the spend of restricted income received in 2023/24 and now total £0.208m (2023/24: £0.549m). Fixed asset investments decreased to £7.863m (2023/24: £10.043m) as a result of the decrease in funds in the year. Total accumulated funds at the year-end were £12.231m (2023/24: £14.396m).

Our total income received increased by £888k compared to 2023/24 with some of the key movements as follows::

- Donated and bought-in-goods income decreased by £42k (-1%) due to the temporary closure of two of our shops.
- Donations increased by £505k (+16%) thanks to two large donations in 2024/25.
- There was a £74k increase in contributions from the local ICBs.
- We received Hospice UK's capital grant of £55k. This grant will only be available for the financial years 2024/25 and 2025/26 and it is to be used in charitable capital expenditure.
- We recognised £48k of gifts in kind (non-cash gifts of goods or services that were valued over £5k).

2024/25 was the last year of our three-year strategy which included a key strategic objective to support and invest in expanding the breadth of our services. This has resulted in an increase in our cost base: **£12.5m** in 2024/25 versus **£11.8m** in 2023/24.

Expenditure on **Raising Funds** is categorised between Donations & Legacies and Trading Activities. Within this, the costs of raising donations and legacies increased by **10%** and the costs of trading activities (including the retail network and lottery) increased by **10%**.

The fundraising increase is mainly due to a restructure of the team. Thanks to this recent investment in the team, we are now working more effectively and efficiently, focusing on pro-active rather than reactive work.

The latter increase has been due to the opening of two new shops in 2024/25, along with the leasing of a warehouse to help store and distribute donated goods to our retail units, with the aim of making our logistics more efficient.

Expenditure on **Charitable Activities** is categorised between Hospice Care and Outreach & Bereavement. There was a **1%** increase in the level of charitable activities expenditure, largely driven by the planned strategic expansion of our outreach and family support services. There were savings linked to our utilities and rental expenses compared to last financial year that have helped keep this increase at a low level, even though there has been an investment in our clinical teams.

There was a decrease in the total value held by CCLA as a result of us investing cash in the expansion of services and retail, with a net decrease of **22%** in our total fund(s) value. Within this net decrease are **£0.380m** of net losses (2023/24: £0.874m gains). Although most of our investments are included in fixed asset investments, there is **£0.015m** held in our CCLA deposit fund, which is very low risk and classified as short-term investment within current assets. As at 31 March 2025 we also held shares valued at £0.059m, which were donated by one of our donors. All investment decisions and transactions are carried out in accordance with our Investments Policy.

During 2024/25 our total portfolio return (net of fees and expenses) was **-1.7%**, which is indicative of the instability of the investment markets over the year. There were investment income payments totalling **£0.257m**.

Looking over the longer term, as of March 2025 our 3-year total portfolio return was **+10.8%**, and over 5 years it was **+46.2%**.

Risk management

The Trustees review the risk register twice a year and try to anticipate future risks by undertaking risk analysis as part of our long-term strategic planning programme.

The Trustees examined the principal areas of the charity's operations and reviewed the major risks associated with each. They consider that the charity's systems are such that these risks are managed to an acceptable level. The risk management strategy forms part of the annual planning process against which the Trustees regularly review progress.

The table below summarises our key risks and the control measures we have in place:

Risk	Management
<p>Our voluntary income and retail income shows an immediate decline due to a reputational issue or a slow and sustained decline over time. Additional risk in potential decline of statutory funding.</p> <p>Potential for operational expenditure to exceed net income outside planned strategic aims.</p>	<ul style="list-style-type: none"> • Monthly monitoring of all income streams performance against budget and discussion of contingency plans. • A mix of income sources (including sustainable) and products at different stages of the product life, enabling us to spread our risk. • Extensive networks across the sector and regular communications with key contacts, the Institute of Fundraising and the Charity Retail Association. • Lobbying of government and MPs for continuance of NHSE financial support.
<p>Failure to safeguard service users, staff and volunteers.</p> <p>Due to the conduct of a member of staff, volunteer or organisational change.</p>	<ul style="list-style-type: none"> • Robust governance structure, and extensive portfolio of policies, procedures and risk assessment processes. • Dedicated safeguarding team and associated framework. • Safeguarding steering group with representatives in different areas of the Charity. • Timely Board reporting and a nominated board member. Clear, visible staff communications and messaging. • Safe recruitment procedures, mandatory staff training and a reporting culture (includes Freedom to Speak Up Guardians and Whistleblowing process).
<p>Electronic Communication Failure</p> <p>A breakdown of the organisation's electronic and telephonic communications. Data and continuity could be temporarily lost and lead to interruption and/or omission of critical information flows.</p>	<ul style="list-style-type: none"> • Emergency Plans (Business Continuity) in place. • Robust backup measures and processes including a back-up generator. • End point security on all laptops and desktops. Robust firewall and periodic penetration and phishing testing. • Clear ICT processes and communication methods (including on-call out of hours). • Clear plans for safe administration of medicines if EPR (electronic patient records) fails.

<p>Unable to deliver a 24/7 in-patient service and therefore not able to consistently deliver care and end-of-life care in the place that a family chooses.</p>	<ul style="list-style-type: none"> • Outreach to support families and increase in community and in-reach offering. • Telephone support from the medical and care teams. • Joint working with the acute trusts and other community services (statutory and third sector). • Use of virtual multi-disciplinary meetings between teams to plan care efficiently. • On-going gap analysis and capacity monitoring with partners via Thames Valley Paediatric Palliative Care Network. • Work towards formalising a managed clinical network (MCN). • Engagement with NHS South East of England Palliative and End-of-Life Care Strategic Clinical Network.
<p>Staff fatigue, burn-out and impact of change on resources and our ability to deliver business as usual. Could mean projects not being delivered on time, impacting the service quality and the wellbeing of staff.</p>	<ul style="list-style-type: none"> • Corporate Plan priorities limited to four. • Messaging continuously being reinforced by and to Executive Team that no additional projects can be added. • We are sourcing mental health and resilience training and support to supplement our already comprehensive Employee Assistance Programme offering.
<p>Risk of a major loss of investment portfolio value. Decrementing reserves balance and breaching related policy. Potential going concern risk if significant.</p>	<ul style="list-style-type: none"> • Diversification of where funds are invested or saved. • Regular investment reports from CCLA. • Market comparators used to ensure ROI is competitive. • Annual approval of investment managers by Trustees at AGM. • Regular review of performance of fund manager.
<p>Increase in both shoplifting and customer abuse in our retail units. Potential harm to staff and volunteers. Staff absence could increase due to stress. Serious incident could occur where somebody is injured.</p>	<ul style="list-style-type: none"> • All shops have Solo Protect devices. Audits will now check that the devices are in use when they visit a store. • Provided training to shop managers on ‘Dealing with customer abuse and shoplifting’.

Investment policy

The charity invests primarily in pooled funds managed by CCLA Investment Management Ltd. Investments are primarily held in equity funds. The portfolio is reviewed at least annually and, under the guidance of CCLA Investment Management Ltd, amended according to the anticipated market conditions and organisational needs. The quarterly reports from CCLA's Social Responsibility Investigation Unit confirm to the Trustees that the CBF funds' managers adopt a rigorous approach to corporate social responsibility in line with the Trustees' instructions on ethical codes.

One element of the CCLA CBF fund long-term investment objective is to achieve an average annual return of inflation plus 5% on a portfolio of prudently and ethically invested financial assets.

Reserves policy and going concern

Reserves are held to enable us to continue to help children and their families, and to secure the future of the charity. They provide investment income, cash resources for capital projects and a subsidy for years when our income does not match expenditure.

Our policy is to have free reserves of *at least* four months' total operational costs of providing charitable activities, including support costs, on a forward-looking basis. The value is based on the annual budget and is reviewed each year.

Summary of free reserves 31 March 2025	£'000
Unrestricted reserves as of 31 March 2025	12,023
Less amounts allocated or designated	5,134
'Free' reserves as of 31 March 2025	6,889

As at March 2025, it cost **£505k*** per month to provide hospice care, family support and bereavement care. The 2025/26 four-month **total** operational costs** budget is **£4.366m, or £1.091m** per month, so the March 2025 level of 'free' reserves represents c6 months' total operational costs**. Unrestricted reserves less fixed assets represent c8 months' total operational costs. Our free reserves policy will be met at the end of 2025/26 based on our budget and forecast.

* - the basis of this calculation is the annual total of 2024/25 hospice and bereavement expenditure including their share of support costs and depreciation.

** - the total operational costs budget includes hospice and bereavement, support services and income generation costs.

The Charity has considered its future service costs in relation to projected income in the short to medium term future. Although there remains some uncertainty around particular income streams, there is a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future.

The Trustees believe that the Charity is well placed to manage its risks successfully. There are no material uncertainties about the group and Charity's ability to continue as a going concern.

Pay policy

The organisational pay policy sets out the principles that the Charity follows, for example, in setting pay. It takes the following areas into account:

- Equal pay for work of equal value
- Cost of living
- National Living Wage
- Pensions and benefits
- Competitiveness
- Affordability/use of donor funds

The policy is reviewed annually by the People and Remuneration Committee.

Pay scales and rates

The Charity has moved away from NHS Agenda for Change to determine pay scales and rates but is committed to remaining competitive against the NHS for Clinical staff.

As of 31 March 2025, with the exception of the CEO, retail and doctors, all employees are paid on a rankings scale, their position on which being determined by their job role. Retail staff are on a separate pay scale.

The CEO's salary is approved by the Chair of Trustees, after consultation with the Chair of the People and Remuneration Committee. Doctors' sessional rates are subject to an annual pay award but are not linked directly to the Department of Health and Social Care sessional rates.

The minimum hourly rate paid in 2024/25 was £12.49.

Pension Schemes

The Charity offers two pension schemes.

- NHS pension

Employees who join, having paid into an NHS pension in the previous 12 months, are entitled to re-join the NHS scheme.

- Employer's pension

Employees can join at one of two contribution levels within the scheme or choose to opt out.

The higher contribution rate scheme has been in operation for some time. It requires the employee to contribute 6% and the Charity 7%.

If the employee chooses not to join this scheme and meets the requirements, they will be automatically enrolled into a scheme offering the minimum level of contributions (2024/25: 5% for employee and 3% for employer). Staff must choose to opt out of the auto-enrolment scheme if they do not wish to join.

Administrative details

The Trustees, who are also directors of the charity for the purposes of the Companies Act, submit their annual report and the audited financial statements for the year ended 31 March 2025. The annual report and financial statements comply with the Charities Act 2011, the Companies Act 2006, Accounting and Reporting by Charities: Statement of Recommended Practice (applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102)), the charity's memorandum and articles of association, and the requirements of a directors' report as required under company law.

The table below is a list of all Trustees covering the relevant reporting period and the Assurance Committee they sit on.

Trustees	Clinical Governance	Facilities, Health & Safety and Sustainability	Finance, Income Generation and Marketing	People and Remuneration	Trading Company
Tanya Baldwin				✓	
Lord Blair of Boughton (resigned November 2024)					
Lorna Bramwells (resigned December 2024)	✓				
Dr Ann Goldman	✓				
David Gye			✓	✓	
Peter Marland					
Sister Jean Raphael		✓			
Annewen Rowe	✓	✓			
Martin Wildsmith		✓	✓		✓
Ian Watson				✓	
Professor Andrew Wilkinson	✓				
Jennie Younger			✓		

Key management personnel	
Chief Executive Officer (resigned January 2025)	Jane Long
Interim CEO (appointed January 2025) /Director of Finance and Operations	Mark Stowe
Director of Clinical Services (resigned August 2024)	Andrea Lambert
Director of Nursing and Care (appointed September 2024)	Sally Hayes
Medical Director	Dr Emily Harrop
Director of Income Generation – Fundraising	Jules Foster
Director of Digital, Data and Technology (resigned July 2024)	Tim Cawood
Director of Retail and Trading (appointed January 2025)	Katie Stuart-Cox
Company Secretary and Trading Company Director	Mark Stowe

Solicitors
Freeths LLP, Spires House, 5700 Oxford Business Park South, Oxford OX4 2RW Pennington Manches, 9400 Oxford Business Park, Garsington, Oxford, OX4 2HN

Independent auditor
Sayer Vincent LLP, 110 Golden Lane, London, EC1Y 0TG

Banks
National Westminster Bank plc, 32 Cornmarket Street, Oxford, OX1 3HA
Barclays Bank plc, 54 Cornmarket Street, Oxford, OX1 3HB

Investment managers
CCLA, Senator House, 85 Queen Victoria Street, London, EC4V 4ET

The charity and public benefit

Helen & Douglas House accepts patients based on an objective assessment of need against defined criteria, and in line with principles adopted nationally for children and young people with palliative care needs (ref. Together for Short Lives). We operate a principle of equality of access to care, according to assessed need, and offer services to any member of the public within those criteria without discrimination (subject to operating capacity).

We provide care free of charge to children, young people and their families. We are only able to do this through the generosity of public donations and through our continual pursuit of a fair funding contribution from statutory sources. For every £1 of statutory money received, the Charity needs to generate a further **£5.31** of income from voluntary donations, representing significant return on investment for the state.

The Trustees have acted in accordance with the Charity Commission's guidance on public benefit in carrying out the Charity's objectives, and they are satisfied that any eligible child or young person and their family members/carers can benefit from the Charity's services.

Organisation structure, governance and management

Helen House and Douglas House were each originally established under the aegis of the Society of All Saints Sisters of the Poor (ASSP), a registered charity and Anglican religious community for women, whose Mother House has been in Oxford for many years. The two hospices are built within the grounds of the Society's convent. On 14 October 2016, a Special Resolution was adopted by the Trustees of the ASSP that gave Helen & Douglas House independence from their organisation structure.

The Chief Executive is responsible for organising an induction programme for new Trustees and on-going training for all Trustees. Each Trustee receives an induction file on their appointment. This and on-going training are based on materials provided by Hospice UK, the umbrella body of the hospice movement in the United Kingdom, and by the Charity Commission.

While the Trustees have, and accept, ultimate responsibility for directing the Charity's affairs, they have delegated authority for day-to-day operational decisions to the Chief Executive, who reports to them at the quarterly meetings of the board.

Helen & Douglas House (Trading) Limited, a wholly owned subsidiary of Helen & Douglas House, was established to generate funds for the charity from the sale mostly of donated goods, with a small element of new goods in the sales-mix. In April 2006, a decision was taken to directly account for the sale of donated goods through the charity rather than channelling them through the trading company. The sale of new goods continues to be accounted for through Helen & Douglas House (Trading) Limited. The results of the subsidiary company have been incorporated into these financial statements. The trading subsidiary had a profit during 2024/25 of **£5k** (2023/24: £10k profit).

Trustee board members

No Trustees have a beneficial interest.

Trustees' responsibilities

The Trustees (who are also directors of Helen & Douglas House for the purposes of company law) are responsible for preparing the Trustees' annual report, including the strategic report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practices).

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

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP.
- Make reasonable and prudent judgements and estimates.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

- The Trustees confirm that as far as they are aware, there is no relevant audit information of which the charity's auditors are unaware.
- They have taken all the steps that they ought to have taken as Trustees to make sure they are aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

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

The Trustees' annual report which includes the strategic report has been approved by the Trustees on 28 July 2025 and signed on their behalf by

Jennie Younger
Chair of Trustees
Date: 28 July 2025

Independent Auditor's Report to the Members of Helen & Douglas House

Opinion

We have audited the financial statements of Helen & Douglas House (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2025 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2025 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended.
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice.
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

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 group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Helen & Douglas House's ability to continue as a going concern for a period of at least 12 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 other information comprises the information included in the Trustees' annual report, including the strategic report, other than the group financial statements and our auditor's report thereon. The Trustees are responsible for the other information contained within the annual report. Our opinion on the group 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. Our responsibility is to read the

other information and, in doing so, consider whether the other information is materially inconsistent with the group financial statements or our knowledge obtained in the course of 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 this gives rise to a material misstatement in the group financial statements themselves. 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' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The Trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' annual report, including the strategic report.

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

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of Trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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

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

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the finance and income generation committee, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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 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 is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Fleur Holden (Senior statutory auditor)

Date: 10 September 2025

for and on behalf of Sayer Vincent LLP, Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Financial Statements

Consolidated statement of financial activities for the year ended 31 March 2025 (Incorporating an income and expenditure account)

	Note	Restricted funds £000	Unrestricted funds £000	Total funds 2024/25 £000	Total funds 2023/24 £000
Income from:					
Donations & legacies	2a	264	4,125	4,389	3,726
Charitable activities	2b	1,140	2	1,142	983
Other trading activities	2c	0	4,846	4,846	4,786
Investments	2d	0	257	257	297
Other	2e	0	10	10	12
Gifts in kind	2f	48	0	48	0
Total income		1,452	9,240	10,692	9,804
Expenditure on:					
Raising funds: Donations & legacies		0	2,101	2,101	1,916
Raising funds: Trading activities		0	4,313	4,313	3,913
Charitable activities: Hospice care		1,345	3,721	5,066	5,157
Charitable activities: Outreach & Bereavement		301	649	950	804
Gifts in kind		48	0	48	0
Total expenditure	3	1,694	10,784	12,478	11,790
Net (expenditure) before net (losses) / gains on investments		(242)	(1,544)	(1,786)	(1,986)
Net (losses) / gains on investments	6	0	(379)	(379)	874
Net (expenditure) for the year		(242)	(1,923)	(2,165)	(1,112)
Transfer between funds	15	(99)	99	0	0
Net movement in funds		(341)	(1,824)	(2,165)	(1,112)
Reconciliation of funds:					
Total funds brought forward	15	549	13,847	14,396	15,508
Total funds carried forward		208	12,023	12,231	14,396

All the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15, and the comparative prior year SOFA is disclosed in Note 17.

Balance sheets as at 31 March 2025

	Note	Group		Charity	
		2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
Fixed Assets - Tangible Fixed Assets	5	3,714	3,552	3,714	3,552
Fixed Assets - Investments					
Investments	6	7,863	10,043	7,863	10,043
Current Assets					
Stock		5	6	0	0
Debtors	8	820	909	820	909
Short term investments		74	9	74	9
Cash & bank		937	796	936	795
		1,836	1,720	1,830	1,713
Current liabilities					
Creditors <i>(falling due in less than one year)</i>	9	(1,182)	(919)	(1,185)	(921)
Net current assets		654	801	645	792
Net assets		12,231	14,396	12,222	14,387
Accumulated funds					
Unrestricted - Designated	15a	5,086	4,932	5,086	4,932
Unrestricted - General	15a	6,937	8,915	6,928	8,906
Restricted	15a	208	549	208	549
		12,231	14,396	12,222	14,387

Company Number: **4120488**

These financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:

Jennie Younger
Chair of Trustees
28th July 2025

Statement of cash flows for the year ended 31 March 2025

	2024/25 £000	2023/24 £000
Cash flows from operating activities:		
Net (expenditure) for the reporting period	(2,165)	(1,112)
Adjustments for:		
Depreciation charges	435	440
Net (losses) / gains on investments	379	(874)
Dividends and interest from investments	(257)	(297)
Profit on disposal of investments	0	(1)
Decrease / (increase) in stock	1	(3)
Increase in creditors	263	108
Decrease / (increase) in debtors	89	(19)
Net cash (used in) operating activities	(1,255)	(1,758)
Cash flows from investing activities:		
Dividends and interest from investments	257	297
Purchase of fixed assets	(596)	(537)
Purchase of investments	(65)	(2)
Sales of investments	1,800	1,740
Net cash provided by investing activities	1,396	1,498
Increase / (decrease) in cash balance	141	(260)
Movement in cash balances		
Start of year	796	1,056
End of year	937	796
Change	141	(260)

1 Accounting policies

Statutory information

Helen & Douglas House is a company limited by guarantee and is incorporated in England, registered in England and Wales (No. 4120488).

It is a registered charity in England and Wales (No. 1085951).

The registered office address and principal place of business is **14a Magdalen Road, Oxford OX4 1RW**.

The following accounting policies have been used consistently with items considered material in relation to the group accounts.

Basis of preparation

The accounts have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and the Republic of Ireland (FRS 102 – Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and the Republic of Ireland (FRS 102) and the Companies Act.

The consolidated financial statements comprise the accounts of Helen & Douglas House and its trading subsidiary, Helen & Douglas House (Trading) Limited, made up to 31 March 2025. The trading results of the subsidiary are shown in note 7. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet.

A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented, because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act.

Public benefit entity

Helen & Douglas House meets the definition of a public benefit entity under FRS 102.

Going concern basis

The Trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The charity has investment and bank balances of around £8.8m (2023/24: £10.8m), which the Trustees consider adequate to meet future operational commitments.

The Trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

Investment in subsidiaries

The investment in subsidiaries is at cost.

Income

- Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.
- Income from Government and other grants, whether ‘capital’ grants or ‘revenue’ grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received, and the amount can be measured reliably and is not deferred.
- Income received in advance of the provision of a specific service is deferred until the criteria for income recognition are met.
- Cash donations are credited to the Statement of Financial Activities as received.
- Where assets have been donated, a cash equivalent value is included. Donated assets with a value of less than £5,000 are not included in the accounts because it would not be economical to establish a fair value.
- Legacies are recognised when the charity has been notified that it is a beneficiary, the amount is determinable, or money is received.
- In accordance with the Charities SORP (FRS 102), volunteer time is not recognised; refer to the Trustees’ annual report for more information about their contribution.
- Investment income is accounted for on an accruals basis.
- 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 the interest paid or payable by the bank.
- Income raised through the shops is recognised on a receipts basis.
- Tax recoverable on amounts received by way of Gift Aid is included in the accounts on an accruals basis. Retail Gift Aid is included on an accruals basis.

Gifts in kind

Helen & Douglas House receives a large volume of gifts in kind throughout the financial year. Gift in kind donations are any non-cash gifts of goods, the value of which may include those costs associated with getting the item from its current location and its current condition.

Gift in kind donations are recognised when entitlement has been established, receipt is probable, and a reliable Fair Value obtained. Only gifts that are valued over £5,000 are recognised in the financial accounts. Gifts in kind that are over this £5,000 threshold need to be reported as a separate line item in the Statement of Activities, to show which portion of our revenue and expenses can be attributed to non-financial assets.

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 activity headings:

Charitable activities (Hospice Care)	The direct cost of running Helen House & Douglas House, clinical management, medical team and direct support services of catering, domestic and facilities teams.
Charitable activities (Outreach & Bereavement)	The cost of the operation of the community and family support services team which includes bereavement.
Costs of raising funds	The cost incurred to receive voluntary contributions as well as the cost of activities with a fundraising purpose.
Trading activities	The cost related to running our network of shops and our lottery operation.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support services

Expended resources are allocated to the particular activity where the cost relates directly to the activity. The cost of overall management and administration of each activity, comprising salary and overhead costs of central functions, is apportioned on the following basis:

Support Area	Basis of apportionment to the main cost areas
Finance	Based on the combined value of income and expenditure
CEO Office	Apportionment based on headcount
Governance	Apportionment based on headcount
ICT	Apportionment based on headcount
Digital, Data and Technology (now Project Management Office)	Apportionment based on headcount
Human Resources and Learning & Development	Apportionment based on headcount
Volunteers	Apportionment based on volunteer hours
Brand & Marketing	Apportionment based on the % time allocated by individual employees

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Debtors

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

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 of three months or less from the date of acquisition or opening of the deposit or similar account.

Creditors and provisions

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

Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure that meets these criteria is charged to the fund. Funds restricted for the purchase of fixed assets are transferred to unrestricted funds once the asset has been acquired.

Unrestricted funds are donations and other incoming resources received or generated for charitable purposes.

Designated funds are unrestricted funds earmarked by the Trustees for particular purposes.

Stock

Stock is valued at the lower of cost and net realisable value. The stock of donated goods is not valued.

Tangible fixed assets

Items of expenditure are capitalised where the purchase price exceeds £1,000.

Depreciation charges are allocated to activities on the basis of the use of the related assets in those activities.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value evenly over its expected useful life. The depreciation rates in use are as follows:

Buildings	2.5%
Building improvements	10.0%
Fixtures and fittings	15.0%
Computer equipment	33.3%
Motor vehicles	25.0%

Major components are treated as separate assets where they have significantly different patterns of consumption of economic benefits and are depreciated separately over their useful life. Land is not depreciated.

Listed investments

Investments are a basic form of financial instrument and are initially recognised as their transaction value and subsequently measured at their fair value as at the balance sheet date, using the closing quoted market value. Any change in the fair value will be recognised in the Statement of Financial Activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains on investments" in the Statement of Financial Activities.

The charity does not acquire complex financial instruments.

Taxation

No corporation tax is payable due to the charitable status of the parent company. Taxable profits are generated by the Trading subsidiary and are transferred as a gift to the parent company.

Pension costs

The Charity operates its own defined contribution scheme, currently provided by Scottish Widows. In addition, some employees are entitled to be members of the NHS pension scheme. For the Charity to allow the employee to continue with membership of the NHS pension scheme, they must have paid into it in the 12 months prior to joining the Charity.

The NHS pension scheme is an unfunded, defined benefit scheme for NHS employers, GP practices and other bodies allowed under the direction of the Secretary of State. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Charity of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Operating leases

Rentals applicable to operating leases are charged on a straight-line basis over the period of the lease.

Notes to the financial statements for the year ended 31 March 2025

2	Income	2024/25	2023/24
		£000	£000
2a	Donations	3,604	3,099
	Legacies **	785	627
		4,389	3,726
	<i>** - at 31 March 2025 there was c£1,048k in the legacy pipeline (at 31 March 2024 c£888k)</i>		
2b	Charitable activities		
	NHS England Children's Hospice Grant (see Note 15)	557	548
	NHS and Local Authority contributions to cost of care	528	435
	Hospice UK capital grant	55	0
	Other	2	0
		1,142	983
2c	Trading activities		
	Sales of donated and bought in goods	3,907	3,949
	Gift Aid on sales of donated goods	396	316
	Web sales	151	145
	Lottery income	320	293
	Other	72	83
		4,846	4,786
2d	Investments		
	Fund and Dividend income	257	297
		257	297
2e	Other income		
	Other	10	12
		10	12
2f	Gifts in kind	48	0
	Total Income	10,692	9,804

3 Expenditure - Current Year

	Hospice Care	Outreach & Bereavement	Fundraising	Trading	2024/25 £000
	£000	£000	£000	£000	£000
Staff costs	3,421	677	984	1,837	6,919
Non-staff costs	604	42	708	1,578	2,932
Central support costs (see below)	719	231	409	833	2,192
Depreciation	370	0	0	65	435
	5,114	950	2,101	4,313	12,478
Central Support Costs:	£000	£000	£000	£000	£000
Finance	71	13	107	146	337
CEO Office	132	27	37	105	301
Governance	22	5	6	17	50
IT	146	30	42	117	335
People & Resourcing Team	177	35	47	273	532
Brand & Marketing	106	107	151	122	486
Digital, Data and Technology	65	14	19	53	151
	719	231	409	833	2,192

3 Expenditure - Prior Year

	Hospice Care	Outreach & Bereavement	Fundraising	Trading	2023/24 £000
	£000	£000	£000	£000	£000
Staff costs	3,283	603	858	1,803	6,547
Non-staff costs	486	57	674	1,240	2,457
Central support costs (see below)	992	144	384	826	2,346
Depreciation	396	0	0	44	440
	5,157	804	1,916	3,913	11,790
Central Support Costs:	£000	£000	£000	£000	£000
Finance	85	15	118	176	394
CEO Office	90	19	26	72	207
Governance	27	6	8	21	62
IT	130	27	37	104	298
People & Resourcing Team	296	59	80	387	822
Brand & Marketing	323	9	103	33	468
Digital, Data and Technology	41	9	12	33	95
	992	144	384	826	2,346

Net income / (expenditure) for the year is stated after charging:

	2024/25 £000	2023/24 £000
Auditor's remuneration (excluding VAT):		
Audit of these financial statements	20	20
Audit of financial statements of subsidiary	1	1
Other services	1	1
Operating lease rentals - Property	779	687
Operating lease rentals - Other	20	5

4 Salaries and employees

The average headcount of permanent employees and Full Time Equivalent (FTE) for the year, by function was:

	2024/25		2023/24	
	Head Count	FTE	Head Count	FTE
Nursing, medical and care	73	57.69	70	57.78
Fundraising	21	20.40	21	19.24
Management & administration	27	25.36	33	30.48
Retail	62	49.70	57	45.66
Estates, domestic and catering	16	10.53	17	11.09
	200	163.68	198	164.25

The organisation employed people on bank contracts (zero hours). In 2024/25 there were **85 individuals** who worked zero hours contracts totalling the equivalent of 6.61 FTE (2023/24: 83 individuals, 7.06 FTE). Bank FTE are not included in the table above.

Staff salary costs:

	£000	£000
Salaries***	6,906	6,669
National Insurance Contributions	695	666
Pension Contributions	587	510
*** - includes actual & accrued redundancy costs	8,189	7,845
Agency, advertising and other employee costs	368	380
	8,557	8,225

The salaries figure above is different than the 'staff costs' in Note 3 as it includes the support teams' salaries.

Employee emoluments: *

	2024/25	2023/24
£110,000 - £119,999	1	0
£90,000 - £99,999	3	2
£80,000 - £89,999	0	2
£70,000 - £79,999	2	1
£60,000 - £69,999	5	4

* - Excludes Employer NI and Pension

Key management personnel (as defined in the Trustees' Annual Report) total remuneration was **£697,692** (2023/24: **£665,238**)**

** - Includes Employer NI and Pension

Redundancy and Termination payments

In 2024/25 the Charity had 7 (2023/24: 4) termination payments that amounted to £56,444 (2023/24: £37,501). These were paid and settled in 2024/25.

4 Salaries and employees (continued)

Pension costs

Total pension contributions charged to the statement of financial activity, by scheme

	2024/25	2023/24
	£000	£000
Charity defined contribution scheme	339	265
NHS pension scheme	248	245
	587	510

Volunteers

The number of individuals who volunteered for the group is set out in the table below:

	Number of volunteers		Number of hours volunteered		Economic value of the hours (£)	
	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24
Care	94	91	6,920	7,652	79,165	86,852
Fundraising	67	48	339	308	3,878	3,499
Retail	491	441	59,271	58,704	678,060	666,295
Other	11	15	226	237	2,580	2,684
Total	663	595	66,756	66,901	763,683	759,330

5 Fixed Assets

	Land	Freehold Buildings	Building Improvements	Fixtures, fittings & equipment	IT Cost	Motor vehicles	Total
	£000	£000	£000	£000	£000	£000	£000
Cost							
At 1 April 2024	383	6,223	1,378	1,667	489	10	10,150
Additions	0	18	259	121	198	0	596
Disposals	0	0	0	(43)	0	0	(43)
At 31 March 2025	383	6,241	1,637	1,745	687	10	10,703
Depreciation							
At 1 April 2024	0	(3,417)	(1,280)	(1,484)	(406)	(10)	(6,597)
Charged in year	0	(159)	(74)	(71)	(131)	0	(435)
Eliminated on disposal	0	0	0	43	0	0	43
At 31 March 2025	0	(3,576)	(1,354)	(1,512)	(537)	(10)	(6,989)
Net book value							
At 31 March 2025	383	2,665	283	233	150	0	3,714
At 1 April 2024	383	2,806	98	183	83	0	3,553

Douglas House property assets continue to be recognised in the financial statements, as the expectation is that the assets will continue to deliver benefits to the Charity.

All assets are used for charitable purposes.

6 Investments

	2024/25 £000	2023/24 £000
CCLA - Investment Fund	7,863	10,043
Total Fixed Asset Investments	7,863	10,043
CCLA - Deposit Fund	74	9
Total Current Asset Investments	74	9
	7,937	10,052
Market value at start of year	10,052	10,915
CCLA - Investment Fund Withdrawal	(1,800)	(1,470)
CCLA - Deposit Fund Investment	500	0
CCLA - Deposit Fund Withdrawal	(500)	(270)
Purchase of investments	65	2
Profit on sale of investment	0	1
Net gain / (loss) on revaluation	(380)	874
Market value at end of year	7,937	10,052

7 Subsidiary Undertaking

The charity owns the whole of the issued ordinary shares of Helen & Douglas House (Trading) Limited, a company incorporated in England (Co. Number: 05090748). The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line-by-line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the charitable company. Mark Stowe, Katie Stuart-Cox and Martin Wildsmith are directors of Helen & Douglas House (Trading) Limited.

A summary of the company's results are as follows:

	2024/25	2023/24
	£000	£000
Turnover	88	74
Cost of sales	(70)	(55)
Gross profit	<u>18</u>	<u>19</u>
Administrative expenses	(13)	(9)
Profit on ordinary activities before taxation	<u>5</u>	<u>10</u>
Taxation on profit on ordinary activities	0	0
Profit for the financial year	<u>5</u>	<u>10</u>
Retained earnings brought forward	9	3
Profit / (loss) for the financial year	5	10
Profits distributed to parent under Gift Aid	(5)	(4)
Retained earnings carried forward	<u>9</u>	<u>9</u>

All the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. All movements in equity are included within this statement.

Parent charity

The parent charity's gross income and the results for the year are as follows:

	2024/25	2023/24
	£000	£000
Gross income	10,604	9,730
Result for the year	<u>(2,165)</u>	<u>(1,122)</u>

	Group		Charity	
	2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
8 Debtors				
Trade debtors	86	201	86	201
Investment income receivable	20	22	0	0
Accrued income	175	128	195	150
Prepayments	425	453	425	453
VAT and Income Tax recoverable	99	93	99	93
Other debtors	15	12	15	12
	820	909	820	909

9 Creditors				
Trade creditors	145	212	144	211
Amounts owed to trading subsidiary	(1)	0	5	5
Social security and other taxes	166	159	166	159
Other creditors	322	189	322	189
Accruals	236	136	234	134
Deferred income	314	223	314	223
	1182	919	1185	921

10 Deferred income				
Movement in deferred income account				
Balance at the start of the year	223	145	223	145
Amounts added in current period	314	223	314	223
Amounts released to income from previous periods	(223)	(145)	(223)	(145)
Balance at the end of the year	314	223	314	223

11 Trustee Remuneration

No Trustee received remuneration for their services. Trustees' expenses, which include costs directly incurred by Trustees and amounts paid on their behalf by Helen and Douglas House, were paid to 1 trustee totalling £30 (2023/24: 1 trustee, £89).

12 Leasing commitments

At the end of the year the Charity & Group had total commitments under **non-cancellable leases** as follows:

	Property		Other	
	2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
Less than one year	640	563	20	8
Between one and five years	584	352	20	0
	1,224	915	40	8

13 Related party transactions

Helen & Douglas House paid rent of £0 (2023/24: £4,011) to The Society of All Saints, Sisters of the Poor. There was also a contribution of £0 (2023/24: £1,350) to the maintenance of the communal garden. The trustees of The Society of All Saints were members of Helen & Douglas House until October 2016, and a member of the Society is a Helen & Douglas House Trustee. These payments have now stopped, as the land was purchased from The Society of All Saints, Sisters of the Poor for £383,286 in April 2023.

14 Analysis of group net assets between funds

Current Year

	Restricted £000	Designated £000	Unrestricted £000	Total £000
Fixed Assets	48	3,666	0	3,714
Investments	0	1,420	6,443	7,863
Current assets	160	0	1,628	1,836
Current liabilities	0	0	(1,182)	(1,182)
	208	5,086	6,889	12,231

Prior Year

	Restricted £000	Designated £000	Unrestricted £000	Total £000
Fixed Assets	0	3,552	0	3,552
Investments	0	1,380	8,663	10,043
Current assets	549	0	1,171	1,720
Current liabilities	0	0	(919)	(919)
	549	4,932	8,915	14,396

During the year, the fund comprising net book value of fixed assets was reclassified as designated fund, instead of being an allocation within unrestricted funds.

15 Movements in funds (Current Year)

	Balance 01/04/2024	Income & Gains	Expenditure & Losses	Transfers between funds	Balance 31/03/2025
Restricted funds	£000	£000	£000	£000	£000
Charitable Activities					
NHS England Children's Hospice Grant	0	557	(557)	0	0
Integrated Care Board's contributions to cost of care	0	373	(373)	0	0
Hospice UK capital grant	0	55	0	(7)	48
Managed Clinical Network	16	0	(5)	0	11
Palliative End-of-Life Care	111	0	(42)	0	69
Doctors Team	4	155	(130)	0	29
	131	1,140	(1,107)	(7)	157
Donations & Legacies					
Family Support and Bereavement Services (Southampton Hospitals funding)	89	0	(89)	0	0
Managed Clinical Network (Southampton Hospitals funding)	164	0	(164)	0	0
Flexible family accommodation	45	33	0	(78)	0
Youth and Transition	71	0	(71)	0	0
Keepsake Circle	12	44	(31)	0	25
General charitable work	0	0	0	0	0
Helen House in-patient	16	77	(65)	(12)	16
Care and Family Support Services	21	158	(167)	(2)	10
	418	312	(587)	(92)	51
Total restricted funds	549	1,452	(1,694)	(99)	208
Unrestricted Funds					
<i>Designated Funds:</i>					
Net book value of fixed assets	3,552	0	0	114	3,666
Lease commitments	500	0	0	0	500
Capital acquisitions for charity	530	0	0	(30)	500
Investment in retail	250	0	0	0	250
HR/Payroll system	60	0	0	(60)	0
Electronic Point of Sale system	40	0	0	(40)	0
CRM	0	0	0	170	170
Total designated funds	4,932	0	0	154	5,086
General Funds	8,915	8,861	(10,784)	(55)	6,937
Total unrestricted funds	13,847	8,861	(10,784)	99	12,023
Total funds	14,396	10,313	(12,478)	0	12,231

The Hospital UK capital grant has been fully spent in assets (£55k) in 2024/25. However, we have only allocated the depreciation costs against this grant to ensure that we follow the treatment required by the grant agreement.

15 (continued) Movements in funds (Prior Year)

	Balance 01/04/2023	Income & Gains	Expenditure & Losses	Transfers between funds	Balance 31/03/2024
Restricted funds	£000	£000	£000	£000	£000
Charitable Activities					
NHS England Children's Hospice Grant	0	548	(548)	0	0
Integrated Care Board's contributions to cost of care	0	299	(299)	0	0
Managed Clinical Network	110	0	(94)	0	16
Clinical Training (Health Education England)	8	0	(8)	0	0
Palliative End-of-Life Care	100	36	(25)	0	111
Doctors Team	12	100	(108)	0	4
	230	983	(1,082)	0	131
Donations and Legacies					
Managed Clinical Network	5	0	(5)	0	0
Family Support and Bereavement Services (Southampton Hospitals funding)	200	0	(111)	0	89
Managed Clinical Network (Southampton Hospitals funding)	255	0	(91)	0	164
Flexible family accommodation		33	0	(10)	23
Youth and Transition	127	0	(71)	0	56
Keepsake Circle	0	44	(31)	12	25
Helen House in-patient	148	16	(87)	(61)	16
Care and Family Support Services	23	139	(141)	0	21
	758	232	(537)	(59)	394
Total restricted funds	988	1,215	(1,619)	(59)	525
Unrestricted Funds					
<i>Designated Funds:</i>					
Net book value of fixed assets	3,455	0	0	97	3,552
Lease commitments	1,315	0	0	(815)	500
Capital acquisitions for charity	0	0	0	530	530
Shop fund	65	0	0	(65)	0
Investment in retail	0	0	0	250	250
HR/Payroll system	0	0	0	60	60
Electronic Point of Sale system	0	0	0	40	40
Redundancy fund	350	0	0	(350)	0
Maternity fund	149	0	0	(149)	0
Total designated funds	5,334	0	0	(402)	4,932
General Funds	9,186	9,485	(10,217)	461	8,915
Total unrestricted funds	14,520	9,485	(10,217)	59	13,847
Total funds	15,508	10,700	(11,836)	0	14,372

15 Purposes of Restricted Funds

NHS England Children's Hospice Grant

The annual grant contribution of £557,000 (2023/24: £547,621) funded by NHS England has been restricted to our provision of children's hospice care during the financial year, and fully used for that purpose.

NHS Integrated Care Boards

Funding contributions from Integrated Care Boards (ICBs) may be attributed to the care of a specific patient or may be in respect of all care provided to patients registered with a GP in a particular ICB. In the current and prior periods we had NHS contracts and grant agreements with the following:

NHS Organisation	2024/25 £	2023/24 £
ICB Buckinghamshire	87,570	106,512
ICB Milton Keynes	24,685	24,538
ICB Northamptonshire	22,077	21,945
ICB Oxfordshire	182,966	100,000
ICB Swindon	31,568	22,583
ICB Wiltshire	24,288	24,144
NHS Total	373,154	299,722

All the funds received from public sector sources were fully used in the financial year for the purposes intended. We received no one-off Government funding payments during 2024/25 (2023/24: none).

Specific projects funded from statutory income

In 2024/25 we also received grants from the following organisations for specific projects relating to providing and improving services for our patients.

Public sector organisation	2024/25 £	2023/24 £
Buckingham, Oxfordshire & Berkshire Integrated Care Board		
Homeward Bound Hub project	120,000	0
Perinatal Palliative care	24,248	0
Stock medication	10,752	0
Palliative End of Life care	0	35,725
Consultant input	0	100,000
	155,000	135,725
Hospice UK		
Capital grant	55,355	0
	210,355	135,725

Restricted funds for income received from donors for specific purposes

We have adjusted the way we record restricted donations so that they allow for more flexible restrictions and can reflect the donor's wishes with more accuracy. We now have 'restricted buckets' for broad charitable work areas and further, more detailed restrictions, within these buckets.

Restricted bucket	Purpose
General charitable work	Anything deemed as service delivery, not fundraising or other admin costs.
HH in-patient	In-house activities and patient care, including play, art and music activities, clinical supervision and training and large items of clinical equipment.
Palliative End-of-Life Care	Specialist medical symptom management, and end-of-life care, including activities for specific age groups, such as antenatal and transition-age patients, in-house, in the community or by hospital in-reach.
Doctors team	Doctors' time or project work relating to the Doctors team.
Family Support and Bereavement Services (Southampton Hospitals funding)	Extending our Family Support & Bereavement Services with a grant received from Southampton Hospitals Charity.
Managed Clinical Network (Southampton Hospitals funding)	Ensuring co-ordinated care for children and families across Oxfordshire, Buckinghamshire, West Berkshire and Berkshire East with a grant received from Southampton Hospitals Charity.
Flexible family accommodation	Renovating three bedrooms within the hospice to create a fully accessible suite of two connecting bedrooms, with a private bathroom in between for families staying at Helen & Douglas House.
Youth and Transition	Work with children from the ages of 13-19, helping them to live the best life they can and preparing them for transitioning to adult care with other healthcare providers.
Enablement	Staff and project work related to patient enablement activities.
Keepsake Circle	A bereavement service that supports parents and families to memorialise their children in song.
Community and Family Support Services	Funding the delivery of our services outside of the hospice, namely in people's homes, schools, and hospitals. This includes our outreach nursing, siblings and bereavement support, youth and transitions work, social work, and psychology and psychiatry services.

During the year we purchased some capital equipment for the Flexible family accommodation, for the Community and Family Support Services team and for in-patient care. The value of this expenditure was transferred from restricted funds into the designated fund which represents the net book value of fixed assets.

Designated Funds

Helen & Douglas House makes several allocations from its unrestricted reserves for future planned spend. These cover:

- The net book value of Fixed Assets
- Lease commitments – relating to the shop portfolio
- Capital acquisitions for the charity
- Investment in retail – refurbishing current shop portfolio and investing in new units
- CRM – a replacement system

Following a review by Trustees, the funds below were closed in the year, as they were no longer required:

- HR/Payroll/Rostering – a replacement system
- Electronic Point of Sale system – a replacement system within the retail portfolio

16 NHS pension scheme

Past and present employees are covered by the provisions of the NHS pension schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FrEM (the Government financial reporting manual) requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025 is based on valuation data as 31 March 2024. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FrEM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The next NHS Pension Scheme valuation report is expected to be published in 2025, but there’s no confirmed release date yet.

17 Comparative SOFA

	Restricted funds £000	Unrestricted funds £000	Total funds 2023/24 £000
Income from:			
Donations & legacies	210	3,516	3,726
Charitable activities	983	0	983
Other trading activities	0	4,786	4,786
Investments	0	297	297
Other	0	12	12
Total	1,193	8,611	9,804
Expenditure on:			
Raising funds: Donations & legacies	1	1,915	1,916
Raising funds: trading activities	0	3,913	3,913
Charitable activities: Hospice care	1,310	3,847	5,157
Charitable activities: Outreach & Bereavement	262	542	804
Total	1,573	10,217	11,790
Net income / (expenditure) before net losses on investments	(380)	(1,606)	(1,986)
Net losses on investments	0	874	874
Transfer between funds	(59)	59	0
Net movement in funds	(439)	(673)	(1,112)
Reconciliation of funds:			
Total funds brought forward	988	14,520	15,508
Total funds carried forward	549	13,847	14,396



*Thank you for helping
local terminally ill children
live life to the full*

Helen & Douglas House
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Oxford OX4 1RW

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T: 01865 799150

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Company number 4120488
Registered charity number 1085951
Registered office address Helen & Douglas House, 14A Magdalen Road, Oxford OX4 1RW

Registered with



FUNDRAISING
REGULATOR

HELEN & DOUGLAS HOUSE

England & Wales - Charity number 1085951

Accounts

Annual Report

2023/2024



Helen & Douglas House

your local children's hospice

Contents

About us	4
Chair of Trustees & Chief Executive joint statement	6
Our strategic aims and objectives 2022-25	8
Income generation report	10
Reporting against our strategy	17
Financial review	63
Independent auditor's report	74
Financial statements	78



About us

Helen & Douglas House hospice improves the lives of terminally ill children and their families living in Oxfordshire and the surrounding counties. We help children live their lives to the full – even when those lives are short.

We support children and their families with life enhancing care at our hospice in Oxford, at home or in hospital. This includes supportive stays, pain relief, symptom management, end of life care and bereavement support for parents and siblings.

Our care can help reduce the fear and pain families feel when facing an uncertain future and, when life comes to an end, we are there to help families thrive after the loss of their child.

We need to raise almost £6 million to fund our work.

Inspected and rated

Outstanding ☆





How we are funded

We need to raise almost £6 million to fund our work

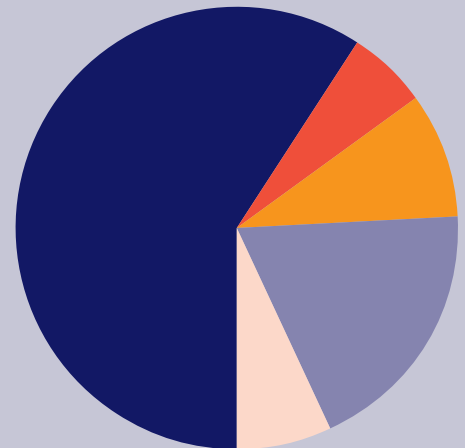


Income from statutory sources is **10%**



Income from fundraising, legacies and trading is **87%**

How we spend the money we receive on care



- Direct care staff costs **£3,534,000**
- Medical staff costs **£352,000**
- Other direct costs **£543,000**
- Support costs **£1,136,000**
- Depreciation **£396,000**

Chair of Trustees and Chief Executive joint statement



2023/24 has been a positive year for Helen & Douglas House. A year where consistent quality of the care and support we provide to children and their families has been recognised as Outstanding by the CQC. A year where we have invested in and expanded our services in line with our strategy. We have also continued to drive operational efficiencies to ensure more of our income is to directly fund care.

We introduced new clinical and complementary therapy roles, expanding our breadth of care for children. In addition, we continued to see an increase in the number of children and families we care for. Our work has influenced and shaped children's palliative care through research and education, broadening the support for children with life limiting conditions and their families.

None of this would have been possible without the hard work, dedication and passion of our staff and volunteers. We would like to give a heartfelt thank you to them all. And in a year of change of leadership we want to thank our predecessors, CEO Clare Periton, and Chair Lord Ian Blair, for their many years of stalwart service.

It simply would not be possible to provide these essential services without our generous donors, corporate partners and the huge community of supporters who generously give their time and energy to raise much needed funds.

We recognise that many families are coping with rising costs which are putting a squeeze on household finances

and yet many of you overwhelm us with your generosity. Whether you are raising or donating money, buying or donating in our shops or volunteering your time and expertise to enable us to operate as efficiently as possible, we cannot thank you enough.

These are challenging times for the public and charities alike and this continues to put pressure on fundraising. We rely on the public for 87% of our income and receive very little statutory funding. We therefore support the Together for Short Lives campaign to urge the new Government to ensure sustainable funding, which is critical for all children's hospices to thrive.

As we look to the future and embark on the formulation of our next three year strategy, we remain committed to sustaining the quality of the services and care we provide. We will always put children and families at the heart of everything we do, ensuring that we operate in the most efficient and impactful way, sustaining our role in the world of children's palliative care.

Finally, we want to share the incredibly positive news that Her Majesty the Queen has confirmed she will remain our Patron, continuing a patronage that began in 2006. We are very grateful for this extraordinary and moving support.



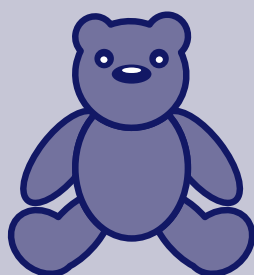
Jane Long, Chief Executive Officer
David Gye, Interim Chair of Trustees

11 November 2024

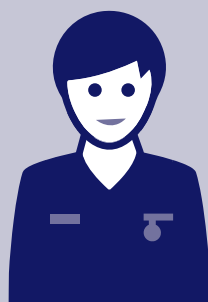
A strategy which unites us all

Our driving ambition is that children and their families receive world class palliative care. These were the strategic aims we set ourselves for the period 2022-25.

We were delighted to receive an Outstanding rating from the Care Quality Commission in 2023. This reflects the dedication and the passion of all our volunteers and staff.



Service. We will develop our service to reach more children and families and offer a wider portfolio of care.



Efficiency and Impact. We will ensure more of the money we receive is available to fund care by becoming more efficient and investing in technology.



Culture. We will invest in our people and work together to build an engaged, diverse and collaborative organisational culture.

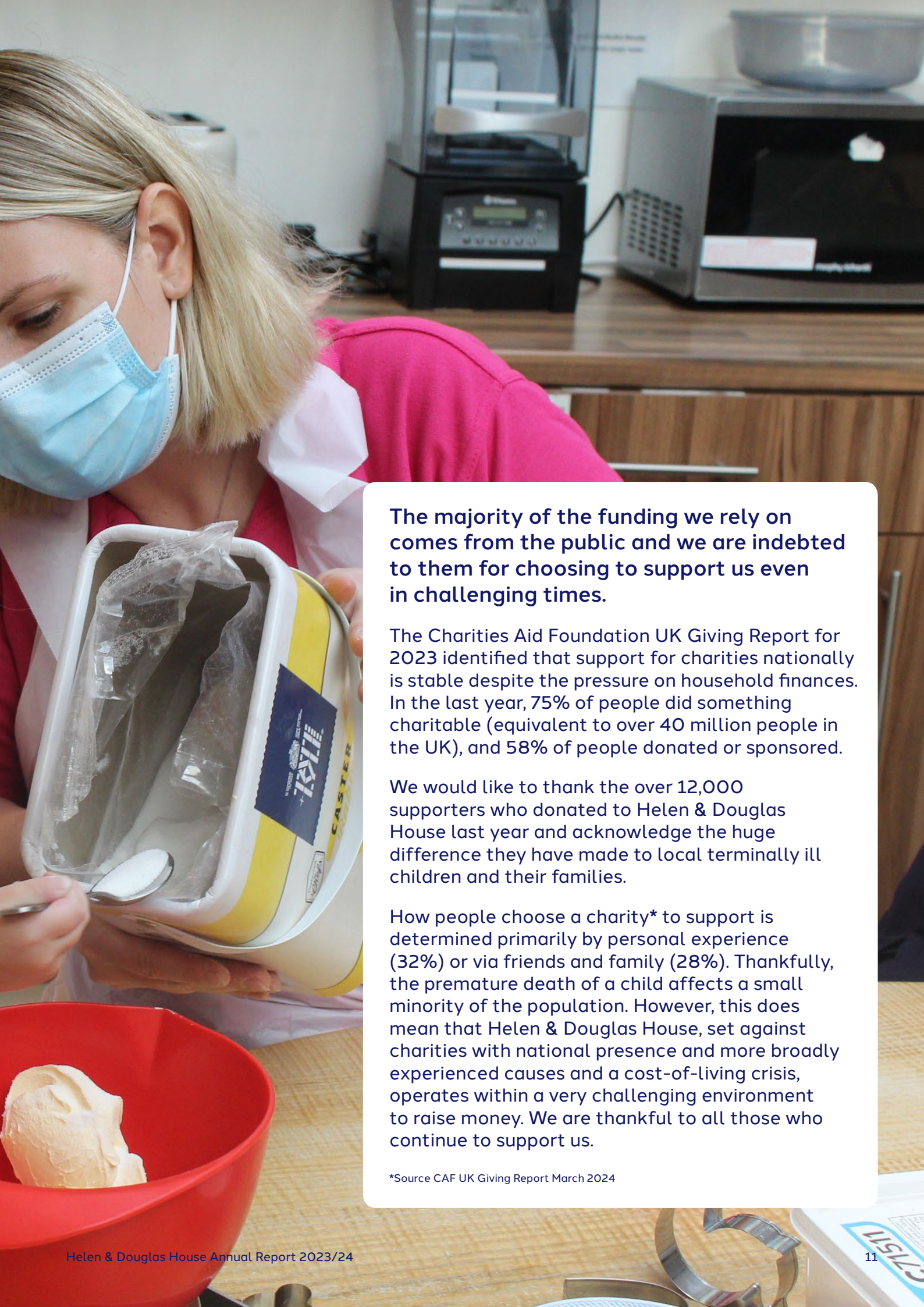


This report outlines our progress against the objectives we set ourselves for the year ending March 2024, as well as our priorities for the final year of our current strategy.

In 2024, we will develop a new strategy to take effect in 2025. The new strategy will be published before the end of this financial year.

Income Generation Report





The majority of the funding we rely on comes from the public and we are indebted to them for choosing to support us even in challenging times.

The Charities Aid Foundation UK Giving Report for 2023 identified that support for charities nationally is stable despite the pressure on household finances. In the last year, 75% of people did something charitable (equivalent to over 40 million people in the UK), and 58% of people donated or sponsored.

We would like to thank the over 12,000 supporters who donated to Helen & Douglas House last year and acknowledge the huge difference they have made to local terminally ill children and their families.

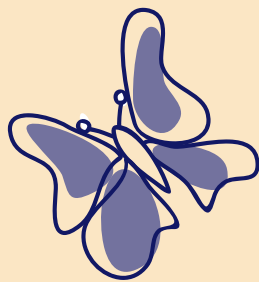
How people choose a charity* to support is determined primarily by personal experience (32%) or via friends and family (28%). Thankfully, the premature death of a child affects a small minority of the population. However, this does mean that Helen & Douglas House, set against charities with national presence and more broadly experienced causes and a cost-of-living crisis, operates within a very challenging environment to raise money. We are thankful to all those who continue to support us.

*Source CAF UK Giving Report March 2024

Fundraising income

We are delighted to report that our fundraising income budgets were exceeded both for gross and net contribution. Gross income was £140,000 above budget and net contribution was £276,000 above budget.

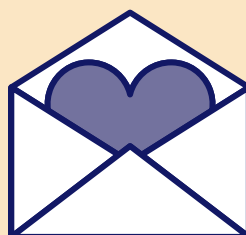
In 2023, we launched The Garden of Memories where family members could buy a handcrafted keepsake butterfly in memory of a loved one. The butterflies were displayed at Waddesdon Manor for two weeks and the display was available for a private viewing, which was much appreciated by families. We sold 291 butterflies and raised £10.5k, which considerably exceeded our expectations.



We brought back our fun Jail 'n' Bail event, which raised an incredible £15k. The event was organised in partnership with The Thames Valley Chamber of Commerce (spearheaded by their CEO and businesses from the group) and hosted by Oxford Castle & Prison.



In July 2023 we held our first ever week-long Thankathon and in February 2024 we held a in-person thanking event. This meant we could personally thank supporters in person, by phone or postcards and we had fantastic feedback from everyone we contacted.





Looking to the year ahead, we have a number of key objectives to strengthen our case for support, grow our income and operate as efficiently as possible.



We will improve our impact reporting so that supporters can easily evaluate the impact of their giving on the families we care for. We published our first Impact Report in 2023 and we plan to build on that in 2024 and beyond.



We will develop more tailored stewardship programmes for our supporters which will recognise their individual contributions and open up opportunities to get involved in other areas of fundraising according to the supporter's preferences. This will ensure we can give them the best possible experience supporting Helen & Douglas House.

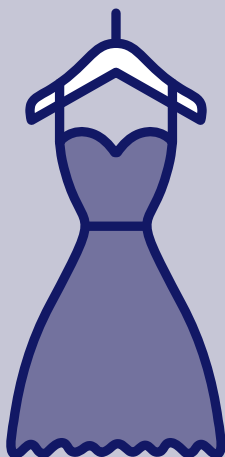


We will grow our income from philanthropic giving sources such as major donors, trusts and foundations and corporate supporters following an in-depth review.

Trading income



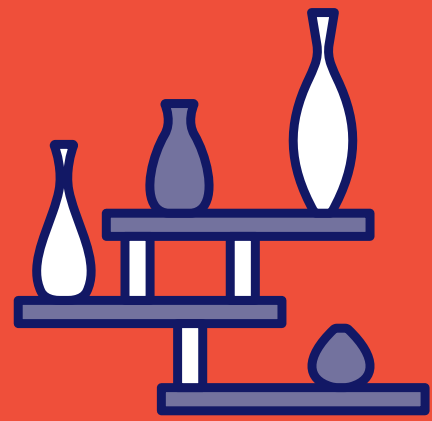
As well as fundraising activities, we also operate 23 shops across our region. This year, we are delighted to report that our shops generated the highest level of net contribution in the history of Helen & Douglas House retail and that includes periods of time when we had almost 40 shops.



In 2023/24 our shops generated £4.410m gross income which was an increase of £526k or 13.5% on the year before.

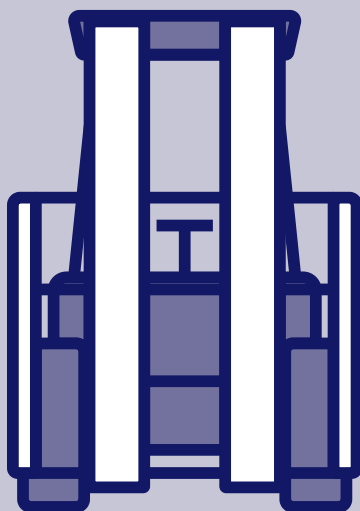
The Retail team also launched two new income generating campaigns for Christmas and Spring with paid advertising support and these were very successful. The Christmas campaign generated record breaking sales of £132,000 in a single week.

Each shop has received social media training, allowing them to create a presence on Facebook and communicate directly with their local community by posting unique content. This has increased social media traffic and enabled the shops to respond quickly to their local audience.

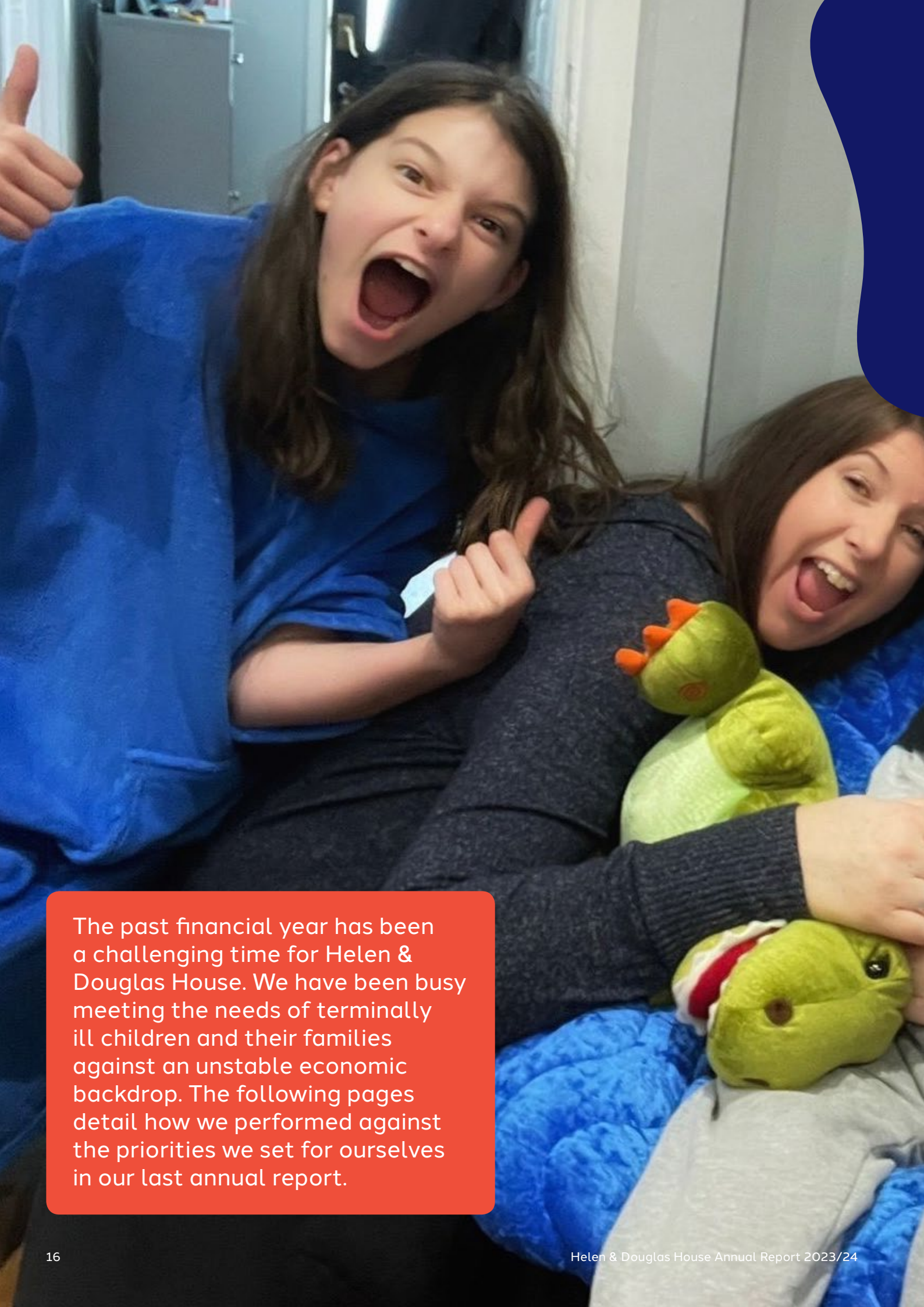


The Retail team will be progressing the following priorities in the year ahead:

It was agreed that the Retail team needed a warehouse facility to enable greater efficiency in the movement of goods around our network, to relieve pressure on individual shops where space is at a premium and to allow us to fulfil online orders via public selling platforms more effectively.



-  Relocate stock management and ecommerce operation into our new warehouse facility.
-  Integrate a new electronic point of sale system into our shops with better reporting capabilities and improved user functionality.
-  Extend the implementation of new Helen & Douglas House branding into our shops and create an initial model shop to establish best practice protocols.
-  Look to expand our retail presence into target areas of interest within our region.
-  Embark on a five-year programme of shop maintenance and refurbishments to bring our shops up to a much improved standard.



The past financial year has been a challenging time for Helen & Douglas House. We have been busy meeting the needs of terminally ill children and their families against an unstable economic backdrop. The following pages detail how we performed against the priorities we set for ourselves in our last annual report.

Reporting against our strategy

Extending our service



What did we say?



We are constantly working to extend our service to support the families who need us. In the year ahead, our priority is to explore further the unmet needs of the people we support as well as investigate the barriers that people face in accessing our service.

We plan to increase the number of beds we have available to maximise the amount of supportive stays we offer to families to give them a break. We also plan to build on our work around the early identification of young people who may benefit from our care, by continuing to strengthen our relationships with our partners. As part of this, there are plans

for the nursing team from the paediatric intensive care unit at Oxford University Hospitals NHS Foundation Trust to shadow shifts with us and for our nursing team to shadow shifts with them.

Over the next year, we intend to complete our scoping work around the needs of older teenagers as they transition from children's health services to adult health services. Once we have finalised this piece of work, we will start to identify how we can meet these needs. Similarly, we intend to push forward with our work in shaping our services so that we can meet the spiritual needs of the families we support.



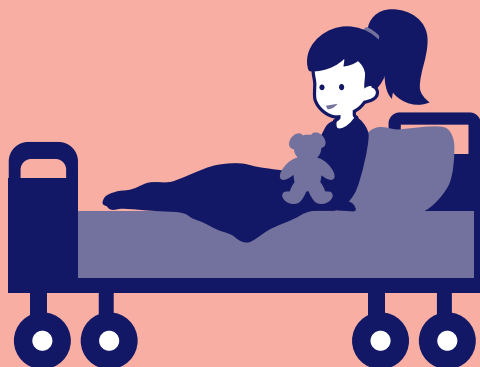
As the world's first children's hospice, we have a responsibility to share our specialist knowledge through education, and we constantly strive to raise the profile of children's palliative care. This year, we are delighted to be expanding our education offer by teaching medical undergraduates at Oxford University.

How did we do?



Increased the number of beds we have available

We've made great progress in meeting the needs of more children and families. Whilst the number of children referred to us has remained stable, we have been able to offer 30% more bed nights of care. We received 120 more admissions with an average of 100% occupancy as well as supporting 33% more children to die where they chose to be.

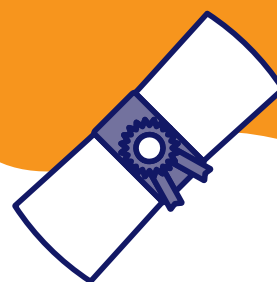


Meeting the needs of older teenagers

We have expanded our Youth & Transition team and increased the number of opportunities for young people to socialise and develop support networks outside the family home. Collaborating with the Youth & Transition team, Dr Laura Nohavicka from our medical team has worked closely with adult palliative care teams in the region, jointly visiting young adults who have recently transitioned into adult care and developing a tool to support young people in the future. This has helped to reduce the stress and anxiety of young people transitioning to adult paediatric palliative care services from the children's service.



We were rated
Outstanding by the Care
Quality Commission in
November 2023



Finding and meeting unmet needs

Our physiotherapist has supported medically vulnerable children to live safely and comfortably in the community, including being able to return to school as well as accessing opportunities they couldn't before. There have also been unexpected benefits around symptom management for oncology patients, where physiotherapy has enabled better management of their respiratory function so they could be more comfortable at the end of their lives.

We've expanded our Play team and increased our offer of activities for children and families which has helped to reduce isolation amongst families and provide access to our service in other ways. Visits to places such as the Cotswold Wildlife Park are a wonderful way for parents to meet other parents with similar challenges to form social and supportive networks and

for children with complex needs and their siblings to enjoy the company of other children away from the care environment.

Following feedback from families that short notice offers of available supportive stays were difficult for them to access, we've reverted to allowing more bookable stays to help families plan more easily and access the service more readily when they need support.

We have responded more quickly to requests for urgent symptom management and emergency care by not pre-booking all our beds to keep some free for symptom management / emergency use.



Working in partnership to improve early identification

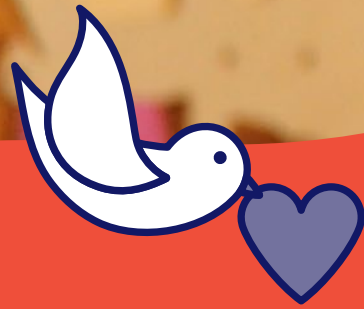
We have successfully partnered with local healthcare partners such as Oxford University Hospital NHS Trust, Alexander Devine Children's Hospice and Rennie Grove Peace Hospice to ensure the timely referral of children with palliative care needs from hospital. This ensures children and families are getting quicker access to local services if that is where they choose to receive care. It also facilitates better knowledge sharing and training.

In addition, we have introduced shadow shifts for the nursing team from the paediatric intensive care unit at Oxford University Hospitals NHS Foundation Trust to work with us and for our nursing

team to shadow shifts with them. This has been beneficial because nurses at the hospital are more confident to talk to parents about referral and are more likely to refer children to Helen & Douglas House if they understand what we do.

This also extends to medical students and doctors in specialist training from local acute services, in order that they better understand children's hospice care.

Successful partnerships have been a wonderful way to share knowledge and expertise and break down barriers. Most importantly, connecting services makes it easier for children to transition through them.



Meeting spirituality needs

At the moment, we know very little about how to meet the pastoral, spiritual and religious needs of children and young people diagnosed with life threatening or life shortening conditions.

Helen & Douglas House was a key recruitment centre for The SPARK Project* which aims to guide the NHS and children's hospices on how to meet these needs. The results of the project show that offering education to hospice staff (relating to spiritual care conversations) benefits staff and service users alike. We will be supporting clinical staff to have conversations about spirituality with more confidence and Dr Charlotte Holland (medical team education lead) is involved in developing this training with the SPARK team.

*Source. University of York The SPARK Project supporting the complete care of children and young people with life-threatening or life-shortening conditions.



We're a leading research and education contributor to the sector

We have successfully delivered teaching on the undergraduate medical curriculum at Oxford University, about managing difficult communication in the context of end-of-life care.

We have looked to address specialist medical workforce challenges by becoming a training centre for special interest qualifications in paediatric palliative care. We have successfully trained two paediatricians and have an experienced paediatrician from a neighbouring area currently expanding her skill set with us (funded by her own region).

We have contributed to organising/ presenting at several conferences in paediatric palliative care with the Royal College of Paediatrics and the Association of Paediatric Palliative Medicine.

Dr Charlotte Holland leads on the virtual education platform for the South of England, and many other Helen & Douglas House staff have contributed content.

Our medical team has hosted a number of evening education events online covering a range of topics and enabling colleagues in the wider region to come together and share their learning.

Dr Laura Nohavicka has been funded for one session per week by our local ICB to support the development of transition services for young people transferring to adult services. This work is both on a strategic level regionally and at a clinical level supporting individual patients and their families.



Our team has offered service users the opportunity to be part of a number of national clinical trials this year including C-POS (evaluating outcome measures), SPARK (spirituality), and ENHANCE (looking at the experience of families whose children died after PICU / NICU care).

One of our Associate Specialist Doctors won the Royal Society of Medicine (RSM) Impact and Evidence in Palliative Care research prize, when she presented her recently completed MSc project on the wellbeing of children's hospice staff.

Several members of the medical team contributed to the fifth edition of the children & young person's advance care planning document and the sixth edition of the APPM formulary (2024).

Dr Emily Harrop contributed to the Nuffield Council report on managing disagreements in the care of critically ill children.

Publications contributed to by HDH staff in the last year include:

1. *As low as reasonably practicable (ALARP): a moral model for clinical risk management in the setting of technology dependence.* Journal of Medical Ethics 2023
2. *Coproduced resources to support parents caring for children with gastrostomies.* Frontline Gastroenterol. 2022 Aug 25;14(2):144-148. doi: 10.1136/flgastro-2022-102181. eCollection 2023.
3. *A rapid systematic review of breakthrough pain definitions and descriptions.* British Journal of Pain 2023



The year ahead



Patient safety and outcomes

Through the Patient Safety Incident Framework (PSIRF), we will be developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

We will expand the physiotherapy team to support more children in reducing common symptoms such as pain, fatigue and dyspnoea.

From September 2024, we will be part of a regional initiative (funded by The True Colours Trust) to improve services for antenatal and neonatal palliative care. This is important as infancy represents the highest spike of deaths in childhood, yet services tend to be inequitable for the youngest.

Clinical effectiveness and accessibility

We will review our capacity to offer more support in the community. We are looking to enhance the experience families receive in their homes, with the play team supporting outreach nursing visits.

We will ensure there is suitable accommodation for family members who have impaired mobility. This will be an adaptable space that can also be used as a coldroom to increase capacity to care for a child after their death.

We will also review our referrals pathways to make the process more effective, ensure referrals are appropriate and enable eligible children and their families to access our services sooner.

Patient experience

We aim to engage more families to ensure they are key partners in their child's care and co-designers of our services.

We will engage and connect with families to allow us to understand the needs of the children, young people and families using our service.

We recognise that medical advancements have resulted in more children with complex care needs surviving longer. These children often require care from multiple health and social care teams and other agencies, all holding individual information to enable care delivery. This puts enormous pressure on parents. We will explore the feasibility of piloting a parent/carer owned personalised digital care pathway monitoring platform for children and young people with complex care needs. This digital application empowers parents/carers to easily capture and manage a child's health and care information (symptoms, care plans, multidisciplinary team involvement). It would also enable personalised optimum symptom management at home and shared decision-making in the child's best interest. Through this, we aim to improve quality-of-life outcomes and care experiences for children and carers.

This year, we will establish a patient engagement group, where we will work collaboratively with parents to respond to their changing needs from the service. We will proactively seek feedback on projects and give families a voice which we will listen to.


Reporting against our strategy

Communicating with families, volunteers & staff



What did we say?



A close-up photograph of a child's hands using a blue-handled roller with a rainbow-colored foam core to apply red paint onto a white sheet of paper. The child is wearing a grey long-sleeved shirt and a colorful patterned scarf. The background is a blurred, colorful striped pattern.

Having established the needs and preferences of staff, we are building an internal communications framework including a new intranet on SharePoint to act as a single hub for all information staff need.

The framework will include guiding principles for sharing information and communicating across the organisation using digital best practice and will organise information according to audience needs, appropriate channels and frequency.

We will identify the needs and preferences of families regarding the information they receive from the charity and develop a stewardship framework of non-clinical information in line with them.

How did we do?



Responding directly to feedback from families, we have created a plan for communicating with them about non-clinical matters that includes a monthly email newsletter. The first newsletter has been published and we have achieved extremely high open rates of 60-80%.



We successfully launched and embedded a new staff intranet called The Hive and maintained by organisational editors around the Charity. The Hive is where staff can go for the latest news, information and guidance on a range of organisational topics.

We have created a full programme of planned staff communications, both direct and indirect, including monthly all staff meetings and monthly drop-in sessions with our CEO as well as regular updates from The Hive.



The year ahead

We will raise our profile amongst our local community to encourage them to engage more and support us.

We will raise our profile nationally to support the children's hospice sector more widely especially in the areas of research and education.



Reporting against our strategy

Volunteering



What did we say?



Volunteers are the lifblood of Helen & Douglas House and we are hugely grateful for the time and energy they give to us. In return, we want to ensure that they have the best possible experience with our organisation, so we plan to upskill our members of staff who manage volunteers.

We also plan to offer a more varied selection of volunteer roles, including volunteer ambassadors to boost our profile in the community and advocacy volunteers to influence policy and investment in children's palliative care.

On top of this, over the coming year we will be introducing volunteer listeners into our bereavement team to increase support to families, as well as expanding the reach of our Home Volunteer programme including gardening and tutoring.

We aim to increase our community fundraising presence, both in physical and online communities, and to link this work more with our shops to strengthen our community engagement.



How did we do?

Our 565 wonderful volunteers, working across our shops, the hospice, in family homes, our offices and at our events, donated 66,901 hours in 2023/24. We couldn't operate our services without them, and extend our grateful thanks to them all.

We are delighted to report that in 2023 we continued to build on the previous year's high scores in our annual volunteer satisfaction survey. Volunteers reported an increase in 'feeling valued by the organisation' 'meeting volunteer expectations' and 'recommending volunteering' with Helen & Douglas House.



Our volunteers collectively donated 66,901 hours which equated to an economic value of £759,330.

Thank you, all our volunteers, you are amazing!



We created a comprehensive volunteer manager training course, supported by a new volunteer handbook, to ensure volunteers have the best experience working with staff managers across the organisation. So far, thirty volunteer managers have participated (reaching the majority of volunteer managers based in our offices and hospice). We are currently investigating how we can extend the course to our retail volunteer managers who work remotely across our shops.



The appointment of a new Head of Retail (after a six month absence) has had a positive impact on retail volunteer satisfaction across our 23 shops.

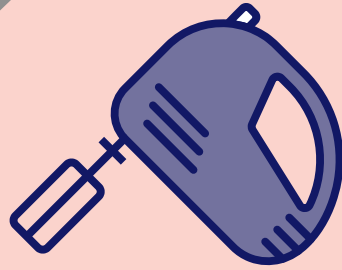


Our crafting volunteers raised £6,000 from the sale of gift items they created in our Summertown shop.

Following feedback from our volunteers, we reintroduced visits to our hospice for retail volunteers to help build a stronger connection to the cause they support.

We also send a monthly newsletter to all our volunteers to keep them updated on news and information about the charity and our volunteer community.





New complementary volunteer roles have been introduced at the hospice such as baking, hairdressing, musicians, etc. This allows children and their families to participate in more activities during their stay.

We've taken time to understand how volunteering can support the important work of our bereavement support team. This is a complex and sensitive area of our work and we have visited other hospices to learn from them in terms of structure, volunteer role profiles etc. We are also preparing to develop trained volunteer roles that support the bereavement team.

We are supporting more families through home, gardening and tutoring volunteers. Eighteen families currently being supported in this way and these important volunteer roles are helping to reduce the intensity of caring for a child with complex needs. We are now providing tutoring support for six new families each term where volunteer tutors help siblings increase their confidence and ability in core subjects.

The year ahead



Improving quality and accountability for volunteering across directorates

In 2023 we created new volunteering policies and processes, a volunteer handbook, a volunteer manager training course, procured a volunteer management platform and began reviewing volunteer mandatory training. This year, we will focus on socialising them among staff and volunteers, embedding knowledge and challenge ourselves to reduce bureaucracy for volunteers.

Equality & diversity action plan

We will look at ways to increase and improve the diversity of our volunteer community, so it reflects the shop communities and service users it supports.

In addition, we will also look at improving volunteer satisfaction scores among older and ethnic minority volunteers. This will include the introduction of focus groups to hear the experience of volunteers and consult with teams about how we can improve satisfaction and inclusion.

Excellence and innovation

In 2022 our focus was on volunteering policies and procedures and improving the experience of volunteers. We have now established strong foundations to take us into a new strategic cycle and we will focus on innovation and excellence so that we continue to exceed volunteers' and organisational expectations.



Reporting against our strategy

Sustainability



What did we say?



We are committed to taking action on sustainability so that we can make a positive impact on climate change.

We have already undertaken energy audits across the organisation to ascertain our carbon footprint and over the next year, we will use the resulting baseline data to develop a long-term sustainability strategy. As part of developing this strategy, we plan to assemble a working group to identify priorities such as switching to greener utility suppliers and appointing sustainability champions.



How did we do?

This year we finalised auditing all our buildings, including our 23 shops and we now know what our collective carbon emission baseline score is. In order to reduce our carbon emissions, we needed to measure where they are sourced from in the first place. The Greenhouse Gas Protocol* categorises emissions as Scopes 1, 2 and 3.

We initially focused on creating baseline data for Scope 1 (direct emissions) and for us that means gas and the AC refrigerant leakage. We then focused on Scope 2 (indirect emissions) which for us means electricity. Having now switched our electricity over to a green supplier, we believe that 60% of our electricity is green and we are aiming for 100%.

Ten members of staff have volunteered to become Sustainable Pioneers and they will share their passion and enthusiasm for sustainability with their colleagues. They will be pivotal in engaging with the whole organisation and helping us to achieve our goals.

*Source The National Grid.

Definitions of Scope 1, 2 and 3 emissions

Essentially, Scope 1 are those direct emissions that are owned or controlled by a company, whereas Scope 2 and 3 indirect emissions are a consequence of the activities of the company but occur from sources not owned or controlled by it.



We believe that what we achieve within the organisation has broader benefits in our local communities. Staff and volunteers take learned new behaviours home and we can start to have a positive impact beyond the walls of our buildings.

The year ahead



Having now established a baseline carbon emissions score for Scopes 1 and 2, we will continue this work into Scope 3 which is far reaching. We have chosen to prioritise baseline data for staff and volunteer travel, waste and wastewater. We have conducted initial scoping on travel, and we will now quantify it more effectively.

We will create a foundation database of emissions which will be used to set stretching, but achievable, reduction targets. We will look to comparative industries for guidance and set targets for 2030, 2040 and 2050 because the task is absolutely vital but very much a long term commitment.

We are also applying for a significant VCSE Energy Efficient Scheme Grant of £150,000 which, if successful, will enable us to make the retrofit changes we need to make our service and office buildings more efficient, including boiler replacement, LED lighting, solar panels, building management system for heating, insulation and double-glazing window replacement. The criteria for that grant means we must complete all the work within one year.



Reporting against our strategy

EDI accreditation



What did we say?

We are confident that we have built a strong foundation of knowledge and understanding based on the fundamentals of FREDIE* and the National Centre for Diversity standards. We look forward to achieving our Level 1 Accreditation and strengthening our inclusive culture.

Our focus as we look to the future is on attracting diverse candidates to our organisation, removing barriers to those from underrepresented groups and building on and enhancing our diverse workforce. We want to be bold with our aspiration and that will mean setting diversity targets, from our Trustee board to our Executive team and throughout the organisation.

Our future is bright, so we want to shout about that. We will develop our internal and external communication to shine a light on our work towards achieving FREDIE. We will develop and embed our Employee Value Proposition in our continued effort to make Helen & Douglas House the employer of choice for all people.

We are committed to continuous education and growth and will commence a comprehensive training programme to ensure our leaders are also allies, empower our FREDIE champions, and further embed a culture of inclusion and belonging.

*Source National Centre for Diversity.



How did we do?



We have worked closely with the National Centre for Diversity to help us work towards accreditation. This enabled us to put into place the foundations of the change we want to make at Helen & Douglas House.

We have looked at how we represent ourselves externally on our website, social media and in publications and have improved representation of the communities we serve. Within the

organisation itself, we have invited staff to learn about protected characteristics and hear about the lived experience of people outside the organisation. This has helped to develop knowledge and understanding.

We are proud to be establishing a workplace culture that is accepting and inclusive of all people and continue to strive for improvements to our workforce diversity.



The year ahead



We will continue to work on becoming the organisation we strive to be while being transparent and honest about where we are at the moment (we have not yet increased the percentage of UK minority ethnic people who work or volunteer for the organisation).

Consequently, will review our recruitment processes and systems in terms of how and where we advertise roles and also look at our selection criteria.

One example of how we are trying to improve is by trialling sending retail staff and volunteer candidates their interview questions in advance, to help people of different abilities be considered for roles in an equitable way.

We recognise we have laid the foundations from which to grow, and diversity, equality and inclusion remains an ongoing area to improve on.



Reporting against our strategy

Leadership



What did we say?





We are proud to have upskilled our leaders and managers over the past year through coaching training. Next year we will focus on succession planning to ensure we are better equipped to develop a pipeline of supportive, skilled and inspiring leaders within our current workforce.

Another ambition for the year ahead is to develop a comprehensive wellbeing strategy for our employees. We are confident that by building a positive workplace culture, we can enhance the mental and physical health of our workforce and attract and retain the best talent, becoming an employer of choice.

How did we do?

As part of our organisational succession planning, we first identified around 5% of the existing workforce who matched the criteria for talent development with a view to becoming a senior leader in the organisation within the next five years. These individuals were proposed by their current line managers and were supported by successful performance evaluation ratings.

We worked with these employees to conduct a skills gap analysis, which will become the foundation of individualised development plans to continue their professional growth and, where possible, progression within the organisation.



Looking more widely, we are delighted to have introduced many ways to improve our workplace culture and wellbeing for the benefit of all members of staff. Some of the ways we have done this are listed below.

- Staff lead interest groups formed in areas such as working parents and menopause.
- Shared stories from individual members of staff who have diverse life experiences including grief, mental health conditions, religious and cultural beliefs.
- We introduced more generous compassionate leave as well as the opportunity to buy and sell holiday entitlement.
- We also introduced a new life assurance benefit for staff.
- We also trialled mentoring on a small scale where members of staff and volunteers can mentor or be mentored. This has proved successful so we are now planning to extend it further.

The year ahead



A significant project for the year ahead is the development of new technological systems to improve our efficiency and reduce operating costs. Currently our recruitment, employee record and payroll systems are not connected to each other. Introducing system efficiencies will significantly reduce the number of hours spent on managing data between platforms, reduce manual handling and calculation errors and reduce the operational cost of this work.

We will also widen our use of apprenticeships beyond existing roles in Fundraising and Data Analysis.

Finally, we want to train more of our teams in workplace mediation skills. This training has proved valuable in identifying and resolving workplace conflicts and often minimises impact on staff absence and wellbeing.



Helen & Douglas House would like to say a very big thank you to the charitable trusts, corporate partners and other supporters who have made donations in the last 12 months and to many others not listed, including those who wish to remain anonymous.

Abbott Diabetes Care

Alan and Diane Brown

All of our Children's Champions

Ann Edwards

Anne Wadsworth OBE

B&Q Foundation

Berkeley Foundation

Berkeley Homes (Oxford & Chiltern) Ltd

Blenheim Palace

BPI (Business & Personal Investments)

Cala Homes Cotswolds

Chris Banton Foundation

Cokethorpe School

David Hills Trust

Dura Ltd

GHM Communications

Glory Farm Primary School

Harmony Belles, Marlow

Harrison-Frank Family Foundation

Ian and Mave Richens

Invesco

Jane and David Redwood

Kelly & Anna's Heroes Cycling Team

Kidani Memorial Trust

M:M Bio

Mabs Mardulyn Charitable Foundation

Morpheus Foundation

Mr & Mrs J A Pye's Charitable Settlement

Out of the Blue

Peter Harrison Foundation

REAL Calling Ltd

REAL Fundraising Ltd

Rothschild Foundation

Savvy Group

Speen Helping Hospices

Thames Valley Chamber of Commerce

The Adrian Swire Charitable Trust

The Albert Hunt Trust

The Bournemouth Community
Hebrew Church

The Bouttell Bequest

The Childwick Trust

The Kingham Sculpture Exhibition

The Newbury Building Society,
Abingdon and Didcot

The Nora and Olive Brewer Memorial Trust

The Old Bookbinders Ale House

The Tingewick Society

Together for Short Lives

Ultimate Activity Camps (UAC)

Volker Highways

Waterperry Gardens



Our approach to fundraising, working with professional fundraisers and commercial participators

Our Fundraising Team comprises fifteen staff. These staff work in teams organised by function and income source to generate funds for Helen & Douglas House. The Data & Supporter Services team, comprising four staff, manage all enquiries from the public, manage our donor database and data selections for fundraising activity and ensure we operate in line with fundraising and data protection regulations.

Our fundraising teams focus on raising money through our own events, third party events, working with corporate partners and local businesses, community groups, churches, schools and individuals who take on their own fundraising activity.

We also raise funds through trusts and other grant making bodies, direct marketing campaigns and appeals, and building relationships with individuals who donate significant sums to support our work.

We work with commercial third-party organisations to recruit players to our lottery and donors giving a regular gift. This activity is primarily through door-to-door and private site (e.g. shopping centres) canvassing.

Fundraising Regulation and the Code of Fundraising Practice

Helen & Douglas House is registered with the Fundraising Regulator and our fundraising team is committed to adhering to the Regulator's Code of Fundraising Practice. We are also a member of the Chartered Institute of Fundraising and work to the standards laid out in their guidance.

For the period under review, we have had no significant incidence of non-compliance with the Code of Fundraising Practice or Chartered Institute of Fundraising guidance.

The charity's Fundraising Policy stresses our commitment to the Code, ethical considerations regarding donation acceptance and how we carry out due diligence in relation to our partners.

Complaints in the financial year 2023/24

We received donations from over 12,000 supporters. In the same period, we received six complaints. Five were related to our regular giving acquisition activity, where we ask donors to sign up to a regular gift, and one was in relation to a fundraising appeal sent to supporters by mail. All complaints were responded to appropriately.

Vulnerable people

The charity adheres to the Code of Fundraising Practice in its dealings with people whom we identify as vulnerable, and we are mindful of the Institute of Fundraising's guidance. We only work with third party commercial participators who are committed to protecting vulnerable people and who also adhere to the Code.

Monitoring the activity of third parties

All materials used by third party commercial participators are drafted and reviewed by the charity. The training of fundraising staff by third party commercial participators is overseen and regularly attended by representatives of the charity. Third party fundraising staff are periodically shadowed while canvassing the public. Recordings of telephone calls with donors conducted by third party commercial participators are reviewed regularly.

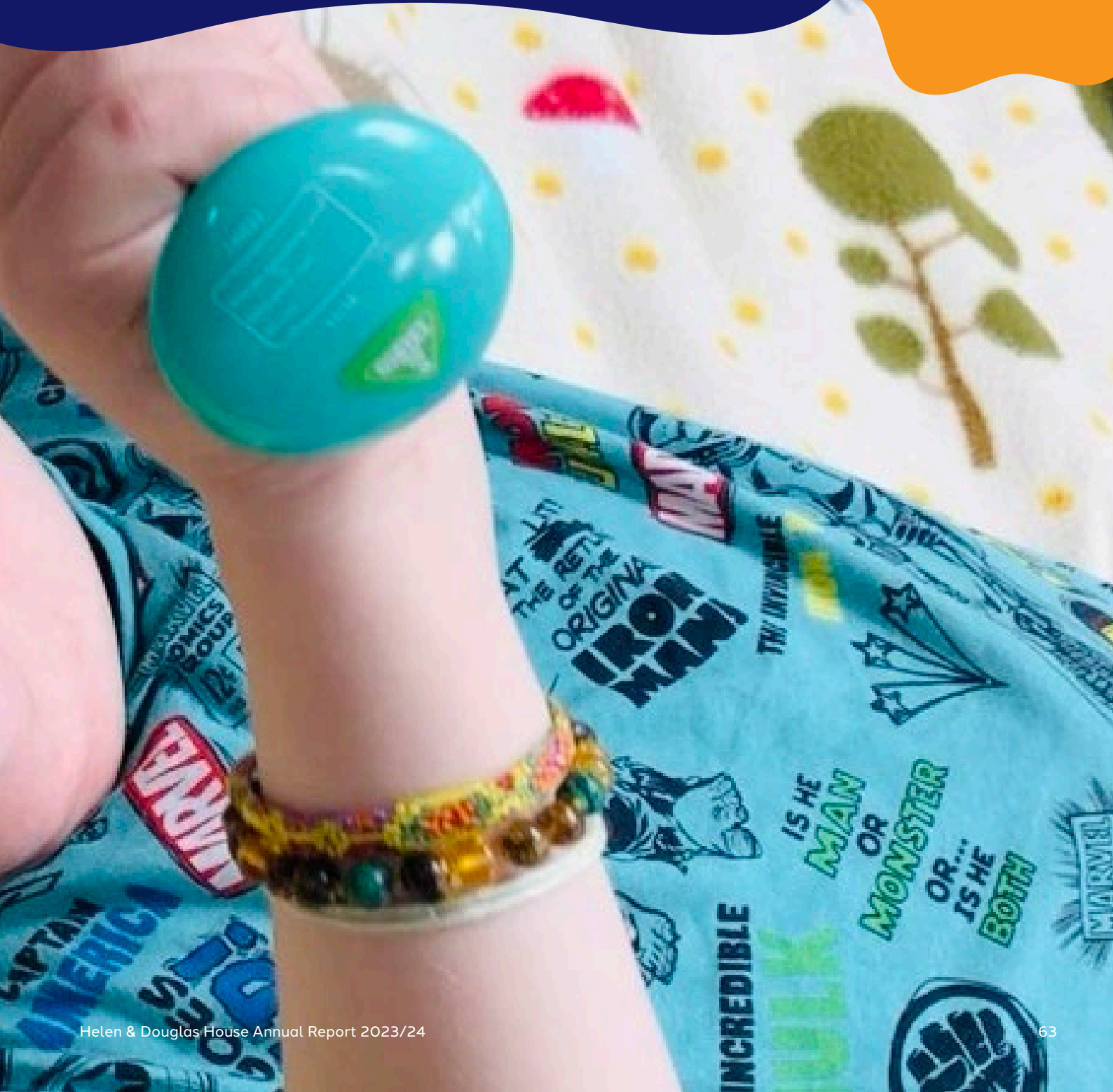
Contracts with third party commercial participators contain complaint and vulnerable people clauses which are scrutinised and agreed upon by the charity. All complaints received by third party commercial participators are shared with the charity.

Fundraising undertaken by members of the public is supported by the charity. Guidance is provided, together with materials to ensure consistency, transparency and compliance.



Reporting against our strategy

Financial review





Financial review

2023/24 was the second year of our strategy which includes a key strategic objective to support and invest in the breadth of the services we provide. This has resulted in an increase in our cost base, **£11.8m** in 2023/24 versus **£10.5m** in 2022/23 with the majority of the increase being spent on charitable activities.

We ended the financial year with a deficit on restricted funds of £0.439m and a deficit on unrestricted funds of £0.673m, resulting in a net consolidated decrease in funds for the year ended 31 March 2024 of £1.112m (2022/23: £0.955m decrease in funds).

Restricted accumulated funds decreased, due to the spend of restricted income received in 2022/23 and now total £0.549m (2022/23: £0.988m). Fixed asset investments decreased to £10.043m (2022/23: £10.638m) as a result of the decrease in funds in the year. Total accumulated funds at the year-end were £14.396m (2022/23: £15.508m)

Our total income received decreased by £42k compared to 2022/23 with some of the key movements as follows:

- Donated and Bought in Goods income increased by £476k (+14%) with focussed retail management and better use of social media
- Donations decreased by £674k (-18%) as there was a large one-off donation in 2022/23 of £0.5m

Expenditure on **Raising Funds** is categorised between Donations & Legacies and Trading Activities. Within this, the costs of raising donations and legacies decreased by **13%** due to staff vacancies now filled and the costs of trading activities (including the retail network and lottery) increased by **10%**. The increase in trading activities expenditure is the result of a full retail management team now being in place, improved logistics and more spend in support functions such as Brand & marketing and Technology.

Expenditure on **Charitable Activities** is categorised between Hospice Care and Outreach & Bereavement. There was a **26%** increase in the level of charitable activities expenditure, again largely driven by the planned strategic expansion of our patient services.

There was a decrease in the total value held by fixed asset investments as a result of us investing cash into the growth in services with a net decrease of **6%** in our total fund(s) value. Within this net decrease are **£0.874m** of net investment gains (2022/23: £0.331m losses). Whilst most of our investments are included in fixed asset investments, there is **£0.009m** held in our CCLA deposit fund which is very low risk and classified as short term investment within current assets. All investment decisions and transactions are carried out in accordance with our Investment Policy.

During 2023/24 our total portfolio return (net of fees and expenses) was **12.2%** which is indicative of generally well performing markets over the year. There were investment income payments totalling **£0.297m** in addition to the overall net gain on our investments of **£0.874m**.

Looking over the longer term as of March 2024 the 3 year total portfolio return was **+21.1%** and over 5 years it was **+50.2%**.

Risk management

The Trustees review the risk register twice a year. The Trustees seek to anticipate future risks by undertaking risk analysis as part of the long-term strategic planning programme.

The Trustees examined the principal areas of the charity's operations and reviewed the major risks associated with each. The Trustees consider that the charity's systems are such that these risks are managed to an acceptable level. The risk management strategy forms part of the annual planning process against which the Trustees regularly review progress.

The table below summarises our key risks and control measures that are in place:

Risk	Management
<p>Our voluntary income and retail income shows an immediate decline due to a reputational issue or a slow and sustained decline over time. Additional risk in potential decline of statutory funding.</p> <p>Potential for operational expenditure to exceed net income outside of planned strategic aims.</p>	<ul style="list-style-type: none"> • Monthly monitoring of all income streams performance against budget & discussion regarding contingency plans • A mix of income sources (including sustainable) and products which are at different stages of the product life, this enables us to spread our risk. • Extensive networks across the sector and regular communications with key contacts, the Institute of Fundraising and the Charity Retail Association • Lobbying of government and MPs for continuance of NHSE financial support
<p>Failure to safeguard service users, staff and volunteers.</p> <p>Due to the conduct of a member of staff, volunteer or organisational change.</p>	<ul style="list-style-type: none"> • Robust governance structure, and extensive portfolio of policies, procedures and risk assessment processes. • Dedicated safeguarding team and associated framework • Safeguarding steering group with representatives in different areas of the Charity • Timely Board reporting and a nominated board member. Clear, visible staff comms and messaging. • Safe recruitment procedures, mandatory staff training and a reporting culture (includes Freedom to Speak Up Guardians and Whistleblowing process)
<p>Electronic Communication Failure</p> <p>A breakdown of the organisation's electronic and telephonic communications.</p> <p>Data and continuity could be temporarily lost and lead to interruption and/or omission of critical information flows.</p>	<ul style="list-style-type: none"> • Emergency Plans (Business Continuity) in place • Robust backup measures & processes including backup generator. • End point security on all laptops and desktops. Robust firewall and periodic Penetration & phishing testing. • Clear ICT Processes and Communication methods (including On-Call out of hours) • Clear plans for safe administration of medicines if EPR (electronic patient records) fails

<p>Unable to deliver a 24/7 inpatient service and therefore not able to consistently deliver care and end of life care in the place that a family chooses.</p>	<ul style="list-style-type: none"> • Outreach to support families and increase in community & in-reach offer • Telephone support from the medical and care teams. • Joint working with the acute trusts and other community services (statutory and third sector). • Use of virtual multi-disciplinary meetings between teams to plan care efficiently. • Ongoing gap analysis and capacity monitoring with partners via Thames Valley Paediatric Palliative Care Network. • Work towards formalising a managed clinical network (MCN) • Engagement with NHS South East of England Palliative and End of Life Care Strategic Clinical Network
<p>Recruitment and retention of talent does not enable HDH to effectively deliver its strategy.</p> <p>Could lead to lack of support for HDH at the expected level to meet stakeholder requirements.</p>	<ul style="list-style-type: none"> • EDI Strategy and action plan completed • MHFAs and Freedom to Speak up Guardians in place • Flexible working policy implemented • Relunched Staff Forum with more proactive messaging in advance of launching key initiatives • HR Performance Dashboard in place and reviewed • Implementation of new Pay Policy with robust appraisal processes

Investment Policy

The charity invests in pooled funds managed by CCLA Investment Management Ltd. Investments are primarily held in equity funds. The portfolio is reviewed at least annually and, utilising performance reporting by CCLA Investment Management Ltd, amended according to the anticipated market conditions and organisational needs. The quarterly reports from CCLA's Social Responsibility Investigation Unit confirm to the Trustees that the CBF funds' managers adopt a rigorous approach to corporate social responsibility in line with the Trustees' instructions on ethical codes.

One element of the CCLA CBF fund long-term investment objective is to achieve an average annual return of inflation plus 5% on a portfolio of prudently and ethically invested financial assets. Current performance can be found in the Financial Review.

Reserves Policy & Going Concern

Reserves are held to enable us to continue to help beneficiaries and to secure the future of the charity. They provide investment income, cash resources for capital projects and a subsidy for years when income does not match expenditure.

Our policy is to have free reserves of at *least* six months' total operational costs of providing charitable activities including support costs. The value is based on the annual budget and is reviewed each year.

Summary of Free reserves 31 March 2024	£'000
Unrestricted Reserves as of 31 March 2024	13,847
Less amounts allocated or designated	4,932
'Free' reserves as of 31 March 2024	8,915

As at March 2024, it cost **£498k*** per month to provide hospice care, family support and bereavement care. The 2024/25 six-month **total** operational costs** budget is **£5.993m** **£999k** per month so the March 2024 level of 'free' reserves represents c9 months' total operational costs**. Unrestricted reserves less fixed assets represent c10 months' total operational costs.

* - basis of calculation is annual total of 2023/24 Hospice and Bereavement expenditure including their share of support costs and depreciation.

** - the total operational costs budget includes hospice & bereavement, support services and income generation costs.

We are within a three year strategic cycle that aims to increase the scale and breadth of services that we offer. We are investing in better systems & technology and building an engaged, diverse and collaborative workforce. Our investment over the term of this strategic cycle is significant and as a result our reserves will be decremented to a level more aligned with our current policy.

The Charity has considered its future service costs in relation to projected income in the short to medium term future. Whilst there remains some uncertainty around certain income streams, there is a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future.

The Trustees believe that the Charity is well placed to manage its risks successfully. There are no material uncertainties about the group and Charity's ability to continue as a going concern.

Pay policy

The organisational pay policy sets out the principles that the Charity follows. For example, in setting pay, the following areas are taken into account:

- Equal pay for work of equal value
- Cost of living
- National Living Wage
- Pensions & Benefits
- Competitiveness
- Affordability/use of Donor Funds

It is reviewed annually by the People and Remuneration Committee.

Pay Scales and Rates

The Charity has moved away from NHS Agenda for Change to determine pay scales and rates, but is committed to remaining competitive against the NHS for Clinical staff.

As of 31 March 2024, with the exception of the CEO, Retail and Doctors, all employees are paid on a rankings scale, their position on which is determined by their job role. Retail staff are on a separate pay scale.

The CEO salary is approved by the Chair of Trustees, after consultation with the Chair of the People and Remuneration Committee. Doctors' sessional rates are determined by the Department of Health.

The minimum hourly rate paid in 2023/24 was £11.35, this is in line with the Oxford Living Wage which is in excess of the National Minimum Wage.

Pension Schemes

The Charity offers two pension schemes.

NHS Pension

Employees who join, having paid into an NHS pension in the previous 12 months, are entitled to re-join the NHS Scheme.

Employer's Pension

Employees can join one of two contribution levels within the scheme or indeed opt-out.

There is a higher contribution rate scheme that has been in operation for some time. This requires the employee to contribute 6% and the Charity 7%.

If the employee chooses not to join this scheme and meets the requirements, they will be automatically enrolled into a scheme offering the minimum level of contributions (2022/23: 5% for employee and 3% for employer). Staff must choose to opt out of the auto-enrolment scheme if they do not wish to join.

Administrative details

The Trustees, who are also directors of the charity for the purposes of the Companies Act, submit their annual report and the audited financial statements for the year ended 31 March 2024. The annual report and financial statements comply with the Charities Act 2011, the Companies Act 2006, Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102), the charity's memorandum and articles of association and the requirements of a directors' report as required under company law.

The table below is a list of all trustees covering the relevant reporting period and the Assurance Committee they sit on.

Trustees:	Clinical Governance	Organisational Audit and Health & Safety	Finance, Income Generation and Marketing	People and Remuneration	Digital Data and Technology	Trading Company
Tanya Baldwin				✓	✓	
Lord Blair of Boughton (Resigned as Chair April 2024)						
Lorna Bramwells	✓					
Dr Ann Goldman	✓					
David Gye (Appointed as Interim Chair April 2024)			✓	✓		
Gina Gill (Resigned April 2024)					✓	
Peter Marland						
Sister Jean Raphael		✓				
Annewen Rowe		✓				
Simeon Tinant (Resigned Nov 2023)					✓	
Ian Watson				✓		
Martin Wildsmith		✓	✓			✓
Professor Andrew Wilkinson	✓					
Jennie Younger			✓			

Key management personnel:	
Chief Executive Officer & Trading Company Director (Resigned October 2023)	Clare Periton
Chief Executive Officer & Trading Company Director (Appointed October 2023)	Jane Long
Director of Clinical Services	Andrea Lambert
Director of Support Services (Resigned January 2024)	Ashley Roper
Director of Income Generation (Resigned May 2023)	Hazel Bedford
Deputy CEO/Director of Finance and Operations	Mark Stowe
Medical Director	Dr Emily Harrop
Director of Digital, Data & Technology (Appointed June 2023 and Resigned July 2024)	Tim Cawood
Company Secretary & Trading Company Director (Resigned April 2024)	Mike Cooper
Company Secretary & Trading Company Director (Appointed April 2024)	Mark Stowe

Solicitors:
Freeths LLP, Spires House, 5700 Oxford Business Park South, Oxford OX4 2RW Pennington Manches, 9400 Oxford Business Park, Garsington, Oxford, OX4 2HN

Independent auditor:
Sayer Vincent LLP, 110 Golden Lane, London, EC1Y OTG

Banks:
National Westminster Bank plc, 32 Cornmarket Street, Oxford, OX1 3HA
Barclays Bank plc, 54 Cornmarket Street, Oxford, OX1 3HB

Investment managers:
CCLA, Senator House, 85 Queen Victoria Street, London, EC4V 4ET

The charity and public benefit

Helen & Douglas House accepts patients based on an objective assessment of need against defined criteria, and in line with principles adopted nationally for children and young people with palliative care needs (ref. Together for Short Lives). We operate a principle of equality of access to care, according to assessed need, and offer services to any member of the public within those criteria without discrimination (subject to operating capacity).

We provide care free of charge to our beneficiaries. We are only able to do this through the generosity of public donations and through our continual pursuit of a fair funding contribution from statutory sources. For every £1 received of statutory money, the charity needs to generate a further **£6.06** of income from voluntary donations, representing significant return on investment for the state.

The trustees have had regard to the Charity Commission's guidance on public benefit in carrying out the charity's objectives and are satisfied that any eligible child or young person, and their family members/carers can benefit from the charity's services.

Organisation structure, governance and management

Helen House and Douglas House were each originally established under the aegis of the Society of All Saints Sisters of the Poor (ASSP), a registered charity and Anglican religious community for women, whose Mother House is in Oxford. The two Houses are built within the grounds of the Society's Convent. On 14 October 2016, a Special Resolution was adopted by the Trustees of the ASSP which gave Helen & Douglas House independence from their organisation structure.

The Chief Executive is responsible for organising an induction programme for new trustees and on-going training for all trustees. Each trustee receives a trustee induction file on appointment. This and on-going training are based on material provided by Hospice UK, the umbrella body of the hospice movement in the United Kingdom, and the Charity Commission.

Whilst the trustees have, and accept, ultimate responsibility for directing the charity's affairs they have delegated authority for day-to-day operational decisions to the Chief Executive, who reports to them at the quarterly meetings of the board.

Helen & Douglas House (Trading) Limited, a wholly owned subsidiary of Helen & Douglas House, was established to generate funds for the charity from the sale mostly of donated goods, with a small element of new goods in the sales-mix. In April 2006, a decision was taken to directly account for the sale of donated goods through the charity rather than channelling them through the trading company. The sale of new goods continues to be accounted for through Helen & Douglas House (Trading) Limited. The results of the subsidiary company have been incorporated into these financial statements. The trading subsidiary returned to profit during 2023/24, which was **£10k** (2022/23: £4k deficit).

Trustee board members

The trustees do not have a beneficial interest.

Trustees' responsibilities

The trustees (who are also directors of Helen & Douglas House for the purposes of company law) are responsible for preparing the trustee's annual report, including the strategic report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practices).

Company and charity law require the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and group and of its incoming resources and application of resources, including the income and expenditure, of the group for that period. In preparing these financial statements the trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SoRP.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

- The trustees confirm that so far as they are aware, there is no relevant audit information of which the charity's auditors are unaware.
- They have taken all the steps that they ought to have taken as trustees in order to make they are aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

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

The trustees' annual report which includes the strategic report has been approved by the trustees on 11 November 2024 and signed on their behalf by

David Gye
Interim Chair of Trustees
Date: 11 November 2024

Independent auditor's report to the members of Helen & Douglas House

Opinion

We have audited the financial statements of Helen & Douglas House (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2024 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the 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 FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2024 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

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 group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Helen & Douglas House'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 other information comprises the information included in the trustees' annual report, including the strategic report, other than the group financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the group 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. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group financial statements or our knowledge obtained in the course of 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 this gives rise to a material misstatement in the group financial statements themselves. 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' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic 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 the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

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

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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

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

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the finance and income generation committee, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.

- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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 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 is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Fleur Holden (Senior statutory auditor)

Date 20 November 2024

for and on behalf of Sayer Vincent LLP, Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Financial statements

Consolidated statement of financial activities for the year ended 31 March 2024 (Incorporating an income and expenditure account)

	Note	Restricted funds £000	Unrestricted funds £000	Total funds 2023/24 £000	Total funds 2022/23 £000
Income from:					
Donations & legacies	2a	210	3,516	3,726	4,314
Charitable activities	2b	983	0	983	955
Other trading activities	2c	0	4,786	4,786	4,265
Investments	2d	0	297	297	285
Other	2e	0	12	12	27
Total		1,193	8,611	9,804	9,846
Expenditure on:					
Raising funds: Donations & legacies		1	1,915	1,916	2,206
Raising funds: Trading activities		0	3,913	3,913	3,545
Charitable activities: Hospice care		1,310	3,847	5,157	4,050
Charitable activities: Outreach & Bereavement		262	542	804	669
Total expenditure	3	1,573	10,217	11,790	10,470
Net (expenditure) before net gains / (losses) on investments		(380)	(1,606)	(1,986)	(624)
Net gains / (losses) on investments	6	0	874	874	(331)
Net (expenditure) for the year		(380)	(732)	(1,112)	(955)
Transfers between funds	15	(59)	59	0	0
Net movement in funds		(439)	(673)	(1,112)	(955)
Reconciliation of funds:					
Total funds brought forward	15	988	14,520	15,508	16,463
Total funds carried forward		549	13,847	14,396	15,508

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15.

Balance sheets as at 31 March 2024

	Note	Group		Charity	
		2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Fixed assets – Tangible fixed assets	5	3,552	3,455	3,552	3,455
Fixed assets – Investments					
Investments	6	10,043	10,638	10,043	10,638
Current assets					
Stock		6	3	0	0
Debtors	8	909	890	909	890
Short term investments		9	277	9	277
Cash & bank		796	1,056	795	1,055
		1,720	2,226	1,713	2,222
Current liabilities					
Creditors <i>(falling due in less than one year)</i>	9	(919)	(811)	(921)	(811)
Net current assets		801	1,415	792	1,411
Net assets		14,396	15,508	14,387	15,504
Accumulated funds					
Unrestricted – Designated	15	4,932	5,334	4,932	5,334
Unrestricted – General	15	8,915	9,186	8,906	9,182
Restricted	15	549	988	549	988
		14,396	15,508	14,387	15,504

Company Number: **4120488**

These financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:

David Gye
Interim Chair of Trustees
11th November 2024

Statement of cash flows for the year ended 31 March 2024

	2023/24 £000	2022/23 £000
Cash flows from operating activities:		
Net (expenditure) for the reporting period	(1,112)	(955)
Adjustments for:		
Depreciation charges	440	453
Net (gains) / losses on investments	(874)	331
Dividends and interest from investments	(297)	(285)
Investment donation (shares)	0	(127)
Profit on disposal of fixed assets	0	(1)
Profit on disposal of investments	(1)	0
(Increase) in stock	(3)	(2)
Increase in creditors	108	266
(Increase) / decrease in debtors	(19)	244
Net cash (used in) operating activities	(1,758)	(76)
Cash flows from investing activities:		
Dividends and interest from investments	297	285
Proceeds from the sale of fixed assets	0	1
Purchase of fixed assets	(537)	(211)
Purchase of investments	(2)	(1,150)
Sales of investments	1,740	0
Purchase from the sale of shares	0	152
Net cash provided by / (used in) investing activities	1,497	(923)
(Decrease) in cash balance	(260)	(999)
Movement in cash balances		
Start of year	1,056	2,055
End of year	796	1,056
Change	(260)	(999)

Accounting policies

Statutory information

Helen & Douglas House is a company limited by guarantee and is incorporated in England, registered in England and Wales (No. 4120488).

It is a registered charity in England and Wales (No. 1085951).

The registered office address and principal place of business is **14a Magdalen Road, Oxford OX4 1RW**.

The following accounting policies have been used consistently with items considered material in relation to the group accounts.

Basis of preparation

The accounts have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK & the Republic of Ireland (FRS 102) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK & the Republic of Ireland (FRS 102) and the Companies Act.

The consolidated financial statements comprise the accounts of Helen & Douglas House and its trading subsidiary, Helen & Douglas House (Trading) Limited, made up to 31 March 2024. The trading results of the subsidiary are shown in note 7. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet.

A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act.

Public benefit entity

Helen & Douglas House meets the definition of a public benefit entity under FRS 102.

Going concern basis

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The charity has investment and bank balances of some £10.8m (2022: £12.0m) which the trustees consider adequate to meet future operational commitments.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

Investment in subsidiaries

The investment in subsidiaries is at cost.

Income

- Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.
- Income from government and other grants, whether ‘capital’ grants or ‘revenue’ grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received, and the amount can be measured reliably and is not deferred.
- Income received in advance of the provision of a specific service is deferred until the criteria for income recognition are met.
- Cash donations are credited to the Statement of Financial Activities as received.
- Where assets have been donated a cash equivalent value is included. Donated assets with a value of less than £5,000 are not included in the accounts because it would not be economical to establish a fair value.
- Legacies are recognised when the charity has been notified that it is a beneficiary, the amount is determinable, or money is received.
- In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees’ annual report for more information about their contribution.
- Investment income is accounted for on an accruals basis.
- 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 the interest paid or payable by the bank.
- Income raised through the shops is recognised on a receipts basis.
- Tax recoverable on amounts received by way of Gift Aid is included in the accounts on an accruals basis.

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 activity headings:

Charitable activities (Hospice Care)	The direct cost of running Helen House and Douglas House, Clinical management, Medical Team and direct support services of Catering, Domestic and Facilities teams.
Charitable activities (Bereavement)	The cost of the operation of the community and family support services team which includes bereavement.
Costs of raising funds	The cost incurred to receive voluntary contributions as well as the cost of activities with a fundraising purpose.
Trading activities	The cost related to running our network of shops and our Lottery operation.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support services

Expended resources are allocated to the particular activity where the cost relates directly to the activity. The cost of overall management and administration of each activity, comprising salary and overhead costs of central functions, is apportioned on the following basis:

Support Area	Basis of apportionment to the four main cost areas
Finance	Based on the combined value of income and expenditure
CEO Office	Apportionment based on headcount
Governance	Apportionment based on headcount
ICT	Apportionment based on headcount
Digital, Data & Technology	Apportionment based on headcount
Human Resources and Learning & Development	Apportionment based on headcount
Volunteers	Apportionment based on volunteer hours
Brand and Marketing	Apportionment based on the % time allocated by individual employees

In 2023/24 we undertook a review to simplify the apportionment of support costs. This has resulted in a more accurate allocation of costs to functions.

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Debtors

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

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 of three months or less from the date of acquisition or opening of the deposit or similar account.

Creditors and provisions

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

Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund. Funds restricted for the purchase of fixed assets are transferred to unrestricted funds once the asset has been acquired.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Stock

Stock is valued at the lower of cost and net realisable value. The stock of donated goods is not valued.

Tangible fixed assets

Items of expenditure are capitalised where the purchase price exceeds £1,000.

Depreciation charges are allocated to activities on the basis of the use of the related assets in those activities.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value evenly over its expected useful life. The depreciation rates in use are as follows:

Buildings	2.5%
Building Improvements	10.0%
Fixtures & fittings	15.0%
Computer equipment	33.3%
Motor vehicles	25.0%

Freehold land is not depreciated.

Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

Listed investments

Investments are a basic form of financial instrument and are initially recognised as their transaction value and subsequently measured at their fair value as at the balance sheet date, using the closing quoted market value. Any change in the fair value will be recognised in the Statement of Financial Activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains on investments" in the Statement of Financial Activities.

The charity does not acquire complex financial instruments.

Taxation

No corporation tax is payable due to the charitable status of the parent company. Taxable profits are generated by the Trading subsidiary and are transferred as a gift to the parent company.

Pension costs

The Charity operates its own defined contribution scheme, currently provided by Scottish Widows. In addition, some employees are entitled to be members of the NHS pension scheme. For the Charity to allow the employee to continue with membership of the NHS Pension Scheme they must have paid into it in the 12 months prior to joining the Charity.

The NHS Pension Scheme is an unfunded, defined benefit scheme for NHS employers, GP Practices and other bodies allowed under the direction of the Secretary of State. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Charity of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Operating leases

Rentals applicable to operating leases are charged on a straight-line basis over the period of the lease.

Notes to the financial statements for the year ended 31 March 2024

2	Income	2023/24 £000	2022/23 £000
2a	Donations	3,099	3,773
	Legacies**	627	541
		3,726	4,314
	<i>** - At 31 March 2024 there was c£888k in the legacy pipeline (at 31 March 2023 c£380k)</i>		
2b	Charitable activities		
	NHS England Children's Hospice Grant (see Note 15)	548	459
	NHS and Local Authority contributions to cost of care	435	484
	Government Funding (Hospice UK) (see Note 15)	0	12
		983	955
2c	Trading activities		
	Sales of donated and bought in goods	3,949	3,473
	Gift Aid on sales of donated goods	316	284
	Web sales	145	127
	Lottery income	293	316
	Other	83	65
		4,786	4,265
2d	Investments		
	Fund and Dividend income	297	285
		297	285
2e	Other income		
	Other	12	27
		12	27
	Total income	9,804	9,846

3 Expenditure – Current Year	Hospice Care	Outreach & Bereavement	Fundraising	Trading	2023/24
	£000	£000	£000	£000	£000
Staff costs	3,283	603	858	1,803	6,547
Non-staff costs	486	57	674	1,240	2,457
Central support costs (see below)	992	144	384	826	2,346
Depreciation	396	0	0	44	440
	5,157	804	1,916	3,913	11,790
Central Support Costs:	£000	£000	£000	£000	£000
Finance	85	15	118	176	394
CEO Office	90	19	26	72	207
Governance	27	6	8	21	62
IT	130	27	37	104	298
People & Resourcing Team	296	59	80	387	822
Brand & Marketing	323	9	103	33	468
Digital, Data & Technology	41	9	12	33	95
	992	144	384	826	2,346

3 Expenditure – Prior Year	Hospice Care	Outreach & Bereavement	Fundraising	Trading	2022/23
	£000	£000	£000	£000	£000
Staff costs	2,591	522	940	1,497	5,550
Non-staff costs	430	19	633	1,356	2,438
Central support costs (see below)	694	128	633	574	2,029
Depreciation	335	0	0	118	453
	4,050	669	2,206	3,545	10,470
Central Support Costs:	£000	£000	£000	£000	£000
Finance	55	10	108	131	304
CEO Office	140	0	47	47	234
Governance	13	2	7	13	35
IT	86	37	86	36	245
People & Resourcing Team	348	57	83	255	743
Brand & Marketing	39	20	276	59	394
Digital, Data & Technology	13	2	26	33	74
	694	128	633	574	2,029

3 Net income / (expenditure) for the year is stated after charging:

	2023/24 £000	2022/23 £000
Auditor's remuneration (excluding VAT):		
Audit of these financial statements	20	17
Audit of financial statements of subsidiary	1	1
Other Services	1	0
Operating lease rentals – Property	687	745
Operating lease rentals – Other	5	5

4 Salaries and employees

The average headcount of permanent employees and Full Time Equivalent (FTE) for the year, by function was:

	2023/24		2022/23	
	Head Count	FTE	Head Count	FTE
Nursing, medical and care	70	57.78	56	45.71
Fundraising	21	19.24	21	18.97
Management & administration	33	30.48	28	26.59
Retail	57	45.66	54	43.73
Estates, domestic and catering	17	11.09	14	10.21
	198	164.25	173	145.21

The organisation employed people on bank contracts (zero hours). In 2023/24 there were 83 **individuals** who worked zero hours contracts totalling the equivalent of **7.06 FTE** (2022/23: 75 individuals, 8.16 FTE). Bank FTE are **not** included in the table above.

Staff salary costs:

	£000	£000
Salaries***	6,669	5,764
National Insurance Contributions	666	575
Pension Contributions	510	422
*** - Includes actual & accrued redundancy costs	7,845	6,761
Agency, advertising and other employee costs	380	387
	8,225	7,148

The 'Agency, advertising and other employee costs' prior year figure did not include some of the employee costs and has now been amended to the correct figure.

	2023/24	2022/23
Employee emoluments:*		
£100,000 - £109,999	0	1
£90,000 - £99,999	2	1
£80,000 - £89,999	2	0
£70,000 - £79,999	1	4
£60,000 - £69,999	4	1

* - Excludes Employer NI and Pension

Key management personnel (as defined in the Trustees' Annual Report) total remuneration was **£665,238** (2022/23: **£617,101**)**

** - Includes Employer NI and Pension

Redundancy and Termination payments

In 2023/24 the Charity had 4 (2022/23: 6) termination payments that amounted to £37,501 (2022/23: £46,087)

4 Salaries and employees (continued)

Pension costs

Total pension contributions charged to the statement of financial activity, by scheme

	2023/24 £000	2022/23 £000
Charity defined contribution scheme	265	235
NHS pension scheme	245	187
	510	422

Volunteers

The number of individuals who volunteered for the group is set out in the table below:

	Number of volunteers		Number of hours volunteered		Economic value of the hours (£)	
	2023/24	2022/23	2023/24	2022/23	2023/24	2022/23
Care	91	105	7,652	9,136	86,852	86,792
Fundraising	48	0	308	0	3,499	0
Retail	441	306	58,704	322	666,295	3,054
Other	15	16	237	299	2,684	2,841
Total	595	427	66,901	9,757	759,330	92,687

The increase in volunteer hours in Retail arises from the introduction of a system for recording hours in all shops.

5	Fixed Assets	Land	Freehold Buildings	Building Improvements	Fixtures, fittings & equipment	IT Cost	Motor vehicles	Total
		£000	£000	£000	£000	£000	£000	£000
	Cost							
	At 1 April 2023	0	6,222	1,356	1,849	648	10	10,085
	Additions	384	0	22	79	52	0	537
	Disposals	0	0	0	(262)	(213)	0	(475)
	At 31 March 2024	384	6,222	1,378	1,666	487	10	10,147
	Depreciation							
	At 1 April 2023	0	(3,259)	(1,167)	(1,685)	(509)	(10)	(6,630)
	Charged in year	0	(158)	(114)	(61)	(107)	0	(440)
	Eliminated on disposal	0	0	0	262	213	0	475
	At 31 March 2024	0	(3,417)	(1,281)	(1,484)	(403)	(10)	(6,595)
	Net book value							
	At 31 March 2024	384	2,805	97	182	84	0	3,552
	At 1 April 2023	0	2,963	189	164	139	0	3,455

Douglas House property assets continue to be recognised in the financial statements as the expectation is the assets will continue to deliver benefits to the Charity.

All assets are used for charitable purposes.

6	Investments	2023/24 £000	2022/23 £000
	CCLA – Investment Fund	10,043	10,419
	Other listed investments (Bonds and Shares)	0	219
	Total Fixed Asset Investments	10,043	10,638
	CCLA – Deposit Fund	9	277
	Total Current Asset Investments	9	277
		10,052	10,915
	Market value at start of year	10,915	10,248
	CCLA – Investment Fund Purchases	0	1,275
	CCLA – Investment Fund Withdrawal	(1,470)	0
	CCLA – Deposit Fund Investment	0	1,900
	CCLA – Deposit Fund Withdrawal	(270)	(2,025)
	Sale of shares	0	(152)
	Purchase of investments	2	0
	Profit on sale of investment	1	0
	Net gain / (loss) on revaluation	874	(331)
	Market value at end of year	10,052	10,915

7 **Subsidiary Undertaking**

The charity owns the whole of the issued ordinary shares of Helen & Douglas House (Trading) Limited, a company incorporated in England (Co. Number : 05090748). The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under gift aid to the charitable company. Jane Long, CEO of the charity, Mark Stowe, and Martin Wildsmith, are directors of Helen & Douglas House (Trading) Limited.

A summary of the company's results are as follows:

	2023/24	2022/23
	£000	£000
Turnover	74	56
Cost of sales	(55)	(49)
Gross profit	19	7
Administrative expenses	(9)	(12)
Profit / (loss) on ordinary activities before taxation	10	(5)
Taxation on profit on ordinary activities	0	0
Profit / (loss) for the financial year	10	(5)
Retained earnings brought forward	3	8
Profit / (loss) for the financial year	10	(5)
Profits distributed to parent under gift aid	(4)	0
Retained earnings carried forward	9	3

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. All movements in equity are included within the statement above.

Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2023/24	2022/23
	£000	£000
Gross income	9,730	9,790
Result for the year	(1,118)	(950)

	Group		Charity	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
8 Debtors				
Trade debtors	201	168	201	168
Investment income receivable	22	25	0	25
Accrued income	128	78	150	78
Prepayments	453	385	453	385
VAT and Income Tax recoverable	93	93	93	93
Other debtors	12	141	12	141
	909	890	909	890

		Group		Charity	
		2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
9	Creditors				
	Trade creditors	212	211	211	211
	Amount owed to trading subsidiary	0	0	5	2
	Social security and other taxes	159	139	159	139
	Other creditors	189	145	189	145
	Accruals	136	171	134	169
	Deferred income	223	145	223	145
		919	811	921	811

		Group		Charity	
		2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
10	Deferred income				
	Movement in deferred income account				
	Balance at the start of the year	145	0	145	0
	Amounts added in current period	223	145	223	145
	Amounts released to income from previous periods	(145)	0	(145)	0
	Balance at the end of the year	223	145	223	145

11 **Trustee remuneration**

No Trustee received remuneration for their services. Trustees' expenses, which include costs directly incurred by Trustees and amounts paid on their behalf by Helen and Douglas House, were paid to 1 trustee totalling £89 (2022/23: None).

12 **Leasing commitments**

At the end of the year the Charity & Group had total commitments under **non-cancellable leases** as follows:

		Property		Other	
		2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
	Less than one year	563	642	8	4
	Between one and five years	352	670	0	0
		915	1,312	8	4

13 **Related party transactions**

Helen & Douglas House paid rent of £4,011 (2022/23 £56,155) to The Society of All Saints, Sisters of the Poor. In addition there was a contribution of £1,350 (2022/23 £5,400) to the maintenance of the communal garden. The trustees of The Society of All Saints were members of Helen & Douglas House until October 2016, and a member of the Society is a Helen & Douglas House Trustee. These payments have now stopped, as the land was purchased from The Society of All Saints, Sisters of the Poor for £383,286 in April 2023.

14 Analysis of group net assets between funds

Current Year

	Restricted £000	Designated £000	Unrestricted £000	Total £000
Fixed assets	0	3,552	0	3,552
Investments	0	1,380	8,663	10,043
Current assets	549	0	1,171	1,720
Current liabilities	0	0	(919)	(919)
	549	4,932	8,915	14,396

Prior Year

	Restricted £000	Designated £000	Unrestricted £000	Total £000
Fixed assets	0	3,455	0	3,455
Investments	0	1,879	8,759	10,638
Current assets	988	0	1,238	2,226
Current liabilities	0	0	(811)	(811)
	988	5,334	9,186	15,508

15 Movements in funds (Current Year)

	Balance 01/04/2023	Income & Gains	Expenditure & Losses	Transfers between funds	Balance 31/03/2024
Restricted funds	£000	£000	£000	£000	£000
Charitable Activities					
NHS England Children's Hospice Grant	0	548	(548)	0	0
Integrated Care Board's contributions to cost of care	0	299	(299)	0	0
Managed Clinical Network Clinical Training (Health Education England)	110	0	(94)	0	16
Palliative End of Life Care Doctors Team	8	0	(8)	0	0
	100	36	(25)	0	111
	12	100	(108)	0	4
	230	983	(1,082)	0	131
Donations and Legacies					
Managed Clinical Network Family Support and Bereavement Services (Southampton Hospitals funding)	5	0	(5)	0	0
Managed Clinical Network (Southampton Hospitals funding)	200	0	(111)	0	89
Flexible Family accommodation	255	0	(91)	0	164
Youth and Transition	0	55	0	(10)	45
Keepsake Circle	127	0	(56)	0	71
Helen House In-Patient Care and Family Support Services	0	0	0	12	12
	148	16	(87)	(61)	16
	23	139	(141)	0	21
	758	210	(491)	(59)	418
Total restricted funds	988	1,193	(1,573)	(59)	549
Unrestricted funds					
Designated funds:	£000	£000	£000	£000	£000
Net book value of fixed assets	3,455	0	0	97	3,552
Lease Commitments	1,315	0	0	(815)	500
Capital acquisitions for charity	0	0	0	530	530
Shop fund	65	0	0	(65)	0
Investment in retail	0	0	0	250	250
HR/Payroll system	0	0	0	60	60
Electronic Point of Sale system	0	0	0	40	40
Redundancy Fund	350	0	0	(350)	0
Maternity Fund	149	0	0	(149)	0
Total designated funds	5,334	0	0	(402)	4,932
General funds	9,186	9,485	(10,217)	461	8,915
Total unrestricted funds	14,520	9,485	(10,217)	59	13,847
Total funds	15,508	10,678	(11,790)	0	14,396

15 Movements in funds (Prior Year)

	Balance 01/04/2022	Income & Gains	Expenditure & Losses	Transfers between funds	Balance 31/03/2023
Restricted funds	£000	£000	£000	£000	£000
Charitable Activities					
NHS England Children's Hospice Grant	0	459	(459)	0	0
Integrated Care Board's contributions to cost of care	0	247	(247)	0	0
Government Funding (via Hospice UK)	0	12	(12)	0	0
Managed Clinical Network Clinical Training (Health Education England)	0	114	(4)	0	110
	0	8	0	0	8
Palliative End of Life Care Doctors Team	0	100	0	0	100
	0	15	(3)	0	12
	0	955	(725)	0	230
Donations and Legacies					
Enablement	1	127	(1)	0	127
Managed Clinical Network	0	28	(23)	0	5
Managed Clinical Network (Southampton Hospitals funding)	0	256	(1)	0	255
Family Support and Bereavement Services (Southampton Hospitals funding)	0	244	(44)	0	200
Helen House In-Patient Care and Family Support Services	221	60	(129)	(4)	148
	64	110	(161)	10	23
	286	825	(359)	6	758
Total restricted funds	286	1,780	(1,084)	6	988
Unrestricted funds					
<i>Designated funds:</i>	£000	£000	£000	£000	£000
Net book value of fixed assets	0	0	0	3,455	3,455
Lease Commitments	1,434	0	0	(119)	1,315
Shop fund	65	0	0	0	65
Redundancy Fund	350	0	0	0	350
Maternity Fund	149	0	0	0	149
Total designated funds	1,998	0	0	3,336	5,334
General funds	14,179	8,066	(9,717)	(3,342)	9,186
Total unrestricted funds	16,177	8,066	(9,717)	(6)	14,520
Total funds	16,463	9,846	(10,801)	0	15,508

Purposes of restricted funds

NHS England Children's Hospice Grant

The annual grant contribution of £547,621 (2023: £459,226) funded by NHS England has been restricted to our provision of children's hospice care during the financial year, and fully used for that purpose.

NHS Integrated Care Boards

Funding contributions from Integrated Care Boards (ICBs) may be attributed to the care of a specific patient or may be in respect of all care provided to patients registered with a GP in a particular ICB. In the current and prior periods we had NHS contracts and grant agreements with the following:

NHS Organisation	2023/24 £	2022/23 £
ICB Buckinghamshire	106,512	69,600
ICB Milton Keynes	24,538	22,361
ICB Northamptonshire	21,945	21,000
ICB Oxfordshire	100,000	100,000
ICB Swindon	22,583	10,413
ICB Wiltshire	24,144	23,716
NHS Total	299,722	247,090

All the funds received from public sector sources were fully used in the financial year for the purposes intended. During 2023/24 there were no one-off Government funding payments were received totalling (2023: £12k).

Specific projects funded from statutory income

In 2023/24 we also received grants from the following organisations for specific projects relating to providing and improving services for our patients.

Public sector organisation	2023/23 £	2022/23 £
Buckingham, Oxfordshire & Berkshire Integrated Care Board		
Enablement	0	40,000
Managed Clinical Network	0	41,000
Palliative End of Life care	35,725	100,000
Consultant input	100,000	7,000
MCN Mapping and Prep Funding	0	32,000
	135,725	220,000
University of York (COPPAR)	0	8,000
Total specific projects funded by Statutory income	135,725	228,000

Restricted funds for income received from donors for specific purposes

Fund	Purpose
Enablement	Staff and project work related to patient enablement activities.
Managed Clinical Network	Ensuring co-ordinated care for children and families across Oxfordshire, Buckinghamshire, West Berkshire and Berkshire East.
Clinical Training	Internal training of Helen & Douglas House clinical employees.
Palliative End of Life Care	Specialist medical symptom management, and end of life care, including activities for specific age groups such as antenatal and transition-age patients, in-House, in the community or by hospital in-reach.
Doctors Team	Doctors' time or project work relating to the Doctors' team.
Family Support and Bereavement Services (Southampton Hospitals funding)	Extending our Family Support & Bereavement Services with a grant received from Southampton Hospitals Charity.
Managed Clinical Network (Southampton Hospitals funding)	Ensuring co-ordinated care for children and families across Oxfordshire, Buckinghamshire, West Berkshire and Berkshire East with a grant received from Southampton Hospitals Charity.
Flexible Family accommodation	Renovating three bedrooms within the hospice to create a fully accessible suite of two connecting bedrooms, with a private bathroom in between for families staying at Helen & Douglas House.
Youth and Transition	Work with children from the ages of 13-19, helping them to live the best life they can and preparing them for transitioning to adult care with other healthcare providers.
Keepsake Circle	A bereavement service that supports parents and families to memorialise their children in song.
Helen House In-Patient	In-house activities and patient care including play, art & music activities, clinical supervision & training and large items of clinical equipment.
Care and Family Support services	Funding the delivery of our services outside of the hospice, i.e. in people's homes, schools, and hospitals. This includes our outreach nursing, siblings and bereavement support, youth & transitions work, social work, and psychology and psychiatry services.

During the year some capital equipment was purchased for the Flexible Family Accommodation and for In-patient care. The value of this expenditure was transferred from restricted funds into the Designated fund which represents the net book value of fixed assets.

Designated Funds

Helen & Douglas House makes several allocations from its unrestricted reserves for future planned spend. These cover:

- The net book value of Fixed Assets
- Lease commitments – relating to the shop portfolio
- Capital Acquisitions for the charity – land on the hospice site and a retail warehouse
- Investment in retail – the shop portfolio
- HR/Payroll/Rostering - a replacement system
- Electronic Point of Sale system – a replacement system within the retail portfolio

Following a review by trustees the funds below were closed in the year, as they were no longer required.

- Shop dilapidations for units with more than two years lease outstanding
- Funds to cover overspends related to maternity leave or long term absence
- Funds to cover redundancy, should the charity become unviable in the future

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

17 Comparative SOFA

	Restricted funds £000	Unrestricted funds £000	Total funds 2022/23 £000
Income from:			
Donations & legacies	825	3,489	4,314
Charitable activities	955	0	955
Other trading activities	0	4,265	4,265
Investments	0	285	285
Other	0	27	27
Total	1,780	8,066	9,846
Expenditure on:			
Raising funds: Donations & legacies	2	1,938	1,940
Raising funds: trading activities	0	3,539	3,539
Charitable activities: Hospice care	897	3,433	4,330
Charitable activities: Outreach & Bereavement	185	476	661
Total	1,084	9,386	10,470
Net income / (expenditure) before net losses on investments	696	(1,320)	(624)
Net losses on investments	0	(331)	(331)
Transfer between funds	6	(6)	0
Net movement in funds	702	(1,657)	(955)
Reconciliation of funds:			
Total funds brought forward	286	16,177	16,463
Total funds carried forward	988	14,520	15,508



Registered with



FUNDRAISING
REGULATOR

Helen & Douglas House
14A Magdalen Road
Oxford OX4 1RW

E: Fundraising@helenanddouglas.org.uk

T: 01865 799150

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Company number 4120488

Registered charity number 1085951

Registered office address Helen & Douglas House, 14A Magdalen Road, Oxford OX4 1RW

HELEN & DOUGLAS HOUSE

England & Wales - Charity number 1085951

Accounts

Annual Report

2022/2023



Helen & Douglas House

your local children's hospice

Contents

About us	3
Chair of Trustees and Chief Executive joint statement	11
Our strategic aims and objectives 2022-25	15
Reporting against our strategy	17
Looking to the future	45
Financial review	55
Independent auditor's report	66
Financial statements	69

About us



Our Vision



Every life
a full life





Every death a
dignified death





What we do

Helen & Douglas House hospice improves the lives of local terminally ill children and their families living in Oxfordshire and the surrounding counties. We help children live their lives to the full – even when that life is short.

Founded in 1982, we are the world's first children's hospice. We care for local terminally ill children and their families at our hospice in Oxford, at home or in hospital with life-enhancing care. This includes supportive stays, pain relief, symptom management, end of life care and bereavement support for parents and siblings.

Our amazing team, including doctors, nurses and carers, provides exceptional care tailored to the needs of the child throughout their life, whether that life lasts for hours, days, months, or years. We help children living with a wide variety of complex conditions which will end their lives prematurely.

Our experienced team helps reduce the fear and pain felt by families facing an uncertain future and, when life comes to an end, we are there to help them survive the loss of their child.

We are a local charity and need to raise over £4 million every year to fund our work.

Our Values



We are committed
to partnership

We are creative
and resourceful

We are open
and honest

We are caring

We lead by
example

Our year in numbers



£4.7m

cost of care



£720k

net income from trading

448

admissions for day and overnight care



1 in 9

children's care funded by gifts in wills

427

volunteers



4,037

hours of contact in the community from our Community & Family Support team



246

patients on our caseload



9,757

volunteer hours

£92,687

economic value of volunteer hours



£541k

income from gifts in wills



How we are funded

We are a local charity and we need to raise over £4 million to fund our work.

Where does Helen & Douglas House receive its money from?



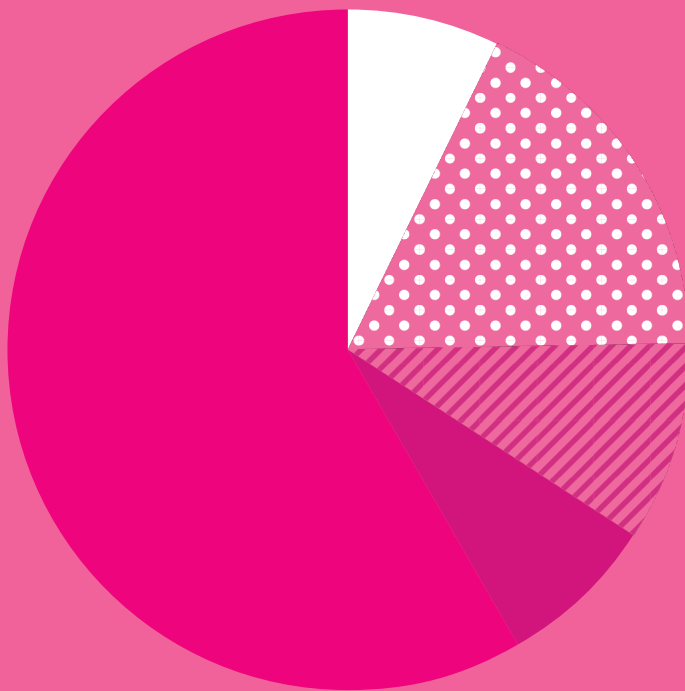
90%
from charity fundraising,
legacies and trading



10%
funded by statutory sources



How we spend the money we receive



- £2.758m**
Direct care staff costs
- £355,000**
Medical staff costs
- £439,000**
Non pay costs*
- £822,000**
Support costs**
- £335,000**
Depreciation***

*Utilities, rent, equipment **HR, Finance, IT, Volunteering
***Charitable activities only

Chair of Trustees and Chief Executive joint statement





We must start by saying that we are mindful that these are challenging times for a lot of people. All of us are facing punishing rises in the cost of living, and this makes it very difficult for people and organisations to thrive.

While Helen & Douglas House has certainly felt the effects of the challenging economic climate over the past year, we are delighted to report that we have received the most amazing support from the public. We would like to thank our supporters for continuing to help extremely sick children and their families to get the life enhancing care they need despite current circumstances. Every single pound that you donate makes a huge difference.

We are also grateful to The Society of All Saints Sisters of the Poor who were the owners of the land which Helen House and Douglas House occupy. The Sisters decided that for us to secure our future, it would be beneficial for us to own not just the buildings but also the land they stand on. The Sisters kindly offered us the land at a very generous price.

The Trustees gratefully accepted this offer to buy the land and approved funding for the purchase which was completed on 26 April 2023. It is thanks to The Sisters that we continue to have security and certainty over the buildings and the land we rely on to deliver our service and run our organisation.

As we look to the year ahead, the economic challenges that we all face seem likely to persist. We will continue to rely on the generosity of the public for much of our income as we receive very little funding from statutory sources. One of our few sources of statutory funding is the Hospice Grant from NHS England which brings in the significant sum of £459,000 each year. We, alongside other hospices, have been receiving this much-needed grant since 2006 but, worryingly, it's unclear at this stage whether it will continue beyond 2024/25. We have joined other hospices to lobby MPs in our catchment area for this vital grant to continue.

'We have continued to invest in our service so that we can care for more children and offer a broader portfolio of services.'

We are now well into the second year of our organisational strategy, and we are pleased to say that we have made good progress against our aims and objectives. You'll be able to read about our achievements in more detail in this report. We have continued to invest in our service so that we can care for more children and offer a broader portfolio of services. We are putting solid foundations in place so that we can improve our operating efficiency and enable more of the money we receive to be spent directly on care.

One of the key areas of change is in digital, data and technology (DDaT). An audit of this area showed that our DDaT maturity was very low. By improving our digital capacity and competency we can significantly accelerate our efficiency and effectiveness across all areas of our organisation. Developments in this area are moving very rapidly and we have some catching up to do to bring us in line with where we need to be. Over the past year we've been working with a digital transformation consultancy, and we have recruited a Director of DDaT who joined us in June 2023. To further boost our progress in this area and to future-proof our organisation, we are forming a brand new DDaT directorate comprising existing roles.

Another area of growth that we are enthusiastically pursuing is our equality, diversity and inclusion. We are currently working to attain Level 1 Accreditation in Investors in Diversity and we have already achieved much in terms of recognising and celebrating differences, improving the knowledge of our staff, and hearing from experts working in this field. We are committed to supporting our members of staff and volunteers to feel comfortable in being their unique and authentic selves at work.

While we're on the subject of our Helen & Douglas House members of staff and volunteers, we'd like to take this opportunity to thank them for everything they do. Their contribution helps us deliver the very best experiences for children, their families and our supporters. Wherever they work in the organisation, every member of staff and each volunteer makes an enormous difference to the care we provide.



As an organisation, we recognise the importance of both providing compassionate end of life care and of giving children and their families choice in terms of where they want to receive that care. Consequently, we are committed to creating a public engagement campaign to improve public awareness, knowledge and confidence around discussing and planning for dying well. We're achieving this by working closely with palliative and end of life care experts through the Oxford Palliative Care Network (OPCN) as well as hosting a Public Engagement Manager position for the OPCN.

The Oxfordshire Palliative Care Network is a voluntary collaboration of hospice and palliative care providers with local representation from national, regional and smaller-scale organisations. We're proud to be a part of this network and to have the opportunity to share our learnings and our experiences with other children's palliative care providers.

As an organisation, we feel that we are in a good position to achieve our strategic aims and objectives, and we are excited to do so. With the continued backing of our supporters and the commitment of our staff and volunteers, we are confident we are continuing to develop our ability to care for more children who need our care and to offer them an even broader range of services.

As a final note, we wanted to update you with some news from our leadership team. Clare Periton, our Chief Executive Officer (CEO), has announced that she plans to retire from Helen & Douglas House in November 2023. We have now recruited Jane Long as her successor. Jane joins us from Metropolitan Thames Valley Housing (MTVH) where she was Executive Director of Corporate Services. MTVH is one of the UK's largest providers of affordable housing and care and social/community support services, with a £500 million turnover and over 2000 staff providing services across the UK to 130,000 residents and customers. We look forward to welcoming Jane to Helen & Douglas House later this year.

Ian Blair Chair of Trustees

Clare Periton Chief Executive Officer

24 July 2023

Our strategic aims and objectives 2022-25



A strategy which unites us all

Our driving ambition is that children and their families receive world class palliative care.

In the Make Every Child Count study* in 2020, Lorna Fraser identified 86,625 children in England who were living with life-limiting conditions. This number showed an increase from the 49,000 children who were identified in 2012. Many of these children were also impacted by health inequalities owing to ethnicity, social deprivation or other obstacles that prevented them from accessing the best healthcare.

Helen & Douglas House is the only children's hospice employing consultant doctors with specialty training in paediatric palliative medicine as well as a consultant paediatrician with a special interest in paediatric palliative care. As a result, we play a pivotal role in delivering specialist children's palliative care across the Thames Valley as well as enabling others to do the same.

*The Make Every Child Count, Estimating current and future prevalence of children and young people with life-limiting conditions in the United Kingdom study was conducted by Professor Lorna Fraser at the Martin House Research Centre, University of York and funded by The True Colours Trust.

We are uniquely placed to tackle health inequalities and identify children at an early stage. From talking to the families who we already care for, we know that we can do more. By expanding the types of services we offer, we intend to provide more care to more children.

We've identified three strategic aims which will enable us to deliver on our ambition:

1 Service

We will develop our service to reach more children and families and offer a wider portfolio of care.

2 Efficiency and impact

We will ensure more of the money we receive is available to fund care by becoming more efficient and by investing in technology.

3 Culture

We will invest in our people and work together to build an engaged, diverse and collaborative organisational culture.



Reporting against our strategy



The past financial year has been a challenging time for Helen & Douglas House. We have been busy meeting the needs of terminally ill children and their families against an unstable economic backdrop. The following pages detail how we performed against the priorities we set for ourselves in our last annual report.

Volunteering



What did we say?

'We plan to review and improve our ambassador roles and introduce fundraising groups. We also plan to introduce advocacy roles to influence policy and investment in children's palliative care. On top of this, we will undertake a scoping exercise to look at where volunteers can support paid members of staff to reduce our operational costs.'



How are we doing?

In the 22/23 financial year we have seen great leaps forward in Volunteering, building in staff capacity to support our ambitions, developing robust policies and procedures to support volunteering, procuring a volunteer management platform, and increasing numbers of volunteers across the organisation. Most importantly, our annual survey results demonstrated an increase in the number of volunteers feeling valued by both their managers and the wider organisation – now at 70%, with 88% saying we fully met their expectations and 90% saying they would recommend volunteering with us.



Here are some of our achievements last year:

- We increased the number of volunteers who give their time and energy to Helen & Douglas House from 404 to 427.
- We brought in a new volunteer management system called Volunteero. This software, which has been designed especially for charities, aims to maximise efficiency, minimise stress, and make the volunteering experience as enjoyable as possible for everyone involved. Although we're still in the early days of implementation, Volunteero has already become an invaluable asset to our organisation thanks to the numerous benefits it provides such as collating data on volunteering hours in a way we've never been able to do before.
- We took part in the Charity Super.Mkt popup store in Reading thanks to our dedicated retail volunteers. The initiative, which took place in a former department store, was the first multi-charity shop in the UK. It gave Helen & Douglas House – along with nine other British charities – our own area to sell preloved clothes. The volunteers who took part in the initiative reported that they had an amazing experience.
- We created solid volunteering foundations by developing new volunteer charter guidelines to highlight what we offer to our volunteers in return for their time and energy.
- We established long service awards to recognise the dedication and commitment of our volunteers and increase volunteering engagement.

'We worked to improve the recruitment of retail volunteers so that we could increase the opening hours of our shops. We identified the shops where the need to fill vacancies was highest and concentrated our efforts on recruitment in those locations.'

Leadership

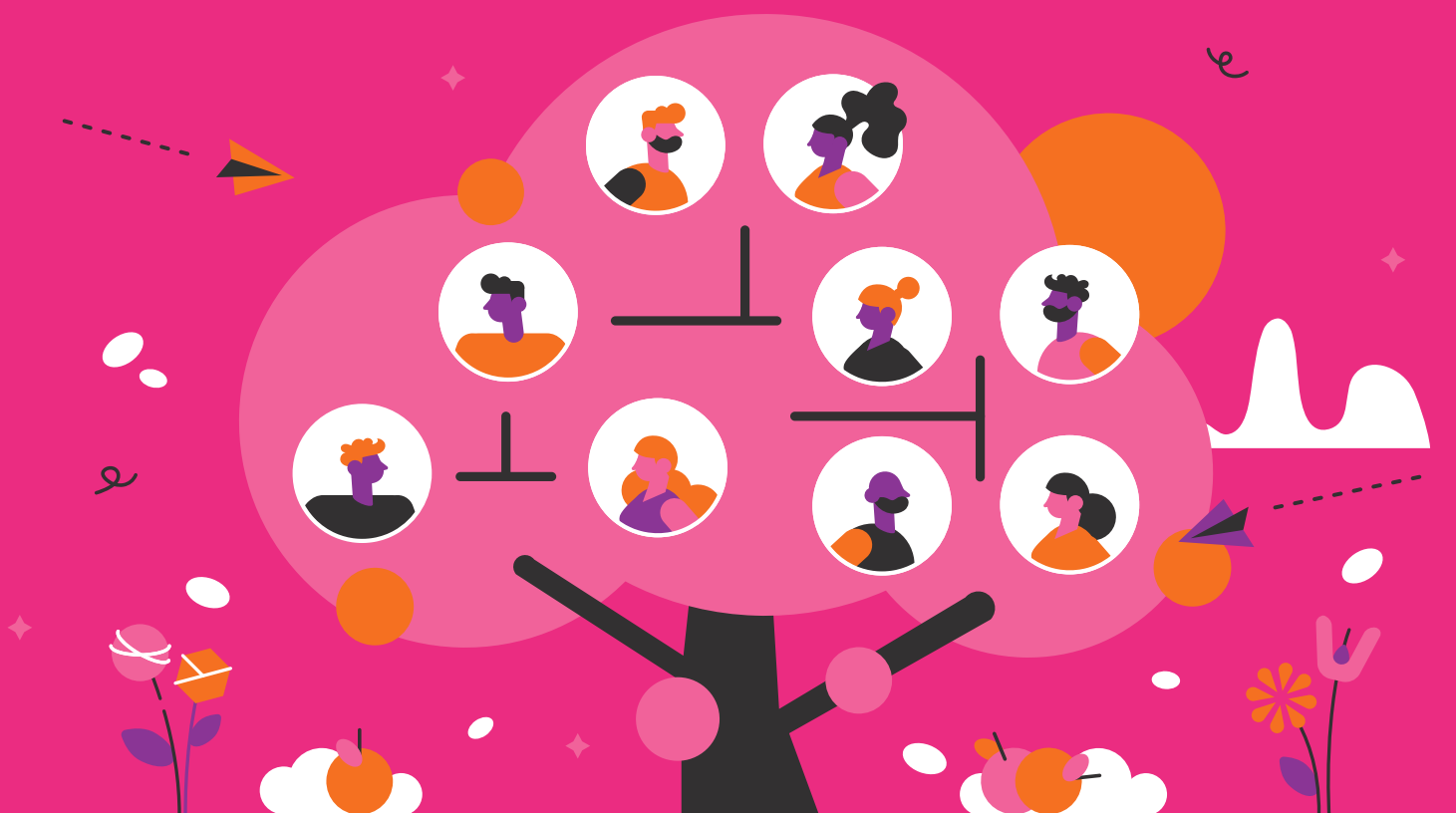


What did we say?

‘We are making it a priority to invest time in our managers and make sure they understand the expectations of a management role. We plan to upskill them through coaching, mentoring and a management development toolkit, and we are also building a line managers’ community where they will be able to share experiences and learn from their peers.’

How are we doing?

People and their skills are our greatest asset, so it's crucial that every member of Helen & Douglas House staff should be able to expect to work under supportive, inspiring and skilled management. Over the past year we have invested in the skills of our people to boost retention and engagement.



Here are some of our achievements last year:

- We upskilled our leaders and managers through coaching training. They learned to support their team members by encouraging them to think through problems and opportunities and find their own solutions to non-clinical areas of work.
- We improved the way in which managers measure performance in annual reviews. Managers must now specify whether staff do or do not meet the expectations of their role.
- We recruited more clinical nurses, which has allowed us to open up more beds and look after more children with life-limiting conditions.

'We launched a line manager's community of practice which gives members of staff in management roles the opportunity to connect with their peers and share their experiences and problems. Engagement levels within the community of practice have been high.'

Extending our service



What did we say?

'We plan to identify and fulfil the palliative care needs of the children who need us and extend the portfolio of care we offer to meet the needs of families beyond nursing and medical care. We will broaden the range of activities that we offer to children in the hospice, increase the number of supportive stays and provide healthcare therapies and spiritual support for all faiths.'

'We will also extend our nursing services in the community, contribute internationally to research and education and recruit a second consultant doctor with specialty training in paediatric palliative medicine.'

How are we doing?

A considerable number of children in England live with a life limiting condition. We are working to extend our reach to ensure that our service is accessible and equitable to more children and families and to broaden our offering. Last year we put many of the building blocks in place to help us achieve this vision.

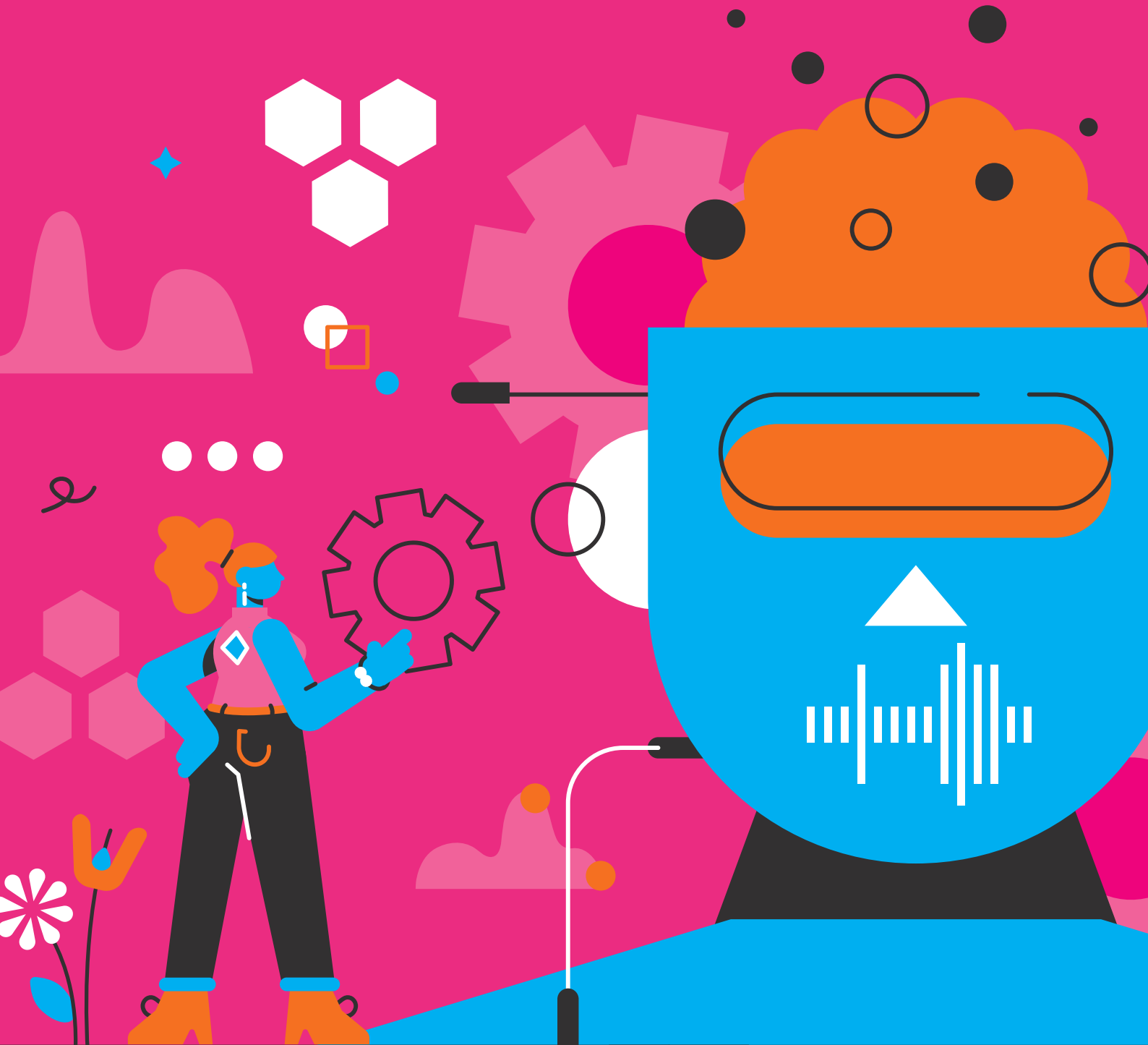


Here are some of our achievements last year:

- We filled all our vacant nursing and clinical support worker posts. This has allowed us to extend the availability of our overnight supportive stays to four beds and give more families a break from the intensity of care.
- We secured NHS matched funding for a second part time Level 4 paediatric palliative care consultant, which has made our service more robust and allowed to deliver more advice, support and children's palliative care across the Thames Valley area. It also means that we can train more doctors to provide specialist Level 3 palliative care.
- We extended the level of care that we offer to families in the community by recruiting a third new nursing post. On top of this, we increased the skillset within the team by training them in non-medical prescribing and advanced history taking.
- We recruited two new members to our stay and play team, taking the total to three team members. This has allowed us to run stay and play sessions five to six days a week and engage with more families.
- We recruited a physiotherapist to support children and their families. This new role has made such a significant impact we have already increased the number of days we offer this service.
- We have been working to identify patients earlier by collaborating with teams in the paediatric intensive care unit and the neonatal unit at Oxford University Hospitals NHS Foundation Trust. By proactively reaching out, we are ensuring that every child and family can receive our support when they need it most.
- We began a strategic piece of work investigating the services that are available to support older teenagers as they transition from children's health services to adult health services. Once we have identified the needs of this patient group, we will start to develop services to meet them.
- We continued to contribute to research and education both internationally and locally. Dr Emily Harrop visited Moldova to teach with the International Children's Palliative Care Network while Dr Charlotte Holland has written modules and course units on children's palliative care for various educational institutions in the UK.
- We were previously part of the Oxford Clinical Commissioning Group but, as the result of an NHS restructure, we are now part of the Berkshire (West), Oxfordshire, Buckinghamshire Integrated Care System (BOB). This restructure potentially means that we will have to interface with a fewer number of commissioners. We have fostered positive relationships with the BOB Commissioning Team.

'We extended the bereavement support we offer to families by establishing bereavement groups.'

Digital, data & technology



What did we say?

'We will finalise our three-year digital strategy and establish how to manage our data more effectively. We will roadmap and sequence the digital strategy to bring it to life. This will be challenging and will, in many ways, break new ground for Helen & Douglas House. It is important that we acknowledge and embrace this significant cultural change and ensure that we take all staff and volunteers with us on the journey that will follow.'



How are we doing?

We know that by harnessing the full potential that digital and technology have to offer, we can both improve the service that Helen & Douglas House provides to families and enhance our ability to generate funding. Over the past year we've taken huge steps forward in laying the foundations upon which we can build our improved digital capacity.



Here are some of our achievements last year:

- We finalised a three to five year digital strategy and had it signed off by our Trustees.
- We appointed Gina Gill as a digital trustee and Tim Cawood as the Director of Digital, Data and Technology (DDaT). These two new roles herald a new era for our digital capabilities and are set to accelerate the progress of our strategy.
- We have been working on the strategy's governance with Digital Wonderlab, the third-party consultants who helped us to create the strategy itself. As part of this, we have created a DDaT subcommittee which acts in an advisory capacity, and a programme board which is responsible for operational decision making and prioritisation.

'We began work on a prioritisation methodology to ascertain the urgency levels of the various digital projects identified across the organisation. Work then began on the project classed as the highest priority – updating the digital systems for HR and payroll.'

Communication strategies for families, volunteers and staff



What did we say?

'We know that we need to work harder to provide the three different audiences that we serve – families, volunteers and staff – with the information they need, in the personalised format they need, at a time that best suits them. Work is currently underway to map the different touchpoints that these groups will have with us so that we can develop communications that are informed by audience insights.'



How are we doing?

We are committed to making sure all the people with whom we engage have the best possible experience of Helen & Douglas House. Over the past year we have been working to make sure we have the right communication strategies in place for families, volunteers and staff members alike.



Here are some of our achievements last year:

- We developed online hubs for staff including an HR hub and a technology hub. These were designed to make it easier than ever for staff to access the information they need.
- We created a Menopause Network for peer support for women experiencing the menopause and for staff who live or work with women to build awareness and understanding.
- We created a Line Managers Community of Practice to foster a culture of collective learning and development for all our line managers, where longer serving managers can share their experience of best practice coaching and leadership and where managers can use the forum to explore areas of leadership which they want to develop as well as sharing new ideas and leadership styles.
- We invited all managers to attend a coaching programme to enable a coaching style of leadership across the organisation. This was extremely well attended and has led to a Coaching Community of Practice being established for staff to learn and share their coaching experience.
- We established a regular newsletter for Volunteers to help them feel connected to the cause they support and foster a sense of belonging.
- We introduced a new volunteer database called Volunteero which will enable volunteers and volunteer managers to organise volunteer shifts more easily and record the number of hours worked.

'Our staff forum continues to thrive and give people the opportunity to share ideas, comment on developments and support the shaping of the charity's future.'

Equality, diversity and inclusion accreditation



What did we say?

'We want to make our organisation a more inclusive place for the children, families, volunteers and staff, and have set ourselves a target of achieving 15% of our workforce being male and 5% from minority backgrounds by 2024. In order to achieve this, we know that we need to understand and reflect the diverse communities we serve.'



How are we doing?

Supporting the principles of equality, diversity and inclusion (EDI) in our activities is not just morally and ethically the right thing to do, but it also underpins our ability to provide a world-class service and recruit the best people to organisational roles. Over the past year we have moved forward in this area, however we recognise that more work needs to be done to get where we need to be.



Here are some of our achievements last year:

- We began a scoping project to explore the extent to which we reflect the community we serve and the population's needs.
- We raised the profile of the importance of EDI internally. As part of this, experts working in this field spoke to our leaders and educated our staff,
- We continued working towards our Level 1 Accreditation in Investors in Diversity and have published our commitment to FREDIE* principles on our website.
- We agreed that FREDIE objectives will be included in the appraisals of managers in the future.
- We reviewed some of our recent vacancy advertisements using a gender coding language tool which discovered many of our ads are significantly female coded so we will look at how we can ensure we are more gender neutral in future.
- We rolled out recruitment training and a toolkit to ensure we attract people from underrepresented groups.

'Ensured all line managers have discussed the advantages of diversity in all their teams, including a Line Managers' Community of Practice session to support managers have these discussions.'

*FREDIE stands for Fairness, Respect, Equality, Diversity, Inclusion and Engagement, and it is the backbone of a truly inclusive culture.

Sustainability



What did we say?

'We believe that it is our moral obligation to look after the planet by becoming an organisation with a net zero strategy. We will help our volunteers and staff to contribute towards this goal by making sustainability a key factor at the start of all projects.'



How are we doing?

We recognise that we all have a responsibility for combatting climate change. Over the past year we have been working to lay the groundwork for making large-scale sustainable changes in a cost-effective way.

Here are some of our achievements last year:

- We appointed energy consultants Earthwise to conduct energy audits of the hospice buildings and our shops. The audits have helped us gather the baseline data we need to understand what our carbon footprint is.
- We have organised workshops where we will use the data we have gathered to help us develop a long-term sustainability strategy.



Looking to the future



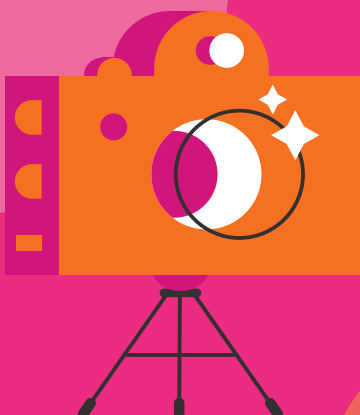
Volunteering

Volunteers are the lifeblood of Helen & Douglas House and we are hugely grateful for the time and energy they give to us. In return, we want to ensure that they have the best possible experience with our organisation, so we plan to upskill our members of staff who manage volunteers.

We also plan to offer a more varied selection of volunteer roles including volunteer ambassadors to boost our profile in the community and advocacy volunteers to influence policy and investment in children's palliative care.

On top of this, over the coming year we will be introducing trained volunteer listeners into our bereavement team to expand support to families, as well as expanding the reach of our Home Volunteer programme including gardening and tutoring.

We aim to increase our community fundraising presence both in physical and online communities and to link this work more with our shops to strengthen our community engagement.



Leadership

We are proud to have upskilled our leaders and managers over the past year through coaching training. Next year we will focus on succession planning to ensure we are better equipped to develop a pipeline of supportive, skilled and inspiring leaders within our current workforce.

Another ambition for the year ahead is to develop a comprehensive wellbeing strategy for our employees. We are confident that by building a positive workplace culture, we can enhance the mental and physical health of our workforce and attract and retain the best talent, becoming an employer of choice.



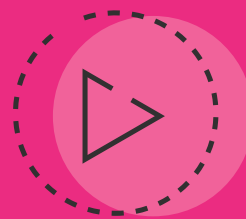
Extending our service

We are constantly working to extend our service to support the families who need us. In the year ahead our priority is to further explore the unmet needs of the people we support as well as investigating the barriers that people face in accessing our service.

We plan to increase the number of beds we have available so that we can maximise the number of supportive stays we offer to families to give them a break. We will also build on our work around the early identification of children by continuing to strengthen our relationships with our partners. As part of this, there are plans for the nursing team from the paediatric intensive care unit at Oxford University Hospitals NHS Foundation Trust to shadow shifts with us and for our nursing team to shadow shifts with them.

Over the next year we intend to complete our scoping work around the needs of older teenagers as they transition from children's health services to adult health services. Once we have finalised this piece of work, we will start to identify how we can meet these needs. Similarly, we intend to push forward our work in shaping our services so that we can further meet the spiritual needs of the families we support.

As the world's first children's hospice we have a responsibility to share our specialist knowledge through education, and we constantly strive to raise the profile of children's palliative care. This year, we are delighted to be expanding our education offer by teaching medical undergraduates at Oxford University.



Digital, data & technology

Last year we embarked upon a major digital transformation programme and developed a strategy that plans to bring our digital development in line with where it needs to be. With the groundwork now laid and a new Director of DDaT in place, we're in a strong position to push our plans forward.

Over the course of this year, we intend to finalise plans for the prioritisation and sequencing of digital projects. We also plan to complete work on updating our systems for HR and Payroll – the first major digital transformation project from the strategy.

There is still work to be done to establish how we can manage our data more effectively in the future. In order for us to realise the full potential and the associated value of the data that we hold, developing a data strategy for Helen & Douglas House will be one of our biggest priorities in the months ahead.



Communication strategies for families, volunteers & staff

Having established the needs and preferences of staff we are building an internal communications framework for all staff including a new intranet on SharePoint to act as a single hub for all information staff need to access.

The framework will include guiding principles for sharing information and communicating across the organisation using digital best practice and will organise information according to audience needs, appropriate channels and frequency.

Following the introduction of a volunteer database called Volunteero at the end of the last financial year we will continue to enrol volunteers and volunteer managers and provide training to realise the potential of this powerful platform.

We will identify family needs for information they would like to receive about the charity which supports them and develop a stewardship framework of non-clinical information for families in line with their needs and preferences.



EDI accreditation

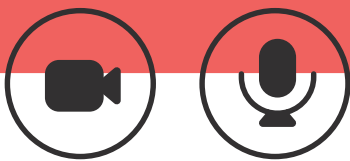


We are confident that we have built a strong foundation of knowledge and understanding based on the fundamentals of FREDIE and the National Centre for Diversity standards. We look forward to achieving our Level 1 Accreditation and strengthening our inclusive culture.

Our focus as we look to the future is on attracting diverse candidates to our organisation, removing barriers to those from underrepresented groups and building on and enhancing our diverse workforce. We want to be bold with our aspiration and that will mean setting diversity targets, from our Trustee board to our Executive team and throughout the organisation.

Our future is bright, and we want to shout about that. We will develop our internal and external communication to shine a light on our work towards achieving FREDIE. We will develop and embed our Employee Value Proposition, in our continued effort to make Helen & Douglas House the employer of choice for all people.

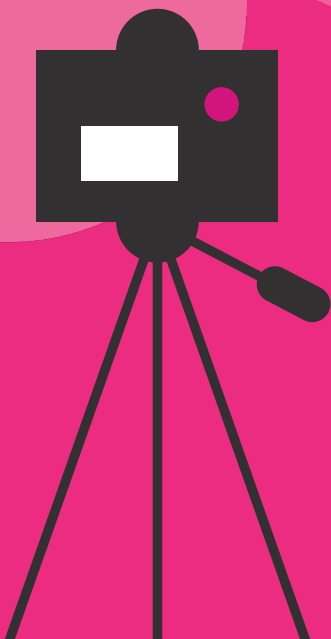
We are committed to continuous education and growth and will commence a comprehensive training programme to ensure our leaders are also allies, empower our FREDIE champions, and further embed a culture of inclusion and belonging.



Sustainability

We are committed to taking action on sustainability so that we can make a positive impact on climate change.

We have already undertaken energy audits across the organisation to ascertain our carbon footprint and, over the next year, we will use the resulting baseline data to develop a long-term sustainability strategy. As part of developing this strategy, we plan to assemble a working group to identify priorities such as switching to greener utility suppliers and appointing sustainability champions.



Helen & Douglas House would like to say a very big thank you to the charitable trusts, corporate partners and other supporters who have made donations in the last 12 months and to many others not listed, including those who wish to remain anonymous.

Corporate partners

Abbott Diabetes Care
Berkeley Homes (Oxford & Chiltern) Ltd
Berkeley Foundation
Chris Banton Foundation
Crowe UK
Dentons
Dura Ltd
Together for Short Lives

Individuals

Alan and Diane Brown
Ann Edwards
Ian and Mave Richens

Trusts

Albert Hunt Trust
The Clare Foundation
The Estelle Trust
The Gerald Palmer Eling Trust
Harebell Centenary Fund
Harrison-Frank Family Foundation
The Hummingbird Charitable Trust
The Julia and Hans Rausing Trust
Kidani Memorial Trust
Leg of Mutton Trust
Mabs Mardulyn Charitable Foundation
Nationwide Community Grants
The Nora and Olive Brewer Memorial Trust
Ofenheim Charitable Trust
PF Charitable Trust
The River Farm Foundation
Rothschild Foundation
Sebastian & Juliet Bailey Charitable Trust
Southampton Hospitals Charity

Our approach to fundraising, working with professional fundraisers and commercial participators

Our fundraising function comprises 20 staff. These staff work in teams organised by function and income source to generate funds for Helen & Douglas House to fund our vision. The Data & Supporter Services team manage all enquiries from the public, manage our donor database and data selections for fundraising activity and ensure we operate in line with fundraising and data protection regulations.

The fundraising teams focus on raising money through our own events, third party events, working with corporate partners and local businesses, community groups, churches, schools and individuals who take on their own fundraising activity.

We also raise funds through trusts and other grant making bodies, direct marketing campaigns and appeals, and building relationships with individuals who donate significant sums to support our work.

We work with commercial third party organisations to recruit players to our lottery and donors giving a regular gift. This activity is primarily through door-to-door and some private site (events and shopping centres) canvassing.

Fundraising Regulation and the Code of Fundraising Practice

Helen & Douglas House is registered with the Fundraising Regulator and our fundraising team is committed to adhering to the Regulator's Code of Fundraising Practice. We are also a member of the Institute of Fundraising and work to the standards laid out in their guidance.

For the period under review we have had no significant incidence of non-compliance with the Code of Fundraising Practice or Institute of Fundraising guidance.

The charity's Fundraising Policy stresses our commitment to the Code, ethical considerations regarding donation acceptance, and how we carry out due diligence in relation to our partners.

Complaints

In the Financial year 2022/23, we received donations from over 11,000 supporters. In the same period we received five complaints. One was in relation to our lottery fundraising, one in relation to our Bubble Rush event, one related to a fundraising email promoting legacy giving, and two related to our regular giving campaign where we ask donors to sign up to a monthly direct debit. We responded to all complainants appropriately.

Vulnerable people

The charity adheres to the Code of Fundraising Practice in its dealings with people who we identify as vulnerable, and we are mindful of the Institute of Fundraising's guidance. We only work with third party commercial participators who are committed to protecting vulnerable people and who also adhere to the Code.

Monitoring the activity of third parties

All materials used by third party commercial participators are drafted and reviewed by the charity. The training of fundraising staff by third party commercial participators is overseen and regularly attended by representatives of the charity. Third party fundraising staff are periodically shadowed whilst canvassing the public. Recordings of telephone calls with donors conducted by third party commercial participators are reviewed regularly.

Contracts with third party commercial participators contain complaint and vulnerable people clauses scrutinised and agreed with the charity. All complaints received by third party commercial participators are shared with the charity.

Fundraising undertaken by members of the public is supported by the charity. Guidance is provided together with materials to ensure consistency, transparency and compliance.

Financial Review





Financial review

We ended the financial year with a surplus on restricted funds of £0.702m and a deficit on unrestricted funds of £1.657m, resulting in a net consolidated decrease in funds for the year ended 31 March 2023 of £0.955m (2021/2022: £1.361m increase in funds).

Restricted accumulated funds increased significantly as a result, now totalling £0.988m (2021/22: £0.286m). Fixed asset investments increased to £10.638m (2021/22: £9.866m) but cash reduced as a result of the decrease in funds in the year. Total accumulated funds at the year-end were £15.508m (2021/22: £16.463m)

Our like for like income (excluding all COVID-19 related financial support) increased by £53k compared to 2021/22 with some of the key movements as follows:

- Donations increased by £551k (+17%)
- Legacy income decreased by £841k (-61%)
- Donated and Bought in Goods income increased by £310k (+10%) due to retail trading being able to operate without any COVID restrictions compared to the early part of 2021/22.

Overall, there was a small year-on-year decrease of £111k (1%) in total income received.

As we continued to expand back to pre-pandemic levels of activity it meant a corresponding increase in our cost base, **£10.5m** in 2022/23 versus **£9.0m** in 2021/22 with the majority of the increase being spent on charitable activities. 2022/23 was also the first year of our strategy which includes a key strategic objective to support and invest in the expansion of the breadth of services we provide.

Expenditure on **Raising Funds** is categorised between Donations & Legacies and Trading Activities. Within this, the costs of raising donations and legacies increased by **20.5%** and trading activities (including the retail network and lottery) increased by **4.6%**. Both year on year increases are as a result of the returning to pre-pandemic levels of activity, investing in the teams and also in support functions such as brand & marketing and technology.

Expenditure on Charitable Activities is categorised between Hospice Care and Bereavement. There was a **23.6%** increase in the level of charitable activities expenditure, again largely driven by a greater level of activity post-pandemic and the planned strategic expansion of our patient services

There was an increase in the total value held by CCLA Investment Management Limited (CCLA) as a result of us investing cash into the CCLA Investment Fund with a net increase of **6.5%** in our total fund(s) value. Within this net increase are **£0.331m** of net losses (2021/22: £0.441m gains). Whilst the largest elements of our investments are included in fixed asset investments, there is **£0.277m** held in our CCLA deposit fund which is very low risk and classified as short term investment within current assets. All investment decisions and transactions are carried out in accordance with our Investments Policy.

During 2022/23 our total portfolio return (net of fees and expenses) was **0.6%** which is indicative of generally poor performing markets over the year. There were investment income payments totalling **£0.285m** and an overall net loss on our investments of **£0.331m**.

Looking over the longer term as of March 2023 the 3 year total portfolio return was **+32.8%** and over 5 years it was **+50.8%**.

Risk management

The Trustees review the risk register twice a year. The Trustees seek to anticipate future risks by undertaking risk analysis as part of the long-term strategic planning programme.

The Trustees examined the principal areas of the charity's operations and reviewed the major risks associated with each. The Trustees consider that the charity's systems are such that these risks are managed to an acceptable level. The risk management strategy forms part of the annual planning process against which the Trustees regularly review progress.

The table below summarises our key risks and control measures that are in place:

Risk	Management
<p>Our voluntary income and retail income shows an immediate decline due to a reputational issue or a slow and sustained decline over time. Additional risk in potential decline of statutory funding.</p> <p>Potential for operational expenditure to exceed net income outside of planned strategic aims.</p>	<ul style="list-style-type: none"> • Monthly monitoring of all income streams performance against budget & discussion regarding contingency plans. • A mix of income sources and products which are at different stages of the product life, this enables us to spread our risk. • Investing in sustainable income sources such as regular giving. • Extensive networks across the sector and regular contact with key fundraising consultants, the Institute of Fundraising and the Charity Retail Association. • Lobbying of government and MPs for continuance of NHSE children's hospice grant.
<p>Failure to safeguard service users, staff and volunteers.</p> <p>Due to the conduct of a member of staff, volunteer or organisational change.</p>	<ul style="list-style-type: none"> • Robust safeguarding policy and procedures. • Governance structures and policies. • Safeguarding team. • Safeguarding framework. • Safeguarding steering group with representatives in different departments. • Board reporting and nominated board member. • Safe recruitment procedures. • Rolled out training to retail staff. • Posters in all shops and departments. • Reporting culture. • Mandatory training in safeguarding. • Risk assessments. • Freedom to Speak Up Guardians and confidential Whistleblowing process.
<p>Electronic Communication Failure A breakdown of the organisation's electronic and telephonic communications.</p> <p>Data and continuity could be temporarily lost and lead to interruption and/or omission of critical information flows.</p>	<ul style="list-style-type: none"> • Emergency plans (Business Continuity). • Emergency mobile phones for the care team. • Use of personal mobile phones. • Robust backup measures & processes including backup generator. • End point security on all laptops and desktops, Robust firewall. • Periodic penetration and phishing testing. • ICT Support Contracts (Security/Licensing/Phone System). • Investment in robust ICT infrastructure • Out of Hours On-Call Support. • Regular 1:1, between Director of DDaT and Head of ICT. • Clear ICT Processes and Communication methods. ICT Hub for information. • Clear plans for safe administration of medicines if EPR (electronic patient records) fails. • Adhoc external, independent ICT review audit. • Formal business case sign off for new ICT projects and initiatives. • Targeted staff comms on best practice.

<p>Unable to deliver a 24/7 inpatient service and therefore not able to consistently deliver care and end of life care in the place that a family chooses.</p>	<ul style="list-style-type: none"> • Outreach to support families. • Telephone support from the medical and care teams. • Creative use of the HDH services (day cases, mid-week stays). • Joint working with the acute trusts and other community services (statutory and third sector). • Use of virtual multi-disciplinary meetings between teams to plan care efficiently. • Significant increase in our community and in-reach offer. • Ongoing gap analysis and capacity monitoring with partners via Thames Valley Paediatric Palliative Care Network. • Work towards formalising a managed clinical network (MCN). • Engagement with NHS South East of England Palliative and End of Life Care Strategic Clinical Network.
<p>Recruitment and retention of talent does not enable HDH to effectively deliver its strategy.</p> <p>Could lead to lack of support for HDH at the expected level to meet stakeholder requirements.</p>	<ul style="list-style-type: none"> • EDI Strategy and action plan completed. • Positive action taken following last staff survey. • Mental Health First Aiders and Freedom to Speak up Guardians in place. • Use of bank and agency staff. • Looking creatively at staffing and skill mix. • Pulling RN's from other areas of the organisation (surge action plan). • Flexible working policy implemented. • Relunched Staff Forum with more proactive messaging in advance of launching key initiatives. • HR Performance Dashboard in place and reviewed. • People Days for Exec to discuss strategic people priorities. • Line Managers Community of Practice embedded to upskill Line Managers. • Implementation of new Pay Policy with robust appraisal processes.

Investment Policy

The charity invests primarily in pooled funds managed by CCLA Investment Management Ltd. Investments are primarily held in equity funds. The portfolio is reviewed at least annually and, under the guidance of CCLA Investment Management Ltd, amended according to the anticipated market conditions and organisational needs. The quarterly reports from CCLA's Social Responsibility Investigation Unit confirm to the Trustees that the CBF funds' managers adopt a rigorous approach to corporate social responsibility in line with the Trustees' instructions on ethical codes.

One element of the CCLA CBF fund long-term investment objective is to achieve an average annual return of inflation plus 5% on a portfolio of prudently and ethically invested financial assets.

Reserves Policy & Going Concern

Reserves are held to enable us to continue to help beneficiaries and to secure the future of the charity. They provide investment income, cash resources for capital projects and a subsidy for years when income does not match expenditure.

Our policy is to have free reserves of at least six months' total operational costs of providing charitable activities including support costs. The value is based on the annual budget and is reviewed each year.

Summary of Free reserves 31 March 2023	£'000
Unrestricted Reserves as of 31 March 2023	14,520
Less amounts allocated or designated	5,334
'Free' reserves as of 31 March 2023	9,186

As at March 2023, it cost c£392k* per month to provide hospice care, family support and bereavement care. The 2023/24 six-month total operational costs** budget is £5.254m c£876k per month so the March 2023 level of 'free' reserves represents c10 months' total operational costs**. Unrestricted reserves less fixed assets represent c13 months' total operational costs.

* - basis of calculation is annual total of 2022/23 Hospice and Bereavement expenditure including their share of support costs and depreciation.

** - the total operational costs budget includes hospice & bereavement, support services and income generation costs.

We are within a three year strategic cycle that aims to increase the scale and breadth of services that we offer. We are investing in better systems & technology and building an engaged, diverse and collaborative workforce. Our investment over the term of this strategic cycle is significant and as a result our reserves will be decremented to a level more aligned with our current policy.

The Charity has considered its future service costs in relation to projected income in the short to medium term future. Whilst there remains some uncertainty around certain income streams, there is a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future.

The Trustees believe that the Charity is well placed to manage its risks successfully. There are no material uncertainties about the group and Charity's ability to continue as a going concern.

Allocated / designated amounts

Helen & Douglas House makes several allocations from its unrestricted reserve. These cover:

- Unexpired lease commitments for retail shops
- Fixed Assets fund allocation
- Funds to cover overspends related to maternity leave or long-term absence
- Funds to cover redundancy, should the charity become unviable in the future
- Shop dilapidations for units outside of the two-year provision calculation

Pay policy

The organisational pay policy sets out the principles that the Charity follows, for example, in setting pay, the following areas are taken into account:

- Equal pay for work of equal value
- Cost of living
- National Living Wage
- Pensions & Benefits
- Competitiveness
- Affordability/use of Donor Funds

It is reviewed annually by the people and remuneration committee.

Pay Scales and Rates

The Charity has moved away from NHS Agenda for Change to determine pay scales and rates, but is committed to remaining competitive against the NHS for Clinical staff

As of 31 March 2023, with the exception of the CEO, Retail and Doctors, all employees are paid on a rankings scale, their position on which is determined by their job role. Retail staff are on a separate pay scale.

The CEO salary is approved by the Chair of Trustees, after consultation with the Chair of the People and Remuneration Committee. Doctors' sessional rates are determined by the Department of Health.

The minimum hourly rate paid in 2022/23 was £9.50, this is in line with the National Living Wage.

Pension Schemes

The Charity offers two pension schemes.

NHS Pension

Employees who join, having paid into an NHS pension in the previous 12 months, are entitled to re-join the NHS Scheme.

Employer's Pension

Employees can join one of two contribution levels within the scheme or indeed opt-out.

There is a higher contribution rate scheme that has been in operation for some time. This requires the employee to contribute 6% and the Charity 7%.

If the employee chooses not to join this scheme and meets the requirements, they will be automatically enrolled into a scheme offering the minimum level of contributions (2022/23: 5% for employee and 3% for employer). Staff must choose to opt out of the auto-enrolment scheme if they do not wish to join.

Administrative details

The Trustees, who are also directors of the charity for the purposes of the Companies Act, submit their annual report and the audited financial statements for the year ended 31 March 2023. The annual report and financial statements comply with the Charities Act 2011, the Companies Act 2006, Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102), the charity's memorandum and articles of association and the requirements of a directors' report as required under company law.

The table below is a list of all trustees covering the relevant reporting period and the Assurance Committee they sit on.

Trustees:	Clinical Governance	Organisational Audit and Health & Safety	Finance, Income Generation and Marketing	People and Remuneration	Digital Data and Technology	Trading Company
Tanya Baldwin				~	~	
Lord Blair of Boughton						
Katherine Boyce (Resigned Nov 2022)	~	~				
Sir Stephen Bubb (Resigned April 2022)						
Lorna Bramwells (Appointed Nov 2022)	~					
Dr Ann Goldman	~					
David Gye			~	~		
Gina Gill (Appointed July 2022)					~	
Peter Marland						
Sister Jean Raphael		~				
Annewen Rowe		~				
Simeon Tinant					~	
Martin Wildsmith						~
Ian Watson				~		
Professor Andrew Wilkinson	~					
Jennie Younger (Appointed Nov 2022)			~			

Key management personnel:	
Chief Executive Officer & Trading Company Director	Clare Periton
Director of Clinical Services	Andrea Lambert
Director of Support Services	Ashley Roper
Director of Income Generation	Hazel Bedford
Director of Finance and ICT	Mark Stowe
Medical Director	Dr Emily Harrop
Director of Digital Data & Technology (Appointed June 2023)	Tim Cawood
Company Secretary & Trading Company Director	Mike Cooper

Solicitors:
Freeths LLP, Spires House, 5700 Oxford Business Park South, Oxford OX4 2RW Pennington Manches, 9400 Oxford Business Park, Garsington, Oxford, OX4 2HN

Independent auditor:
Sayer Vincent LLP, Invicta House, 108-114 Golden Lane, London, EC1Y 0TL

Banks:
National Westminster Bank plc, 32 Cornmarket Street, Oxford, OX1 3HA Barclays Bank plc, 54 Cornmarket Street, Oxford, OX1 3HB

Investment managers:
CCLA, Senator House, 85 Queen Victoria Street, London, EC4V 4ET

The charity and public benefit

Helen & Douglas House accepts patients based on an objective assessment of need against defined criteria, and in line with principles adopted nationally for children and young people with palliative care needs (ref. Together for Short Lives). We operate a principle of equality of access to care, according to assessed need, and offer services to any member of the public within those criteria without discrimination (subject to operating capacity).

We provide care free of charge to our beneficiaries. We are only able to do this through the generosity of public donations and through our continual pursuit of a fair funding contribution from statutory sources. For every £1 received of statutory money, the charity needs to generate a further **£4.94** of income from voluntary donations, representing significant return on investment for the state.

The trustees have had regard to the Charity Commission's guidance on public benefit in carrying out the charity's objectives and are satisfied that any eligible child or young person, and their family members/carers can benefit from the charity's services.

Organisation structure, governance and management

Helen House and Douglas House were each originally established under the aegis of the Society of All Saints Sisters of the Poor (ASSP), a registered charity and Anglican religious community for women, whose Mother House is in Oxford. The two hospices are built within the grounds of the Society's Convent. On 14 October 2016, a Special Resolution was adopted by the Trustees of the ASSP which gave Helen & Douglas House independence from their organisation structure.

The Chief Executive is responsible for organising an induction programme for new trustees and on-going training for all trustees. Each trustee receives a trustee induction file on appointment. This and on-going training are based on material provided by Hospice UK, the umbrella body of the hospice movement in the United Kingdom, and the Charity Commission.

Whilst the trustees have, and accept, ultimate responsibility for directing the charity's affairs they have delegated authority for day-to-day operational decisions to the chief executive, who reports to them at the quarterly meetings of the board.

Helen & Douglas House (Trading) Limited, a wholly owned subsidiary of Helen & Douglas House, was established to generate funds for the charity from the sale mostly of donated goods, with a small element of new goods in the sales-mix. In April 2006, a decision was taken to directly account for the sale of donated goods through the charity rather than channelling them through the trading company. The sale of new goods continues to be accounted for through Helen & Douglas House (Trading) Limited. The results of the subsidiary company have been incorporated into these financial statements. The loss for the trading subsidiary was **£6k** (2022: £0.8k profit) but this is anticipated to be return to profit during 2023/24.

Trustee board members

The remaining trustees do not have a beneficial interest.

Trustees' responsibilities

The trustees (who are also directors of Helen & Douglas House for the purposes of company law) are responsible for preparing the trustee's annual report, including the strategic report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practices).

Company and charity law require the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and group and of its incoming resources and application of resources, including the income and expenditure, of the group for that period. In preparing these financial statements the trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SoRP.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

- The trustees confirm that so far as they are aware, there is no relevant audit information of which the charity's auditors are unaware.
- They have taken all the steps that they ought to have taken as trustees in order to make they are aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

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

The trustees' annual report which includes the strategic report has been approved by the trustees on 24 July 2023 and signed on their behalf by



Ian Blair
Chair of Trustees
Date: 24 July 2023

Independent auditor's report to the members of Helen & Douglas House

Opinion

We have audited the financial statements of Helen & Douglas House (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2023 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the 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 FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2023 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

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 group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Helen & Douglas House'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 other information comprises the information included in the trustees' annual report, including the strategic report, other than the group financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the group 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. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group financial statements or our knowledge obtained in the course of 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 this gives rise to a material misstatement in the group financial statements themselves. 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' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic 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 the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

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

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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

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

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the finance and income generation committee, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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 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 is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Fleur Holden (Senior statutory auditor)

Date: 17 October 2023

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Financial statements

Consolidated statement of financial activities for the year ended 31 March 2023 (Incorporating an income and expenditure account)

	NOTE	Restricted funds £000	Unrestricted funds £000	Total funds 2022/23 £000	Total funds 2021/22 £000
Income from:					
Donations & legacies	2a	825	3,489	4,314	4,699
Charitable activities	2b	955	0	955	969
Other trading activities	2c	0	4,265	4,625	3,847
Investments	2d	0	285	285	234
Other	2e	0	27	27	208
Total		1,780	8,066	9,846	9,957
Expenditure on:					
Raising funds: Donations & legacies		2	2,204	2,206	1,830
Raising funds: Trading activities		0	3,545	3,545	3,390
Charitable activities: Hospice care		897	3,153	4,050	3,313
Charitable activities: Bereavement		185	484	669	504
Total	3	1,084	9,386	10,470	9,037
Net (expenditure) / income before net (losses) / gains on investments		696	(1,320)	(624)	920
Net (losses) / gains on investments	6	0	(331)	(331)	441
Net (expenditure) / income for the year		696	(1,651)	(955)	1,361
Transfer between funds		6	(6)	0	0
Net movement in funds		702	(1,657)	(955)	1,361
Reconciliation of funds:					
Total funds brought forward	15	286	16,177	16,463	15,102
Total funds carried forward		988	14,520	15,508	16,463

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15.

Balance sheets as at 31 March 2023

		Group		Charity	
	NOTE	2022/23 £000	2021/22 £000	2022/23 £000	2021/22 £000
Fixed assets	5				
– tangible fixed assets					
Land and Buildings		3,152	3,403	3,152	3,403
Fixture, fittings & equipment		164	181	164	181
IT Costs		139	113	139	113
		<u>3,455</u>	<u>3,697</u>	<u>3,455</u>	<u>3,697</u>
Fixed assets – investments					
Investments	6	10,638	9,866	10,638	9,866
Current assets					
Stock		3	1	0	0
Debtors	8	890	1,007	890	1,007
Short term investments		277	382	277	382
Cash & bank		1,056	2,055	1,055	2,054
		<u>2,226</u>	<u>3,445</u>	<u>2,222</u>	<u>3,443</u>
Current liabilities					
Creditors <i>(falling due in less than one year)</i>	9	(811)	(545)	(811)	(544)
Net current assets		1,415	2,900	1,411	2,899
Net assets		<u>15,508</u>	<u>16,463</u>	<u>15,504</u>	<u>16,462</u>
Accumulated funds					
Unrestricted – Designated	15a	5,334	1,998	5,334	1,998
Unrestricted – General	15a	9,186	14,179	9,182	14,178
Restricted	15a	988	286	988	286
		<u>15,508</u>	<u>16,463</u>	<u>15,504</u>	<u>16,462</u>

Company Number: 4120488

These financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:



Ian Blair
Chair of Trustees
24 July 2023

Statement of cash flows for the year ended 31 March 2023

	2022/23	2021/22
	£000	£000
Net cash flow from		
Cash flows from operating activities:		
Net (expenditure) / income for the reporting period	(955)	1,361
Adjustments for:		
Depreciation charges	453	444
Net losses / (gains) on investments	331	(441)
Dividends and interest from investments	(285)	(234)
Investment donation (shares)	(127)	(155)
Profit on disposal of fixed assets	(1)	(2)
Increase in stock	(2)	(1)
Increase in creditors	266	5
Decrease / (increase) in debtors	244	(262)
Net cash (used in) / provided by operating activities	(76)	715
Cash flows from investing activities:		
Dividends and interest from investments	285	234
Proceeds from the sale of fixed assets	1	2
Purchase of fixed assets	(211)	(192)
Purchase of investments	(1,150)	0
Purchase from the sale of shares	152	0
Net cash (used in) / provided by operating activities	(923)	44
(Decrease) / increase in cash balance	(999)	759
Movement in cash balances		
Start of year	2,055	1,296
End of year	1,056	2,055
Change	(999)	759

Accounting Policies

Statutory information

Helen & Douglas House is a company limited by guarantee and is incorporated in England, registered in England and Wales (No. 4120488).

It is a registered charity in England and Wales (No. 1085951).

The registered office address and principal place of business is **14a Magdalen Road, Oxford OX4 1RW**.

The following accounting policies have been used consistently with items considered material in relation to the group accounts.

Basis of preparation

The accounts have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK & the Republic of Ireland (FRS 102) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK & the Republic of Ireland (FRS 102) and the Companies Act.

The consolidated financial statements comprise the accounts of Helen & Douglas House and its trading subsidiary, Helen & Douglas House (Trading) Limited, made up to 31 March 2023. The trading results of the subsidiary are shown in note 7. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet.

A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act.

Public benefit entity

Helen & Douglas House meets the definition of a public benefit entity under FRS 102.

Going concern basis

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The charity has investment and bank balances of some £12.0m (2022: £12.3m) which the trustees consider adequate to meet future operational commitments.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

Investment in subsidiaries

The investment in subsidiaries is at cost.

Income

- Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.
- Income from government and other grants, whether ‘capital’ grants or ‘revenue’ grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received, and the amount can be measured reliably and is not deferred.
- Income received in advance of the provision of a specific service is deferred until the criteria for income recognition are met.
- Cash donations are credited to the Statement of Financial Activities as received.
- Where assets have been donated a cash equivalent value is included. Donated assets with a value of less than £5,000 are not included in the accounts because it would not be economical to establish a fair value.
- Legacies are recognised when the charity has been notified that it is a beneficiary, the amount is determinable, or money is received.
- In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees’ annual report for more information about their contribution.
- Investment income is accounted for on an accruals basis.
- 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 the interest paid or payable by the bank.
- Income raised through the shops is recognised on a receipts basis.
- Tax recoverable on amounts received by way of Gift Aid is included in the accounts on an accruals basis. Retail Gift Aid is included on an accruals basis. Gift Aid is included in the accounts on an accruals basis. Retail Gift Aid is included on an accruals basis.

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 activity headings:

Charitable activities (Hospice Care)	The direct cost of running Helen House and Douglas House, Clinical management, Medical Team and direct support services of Catering, Domestic and Facilities teams.
Charitable activities (Bereavement)	The cost of the operation of the community and family support services team which includes bereavement.
Costs of raising funds	The cost incurred to receive voluntary contributions as well as the cost of activities with a fundraising purpose.
Trading activities	The cost related to running our network of shops and our Lottery operation.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support services

Expended resources are allocated to the particular activity where the cost relates directly to the activity. The cost of overall management and administration of each activity, comprising salary and overhead costs of central functions, is apportioned on the following basis:

Support Area	Basis of apportionment to the four main cost areas
Finance	Based on the combined value of income and expenditure
CEO Office	Apportionment based on the % time allocated by individual employees
Governance	Apportionment based on the total cost in each area
ICT	Apportionment based on the % time allocated by individual employees
Digital, Data & Technology	Based on the combined value of income and expenditure*
People, Volunteering & Resources	A combination of allocation methods used based on an individual employee role, including recruitment numbers, number of employees and number of volunteers
Brand and Marketing**	Apportionment based on the % time allocated by individual employees

* - 2022/23 is the first year of costs for this area with no staff costs. Future years will see an apportionment based on individual employees and a time allocation across the four main areas. This will also merge with ICT to become one support area for allocation.

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Debtors

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

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 of three months or less from the date of acquisition or opening of the deposit or similar account.

Creditors and provisions

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

Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund. Funds restricted for the purchase of fixed assets are transferred to unrestricted funds once the asset has been acquired.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Stock

Stock is valued at the lower of cost and net realisable value. The stock of donated goods is not valued.

Tangible fixed assets

Items of expenditure are capitalised where the purchase price exceeds £1,000.

Depreciation charges are allocated to activities on the basis of the use of the related assets in those activities.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value evenly over its expected useful life. The depreciation rates in use are as follows:

Buildings	2.5%
Building Improvements	10.0%
Fixtures & fittings	15.0%
Computer equipment	33.3%
Motor vehicles	25.0%

Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

Listed investments

Investments are a basic form of financial instrument and are initially recognised as their transaction value and subsequently measured at their fair value as at the balance sheet date, using the closing quoted market value. Any change in the fair value will be recognised in the Statement of Financial Activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading “Net gains on investments” in the Statement of Financial Activities.

The charity does not acquire complex financial instruments.

Investment properties

Investment properties are measured initially at cost and subsequently included in the balance sheet at fair value. Investment properties are not depreciated. Any change in the fair value is recognised in the Statement of Financial Activities. The valuation method used to determine fair value will be stated in the note to the accounts.

Taxation

No corporation tax is payable due to the charitable status of the parent company. Taxable profits are generated by the Trading subsidiary and are transferred as a gift to the parent company.

Pension costs

The Charity operates its own defined contribution scheme, currently provided by Scottish Widows. In addition, some employees are entitled to be members of the NHS pension scheme. For the Charity to allow the employee to continue with membership of the NHS Pension Scheme they must have paid into it in the 12 months prior to joining the Charity.

The NHS Pension Scheme is an unfunded, defined benefit scheme for NHS employers, GP Practices and other bodies allowed under the direction of the Secretary of State. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Charity of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Operating leases

Rentals applicable to operating leases are charged on a straight-line basis over the period of the lease.

Notes to the financial statements for the year ended 31 March 2023

2	Income	2022/23	2021/22
		£000	£000
2a	Donations	3,773	3,222
	Legacies**	541	1,382
	Retail Support Grants	0	95
		4,314	4,699
	<i>** - At 31 March 2023 there was c£380k in the legacy pipeline (at 31 March 2022 c£624k)</i>		
2b	Charitable activities		
	NHS England Children's Hospice Grant (see Note 15a)	459	472
	NHS and Local Authority contributions to cost of care	484	312
	Government Funding (Hospice UK) (see Note 15a)	12	185
		955	969
2c	Trading activities		
	Sales of donated and bought in goods	3,473	3,163
	Gift Aid on sales of donated goods	284	265
	Web sales	127	73
	Lottery income	316	311
	Other	65	35
		4,265	3,847
2d	Investments		
	Fund and Dividend income	285	234
		285	234
2e	Other income		
	Profit on sale of Warehouse	0	2
	Other	27	206
		27	208
	Total income	9,846	9,957

3 Expenditure – Current Year

	Hospice Care	Bereavement	Fundraising	Trading	2022/23
	£000	£000	£000	£000	£000
Pay costs	2,591	522	940	1,497	5,550
Non-pay costs	430	19	633	1,356	2,438
Central support (see below)	694	128	633	574	2,029
costs Depreciation	335	0	0	118	453
	4,050	669	2,206	3,545	10,470
Central Support Costs:	£000	£000	£000	£000	£000
Finance	55	10	108	131	304
CEO Office	140	0	47	47	234
Governance	13	2	7	13	35
IT	86	37	86	36	245
People & Resourcing Team	348	57	83	255	743
Brand & Marketing	39	20	276	59	394
Digital, Data & Technology*	13	2	26	33	74
	694	128	633	574	2,029

* DDaT is a new cost type in 2022/23 reflecting our strategic ambition to invest in these areas

3 Expenditure – Prior Year

	Hospice Care	Bereavement	Fundraising	Trading	2020/21
	£000	£000	£000	£000	£000
Pay costs	2,091	411	815	1,491	4,808
Non-pay costs	335	6	550	1,350	2,241
Central support (see below)	540	87	465	452	1,544
costs Depreciation	347	0	0	97	444
	3,313	504	1,830	3,390	9,037
Central Support Costs:*	£000	£000	£000	£000	£000
Finance	35	6	86	95	222
CEO Office	121	0	40	40	201
Governance	6	1	3	8	18
IT	77	22	77	43	219
People & Resourcing Team	238	35	54	220	547
Brand & Marketing*	34	17	253	33	337
	511	81	513	439	1,544

* - Prior year figures have been amended to reflect a new apportionment methodology

3 Net income / (expenditure) for the year is stated after charging:

	2022/23 £000	2021/22 £000
Auditor's remuneration (excluding VAT):		
Audit of these financial statements	17	17
Audit of financial statements of subsidiary	1	1
Operating lease rentals – Property	745	809
Operating lease rentals – Other	5	5

4 Salaries and employees

The average headcount of permanent employees and Full Time Equivalent (FTE) for the year, by function was:

	2022/23		2021/22	
	Head Count	FTE	Head Count	FTE
Nursing, medical and care	56	(45.71)	49	(37.06)
Fundraising	21	(18.97)	19	(17.60)
Management & administration	28	(26.59)	24	(23.18)
Retail	54	(43.73)	59	(48.07)
Estates, domestic and catering	14	(10.21)	11	(10.05)
	173	(145.21)	162	(135.96)

The organisation employed people on bank contracts (zero hours). In 2022/23 there were 75 **individuals** who worked zero hours contracts totalling the equivalent of **8.16 FTE** (2021/22: 70 individuals, 6.85 FTE). Bank FTE are **not** included in the table above.

Staff salary costs:	£000	£000
Salaries***	5,764	4,981
National Insurance Contributions	575	464
Pension Contributions	422	360
*** - Includes actual & accrued redundancy costs	6,761	5,805
Agency, advertising and other employee costs	153	115
	6,914	5,920

Employee emoluments:*	2022/23	2021/22
£100,000 - £109,999	1	0
£80,000 - £89,999	1	2
£80,000 - £89,999	0	0
£70,000 - £79,999	4	2
£60,000 - £69,999	1	3

* - Excludes Employer NI and Pension

Key management personnel (as defined in the Trustees' Annual Report) total remuneration was **£617,101** (2021/22: **£582,185**)**

** - Includes Employer NI and Pension

Termination payments***

In 2022/23 the Charity had 6 (2021/22: 5) termination payments that amounted to £46,087 (2021/22: £12,913)

*** - any redundancy costs are **included** within the termination payments total.

4 Salaries and employees (continued)

Pension costs

Total pension contributions charged to the statement of financial activity, by scheme

	2022/23 £000	2021/22 £000
Charity defined contribution scheme	235	202
NHS pension scheme	187	158
	422	360

Volunteers

The number of individuals who volunteered for the group is set out in the table below:

	Number of volunteers		Number of hours volunteered		Economic value of the hours (£)	
	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22
Total	427	404	9,757	4,586	92,687	40,861

In 2021/22 the level of volunteer hours received was significantly reduced due to the Covid pandemic.

5 Fixed Assets

	Land & Buildings	Building Improvements	Fixtures, fittings & equipment	IT Cost	Motor vehicles	Total
	£000	£000	£000	£000	£000	£000
Cost						
At 1 April 2022	6,206	1,353	1,801	510	10	9,880
Additions	16	3	49	143	0	211
Disposals	0	0	(1)	(5)	0	(6)
At 31 March 2023	6,222	1,356	1,849	648	10	10,085
Depreciation						
At 1 April 2022	(3,101)	(1,055)	(1,620)	(397)	(10)	(6,183)
Charged in year	(158)	(112)	(66)	(117)	0	(453)
Eliminated on disposal	0	0	1	5	0	6
At 31 March 2023	(3,259)	(1,167)	(1,685)	(509)	(10)	(6,630)
Net book value						
At 31 March 2023	2,963	189	164	139	0	3,455
At 1 April 2022	3,105	298	181	113	0	3,697

Douglas House property assets continue to be recognised in the financial statements as the expectation is the assets will continue to deliver benefits to the Charity.

All assets are used for charitable purposes.

Post Balance Sheet Event: On 26th April 2023 Helen & Douglas House purchased land to the value of £383k from the Society of All Saints Sisters of the Poor (ASSP).

6 Investments

	2022/23 £000	2021/22 £000
CCLA – Investment Fund	10,419	9,477
Other listed investments (Bonds and Shares)	219	389
Total Fixed Asset Investments	10,638	9,866
CCLA – Deposit Fund	277	382
Total Current Asset Investments	277	382
	10,915	10,248
Market value at 1 April 2022	10,248	9,652
CCLA – Investment Fund Purchases	1,275	2,122
CCLA – Deposit Fund Investment	1,900	0
CCLA – Deposit Fund Withdrawal	(2,025)	(2,122)
Donation of shares	0	155
Sale of shares	(152)	0
Net (loss) / gain on revaluation	(331)	441
Market value at 31 March 2023	10,915	10,248

7 Subsidiary Undertaking

The charity owns the whole of the issued ordinary shares of Helen & Douglas House (Trading) Limited, a company incorporated in England (Company Number: 05090748). The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under gift aid to the charitable company. Clare Periton, CEO of the charity, Michael Cooper, and Martin Wildsmith, are directors of Helen & Douglas House (Trading) Limited.

A summary of the company's results are as follows:

	2022/23 £000	2021/22 £000
Turnover	56	61
Cost of sales	(49)	(38)
Gross profit	7	23
Administrative expenses	(13)	(11)
(Loss) / Profit on ordinary activities before taxation	(6)	12
Taxation on profit on ordinary activities	0	0
(Loss) / Profit for the financial year	(6)	12
Retained earnings brought forward	8	(3)
(Loss) / Profit for the financial year	(6)	12
Profits distributed to parent under gift aid	0	(1)
Retained earnings carried forward	2	8

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. All movements in equity are included within the statement above.

Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2022/23 £000	2021/22 £000
Gross income	9,846	9,957
Result for the year	(955)	1,361

	Group		Charity	
	2022/23 £000	2021/22 £000	2022/23 £000	2021/22 £000
8 Debtors				
Trade debtors	168	54	168	54
Investment income receivable	25	22	25	22
Accrued income	78	279	78	279
Accrued legacy income	0	220	0	220
Prepayments	385	312	385	312
VAT recoverable	93	80	93	80
Other debtors	141	40	141	40
	890	1,007	890	1,007

	Group		Charity	
	2022/23 £000	2021/22 £000	2022/23 £000	2021/22 £000
9 Creditors				
Trade creditors	211	195	211	195
Amount owed to trading subsidiary	0	0	2	0
Social security and other taxes	139	146	139	146
Other creditors	145	94	145	94
Accruals	171	110	169	109
Deferred income	145	0	145	0
	811	545	811	544

	Group		Charity	
	2022/23 £000	2021/22 £000	2022/23 £000	2021/22 £000
10 Deferred income				
Movement in deferred income account				
Balance at the start of the year	0	59	0	59
Amounts added in current period	145	0	145	0
Amounts released to income from previous periods	0	(59)	0	(59)
Balance at the end of the year	145	0	145	0

11 Trustee remuneration

No Trustee received remuneration for their services. Trustees' expenses, which include costs directly incurred by Trustees and amounts paid on their behalf by Helen and Douglas House, were paid to 1 trustee totalling £89 (2021/22: None).

12 Leasing commitments

At the end of the year the Charity & Group had total commitments under **non-cancellable leases** as follows:

	Property		Other	
	2022/23 £000	2021/22 £000	2022/23 £000	2021/22 £000
Less than one year	642	620	4	7
Between one and five years	670	804	0	3
	1,312	1,424	4	10

13 Related party transactions

Helen & Douglas House paid rent of £56,155 (2021/22 £46,747) to The Society of All Saints, Sisters of the Poor. In addition there is a contribution of £5,400 (2021/22 £5,400) to the maintenance of the communal garden. The trustees of The Society of All Saints were members of Helen & Douglas House until October 2016, and a member of the Society is a Helen & Douglas House Trustee.

14 Analysis of group net assets between funds

Current Year

	Restricted £000	Designated £000	Unrestricted £000	Total £000
Fixed assets	0	3,455	0	3,455
Investments	0	1,879	8,759	10,638
Current assets	988	0	1,238	2,236
Current liabilities	0	0	(811)	(811)
	988	5,334	9,186	15,508

Prior Year

	Restricted £000	Designated £000	Unrestricted £000	Total £000
Fixed assets	0	0	3,697	3,697
Investments	0	1,998	7,868	9,866
Current assets	286	0	3,159	3,445
Current liabilities	0	0	(545)	(545)
	286	1,998	14,179	16,463

15a **Movements in funds (Current Year)**

	Balance 01/04/2022	Income & Gains	Expenditure & Losses	Transfers between funds	Balance 31/03/2023
Restricted funds	£000	£000	£000	£000	£000
Charitable Activities					
NHS England Children's Hospice Grant	0	459	(459)	0	0
NHS and Local Authority contributions to cost of care	0	247	(247)	0	0
Government Funding (via Hospice UK)	0	12	(12)	0	0
Enablement	0	40	(2)	0	38
Managed Clinical Network	0	74	(2)	0	72
Clinical Training (Health Education England)	0	8	0	0	8
Palliative End of Life Care	0	100	0	0	100
Doctors Team	0	15	(3)	0	12
	0	955	(725)	0	230
Donations and Legacies					
Enablement	1	127	(1)	0	127
Managed Clinical Network	0	28	(23)	0	5
Managed Clinical Network (Southampton Hospitals funding)	0	256	(1)	0	255
Family Support and Bereavement Services (Southampton Hospitals funding)	0	244	(44)	0	200
Sibling Support	0	17	(17)	0	0
Helen House Play	36	4	(31)	0	9
Helen House Music	1	1	0	0	2
Helen House Art	2	0	0	0	2
Helen House In-Patient	10	23	(33)	0	0
Outreach work	64	73	(124)	10	23
Thames Valley Health Education	29	0	(11)	0	18
Clinical training	24	0	0	0	24
Clinical equipment	118	28	(49)	(4)	93
Care & Family Support Services	0	20	(20)	0	0
Projects	1	4	(5)	0	0
	286	825	(359)	6	758
	286	1,780	(1,084)	6	988
Unrestricted funds					
<i>Designated funds:</i>	£000	£000	£000	£000	£000
Net book value of fixed assets	0	0	0	3,455	3,455
Lease Commitments	1,434	0	0	(119)	1,315
Redundancy fund	350	0	0	0	350
Shop fund	65	0	0	0	65
Maternity fund	149	0	0	0	149
Total designated funds	1,998	0	0	3,336	5,334
General funds	14,179	8,066	(9,717)	(3,342)	9,186
Total unrestricted funds	16,177	8,066	(9,717)	(6)	14,520
Total funds	16,463	9,846	(10,801)	0	15,508

15b **Movements in funds (Prior Year)**

	Balance 01/04/2021	Income & Gains	Expenditure & Losses	Transfers between funds	Balance 31/03/2022
Restricted funds	£000	£000	£000	£000	£000
Charitable Activities					
NHS England Children's Hospice Grant	0	472	(472)	0	0
NHS and Local Authority contributions to cost of care	0	312	(312)	0	0
Government Funding (via Hospice UK)	0	185	(185)	0	0
	0	969	(969)	0	0
Donations and Legacies					
Enablement	38	0	(37)	0	1
Helen House Play	74	1	(39)	0	36
Helen House Music	1	0	0	0	1
Helen House Art	2	0	0	0	2
Helen House In-Patient	25	9	(24)	0	10
Outreach work	109	61	(106)	0	64
Thames Valley Health Education	29	0	0	0	29
Clinical training	33	0	(9)	0	24
Clinical equipment	121	40	(18)	(25)	118
Volunteering	1	0	(1)	0	0
Care & Family Support Services	10	29	(39)	0	0
Projects	38	11	(41)	(7)	1
	481	151	(314)	(32)	286
	481	1,120	(1,283)	(32)	286
Unrestricted funds					
<i>Designated funds:</i>	£000	£000	£000	£000	£000
Lease commitments	1,788	0	0	(354)	1,434
Redundancy fund	350	0	0	0	350
Shop fund	65	0	0	0	65
Maternity fund	149	0	0	0	149
Total designated funds	2,352	0	0	(354)	1,998
General funds	12,269	9,278	(7,754)	386	14,179
Total unrestricted funds	14,621	9,278	(7,754)	32	16,177
Total funds	15,102	10,398	(9,037)	0	16,463

Purposes of Restricted Funds

NHS England Children's Hospice Grant

The annual grant contribution of £459,226 funded by NHS England has been restricted to our provision of children's hospice care during the financial year, and fully used for that purpose.

NHS Integrated Care Boards and Local Authorities

Funding contributions from Integrated Care Boards (ICBs) or Local Authorities may be attributed to the care of a specific patient or may be in respect of all care provided to patients registered with a GP in a particular ICB. In 2022/23 we had NHS contracts and grant agreements with the following:

NHS Organisation	2022/23 £	2021/22 £
NHS Buckinghamshire	69,600	67,800
NHS Milton Keynes	22,361	21,897
NHS Northamptonshire	21,000	21,000
NHS Oxfordshire	100,000	100,000
NHS Swindon	10,413	14,526
NHS Wiltshire	23,716	23,176
NHS Total	247,090	248,399

All the funds received from public sector sources were fully used in the financial year for the purposes intended. During 2022/23 further one-off Government funding payments were received totalling **£12k** (2021/22: £185k) to ensure the availability of bed capacity should it be needed. This was a residual amount received pertaining to March 2022.

Specific projects funded from statutory income

In 2022/23 we also received grants from the following organisations for specific projects relating to providing and improving services for our patients.

Public sector organisation	2022/23 £
Enablement	40,000
Managed Clinical Network	41,000
Palliative End of Life care	100,000
Consultant input	7,000
MCN Mapping and Prep Funding	32,000
Buckingham, Oxfordshire & Berkshire Integrated Care Board	220,000
University of York (COPPAR)	8,000
Total specific projects funded by Statutory income	228,000

Restricted funds for income received from donors for specific purposes

Fund	Purpose
Enablement	Staff and project work related to patient enablement activities.
Managed Clinical Network	Ensuring co-ordinated care for children and families across Oxfordshire, Buckinghamshire, West Berkshire and Berkshire East.
Managed Clinical Network (Southampton Hospitals funding)	Ensuring co-ordinated care for children and families across Oxfordshire, Buckinghamshire, West Berkshire and Berkshire East with a grant received from Southampton Hospitals Charity.
Family Support and Bereavement Services (Southampton Hospitals funding)	Extending our Family Support & Bereavement Services with a grant received from Southampton Hospitals Charity.
Sibling support	Supporting the siblings of children with life-limiting illnesses.
Helen House Play	Resources for supporting play activities.
Helen House Music	Music therapy and activities for patients.
Helen House Art	Art activities for patients.
Helen House In-Patient	In-house activities and patient care.
Outreach Work	Outreach Workers who provide assistance in the patient's home.
Thames Valley Health Education	Continued development of clinical supervision within the organisation.
Clinical Training	Internal training of Helen & Douglas House clinical employees.
Clinical Equipment	Purchases of large items of clinical equipment. On utilisation of the funds to purchase the asset, the funds are transferred to our unrestricted asset register to depreciate.
Doctors Team	Doctors' time or project work relating to the Doctors' team.
Care and Family Support services	Nursing and other support for families at home.
Projects	Specific projects for the development and enhancement of the building, gardens and facilities.

Designated Funds

The details of designated funds purposes can be found in the financial review section of the annual report.

16 NHS pension scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

17 **Comparative SOFA**

	Restricted funds £000	Unrestricted funds £000	Total funds 2021/22 £000
Income from:			
Donations & legacies	151	4,548	4,699
Charitable activities	969	0	969
Other trading activities	0	3,847	3,847
Investments	0	234	234
Other	0	208	208
Total	1,120	8,837	9,957
Expenditure on:			
Raising funds: Donations & legacies	2	1,828	1,830
Raising funds: trading activities	0	3,390	3,390
Charitable activities: Hospice care	1,077	2,236	3,313
Charitable activities: Bereavement	204	300	504
Total	1,283	7,754	9,037
Net income before net gains on investments	(163)	1,083	920
Net gains on investments	0	441	441
Transfer between funds	(32)	32	0
Net movement in funds	(195)	1,556	1,361
Reconciliation of funds:			
Total funds brought forward	481	14,621	15,102
Total funds carried forward	286	16,177	16,463

Fundraise Donate Volunteer Shop

Registered with



FUNDRAISING
REGULATOR

Helen & Douglas House
14A Magdalen Road
Oxford OX4 1RW

E: Fundraising@helenanddouglas.org.uk

T: 01865 799150

www.helenanddouglas.org.uk

Company number 4120488

Registered charity number 1085951

Registered office address Helen & Douglas House, 14A Magdalen Road, Oxford OX4 1RW



Helen & Douglas House

your local children's hospice

HELEN & DOUGLAS HOUSE

England & Wales - Charity number 1085951

Accounts

Annual Report

2021/2022



Helen & Douglas House

your local children's hospice

“They provided anything we needed to make all the memories we could whilst offering us constant support and reassurance that when the time came, they would be there for us.”

Paul, Ryan's Daddy who spent his final days at Helen & Douglas House

Contents

About Us

5

Chair of Trustees and Chief Executive Joint Statement

17

Reporting against our 2021 Interim Strategy

21

Successfully emerging from the Pandemic

27

Reporting against our new 2022 to 2025 Strategy

31

Looking to the future

37

Financial Review

43

Independent Auditor's Report

54

Financial Statements

57

▼ Max and his family having fun at our summer party



About

Us

▼ Josh and Clare meeting one of our PAT dogs at the Christmas party



Our Vision

Every life a full life, every death a dignified death

What we do

Helen & Douglas House hospice improves the lives of local terminally ill children and their families living in Oxfordshire and the surrounding counties. We help children live their lives to the full – even when that life is short.

Founded in 1982, we are the world's first children's hospice. We care for local terminally ill children and their families at our hospice in Oxford, at home or in hospital with life-enhancing care. This includes supportive stays, pain relief, symptom management, end of life care and bereavement support for parents and siblings.

Our amazing team, including doctors, nurses and carers, provides exceptional care tailored to the needs of the child throughout their life, whether that life lasts for hours, days, months, or years.

We help children living with a huge variety of complex conditions which will end their lives prematurely. Our experienced team helps reduce the fear and pain felt by families facing an uncertain future and, when life comes to an end, we are there to help them survive the loss of their child.

We are a local charity and need to raise £3.8m each year to fund our work.

Our Values



We are
**creative &
resourceful**



We are
**open &
honest**



We are
**committed to
partnership**



We
**lead by
example**



We are
caring



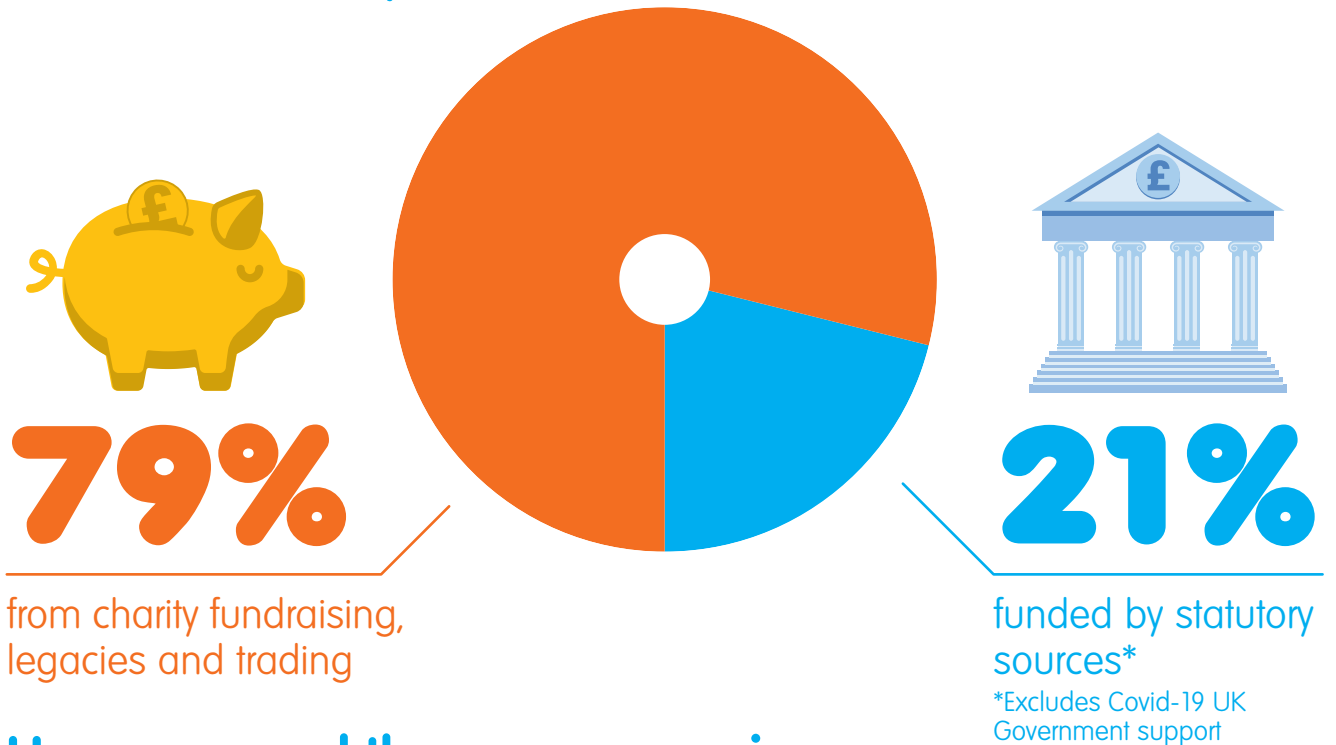
▼ Sienna having a feed in one of our bedrooms



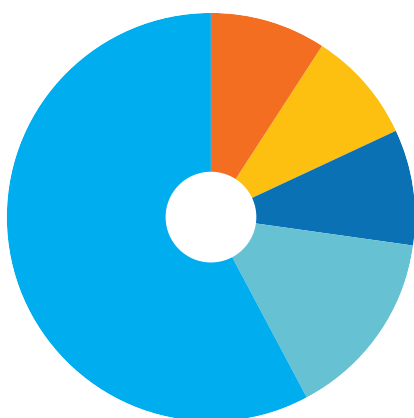
How we are funded

We are a local charity and we need to raise £3.8m each year to fund our work

Where does Helen & Douglas House receive its money from?



How we spend the money you give us



- Direct care staff costs
- Medical staff costs
- Non pay costs*
- Support costs**
- Depreciation

*Utilities, Rent, Equipment **HR, Finance, IT, Volunteering

68p of every **£1** donated pays for the cost of care

Fundraising expenditure
£1.83m



Income available to care for terminally ill children
£3.81m

Total income **£5.64m***
*Excluding trading and Covid grants



▲ Emma our transition worker, with two teenagers at our #Network Saturdays youth group

“We are able to leave our beautiful boy for a short stay knowing he is receiving the best care and attention as he would at home.”

Stephanie, Zac's Mum, who visits Helen & Douglas House for respite care

Our year in numbers

£3.8m
cost of care



4,586
volunteer hours

404 volunteers

£40,861 economic
value of volunteer hours



4,269

appointments in
the community



£1.38m

income from gifts in wills



1 in 3 children's care funded by gifts in wills



162

patients on our caseload

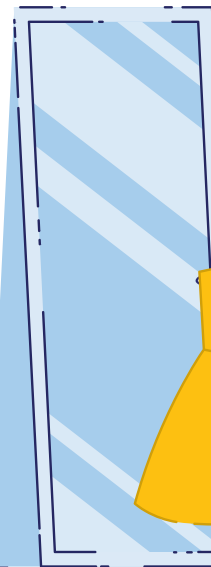


642 bednights provided



£3.85m

income from trading





▲ Jack meeting an owl at our Christmas party



▲ Keren and our teacher Maria enjoying sensory play

Joint Statement

Chair of Trustees and Chief Executive Joint Statement

We must start by acknowledging that it has been another challenging year for Helen & Douglas House and – more importantly – for the children and families that we care for. However, despite the many uncertainties in this post-pandemic world, our organisation has displayed its resilience once again. Thanks to the extraordinary generosity of our donors, we were able to continue to provide world-class palliative care and support to terminally ill children and their families.

This autumn marks the 40th anniversary of Helen & Douglas House. We were founded in 1982 by Sister Frances Dominica, who was inspired by a little girl called Helen who suffered from irreversible brain damage following an emergency operation. Helen's parents took her home from hospital to care for her in family surroundings. A friendship developed between Sister Frances and Helen's parents and, on occasion, Sister Frances looked after Helen for short periods to give her parents a break. From this friendship the idea of a small, homely hospice for children was born.

As the world's first children's hospice, we have gone on to inspire 49 others across the UK and around the world. Over the last 40 years, the way in which we care for terminally ill children has changed considerably from a simple respite-based model to a model that often provides the most complex and complicated care. What hasn't changed, though, is our commitment to providing compassionate care to families during the most difficult of times, and our desire to help children live the most full and precious lives possible.

This year, we have been celebrating our anniversary with a series of special events including a family remembrance walk called The Butterfly Bimble at Blenheim Palace in May, and a staff party in July. In November, bereaved families will be invited to join us for our Annual Remembrance Service. The event is an important and cherished opportunity for families to gather together with Helen & Douglas House and remember the children they have lost.

While it's incredible to reflect upon everything that we've achieved in the past, it's also gratifying to recognise that we are still leading the charge when it comes to pushing boundaries to improve care for dying children.



Ian Blair



Clare Periton

“Thanks to the generosity of our donors, we were able to continue to provide world-class palliative care to children in another challenging year.”

Clare Periton,
Chief Executive Officer

One of the ways in which we’re doing this is through multidisciplinary teamwork. Because we offer both care and medical support, we have a wide and varied specialist team that comprises doctors, nurses, youth workers and social workers. We are well represented within the palliative care movement, and we are renowned as one of the leaders in our field.

Nationally, we influence through sitting on the NHS group for children and young people’s palliative and end of life care. Regionally, we sit on the Oxfordshire Palliative Care Network (the OPCN) which is a group of specialist palliative care providers looking at how we can work together to provide better care for the people of Oxfordshire.

In addition to this, our Level 4 Paediatric Palliative Consultant Emily Harrop holds a key regional role as co-Clinical Lead for children and young people’s palliative and end of life care for NHS South East England, while Dr Charlotte Holland is the Education Lead for children and young people’s palliative and end of life care for NHS South East England. These are both paid secondment roles that are funded by NHS England and give Helen & Douglas House real influence and a place at the table. For a small organisation, we really punch above our weight when it comes to improving children’s lives.

And, while we’re on the subject of helping children to live the best lives that they can, we are thrilled to report that earlier this year our Douglas House building became home to Oxford University Hospitals NHS Foundation Trust’s Children’s Rehabilitation Service. The service helps young people living with chronic conditions and long COVID in South East England to return to most, or even all, of their day-to-day activities.

Given its former use as a young person's hospice and its purpose-built facilities, Douglas House is the perfect location for the Children's Rehabilitation Service. We are delighted to see the building in use again and, although there is little crossover between the children that we look after and the children that access the Children's Rehabilitation Service, we aspire to work more closely with the service in the future.

So far, the feedback from families using the new service has been overwhelmingly positive with many remarking upon our beautiful setting and the peace and tranquillity of our outdoor space. This is something that we feel particularly proud of since our garden underwent its incredible redevelopment last year.

The garden now boasts specially designed sensory play equipment for children to enjoy such as a swing and a roundabout for wheelchair users, as well as outdoor musical instruments. It also features a wonderful water feature, comfortable seating areas, and a seasonal planting scheme that ensures an abundance of beautiful blooms and foliage all year round. It's the ideal place for families to spend their precious time together, and we're enormously grateful to everyone who helped make it a reality.

Over the last year we have been working to extend our services to everyone who needs us, and one of the ways in which we are doing it is by increasing the use of the Little Room. This specially cooled room is a place where families can spend time with their child after they have died, and it is now available for the families of children who have suffered unexpected deaths. This means we can offer practical and emotional support to even more families – particularly those who were not previously known to us.

The last year may have been a challenge, but many positives have emerged from it. One of these is the amendment that was added to the Health and Social Care Act making it a legal requirement for the NHS in England to plan and fund palliative care. We see this new development as a positive step forward, and one that gives us real leverage when talking to commissioners.

As a final thought, we want to praise the whole team at Helen & Douglas House and thank them for their hard work over the past 12 months. They have worked collaboratively, compassionately and creatively through challenging times to ensure we have been able to continue serving the families who rely on us. Our thanks also go to the Trustees of Helen & Douglas House for all that they do by contributing their time and expertise. As a result, we feel that we have emerged as a better and stronger charity. With the continued support of our committed team and our incredible donors, we know that we can go on to achieve even more in the years to come.

Ian Blair Chair of Trustees

Clare Periton Chief Executive Officer

25 July 2022

Interim Strategy 2021

Reporting against our 2021 Interim Strategy

The past financial year has been a time of enormous strategic change for Helen & Douglas House hospice. We have been busy dealing with the ongoing challenges of meeting the needs of terminally ill children and their families in a post-Covid world while also undergoing a strategic review to inform our new three-year strategy for 2022-2025. You can read about the outcomes of this review on page 33 but, while that work was ongoing, we set a series of key interim priorities for the financial year that began in March 2021. The following pages detail how we performed against each of these priorities.



What did we say?

'We will review and quantify our volunteering needs and develop a plan to recruit and retain volunteers for where they are needed in the organisation.'

How did we do?

During the last financial year, we prioritised the recruitment and retention of retail and events volunteers, because one of the biggest casualties of the pandemic for our retail stores was our volunteer base. Many of our long-term loyal volunteers decided not to return once restrictions were lifted, so without new recruits we simply would not have been able to keep our shops open or raise the funds that we so desperately need.

We spent much of the year building the foundations for volunteering and making sure we had the right support in place in preparation to move forwards with our 2022-2025 strategy. For example, work began to recruit a Head of Family Support Services who will work with the Head of Volunteering Services to explore how we can use volunteers to enhance our bereavement service, as many other hospice services have done.

Volunteers are absolutely pivotal to the success of Helen Douglas House. They bring fresh ideas, diverse skills, and they see things from a different perspective. They are also incredible ambassadors when it comes to helping us spread our message across the community.



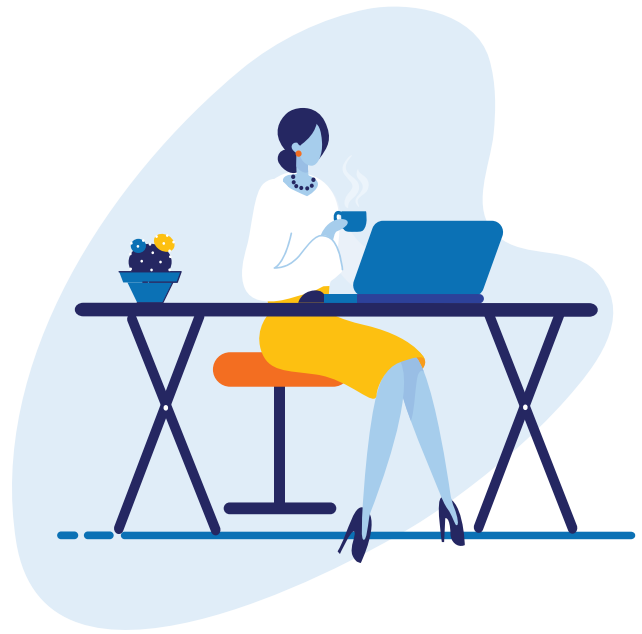
What did we say?

'We will implement a robust organisational framework of integrated planning processes and tools which will ensure organisational, team and individual objectives are integrated and aligned to fund, deliver and support the service.'

How did we do?

A more cohesive approach to planning and budgeting across the organisation is crucial if we are to avoid waste or duplication and more effectively deliver on our mission of improving the lives of terminally ill children and their families.

In the last financial year, we identified that while a process is in place for planning and budgeting, it hasn't been consistently applied across directorates. As a result, action is being taken to design and implement a structural framework that will ensure full organisational integration. This will take the organisation on a journey of change that will prioritise long-term thinking and focus on doing the right things in the right order.



What did we say?

'We will make sure that people can work from home where they can and where they wish to; meanwhile the office will continue to be a place for productive collaboration.'

How did we do?

During the pandemic, our extraordinarily dedicated workforce adapted quickly and successfully to the different ways of working that became necessary. Evidence from both within Helen & House and more widely showed that people may work more effectively when enabled to work flexibly, so we continued with flexible working arrangements. We reviewed and consulted, and then implemented a hybrid working model where members of staff in certain roles are able to work in the office on some days and from home on others.

The results have been really positive. As well as enjoying the flexibility of working from home, members of staff have said they also enjoy being in the office and having the opportunity to collaborate with colleagues. We are currently looking at the working environment that we provide to make sure it matches the needs of our staff and encourages creativity and innovation.



What did we say?

'We will implement the recommendations of the Equality, Diversity and Inclusivity workstream.'

How did we do?

We are committed to making Helen & Douglas House an inclusive organisation for all people. While we recognise that this is something we are yet to achieve – particularly in respect of racial diversity within our workforce – we have worked hard to propel ourselves closer to this goal over the course of the last financial year.

As part of our Equality, Diversity and Inclusivity workstream, we have assembled both a steering group and an engagement

group to help support the development and implementation of plans and actions which recognise, respect and value people's differences. We are planning a framework of equality, diversity and inclusion learning and development and, also, we have an equality and diversity champion on our trustee board. This ensures that inclusivity is embedded in the organisation's governance framework and is ultimately considered in everything we do.

As an organisation, we are working to create opportunities and reduce barriers for everyone, particularly underrepresented groups. We are committed to making sure there is no discrimination in our processes for recruitment and selection, performance management and pay, and that promotion and retention is fairly granted across the organisation.

We have created an Equality, Diversity and Inclusivity recruitment toolkit and have incorporated Equality, Diversity and Inclusivity statements into all our job adverts and job descriptions. We have also signed up to the Association of Chief Executives of Voluntary Organisations' (ACEVO) eight principles of Equality, Diversity and Inclusion, as well as signing up to the National Centre for Diversity's Investors in Diversity Accreditation programme. On top of this, we've also become a Disability Confident Committed employer.



What did we say?

'As we begin to recover from the impact of the global pandemic, the clinical service is excited to be able to invite more family members to stay at Helen House. We will also be welcoming back some of the external partners who deliver enrichment activities such as music and animal visits on a timescale mirroring the relaxation of restrictions nationally.'

How did we do?

In March 2021, at the beginning of the last financial year, lockdown guidelines were still in full force and we had to limit the numbers of visitors to Helen & Douglas House in order to keep our vulnerable children, their families and our staff safe. Often, only the parents of significantly ill children were allowed to stay.

When restrictions began to ease in late July it was wonderful to be able to welcome brothers and sisters and other family members back into the hospice building and allow family groups to make use of our welcoming, newly redeveloped garden. In December, we were able to organise a series of wonderful Christmas parties where each family had their own bubble in which they could celebrate together and make special memories.



What did we say?

'In this interim period, the clinical service is additionally implementing and embedding electronic patient records, as a linked site to Oxford University Hospitals.'

How did we do?

In June 2021 we successfully launched electronic patient records with support from Oxford University Hospitals. The electronic patient records, which allow members of staff to quickly access and record patients' clinical details and interventions, will be replacing traditional paper records.

This new system means that all the advice and treatment that any patient receives – whether it's at the hospice, at home or in any other medical setting – is stored in one central location. We believe that it will be transformative in supporting families to feel confident in the level of care that they are receiving.



What did we say?

'We are looking to proactively increase our reach both by ensuring that existing users access all elements of our service from which they may benefit, and by examining ways to identify groups of children in need of palliative care who are not yet known to us.'

How did we do?

In order to ensure the families in our current caseload really benefit from our service, we have been working hard to make sure our offer is as broad and holistic as it can possibly be. We pride ourselves on providing flexible care that fits the needs of each individual family – and we don't have to physically look after a child overnight to give them world class palliative care.

Whether a child receives care at home, at our hospice or even in another hospice setting, our medical team, outreach nurses, social workers and siblings team work together seamlessly so the family can choose the kind of support they need to make the most of the time they have together.

We have also made progress in reaching children in need of palliative care who are not yet known to us through strengthening our relationships with partnership agencies including other hospices and community services. This increased engagement and coworking has prompted a number of new referrals in the last financial year. On top of this, we're currently recruiting for two new posts in our outreach team, both of which have a remit of extending our reach.



What did we say?

'We plan to extend our current model of bereavement support to families that have not previously had contact with our service. Our model of bereavement support is both practical and emotionally supportive and encompasses the entire family from before death, at the point of death and beyond. Effective bereavement support improves long term outcomes for families.'

How did we do?

During the last financial year, we remodelled our bereavement groups and created a specific group for newly bereaved parents. The participants said they gained a lot from the peer support they received in the group, and they all said they planned to maintain the cohesive relationships that they had formed as part of it. The newly bereaved parent group was so well evaluated that we plan to increase the number of groups we run in the future.

We are currently working to further increase our capacity in bereavement support by recruiting a Head of Family Support Services. Once in post, they will work with the Head of Volunteering Services to explore how we can use volunteers to enhance the service, as many other hospice services have done.

Emerging from the Pandemic

Successfully emerging from the Pandemic



The last two years have been as challenging for Helen & Douglas House as they have been for charities globally. However, thanks to the generous support of our donors, additional government support, business support grants and the furlough scheme, we maintained a stable financial position. Not only were we able to continue providing support to the families who so desperately needed us, but we were also able to come through the pandemic in a strong financial position.

The clinical picture

As we emerged from the pandemic, our clinical team worked hard to open our service to more visiting families. We optimised every opportunity to increase our bed capacity and our availability for day visits to the hospice. Our focus remains doing everything in our power to respond to the needs of the families we serve.

We came out of the pandemic with fewer nurses, so we are working to manage that deficit. However, the agility, expertise, and can-do attitude our remaining members of staff demonstrated in taking on new ways of working over the past two years have given us real confidence in our ability to deliver care flexibly. We feel more knowledgeable than ever about where to put our resources so that we can make the biggest difference.



▲ Leon enjoying arts and crafts at the hospice

In terms of research, despite the pandemic we have maintained our reputation as an attractive research partner, and we have been involved in a number of research projects in the last year. These have focused on understanding and improving the patient and family experience of receiving care, including pain management, support for children with feeding tubes, and spiritual care needs. We believe that our patients have an equal right to care based on the experience of their own peers. This is likely to be safer and to better meet their individual needs.

We have worked with the Academic Health Science Network on a patient safety project relating to gastrostomy feeding and supporting parents to maintain their confidence with practical procedures relating to feeding. We also contributed to the PARAMOUNT study which aimed to improve support for those giving medical care for pain to infants, children and young people in their own homes. This study concluded this year and led to the creation of a 'pain tool' which is in the final stages of development.

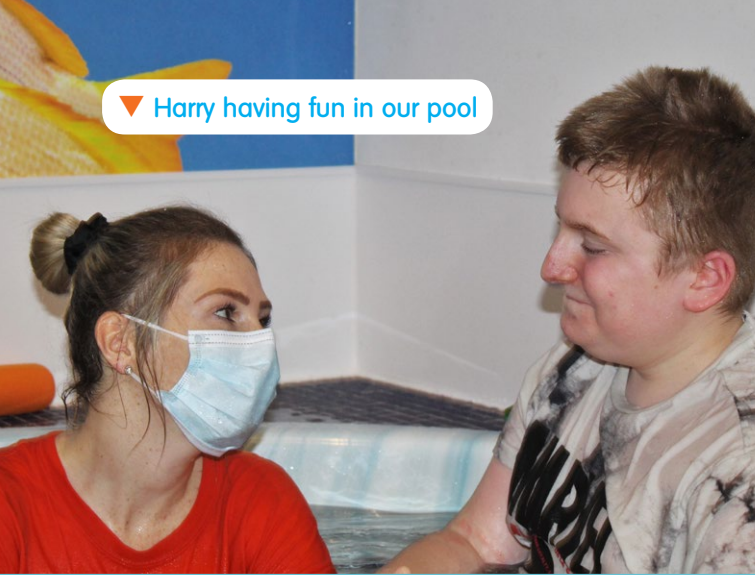
Helen & Douglas House was also involved in the multi-centre Diamorphine Paediatric Palliative Evaluation of feasibility of Randomised control trial (DIPPER) study looking at how best to conduct pain studies in children with palliative care needs. To address some of the needs identified in the DIPPER study, we were privileged to be involved in the formation of the Collaborative Paediatric Palliative Care Network (CoPPAR). This project, based at Martin House Research Centre, seeks to bring together children, families, clinicians and scientists in a network that supports taking research forward collaboratively. Helen & Douglas House is proud to be one of six main hosting centres and looks forward

to pioneering several collaborative projects relating to spirituality, outcome measures, staff wellbeing and symptom management.

We have also emerged from the pandemic with our excellent reputation for education intact. Throughout last year, the medical team contributed to regional teaching for the John Radcliffe Hospital Grand Rounds, the Thames Valley Paediatric Conference, and the Dying Matters week, among other events. We also delivered virtual teaching to identified sub-groups and continued to run our twice-yearly informal regional network education evenings around pain control, ethics and law. A new initiative of delivering hour-long virtual teaching sessions as an introduction to palliative care every 6 to 8 weeks has also been well-received.

The medical team also regularly contributed to national teaching, through organising and delivering teaching to trainee doctors developing higher-level paediatric palliative care skills (APPM GRID/SPIN teaching), Project Echo (national multi-disciplinary team monthly teaching) and both chairing and submitting abstracts to the Royal College of Paediatrics and Child Health national conference palliative care session. After becoming a registered centre for palliative care SPIN (Special Interest Development) for doctors, we are now supporting two medical registrars in developing their skills.

All of these teaching sessions and meetings provided an opportunity for networking and increased the prominence of Helen & Douglas House. What's more, they all contributed to better joined up working and the delivery of world-class palliative care to the children and families that we support.



▼ Harry having fun in our pool



▼ Leon with nurse Kath in our lovely garden on the roundabout

The effects on fundraising and retail

The pandemic inevitably had an impact on our ability to fundraise and, given that our retail shops were closed for many months, we suffered a significant loss in revenue. The vital government support that we received in 2020 was not repeated apart from a considerably smaller retail restart grant so this means that we are, once again, reliant on our generous supporters to be able to provide services to local terminally ill children and their families.

While there have recently been changes in the structure of local NHS services – and consequently in how children’s palliative care is commissioned – the impact that these changes will have on our income is uncertain. Currently, we receive 17% of our income from statutory sources and we do not anticipate a major change to that figure. In the two financial years of the pandemic, our income outperformed our budget because we were fortunate to receive some large gifts in wills and several substantial, unexpected, one-off donations.

Over the last two years we have learned that we can adapt our fundraising activity quickly and draw on technology to support this change. We, like many fundraising organisations, turned to virtual events – particularly Facebook challenges – to fill the void left by physical events and we enjoyed a

degree of success with these. Our community fundraising activity was impacted and has been slow to return, although we are seeing an increased desire for physical events and for supporters to return to holding their own fundraising activities.

While some income streams were impacted considerably, we found that others performed strongly. For example, our individual giving programme flourished, as our committed supporters responded energetically to our appeals for help. Other sources of funding from trusts and foundations also became available, and we were able to leverage some of these.

After trading for only 13 weeks in 2020/21, our retail operations quickly bounced back and we traded for 50 weeks in the financial year ending 31 March 2022. Retail outperformed our expectations as people returned to the high street in larger numbers than expected.

As noted earlier, one of the biggest casualties of the pandemic for our retail stores was our volunteer base. Many of our long-term loyal volunteers decided not to return once restrictions were lifted, so we are currently engaged in rebuilding this extremely valuable resource, without which we cannot continue to trade.

New 2021-25 Strategy

▼ Beth and Edith at our summer party

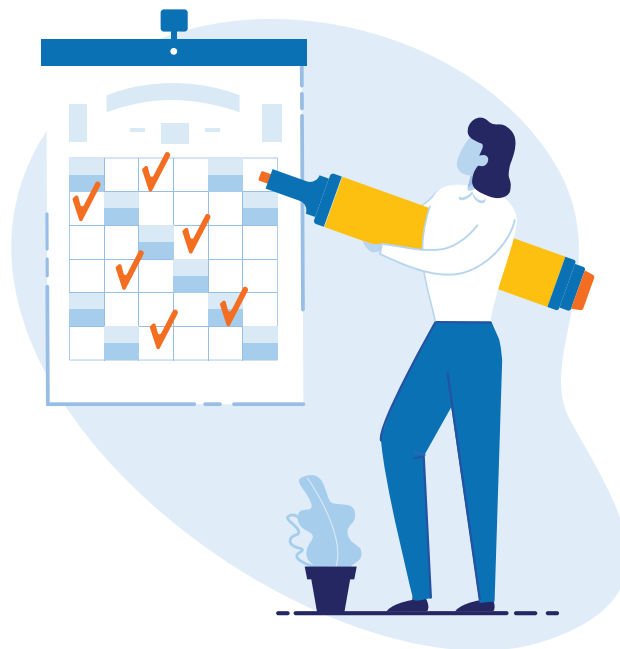


Reporting against our new 2022-2025 Strategy

In 2016 we launched a new vision, mission, and values, as well as a five-year strategy with some ambitious goals. During the five years that followed, the environment in which we operate, changed locally, nationally, and globally. As a result, in 2021 we worked with a small group of our trustees and an independent strategy advisor to carry out a strategic review and develop a new strategy for the future.

The extensive project involved us scrutinising each area of our operation in detail. We undertook a detailed analysis, drawing on the knowledge and views of our internal staff and taking into account the views of a number of related external sources to ensure our assumptions were supported by others.

The new strategy that emanated from this review began in April 2022 and will span three years. This shorter review period will enable us to refine our plans and react more quickly to the extremely unpredictable and volatile times we live in.



The primary goal of the new strategy is to ensure children and their families receive world class palliative care. We have developed three key aims to help us achieve this. They are:

- We will extend our service to reach more children and families and offer a wider portfolio of care so we can provide care where and when that's needed.
- We will invest in our people because we recognise that all our staff, wherever they work in the organisation, play a vital role in achieving our goal.
- We will ensure more of the money we receive is available to fund care by being more efficient about how we operate and by investing in technology.

How are we progressing against our new strategy?



What did we say?

'We will extend our service to reach more children and families and offer a wider portfolio of care so we can provide care where and when that's needed.'

How are we doing?

There are significant numbers of children living in England with a life limiting condition. We have started work to extend our reach to ensure that our service is accessible and equitable to more children and families. We have also been focussing on providing a broader range of services beyond nursing and medical care. On top of this we have been working to share our specialist knowledge, raise the profile of children's unique needs, lead the development of paediatric palliative care and contribute internationally to research and education.

Here are some of our achievements so far:

- We are pioneering our local Managed Clinical Network for children's palliative care to provide better integrated care solutions to children.
- Our medical services are influencing regional clinical leadership. Dr Emily Harrop holds a key regional role as co-Clinical Lead for children and young people's palliative and end of life care for NHS South East England, while Dr Charlotte Holland is the Education Lead for children and young people's palliative and end of life care for NHS South East England.
- A recent mapping exercise looked at the pathway of children's palliative care in Oxfordshire and revealed that Helen & Douglas House is delivering a more embedded paediatric palliative care service at clinician level.
- We are ensuring that we remain an attractive partner for research. In the last year we have completed two major research projects around end-of-life pain management and we have supported a study on staff wellbeing and a study on spirituality. We have also agreed to be a pilot site for the Children's Palliative Care Outcome Scale study and, in addition to this, we are a partner in the Collaborative Paediatric Palliative Care Network (CoPPAR).
- We have extended bereavement support by making the Little Room available for the families of children who have suffered unexpected deaths. The Little Room is a cooled facility where families can spend time with their child after they have died. This means that we are now able to offer practical and emotional support to even more families – particularly those who were not previously known to us.
- We are working with the Oxford University Hospitals NHS Foundation Trust to extend our spirituality support. We have also been recruiting families for a study that will help us to better understand their spiritual needs.
- We have employed a recruitment specialist to help us address our post-pandemic nursing shortfall. This will help us to increase the availability of our overnight supportive stays and give more families a break from the intensity of care.
- We have recently launched stay and play sessions at the hospice plus we have resumed our popular Network Saturdays.
- This year, we have undertaken a mapping exercise to explore the services that are available to support older teenagers as they transition from children's health services to adult health services.



What did we say?

'We will invest in our people because we recognise that all our staff, wherever they work in the organisation, play a vital role in achieving our goal.'

How are we doing?

People and their skills are our greatest asset and we want to be recognised as an employer of choice to ensure we attract and retain the best talent for our organisation. We also want to make our organisation a more inclusive place for our staff, volunteers and the children and families we care for.

Here are some of our achievements so far:

- We are ensuring our specialist medical services are becoming sustainable through recruiting senior talent from specialist centres and growing our own experts. Two senior paediatric registrars are currently on placement with us to learn palliative care skills, while two of our doctors have begun working towards formal Special Interest in paediatric palliative care.
- We have recruited three new trustees with expertise in the areas of technology, fundraising, and nursing.
- We have redrafted our scheme of delegation and shared this with the board.
- We are working to grow our capacity and reputation and become a premier healthcare provider employer in the Thames Valley. To achieve this, we have appointed a Clinical Recruitment Business Partner to improve our clinical recruitment outcomes. We are also undertaking our annual staff survey and benchmarking its results against the previous year, and we have established a Reward and Recognition working group.
- We are aligning our teams behind the same vision by rolling out a standardised performance management and evaluation process across the organisation.
- We are working to improve our performance in equality, diversity and inclusion (EDI). We have assembled both a steering group and an engagement group who are currently developing an EDI statement for our website. We have created an EDI recruitment toolkit and have incorporated EDI statements into all our job adverts and descriptions. We have also signed up to the Association of Chief Executives of Voluntary Organisations' (ACEVO) eight principles of EDI, as well as signing up to the National Centre for Diversity's Investors in Partnered with National Centre for Diversity and working towards Investors in Diversity Award level one. We have task and finish groups for developing an organisational inclusion calendar and learning and development. Additionally, we have become a Disability Confident Committed employer.



What did we say?

'We will ensure more of the money we receive is available to fund care by being more efficient about how we operate and by investing in technology.'

How are we doing?

Helen & Douglas House spends 68p out of every pound donated on providing care to children and their families. We want to increase this amount over time so that more of the money we receive is available to fund care. We plan to achieve this by being more efficient about how we operate and by investing in technology.

Here are some of our achievements so far:

- We are embarking on a major programme of work to improve our digital capacity. This year we have engaged a digital consultant who will take the lead in reviewing our current digital maturity and formulating a three-year digital strategy.
- We refined the planning framework that we used to form our 2022/23 budget and successfully used it in planning our 2023/24 budget.
- We devised and implemented a new volunteering strategy, recruited a Head of Volunteering, and established a volunteering steering group who meet monthly to drive decision making.
- We are working to improve the volunteer experience and have conducted a volunteer survey to help us do so. We are also introducing long service awards for volunteers, and we have revised the volunteer management structure to improve the support of volunteers too. What's more, we are creating a new volunteer-led working party to help engage and support volunteers and we are in the process of establishing a new Volunteer Forum to offer peer support and volunteer development.
- We are working to revise the home volunteering process to make it more equitable, and we are procuring a new volunteer management platform to improve processes, reporting and compliance
- We have scheduled a retail volunteering strategy session and volunteer manager training this winter. These sessions will help us to recruit and develop volunteers and allow us to increase our opening hours, while also providing cover for managers and reducing the need for paid deputy managers.
- We are currently researching volunteer-led bereavement support models which we plan to roll out later this year.
- We have implemented a new marketing strategy to support us in nurturing a brand profile which will help Helen & Douglas House to be perceived as a world-class children's palliative care provider. It will also help us to develop communications which are informed by audience insights, enable more families to engage with the charity, establish an internal communications programme, and develop our brand assets and platform technologies.

Looking
to the
Future

Looking to the future

Volunteering

Last year, we reviewed our volunteering capabilities, resources and processes, and identified opportunities for improvement. The review reported that our 395 existing volunteers are positive about their experience of giving time to Helen & Douglas House and are very proud of their contribution to our work. It also identified that there is an opportunity to grow by developing roles in other areas of the charity.

Since then, we have implemented a new volunteer strategy and recruited a Head of Volunteering who is overseeing an audit to identify and map retail and fundraising volunteer requirements and opportunities in the future.

We plan to review and improve our ambassador roles and introduce fundraising groups. We also plan to introduce advocacy roles to influence policy and investment in children's palliative care. On top of this, we will undertake a scoping exercise to look at where volunteers can support paid members of staff to reduce our operational costs.

Leadership

Our most recent staff survey identified that there were opportunities for us to improve the standards of leadership in our organisation. People and their skills are our greatest asset, so it's crucial that every member of the Helen & Douglas House team should be able to expect to work under supportive, inspiring and skilled management. What's more, we recognise that leading others is a privilege, and we want to inspire our leadership to fulfil the potential of their teams.



In response to the survey, we are making it a priority to invest time in our managers and make sure they understand the expectations of a management role. We plan to upskill them through coaching, mentoring and a management development toolkit, and we are also building a line managers' community where they will be able to share experiences and learn from their peers. We are confident that by investing in the skills of our people, we will boost retention and engagement, and be better equipped to develop potential leaders within our current workforce.

“As the world’s first children’s hospice we have a responsibility to share our specialist knowledge and raise the profile of children’s unique needs.”

Extending our services

Over the next three years we plan to identify and fulfil the palliative care needs of the children who need us and extend the portfolio of care we offer to meet the needs of families beyond nursing and medical care. This means broadening the range of activities that we offer to children in the hospice – something that we have already started to do.

We also plan to increase the number of supportive stays we offer to families to give them a break, and work in partnership with other services to provide healthcare therapies and spiritual support for all faiths. On top of this, we are working to extend our nursing services in the community so that we can care for children at home, if that is where they prefer to be.

As the world’s first children’s hospice we have a responsibility to share our specialist knowledge and raise the profile of children’s unique needs. We will continue to lead the development of paediatric palliative care and contribute internationally to research and education. More locally, we are pioneering our local Managed Clinical Network for children’s palliative care in order to provide better integrated care solutions to children.

We are the sole providers of specialist Level 4 palliative care across our catchment area and local hospitals rely on the medical and outreach clinical nurse specialist teams at Helen & Douglas House to advise, support and deliver children’s palliative care across the Thames Valley area. To support that we are going to build on our expertise and recruit a second Level 4 paediatric palliative care consultant.



▲ Frankie enjoying his time at the hospice

Digital, data and technology

As a charity, we recognise that our digital development currently lags slightly behind the wider business sector, so we have embarked on a major digital transformation programme. We are currently at an advanced stage of formulating our three-year digital strategy. We approached the creation of our strategy with the aim to make significantly better use of digital, data and technology to benefit our three main groups of stakeholders: our service users, our supporters, and our staff and volunteers.

A full review of our technology and digital infrastructure was undertaken to assess our current level of digital maturity, as well as an organisation-wide digital skills audit and a series of workshops to engage staff in what

part digital might play in the future. As part of the strategy, we will be establishing how we manage our data more effectively in the future to realise the full potential and the associated value of the data that we hold.

Once our strategy is finalised, we will roadmap and sequence the work we will need to undertake to bring the digital strategy to life. This will be challenging and will, in many ways, break new ground for Helen & Douglas House, so it is important that we acknowledge and embrace this significant cultural change and ensure that we take all staff and volunteers with us on the journey that will follow. We are confident we will be able to harness the full potential that digital and technology have to offer to help improve the service we provide to families and enhance our ability to generate funding.



▲ Taylor and care team member Julie enjoying sensory play

Communication strategies for staff, volunteers and families

For Helen & Douglas House to be recognised as the world-class children's palliative care provider that we are, it's important that we are always consistent with our brand messaging. It's also important that, underneath these overarching brand messages, we tailor our communications more effectively to our different audiences.

We recognise that, in the past, we have not always focused on the different needs of our three main audiences – our staff, our volunteers, and the families we serve. We know that we need to work harder to provide each of these groups with the information they need, in the personalised format they need, at a time that best suits them. Work is currently underway to map the different touchpoints that these groups will have with us so that we can develop communications that are informed by audience insights.

EDI accreditation

Supporting the principles of equality, diversity and inclusion (EDI) in our activities is not just morally and ethically the right thing to do, but it also underpins our ability to provide a world-class service and recruit the best people to organisational roles. We understand the importance of respecting and valuing each other's differences, and we want to make our organisation a more inclusive place for our staff, our volunteers, and the children and families we care for.

In order to achieve this, we know that we need to understand and reflect the diverse communities we serve. We recognise that we need to improve in this area, so we are listening and learning. In 2021/22 we began to lay the foundations of change by partnering with the National Centre for Diversity and working towards Investors in Diversity Award Level One. Going forward we will build on these foundations to ensure we are a truly diverse and inclusive organisation.



Sustainability

Climate change is one of the defining challenges of our time and we recognise we have a part to play. We believe that it is our moral obligation to look after the planet by becoming an organisation with a net zero strategy. We will help our volunteers and staff to contribute towards this goal by making sustainability a key factor at the start of all projects.

Two upcoming projects that have been designed with sustainability at their heart are the refurbishment of the Tree Tops family accommodation into two new flats, and the redesign of the office space in Douglas House to make it suitable for hybrid working.

We are currently undertaking an audit to understand what our carbon footprint is. This will be followed by the development of a sustainability strategy later in the year which will help us to make large-scale sustainable changes in a cost-effective way.



▲ Nathan and HRH The former Duchess of Cornwall decorating the Christmas tree at Clarence House

Picture credit: Ian Jones



▲ Sophie and her family having fun at the summer party

Financial Review

The background is a solid blue color. A large, dark blue semi-circle is positioned at the top, partially overlapping the text. At the bottom, there are two overlapping circles: a light blue one on the left and a dark blue one on the right.



▲ Frankie with care team member Julie



▲ Harry and Taylor baking with Siobhan and Jade

Financial review

We ended the financial year with a deficit on restricted funds of (£0.195m) and a surplus on unrestricted funds of £1.556m, resulting in a consolidated increase in funds for the year ended 31 March 2022 of £1.361m (2021: £2.585m increase in funds). Our like for like income (excluding all COVID-19 related financial support) increased by 53% compared to 2020/21 with some of the key movements as follows:

- Donations increased by £450k (+16%) Legacy income increased by £195k (+16%)
- Donated and Bought in Goods income increased by £2.3m (+281%) due to retail trading for the vast majority of the year compared to 2020/21
- Retail gift aid increased by £193k (+268%)
- Statutory funding increased by £109k (+16%)*

* - This does not include any additional hospice funding administered through Hospice UK

Overall, with the inclusion of all income received, there was a year-on-year increase of £535k (6%). The additional COVID-19 financial support we received during 2021/22 is detailed below:

- Government Hospice Support (NHSE)** - £0.185m
- Retail Restart Grants*** - £0.095m
- Business Continuity Insurance Claim - £0.194m

** The NHSE awarded funding to allow hospices to make available bed capacity and community support from December 2021 to March 2022 inclusive to provide support to people with complex needs in light of the omicron variant.

*** The retail units reopened in April 2021

As we came out of lockdown it enabled us to begin to do more particularly within Income Generation and so as a result our total costs increased, £9.0m versus £8.3m in 2020/21. In addition to a greater level of activity, there were increases to our cost base as a result of our annual pay review and inflationary increases in some of our on-going running costs.

Expenditure on Raising Funds is categorised between Donations & Legacies and Trading Activities. Within raising funds expenditure, the costs of raising donations and legacies increased by 9.6% and on trading activities (including the retail network and lottery) increased by 11.3%. Both year on year increases are largely as a result of the easing of lockdown restrictions and allowing an increase in activities within income generation.

Expenditure on Charitable Activities is categorised between Hospice Care and Bereavement. There was a 5.6% increase in the level of charitable activities expenditure, driven by a greater level of activity post-lockdown.

There was positive movement in the total value of our investments held by CCLA with a net increase of 5% in our total fund(s) value. Of this increase, **£0.441m** is net gains. Whilst the largest elements of our investments are included in fixed asset investments, there is **£0.382m** held in our CCLA deposit fund which is classified as short-term investment within current assets.

Risk management

The Trustees examined the principal areas of the charity's operations and reviewed the major risks associated with each. The Trustees consider that the charity's systems are such that these risks are managed to an acceptable level. The risk management strategy forms part of the annual planning process against which the Trustees regularly review progress. The Trustees review the risk register twice a year. The Trustees seek to anticipate future risks by undertaking risk analysis as part of the long-term strategic planning programme

The table below summaries our key risks and control measures that are in place:

Risk	Management
<p>Failure to safeguard service users, staff and volunteers Due to the conduct of a member of staff or volunteer or organisational change</p>	<p>Robust safeguarding policy and procedure Governance structures and policies Safeguarding team Safeguarding framework Safeguarding steering group with representatives in different departments Board reporting and nominated board member Safe recruitment procedures Rolled out training to retail staff Posters in all shops and departments Reporting culture Mandatory training in safeguarding Risk assessments Freedom to Speak Up Guardians</p>
<p>Unable to deliver a 24/7 inpatient service Therefore not able to consistently deliver care and end of life care in the place that a family chooses</p>	<p>Outreach to support families Telephone support from the medical team and the care team Support from the Community and Family Support Team Recruitment Plan – FTC Clinical Recruiter Creative use of the HDH services (day cases, mid-week stays) Joint working with the acute trusts and other community services (statutory and third sector) Use of virtual multi-disciplinary meetings between teams to plan care efficiently Significant increase in our community and in-reach offer Ongoing gap analysis and capacity monitoring with partners via Thames Valley Paediatric Palliative Care Network Work towards formalising a managed clinical network Engagement with NHS South East of England Palliative and End of Life Care Strategic Clinical Network</p>

<p>Recruitment and retention of talent does not enable HDH to effectively deliver its strategy Could lead to lack of support for HDH at the expected level to meet stakeholder requirements</p>	<p>EDI Strategy and action plan completed Clinical Recruitment Specialist in post Positive action taken following last staff survey MHFAs and Freedom to Speak up Guardians in place Use of bank and agency staff Looking creatively at staffing and skill mix Pulling RN's from other areas of the organisation (surge action plan) Flexible working policy implemented Relunched Staff Forum with more proactive messaging in advance of launching key initiatives HR Performance Dashboard in place and reviewed First People Day for Exec to discuss strategic people priorities Line Managers Community of Practice embedded to upskill Line Managers</p>
<p>Our voluntary income and retail income shows an immediate decline due to a reputational issue or a slow and sustained decline over time Potential for operational expenditure to exceed net income</p>	<p>Monthly monitoring of all income streams performance against budget & discussion regarding contingency plans A mix of income sources and products which are at different stages of the product life, this enables us to spread our risk Investing in sustainable income sources such as regular giving Extensive networks across the sector and regular contact with key fundraising consultants, the Institute of Fundraising and the Charity Retail Association</p>
<p>Electronic Communication Failure A breakdown of the organisation's electronic and telephonic communication systems</p>	<p>Emergency plans (Business Continuity) Emergency mobile phones for the care team Use of personal mobile phones Robust backup measures & processes Firewall End point security on all laptops and desktops Periodic penetration testing Periodic phishing tests Back Up generator ICT Support Contracts (Security/Licencing/Phone System) Investment in robust ICT infrastructure ICT Headcount Increased Out of Hours On-Call Support Regular 1:1, between Director of Finance and ICT and Head of ICT Clear ICT Processes and Communication methods Clear plans for safe administration of medicines if EPR fails Adhoc external, independent ICT review audit Formal business case sign off for new ICT projects and initiatives Targeted staff comms on best practice eg Passwords/Phishing etc</p>

Investment Policy

The charity invests in pooled funds managed by CCLA Investment Management Ltd. Investments are primarily held in equity funds. The portfolio is reviewed at least annually, with consideration given to the weighting of our total exposure in equities, bond-like investments and cash. Under the guidance of CCLA Investment Management Ltd, we make amendments according to the anticipated market conditions and the organisational needs identified in our review(s). The quarterly reports from CCLA's Social Responsibility Investigation Unit confirm to the Trustees that the CBF funds' managers adopt a rigorous approach to corporate social responsibility in line with the Trustees' instructions on ethical codes.

One element of the CCLA CBF fund long-term investment objective is to achieve an average annual return of inflation plus 5% on a portfolio of prudently and ethically invested financial assets. During 2021/22 our total portfolio return (net of fees and expenses) was **7.4%**. There were investment income payments totalling **£0.234m** and an overall net gain of **£0.441m**.

Reserves Policy & Going Concern

Reserves are held to enable us to continue to help beneficiaries and to secure the future of the charity. They provide investment income, cash resources for capital projects and a subsidy for years when income does not match expenditure.

Our policy is to have free reserves of at least six months' total operational costs of providing charitable activities including support costs. The value is based on the annual budget and is reviewed each year:

Summary of Free reserves 31 March 2022	£'000
Unrestricted Reserves at 31 March 2022	16,177
Less the value of fixed assets	3,697
Less amounts allocated or designated	1,998
'Free' reserves at 31 March 2022	10,482

As at March 2022, it cost **£318k*** per month to provide hospice care, family support and bereavement care. The 2022/23 six-month total operational costs budget is **£5.402m** so the March 2022 level of 'free' reserves represents c11 months' total operational costs**. Unrestricted reserves less fixed assets represent c14 months' total operational costs.

* - basis of calculation is annual total of 2021/22 Hospice and Bereavement expenditure including their share of support costs and depreciation.

** - the total operational costs budget includes hospice & bereavement, support services and income generation costs.

The Charity has recently embarked on a new three-year strategy with the aim of increasing the scale and breadth of services that we offer, investing in systems & technology and building an engaged, diverse and collaborative team. This will require significant investment and over the timeframe of the strategy our reserves will be decremented to a level more aligned with our policy level.

The Charity has considered its future service costs in relation to projected income in the short to medium term future. Whilst there remains some uncertainty around certain income streams, there is a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future.

The Trustees believe that the Charity is well placed to manage its risks successfully. There are no material uncertainties about the group and Charity's ability to continue as a going concern.

Allocated/designated amounts

Helen & Douglas House makes several allocations from its unrestricted reserve. These cover:

- Unexpired lease commitments for retail shops
- Funds to cover overspends related to maternity leave or long-term absence
- Funds to cover redundancy, should the Charity become unviable in the future
- Shop dilapidations for units outside of the two-year provision calculation

Pay policy

The organisational pay policy sets out the principles that the Charity follows, for example, in setting pay, the following areas are taken into account:

- Equal pay for work of equal value
- Cost of living
- National Living Wage
- Pensions & Benefits
- Competitiveness
- Affordability/use of Donor Funds

It is reviewed annually by the people and remuneration committee.

Pay Scales and Rates

The Charity has moved away from NHS Agenda for Change to determine pay scales and rates, but is committed to remaining competitive against the NHS for Clinical staff

As of 31 March 2022, with the exception of the CEO, Retail and Doctors, all employees are paid on a rankings scale, their position on which is determined by their job role. Retail staff are on a separate pay scale.

The CEO salary is approved by the Chair of Trustees and Doctors' sessional rates are determined by the Department of Health.

The minimum hourly rate paid in 2021/22 was **£8.91**, this is in line with the National Living Wage.

Pension Schemes

The Charity offers two pension schemes.

NHS Pension

Employees who join, having paid into an NHS pension in the previous 12 months, are entitled to re-join the NHS Scheme.

Employer's Pension

Employees are able to join one of two schemes.

There is a higher contribution rate scheme that has been in operation for some time. This requires the employee to contribute 6% and the Charity 7%. If the employee chooses not to join this scheme and meets the requirements, they will be automatically enrolled into a scheme offering the minimum level of contributions (2021/22: 5% for employee & 3% for employer). Staff must choose to opt out of the auto-enrolment scheme if they do not wish to join.

Administrative details

The Trustees, who are also directors of the charity for the purposes of the Companies Act, submit their annual report and the audited financial statements for the year ended 31 March 2022. The annual report and financial statements comply with the Charities Act 2011, the Companies Act 2006, Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102), the charity's memorandum and articles of association and the requirements of a directors' report as required under company law.

The table below is a list of all trustees covering the relevant reporting period and the Assurance Committee they sit on.

	Clinical Governance	Organisational Audit and Health & Safety	Finance and Income Generation	People and Remuneration	Trading Company
Trustees:					
Tanya Baldwin				✓	
Lord Blair of Boughton					
Katherine Boyce	✓	✓			
Sir Stephen Bubb (Resigned April 2022)					
Dr Ann Goldman	✓				
David Gye			✓	✓	
Colin Love (Resigned May 2021)					
Peter Marland					
Sister Jean Raphael		✓			
Annewen Rowe		✓			
Simeon Tinant					
Martin Wildsmith			✓		✓
Ian Watson				✓	
Professor Andrew Wilkinson	✓				
Catherine Worswick (Resigned Jan 2022)					
Gina Gill (Appointed July 2022)					

Key management personnel:	
Chief Executive Officer & Trading Company Director	Clare Periton
Director of Clinical Services	Andrea Lambert
Director of Support Services	Ashley Roper
Director of Income Generation	Hazel Bedford
Director of Finance and ICT	Mark Stowe
Medical Director	Dr Emily Harrop
Company Secretary & Trading Company Director	Mike Cooper

Solicitors:
Freeths LLP, Spires House, 5700 Oxford Business Park South, Oxford OX4 2RW Pennington Manches, 9400 Oxford Business Park, Garsington, Oxford, OX4 2HN

Independent auditor:
Sayer Vincent LLP, Invicta House, 108-114 Golden Lane, London, EC1Y 0TL

Banks:
National Westminster Bank plc, 32 Cornmarket Street, Oxford, OX1 3HA
Barclays Bank plc, 54 Cornmarket Street, Oxford, OX1 3HB

Investment managers:
CCLA, Senator House, 85 Queen Victoria Street, London, EC4V 4ET

The charity and public benefit

Helen & Douglas House accepts patients based on an objective assessment of need against defined criteria, and in line with principles adopted nationally for children and young people with palliative care needs (ref. Together for Short Lives). We operate a principle of equality of access to care, according to assessed need, and offer services to any member of the public within those criteria without discrimination (subject to operating capacity).

We provide care free of charge to our beneficiaries. We are only able to do this through the generosity of public donations and through our continual pursuit of a fair funding contribution from statutory sources. For every £1 received of statutory money, the charity itself generates a further **£3.87** of income from voluntary donations, representing significant return on investment for the state.

The trustees have had regard to the Charity Commission's guidance on public benefit in carrying out the charity's objectives and are satisfied that any eligible child or young person, and their family members/ carers can benefit from the charity's services.

Organisation structure, governance and management

Helen House and Douglas House were each originally established under the aegis of the Society of All Saints Sisters of the Poor (ASSP), a registered charity and Anglican religious community for women, whose Mother House is in Oxford. The two hospices are built within the grounds of the Society's Convent. On 14 October 2016, a Special Resolution was adopted by the Trustees of the ASSP which gave Helen & Douglas House independence from their organisation structure.

The Chief Executive is responsible for organising an induction programme for new trustees and on-going training for all trustees. Each trustee receives a trustee induction file on appointment. This and on-going training are based on material provided by Hospice UK, the umbrella body of the hospice movement in the United Kingdom, and the Charity Commission.

Whilst the trustees have, and accept, ultimate responsibility for directing the charity's affairs they have delegated authority for day-to-day operational decisions to the chief executive, who reports to them at the quarterly meetings of the board.

Helen & Douglas House (Trading) Limited, a wholly owned subsidiary of Helen & Douglas House, was established to generate funds for the charity from the sale mostly of donated goods, with a small element of new goods in the sales-mix. In April 2006, a decision was taken to directly account for the sale of donated goods through the charity rather than channelling them through the trading company. The sale of new goods continues to be accounted for through Helen & Douglas House (Trading) Limited. The results of the subsidiary company have been incorporated into these financial statements. The profit for the trading subsidiary was **£12k (2021: £11k loss)** and the negative reserve position has been eliminated.

Trustee board members

A sister of All Saints Sisters of the Poor is a Trustee of Helen & Douglas House. The remaining trustees do not have a beneficial interest.

Trustees' responsibilities

The trustees (who are also directors of Helen & Douglas House for the purposes of company law) are responsible for preparing the trustee's annual report, including the strategic report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practices).

Company and charity law require the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and group and of its incoming resources and application of resources, including the income and expenditure, of the group for that period. In preparing these financial statements the trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SoRP.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

The trustees confirm that so far as they are aware, there is no relevant audit information of which the charity's auditors are unaware. They have taken all the steps that they ought to have taken as trustees in order to make them aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

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

The trustees' annual report which includes the strategic report has been approved by the trustees on 25 July 2022 and signed on their behalf by

Ian Blair
Chair of Trustees
Date: 25 July 2022

Independent auditor's report to the members of Helen & Douglas House

Opinion

We have audited the financial statements of Helen & Douglas House (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2022 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the 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 FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2022 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

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 group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Helen & Douglas House'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 other information comprises the information included in the trustees' annual report, including the strategic report, other than the group financial statements and our auditor's report there on. The trustees are responsible for the other information contained within the annual report. Our opinion on the group 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. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group financial statements or our knowledge obtained in the course of 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 this gives rise to a material misstatement in the group financial statements themselves. 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' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic 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 the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

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

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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

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

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the finance and income generation committee, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations. We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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 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 is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Fleur Holden (Senior statutory auditor)
14 December 2022

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL
Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Financial statements

Consolidated statement of financial activities for the year ended 31 March 2022 Incorporating an income and expenditure account

	NOTE	Restricted funds £000	Unrestricted funds £000	Total funds 2021/22 £000	Total funds 2020/21 £000
Income from:					
Donations & legacies	2a	151	4,548	4,699	5,002
Charitable activities	2b	969	0	969	2,243
Other trading activities	2c	0	3,847	3,847	1,323
Investments	2d	0	234	234	235
Other	2e	0	208	208	619
Total		1,120	8,837	9,957	9,422
Expenditure on:					
Raising funds: Donations & legacies	3	2	1,828	1,830	1,670
Raising funds: Trading activities		0	3,390	3,390	3,045
Charitable activities: Hospice care		1,077	2,236	3,313	3,201
Charitable activities: Bereavement		204	300	504	414
Total		1,283	7,754	9,037	8,330
Net income before net gains on investments		(163)	1,083	920	1,092
Net gains on investments	6	0	441	441	1,493
Transfer between funds		(32)	32	0	0
Net movement in funds		(195)	1,556	1,361	2,585
Reconciliation of funds:					
Total funds brought forward	17	481	14,621	15,102	12,517
Total funds carried forward		286	16,177	16,463	15,102

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 and the comparative prior year SOFA is disclosed in Note 17.

Balance sheets as at 31 March 2022

		Group		Charity	
	NOTE	2021/22 £000	2020/21 £000	2021/22 £000	2020/21 £000
Fixed assets					
– tangible fixed assets	5				
Buildings		3,403	3,672	3,403	3,672
Fixture, fittings & equipment		181	192	181	192
IT Costs		113	85	113	85
		3,697	3,949	3,697	3,949
Fixed assets – investments					
Investments	6	9,866	7,148	9,866	7,148
Current assets					
Stock		1	0	0	0
Debtors	8	1,007	745	1,007	744
Short term investments	9	382	2,504	382	2,504
Cash & bank		2,055	1,296	2,054	1,295
		3,445	4,545	3,443	4,543
Current liabilities					
Creditors <i>(falling due in less than one year)</i>	10	(545)	(540)	(544)	(545)
Net current assets		2,900	4,005	2,899	3,998
Net assets		16,463	15,102	16,462	15,095
Accumulated funds					
Unrestricted – Designated	15a	1,998	2,352	1,998	2,352
Unrestricted – General	15a	14,179	12,269	14,178	12,262
Restricted	15a	286	481	286	481
		16,463	15,102	16,462	15,095

Company Number: 4120488

These financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:

Ian Blair
Chair of Trustees
25 July 2022

Statement of cash flows for the year ended 31 March 2022

	2021/22	2020/21
	£000	£000
Net cash flow from		
Cash flows from operating activities:		
Net income for the reporting period	1,361	2,585
Adjustments for:		
Depreciation charges	444	398
Net gains on investments	(441)	(1,493)
Dividends, interest and rent from investments	(234)	(235)
Investment donation (shares)	(155)	0
Loss / (profit) on disposal of fixed assets	(2)	0
(Increase) / Decrease in stock	(1)	3
Increase in creditors	5	51
(Increase) / Decrease in debtors	(262)	462
Net cash provided by operating activities	715	1,772
Cash flows from investing activities:		
Dividends, interest and rents from investments	234	235
Proceeds from the sale of fixed assets	2	0
Purchase of fixed assets	(192)	(156)
Purchase of investments	0	(1,000)
Net cash provided by / (used in) investing activities	44	(921)
Increase in cash balance	759	851
Movement in cash balances		
Start of year	1,296	445
End of year	2,055	1,296
Change	759	851

Accounting Policies

Statutory information

Helen & Douglas House is a company limited by guarantee and is incorporated in England, registered in England and Wales (No. 4120488).

It is a registered charity in England and Wales (No. 1085951).

The registered office address and principal place of business is **14a Magdalen Road, Oxford OX4 1RW**.

The following accounting policies have been used consistently with items considered material in relation to the group accounts.

Basis of preparation

The accounts have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK & the Republic of Ireland (FRS 102) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK & the Republic of Ireland (FRS 102) and the Companies Act.

The consolidated financial statements comprise the accounts of Helen & Douglas House and its trading subsidiary, Helen & Douglas House (Trading) Limited, made up to 31 March 2022. The trading results of the subsidiary are shown in note 7. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet.

A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act.

Public benefit entity

Helen & Douglas House meets the definition of a public benefit entity under FRS 102.

Going concern basis

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The charity has investment and bank balances of some £12.3m (2021: £10.9m) which the trustees consider adequate to meet future operational commitments.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

Investment in subsidiaries

The investment in subsidiaries is at cost.

Income

- Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.
- Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received, and the amount can be measured reliably and is not deferred.
- Income received in advance of the provision of a specific service is deferred until the criteria for income recognition are met.
- Cash donations are credited to the Statement of Financial Activities as received. Where assets have been donated a cash equivalent value is included. Donated assets with a value of less than £5,000 are not included in the accounts because it would not be economical to establish a fair value.
- Legacies are recognised when the charity has been notified that it is a beneficiary, the amount is determinable, or money is received.
- In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.
- Investment income is accounted for on an accruals basis.
- 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 the interest paid or payable by the bank.
- Income raised through the shops is recognised on a receipts basis.
- Tax recoverable on amounts received by way of Gift Aid is included in the accounts on an accruals basis. Retail Gift Aid is included on an accruals basis.

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 activity headings:

Charitable activities (Hospice Care)	The direct cost of running Helen House and Douglas House, Clinical management, Medical Team and direct support services of Catering, Domestic and Facilities teams.
Charitable activities (Bereavement)	The cost of the operation of the community and family support services team which includes bereavement.
Costs of raising funds	The cost incurred to receive voluntary contributions as well as the cost of activities with a fundraising purpose.
Trading activities	The cost related to running our network of shops and our Lottery operation.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support services

Expended resources are allocated to the particular activity where the cost relates directly to the activity. The cost of overall management and administration of each activity, comprising salary and overhead costs of central functions, is apportioned on the following basis:

Support Area	Basis of apportionment to the four main cost areas
Finance	Based on the combined value of income and expenditure
CEO Office	Apportionment based on the % time allocated by individual employees
Governance	Apportionment based on the total cost in each area
ICT	Apportionment based on the % time allocated by individual employees
People, Volunteering & Resources	A combination of allocation methods used based on an individual employee role, including recruitment numbers, number of employees and number of volunteers
Brand and Marketing**	Apportionment based on the % time allocated by individual employees

** 2021/22 is the first year that Brand and Marketing have been allocated across activity. In previous years the costs were included fully within 'Raising Funds : Donations & Legacies'

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Debtors

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

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 of three months or less from the date of acquisition or opening of the deposit or similar account.

Creditors and provisions

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

Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund. Funds restricted for the purchase of fixed assets are transferred to unrestricted funds once the asset has been acquired.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Stock

Stock is valued at the lower of cost and net realisable value. The stock of donated goods is not valued.

Tangible fixed assets

Items of expenditure are capitalised where the purchase price exceeds £1,000.

Depreciation charges are allocated to activities on the basis of the use of the related assets in those activities.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value evenly over its expected useful life. The depreciation rates in use are as follows:

Buildings	2.5%
Building Improvements	10.0%
Fixtures & fittings	15.0%
Computer equipment	33.3%
Motor vehicles	25.0%

Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

Listed investments

Investments are a basic form of financial instrument and are initially recognised as their transaction value and subsequently measured at their fair value as at the balance sheet date, using the closing quoted market value. Any change in the fair value will be recognised in the Statement of Financial Activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains on investments" in the Statement of Financial Activities.

The charity does not acquire complex financial instruments.

Investment properties

Investment properties are measured initially at cost and subsequently included in the balance sheet at fair value. Investment properties are not depreciated. Any change in the fair value is recognised in the Statement of Financial Activities. The valuation method used to determine fair value will be stated in the note to the accounts.

Taxation

No corporation tax is payable due to the charitable status of the parent company. Taxable profits are generated by the Trading subsidiary and are transferred as a gift to the parent company.

Pension costs

The Charity operates its own defined contribution scheme, currently provided by Scottish Widows. In addition, some employees are entitled to be members of the NHS pension scheme. For the Charity to allow the employee to continue with membership of the NHS Pension Scheme they must have paid into it in the 12 months prior to joining the Charity.

The NHS Pension Scheme is an unfunded, defined benefit scheme for NHS employers, GP Practices and other bodies allowed under the direction of the Secretary of State.

The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Charity of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Operating leases

Rentals applicable to operating leases are charged on a straight-line basis over the period of the lease.

Notes to the financial statements for the year ended 31 March 2022

2	Income	2021/22 £000	2020/21 £000
2a	Donations	3,222	2,772
	Legacies**	1,382	1,187
	Coronavirus Job Retention Scheme	0	726
	Retail Support Grants	95	317
		<u>4,699</u>	<u>5,002</u>
	<i>** - At 31 March 2022 there was c£624k in the legacy pipeline (at 31 March 2021 c£980k)</i>		
2b	Charitable activities		
	NHS England Children's Hospice Grant (see Note 15a)	472	458
	NHS and Local Authority contributions to cost of care	312	217
	Government Funding (Hospice UK) (see Note 15a)	185	1,568
		<u>969</u>	<u>2,243</u>
2c	Trading activities		
	Sales of donated and bought in goods	3,163	831
	Gift Aid on sales of donated goods	265	72
	Web sales	73	58
	Lottery income	311	318
	Other	35	44
		<u>3,847</u>	<u>1,323</u>
2d	Investments		
	Rent income	0	10
	Fund and Dividend income	234	225
		<u>234</u>	<u>235</u>
2e	Other income		
	Profit on sale of Warehouse	2	17
	Other (Including Business Continuity Insurance Claim relating to the first lockdown of Covid-19)	206	603
		<u>208</u>	<u>619</u>
	Total income	<u>9,957</u>	<u>9,422</u>

3	Expenditure – Current Year	Hospice Care	Bereavement	Fundraising	Trading	2021/22
		£000	£000	£000	£000	£000
	Pay costs	2,091	411	815	1,491	4,808
	Non-pay costs	335	6	550	1,350	2,241
	Central support costs (see below)	540	87	465	452	1,544
	Depreciation	347	0	0	97	444
		3,313	504	1,830	3,390	9,037
	Central Support Costs:	£000	£000	£000	£000	£000
	Finance	35	6	86	95	222
	CEO Office	121	0	40	40	201
	Governance	6	1	3	8	18
	IT	22	11	164	22	219
	People & Resourcing Team	238	35	54	220	547
	Brand & Marketing*	118	34	118	67	337
		540	87	465	452	1,544

* For the purpose of the 2021/22 accounts Brand & Marketing has been included within Central Support Costs. In prior year accounts Brand & Marketing was included with Fundraising.

3	Expenditure – Prior Year	Hospice Care	Bereavement	Fundraising	Trading	2020/21
		£000	£000	£000	£000	£000
	Pay costs	2,072	362	945	1,548	4,927
	Non-pay costs	316	7	489	1,091	1,903
	Central support costs (see below)	478	45	236	343	1,102
	Depreciation	335	0	0	63	398
		3,201	414	1,670	3,045	8,330
	Central Support Costs:	£000	£000	£000	£000	£000
	Finance	35	4	79	79	197
	CEO Office	160	0	34	34	228
	Governance	5	1	3	5	14
	IT	68	19	67	39	193
	People & Resourcing Team	210	21	53	186	470
		478	45	236	343	1,102

3 Net income / (expenditure) for the year is stated after charging:

	2021/22 £000	2020/21 £000
Auditor's remuneration (excluding VAT):		
Audit of these financial statements	17	16
Audit of financial statements of subsidiary	1	1
Other Services	0	1
Operating lease rentals – Property	809	798
Operating lease rentals – Other	5	16

4 Salaries and employees

The number of permanent employees and (Full Time Equivalent status) as at 31 March 2022 & 31 March 2021, by function was:

	2021/22		2020/21	
	Head Count	FTE	Head Count	FTE
Nursing, medical and care	51	(44.31)	49	(39.05)
Fundraising	20	(18.23)	23	(21.38)
Management & administration	26	(24.96)	21	(20.05)
Retail	60	(52.41)	61	(50.57)
Estates, domestic and catering	11	(9.73)	10	(9.12)
	168	(149.64)	164	(140.18)

The organisation employed people on bank contracts (zero hours). In 2020/21 there were 70 **individuals** who worked zero hours contracts totalling the equivalent of **6.85 FTE** (2020/21: 59 individuals, 3.49 FTE). Bank FTE are **not** included in the table above.

Staff salary costs:

	£000	£000
Salaries***	4,981	4,877
National Insurance Contributions	464	440
Pension Contributions	360	343
*** - Includes actual & accrued redundancy costs	5,805	5,660
Agency, advertising and other employee costs	115	93
	5,920	5,752

Employee emoluments:*

	2021/22	2020/21
£90,000 - £99,999	2	1
£80,000 - £89,999	0	1
£70,000 - £79,999	2	1
£60,000 - £69,999	3	2

* - Excludes Employer NI and Pension

Key management personnel (as defined in the Trustees' Annual Report) total remuneration was **£582,185** (2020/21: **£518,458**)**

** - Includes Employer NI and Pension

Termination payments***

In **2021/22** the Charity had 5 (2020/21:1) termination payments that amounted to £12,913 (2020/21: £4,374)

*** - any redundancy costs are **included** within the termination payments total.

4 Salaries and employees (continued)

Pension costs

Total pension contributions charged to the statement of financial activity, by scheme

	2021/22 £000	2020/21 £000
Charity defined contribution scheme	202	203
NHS pension scheme	158	140
Total	360	343

Volunteers

The number of individuals who volunteered for the group is set out in the table below:

	Number of volunteers		Number of hours volunteered		Economic value of the hours (£)	
	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21
Care	83	101	4,017	763	35,791	6,653
Fundraising	0	0	0	0	0	0
Retail	304	355	255	0	2,272	0
Other	17	14	314	0	2,798	0
Total	404	470	4,586	763	40,861	6,653

5 Fixed Assets

	Land & Buildings	Building Improve-ments	Fixtures, fittings & equipment	IT Cost	Motor vehicles	Total
	£000	£000	£000	£000	£000	£000
Cost						
At 1 April 2021	6,206	1,353	1,734	385	25	9,703
Additions	0	0	67	125	0	192
Disposals	0	0	0	0	(15)	(15)
At 31 March 2022	6,206	1,353	1,801	510	10	9,880
Depreciation						
At 1 April 2021	(2,943)	(944)	(1,542)	(300)	(25)	(5,754)
Charged in year	(158)	(111)	(78)	(97)	0	(444)
Eliminated on disposal	0	0	0	0	15	15
At 31 March 2022	(3,101)	(1,055)	(1,620)	(397)	(10)	(6,183)
Net book value						
At 31 March 2022	3,105	298	181	113	0	3,697
At 1 April 2021	3,263	409	192	85	0	3,949

Douglas House property assets continue to be recognised in the financial statements as the expectation is the assets will continue to deliver benefits to the Charity.

As at 31st March 2022 the Charity agreed to sublease Douglas House to Oxford University Hospitals NHS Foundation Trust. The operating lease annual rent is £51,000 per annum, with the initial contractual term ending 26th April 2023.

All assets are used for charitable purposes.

6 Investments

	2021/22 £000	2020/21 £000
CCLA – Investment Fund	9,477	6,887
Other listed investments (Bonds and Shares)	389	261
Total Fixed Asset Investments	9,866	7,148
CCLA – Deposit Fund	382	2,504
Total Current Asset Investments	382	2,504
	10,248	9,652
Market value at 1 April 2021	9,652	7,509
CCLA – Investment Fund Purchases	2,122	-
CCLA – Deposit Fund Investment	(2,122)	1,000
Donation of shares	155	-
Transfer of Investment Property	0	(350)
Net gain on revaluation	441	1,493
Market value at 31 March 2022	10,248	9,652

7 Subsidiary Undertaking

The charity owns the whole of the issued ordinary shares of Helen & Douglas House (Trading) Limited, a company incorporated in England (Co. Number : 05090748). The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under gift aid to the charitable company. Clare Periton, of the charitable company, Michael Cooper, and Martin Wildsmith, are directors of Helen & Douglas House (Trading) Limited.

A summary of the company's results are as follows:

	2021/22 £000	2020/21 £000
Turnover	61	27
Cost of sales	(38)	(25)
Gross profit	23	2
Administrative expenses	(11)	(13)
Profit on ordinary activities before taxation	12	(11)
Taxation on profit on ordinary activities	0	0
Profit for the financial year	12	(11)
Retained earnings brought forward	(3)	8
Profit for the financial year	12	(11)
Profits distributed to parent under gift aid	(1)	0
Retained earnings carried forward	8	(3)

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. All movements in equity are included within the statement above.

Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2021/22 £000	2020/21 £000
Gross income	9,957	9,422
Result for the year	1,361	2,585

	Group		Charity	
	2021/22 £000	2020/21 £000	2021/22 £000	2020/21 £000
8 Debtors				
Trade debtors	54	107	54	107
Investment income receivable	22	12	22	10
Accrued income	279	218	279	220
Accrued legacy income	220	25	220	25
Prepayments	312	307	312	307
VAT recoverable	80	59	80	58
Other debtors	40	17	40	17
	1,007	745	1,007	744

	Group		Charity	
	2021/22 £000	2020/21 £000	2021/22 £000	2020/21 £000
9 Current asset investments				
CBF Deposit Fund	382	2,504	382	2,504

	Group		Charity	
	2021/22 £000	2020/21 £000	2021/22 £000	2020/21 £000
10 Creditors				
Trade creditors	195	99	195	95
Social security and other taxes	146	110	146	110
Other creditors	94	161	94	171
Accruals and deferred income	110	170	109	169
	545	540	544	545

11 Trustee remuneration
No trustees (2021/22: None) received remuneration for their office. No trustees were reimbursed for expenses (2020/21: None) for representing the charity.

12 Leasing commitments
At the end of the year the Charity & Group had total commitments under **non-cancellable leases** as follows:

	Property		Other	
	2021/22 £000	2020/21 £000	2021/22 £000	2020/21 £000
Less than one year	620	730	7	8
Between one and five years	804	1,030	3	11
More than five years	0	10	0	0
	1,424	1,770	10	19

13 Related party transactions
Helen & Douglas House paid rent of £46,747 (2020/21 £46,747) to The Society of All Saints, Sisters of the Poor. In addition there is a contribution of £5,400 (2020/21 £5,400) to the maintenance of the communal garden. The trustees of The Society of All Saints were members of Helen & Douglas House until October 2016, however one Trustee is now common to both Boards.

14 Analysis of group net assets between funds

	2021/22 £000	2020/21 £000
General charitable funds	14,179	12,269
Designated funds	1,998	2,352
Restricted Funds	286	481
	16,463	15,102

The funds are represented by:

	Restricted £000	Designated £000	Unrestricted £000	2021/22 £000
Fixed assets	0	0	3,697	3,697
Investments	0	1,998	7,868	9,866
Current assets	286	0	3,159	3,445
Current liabilities	0	0	(545)	(545)
	286	1,998	14,179	16,463

	Restricted £000	Designated £000	Unrestricted £000	2019/20 £000
Fixed assets	0	0	3,949	3,949
Investments	0	2,352	4,796	7,148
Current assets	481	0	4,064	4,545
Current liabilities	0	0	(540)	(540)
	481	2,352	12,269	15,102

15a **Movements in funds (Current Year)**

	Balance 01/04/2021	Income & Gains	Expenditure & Losses	Transfers between funds	Balance 31/03/2022
Restricted funds	£000	£000	£000	£000	£000
Charitable Activities					
NHS England Children's Hospice Grant	0	472	(472)	0	0
NHS and Local Authority contributions to cost of care	0	312	(312)	0	0
Government Funding (via Hospice UK)	0	185	(185)	0	0
	0	969	(969)	0	0
Donations and Legacies					
Enablement	38	0	(37)	0	1
HH play	74	1	(39)	0	36
HH music	1	0	0	0	1
HH art	2	0	0	0	2
HH in-patient	25	9	(24)	0	10
Outreach work	109	61	(106)	0	64
Thames Valley Health Education	29	0	0	0	29
Clinical training	33	0	(9)	0	24
Clinical equipment	121	40	(18)	(25)	118
Volunteering	1	0	(1)	0	0
Care and Family Support Services	10	29	(39)	0	0
Projects	38	11	(41)	(7)	1
	481	151	(314)	(32)	286
	481	1,120	(1,283)	(32)	286
Unrestricted funds					
<i>Designated funds:</i>	£000	£000	£000	£000	£000
Lease commitments	1,788	0	0	(354)	1,434
Redundancy fund	350	0	0	0	350
Shop fund	65	0	0	0	65
Maternity fund	149	0	0	0	149
Total designated funds	2,352	0	0	(354)	1,998
General funds	12,269	9,278	(7,754)	386	14,179
Total unrestricted funds	14,621	9,278	(7,754)	32	16,177
Total funds	15,102	10,398	(9,037)	0	16,463

15b **Movements in funds (Prior Year)**

	Balance 01/04/2020	Income & Gains	Expenditure & Losses	Transfers between funds	Balance 31/03/2021
Restricted funds	£000	£000	£000	£000	£000
Charitable Activities					
NHS England Children's Hospice Grant	0	458	(458)	0	0
NHS and Local Authority contributions to cost of care	0	217	(217)	0	0
Government Funding (via Hospice UK)	0	1,568	(1,568)	0	0
	0	2,243	(2,243)	0	0
Donations and Legacies					
Enablement	0	38	0	0	38
HH play	103	2	(31)	0	74
HH music	1	0	0	0	1
HH art	2	0	0	0	2
HH in-patient	18	7	0	0	25
Outreach work	69	134	(94)	0	109
Thames Valley Health Education	29	0	0	0	29
Clinical training	36	0	(3)	0	33
Clinical equipment	85	40	(4)	0	121
Volunteering	1	0	0	0	1
Care and Family Support Services	0	10	0	0	10
Projects	19	110	(39)	(52)	38
	363	341	(171)	(52)	481
	363	2,584	(2,414)	(52)	481
Unrestricted funds					
<i>Designated funds:</i>	£000	£000	£000	£000	£000
Lease commitments	2,405	0	0	(617)	1,788
Redundancy fund	350	0	0	0	350
Shop fund	160	0	0	(95)	65
Maternity fund	149	0	0	0	149
Total designated funds	3,064	0	0	(712)	2,352
General funds	9,090	8,332	(5,917)	764	12,269
Total unrestricted funds	12,154	8,332	(5,917)	52	14,621
Total funds	12,517	10,916	(8,331)	0	15,102

Purposes of Restricted Funds

NHS England Children's Hospice Grant

The annual grant contribution funded by NHS England has been restricted to our provision of children's hospice care during the financial year, and fully used for that purpose.

NHS Clinical Commissioning Groups and Local Authorities

Funding contributions from a Clinical Commissioning Group (CCG) or Local Authority may be attributed to the care of a specific patient or may be in respect of all care provided to patients registered with a GP in a particular CCG. In 2021/22 we had NHS contract and grant agreements with the following CCGs:

	2021/22	2020/21
NHS Buckinghamshire CCG	£67,800	£31,200
NHS Milton Keynes CCG	£21,897	£26,708
NHS Nene CCG	-	£1,568
NHS Northamptonshire	£21,000	£21,000
NHS Oxfordshire CCG	£100,000	£100,000
NHS Swindon CCG	£14,526	£15,000
NHS Wiltshire CCG	£23,176	£23,130

All the funds received from public sector sources were fully used in the financial year for the purposes intended. During 2021/22 further one-off Government funding payments were received totalling **£0.185m** to ensure the availability of bed capacity should it be needed. We also received NHS funding to support our 24/7 helpline offer, the total funding was **£63k**.



▲ Leon with nurse Jade and chicken Thelma during Farmer Gow's animal visit

Enablement

To fund staff and project work related to patient enablement activities.

HH Play

The income in this fund has been generated in order to invest into resources supporting play activities.

HH Music

The income in this fund has been generated in order to invest in music therapy and activities for patients.

HH Art

The income in this fund has been generated in order to invest in art activities for patients.

HH In-Patient

The income in this fund has been generated in order to invest into resources supporting in-house patient care

Outreach Work

The aim of this fund is to cover costs of Outreach Workers who provide assistance in the patient's home.

Thames Valley Health Education

A fund of money to help continued development of clinical supervision within the organisation.

Clinical Training

A restricted fund of money to help pay for internal training of Helen & Douglas House clinical employees.

Clinical Equipment

This fund is for the donations we receive that are required to be spent on purchases of large items of clinical equipment.

Volunteering

Staff Cost or project work supporting volunteering across the organisation.

Care and Family Support Services Project

The aim of this fund is to support families pre and post bereavement.

Projects

Funding received for specific projects pertaining to the development and enhancement of the building, gardens and facilities. There was a transfer of funds during the year due to the terms of the restricted donation being satisfied once the specified assets were acquired, thus allowing the charity to use the assets on an unrestricted basis for any charitable purpose.

Designated Funds

The details of designated funds purposes can be found in the financial review section of the annual report.

16 NHS pension scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation.

In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

	Restricted funds £000	Unrestricted funds £000	Total funds 2020/21 £000
Income from:			
Donations & legacies	340	4,662	5,002
Charitable activities	2,243	0	2,243
Other trading activities	0	1,323	1,323
Investments	0	235	235
Other	0	619	619
Total	2,583	6,839	9,422
Expenditure on:			
Raising funds: Donations & legacies	0	1,670	1,670
Raising funds: trading activities	0	3,045	3,045
Charitable activities: Hospice care	2,319	882	3,201
Charitable activities: Bereavement	94	320	414
Total	2,413	5,917	8,330
Net income before net gains on investments	170	922	1,092
Net gains on investments	0	1,493	1,493
Net gains on investments	(52)	52	0
Net movement in funds	118	2,467	2,585
Reconciliation of funds:			
Total funds brought forward	363	12,154	12,517
Total funds carried forward	481	14,621	15,102



▲ Jack and his family with a Chinchilla at our Christmas party



▲ Max with nurse Jade enjoying sensory play



▲ Rayyan, Zacky and Alisha at our summer party

Fundraise Donate Volunteer Shop

Registered with



FUNDRAISING
REGULATOR

Helen & Douglas House
14A Magdalen Road
Oxford OX4 1RW

E: Fundraising@helenanddouglas.org.uk

T: 01865 799150

www.helenanddouglas.org.uk

Company number 4120488

Registered charity number 1085951

Registered office address Helen & Douglas House, 14A Magdalen Road, Oxford OX4 1RW



Helen & Douglas House

your local children's hospice

HELEN & DOUGLAS HOUSE

England & Wales - Charity number 1085951

Accounts

Annual Report

2020/21




Helen & Douglas House
your local children's hospice



'The craft experiences, music and story-telling are things which they both find relaxing.'

Annette, Alex and Ellen's Mummy

Contents

// About Us	5
// Chair of Trustees and Chief Executive Joint Statement	11
Strategic Report	
// Covid-19 Impact	15
Keeping our families safe	
Recognising the important role of hospice care	
Protecting our staff	
Continuity of income	
A cautious outlook for the year ahead	
// Agility and Resilience	27
Service and environment improvements	
Adapting to home working	
Diversifying our income streams	
// Equality, Diversity and Inclusivity	33
// Looking to the Future	37
Strategic Review 2021	
Volunteer review	
Interim strategic objectives	
// Financial Review	43
// Independent Auditor's Report	57
// Financial Statements	65

A red circular icon containing a white opening quotation mark.

Helen & Douglas House gave us the chance to spend three precious days with Ryan going for walks around the grounds. They provided anything we needed to make all the memories we could whilst offering us constant support and reassurance that when the time came, they would be there for us.

Paul, Ryan's Daddy who spent his final days at Helen & Douglas House in August 2020

A red circular icon containing a white closing quotation mark.

// About Us



Max enjoying the garden



Our Vision:
Every life a full
life, every death
a dignified death.

▲ Josh with his Mummy and brother



What we do

Helen & Douglas House hospice improves the lives of local terminally ill children and their families living in Oxfordshire and the surrounding counties. We help children live their lives to the full, even when that life is short.

We are the world's first children's hospice, founded in 1982.

We care for local terminally ill children and their families at our hospice in Oxford, at home or in hospital with life-enhancing care. This includes supportive stays, pain relief, symptom management, end of life care and bereavement support for parents and siblings.

Our amazing team, including doctors, nurses and carers, provide exceptional care tailored to the needs of the child throughout their life, whether that life lasts for hours, days, months, or years.

We help children living with a huge variety of complex conditions which will end their lives prematurely. Our experienced team helps reduce the fear and pain felt by families facing an uncertain future and, when life comes to an end, we are there to help them survive the loss of their child.

We are a local charity and need to raise £3.6m each year to fund our work.

Our values



We are creative and resourceful



We are open and honest



We are committed to partnership



We lead by example



We are caring

How we are funded



We are a local charity and need to raise **£3.6m** each year to fund our work

Where does Helen & Douglas House receive its money from?



*Excludes Covid-19 UK Government support

How we spend the money you give us



67p


of every £1 donated pays for the cost of care

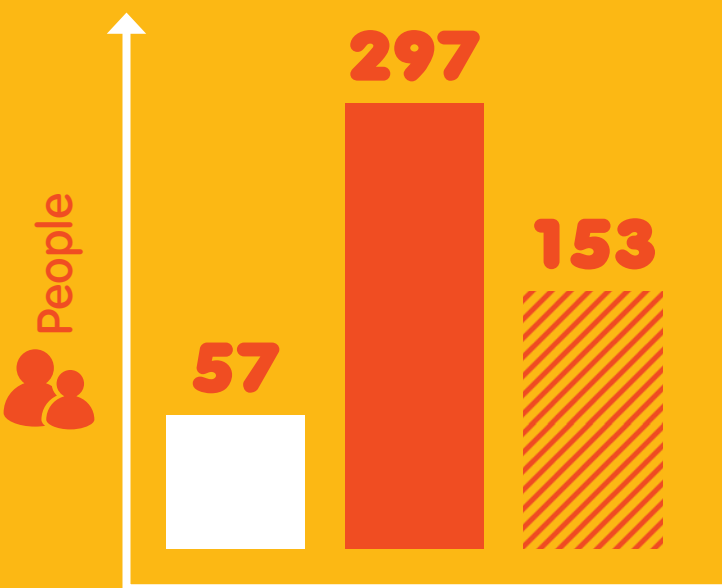
*Utilities, Rent, Equipment **HR, Finance, IT, Volunteering




Our year in numbers

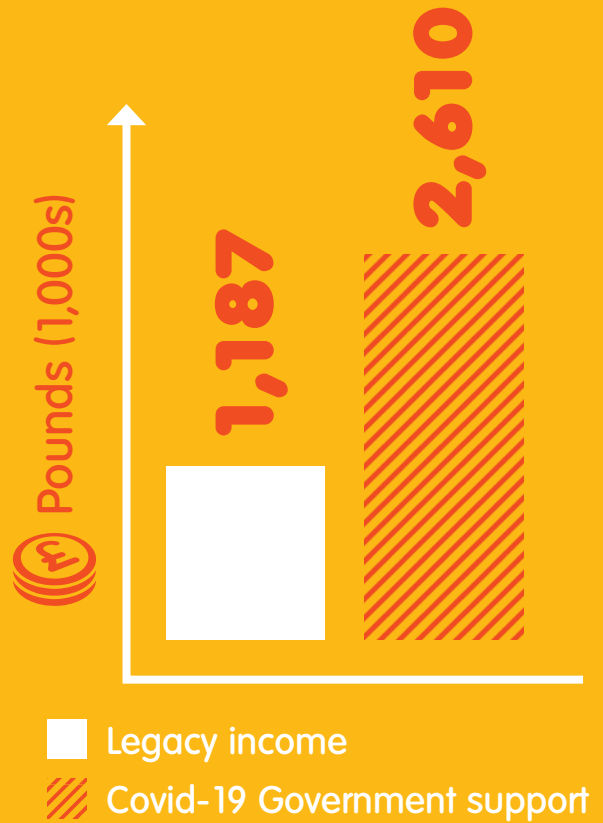
 **642**
bed nights

 **1 in 3**
children's care is funded by Gifts in Wills

 **2,838**
hours of community and family support care were provided



-  New patient referrals last year
-  Overnight/day stay admissions
-  Children on our caseload



 **13**
is the number of weeks our shops were able to trade for in 2020

28
is the number of shops as at 31 March 2021



 **£3.6m**
is what we need to raise each year to fund the cost of care

// Chair of
Trustees and
Chief Executive
Joint Statement



Aahil



'We have needed to adapt almost everything we do and how we do it so that we could continue to provide care to children and support their families.'

Clare Periton,
Chief Executive



▲ Clare Periton (top) & Ian Blair (bottom right)

We must start by acknowledging what a challenging year it has been for the children and families we care for, our staff and volunteers and for the organisation. None of us anticipated the consequences of the pandemic would endure for so long and have the devastating impact it did on all our lives.

Many of you will have experienced those challenges yourselves, possibly the ultimate challenge of losing someone close to you. These have been extraordinary times and we are overwhelmed that so many of you felt able to continue to support us during these difficult months. Thank you. Every pound donated helps us care for every terminally ill child that needs us as well as supporting their families through the toughest of times. It also helps us plan and ensure we are here for years to come. Because of you, we were able to provide care to the children and families who needed us during a uniquely challenging year for the NHS and the families of terminally ill children.

The hospice sector has been the beneficiary of a substantial amount of Government support this year and without that help we would be facing an even more uncertain future. The Government quite rightly recognised the important role that hospices could play in taking some of the pressure away from hospitals. This approach helped a great many more people receive good palliative and end of life care which is the very essence of our mission. We were very pleased to play our part in the local and national healthcare response.

A combination of substantial Government support and the generosity of the public has enabled us to close the financial year in a relatively stable position and with a surplus. This was not anticipated earlier in the year and this enviable position will undoubtedly be relied upon to provide continuity of care, together with some reassurance as we face an uncertain start to the new financial year. Additional Government support has now come to an end and there remains a lot of uncertainty about the recovery of the economy, high unemployment levels, public confidence and what measures might be needed to counter any new variants of the virus. These uncertainties have the potential to influence our ability to fund the service we are relied upon to deliver in future years.

We were proud to be named as one of the charities to benefit from the work of the Captain Tom Foundation. It has been an honour and pleasure to work with the Foundation and following the sad death of Captain Sir Tom, we were delighted his family have continued his pledge of helping others to have a more hopeful future.

A donation from the Foundation, together with others helped us create a new garden at the hospice. For some time, our garden really needed to be improved and we are delighted that the garden has been improved with new facilities for children and families to enjoy the emotional and physical benefits of an outdoor garden space which is fit for purpose.

The introduction of new pathways, a wheelchair swing, sensory experiences and a place for families to relax together will improve the lives of local terminally ill children. We are indebted to supporter Darren Field, Managing Director of The New Driveway Company, who took on the challenge of transforming the garden working with our Estates team, together with a network of contributors and volunteers. Together they have created a beautiful new garden space.

Throughout the course of this year, we have needed to adapt almost everything we do and how we do it so that we could continue to provide care to children and support their families.

There were challenges of course but more than anything we are proud of the creativity, agility and resilience shown by our staff in making the changes necessary to be successful this year. In every team and every aspect of the organisation, individuals have collaborated and put their collective energy and passion into finding alternative solutions and ways of working. Much of what we have achieved and what we have learned will be retained and used to positively shape our future in a world which has changed forever.

It has been brought to everyone's attention the fact that racism and white privilege can exist in any organisation and we have identified that our workforce is not representative of the community it serves.

This is something we are addressing and working on putting right to have a more diverse and inclusive workforce. We are committed to being a welcoming and inclusive organisation for everyone and we will consult with families to better understand how we can do that.

We would like to thank everyone, our supporters, our volunteers and our staff for doing whatever they could to help us end this terrible year in a relatively stable position. We also want to thank the families we care for, for their tolerance and support of the changes we have had to make to the service they rely on to prioritise our resources on the children who needed emergency care and those facing the end of their life.

We want to care for more children and their families in a place of their choosing, whether that is at home, in hospital or at the hospice. Please continue to support us in any way you can.

Ian Blair Chair of Trustees
Clare Periton Chief Executive Officer
26 July 2021

// Covid-19 Impact



**Aahil with Nurse
Francesca and Dr Emily**

The impact of Covid-19 affected every aspect of the organisation. Our priority throughout has been to keep everyone safe, to ensure the continuity of our service, and to continue to raise the money to fund it.

Keeping our families safe

Since the start of the pandemic, we have been able to care for every child and family that has needed our help and we have had no Covid-19 transmissions at the hospice.

That is credit to our families, and every member of staff responsible for infection control and keeping children safe. Everyone, whether it be our doctors, nurses care team, catering, estates, health & safety and housekeeping, has played a vital role in ensuring we have been able to provide care to everyone who has needed us.

At the beginning of the pandemic our immediate concern was how we could safely care for very vulnerable and sick children. This was primarily due to limited knowledge at that time of how the virus would affect children, particularly frail and extremely sick children. We did not know how we would continue to assess and treat the children in our care until it became clear that whilst not impossible, it is uncommon for children to die from Covid-19.

Our next consideration was how we would need to adapt the service to avoid Covid-19 transmission within the hospice to remain

a safe environment for all staff, children and families and indeed anyone else they were in contact with.

The hospice was initially closed to non-essential visitors and planned overnight stays were temporarily paused. Most of the families we care for were equally worried for their own safety and preferred to shield at home. We did continue to provide end of life and emergency care in house.

We adapted very quickly. We looked at alternative means of providing care to children to ensure that, as far as possible, children were able to be cared for at home, stay out of hospital wherever possible, and families did not feel isolated or unsupported.

We reviewed our caseload and scrutinised each child's situation individually. Whilst planned overnight stays at the hospice were not possible, we increased the amount of nursing and medical outreach care we provided to children at home. Where it was not possible to visit children at home, technology was used to make contact possible. Contemporaneous electronic patient notes were recorded and our staff were connected virtually to each other, to parents and to other healthcare professionals involved in children's care. We continued to offer admissions to the sickest of children.

Our outside space has played an important role in enhancing the children's experience of attending the hospice. Outdoor space facilitated safer contact with other close family members such as grandparents and siblings.

Similarly, for outreach visits, staff used public and home outdoor spaces creatively to meet parents and children.

Another concern at the start and indeed throughout the pandemic was the impact of Covid-19 on our staff in terms of their safety and their availability. We strengthened the resilience of our staffing capacity by increasing the availability of Registered Nursing Staff from management positions to front line care, working within the parameters of their competency when there was the need to do so to provide 'surge capacity'. So senior nurses such as our CEO, Director of Clinical Services and Head of Care supported their teams to deliver care safely when that was needed.

We continued to admit children for end of life care and complex symptom management throughout the pandemic. The pain and anxiety caused by visitor restrictions in a hospital setting were well publicised and was difficult both for families and staff. During the year we saw an increase of almost 50% versus the previous year in the number of end of life cases supported by the organisation. This was due primarily to more end of life care being diverted to a hospice and community to protect NHS hospital services. Enabling more children and families to access our care remains a priority for the clinical service.



Zachary enjoying the toys at the hospice

Recognising the important role of hospice care

This has helped to shine an important spotlight on the vital role of hospices in the UK. Never has good end of life care been so visible or important to so many people and restrictions on visitors to anyone at the end of their life goes against everything good hospice care represents. When hospitals were unable to safely allow families to be with their loved ones at the end of their life, hospices were able to step in and accept more referrals and provide good end of life care to more people.

We ensured that every child was surrounded by the people who were most important to them at the end of their life. We accommodated, as far as possible, families who visited children at the end of their life and that was possible because we adapted our service to prioritise end of life cases being admitted.

Throughout the year, we have needed to remain agile. We have been flexible and adapted the service to the needs of families, to remain safe, operate within NHS England guidelines and to accommodate fluctuations in staff availability.

In October we launched an interim service model which has increased the number of children we can admit to the hospice and this has been welcomed by families. From May 2021 we began admitting day cases on Monday, Saturday and Sunday and booking supportive stays midweek. This allows more children and families to access our care and is proving to be very popular.

As part of our commitment to wider society and to support the NHS to cope with the pandemic, several of our nurses and healthcare workers volunteered for a temporary redeployment to other healthcare facilities at Katharine House Hospice, Sobell House Hospice and the Oxford University Hospital. We are very proud of our staff for volunteering to do this and care for sick adults. This was often challenging and distressing work at the height of the pandemic but they demonstrated extraordinary resilience and dedication throughout.

We also have members of our clinical team who have volunteered to assist with the national vaccination programme and have been volunteering at local vaccination centres to help our local communities.

Protecting our staff

The impact on staff of Covid-19 has been significant. Staff who previously worked together in our office were asked to work from home at short notice and that created an initial and urgent need to support staff with appropriate technology to do that.

Those without laptops received them, Office 365 Teams software was installed so that staff could collaborate, work and meet online from remote locations. Overall, the move to home working has been successful and for most staff this has been a beneficial consequence of the pandemic.

Particularly at the start of the pandemic, guidance, information and restrictions were changing very quickly and especially as many of our staff were now working remotely, we recognised the need to scale up all communications across the organisation.

The Trustees were updated regularly by the Executive team on all matters and Trustees met remotely. Staff and volunteer communications were also scaled up as quickly as possible. The Executive team began regular updates via email and virtual meetings for all staff to attend to receive updates from across the organisation which helped individuals and teams stay connected to each other as well as maintaining essential connectedness to the cause.

Toby

Toby and his family who were pushed to the limits when they had Covid-19 symptoms last year.


Toby is seven years old and lives at home in Buckinghamshire with his Mum and Dad, Kim and Tim. He has a complex neurological condition called Dravet Syndrome, which means he experiences very frequent and severe seizures. Toby, his Mum, and Dad had Covid-19 symptoms last year.

Tim Toby's Dad said 'One call was all it took; within minutes we were talking to

senior doctors at Helen & Douglas House who gave us the advice we needed on drugs and protocols and tips to keep us going. Those calls kept coming over the next few days as we nursed Toby through the worst of it.

We believe that if we hadn't had medical support from the hospice then Toby would have ended up in hospital, something we just couldn't face in our poorly state. We are so grateful.'

▼ Toby, with his Dad, Tim



'We believe that if we hadn't had medical support from the hospice then Toby would have ended up in hospital...'
Tim, Toby's Dad



**Nurse Hannah
giving Riley water**

For staff working directly with children at the hospice, in hospitals and in family homes, the changes to working practice were focused on increased infection control and restricted access to the hospice for families.

Staff quickly adapted to wearing scrubs and personal protection equipment. It was, at first, difficult to source appropriate PPE equipment and staff were agile and creative about resolving this issue. Some of our volunteers, including one of our Trustees, made scrubs using recycled fabric and we used these extensively until new scrubs could be sourced.

Inevitably a lot of the impact has been felt by our retail staff and volunteers who, over the course of the year, have been required to temporarily close and then reopen our retail shops several times during the year.

During periods of closure all volunteers were asked to remain at home and all staff based in the shops were furloughed. The central senior retail team remained at work and ensured shops were closed, maintained and reopened safely.

Undoubtedly, we have all been affected by Covid-19. Despite a huge amount of disruption and uncertainty in the workplace and in some cases, personal loss and challenges at home, all our staff and volunteers have shown huge resilience, agility and creativity to ensure the organisation has adapted successfully.

Continuity of income

One of our earliest concerns was the ability to generate the income relied upon to operate the hospice service. During the early weeks of the pandemic our concerns around the financial implications of the pandemic were substantial in terms of the immediate lockdown and closure of our retail shops, the anticipated impact on fundraising and uncertainty about how long this would last.

The financial review will show that a combination of fundraising innovation, prudent cost control, Government support, investment returns and public generosity has enabled the organisation to end the financial year with a surplus.

We are not alone in this position within the hospice charity sector although this is not a picture which is replicated across most charities.


 A large orange '47%' with a downward arrow to its right. To the left of the percentage is a circular icon with a diagonal hatched pattern, partially filled with solid orange.

The latest Voluntary, Community Social Enterprise (VCSE) dashboard survey data shows that 47% of respondents saw a decrease in their income during the 2020-21 financial year compared to the previous financial year. This is not to imply that there was no income growth in 2020.


 A large orange '31%' with an upward arrow to its right. To the left of the percentage is a circular icon with a diagonal hatched pattern, partially filled with solid orange.

31% of organisations surveyed in the VCSE dashboard reported an increase in income, and ProBono Economics (PBE) found that almost one in four charities saw their incomes increase over 2020.


 A graphic showing a horizontal bar divided into four segments, with the first two segments filled with solid orange and the last two with diagonal hatching. To the right is a downward arrow and a circular icon with a diagonal hatched pattern, partially filled with solid orange. Below these elements is the text '4/10' and '10%+'.

However, PBE's research shows that the magnitude of income lost by charities far outweighed that gained. Four in ten charities saw their income fall by more than 10% and nearly a quarter of charities saw their income fall by more than 25%. Conversely, just one in 20 charities reported increases of more than 25%.

Source NFP Synergy May 2021

We were concerned about how we could protect our income as far as possible and how the organisation would recover if our reserves were significantly depleted. The organisation took steps to protect its investments against financial loss by moving some of the investment balance to a less volatile fund, early on when the markets were incredibly unstable. We have recently seen our investments recover which is a significant contributor to our surplus this year.

Our reserves at the start of the pandemic were sufficient to withstand substantial loss of income during the year but a decimation of those reserves would have presented the organisation with a recovery problem.

The hospice sector was well supported by the UK Government through the year and the organisation was quickly reassured by financial support which was promised at an early stage of the pandemic.

Without this vital financial support, the organisation would have survived the year financially but depleted reserves would have inevitably led to consideration about our future viability given the level of financial uncertainty.

In addition, we were able to make a business interruption insurance claim for the loss of retail income we incurred during the first lockdown because of our shops having to cease trading for a considerable period. This too helped support our financial position, contributing to our retail fixed costs which were ongoing.

As we enter a new financial year and as the country begins to recover from Covid-19 the Government funding we received last year will come to an end.

Government support is the most significant reason why the organisation did not end the year with a deficit but it is not the only reason.



A strong fundraising year

In March 2020 we were most worried about what aspect of income generation would be impacted the most and for how long. We expected our fundraising income to be significantly affected. Initial expectations of 12 weeks disruption eventually became 12 months and there was uncertainty about our ability to fundraise to support the service over the long term.

We knew that fundraising income from events would be immediately affected by the national lockdown and the cancellation of all mass participation events. Similarly, income from community fundraising was also expected to be impacted as this income relies on community-based activities, face to face contact and social events.

We were unsure of the impact on fundraising income from the corporate sector because we felt businesses may be overwhelmed and our corporate supporters would be focused on their own recovery.

We also expected that some charitable Trusts and Foundations might divert financial support to causes more directly affected by the pandemic, to assist with the urgent and pressing need to help families in financial crisis, etc.

Alongside some significant declines in fundraising income, we also anticipated that legacy income might be unaffected and individual donations from the public would increase.

In total we anticipated we may lose in the region of 17% of our total income excluding legacies. Many charities were forecasting that the impact on income could be as high as 40-50%. The actual results were partially in line with expectations although actual performance was not as severe as forecasted in April 2020 and our actual income from donations was £2.772m versus a budget of £3.114m; a shortfall of £342k, c11%.

Income from events was decimated and community fundraising sources significantly decreased below budget.

Corporate income was helped by one significant donation of £300,000 and as expected, individual donations from the public increased significantly as our supporters recognised the importance of their continued support and we are very grateful to them for this. Our Christmas Appeal was the most successful appeal the organisation has ever achieved and our subsequent appeals have performed strongly too.

Legacy income from gifts in wills exceeded budget this year with £1.187m received versus a budget of £350,000. This is, of course, a difficult income stream to predict in any year but this year this vital income has offset income losses in other areas which were outside of our control.

The result of better-than-expected income from fundraising and legacy sources meant that the full year actual income from fundraising was £3,959m versus budget of £3,458m.

Thank you to all our supporters who continued to support Helen & Douglas House this year and whose generosity helped fund care for all the children and families who needed our help. Thanks to you, not a single child was refused the care they needed.



Dresses in our Summertown Shop

The closure of the high street

Government restrictions meant our shops only traded for 13 weeks in total and the result of that was a revenue loss of £2.325m versus budget and a full year actual net loss after all costs of £972k. We were able to protect almost all retail roles during closure thanks to the Coronavirus Job Retention Scheme (CJRS – Furlough).

A total of 4 shops were closed during the year and will not reopen. This was either due to planned closures of unprofitable shops where the lease had either come to an end, or where we activated a break clause.

We were also able to reduce the impact of Covid-19 on our retail costs thanks to the Government business rate relief support. We also transferred our furniture delivery service to a third party and removed the need for operating our own leased vehicles.

Protecting our supporters

Our approach to fundraising, working with professional fundraisers and commercial participators



Our fundraising function comprises 16 staff. These staff work in teams organised by income source to generate funds for Helen & Douglas House to fund our vision. The data and supporter services team manage all enquiries from the public, manage our donor database and data selections for fundraising activity and ensure we operate in line with fundraising and data protection regulations.

- Our Community & Events and Strategic Partnerships teams focus on raising money through our own events, third party events, working with corporate partners and local businesses, community groups, churches, schools, and individuals who take on their own fundraising activity.
- We also raise funds through trusts and other grant making bodies, direct marketing campaigns and appeals, and building relationships with high net worth individuals who donate significant sums to support our work.
- We work with commercial third party organisations to recruit players to our lottery and donors giving a regular gift. This activity is primarily through door-to-door and some private site (events and shopping centres) canvassing.

Fundraising Regulation and the Code of Fundraising Practice

- Helen & Douglas House is registered with the Fundraising Regulator and our fundraising team is committed to adhering to the Regulator's Code of Fundraising Practice. We are also a member of the Chartered Institute of Fundraising and work to the standards laid out in their guidance.
- The charity's Fundraising Policy stresses our commitment to the Code, ethical considerations regarding donation acceptance, and how we carry out due diligence in relation to our partners.

For the period under review we have had no significant incidence of non-compliance with the Code of Fundraising Practice or Chartered Institute of Fundraising guidance.



Complaints

In the Financial year 2020/21 we received three complaints. Two were in relation to our email marketing activities and one related to our lottery player recruitment, where our partner Local Hospice Lottery recruits players using their own fundraisers. We responded to all complainants and resolved their complaints appropriately.



In the Financial year 2020/21, we received donations from 10,774 supporters.

Vulnerable People



The charity adheres to the Code of Fundraising Practice in its dealings with people who we identify as vulnerable and we are mindful of the Chartered Institute of Fundraising's guidance.

We only work with third party commercial participators who are committed to protecting vulnerable people and who also adhere to the Code.

Monitoring the activity of third parties

- All materials used by third party commercial participators are drafted and reviewed by the charity. The training of fundraising staff by third party commercial participators is overseen and regularly attended by representatives of the charity. Third party fundraising staff are periodically shadowed whilst canvassing the public. Recordings of telephone calls with donors conducted by third party commercial participators are reviewed regularly.
- Fundraising undertaken by members of the public is supported by the charity. Guidance is provided together with materials to ensure consistency, transparency, and compliance.

Contracts with third party commercial participators contain complaint and vulnerable people clauses scrutinised and agreed with the charity. All complaints received by third party commercial participators are shared with the charity.



A cautious outlook for the year ahead

Whilst we ended the financial year in a positive financial position, we face the year ahead with continued uncertainty.

A successful and widely adopted vaccine programme is hopefully the light at the end of the tunnel for us all, but the extent and pace at which life returns to pre pandemic levels will have an influence on our levels of voluntary support.

Our retail shops reopened on 21 April and have so far been trading well. We have held our first mass participation event and have more planned over the next 12 months. However, increases in public confidence, attitudes to spending, visiting the high street to shop, to socialise and to take part in social activities, and the long-term impacts of the virus on unemployment are all unknown.

Consequently, the surplus we accumulated this year, may be drawn upon to support income shortfall gaps in the year ahead, especially given Government funding has now come to an end.

Drawing down on our reserves may be necessary to ensure we maintain continuity of service to meet the needs of individual children and their families.



Ciaran painting



**Stanley and Riley
in the garden**

// Agility and Resilience



Tyler with Nurse Rebecca

Whilst the year has been challenging and difficult in lots of ways for almost everyone it has also been the catalyst for some outstanding creativity, innovation, agility and resilience which might not have otherwise been possible.

It is this agility and resilience which has enabled the organisation to come through a tumultuous year and has accelerated our preparedness for the future.

Despite the challenges, a lot of what we achieved and learned will go on to shape our future in a very positive way.

Service and environment developments

We continued with plans for structural changes to the hospice building and created a conservatory quiet space, a new bathroom and a new treatment room.

Despite being able to offer fewer bed nights at the hospice due to the lockdown, we were able to ensure we cared for everyone who needed our care by increasing the amount of contact we had with families overall via outreach nursing and medical care, telephone contact, consultations via virtual media and hampers delivered to homes.

Where families were unable to access our services directly, we have kept in touch several ways; the most popular of which was our hamper drops. We provided a care and treat hamper for the families of all the children and young people, and these were delivered by staff and volunteers, giving us

an opportunity to meet the family on the doorstep and identify any family who maybe needed more support than they were seeking.

The play team arranged several craft and activity packs throughout the year which were also very well received. Many families have given us feedback to say this really helped them feel they were not forgotten and was much appreciated.

This has allowed us to care for more children at a place they were happiest to be cared for, often at home and that is something we will continue to build on.

Our doctors went out to assess and treat children at home significantly more than pre pandemic. Meetings, with professionals from one or more clinical disciplines who work together to treat children, became virtual rather than physically attended which allowed for more people to attend from wherever they were located. It was quickly acknowledged that virtual meetings offered a more effective and responsive means of enabling the best care for the most vulnerable children.

Throughout the year we continued to contribute to important areas of palliative care research and below is a list of some of the publications which were attributed to Helen & Douglas House. Some of these were Covid-19 specific in respect of providing medication to the dying without needles which could be adopted by family carers at home.

- Transmuscosal drug administration as an alternative route in palliative and end of life care during the Covid-19 pandemic.
- Healthcare professionals' views of the use of oral morphine and transmuscosal diamorphine in the management of paediatric breakthrough pain and the feasibility of a randomised controlled trial; A focus group study (DIPPER).
- The challenges of caring for children who require complex medical care at home; 'The go between for everyone is the parent and as the parent that's an awful lot of responsibility'.
- A mixed-methods systematic review and meta-analysis of barriers and facilitators to paediatric symptom management at end of life.
- Orodispersible and transmuscosal alternative medications for symptom control in adults.

Adapting to home working

The organisation adapted to ensure new technology was introduced at pace and staff were quickly equipped to work from home effectively.

Many of our staff have reported that their work life balance as well as productivity has improved because of not being office based every day.

Flexible working policies will be reviewed as a result and new hybrid ways of working will be introduced, with a combination of home and office working where appropriate so that staff in relevant roles, can work where they are most effective. That will require our office space to evolve in terms of layout and design to facilitate collaborative working rather than individual staff and desk working.

Diversified income streams

We quickly adapted our fundraising strategy and transitioned to digital channels and platforms to recover income lost from more traditional face to face methods.

In April we created a new giving circle called Children's Champions. This membership Group will support the funding of certain projects and innovations at Helen House.

We launched our first virtual fundraising events last year with Make It Till You Bake It and Race From The North Pole and we learned a lot from them and will continue to build on our virtual offer.

We created a series of social media donation campaigns to reach existing and new audiences, and this in part contributed to the growth in individual cash donations we experienced throughout the year. Our door-to-door campaign to recruit regular cash givers was suspended and we replaced this with a telephone campaign which showed promise and we will look to continue with this approach as some supporters prefer this.

We also launched an initiative to develop a new product co-created between our fundraising and our clinical teams. Currently in the development stage, this product will support parents, help them communicate with their children and covers some of the harder to navigate subjects which are part of life; remembrance, difference, and emotions for example.

These are just a few examples of how the organisation has adapted at pace. Many of these initiatives were already in the pipeline and the restrictions placed upon us and impact of the virus has meant that we have simply accelerated our plans. Whilst this year has presented us all with considerable challenges, the overarching effect has been hopeful and has brought with it many benefits, including:

- A phenomenal 'can do' response from all our staff who looked for creative solutions.
 - Some exceptional collaborative working, innovation and creativity across different teams working together, remotely in many cases.
 - Some process gaps in our ways of working together became more obvious and challenging with a remote workforce so we accelerated the development of formalised processes and protocols across teams to improve effectiveness.
 - A more modern fundraising function which has diversified its approach to generate income from more sources in more effective and efficient ways.
 - We have gained confidence and learning from trying new approaches which will become insight into how we carry those forward and improve them for next year.
- Adapting our service model so that care can be delivered where families want it and when they want it – not necessarily in the hospice.
 - Recognition that our digital technology capacity and capability needs upgrading and future proofing. We have done a lot of work in this area in recent years, but by its nature, systems infrastructure, data capture and connectivity constantly evolves and we recognise the need to keep pace with change and to ensure we are fit for the future.
 - We also recognise that we need to develop our volunteer capacity to work across more areas of the organisation and we have ambitious plans here.



Anthony

Ella

Kirsty, Ella's Mummy said:

'Throughout the various lockdowns we have received hampers, presents and most importantly we have received care from Helen & Douglas House though phone calls which has reassured us with Ella when she hasn't been too well. Ella also got to stay at the hospice in December too which she really enjoyed.

Helen & Douglas House hospice has helped us as a family in so many ways. When you have a child that has complex medical needs, life is tough as you are always worrying and wondering what's going to happen next.

But for any concerns we have, Helen & Douglas House has always been there for us, just for a chat or to have a bit of respite so we can recharge our batteries as parents and for this we will never forget them.

'Without them we don't know what we would do. They make a very bad situation and turn it into fun happiness which makes you forget for a while of what you're going through. We are truly thankful to them for being there for us and many other families and most of all they always make Ella smile.

▼ Ella, enjoying craft activities

'Helen & Douglas House hospice has helped us as a family in so many ways.'
Kirsty, Ella's Mummy





“

We are able to leave our beautiful boy for a short stay knowing he is receiving the best care and attention as he would at home. This allows us to have a worry-free break from our hectic lives and helps us to come back to our boy feeling refreshed.

Stephanie, Zac's Mum, who visits
Helen & Douglas House for respite care

”

// Equality, Diversity and Inclusivity



**Keren playing at
the Hospice**

We want Helen & Douglas House to be an inclusive organisation to all people and recognise we have not yet achieved this, particularly in respect of racial diversity within our workforce.

We are proud to say that the profile of our service users is broadly representative of the ethnicity of the communities we serve but our workforce remains predominantly white and female.

We need to create opportunities and reduce barriers for everyone, particularly under-represented groups. We are committed to making sure there is no discrimination in our processes for recruitment and selection, performance management and pay, and that promotion and retention is fairly granted across the organisation.

We are collaborating with another children's hospice, Demelza in Kent and South London who share this commitment and together we have formed a group of staff from across the organisation with the aim of supporting the development and implementation of plans and actions which recognise, respect and value people's differences.

The scope of the group is to provide input and insight to all aspects of our operations, including how we work as an employer, service design and delivery, and communications and strategy.

The group has agreed to pursue the following:

- To champion diversity and build an inclusive culture and working practices.
- To identify key diversity issues and make recommendations for organisational priorities.
- To make recommendations on what to monitor and report to the CEO and Trustee Board.
- To collate and report progress of any diversity objectives set.
- To promote diversity through active involvement in reviewing the organisation's policies and guidance.
- To influence the training agenda for diversity initiatives.
- To engage a wide range of teams and individuals, providing signposting, advice and guidance to support diversity initiatives.
- To work with Demelza, challenge and learn from each other and to hold each other to account.



Leon on the roundabout



Holly enjoying the garden

Both organisations recognise that this group cannot identify and implement all the changes necessary for improvement without the guidance of a stakeholder reference group comprising a diverse group of people who can bring a relevant perspective. Each organisation will invite volunteer representatives from within their workforce, local community groups and service users to be part of this stakeholder group.

In addition, we have supported Together for Short Lives by inviting our families to participate in a survey to better understand the experience of families from minority ethnic backgrounds (particularly Pakistani and other south Asian groups), when accessing children’s palliative care.

We hope to hear about what works, what barriers they may face and any gaps in the support offered to these families and this survey will report back in the summer of 2021.

We are committed to making Helen & Douglas House an organisation that values equality, diversity and inclusivity, and as such this issue will remain at the top of our agenda.

A red circle containing a white opening quotation mark icon.

Losing our boys during the pandemic has been particularly hard. Whilst we've still been able to talk to our families on the phone, nothing beats just giving our parents a hug. I think that makes the grief particularly hard. That human face to face contact is so important which was not possible in lockdown.

Paul and Siobhan, who tragically lost their twin boys, James and Ryan in August

A red circle containing a white closing quotation mark icon.

// Looking to the Future



**Carer Hannah with Pippa
enjoying foamy feet!**

Hilary

Hilary joined Helen & Douglas House as a volunteer helping at the hospice and a family's home in Oxford for eight years.

Hilary's volunteering role is very varied. She helps a family the hospice cares for at their home as a Home Volunteer, helping with housework, playing with the child's sibling and provides help and support for family trips out. She also helps the care team at the hospice, entertaining siblings of terminally ill children staying at the hospice whilst their parents have a well-deserved break. She also helps with things like packing the spring packs we sent to 150 local families this April.

Hilary had been teaching since 1973 and her last job was at a local school for children with special needs. She knew children from this school who were visiting Helen & Douglas House and knew how much they enjoyed it. When she retired, Hilary wanted to keep up her links with the hospice, be part of the team and continue to work with the local families with terminally ill children.

Hilary said *'I have learnt a lot from everyone I have met at Helen & Douglas House and especially the family that I visit as a Home Volunteer. I have also appreciated the training sessions offered by the hospice.'*

▼ Hilary helping with the spring hampers



'I have learnt a lot from everyone I have met at Helen & Douglas House...'

Hilary, volunteer

Strengthening our volunteer proposition

In February we commissioned an external specialist to review our volunteering capabilities, resources and processes and identify any opportunities for improvement.

The research carried out provided a good understanding of how volunteering at Helen & Douglas House compares with other organisations and gave some direction for the future.

The review reported that our existing volunteers are positive about their experience of giving time to Helen & Douglas House and are very proud of their contribution to our work. The review also identified that that existing volunteer roles are traditional and there is an opportunity to grow by developing roles in other areas of the charity.

We know we have a strong volunteer ethos compared to similar sized organisations, but our resources, communications, and processes need improving to ensure we attract and retain committed volunteers and improve their experience with us.

We welcome the findings of the review, acknowledge that our volunteers are a vital part of Helen & Douglas House, and we will be investing in volunteering in the months ahead.



Finley with Nurse Becky

We wish to thank all our volunteers for their valuable support, including many who have had to remain at home for most of the last year. We hope you will return to continue to give your time to support us because your contribution is vital. We cannot thank you enough for everything you do to help us care for local terminally ill children.

Interim strategic priorities

For the financial year starting March 2021, the organisation will focus on the following key interim priorities. We are currently undergoing a strategic review and an operating plan for the next 3 years will be informed by this review.

- We will review and quantify our volunteering needs and develop a plan to recruit and retain volunteers for where they are needed in the organisation.
- We will implement a robust organisational framework of integrated planning processes and tools which will ensure organisational, team and individual objectives are integrated and aligned to fund, deliver and support the service.
- We will review and implement flexible working arrangements for staff in appropriate roles and develop the office environment to accommodate a hybrid arrangement of part home/part office working to make the office a collaborative working space.
- We will implement the recommendations of the Equality, Diversity and Inclusivity workstream.
- As we begin to recover from the impact of the global pandemic, the clinical service is excited to be able invite more family members to stay at Helen House. We will also be welcoming back some of the external partners who deliver enrichment activities such as music and animal visits on a timescale mirroring the relaxation of restrictions nationally.
- In this interim period, the clinical service is additionally implementing and embedding electronic patient records, as a linked site to Oxford University Hospitals.
- We are also looking to proactively increase our reach both by ensuring that existing users access all elements of our service from which they may benefit, and by examining ways to identify groups of children in need of palliative care who are not yet known to us.
- We also plan to extend our current model of bereavement support to families that have not previously had contact with our service. Our model of bereavement support is both practical and emotionally supportive and encompasses the entire family from before death, at the point of death and beyond. Effective bereavement support improves long term outcomes for families.

Strategic Review 2021

Our current five-year strategy has now been operating since 2016. The objective of the current review is to identify what changes and developments may be needed to take Helen & Douglas House into the next several years. The need for a strategic review now is reinforced by the changes to the organisation and its environment resulting from Covid-19.

Our aim is to put the organisation in the best possible position to meet the needs of the children and their families who have palliative and supportive care needs, and to support others who also care for them, bearing in mind our wider obligations to society.

The Strategic Review



Service provision
How should we develop our services to children and families; how should we work with partners?



Governance
Do our charitable objects properly capture our role and aims; do we have the right governance structure?

The Strategic Review will consider all the components of our strategy, under these main headings

Technology
How should we best deploy technology in a rapidly changing world?



Environment
How should we manage our estate and address wider environmental concerns?



People
How we will ensure that we are a diverse, well-staffed, open and welcoming organisation?



Funding
How will we ensure that we continue to raise the funds to support our service aspirations?



A Review Panel was established by the Board of Trustees in December 2020. It is made up of nine representatives from the Board of Trustees and the Executive team, with one external member bringing an expert outside perspective to challenge and widen the thinking of the established members. The Panel has been drawing on the evidence of Trustees, staff and external people active in relevant fields.

The Panel spent the period from January to March 2021 focusing on the role and scope of the organisation – what we provide, to whom and in what partnerships. In April 2021 specific workgroups were established to consider the ‘how’ questions such as funding, governance, people and technology.

The Panel will then report to the Board of Trustees in the form of a Board Paper to be considered at its regular July Board meeting. It is expected that the Board will then mandate the Executive team to develop an operating strategy during the third quarter of 2021. That strategy will be a public document.



Bubbles in the garden with Mia



Aahil with Nurse Andrew

// Financial Review



Lily-Mae in the garden

We ended the financial year with a surplus on restricted funds of £0.118m and a surplus on unrestricted funds of £2.467m, resulting in a consolidated increase in funds for the year ended 31 March 2021 of £2.585m (2020: £0.914m increase in funds). Our like for like income (excluding Covid-19 financial support) decreased by 36.5% compared to 2019/20 with some of the key movements as follows:

- Donations increased by £56k (+2.08%)
- Legacy income increased by £507k (+75%)
- Donated and Bought in Goods income decreased by £2.71m (-76.5%)
- Retail gift aid decreased by £259k (-78.1%)
- Statutory funding increased by £95k (+16.4%)

Overall, with the inclusion of all income received, there was a decrease year on year of £308k (-3.17%). The detrimental impact on our income as a result of Covid-19 were supported by specific Government funding for hospices in addition to the generic HMRC support schemes, that were available to us through the year.

The additional financial support we received during 2020/21 is detailed below:

- Government Hospice Support (NHSE)* - £1.568m
- Furlough Support Grants** - £0.726m
- Retail Support Grants** - £0.317m

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

** The retail support grants covered periods of closure *excluding* the first UK lockdown. The first UK lockdown retail support grants were accounted for in 2019/20.

The impact of Covid-19 in 2020/21 meant that the organisation had to demonstrate agility in the way it delivered the service, and the way funds were raised to support our charitable activities. Despite the challenging year, our total costs have remained largely unchanged, £8.3m versus £8.4m in 2019/20 and in the main this is due to a large percentage of our cost base being fixed. All financial support received is presented in total income with no offset against costs incurred.

Expenditure on **Raising Funds** is categorised between Donations & Legacies and Trading Activities. Within raising funds expenditure, the costs of raising donations and legacies increased by 17.3% and on trading activities (including the retail network and lottery) decreased by 15.5%. Expenditure on donations and legacies increased largely due to the full year impact of a staffing restructure and new product investment.

Expenditure on **Charitable Activities** is categorised between Hospice Care and Bereavement. There was a 6.9% increase in the level of expenditure on hospice care due to salary increases, depreciation and a greater level of support costs as a result of Covid-19.

There was significant movement in the value of our investments held by CCLA with a net increase of 35% in our total fund(s) value. Of this increase, £1.413m is unrealised gains which replenish the significant investment losses made during February and March 2020. Also included in the total funds value is £2.5m held in a deposit account to go some way to reduce our exposure to risk, part funded from the investment fund and part from cash held in the bank.

Risk management

The Trustees examined the principal areas of the charity's operations and reviewed the major risks associated with each. The Trustees consider that the charity's systems are such that these risks are managed to an acceptable level. The risk management strategy forms part of the annual planning process against which the Trustees regularly review progress. The Trustees review the risk register twice a year. The Trustees seek to anticipate future risks by undertaking risk analysis as part of the long-term strategic planning programme.

The following table summarises our key risks and control procedures that are in place:

Risk	Management
<p>Failure to generate adequate, sustainable income to fund our service Operational expenditure for our current and planned service model exceeds income</p>	<ul style="list-style-type: none"> • Diversify income generation • Look at which areas are most successful and invest in these • Networking, new thinking and planning • Developing new fundraising and retail strategies • Adjusting fundraising mix in light of the situation
<p>Failure to safeguard service users, staff and volunteers Due to the conduct of a member of staff or volunteer or organisational change</p>	<ul style="list-style-type: none"> • Robust safeguarding policy and procedure • Safeguarding team • Safeguarding framework developed 2018 • Safeguarding steering group with representatives in different departments • Board reporting and nominated board member • Safe recruitment procedures • Rolled out training to retail staff • Posters in all shops and departments • Reporting culture • Mandatory training in safeguarding • Risk assessments
<p>Electronic Communication Failure A breakdown of the organisation's electronic and telephonic communication systems</p>	<ul style="list-style-type: none"> • Robust, up to date emergency plan(s) • Emergency mobile phones • Use of personal mobile phones • Robust backup and security measures • Back up generator • ICT support contracts (including out of hours) • Investment in robust ICT infrastructure • ICT headcount increased • Out of hours on-call support (ICT Team) • Regular 1:1, Director of ICT and Head of ICT • Clear ICT processes and communication methods

Risk	Management
<p>Increase in acute needs of overall population impacting capacity for planned care</p> <p>An increase in clinical need for existing patients as well as a potential rise in new</p>	<ul style="list-style-type: none"> • Outreach to support families • Telephone support from the medical team and the care team • Support from the Community and Family Support Team • Creative use of the HDH services (day cases, mid-week stays) • Joint working with the acute trusts and other community services (statutory and third sector) • Use of virtual multi-disciplinary meetings between teams to plan care efficiently • Significant increase in our community and in-reach offer • Ongoing gap analysis and capacity monitoring with partners via Thames Valley Paediatric Palliative Care Network.
<p>Recruitment and retention of talent does not enable HDH to effectively deliver its strategy</p> <p>Could lead to lack of support for HDH at the expected level to meet stakeholder requirements</p>	<ul style="list-style-type: none"> • Recruitment campaigns in place to address turnover • Specific hiring approach being development for each 'hotspot' areas • Pulse survey completed for Strategic Review • MHFAs in place • Use of bank and agency staff • Looking creatively at staffing and skill mix • Pulling RNs from other areas of the organisation (surge action plan)

Investments policy

The charity invests in pooled funds managed by CCLA Investment Management Ltd. Investments are primarily held in equity funds. The portfolio is reviewed at least annually and, under the guidance of CCLA Investment Management Ltd, amended according to the anticipated market conditions and organisational needs. The quarterly reports from CCLA's Social Responsibility Investigation Unit confirm to the Trustees that the CBF funds' managers adopt a rigorous approach to corporate social responsibility in line with the Trustees' instructions on ethical codes.

The aim is to maximise total annual return on a portfolio of prudently and ethically invested financial assets. During 2020/21 there were investment income payments totalling £225k and an overall net gain of £1.413m. In addition there was a further £80k gain on revaluation pertaining to an investment property, therefore creating a total investment net gain of £1.493m.

Reserves Policy & Going Concern

Reserves are held to enable us to continue to help beneficiaries and to secure the future of the charity. They provide investment income, cash resources for capital projects and a subsidy for years when income does not match expenditure.

Our policy is to have free reserves of at least six months' total operational costs of providing charitable activities including support costs. The value is based on the annual budget and is reviewed each year.

Summary of reserves 31 March 2021	£'000
Unrestricted Reserves at 31 March 2021	14,621
Less the value of fixed assets	3,949
Less amounts allocated or designated	2,352
'Free' reserves at 31 March 2021	8,320

As at March 2021, it cost c£302k* per month to provide hospice care, family support and bereavement care. The 2020/21 six-month total operational costs budget is £4.816m so the March 2021 level of 'free' reserves represents 10 months' total operational costs**. Unrestricted reserves less fixed assets represent 13 months' total operational costs.

* - basis of calculation is annual total of 2020/21 hospice and bereavement expenditure including their share of support costs and depreciation.

** - the total operational costs budget includes hospice and bereavement, support services and income generation costs.

The Charity has considered its future service costs in relation to projected income in the short to medium term future. Whilst there remains some uncertainty around certain income streams and an acknowledgment that they are likely to increase, there is a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future.

The Trustees believe that the Charity is well placed to manage its risks successfully. There are no material uncertainties about the group and the Charity's ability to continue as a going concern.

Allocated/designated amounts

Helen & Douglas House makes several allocations from its unrestricted reserve. These cover:

- Unexpired lease commitments for retail shops
- Funds to cover overspends related to maternity leave or long-term absence
- Funds to cover redundancy, should the Charity become unviable in the future
- Shop dilapidations for units outside of the two-year provision calculation

Pay policy

The organisational pay policy sets out the principles that the Charity follows, but specifically:

- Equal pay for work of equal value
- Cost of living
- National Living Wage
- Pensions & benefits

It is reviewed annually by the people and remuneration committee.

Pay scales and rates

The Charity has aligned pay to at least that of the NHS for clinical staff.

As of 31 March 2021, with the exception of the CEO, Retail and Doctors, all employees are paid on a rankings scale implemented as part of benchmarking exercise undertaken in late 2019. During 2020/21 any salary changes as a result of the benchmarking were implemented in November 2020 and backdated to April 2020. Retail staff are on a separate pay scale.

The CEO salary is approved by the Chair of Trustees and Doctors' sessional rates are determined by the Department of Health.

The minimum hourly rate paid in 2020/21 was £8.72, this is in line with the National Living Wage.

Pension schemes

The Charity offers two pension schemes.

NHS Pension

Employees who join, having paid into an NHS pension in the previous 12 months, are entitled to re-join the NHS Scheme.

Employer's Pension

Employees are able to join one of two schemes.

There is a higher contribution rate scheme that has been in operation for some time. This requires the employee to contribute 6% and the Charity 7%. If the employee chooses not to join this scheme and meets the requirements, they will be automatically enrolled into a scheme offering the minimum level of contributions (2020/21: 5% for employee & 3% for employer). Staff must choose to opt out of the auto-enrolment scheme if they do not wish to join.

Administrative details

The Trustees, who are also directors of the charity for the purposes of the Companies Act, submit their annual report and the audited financial statements for the year ended 31 March 2021. The annual report and financial statements comply with the Charities Act 2011, the Companies Act 2006, Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102), the charity's memorandum and articles of association and the requirements of a directors' report as required under company law.

The table below is a list of all trustees covering the relevant reporting period and the Assurance Committee they sit on.

Trustees:	Clinical Governance	Organisational Audit and Health & Safety	Finance and Income Generation	People and Remuneration	Trading Company
Tanya Baldwin				✓	
Lord Blair of Boughton					
Katherine Boyce	✓	✓			
Sir Stephen Bubb					
Dr Ann Goldman	✓				
David Gye			✓	✓	
Colin Love					
Peter Marland					
Sister Jean Raphael		✓			
Annewen Rowe		✓			
Simeon Tinant					
Martin Wildsmith			✓		✓
Ian Watson				✓	
Professor Andrew Wilkinson	✓				
Catherine Worswick					

Key management personnel:	
Chief Executive Officer & Trading Company Director	Clare Periton
Director of Clinical Services	Andrea Lambert
Director of Support Services (Resigned September 2020)	Jenny Rigby
Director of Support Services (Appointed March 2021)	Ashley Roper
Director of Income Generation	Hazel Bedford
Director of Finance and ICT	Mark Stowe
Medical Director	Dr Emily Harrop
Company Secretary & Trading Company Director	Mike Cooper

Solicitors:

Coffin Mew, Rivergate House, Newbury Business Park, London Road, Newbury, RG14 2PZ

Independent auditor:

Sayer Vincent LLP, Invicta House, 108-114 Golden Lane, London, EC1Y 0TL

Banks:

National Westminster Bank plc, 32 Cornmarket Street, Oxford, OX1 3HA

Barclays Bank plc, 54 Cornmarket Street, Oxford, OX1 3HB

Investment managers:

CCLA, Senator House, 85 Queen Victoria Street, London, EC4V 4ET

The charity and public benefit

Helen & Douglas House accepts patients based on an objective assessment of need against defined criteria, and in line with principles adopted nationally for children and young people with palliative care needs (ref. Together for Short Lives). We operate a principle of equality of access to care, according to assessed need, and offer services to any member of the public within those criteria without discrimination (subject to operating capacity).

We provide care free of charge to our beneficiaries. We are only able to do this through the generosity of public donations and through our continual pursuit of a fair funding contribution from statutory sources. For every £1 received of statutory money, the charity itself generates a further £4.36 of income from voluntary donations, representing significant return on investment for the state.

The trustees have had regard to the Charity Commission's guidance on public benefit in carrying out the charity's objectives and are satisfied that any eligible child or young person, and their family members/carers can benefit from the charity's services.

Organisation structure, governance and management

Helen House and Douglas House were each originally established under the aegis of the Society of All Saints Sisters of the Poor (ASSP), a registered charity and Anglican religious community for women, whose Mother House is in Oxford. The two hospices are built within the grounds of the Society's Convent. On 14 October 2016, a Special Resolution was adopted by the Trustees of the ASSP which gave Helen & Douglas House independence from their organisation structure.

The Chief Executive is responsible for organising an induction programme for new trustees and on-going training for all trustees. Each trustee receives a trustee induction file on appointment. This and on-going training are based on material provided by Hospice UK, the umbrella body of the hospice movement in the United Kingdom, and the Charity Commission.

Whilst the trustees have, and accept, ultimate responsibility for directing the charity's affairs they have delegated authority for day-to-day operational decisions to the Chief Executive, who reports to them at the bi-monthly meetings of the board.

Helen & Douglas House (Trading) Limited, a wholly owned subsidiary of Helen & Douglas House, was established to generate funds for the charity from the sale mostly of donated goods, with a small element of new goods in the sales-mix. In April 2006, a decision was taken to directly account for the sale of donated goods through the charity rather than channelling them through the trading company. The sale of new goods continues to be accounted for through Helen & Douglas House (Trading) Limited. The results of the subsidiary company have been incorporated into these financial statements. The loss for the trading subsidiary was £11k (2020: £34k profit) but there is an expectation that this will return to profit during 2021/22 and so the negative reserve position will be eliminated.

Trustee board members

A sister of All Saints Sisters of the Poor is a Trustee of Helen & Douglas House. The remaining trustees do not have a beneficial interest.

Trustees' responsibilities

The trustees (who are also directors of Helen & Douglas House for the purposes of company law) are responsible for preparing the trustee's annual report, including the strategic report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practices).

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

In preparing these financial statements the trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SoRP.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

- The trustees confirm that so far as they are aware, there is no relevant audit information of which the charity's auditors are unaware.
- They have taken all the steps that they ought to have taken as trustees in order to make they are aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions. The trustees' annual report which includes the strategic report has been approved by the trustees on 26 July 2021 and signed on their behalf by

Ian Blair
Chair of Trustees
26 July 2021

Temitope

When a child is diagnosed with a life shortening illness, everyone in the family is affected.

The stress of frequent hospital visits, gruelling treatments and the other harsh realities of dealing with terminal illness can take a major toll on family life. That includes brothers and sisters, who can find it upsetting seeing their sibling's health declining as their illness progresses and the impact that it has on the whole family.

We provide two support groups for the brothers and sisters of terminally ill children: The Elephant Club for younger siblings aged 6 to 11 years old and an Adolescent Sibling Group for those aged 12 to 17 years old.

On the Saturday before Mother's Day, the Sibling's Team Leader, Rosa, held a live craft session on Zoom for 11 of the siblings we care for. During this session they made some lovely Mother's Day presents. Temitope, aged 8, was one of the children who took part in the arts and crafts session.

Mum Anita said *'The Helen & Douglas House Sibling Support Team has been amazing. Generous in all their Zoom activities, making Temitope happy to take part. She really enjoys all the arts and crafts and she likes interacting with Rosa, the Sibling Team Leader. The Mother's Day craft day was especially lovely and very thoughtful. It made me smile.'*

▼ Temitope, taking part in our Adolescent Sibling Group



'The Mother's Day craft day was especially lovely and very thoughtful...'

Anita, Temitope's Mum

// Independent Auditor's Report



**Holly and Carer Hannah
watering the garden**

Independent auditor's report to the members of Helen & Douglas House

Opinion

We have audited the financial statements of Helen & Douglas House (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2021 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the 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 FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2021 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

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 group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Helen & Douglas House'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 other information comprises the information included in the trustees' annual report, including the strategic report, other than the group financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the group 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. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group financial statements or our knowledge obtained in the course of 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 this gives rise to a material misstatement in the group financial statements themselves. 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' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic 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 the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

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

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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

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

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the finance and income generation committee, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
- Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
- Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;

- The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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 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 is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Fleur Holden

Senior statutory auditor

13 September 2021

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006



'Helen & Douglas House is my daughter's special place, to be safe, smile and be happy.'

Parent

// Financial Statements



Stanley with his Mum

66 Financial Statements

Consolidated statement of financial activities for the year ended 31 March 2021

	NOTE	Restricted funds £000	Unrestricted funds £000	Total funds 2020/21 £000	Total funds 2019/20 £000
Income from:					
Donations & legacies	2a	340	4,662	5,002	4,044
Charitable activities	2b	2,243	0	2,243	580
Other trading activities	2c	0	1,323	1,323	4,321
Investments	2d	0	235	235	192
Other	2e	0	619	619	593
Total		2,583	6,839	9,422	9,730
Expenditure on:					
Raising funds: Donations & legacies		0	1,670	1,670	1,423
Raising funds: Trading activities		0	3,045	3,045	3,605
Charitable activities: Hospice care		2,319	882	3,201	2,994
Charitable activities: Bereavement		94	320	414	381
Total	3	2,413	5,917	8,330	8,403
Net income before net gains on investments					
		170	922	1,092	1,327
Net (losses) / gains on investments	6	0	1,493	1,493	(413)
Transfer between funds		(52)	52	0	0
Net movement in funds		118	2,467	2,585	914
Reconciliation of funds:					
Total funds brought forward	17	363	12,154	12,517	11,603
Total funds carried forward		481	14,621	15,102	12,517

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 and the comparative prior year SOFA is disclosed in Note 17

67 Financial Statements

Balance sheets as at 31 March 2021

		Group		Charity	
	NOTE	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
Fixed assets					
– tangible fixed assets	5				
Buildings		3,672	3,579	3,672	3,579
Fixture, fittings & equipment		192	201	192	201
IT Costs		85	61	85	61
		3,949	3,841	3,949	3,841
Fixed assets – investments					
Investments	6	7,148	7,509	7,148	7,509
Current assets					
Stock		0	3	0	0
Debtors	8	745	1,207	744	1,207
Short term investments	9	2,504	1	2,504	1
Cash & bank		1,296	445	1,295	444
		4,545	1,656	4,543	1,652
Current liabilities					
Creditors <i>(falling due in less than one year)</i>	10	(540)	(489)	(545)	(488)
Net current assets		4005	1,167	3,998	1,164
Net assets		15,102	12,517	15,095	12,514
Accumulated funds					
Unrestricted – Designated	15a	2,352	3,064	2,352	3,064
Unrestricted – General	15a	12,269	9,090	12,168	9,087
Restricted	15a	481	363	575	363
		15,102	12,517	15,095	12,514

Company Number: **4120488**

These financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:

Ian Blair
Chair of Trustees
26 July 2021

68 Financial Statements

Statement of cash flows for the year ended 31 March 2021

Net cash flow from	2020/21 £000	2019/20 £000
Cash flows from operating activities:		
Net income for the reporting period	2,585	914
Adjustments for:		
Depreciation charges	398	373
Net (gains) / losses on investments	(1,493)	413
Dividends, interest and rent from investments	(235)	(192)
Loss/(profit) on disposal of fixed assets	0	(579)
Decrease / (increase) in stock	3	8
Increase / (decrease) in creditors	51	(99)
Decrease / (increase) in debtors	462	(692)
Net cash provided by operating activities	1,772	146
Cash flows from investing activities:		
Dividends, interest and rents from investments	235	192
Net proceeds from the sale of fixed assets	0	2,005
Purchase of fixed assets	(156)	(89)
Purchase of investments	(1,000)	(3,375)
Net cash used by investing activities	(921)	(1,267)
Increase / (decrease) in cash balance	851	(1,121)
Movement in cash balances		
Start of year	445	1,566
End of year	1,296	445
Change	851	(1,121)

1 Accounting policies

Statutory information

Helen & Douglas House is a company limited by guarantee and is incorporated in England, registered in England and Wales (No. 4120488).

It is a registered charity in England and Wales (No. 1085951).

The registered office address and principal place of business is **14a Magdalen Road, Oxford OX4 1RW**.

The following accounting policies have been used consistently with items considered material in relation to the group accounts.

Basis of preparation

The accounts have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK & the Republic of Ireland (FRS 102) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK & the Republic of Ireland (FRS 102) and the Companies Act.

The consolidated financial statements comprise the accounts of Helen & Douglas House and its trading subsidiary, Helen & Douglas House (Trading) Limited, made up to 31 March 2021. The trading results of the subsidiary are shown in note 7. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet.

A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

Public benefit entity

Helen & Douglas House meets the definition of a public benefit entity under FRS 102.

Going concern basis

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The charity has investment and bank balances of some £10.9m (2020: £7.95m) which the trustees consider adequate to meet future operational commitments.

Investment in subsidiaries

The investment in the subsidiary is at cost.

Income

- Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably. Insurance claims were recognised in the period to which the claim relates where sufficient insurance is available.
- Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred. In the prior year, income of £625,000 of small business retail grants had been recognised in the year as they were announced on 11 March 2020 and the charity met the criteria for them despite being received after the year end. For the current financial year, entitlement to grants paid in April 2021 only arose on 1 April 2021 as per the guidance issued by local authorities and as such these grants have not been accrued.
- Income received in advance of the provision of a specific service is deferred until the criteria for income recognition are met.
- Cash donations are credited to the Statement of Financial Activities as received.
- Where assets have been donated a cash equivalent value is included. Donated assets with a value of less than £5,000 are not included in the accounts because it would not be economical to establish a fair value.
- Legacies are recognised when the charity has been notified that there is an impending distribution with a determined amount or money is received.

- In accordance with the Charities SORP (FRS 102), volunteer time is not recognised, however a notional economic benefit is included within the notes supporting the financial statements and the trustees' annual report includes further information about their contribution.
- Investment income is accounted for on an accruals basis.
- 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 the interest paid or payable by the bank.
- Income raised through the shops is recognised on a receipts basis.
- Tax recoverable on amounts received by way of Gift Aid is included in the accounts on an accruals basis. Retail Gift Aid is included on an accruals basis.

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 activity headings:

Charitable activities (Hospice Care)	The direct cost of running Helen House and Douglas House, Clinical management, Medical Team and direct support services of Catering, Domestic and Facilities teams.
Charitable activities (Bereavement)	The cost of the operation of the family support and bereavement team.
Costs of raising funds	The cost incurred to receive voluntary contributions as well as the cost of activities with a fundraising purpose.
Trading activities	The cost related to running our network of shops and our Lottery operation.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support services

Expended resources are allocated to the particular activity where the cost relates directly to the activity. The cost of overall management and administration of each activity, comprising salary and overhead costs of central functions, is apportioned on the following basis:

Support area	Basis of apportionment to the four main cost areas
Finance	Based on the combined value of income and expenditure
CEO Office	Apportionment based on the % time allocated by individual employees
Governance	Apportionment based on the total cost in each area
IT	Apportionment based on the % time allocated by individual employees
People, Volunteering & Resources	A combination of allocation methods used based on an individual employee role, including recruitment numbers, number of employees and number of volunteers

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Debtors

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

Short Term Investments

Short term investments include cash balances that are invested in accounts with a maturity date of between 3 and 12 months.

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 of three months or less from the date of acquisition or opening of the deposit or similar account.

Creditors and provisions

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

Financial Instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund. Funds restricted for the purchase of fixed assets are transferred to unrestricted funds once the asset has been acquired.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Stock

Stock is valued at the lower of cost and net realisable value. The stock of donated goods is not valued.

Tangible fixed assets

Items of expenditure are capitalised where the purchase price exceeds £1,000.

Depreciation charges are allocated to activities on the basis of the use of the related assets in those activities.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value evenly over its expected useful life. The depreciation rates in use are as follows:

Buildings	2.5%
Building Improvements	10.0%
Fixtures & fittings	15.0%
Computer equipment	33.3%
Motor vehicles	25.0%

Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

Listed investments

Investments are a basic form of financial instrument and are initially recognised as their transaction value and subsequently measured at their fair value as at the balance sheet date, using the closing quoted market value. Any change in the fair value will be recognised in the Statement of Financial Activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading “Net gains / (losses) on investments” in the Statement of Financial Activities.

The charity does not acquire complex financial instruments.

Investment properties

Investment properties are measured initially at cost and subsequently included in the balance sheet at fair value. Investment properties are not depreciated. Any change in the fair value is recognised in the Statement of Financial Activities. The valuation method used to determine fair value will be stated in the note to the accounts.

Taxation

No corporation tax is payable due to the charitable status of the parent company. Taxable profits are generated by the Trading subsidiary and are transferred as a gift to the parent company.

Pension costs

The Charity operates its own defined contribution scheme, currently provided by Scottish Widows. In addition, some employees are entitled to be members of the NHS pension scheme. For the Charity to allow the employee to continue with membership of the NHS Pension Scheme they must have paid into it in the 12 months prior to joining the Charity.

The NHS Pension Scheme is an unfunded, defined benefit scheme for NHS employers, GP Practices and other bodies allowed under the direction of the Secretary of State. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Charity of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Operating leases

Rentals applicable to operating leases are charged on a straight line basis over the period of the lease.

'Life is precious
and at Helen &
Douglas House we
can make memories
to treasure forever.'

Parent



▲ Max enjoying messy play with Carer Hannah

76 Financial Statements

Notes to the financial statements for the year ended 31 March 2021

2	Income	2020/21 £000	2019/20 £000
2a	Donations	2,772	2,716
	Legacies**	1,187	680
	Coronavirus Job Retention Scheme	726	23
	Retail Support Grants	317	625
		5,002	4,044
	<i>** - At 31 March 2021 there was c£980k in the legacy pipeline (at 31 March 2020 c£785k)</i>		
2b	Charitable activities		
	NHS England Children's Hospice Grant (see Note 15a)	458	305
	NHS and Local Authority contributions to cost of care	217	275
	Government Funding (Hospice UK) (see Note 15a)	1,568	0
		2,243	580
2c	Trading activities		
	Sales of donated and bought in goods	831	3,541
	Gift Aid on sales of donated goods	72	331
	Web sales	58	42
	Lottery income	318	312
	Other	44	95
		1,323	4,321
2d	Investments		
	Rent income	10	23
	Fund and Dividend income	225	169
		235	192
2e	Other income		
	Profit on sale of Warehouse	17	579
	Other (Including Business Continuity Insurance Claim relating to the first lockdown of Covid-19)	603	14
		619	593
	Total income	9,422	9,730

77 Financial Statements

3 Expenditure – Current Year	Hospice Care	Bereavement	Fundraising	Trading	2020/21
	£000	£000	£000	£000	£000
Pay costs	2,072	362	945	1,548	4,927
Non-pay costs	316	7	489	1,091	1,903
Central support costs (see below)	478	45	236	343	1,102
Depreciation	335	0	0	63	398
	3,201	414	1,670	3,045	8,330
Central Support Costs:	£000	£000	£000	£000	£000
Finance	35	4	79	79	197
CEO Office	160	0	34	34	228
Governance	5	1	3	5	14
IT	68	19	67	39	193
People & Resourcing Team	210	21	53	186	470
	478	45	236	343	1,102

3 Expenditure – Prior Year	Hospice Care	Bereavement	Fundraising	Trading	2019/20
	£000	£000	£000	£000	£000
Pay costs	1,967	323	849	1,640	4,779
Non-pay costs	297	10	382	1,462	2,151
Central support costs (see below)	423	48	192	437	1,100
Depreciation	307	0	0	66	373
	2,994	381	1,423	3,605	8,403
Central Support Costs:	£000	£000	£000	£000	£000
Finance	31	5	63	110	209
CEO Office	138	8	39	33	218
Governance	10	1	6	14	31
IT	60	9	35	69	173
People & Resourcing Team	184	25	49	211	469
	423	48	192	437	1,100

3 Net income / (expenditure) for the year is stated after charging:

	2020/21 £000	2019/20 £000
Auditor's remuneration (excluding VAT):		
Audit of these financial statements	16	14
Audit of financial statements of subsidiary	1	1
Other Services	1	1
Operating lease rentals – Property	798	948
Operating lease rentals – Other	16	23

78 Financial Statements

4 Salaries and employees

The permanent employee head count and the associated Full Time Equivalent as at 31 March 2021 & 31 March 2020, by function was:

	2020/21		2019/20	
	Head Count	FTE	Head Count	FTE
Nursing, medical and care	49	(39.05)	53	(41.69)
Fundraising	23	(21.38)	22	(20.53)
Management & administration	21	(20.05)	19	(18.04)
Retail	61	(50.57)	69	(65.54)
Estates, domestic and catering	10	(9.12)	11	(8.77)
	164	(140.18)	174	(154.57)

The organisation employed people on bank contracts (zero hours). In 2020/21 there were 59 individuals who worked zero hours contracts totalling the equivalent of 3.49 FTE (2019/20: 73 individuals, 8.24 FTE). Bank FTE are not included in the table above.

Staff salary costs:

	£000	£000
Salaries***	4,877	4,644
National Insurance Contributions	440	428
Pension Contributions	343	318
*** - Includes actual & accrued redundancy & termination costs	5,660	5,390
Agency, advertising and other employee costs	93	108
	5,752	5,498

Employee emoluments:*

	2020/21	2019/20
£90,000 - £99,999	1	2
£80,000 - £89,999	1	0
£70,000 - £79,999	1	0
£60,000 - £69,999	2	2

* - Excludes Employer NI and Pension

Key management personnel (as defined in the Trustees' Annual Report) total remuneration was £518,458 (2019/20: £415,230)**

** - Includes Employer NI and Pension

Termination payments***

In 2020/21 the Charity had 1 (2019/20: 2) redundancy & termination payments that amounted to £4,374 (2019/20: £2,557)

*** - any redundancy costs are included within the termination payments total.

4 Salaries and employees (continued)

Pension costs

Total pension contributions charged to the statement of financial activity, by scheme

	2020/21 £000	2019/20 £000
Charity defined contribution scheme	203	185
NHS pension scheme	140	133
	343	318

Volunteers

The number of individuals who volunteered for the group is set out in the table below:

	Number of volunteers		Number of hours volunteered		Economic value of the hours (£)	
	2020/21	2019/20	2020/21	2019/20	2020/21	2019/20
Care	101	133	763	11,305	6,653	92,814
Fundraising	0	4	0	128	0	1,051
Retail	355	425	0	55,250	0	453,603
Other	14	22	0	1,782	0	14,630
Total	470	584	763	68,465	6,653	562,098

Due to Coronavirus our Retail Volunteers did not work any hours due to the shops being closed for a significant part of the year. The economic value of volunteer hours is for information only, this is not recognised in the financial statements.

80 Financial Statements

5 Fixed Assets	Land & Buildings	Building Improve-ments	Fixtures, fittings & equipment	IT Cost	Motor vehicles	Total
	£000	£000	£000	£000	£000	£000
Cost						
At 1 April 2020	5,856	1,351	1,667	298	25	9,197
Additions	-	2	67	87	-	156
Disposals	-	-	-	-	-	0
Transfer from Investment properties	350	-	-	-	-	350
At 31 March 2021	6,206	1,353	1,734	385	25	9,703
Depreciation						
At 1 April 2020	(2,794)	(833)	(1,467)	(237)	(25)	(5,356)
Charged in year	(149)	(111)	(75)	(63)	-	(398)
Eliminated on disposal	-	-	-	-	-	0
At 31 March 2021	(2,943)	(944)	(1,542)	(300)	(25)	(5,754)
Net book value						
At 31 March 2021	3,263	409	192	85	0	3,949
At 1 April 2020	3,061	518	201	61	0	3,841

Douglas House property assets continue to be recognised in the financial statements as the expectation is the assets will continue to deliver benefits to the Charity.

All assets are used for charitable purposes.

6 Investments	2020/21 £000	2019/20 £000
CCLA – Investment Fund	6,887	6,978
CCLA – Deposit Fund	2,504	-
Other listed investments (Bonds and Shares)	261	261
Investment property	-	270
	9,652	7,509
Market value at 1 April 2020	7,509	4,547
CCLA – Investment Fund Purchases	-	3,375
CCLA – Deposit Fund Investment	1,000	-
Proceeds from sale of investments	-	-
Transfer of Investment Property	(350)	-
Net gain on revaluation	1,493	(413)
Market value at 31 March 2021	9,652	7,509

Investment property was valued at its market value as at 9th October 2020. The valuation was provided by Richard Venables of VSL & Partners (Kidlington). The basis of said valuation was: Market rate, interest in the freehold and potential competitive bidding.

The investment property is now used for supporting charitable activities so no longer meets the definition of an investment property and has therefore been reclassified as a tangible fixed asset at its fair value of £350,000, resulting in an £80,000 unrealised investment gain.

81 Financial Statements

7 Subsidiary undertaking

The charity owns the whole of the issued ordinary shares of Helen & Douglas House (Trading) Limited, a company incorporated in England (Co. Number : 05090748). The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under gift aid to the charitable company. Clare Periton, of the charitable company, Michael Cooper, and Martin Wildsmith, are directors of Helen & Douglas House (Trading) Limited.

A summary of the company's results are as follows:

	2020/21 £000	2019/20 £000
Turnover	27	59
Cost of sales	(25)	(24)
Gross profit	2	35
Administrative expenses	(13)	(1)
(Loss) / profit on ordinary activities before taxation	(11)	34
Taxation on profit on ordinary activities	-	-
(Loss) / profit for the financial year	(11)	34
Retained earnings brought forward	8	8
(Loss) / profit for the financial year	(11)	34
Profits distributed to parent under gift aid	0	(34)
Retained earnings carried forward	(3)	8

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. All movements in equity are included within the statement above. Administrative expenses includes Management Charge from the parent charity of £11,054

Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2020/21 £000	2019/20 £000
Gross income	9,422	9,705
Result for the year	2,585	921

82 Financial Statements

	Group		Charity	
	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
8 Debtors				
Trade debtors	107	77	107	77
Investment income receivable	12	12	10	12
Accrued income	218	714	220	714
Accrued legacy income	25	0	25	0
Prepayments	307	319	307	319
VAT recoverable	59	75	58	75
Other debtors	17	10	17	10
	745	1,207	744	1,207

	Group		Charity	
	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
9 Current asset investments				
CBF Deposit Fund	2,504	1	2,504	1

	Group		Charity	
	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
10 Creditors				
Trade creditors	99	80	95	80
Social security and other taxes	110	109	110	109
Other creditors	161	213	171	213
Accruals and deferred income	170	87	169	86
	540	489	545	488

11 Trustee remuneration

No trustees (2020/21: None) received remuneration for their office. No trustees were reimbursed for expenses (2019/20: None) for representing the charity.

12 Leasing commitments

At the end of the year the Charity & Group had total commitments under **non-cancellable leases** as follows:

	Property		Other	
	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
Less than one year	730	869	8	22
Between one and five years	1,030	1,375	11	0
More than five years	10	140	0	0
	1,770	2,384	19	22

83 Financial Statements

13 Related party transactions

Helen & Douglas House paid rent of **£46,747** (2019/20 £46,747) to The Society of All Saints, Sisters of the Poor. In addition there is a contribution of **£5,400** (2019/20 £5,250) to the maintenance of the communal garden. The trustees of The Society of All Saints were members of Helen & Douglas House until October 2016, however one Trustee is now common to both Boards.

14 Analysis of group net assets between funds

	2020/21 £000	2019/20 £000
General charitable funds	12,269	9,090
Designated funds	2,352	3,064
Restricted Funds	481	363
	15,102	12,517

The funds are represented by:

	Restricted £000	Designated £000	Unrestricted £000	2020/21 £000
Fixed assets	0	0	3,949	3,949
Investments	0	2,352	4,796	7,148
Current assets	481	0	4,064	4,545
Current liabilities	0	0	(540)	(540)
	481	2,352	12,269	15,102

	Restricted £000	Designated £000	Unrestricted £000	2019/20 £000
Fixed assets	0	0	3,841	3,841
Investments	0	3,064	4,445	7,509
Current assets	363	0	1,293	1,656
Current liabilities	0	0	(489)	(489)
	363	3,064	9,090	12,517

84 Financial Statements

15a Movements in funds (Current Year)

	Balance 01/04/2020	Income	Expenditure	Transfers between funds	Balance 31/03/2021
Restricted funds	£000	£000	£000	£000	£000
Charitable Activities					
NHS England Children's Hospice Grant	0	458	(458)	0	0
NHS and Local Authority contributions to cost of care	0	217	(217)	0	0
Government Funding (via Hospice UK)	0	1,568	(1,568)	0	0
	0	2,243	(2,243)	0	0
Donations and Legacies					
Enablement	0	38	0	0	38
Helen House play	103	2	(31)	0	74
Helen House music	1	0	0	0	1
Helen House art	2	0	0	0	2
Helen House in-patient	18	7	0	0	25
Outreach work	69	134	(94)	0	109
Thames Valley Health Education	29	0	0	0	29
Clinical training	36	0	(3)	0	33
Clinical equipment	85	40	(4)	0	121
Volunteering	1	0	0	0	1
Projects	19	110	(39)	(52)	38
	363	341	(171)	(52)	481
	363	2,584	(2,414)	(52)	481
Unrestricted funds					
<i>Designated funds:</i>	£000	£000	£000	£000	£000
Lease commitments	2,405	0	0	(617)	1,788
Redundancy fund	350	0	0	0	350
Shop fund	160	0	0	(95)	65
Maternity fund	149	0	0	0	149
Total designated funds	3,064	0	0	(712)	2,352
General funds	9,090	8,332	(5,917)	712	12,217
Total unrestricted funds	12,154	8,332	(5,917)	52	14,621
Total funds	12,517	10,916	(8,331)	0	15,102

85 Financial Statements

15b Movements in funds (Prior Year)

	Balance 01/04/2019	Income	Expenditure	Transfers between funds	Balance 31/03/2020
	£000	£000	£000	£000	£000
Restricted funds					
NHS England Children's Hospice Grant	0	305	(305)	0	0
Helen House play	4	139	(40)	0	103
Helen House music	2	0	(1)	0	1
Helen House art	2	0	0	0	2
Helen House in-patient	(2)	21	(1)	0	18
Outreach work	34	98	(63)	0	69
Thames Valley Health Education	29	0	0	0	29
Clinical training	36	0	0	0	36
Clinical equipment	64	21	0	0	85
Volunteering	1	0	0	0	1
Doctors team	0	5	(5)	0	0
Projects	(33)	56	(4)	0	19
	137	645	(419)	0	363
Unrestricted funds					
<i>Designated funds:</i>	£000	£000	£000	£000	£000
Lease commitments	2,289	0	0	116	2,405
Redundancy fund	500	0	0	(150)	350
Shop fund	160	0	0	0	160
Maternity fund	149	0	0	0	149
Total designated funds	3,098	0	0	(34)	3,064
General funds	8,368	9,085	(8,397)	34	9,090
Total unrestricted funds	11,466	9,085	(8,397)	0	12,154
Total funds	11,603	9,730	(8,816)	0	12,517

NHS England Children's Hospice Grant

The annual grant contribution funded by NHS England has been restricted to our provision of children's hospice care during the financial year, and fully used for that purpose.

NHS Clinical Commissioning Groups and Local Authorities

Funding contributions from a Clinical Commissioning Group (CCG) or Local Authority may be attributed to the care of a specific patient or may be in respect of all care provided to patients registered with a GP in a particular CCG. In 2020/21 we had NHS contract and grant agreements with the following CCGs:

	2020/21	2019/20
NHS Buckinghamshire CCG	£31,200	£98,336
NHS Milton Keynes CCG	£26,708	£20,721
NHS Nene CCG	£1,568	£18,815
NHS Northamptonshire*	£21,000	£2,184
NHS Oxfordshire CCG	£100,000	£100,000
NHS Swindon	£15,000	£11,911
NHS Wiltshire CCG	£23,130	£22,500

*Named NHS Corby CCG in 2019/20

All the funds received from public sector sources were fully used in the financial year for the purposes intended. During 2020/21 one -off Government funding payments were received totalling £1.568m to ensure the availability of bed capacity should it be needed during the pandemic as well as to help ensure the longer-term sustainability of hospices.

Enablement

To fund staff and project work related to patient enablement activities

HH Play

The income in this fund has been generated in order to invest into resources supporting play activities

HH Music

The income in this fund has been generated in order to invest in music therapy and activities for patients.

HH Art

The income in this fund has been generated in order to invest in art activities for patients.

HH In - Patient

The income in this fund has been generated in order to invest into resources supporting in-house patient care.

Outreach Work

The aim of this fund is to cover costs of Outreach Workers who provide assistance in the patient's home.

Thames Valley Health Education

A fund of money to help continued development of clinical supervision within the organisation.

Clinical Training

A restricted fund of money to help pay for internal training of Helen & Douglas House clinical employees.

Clinical Equipment

This fund is for the donations we receive that are required to be spent on purchases of large items of clinical equipment.

Volunteering

Staff Cost or project work supporting volunteering across the organisation.

Doctors Team

This fund supports the cost of Doctors or project work relating to the Doctors' team.

Projects

Funding received for specific projects pertaining to the development and enhancement of the building, gardens and facilities. There was a transfer of funds during the year due to the terms of the restricted donation being satisfied once the specified assets were acquired, thus allowing the charity to use the assets on an unrestricted basis for any charitable purpose.

Designated Funds

The details of designated funds purposes can be found in the financial review section of the annual report.

16 NHS pension scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation.

In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

17 Comparative SOFA

	Restricted funds £000	Unrestricted funds £000	Total funds 2019/20 £000
Income from:			
Donations & legacies	340	3,056	3,396
Charitable activities	305	275	580
Other trading activities	0	4,969	4,969
Investments	0	192	192
Other	0	593	593
Total	645	9,085	9,730
Expenditure on:			
Raising funds: Donations & legacies	0	1,423	1,423
Raising funds: trading activities	0	3,605	3,605
Charitable activities: Hospice care	356	2,638	2,994
Charitable activities: Bereavement	63	318	381
Total	419	7,984	8,403
Net income before net gains on investments	226	1,101	1,327
Net gains on investments	0	(413)	(413)
Net movement in funds	226	688	914
Reconciliation of funds:			
Total funds brought forward	137	11,466	11,603
Total funds carried forward	363	12,154	12,517

Donate

Fundraise

Volunteer

Shop

Registered with



FUNDRAISING
REGULATOR

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Registered charity number 1085951

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Helen & Douglas House

your local children's hospice