

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.

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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.

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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

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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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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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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.

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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.

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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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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:

Trustees' annual report

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.

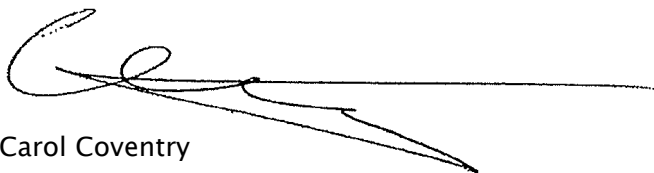
Members of the charity guarantee to contribute an amount not exceeding £10 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2021 was 7 (2020:7). The trustees are members of the charity but this entitles them only to voting rights. The trustees have 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

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 '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

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.