

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

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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

”

// About Us



Max enjoying the garden



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.

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



*Utilities, Rent, Equipment **HR, Finance, IT, Volunteering

Our year in numbers



642
bed nights



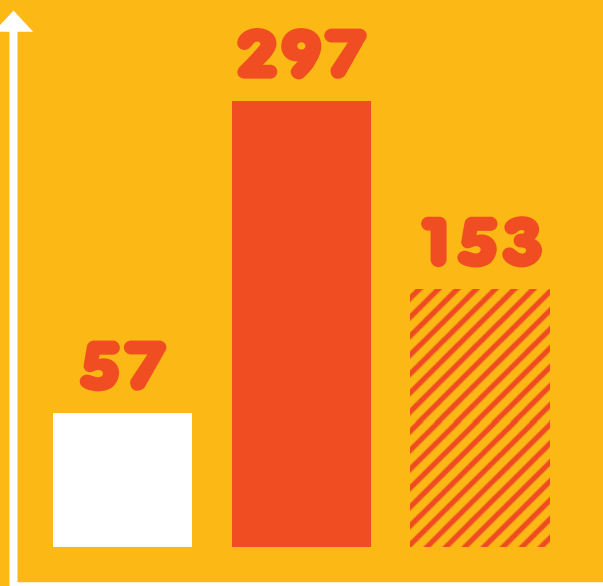
1 in 3

children's care is
funded by Gifts in Wills



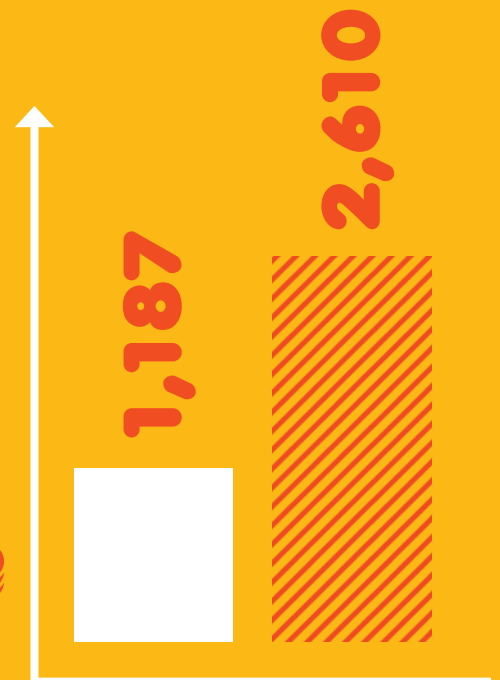
2,838

hours of community and family
support care were provided



- New patient referrals last year
- Overnight/day stay admissions
- ▨ Children on our caseload

Pounds (1,000s)



- Legacy income
- ▨ Covid-19 Government support



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.



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.



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.



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.



10,774

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.

“

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

”

// 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



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</p> <p>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</p> <p>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</p> <p>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

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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

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Balance sheets as at 31 March 2021

		Group		Charity	
	NOTE	2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
Fixed assets	5				
– tangible fixed assets					
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

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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



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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
	** - At 31 March 2021 there was c£980k in the legacy pipeline (at 31 March 2020 c£785k)		
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

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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

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
	5,660	5,390
Agency, advertising and other employee costs	93	108
	5,752	5,498

*** - Includes actual & accrued redundancy & termination costs

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
Total	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.

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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.

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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

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	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

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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

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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					
Designated funds:	£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

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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

Income from:

Donations & legacies

Charitable activities

Other trading activities

Investments

Other

Total

Expenditure on:

Raising funds: Donations & legacies

Raising funds: trading activities

Charitable activities: Hospice care

Charitable activities: Bereavement

Total

Net income before net gains on investments

Net gains on investments

Net movement in funds

Reconciliation of funds:

Total funds brought forward

Total funds carried forward

Restricted funds £000	Unrestricted funds £000	Total funds 2019/20 £000
340	3,056	3,396
305	275	580
0	4,969	4,969
0	192	192
0	593	593
645	9,085	9,730
0	1,423	1,423
0	3,605	3,605
356	2,638	2,994
63	318	381
419	7,984	8,403
226	1,101	1,327
0	(413)	(413)
226	688	914
137	11,466	11,603
363	12,154	12,517

Donate

Fundraise

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