

HARLINGTON HOSPICE ASSOCIATION LIMITED

England & Wales · Charity number 1099332

Details

Status Registered

Legal form Charitable company

Company number [04199504](#)

Registered 2003-09-09

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

Contact

Address Harlington Hospice Association
St. Peters Way
Harlington
Hayes
UB3 5AB

Phone 02087590453

Email info@harlingtonhospice.org

Website www.harlingtonhospice.org

Activities

Objects: TO PROMOTE THE RELIEF OF SICKNESS AND SUFFERING IN SUCH WAYS AS THE CHARITY SHALL FROM TIME TO TIME THINK FIT AND IN PARTICULAR (BUT WITHOUT PREJUDICE TO THE GENERALITY OF SUCH OBJECT):3.1.1 BY ESTABLISHING, MAINTAINING AND CONDUCTING RESIDENTIAL NURSING HOMES FOR THE RECEPTION AND CARE OF PERSONS OF EITHER SEX (WITHOUT REGARD TO RACE OF CREED) WHO ARE SUFFERING (AT ANY AGE) FROM ANY CHRONIC OR TERMINAL ILLNESS OR FROM ANY DISABILITY OR DISEASE ATTRIBUTABLE TO OLD AGE OR FROM ANY OTHER PHYSICAL OR MENTAL INFIRMITY, DISABILITY OR DISEASE (AND THAT ANY SUCH HOME MAY BE RESTRICTED TO PATIENTS OF ONE SEX ONLY) OR (WHETHER OR NOT SO RESTRICTED AS AFORESAID) TO PATIENTS SUFFERING FROM ANY PARTICULAR TYPE OR TYPES OF ILLNESS, DISABILITY, DISEASE OF INFIRMITY. BY PROVIDING MEDICAL OR OTHER TREATMENT AND ATTENTION FOR ANY SUCH PERSONS AS AFORESAID IN THEIR OWN HOMES.3.1.2 BY CONDUCTING OR PROMOTING OR ENCOURAGING RESEARCH INTO THE CASE AND TREATMENT OF PERSONS SUFFERING FROM ANY SUCH ILLNESS, DISABILITY, DISEASE OR INFIRMITY AS AFORESAID AND PARTICULARLY INTO THE CASE AND TREATMENT OF PERSONS SUFFERING FROM CANCER OR TERMINAL ILLNESSES AND DISSEMINATING THE USEFUL RESULTS OF THE RESEARCH.3.1.3 BY PROMOTING OR ENCOURAGING OR ASSISTING IN THE EDUCATION OR TRAINING OF DOCTORS, NURSES, PHYSIOTHERAPISTS AND OTHER PERSONS ENGAGED IN THE BRANCH OF MEDICINE, SURGERY, NURSING OR ALLIED SERVICES AND IN THE EDUCATION OR TRAINING OF STUDENTS IN ANY BRANCH OF MEDICINE, SURGERY, NURSING OR ALLIED SERVICES.3.1.4 BY PROVIDING OR ASSISTING OR ENCOURAGING THE PROVISION OF SPIRITUAL HELP AND GUIDANCE FOR ANY PERSONS RESIDENT (EITHER AS PATIENTS OR OTHERWISE) OR WORKING IN ANY SUCH HOME OR HOMES AS AFORESAID.

Activities: The charity provides a 10 bedded hospice inpatient unit, domiciliary care, hospice at home service, day care hospice, Lymphoedema clinic and family support. The charity runs 6 charity shops.

Classification

- **How:** Provides Services, Provides Advocacy/advice/information
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** Elderly/old People, People With Disabilities

Geography

- **Area of benefit:** HARLINGTON
- Hillingdon

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£6,236,763	£6,380,361	£3,245,432	143
2024-03-31	£6,000,678	£6,400,257	£4,290,086	149
2023-03-31	£6,692,270	£6,372,625	£4,689,665	154
2022-03-31	£5,718,617	£5,678,264	£3,861,197	137
2021-03-31	£5,670,958	£5,483,615	£3,820,844	138

Trustees

Name	Role	Appointed
Andrew Mark Bonser		2025-09-23
Ashish Devani		2024-04-16
Carmel Mary Gordon-Dark		2024-04-16
Charles Gloor		2024-04-16
Laura Ann Churchill		2025-09-23
MR MICK EDWARDS		
Marie Claire Wadsworth		2025-09-23
Michael John Breen		2022-08-16
Pravinchandra Kanji Mepa Shah		2025-09-23
Sarah Francis Scannell		2025-09-23
Shreena Raja		2024-04-16

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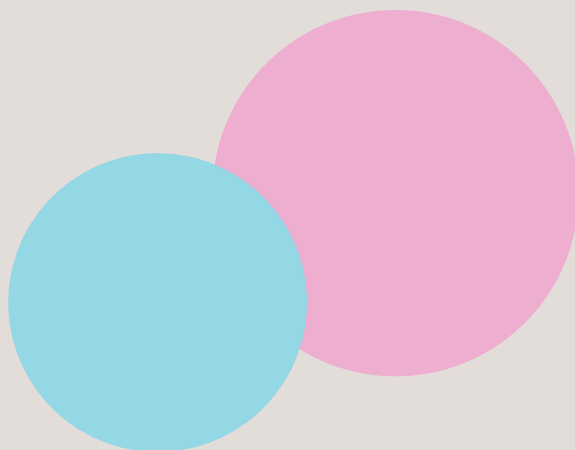
Accounts



Your local hospice

Annual Report

Year ending 31 March 2025



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Introduction from the Chair

The end of 2024 marked the important 5 year milestone of the reopening of Michael Sobell House after a period where there were no specialist inpatient beds for Hillingdon patients. We are proud that in 2024 we were able to expand the number of people we support in our inpatient unit opening 4 more beds for patients who need a longer stay. Since reopening this means we have now doubled the hospice beds available for Hillingdon patients.

The merger of the 2 charities is reaping benefits with the pre-existing strengths of the two organisations really showing in a more stable financial position. We are now truly 1 charity with the combined experiences of our important histories, and committed supporters who operate as a single team focused on meeting the needs of our patients and their loved ones.

At the end of the 2024/25 financial year we said goodbye to a number of Trustees who have played critical roles shepherding the hospice through the last years of substantial change. We thank them and wish them all the best knowing they can look back proud of the impact they made. We also said goodbye to our longstanding Chief Executive, Steve Curry whose strategic vision and commitment to do better for our residents will have an ongoing influence on the hospice. We are pleased he is staying on part time to support key areas of development and enjoying his days off without the pressures of the CEO role.

We are proud of our expansion of bedded care but in 2024 we also saw more people supported in their own homes by our Harlington Care and Hospice at Home teams. We regularly receive feedback from families on what made the difference for them: and our psychological support for both adults and children continues to be highly valued, providing critical support for people for whom there is no alternative specialist care in the borough.

Within our bereavement services we are delighted to host a number of trainee roles. Alongside our GP registrars we host many nursing students and counselling trainees as well as various placements, work experiences and shadowing. We have established our place locally as the source of expertise and knowledge on end of life care. This was reinforced in our first – of hopefully many – annual conferences, attended by over 100 people.

Supporting more patients has meant more team members. We have been pleased to grow our team, and also that where vacancies have arisen that we have had no issues with recruitment reflecting our staff survey results which show our hospice as a positive place to work. We have welcomed more volunteers across the organisation and are particularly pleased to have the skills and time from volunteers in the fundraising office – where since covid we have struggled to recruit.



We continue to be a partner in local work with other agencies. In 24/25 the success of the Hillingdon Carers Partnership (led by Hillingdon Carers Trust) has led to our partnership expanding to support Ealing. The Hillingdon Health and Care Partnership bringing together health, social care and the third sector provides a structure to progress improvements in End of Life care beyond the hospice. Working across the 8 boroughs of North West London we benefit from our membership of the 3ST alliance of third sector organisations, including an appropriate and necessary focus on shared learning to address inequalities.

Of course there is more for us to do in 2025. Our improved financial position does not mean we can relax our focus on maintaining quality of care whilst controlling costs carefully. In 2025 we will work with our partners across Hillingdon to ensure we are meeting palliative care needs earlier and in a joined up way. With the end of the North West London consultation on a new model of care for specialist services we are hopeful of greater and sustainable NHS investment in our services.

Our greatest asset is the people across our community who support us with such commitment. Whether this is through making items for us to sell, volunteering, donating money every time they visit the hospice, donating to our shops or undertaking quite terrifying sponsored events, we could not provide the care we do without their support. We appreciate all you do for us.



Michael Breen
Chair



24/25 at Harlington Hospice

In February 2024 the Board held an away day to shape our plans for the next 3-5 years. This session confirmed to all present that when we have achieved positively – either for individual patients or for our population – it has been when we genuinely delivered on our **values**:

Collaborative

We're inclusive and diverse. And never overlook the value of other views and perspectives in creating more individualised care. We share our own, and learn from, other's best practice.

Responsive

We're embedded in our local community and exist to respond to their needs. We go above and beyond to find the right answers for whoever needs our help.

Thoughtful

We think not only about the most effective medical practice, but also about what is helpful for our patients.

Courageous

We're there at people's hardest moments in life. And we're a pillar of strength for them when they need us.

In living these values we are able to deliver our **purpose**:

To support those in our community living with serious or terminal illness to live each of their days in their own way, to the fullest.

In turn this makes **our vision** a reality:

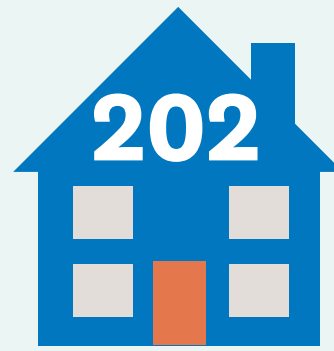
Where everyone living with serious or terminal illness is treated as an individual and supported to live with their illness in a positive way.

Our year in numbers



27,466 hours of care through Harlington Care including starting offering Fast Track care

HOSPICE AT HOME



people supported by Hospice at Home

Training placements for
21 nurses

2x GP registrars and medical placements

7 counselling trainees



EDUCATION & TRAINING

326 people supported by our psychological and emotional support teams



3,056 outpatient appointments predominately Lymphoedema

OUTPATIENT CARE

51,880 estimated number of donations



1,300 people who Gift Aided *giftaid it*

187,200 number of sales

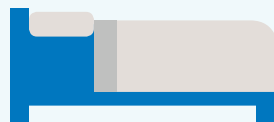


SHOPS & DONATIONS

Supported **35** people in Primrose beds and cared for **35** Fast track patients



236 admissions to our inpatient unit



INPATIENT CARE

200+ Volunteers



VOLUNTEERING



102

brave sponsored athletes – skydivers, runners, ironmen, ultra challengers, cyclists and walkers



54

Firewalkers

90+ golfers

EVENT FUNDRAISERS

We exist to support local people

The services provided by Harlington Hospice are accessible to any adult nearing the end-of-life, in receipt of palliative care, living with dementia or another serious or terminal illness, or who is a carer providing unpaid support to a friend or family member with one or more of those conditions.

Additionally, we provide bereavement therapy services for children and young people from four to 17 years old and a bereavement counselling service for adults.

Our services are mainly provided to adults and young people who live in the London Borough of Hillingdon or are registered with a GP in the borough. Where there is capacity,

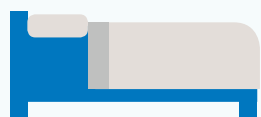
we also support patients and families from adjacent boroughs in North West London and Hertfordshire.

In addition to Hillingdon provision, a domiciliary care and respite (replacement) care service is also available to family carers in the London Boroughs of Hounslow and Ealing.

Our support can be long term over a number of years such as our lymphoedema service or for a future nights when it really counts. We provide respite and support symptom management. Increasingly we are seeing patients who stay with us returning home whilst knowing that our support remains there if their needs change.

Our services

Staying at the hospice



This team provides responsive and compassionate palliative and end-of-life care to people with complex

symptoms and who require emotional support, with the aim of discharging them back home. They also care for people in their last days and hours of life.

We are keen to raise awareness that the hospice is not solely a place people go to die. We support many people to return home – including where home means to another part of the country or indeed overseas in the case of Shirley who we supported to return to Goa.

Over the past year, we were able to admit over seven days a week, often admitting patients the same day as we received their referral.

High intensity psychotherapy, psychological and emotional support was delivered on demand as needs arose.

Just a little note to say thank you for all the help, care and understanding that you have shown my Dad. You have all shown so much kindness and it is very much appreciated.

Hospice beds for Hillingdon

Before closure (pre 2019)	Re-opened (2021)	2024
7 beds	10 beds	14 beds

Nursing and therapy staff have continued to support patients in longer term beds (known as Primrose Beds), of which we have two at Hayes Cottage Nursing Home (Hayes) and six at Parkfield Nursing Home (Uxbridge).

This support incorporated aspects of Hospice care into both sites, including physiotherapy and rehabilitation, complementary therapies, pastoral support, psychological support, and senior end-of-life nursing care.

Care at home



Through our **Hospice at Home** team of Registered Nurses and specialist trained Healthcare Assistants, we care for people in their own home. All support is tailored to each individual's needs and those of their family members.

The Hospice at Home team also support the Rapid Response and Discharge teams by providing up to three nights' support for local people and their carers, to facilitate safe discharges from hospital.

The hospice solely funds a **wellbeing support role** as part of the integrated community team provided by the local NHS. This role supports non clinical needs and can link with housing, financial advice, social support and connections with other services. We know many people want to remain at home and this support is key to make this happen.

Our regulated social care support service, known as **Harlington Care**, provides a comprehensive domiciliary care service in the home, which includes more advanced care tasks for people with complex health and social care needs.

Delighted with personal care provided to my wife. The carers are experienced and well trained and supportive of my wife's needs

Carers Short Breaks service provides respite (replacement) care in the homes across the London Boroughs of Hillingdon and Hounslow. This is delivered to give carers a much-needed short break from their caring roles and our care workers take on the majority of the duties that carers manage for their loved ones.

In 2024 in recognition of the quality of the service the local NHS agreed to commission 'Fast Track' care from our team – this is domiciliary care that is put in place rapidly for those at the end of their life.

In 2024 we were delighted to further our role in the **Ealing Carers Partnership** widening our well established respite for carers to a third borough.

Clinical based care



Throughout the year the **Wellbeing team** ran Creative Art sessions, as well as Exercise and Relaxation groups, with the option of

one-to-one support if required. These sessions are run twice a week and continue to be popular with our patients.

In 2024 our longstanding **Robins Café** was augmented with a new **Sunflower café** – supporting carers and the recently bereaved these groups are well attended and provide an opportunity for relatives to remain connected to the hospice team.

We also offered a programme of **Complementary therapies**, which included physical and psychological approaches to improving wellbeing, such as tai chi, yoga, acupuncture, massage therapy, art and music

therapy, dance and mindfulness-based stress reduction.

Lymphoedema is a long-term (chronic) condition that causes swelling in the body's tissues and can affect any part of the body, but usually develops in the arms or legs. We also treat patients with Lipoedema. These conditions can be very painful and affect daily life.

Home visits and group wellbeing sessions – such as Tripudio classes and 'Legs 11', a monthly drop-in session – were also delivered as part of the service.

I look forward to my treatment each appointment day. It has been very helpful to my health – good information that will help myself

Our **Adult Psychological Support Service** includes a Palliative Psychotherapy team, which has supported adults living with a serious or terminal illness, and those close to them, since January 2021.

Our Adult Psychological Support Service also offered free counselling to adults in our community who have, or who are living alongside, a serious or terminal illness. This service is available to patients using our other hospice services and those close to them who may be coming to terms with their friend or family member's illness.

Thank you for seeing me. I'm glad you have this sort of service as I didn't really know where else I could go. I can't thank you enough for the way you help me deal with all that happened in my family. Thank you!

The **Child and Adolescent Bereavement team** continued its work exploring the challenges of how neurodiverse children and young people cope with bereavement. It has expanded its commitment to providing bereavement support for neurodiverse children and their carers, in order to develop new networks and neuro-affirmative resources for parents with neurodiverse children, in order to help them to better understand and manage change and their grief.

Being in art therapy has made me happier talking and thinking about my dad and I liked that I got to do art. My feelings started to get better – and I'm not being angry as much, and I'm crying less.

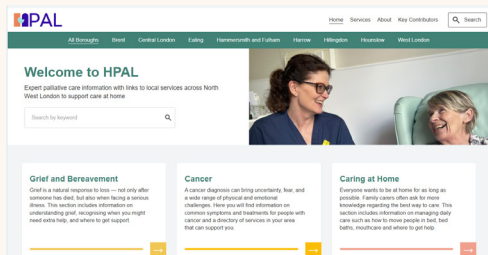
Harlington Hospice also offered **Bereavement Counselling** for adult clients who have experienced bereavement and who are struggling to come to terms with loss following the death of someone close to them.

Education and training

The hospice has a key role in supporting education and training as the trusted local experts in palliative care. Our first conference was a success with excellent feedback.



Harlington Hospice working with Dr Poppy Freeman has developed and championed the invaluable HPAL portal with up to date end of life information for patients and clinicians. In 2024 Mid Essex ICB recognised the value of this resource and commissioned a version for their community;



We support education for carers via the **Caring with Confidence programme** – recognising that whilst professional care is critical the heavy burden of care often falls to informal carers especially where a loved one has dementia.

We delivered a four-session **End-of-life psychoeducational course** for carers. Following a review of last year's programme, a fourth session was added. All sessions had a training and psychotherapeutic support element and topics covered were:

- Understanding palliative care
- Caring for a loved one in the home at the end-of-life
- Dealing with Death
- Complementary therapies at the end-of-life

The hospice continues to act as a training hub for GPs, Medical Students, Nursing placements, Counselling trainees and many more people seeking work experience. We are grateful for the input of all trainees who have supported care at the hospice

Student nurse Placements: Staff on IPU have been amazing, the support, care and love I received I will never forget and always be amazed. Lovely supportive staff thank you for all your help.

Our priorities and achievements

In planning for 24/25 we set out a number of in year priorities which we have demonstrated progress against:

Priority 1: Increased, improved and sustainable IPU provision

We recognise Michael Sobell House was never built to last; it has done our patients proud for many years and has become a well-respected and well-loved part of our community. We also know we are not currently able to meet the increasing need for end-of-life care in the south of the Borough.

How:

- Devise a plan to futureproof the reprovision of inpatient services in the north of the Borough, increasing capacity to meet an increased and more complex need.
- Identify and secure financial resources (both capital and revenue) to ensure we are able to meet current and future demand.

What we have achieved:

- Secured winter funding for an additional nursing post on the IPU increasing our ability to admit 14 patients at any one time.
- Opened 4 additional beds for longer term patients.
- Continued discussion with Brunel university on collaboration to open a unit on their site.
- Secured £117k capital as or of 2 year national funding.

Priority 2: Our First Palliative Conference

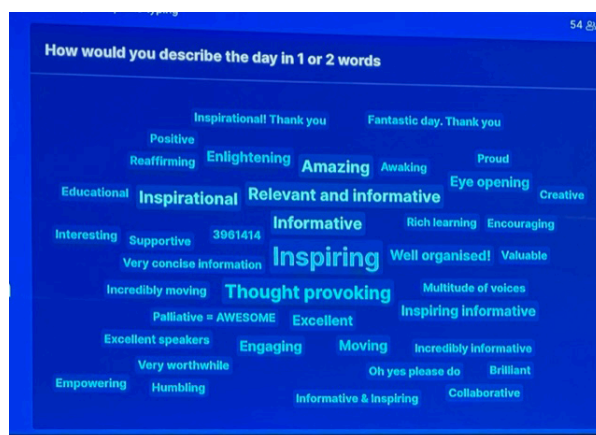
In partnership with local and regional stakeholders and colleagues, Harlington Hospice held our first Palliative Care Conference in May 2024. This was attended by GPs, Paramedics, Care Home Staff, District Nurses, Hospital and Palliative Care Team

The hospice had speakers covering topics including:

The future of Palliative Care Nursing; Supporting Family Carers: Pain; Nausea, Breathlessness – Top Tips; Palliative care in A&E – How Not To Admit A Patient; Children Facing Loss; The Challenge of Palliative Care At Home; Tree of Feelings: Patient Experiences in the Hospice; Assisted Dying – The Future and the Impact; Managing Anxiety/CBT and Relaxation Techniques.

What we achieved:

- Attended by 100 people – mostly clinicians.
- Resoundingly positive feedback from attendees that we have agreed to develop this into an annual event.



- Attended by 15 hospice team members providing development opportunities internally as well as for the wider system.

Priority 3: Funding

The Hospice, like many hospices nationally, continues to experience growth in costs and an increasingly difficult fundraising climate. We are committed to continuing the excellent and vital care we provide. This means that we need to balance our income and expenditure, which will require senior management focus on cost control, securing additional NHS funding (we currently receive just 30% of running costs from the NHS) and maximising fundraising.

What we achieved

- Increased activity in Harlington Care and expanded Carers Partnership support to Ealing.
- As part of the NWL business case for a new Model of Care agreed a future funding model for sustainable hospice care – formal sign off July 2025.
- Continued to control costs to improve position.

Partnerships and collaborative working

We are proud of the leading role we have taken in the development of a series of partnerships and collaborations, both formal and less formal, and, of the influence we have in terms of shaping local health and care planning. Headline activity includes:

Hillingdon Health and Care Partners (HHCP)

Established in 2014, HHCP is the main healthcare provider partnership in the borough, now known as the Borough-based Partnership (BBP) and comprises Hillingdon Hospital NHS Trust, CNWL NHS Community Trust, Hillingdon Primary Care Confederation, and H4All, of which we are an active member. The Hospice Chief Executive holds the role of SRO for End of Life care in the borough meaning we work to

NWL Integrated Care System (ICS)

Alongside the Local Care Team and other providers we have been part of the programme to agree a common 'Model of Care' for the 2.2m residents of NWL. We were pleased to represent the provider perspective as part of the formal process assessing options for delivery of the model and we supported the consultation process under banner 'Collaborative care for all'. In Hillingdon we coordinated a system response to the collaboration recognizing the importance of seeing specialist palliative care as part of a wider continuum of needs and the importance of understanding inequalities and the needs we are not meeting.

H4All and 3ST North West London

Harlington Hospice plays an active role in H4All. Established in 2014, it was set up to strategically coordinate non-profit services and develop services that improved population health and wellbeing. Historically a joint venture company comprising five local charities, this collaborative working enabled us to identify residents who may be in need and offer support at an earlier stage in a person's end-of-life journey.

3ST stands for Third Sector Together and is an alliance of voluntary and community sector organisations that operate across the eight London boroughs that constitute the geographical area covered by the North West London (NWL) Integrated Care Board (ICB).

Hillingdon Carers Partnership (HCP)

We have been a partner in the HCP since 2016. HCP is an informal collaborative group of four charities delivering collaborative support to unpaid carers living or caring for someone in the borough.

Other HCP members are: Carers Trust Hillingdon & Ealing, Alzheimer's Society and Hillingdon Mind.

Ealing Carers Partnership (ECP):

Our partners in the ECP are Carers Trust Hillingdon & Ealing and Ealing and Hounslow CVS and we are pleased that the service is developing well in this new area for us.

Contribution of volunteers

This year, our volunteers have made an exceptional contribution.

Numerous volunteers cover absences and assist with a variety of services. We are lucky to have many long-term volunteers, such as the reception team who have returned to support the Hospice and the gardeners who have been maintaining the surrounding gardens for more than 20 years.

Voluntary support in Wellbeing has meant complementary therapies for patients has increased and art therapy sessions can continue.

The volunteer contribution from an average of 200 volunteers this year was 220,000 hours

We are incredibly grateful to all of our volunteers for their time, dedication and support.

Our retail volunteers are the heart and soul of our community on the high streets supporting and promoting the Charity. Their time, skills, expertise and experience are extremely valuable in allowing us to run a smooth, professional service.

There are many groups of volunteers helping to raise funds alongside paid staff within our retail arm, including drivers, ambassadors, DIY support and online sales.

We are not only very lucky to have so many longstanding volunteers who remain loyal to the cause; we also have, in the past year, seen

a large increase in young students completing their Duke of Edinburgh's Awards or work experience placements for schools, colleges and universities. We are proud that many of them choose to return after their placement is completed to continue to volunteer with us.

Retail has also worked hard to secure and build relationships with corporate businesses to support with donations for shops and online, promoting volunteer hours and with the view to support the Charity in other areas when needed.

This year, with 130 volunteers on the team, retail volunteers contributed an amazing 100,000 hours to the charity. We thank them and all our volunteers, wholeheartedly.

Our team

During 2024/25 we have seen growth in our frontline teams and in particular our Harlington Care who needed to expand to meet demand for the services.

We are delighted that recruitment has identified excellent new team members and we continue not to see recruitment challenges that the wider sector often experiences.

We have put in place training for our new team members and have benefited from our new Nurse Consultant supporting training and development.



Income generation

We rely on the support of our local community to fund our services – by making donations and grants, taking part in events, spending in our shops and remembering us in their Wills.

At the beginning of the 2024/25 year we had to make some difficult decisions in relation to our fundraising team. The impact of closing the Inpatient Unit in 2018 and then the COVID-19 pandemic still resonated into the 2023/24 and as we moved to a more digital age of fundraising it was decided to reassess the fundraising model with a number of redundancies within the team and focus on community engagement. In 2024 we welcomed volunteers into the fundraising team who have been instrumental in enabling good contact with those interested in supporting us. Thank you.

In Spring 2025 we participated in the national legacy campaign led by Hospice UK. This was an opportunity to work collectively across London as well and the country and generated interest in legacies. We are very grateful for all legacies received in recognition of the high quality care provided in the hospice.

We want to thank the organisations from whom we have received generous grants including

- A P Taylor
- BBC Children in Need
- J J Rausing
- Sisters of the Holy Cross
- The Albert Hunt Trust
- The City Bridge Trust
- The Grand Charity

Many people go above and beyond setting up and running events for the hospice. We would like to thank our supporters for their dedication and generosity. Major successes in the year

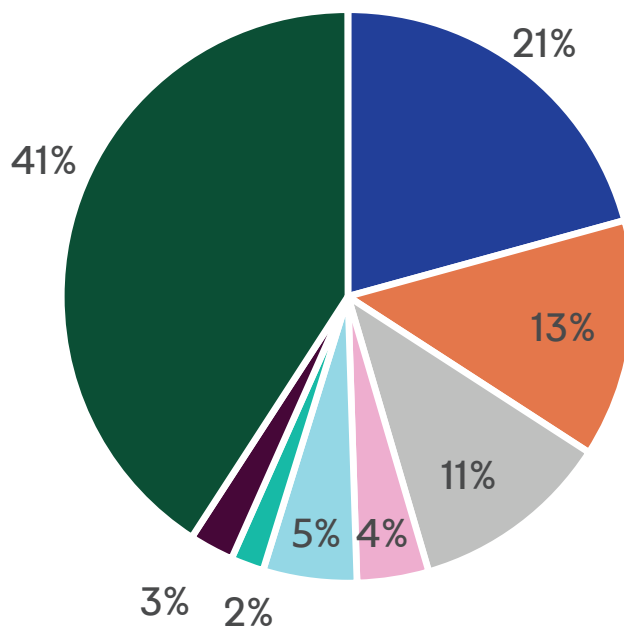
As a founding member of the Hospice Lottery, we continued to benefit from this partnership which, since it launched in 1997 had donated over £16 million to Charity.

We have benefited also from support from Corporate Partners and would like to thank the following for their highly valued contributions across Harlington Hospice and MSHC:

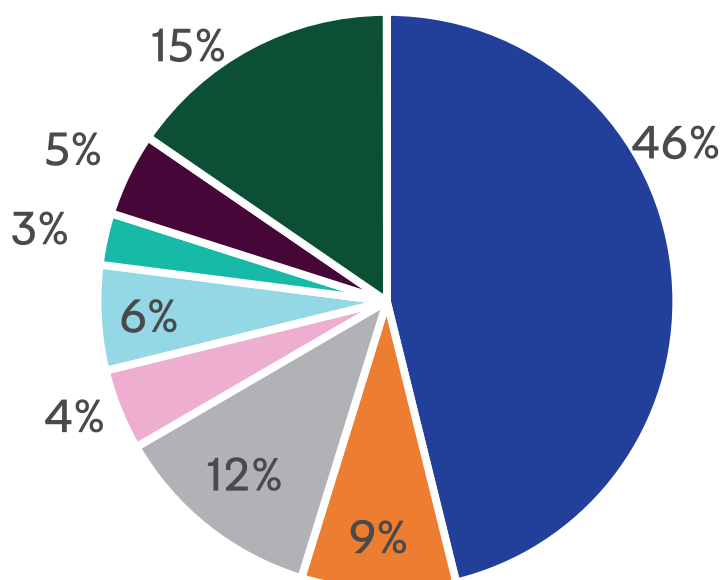
- | | |
|--|---|
| • CJ M Plumbing (Retail) | • Russel Field |
| • Partridges (Auction House) | • James Estate Agents |
| • Coca Cola | • House of Holland Shooting School |
| • John Lewis | • James Maloney – Merchandise Supporter |
| • Waitrose Ruislip | • Complete Golfers |
| • Waitrose Northwood | • West Herts Golf Club |
| • Wenzels | • Sandy Lodge Golf Club |
| • The Bank – Joe Bhatt | • Moor Park Golf Club |
| • Burberry Heathrow | • Aspley Guise and Woburn Sands Golf Club |
| • Rackspace | • Batchworth Golf Club |
| • Jacobs Engineering | • Mahi Restaurant |
| • Amadeus Heathrow | • Brita |
| • Chaucer – Book Auctions | • The Woodman Pinner |
| • Robsons Estate Agent | • The Woodman, Ruislip |
| • Media Powerhouse | • The White Hart, Harlington |
| • C&G Scaffolding | • James Lakeland, Pinner |
| • Bird & Lovibond | • Cameron Estate agent |
| • Sherwood Technology | • JJ Rhatigan |
| • Liz Ears (Opticians) | • Bishops Wood BMI Hospital |
| • Buckinghamshire Building Contractors | • BACCES – British Airways Cabin Crew Society |
| • Andrew Berg | • Jacobs Engineering |
| • OSMO | • The Chimes Shopping Centre |
| • Paul Jennings | |
| • Aqua | |
| • Natilik | |
| • ProCare | |
| • ASNU | |
| • TA Ellement | |
| • PHD Modular Access Services Ltd | |
| • Co-Op Harefield | |
| • Pure Care (Avery Care Home) | |

Finances in summary

Income



Expenditure



- Michael Sobell House Inpatient Service
- Harlington Care (Domiciliary care)
- Collaborations
- Psychotherapy
- Other Inpatient Care
- Hospice at Home
- Wellbeing
- Fundraising and trading

Looking forward: Priorities for improvement 2025-26

Priority 1: Collaborate with East & North Herts NHS Trust to revive a palliative care service

We are in the process of working with East & North Herts NHS Trust to provide a palliative care service for patients attending the neighbouring Mount Vernon Cancer Centre. The plan from July is;

- To offer senior medical support to both palliative inpatients and outpatients,
- Chair a palliative MDT in the Cancer Centre,
- Provide support to Oncologists in training.



Anticipated benefits and outcomes

- Earlier and more robust palliative support for many patients attending Mount Vernon Cancer Centre.
- Enhance the knowledge and skills of the Oncology Team caring for inpatients.
- Work towards a collaborative relationship between the Palliative Care services and Cancer services at Mount Vernon Hospital.

Priority 2: Establish regular programme of hospice placements for 4th year medical students

We will be hosting Brunel fourth-year Medical Students and Physician Associate Students for the first time, both supported by the Medical Team through mentorship, curriculum, and learning.

Planning for logistics and dates is underway. Brunel Medical Students will have a one-week Palliative Care placement, covering Community, Hospice and Hospital settings.



Physician Associate Students will undertake two 16-week placements each year, an innovative arrangement unique among hospices.

This placement will provide opportunities to observe and partake in multidisciplinary working with a wide range of healthcare professions and services.

Anticipated benefits and outcomes

- Progress our status as a training hospice.
- Develop contemporary Medical Students and Physician associates with the philosophy of Palliative, improved communication skills and knowledge of symptom control.
- Evidence has shown that students with a palliative placement have demonstrated more confidence in managing and communicating with palliative care patients and their families.
- The placement will combat incorrect perceptions about hospices, and it's hoped this will support future recruitment.

Priority 3: Expanding access to Psychological & Bereavement Support with a focus on After Care and Support Stewardship

As part of a two-year strategic priority, we are expanding our Adult Counselling and Bereavement services while strengthening our commitment to After Care and Support stewardship. This integrated approach ensures emotional wellbeing remains central – before, during and after end-of-life care.

How we will achieve this:

Psychological and Emotional Support

- Appointing newly qualified therapists in honorary roles to deliver psychological support in community settings.
- **Counselling Team Growth:** Expanding our placement programme with more trainees and sustaining two honorary therapist positions annually.
- **Improved Reach:** Improving accessibility for those in care homes, hospitals or unable to travel.

New Bereavement Support Groups: Launching the Sunflower Café, a monthly social support group at Michael Sobell House, to complement the established Robin's Café and create additional supportive spaces for the bereaved.

Follow-Up Contact After Death: Implementing structured bereavement follow-up calls for families after a death in the hospice or at home, offering continued support during a vulnerable period.

- **Volunteer Support:** Exploring a trained Bereavement Listening Volunteer programme to provide short-term emotional support.
- **Expanded Focus Across Teams:** Embedding bereavement support more deeply within the IPU (Inpatient Unit) and Wellbeing teams to ensure every bereaved family receives compassionate, tailored aftercare.
- **Improved Access:** Meeting clients where they are – whether in care homes, hospitals, or at home – helps reduce health inequalities and ensures no one is left unsupported.
- **Continuity of Care:** Extending care beyond the patient's life, through bereavement follow-up and group support, reflects our values of holistic, lifelong care.
- **Early Intervention:** Timely support reduces the risk of complicated grief and mental health challenges, promoting long-term wellbeing.
- **Increased Capacity:** A larger and more flexible counselling team will improve response times and service resilience.
- **Community Trust:** Consistent aftercare fosters deeper trust and confidence in our services, strengthening our standing as a compassionate care provider.
- **Healing and Closure:** Structured aftercare and emotional support empower families to grieve healthily and move forward with strength. This is a two-year priority.

Priority 4: Patient Experience Advancing Equity and Accessibility for All Communities

At Harlington Hospice, we are committed to ensuring that everyone – regardless of background, identity, or ability – can access compassionate, high-quality palliative and end-of-life care.

We recognise that individuals from LGBTQ+ communities, Black, Asian and Minority Ethnic (BAME) backgrounds, people living with

disabilities and those affected by wider health inequalities may face barriers to accessing hospice services.

Over the next two years, we will prioritise the removal of these barriers and actively work to make our care more inclusive, culturally sensitive and accessible to all.

How we will achieve this

- **Community Engagement:** Building stronger relationships with local LGBTQ+, BAME, disability and marginalised community groups to better understand their needs and perspectives.
- **Inclusive Practice and Training:** Enhancing staff training around cultural competence, unconscious bias, inclusive communication and accessible care delivery.
- **Accessible Environments:** Reviewing our physical spaces, information materials, and digital platforms to ensure they are welcoming, inclusive and accessible to people with diverse needs.
- **Service Co-Design:** Involving people with lived experience from underrepresented groups in the design, delivery and evaluation of our services.
- **Data and Insight:** Improving how we collect and use equality data to identify gaps in access and inform continuous improvement.
- **Outreach and Representation:** Developing tailored outreach efforts and ensuring diverse representation across our workforce, volunteer base and promotional materials. Anticipated Benefits.
- **Increased Access:** More equitable access to hospice care for historically underrepresented or excluded groups.
- **Culturally Competent Care:** Services that respect and reflect individual identities, beliefs and values.
- **Trust and Engagement:** Stronger relationships with communities who may previously have felt hospice care was “not for them.”
- **Improved Outcomes:** More personalised and effective support for people experiencing complex layers of disadvantage or discrimination.
- **A More Inclusive Hospice Culture:** A diverse, compassionate environment where all staff, volunteers, and service users feel welcomed, valued and understood.

Priority 5: Patient Experience Integration of the High Intensity Users (HIU) My Health and Care Connection team

Harlington Hospice has worked in partnership with H4All for over ten years. Throughout much of this time, the Hospice has employed staff who were seconded to H4All to deliver services supporting the wider Hillingdon population.

Over the past year, H4All has transitioned into a North West London-wide organisation and has been renamed 3rd Sector Together, or 3ST for short.

As part of this transition, services in Hillingdon have been restructured under a lead provider model. Harlington Hospice has been designated as the lead provider for three key services:

- **High Intensity Users (HIU):** Supporting the fifty individuals who most frequently attend A&E, this service provides person-centred case management to improve health outcomes and reduce inappropriate use of emergency services.
- **Care Connection Teams (CCT) – Wellbeing Support Advisors:** This team is embedded within Neighbourhood Teams, working

alongside primary care and community services to support people with long-term conditions who are at high risk of hospital admission.

- **My Health Hillingdon:** A patient education programme offering both online and in person health training sessions Anticipated Benefits



These services have been allocated to Harlington Hospice as the local 3ST partner with the expertise to manage and deliver them effectively. Expanding into this area of work will strengthen the Hospice's connections with acute, primary, and community care services across the region. Additionally, this integration provides valuable opportunities to identify individuals or service gaps at a critical point in people's lives – when active treatment may need to transition to palliative care. There is strong evidence that early identification of palliative care needs can significantly improve both the quality and length of life

Trustees Report

Structure, Governance and Management

The organisation is a charitable company limited by guarantee, incorporated on 12 April 2001 and registered as a Charity on 9 September 2003.

The company was established under a memorandum of association which established the objects and powers of the charitable company and is governed under its articles of association.

All Trustees give their time voluntarily and receive no benefits from the Charity. No expenses were claimed by Trustees.

During year to 31 March 2024, committees to the Board were the:

- Finance, Building and Estates Committee
- Quality Assurance & Governance Committee
- Workforce Committee

A trustee also sits on the Safeguarding Steering Group which feeds to both the Quality Assurance and Governance Committee and the board.

Trustees and Directors

Michael Breen (Chair)

Carol Coventry (retired 31.03.2025)

Michael Edwards

Caroline Morison (retired 31.03.2025)

John McDonnell (retired 16.04.2024)

John Sandercock (retired 16.01.2025)

New Trustees appointed 23.9.25

Andrew Bonser

Laura Churchill

Sarah Scannell

Pravin Shah

Marie Wadsworth

New Trustees appointed 16.4.24

Ashish (Ash) Devani

Shreena Raja

Jane Ellis (resigned 24.3.25)

Charles Gloor

Carmel Gordon-Dark

Key senior management personnel

Chief Executive: Steve Curry (Job Share)

Chief Executive: Jane Wheeler (Job Share) from 04.11.2024

Director of Finance, Performance and Resources: Vanessa Harrison (from 13.11.2023 to 20.01.2025)

Director of Clinical Services: Sara Ryan

Medical Director: Dr Ros Taylor

Staff and delegated responsibilities

The Board of Trustees has delegated operational management of Harlington Hospice to the Chief Executive.

The average headcount number of staff employed by Harlington Hospice to carry out its charitable activities was one hundred and forty-three and, in addition, some tasks were also undertaken by contractors and consultants.

The process for recruiting staff is set out in the Recruitment Policy and Procedure. Staff employment terms and conditions are included in Harlington Hospice's Employee Handbook, which is shared with all staff.

Pay policy for senior staff

The directors are The Charity's Trustees. The senior management team comprise the key management personnel of The Charity in charge of directing and controlling, running and operating The Charity on a day to day basis (see Organisation note).

All directors give their time freely and no director received remuneration in the year. No expenses were claimed or paid to Directors in 2024/25.

The pay of the senior staff is reviewed annually and benchmarked against pay levels in other comparable charities, the voluntary sector and similar roles.

Principal risks and uncertainties

Over the past year, the Trustees have actively managed the charity's risks. Senior charity staff follow a robust process to identify and evaluate risks, and to put mitigation strategies in place. The Sub-Committees review the risks relating to their area of operations, and the highest rated risks, and the strategic risks are referred to the Board for review and discussion.

The most significant risks – at the date of this report are:

1. Fundraising income

The risk relating to income generation, and fundraising income specifically is rated as a significant risk to the stability of the Charity and its ability to continue to provide the current range of services.

If fundraising income is inconsistent or unpredictable, the funding of patient services may be affected.

Mitigations in place are:

- The creation of a mixed fixed and variable cost fundraising model maximising digital resources and full organisation supporting to increase fundraising income.
- The creation of a strong Charity retail arm developing this income stream to grow alongside fundraising income. Investment in communications and marketing to raise the charity's profile.
- Rigorous monitoring of cashflow and results to allow steps to be taken if income disappoints.

2. Increases in costs due to inflation

The risk relating to higher costs could jeopardise service delivery. Staff costs account for a significant part of the charity's costs, and if wage inflation continues to grow, costs could rise faster than income. Growing energy prices are also a cause of concern. Mitigations are limited, as inflationary growth is outside our control.

Mitigations in place are:

- Monitoring salary costs across the local healthcare sector to ensure the Charity remains competitive.
- Negotiating other costs to minimise increases.
- Introduction of an efficiency plan.

3. Growth and changing needs in our communities

With health and social care services under ever more strain we know that many people are not supported to experience a positive death and that this can negatively impact all involved. Research shows us that we need to meet different cultural needs and that in some communities it can be hard to discuss end of life care.

Mitigations in place are:

- Continue to work in partnership across Hillingdon and NWL to identify and address needs.
- Focus on early identification as well as providing specialist care in the final days and weeks.

Financial review

At the beginning of 24/25 the Board agreed a budget with a planned deficit of £513,000. It is a reflection of the hard work of the entire team that we are now reporting a more positive outcome of a reduced deficit of £140,000. This means not only have we stabilised what could have been a worsening position, but we have reversed the direction of travel. As many hospices' financial positions worsen we have made substantial strides in recovery which has meant we have agreed a balanced budget for 25/26. This more stable position has also meant that we are able to prudently start to invest in key service areas which will further consolidate our financial stability either through fundraising income, or to enable future growth.

Income

Total income for the year ended 31 March 2025 was £6,236,763 (2024:£5,987,178).

	2024/25	2023/24	
Income	£	£	
Michael Sobell House Inpatient Service	1,292,137	1,139,857	13%
Other Inpatient Care	836,765	529,786	58%
Harlington Care (Domiciliary care)	704,781	608,067	16%
Hospice at Home	252,064	235,199	7%
Collaborations	329,667	303,356	9%
Wellbeing	115,743	131,516	-12%
Psychotherapy	155,950	29,775	424%
Total income from charitable activities	3,687,106	2,977,556	24%
Fundraising and trading	2,546,640	2,993,835	-17%
Other income	3,018	15,787	-57%
Total income	6,236,763	5,987,178	3%

60% of income is derived directly from charitable activities, and nearly 20% of contract income relates to the Michael Sobell House inpatient care.

Expenditure

Total expenditure was 2025: £6,380,361 (2024: £6,400,257) a decrease of £19,896.

	2024-25	2023/24	
Expenditure	£	£	
Michael Sobell House Inpatient Service	2,945,059	2,579,915	12%
Other Inpatient Care	549,487	547,256	0%
Harlington Care (Domiciliary care)	755,238	587,557	28%
Hospice at Home	289,461	334,044	-14%
Collaborations	375,083	323,079	16%
Wellbeing	184,756	362,334	-49%
Psychotherapy	296,908	325,461	-9%
Total expenditure on charitable activities	5,395,991	5,059,646	6%
Fundraising and trading	984,370	1,340,611	-27%
Total expenditure	6,380,361	6,400,257	-1%

Over 68% of costs are salaries or salary related (including payments for agency and other outsourced staff).

	2024/25	2023/24	2022/23
Surplus/deficit	£	£	£
Total income	6,236,763	5,987,178	6,692,270
Total expenditure	6,380,361	6,400,257	6,372,625
Surplus	(143,598)	(413,079)	319,645

Reserves

	2024/25	2023/24	2022/23
	£	£	£
Restricted reserves	552,288	481,818	753,463
Designated reserves	2,569,516	3,531,649	3,342,009
Free reserves	123,628	276,619	594,193

Reserves policy

Harlington Hospice Association calculates an operating reserve each year, comprising the minimum level of reserves required to ensure financial sustainability.

The target minimum operating reserve is equal to:

- Potential redundancy costs where contracts or funding is uncertain.
- Two months’ salary costs to cover late payment of grants or contracts.
- A more general reserve to cover service continuation or wind down arising from the risk to in-year fundraising and retail operations.

The Board of Trustees may in addition decide on a further, discretionary amount to be included in the Reserve for a specific purpose, such as long-term capacity building or a special project. This has not happened in recent years.

The Operating Reserve needed for the financial year 2024-25, based on the factors above, is £1,000,317. As reserves at 31 March 2025 were below this level at £123,628 (2024: £276,619) and the Lansdowne House is significantly under-utilised for service delivery, trustees have actively marketed the property for sale. To manage the risk before the sale, agreement has been made with the hospice bank for a short term unsecured overdraft facility, if needed. During the year this facility was not needed.

Going concern

Expanded and new services delivered by Harlington Hospice in recent years have improved the Charity’s financial position and delivered the benefits expected from the charity’s investments.

Following the merger of Harlington Hospice Association and the Michael Sobell Hospice Charity the clinical services and support functions have realised many of the expected benefits and synergies.

This combination, supported by a redesigned fundraising approach, will continue to underpin future growth. The combined Charity has reported an operating deficit in 2024-25, substantially below budget, and in month 5 is on track to deliver a positive surplus against the agreed balanced position for 2025/26.

Our financial projections show that up to 31 March 2026, Harlington Hospice can expect to retain a reserves level to ensure sustainability and will therefore be able to trade as a going concern. Although the free reserves are forecast to be below the required operating reserve our three-year strategy is beginning to deliver on increased statutory income and moving the organisation to a stable financial footing. The Trustees have confidence in the charity’s financial position going forward. Reserves are forecast to ensure that the Charity remains sustainable. The Trustees support the strategy to invest in fundraising activities to improve the underlying business model and so to strengthen the organisation against future shocks.

	2025 £	2024 £
Total required operating reserve	1,000,317	1,200,655
Projected free reserves	123,628	276,619

Cashflow management continues to be tracked closely and is achieved by close monitoring of cash flow and credit control. The cashflow forecast for the year ahead does not identify the need for bank financing.

Fundraising and Communications

Fundraising and Communications

It should be noted that:

The Charity does not work with or use any external professional fundraisers, with the exception of the Hospice Lottery Partnership who canvass on our behalf.

Harlington Hospice Association is registered with the Fundraising Regulator and is fully compliant with its requirements and code of practice.

The Trustees are not aware of any complaints made in relation to our fundraising activities during the year ending 31 March 2025.

Ensuring that our supporter's data is safeguarded and used only in an appropriate manner is of paramount importance, in line with GDPR regulations. Our privacy statement can be found in full on our website here: harlingtonhospice.org/privacy-policy-users-of-services-volunteers-supporters/

This year, Harlington Hospice and Michael Sobell House Charity together gained £213,571 income from membership of the Hospice Lottery Partnership

Related parties and relationships with other organisations:

Harlington Hospice has a long history of collaborative working with both the third and the statutory sectors. It is our belief that working with stakeholders, other providers, and commissioners gains best value for our donors, supporters, and contractors and delivers the best quality outcomes for our patients and clients.

We have formal relationships with the following organisations:

- Hospice UK – a federal organisation in which the national organisation's role is advisory on policy and procedures;
- H4All and 3ST – a Charitable Incorporated Organisation (CIO) in which Harlington

Hospice is one of five sovereign partners delegating authority within the consortium, providing services within the community;

- Hillingdon Health and Care Partnership (HHCP).

Statement of responsibilities of the Trustees:

The Trustees (who are also directors of Harlington Hospice Association Limited for the purposes of company law) are responsible for preparing the Trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

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

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

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is 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.

Members of the Charity guarantee to contribute an amount not exceeding £10 to the assets of the Charity in the event of winding up. The total number of such guarantees at 31 March 2025 was 6 (2024:6).

The Trustees are members of the Charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the Charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The directors' annual report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

The Trustees' annual report has been approved by the Trustees and signed on their behalf by,

M J Breen

Chairman

16 December 2025

Registered office:

Lansdowne House
St Peter's Way
Harlington
Middlesex
UB3 5AB

Auditors

Sayer Vincent LLP
110 Golden Lane
London
EC1Y 0TG

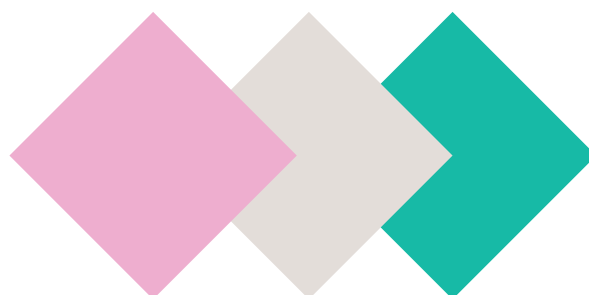
Bankers

NatWest
6 Coldharbour Lane
Hayes
Middlesex
UB3 3EL

Solicitors

Tozers LLP
Broadwalk House
Southernhay West
Exeter
Devon
EX1 1UA

Keelys Solicitors
28 Dam Street
Lichfield
Staffordshire
WS13 6AA



Public Benefit Statement

The sections of this report entitled 'Summary of Activities' and 'Achievements and Performance' set out Harlington Hospice Association's objectives, and report on the activity and successes in the year to 31 March 2025, as well as explaining the plans for the current financial year.

The Board of Trustees is aware of the Charity Commission's guidance in relation to public benefit. All of the organisation's charitable activities fall within its objects and provide considerable public benefit as outlined in this report.

The work of the Hospice benefits people with serious or terminal illness and those close to them. The Hospice makes no charge to those people who are currently patients of any core hospice service, or to their families and carers.

All core palliative care services provided by the Charity are free to beneficiaries living, or under the care of a GP, in the London Borough of Hillingdon.

A risk assessment of all innovations and service developments ensures that the work of the hospice is beneficial rather than harmful, and as inclusive as possible.

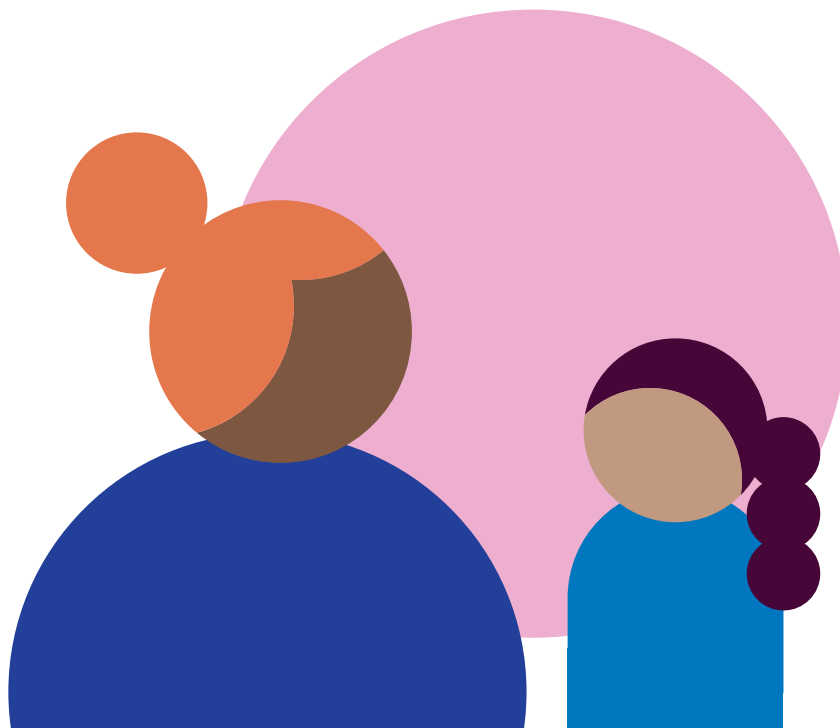
The Trustees have considered this matter and concluded that:

1. the aims of the organisation continue to be charitable;
2. the aims and the work done give identifiable benefits to the charitable sector and both indirectly and directly to individuals in need;
3. the benefits are for the public, are not unreasonably restricted in any way and certainly not by ability to pay; and
4. there is no detriment or harm arising from the aims or activities.

The Trustees have complied with their duty according to Section 17(5) of the Charities Act 2011.

M J Breen
Chairman

16 December 2025



Independent Auditors Report

Independent auditor's report to the members of Harlington Hospice Association Limited.

Opinion:

We have audited the financial statements of Harlington Hospice Association Limited (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2025 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework 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 2025 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended.
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice.
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion:

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the group financial statements section of our

report. We are independent of the group and parent charitable company in accordance with the ethical requirements 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 Harlington Hospice Association Limited'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, 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, for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The Trustees' annual 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.

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.
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report."

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 groups 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, 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.

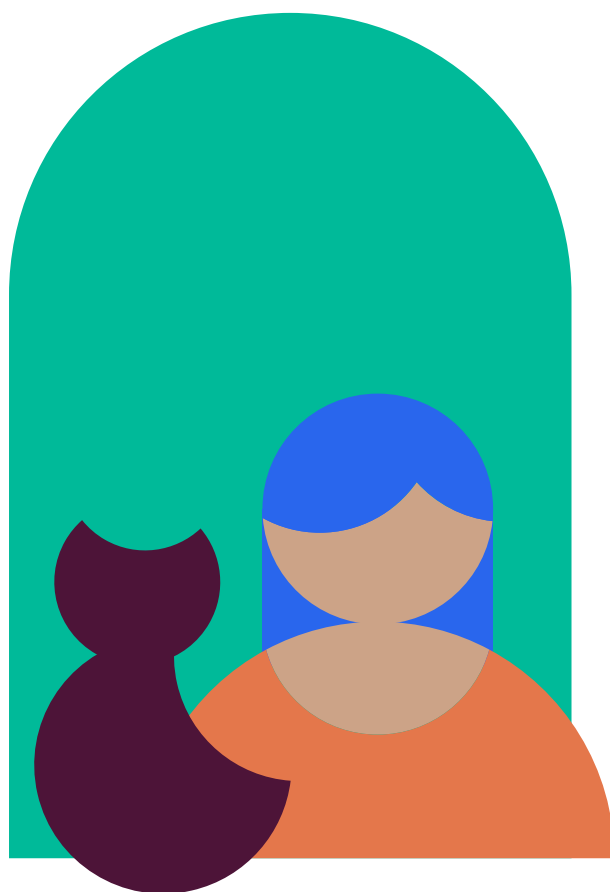
A further description of our responsibilities is available on the Financial Reporting Council's website at: [frc.org.uk/auditorsresponsibilities](https://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

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.

Joanna Pittman (Senior Statutory Auditor)
19 December 2025
for and on behalf of Sayer Vincent LLP,
Statutory Auditor
110 Golden Lane, LONDON, EC1Y 0TG

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



Harlington Hospice Association Limited
Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2025

	Note	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
Income from:							
Donations and legacies	2	433,304	1,183,624	1,616,928	558,230	1,418,311	1,976,541
Charitable activities	3						
Harlington Care		704,781	-	704,781	608,067	-	608,067
Hospice at Home		252,064	-	252,064	235,199	-	235,199
Wellbeing (including Lymphoedema Clinic)		115,743	-	115,743	131,016	500	131,516
Psychotherapy		31,177	124,773	155,950	29,775	-	29,775
Michael Sobell House Hospice		1,290,092	2,044	1,292,137	1,139,857	-	1,139,857
Other In-Patient Care		836,765	-	836,765	529,786	-	529,786
H4All & Other Collaborations		329,667	-	329,667	303,356	-	303,356
Other trading activities	4	692,630	237,082	929,712	793,757	223,537	1,017,294
Other income	5	1,494	1,524	3,018	-	15,787	15,787
Total income		4,687,716	1,549,047	6,236,763	4,329,043	1,658,135	5,987,178
Expenditure on:							
Raising funds including charity shops	6	984,370	-	984,370	761,832	578,779	1,340,611
Charitable activities							
Harlington Care	5	755,238	-	755,238	587,557	-	587,557
Hospice at Home	5	289,461	-	289,461	334,044	-	334,044
Wellbeing (including Lymphoedema Clinic)	5	184,756	-	184,756	362,334	-	362,334
Psychotherapy	5	172,135	124,773	296,908	325,461	-	325,461
Michael Sobell House Hospice		1,587,965	1,357,094	2,945,059	2,248,874	331,041	2,579,915
Other In-Patient Care	5	549,487	-	549,487	547,256	-	547,256
H4All & Other Collaborations	5	375,083	-	375,083	323,079	-	323,079
Total expenditure		4,898,494	1,481,867	6,380,361	5,490,437	909,820	6,400,257
Net income / (expenditure)		(210,777)	67,180	(143,597)	(1,161,394)	748,315	(413,079)
Transfers between funds		-	-	-	1,033,460	(1,033,460)	-
Other recognised gains							
Net gains / (losses) on investments		-	3,290	3,290	-	13,500	13,500
Loss on revaluation of fixed assets		(904,347)	-	(904,347)	-	-	-
Net movement in funds		(1,115,124)	70,470	(1,044,654)	(127,934)	(271,645)	(399,579)
Reconciliation of funds:							
Total funds brought forward		3,808,268	481,818	4,290,086	3,936,202	753,463	4,689,665
Total funds carried forward		2,693,144	552,288	3,245,432	3,808,268	481,818	4,290,086

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 18 to the financial statements.

Consolidated balance sheets

Company no. 04199504

As at 31 March 2025

	Note	The group 2025 £	2024 £	The charity 2025 £	2024 £
Fixed assets:					
Tangible assets	11	2,687,728	3,531,649	2,681,087	3,518,367
Investments	14	217,840	220,116	-	-
		2,905,568	3,751,765	2,681,087	3,518,367
Current assets:					
Debtors	15	632,877	771,610	745,436	655,634
Cash at bank and in hand		640,780	793,326	259,871	285,981
		1,273,657	1,564,936	1,005,307	941,615
Liabilities:					
Creditors: amounts falling due within one year	16	(933,794)	(1,026,615)	(939,494)	(956,526)
Net current assets/(liabilities)		339,864	538,321	65,813	(14,911)
Total net assets		3,245,432	4,290,086	2,746,900	3,503,456
Funds:					
Restricted income funds	17a	552,288	481,818	118,212	-
Unrestricted income funds:					
Designated funds		2,569,516	3,531,649	2,562,875	3,518,367
General funds		123,628	276,619	65,813	(14,911)
Total unrestricted funds		2,693,144	3,808,268	2,628,688	3,503,456
Total funds		3,245,432	4,290,086	2,746,900	3,503,456

The deficit of the Charity for the year ended 31 March 2025 was £990,270 (31 March 2024: deficit - £412,825).

Approved by the trustees on 16 December 2025 and signed on their behalf by

Mr MJ Breen
Chairman

Consolidated statement of cash flows

For the year ended 31 March 2025

	Note	2025 £	£	2024 £	£
Cash flows from operating activities					
Net income / (expenditure) for the reporting period (as per the statement of financial activities)		(143,597)		(413,079)	
Fixed assets acquired as part of the merger		-		-	
Depreciation charges		78,838		38,952	
(Increase)/decrease in debtors		138,733		(33,092)	
Increase/(decrease) in creditors		(92,822)		(117,083)	
Net cash provided by operating activities			(18,848)		(524,302)
Cash flows from investing activities:					
Purchase of fixed assets		(139,264)		(219,769)	
Proceeds from sale of investments		5,566		472,679	
Net cash (used in) investing activities			(133,698)		252,910
Change in cash and cash equivalents in the year			(152,546)		(271,392)
Cash and cash equivalents at the beginning of the year			793,326		1,064,718
Cash and cash equivalents at the end of the year			640,780		793,326

Analysis of cash and cash equivalents and of net debt

	At 1 April 2024 £	Cash flows £	Other non-cash changes £	At 31 March 2025 £
Cash at bank and in hand	793,326	(152,546)	-	640,780
Total cash and cash equivalents	793,326	(152,546)	-	640,780

Notes to the financial statements

For the year ended 31 March 2025

1 Accounting policies

a) Statutory information

Harlington Hospice Association Limited is a charitable company limited by guarantee and is incorporated in England and Wales. The merger was completed by the adoption of new Mem & Arts of The Michael Sobell Hospice Charity which were adopted on 23rd December 2022. Harlington Hospice Association became the sole member of Michael Sobell Hospice Charity Ltd, which is treated as a wholly owned subsidiary in these accounts. Group accounts have been prepared for the year ended 31 March 2025. Michael Sobell Hospice Charity Ltd remains a registered charity and also files accounts.

The registered office address is Lansdowne House, St Peter's Way, Harlington, Middlesex UB3 5AB.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) - (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

These financial statements consolidate the results of the charity and its wholly-owned subsidiary The Michael Sobell Hospice Charity on a line by line basis. Transactions and balances between the charity and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two entities are disclosed in the notes of the charity's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charity itself is not presented because the charity has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006. A summary of the result for the year is disclosed in the notes to the accounts.

c) Public benefit entity

The charity meets the definition of a public benefit entity under FRS 102.

d) Going concern

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

The successful partnership with the Michael Sobell Hospice Charity has delivered planned synergies and benefits and strengthened the financial position of the charity.

The charity has taken account of the risks identified by the Board and has made provision through its Reserves calculation to ensure that these risks can be managed. The Finance Sub-Committee regularly monitors cashflow and projected income and expenditure to budget.

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.

e) Income

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

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

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

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

1 Accounting policies (continued)

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

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

g) Interest receivable

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.

h) 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. In the consolidated accounts, the assets held by Michael Sobell Hospice Charity Ltd are reported as restricted funds.

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. The trustees have decided to report all Harlington Hospice Association's fixed assets as designated funds.

i) Expenditure and irrecoverable VAT

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

- Costs of raising funds relate to the costs incurred by the charity by its Charity Shops and in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

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

Notes to the financial statements

For the year ended 31 March 2025

1 Accounting policies (continued)

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity

● Harlington Care	21%
● Hospice at Home	9%
● Wellbeing (including Lymphoedema Clinic)	6%
● Psychotherapy	5%
● In-Patient Care	39%
● H4All and Other Collaborations	8%
● Raising Funds	12%

All support costs incurred by Michael Sobell Hospice Charity Ltd are allocated against Raising funds, as this is the only activity undertaken by Michael Sobell Hospice Charity Ltd.

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.

k) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000 and the asset is expected to be productive for more than 12 months. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. 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.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

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

● Equipment, Fixtures & Fittings	2-4 years
● Motor Vehicles	5 years
● Improvements	10 years
● Freehold Property	50 years
● Michael Sobell House refurbishment	2 years

Land and Buildings are held at valuation, not historic cost. Assets represented by land are not depreciated.

Notes to the financial statements

For the year ended 31 March 2025

1 Accounting policies (continued)

m) 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 discounts due.

n) 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.

o) 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.

p) 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.

q) Pension schemes

The charity offers a qualifying defined contribution scheme to all staff. In addition, the charity offers the NHS pension scheme to qualifying staff.

National Health Service Superannuation Scheme

This is a statutory superannuation scheme as defined in Section 6.12 (1) Income and Corporation taxes Act 1988 which has no invested funds. Contribution by employers (currently 14.38%) and members (variable rates) are accounted for to the Treasury and benefits are paid from the consolidated fund. This scheme is only open to staff who have been members of the NHS scheme in previous employment under the dispensation rules. The accounting charge represents the employer's contributions for the period. Harlington Hospice Association has no liability or potential liability for accrued unfunded obligations relating to this pension fund.

Group Personal Pension Scheme

In addition to the NHS Pension Scheme, the Hospice operates a Group Personal Pension Plan available to all staff. This plan is a defined contribution scheme administered and invested with Scottish Widows. It is a money purchase plan and all eligible employees who are not members of the NHS superannuation scheme are automatically enrolled on starting employment with the charity. Employee contributions are 5% with an employer contribution of 3%. Employees may contribute more to the plan.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
Legacies	27,407	268,445	295,852	220,216	462,406	682,622
Donations	137,533	572,834	710,367	278,027	759,946	1,037,973
Fundraising & events	55,462	58,316	113,778	18,570	185,709	204,279
Gift aid	15,808	317	16,125	30,042	-	30,042
Grant income	136,404	283,712	420,116	-	10,250	10,250
Other income	60,690	-	60,690	11,375	-	11,375
	433,304	1,183,624	1,616,928	558,230	1,418,311	1,976,541

Notes to the financial statements

For the year ended 31 March 2025

3 Income from charitable activities

	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
Harlington Care						
Charges	178,009	-	178,009	70,895	-	70,895
London Borough of Hillingdon	-	-	-	92,636	-	92,636
Hillingdon Carers	155,667	-	155,667	270,782	-	270,782
Hestia/Hounslow	227,420	-	227,420	-	-	-
Ealing	143,685	-	143,685	173,754	-	173,754
Sub-total for Harlington Care	704,781	-	704,781	608,067	-	608,067
Hospice at Home						
NHS - Central & N W London	242,824	-	242,824	231,899	-	231,899
NHS - North West London ICB	9,240	-	9,240	3,300	-	3,300
Sub-total for Michael Sobell House Hospice	252,064	-	252,064	235,199	-	235,199
Wellbeing						
Hillingdon Carers	1,333	-	1,333	22,000	-	22,000
NHS - Central & N W London	113,917	-	113,917	108,792	-	108,792
Charges	492	-	492	224	500	724
A P Taylor	-	-	-	-	-	-
Sub-total for Wellbeing	115,743	-	115,743	131,016	500	131,516
Psychotherapy						
BBC Children in Need	-	41,916	41,916	-	-	-
City Bridge Trust	-	62,857	62,857	-	-	-
Other grant funding	-	20,000	20,000	-	-	-
NHS - Central & N W London	31,177	-	31,177	29,775	-	29,775
Sub-total for Psychotherapy	31,177	124,773	155,950	29,775	-	29,775
Michael Sobell House Hospice						
NHS - North West London CCG	1,290,092	2,044	1,292,137	1,117,443	-	1,117,443
Michael Sobell Hospice Charity	-	-	-	22,414	-	22,414
Sub-total for Michael Sobell House Hospice	1,290,092	2,044	1,292,137	1,139,857	-	1,139,857
Other In-Patient Care						
NHS - Central & N W London	528,346	-	528,346	516,011	-	516,011
NHS - out of area commissioned services	217,512	-	217,512	13,775	-	13,775
Winter pressures funding	26,000	-	26,000	-	-	-
Other income	64,907	-	64,907	-	-	-
Sub-total for In-Patient Care	836,765	-	836,765	529,786	-	529,786
H4All & Other Collaborations						
H4All C.I.O.	277,917	-	277,917	303,356	-	303,356
Coordination hub	19,250	-	19,250	-	-	-
HPAL	32,500	-	32,500	-	-	-
Sub-total for H4All & Other Collaborations	329,667	-	329,667	303,356	-	303,356
Total income from charitable activities	2,270,196	126,817	3,687,106	1,837,199	500	2,955,142

Notes to the financial statements

For the year ended 31 March 2025

4 Income from other trading activities

	Unrestricted	Restricted	2025 Total	Unrestricted	Restricted	2024 Total
	£	£	£	£	£	£
Charity shop sales	583,591	201,473	785,063	665,265	223,537	888,802
Online sales	20,367	10,969	31,336	15,300	-	15,300
Trading	26,690	-	26,690	-	223,537	223,537
Fundraising Events	56,387	-	56,387	-	185,709	185,709
Gift aid	5,028	4,640	9,669	37,019	-	37,019
Recharged costs	-	-	-	76,173	-	76,173
Insurance claim received	567	-	567	-	-	-
Other Income	-	20,000	20,000	-	-	-
	692,630	237,082	929,712	793,757	632,783	1,426,540

5 Other income

	Unrestricted	Restricted	2025 Total	Unrestricted	Restricted	2024 Total
	£	£	£	£	£	£
Acquisition of Michael Sobell Hospice Charity Department	-	-	-	-	-	-
Investment income	1,494	1,524	3,018	-	15,787	15,787
	1,494	1,524	3,018	-	15,787	15,787

5a Analysis of expenditure (current year)

	Charitable activities								Governance costs £	Support costs £	2025 Total £	2024 total £
	Raising funds £	Harlington Care £	Hospice at Home £	Wellbeing £	Psychotherapy £	Michael Sobell House Hospice	Other In- Patient Care £	H4All & Other Collaborations £				
Staff salary costs (Note 8)	484,714	597,704	253,497	150,282	250,696	1,929,823	-	289,173	-	402,013	4,357,903	4,508,332
Other staff costs	4,920	7,636	2,080	386	7,517	9,535	-	2,471	-	69,271	103,815	107,373
External and agency staffing costs	17,812	19,875	-	521	-	27,198	486,754	-	-	32,806	584,967	541,876
Clinical services costs	-	-	-	-	-	414,772	-	40,000	-	20,375	475,148	387,434
Professional fees	60	-	-	-	1,000	-	-	-	-	21,686	22,746	89,220
Premises costs	274,130	-	-	-	-	126,356	-	-	-	39,421	439,907	355,003
Operational costs	84,642	43,752	837	7,130	3,798	44,782	-	617	-	98,013	283,572	323,997
Audit fees	-	-	-	-	-	-	-	-	30,750	-	30,750	37,810
Legal fees	(902)	-	-	-	-	-	-	-	13,358	-	12,456	10,260
Depreciation	6,611	47	-	5,343	-	56,365	-	-	-	733	69,098	38,952
	871,988	669,015	256,414	163,663	263,011	2,608,831	486,754	332,261	44,108	684,317	6,380,361	6,400,257
Support costs	105,577	81,002	31,046	19,816	31,844	315,868	58,935	40,229	-	(684,317)	-	
Governance costs	6,805	5,221	2,001	1,277	2,053	20,359	3,799	2,593	(44,108)	-	-	
Total Expenditure 2025	984,370	755,238	289,461	184,756	296,908	2,945,059	549,487	375,083	-	()	6,380,361	

5b Analysis of expenditure (prior year)

	Charitable activities										
	Raising funds	Harlington	Hospice at	Wellbeing	Psychotherapy	Michael Sobell	Other In-	H4All & Other	Governance	Support costs	2024 Total
	£	Care	Home	£	£	House Hospice	Patient Care	Collaborations	costs	£	£
		£	£				£	£	£		
Staff salary costs (Note 8)	751,824	360,524	247,203	276,959	252,071	1,293,926	486,753	243,899	-	595,173	4,508,332
Other staff costs	32,099	13,199	619	1,176	8,859	11,969	-	404	-	39,048	107,373
External and agency staffing costs	20,218	-	-	2,050	10,957	503,697	-	1,533	-	3,421	541,876
Clinical services costs	17,002	-	-	-	-	353,362	-	-	-	17,070	387,434
Professional fees	32,509	-	-	13,775	600	-	-	-	-	42,336	89,220
Premises costs	243,788	30	-	-	135	39,929	-	-	-	71,121	355,003
Operational costs	111,691	27,415	6,438	11,871	8,514	69,441	-	6,323	-	82,304	323,997
Audit fees	15,200	-	-	-	-	-	-	-	37,610	-	37,810
Legal fees	300	-	-	-	-	-	-	-	9,960	-	10,260
Depreciation	9,601	225	-	3,313	-	22,361	-	-	-	3,452	38,952
	1,234,232	401,393	254,260	309,144	281,136	2,294,685	486,753	252,159	32,570	853,925	6,400,257
Support costs	102,471	179,324	76,853	51,236	42,696	274,750	58,281	68,314	-	(853,925)	-
Governance costs	3,908	6,840	2,931	1,954	1,629	10,479	2,223	2,606	(32,570)	-	-
Total Expenditure 2024	1,340,611	587,557	334,044	362,334	325,461	2,579,915	547,256	323,079	-	-	6,400,257

Notes to the financial statements

For the year ended 31 March 2025

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2025 £	2024 £
Depreciation	69,098	38,952
Operating lease rentals payable:		
Property	230,796	97,625
Auditor's remuneration (excluding VAT)	30,750	28,000

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

Staff costs were as follows:

	2025 £	2024 £
Salaries and wages	3,794,382	3,986,793
Redundancy costs	-	-
Social security costs	351,427	350,538
Employer's contribution to pension schemes	212,094	171,001
	4,357,903	4,508,332

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2025 No.	2024 No.
£60,000 - £69,999	1	-
£70,000 - £79,999	1	-
£80,000 - £89,999	2	1
£90,000 - £99,999		1
£100,000 - £109,999	1	-

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £439,312 (2024: £251,328). The figure in 2025 includes the staff listed on page 3 of this report.

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2024: £nil). No charity trustee received payment for professional or other services supplied to the charity (2024: £nil). Expenses relating to one trustee for £nil were reimbursed for travel expenses during the year. (2024: £nil)

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 143 (2024: 149).

Staff are split across the activities of the charity as follows:

	2025 No.	2024 No.
Raising funds	22.0	25.0
Harlington Care	35.0	32.0
Hospice at Home	9.0	9.0
Daycare	5.0	6.0
Family Support	6.0	7.0
In Patient Care	49.0	49.0
H4All and Other Collaborations	8.0	8.0
Support	9.0	13.0
	143.0	149.0

9 Related party transactions

During the year the Charity rented a property from Komfort Service Ltd (a company for which Mr Michael Edwards, trustee, is a director.) Payments to the company for rent and other services during the year totalled £12,500 (2024: £12,500).

As Trustee representatives, Michael Breen and Mr William (Steve) Curry, as CEO of Harlington Hospice (until July 2023), are also trustees for 3ST (Third Sector Together North West London previously H4All C.I.O. Any work for 3ST is on an arm's length basis.

During the year, Mr M J Breen, trustee, was also a director of the Hospice Lottery Partnership in which the charity has an interest. Income received in the year was £213,571 (2024: £200,000) and expenditure in the year was £3,765 (2024: £1,176) with an amount due to the Hospice Lottery Partnership of £265 at the year end (2024: £88).

Income received from 3ST (H4All C.I.O). covered the cost of staff seconded to the charity to support the broader Health & Wellbeing aims of Harlington Hospice. The total income received from H4All in 2025 was £277,917 (2024: £303,536).

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties, except as noted above.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

Notes to the financial statements

For the year ended 31 March 2025

11 Tangible fixed assets

The Group	Freehold property £	Improvements £	Equipment £	Fixtures and fittings £	Motor vehicles £	Total £
Cost or valuation						
At the start of the year	3,400,000	521,580	235,344	206,509	29,860	4,393,293
Department of Health & Social Care Grant	-	21,947	91,512	4,753	-	118,212
Additions in year	-	-	13,052	8,001	-	21,052
Revaluation of fixed assets	(904,347)	-	-	-	-	(904,347)
At the end of the year	2,495,653	543,527	339,908	219,263	29,860	3,628,210
Depreciation						
At the start of the year	95,653	517,463	62,051	156,617	29,860	861,644
Charge for the year	-	1,583	33,687	43,569	-	78,838
At the end of the year	95,653	519,046	95,738	200,186	29,860	940,482
Net book value						
At the end of the year	2,400,000	24,481	244,170	19,077	-	2,687,728
At the start of the year	3,304,347	4,117	173,293	49,892	-	3,531,649

Tangible fixed assets

The Charity	Freehold property £	Improvements £	Equipment £	Fixtures and fittings £	Motor vehicles £	Total £
Cost or valuation						
At the start of the year	3,400,000	521,580	235,344	177,724	14,500	4,349,148
Additions in year	-	-	104,564	34,701	-	139,264
Revaluation of fixed assets	(904,347)	-	-	-	-	(904,347)
At the end of the year	2,495,653	521,580	339,908	212,425	14,500	3,584,065
Depreciation						
At the start of the year	95,653	517,463	62,051	141,114	14,500	830,781
Charge for the year	-	1,583	27,047	43,569	-	72,198
At the end of the year	95,653	519,045	89,098	184,683	14,500	902,978
Net book value						
At the end of the year	2,400,000	2,535	250,810	27,742	-	2,681,087
At the start of the year	3,304,347	4,117	173,293	36,610	-	3,518,367

The freehold property, Lansdowne House, St Peters Way, Harlington was revalued in line with SORP Charity Act guideline. The valuation took place on 26 September 2025, by Capital Chartered Ltd, which reduced the value to £2,400,000. This is a significant post balance sheet event therefore the balance sheet value has been reduced by £904,347 reflect the current value of the property.

All of the above assets are used for charitable purposes.

Notes to the financial statements

For the year ended 31 March 2025

12 Subsidiary undertaking

The charity owns the whole of the issued ordinary share capital of The Michael Sobell Hospice Charity, a company registered in England. The company number is 03677413 and charity number is 1079638. The registered office address is Michael Sobell Hospice, Mount Vernon Hospital, Rickmansworth Road, Northwood, Middlesex, HA6 2RN.

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 parent charity.

Harlington Hospice trustees Carol Coventry, Michael Breen, Vanessa Avlonitis, Michael Edwards, Caroline Morison and John Sandercock who are also directors of the subsidiary.

A summary of the results of the subsidiary is shown below:

	2025 £	2024 £
Turnover	1,202,476	1,318,624
Cost of sales	(1,260,149)	(1,610,409)
Gross profit/(loss)	(57,673)	(291,785)
Profit/(loss) on ordinary activities before interest and taxation	(57,673)	(291,785)
Net gains / (losses) on investments	3,290	13,500
Profit / (loss) on ordinary activities before taxation	(54,383)	(278,285)
Taxation on profit on ordinary activities	-	-
Profit / (loss) for the financial year	(54,383)	(278,285)
Retained earnings		
Total retained earnings brought forward	495,100	773,385
Profit / (loss) for the financial year	(54,383)	(278,285)
Total retained earnings carried forward	440,717	495,100
The aggregate of the assets, liabilities and reserves was:		
Assets	785,017	856,770
Liabilities	(344,300)	(361,670)
Reserves	440,717	495,100

Notes to the financial statements

For the year ended 31 March 2025

13 Parent charity

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

	2025	2024
	£	£
Gross income	5,912,462	5,708,655
Result for the year with revaluation of freehold property	(990,270)	(412,825)
Result for the year from operations	(89,213)	(412,825)

14 Fixed asset Investments (Group)

		2025	2024
		£	£
	Listed investments	Unlisted investments	
Cost or valuation			
At 1 April 2024	14,306	205,810	220,116
Disposal proceeds	(5,566)	-	(5,566)
Gain / (loss)	3,290	-	3,290
			13,500
At 31 March 2025	12,030	205,810	217,840

15 Debtors

	The group		The charity	
	2025	2024	2025	2024
	£	£	£	£
Trade debtors	223,002	271,688	218,935	213,133
Other debtors	31,798	61,847	317,365	36,244
VAT Recoverable	43,741	71,050	43,741	71,050
Prepayments	111,415	112,879	98,473	81,061
Accrued income	222,921	254,146	66,921	254,146
	632,877	771,610	745,436	655,634

16 Creditors: amounts falling due within one year

	The group		The charity	
	2025	2024	2025	2024
	£	£	£	£
Trade creditors	209,127	190,722	265,247	182,183
Taxation and social security	108,160	114,803	108,160	114,803
Other creditors	30,830	47,191	11,798	35,219
Accruals	575,637	642,800	544,249	593,222
Deferred income	10,040	31,099	10,040	31,099
	933,794	1,026,615	939,494	956,526

Notes to the financial statements

For the year ended 31 March 2025

17a Analysis of net assets between funds (current year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	-	2,569,516	118,212	2,687,728
Investments	-	-	217,840	217,840
Net current assets	123,628	-	216,236	339,864
Net assets at 31 March 2025	123,628	2,569,516	552,288	3,245,432

17b Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	-	3,531,649	-	3,531,649
Investments	-	-	220,116	220,116
Net current assets	276,619	-	261,702	538,321
Net assets at 31 March 2024	276,619	3,531,649	481,818	4,290,086

18a Movements in funds (current year)

	At 1 April 2024 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2025 £
Restricted funds:					
Michael Sobell Charity restricted funds:					
Memory Tree	5,342	-	(5,342)	-	-
Wishlist campaign	-	-	-	-	-
Camino fundraiser	10,595	-	-	-	10,595
Lymphoedema	5,000	-	-	-	5,000
Other restricted funds	6,586	3,290	(3,290)	-	6,586
Michael Sobell Charity general funds	454,295	1,196,361	(1,238,761)	-	411,895
Harlington Hospice restricted funds:					
Other restricted funds	-	124,773	(124,773)	-	-
Department of Health & Social Care Grant	-	118,212	-	-	118,212
Total restricted funds	481,818	1,442,636	(1,372,166)	-	552,288
Unrestricted funds:					
Designated funds:					
Fixed assets	3,531,649	49,663	(1,011,796)	-	2,569,516
Total designated funds	3,531,649	49,663	(1,011,796)	-	2,569,516
General funds	276,619	4,745,502	(4,898,494)	-	123,628
Total unrestricted funds	3,808,268	4,795,166	(5,910,290)	-	2,693,144
Total funds	4,290,086	6,237,802	(7,282,456)	-	3,245,432

The narrative to explain the purpose of each fund is given at the foot of the note below.

Notes to the financial statements

For the year ended 31 March 2025

18b Movements in funds (prior year)

	At 1 April 2023 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2024 £
Restricted funds:					
Michael Sobell Charity restricted funds:					
Memory Tree	5,342	-	-	-	5,342
Wishlist campaign	50	-	-	(50)	-
Camino fundraiser	-	36,073	(25,478)	-	10,595
Lymphoedema	-	5,000	-	-	5,000
Other restricted funds	5,016	1,570	-	-	6,586
Michael Sobell Charity general funds	743,055	1,289,481	(544,831)	(1,033,410)	454,295
Harlington Hospice restricted funds:					
Other restricted funds	-	-	-	-	-
Total restricted funds	753,463	1,332,124	(570,309)	(1,033,460)	481,818
Unrestricted funds:					
Designated funds:					
Fixed assets	3,342,009	-	-	189,640	3,531,649
Total designated funds	3,342,009	-	-	189,640	3,531,649
General funds	594,193	4,329,043	(5,490,437)	843,820	276,619
Total unrestricted funds	3,936,202	4,329,043	(5,490,437)	1,033,460	3,808,268
Total funds	4,689,665	5,661,167	(6,060,746)	-	4,290,086

18b Movements in funds (continued)

Purposes of restricted funds

Psychotherapy : Grants from BBC Children in Need fund to provide counselling support to children and young adults.

In-Patient Care: grants from the Michael Sobell Hospice Charity to support the running costs of the hospice and the acquisition value arising from the merger of Harlington Hospice and MSHC

Memory Tree	Are restricted to the memory tree project.
Camino fundraiser:	Are restricted to supporting patients end of life wishes and purchase of cuddle beds.
Staff fund:	Are restricted to supporting staff welfare
Lymphoedema:	Are restricted to purchasing new Lymphoedema equipment
Department of Health & Social Care Grant	Is a restricted grant awarded, via Hospice UK, to be used to fund capital expenditure during the year Of the £118,212 grant, £21947 was spend on improvements to leasehold property, £91,512 on equipment including IT upgrade and new software and £4,753 on replacement fixtures and fittings

Purposes of designated funds

Fixed assets: The trustees have decided to designate all fixed assets, including land and buildings at Lansdowne House in Harlington and the fixed assets belonging to The Michael Sobell Hospice Charity.

Notes to the financial statements

For the year ended 31 March 2025

19 Operating lease commitments payable as a lessee

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods

	Property	
	2025	2024
	£	£
Less than one year	193,600	176,477
One to five years	425,736	476,620
	<u>619,336</u>	<u>653,097</u>

20 Friends of Harlington Hospice

The accounts for the Friends of Harlington Hospice show a bank and cash balance of £10,978.39 (2024: £10,301.78) as at 31 March 2025. Donations received via the Friends and funds raised from coffee mornings, totalled £900.73 (2024: £886) and are included in unrestricted funding.

During 2024/25 there were no items purchased from ringfenced funds.

The income and expenditure account is not audited.

21 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £10.



Harlington Hospice, Landsdowne House, St Peters Way, Harlington, Hayes UB3 5AB
General: 020 8759 0453 | 24/7 Advice & Support: 020 3824 1268 | Fundraising: 020 8106 9222
info@harlingtonhospice.org | harlingtonhospice.org

Harlington Hospice Association Ltd | Registered Charity in England & Wales Number 1099332 | Company Number 04199504

HARLINGTON HOSPICE ASSOCIATION LIMITED

England & Wales - Charity number 1099332

Accounts

Harlington Hospice Association Limited

Annual Report and Financial Statements

1 April 2023 to 31 March 2024



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Registered office

Lansdowne House
St Peter's Way
Harlington
Middlesex
UB3 5AB

Auditors

Sayer Vincent LLP
110 Golden Lane
London
EC1Y 0TG

Bankers

NatWest
6 Coldharbour Lane
Hayes
Middlesex
UB3 3EL

Solicitors

Tozers LLP
Broadwalk House
Southernhay West
Exeter
Devon
EX1 1UA

Keelys Solicitors
28 Dam Street
Lichfield
Staffordshire
WS13 6AA

Trustees and Directors

Michael Breen (Chair)

Carol Coventry

Michael Edwards

Caroline Morison (Appointed April 2023)

New Trustees appointed, 16 April 2024

Ashish (Ash) Devani

Shreena Raja

Jane Ellis

Charles Gloor

Carmel Gordon-Dark

Trustees having served in the year:

Vanessa Avlonitis (retired 29.02.2024)

Matthew John Fitzpatrick (retired 5.12.2023)

Margaret Roberts (retired 17.10.2023)

John McDonnell (retired 16.04.2024)

John Sandercock (retired 16.01.2025)

Key senior management personnel

Chief Executive: William (Steve) Curry (Job Share)

Chief Executive: Jane Wheeler (Job Share) from 04.11.2024

Director of Finance, Performance and Resources: Vanessa Harrison (from 13.11.2023 to 20.01. 2025)

Director of Clinical Services: Sara Ryan

Medical Director: Dr Ros Taylor

Trustees' Annual Report year ended 31 March 2024

The Trustees present their report and the audited financial statements for the year ended 31 March 2024.

The reference and administrative information set out on page three forms part of this report.

The financial statements and memorandum and articles of association comply with both current statutory requirements and the requirements of a director's report as required under company law.

They are in compliance with the Statement of Recommended Practice - Accounting and Reporting by Charities: SORP, applicable to charities preparing their accounts in accordance with FRS 102 and FRS 102 itself.

a) Our vision, purpose and values

Our Vision

Where everyone living with serious or terminal illness is treated as an individual and supported to live with their illness in a positive way.

Our Purpose

To support those in our community living with serious or terminal illness to live each of their days in their own way, to the fullest.

Our Values



Collaborative

We're inclusive and diverse. And never overlook the value of other views and perspectives in creating more individualised care. We share our own, and learn from, other's best practice.

Responsive

We're embedded in our local community and exist to respond to their needs. We go above and beyond to find the right answers for whoever needs our help.

Thoughtful

We think not only about the most effective medical practice, but also about what is helpful for our patients.

Courageous

We're there at people's hardest moments in life. And we're a pillar of strength for them when they need us.

Summary of our main activities in relation to our charitable objectives

We support people with serious or terminal illness across the London Borough of Hillingdon and surrounding areas through our six key pillars of care:

- Inpatient Unit at Michael Sobell House
- Hospice at Home Night sit care services
- Wellbeing Programme
- Psychological and Emotional support
- Education and information
- Harlington Care regulated home care and respite services
- Lymphoedema service

Beneficiaries of our services

The services provided by Harlington Hospice are accessible to any adult nearing the end-of-life, in receipt of palliative care, living with dementia or another serious or terminal illness, or who is a carer providing unpaid support to a friend or family member with one or more of those conditions.

Additionally, we provide bereavement therapy services for children and young people from four to 17 years old and a bereavement counselling service for adults.

Our services are mainly provided to adults and young people who live in the London Borough of Hillingdon or are registered with a GP in the borough. Where there is capacity, we also support patients and families from adjacent boroughs in North West London and Hertfordshire.

In addition to Hillingdon provision, a small domiciliary care and respite (replacement) care service is also available to family carers in the London Boroughs of Hounslow and Ealing.

Our services are widely accessible through GPs, community health services, hospital teams and third sector partners, as well as self-referral.

Meeting our priorities

Last year, Trustees laid out their forward priorities, three of which were short-term and three with a longer-term lens. As is often the case, in some cases better progress has been made on the longer-term priorities rather than the shorter ones, although the direction of travel is positive and great strides have been made since our merger.

Short-term priorities – progress to March 2024

Priority 1: Increased, improved and sustainable Inpatient Unit (IPU) provision

At the end of 2022-23 financial year, Trustees committed to devise a plan to futureproof the reprovision of inpatient services at Michael Sobell House in the north of the borough and to increase efficiency and capacity to meet increased and more complex need.

They committed to identify and secure financial resources (both capital and revenue) to develop more bed and ensure that current need and future demand could be met.

Extensive work has taken place to understand and research social finance options to develop the building and bed capacity.

Detailed work has also been undertaken on a cost-benefit analysis so that there is clarity about both the costs to develop more beds, and how much return could be expected on this investment, alongside discussions with commissioners both locally in Hillingdon and at a NW

London Integrated Care Board level. Work is ongoing and this remains a priority into the future. However, great strides have been made in terms of improving effectiveness and efficiency. We introduced a new electronic patient records platform, SystmOne, as part of the NHS digital transformation programme.

SystmOne supports a one-patient, one-record model of healthcare: a shared record available to all health disciplines involved in a person's care. This is essential for both effective collaborative working and improving patient experiences of services.

Harlington Hospice convened a SystmOne steering group that led the implementation of the new platform and consisted of representatives from across all our services that were going to be using the new system. The implementation required the purchase of up-to-date hardware including tablets, phones and computers and an ongoing process of adaptation of the interface to reflect our needs across all our service areas.

Initially launched in December 2023, over the past 12 months we have invested considerable time and energy in staff training, populating the new system and honing its functionality to improve our efficiency and effectiveness. During the launch week there was fourteen-day onsite support for staff. SystmOne will continue to be developed and to evolve in 2024-25.

Priority 2: Embedding the merger and the new branding

With the merging of the two charities, Harlington Hospice Association Limited and Michael Sobell Hospice Charity, we renewed our branding and values. New branding guidelines were launched in March 2023 and brand guidelines were presented to all staff and a range of other stakeholders explaining the new brand, our visual identity, our tone of voice and how we can apply these values to our services.

New signage was installed at Harlington Hospice and Michael Sobell sites and information resources were updated to reflect the changes.

Our website was re-launched with a new design and social media posts now reflect our new identity. This has helped communicate the merging of Harlington Hospice and Michael Sobell House with a unified identity.

The new branding is now well-established and we are confident that it: reflects the holistic nature of our work; demonstrates our commitment to collaborative working and to care centred around the individual, and; our desire to be responsive by embedding ourselves in our local communities to understand and meet residents' needs.

Priority 3: Ensuring we continue to be well-led post-merger

For our charity to offer the very best services to our patients and their families - and to embed our future strategic plan to ensure we are sustainable - we know we need to ensure that we continue to be well-led.

We have invested considerable time in bringing the newly-merged Boards together to ensure we have the right skills and expertise to both lead the organisation into the future and to challenge the Executive team to deliver the very best services possible for our users and their families. This resulted in us employing an external recruitment agency to undertake a skills audit for Trustees and the Executive team. This helped to identify the gaps we needed to fill and we then recruited new Trustees who bring with them the experience, skills, enthusiasm and passion which complements our existing Trustees.

Trustees also committed to review and strengthen our IT and information governance systems and processes and implement improvements where identified.

As detailed at Priority 1, we have improved our efficiency and effectiveness considerably with the work that was undertaken in year.

Longer-term priorities – progress to March 2024

Priority 1: Develop inpatient care across the borough and increase our reach

Despite a refurbishment in 2019, we recognise the existing Michael Sobell House building will not be fit for purpose in the longer term. We also recognise we are not currently able to meet the needs of everyone who could benefit from our services and need more capacity for in-patient care.

As at Priority 1 in last year's shorter-term priorities, there is significant background work being undertaken to achieve this, however, this remains an organisational priority into 2024-25 and beyond.

Priority 2: To become a place of learning and education

Trustees committed to ensuring more healthcare professionals are aware of how to treat patients with serious and terminal illness and are delighted to report that great progress has been made in this developmental area of work:

a) Placements for healthcare professionals:

We continued to support GP Registrars, Hillingdon paramedics via the London Ambulance Service and medical students with six-month placements.

Our Clinical educator is working with local universities to provide placements for student nurses and day placements for palliative care link nurses working in Hillingdon Hospital.

b) Training, advice and information for healthcare professionals:

Our respected Clinical Director, Dr Ros Taylor MBE is committed to improving access to relevant palliative information for those caring for or living with advancing illness. She has ensured that both Michael Sobell House and Harlington Hospice have been at the forefront of developments in terms of learning, education and information provision.

Activities have included:

Palliative Care Bites: We delivered a comprehensive, free virtual monthly lunch-time palliative care programme. Sessions were started during the pandemic when face-to-face teaching stopped but have continued and developed since.

They have covered a huge range of palliative topics using local and national speakers and have been very well received.

Topics are extensive but have included:

- Breathlessness: assessment and prescribing;
- Last Days of Life: assessment, identification and communication;
- Early Recognition for Conversations that Matter;
- Pain: assessment and prescribing;
- Carer Identification and Support;
- Bereavement;
- Update on Assisted Dying Internationally;
- Nausea, Vomiting and Bowels: assessment and prescribing

Eleven sessions were delivered in year and are aimed at all staff caring for people towards the end-of-life, especially those working in primary care such as care home staff, GPs and district nurses.

The programme is open to all and has been accessed by hundreds of delegates.

Project ECHO

During 23-24, Harlington Hospice worked continued to work with the London Ambulance Service (LAS), CNWL NHS Trust and My Health Hillingdon to contribute to project ECHO.

A further 6 sessions were commissioned by London Ambulance Service to enhance palliative knowledge and confidence in their ambulance clinicians.

A diverse range of topics was agreed with the LAS team, building on the five sessions delivered last year. These included:

- Management of end stage frailty at home
- Management of end-stage dementia in care homes
- Religion and Spirituality
- Neurological conditions and end of life care
- Homelessness and LAS
- Learning Disability and LAS

All ECHO sessions were well attended and highly evaluated with peer-to-peer learning based and case-based discussions. A full evaluation of the series is underway

Project ECHO (Extension for Community Health Care Outcomes)

This is a worldwide movement providing online learning and support. It is an innovative tele-mentoring programme designed to create virtual communities of learners and supports knowledge sharing between professionals from across health and social care, and facilitates the exchange of specialist knowledge and best practice.

We are excited about its development locally, with support from Hospice UK.

HPAL

We have developed an excellent resource HPAL, which is our clinical information website:

<https://hpal.medindex.co.uk/>.



The directory includes palliative services, carer support teams, bereavement organisations and pharmacies in each borough that stock relevant palliative medicines.

HPAL highlights the best resources available relating to palliative and end-of-life care in an easily-accessible way, for clinicians and patients in North West London.

Its development was funded by Harlington for NW London and has following presentation of the site at a conference, subsequently been procured by Mid and South Essex ICB as an example of digital best practice.

We continue to develop and market our website hosting information about palliative and end of life care for use by patients, carers and healthcare professionals.

National conferences

Both Dr Ros Taylor and Jo Fernandes have been invited to present at several national and international conferences, including St Christophers in London, India and Italy.

This has meant the sharing of local good practice on a national and international stage, as well as bringing new learning into Hillingdon.

Priority 3: Working in collaboration to launch the Palliative Integrated Care Service (PICS) Coordination Hub

We have launched the Palliative Integrated Care Service (PICS) Co-ordination Hub, a collaborative service with our healthcare partners.

Its primary purpose is to ensure that palliative patients are identified early and services are put in place to ensure patients' quality of life and that they are discharged to their preferred place of care, whether that is at home or in the Hospice.

The PICS Hub was launched in November 2023 in Beaufort House. It is managed by Kaye Joslin, Adult Clinical Service Manager & Special Projects (Hillingdon) and Julie Smith, Your Life Line team lead and Twilight Service Manager, working alongside Sara Ryan, Director of Clinical Services for Harlington Hospice.

The co-ordination hub provides a single point of access for end-of-life and palliative care across all providers who will either provide an immediate response or re-direct someone to the most appropriate care provision in response to the referral.

The transformation has been a priority for our borough-based partnership, Hillingdon Health and Care Partners, and a multi-agency task group was established in order to integrate several teams. The PICS Hub will eventually take all calls/referrals for residents with palliative, end-of-life and frailty needs; it will assess and steer the referral into the right service.

The new guidelines were launched in March 2023 with a presentation event and developmental work will continue into 2024-25.

Strategic Report

Achievements and performance

The charity's main activities are described below.

All our charitable activities focused on the relief of sickness and suffering for people living with or alongside a serious or terminal illness using our framework of six key pillars of care:

- Michael Sobell Inpatient Unit;
- Hospice at Home care services;
- Wellbeing;
- Psychological and Emotional Support;
- Education and information, and;
- Harlington Care (regulated Home care and Respite services).

Inpatient care at Michael Sobell House

From April 2023, the Michael Sobell Hospice has been known as Michael Sobell House (MSH).

The Inpatient Unit (IPU) at Michael Sobell House has been the only inpatient hospice care service in the London Borough of Hillingdon since it opened in February 1977. Since January 2020, Harlington Hospice has been the clinical provider in the IPU

In 23-24, the Inpatient unit has opened another bed. It is now a twelve bedded Inpatient Unit, with a full multidisciplinary team comprising of doctors, nurses, healthcare assistants, rehabilitation and complementary therapists, psychotherapeutic and chaplaincy services.

This team provides responsive and compassionate palliative and end-of-life care to people with complex symptoms and who require emotional support, with the aim of discharging them

back home. They also care for people in their last days and hours of life.

In the year, the IPU supported a 24/7 consultant led advice line for clinicians and the public. We worked collaboratively with all other local palliative teams to ensure care was in the right place at the right time for local people. The team can stretch to twelve beds if needed, but generally uses ten.

As part of the care provided to patients staying at the IPU, the multidisciplinary team work to ensure they are supported to explore their aspirations and, where possible, these were carried out.

For example, a patient and his wife asked for support to go home to Romania after a stay of 3 months in the Inpatient Unit. Dr Ros Taylor contacted Bucharest Hospice and arranged a private ambulance transfer with two Romanian paramedics and two drivers. They were able to escort the patient to the Hospice in Romania in his home town.

He coped with the challenging 36-hour ambulance journey to Romania via France, Belgium, Germany, Austria and Hungary and arrived at the 'Hospice of Hope' in Bucharest early on Thursday 8 February 2024.

Following an assessment that took less than 24 hours, his wish to be at home - and not in a hospital bed - was granted. With healthcare support, he is now home, with his dog, Pedro, and lots of family visiting. We do hope that he finds ongoing peace and comfort and we are proud of the incredible help and support that both our Medical and Clinical teams were able to provide.

Over the past year, we maintained sufficient capacity to enable admissions seven days a week, often admitting patients the same day as we received their referral. We received 272 referrals of which 240 were accepted to the Inpatient Unit and we supported 177 patients with 188 admissions. We had some patients who were admitted multiple times.

We analysed the situation of those who were referred and not admitted; this was very rarely because we had a waiting list, but usually because patients were referred very late, were too poorly to transfer, were admitted elsewhere or chose to stay where they were.

The responsiveness of the Inpatient Unit Team remained crucial in the local health economy, and we work closely with the local hospital and community palliative care teams. This service was funded by NHS contracts and charitable income, although we have put significant effort into fundraising to improve the quality of life of families using the Unit.

For example, this year funds were raised for two cuddle beds for the inpatient unit and we had a successful Syringe Pump Appeal which led to the purchase of fourteen devices



Hayes Cottage Nursing Home and Parkfield Nursing Home

Nursing and therapy staff have continued to support patients in continuing healthcare beds (known as Primrose Beds), of which we have two at Hayes Cottage Nursing Home (Hayes) and six at Parkfield Nursing Home (Uxbridge).

This support incorporated aspects of Hospice care into both nursing homes, including physiotherapy and rehabilitation, complementary therapies, pastoral support, psychological support, and senior end-of-life nursing care.

We are proud that the work of our team at both Hayes Cottage and Parkfield Nursing Home increased the total amount of Hospice care available to local people in the borough and for all Primrose beds we had 58 referrals with 46 admissions.

This service was funded by a combination of NHS contracts.

Hospice at Home Care Service

Through our Hospice at Home team of Registered Nurses and specialist trained Healthcare Assistants, we provided palliative support and health care to people in their own home during the last months and weeks of life. This service is funded by a combination of NHS contract and charitable income.

All support is tailored to each individual's needs and those of their family members. As the service is provided overnight, this also allowed family members who had been caring for someone to have respite, and therefore be in a better place to provide support the following day

The Hospice at Home team also continued to support the Rapid Response and Discharge teams by providing up to three nights' support for local people and their carers, to facilitate safe discharges from hospital.

During the year we received 206 referrals and supported 213 patients and their families. The disparity in these figures is because we had clients that were already receiving support at the beginning of the 2023-24 financial year.

In the year, we also provided a total of 998-night sits.

Wellbeing

Wellbeing Service:

780 patients were supported by the Wellbeing Service in 2023-24. Throughout the year the team ran Creative Art sessions, as well as Exercise and Relaxation groups, with the option of one-to-one support if required. These sessions are run twice a week and continue to be popular with our patients.

Complementary Therapy:

We also offered a programme of Complementary therapies, which included physical and psychological approaches to improving wellbeing, such as tai chi, yoga, acupuncture, massage therapy, art and music therapy, dance and mindfulness-based stress reduction.

The team also supported patients in our eight Primrose beds in Hayes and Uxbridge. The Rehabilitation and Complementary therapy teams managed patients at both sites and also offered support in patients' homes.

A total of 411 patients were supported under this project, which was funded by contractual income.

Rehabilitation team - Physiotherapy and Occupational Health:

The Wellbeing Rehabilitation Team provide Physiotherapy and Occupational Therapy services to all our patients living with life limiting conditions. Patients are seen within the Inpatient Unit, as out-patients or in the community.

Our main goals are to enable people to live as normally as possible for as long as possible.

Over 2023-24, interventions have included:

- Initial holistic therapy assessment for palliative care patients with malignant and non-malignant disease
- Action planning/goal setting with the patient and their families, including parallel planning

“hoping for the best, planning for the worst” and ongoing review/re-evaluation

- Proactive screening for anticipated difficulties and decline in function, balancing risk with independence, risk assessment and supported risk-taking
- Timely, proactive, safe, coordinated, supportive discharge planning and prevention of readmission.
- Advanced Care planning discussions

Lymphoedema Service:

Lymphoedema is a long-term (chronic) condition that causes swelling in the body's tissues and can affect any part of the body, but usually develops in the arms or legs.

We also treat patients with Lipedema (an abnormal build-up of fat in the legs and sometimes arms). These conditions can be very painful and affect daily life.

Our team treated both primary and secondary lymphoedema patients, working closely with the Tissue Viability team, District Nursing, GP Services and Community Palliative Care teams. Home visits and group wellbeing sessions - such as Tripudio classes and 'Legs 11', a monthly drop-in session - were also delivered as part of the service.

Our outpatient Lymphoedema services provided patients with a wider choice of locations for their appointments, including their homes. and the Lymphoedema team received 151 referrals, supported 337 patients and provided 1,185 sessions via Outpatient appointments and home visits.

This service was funded through an NHS contract.

Psychological and Emotional Support (PES)

The Children and Adolescents Bereavement Service (CABS):

In 2023-24, the CABS Team supported 124 children with 674 sessions.

The team continued its work exploring the challenges of how neurodiverse children and young people cope with bereavement. It has expanded its commitment to providing bereavement support for neurodiverse children and their carers, in order to develop new networks and neuro-affirmative resources for parents with neurodiverse children, in order to help them to better understand and manage change and their grief.

To ensure the service was responsive to need, the team asked families to complete assessments before a series of group sessions to inform exactly what the 'needs' were and how they could be more inclusive.

Groups provided a rich source of feedback and learning, to the point that the team committed to continuing to run group sessions in 2024, as well as running a similar group for schools so that teachers are better able to recognize, understand and support neurodiverse children and their grief responses.

The service also had its first successful student placement for Art Psychotherapy from Goldsmiths University London, and welcomed three student placements in September 2023.

Finally, the CABS service was instrumental in setting up the Ethics Committee in Harlington Hospice, to support ethical questions, challenges and considerations as part of the 'Neurodiversity and Grief' research project.

Adult Psychological Support Service:

Our Adult Psychological Support Service includes a Palliative Psychotherapy team, which has supported adults living with a serious or terminal illness, and those close to them, since January 2021.

Following a referral for patients or family carers affected by a serious or terminal illness in the last year of life, palliative psychotherapy support was offered 1.5 days per week, with 3.5 days covered by our Patient and Family Support Service.

Unlike Patient and Family Support, sessions are scheduled regularly and in advance and usually take place in the home. Nearly all those seen at home also received community palliative support, so there was a high level of multi-professional liaison, with Clinical Nurse Specialists and Palliative Consultants as well as specialist support, where necessary, from the Psych-Oncology and Palliative Care Clinical Psychology teams. Where the patient was experiencing complex grief or was deemed to be at risk of developing it, sessions continued post-bereavement.

Our Adult Psychological Support Service also offered free counselling to adults in our community who have, or who are living alongside, a serious or terminal illness. This service is available to patients using our other hospice services and those close to them who may be coming to terms with their friend or family member's illness.

The service also supported people caring for someone with a diagnosis of dementia.

This service was funded by charitable income.

Patient and Family Support:

Patient and Family Support was provided to patients and carers within the Inpatient Unit alongside the Psychological Support Service. High intensity psychotherapy, psychological and emotional support was delivered on demand as needs arose.

As most patients are very ill, psychological and emotional support sessions ranged from 20 minutes to an hour. Some sessions were shorter, but then were generally much more frequent

- often daily.

This service was funded by charitable income.

Counselling for Bereaved Adults:

Harlington Hospice also offered Bereavement Counselling for adult clients who have experienced bereavement and who are struggling to come to terms with loss following the death of someone close to them.

This service was funded by an NHS contract.

Education and Information

We provided the following carer courses on behalf of Hillingdon Carers Partnership:

End-of-life training

We continued to deliver a four-session End-of-life psychoeducational course for carers. Following a review of last year's programme, a fourth session was added. All sessions had a training and psychotherapeutic support element and topics covered were:

- **Understanding palliative care:** Introducing advance care planning, Do Not Resuscitate (DNR) decisions, hospice care and sources of support in Hillingdon and how to access them.
- **Caring for a loved one in the home at the end-of-life:** Offering the practical skills carers need to care at home, with demonstrations by health professionals.
- **Dealing with Death:** Detailing actions needed when someone dies, as well as strategies to cope.
- **Complementary therapies at the end-of-life:** Teaching carers how to utilise complementary therapies for themselves and their loved ones.

Caring with Confidence - Dementia programme

We delivered the Caring with Confidence programme for families coping with dementia, in partnership with colleagues from across the Hillingdon Carers Partnership.

Wellbeing workshops for carers

Carer support courses were provided by Harlington Hospice on behalf of the Hillingdon Carers Partnership, predominantly funded via the Combined Carers Support contract with the London Borough of Hillingdon, but also with some charitable income.

Harlington Care regulated Home Care and Respite Care Services

Our social care support service, known as Harlington Care, provides a comprehensive domiciliary care service in the home, which includes more advanced care tasks for people with complex health and social care needs.

A contracted Carers Short Breaks service also provides respite (replacement) care in the homes across the London Borough of Hillingdon. This is delivered to give carers a much-needed short break from their caring roles and our care workers take on the majority of the duties that carers manage for their loved ones.

In 2023-24, we delivered 8,726 hours to carers in Hillingdon under contract to the Council as part of the Hillingdon Carers Partnership. In addition, Harlington Care provided 3060 hours to private patients and 7900 hours for Hounslow Carers short breaks.

We increased the maximum number of respite hours in Hillingdon, which historically were set at four per week. We have been able to increase support to clients with health appointments, so this did not affect their normal respite support, and provide night sleeps where carers were struggling to get a full night's sleep. Free hours under the contract were also increased where

there had been a significant decline in the health or medical condition of the carer, or the person being supported by them, and where no additional support from other services was available.

In October 2023, we were part of a newly-created consortium, the Ealing Carers Partnership, that was awarded a new four-year contract to deliver support to carers living and caring in Ealing. One element of the new provision was the extension of the Carers Short Breaks service so that carers in Ealing can also have a short break from caring.

Following the 3-month mobilisation period from Oct-Dec 2023, the service in Ealing launched in January 2024. Between January and March 2024, we supported 10 families with respite care.

Additionally, we operate a respite service in the neighbouring Borough of Hounslow

These services are funded by the London Boroughs of Hillingdon and Ealing, under sub-contract to Carers Trust Hillingdon & Ealing and the London Borough of Hounslow under sub-contract to Hestia.

Partnerships and collaborative working

We are proud of the leading role we have taken in the development of a series of partnerships and collaborations, both formal and less formal, and, of the influence we have in terms of shaping local health and care planning. Headline activity includes:

Hillingdon Health and Care Partners (HHCP) and NWL Integrated Care System (ICS):

Established in 2014, HHCP is the main healthcare provider partnership in the borough, now known as the Borough-based Partnership (BBP) and comprises Hillingdon Hospital NHS Trust, CNWL NHS Community Trust, Hillingdon Primary Care Confederation, and H4All, of which we are an active member.

The partnership works to develop an integrated approach to services to better meet the health and care needs of the Hillingdon community, although a lot of its historic power has been taken over by NWL Integrated Care System (ICS).

We have continued to influence developments in palliative care within health and social care in Hillingdon through the Borough-based Partnership and have provided leadership in the development of the HHCP End-of-Life Strategy.

We were instrumental in the development and implementation of system-wide improvements in the way end-of-life care is coordinated, planned and communicated via the new Palliative Integrated Care Service (PICS) Coordination Hub. This was launched in November 2023 and its primary purpose is to ensure that palliative patients are identified earlier and that appropriate services are promptly put in place to ensure good quality of life and that they are discharged to their preferred place of care, whether that is at home or in the Hospice.

Our Chief Executive is the nominated representative for the third sector on the North West London Integrated Care System (ICS) Board. He is therefore able to continue to promote the needs of people needing palliative and end-of-life support within the larger health economy across the eight boroughs of NW London.

H4All and 3ST North West London:

Harlington Hospice plays an active role in H4All. Established in 2014, it was set up to strategically coordinate non-profit services and develop services that improved population health and wellbeing. Historically a joint venture company comprising five local charities, this collaborative working enabled us to identify residents who may be in need and offer support at an earlier stage in a person's end-of-life journey.

However, in early 2024, H4All completed its metamorphosis into 3ST NWL, and now remains

as a local brand for service delivery in Hillingdon. We continue to play a leadership role in the delivery and monitoring of H4All services in Hillingdon, but have shifted our energies in terms of how we influence service design and effect change to the NWL ICS via 3ST.

3ST stands for Third Sector Together and is an alliance of voluntary and community sector organisations that operate across the eight London boroughs that constitute the geographical area covered by the North West London (NWL) Integrated Care Board (ICB). These are: Hillingdon, Harrow, Brent, Ealing, Hounslow, Hammersmith & Fulham, Kensington & Chelsea and Westminster.

3ST NWL became a formal entity in early 2024 and was established to take collective strategic action in three key areas:

- Representation
- Influencing
- Service design and provision.

Our mission is to ensure an equal role for the voluntary (third) sector in a truly integrated health and care system. We wish to increase meaningful contributions by the third sector into tackling health inequalities; improving service quality and reach, and; supporting healthier lives across NW London.

Harlington Hospice has places across the 3ST governance structure, including seats on the Board of Trustees, Executive Leadership team and broader Strategic Group. For more information please visit: <https://www.3stnwl.org.uk/our-organisation/governance>

Other hospices:

As a result of working within 3ST, we have continued to develop close links with St Luke's Hospice (Brent and Harrow).

We have also strengthened our partnerships across North West London with Royal Trinity Hospice (Clapham, London) and St John's Hospice (Central London), continuing to explore efficiencies and the possibility of shared services.

Hillingdon Carers Partnership (HCP)

We have been a partner in the HCP since 2016. HCP is an informal collaborative group of four charities delivering collaborative support to unpaid carers living or caring for someone in the borough.

Our primary source of income in this area is via the Council's Combined Carers Services contract, under which we are contracted to deliver a respite service, Carers Short Breaks.

Other HCP members are: Carers Trust Hillingdon & Ealing, Alzheimer's Society and Hillingdon Mind.

Ealing Carers Partnership (ECP):

This is our most recent partnership and we joined the ECP when it was founded in August 2023. Three partners came together to submit a joint competitive tender for a new four-year Carer Support contract in Ealing.

Our partners in the ECP are Carers Trust Hillingdon & Ealing and Ealing and Hounslow CVS and we are pleased that the service is developing well in this new area for us.

Outputs - Activity data

Number of new referrals	2022-23	2023-24
Michael Sobell House Inpatient Unit	274	272
Hospice at Home	222	234
Harlington Care	164	288
Lymphoedema Service	141	151
Psychological and Emotional Support (Adults)	90	161
Child and Adolescent Bereavement Service	114	126
Day Care and Wellbeing Services at Lansdowne House & Michael Sobell House	162	76

Number provided	2022-23	2023-24
Michael Sobell House Inpatient Unit (admissions)	197	167
Hospice at Home	1127	998
Harlington Care	9,152	10009
Lymphoedema Service	1,352	1491
Psychological and Emotional Support (Adults)	880	382
Child and Adolescent Bereavement Service	610	836
Day Care and Wellbeing Services at Lansdowne House and Michael Sobell House	1,035	666

Contribution of volunteers

This year, the volunteers from Michael Sobell House and Harlington Hospice have made an exceptional contribution. We have had the good fortune to assign several competent and experienced people to fundraising administration positions.

Numerous volunteers cover absences and assist with a variety of services. We are lucky to have many long-term volunteers, such as the reception team who have returned to support the Hospice and the gardeners who have been maintaining the surrounding gardens for more than 20 years.

Voluntary support in Wellbeing has meant complementary therapies for patients has increased and art therapy sessions can continue.

The volunteer contribution based on 37 volunteers this year was 4577 hours

We are incredibly grateful to all of our volunteers for their time, dedication and support.

Retail volunteers

Our retail volunteers are the heart and soul of our community on the high streets supporting and promoting the Charity. Their time, skills, expertise and experience are extremely valuable in allowing us to run a smooth, professional service.

There are many groups of volunteers helping to raise funds alongside paid staff within our retail arm, including drivers, ambassadors, DIY support and online sales.

We are not only very lucky to have so many longstanding volunteers who remain loyal to the cause; we also have, in the past year, seen a large increase in young students completing their Duke of Edinburgh's Awards or work experience placements for schools, colleges and universities. We are proud that many of them choose to return after their placement is completed to continue to volunteer with us.

Retail has also worked hard to secure and build relationships with corporate businesses to support with donations for shops and online, promoting volunteer hours and with the view to support the Charity in other areas when needed.

This year, with over 150 volunteers on the team, retail volunteers contributed an amazing 31,009 hours to the charity. We thank them and all our volunteers, wholeheartedly.

Measurements of success

Harlington Hospice has been given a Compassionate Workplace Award by Compassionate Communities UK (CCUK), following an assessment of its compassionate culture and future plans to further this work.

CCUK trustee Steve Crabb, who presented the Harlington Team with its accreditation said:

"How our workplaces respond to colleagues living with or caring for someone with a serious illness or someone grieving is critical to health and wellbeing. We get most of our support during these challenging times from our communities, including where we work."

"Our Compassionate Workplace Award recognises organisations where staff feel that the organisation cares and shows compassion and is committed to equity and inclusion in the context of workplace experience."

Our award isn't about an organisation being perfect or having everything in place but a

staging post celebrating what is already good, combined with a commitment to continually improve”



The Compassionate Communities Board were really impressed with the commitment shown by Harlington Hospice and I was delighted to be able to present the award.”

CCUK was set up to work with communities to build compassion as a major value in life, manifesting in the way we treat each other and the world around us. It provides a variety of services relating to the public health approach to the spectrum of chronic disease management,

disengaged members of the community, and into end-of-life care including bereavement.

How we measure the quality of our services

Harlington Hospice works to the Care Quality Commission (CQC) quality framework across all our services. The quality improvement methodology and standard of care philosophy is also brought into alignment for all new services.

All of our quality processes are implemented in line with the National Institute for Health and Care Excellence (NICE) quality standards.

In order to measure the quality of our services we have:

- We continue to contribute to the Hospice UK Patient Safety Benchmarking
The Patient Safety and Governance Lead submits patient safety data from IPU incidents and attending quarterly meetings with Hospice UK, where patient safety data is discussed and compared with other hospices in the UK of a similar size.
- Patient Safety Working Group and focus group meetings are held quarterly, attended by representatives from each of our services.
These groups have involved formal practice reviews of each service for that period and the outcomes have been reported at formal Quality Assurance & Governance meetings attended by Board members.
- Continued to use and develop the Vantage management system to manage incidents, risk and other quality-related areas, such as policies and complaints.
This has been a crucial element in preparation for CQC inspection and external accreditation.
- Continue to develop implement our quality governance structure.
This involved the establishment of focus group meetings feeding into a larger Patient Safety group, which then feed into a Quality Assurance & Governance Committee attended by a Trustee.

- Hold weekly Incident reviews in order to identify any incidents that required escalation to the relevant Board committees, or to the Trustee Board.
- Have started to adapt the NHS Patient Safety Incident Response Framework to the hospice. A Patient Safety Plan has been produced and staff are completing the required training.
- Participated in national audits including the North West London five Hospice Admissions Audit.
- Maintained the '3Cs' forms concern complaints and compliments and process which provides quick feedback of positive moments and concerns from patients and family members.

This has been particularly successful in our Inpatient Unit and Lymphoedema services and work is underway to promote it in our Wellbeing and Psychological & Emotional Support services.

- We adhere to the guidance set out by relevant professional bodies.

Staff in our services are trained to at least the minimum standard required for ethical practice. For example, our Child & Adolescent Bereavement Service (CABS) is registered with, and regulated by, the Health Care Professions Council (HCPC) and the British Association of Art Therapists (BAAT).

- We have processes in place to monitor patient safety alerts, MHRA, CAS and updates in best practice.

Feedback from our beneficiaries

It is essential that we measure the quality of our beneficiaries' experiences. One way we achieve this is by encouraging patients and family members who are using our services to complete feedback forms.

Every week Harlington Hospice receives many responses from our quick comments cards which ask three key questions:

- How had your care been today?
- Is there anyone who has gone the extra mile for you?
- How can we improve? What would you like to see?

Comments and suggestions are shared with all staff in the weekly Feedback Friday, along with solutions and responses to suggestions.

We also provide electronic surveys at discharge and intervals with more specific questions

In 23-24

87% of respondents fully agreed that they were treated with dignity, respect, kindness and caring. (13% Agreed)

87% either fully agreed or agreed that they were involved in decisions surrounding their care. (13% Neutral, but no disagreements)

94% fully agreed that they had confidence and trust in the staff looking after them. (6% Agreed)

81% were fully satisfied with the support they received. (19% agreed with same statement).

Comments:

"The smiles and kindness that greeted us on every visit has been so appreciated, as has the

openness and honesty that has been shown to us on any enquires into (Family members) care...

The past few weeks spent with you have given us a chance to breathe, regroup and gather strength for whatever lies ahead – or more positively, our next adventure!"

- Family Member of IPU patient

"My care today has been a sheer gift. I am deeply grateful for the time, understanding and being listened to,"

– Lymphoedema Patient

"Fantastic, really helped with advice, not just about caring for someone but also how to look after myself."

– Carer attending Caring with Confidence

"The Hospice at Home service was a real godsend to us because it allowed me to have a night away. To come home to try and get a little bit of rest in between looking after mum".

-Hospice at Home patients' carer

"Our carer is the warmest, kindest person you could imagine. She looks after my mum who has quite advanced dementia, they have a lovely time together doing things that mum loves to do. She shows so much love and respect for my mum."

-Harlington Care clients family member

"Things have been very difficult for me recently with so many losses and things to deal with. So, I am grateful to be offered some counselling sessions to help me through. Things are beginning to feel clearer in my mind and I'm am more able to cope".

Adult counselling client

How we monitor our success

As well as submitting compliments about the service, patients and those close to them are able to share concerns and submit formal complaints through our Complaints procedure, which are then reviewed by the Complaints lead.

In order to measure the success of our services through both positive feedback and areas for improvement, we have several internal initiatives:

Feedback Friday:

Every week, staff are sent a summary of anonymised patient feedback via email. This outlines both compliments about the service and how any concerns have been, or are being, addressed.

This enables staff to have a real time understanding of the performance of the services, any new procedures that have been put in place to prevent issues, and any upcoming changes to improve beneficiaries' experiences.

Annual and quarterly reports

The Patient Safety Lead creates both annual and quarterly quality reports for the Trustees which summarise the complaints, concerns and general feedback received over the period.

Public facing communications

Display boards at Michael Sobell House and Lansdowne House were updated monthly to share with the public the feedback we received over this period and how we addressed any concerns raised.

Exit interviews

The HR team conducted exit interviews when staff left the charity to gain feedback on staff members' experiences and to identify any trends in feedback and areas where staff experiences may be improved.

Looking Forward: priorities for improvement in 2024-2025

Priority 1: Increased, improved and sustainable IPU provision

This continues to be our priority into 2024-25.

We recognise Michael Sobell House was never built to last; it has done our patients proud for many years and has become a well-respected and well-loved part of our community. We also know we are not currently able to meet the increasing need for end-of-life care in the south of the Borough.

How:

- Devise a plan to futureproof the reprovision of inpatient services in the north of the Borough, increasing capacity to meet an increased and more complex need.
- Devise a plan for the provision of inpatient services in the south of the Borough, introducing capacity to meet an increased need.
- Play an integral role, alongside our HHCP partners, in the delivery of the Coordination Hub; a one stop shop for people across the Borough with end-of-life care needs and questions.
- Identify and secure financial resources (both capital and revenue) to ensure we are able to meet current and future demand.

Priority 2: Our First Palliative Conference

In partnership with our healthcare partners, Harlington Hospice will hold a Palliative Care Conference in May 2024.

Our inaugural conference is open to GPs, Paramedics, Care Home Staff, District Nurses, Hospital and Palliative Care Team

It will feature keynote speakers and topics covering:

- Care at home,
- Hospital Admissions,
- Supporting children through loss
- Symptom Control

Anticipated Benefits and Outcomes

- Enable delegates to share their experiences with other sectors as we move toward a more integrated approach in identifying and caring for patients in their last year of life.
- It provides the opportunity to network with colleagues in other sectors and the signposting to services and resources such as HPAL and the chance to discuss recent developments in palliative care and Assisted Dying.
- Help the hospice establish a reputation and awareness of palliative care in all healthcare sectors.
- Advertise the hospice and community services and resources, including HPAL, Palliative Bites, Hospice placements.

Priority 3: Funding

The Hospice, like many hospices nationally, continues to experience growth in costs and an increasingly difficult fundraising climate. We are committed to continuing the excellent and vital care we provide. This means that we need to balance our income and expenditure, which will require senior management focus on cost control, securing additional NHS funding (we currently receive just 30% of running costs from the NHS) and maximising fundraising.

Public Benefit Statement

The sections of this report entitled 'Summary of Activities' and 'Achievements and Performance' set out Harlington Hospice Association's objectives, and report on the activity and successes in the year to 31 March 2024, as well as explaining the plans for the current financial year.

The Board of Trustees is aware of the Charity Commission's guidance in relation to public benefit. All of the organisation's charitable activities fall within its objects and provide considerable public benefit as outlined in this report.

The work of the Hospice benefits people with serious or terminal illness and those close to them. The Hospice makes no charge to those people who are currently patients of any core hospice service, or to their families and carers.

All core palliative care services provided by the Charity are free to beneficiaries living, or under the care of a GP, in the London Borough of Hillingdon.

A risk assessment of all innovations and service developments ensures that the work of the hospice is beneficial rather than harmful, and as inclusive as possible.

The Trustees have considered this matter and concluded that:

- 1) the aims of the organisation continue to be charitable;
- 2) the aims and the work done give identifiable benefits to the charitable sector and both indirectly and directly to individuals in need;
- 3) the benefits are for the public, are not unreasonably restricted in any way and certainly not by ability to pay; and
- 4) there is no detriment or harm arising from the aims or activities.

The Trustees have complied with their duty according to Section 17(5) of the Charities Act 2011.

Financial review

Income

Total income for the year ended 31 March 2024 was £5,987,178 (2023: £6,692,270) an increase of fundraising income due to the two charities having twelve months of income following the merger in 22/23 which incorporated 3 months of fundraising income in the prior year.

	2023/24	2022/23	
Income	£	£	
Inpatient Care	1,669,643	2,923,079	(42%)
Harlington Care (Domiciliary care)	608,067	600,616	1%
Hospice at Home	235,199	223,932	5%
Collaborations	303,356	407,573	(25%)
Wellbeing	131,516	134,474	(2%)
Psychotherapy	29,775	44,100	(32%)
Total income from charitable activities	2,977,556	4,333,774	
Fundraising and trading	2,993,835	1,304,131	129%
Other income	15,787	1,054,365	(99%)
Total income	5,987,178	6,692,270	

52% of income is derived directly from charitable activities, and nearly 39% of income is associated with inpatient care.

Expenditure

Total expenditure was 2024: £6,400,257 (2023: £6,372,625), a decrease of £27,632.

	2023-24	2022/23	
Expenditure	£	£	
Inpatient Care	3,127,171	3,449,549	(9%)
Harlington Care (Domiciliary care)	587,557	638,639	(8%)
Hospice at Home	334,044	334,098	0%
Collaborations	323,079	430,598	(25%)
Wellbeing	362,334	245,185	48%
Psychotherapy	325,461	309,421	5%
Total expenditure on charitable activities	5,059,646	5,407,490	
Fundraising and trading	1,340,611	965,135	39%

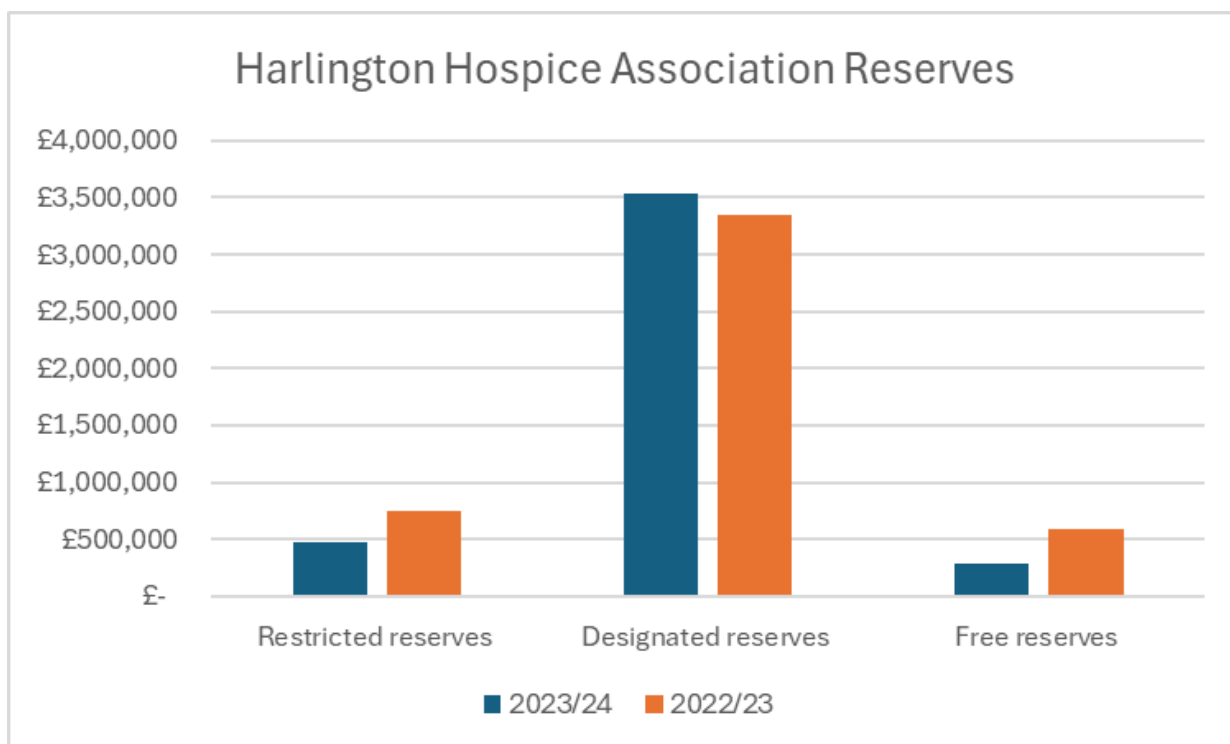
Total expenditure	6,400,257	6,372,625	
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Over 70% of costs are salaries or salary related (including payments for agency and other outsourced staff).

	2023/24	2022/23	2021/22
Surplus / deficit	£	£	£
Total income	5,987,178	6,692,270	5,718,617
Total expenditure	6,400,257	6,372,625	5,678,264
Surplus	(413,079)	319,645	40,353

Reserves

	2023/24	2022/23	2021/22
	£	£	£
Restricted reserves	481,818	753,463	0
Designated reserves	3,531,649	3,342,009	2,893,066
Free reserves	276,619	594,193	968,131



Reserves policy

Harlington Hospice Association calculates an operating reserve each year, comprising the minimum level of reserves required to ensure financial sustainability.

The target minimum operating reserve is equal to:

- Potential redundancy costs where contracts or funding is uncertain.
- Two months' salary costs to cover late payment of grants or contracts.
- A more general reserve to cover service continuation or wind down arising from the risk to in-year fundraising and retail operations.

The Board of Trustees may in addition decide on a further, discretionary amount to be included in the Reserve for a specific purpose, such as long-term capacity building or a special project. This has not happened in recent years.

The Operating Reserve needed for the financial year 2023-24, based on the factors above, is £1,200,658. Free reserves at 31 March 2024 were £276,619 (2023: £594,143).

Principal risks and uncertainties

Over the past year, the Trustees have actively managed the charity's risks. Senior charity staff follow a robust process to identify and evaluate risks, and to put mitigation strategies in place. The Sub-Committees review the risks relating to their area of operations, and the highest rated risks, and the strategic risks are referred to the Board for review and discussion.

The most significant risks - at the date of this report are:

1. Fundraising income

The risk relating to income generation, and fundraising income specifically is rated as a significant risk to the stability of the Charity and its ability to continue to provide the current range of services.

If fundraising income is inconsistent or unpredictable, the funding of patient services may be affected.

Mitigations in place are:

- The creation of a mixed fixed and variable cost fundraising model maximising digital resources and full organisation supporting to increase fundraising income.
- The creation of a strong Charity retail arm developing this income stream to grow alongside fundraising income. Investment in communications and marketing to raise the charity's profile.
- Rigorous monitoring of cashflow and results to allow steps to be taken if income disappoints.

2. Increases in costs due to inflation

The risk relating to higher costs could jeopardise service delivery. Staff costs account for a significant part of the charity's costs, and if wage inflation continues to grow, costs could rise faster than income. Growing energy prices are also a cause of concern. Mitigations are limited, as inflationary growth is outside our control.

Mitigations in place are:

- Monitoring salary costs across the local healthcare sector to ensure the Charity remains competitive.
- Negotiating other costs to minimise increases.
- Introduction of an efficiency plan

3. Staff recruitment and retention

The Charity needs to recruit and retain high quality staff to provide an effective clinical service. The Charity recruits from an ever-diminishing pool of health and care staff and in a relatively small organisation, high numbers of vacancies would have a serious impact on our ability to deliver quality care.

Mitigations in place are:

- Continue to build staff unity following the merger of the two organisations.
- Continue to monitor healthcare salaries in the local area to ensure that our salary structure is competitive.
- Investigate other workplace benefits.
- Continue to offer NHS pensions to eligible staff.

Going concern

Expanded and new services delivered by Harlington Hospice in recent years have improved the Charity's financial position and delivered the benefits expected from the charity's investments.

Following the merger of Harlington Hospice Association and the Michael Sobell Hospice Charity the clinical services and support functions have realised many of the expected benefits and synergies.

This combination is supported by significant investment in fundraising activities to support future growth. Although, the combined Charity expects to report an operating deficit in 2023-24, it is expected to return to a balanced position by mid-2024-25.

Our financial projections show that up to 31st March 2026, Harlington Hospice can expect to retain a reserves level to ensure sustainability and will therefore be able to trade as a going concern.

Although the free reserves are forecast to be below the required operating reserve a three year strategy is being created to move the organization to a stable financial footing.

The Trustees have confidence in the charity's financial position going forward. Reserves are forecast to ensure that the Charity remains sustainable. The Trustees support the strategy to invest in fundraising activities to improve the underlying business model and so to strengthen the organisation against future shocks.

Fundraising and Communications

We rely on the support of our local community to fund our services – by making donations and grants, taking part in events, spending in our shops and remembering us in their Wills.

The impact of closing the Inpatient Unit in 2018 and then the COVID-19 pandemic still resonated into 2023/24 and as we moved to a more digital age of fundraising it was decided to reassess the fundraising model with a number of redundancies within the team and focus on the community engagement.

We would like to thank our supporters for their dedication and generosity.

Major successes in the year included:

- Golf Day.
- The Hospice Lottery. As a founding member, we continued to benefit from this partnership which, since it launched in 1997 had donated over £16 million to Charity.

It should be noted that:

The Charity does not work with or use any external professional fundraisers, with the exception of the Hospice Lottery Partnership who canvass on our behalf.

Harlington Hospice Association is registered with the Fundraising Regulator and is fully compliant with its requirements and code of practice.

The Trustees are not aware of any complaints made in relation to our fundraising activities during the year ending 31st March 2024.

Ensuring that our supporter's data is safeguarded and used only in an appropriate manner is of paramount importance, in line with GDPR regulations. Our privacy statement can be found in full on our website here: <https://www.harlingtonhospice.org/privacy-policy-users-of-services-volunteers-supporters/>.

Harlington Hospice has been an associate partner of the Hospice Lottery Partnership since 2019. This year, Harlington Hospice and Michael Sobell House Charity together gained £255,276 income from this arrangement.

Structure, Governance and Management

The organisation is a charitable company limited by guarantee, incorporated on 12 April 2001 and registered as a Charity on 9 September 2003.

The company was established under a memorandum of association which established the objects and powers of the charitable company and is governed under its articles of association.

All Trustees give their time voluntarily and receive no benefits from the Charity. Any expenses reclaimed from the Charity are set out in note 7 to the accounts.

Appointment of Trustees

The Board aims to ensure that it maintains an appropriate mix of skills and experience to enable it to fulfil its mission, and also to ensure that it adequately represents the communities it serves. It takes the appropriate steps to fill gaps in necessary skills.

Trustees stand for election or are re-elected in rotation at the Annual General Meeting. There are no external bodies holding the right to appoint Trustees to the Board.

The Trustees (who are the directors of the Charity), include those with professional expertise

in clinical care, third sector managerial experience, commercial and business experience, experience of elected representation at local and national government level as well as business people.

Several Trustees have extensive Charity management experience and sit on the boards of other charities. All share a common passion and commitment to the mission and vision of Harlington Hospice.

Trustees are nominated by the Board to provide lead roles on Board Committees and ensure that assurance is provided to the Board on a number of key areas.

Working groups have continued to provide information and support to each Subcommittee to the Board.

During year to 31 March 2024, committees to the Board were the:

- Finance, Building and Estates Committee
- Quality Assurance & Governance Committee
- Workforce Committee

A trustee also sits on the Safeguarding Steering Group which feeds to both the Quality Assurance and Governance Committee and the board.

Trustees are welcome to attend any focus group meetings.

The Trustees continue to recognise that during this period of development and expansion within the Charity they need to consider development of the Board in order to ensure there is sufficient depth and experience to meet medium and long-term strategic needs.

Trustee induction and training

Following planned recruitment through advertisement within our local community, new Trustees will be provided with an induction pack, which includes Charity Commission guidance on the roles and responsibilities of Charity Trustees.

Training for new and existing Trustees includes the requirement to attend awareness briefings and on Safeguarding responsibilities and sign a Safeguarding Code of Conduct, as outlined in Harlington Hospice Safeguarding Policy and Procedure.

Training is enhanced with briefings on all aspects of the responsibilities of Trustees and the governance requirements of the health-related services provided by the Charity. This is in addition to attendance at Board meetings.

Staff and delegated responsibilities

The Board of Trustees has delegated operational management of Harlington Hospice to the Chief Executive, Steve Curry and Jane Wheeler Joint Chief Executives.

The headcount number of staff employed by Harlington Hospice to carry out its charitable activities was one hundred and thirty-seven and, in addition, some tasks were also undertaken by contractors and consultants.

The process for recruiting staff is set out in the Recruitment Policy and Procedure. Staff employment terms and conditions are included in Harlington Hospice's Employee Handbook, which is available to all staff.

Pay policy for senior staff

The directors are The Charity's Trustees. The senior management team comprise the key management personnel of The Charity in charge of directing and controlling, running and operating The Charity on a day to day basis (see Organisation note).

All directors give their time freely and no director received remuneration in the year. Details of directors' expenses and related party transactions are disclosed in notes 7 and 9 to the accounts.

The pay of the senior staff is reviewed annually and benchmarked against pay levels in other comparable charities, the voluntary sector and similar roles.

Related parties and relationships with other organisations:

Harlington Hospice has a long history of collaborative working with both the third and the statutory sectors. It is our belief that working with stakeholders, other providers, and commissioners gains best value for our donors, supporters, and contractors and delivers the best quality outcomes for our patients and clients.

We have formal relationships with the following organisations:

- Hospice UK – a federal organisation in which the national organisation's role is advisory on policy and procedures;
- H4All and 3ST – a Charitable Incorporated Organisation (CIO) in which Harlington Hospice is one of five sovereign partners delegating authority within the consortium, providing services within the community;
- Hillingdon Health and Care Partnership (HHCP).

Statement of responsibilities of the Trustees:

The Trustees (who are also directors of The Michael Sobell Hospice Charity for the purposes of company law) are responsible for preparing the Trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

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

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

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.

- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is 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.

Members of the Charity guarantee to contribute an amount not exceeding £10 to the assets of the Charity in the event of winding up. The total number of such guarantees at 31 March 2024 was 6 (2023:7)

The Trustees are members of the Charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the Charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The Trustees' annual report has been approved by the Trustees and signed on their behalf by,

M J Breen

Chairman

30 January 2025

Independent Auditors Report

Independent auditor's report to the members of Harlington Hospice Association Limited.

Opinion:

We have audited the financial statements of Harlington Hospice Association Limited (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2024 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

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

Basis for opinion:

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

Conclusions relating to going concern:

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Harlington Hospice Association Limited'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, 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.

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 groups 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, 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.

Joanna Pittman (Senior statutory auditor)

31 January 2025

for and on behalf of Sayer Vincent LLP, Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

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

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2024

				2024			2023
	Note	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Income from:							
Donations and legacies	2	558,230	1,418,311	1,976,541	213,745	175,190	388,935
Charitable activities	3						
Harlington Care		608,067	-	608,067	600,615	-	600,615
Hospice at Home		235,199	-	235,199	223,932	-	223,932
Wellbeing (including Lymphoedema Clinic)		131,016	500	131,516	134,474	-	134,474
Psychotherapy		29,775	-	29,775	28,046	16,055	44,101
In-Patient Care		1,669,643	-	1,669,643	1,984,630	938,449	2,923,079
H4All & Other Collaborations		303,356	-	303,356	407,573	-	407,573
Other trading activities	4	793,757	223,537	1,017,294	860,974	54,222	915,196
Other income	5	-	15,787	15,787	-	1,054,365	1,054,365
Total income		4,329,043	1,658,135	5,987,178	4,453,989	2,238,281	6,692,270
Expenditure on:							
Raising funds including charity shops	5	761,832	578,779	1,340,611	965,135	-	965,135
Charitable activities							
Harlington Care	5	587,557	-	587,557	638,639	-	638,639
Hospice at Home	5	334,044	-	334,044	334,098	-	334,098
Wellbeing (including Lymphoedema Clinic)	5	362,334	-	362,334	245,185	-	245,185
Psychotherapy	5	325,461	-	325,461	293,366	16,055	309,421
In-Patient Care	5	2,796,130	331,041	3,127,171	1,971,963	1,477,586	3,449,549
H4All & Other Collaborations	5	323,079	-	323,079	430,598	-	430,598
Total expenditure		5,490,437	909,820	6,400,257	4,878,984	1,493,641	6,372,625
Net income / (expenditure)		(1,161,394)	748,315	(413,079)	(424,995)	744,640	319,645
Transfers between funds		1,033,460	(1,033,460)	-	-	-	-
Other recognised gains							
Net gains / (losses) on investments		-	13,500	13,500	-	-	-
Gain on revaluation of fixed assets		-	-	-	500,000	8,823	508,823
Net movement in funds		(127,934)	(271,645)	(399,579)	75,005	753,463	828,468
Reconciliation of funds:							
Total funds brought forward		3,936,202	753,463	4,689,665	3,861,197	-	3,861,197
Total funds carried forward		3,808,268	481,818	4,290,086	3,936,202	753,463	4,689,665

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 18 to the financial statements.

Consolidated balance sheets

Company no. 04199504

As at 31 March 2024

	Note	The group 2024 £	2023 £	The charity 2024 £	2023 £
Fixed assets:					
Tangible assets	11	3,531,649	3,350,832	3,518,367	3,330,910
Investments	14	220,116	679,295	-	-
		3,751,765	4,030,127	3,518,367	3,330,910
Current assets:					
Debtors	15	771,610	738,518	655,634	762,933
Cash at bank and in hand		793,326	1,064,718	285,981	933,553
		1,564,936	1,803,236	941,615	1,696,486
Liabilities:					
Creditors: amounts falling due within one year	16	(1,026,615)	(1,143,698)	(956,526)	(1,111,115)
Net current assets/(liabilities)		538,321	659,538	(14,911)	585,371
Total net assets		4,290,086	4,689,665	3,503,456	3,916,281
Funds:	17a				
Restricted income funds		481,818	753,463	-	-
Unrestricted income funds:					
Designated funds		3,531,649	3,342,009	3,518,367	3,330,910
General funds		276,619	594,193	(14,911)	585,371
Total unrestricted funds		3,808,268	3,936,202	3,503,456	3,916,281
Total funds		4,290,086	4,689,665	3,503,456	3,916,281

Approved by the trustees on 30 January 2025 and signed on their behalf by

Mr MJ Breen
Chairman

Consolidated statement of cash flows

For the year ended 31 March 2024

	Note	2024 £	£	2023 £	£
Cash flows from operating activities					
Net income / (expenditure) for the reporting period (as per the statement of financial activities)		(413,079)		319,645	
Fixed assets acquired as part of the merger		-		(690,458)	
Depreciation charges		38,952		74,599	
(Increase)/decrease in debtors		(33,092)		609,690	
Increase/(decrease) in creditors		(117,083)		103,912	
Net cash provided by operating activities			(524,302)		417,388
Cash flows from investing activities:					
Purchase of fixed assets		(219,769)		(12,378)	
Proceeds from sale of investments		472,679		-	
Net cash (used in) investing activities			252,910		(12,378)
Change in cash and cash equivalents in the year			(271,392)		405,010
Cash and cash equivalents at the beginning of the year			1,064,718		659,708
Cash and cash equivalents at the end of the year			793,326		1,064,718

Analysis of cash and cash equivalents and of net debt

	At 1 April 2023 £	Cash flows £	Other non-cash changes £	At 31 March 2024 £
Cash at bank and in hand	1,064,718	(271,392)	-	793,326
Total cash and cash equivalents	1,064,718	(271,392)	-	793,326

1 Accounting policies

a) Statutory information

Harlington Hospice Association Limited is a charitable company limited by guarantee and is incorporated in England and Wales. The merger was completed by the adoption of new Mem & Arts of The Michael Sobell Hospice Charity which were adopted on 23rd December 2022. Harlington Hospice Association became the sole member of Michael Sobell Hospice Charity Ltd, which is treated as a wholly owned subsidiary in these accounts. Group accounts have been prepared for the year ended 31 March 2024. Michael Sobell Hospice Charity Ltd remains a registered charity and also files accounts.

The registered office address is Lansdowne House, St Peter's Way, Harlington, Middlesex UB3 5AB.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) - (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

These financial statements consolidate the results of the charity and its wholly-owned subsidiary The Michael Sobell Hospice Charity on a line by line basis. Transactions and balances between the charity and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two entities are disclosed in the notes of the charity's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charity itself is not presented because the charity has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006. A summary of the result for the year is disclosed in the notes to the accounts.

c) Public benefit entity

The charity meets the definition of a public benefit entity under FRS 102.

d) Going concern

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

The successful partnership with the Michael Sobell Hospice Charity has delivered planned synergies and benefits and strengthened the financial position of the Charity.

The charity has taken account of the risks identified by the Board and has made provision through its Reserves calculation to ensure that these risks can be managed. The Finance Sub-Committee regularly monitors cashflow and projected income and expenditure to budget.

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.

e) Income

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

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

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

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

1 Accounting policies (continued)

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

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

g) Interest receivable

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.

h) 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. In the consolidated accounts, the assets held by Michael Sobell Hospice Charity Ltd are reported as restricted funds.

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. The trustees have decided to report all Harlington Hospice Association's fixed assets as designated funds.

i) Expenditure and irrecoverable VAT

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

- Costs of raising funds relate to the costs incurred by the charity by its Charity Shops and in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

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

Notes to the financial statements

For the year ended 31 March 2024

1 Accounting policies (continued)

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity

● Harlington Care	21%
● Hospice at Home	9%
● Wellbeing (including Lymphoedema Clinic)	6%
● Psychotherapy	5%
● In-Patient Care	39%
● H4All and Other Collaborations	8%
● Raising Funds	12%

All support costs incurred by Michael Sobell Hospice Charity Ltd are allocated against Raising funds, as this is the only activity undertaken by Michael Sobell Hospice Charity Ltd.

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.

k) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000 and the asset is expected to be productive for more than 12 months. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. 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.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

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

● Equipment, Fixtures & Fittings	2-4 years
● Motor Vehicles	5 years
● Improvements	10 years
● Freehold Property	50 years
● Michael Sobell House refurbishment	2 years

Land and Buildings are held at valuation, not historic cost. Assets represented by land are not depreciated.

Notes to the financial statements

For the year ended 31 March 2024

1 Accounting policies (continued)

m) 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 discounts due.

n) 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.

o) 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.

p) 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.

q) Pension schemes

The Charity offers a qualifying defined contribution scheme to all staff. In addition, the charity offers the NHS pension scheme to qualifying staff.

National Health Service Superannuation Scheme

This is a statutory superannuation scheme as defined in Section 6.12 (1) Income and Corporation taxes Act 1988 which has no invested funds. Contribution by employers (currently 14.38%) and members (variable rates) are accounted for to the Treasury and benefits are paid from the consolidated fund. This scheme is only open to staff who have been members of the NHS scheme in previous employment under the dispensation rules. The accounting charge represents the employer's contributions for the period. Harlington Hospice Association has no liability or potential liability for accrued unfunded obligations relating to this pension fund.

Group Personal Pension Scheme

In addition to the NHS Pension Scheme, the Hospice operates a Group Personal Pension Plan available to all staff. This plan is a defined contribution scheme administered and invested with Scottish Widows. It is a money purchase plan and all eligible employees who are not members of the NHS superannuation scheme are automatically enrolled on starting employment with the charity. Employee contributions are 5% with an employer contribution of 3%. Employees may contribute more to the plan.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2024 Total £	Unrestricted £	Restricted £	2023 Total £
Legacies	220,216	462,406	682,622	100,500	-	100,500
Donations	278,027	759,946	1,037,973	94,622	153,950	248,572
Fundraising & events	18,570	185,709	204,279	11,571	21,240	32,811
Gift aid	30,042	-	30,042	2,846	-	2,846
Grant income	-	10,250	10,250	-	-	-
Other Income	11,375	-	11,375	4,206	-	4,206
	558,230	1,418,311	1,976,541	213,745	175,190	388,935

Notes to the financial statements

For the year ended 31 March 2024

3 Income from charitable activities

	Unrestricted £	Restricted £	2024 Total £	Unrestricted £	Restricted £	2023 Total £
Harlington Care						
Charges	70,895	-	70,895	94,000	-	94,000
London Borough of Hillingdon	92,636	-	92,636	107,100	-	107,100
Hillingdon Carers	270,782	-	270,782	198,940	-	198,940
Hestia	173,754	-	173,754	200,575	-	200,575
Sub-total for Harlington Care	608,067	-	608,067	600,615	-	600,615
Hospice at Home						
NHS - Central & N W London	231,899	-	231,899	218,432	-	218,432
NHS - North West London ICB	3,300	-	3,300	5,500	-	5,500
Sub-total for Hospice at Home	235,199	-	235,199	223,932	-	223,932
Wellbeing						
Hillingdon Carers	22,000	-	22,000	22,000	-	22,000
NHS - Central & N W London	108,792	-	108,792	102,474	-	102,474
Charges	224	500	724	-	-	-
A P Taylor	-	-	-	10,000	-	10,000
Sub-total for Wellbeing	131,016	500	131,516	134,474	-	134,474
Psychotherapy						
BBC Children in Need	-	-	-	-	6,196	6,196
Other grant funding	-	-	-	-	9,859	9,859
NHS - Central & N W London	29,775	-	29,775	28,046	-	28,046
Sub-total for Psychotherapy	29,775	-	29,775	28,046	16,055	44,101
In-Patient Care						
NHS - Central & N W London	516,011	-	516,011	687,669	-	687,669
NHS - North West London CCG	1,117,443	-	1,117,443	1,134,047	-	1,134,047
NHS - out of area commissioned services	13,775	-	13,775	83,514	-	83,514
Michael Sobell Hospice Charity	22,414	-	22,414	-	938,449	938,449
Primary Care - Hillingdon	-	-	-	79,400	-	79,400
Sub-total for In-Patient Care	1,669,643	-	1,669,643	1,984,630	938,449	2,923,079
H4All & Other Collaborations						
H4All C.I.O.	303,356	-	303,356	348,090	-	348,090
Carers Trust Hillingdon	-	-	-	20,000	-	20,000
Age UK Hillingdon Harrow and Brent	-	-	-	34,284	-	34,284
Michael Sobell Hospice Charity	-	-	-	5,199	-	5,199
Sub-total for H4All & Other Collaborations	303,356	-	303,356	407,573	-	407,573
Total income from charitable activities	2,977,056	500	2,977,556	3,379,270	954,504	4,333,774

Notes to the financial statements

For the year ended 31 March 2024

4 Income from other trading activities

	Unrestricted	Restricted	2024 Total	Unrestricted	Restricted	2023 Total
	£	£	£	£	£	£
Charity shop sales	665,265	223,537	888,802	647,289	54,222	701,511
Online sales	15,300	-	15,300	26,379	-	26,379
Gift aid	37,019	-	37,019	17,406	-	17,406
Recharged costs	76,173	-	76,173	50,168	-	50,168
Insurance claim received	-	-	-	111,682	-	111,682
Other Income	-	-	-	8,050	-	8,050
	<u>793,757</u>	<u>223,537</u>	<u>1,017,294</u>	<u>860,974</u>	<u>54,222</u>	<u>915,196</u>

All income from trading activities is unrestricted. The insurance claim relates to business interruption during April to June 2020.

5 Other income

	Unrestricted	Restricted	2024 Total	Unrestricted	Restricted	2023 Total
	£	£	£	£	£	£
Acquisition of Michael Sobell Hospice Charity	-	-	-	-	1,038,290	1,038,290
Event income restricted	-	-	-	-	12,050	12,050
Investment income	-	15,787	15,787	-	4,025	4,025
	<u>-</u>	<u>15,787</u>	<u>15,787</u>	<u>-</u>	<u>1,054,365</u>	<u>1,054,365</u>

5a Analysis of expenditure (current year)

	Raising funds £	Charitable activities						Governance costs £	Support costs £	2024 Total £	2023 total £
		Harlington Care £	Hospice at Home £	Wellbeing £	Psychotherapy £	In-Patient Care £	H4All & Other Collaborations £				
Staff salary costs (Note 8)	751,824	360,524	247,203	276,959	252,071	1,780,679	243,899	-	595,173	4,508,332	4,150,505
Other staff costs	32,099	13,199	619	1,176	8,859	11,969	404	-	39,048	107,373	131,516
External and agency staffing costs	20,218	-	-	2,050	10,957	503,697	1,533	-	3,421	541,876	558,905
Clinical services costs	17,002	-	-	-	-	353,362	-	-	17,070	387,434	389,207
Professional fees	32,509	-	-	13,775	600	-	-	-	42,336	89,220	187,066
Premises costs	243,788	30	-	-	135	39,929	-	-	71,121	355,003	580,226
Operational costs	111,691	27,415	6,438	11,871	8,514	69,441	6,323	-	82,304	323,997	257,233
Audit fees	15,200	-	-	-	-	-	-	22,610	-	37,810	26,800
Legal fees	300	-	-	-	-	-	-	9,960	-	10,260	16,568
Depreciation	9,601	225	-	3,313	-	22,361	-	-	3,452	38,952	74,599
	1,234,232	401,393	254,260	309,144	281,136	2,781,438	252,159	32,570	853,925	6,400,257	6,372,625
Support costs	102,471	179,324	76,853	51,236	42,696	333,031	68,314	-	(853,925)	-	
Governance costs	3,908	6,840	2,931	1,954	1,629	12,702	2,606	(32,570)	-	-	
Total Expenditure 2024	1,340,611	587,557	334,044	362,334	325,461	3,127,171	323,079	-	-	6,400,257	

5b Analysis of expenditure (prior year)

	Raising funds £	Charitable activities							Support costs £	2023 Total £
		Harlington Care £	Hospice at Home £	Wellbeing £	Psychotherapy £	In-Patient Care £	H4All & Other Collaborations £	Governance costs £		
Staff salary costs (Note 8)	447,796	442,891	274,871	187,864	232,222	1,906,037	314,574	-	344,250	4,150,505
Other staff costs	50,369	14,144	1,206	1,485	9,565	2,450	1,127	-	51,170	131,516
External and agency staffing costs	53,708	-	-	-	32,263	472,934	-	-	-	558,905
Clinical services costs	-	-	-	1,717	2,013	382,711	-	-	2,766	389,207
Professional fees	24,974	-	-	8,225	-	55,450	63,450	-	34,967	187,066
Premises costs	194,421	-	-	413	-	328,474	-	-	56,918	580,226
Operational costs	75,058	48,272	975	3,170	1,666	44,244	740	13	83,095	257,233
Audit fees	-	-	-	-	-	-	-	26,800	-	26,800
Legal fees	600	-	-	-	-	-	-	15,968	-	16,568
Depreciation	8,410	225	-	4,280	-	10,042	-	-	51,642	74,599
	855,336	505,532	277,052	207,154	277,729	3,202,342	379,891	42,781	624,808	6,372,625
Support costs	95,854	126,226	54,097	36,065	30,054	234,426	48,086	-	(624,808)	-
Governance costs	13,945	6,881	2,949	1,966	1,638	12,781	2,621	(42,781)	-	-
Total Expenditure 2023	965,135	638,639	334,098	245,185	309,421	3,449,549	430,598	-	-	6,372,625

Notes to the financial statements

For the year ended 31 March 2024

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2024 £	2023 £
Depreciation	38,952	74,599
Operating lease rentals payable:		
Property	97,625	97,625
Auditor's remuneration (excluding VAT)	28,000	26,800

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

Staff costs were as follows:

	2024 £	2023 £
Salaries and wages	3,986,793	3,571,719
Redundancy costs	-	7,287
Social security costs	350,538	363,318
Employer's contribution to pension schemes	171,001	208,181
	4,508,332	4,150,505

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2024 No.	2023 No.
£70,000 - £79,999	-	1
£80,000 - £89,999	1	1
£90,000 - £99,999	1	1

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £251,328 (2023: £360,756). The figure in 2024 includes the staff listed on page 3 of this report.

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2023: £nil). No charity trustee received payment for professional or other services supplied to the charity (2023: £nil). Expenses relating to one trustee for £nil were reimbursed for travel expenses during the year. (2023: £43)

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 149 (2023: 154).

Staff are split across the activities of the charity as follows:

	2024 No.	2023 No.
Raising funds	25.0	16.0
Harlington Care	32.0	31.0
Hospice at Home	9.0	12.0
Daycare	6.0	6.0
Family Support	7.0	4.0
In Patient Care	49.0	65.0
H4All and Other Collaborations	8.0	6.0
Support	13.0	14.0
	149.0	154.0

Notes to the financial statements

For the year ended 31 March 2024

9 Related party transactions

During the year the Charity rented a property from Komfort Service Ltd (a company for which Mr Michael Edwards, trustee, is a director.) Payments to the company for rent and other services during the year totalled £12,500 (2023: £12,500).

Mr Sean Fitzpatrick, trustee, is additionally the Treasurer of the A.P. Taylor trust, which provided £10,000 grant funding to Harlington Hospice in 2021, 2022 and] 2023. The purpose of the fund was to support charitably funded daycare activities for clients.

As Trustee representatives, Ms Margaret Roberts (Resigned October 2023) and subsequently Michael Breen (Appointed October 2023), and Mr William (Steve) Curry, as CEO of Harlington Hospice, are also trustees for 3ST (Third Sector Together North West London previously H4All C.I.O till July 2023). Any work for 3ST is on an arm's length basis.

During the year, Mr M J Breen, trustee, was also a director of the Hospice Lottery Partnership in which the charity has an interest. Income received in the year was £200,000 (2023: £200,000) and expenditure in the year was £1,176 (2023: £1,760) with an amount due to the Hospice Lottery Partnership of £88 at the year end (2023: £138). Mr M J Breen is also a Director of The Creative Place Ltd and shareholder in it's ultimate holding company and expenditure incurred with this company by Harlington Hospice was £0 (2023: £2,682).

Income received from 3ST (H4All C.I.O). covered the cost of staff seconded to the charity to support the broader Health & Wellbeing aims of Harlington Hospice. The total income received from H4All in 2024 was £303,536 (2023: £348,090).

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties, except as noted above.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

Notes to the financial statements

For the year ended 31 March 2024

11 Tangible fixed assets

The Group	Freehold property £	Improvements £	Equipment £	Fixtures and fittings £	Motor vehicles £	Total £
Cost or valuation						
At the start of the year	3,400,000	521,580	57,475	164,609	29,860	4,173,524
Additions in year	-	-	177,869	41,900	-	219,769
At the end of the year	3,400,000	521,580	235,344	206,509	29,860	4,393,293
Depreciation						
At the start of the year	95,653	513,363	51,566	132,250	29,860	822,692
Charge for the year	-	4,100	10,485	24,367	-	38,952
At the end of the year	95,653	517,463	62,051	156,617	29,860	861,644
Net book value						
At the end of the year	3,304,347	4,117	173,293	49,892	-	3,531,649
At the start of the year	3,304,347	8,217	5,909	32,359	-	3,350,832

Tangible fixed assets

The Charity	Freehold property £	Improvements £	Equipment £	Fixtures and fittings £	Motor vehicles £	Total £
Cost or valuation						
At the start of the year	3,400,000	521,580	57,475	135,824	14,500	4,129,379
Additions in year	-	-	177,869	41,900	-	219,769
At the end of the year	3,400,000	521,580	235,344	177,724	14,500	4,349,148
Depreciation						
At the start of the year	95,653	513,363	51,566	123,387	14,500	798,469
Charge for the year	-	4,100	10,485	17,727	-	32,312
At the end of the year	95,653	517,463	62,051	141,114	14,500	830,781
Net book value						
At the end of the year	3,304,347	4,117	173,293	36,610	-	3,518,367
At the start of the year	3,304,347	8,217	5,909	12,437	-	3,330,910

Land with a value of £1,400,000 (2023: £1,400,000) is included within freehold property and not depreciated.

All properties held at valuation were last valued on 21st March 2023 by Reinhardt Estate agents. The revaluation was reviewed and agreed by the charity's finance sub-committee on behalf of the Board. Harlington Hospice would normally seek a revaluation for this property every three years.

All of the above assets are used for charitable purposes.

Notes to the financial statements

For the year ended 31 March 2024

12 Subsidiary undertaking

The charity owns the whole of the issued ordinary share capital of The Michael Sobell Hospice Charity, a company registered in England. The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the Harlington Hospice trustees Carol Coventry, Michael Breen, Vanessa Avlonitis, Michael Edwards, Caroline Morison and John Sandercock who are also directors of the subsidiary.

A summary of the results of the subsidiary is shown below:

	2024 £	2023 £
Turnover	1,318,624	1,015,359
Cost of sales	(1,618,878)	(1,703,863)
Gross profit/(loss)	(300,254)	(688,504)
Profit/(loss) on ordinary activities before interest and taxation	(300,254)	(688,504)
Net gains / (losses) on investments	13,500	(20,341)
Profit / (loss) on ordinary activities before taxation	(286,754)	(708,845)
Taxation on profit on ordinary activities	-	-
Profit / (loss) for the financial year	(286,754)	(708,845)
Retained earnings		
Total retained earnings brought forward	773,385	1,482,230
Profit / (loss) for the financial year	(286,754)	(708,845)
Total retained earnings carried forward	486,631	773,385
The aggregate of the assets, liabilities and reserves was:		
Assets	856,720	929,124
Liabilities	(370,090)	(155,739)
Reserves	486,630	773,385

Notes to the financial statements

For the year ended 31 March 2024

13 Parent charity

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

	2024	2023
	£	£
Gross income	5,708,655	6,851,495
Result for the year	(412,825)	593,374

14 Fixed asset Investments (Group)

Fixed asset Investments (Group)			2024	2023
	Listed investments	Unlisted investments	£	£
Cost or valuation				
At 1 April 2023	473,485	205,810	679,295	679,295
Disposal proceeds	(472,679)	-	(472,679)	-
Gain / (loss)	13,500	-	13,500	-
At 31 March 2024	14,306	205,810	220,116	679,295

15 Debtors

	The group		The charity	
	2024	2023	2024	2023
	£	£	£	£
Trade debtors	271,688	441,411	213,133	500,710
Other debtors	61,847	34,784	36,244	20,773
VAT Recoverable	71,050	32,482	71,050	32,482
Prepayments	112,879	94,537	81,061	73,665
Accrued income	254,146	135,304	254,146	135,303
	771,610	738,518	655,634	762,933

16 Creditors: amounts falling due within one year

	The group		The charity	
	2024	2023	2024	2023
	£	£	£	£
Trade creditors	190,722	199,237	182,183	186,804
Taxation and social security	114,803	89,063	114,803	82,759
Other creditors	47,191	43,510	35,219	39,664
Accruals	642,800	642,888	593,222	632,888
Deferred income	31,099	169,000	31,099	169,000
	1,026,615	1,143,698	956,526	1,111,115

Notes to the financial statements

For the year ended 31 March 2024

17a Analysis of net assets between funds (current year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	-	3,531,649	-	3,531,649
Investments	-	-	220,116	220,116
Net current assets	276,619	-	261,702	538,321
Net assets at 31 March 2024	276,619	3,531,649	481,818	4,290,086

17b Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	8,823	3,342,009	-	3,350,832
Investments	679,295	-	-	679,295
Net current assets	(93,925)	-	753,463	659,538
Net assets at 31 March 2023	594,193	3,342,009	753,463	4,689,665

18a Movements in funds (current year)

	At 1 April 2023 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2024 £
Restricted funds:					
Michael Sobell Charity restricted funds:					
Memory Tree	5,342	-	-	-	5,342
Wishlist campaign	50	-	-	(50)	-
Camino fundraiser	-	36,073	(25,478)	-	10,595
Lymphoedema	-	5,000	-	-	5,000
Other restricted funds	5,016	1,570	-	-	6,586
Michael Sobell Charity general funds	743,055	1,289,481	(544,831)	(1,033,410)	454,295
Harlington Hospice restricted funds:					
Other restricted funds	-	339,511	(339,511)	-	-
Total restricted funds	753,463	1,671,635	(909,820)	(1,033,460)	481,818
Unrestricted funds:					
Designated funds:					
Fixed assets	3,342,009	-	-	189,640	3,531,649
Total designated funds	3,342,009	-	-	189,640	3,531,649
General funds	594,193	4,329,043	(5,490,437)	843,820	276,619
Total unrestricted funds	3,936,202	4,329,043	(5,490,437)	1,033,460	3,808,268
Total funds	4,689,665	6,000,678	(6,400,257)	-	4,290,086

The narrative to explain the purpose of each fund is given at the foot of the note below.

Notes to the financial statements

For the year ended 31 March 2024

18b Movements in funds (prior year)

	At 1 April 2022 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2023 £
Restricted funds:					
Michael Sobell Charity restricted funds:					
Memory Tree	-	9,580	(4,238)	-	5,342
Wishlist campaign	-	50	-	-	50
Other restricted funds	-	8,132	(3,116)	-	5,016
Michael Sobell Charity general funds	-	1,045,426	(302,371)	-	743,055
Harlington Hospice restricted funds:					
Psychotherapy	-	16,055	(16,055)	-	-
In-Patient Care	-	1,167,861	(1,167,861)	-	-
Total restricted funds	-	2,247,104	(1,493,641)	-	753,463
Unrestricted funds:					
Designated funds:					
Fixed assets	2,893,066	500,000	(51,057)	-	3,342,009
Total designated funds	2,893,066	500,000	(51,057)	-	3,342,009
General funds	968,131	4,453,988	(4,827,926)	-	594,193
Total unrestricted funds	3,861,197	4,953,988	(4,878,983)	-	3,936,202
Total funds	3,861,197	7,201,092	(6,372,624)	-	4,689,665

18b Movements in funds (continued)

Purposes of restricted funds

Psychotherapy : Grants from BBC Children in Need fund to provide counselling support to children and young adults.

In-Patient Care: grants from the Michael Sobell Hospice Charity to support the running costs of the hospice, and the acquisition value arising from the merger of Harlington Hospice and MSHC

Donations for the memory tree fund are restricted to the memory tree project.

Camino fundraiser: Are restricted to supporting patients end of life wishes and purchase of cuddle beds.

Staff fund: Are restricted to supporting staff welfare

Lymphoedema: Are restricted to purchasing new Lymphoedema equipment

Purposes of designated funds

Fixed assets: The trustees have decided to designate all fixed assets, including land and buildings at Lansdowne House in Harlington, and the fixed assets belonging to The Michael Sobell Hospice Charity.

Notes to the financial statements

For the year ended 31 March 2024

19 Operating lease commitments payable as a lessee

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods

	Property	
	2024	2023
	£	£
Less than one year	176,477	56,500
One to five years	476,620	41,125
	<u>653,097</u>	<u>97,625</u>

20 Friends of Harlington Hospice

The accounts for the Friends of Harlington Hospice show a bank and cash balance of £10,301.78 (2023: £9,015) as at 31 March 2024. Donations received via the Friends and funds raised from coffee mornings, totalled £886 (2023: £1,102) and are included in unrestricted funding.

During 2023/24 there were no items purchased from ringfenced funds.

The income and expenditure account is not audited.

21 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £10.

HARLINGTON HOSPICE ASSOCIATION LIMITED

England & Wales - Charity number 1099332

Accounts

Harlington Hospice Association Limited
Annual Report and Financial Statements
1st April 2022 to 31st March 2023



Registered Charity in England & Wales Number 1099332
Company Number 04199504

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Reference and administrative information

Company number 04199504

Country of incorporation United Kingdom

Charity number 1099332

Country of registration England & Wales

Registered office and operational address Lansdowne House
St Peter's Way
Harlington
Middlesex
UB3 5AB

Operating address for Michael Sobell House Mount Vernon Hospital
Rickmansworth Road
Northwood
HA6 2RN

Trustees The Trustees - who are also directors under company law - who served during the year and up to the date of this report were as follows:

Carol Coventry, (Resigned as Chair December 2023)
Michael Breen (Appointed August 2022, Appointed Vice-Chair February 2023, Appointed Chair December 2023)
Matthew (Sean) Fitzpatrick, Company Secretary (Resigned December 2023)
Vanessa Avlonitis
Michael Edwards
John McDonnell MP
Brian Neighbour (Resigned April 2022)
Caroline Morison (Appointed November 2022)
Margaret Roberts (Resigned October 2023)
John Sandercock (Appointed August 2022)

Key management personnel

William (Steve) Curry, Chief Executive
Sara Ryan, Director of Clinical Services
Ros Taylor, Medical Director
Clare Miles, Director of Finance (Resigned May 2023)
Vanessa Harrison, Director of Finance (From November 2023)
Cath Coles, Interim Director of Fundraising & Communications
(From December 2022 to October 2023)
Lauren Kemp, Director of Fundraising & Communications (From
October 2023)

Bankers

NatWest
6 Coldharbour Lane
Hayes
Middlesex UB3 3EL

Solicitors

Tozers LLP
Broadwalk House
Southernhay West
Exeter
Devon
EX1 1UA

Keelys Solicitors
28 Dam Street
Lichfield
Staffordshire
WS13 6AA

Auditors

Sayer Vincent LLP
Invicta House
108-114 Golden Lane
London
EC1Y 0TL

Trustees' Annual Report year ended 31st March 2023

The Trustees present their report and the audited financial statements for the year ended 31st March 2023.

The reference and administrative information set out on page three forms part of this report. The financial statements and memorandum and articles of association comply with both current statutory requirements and the requirements of a director's report as required under company law. They are also in compliance with the Statement of Recommended Practice - Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Our purpose, vision and values

Our purpose

To support those in our community living with serious or terminal illness to live each of their days in their own way, to the fullest.

Our vision

Where everyone living with serious or terminal illness is treated as an individual and supported to live with their illness in a positive way.

Our values

- Collaborative
- Responsive
- Thoughtful
- Courageous

Summary of our main activities in relation to our charitable objectives

We support people with serious or terminal illness across the London Borough of Hillingdon and surrounding areas through our six key pillars of care:

- Inpatient Unit at Michael Sobell House
- Hospice at Home
- Wellbeing
- Psychological & Emotional Support
- Education & Information
- Harlington Care



Beneficiaries of our services

The services provided by Harlington Hospice are accessible to any adult nearing the end of life, in receipt of palliative care, living with dementia or another serious or terminal illness, or who is a carer providing unpaid support to a friend or family member with one of those conditions. Additionally, we provide bereavement therapy services for children and young people from four to 17 years old and subcontract a bereavement counselling service for adults through Hillingdon Mind.

Our services are mainly provided to adults and young people who live in the London Borough of Hillingdon or are registered with a GP in the Borough. Where there is capacity, we also support patients and families from adjacent boroughs in North West London and Hertfordshire. A small domiciliary care and respite service is also available to family carers in the London Borough of Hounslow.

Our services are widely accessible through GPs, community health services, hospital teams and partnering third sector organisations, as well as self-referral.

Priorities

Priorities identified by Trustees for year ended 31st March 2023

The Trustees are still working towards the objectives set in November 2020 – these are outlined below together with the success of each key activity. Regularly reviewing these helps the Trustees ensure the charity's aims, objectives and activities remain focused on its stated purposes.

- **Improving care through staff and service development:** We enhanced the range of services offered at both Michael Sobell House (formerly the Michael Sobell Hospice) and Lansdowne House and now provide our lymphoedema and Child & Adolescent Bereavement Service (CABS) at both sites. We delivered a staff survey and two staff engagement events and fed back what we had learned into both our staff and service development.
- **Working with others to meet people's needs:** Partnership working to support patient need remained at the core of our work. We were integral to the development of the Hillingdon Health and Care Partners (HHCP) end of life care strategy, and its implementation, and made a significant contribution to the working group which will establish a single point of coordination for end of life services in Hillingdon. We continued our partnerships with H4All and Compassionate Hillingdon and, as part of the third sector collaboration, 3ST, have been able to better engage with the Integrated Care System (ICS) to benefit patients.
- **Achieving financial stability:** The merger of Harlington Hospice Association Ltd

and the Michael Sobell Hospice Charity in December 2022 was a major step forward to achieving this objective. After four years of successful collaboration, merger has allowed us to reduce back office costs and join up the dedicated clinical teams from Harlington Hospice and Michael Sobell House with the experienced fundraising team from the Michael Sobell Hospice Charity. This increase in resources and expertise means we are now even more efficient in our day to day work and can be there for generations to come.

- **Strengthening structures in response to rapid growth and development:** We introduced new HR processes and improved our reporting through a new Workforce Dashboard which enables us to track staff training, development and attrition. We laid the groundwork for a new HR system, which will be introduced in 2023/24 and reviewed our Executive Team structure, redefining some roles to ensure they were suitable for our future service development.

This year, the Trustees also launched a major review of all the charity's activities and funding in order to increase our capacity and reach across the London Borough of Hillingdon in the future.

Achievements and performance

The charity's main activities are described below. All our charitable activities focused on the relief of sickness and suffering for people living with or alongside a serious or terminal illness.

Inpatient Unit at Michael Sobell House

The Inpatient Unit (IPU) at Michael Sobell House has been the only inpatient hospice care service in the London Borough of Hillingdon since it opened in February 1977. Since January 2020 and over the past year Harlington Hospice has been the clinical provider in the IPU and in December 2022 the IPU and Michael Sobell House became one of six key pillars of care at Harlington Hospice.

It is a ten bedded Inpatient Unit with a full multidisciplinary team comprising of doctors, nurses, healthcare assistants, rehabilitation and complementary therapists, psychotherapeutic and chaplaincy services. This team provides responsive and compassionate palliative and end of life care to people with complex symptoms and who require emotional support, with the aim of discharging them back home. They also care for people in their last days and hours of life.

In the year, the IPU supported a 24/7 consultant led advice line for clinicians and the public. We worked collaboratively with all other local palliative teams to ensure care was in the right place at the right time for local people. The team can stretch to twelve beds if needed, but generally uses ten.

As part of the care provided to patients staying at the IPU, the multidisciplinary team work to ensure they are supported to explore their aspirations and, where possible, these were

carried out. For example, staff supported patients and families with several weddings, a very special trip to Disneyland Paris, a successful pilgrimage to Mecca (with a readmission back to Michael Sobell House on return), virtual reality experiences, and pony visits to the House. We also continued to support patients by taking their beds/wheelchairs outside to enjoy our glorious gardens, which are so well cared for by our weekly team of volunteer gardeners.



Over the past year, we maintained sufficient capacity to enable admissions seven days a week, often admitting patients the same day as we received their referral. We received 275 referrals to the Inpatient Unit and supported 186 patients with 198 admissions (some patients had multiple admissions). We analysed the situation of those who were referred and not admitted; this was very rarely because we had a waiting list, but usually because patients were referred very late, were too poorly to transfer, were admitted elsewhere or chose to stay where they were.

The responsiveness of the Inpatient Unit Team remained crucial in the local health economy, working closely with the local hospital and community palliative care teams. Over 70% of admissions were the same or next day, indicating a rapid response to local needs and a better palliative outcome for patients. The hospice contributed to patients being cared for in their preferred place of care in over 85% of cases.

This service was funded by NHS contracts and charitable income.

Hospice at Home

Through our Hospice at Home Team of Registered Nurses and specialist trained Healthcare Assistants, we provided palliative support and health care to people in their own home during the last months and weeks of life. This support was tailored to each individual's needs and those of their family members. As the service is provided overnight, this also allowed family members who had been caring for someone to have respite, and therefore be in a better place to provide support the following day.

The Hospice at Home Team also continued to support the Rapid Response and Discharge Teams by providing up to three nights' support for local people and their carers to facilitate safe discharges from hospital.

During the year we received 222 referrals and supported 173 patients and their families. We provided a total of 1,127 night sits.

This service was funded by a combination of NHS contract and charitable income.

Wellbeing

Our Wellbeing Services (previously our Day Care Service) at Lansdowne House and Michael Sobell House involved offering complementary therapies (including massage and reiki), creative arts, and rehabilitation (including physiotherapy and occupational therapy). The COVID-19 pandemic meant we had to change the way we offered these services to best suit those we support, and the post pandemic period presented additional new challenges.

We ran face to face Creative Art sessions, as well as exercise and relaxation groups with the option of one to one support at either Michael Sobell House or the patient's home. Our Occupational Health team also supported patients by ordering any equipment which would enable them to return home from the IPU, or for outpatients to ensure their safety. 780 patients were supported by the Wellbeing Service.

Our Physiotherapy, Occupational Health, and Complementary Therapy Teams offered home visits, which enabled us to reach the patients who were unable to attend either of our Hospice sites. This project was funded by charitable income.

Our Complementary Therapists also delivered a variety of therapies in our IPU and at outpatient appointments. 411 patients were supported. This project was funded by contractual income.

In the future, we plan to offer the same groups and support across both our Michael Sobell House and Lansdowne House sites in order to deliver equitable services across the Borough.

Digital Wellbeing Hub

We continued to meet on a regular basis to progress our Digital Wellbeing Hub – an online resource for the residents of Hillingdon to access wellbeing support and Advanced Care Planning guidance. The Hub will be live in mid 2023/24.

This project was funded by charitable income.

Dementia support

In contrast to the previous year, we were able to re-introduce face to face dementia support sessions. These included:

- ‘When Caring Changes’: a peer support group for carers who had faced the challenge of looking after a person with dementia in their home, and then transitioned to a care home.
- ‘Caring with Confidence’: a course for people caring for someone with dementia, where both the carer and the person they cared for were invited to attend. Courses were held at both Lansdowne House and Michael Sobell House.
- Psychological & Emotional Support (PES) for carers: carers of people with dementia were able to access face to face counselling and also telephone support from the adult counsellor from the PES team.

This project was funded by charitable income.

Carer support

Our Medical Director and Nurse Consultant facilitated a three part psychoeducational course for carers, to coach and train them in supporting someone close to them towards the end of life. An average of six carers attended each session. Additionally, we continued to offer extensive informal carer support to families and friends inside Michael Sobell House, which was evaluated highly.

Comments included:

“A really excellent workshop. The best I’ve attended so far. A variety of new techniques to employ and each of which I’ll try to use again in my own life.”

“I felt I had personal space for the first time in a long time. I felt much calmer after the session and every element contributed to this. I felt my wellbeing mattered – something I very often forget. I also felt uplifted.”

“Just want to say thank you for providing these courses for us carers, I take it as my ‘me time’. I generally can’t relax so this really helps.”

We provided the following carer support services and courses on behalf of Hillingdon Carers Partnership:

- 'Caring with Confidence' for families coping with dementia
- 'Transition phase' for carers of people living with dementia
- 'Wellbeing workshops for Carers'.

The carer support service and courses were provided by Harlington Hospice on behalf of Hillingdon Carers Partnership within a London Borough of Hillingdon contract.

Lymphoedema Clinics

Based at both Lansdowne House and Michael Sobell House, last year we ran the largest lymphoedema clinic in the London Borough of Hillingdon. Lymphoedema is a long-term (chronic) condition that causes swelling in the body's tissues. It can affect any part of the body, but usually develops in the arms or legs. We also treated patients with Lipedema (an abnormal build up of fat in the legs and sometimes arms). These conditions can be very painful and affect daily life.

Our team treated both primary and secondary lymphoedema patients, working closely with the Tissue Viability Team, District Nursing, GP Services and Community Palliative Care Teams. Home visits and group wellbeing sessions - such as Tripudio classes and 'Legs 11', a monthly drop-in session - were also part of the service.

Our outpatient lymphoedema services ran at full capacity for the first time since the COVID-19 pandemic and provided patients with a wider choice of locations for their appointments.

The Lymphoedema Team received 141 referrals, supported 289 patients and provided 1,352 sessions via outpatient appointments and home visits.

This service was funded through an NHS contract.

Psychological & Emotional Support

Adult Psychological Support Service

Our Adult Psychological Support Service includes a Palliative Psychotherapy Team who have supported adults living with a serious or terminal illness, and those close to them, since January 2021.

Palliative Psychotherapy sessions are offered following a referral for patients or family/carers affected by a serious or terminal illness in the last year of life. This service was provided 1.5 days a week, reduced from two days the previous year. Unlike Patient and Family Support, sessions were scheduled regularly and in advance and usually took place in the home. Due to COVID-19, a significant number had been conducted by phone or video call, but since the end of the second lockdown, all patients and carers were offered face to face sessions. Nearly all those seen at home also received community

palliative support, so there was a high level of multi-professional liaison; with Clinical Nurse Specialists and Palliative Consultants as well as specialist support, where necessary, from the Psych-Oncology and Palliative Care Clinical Psychology teams. Where the patient was experiencing complex grief or was deemed to be at risk of developing it, sessions continued post bereavement.

The Palliative Psychotherapy team delivered 281 sessions to 27 patients or carers.

Our Adult Psychological Support Service also offered free counselling to adults in our community who had, or were living alongside, a serious or terminal illness. This service was available to patients using our other hospice services and those close to them who may be coming to terms with their friend or family member's illness. The service also supported people caring for someone with a diagnosis of dementia.

26 clients received counselling support with the average number of sessions being seven and a total of 191 sessions delivered.

This service was funded by charitable income.

Child & Adolescent Bereavement Service (CABS)

Our CABS service supported children and young people, aged four to 17 years old, whose parent/carer, sibling or other significant person had died. The service also supported families with end of life care in the pre-bereavement stage and facilitated conversations around death and dying. This included working with schools and other professionals who were involved in the child or young person's care. This was delivered by offering free individual and group art therapy sessions for young people, as well as family sessions, parent support groups and creative workshops.

The service also provided support at Michael Sobell House, increasing the accessibility of the service for children and young people in the north of the Borough and supporting children, young people, and their families with difficult conversations around death and dying.

In November 2022 the CABS team attended the Hospice UK Annual Conference 2022 with their research project '[Neurodiversity and grief](#)' and won the overall poster for research. The poster and themes of practice were then featured on the [Hospice UK website](#) about innovation in hospice care.

In March 2023, the CABS team ran the first in a series of groups for the parents of children and young people living with neurodiversity. Funded by the National Lottery Community Fund, the groups were received positively by parents who attended.

The service also had its first successful student placement for Art Psychotherapy from Goldsmiths University London and will welcome two student placements in September 2023.

Our CABS Team supported 110 children and young people through 610 therapy sessions. This service was funded by charitable income.

Patient and Family Support

Patient and Family Support was provided to patients and carers within the Inpatient Unit 3.5 days a week. High intensity psychotherapy, psychological and emotional support were delivered on demand and where the need arose. 129 patients and family members were supported over 514 sessions. As most patients were very ill, psychological and emotional support sessions ranged from 20 minutes to an hour. Some sessions were shorter, but were also generally much more frequent - often daily. The youngest patient was 29, the oldest 96. The average age of a patient at Michael Sobell House was 58. This average is significantly lower than last year (66) reflecting a large number of younger patients. This may be due to the global pandemic, delayed diagnosis and/or access to treatment. Face to face sessions took place in the Inpatient Unit with 80 patients and 49 family members.

This service was funded by charitable income.

Counselling for bereaved adults

Harlington Hospice commissioned Hillingdon Mind to run this service, which was subcontracted through their existing counselling service. It was available to adult clients who were experiencing a bereavement following the death of someone close to them.

This service was funded by an NHS contract.

Education & Information

Over this year, the charity continued to develop a diverse and creative education programme on palliative and end of life care for staff, healthcare professionals and carers - with attendances from our own staff, plus many from the wider North West London system.

Palliative Care Bites Open Lecture Series

328 healthcare professionals registered to attend these sessions over the year. Delivered online, the Palliative Care Bites Series grew from strength to strength, was disseminated more widely and offered free monthly training - from recognised national speakers - on different aspects of palliative and end of life care. Topics included bedside vigils, complex case studies, sepsis, wound care and an update on cancer immunotherapy.

Project ECHO

Project ECHO is an interactive methodology sharing specialist knowledge with generalists. We completed five ECHO sessions during the year, with ambulance clinicians from the London Ambulance Service (LAS). Topics included Recognising Dying, Emergencies at the End of Life, Ethical Dilemmas, Symptom Control at Home and Communication Difficulties.

These were highly evaluated and LAS commissioned six more sessions, accompanied by 22K funding, to be delivered in 2023/24.

Lunch and Learn

These are internal interactive updates for Harlington Hospice staff, focused on the sharing of expertise and service information. Lunch and Learn topics included Reflections on Deaths in the Hospice, updates on the Medical Examiner Service, a review of a visit to the Brighton Death Festival, and a briefing on brain tumours.

Placements for healthcare professionals

We continued to support three GP Registrars on the Hillingdon GP Training Programme with six-month placements. Their time at the hospice was extremely well evaluated and all three have gone on to complete the European Certificate in Palliative Care.

We continued to offer placements to Hillingdon paramedics via the London Ambulance Service, as well as 18 student nurses and medical students. Other adhoc requests included the Medical Examiner Officer and local students requesting work experience prior to applications to medical school.

HPAL website (<https://hpal.medindex.co.uk>)

This a unique education and information tool, funded by the charity and developed by our Medical Director in collaboration with award winning London GP, Dr Poppy Freeman. The site was radically transformed in 2022/23 to include a palliative service directory for each of the eight boroughs in North West London. The site provides accessible and essential information on a wide range of topics for clinicians and family carers and both traction and national interest in the site increased during the year.

Training for carers

Our Medical Director and our Nurse Consultant continued to facilitate a psycho-educational course for carers. This was delivered in collaboration with Carers Trust Hillingdon and helped to coach and train a total of 52 carers in how they can support their family members as they are nearing the end of life.

External presentations and posters

Our Medical Director and Nurse Consultant contributed to numerous local, national and international conferences during the year. This included both of them presenting at the International Palliative Care Congress in Montreal in October 2022.

Our Medical Director was also a Commissioner and author on the [Lancet Commission on the Value of Death](#), published in January 2022, leading to several national presentations on the Commission themes. Several presentation opportunities were accepted to national conferences; our CABS work on neurodiversity won the research prize at the Hospice UK Conference and the Project ECHO initiative with London Ambulance Service was shared at the Palliative Congress in Edinburgh.

Harlington Care

Our social care support service, known as Harlington Care, provides a comprehensive domiciliary care service in the home. This includes more advanced care tasks for people with complex health and social care needs. A contracted service also provides respite care to carers across the London Borough of Hillingdon and includes an additional respite service in the neighbouring Borough of Hounslow.

In 2022/2023 Harlington Care delivered 6,800 hours of respite care in Hounslow and 9,000 hours in Hillingdon. Some of the changes made during the COVID-19 pandemic have now remained as standard practice. We increased the maximum number of respite hours in Hillingdon; these were set four per week, but were increased to support clients with health appointments, so this did not affect their normal respite support. They were also increased where there had been a significant decline to the health or medical condition of the carer, or the person being supported by them, and where no additional support from other services was available.

In December 2021, our Harlington Care service underwent a full Care Quality Commission (CQC) inspection and was rated 'Good' in all five domains (safe; effective; caring; responsive to people's needs; and well-led).

This service was funded by the London Borough of Hillingdon, Hestia, Hillingdon Carers, and client fees.

Hayes Cottage Nursing Home and Parkfield Nursing Home

Once again, our nursing and therapy staff supported patients in continuing healthcare beds (known as Primrose Beds) at Hayes Cottage Nursing Home in Hayes. In November 2022, we also introduced this concept to Parkfield Nursing Home in Uxbridge. This support incorporated aspects of hospice care into both Nursing Homes, including physiotherapy and rehabilitation, complementary therapies, pastoral support, psychological support, and senior end of life nursing care. We are proud that the work of our teams at both Hayes Cottage and Parkfield Nursing Home increased the total amount of hospice care available to local people in the Borough.

For Primrose beds at both Hayes Cottage and Parkfield Nursing Homes we had 44 referrals with 32 admissions.

This service was funded by a combination of NHS contracts.

Partnerships and collaborative working

Over the past year we have continued to influence developments in palliative care within health and social care planning in our area. This has been through our partnership work within the integrated care partnership known as Hillingdon Health and Care Partners (HHCP). We have provided leadership in developing the HHCP End of Life Strategy and the implementation of a system wide Coordination Hub is now taking place, led by Harlington.

Our Chief Executive is the nominated representative for the third sector on the North West London Integrated Care System (ICS) Board. He is therefore able to promote the needs of people needing palliative and end of life support within the larger health economy across eight boroughs.

H4All

Harlington Hospice plays an active role in H4All. H4All is a joint venture of five local charities set up to strategically coordinate non-profit services and develop services collaboratively, for the benefit of residents in the London Borough of Hillingdon. This collaborative working enables us to identify residents who may be in need and offer support at an earlier stage in a person's end-of-life journey.

Hillingdon Health and Care Partners (HHCP)

Established in 2014, HHCP is the main healthcare provider partnership in the Borough. It is made up of Hillingdon Hospital NHS Trust, CNWL NHS Community Trust, NHS Northwest London ICS, Hillingdon Primary Care Confederation, and H4All of which we are an active member. The partnership works to develop an integrated approach to services to better meet the needs of the Hillingdon community. HHCP is the Integrated Care Partnership for the Borough and Harlington Hospice's Chief Executive has continued to play a leading role in this.

3ST - North West London Third Sector Together

3ST is a collaboration of leading third sector providers and councils for voluntary services across eight North West London Boroughs (which make up the NHS Integrated Care System area). Through this group, the charity has access to seats on the Integrated Care System Boards.

Other hospices

As a result of working within 3ST, we have continued to develop close links with St Luke's Hospice (Brent and Harrow). We have also strengthened our partnerships across North West London with Royal Trinity Hospice (Clapham, London) and St John's Hospice (Central London), continuing to explore efficiencies and the possibility of shared services.

Compassionate Hillingdon

This year, we continued to play a major role in the delivery of our local Compassionate Neighbours project - Compassionate Hillingdon. Compassionate Hillingdon is a collaborative project that provides community support across Hillingdon. It supports those living with life limiting illness, older people and those suffering from isolation through reciprocal friendships. Friendships are made through matching local volunteers and members of our community together. In Hillingdon the project is overseen by the charity H4All and includes partners such as Carers Trust Hillingdon, Mind in Hillingdon and Harlington Hospice.

Outputs - Activity data

Number of new referrals	2019-20	2020-21	2021-22	2022-23
Michael Sobell House Inpatient Unit	71	302	256	274
Hospice at Home	158	211	205	222
Harlington Care	-	171	144	164
Lymphoedema Service	94	65	109	141
Psychological and Emotional Support (Adults)	55	34	192	90
Child and Adolescent Bereavement Service	39	51	117	114
Day Care and Wellbeing Services at Lansdowne House and the Michael Sobell House (excluding lymphoedema)	-	30	130	162

Number of sessions provided	2019-20	2020-21	2021-22	2022-23
Michael Sobell House Inpatient Unit (admissions)	60	224	215	197
Hospice at Home	1201	1115	1102	1127
Harlington Care	9500	9818	9361	9152
Lymphoedema Service	2274	979	1422	1352
Psychological and Emotional Support (Adults)	738	753	676	880
Child and Adolescent Bereavement Service	341	493	748	610
Day Care and Wellbeing Services at Lansdowne House and Michael Sobell House (excluding lymphoedema)	472	5	839	1035

Contribution of volunteers

We are so grateful to the people who choose to dedicate their time to support our charity. From the latter part of 2022, when COVID-19 restrictions began to ease, the confidence of our existing volunteers increased and new opportunities for volunteering emerged across our services. This meant we were able to launch a new recruitment drive, although take up in some areas was understandably slower than pre-COVID.

We successfully recruited a volunteer Complementary Therapist for Wellbeing and Patient Support volunteers for Creative Arts. Our Inpatient Unit activity covers meals at lunchtimes during weekdays and weekends and our gardeners continue to maintain the grounds throughout the year.

This year, volunteers in our hospice contributed **15,079** hours which is the equivalent to **7.5** full time staff, which is amazing! A huge heartfelt and humbled thanks to all our volunteers.

	Total annual hours donated			
Role of Volunteers	2019-20	2020-21	2021-22	2022-23
Administrative support at Lansdowne House	876	0	0	0
Art Therapy (included in Wellbeing)	53	0	0	
Day Care at Lansdowne House	960	0	0	0
Wellbeing (includes Art and Complementary Therapies)	1007	0	0	268
Gardeners at Michael Sobell House				732
Inpatient Unit (Michael Sobell House)	312	0	77	461
Reception at Lansdowne House	960	0	0	0
Reception at Michael Sobell House	336	642	1,344	1,643
Complementary Therapy at Lansdowne House	516	0	0	0
Complementary Therapy at Michael Sobell House (included in Wellbeing)	102	0	0	
Retail	12,900	0	10,538	11,975
Total	18,382	642	11,959	15,079

Retail volunteers

Our retail volunteers are the heart and soul of our community, always out on the high streets supporting and promoting the charity. Their time, skills, expertise and experience are extremely valuable in allowing us to run a smooth, professional service. There are many groups of volunteers helping to raise funds alongside paid staff within our retail arm, including drivers, ambassadors, DIY support and online sales.

We are not only very lucky to have so many longstanding volunteers who remain loyal to the cause; we also have, in the past year, seen a large increase in young students

completing their Duke of Edinburgh's Awards or work experience placements for schools, colleges and universities. We are proud that many of them choose to return after their placement is completed to continue to volunteer with us.

This year, with over 227 volunteers on the team, retail volunteers contributed an amazing 11,975 hours to the charity. We thank them, and all our volunteers, wholeheartedly.

Measurements of success

External accreditation

Harlington Hospice holds three separate registrations with the Care Quality Commission (CQC).

- Our Lansdowne House site was visited on 4th November 2022 and was rated 'Good'.
'Good' was awarded for:
 - Effective
 - Caring
 - Responsive
 - Well Led
'Requires improvement' was awarded for:
 - Safe

An action plan was developed and immediate action taken to resolve all issues identified.

- Michael Sobell House had an inspection on 4th and 5th July 2022 and was rated 'Requires Improvement'.
'Good' was awarded for the domains:
 - Effective
 - Caring
 - Responsive
'Requires Improvement' was awarded for the domains:
 - Safe
 - Well led.

An action plan was created and actioned, with improvements swiftly made in the areas identified in the report. We are currently awaiting a return visit which has been delayed due to restructuring and changes within the CQC. There were, and will continue to be, bi-monthly calls between the CQC Relationship Officer and the Harlington Hospice Team as we await our next inspection.

- Harlington Care was rated "Good" in all five domains that were assessed.

How we measure the quality of our services

Harlington Hospice works to the Care Quality Commission (CQC) quality framework across all our services. All newly acquired services are now embedded in the charity's governance systems and processes. The quality improvement methodology and standard of care philosophy is also brought into alignment for all new services.

All of our quality processes are implemented in line with the National Institute for Health and Care Excellence (NICE) quality standards.

In order to measure the quality of our services, over the past year we have:

- Contributed to the Hospice UK Patient Safety Benchmarking project regarding the Michael Sobell House Inpatient Unit. This has involved the Patient Safety and Governance Lead submitting patient safety data, and attending quarterly meetings with Hospice UK, where patient safety data from our service is compared with other hospices in the UK of a similar size.
- Undertaken Patient Safety Working Group and focus group meetings every six to eight weeks, attended by representatives from each of our services. These groups have involved formal practice reviews of each service for that period and the outcomes have been reported at formal Quality Governance and Assurance meetings attended by Board members.
- Continued to use the Sentinel risk-management system to manage incidents, risk and other quality-related areas. This has been a crucial element in preparation for CQC inspection and external accreditation.
- Held weekly reviews of incidents in order to identify any incidents that required escalation to the relevant Board Subcommittees, or to the Trustee Board.
- Continued to implement our quality governance structure. This involved focus group meetings feeding into a larger quality working group, which then fed into a Quality Governance Subcommittee attended by a Trustee.
- Participated in national audits including the North West London five Hospice Admissions Audit.
- Distributed Patient and Family Feedback Forms across our services. Where relevant, services use additional quality measurement tools, such as the Child and Adult Bereavement Services Questionnaire (CBSQ) from the Child Bereavement Network UK.
- Implemented the '3Cs' forms which allow for the quick anonymised collection of feedback and concerns from patients and family members. This has been particularly successful in our Inpatient Unit and Lymphoedema services and work is underway to promote it in our Wellbeing and Psychological & Emotional Support services.
- Adhered to the guidance set out by relevant professional bodies. Staff in our services

are trained to at least the minimum standard required for ethical practice. For example, our Child & Adolescent Bereavement Service (CABS) is registered with, and regulated by, the Health Care Professions Council (HCPC) and the British Association of Art Therapists (BAAT).

- Continued to implement our quality governance structure. This involved focus group meetings feeding into a larger quality working group, which then feeds into a Quality Governance Subcommittee attended by a Trustee;
- Participated in national audits including the above Hospice UK Patient Safety Benchmarking project, The Big Fat Thrombosis Audit and Hospice UK's Falls Deep Dive.
- Distributed Patient and Family Feedback Forms across our services. Where relevant, services use additional quality-measurement tools, such as CABS' Child and Adult Bereavement Service Questionnaire (CBSQ) from the Child Bereavement Network UK.
- Adhered to the guidance set out by their relevant professional body and staff in the services are trained to at least the minimum standard required for ethical practice. For example, our CABS service is registered with, and regulated by, the Health Care Professions Council (HCPC) and the British Association of Art Therapists (BAAT).

Feedback from our beneficiaries

It is essential that we measure the quality of our beneficiaries' experiences. One way we achieve this is by encouraging patients and family members who are using our services to complete feedback forms.

Of the 56 patients and family members who completed the feedback forms, 91% answered 'Yes - they would recommend the service to friends and family if they needed similar care'. 4% answered 'likely'. One person said they were 'unlikely' to recommend it, but no details were provided so we were unable to follow up on this.

98% of people surveyed said that they 'Totally Agreed' or 'Agreed' with the statement 'I had confidence and trust in the staff looking after me'. The remaining 2% said 'Don't know/non-applicable'. Furthermore, 96% of people surveyed 'Totally Agreed' or 'Agreed' with the statement 'I was satisfied with the support I received'. The remaining 4% responded 'Neither agreed or disagreed' or 'Don't know/not applicable'.

Due to the sensitive nature of our clinical work, it is very important that family and friends are also able to freely express their opinions of our services in a qualitative way. Below is a selection of the feedback we received from our feedback forms across our services:

“The staff were friendly, caring, professional and empathetic throughout my stay and once I started to feel better, they introduced the fun element of staying in a hospice. The staff are often run off their feet, but always had a smile or kind word for a patient and/or relative.”

“Staff explained my care very carefully and clearly, never any confusion, regular checkups by the doctors too.”

“Exceptional, person centered care at its utmost best. I feel as if I have been restored to enjoy a quality of life that has eluded me for months. The staff team are all amazing people who have worked collaboratively to get me to this point.”

“It's been everything e.g. the planning (healthcare plan), emotionally, and you guys have been just great, making me feel welcome.”

“I'm going home but I want to say how much I appreciate everyone here and all the support I've got that's allowed me to get back on my feet and walk.”

“Our carer is the warmest, kindest person you could imagine. She looks after my mum who has quite advanced dementia, they have a lovely time together doing things that mum loves to do. She shows so much respect and love for my mum. In a recent crisis, when my dad (who is the main carer) was very unwell, the office at Harlington Care went out of their way to help us arrange emergency cover. They were so efficient and kind. I can't thank them enough.”

“Everything. Kept in the picture. Felt supported. Responded to in good time. Kind, friendly and approachable.

“I felt fully involved in any decisions made and everything explained so clearly.”

“There's been change in my daughter, she's happier, laughing more, and she has some of her old spark back.”

How we monitor our success

As well as submitting compliments about the service, patients and those close to them are able to share concerns and submit formal complaints through our complaints procedure, which are then reviewed by the Complaints Lead.

In order to measure the success of our services through both positive feedback and areas for improvement, we have several internal initiatives:

Feedback Friday: Every week, staff are sent a summary of anonymised patient feedback via email. This outlines both compliments about the service and how any concerns have

been, or are being, addressed. This enables staff to have a real time understanding of the performance of the services, any new procedures that have been put in place to prevent issues, and any upcoming changes to improve beneficiaries' experiences.

Annual and quarterly reports: Additionally, the Patient Safety Lead creates both annual and quarterly quality reports for the Trustees which summarise the complaints, concerns and general feedback received over the period.

Public facing communications: Display boards at Michael Sobell House and Lansdowne House were updated monthly to share with the public the feedback we received over this period and how we addressed any concerns raised.

Exit interviews: The HR team conducted exit interviews when staff left the charity to gain feedback on staff members' experiences and to identify any trends in feedback and areas where staff experiences may be improved.

Significant events that have affected our performance

NHS wide structural changes in services

As we reported last year, there were a number of changes in the NHS regarding our Clinical Commissioning Group (CCG) in 2022/23; the CCG changed from being solely a Hillingdon CCG to a wider North West London CCG. We have been working through the impact of these changes and further changes have since taken place – our Commissioner is now Northwest London Integrated Care board (ICB).

The ICB undertook a major review of community palliative care services in Hillingdon. Whilst we have engaged in this process, it has involved a considerable amount of management time - however, we recognise it gives us a valuable opportunity to shape the discussion and future service provision. We were also able to negotiate the reshaping of services in Hillingdon ahead of the outcome of the broader review. This will involve the introduction of a single point of coordination around end of life care and integrated management with NHS and other partners to streamline access for patients and improve efficiency.

Merger of Harlington Hospice and the Michael Sobell Hospice Charity whilst continuing to meet an increase in demand for the provision of acute care.

In July 2022, the Boards of Harlington Hospice Association Ltd and the Michael Sobell Hospice Charity formally approved the merger plans that had been under discussion for some time. Delivering the merging of the two charities was understandably complex – with great consideration given to the impact on patients, their family and friends, supporters, staff and volunteers – and the merger was finally completed in December 2022.

We were able to deliver on our plan, as outlined in our 2021/22 Annual Report, to strengthen our Fundraising & Communications Team to support the merger; our new Director of Fundraising & Communications and Communications Manager were joined by a Communications Officer, a Community Fundraiser, an Individual Giving Manager, and a

Fundraising Coordinator. We have further plans to strengthen the team in 2022/23 in order to maximise fundraising opportunities across the whole London Borough of Hillingdon.

Throughout the merger discussions, our staff continued to adapt to meet the increasing demand for Inpatient Unit beds and put into place plans to increase our regular bed numbers from ten to fourteen in the near future. Our ability to increase capacity was further complicated by the complexity of the illnesses which many patients presented with, and the age of the patients; there was a marked increase in patients of working age, which brought with it issues around Wills and guardianship of surviving children. To address this, we co-located our CABS team so they could support children and young people across Michael Sobell House and Lansdowne House.

Looking Forward: priorities for improvement in 2023-2024

Priority 1: Increased, improved and sustainable IPU provision

We recognise Michael Sobell House was never built to last; it has done our patients proud for many years and has become a well respected and well loved part of our community. We also know we are not currently able to meet the increasing need for end of life care in the south of the Borough.

How:

- Devise a plan to futureproof the reprovision of inpatient services in the north of the Borough, increasing capacity to meet an increased and more complex need.
- Devise a plan for the provision of inpatient services in the south of the Borough, introducing capacity to meet an increased need.
- Play an integral role, alongside our HHCP partners, in the delivery of the Coordination Hub; a one stop shop for people across the Borough with end of life care needs and questions.
- Identify and secure financial resources (both capital and revenue) to ensure we are able to meet current and future demand.
- Launch a new clinical electronic records system, SystmOne as part of the NHS Digital Transformation and in line with our community palliative partners.

Priority 2: Embedding the merger

We know the merger of Harlington Hospice and Michael Sobell Hospice Charity was the right thing to do for those who access our services, their friends and family and our staff and volunteers. However, we recognise it takes time to successfully embed a new culture and brand.

How:

- Review our HR systems and processes and implement improvements where identified.

- Launch and fully implement our new brand including: re-branding and re-writing internal and external materials, re-branding our buildings, re-branding materials produced by partners and embedding the new brand into all our shops, including signage, windows and internal décor.
- Launch the merger and our new vision, values and vision to staff, volunteers and key supporters, checking back with them regularly to collate feedback, taking action where necessary.
- Launch our new look website and continually improve it to ensure it reflects our brand and tone of voice and provides a good user experience.

Priority 3: Well Led

For our Charity to offer the very best services to our patients and their family and friends – and to embed our future strategic plan to ensure we are sustainable - we know we need to be well led.

How:

- Bring the newly merged Board together to form a group of high functioning Trustees who challenge the Executive Team to deliver the very best.
- Recruit new Trustees who will bring with them experience, skills, enthusiasm and passion which complement those of our existing Trustees.
- Review the roles of the existing Executive Team, reconfigure where needed and fill all vacant and temporary postholders with permanent staff.
- Review our IT and information governance systems and processes and implement improvements where identified.

Longer term development plans

Our main aim over the medium to long term is to become the leading provider of high quality services for local people in the last phase of life. To achieve this we will:

- **Develop inpatient care in the north of the Borough.** Despite a refurbishment in 2019, we recognise the existing Michael Sobell House building will not be fit for purpose longer term. We also recognise we are not currently able to meet the needs of everyone who could benefit from our services. We will therefore look for alternatives in the north of the Borough which enable us to meet this demand.
- **Increase our reach** by providing acute care beds in the south of the Borough where there is currently no Inpatient Unit. This will also help to reduce travel times for patients, their family and friends.
- **To become a place of learning and education** to ensure more healthcare professionals are aware of how to treat patients with serious and terminal illness. This includes offering more student placements, developing project ECHO and further work with the ambulance service.
- **Working in collaboration to launch the Coordination Hub.** This will be a Borough-wide single point of contact for any local people with a question or concern about end of life care. It will also integrate the management of end of life care providers across Hillingdon.

Public Benefit Statement

The sections of this report entitled 'Summary of Activities' and 'Achievements and Performance' set out Harlington Hospice Association's objectives, and report on the activity and successes in the year to 31st March 2023, as well as explaining the plans for the current financial year.

The Board of Trustees is aware of the Charity Commission's guidance in relation to public benefit. All of the organisation's charitable activities fall within its objects and provide considerable public benefit as outlined in this report.

The work of the Hospice benefits people with serious or terminal illness and those close to them. The Hospice makes no charge to those people who are currently patients of any core hospice service, or to their families and carers. All core palliative care services provided by the Charity are free to beneficiaries living, or under the care of a GP, in the London Borough of Hillingdon.

A risk assessment of all innovations and service developments ensures that the work of the hospice is beneficial rather than harmful, and as inclusive as possible.

The Trustees have considered this matter and concluded that:

1. the aims of the organisation continue to be charitable;
2. the aims and the work done give identifiable benefits to the charitable sector and both indirectly and directly to individuals in need;
3. the benefits are for the public, are not unreasonably restricted in any way and certainly not by ability to pay; and
4. there is no detriment or harm arising from the aims or activities.

The Trustees have complied with their duty according to Section 17(5) of the Charities Act 2011.

Financial review

Income

Total income for the year ended 31 March 2023 was £6,692,270 (2022: £5,718,617) an increase due both to the £1m benefit on merger of the charities and additionally due to an increase of fundraising income.

	2022/23	2021/22	
Income	£	£	
Inpatient Care	2,923,079	2,802,906	4%
Harlington Care (Domiciliary care)	600,616	753,140	-20%
Hospice at Home	223,932	551,983	-59%
Collaborations	407,573	525,782	-22%
Wellbeing	134,474	141,401	-5%
Psychotherapy	44,100	113,910	-61%
Total income from charitable activities	4,333,774	4,889,122	
Fundraising and trading	1,304,131	829,495	57%
Other income	1,054,365	0	100%
Total income	6,692,270	5,718,617	

77% of income is derived directly from charitable activities, and nearly 63% of income is associated with inpatient care (excluding the income from the merger of the charities).

Expenditure

Total expenditure was £6,372,625 (2021: 5,678,264), an increase of £694,361 12%

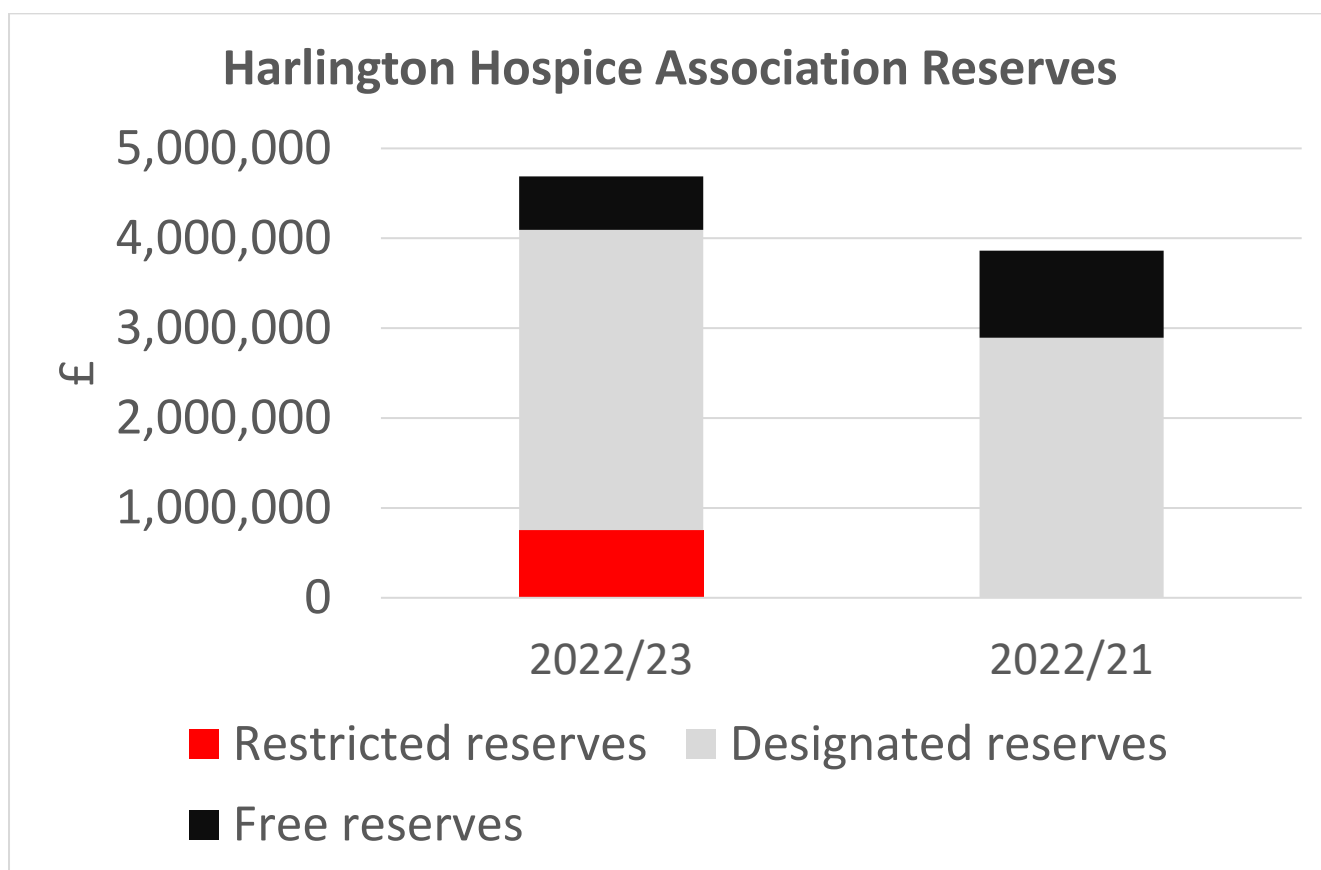
	2022/23	2021/22	
Expenditure	£	£	
Inpatient Care	3,449,549	3,053,235	13%
Harlington Care (Domiciliary care)	638,639	637,386	0%
Hospice at Home	334,098	338,354	-1%
Collaborations	430,598	442,758	-3%
Wellbeing	245,185	230,043	7%
Psychotherapy	309,421	196,262	58%
Total expenditure on charitable activities	5,407,490	4,898,038	
Fundraising and trading	965,135	780,226	24%
Total expenditure	6,372,625	5,678,264	

Over 68% of costs are salaries or salary related (including payments for agency and other outsourced staff).

	2022/23	2021/22
Surplus / deficit	£	£
Total income	6,692,270	5,718,617
Total expenditure	6,372,625	5,678,264
Surplus	319,645	40,353

Reserves

	2022/23	2022/21
	£	£
Restricted reserves	753,463	0
Designated reserves	3,342,009	2,893,066
Free reserves	594,193	968,131



Reserves policy

Harlington Hospice Association calculates an operating reserve each year, comprising the minimum level of reserves required to ensure financial sustainability.

The target minimum operating reserve is equal to:

- Potential redundancy costs where contracts or funding is uncertain.
- Two months' salary costs to cover late payment of grants or contracts.
- A more general reserve to cover service continuation or wind down arising from the risk to in-year fundraising and retail operations.

The Board of Trustees may in addition decide on a further, discretionary amount to be included in the Reserve for a specific purpose, such as long-term capacity building or a special project. This has not happened in recent years.

The Operating Reserve needed for the financial year 2023-24, based on the factors above, is £1,200,658. Free reserves at 31 March 2023 were £594,143 (2022: £968,131).

Principal risks and uncertainties

Over the past year, the Trustees have actively managed the charity's risks. Senior charity staff follow a robust process to identify and evaluate risks, and to put mitigation strategies

in place. The Sub-Committees review the risks relating to their area of operations, and the highest rated risks, and the strategic risks are referred to the Board for review and discussion.

The most significant risks - at the date of this report are:

1. Fundraising income

The risk relating to income generation, and fundraising income specifically is rated as a significant risk to the stability of the Charity and its ability to continue to provide the current range of services. If fundraising income is inconsistent or unpredictable, the funding of patient services may be affected.

Mitigations in place are:

- The establishment of a single fundraising team across Harlington Hospice Association and the Michael Sobell Hospice Charity and investment in fundraising resources is expected to increase fundraising income.
- The creation of a strong Charity retail group with partners Age UK Hillingdon Harrow and Brent and the Michael Sobell Hospice Charity is also aimed at streamlining back office support for all the shops in the group and maximising retail income.
- Investment in communications and marketing to raise the charity's profile.
- Rigorous monitoring of cashflow and results to allow steps to be taken if income disappoints.

2. Increases in costs due to inflation

The risk relating to higher costs could jeopardise service delivery. Staff costs account for over 68% of the charity's costs, and if wage inflation continues to grow, costs could rise faster than income. Growing energy prices are also a cause of concern. Mitigations are limited, as inflationary growth is outside our control.

Mitigations in place are:

- Monitoring salary costs across the local healthcare sector to ensure the Charity remains competitive.
- Negotiating other costs to minimise increases.
- Introduction of an efficiency plan

3. Staff recruitment and retention

The Charity needs to recruit and retain high quality staff to provide an effective clinical service. The Charity recruits from an ever-diminishing pool of health and care staff and in a relatively small organisation, high numbers of vacancies would have a serious impact on our ability to deliver quality care.

Mitigations in place are:

- Continue to build staff unity following the merger of the two organisations.
- Continue to monitor healthcare salaries in the local area to ensure that our salary structure is competitive.
- Investigate other workplace benefits.
- Continue to offer NHS pensions to eligible staff.

Going concern

Expanded and new services delivered by Harlington Hospice in recent years have improved the Charity's financial position and delivered the benefits expected from the charity's investments.

Following the merger of Harlington Hospice Association and the Michael Sobell Hospice Charity the clinical services and support functions have realised many of the expected benefits and synergies. This combination is supported by significant investment in fundraising activities to support future growth. Although, the combined Charity expects to report an operating deficit in 2023-24, it is expected to return to a balanced position by mid 2024- 25.

Our financial projections show that up to 31st March 2025, Harlington Hospice can expect to retain reserves to ensure sustainability, and will therefore be able to trade as a going concern. Although the free reserves are forecast to be below the required operating reserve this is without allowing for current new contracts we are bidding for and assuming a very conservative growth in fundraising, which given the team will have been embedded for over 12 months by then we would expect it to be operating at a higher growth level.

	2024	2025
	£	£
Total required operating reserve	1,200,655	1,406,211
Projected free reserves	961,687	870,580

The Trustees have confidence in the charity's financial position going forward. Reserves are forecast to ensure that the Charity remains sustainable. The Trustees support the strategy to invest in fundraising activities to improve the underlying business model and so to strengthen the organisation against future shocks. Cashflow management is achieved by close monitoring of cash flow and credit control.

Fundraising and Communications

We rely on the support of our local community to fund our services – by making donations and grants, taking part in events, spending in our shops and remembering us in their Wills. Last year, 23% (excluding the income gained through the merger of the two charities assets) of our income (£1.3m) was generated through fundraising and we would like to thank our supporters for their dedication and generosity.

The impact of closing the Inpatient Unit in 2018 and then the COVID-19 pandemic still resonated into 2022/23. Fortunately, we were able to fill some staff vacancies and bring some new energy and enthusiasm to our team. We were also able to expand our Communications Team which meant we could spread the word to new audiences about our wide range of services for people living with serious and terminal illness.

Major successes in the year included:
Golf Day.

The Hospice Lottery. As a founding member, we continued to benefit from this partnership which, since it launched in 1997 had donated over £16 million to Charity.

Launch of our Memory Tree, with memorial leaves purchased to remember loved ones.

Every penny donated was invaluable to our patients and those close to them.

It should be noted that:

The Charity does not work with or use any external professional fundraisers, with the exception of the Hospice Lottery Partnership who canvass on our behalf.

Harlington Hospice Association is registered with the Fundraising Regulator and is fully compliant with its requirements and code of practice.

The Trustees are not aware of any complaints made in relation to our fundraising activities during the year ending 31st March 2023.

Ensuring that our supporter's data is safeguarded and used only in an appropriate manner is of paramount importance, in line with GDPR regulations. Our privacy statement can be found in full on our website here: <https://www.harlingtonhospice.org/privacy-policy-users-of-services-volunteers-supporters/>.

Harlington Hospice has been an associate partner of the Hospice Lottery Partnership since 2019. This year, Harlington Hospice and Michael Sobell House Charity together gained £55,276 income from this arrangement.

Structure, governance and management

The organisation is a charitable company limited by guarantee, incorporated on 12 April 2001 and registered as a Charity on 9 September 2003.

The company was established under a memorandum of association which established the objects and powers of the charitable company and is governed under its articles of association.

All Trustees give their time voluntarily and receive no benefits from the Charity. Any expenses reclaimed from the Charity are set out in note 8 to the accounts.

Appointment of Trustees

The Board aims to ensure that it maintains an appropriate mix of skills and experience to enable it to fulfil its mission, and also to ensure that it adequately represents the communities it serves. It takes the appropriate steps to fill gaps in necessary skills.

Trustees stand for election or are re-elected in rotation at the Annual General Meeting. There are no external bodies holding the right to appoint Trustees to the Board.

The Trustees (who are the directors of the Charity), include those with professional expertise in clinical care, third sector managerial experience, commercial and business experience, experience of elected representation at local and national government level as well as business people. Several Trustees have extensive Charity management experience and sit on the boards of other charities. All share a common passion and commitment to the mission and vision of Harlington Hospice.

Trustees are nominated by the Board to provide lead roles on Board Subcommittees and ensure that assurance is provided to the Board on a number of key areas. Working groups have continued to provide information and support to each Subcommittee to the Board. During year to 31 March 2022 the Subcommittees to the Board were:

- Finance, Building and Estates Subcommittee
- Quality Governance Subcommittee
- Workforce Subcommittee

The Trustees continue to recognise that during this period of development and expansion within the Charity they need to consider development of the Board in order to ensure there is sufficient depth and experience to meet medium and long term strategic needs.

Trustee induction and training

Following planned recruitment through advertisement within our local community, new Trustees will be provided with an induction pack, which includes Charity Commission guidance on the roles and responsibilities of Charity Trustees.

Training for new and existing Trustees includes the requirement to attend awareness briefings and on Safeguarding responsibilities and sign a Safeguarding Code of Conduct, as outlined in Harlington Hospice Safeguarding Policy and Procedure.

Training is enhanced with briefings on all aspects of the responsibilities of Trustees and the governance requirements of the health related services provided by the Charity. This is in addition to attendance at Board meetings.

Staff and delegated responsibilities

The Board of Trustees has delegated operational management of Harlington Hospice to the Chief Executive, Steve Curry.

The headcount number of staff employed by Harlington Hospice to carry out its charitable activities was one hundred and thirty-seven and, in addition, some tasks were also undertaken by contractors and consultants.

The process for recruiting staff is set out in the Recruitment Policy and Procedure. Staff employment terms and conditions are included in Harlington Hospice's Employee Handbook, which is available to all staff.

Pay policy for senior staff

The directors are The Charity's Trustees. The senior management team comprise the key management personnel of The Charity in charge of directing and controlling, running and operating The Charity on a day to day basis (see Organisation note). All directors give their time freely and no director received remuneration in the year. Details of directors' expenses and related party transactions are disclosed in note 8 to the accounts. The pay of the senior staff is reviewed annually and benchmarked against pay levels in other comparable charities, the voluntary sector and similar roles.

Related parties and relationships with other organisations:

Harlington Hospice has a long history of collaborative working with both the third and the statutory sectors. It is our belief that working with stakeholders, other providers, and commissioners gains best value for our donors, supporters, and contractors and delivers the best quality outcomes for our patients and clients.

We have formal relationships with the following organisations:

- Hospice UK – a federal organisation in which the national organisation's role is advisory on policy and procedures;
- H4All – a Charitable Incorporated Organisation (CIO) in which Harlington Hospice is one of five sovereign partners delegating authority within the consortium, providing services within the community;
- Hillingdon Health and Care Partnership (HHCP).

Statement of responsibilities of the Trustees:

The Trustees (who are also directors of Harlington Hospice Association Limited for the purposes of company law) are responsible for preparing the Trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

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

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

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is 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.

Members of the Charity guarantee to contribute an amount not exceeding £10 to the assets of the Charity in the event of winding up. The total number of such guarantees at 31 March 2023 was 6 (2022:7). The Trustees are members of the Charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the Charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The Trustees' annual report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime. The Trustees' annual report has been approved by the Trustees and signed on their behalf by,

Mr MJ Breen
Chairman

19th December 2023

Independent auditor's report

to the members of

Harlington Hospice Association Limited

Opinion:

We have audited the financial statements of Harlington Hospice Association Limited (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2023 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2023 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended.
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice.
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion:

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

Conclusions relating to going concern:

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Harlington Hospice Association Limited'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.

Independent auditor's report

to the members of

Harlington Hospice Association Limited

Other Information:

The other information comprises the information included in the trustees' annual 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 for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The trustees' annual 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.

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; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in

preparing the trustees' annual report and from the requirement to prepare a strategic report.

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, 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;

Independent auditor's report

to the members of

Harlington Hospice Association Limited

- 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.

Independent auditor's report

to the members of

Harlington Hospice Association Limited

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.

Joanna Pittman (Senior statutory auditor)

19th December 2023

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

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

Harlington Hospice Association Limited
CONSOLIDATED
Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2023

				2023			2022
	Note	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Income from:							
Donations and legacies	2	213,744	175,190	388,935	105,727	-	105,727
Charitable activities	3						
Harlington Care		600,615	-	600,615	630,569	122,571	753,140
Hospice at Home		223,932	-	223,932	214,320	337,663	551,983
Wellbeing (including Lymphoedema Clinic)		134,474	-	134,474	141,401	-	141,401
Psychotherapy		28,046	16,055	44,101	38,150	75,760	113,910
In-Patient Care		1,984,630	938,449	2,923,079	1,497,824	1,305,082	2,802,906
H4All & Other Collaborations		407,573	-	407,573	525,782	-	525,782
Other trading activities	4	860,974	54,222	915,196	723,768	-	723,768
Other income	5	-	1,054,365	1,054,365	-	-	-
Total income		4,453,989	2,238,281	6,692,270	3,877,541	1,841,076	5,718,617
Expenditure on:							
Raising funds including charity shops	5	965,135	-	965,135	780,226	-	780,226
Charitable activities							
Harlington Care	5	638,639	-	638,639	514,815	122,571	637,386
Hospice at Home	5	334,098	-	334,098	691	337,663	338,354
Wellbeing (including Lymphoedema Clinic)	5	245,185	-	245,185	180,043	50,000	230,043
Psychotherapy	5	293,366	16,055	309,421	120,502	75,760	196,262
In-Patient Care	5	1,971,963	1,477,586	3,449,549	1,610,318	1,442,917	3,053,235
H4All & Other Collaborations	5	430,598	-	430,598	442,758	-	442,758
Total expenditure		4,878,984	1,493,641	6,372,625	3,649,353	2,028,911	5,678,264
Net income / (expenditure)		(424,996)	744,640	319,645	228,188	(187,835)	40,353
Transfers between funds		-	-	-	-	-	-
Other recognised gains							
Gain on revaluation of fixed assets		500,000	8,823	508,823	-	-	-
Net movement in funds		75,004	753,463	828,468	228,188	(187,835)	40,353
Reconciliation of funds:							
Total funds brought forward		3,861,197	-	3,861,197	3,633,009	187,835	3,820,844
Total funds carried forward		3,936,202	753,463	4,689,665	3,861,197	-	3,861,197

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 18 to the financial statements.

As at 31 March 2023

	Note	The group 2023 £	2022 £	The charity 2023 £	2022 £
Fixed assets:					
Tangible assets	11	3,350,832	2,893,066	3,330,910	2,893,066
Investments	14	679,295	-	-	-
		4,030,127	2,893,066	3,330,910	2,893,066
Current assets:					
Debtors	15	738,518	1,348,209	762,933	1,348,209
Cash at bank and in hand		1,064,718	659,708	933,553	659,708
		1,803,236	2,007,917	1,696,486	2,007,917
Liabilities:					
Creditors: amounts falling due within one year	16	(1,143,698)	(1,039,786)	(1,111,115)	(1,039,786)
Net current assets		659,538	968,131	585,371	968,131
Total net assets		4,689,665	3,861,197	3,916,281	3,861,197
Funds:	17a				
Restricted income funds		753,463	-	-	-
Unrestricted income funds:					
Designated funds		3,342,009	2,893,066	3,330,910	2,893,066
Revaluation reserve		-	-	-	-
General funds		594,193	968,131	585,370	968,131
Total unrestricted funds		3,936,202	3,861,197	3,916,281	3,861,197
Total funds		4,689,665	3,861,197	3,916,281	3,861,197

Approved by the trustees on 19 December 2023 and signed on their behalf by

Mr MJ Breen
Chairman

Statement of cash flows

CONSOLIDATED

For the year ended 31 March 2023

	Note	2023 £	£	2022 £	£
Cash flows from operating activities					
Net income / (expenditure) for the reporting period (as per the statement of financial activities)		319,645		40,353	
Fixed assets acquired as part of the merger		(690,458)			
Depreciation charges		74,599		185,620	
(Increase)/decrease in debtors		609,691		(546,140)	
Increase/(decrease) in creditors		103,912		442,725	
Net cash provided by operating activities			417,388		122,558
Cash flows from investing activities:					
Purchase of fixed assets		12,379		(7,667)	
Net cash (used in) investing activities			(12,378)		(7,667)
Change in cash and cash equivalents in the year			405,010		114,891
Cash and cash equivalents at the beginning of the year			659,708		544,817
Cash and cash equivalents at the end of the year			1,064,718		659,708

Analysis of cash and cash equivalents and of net debt

	At 1 April 2022 £	Cash flows £	Other non-cash changes £	At 31 March 2023 £
Cash at bank and in hand	1,064,718	-	-	1,064,718
Total cash and cash equivalents	1,064,718	-	-	1,064,718

Notes to the financial statements

CONSOLIDATED

For the year ended 31 March 2023

1 Accounting policies

a) Statutory information

Harlington Hospice Association Limited is a charitable company limited by guarantee and is incorporated in England and Wales. The merger was completed by the adoption of new Mem & Arts of The Michael Sobell Hospice Charity which were adopted on 23rd December 2022. Harlington Hospice Association became the sole member of Michael Sobell Hospice Charity Ltd, which is treated as a wholly owned subsidiary in these accounts. Group accounts have been prepared for the year ended 31 March 2023. Michael Sobell Hospice Charity Ltd remains a registered charity and also files accounts.

The registered office address is Lansdowne House, St Peter's Way, Harlington, Middlesex UB3 5AB.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) - (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

These financial statements consolidate the results of the charity and its wholly-owned subsidiary The Michael Sobell Hospice Charity on a line by line basis. Transactions and balances between the charity and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two entities are disclosed in the notes of the charity's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charity itself is not presented because the charity has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006. A summary of the result for the year is disclosed in the notes to the accounts.

c) Public benefit entity

The charity meets the definition of a public benefit entity under FRS 102.

d) Going concern

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

The successful partnership with the Michael Sobell Hospice Charity has delivered planned synergies and benefits and strengthened the financial position of the Charity.

The charity has taken account of the risks identified by the Board and has made provision through its Reserves calculation to ensure that these risks can be managed. The Finance Sub-Committee regularly monitors cashflow and projected income and expenditure to budget.

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.

e) Income

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

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

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

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

1 Accounting policies (continued)

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

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

g) Interest receivable

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.

h) 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. In the consolidated accounts, the assets held by Michael Sobell Hospice Charity Ltd are reported as restricted funds.

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. The trustees have decided to report all Harlington Hospice Association's fixed assets as designated funds.

i) Expenditure and irrecoverable VAT

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

- Costs of raising funds relate to the costs incurred by the charity by its Charity Shops and in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

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

Notes to the financial statements
CONSOLIDATED

For the year ended 31 March 2023

1 Accounting policies (continued)

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity

● Harlington Care	21%
● Hospice at Home	9%
● Wellbeing (including Lymphoedema Clinic)	6%
● Psychotherapy	5%
● In-Patient Care	39%
● H4All and Other Collaborations	8%
● Raising Funds	12%

All support costs incurred by Michael Sobell Hospice Charity Ltd are allocated against Raising funds, as this is the only activity undertaken by Michael Sobell Hospice Charity Ltd.

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.

k) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000 and the asset is expected to be productive for more than 12 months. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. 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.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

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

● Equipment, Fixtures & Fittings	2-4 years
● Motor Vehicles	5 years
● Improvements	10 years
● Freehold Property	50 years
● Michael Sobell House refurbishment	2 years

Land and Buildings are held at valuation, not historic cost. Assets represented by land are not depreciated.

Notes to the financial statements
CONSOLIDATED
For the year ended 31 March 2023

1 Accounting policies (continued)

m) 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 discounts due.

n) 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.

o) 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.

p) 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.

q) Pension schemes

The Charity offers a qualifying defined contribution scheme to all staff. In addition, the charity offers the NHS pension scheme to qualifying staff.

National Health Service Superannuation Scheme

This is a statutory superannuation scheme as defined in Section 6.12 (1) Income and Corporation taxes Act 1988 which has no invested funds. Contribution by employers (currently 14.38%) and members (variable rates) are accounted for to the Treasury and benefits are paid from the consolidated fund. This scheme is only open to staff who have been members of the NHS scheme in previous employment under the dispensation rules. The accounting charge represents the employer's contributions for the period. Harlington Hospice Association has no liability or potential liability for accrued unfunded obligations relating to this pension fund.

Group Personal Pension Scheme

In addition to the NHS Pension Scheme, the Hospice operates a Group Personal Pension Plan available to all staff. This plan is a defined contribution scheme administered and invested with Scottish Widows. It is a money purchase plan and all eligible employees who are not members of the NHS superannuation scheme are automatically enrolled on starting employment with the charity. Employee contributions are 5% with an employer contribution of 3%. Employees may contribute more to the plan.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2023 Total £	Unrestricted £	Restricted £	2022 Total £
Legacies	100,500	-	100,500	5,000	-	5,000
Donations	94,622	153,950	248,572	87,030	-	87,030
Fundraising & events	11,571	21,240	32,811	8,330	-	8,330
Gift aid	2,846	-	2,846	-	-	-
HMRC (furlough)	-	-	-	5,324	-	5,324
Other Income	4,205	-	4,205	43	-	43
	213,744	175,190	388,934	105,727	-	105,727

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For the year ended 31 March 2023

3 Income from charitable activities

	Unrestricted £	Restricted £	2023 Total £	Unrestricted £	Restricted £	2022 Total £
Harlington Care						
Charges	94,000	-	94,000	172,752	-	172,752
London Borough of Hillingdon	107,100	-	107,100	120,967	-	120,967
Hillingdon Carers	198,940	-	198,940	198,940	-	198,940
Hestia	200,575	-	200,575	131,504	-	131,504
London Borough of Hillingdon (COVID-19)	-	-	-	-	122,571	122,571
HMRC (furlough)	-	-	-	6,406	-	6,406
Sub-total for Harlington Care	600,615	-	600,615	630,569	122,571	753,140
Hospice at Home						
NHS - Central & N W London	218,432	-	218,432	213,000	-	213,000
NHS - North West London ICB	5,500	-	5,500	1,320	-	1,320
Hospice UK	-	-	-	-	337,663	337,663
Sub-total for Hospice at Home	223,932	-	223,932	214,320	337,663	551,983
Wellbeing						
Charges	-	-	-	2,840	-	2,840
Hillingdon Carers	22,000	-	22,000	22,000	-	22,000
NHS - Central & N W London	102,474	-	102,474	99,926	-	99,926
A P Taylor	10,000	-	10,000	10,000	-	10,000
HMRC (Furlough)	-	-	-	6,635	-	6,635
Sub-total for Wellbeing	134,474	-	134,474	141,401	-	141,401
Psychotherapy						
Hillingdon Community Trust	-	-	-	10,802	-	10,802
BBC Children in Need	-	6,196	6,196	-	65,660	65,660
Other grant funding	-	9,859	9,859	-	10,100	10,100
NHS - Central & N W London	28,046	-	28,046	27,348	-	27,348
Sub-total for Psychotherapy	28,046	16,055	44,101	38,150	75,760	113,910
In-Patient Care						
NHS - Central & N W London	687,669	-	687,669	413,247	-	413,247
NHS - North West London CCG	1,134,047	-	1,134,047	976,575	-	976,575
NHS - out of area commissioned services	83,514	-	83,514	104,541	-	104,541
Michael Sobell Hospice Charity	-	938,449	938,449	-	1,123,696	1,123,696
Primary Care - Hillingdon	79,400	-	79,400	-	-	-
Hospice UK	-	-	-	-	181,386	181,386
HMRC (furlough)	-	-	-	3,461	-	3,461
Sub-total for In-Patient Care	1,984,630	938,449	2,923,079	1,497,824	1,305,082	2,802,906
H4All & Other Collaborations						
The Hillingdon Hospital	-	-	-	12,502	-	12,502
H4All C.I.O.	348,090	-	348,090	251,318	-	251,318
Carers Trust Hillingdon	20,000	-	20,000	18,333	-	18,333
Age UK Hillingdon Harrow and Brent	34,284	-	34,284	31,469	-	31,469
Michael Sobell Hospice Charity	5,199	-	5,199	-	-	-
NHS - North West London CCG	-	-	-	212,160	-	212,160
Sub-total for H4All & Other Collaborations	407,573	-	407,573	525,782	-	525,782
Total income from charitable activities	3,379,270	954,504	4,333,774	3,048,046	1,841,076	4,889,122

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For the year ended 31 March 2023

4 Income from other trading activities

	Unrestricted	Restricted	2023 Total	Unrestricted	Restricted	2022 Total
	£	£	£	£	£	£
Charity Shops - sales	647,289	54,222	701,511	627,077	-	627,077
Online sales	26,379	-	26,379	22,399	-	22,399
Gift Aid	17,406	-	17,406	8,901	-	8,901
Recharged costs	50,168	-	50,168	52,723	-	52,723
HMRC (furlough) - Shops	-	-	-	7,349	-	7,349
Insurance claim received	111,682	-	111,682	-	-	-
Other Income	8,050	-	8,050	5,319	-	5,319
	<u>860,974</u>	<u>54,222</u>	<u>915,196</u>	<u>723,768</u>	<u>-</u>	<u>723,768</u>

All income from trading activities is unrestricted. The insurance claim relates to business interruption during April to June 2020.

5. Other income

	Unrestricted	Restricted	2023 Total	Unrestricted	Restricted	2022 Total
	£	£	£	£	£	£
Acquisition of Michael Sobell Hospice Charity	-	1,038,290	1,038,291	-	-	-
Event income restricted	-	12,050	12,050	-	-	-
Investment income	-	4,025	4,025	-	-	-
	<u>-</u>	<u>1,054,365</u>	<u>1,054,366</u>	<u>-</u>	<u>-</u>	<u>-</u>

For the year ended 31 March 2023

5a Analysis of expenditure (current year)

	Raising funds £	Charitable activities						Governance costs £	Support costs £	2023 Total £	2022 total £
		Harlington Care £	Hospice at Home £	Wellbeing £	Psychotherapy £	In-Patient Care £	H4All & Other Collaborations £				
Staff salary costs (Note 8)	447,796	442,891	274,871	187,865	232,222	1,906,037	314,574	-	344,250	4,150,505	3,597,217
Other staff costs	50,369	14,144	1,206	1,485	9,565	2,452	1,127	-	51,170	131,516	126,387
External and agency staffing costs	53,708	-	-	-	32,263	472,934	-	-	-	558,905	610,910
Clinical services costs	-	-	-	1,717	2,013	382,711	-	-	2,766	389,207	253,887
Professional fees	24,974	-	-	8,225	-	55,450	63,450	-	34,967	187,066	187,996
Premises costs	194,421	-	-	413	-	328,475	-	-	56,918	580,226	411,209
Operational costs	75,058	48,272	975	3,170	1,666	44,248	740	13	83,095	257,237	267,218
Audit fees	-	-	-	-	-	-	-	26,800	-	26,800	12,000
Legal fees	600	-	-	-	-	-	-	15,968	-	16,568	25,819
Depreciation	8,410	225	-	4,280	-	10,042	-	-	51,642	74,599	185,620
	855,336	505,532	277,052	207,154	277,729	3,202,350	379,891	42,781	624,806	6,372,629	5,678,264
Support costs	95,854	126,226	54,097	36,065	30,054	234,420	48,086	-	(624,803)	-	-
Governance costs	13,945	6,881	2,949	1,966	1,638	12,779	2,621	(42,781)	-	-	-
Total Expenditure 2023	965,135	638,639	334,098	245,185	309,421	3,449,549	430,598	-	-	6,372,629	

5b Analysis of expenditure (prior year)

	Raising funds £	Charitable activities						Governance costs £	Support costs £	2022 Total £
		Harlington Care £	Hospice at Home £	Wellbeing £	Psychotherapy £	In-Patient Care £	H4All & Other Collaborations £			
Staff salary costs (Note 7)	332,651	426,120	222,195	173,453	121,802	1,742,212	254,059	-	324,725	3,597,217
Other staff costs	56,807	19,399	1,399	2,350	2,724	13,615	-	-	30,093	126,387
External and agency staffing costs	42,341	-	10,512	1,501	32,598	510,789	-	-	13,170	610,910
Clinical services costs	-	-	35,000	1,858	987	215,102	-	-	941	253,887
Professional fees	15,082	-	-	-	-	-	137,047	-	35,866	187,996
Premises costs	189,451	-	-	2,063	-	102,599	-	-	117,096	411,209
Operational costs	48,414	56,055	11,139	6,100	5,868	86,197	-	-	53,445	267,218
Audit fees	-	-	-	-	-	-	-	12,000	-	12,000
Legal fees	13,777	-	-	-	-	-	-	12,043	-	25,819
Depreciation	4,224	225	-	3,979	-	130,917	-	-	46,275	185,620
	702,747	501,799	280,245	191,304	163,979	2,801,430	391,106	24,043	621,612	5,678,264
Support costs	74,593	130,538	55,945	37,297	31,081	242,429	49,729	-	(621,612)	-
Governance costs	2,885	5,049	2,164	1,443	1,202	9,377	1,923	(24,043)	-	-
Total Expenditure 2022	780,226	637,386	338,354	230,043	196,262	3,053,235	442,758	-	-	5,678,264

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6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2023 £	2022 £
Depreciation	74,599	185,620
Operating lease rentals payable:		
Property	97,625	122,376
Auditor's remuneration (excluding VAT)	26,800	10,500

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

Staff costs were as follows:

	2023 £	2022 £
Salaries and wages	3,571,718	3,134,386
Redundancy costs	7,287	7,297
Social security costs	363,318	276,669
Employer's contribution to pension schemes	208,181	178,865
	4,150,504	3,597,217

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2023 No.	2022 No.
£70,000 - £79,999	1	2
£80,000 - £89,000	1	1
£90,000 - £99,000	1	

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £360,756 (2022: £293,765). The figure in 2023 includes the staff listed on page 3 of this report.

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2022: £nil). No charity trustee received payment for professional or other services supplied to the charity (2022: £nil). Expenses relating to one trustee for £43 were reimbursed for travel expenses during the year. (2022- nil)

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 154 (2022: 137).

Staff are split across the activities of the charity as follows:

	2023 No.	2022 No.
Raising funds	16.0	16.0
Harlington Care	31.0	30.0
Hospice at Home	12.0	8.0
Daycare	6.0	8.0
Family Support	4.0	4.0
In Patient Care	65.0	51.0
H4All and Other Collaborations	6.0	7.0
Support	14.0	13.0
	154.0	137.0

9 Related party transactions

During the year the Charity rented a property from Komfort Service Ltd (a company for which Mr Michael Edwards, trustee, is a director.) Payments to the company for rent and other services during the year totalled £12,500 (2022: £12,500).

Mr Sean Fitzpatrick, trustee, is additionally the Treasurer of the A.P. Taylor trust, which provided £10,000 grant funding to Harlington Hospice in 2021, 2022 and 2023. The purpose of the fund was to support charitably funded daycare activities for clients.

As Trustee representatives, Ms Margaret Roberts (Resigned October 2023) and subsequently Michael Breen (Appointed October 2023), and Mr William (Steve) Curry, as CEO of Harlington Hospice, are also trustees for H4All C.I.O. Any work for H4All is on an arm's length basis.

During the year, Mr M J Breen, trustee, was also a director of the Hospice Lottery Partnership in which the charity has an interest. Income received in the year was £200,000 (2022: £201,000) and expenditure in the year was £1760 (2022: £733) with an amount due to the Hospice Lottery Partnership of £138 at the year end (2022: £111). Mr M J Breen is also a Director of The Creative Place Ltd and shareholder in it's ultimate holding company and expenditure incurred with this company by Harlington Hospice was £2682 (2022: nil).

Income received from H4All C.I.O. covered the cost of staff seconded to the charity to support the broader Health & Wellbeing aims of Harlington Hospice. The total income received from H4All in 2022 was £348.090 (2022: £244,723).

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties, except as noted above.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

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11 Tangible fixed assets

The Group	Freehold property £	Improvements £	Equipment £	Fixtures and fittings £	Motor vehicles £	Total £
Cost or valuation						
At the start of the year	2,900,000	521,580	45,656	202,992	14,500	3,684,728
Revaluation in year	500,000	-	-	-	-	500,000
Arising from merger with MSHC	-	-	-	28,225	15,360	43,585
Additions in year	-	-	11,819	560	-	12,379
Disposals in year	-	-	-	(67,168)	-	(67,168)
At the end of the year	3,400,000	521,580	57,475	164,609	29,860	4,173,524
Depreciation						
At the start of the year	71,653	487,071	41,367	177,409	14,162	791,662
Arising from merger with MSHC	-	-	-	8,239	15,360	23,599
Charge for the year	24,000	26,292	10,199	13,770	338	74,599
Disposals in year	-	-	-	(67,168)	-	(67,168)
At the end of the year	95,653	513,363	51,566	132,250	29,860	822,692
Net book value						
At the end of the year	3,304,347	8,217	5,909	32,359	-	3,350,832
At the start of the year	2,828,347	34,509	4,289	25,583	338	2,893,066

Tangible fixed assets

The Charity	Freehold property £	Improvements £	Equipment £	Fixtures and fittings £	Motor vehicles £	Total £
Cost or valuation						
At the start of the year	2,900,000	521,580	45,656	202,992	14,500	3,684,728
Revaluation in year	500,000	-	-	-	-	500,000
Arising from merger with MSHC	-	-	-	-	-	-
Additions in year	-	-	11,819	-	-	11,819
Disposals in year	-	-	-	(67,168)	-	(67,168)
At the end of the year	3,400,000	521,580	57,475	135,824	14,500	4,129,379
Depreciation						
At the start of the year	71,653	487,071	41,367	177,409	14,162	791,662
Arising from merger with MSHC	-	-	-	-	-	-
Charge for the year	24,000	26,292	10,199	13,146	338	73,975
Disposals in year	-	-	-	(67,168)	-	(67,168)
At the end of the year	95,653	513,363	51,566	123,387	14,500	798,469
Net book value						
At the end of the year	3,304,347	8,217	5,909	12,437	-	3,330,910
At the start of the year	2,828,347	34,509	4,289	25,583	338	2,893,066

Land with a value of £1,400,000 (2022: £1,200,000) is included within freehold property and not depreciated.

All properties held at valuation were last valued on 21st March 2023 by Reinhardt Estate agents. The revaluation was reviewed and agreed by the charity's finance sub-committee on behalf of the Board. Harlington Hospice would normally seek a revaluation for this property every three years.

All of the above assets are used for charitable purposes.

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12 Subsidiary undertaking

The charity owns the whole of the issued ordinary share capital of The Michael Sobell Hospice Charity, a company registered in England. The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the Harlington Hospice trustees Carol Coventry, Michael Breen, Vanessa Avlonitis, Michael Edwards, Caroline Morison and John Sandercock who are also directors of the subsidiary.

A summary of the results of the subsidiary is shown below:

	2023	2022
	£	£
Turnover	1,015,359	1,155,861
Turnover from sales to parent undertaking	-	-
Cost of sales	(1,703,863)	(1,778,503)
Cost of sales related to purchases from parent undertaking	-	-
Gross profit/(loss)	(688,504)	(622,642)
Profit/(loss) on ordinary activities before interest and taxation	(688,504)	(622,642)
Interest receivable and similar income	-	-
Net gains / (losses) on investments	(20,341)	37,854
Profit / (loss) on ordinary activities before taxation	(708,845)	(584,788)
Taxation on profit on ordinary activities	-	-
Profit / (loss) for the financial year	(708,845)	(584,788)
Retained earnings		
Total retained earnings brought forward	1,482,230	2,067,018
Profit / (loss) for the financial year	(708,845)	(584,788)
Total retained earnings carried forward	773,385	1,482,230
The aggregate of the assets, liabilities and reserves was:		
Assets	929,124	1,644,105
Liabilities	(155,739)	(161,875)
Reserves	773,385	1,482,230

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13 Parent charity

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

	2023	2022
	£	£
Gross income	6,851,495	5,718,617
Result for the year	593,374	40,353

14 Fixed asset Investments

			2023	2022
	Listed investments	Unlisted investments	£	£
Cost or valuation				
Arising from merger	473,485	205,810	679,295	-
Revaluation at 31 March 2023	-	-	-	-
At 31 March 2023	473,485	205,810	679,295	-

15 Debtors

	The group		The charity	
	2023	2022	2023	2022
	£	£	£	£
Trade debtors	441,411	753,834	500,710	753,834
Other debtors	34,784	23,160	20,773	23,160
VAT Recoverable	32,482	60,192	32,482	60,192
Prepayments	94,537	57,184	73,665	57,184
Accrued income	135,304	453,839	135,303	453,839
	738,518	1,348,209	762,933	1,348,209

16 Creditors: amounts falling due within one year

	The group		The charity	
	2023	2022	2023	2022
	£	£	£	£
Trade creditors	199,237	294,167	186,804	294,167
Taxation and social security	89,063	79,617	82,759	79,617
Other creditors	43,510	59,103	39,664	59,103
Accruals	642,888	266,097	632,888	266,097
Deferred income	169,000	340,802	169,000	340,802
	1,143,698	1,039,786	1,111,115	1,039,786

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17a Analysis of net assets between funds (current year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	-	3,342,009	-	3,342,009
Investments	679,295	-	-	679,295
Net current assets	659,538	-	-	659,538
Net assets at 31 March 2023	1,338,833	3,342,009	-	4,680,842

17b Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	-	2,893,066	-	2,893,066
Intangible fixed assets	-	-	-	-
Net current assets	968,131	-	-	968,131
Net assets at 31 March 2022	968,131	2,893,066	-	3,861,197

18a Movements in funds (current year)

	At 1 April 2022 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2023 £
Restricted funds:					
Psychotherapy	-	16,055	(16,055)	-	-
In-Patient Care	-	1,167,861	(1,167,861)	-	()
Acquisition of Michael Sobell Charity	-	1,063,188	(309,725)	-	753,463
Total restricted funds	-	2,247,104	(1,493,641)	-	753,463
Unrestricted funds:					
Designated funds:					
Fixed assets	2,893,066	500,000	(51,057)	-	3,342,009
Total designated funds	2,893,066	500,000	(51,057)	-	3,342,009
General funds	968,131	4,453,989	(4,827,926)	-	594,193
Total unrestricted funds	3,861,197	4,953,989	(4,878,983)	-	3,936,202
Total funds	3,861,197	7,201,092	(6,372,624)	-	4,689,665

The narrative to explain the purpose of each fund is given at the foot of the note below.

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18b Movements in funds (prior year)

	At 1 April 2021 £	Income & gains £	Expenditure & £	Transfers £	At 31 March £
Restricted funds:					
Harlington Care	-	122,571	(122,571)	-	-
Hospice at Home	-	337,663	(337,663)	-	-
Wellbeing	50,000	-	(50,000)	-	-
Psychotherapy	-	75,760	(75,760)	-	-
In-Patient Care	137,835	1,305,082	(1,442,917)	-	-
Total restricted funds	187,835	1,841,076	(2,028,911)	-	-
Unrestricted funds:					
Designated funds:					
Land & Buildings	2,852,347	-	(24,000)	-	2,828,347
Fixed assets	218,672	7,667	(161,620)	-	64,719
Total designated funds	3,071,019	7,667	(185,620)	-	2,893,066
General funds	561,990	3,869,874	(3,463,733)	-	968,131
Total unrestricted funds	3,633,009	3,877,541	(3,649,353)	-	3,861,197
Total funds	3,820,844	5,718,617	(5,678,264)	-	3,861,197

18b Movements in funds (continued)

Purposes of restricted funds

Psychotherapy : Grants from BBC Children in Need fund to provide counselling support to children and young adults.

In-Patient Care: grants from the Michael Sobell Hospice Charity to support the running costs of the hospice, and the acquisition value arising from the merger of Harlington Hospice and MSHC

Purposes of designated funds

Fixed assets: The trustees have decided to designate all fixed assets, including land and buildings at Lansdowne House in Harlington, and the fixed assets belonging to The Michael Sobell Hospice Charity.

19 Operating lease commitments payable as a lessee

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods

	Property	
	2023	2022
	£	£
Less than one year	56,500	92,500
One to five years	41,125	130,125
	97,625	222,625

20 Friends of Harlington Hospice

The accounts for the Friends of Harlington Hospice show a bank and cash balance of £9,015 (2022: £8,464) as at 31 March 2023. Donations received via the Friends and funds raised from coffee mornings, totalled £1,102 (2022: £3,619) and are included in unrestricted funding.

During 2022/23 there were no items purchased from ringfenced funds.

The income and expenditure account is not audited.

21 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £10.

HARLINGTON HOSPICE ASSOCIATION LIMITED

England & Wales - Charity number 1099332

Accounts

Company number: 04199504

Charity number: 1099332

Harlington Hospice Association Limited

Annual report and financial statements

1 April 2021 to 31 March 2022

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Reference and administrative information

Company number	04199504
Country of incorporation	United Kingdom
Charity number	1099332
Country of registration	England & Wales
Registered office and operational address	Lansdowne House St Peter's Way Harlington Middlesex - UB3 5AB
Operating address for the Michael Sobell Hospice	Mount Vernon Hospital Rickmansworth Road Northwood HA6 2RN
Trustees	Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows: Carol Coventry, Chair of Board of Trustees Michael (Sean) Fitzpatrick, Company Secretary Vanessa Avlonitis Michael Breen (Appointed August 2022) Michael Edwards John McDonnell MP Brian Neighbour (Resigned April 2022) Margaret Roberts John Sandercock (Appointed August 2022)
Key management Personnel	William (Steve) Curry, Chief Executive Julie Wright, Director of Nursing & Clinical Services (To March 2022) Sara Ryan, Director of Nursing and Clinical Services (From March 2022) Ros Taylor, Medical Director Christopher Speakman, Director of Finance (From March 2022 to June 2022) Clare Miles, Director of Finance (From November 2022)
Bankers	National Westminster Bank 6 Coldharbour Lane Hayes, Middlesex UB3 3EL

Solicitors

IBB Law
Capital Court
30 Windsor St
Uxbridge UB8 1AB

Auditor

Sayer Vincent LLP
Chartered Accountants and Statutory Auditor
Invicta House, 108-114 Golden Lane
LONDON, EC1Y 0TL

Trustees' Annual Report year ended 31 March 2022

The Trustees present their report and the audited financial statements for the year ended 31 March 2022.

The reference and administrative information set out on page 3 forms part of this report. The financial statements, memorandum and articles of association, comply with both current statutory requirements and the requirements of a director's report as required under company law. They are also in compliance with the Statement of Recommended Practice - Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Purpose, objectives, activities and priorities

Our Vision

Harlington Hospice's vision is that people with a life-limiting illness living in the London Borough of Hillingdon and surrounding areas, and their families and friends, receive high-quality and individualised holistic care and support. This support will help them to live with and alongside advancing illness in the most positive way possible throughout the final stages of a person's life.

Our Mission

- People living with a life-limiting illness in the London Borough of Hillingdon and surrounding areas will have support which enables them to stay as independent as possible in their final stages of life;
- People at the end of life will have high-quality care which supports their wish to die in a place of their choosing;
- Support will be available to carers and family members of those with a life-limiting illness, extending into the bereavement period.

Charitable objectives

The purpose of the charity is to promote the relief of sickness and suffering for people with any chronic or terminal illness. The Trustees describe below how the services provided by the charity fulfilled its charitable objectives.

Summary of the main activities in relation to charitable objectives

- Provision of specialist end-of-life care at home and in a bedded hospice environment;
- Provision of day care, therapies and wellbeing services for people living with long-term conditions and people at the end of their life;
- Provision of services providing psychological, emotional and mentally therapeutic support for patients approaching the end of their life, and for families, adults and children before and after a bereavement.

Priorities identified by Trustees for year ended 31 March 2022

The Trustees undertook a review which identified the charity's strategic aims for an 18 month period from November 2020. Based on this, the main areas of activity for the charity are as follows:

- *Improving care through staff and service development:* The Trustees aim to ensure that provision of safe and personalised care remains the most important area of our work.
- *Working with others to meet people's needs:* Our main focus has continued to be the development of end-of-life care as an integrated service within the wider health and social care economy. The Trustees recognise that this can only be achieved by working with partner health and social care providers.
- *Achieving financial stability:* The Trustees have continued to prioritise the achievement of long-term financial stability and viability to ensure they can deliver on their strategic aims and objectives. There has been a recognition of the need to consolidate and stabilise core business activity to continue to deliver high standards of patient and client care.
- *Strengthening structures in response to rapid growth and development:* The Trustees decided to review resources required to support new governance structures, achieve improved business and organisational information and to increase the human resources infrastructure of the charity.

This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The Trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to help. The review also helps the Trustees ensure the charity's aims, objectives and activities remained focused on its stated purposes.

Beneficiaries of our services

The support services provided by Harlington Hospice are accessible to any adult who is nearing the end of life, in receipt of palliative care, lives with dementia or other life-limiting illness or provides unpaid support to a friend or family member.

Additionally, we provide bereavement therapy services for children and young people from 4 years old up to the age of 17 years old and subcontract a bereavement counselling service for adults through Hillingdon Mind.

Our services are currently provided to adults and children who live in the London Borough of Hillingdon or are registered with a GP in the borough. A small domiciliary care and respite service is available to family carers in the London Borough of Hounslow. We also occasionally receive inpatient unit referrals from patients who live in other counties such as Hertfordshire and Harrow.

There is wide access to our services through GPs, community health services, hospital teams, partner third sector organisations and self-referral.

Achievements and performance

The charity's main activities are described below. All our charitable activities focus on the relief of sickness and suffering for people living with or alongside any life-limiting illness. All activities are undertaken to further Harlington Hospice's charitable purposes for the public benefit. In order to achieve its objectives, the charity has supported its beneficiaries through the provision of the following support services and activities:

Inpatient and At-Home Care

Inpatient Care (at the Michael Sobell Hospice)

The Michael Sobell Hospice inpatient unit (IPU) has been the only clinical provider of inpatient hospice care in Hillingdon since April 2020. It is a ten bedded inpatient unit, with a full multidisciplinary team (doctors, nurses, therapists, a chaplain) providing responsive and compassionate palliative and end-of-life care. The IPU supports people requiring complex symptom management with the aim of discharging them to back home, together with care for people at the end of their life. The IPU also supports a 24/7 consultant-led advice line for clinicians and the public. The IPU works collaboratively with all other local palliative teams to ensure care is in the right place at the right time.

As part of the care provided to patients staying at the IPU, the multidisciplinary team work to ensure that, wherever possible, patients are supported to realise their aspirations and their wishes are carried out. For example, over the last year staff have supported patients and families with weddings; baptisms; repatriation of unwell patients; repatriation of the deceased; writing letters to patients' children; virtual reality experiences of special or 'bucket list' locations; visits from ponies; hairdressing; chiropody; dental care; remote palliative medical support for patients who are abroad; moving beds to the hospice garden to support wellbeing and participation in outdoor family picnics; addiction support in conjunction with specialist teams and individualised spiritual support.

Over the past year, we have maintained sufficient capacity to enable admissions seven days a week. We received 256 referrals to the inpatient unit and 215 patients were admitted.

Funded by NHS contracts and charitable income provided by Michael Sobell Hospice Charity

Hospice at Home

Through our Hospice at Home service, Registered Nurses and Specialist Trained Healthcare Assistants provided palliative support and healthcare to people in their own home during the last weeks of life. This support was tailored to the individual needs of each family. As the service can be provided overnight, this also allowed family members who had been caring for a patient to have respite at night, and therefore be in a better place to provide support to the patient the following day.

During the year 2021-2022, the Hospice at Home Team also continued to support the local Rapid Response Team by providing night support for patients and their carers to facilitate discharges from hospital.

Funded by NHS contract and charitable income

Harlington Care

Our social care support service, known as Harlington Care, provides a comprehensive domiciliary care service in the home. This includes more advanced care tasks for people with complex health and social care needs. A contracted service also provides respite care to carers across the London Borough of Hillingdon, and includes an additional respite service in the neighbouring borough of Hounslow. These services were adapted during the year 2020-2021 to meet the priority needs of clients and carers and also to provide support to clients and carers throughout the COVID-19 restrictions.

These adaptations included the implementation of phone support for both people being cared for and their carers and remote contact with clients via Zoom. We also introduced a new software system which enabled faster assessment and commencement of services, as well as the ability to update client information and COVID-19 status in real time.

Additionally, a Multi-Disciplinary Team (MDT) meeting was introduced and took place three times per week, which improved our staff's links with local palliative care teams. This enabled the provision of additional support for carers looking after a dying person at home and was very effective in reaching carers who were not routinely being referred to the service.

These changes made during the pandemic have remained as standard practice and will also provide service resilience if restrictions are re-introduced in the future.

In December 2021, our Harlington Care service underwent a full Care Quality Commission (CQC) inspection and was rated 'Good' in all five domains (safe; effective; caring; responsive to people's needs; and well-led).

Funded by London Borough of Hillingdon, London Borough of Hounslow and client fees

Enhanced end-of-life support at Hayes Cottage nursing home

Harlington Hospice's nursing and therapy staff carried on supporting patients in continuing healthcare beds within Hayes Cottage nursing home in Hayes, Middlesex. This support incorporated aspects of hospice care into the Hayes Cottage service, including physiotherapy, complementary therapies, pastoral support, psychological support and senior end-of-life nursing support. The work of our teams at Hayes Cottage has contributed to the total amount of hospice care available to people in the borough over this past year.

Funded by NHS contract and charitable income

Wellbeing Services

Day Care at Lansdowne House and the Michael Sobell Hospice

Our Day Care services at Lansdowne House and the Michael Sobell Hospice usually involve complementary therapies (including massage and reiki), creative arts, and rehabilitation (including physiotherapy and occupational therapy).

Due to the continuing coronavirus outbreak, we were not able to run our usual Day Care services at Lansdowne House and at the Michael Sobell Hospice. This was due to COVID-19 restrictions and public health advice, and because we offered our Day Care space at Lansdowne House to the NHS to be utilised as a Primary Care COVID hub for most of the year.

However, where possible, we continued to provide support by adapting the services in our smaller premises, and through increasing our community outreach and home-visiting services. We were also able to support people through running remote wellbeing workshops using video calling platforms, such as Zoom, and by offering telephone support. In addition, self-care podcasts recorded by staff have been available on our website.

Our Complementary Therapists have also been delivering a variety of therapies in our inpatient unit and as outpatient appointments. This year, 192 patients were supported through 839 sessions.

Funded by charitable income

Lymphoedema clinics

Based at Lansdowne House, our charity runs the largest lymphoedema clinic in the London Borough of Hillingdon. The service treats both primary and secondary lymphoedema, working with the Tissue Viability and District Nursing Teams. Home visits and group wellbeing and support sessions are also part of the service.

In 2021/2022, our outpatient lymphoedema services at Lansdowne House were able to resume full capacity. However, we maintained some practices from when we were running the service during the COVID-19 restrictions, which we feel benefitted the accessibility of the service. These included maintaining regular contact with all patients by telephone, maintaining our expanded home-visiting service in order to support more patients and facilitating exercise classes via Zoom to enable patients to join in at home.

The Lymphoedema Team supported 306 patients and provided 1422 sessions this year, limiting deterioration of this painful condition for local people.

Funded by NHS contract

Dementia support

Due to the continuing coronavirus outbreak and restrictions, we were still unable to provide any face-to-face services for people caring for those with dementia last year. However, between April and December 2021 we delivered a monthly online session via Zoom. After December, the demand for online sessions was not sufficient and so these sessions ceased after this time. However, throughout the year, telephone support calls were available to carers when they were needed. We also offered regular calls to carers facing exceptional challenges throughout the periods of lockdown.

Funded by charitable income

Psychological and Emotional Support Services

Adult Psychological Support Service

Our Adult Psychological Support Service includes a Palliative Psychotherapy Team who have supported adults living with a life-limiting illness, and their loved ones, since January 2021. Delivered both at the Michael Sobell Hospice inpatient unit and in the community, the service aims to support people through the entire end of life journey. This involves offering therapeutic interventions to ease anxieties and worries

about dying and supporting families to know and understand the physical changes that will occur to their loved one during the dying process.

The therapeutic space offered enables individuals, couples and families to explore, express and process their own unique feelings of living with or alongside a terminal illness. This support is offered to people and families referred to the service from a few months before the end of life, right through to the period where someone is actively dying. This year, the Palliative Psychotherapy Team were able to maintain a normal level of service following government safety measures, and delivered 257 sessions to 37 clients.

Our Adult Psychological Support Service also offers free counselling to adults in our community who have, or are living alongside, a life-limiting illness. This service is available to patients using the other hospice services and their loved ones who may be coming to terms with their friend or family member's illness. The service also offers support to people who are caring for someone who has a diagnosis of dementia.

During the COVID-19 restrictions this year, we ran a blended service offering face-to-face, video call and telephone counselling. This year, we delivered 77 sessions, supporting 19 clients.

Funded by charitable income

Child and Adolescent Bereavement Service (CABS)

Our CABS service supports children and young people aged 4 to 17 years old in the London Borough of Hillingdon whose parent/carer, sibling or other significant person has died. The service also supports families with end-of-life care in the pre-bereavement stage and facilitates conversations around death and dying, working with schools and other professionals who are involved in children and young people's care. This is done through offering free individual and group art therapy sessions for young people, as well as family sessions, parent support groups and creative workshops.

Whilst following the recommended COVID-19 guidance to minimise the risk of transmission, we were able to offer face-to-face and family group sessions in person.

In March 2021, CABS created an additional therapy space and office at the Michael Sobell Hospice site, increasing the accessibility of the service for children and young people in the north of the borough. We continued to offer therapy to children and young people at this site throughout 2021/2022.

Between April 2021 and March 2022, our CABS Team supported 117 children and young people through 748 number of therapy sessions.

Funded by charitable income

Patient and Family Support

Over 2021/2022, Patient and Family Support was provided to patients and their families and friends in the inpatient unit on three days per week. This service is delivered where and when the need arises and can include psychological and emotional support as well as high-intensity psychotherapy. Due to the increase in patients with young children staying at the Michael Sobell Hospice, on occasion the Patient and Family Support Team also offered support to children under 16 years old.

Face-to-face sessions took place within the inpatient unit throughout all of the COVID-19 restrictions, following government health advice. Sessions were also given to patients who tested positive for COVID-19.

This year, the Patient and Family Support Team had 155 new referrals and delivered 419 sessions.

Funded by charitable income

Education

Over this year, the charity has continued to develop an education programme on palliative and end-of-life care for staff, healthcare professionals and carers.

Palliative Care Bites

467 healthcare professionals registered to attend these sessions over 2021/2022. Delivered online and face-to-face, the Palliative Care Bites programme is run by various service-delivery teams at the charity. It offers free monthly lunchtime training and sharing sessions on different aspects of palliative and end-of-life care, for all healthcare professionals. Topics this year included Multi-faith Spiritual Care, Supporting Children and Adolescents with Grief and Loss, Caring at Home and Frailty and Palliative Care.

Lunch and Learn

Carried out internally for Harlington Hospice staff, this programme is a multi-disciplinary learning programme focused on the sharing of expertise. We ran six Lunch and Learn sessions this year and topics included Reflections on Deaths in the Hospice, Information on Funding Issues, Benefits, Mental Capacity, Best Interests, DOLs and Housing and The Meaning and Magic of Weddings Towards the End of Life.

Project Echo

Project Echo is an education programme delivered in collaboration with MyHealth Hillingdon through H4All. This year, we delivered our first training session with the London Ambulance Service, sharing expertise on end-of-life and palliative care between key clinicians at the hospice and the London Ambulance Service's End of Life Leads.

Placements for healthcare professionals

This year, we continued to offer placements for GP Registrars. 4 GP Registrars completed placements inside the Michael Sobell Hospice over 2021/2022. Additionally, we continued to offer placements to paramedics working in Hillingdon through the London Ambulance Service. This year, 17 paramedics had placements at the Michael Sobell Hospice.

Training for carers

Our Medical Director and our Nurse Consultant have designed and facilitated a three-part psycho-educational course for carers looking after their loved-ones in our local community. This course has now been repeated 4 times in collaboration with Carers Trust Hillingdon, helping to coach and train a total of 70 carers in how they can support their loved ones as they are nearing the end of life.

Digital Legacy Conference

On 5 October 2021, our Digital Fellow and our Medical Director chaired a virtual international conference which presented global projects focussing on digital legacies.

Partnerships and collaborative work

Partnership working with the Michael Sobell Hospice Charity

In 2020, a partnership between Harlington Hospice and the Michael Sobell Hospice Charity (MSHC) enabled the Michael Sobell Hospice inpatient unit to reopen. Over 2021/2022, this partnership working deepened: the two charities ran a joint hospice committee including three Trustees from each charity's board and a meeting between the senior officers of each charity was held bi-monthly, overseeing areas of joint working and collaboration.

As this partnership working with MSHC evolved, this also enabled the charity to begin to focus on the long-term sustainability of the hospice services it provides. The Trustees worked with the board at MSHC to appoint a joint Director of Fundraising for both charities, enabling the medium and long-term fundraising plans to be brought into alignment.

The Trustees also appointed a joint Communications Manager and have plans to recruit further joint Communications and Fundraising Team members. This is to support the fundraising activities of both Harlington Hospice and MSHC and to align with and support the future plans to merge the two charities. Please see the section 'Plans for the future' for more information.

Counselling for bereaved adults

Harlington Hospice commissions Hillingdon Mind to run this service which is subcontracted through their existing counselling service. It is available to adult clients who are going through a bereavement following the death of a significant person.

Funded by NHS contract

Carer support

As our usual face-to-face courses and sessions were temporarily stopped, carers were regularly supported by phone from our base at Lansdowne House. We continued our carer support groups and therapeutic workshops via Zoom.

As described above, under 'Education', our Medical Director and Nurse Consultant also facilitated a three-part psycho-educational course for carers, attended by an average of 6 carers per session, to coach and train carers in supporting their loved one towards the end of life. Additionally, we continued to offer extensive informal carer support to families and friends inside the Michael Sobell Hospice, which is highly evaluated.

Carer support services and courses were provided by Harlington Hospice on behalf of Hillingdon Carers Partnership within a London Borough of Hillingdon contract

H4All

Harlington Hospice is part of H4All. H4All is a joint venture of five local charities set up to strategically coordinate non-profit services and develop services collaboratively, for the benefit of residents in the London Borough of Hillingdon. This collaborative working enables us to identify residents who may be in need and offer support at an earlier stage in a person's end-of-life journey.

Hillingdon Health and Care Partners (HHCP)

Established in 2014, this is the main healthcare provider partnership in the borough. It is made up of Hillingdon Hospital NHS Trust, CNWL NHS Community Trust, NHS Northwest London ICS, Hillingdon Primary Care Confederation and H4All. The partnership works to develop an integrated approach to services to better meet the needs of the Hillingdon community. HHCP is the Integrated Care Partnership for the borough and Harlington Hospice's Chief Executive has continued to play a leading role in this.

3ST - North West London Third Sector Together

3ST is a collaboration of leading third sector providers and councils for voluntary services across eight North West London boroughs (which make up the NHS Integrated Care System area). Through this group the charity has access to seats on the Integrated Care System boards.

Third sector hospices

As a result of working within 3ST, we have already been developing increasingly close links with St Luke's Hospice (Brent and Harrow). Over this past year, we have also been developing links with Royal Trinity Hospice (Clapham, London) and St John's Hospice (Central London), exploring efficiencies and the possibility of shared services. It is hoped that this approach may be extended in the future to involve more extensive collaboration to better support patients.

Compassionate Hillingdon

This year, we have collaboratively undertaken a pilot project with the other charities at H4All called Compassionate Hillingdon. The Compassionate Hillingdon project supports people in the Hillingdon community who have a life-limiting illness, are older, or are struggling with isolation. The Compassionate Hillingdon team works to facilitate reciprocal friendships between like-minded people who live close to one another. Working to understand the needs and interests of each person using the service, the team use this information to assign them a Compassionate Friend. The Compassionate Friends are volunteers who support the client through regular visits or phone calls, going on days out or attending appointments, and offering support with day to day activities.

Outputs – Activity data

Number of new referrals	2019-20	2020-21	2021-22
Michael Sobell Hospice inpatient unit	71	302	256
Hospice at Home	158	211	205
Harlington Care	-	171	144
Lymphoedema service	94	65	109
Patient and Family Support	54	24	155
Palliative Psychotherapy	1	10	37
Child and Adolescent Bereavement Service	39	51	117
Day Care and Wellbeing Services at Lansdowne House and the Michael Sobell Hospice (excluding lymphoedema)	-	30	130

Number of sessions provided	2019-20	2020-21	2021-22
Michael Sobell Hospice In-patient Unit (admissions)	60	224	215
Hospice at Home	1201	1115	1102
Harlington Care	9500	9818	9361
Lymphoedema service	2274	979	1422
Patient and Family Support	738	693	419
Palliative Psychotherapy	-	61	257
Child and Adolescent Bereavement Service	341	493	748
Day Care and Wellbeing Services at Lansdowne House and the Michael Sobell Hospice (excluding lymphoedema)	472	5	839

Contribution of volunteers

Volunteers add extraordinary value to the activities of the charity by contributing their time, skills, expertise and experience. Volunteers carry out a range of roles from office assistance to direct patient support.

This year, volunteers contributed 12,475 hours (equivalent to 6.4 full time staff).

Volunteer involvement in the charity's activities was particularly impacted by the COVID-19 pandemic and the contribution of volunteer hours fell as shown below. Unfortunately, into the year 2021-2022, we are still experiencing the impact of the pandemic. We have not yet reached our previous number of voluntary hours.

It is worth noting that a number of our volunteers who switched their volunteering activity to support with the COVID-19 emergency response were coordinated through our H4All consortium.

Role of Volunteers	Total annual hours donated 2019-20	Total annual hours donated 2020-21	Total annual hours donated 2021-22
Administrative support at Lansdowne House	876	0	0
Art Therapy	53	0	0
Day Care at Lansdowne House	960	0	0
Day Care at the Michael Sobell Hospice	1007	0	0
Inpatient unit (Michael Sobell Hospice)	312	0	77
Reception at Lansdowne House	960	0	0
Reception at Michael Sobell Hospice	336	642	1860
Complementary Therapy at Lansdowne House	516	0	0
Complementary Therapy at Michael Sobell Hospice	102	0	0
Retail	12900	0	10,538
Total	18382	642	12475

Outcomes and public benefit

The impact of the COVID-19 pandemic continued throughout 2021-2022. The responsiveness of the inpatient unit remained crucial in the local health economy working closely with the local hospital and palliative care teams. We are pleased to say that of 215 admissions, 149 of those were the same or the next day, showing a rapid response to the needs of the hospitals and a better palliative outcome for patients. In addition, the hospice undoubtedly contributed to patients being cared for in their preferred place of care.

Over the past year we have been actively influencing developments in end-of-life care within health and social care planning in our area. This has been through our partnership work within the integrated care partnership known as Hillingdon Health and Care Partners (HHCP). We have provided leadership in developing the HHCP End of Life Strategy and the vision for a Coordination Hub for palliative care is now firmly on the agenda for 2022/2023. Harlington Hospice Association's Chief Executive is the nominated

representative for the third sector on the North West London Integrated Care System (ICS) Board. They are therefore able to promote the needs of people needing palliative and end-of-life support within the larger health economy.

Measurements of success

External accreditation

Harlington Hospice holds three separate registrations with the Care Quality Commission (CQC):

- Harlington Hospice Michael Sobell Hospice site had an inspection 4/5th July 2022 and was rated Requires Improvement.
Good was awarded for the domains:
 - Effective
 - Caring
 - ResponsiveRequires Improvement for the domains:
 - Safe
 - Well led.An action plan has been developed addressing all regulations and work continues to ensure the next Inspection will be Good
- Harlington Hospice Lansdowne House site is rated “Good” in all five domains that were assessed
- Harlington Care is rated “Good” in all five domains that were assessed

How we measure quality of our services

Harlington Hospice is now working to the CQC quality framework across all its services. All newly acquired services are now embedded in the charity’s governance systems and processes. The quality improvement methodology and standard of care philosophy is also brought into alignment for all new services.

All of our quality processes are implemented in line with the National Institute for Health and Care Excellence (NICE) quality standards.

In order to measure the quality of our services, over the past year we have:

- Contributed to the Hospice UK Patient Safety Benchmarking project regarding the Michael Sobell Hospice inpatient unit. This has involved the Quality Lead attending quarterly meetings with Hospice UK where patient safety data from our service is compared with other hospices in the UK of a similar size;
- Undertaken quality working group meetings every 4-6 weeks, attended by representatives from each of our services. These groups have involved formal practice reviews of each service for that period and the outcomes have been reported at formal quality governance meetings;
- Continued to use the Sentinel risk-management system to manage incidents, risk and other quality-related areas. This has been a crucial element in preparation for CQC inspection and external accreditation;
- Held quarterly reviews of all incidents in order to identify any incidents that required escalation to the relevant Board subcommittees or to the Trustee Board;

- Continued to implement our quality governance structure. This involved focus group meetings feeding into a larger quality working group, which then feeds into a quality governance subcommittee attended by a Trustee;
- Participated in national audits including the above Hospice UK Patient Safety Benchmarking project, The Big Fat Thrombosis Audit and Hospice UK's Falls Deep Dive;
- Patient and Family Feedback Forms are distributed across the services. Where relevant, services use additional quality-measurement tools, such as CABS' Child and Adult Bereavement Service Questionnaire (CBSQ) from the Child Bereavement Network UK.
- Services also adhere to the guidance set out by their relevant professional body and staff in the services are trained to at least the minimum standard required for ethical practice. For example, our CABS service is registered with and regulated by the Health Care Professions Council (HCPC) and the British Association of Art Therapists (BAAT).

Feedback from our beneficiaries

It is essential that we measure the quality of our beneficiaries' experiences. One way we achieve this is by encouraging patients and family members who are using our services to complete feedback forms.

Of the 76 patients and family members inside the inpatient unit who were surveyed from 2021-22, 96% said 'Yes', they would recommend the service to friends and family if they needed similar care. The remaining 4% of people surveyed said that they were 'Likely' to recommend it.

90.8% of people surveyed said that they 'Totally Agreed' with the statement 'I had confidence and trust in the staff looking after me'. The remaining 9.2% of people said they either 'Agreed' with the statement, or 'Don't know/non applicable'. Furthermore, 93.4% of people surveyed 'Totally Agreed' with the statement 'I was satisfied with the support I received'. Of the remaining, 2.6% 'Agreed' with the statement, and 4% said they 'Neither agreed or disagreed' or 'Don't know/not applicable'.

Due to the sensitive nature of our clinical work, it is very important that family and friends are also able to freely express their opinions of our services in a qualitative way. Below is a selection of the feedback we received this year from our feedback forms across our services:

"Excellent Care provided. Kind, considerate, happy and smiling staff. Thank you all so very much. I can't think of anything that could improve the excellent level of care that has been provided to my sister."

"I have been treated with the utmost care and respect from all levels of staff and importantly my opinions respected and observed."

"I arrived at Michael Sobell tired, dejected and not knowing what the future held. I was discharged 14 days later with a spring in my step, having had my medication tweaked and my confidence restored. Thanks to all who enabled this."

"All Staff were very friendly. Food and Menu choice were very good. I was able to go home for the weekends and keep the bed. OT's and Complementary therapies. Quick access to doctors and nurses."

"Really pleased that if the family needed help they would ring the office and help would be provided instantly. Can't believe this service existed as a charity."

"I found that I can talk about my friend without getting too emotional. I've learnt different techniques to cope with my anxiety and stress. I feel like I get less angry. I enjoyed painting and the session with the sensory stuff"

"There's been change in my daughter, she's her happier, laughing more, and she has some of her old spark back."

How we monitor our success

As well as submitting compliments about the service, patients and their loved ones are also able to share concerns and submit formal complaints through our complaints procedure, which are then reviewed by the Complaints Lead.

In order to measure the success of our services through both positive feedback and areas for improvement, we have several internal initiatives:

Feedback Friday – Every week staff are sent a summary of all anonymised patient feedback via email. This outlines both compliments to the service and how any concerns have been or are being addressed. This enables staff to have a real-time understanding of the performance of the services, any new procedures that have been put in place to prevent issues, and any upcoming changes to improve beneficiaries' experiences.

Bi-monthly posters – Every other month the Quality Lead produces "How did we do?" posters that are displayed in communal staff areas. These display a cumulative summary of compliments and concerns raised over the two-month period.

Annual and quarterly reports – Additionally, the Quality Lead creates both an annual and quarterly quality report for the Trustees which summarises the complaints, concerns and general feedback received over the period.

Public-facing communications – Display boards at the Michael Sobell Hospice and Lansdowne House are updated monthly to share with the public the feedback we received over this period and how we addressed any concerns raised.

Staff surveys - In 2020, the HR team conducted an all-staff survey to understand the impact of the change in working environments due to the COVID-19 restrictions. This gave staff the opportunity to offer feedback on areas of concern such as the availability of PPE, using remote meeting software, staff confidence and likelihood to raise concerns and whether staff felt supported in their role. This year, the HR team conducted another survey based around similar areas of concern to enable them to track progress against these areas and identify further improvements that could be made.

Exit interviews - The HR team conducts exit interviews when staff leave to gain feedback on staff members' experiences and to identify any trends in feedback and areas where staff experiences may be improved.

Significant events that have affected our performance

Impact of COVID-19

The COVID-19 outbreak affected our fundraising capability, retail income and the provision of some of our face-to-face services. We also had to continue to manage the consequences of staff not working due to self-isolation or shielding.

Our response and ability to meet our objectives

Our involvement in the local response to the continuing COVID-19 situation assisted the charity in meeting its objectives. By ensuring that our services were also part of solutions to support our local community through the emergency, many of our services remained open and serving the needs of our beneficiaries in spite of the restrictions. To achieve this, Harlington Hospice was involved in, or set up, the following initiatives:

- The Chief Executive and Medical Director attended the regular Hillingdon COVID Co-ordination Briefings;
- Our Director of Clinical Services, Admission and Discharge Nurse, and Matron attended daily discharge meetings with The Hillingdon Hospital NHS Foundation Trust, which have continued;
- Our Admission and Discharge Nurse, Matron, Harlington Care Manager, and Deputy Manager attended multi-disciplinary meetings held three times per week with relevant stakeholders;
- We continued to integrate our Harlington Care respite service with our Hospice at Home service to meet the needs of carers and dying patients;
- We continued to offer wellbeing support virtually, where appropriate, for patients and families;
- We offered our day care space at Lansdowne House to the NHS to be utilised as a Primary Care COVID hub for most of the year.

However, although our involvement in the continuing COVID-19 response limited the extent to which our objectives were impacted, COVID-19 did impact on our objective of improving care through staff and service development.

Due to the risk of transmission, we were not able to run our usual range of Day Care services at Lansdowne House and at the Michael Sobell Hospice. However, COVID-19 did offer the opportunity for us to explore new ways in which patients could be supported. We responded to the challenges by:

- Offering outpatient services, such as our lymphoedema service, inside patients' homes in the community where possible and supported them with self-management;
- Transferring some of our wellbeing services to be a remote service by offering Tripudio sessions via Zoom;
- Running virtual support groups to reduce isolation;
- Offering telephone support calls where online access was more difficult for people.

NHS-wide structural changes in services

There were changes in the NHS regarding our clinical commissioning group (CCG). The CCG changed from being solely a Hillingdon CCG to a wider North West London CCG. Also, a Third Sector Leadership Team was put in place to help oversee the palliative and end-of-life care provision across the region.

Our response and ability to meet our objectives

It was important for Harlington Hospice to be engaged with these structural changes in order to ensure that we safeguarded funding for our services from the CCG. It would also ensure we could influence decisions about end-of-life and palliative care provision to protect our beneficiaries' interests. Our responses, and the impact these had on our ability to meet our charitable objectives, were:

- We increased partnership working by using our involvement with H4All to engage with decision-making processes in the new North West London CCG structure. We also gained a

place on the board of the new North West London Third Sector Leadership Team. This supported our objective of working with others to meet people's needs, enabling us to protect the interests of our beneficiaries at this wider regional level. We were also able to work to safeguard our own funding from the CCG and therefore protect our service provision.

- In order to increase our partnership working within the new CCG and Third Sector Leadership Team, we had to redistribute internal human resources to enable us to effectively engage in these new processes. Although this supported the long-term goals and interests of our beneficiaries, this did have an adverse impact on our objective to strengthen internal structures and develop HR resources, reducing our capacity in some other areas of our work. However, now these new structural changes are in place, we will be able to support these changes going forwards by more effectively planning our human resources in terms of recruitment and internal distribution of resources.

Continued increase in demand for provision of acute care inside the Michael Sobell Hospice

Over 2021/2022 we continued to receive referrals from surrounding hospitals and the Community Care Teams for patients requiring acute end-of-life care. This meant that people facing conditions such as heart failure, challenging cancer symptoms and respiratory issues, were referred to the inpatient unit from specialist NHS acute services.

Our response and ability to meet our objectives

We continued to maximise resources within teams by relocating some staff from selected services such as Hospice at Home and Harlington Care, when required. This enabled us to facilitate sharing of staff and flexible working across the services, helping us to meet the increase in demand for acute care in the inpatient unit. Therefore, this response to the increase in demand for acute care helped us to meet our objective of strengthening structures in response to rapid growth and development.

Plans for the future

In year 2021-2022, the charity has consolidated the services it developed in the previous year.

The November 2020 review undertaken by the Trustees identified the below areas of activity as priority until May 2022 (18 months following that date):

- Improving care through staff and service development
- Working with others to meet people's needs
- Achieving financial stability
- Strengthening structures in response to rapid growth and development

Therefore, to support these aims, the Trustees have the following plans for 2022/23:

Merger of Michael Sobell Hospice Charity and Harlington Hospice

In August 2022, the Boards of Harlington Hospice Association and Michael Sobell Hospice Charity formally approved the merger plans that had been under discussion for some time. The merger is expected to streamline fundraising activity, and save costs through sharing services. These changes will enable the charity to safeguard the provision of its services, notably the services inside the Michael Sobell Hospice inpatient unit, way into the future.

Fundraising investment

To ensure the financial stability of the charity through this upcoming period of change, the Trustees plan to increase investment in fundraising, creating a joint fundraising team with MSHC.

Increase in Wellbeing Service provision

As the provider of the borough's largest lymphoedema clinic, the Trustees identify the need for provision of this service both in the south and north of the borough. Therefore, one of our future plans across 2022/2023 is to begin the provision of lymphoedema services inside of the Michael Sobell Hospice Day Centre. This will ensure greater accessibility of the service for people in the North of the borough of Hillingdon.

We plan to resume our Caring with Confidence courses to support carers of people with dementia in 2022/23. We also plan to consult with our local partners to review how we can best support this specific group of beneficiaries with our services, and whether any other courses could be provided.

Recently, the COVID-19 restrictions highlighted the potential of offering remote options within our services. Therefore, the charity plans to create an online Digital Wellbeing Hub, providing wellbeing services and end-of-life support to local residents.

Compassionate Hillingdon

Following a successful pilot in 2021/2022, we have plans to work with the partner organisations at H4All to expand the service offering from Compassionate Hillingdon. This will involve increased marketing activities to recruit Compassionate Friends and a focus on attracting volunteers from a range of backgrounds who can support the diverse demographic of the Hillingdon community.

Longer term development plans

Service Development

To achieve service improvement and transformation, Harlington Hospice will work with all providers of end-of-life care in Hillingdon and across North West London. The Trustees plan to hold a 'system change event', inviting these providers and key stakeholders, with an aim to promote more cross-provider working. This will enhance the service offering to beneficiaries and protect the provision of end-of-life services in the region.

Staff, partner and beneficiary engagement and strategic review

In 2021/22, the Trustees agreed the framework in which a full strategic review would take place. To support staff through the structural changes of the merger, the Trustees plan to undertake staff, partner and beneficiary engagement exercises which will feed into this new strategic review. Involving staff, partners and beneficiaries will ensure that the charity moves forward into its new merged way of working with consistent goals that are aligned with our stakeholders' values and needs. This review will then form a three-year plan for the new merged structure to develop and achieve long-term sustainability for our hospice services.

Education

The trustees plan to invest in education capacity, to co-ordinate the development and education of Harlington Hospice's clinical staff and to develop a more formal external schedule, for healthcare professionals in the London Borough of Hillingdon.

Project Echo – Following the success of our placements for the Hillingdon branch of the London Ambulance Service the charity plans, in collaboration with MyHealth Hillingdon, to launch a formal Project Echo programme in October 2022. This will offer virtual sessions on the topic of palliative and end-of-life care to all paramedics in the London Ambulance Service, with an opportunity for bi-directional learning.

HPAL website – There are plans to further develop and market our website hosting information about palliative and end-of-life care for use by patients, carers and healthcare professionals. Developed by our Medical Director, and an award-winning London GP Dr Poppy Freeman, the website provides accessible and essential information on a wide range of topics for clinicians and family carers. It will develop service directories for the eight North West London boroughs. <https://hpal.medindex.co.uk>

Public Benefit Statement

The sections of this report above entitled ‘Summary of Activities’ and ‘Achievements and Performance’ set out Harlington Hospice Association’s objectives, and reports on the activity and successes in the year to 31 March 2022, as well as explaining the plans for the current financial year.

The work of the Hospice benefits people with a terminal or life limiting illness, their families and carers. The Hospice makes no charge to those people who are currently active patients of any core hospice service, or to their families and carers. All palliative care services provided by the charity are free to beneficiaries living, or under the care of a GP, in the London Borough of Hillingdon.

The Trustees have considered this matter and concluded:

1. That the aims of the organisation continue to be charitable;
2. That the aims and the work done give identifiable benefits to the charitable sector and both indirectly and directly to individuals in need;
3. That the benefits are for the public, are not unreasonably restricted in any way and certainly not by ability to pay; and
4. That there is no detriment or harm arising from the aims or activities

The Trustees have complied with their duty according to Section 17(5) of the Charities Act 2011.

Financial review

Income

Total income for the year ended 31 March 2022 was £5,718,617 (2021: £5,670,958) an increase of £47,659.

	2021/22	2020/21	
Income	£	£	
Inpatient Care	2,802,906	3,169,021	-12%
Harlington Care (Domiciliary care)	753,140	663,166	14%
Hospice at Home	551,983	297,239	86%
Collaborations	525,782	541,710	-3%
Wellbeing	141,401	214,430	-34%
Psychotherapy	113,910	176,637	-36%
Total income from charitable activities	4,889,122	5,062,203	
Fundraising and trading	829,495	608,755	36%
Total income	5,718,617	5,670,958	

85% of income is derived directly from charitable activities, and nearly 50% of income is associated with inpatient care. The reduction in income between 2021 and 2022 is largely due to the receipt of COVID related funding in 2021.

Expenditure

Total expenditure was £5,678,264 (2021: £5,483,615), an increase of £194,649, 3.5%.

	2021/22	2020/21	
Expenditure	£	£	
Inpatient Care	3,053,235	3,114,102	-2%
Harlington Care (Domiciliary care)	637,386	649,210	-2%
Hospice at Home	338,354	276,906	22%
Collaborations	442,758	482,614	-8%
Wellbeing	230,043	198,898	16%
Psychotherapy	196,262	163,159	20%
Total expenditure on charitable activities	4,898,038	4,884,889	
Fundraising and trading	780,226	598,726	30%
Total expenditure	5,678,264	5,483,615	

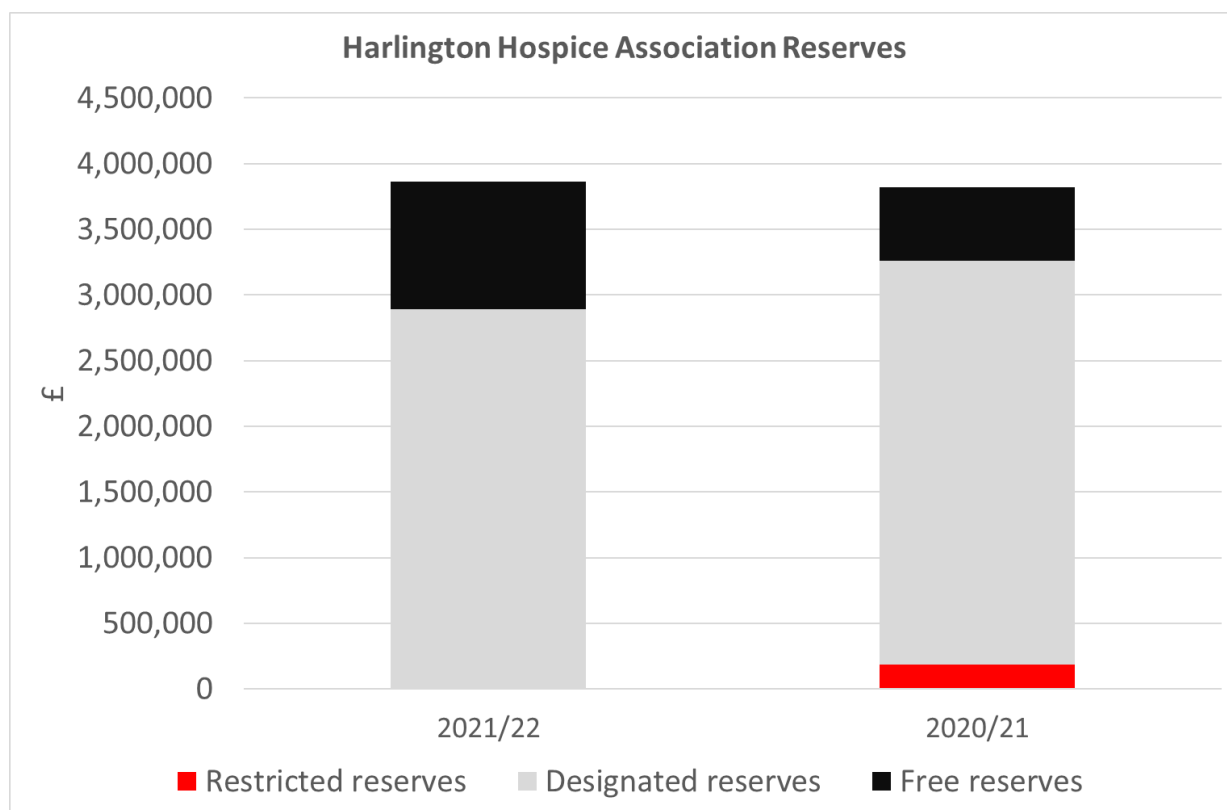
Over 75% of costs are salaries or salary related (including payments for agency and other outsourced staff).

Result

	2021/22	2020/21
Surplus / deficit	£	£
Total income	5,718,617	5,670,958
Total expenditure	5,678,264	5,483,615
Surplus	40,353	187,343

Reserves

Restricted balances carried forward at 31 March 2022 are £0 (2021: £187,835). Designated reserves, comprising all fixed assets) were £2,893,066 (2021: £3,071,019). Free reserves rose by £406,141 to £968,131 (2021: £561,990).



Reserves policy

Harlington Hospice Association calculates an operating reserve each year, comprising the minimum level of reserves required to ensure financial sustainability.

The target minimum operating reserve is equal to:

- potential redundancy costs where contracts or funding is uncertain
- two months' salary costs to cover late payment of grants or contracts.
- a more general reserve to cover service continuation or wind down arising from the risk to in-year fundraising and retail operations

The Board of Trustees may in addition decide on a further, discretionary amount to be included in the Reserve for a specific purpose, such as long-term capacity building or a special project. This has not happened in recent years.

The Operating Reserve needed for the financial year 2022-23, based on the factors above, is £873,000. Free reserves at 31 March 2022 were £968,131 (2021: £561,990).

Principal risks and uncertainties

Over the past year, the Trustees have actively managed the charity's risks. Senior charity staff follow a robust process to identify and evaluate risks, and to put mitigation strategies in place. The Sub-Committees review the risks relating to their area of operations, and the highest rated risks, and the strategic risks are referred to the Board for review and discussion.

The most significant risks at the date of this report are:

1. Fundraising income

The risk relating to income generation, and fundraising income specifically is rated as a significant risk to the stability of the charity and its ability to continue to provide the current range of services. If fundraising income is inconsistent or unpredictable, the funding of patient services may be affected.

Mitigations in place are:

- *The establishment of a single fundraising team across Harlington Hospice Association and Michael Sobell Hospice Charity and investment in fundraising resources is expected to increase fundraising income*
- *The creation of a strong charity retail group with partners Age UK Hillingdon Harrow and Brent and Michael Sobell Hospice Charity is also aimed at streamlining back office support for all the shops in the group and maximising retail income.*
- *Investment in communications and marketing to raise the charity's profile*
- *Rigorous monitoring of cashflow and results to allow steps to be taken if income disappoints*

2. Increases in costs due to inflation

The risk relating to higher costs could jeopardise service delivery. Staff costs account for over 65% of the charity's costs, and if wage inflation continues to grow, costs could rise faster than income. Growing energy prices are also a cause of concern. Mitigations are limited, as inflationary growth is outside our control.

Mitigations in place are:

- *Monitoring salary costs across the local healthcare sector to ensure the charity remains competitive*
- *Negotiating other costs to minimise increases*
- *Introduction of an efficiency plan*

3. Staff recruitment and retention

The charity needs to recruit and retain high quality staff to provide an effective clinical service. The charity recruits from an ever-diminishing pool of health and care staff and in a relatively small organisation, high numbers of vacancies would have a serious impact on our ability to deliver quality care.

Mitigations in place are:

- *Staff engagement exercise started in 2022/23 to build unity within the staff team*
- *Staff survey in 2022 to identify areas of concern to staff*
- *Continue to monitor healthcare salaries in the local area to ensure that our salary structure is competitive*
- *Investigate other workplace benefits*
- *Continue to offer NHS pensions to eligible staff*

Going concern

Expanded and new services delivered by Harlington Hospice in recent years have improved the Charity's financial position and delivered the benefits expected from the charity's investments. Expansion of the Harlington Care service and the partnership with the Michael Sobell House Charity have realised many of the expected benefits and synergies with the existing services.

During 2021-22 and throughout the COVID-19 pandemic, the demand for services in both Harlington Hospice and our in-patient services has continued to be strong, and NHS, Local Authority and grant funding has increased. In addition, Central Government grant support, in association with Hospice UK, has supported our services.

During the 2022-23 financial year, the boards of Harlington Hospice Association and Michael Sobell Hospice Charity agreed to combine their operations into a single charity. The combination is supported by significant investment in fundraising activities to support future growth. This means that the combined charity expects to report an operating deficit in 2022-23, and to return to a balanced position by mid 2023-24.

Our financial projections show that up to 31 March 2024, Harlington Hospice can expect to retain reserves well above the minimum level required to ensure sustainability, and will therefore be able to trade as a going concern.

	2023 £	2024 £
Total required operating reserve (Reserves policy)	<u>1,289,561</u>	<u>1,367,383</u>
Projected free reserves	<u>1,781,059</u>	<u>1,922,112</u>
Surplus	<u>491,498</u>	<u>554,729</u>

The Trustees have confidence in the charity's financial position going forward. Reserves are forecast to remain within the charity's target levels, ensuring that the charity remains sustainable. The Trustees support the strategy to invest in fundraising activities to improve the underlying business model and so to strengthen the organisation against future shocks. Cashflow management is achieved by close monitoring of cash flow and credit control.

Fundraising

- The charity does not work with any commercial partners or use any external professional fundraisers.
- Harlington Hospice Association is registered with the Fundraising Regulator and is fully compliant with its requirements and code of practice.
- The Trustees are not aware of any complaints made in relation to our fundraising activities during the year ending 31 March 2022.
- In order to protect vulnerable people, we ensure our fundraising activities are managed to limit any possibility of exploitation or misunderstanding. We do not send out blanket requests for donations. Once per year invitations to our memorial event (Light Up A Life), which include a fundraising element, are only sent to people who have previously consented for us to contact them.

- In order to monitor events and fundraising activities undertaken by third parties, we request that participants contact us first. In this way we can give guidance on raffles, sponsorship, insurance etc.
- We have been an associate partner of the Hospice Lottery Partnership since 2019. This year, we gained £6,276 income from this arrangement

Structure, governance and management

The organisation is a charitable company limited by guarantee, incorporated on 12 April 2001 and registered as a charity on 9 September 2003.

The company was established under a memorandum of association which established the objects and powers of the charitable company and is governed under its articles of association.

All Trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in note 7 to the accounts.

Appointment of Trustees

The Board aims to ensure that it maintains an appropriate mix of skills and experience to enable it to fulfil its mission, and also to ensure that it adequately represents the communities it serves. It takes the appropriate steps to fill gaps in necessary skills.

Trustees stand for election or are re-elected in rotation at the Annual General Meeting.

There are no external bodies holding the right to appoint Trustees to the Board.

The Trustees (who are the directors of the charity), include those with professional expertise in clinical care, third sector managerial experience, commercial and business experience, experience of elected representation at local and national government level as well as business people. Several Trustees have extensive charity management experience and sit on the boards of other charities. All share a common passion and commitment to the mission and vision of Harlington Hospice.

Trustees are nominated by the Board to provide lead roles on Board Sub-committees and ensure that assurance is provided to the Board on a number of key areas. Working groups have continued to provide information and support to each sub-committee to the Board. During year to 31 March 2022 the Sub-committees to the Board were:

- Finance, Building and Estates Sub-committee
- Quality Governance Sub-committee
- Workforce Sub-committee

The Trustees continue to recognise that during this period of development and expansion within the charity they need to consider development of the Board in order to ensure there is sufficient depth and experience to meet medium and long term strategic needs.

Trustee induction and training

Following planned recruitment through advertisement within our local community, new Trustees will be provided with an induction pack, which includes Charity Commission guidance on the roles and responsibilities of charity Trustees.

Training for new and existing Trustees includes the requirement to attend awareness briefings and on Safeguarding responsibilities and sign a Safeguarding Code of Conduct, as outlined in Harlington Hospice Safeguarding Policy and Procedure.

Training is enhanced with briefings on all aspects of the responsibilities of Trustees and the governance requirements of the health related services provided by the charity. This is in addition to attendance at Board meetings.

Staff and delegated responsibilities

The Board of Trustees has delegated operational management of Harlington Hospice to the Chief Executive, Steve Curry.

The headcount number of staff employed by Harlington Hospice to carry out its charitable activities was one hundred and thirty-seven and, in addition, some tasks were also undertaken by contractors and consultants.

The process for recruiting staff is set out in the Recruitment Policy and Procedure. Staff employment terms and conditions are included in Harlington Hospice's Employee Handbook, which is available to all staff.

Related parties and relationships with other organisations

Harlington Hospice has a long history of collaborative working with the both the third and the statutory sectors. It is our belief that working with stakeholders, other providers and commissioners gains best value for our donors, supporters and contractors and delivers the best quality outcomes for our patients and clients.

We have formal relationships with the following organisations:

- Michael Sobell Hospice Charity (MSHC) – a collaboration agreement establishes that MSHC will fund ongoing services within Michael Sobell Hospice which are provided by Harlington Hospice;
- Hospice UK – a federal organisation in which the national organisation's role is advisory on policy and procedures;
- H4All – a Charitable Incorporated Organisation (CIO) in which Harlington Hospice is one of five sovereign partners delegating authority within the consortium, providing services within the community;
- Hillingdon Health and Care Partnership (HHCP)

Statement of responsibilities of the Trustees

The Trustees (who are also directors of Harlington Hospice Association Limited for the purposes of company law) are responsible for preparing the Trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

- Select suitable accounting policies and then apply them consistently

- Observe the methods and principles in the Charities SORP
- Make judgements and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

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

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is 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.

Members of the charity guarantee to contribute an amount not exceeding £10 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2022 was 7 (2021:7). The Trustees are members of the charity but this entitles them only to voting rights. The Trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The Trustees' annual report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

The Trustees' annual report has been approved by the Trustees and signed on their behalf by

Carol Coventry

Chair of Board of Trustees

Date 01 November 2022

Report from the auditors

We have audited the financial statements of Harlington Hospice Association Limited (the 'charitable company') for the year ended 31 March 2022 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including 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 charitable company's affairs as at 31 March 2022 and of its 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

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the 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 Harlington Hospice Association Limited'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, other than the 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 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 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 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, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The Trustees' annual 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 charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' annual report

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

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The 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; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the Trustees' annual report and from the requirement to prepare a strategic report.

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 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 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 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

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, which included obtaining and reviewing supporting documentation, concerning the charity'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 charity 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 charity 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. 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.

Joanna Pittman (Senior statutory auditor)

3 November 2022

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Harlington Hospice Association Limited

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2022

	Note	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Income from:							
Donations and legacies	2	105,727	–	105,727	75,863	–	75,863
Charitable activities	3						
Harlington Care		630,569	122,571	753,140	571,291	91,875	663,166
Hospice at Home		214,320	337,663	551,983	223,657	73,582	297,239
Wellbeing (including Lymphoedema Clinic)		141,401	–	141,401	156,848	57,582	214,430
Psychotherapy		38,150	75,760	113,910	73,175	103,462	176,637
In-Patient Care		1,497,824	1,305,082	2,802,906	1,477,596	1,691,425	3,169,021
H4All & Other Collaborations		525,782	–	525,782	541,710	–	541,710
Other trading activities	4	723,768	–	723,768	532,892	–	532,892
Total income		3,877,541	1,841,076	5,718,617	3,653,032	2,017,926	5,670,958
Expenditure on:							
Raising funds including charity shops	5	780,226	–	780,226	598,726	–	598,726
Charitable activities							
Harlington Care	5	514,815	122,571	637,386	557,335	91,875	649,210
Hospice at Home	5	691	337,663	338,354	203,324	73,582	276,906
Wellbeing (including Lymphoedema Clinic)	5	180,043	50,000	230,043	141,316	57,582	198,898
Psychotherapy	5	120,502	75,760	196,262	59,697	103,462	163,159
In-Patient Care	5	1,610,318	1,442,917	3,053,235	1,441,079	1,673,023	3,114,102
H4All & Other Collaborations	5	442,758	–	442,758	482,614	–	482,614
Total expenditure		3,649,353	2,028,911	5,678,264	3,484,091	1,999,524	5,483,615
Transfers between funds		–	–	–	184,225	(184,225)	–
Net movement in funds		228,188	(187,835)	40,353	353,166	(165,823)	187,343
Reconciliation of funds:							
Total funds brought forward		3,633,009	187,835	3,820,844	3,279,843	353,658	3,633,501
Total funds carried forward		3,861,197	–	3,861,197	3,633,009	187,835	3,820,844

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 15a to the financial statements.

Harlington Hospice Association Limited

Balance sheet

Company no. 04199504

As at 31 March 2022

	Note	£	2022 £	£	2021 £
Fixed assets:					
Tangible assets	11		2,893,066		3,071,019
			<u>2,893,066</u>		<u>3,071,019</u>
Current assets:					
Debtors	12	1,348,209		802,069	
Cash at bank and in hand		659,708		544,817	
		<u>2,007,917</u>		<u>1,346,886</u>	
Liabilities:					
Creditors: amounts falling due within one	13	(1,039,786)		(597,061)	
		<u>(1,039,786)</u>		<u>(597,061)</u>	
Net current assets			<u>968,131</u>		<u>749,825</u>
Total net assets			<u><u>3,861,197</u></u>		<u><u>3,820,844</u></u>
The funds of the charity:	15a				
Restricted income funds			-		187,835
Unrestricted income funds:					
Designated funds					
Landsdowne House		1,628,347		1,652,347	
Revaluation Reserve		1,200,000		1,200,000	
Fixed assets		64,719		218,672	
General funds		<u>968,131</u>		<u>561,990</u>	
Total unrestricted funds			<u>3,861,197</u>		<u>3,633,009</u>
Total charity funds			<u><u>3,861,197</u></u>		<u><u>3,820,844</u></u>

Approved by the trustees on 1 November 2022 and signed on their behalf by

Carol Coventry
Chair of Board of Trustees

Harlington Hospice Association Limited

Statement of cash flows

For the year ended 31 March 2021

	Note	2021 £	£	2020 £	£
Cash flows from operating activities					
Net income / (expenditure) for the reporting period (as per the statement of financial activities)		40,353		187,343	
Depreciation charges		185,620		239,232	
(Increase)/decrease in debtors		(546,140)		(119,285)	
Increase/(decrease) in creditors		442,725		114,601	
Net cash provided by / (used in) operating activities		122,558		421,891	
Cash flows from investing activities:					
Purchase of fixed assets		(7,667)		(24,424)	
Net cash (used in) investing activities		(7,667)		(24,424)	
Change in cash and cash equivalents in the year		114,891		397,467	
Cash and cash equivalents at the beginning of the year		544,817		147,350	
Cash and cash equivalents at the end of the year		659,708		544,817	

Analysis of cash and cash equivalents and of net debt

	At 1 April 2021 £	Cash flows £	Other non- cash changes £	At 31 March 2022 £
Cash at bank and in hand	544,817	114,891	–	659,708
Total cash and cash equivalents	544,817	114,891	–	659,708

1 Accounting policies

a) Statutory information

Harlington Hospice Association Limited is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is Lansdowne House, St Peter's Way, Harlington, Middlesex UB3 5AB.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

c) Public benefit entity

The charity meets the definition of a public benefit entity under FRS 102.

d) Going concern

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

Expansion of Harlington Care services and the successful partnership with the Michael Sobell Hospice Charity have delivered planned synergies and benefits and strengthened the financial position of the Charity.

The charity has taken account of the risks identified by the Board and has made provision through its Reserves calculation to ensure that these risks can be managed. The Finance Sub-Committee regularly monitors cashflow and projected income and expenditure to budget.

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.

e) Income

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

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

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

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

1 Accounting policies (continued)

f) Hospice UK receipts

During the year Hospice UK distributed Government funds to Hospices facing funding shortfalls due to the COVID-19 pandemic, when normal fundraising activity was curtailed. Hospice UK funds received by the Charity have been allocated to Charitable Activities on the basis of shortfalls faced by each service.

g) Coronavirus Job Retention Scheme (CJRS)

The Charity benefitted from the Government's CJRS payments – also known as furlough payments – during the year. Furlough payments have been identified in the accounts by the Charitable Activities in which the relevant members of staff received those payments.

h) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

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

i) Interest receivable

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.

j) 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.

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.

k) 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:

- Costs of raising funds relate to the costs incurred by the charity by its Charity Shops and in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

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

Notes to the financial statements

For the year ended 31 March 2022

1 Accounting policies (continued)

l) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity.

● Harlington Care	10%
● Hospice at Home	4%
● Wellbeing (including Lymphoedema Clinic)	3%
● Psychotherapy	2%
● In-Patient Care	52%
● H4All and Other Collaborations	8%
● Raising Funds	9%
● Support costs	11%
● Governance costs	1%

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity

● Harlington Care	21%
● Hospice at Home	9%
● Wellbeing (including Lymphoedema Clinic)	6%
● Psychotherapy	5%
● In-Patient Care	39%
● H4All and Other Collaborations	8%
● Raising Funds	12%

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.

m) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

n) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000 and the asset is expected to be productive for more than 12 months. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. 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.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

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

● Equipment, Fixtures & Fittings	2-4 years
● Motor Vehicles	5 years
● Improvements	10 years
● Freehold Property	50 years
● Michael Sobell House refurbishment	2 years

Land and Buildings are held at valuation, not historic cost. Assets represented by land are not depreciated.

Notes to the financial statements

For the year ended 31 March 2022

1 Accounting policies (continued)

o) 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 discounts due.

p) 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.

q) 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.

r) 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.

s) Pension schemes

The Charity offers a qualifying defined contribution scheme to all staff. In addition, the charity offers the NHS pension scheme to qualifying staff.

National Health Service Superannuation Scheme

This is a statutory superannuation scheme as defined in Section 6.12 (1) Income and Corporation taxes Act 1988 which has no invested funds. Contribution by employers (currently 14.38%) and members (variable rates) are accounted for to the Treasury and benefits are paid from the consolidated fund. This scheme is only open to staff who have been members of the NHS scheme in previous employment under the dispensation rules. The accounting charge represents the employer's contributions for the period. Harlington Hospice Association has no liability or potential liability for accrued unfunded obligations relating to this pension fund.

Group Personal Pension Scheme

In addition to the NHS Pension Scheme, the Hospice operates a Group Personal Pension Plan available to all staff. This plan is a defined contribution scheme administered and invested with Scottish Widows. It is a money purchase plan and all eligible employees who are not members of the NHS superannuation scheme are automatically enrolled on starting employment with the charity. Employee contributions are 5% with an employer contribution of 3%. Employees may contribute more to the plan.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Legacies	5,000	–	5,000	–	–	–
Donations	87,030	–	87,030	67,983	–	67,983
Fundraising & events	8,330	–	8,330	152	–	152
HMRC (furlough)	5,324	–	5,324	6,643	–	6,643
Other Income	43	–	43	1,085	–	1,085
	<u>105,727</u>	<u>–</u>	<u>105,727</u>	<u>75,863</u>	<u>–</u>	<u>75,863</u>

Notes to the financial statements

For the year ended 31 March 2022

3 Income from charitable activities

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Harlington Care						
Charges	172,752	-	172,752	111,773	-	111,773
Hospice UK	-	-	-	-	18,917	18,917
NHS – North West London CCG	-	-	-	4,419	-	4,419
London Borough of Hillingdon	120,967	-	120,967	118,670	-	118,670
Hillingdon Carers	198,940	-	198,940	198,940	-	198,940
Hestia	131,504	-	131,504	79,948	-	79,948
London Borough of Hillingdon (COVID-19)	-	122,571	122,571	-	72,958	72,958
HMRC (furlough)	6,406	-	6,406	57,541	-	57,541
Sub-total for Harlington Care	630,569	122,571	753,140	571,291	91,875	663,166
Hospice at Home						
NHS – Central & N W London	213,000	-	213,000	213,000	-	213,000
NHS – North West London CCG	1,320	-	1,320	10,657	-	10,657
Hospice UK	-	337,663	337,663	-	73,582	73,582
Sub-total for Hospice at Home	214,320	337,663	551,983	223,657	73,582	297,239
Wellbeing						
Charges	2,840	-	2,840	-	-	-
Hospice UK	-	-	-	-	57,582	57,582
Hillingdon Carers	22,000	-	22,000	22,000	-	22,000
NHS – Central & N W London	99,926	-	99,926	99,926	-	99,926
A P Taylor	10,000	-	10,000	10,000	-	10,000
HMRC (Furlough)	6,635	-	6,635	24,922	-	24,922
Sub-total for Daycare	141,401	-	141,401	156,848	57,582	214,430
Psychotherapy						
Hillingdon Community Trust	10,802	-	10,802	25,827	-	25,827
Hospice UK	-	-	-	-	52,987	52,987
BBC Children in Need	-	65,660	65,660	-	50,475	50,475
Other grant funding	-	10,100	10,100	-	-	-
NHS – Central & N W London	27,348	-	27,348	27,348	-	27,348
London Borough of Hillingdon	-	-	-	20,000	-	20,000
Sub-total for Family Support	38,150	75,760	113,910	73,175	103,462	176,637
In-Patient Care						
NHS – Central & N W London	413,247	-	413,247	463,454	-	463,454
NHS – North West London CCG	976,575	-	976,575	983,152	-	983,152
NHS – out of area commissioned services	104,541	-	104,541	-	-	-
Michael Sobell Hospice Charity	-	1,123,696	1,123,696	-	795,951	795,951
Primary Care – Hillingdon	-	-	-	5,833	-	5,833
Hospice UK	-	181,386	181,386	-	895,474	895,474
HMRC (furlough)	3,461	-	3,461	25,157	-	25,157
Sub-total for In-Patient Care	1,497,824	1,305,082	2,802,906	1,477,596	1,691,425	3,169,021
H4All & Other Collaborations						
The Hillingdon Hospital	12,502	-	12,502	138,262	-	138,262
H4All C.I.O.	251,318	-	251,318	169,469	-	169,469
Carers Trust Hillingdon	18,333	-	18,333	-	-	-
Age UK Hillingdon Harrow and Brent	31,469	-	31,469	-	-	-
NHS – North West London CCG	212,160	-	212,160	233,979	-	233,979
Sub-total for H4All & Other Collaborations	525,782	-	525,782	541,710	-	541,710
Total income from charitable activities	3,048,046	1,841,076	4,889,122	3,044,277	2,017,926	5,062,203

Notes to the financial statements

For the year ended 31 March 2022

4 Income from other trading activities

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Charity Shops – sales	627,077	–	627,077	279,711	–	279,711
Online sales	22,399	–	22,399			
Gift Aid	8,901	–	8,901			
Recharged costs	52,723	–	52,723			
HMRC (furlough) – Shops	7,349	–	7,349	84,672	–	84,672
London Borough of Hillingdon (COVID-19)	–	–	–	111,962	–	111,962
Slough Borough Council (COVID-19)	–	–	–	18,286	–	18,286
NHS NW London CCG	–	–	–	12,501	–	12,501
Other Income	5,319	–	5,319	25,760	–	25,760
	723,768	–	723,768	532,892	–	532,892

All income from trading activities is unrestricted.

Harlington Hospice Association Limited

Notes to the financial statements

For the year ended 31 March 2022

5a Analysis of expenditure (current year)

		Charitable activities									
	Raising funds £	Harlington Care £	Hospice at Home £	Wellbeing £	Psychotherapy £	In-Patient Care £	H4All & Other Collaborations £	Governance costs £	Support costs £	2022 Total £	2021 total £
Staff salary costs (Note 7)	332,651	426,120	222,195	173,453	121,802	1,742,212	254,059	–	324,725	3,597,217	3,455,730
Other staff costs	56,807	19,399	1,399	2,350	2,724	13,615	–	–	30,093	126,387	55,822
External and agency staffing costs	42,341	–	10,512	1,501	32,598	510,789	–	–	13,170	610,910	817,259
Clinical services costs	–	–	35,000	1,858	987	215,102	–	–	941	253,887	102,897
Professional fees	15,082	–	–	–	–	–	137,047	–	35,866	187,996	231,493
Premises costs	189,451	–	–	2,063	–	102,599	–	–	117,096	411,209	342,355
Operational costs	48,414	56,055	11,139	6,100	5,868	86,197	–	–	53,445	267,218	215,245
Audit fees	–	–	–	–	–	–	–	12,000	–	12,000	15,588
Legal fees	13,777	–	–	–	–	–	–	12,043	–	25,819	7,993
Depreciation	4,224	225	–	3,979	–	130,917	–	–	46,275	185,620	239,232
	702,747	501,799	280,245	191,304	163,979	2,801,430	391,106	24,043	621,612	5,678,264	5,483,615
Support costs	74,593	130,538	55,945	37,297	31,081	242,429	49,729	–	(621,612)	–	–
Governance costs	2,885	5,049	2,164	1,443	1,202	9,377	1,923	(24,043)	–	–	–
Total Expenditure 2021	780,226	637,386	338,354	230,043	196,262	3,053,235	442,758	–	–	5,678,264	

5b Analysis of expenditure (prior year)

	Charitable activities									
	Raising funds £	Harlington Care £	Hospice at Home £	Wellbeing £	Psychothera py £	In-Patient Care £	H4All & Other Collaborations £	Governance costs £	Support costs £	2021 Total £
Staff salary costs (Note 7)	286,368	468,026	207,629	147,971	106,413	1,750,794	174,370	–	314,161	3,455,730
Other staff costs	3,426	17,190	1,154	1,452	860	11,661	–	–	20,080	55,822
External and agency staffing cost	25,246	–	13,914	–	29,938	602,152	137,393	–	8,616	817,259
Clinical services costs	–	–	–	4,135	504	96,863	–	–	1,395	102,897
Professional fees	28,939	–	–	2,683	–	53,687	129,142	–	17,042	231,493
Premises costs	139,505	5,117	–	57	–	106,408	–	–	91,268	342,355
Operational costs	37,923	42,650	4,064	555	209	74,329	–	–	55,514	215,245
Audit fees	–	–	–	–	–	–	–	15,588	–	15,588
Legal fees	350	–	–	–	–	–	–	7,643	–	7,993
Depreciation	6,569	178	–	6,294	–	182,937	–	–	43,254	239,232
	528,327	533,161	226,761	163,148	137,922	2,878,830	440,905	23,231	551,331	5,483,615
Support costs	68,118	112,291	48,521	34,592	24,420	223,031	40,358	–	(551,331)	–
Governance costs	2,282	3,758	1,624	1,158	817	12,241	1,351	(23,231)	–	–
Total Expenditure 2021	598,727	649,210	276,906	198,898	163,159	3,114,102	482,614		–	5,483,615

Notes to the financial statements

For the year ended 31 March 2022

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2022 £	2021 £
Depreciation	185,620	239,232
Operating lease rentals payable:		
Property	122,376	112,282
Auditor's remuneration (excluding VAT)	10,500	15,588
	<u> </u>	<u> </u>

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

Staff costs were as follows:

	2022 £	2021 £
Salaries and wages	3,134,386	2,980,132
Redundancy costs	7,297	55,982
Social security costs	276,669	253,070
Employer's contribution to pension schemes	178,865	168,938
	<u>3,597,217</u>	<u>3,458,122</u>

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2022 No.	2021 No.
£70,000 – £79,999	2	2
£80,000 – £89,000	1	–
	<u> </u>	<u> </u>

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £293,765 (2021: £167,963). The increase in the disclosed salary costs of key management personnel is due to a change in the definition used. The figure in 2022 includes the staff listed on page 3 of this report.

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil).

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 137 (2021: 138).

Staff are split across the activities of the charity as follows:

	2022 No.	2021 No.
Raising funds	16.0	15.0
Harlington Care	30.0	35.0
Hospice at Home	8.0	10.0
Daycare	8.0	7.0
Family Support	4.0	5.0
In Patient Care	51.0	50.0
H4All and Other Collaborations	7.0	7.0
Support	13.0	9.0
	<u>137.0</u>	<u>138.0</u>

Notes to the financial statements

For the year ended 31 March 2022

9 Related party transactions

During the year the Charity rented a property from Komfort Service Ltd (a company for which Mr Michael Edwards, trustee, is a director.) Payments to the company for rent and other services during the year totalled £12,500 (2021: £3125).

Mr Sean Fitzpatrick, trustee, is additionally the Treasurer of the A.P. Taylor trust, which provided £10,000 grant funding to Harlington Hospice in 2021 and 2022. The purpose of the fund was to support charitably funded daycare activities for clients.

Ms Margaret Roberts, trustee, and Mr William Curry, CEO, are trustees for H4All C.I.O.. Any work for H4All is on an arm's length basis.

Ms Margaret Roberts, trustee, made a donation of £200 to Harlington Hospice in December 2021.

Income received from H4All C.I.O. covered the cost of staff seconded to the charity to support the broader Health & Wellbeing aims of Harlington Hospice. The total income received from H4All in 2022 was £244,723 (2021: £165,959).

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties, except as noted above.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

11 Tangible fixed assets

	Freehold property £	Improvements £	Equipment £	Fixtures and fittings £	Motor vehicles £	Total £
Cost or valuation						
At the start of the year	2,900,000	516,962	44,602	200,997	14,500	3,677,061
Additions in year	–	4,618	1,054	1,995	–	7,667
At the end of the year	2,900,000	521,580	45,656	202,992	14,500	3,684,728
Depreciation						
At the start of the year	47,653	357,231	25,785	164,111	11,262	606,042
Charge for the year	24,000	129,840	15,582	13,298	2,900	185,620
At the end of the year	71,653	487,071	41,367	177,409	14,162	791,662
Net book value						
At the end of the year	2,828,347	34,509	4,289	25,583	338	2,893,066
At the start of the year	2,852,347	159,731	18,817	36,886	3,238	3,071,019

Land with a value of £1,700,000 (2021: £1,700,000) is included within freehold property and not depreciated.

Any properties held at valuation were last valued on 31st March 2018 by Reinhardt Estate agents. The revaluation was reviewed and agreed by the charity's finance sub-committee on behalf of the Board. Harlington Hospice would normally seek a revaluation for this property every three years. An updated valuation is being considered for 2022/23, and the current valuation is considered to be a fair value for 2022.

All of the above assets are used for charitable purposes.

Notes to the financial statements

For the year ended 31 March 2022

12 Debtors

	2022 £	2021 £
Trade debtors	753,834	529,819
Other debtors	23,160	23,905
VAT recoverable	60,192	19,316
Prepayments	57,184	44,018
Accrued income	453,839	185,011
	1,348,209	802,069

13 Creditors: amounts falling due within one year

	2022 £	2021 £
Taxation and social security	79,617	68,063
Trade Creditors	294,167	367,783
Other creditors	59,103	27,878
Accruals	266,097	126,667
Deferred income	340,802	6,670
	1,039,786	597,061

Deferred income includes £319,606 received as deferred grant funding to establish an End of Life Coordination Centre at Michael Sobell Hospice.

14a Analysis of net assets between funds (current year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	–	2,893,066	–	2,893,066
Net current assets	968,131	–	–	968,131
Net assets at 31 March 2022	968,131	2,893,066	–	3,861,197

14b Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	–	3,071,019	–	3,071,019
Net current assets	561,990	–	187,835	749,825
Net assets at 31 March 2021	561,990	3,071,019	187,835	3,820,844

Notes to the financial statements

For the year ended 31 March 2022

15a Movements in funds (current year)

	At 1 April 2021 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2022 £
Restricted funds:					
Harlington Care	-	122,571	(122,571)	-	-
Hospice at Home	-	337,663	(337,663)	-	-
Wellbeing	50,000	-	(50,000)	-	-
Psychotherapy	-	75,760	(75,760)	-	-
In-Patient Care	137,835	1,305,082	(1,442,917)	-	-
Total restricted funds	187,835	1,841,076	(2,028,911)	-	-
Unrestricted funds:					
Designated funds:					
Land & Buildings	2,852,347	-	(24,000)	-	2,828,347
Fixed assets	218,672	7,667	(161,620)	-	64,719
Total designated funds	3,071,019	7,667	(185,620)	-	2,893,066
General funds	561,990	3,869,874	(3,463,733)	-	968,131
Total unrestricted funds	3,633,009	3,877,541	(3,649,353)	-	3,861,197
Total funds	3,820,844	5,718,617	(5,678,264)	-	3,861,197

The narrative to explain the purpose of each fund is given at the foot of the note below.

15b Movements in funds (prior year)

	At 1 April 2020 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2021 £
Restricted funds:					
Harlington Care	-	91,875	(91,875)	-	-
Hospice at Home	50,000	73,582	(73,582)	-	50,000
Wellbeing	-	57,582	(57,582)	-	-
Psychotherapy	-	103,462	(103,462)	-	-
In-Patient Care	303,658	1,691,425	(1,673,023)	(184,225)	137,835
Total restricted funds	353,658	2,017,926	(1,999,524)	(184,225)	187,835
Unrestricted funds:					
Designated funds:					
Land & Buildings	2,876,347	-	(24,000)	-	2,852,347
Fixed assets	-	-	-	218,672	218,672
Total designated funds	2,876,347	-	(24,000)	218,672	3,071,019
General funds	403,496	3,653,032	(3,460,091)	(34,447)	561,990
Total unrestricted funds	3,279,843	3,653,032	(3,484,091)	184,225	3,633,009
Total funds	3,633,501	5,670,958	(5,483,615)	-	3,820,844

Notes to the financial statements

For the year ended 31 March 2022

15 Movements in funds (continued)

Purposes of restricted funds

Harlington Care: Grant funding London Borough of Hillingdon to support recovery after the COVID-19 pandemic.

Hospice at Home: Grant funding from Hospice UK to support patient choice for end of life care at home.

Psychotherapy : Grants from BBC Children in Need fund to provide counselling support to children and young adults.

In-Patient Care: grants from the Michael Sobell Hospice Charity to support the running costs of the hospice, and from Hospice UK to support patient choice for end of life care in a hospice setting.

Purposes of designated funds

Land & Buildings: Lansdowne House and its land was gifted to Harlington Hospice to be used as a Hospice facility for local residents.

Fixed assets: The trustees have decided to designate all fixed assets to clearly show the value of free reserves on the face of the accounts.

16 Operating lease commitments payable as a lessee

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods

	Property 2022 £	2021 £
Less than one year	92,500	111,282
One to five years	130,125	277,792
Over five years	–	–
	222,625	389,074

17 Friends of Harlington Hospice

The accounts for the Friends of Harlington Hospice show a bank and cash balance of £8,464 (2021: £5,270) as at 31 March 2022. Donations received via the Friends and funds raised from coffee mornings, totalled £3,619 (2021: £300) and are included in unrestricted funding.

During 2021/23 there were no items purchased from ringfenced funds.

The income and expenditure account is not audited.

18 Planned Merger with Michael Sobell Hospice Charity

During 2022/23, the Trustees of Harlington Hospice Association and the Trustees of Michael Sobell Hospice Charity agreed to merge. The merger will take place at the end of 2022. The merger will be accounted for as an acquisition, due to the disparity in the sizes of the two charities. Both charities will continue as legal entities following the merger, with Michael Sobell Hospice Charity becoming a fully owned subsidiary of Harlington Hospice Association. All the current activities of both charities will continue after the merger.

19 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £10.

HARLINGTON HOSPICE ASSOCIATION LIMITED

England & Wales - Charity number 1099332

Accounts

Company number: 04199504

Charity number: 1099332

Harlington Hospice Association Limited

Report and financial statements

For the year ended 31 March 2021

Harlington Hospice Association Limited

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Harlington Hospice Association Limited

Reference and administrative information

For the year ended 31 March 2021

Company number	04199504
Country of incorporation	United Kingdom
Charity number	1099332
Country of registration	England & Wales
Registered office and operational address	Lansdowne House St Peter's Way Harlington Middlesex – UB3 5AB
Operating address for the Michael Sobell Hospice	Mount Vernon Hospital Rickmansworth Road Northwood HA6 2RN
Trustees	Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows: Carol Coventry, Chair of Board of Trustees from 7 December 2020 Brian Neighbour, Chair of Board of Trustees to 7 December 2020 MJ (Sean) Fitzpatrick, Company Secretary John McDonnell MP Michael Edwards Margaret Roberts Vanessa Avlonitis
Key management Personnel	William (Steve) Curry, Chief Executive Julie Wright, Director of Nursing & Clinical Services Ros Taylor, Medical Director
Bankers	National Westminster Bank 6 Coldharbour Lane Hayes, Middlesex UB3 3EL
Solicitors	IBB Law Capital Court 30 Windsor St Uxbridge UB8 1AB
Auditor	Sayer Vincent LLP Chartered Accountants and Statutory Auditor Invicta House, 108–114 Golden Lane LONDON, EC1Y 0TL

The trustees present their report and the audited financial statements for the year ended 31 March 2021.

Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association, the requirements of a directors' report as required under company law, and the Statement of Recommended Practice – Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Objectives and activities

Purposes and aims

Our Vision

Harlington Hospice is committed to providing the best holistic care and support possible for people living with life-limiting illness and for their families. Everyone is treated as an individual and each person helped to live with their illness in a positive way. Patients, carers and their families are supported at home for as long as possible, where that is their choice.

Our Mission

- People with life-limiting illness in the London Borough of Hillingdon will have support which enables them to stay as independent as possible in their final months;
- People at the end-of-life will have high quality care which supports their choice to die at home if that is their wish;
- Support will be available to carers and family members of those with life-limiting and life-threatening illness, extending into the bereavement period.

Charitable Objectives

The purpose of the charity is to promote the relief of sickness and suffering for people suffering from any chronic or terminal illness. The trustees describe below how the services provided by the charity fulfilled its charitable objectives.

Summary of the main activities provided by Harlington Hospice in relation to its charitable objectives

- Provision of specialist end of life care at home and in a bedded hospice environment;
- Provision of day care, therapies and well-being services for people with long-term conditions and at the end of life;
- Provision of services providing psychological, emotional and mentally therapeutic support for patients approaching end of life, for families and for bereaved adults and children.

Trustees' annual report

For the year ended 31 March 2021

Volunteer contribution

Volunteers bring a vital element of added value to the activities of the charity by contributing their time, skills, expertise and experience. In a 'normal' year volunteers carry out a range of roles from office assistance to direct patient support.

In year to 31.03.20 volunteers contributed **18,382 hours** of their time (equivalent to **9.5** full time staff equivalents) and added value to many of our activities.

However volunteer involvement in the charity's activities was particularly impacted by the COVID-19 pandemic and the contribution of volunteer hours fell as shown below:

Role of Volunteers	Number of Volunteers	Total annual hours donated 2019-20	Total annual hours donated 2020-21
Administrative support – Lansdowne House	2	876	0
Art Therapy**	1	53	0
Community Cancer Service	12	360	0
Day Care – Lansdowne House	4	960	0
Day Care Michael Sobell Hospice**	19	1007	0
In-patient Unit – Michael Sobell Hospice*	12	312	0
Reception – Lansdowne House	4	960	0
Reception – Michael Sobell Hospice*	6	336	642
Complementary Therapy – Lansdowne House	2	516	0
Complementary Therapy – Michael Sobell Hospice**	2	102	0
Within our Shops	60	12900	0
Total	122	18382	642

*service opened 16.01.20; **service opened 1.11.19;

It should be noted that a number of the individuals who usually volunteered for Harlington Hospice switched their volunteer activity to assisting with the local COVID-19 emergency response delivering food parcels, medication, befriending those self-isolating etc. These activities were co-ordinated within our H4All consortium through the Volunteer Hub.

Priorities identified by Trustees for year ending 31.03.21

The trustees review the aims, objectives and activities of the charity each year. Due to the rapid growth of the charity in year 2019-20, a more in-depth review took place within the past year to plan strategic aims for a period of 18 months from July 2020.

The in-year review took place from July to November 2020 and four main areas of activity were identified:

Improving care through staff and service development: the trustees aim to ensure that provision of safe and personalised care remained the most important area of our work.

Working with others to meet peoples' needs: our main focus has continued to be development of End of Life Care as an integrated service within the wider health and social care economy. Trustees recognise that this can only be achieved by working with partner health and social care providers.

Achieving financial stability: the trustees have continued to prioritise achievement of long-term financial stability and viability to ensure they can deliver on their strategic aims and objectives. There has been a recognition of the need to consolidate and stabilise core business activity to continue to deliver high standards of patient and client care.

Strengthening structures in response to rapid growth and development: the trustees decided to review resources required to support new governance structures, achieve improved business and organisational information and to increase the human resources infrastructure of the charity.

This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to help. The review also helps the trustees ensure the charity's aims, objectives and activities remained focused on its stated purposes.

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives that have been set.

Achievements and performance

The charity's main activities and who it tries to help are described below. All its charitable activities focus on the relief of sickness and suffering for people suffering from any chronic or terminal illness and are undertaken to further Harlington Hospice Association Limited's charitable purposes for the public benefit.

Activities provided to meet our aims and objectives

In order to achieve its objectives the charity has supported its beneficiaries through the provision of the following support services and activities:

Harlington Care – Day Support at Home

Our social care support service known as Harlington Care provides a comprehensive domiciliary care service in the home including more advanced care tasks for people with complex health and social care needs. A contracted service also provides respite care to carers in London Borough of Hillingdon and a small additional service in the neighbouring borough of Hounslow. These services were adapted during the past year to meet priority needs of clients and carers and also support many of them in response to the impact of the pandemic and government restrictions.

The requirements of covid related regulations had a significant impact on the service with a reduction in demand for in-person care. This was due to self-isolation of many of the carers and

cared-for who were on the shielded list. In addition, several members of staff and/or their next of kin were required to self-isolate.

However the service was immediately adjusted to meet the change in demand. In addition to implementation of phone support for cared for and carers to reduce isolation, remote contact within families using platforms such as Zoom was facilitated with technical support from Harlington Care and fully protected staff provided face to face care where needed. A new software system enabled faster assessment and commencement of services as well as the ability to update client information and covid status in real time.

Links with Palliative Care Teams improved with the introduction of a 3 times a week Multi-Disciplinary Team (MDT) meeting. This enabled provision of additional support for carers looking after a dying person at home and was very effective in reaching carers who were not routinely being referred to the service. *In addition, due to the pandemic, an increased number of people who would have moved to a care/nursing home or hospital were cared for at home.*

Most of the changes made during the pandemic have now been retained as standard practice and will also provide service resilience if restrictions are re-introduced in the future.

In December 2020 the service underwent a partial Care Quality Commission (CQC) inspection and was provisionally rated of 'Good' in the three domains assessed (Safe, Responsive and Well Led).
Funded by London Borough of Hillingdon, London Borough of Hounslow & client fees

In-patient Care

Having initially opened with six beds in January 2020, the charity has provided hospice care within a fully opened ten bedded in-patient unit (IPU) since April 2020.

The building refurbishment was partially funded by Michael Sobell Hospice Charity. However in-patient support, complex symptom management for palliative care and a 24 hour consultant led advice line were solely provided by Harlington Hospice under an NHS contract and Michael Sobell Hospice Charity. Day-care support at this location will also resume under the contract once pandemic restrictions permit.

The in-patient unit has remained open throughout the pandemic and during the past year we have achieved sufficient capacity to enable 7 day admissions providing palliative and end of life care for **189** patients with **224** admissions. Increasing activity so soon after initially opening the unit in January 2020 resulted in the need to develop services rapidly and integrate them with existing processes within the organisation.

We further supported patients and families by remaining open for visitors under strict guidelines. We admitted and cared for COVID-19 patients, both in recovery or in the last days of life, working closely with local services including the district general hospital and participating in daily system-wide Capacity Calls to facilitate best use of resources across the borough.

Funded by NHS contracts & charitable income provided by Michael Sobell Hospice Charity

Enhanced End of Life Support at Hayes Cottage Nursing Home

Harlington Hospice nursing and therapy staff continued to provide hospice elements of support for patients in continuing health care beds within Hayes Cottage nursing home in Hayes, Middlesex, thus continuing to enhance the total amount of hospice support within the borough. Our input previously included physiotherapy, complementary therapies, pastoral and psychological support and senior end of life care nursing support and all of these elements have been continued within government guidelines over the past year.

Funded by NHS contract & charitable income

Hospice at Home

End of Life Night Care at home

This NHS contracted service provided registered nurses and specialist trained health care assistants to give palliative patients supportive health care in their own home during the last weeks of life tailored to the individual family's needs.

This also enabled the patient's carers to have respite at night and better supported them to care for their family member during the day.

During year 2020–21 we continued to provide this essential service during the pandemic with the additional aims of preventing admissions to hospital and supporting carers during these challenging times. The Hospice at Home team has also supported the local Rapid Response team, providing night support for patients and their carers to facilitate discharges from hospital.

Funded by NHS contract

Day Care and Wellbeing Services

We normally provide support for people with long-term conditions and life-limiting illness through our activities in the Reg Hopkins Centre at Harlington Hospice and through the Day Care Centre at Michael Sobell Hospice.

Support for users of these services was provided at home and by phone as provision of therapies was severely curtailed by the pandemic and our day care space at Harlington Hospice utilised by the NHS as a Primary Care COVID hub for the entire year.

However where possible we have recommenced services through adaptation in our smaller premises, through use of remote platforms such as Zoom and through increasing our community outreach and home visiting services.

Lymphoedema Clinics

Based at Lansdowne House this is the only lymphoedema clinic in the Borough. The service treats both primary and secondary lymphoedema, working closely with Tissue Viability and District Nursing Teams. Home visiting and group wellbeing and support sessions are normally also part of the service.

Trustees' annual report

For the year ended 31 March 2021

Although out-patient lymphoedema clinics were not able to run for at least half of the past year, the hospice maintained regular contact with all patients by telephone. By using triage questionnaires, patient treatments could be appropriately prioritised when government guidance permitted re-instatement of a limited clinic service. In addition therapists expanded their home visiting service in order to support more patients and restarted exercise classes on Zoom to enable patients to join in at home.

Despite pandemic related restrictions the lymphoedema team managed to support **65** patients and provided **979** sessions thus limiting deterioration in this painful condition for those patients who most needed interventions.

Funded by NHS contract

Dementia Support

During the past year we were unable to provide any face to face services in a day care setting for people living with dementia. This service has however been included in a review of Wellbeing Services that has taken place during the year and new arrangements with specialist partners are likely to shape support for clients with dementia in the coming year.

Funded by charitable income

Complementary Therapies

Following a year of growth in 2019–20, it is disappointing to report that this service has been affected so severely by COVID–19 restrictions. Therapies have only been delivered by staff from Lansdowne House in a limited number of face to face situations for patients at home. In addition self-care podcasts recorded by staff have been available on our website.

Staff and volunteer complementary therapists have also been delivering a variety of therapies in our Inpatient Unit and as outpatient appointments.

Funded by charitable income

Family Support

Counselling for bereaved adults

This service is sub-contracted through H4All into the consortia counselling service delivered by Hillingdon Mind. Online counselling enabled a greater number of individuals to receive support as increased demand was reflected in an increase in referrals as well as a greater number of individuals continuing engagement from the previous year: **53** referrals attended **1007** remote sessions.

Funded by NHS contract

Child and Adolescent Bereavement Service (CABS)

Hillingdon Community Trust funding and a BBC Children in Need grant continued to fund a service supporting children and young people aged 5 to 17 years old in the London Borough of Hillingdon who have lost a parent, sibling or other significant person. Additional funding from Children in Need has also enabled CABS to employ two additional therapists (1 whole time equivalent) to provide therapy and support in response to increased bereavement needs arising from the emotional impact of the pandemic.

Trustees' annual report

For the year ended 31 March 2021

Recognising the implication of lockdowns and isolation on bereaved children and young people, the service restructured very rapidly providing online or telephone sessions within new protocols to ensure child protection. Face to face and family group sessions resumed as soon as was possible following government legislation.

In March 2021, CABS created an additional therapy space and office at Michael Sobell Hospice site, increasing accessibility for children and young people in the north of the borough.

Funded by Hillingdon Community Trust & BBC Children in Need

Patient & Family Support

This service offered psychotherapy/counselling (including palliative psychotherapy from January 2021) for adults and their families affected by a terminal diagnosis. The support and therapeutic intervention offered a chance for individuals, couples and families to explore and express their feelings of living with/alongside a terminal illness. The impact of the pandemic resulted in a reduction in referrals but support sessions continued throughout the year with only a slight reduction in activity.

Funded by charitable income

Cancer Support

A Community Cancer Service continued to provide support for people, carers and family members affected by a cancer diagnosis through regular telephone contact. Funding from the local authority will no longer be available beyond the end of the financial year and therefore, following the review of Wellbeing Services, it is planned that cancer support will be provided within the full range of Wellbeing services available in the coming year.

Funded by London Borough of Hillingdon (to 31.03.21)

H4All, Partnerships and collaborative work

Harlington Hospice delivers services which support a number of health and wellbeing initiatives within the London Borough of Hillingdon and surrounding boroughs:

Carer Support

As our usual face to face courses and sessions were temporarily curtailed, carers of people living with dementia were regularly supported by phone from our base at Lansdowne House. Hospice staff also supported zoom café initiatives reaching out to carers. We also ran two therapeutic workshops for carers once government regulations permitted.

Carer support services and courses were provided by Harlington Hospice on behalf of Hillingdon Carers Partnership within a London Borough of Hillingdon Contract

H4All

As part of H4All the hospice has continued to support the Wellbeing Team and Social Prescribing Link Workers by seconding staff to those roles. A Business Development Manager was an additional Hospice secondment appointed in January 2021. This role includes promotion of end of life integration across the health and social care economy, managed through the HHCP Project

Trustees' annual report

For the year ended 31 March 2021

Management Team (see below).

Hillingdon Health and Care Partners (HHCP)

Established in 2014, this is the main health provider partnership in the Borough made up of Hillingdon Hospital NHS Trust, CNWL NHS Community Trust, Hillingdon Primary Care Confederation and H4All. Developing an integrated approach with services to better meet the needs of Hillingdon, HHCP is the Integrated Care Partnership for the Borough and Harlington Hospice Chief Executive has continued to play a leading role.

North West London Third Sector Together (NWL 3ST)

NWL 3ST is a collaboration of leading 3rd Sector Providers and CVSs across 8 North West London Boroughs which make up the NHS Integrated Care System area. Through this group the Hospice has access to seats on the Integrated Care System boards and this role is filled by the Chief Executive of Harlington Hospice.

Third Sector Hospices

As a result of working within NWL 3ST, in the past year we have developed increasingly close links with St Lukes Hospice (Brent & Harrow) exploring efficiencies and possible shared services. It is hoped to that this approach may be extended to collaboration with other hospices in the future.

Outputs – activity data

Number of new referrals	2019-20	2020-21
Michael Sobell Hospice In-patient Unit*	71	302
Hospice at home – nights	158	211
Harlington Care Domiciliary personal care	-	171
Lymphoedema service	94	65
Bereavement counselling	23	53
Patient & Family Support	54	24
Palliative Psychotherapy	1	10
Children & Adolescent Bereavement Service	39	51
Day Care & Wellbeing Service (Lansdowne House)	-	30
Day Care & Wellbeing Service (Michael Sobell Hospice)	73	22
Community Cancer Service	-	4

Number of sessions provided	2019-20	2020-21
Michael Sobell Hospice In-patient Unit (admissions)*	60	224
Hospice at home – nights	1201	1115
Harlington Care Domiciliary personal care	9500	9818
Lymphoedema service	2274	979
Bereavement counselling	1080	1007
Patient & Family Support	738	693
Palliative Psychotherapy	-	61
Children & Adolescent Bereavement Service	341	493
Day Care & Wellbeing Service (Lansdowne House)	472	5
Day Care & Wellbeing Service (Michael Sobell Hospice)	193	0
Dementia Support (Carer support)**	43	-
Dementia Care Sessions	415	0
Complementary Therapies**	664	-
Community Cancer Service	-	83

*unit open from 14.01.20

**within Wellbeing Service from October 2020-21

Outcomes and public benefit

The Trustees recognised the need to refocus our resources at short notice in response to the impact of the COVID-19 pandemic. As a result our main activity has been concentrated within the newly opened in-patient unit and an important role locally was our ability to release beds very rapidly to the neighbouring acute hospital trusts as they became available. We are pleased to say that of 224 admissions, 158 of those were the same or the next day showing a rapid response to the needs of the hospitals and a better palliative outcome for patients.

In addition the hospice undoubtedly contributed to an increase in the number of patients able to die within a hospice environment if they wished. ONS data shows that deaths within a hospice in Hillingdon increased from below 1% of all deaths in the borough to nearly 5% of all deaths between Q1 and Q3 of year 2020-21. This was despite the fact that the number of deaths within a hospice dropped in both London and England in the same period.

We maintained contact with patients and clients wherever services could not be delivered due to government restrictions and continued to provide as many services as possible as outlined in our report on activities and performance above. Although services were adapted to ensure safety for patients, clients and staff, the fact that therapeutic contact was maintained has been very beneficial for both adults and children whose situations were undoubtedly adversely affected by government restrictions, enforced isolation and fear of a changing situation.

Over the past year we have been able to influence developments in end of life care within health and social care planning in our area through our partnership work within the Integrated Care Partnership known as Hillingdon Health and Care Partners (HHCP). The Chief Executive is also the nominated representative for the Third Sector on the North West London Integrated Care System (ICS) Board and able to promote the needs of people needing palliative and end of life support within a larger health economy.

Beneficiaries of our services

Most of the support services provided by Harlington Hospice are accessible to any adult who is nearing the end of life, in receipt of palliative care, lives with dementia or other life limiting illness or provides unpaid support to a friend or family member.

In addition we provide bereavement therapy services for children and young people up to the age of 17 years old and sub-contract a bereavement counselling service for adults and support for continuing health care through partner organisations.

Our services are currently provided to adults and children who live in the London Borough of Hillingdon or are registered with a GP in the borough. In addition a small domiciliary care and respite service is available to family carers in the London Borough of Hounslow.

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For the year ended 31 March 2021

There is wide access to our services is through GPs, community health services, hospital teams, partner third sector organisations and self-referral. A small number of outpatient clinics are only available via professional referral.

Measurement of success

What our patients and clients have said

One important measure of the impact of our services on the experience of individuals and families in our community is the feedback we receive. During the past year we have not carried out a systematic survey of patient and client experience across all our services owing to the extent to which they have been disrupted.

However feedback has been sent in spontaneously to staff within teams that continued to operate throughout the year. A selection of comments we received:

'The staff have been very helpful and very kind. Every question asked they helped and advised very well..... I couldn't ask for anymore in this difficult time' (Relative of patient in the In-patient Unit)

'The therapy sessions gave me the opportunity to have someone to talk to when I wouldn't have anyone else. This has also enabled me to speak about my feelings more which will help me in the future....' (17 year old supported by Children & Adolescent Bereavement Service)

'It is such a huge morale boost for people who are away from their loved ones. Words cannot describe the feeling of being "there" while still in Michael Sobell Hospice' (Patient who took part in a Virtual Reality project conducted by doctors in the In-patient Unit)

'Wonderful care from the staff. Not one complaint. From the cleaners to the kitchen staff and nurses and doctors. After suffering a year of pain the lovely physios have given me hope together with my pain medication plan. Thanks again folks' (Patient in the In-patient Unit)

What our staff have said

Given the upheaval experienced by the entire workforce during the past year, the trustees were anxious to understand how this had impacted on individuals and on particular teams or work locations, including those who were instructed to work at home.

As a result staff had an opportunity to feedback how they had experienced working for the hospice in very changed circumstances during the first nine months of the pandemic. Half of respondents had worked exclusively in patient facing roles during the previous nine months. All work environments were represented including those who worked in a mixture of locations and two people who were furloughed.

Much of the survey covered feedback on issues such as availability of PPE and ease of use of IT for remote attendance at meetings etc. There were also important questions on how staff felt about speaking up and raising concerns, as well as the degree to which staff felt supported in their roles.

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For the year ended 31 March 2021

83% (33) respondents felt supported at work 'always' or 'most of the time'. However a small number of staff felt less supported at work and this information provided an opportunity for trustees to ensure that more robust structures and communication were in place to ensure that staff could voice any concerns.

How we measure quality of our services

Harlington Hospice has now fully implemented a quality framework for all CQC registered services and intend to commence a review of those services which fall outside the CQC remit to ensure consistent quality of care.

Over the past year we have:

- Formed and established working groups with representatives from all Harlington Hospice Services. These groups met every 4–6 weeks to formally review the practice in their domain and report into formal meetings as part of the Quality Governance process;
- Introduced the Sentinel system to manage incidents, risk and other quality related areas, a crucial element in preparation for inspection and external accreditation;
- Set up quarterly reviews of all incidents by the Quality Team allowing escalation by exception to relevant Board subcommittees and to Board level.

External accreditation

Harlington Hospice holds three separate registrations with the Care Quality Commission (CQC):

- Harlington Hospice is currently rated 'Good'
In addition a table top and virtual CQC inspection took place by telephone in February 2021, focusing on robustness of covid arrangements within the Harlington Hospice in-patient unit located at the Michael Sobell Hospice site. There were no concerns regarding covid compliance or any other issue.
- Michael Sobell Hospice site is awaiting formal initial on-site inspection.
- Harlington Care was assessed on-site in December 2020 and rated 'Good'.

Staff regularly check activity against the criteria of the CQC Key Lines of Enquiry (KLOE)

Significant events that have affected our performance

Impact of COVID-19 on our services:

The impact of the pandemic has been extraordinary and led to the suspension of many of the charity's face to face services, loss of fundraising capability, and closure of our shops with further impact on our income streams. At the same time we had to manage the consequences of staff not working due to self-isolation or shielding.

Trustees' annual report

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Our response and ability to meet our objectives

Our involvement in the local response to the emergency has assisted the charity in meeting its objectives by ensuring that our services were also part of local solutions and therefore able to contribute to palliative care and end of life provision despite the constraints.

Harlington Hospice was also involved in, or set up, the following initiatives:

- The CEO and Medical Director attended the daily, later weekly, Hillingdon COVID Co-ordination briefings;*
- Daily discharge meetings with The Hillingdon Hospital NHS Foundation Trust, which have continued;*
- Multi-disciplinary meetings held three times weekly with relevant stakeholders;*
- Integrated Harlington Care respite services with palliative care to meet the needs of carers of dying patients;*
- Initiated more virtual support and facilitated peer support within families.*

Impact of the need to increase in-patient activity:

The establishment of the in-patient unit very shortly before the full impact of COVID-19 presented enormous challenges for the charity. We had opened the service with 6 beds in January 2020 and a planned timetable for expansion. However we scaled our services up rapidly to meet the need to take patients from acute hospitals as the pandemic intensified. This created pressure on structures and processes across the whole organisation: there was not only a larger workforce but far greater human resources complexity as we transferred professional staff from the NHS as well as recruited into health care roles ourselves and undertook to deliver services on a 24 hour basis to patients in a new location and setting.

Our response and ability to meet our objectives

The organisation utilised all the governance and management structures it had built over the previous 2-3 years to maximum effect. Although many processes were still in being developed, the strategic objective to build resilience within the organisation enabled the hospice to maximise resources within teams and relocate selected services such as Hospice at Home and Harlington Care to facilitate shared staff and flexible working. Previous establishment of an in-house IT and data support team proved invaluable in making sure key roles working from home could communicate effectively with clinical teams and even directly with patients and carers. Investment initiatives in year 2019-20 included finance management software and performance management software which made a significant difference to the charity's ability to respond to increased reporting and contractual requirements. Improvements in HR software in the past year also enabled the hospice to cope well with the impact of an enlarged team and increased recruitment requirements.

Public Benefit Statement

The sections of this report above entitled 'Summary of Activities' and 'Achievements and Performance' set out Harlington Hospice Association Limited objectives, and reports on the activity and successes in the year to 31 March 2021, as well as explaining the plans for the current financial year.

The work of the Hospice benefits people with a terminal or life limiting illness, their families and carers. The Hospice makes no charge to those people who are currently active patients of any core hospice service, or to their families and carers. All palliative care services provided by the charity are free to beneficiaries living, or under the care of a GP, in the London Borough of Hillingdon.

The Trustees have considered this matter and concluded:

1. That the aims of the organisation continue to be charitable;
2. That the aims and the work done give identifiable benefits to the charitable sector and both indirectly and directly to individuals in need;
3. That the benefits are for the public, are not unreasonably restricted in any way and certainly not by ability to pay; and
4. That there is no detriment or harm arising from the aims or activities

The trustees have complied with their duty according to Section 17(5) of the Charities Act 2011.

Financial review

Income

Total income was £5,670,958 (2020: £3,946,604) an increase of £1,724,354.

Income received from grants and contracts accounted for 65% of all income received and was £3,662,460 (2020: £2,835,319).

In addition to the above, Harlington Hospice received COVID-19 Government grants in 2021 totalling £1,482,032 (2020: £156,643). Grants via Hospice UK were £1,098,542, furlough payments were £198,935, London Borough of Hillingdon grants for retail support for our charity shops and infection management were £111,962, and support for our charity shop in their borough of £18,286 from Slough Borough Council.

Expenditure

Total expenditure was £5,483,615 (2020: £3,428,253), an increase of £2,055,362.

Balances

Restricted balances carried forward for use in 2021-22 are £187,835 (2020: £353,658).

Unrestricted balances carried forward are £3,633,009 (2020: £3,279,843). Unrestricted balances include designated property assets valued at £2,852,347.

Reserves

The Operating Reserve is reviewed by the Finance Sub-Committee on a quarterly basis and agreed by the Board annually. The target minimum Operating Reserve Fund is equal to potential redundancy costs where contracts or funding is uncertain; and 20% of monthly running costs to cover cashflow in the event of late payment of grants or contracts.

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For the year ended 31 March 2021

In a normal year the minimum level of the Operating Reserve is determined by two key determinants to ensure Trustees can meet all liabilities in the event that key funded services need to be wound down. These are:

- Statutory redundancy costs for employees in services where grants or contracts will be up for renewal in the following year, based on age and length of service of actual staff;
- Two months' salary costs to cover late payment of grants or contracts.

For the remainder of 2020–21 a third item has been added for –

- A more general reserve to cover service continuation or wind down arising from the risk to in-year fundraising during the current COVID–19 pandemic. Fundraising accounts for approximately 20% of the Charity's income.

The Operating Reserve needed for the financial year 2020–21, based on the factors above, is £603,000. Free reserves at 31 March 2021 were £647,417 (2020: £263,668).

Principal risks and uncertainties

Over the past year the risk profile of the charity has consistently improved and financial uncertainties have been somewhat mitigated by the covid related government grant administered by Hospice UK. The hospice also continued to benefit from employment related payments and grants throughout the year. However most of these payments have a limited timescale and attention has been focused on uncertainties within the coming year.

1. Financial risk

The Trustees continue to consider the risk to funding services provided at Michael Sobell Hospice as the biggest risk to the stability of the charity and its ability to continue to provide the current range of services. This is because we are dependent on Michael Sobell Hospice Charity (MSHC) fundraising sufficiently to cover the gap between contract values and actual cost of running services at the In-patient and Day Care Units on the Michael Sobell Hospice site.

In addition the impact of COVID–19 on fundraising in general and the need to recoup lost income arising from closure of charity shops continues to highlight the risk to income levels in the coming year,

Formalising the relationship between MSHC and Harlington Hospice has provided some certainty around the mutual obligations between the two charities. In addition the establishment of a single fundraising team across both charities is intended to lead to congruence of fundraising strategy and objectives and therefore greater strength and purpose as well as a higher profile. Utilising all possible funding sources, community and corporate will be a strong component of this plan.

In addition the creation of a stronger larger charity retail group with partners Age UK Hillingdon Harrow and Brent and Michael Sobell Hospice Charity is also aimed at streamlining back office support for all the shops in the group and maximising fundraising from donated goods.

2. Staff recruitment and retention

Rapid growth in the organisation and the opening of the 10 bedded Inpatient Unit has highlighted the need to recruit and retain high quality staff as well as continue to invest and develop the staff we already employ. The charity needs to recruit in an ever diminishing pool of health and care staff and in a relatively small organisation (in comparison to the NHS or large domiciliary care providers) increasing vacancies would have a serious impact on our ability to deliver quality care to our beneficiaries.

The charity identified this issue as a quality priority within its Quality Account for 2020-21. As a result there has been a big focus on ensuring that staff are supported and able to develop their professional careers through working for Harlington Hospice.

As a result the Inpatient Unit is currently fully staffed and we are continuing to recruit to the Harlington Hospice Bank.

The 2020 Staff Survey showed that whilst there were areas requiring improvement, 83% of respondents felt that they were supported by their Line Managers and felt able to raise a concern and be listened to. A 'You said, We Did' response was sent out to all staff along with the results of the 2020 survey to encourage further and greater contribution to the next survey.

The objective is for Harlington Hospice to become 'somewhere everyone wants to work' and the comments of a GP trainee doctor who worked on the In-patient Unit appear to confirm a positive direction: 'I have loved every minute and learnt so much. It has been great to see the team grow and to be part of that and I think that every single doctor and healthcare professional should spend some time in Palliative Care..... but I am not disappearing completely as I hope to stay on the weekend rota'

Going concern

Expanded and new services delivered by Harlington Hospice in 2021 have improved the Charity's financial position and delivered the benefits expected from investments in 2020. Expansion of the Harlington Care service and the partnership with the Michael Sobell House Charity have realised many of the expected benefits and synergies with the existing services.

During 2021 and the COVID-19 pandemic, the demand for services in both Harlington Hospice and our in-patient services has continued to be strong, and NHS, Local Authority and grant funding has increased over 2020 levels. In addition Central Government grant support, in association with Hospice UK, has mainly covered the losses incurred through the loss of charity shops' trading and our normal fundraising events and activities.

The trustees have confidence in their financial position going forward. Work has continued to build reserves to meet the level established by the Trustees. The Charity continues to improve the underlying business model to strengthen the organisation against future shocks. Any risk of cash shortages is managed by close monitoring of cash flow and credit control.

Fundraising

Fundraising arrangements:

- The charity does not have any commercial partners or use any professional fundraisers.
- Harlington Hospice is registered with the fundraising regulator and is fully compliant with its requirements and code of practise.
- The trustees are not aware of any complaints made in relation to our fundraising activities during the year ending 31 March 2021.
- In order to protect vulnerable people we ensure our fundraising activities are managed to limit any possibility of exploitation or misunderstanding. We do not send out blanket requests for donations and once a year invitations to our memorial event (Light up a Life,) which includes a fundraising element, are only sent to people who have previously given contact details with consent.
- In order to monitor events and fundraising activities undertaken by third parties our Community Fundraiser requests that participants contact us first. In this way we can give guidance on raffles, sponsorship, insurance etc.

Plans for the future

In year 2019–20 the charity had doubled its turnover and staffing team, established new services and was successful in delivering the following major development plans:

- Reopened Michael Sobell Hospice (MSH)
- Integration of contracts and services to form Harlington Care as a new CQC registered service
- Addressed cyclical financial deficit
- Managed Three TUPE transfers.

It is against this background that the trustees carried out an in-year strategic review of their plans between July and November 2020. The review was underpinned by the strategic aims already agreed and focused on three main areas of enquiry:

- The 'Need for Hospice Care' and to agree the Strategic Direction and Principles of Service Development
Based on an analysis of available population data, approximately 3,000 people a year could benefit from palliative care in Hillingdon. They fall into three main client groups: Dementia; Cancer; Frailty and Organ Failure. All three groups have similar physical and emotional needs but the care models have different pathways. Trustees agreed the 'Principles for Services' they plan to deliver.
- Sustainability of the charity's income sources and business models. How funding impacts on achieving charitable purposes in the short, medium and longer term
In order to ensure we continue to achieve the highest standards of patient and client care, we will be consolidating and stabilising our core business over the coming year and making sure we can manage the ongoing impact of the COVID-19 pandemic. Long-term financial

stability and viability will continue to be a key driver enabling us to deliver all our strategic aims and objectives.

- Benefits and risks of partnership working, merger or dissolution to be more effective in meeting the charity's objectives

Harlington Hospice has a strong record of working with others and this will continue to be the basis for our service growth. Our consistent objectives will be to improve care, fulfil unmet need and improve efficiency. We see our ability to achieve this as very much a partnership activity, working within Hillingdon Health and Care Partnership and H4All. Our partnership with H4All provides a platform for us to work across the new North West London Integrated Care System. We will explore the opportunities this creates to work collaboratively with other hospices in the area.

The review further confirmed the need to continue to focus on the four previously identified areas of activity:

Quality Assurance

Improving care through staff and service development is a key element of the trustees' plans. We have opened and taken on new registered services in the past year so it will be important that we provide evidence of quality assurance and compliance in all areas of our organisation. We will support our staff to develop skills and use new systems to manage quality related issues and to ensure that there is consistency in improving outcomes for our patients and clients.

Key areas of work within the Quality Plan for the next year:

- Development and implementation of the Sentinel system to manage incidents, risk and other quality related areas;
- Review of the quality framework for non-registered services. In addition to the CQC registered services, Harlington Hospice has several services providing care and support that fall outside CQC responsibility. These services are also being reviewed to ensure quality of care.

Financial Stability

Long-term financial stability and viability will continue to be a key driver enabling us to deliver all our strategic aims and objectives. We will continue to focus on:

- Securing long-term funding for Michael Sobell Hospice
The Trustees continue to consider this to be the main financial risk for the charity. To reduce this risk we now have a formal collaboration agreement with Michael Sobell Hospice Charity which will underpin plans to support their efforts to increase fundraising income funding the gap between contract income and costs.
- Strengthening the Balance Sheet
Harlington Hospice needs to increase unrestricted reserves. This will be achieved by:

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For the year ended 31 March 2021

- Investment in our fundraising team and development of the more traditional hospice income streams
 - Reviewing our retail business model to increase sales and profit to match the charity shop averages
 - Reducing costs by identifying other opportunities to increase the organisation's efficiency.
- Managing the financial impact of COVID-19
We have recast our budget for year 2021–22 to ensure greater financial resilience in the face of the financial pressures arising from managing the pandemic within a health care setting and responding to loss of income due to restriction of a range of our activities. Future scenarios also include action to adjust to ending of temporary compensatory covid related funding sources.

Internal processes

Over the past 2–3 years, work has continued to ensure our organisation will be robust enough to cope with recent expansion of our services and workforce. The three main areas of focus will continue to be governance, business information and human resources. In addition planned developments include:

- Appointment of a Head of Fundraising who will lead on integrated fundraising activity between Harlington Hospice and Michael Sobell Hospice Charity;
- Efficiencies, such as creating an integrated telephone system, following the collaboration agreement between Harlington Hospice and Michael Sobell Charity.

Service Development

To achieve service improvement and transformation Harlington Hospice will work with all providers in Hillingdon and North West London end of life care. The Trustees plan to hold a 'system change event' when possible, inviting provider partners and key stakeholders.

There are key questions that will need to be addressed through discussion with all relevant partners. These include:

What is the future for MSH? The current building has a limited life which means rebuild plans will be needed soon.

Do we need a Nurse Led Unit at Lansdowne House or could a service in the south of the borough be provided in a different location?

What funding will we need and where will it come from?

External factors: What impact will the move of NHS commissioning from Hillingdon to North West London have?

How can we manage the challenge of increased capacity, with limited funding while still providing a quality service?

The trustees are committed to ensuring that these and other issues are addressed in a considered way in order to protect provision of end of life services for people within the borough of Hillingdon and immediate surrounding areas.

Structure, governance and management

The organisation is a charitable company limited by guarantee, incorporated on 12 April 2001 and registered as a charity on 9 September 2003.

The company was established under a memorandum of association which established the objects and powers of the charitable company and is governed under its articles of association.

All trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in note 7 to the accounts.

Appointment of trustees

The Board aims to ensure that it maintains an appropriate mix of skills and experience to enable it to fulfil its mission, and also to ensure that it adequately represents the communities it serves. It takes the appropriate steps to fill gaps in necessary skills.

Trustees stand for election or are re-elected in rotation at the Annual General Meeting.

There are no external bodies holding the right to appoint trustees to the Board.

The Trustees (and Directors for the purposes of law), include those with professional expertise in clinical care, third sector managerial experience, commercial and business experience, experience of elected representation at local and national government level as well as business people.

Several Trustees have extensive charity management experience and sit on the boards of other charities. All share a common passion and commitment to the mission and vision of Harlington Hospice.

Trustees are nominated by the Board to provide lead roles on Board Sub-committees and ensure that assurance is provided to the Board on a number of key areas. Working groups have continued to provide information and support to each sub-committee to the Board. During year to 31 March 2021 the Sub-committees to the Board were:

- Finance Sub-committee
- Quality Governance Sub-committee
- Building/Estates Sub-committee

A planned Workforce Sub-committee was confirmed early in the new financial year, also supported by a working group.

The Trustees continue to recognise that during this period of development and expansion within the charity they need to consider development of the Board in order to ensure there is sufficient depth and experience to meet medium and long term strategic needs.

Trustee induction and training

Following planned recruitment through advertisement within our local community, new Trustees will be provided with an induction pack, which includes Charity Commission guidance on the roles and responsibilities of charity trustees.

Training for new and existing Trustees includes the requirement to attend awareness briefings and on Safeguarding responsibilities and sign a Safeguarding Code of Conduct, as outlined in Harlington Hospice Safeguarding Policy and Procedure.

Training is enhanced with briefings on all aspects of the responsibilities of Trustees and the governance requirements of the health related services provided by the charity. This is in addition to attendance at Board meetings.

Staff and delegated responsibilities

In the year 2020–21 the Board of Trustees, chaired by Brian Neighbour and subsequently Carol Coventry, delegated operational management of Harlington Hospice to the Chief Executive, Steve Curry.

The headcount number of staff employed by Harlington Hospice to carry out its charitable activities was one hundred and thirty-eight and, in addition, some tasks were also undertaken by contractors and consultants.

Staff are employed across five main services:

- Day Care, Therapeutic and Well-being services
- Harlington Care domiciliary personal care service
- End of life and palliative care services delivered within Michael Sobell Hospice and within the home
- Fundraising
- Retail

All services include professional clinical staff or therapists, as well as support staff, administration and management.

Related parties and relationships with other organisations

Harlington Hospice has a long history of collaborative working with the both the third and the statutory sectors. It is our belief that working with stakeholders, other providers and commissioners gains best value for our donors, supporters and contractors and delivers the best quality outcomes for our patients and clients.

We have formal relationships with the following organisations:

- Michael Sobell Hospice Charity (MSHC) – a collaboration agreement establishes that MSHC will fund ongoing services within Michael Sobell Hospice which are provided by Harlington Hospice;
- Hospice UK – a federal organisation in which the national organisation's role is advisory on policy and procedures;
- H4All – a Charitable Incorporated Organisation (CIO) in which Harlington Hospice is one of five sovereign partners delegating authority within the consortium to provide finance management, information governance and contracted arrangements to provide services within the community;
- Hillingdon Health and Care Partnership (HHCP) – integration of local services through a memorandum of understanding with H4All. We are moving towards integrated management and joint service development within the partnership.

Statement of responsibilities of the trustees

The trustees (who are also directors of Harlington Hospice Association Limited for the purposes of company law) are responsible for preparing the trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

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

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

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information

Trustees' annual report

For the year ended 31 March 2021

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.

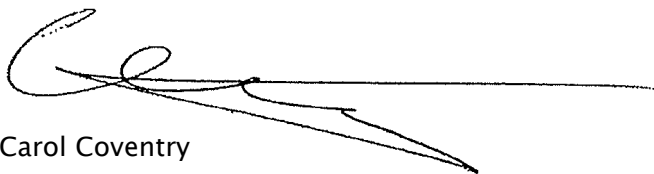
Members of the charity guarantee to contribute an amount not exceeding £10 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2021 was 7 (2020:7). The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

The trustees' annual report has been approved by the trustees on 6 December 2021 and signed on their behalf by

A handwritten signature in black ink, appearing to be 'Carol Coventry', with a long horizontal line extending to the right.

Carol Coventry
Chair of Board of Trustees

Opinion

We have audited the financial statements of Harlington Hospice Association Limited (the 'charitable company') for the year ended 31 March 2021 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including 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 charitable company's affairs as at 31 March 2021 and of its 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

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the 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 Harlington Hospice Association Limited'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, other than the 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 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 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 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, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual 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 charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report

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

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The 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; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

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 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 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 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

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, which included obtaining and reviewing supporting documentation, concerning the charity'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.

Independent auditor's report

To the members of

Harlington Hospice Association Limited

- We obtained an understanding of the legal and regulatory framework that the charity 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 charity 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. 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.



Joanna Pittman (Senior statutory auditor)

9 December 2021

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Harlington Hospice Association Limited

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2021

	Note	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Income from:							
Donations and legacies	2	75,863	–	75,863	124,699	5,000	129,699
Charitable activities	3						
Harlington Care		644,249	18,917	663,166	734,096	–	734,096
Hospice at Home		223,657	73,582	297,239	296,668	–	296,668
Daycare (including Lymphoedema		156,848	57,582	214,430	130,765	–	130,765
Family Support		47,348	129,289	176,637	48,202	72,397	120,599
In-Patient Care		1,477,596	1,691,425	3,169,021	816,111	713,707	1,529,818
H4All & Other Collaborations		541,710	–	541,710	216,765	–	216,765
Other trading activities	4	532,892	–	532,892	788,194	–	788,194
Total income		3,700,163	1,970,795	5,670,958	3,155,500	791,104	3,946,604
Expenditure on:							
Raising funds – charity shops	5	533,397	–	533,397	501,803	–	501,803
Raising funds – community fundraising	5	65,329	–	65,329	52,799	–	52,799
Charitable activities							
Harlington Care	5	630,293	18,917	649,210	720,742	–	720,742
Hospice at Home	5	203,324	73,582	276,906	292,209	5,000	297,209
Daycare (including Lymphoedema	5	141,316	57,582	198,898	278,812	–	278,812
Family Support	5	33,870	129,289	163,159	87,018	72,397	159,415
In-Patient Care	5	1,441,079	1,673,023	3,114,102	804,627	410,049	1,214,676
H4All & Other Collaborations	5	482,614	–	482,614	202,797	–	202,797
Total expenditure		3,531,222	1,952,393	5,483,615	2,940,807	487,446	3,428,253
Transfers between funds		184,225	(184,225)	–	–	–	–
Net movement in funds		353,166	(165,823)	187,343	214,693	303,658	518,351
Reconciliation of funds:							
Total funds brought forward		3,279,843	353,658	3,633,501	3,065,150	50,000	3,115,150
Total funds carried forward		3,633,009	187,835	3,820,844	3,279,843	353,658	3,633,501

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 15a to the financial statements.

Harlington Hospice Association Limited

Balance sheet

Company no. 04199504

As at 31 March 2021

	Note	£	2021 £	£	2020 £
Fixed assets:					
Tangible assets	11		3,071,019		3,285,827
			<u>3,071,019</u>		<u>3,285,827</u>
Current assets:					
Debtors	12	802,069		682,784	
Cash at bank and in hand		544,817		147,350	
		<u>1,346,886</u>		<u>830,134</u>	
Liabilities:					
Creditors: amounts falling due within one	13	(597,061)		(482,460)	
				<u></u>	
Net current assets			<u>749,825</u>		<u>347,674</u>
Total net assets			<u><u>3,820,844</u></u>		<u><u>3,633,501</u></u>
The funds of the charity:	15a				
Restricted income funds			187,835		353,658
Unrestricted income funds:					
Designated funds					
Landsdowne House		1,652,347		1,676,347	
Revaluation Reserve		1,200,000		1,200,000	
General funds		<u>780,662</u>		<u>403,496</u>	
Total unrestricted funds			<u>3,633,009</u>		<u>3,279,843</u>
Total charity funds			<u><u>3,820,844</u></u>		<u><u>3,633,501</u></u>

Approved by the trustees on 6 December 2021 and signed on their behalf by



Carol Coventry
Chair of Board of Trustees

Statement of cash flows

For the year ended 31 March 2021

	Note	2021 £	£	2020 £	£
Cash flows from operating activities					
Net income / (expenditure) for the reporting period (as per the statement of financial activities)		187,343		518,351	
Depreciation charges		239,232		112,302	
(Increase)/decrease in debtors		(119,285)		(369,017)	
Increase/(decrease) in creditors		114,601		221,698	
Net cash provided by / (used in) operating activities		421,891		483,334	
Cash flows from investing activities:					
Purchase of fixed assets		(24,424)		(401,566)	
Net cash (used in) investing activities		(24,424)		(401,566)	
Change in cash and cash equivalents in the year		397,467		81,768	
Cash and cash equivalents at the beginning of the year		147,350		65,582	
Cash and cash equivalents at the end of the year		544,817		147,350	
Analysis of cash and cash equivalents and of net debt					
	At 1 April 2020 £	Cash flows £	Other non- cash changes £	At 31 March 2021	£
Cash at bank and in hand	147,350	397,467	–	544,817	
Total cash and cash equivalents	147,350	397,467	–	544,817	

1 Accounting policies

a) Statutory information

Harlington Hospice Association Limited is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is Lansdowne House, St Peter's Way, Harlington, Middlesex UB3 5AB

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

c) Public benefit entity

The charity meets the definition of a public benefit entity under FRS 102.

d) Going concern

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

Expansion of Harlington Care services and the successful partnership with the Michael Sobell Hospice Charity have delivered planned synergies and benefits and strengthened the financial position of the Charity.

The charity has taken account of the risks identified by the Board and has made provision through its Reserves calculation to ensure that these risks can be managed. The Finance Sub-Committee regularly monitors cashflow and projected income and expenditure to budget.

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.

e) Income

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

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

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

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Hospice UK receipts

During the year Hospice UK distributed Government funds to Hospices facing funding shortfalls due to the COVID-19 pandemic, when normal fundraising activity was curtailed. Hospice UK funds received by the Charity have been allocated to Charitable Activities on the basis of shortfalls faced by each service.

g) Coronavirus Job Retention Scheme (CJRS)

The Charity benefitted from the Government's CJRS payments – also known as furlough payments – during the year. Furlough payments have been identified in the accounts by the Charitable Activities in which the relevant members of staff received those payments.

1 Accounting policies (continued)

h) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

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

i) Interest receivable

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.

j) 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.

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.

k) 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:

- Costs of raising funds relate to the costs incurred by the charity by its Charity Shops and in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

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

l) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity.

• Harlington Care	10%
• Hospice at Home	4%
• Daycare (including Lymphoedema Clinic)	3%
• Family Support	2%
• In-Patient Care	52%
• H4All and Other Collaborations	8%
• Raising Funds	9%
• Support costs	11%
• Governance costs	1%

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity

• Harlington Care	21%
• Hospice at Home	9%
• Daycare (including Lymphoedema Clinic)	6%
• Family Support	5%
• In-Patient Care	39%
• H4All and Other Collaborations	8%
• Raising Funds	12%

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.

Notes to the financial statements

For the year ended 31 March 2021

1 Accounting policies (continued)

m) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

n) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £500 and the asset is expected to be productive for more than 12 months. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. 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.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

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

● Equipment, Fixtures & Fittings	4 years
● Motor Vehicles	5 years
● Improvements	10 years
● Freehold Property	50 years
● Michael Sobell House refurbishment	2 years

o) 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 discounts due.

p) 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.

q) 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.

r) 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.

s) Pension schemes

NHS pension scheme

The NHS Pension Scheme is an unfunded occupational scheme backed by the Exchequer, which is open to all NHS employees and certain employees of other approved organisations. Harlington Hospice is an approved organisation. The Scheme provides pensions, based on final salary, in varying circumstances for employees of participating employers. The Scheme receives contributions from employees and employers to defray the costs of pensions and other benefits.

Relevant 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 and Social Care 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:

Notes to the financial statements

For the year ended 31 March 2021

1 Accounting policies (continued)

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 that was 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 would be included in the valuation process. The Government has also confirmed that the Government Actuary was reviewing the cost control mechanism (as was originally announced in 2018). The review assessed 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 did 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.

Group Personal Pension Scheme

In addition to the NHS Pension Scheme, the Hospice operates a Group Personal Pension Plan for non-medical staff. This plan is a defined contribution scheme administered and invested with Scottish Widows. It is a money purchase plan and all eligible employees are automatically enrolled on joining the service. Contributions are 5% with an employer contribution of 3%. Employees may contribute more to the plan.

t) Coronavirus Job Retention Scheme (CJRS)

The Charity benefitted from the Government's CJRS – also known as furlough payments – during the year. Furlough payments have been identified in the accounts by the Charitable Activities in which the relevant members of staff received those payments.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Legacies	–	–	–	–	–	–
Donations	67,983	–	67,983	83,370	5,000	88,370
Fundraising & events	152	–	152	18,068	–	18,068
Gift Aid	–	–	–	16,435	–	16,435
HMRC (furlough)	6,643	–	6,643	–	–	–
Other Income	1,085	–	1,085	6,826	–	6,826
	<u>75,863</u>	<u>–</u>	<u>75,863</u>	<u>124,699</u>	<u>5,000</u>	<u>129,699</u>

Notes to the financial statements

For the year ended 31 March 2021

3 Income from charitable activities

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Harlington Care						
Charges	111,773	-	111,773	177,173	-	177,173
Hospice UK	-	18,917	18,917	-	-	-
Carers Trust East Midlands	-	-	-	29,321	-	29,321
NHS – Hillingdon CCG	4,419	-	4,419	37,461	-	37,461
London Borough of Hillingdon	118,670	-	118,670	189,366	-	189,366
Hillingdon Carers	198,940	-	198,940	188,440	-	188,440
Hestia	79,948	-	79,948	112,335	-	112,335
London Borough of Hillingdon (COVID-19)	72,958	-	72,958	-	-	-
HMRC (furlough)	57,541	-	57,541	-	-	-
Sub-total for Harlington Care	644,249	18,917	663,166	734,096	-	734,096
Hospice at Home						
NHS – Central & N W London	213,000	-	213,000	-	-	-
NHS – Hillingdon CCG	10,657	-	10,657	296,668	-	296,668
Hospice UK	-	73,582	73,582	-	-	-
Sub-total for Hospice at Home	223,657	73,582	297,239	296,668	-	296,668
Daycare						
Charges	-	-	-	1,200	-	1,200
Hospice UK	-	57,582	57,582	-	-	-
Hillingdon Carers	22,000	-	22,000	22,000	-	22,000
NHS – Central & N W London	99,926	-	99,926	97,565	-	97,565
A P Taylor	10,000	-	10,000	10,000	-	10,000
HMRC (Furlough)	24,922	-	24,922	-	-	-
Sub-total for Daycare	156,848	57,582	214,430	130,765	-	130,765
Family Support						
Hillingdon Community Trust	-	25,827	25,827	-	36,674	36,674
Hospice UK	-	52,987	52,987	-	-	-
BBC Children in Need	-	50,475	50,475	-	35,723	35,723
NHS – Central & N W London	-	-	-	26,702	-	26,702
London Borough of Hillingdon	20,000	-	20,000	20,000	-	20,000
NHS – Hillingdon CCG	27,348	-	27,348	1,500	-	1,500
Sub-total for Family Support	47,348	129,289	176,637	48,202	72,397	120,599
In-Patient Care						
NHS – Central & N W London	463,454	-	463,454	452,503	-	452,503
NHS – Hillingdon CCG	983,152	-	983,152	358,208	-	358,208
Michael Sobell Hospice Charity	-	795,951	795,951	-	713,707	713,707
Primary Care – Hillingdon	5,833	-	5,833	4,167	-	4,167
Hospice UK	-	895,474	895,474	-	-	-
HMRC (furlough)	25,157	-	25,157	1,233	-	1,233
Sub-total for In-Patient Care	1,477,596	1,691,425	3,169,021	816,111	713,707	1,529,818
H4All & Other Collaborations						
Hillingdon Carers	-	-	-	-	-	-
The Hillingdon Hospital	138,262	-	138,262	86,247	-	86,247
Hillingdon Primary Care Confederation	-	-	-	-	-	-
H4All C.I.O.	169,469	-	169,469	122,242	-	122,242
NHS – Hillingdon CCG	233,979	-	233,979	8,276	-	8,276
Sub-total for H4All & Other Collaborations	541,710	-	541,710	216,765	-	216,765
Total income from charitable activities	3,091,408	1,970,795	5,062,203	2,242,607	786,104	3,028,711

Notes to the financial statements

For the year ended 31 March 2021

4 Income from other trading activities

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Charity Shops – sales	279,711	–	279,711	618,665	–	618,665
HMRC (furlough) – Shops	84,672	–	84,672	5,410	–	5,410
London Borough of Hillingdon (COVID-19)	111,962	–	111,962	150,000	–	150,000
Slough Borough Council (COVID-19)	18,286	–	18,286	–	–	–
NHS – Central & N W London	–	–	–	11,000	–	11,000
NHS Hillingdon CCG	12,501	–	12,501	–	–	–
Other Income	25,760	–	25,760	3,119	–	3,119
	532,892	–	532,892	788,194	–	788,194

All income from trading activities is unrestricted.

Harlington Hospice Association Limited

Notes to the financial statements

For the year ended 31 March 2021

5a Analysis of expenditure (current year)

	Charitable activities										
	Raising funds £	Harlington Care £	Hospice at Home £	Daycare £	Family Support £	In-Patient Care £	H4All & Other Collaborations £	Governance costs £	Support costs £	2021 Total £	2020 Total £
Staff costs (Note 7)	286,368	468,026	207,629	147,971	106,413	1,750,794	174,370	–	314,161	3,455,732	2,117,370
External – nursing & medical	–	–	13,914	–	675	500,187	137,393	–	6,991	659,160	562,734
Other external providers	32,844	–	–	2,683	29,263	45,178	128,928	–	18,295	257,191	89,449
Other staff costs	4,129	17,190	1,154	1,627	860	10,614	214	–	20,915	56,703	29,370
Patient Support	812	–	–	4,135	504	95,175	–	–	3,083	103,709	63,520
Medical costs	55	–	–	122	–	103,280	–	–	–	103,457	–
Premises	7,765	39,765	4,064	480	207	98,852	–	–	136,763	287,896	85,222
Depreciation	6,302	–	–	5,569	–	184,226	–	–	43,136	239,233	112,302
Rent	119,548	5,582	–	–	–	–	–	–	–	125,130	148,408
Fundraising costs	21,342	–	–	–	–	–	–	–	–	21,342	5,744
Other costs	48,812	2,598	–	561	–	90,524	–	–	7,987	150,482	191,088
Audit fees	–	–	–	–	–	–	–	15,588	–	15,588	9,957
Legal costs	350	–	–	–	–	–	–	7,643	–	7,993	13,089
	528,327	533,161	226,761	163,148	137,922	2,878,830	440,905	23,231	551,331	5,483,616	3,428,253
Support costs	68,118	112,291	48,521	34,592	24,420	223,031	40,358	–	(551,331)	–	–
Governance costs	2,282	3,758	1,624	1,158	817	12,241	1,351	(23,231)	–	–	–
Total expenditure 2021	598,727	649,210	276,906	198,898	163,159	3,114,102	482,614	–	–	5,483,616	
Total expenditure 2020	554,602	720,742	297,209	278,812	159,415	1,214,676	202,797	–	–		3,428,253

Harlington Hospice Association Limited

Notes to the financial statements

For the year ended 31 March 2021

5b Analysis of expenditure (prior year)

	Charitable activities							Governance costs £	Support costs £	2020 Total £
	Raising funds £	Harlington Care £	Hospice at Home £	Daycare £	Family Support £	In-Patient Care £	H4All & Other Collaborations £			
Staff costs (Note 7)	276,709	570,065	231,518	190,248	95,082	461,977	106,244	–	185,527	2,117,370
External – nursing & medical	–	789	13,240	–	235	454,487	75,538	–	18,445	562,734
Other external providers	–	3,485	3,418	13,313	43,637	20,758	–	–	4,838	89,449
Other staff costs	1,059	6,830	1,589	12,281	539	2,584	286	–	4,202	29,370
Patient Support	–	178	1,102	24,082	–	36,057	–	–	2,101	63,520
Medical costs	–	–	–	–	–	–	–	–	–	–
Premises	10,899	22,407	1,912	751	1,615	7,362	–	–	40,276	85,222
Depreciation	4,166	–	–	–	–	58,992	–	–	49,144	112,302
Rent	142,826	5,582	–	–	–	–	–	–	–	148,408
Fundraising costs	5,414	93	–	–	–	–	–	–	237	5,744
Other costs	53,844	862	–	1,627	60	83,560	338	–	50,797	191,088
Audit fees	–	–	–	–	–	–	–	9,957	–	9,957
Legal costs	6,582	1,050	–	–	–	863	–	4,594	–	13,089
	501,499	611,341	252,779	242,302	141,168	1,126,640	182,406	14,551	355,567	3,428,253
Support costs	50,929	104,924	42,612	35,016	17,500	85,029	19,557	–	(355,567)	–
Governance costs	2,174	4,477	1,818	1,494	747	3,007	834	(14,551)	–	–
Total expenditure 2020	554,602	720,742	297,209	278,812	159,415	1,214,676	202,797	–	–	3,428,253

Notes to the financial statements

For the year ended 31 March 2021

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2021 £	2020 £
Depreciation	239,232	112,302
Operating lease rentals payable:		
Property	112,282	141,500
Auditor's remuneration (excluding VAT):		
Audit 2021	10,000	9,762
Audit 2020 – over/ under accrual	5,588	(2,281)
Audit 2019 – under-accrual	–	195
	<u>239,232</u>	<u>112,302</u>

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

Staff costs were as follows:

	2021 £	2020 £
Salaries and wages	2,980,132	1,887,326
Redundancy costs	55,982	17,608
Social security costs	253,070	141,729
Employer's contribution to pension schemes	168,938	70,707
	<u>3,458,122</u>	<u>2,117,370</u>

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2021 No.	2020 No.
£70,000 – £79,999	<u>2</u>	<u>2</u>

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £167,963 (2020: £143,175).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2020: £nil).

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 138 (2020: 119).

Staff are split across the activities of the charity as follows:

	2021 No.	2020 No.
Raising funds	15.0	17.0
Harlington Care	35.0	44.0
Hospice at Home	10.0	18.0
Daycare	7.0	12.0
Family Support	5.0	4.0
In Patient Care	50.0	12.0
H4All and Other Collaborations	7.0	6.0
Support	9.0	6.0
	<u>138.0</u>	<u>119.0</u>

Notes to the financial statements

For the year ended 31 March 2021

9 Related party transactions

During the year the Charity rented a property from Komfort Service Ltd (a company for which M Edwards is a director.) Payments to the company for rent and other services during the year totalled £3,125 (2020: £12,500).

Ms Margaret Roberts, trustee, and Mr William Curry, CEO, are trustees for H4All C.I.O.. Any work for H4All is on an arm's length basis.

Income received from H4All C.I.O. covered the cost of staff seconded to the charity to support the broader Health & Wellbeing aims of Harlington Hospice. The total income received from H4All in 2021 was £165,959 (2020: £112,610).

Mr Sean Fitzpatrick, trustee, is additionally the Treasurer of the A.P. Taylor trust, which provided £10,000 grant funding to Harlington Hospice in 2021. The purpose of the fund was to support charitably funded daycare activities for clients.

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

11 Tangible fixed assets

	Freehold property £	Improvements £	Equipment £	Fixtures and fittings £	Motor vehicles £	Total £
Cost or valuation						
At the start of the year	2,900,000	516,472	27,613	194,052	14,500	3,652,637
Additions in year	–	490	16,989	6,945	–	24,424
At the end of the year	2,900,000	516,962	44,602	200,997	14,500	3,677,061
Depreciation						
At the start of the year	23,653	174,886	8,725	148,526	11,020	366,810
Charge for the year	24,000	182,345	17,060	15,585	242	239,232
At the end of the year	47,653	357,231	25,785	164,111	11,262	606,042
Net book value						
At the end of the year	2,852,347	159,731	18,817	36,886	3,238	3,071,019
At the start of the year	2,876,347	341,586	18,888	45,526	3,480	3,285,827

Land with a value of £1,700,000 (2020: £1,700,000) is included within freehold property and not depreciated.

Any properties held at valuation were last valued on 31st March 2018 by Reinhardt Estate agents. The revaluation was reviewed and agreed by the charity's finance sub-committee on behalf of the Board. Harlington Hospice would normally seek a revaluation for this property every three years. An updated valuation is being considered for 2022, and the current valuation is considered to be a fair value for 2021.

All of the above assets are used for charitable purposes.

Notes to the financial statements

For the year ended 31 March 2021

12 Debtors

	2021 £	2020 £
Trade debtors	529,819	357,502
Other debtors	23,905	25,773
VAT recoverable	19,316	74,554
Prepayments	44,018	66,159
Accrued income	185,011	158,796
	802,069	682,784

13 Creditors: amounts falling due within one year

	2021 £	2020 £
Taxation and social security	68,063	109,569
Trade Creditors	367,783	240,510
Other creditors	27,878	75,561
Accruals	126,667	50,987
Deferred income	6,670	5,833
	597,061	482,460

14a Analysis of net assets between funds (current year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	133,245	2,852,347	85,427	3,071,019
Net current assets	647,417	–	102,408	749,825
Net assets at 31 March 2021	780,662	2,852,347	187,835	3,820,844

14b Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	139,828	2,876,347	269,652	3,285,827
Net current assets	263,668	–	84,006	347,674
Net assets at 31 March 2020	403,496	2,876,347	353,658	3,633,501

Notes to the financial statements

For the year ended 31 March 2021

15a Movements in funds (current year)

	At 1 April 2020 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2021 £
Restricted funds:					
Harlington Care	-	18,917	(18,917)	-	-
Hospice at Home	-	73,582	(73,582)	-	-
Daycare	-	57,582	(57,582)	-	-
Family Support	-	129,289	(129,289)	-	-
In-Patient Care	303,658	1,691,425	(1,673,023)	(184,225)	137,835
Carol Stanton legacy	50,000	-	-	-	50,000
Total restricted funds	353,658	1,970,795	(1,952,393)	(184,225)	187,835
Unrestricted funds:					
Designated funds:					
Land & Buildings	2,876,347	-	(24,000)	-	2,852,347
Total designated funds	2,876,347	-	(24,000)	-	2,852,347
General funds	403,496	3,700,163	(3,507,222)	184,225	780,662
Total unrestricted funds	3,279,843	3,700,163	(3,531,222)	184,225	3,633,009
Total funds	3,633,501	5,670,958	(5,483,615)	-	3,820,844

The narrative to explain the purpose of each fund is given at the foot of the note below.

15b Movements in funds (prior year)

	At 1 April 2019 £	Income & gains £	Expenditure & losses £	Transfers £	At 30 March 2020 £
Restricted funds:					
Hospice at Home	-	5,000	(5,000)	-	-
Family Support	-	72,397	(72,397)	-	-
In-Patient Care	-	713,707	(410,049)	-	303,658
Carol Stanton legacy	50,000	-	-	-	50,000
Total restricted funds	50,000	791,104	(487,446)	-	353,658
Unrestricted funds:					
Designated funds:					
Land & Buildings	2,900,000	-	(23,653)	-	2,876,347
Total designated funds	2,900,000	-	(23,653)	-	2,876,347
General funds	165,150	3,155,500	(2,917,154)	-	403,496
Total unrestricted funds	3,065,150	3,155,500	(2,940,807)	-	3,279,843
Total funds	3,115,150	3,946,604	(3,428,253)	-	3,633,501

15 Movements in funds (continued)

Purposes of restricted funds

Hospice UK: Total grants of £1,076,382 to support charitable activities during the pandemic in 2021.

Family Support: a grant of £20,000 from the BBC Children in Need fund to provide counselling support to the children of Hospice patients.

Family Support: a grant of £25,827 from the Hillingdon Community Trust to provide support to the family members of Hospice patients.

In-Patient Care: a grant of £795,951 from the Michael Sobell Hospice Charity, restricted for the running of the in-patient hospice.

Carol Stanton legacy: a bequest being held for the development of new services. The Charity is holding this fund for the planned development of Daycare service, held back due to the addition of the Michael Sobell Hospice service and related activities and the pandemic year.

Purposes of designated funds

Land & Buildings: Lansdowne House and its land was gifted to Harlington Hospice to be used as a Hospice facility for local residents.

16 Operating lease commitments payable as a lessee

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods

	Property 2021 £	2020 £
Less than one year	111,282	141,500
One to five years	277,792	407,292
Over five years	–	–
	389,074	548,792

17 Friends of Harlington Hospice

The accounts for the Friends of Harlington Hospice show a bank and cash balance of £5,269.92 (2020: £5,267.37) as at 31 March 2021. Donations were received via the Friends which is ringfenced for various projects and funds raised from coffee mornings, donations and other activities totalling £300 (2020: £6,215) are included in unrestricted funding.

During the pandemic year there were no items purchased from ringfenced funds.

The income and expenditure account is not audited, but a copy has been passed to Sayer Vincent who can confirm that the balance shown at the bank is consistent with the bank account.

18 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £10.