

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



Registered Charity in England & Wales Number 1099332
Company Number 04199504

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Reference and administrative information

Company number	04199504
Country of incorporation	United Kingdom
Charity number	1099332
Country of registration	England & Wales
Registered office and operational address	Lansdowne House St Peter's Way Harlington Middlesex UB3 5AB
Operating address for Michael Sobell House	Mount Vernon Hospital Rickmansworth Road Northwood HA6 2RN
Trustees	<p>The Trustees - who are also directors under company law - who served during the year and up to the date of this report were as follows:</p> <p>Carol Coventry, (Resigned as Chair December 2023) Michael Breen (Appointed August 2022, Appointed Vice-Chair February 2023, Appointed Chair December 2023) Matthew (Sean) Fitzpatrick, Company Secretary (Resigned December 2023) Vanessa Avlonitis Michael Edwards John McDonnell MP Brian Neighbour (Resigned April 2022) Caroline Morison (Appointed November 2022) Margaret Roberts (Resigned October 2023) John Sandercock (Appointed August 2022)</p>

Key management personnel

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

Bankers

NatWest
6 Coldharbour Lane
Hayes
Middlesex UB3 3EL

Solicitors

Tozers LLP
Broadwalk House
Southernhay West
Exeter
Devon
EX1 1UA

Keelys Solicitors
28 Dam Street
Lichfield
Staffordshire
WS13 6AA

Auditors

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

Trustees' Annual Report year ended 31st March 2023

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

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

Our purpose, vision and values

Our purpose

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

Our vision

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

Our values

- Collaborative
- Responsive
- Thoughtful
- Courageous

Summary of our main activities in relation to our charitable objectives

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

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



Beneficiaries of our services

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

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

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

Priorities

Priorities identified by Trustees for year ended 31st March 2023

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

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

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

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

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

Achievements and performance

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

Inpatient Unit at Michael Sobell House

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

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

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

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

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



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

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

This service was funded by NHS contracts and charitable income.

Hospice at Home

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

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

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

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

Wellbeing

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

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

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

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

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

Digital Wellbeing Hub

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

This project was funded by charitable income.

Dementia support

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

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

This project was funded by charitable income.

Carer support

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

Comments included:

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

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

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

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

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

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

Lymphoedema Clinics

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

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

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

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

This service was funded through an NHS contract.

Psychological & Emotional Support

Adult Psychological Support Service

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

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

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

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

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

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

This service was funded by charitable income.

Child & Adolescent Bereavement Service (CABS)

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

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

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

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

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

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

Patient and Family Support

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

This service was funded by charitable income.

Counselling for bereaved adults

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

This service was funded by an NHS contract.

Education & Information

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

Palliative Care Bites Open Lecture Series

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

Project ECHO

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

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

Lunch and Learn

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

Placements for healthcare professionals

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

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

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

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

Training for carers

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

External presentations and posters

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

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

Harlington Care

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

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

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

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

Hayes Cottage Nursing Home and Parkfield Nursing Home

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

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

This service was funded by a combination of NHS contracts.

Partnerships and collaborative working

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

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

H4All

Harlington Hospice plays an active role in H4All. H4All is a joint venture of five local charities set up to strategically coordinate non-profit services and develop services collaboratively, for the benefit of residents in the London Borough of Hillingdon. This collaborative working enables us to identify residents who may be in need and offer support at an earlier stage in a person's end-of-life journey.

Hillingdon Health and Care Partners (HHCP)

Established in 2014, HHCP is the main healthcare provider partnership in the Borough. It is made up of Hillingdon Hospital NHS Trust, CNWL NHS Community Trust, NHS Northwest London ICS, Hillingdon Primary Care Confederation, and H4All of which we are an active member. The partnership works to develop an integrated approach to services to better meet the needs of the Hillingdon community. HHCP is the Integrated Care Partnership for the Borough and Harlington Hospice's Chief Executive has continued to play a leading role in this.

3ST - North West London Third Sector Together

3ST is a collaboration of leading third sector providers and councils for voluntary services across eight North West London Boroughs (which make up the NHS Integrated Care System area). Through this group, the charity has access to seats on the Integrated Care System Boards.

Other hospices

As a result of working within 3ST, we have continued to develop close links with St Luke's Hospice (Brent and Harrow). We have also strengthened our partnerships across North West London with Royal Trinity Hospice (Clapham, London) and St John's Hospice (Central London), continuing to explore efficiencies and the possibility of shared services.

Compassionate Hillingdon

This year, we continued to play a major role in the delivery of our local Compassionate Neighbours project - Compassionate Hillingdon. Compassionate Hillingdon is a collaborative project that provides community support across Hillingdon. It supports those living with life limiting illness, older people and those suffering from isolation through reciprocal friendships. Friendships are made through matching local volunteers and members of our community together. In Hillingdon the project is overseen by the charity H4All and includes partners such as Carers Trust Hillingdon, Mind in Hillingdon and Harlington Hospice.

Outputs - Activity data

Number of new referrals	2019-20	2020-21	2021-22	2022-23
Michael Sobell House Inpatient Unit	71	302	256	274
Hospice at Home	158	211	205	222
Harlington Care	-	171	144	164
Lymphoedema Service	94	65	109	141
Psychological and Emotional Support (Adults)	55	34	192	90
Child and Adolescent Bereavement Service	39	51	117	114
Day Care and Wellbeing Services at Lansdowne House and the Michael Sobell House (excluding lymphoedema)	-	30	130	162

Number of sessions provided	2019-20	2020-21	2021-22	2022-23
Michael Sobell House Inpatient Unit (admissions)	60	224	215	197
Hospice at Home	1201	1115	1102	1127
Harlington Care	9500	9818	9361	9152
Lymphoedema Service	2274	979	1422	1352
Psychological and Emotional Support (Adults)	738	753	676	880
Child and Adolescent Bereavement Service	341	493	748	610
Day Care and Wellbeing Services at Lansdowne House and Michael Sobell House (excluding lymphoedema)	472	5	839	1035

Contribution of volunteers

We are so grateful to the people who choose to dedicate their time to support our charity. From the latter part of 2022, when COVID-19 restrictions began to ease, the confidence of our existing volunteers increased and new opportunities for volunteering emerged across our services. This meant we were able to launch a new recruitment drive, although take up in some areas was understandably slower than pre-COVID.

We successfully recruited a volunteer Complementary Therapist for Wellbeing and Patient Support volunteers for Creative Arts. Our Inpatient Unit activity covers meals at lunchtimes during weekdays and weekends and our gardeners continue to maintain the grounds throughout the year.

This year, volunteers in our hospice contributed **15,079** hours which is the equivalent to **7.5** full time staff, which is amazing! A huge heartfelt and humbled thanks to all our volunteers.

	Total annual hours donated			
Role of Volunteers	2019-20	2020-21	2021-22	2022-23
Administrative support at Lansdowne House	876	0	0	0
Art Therapy (included in Wellbeing)	53	0	0	
Day Care at Lansdowne House	960	0	0	0
Wellbeing (includes Art and Complementary Therapies)	1007	0	0	268
Gardeners at Michael Sobell House				732
Inpatient Unit (Michael Sobell House)	312	0	77	461
Reception at Lansdowne House	960	0	0	0
Reception at Michael Sobell House	336	642	1,344	1,643
Complementary Therapy at Lansdowne House	516	0	0	0
Complementary Therapy at Michael Sobell House (included in Wellbeing)	102	0	0	
Retail	12,900	0	10,538	11,975
Total	18,382	642	11,959	15,079

Retail volunteers

Our retail volunteers are the heart and soul of our community, always out on the high streets supporting and promoting the charity. Their time, skills, expertise and experience are extremely valuable in allowing us to run a smooth, professional service. There are many groups of volunteers helping to raise funds alongside paid staff within our retail arm, including drivers, ambassadors, DIY support and online sales.

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

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

This year, with over 227 volunteers on the team, retail volunteers contributed an amazing 11,975 hours to the charity. We thank them, and all our volunteers, wholeheartedly.

Measurements of success

External accreditation

Harlington Hospice holds three separate registrations with the Care Quality Commission (CQC).

- Our Lansdowne House site was visited on 4th November 2022 and was rated 'Good'.
 'Good' was awarded for:
 - Effective
 - Caring
 - Responsive
 - Well Led 'Requires improvement' was awarded for:
 - Safe

An action plan was developed and immediate action taken to resolve all issues identified.

- Michael Sobell House had an inspection on 4th and 5th July 2022 and was rated 'Requires Improvement'.
 'Good' was awarded for the domains:
 - Effective
 - Caring
 - Responsive 'Requires Improvement' was awarded for the domains:
 - Safe
 - Well led.

An action plan was created and actioned, with improvements swiftly made in the areas identified in the report. We are currently awaiting a return visit which has been delayed due to restructuring and changes within the CQC. There were, and will continue to be, bi-monthly calls between the CQC Relationship Officer and the Harlington Hospice Team as we await our next inspection.

- Harlington Care was rated "Good" in all five domains that were assessed.

How we measure the quality of our services

Harlington Hospice works to the Care Quality Commission (CQC) quality framework across all our services. All newly acquired services are now embedded in the charity's governance systems and processes. The quality improvement methodology and standard of care philosophy is also brought into alignment for all new services.

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

In order to measure the quality of our services, over the past year we have:

- Contributed to the Hospice UK Patient Safety Benchmarking project regarding the Michael Sobell House Inpatient Unit. This has involved the Patient Safety and Governance Lead submitting patient safety data, and attending quarterly meetings with Hospice UK, where patient safety data from our service is compared with other hospices in the UK of a similar size.
- Undertaken Patient Safety Working Group and focus group meetings every six to eight weeks, attended by representatives from each of our services. These groups have involved formal practice reviews of each service for that period and the outcomes have been reported at formal Quality Governance and Assurance meetings attended by Board members.
- Continued to use the Sentinel risk-management system to manage incidents, risk and other quality-related areas. This has been a crucial element in preparation for CQC inspection and external accreditation.
- Held weekly reviews of incidents in order to identify any incidents that required escalation to the relevant Board Subcommittees, or to the Trustee Board.
- Continued to implement our quality governance structure. This involved focus group meetings feeding into a larger quality working group, which then fed into a Quality Governance Subcommittee attended by a Trustee.
- Participated in national audits including the North West London five Hospice Admissions Audit.
- Distributed Patient and Family Feedback Forms across our services. Where relevant, services use additional quality measurement tools, such as the Child and Adult Bereavement Services Questionnaire (CBSQ) from the Child Bereavement Network UK.
- Implemented the '3Cs' forms which allow for the quick anonymised collection of feedback and concerns from patients and family members. This has been particularly successful in our Inpatient Unit and Lymphoedema services and work is underway to promote it in our Wellbeing and Psychological & Emotional Support services.
- Adhered to the guidance set out by relevant professional bodies. Staff in our services

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

- Continued to implement our quality governance structure. This involved focus group meetings feeding into a larger quality working group, which then feeds into a Quality Governance Subcommittee attended by a Trustee;
- Participated in national audits including the above Hospice UK Patient Safety Benchmarking project, The Big Fat Thrombosis Audit and Hospice UK's Falls Deep Dive.
- Distributed Patient and Family Feedback Forms across our services. Where relevant, services use additional quality-measurement tools, such as CABS' Child and Adult Bereavement Service Questionnaire (CBSQ) from the Child Bereavement Network UK.
- Adhered to the guidance set out by their relevant professional body and staff in the services are trained to at least the minimum standard required for ethical practice. For example, our CABS service is registered with, and regulated by, the Health Care Professions Council (HCPC) and the British Association of Art Therapists (BAAT).

Feedback from our beneficiaries

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

Of the 56 patients and family members who completed the feedback forms, 91% answered 'Yes - they would recommend the service to friends and family if they needed similar care'. 4% answered 'likely'. One person said they were 'unlikely' to recommend it, but no details were provided so we were unable to follow up on this.

98% of people surveyed said that they 'Totally Agreed' or 'Agreed' with the statement 'I had confidence and trust in the staff looking after me'. The remaining 2% said 'Don't know/non-applicable'. Furthermore, 96% of people surveyed 'Totally Agreed' or 'Agreed' with the statement 'I was satisfied with the support I received'. The remaining 4% responded 'Neither agreed or disagreed' or 'Don't know/not applicable'.

Due to the sensitive nature of our clinical work, it is very important that family and friends are also able to freely express their opinions of our services in a qualitative way. Below is a selection of the feedback we received from our feedback forms across our services:

“The staff were friendly, caring, professional and empathetic throughout my stay and once I started to feel better, they introduced the fun element of staying in a hospice. The staff are often run off their feet, but always had a smile or kind word for a patient and/or relative.”

“Staff explained my care very carefully and clearly, never any confusion, regular checkups by the doctors too.”

“Exceptional, person centered care at its utmost best. I feel as if I have been restored to enjoy a quality of life that has eluded me for months. The staff team are all amazing people who have worked collaboratively to get me to this point.”

“It's been everything e.g. the planning (healthcare plan), emotionally, and you guys have been just great, making me feel welcome.”

“I'm going home but I want to say how much I appreciate everyone here and all the support I've got that's allowed me to get back on my feet and walk.”

“Our carer is the warmest, kindest person you could imagine. She looks after my mum who has quite advanced dementia, they have a lovely time together doing things that mum loves to do. She shows so much respect and love for my mum. In a recent crisis, when my dad (who is the main carer) was very unwell, the office at Harlington Care went out of their way to help us arrange emergency cover. They were so efficient and kind. I can't thank them enough.”

“Everything. Kept in the picture. Felt supported. Responded to in good time. Kind, friendly and approachable.

“I felt fully involved in any decisions made and everything explained so clearly.”

“There's been change in my daughter, she's happier, laughing more, and she has some of her old spark back.”

How we monitor our success

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

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

Feedback Friday: Every week, staff are sent a summary of anonymised patient feedback via email. This outlines both compliments about the service and how any concerns have

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

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

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

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

Significant events that have affected our performance

NHS wide structural changes in services

As we reported last year, there were a number of changes in the NHS regarding our Clinical Commissioning Group (CCG) in 2022/23; the CCG changed from being solely a Hillingdon CCG to a wider North West London CCG. We have been working through the impact of these changes and further changes have since taken place – our Commissioner is now Northwest London Integrated Care board (ICB).

The ICB undertook a major review of community palliative care services in Hillingdon. Whilst we have engaged in this process, it has involved a considerable amount of management time - however, we recognise it gives us a valuable opportunity to shape the discussion and future service provision. We were also able to negotiate the reshaping of services in Hillingdon ahead of the outcome of the broader review. This will involve the introduction of a single point of coordination around end of life care and integrated management with NHS and other partners to streamline access for patients and improve efficiency.

Merger of Harlington Hospice and the Michael Sobell Hospice Charity whilst continuing to meet an increase in demand for the provision of acute care.

In July 2022, the Boards of Harlington Hospice Association Ltd and the Michael Sobell Hospice Charity formally approved the merger plans that had been under discussion for some time. Delivering the merging of the two charities was understandably complex – with great consideration given to the impact on patients, their family and friends, supporters, staff and volunteers – and the merger was finally completed in December 2022.

We were able to deliver on our plan, as outlined in our 2021/22 Annual Report, to strengthen our Fundraising & Communications Team to support the merger; our new Director of Fundraising & Communications and Communications Manager were joined by a Communications Officer, a Community Fundraiser, an Individual Giving Manager, and a

Fundraising Coordinator. We have further plans to strengthen the team in 2022/23 in order to maximise fundraising opportunities across the whole London Borough of Hillingdon.

Throughout the merger discussions, our staff continued to adapt to meet the increasing demand for Inpatient Unit beds and put into place plans to increase our regular bed numbers from ten to fourteen in the near future. Our ability to increase capacity was further complicated by the complexity of the illnesses which many patients presented with, and the age of the patients; there was a marked increase in patients of working age, which brought with it issues around Wills and guardianship of surviving children. To address this, we co-located our CABS team so they could support children and young people across Michael Sobell House and Lansdowne House.

Looking Forward: priorities for improvement in 2023-2024

Priority 1: Increased, improved and sustainable IPU provision

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

How:

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

Priority 2: Embedding the merger

We know the merger of Harlington Hospice and Michael Sobell Hospice Charity was the right thing to do for those who access our services, their friends and family and our staff and volunteers. However, we recognise it takes time to successfully embed a new culture and brand.

How:

- Review our HR systems and processes and implement improvements where identified.

- Launch and fully implement our new brand including: re-branding and re-writing internal and external materials, re-branding our buildings, re-branding materials produced by partners and embedding the new brand into all our shops, including signage, windows and internal décor.
- Launch the merger and our new vision, values and vision to staff, volunteers and key supporters, checking back with them regularly to collate feedback, taking action where necessary.
- Launch our new look website and continually improve it to ensure it reflects our brand and tone of voice and provides a good user experience.

Priority 3: Well Led

For our Charity to offer the very best services to our patients and their family and friends – and to embed our future strategic plan to ensure we are sustainable - we know we need to be well led.

How:

- Bring the newly merged Board together to form a group of high functioning Trustees who challenge the Executive Team to deliver the very best.
- Recruit new Trustees who will bring with them experience, skills, enthusiasm and passion which complement those of our existing Trustees.
- Review the roles of the existing Executive Team, reconfigure where needed and fill all vacant and temporary postholders with permanent staff.
- Review our IT and information governance systems and processes and implement improvements where identified.

Longer term development plans

Our main aim over the medium to long term is to become the leading provider of high quality services for local people in the last phase of life. To achieve this we will:

- **Develop inpatient care in the north of the Borough.** Despite a refurbishment in 2019, we recognise the existing Michael Sobell House building will not be fit for purpose longer term. We also recognise we are not currently able to meet the needs of everyone who could benefit from our services. We will therefore look for alternatives in the north of the Borough which enable us to meet this demand.
- **Increase our reach** by providing acute care beds in the south of the Borough where there is currently no Inpatient Unit. This will also help to reduce travel times for patients, their family and friends.
- **To become a place of learning and education** to ensure more healthcare professionals are aware of how to treat patients with serious and terminal illness. This includes offering more student placements, developing project ECHO and further work with the ambulance service.
- **Working in collaboration to launch the Coordination Hub.** This will be a Borough-wide single point of contact for any local people with a question or concern about end of life care. It will also integrate the management of end of life care providers across Hillingdon.

Public Benefit Statement

The sections of this report entitled 'Summary of Activities' and 'Achievements and Performance' set out Harlington Hospice Association's objectives, and report on the activity and successes in the year to 31st March 2023, as well as explaining the plans for the current financial year.

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

The work of the Hospice benefits people with serious or terminal illness and those close to them. The Hospice makes no charge to those people who are currently patients of any core hospice service, or to their families and carers. All core palliative care services provided by the Charity are free to beneficiaries living, or under the care of a GP, in the London Borough of Hillingdon.

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

The Trustees have considered this matter and concluded that:

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

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

Financial review

Income

Total income for the year ended 31 March 2023 was £6,692,270 (2022: £5,718,617) an increase due both to the £1m benefit on merger of the charities and additionally due to an increase of fundraising income.

	2022/23	2021/22	
Income	£	£	
Inpatient Care	2,923,079	2,802,906	4%
Harlington Care (Domiciliary care)	600,616	753,140	-20%
Hospice at Home	223,932	551,983	-59%
Collaborations	407,573	525,782	-22%
Wellbeing	134,474	141,401	-5%
Psychotherapy	44,100	113,910	-61%
Total income from charitable activities	4,333,774	4,889,122	
Fundraising and trading	1,304,131	829,495	57%
Other income	1,054,365	0	100%
Total income	6,692,270	5,718,617	

77% of income is derived directly from charitable activities, and nearly 63% of income is associated with inpatient care (excluding the income from the merger of the charities).

Expenditure

Total expenditure was £6,372,625 (2021: 5,678,264), an increase of £694,361 12%

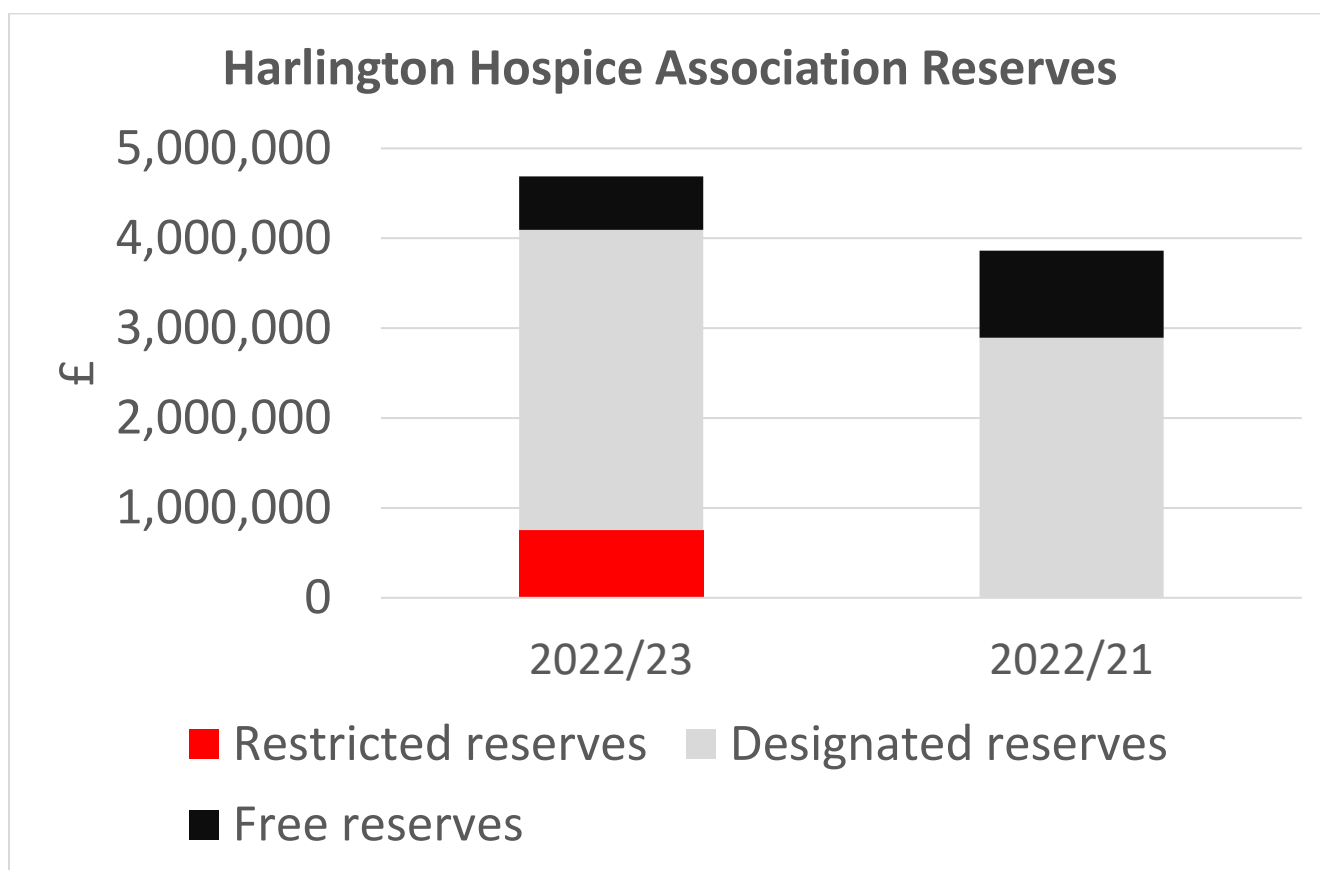
	2022/23	2021/22	
Expenditure	£	£	
Inpatient Care	3,449,549	3,053,235	13%
Harlington Care (Domiciliary care)	638,639	637,386	0%
Hospice at Home	334,098	338,354	-1%
Collaborations	430,598	442,758	-3%
Wellbeing	245,185	230,043	7%
Psychotherapy	309,421	196,262	58%
Total expenditure on charitable activities	5,407,490	4,898,038	
Fundraising and trading	965,135	780,226	24%
Total expenditure	6,372,625	5,678,264	

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

	2022/23	2021/22
Surplus / deficit	£	£
Total income	6,692,270	5,718,617
Total expenditure	6,372,625	5,678,264
Surplus	319,645	40,353

Reserves

	2022/23	2022/21
	£	£
Restricted reserves	753,463	0
Designated reserves	3,342,009	2,893,066
Free reserves	594,193	968,131



Reserves policy

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

The target minimum operating reserve is equal to:

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

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

The Operating Reserve needed for the financial year 2023-24, based on the factors above, is £1,200,658. Free reserves at 31 March 2023 were £594,143 (2022: £968,131).

Principal risks and uncertainties

Over the past year, the Trustees have actively managed the charity's risks. Senior charity staff follow a robust process to identify and evaluate risks, and to put mitigation strategies

in place. The Sub-Committees review the risks relating to their area of operations, and the highest rated risks, and the strategic risks are referred to the Board for review and discussion.

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

1. Fundraising income

The risk relating to income generation, and fundraising income specifically is rated as a significant risk to the stability of the Charity and its ability to continue to provide the current range of services. If fundraising income is inconsistent or unpredictable, the funding of patient services may be affected.

Mitigations in place are:

- The establishment of a single fundraising team across Harlington Hospice Association and the Michael Sobell Hospice Charity and investment in fundraising resources is expected to increase fundraising income.
- The creation of a strong Charity retail group with partners Age UK Hillingdon Harrow and Brent and the Michael Sobell Hospice Charity is also aimed at streamlining back office support for all the shops in the group and maximising retail income.
- Investment in communications and marketing to raise the charity's profile.
- Rigorous monitoring of cashflow and results to allow steps to be taken if income disappoints.

2. Increases in costs due to inflation

The risk relating to higher costs could jeopardise service delivery. Staff costs account for over 68% of the charity's costs, and if wage inflation continues to grow, costs could rise faster than income. Growing energy prices are also a cause of concern. Mitigations are limited, as inflationary growth is outside our control.

Mitigations in place are:

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

3. Staff recruitment and retention

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

Mitigations in place are:

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

Going concern

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

Following the merger of Harlington Hospice Association and the Michael Sobell Hospice Charity the clinical services and support functions have realised many of the expected benefits and synergies. This combination is supported by significant investment in fundraising activities to support future growth. Although, the combined Charity expects to report an operating deficit in 2023-24, it is expected to return to a balanced position by mid 2024- 25.

Our financial projections show that up to 31st March 2025, Harlington Hospice can expect to retain reserves to ensure sustainability, and will therefore be able to trade as a going concern. Although the free reserves are forecast to be below the required operating reserve this is without allowing for current new contracts we are bidding for and assuming a very conservative growth in fundraising, which given the team will have been embedded for over 12 months by then we would expect it to be operating at a higher growth level.

	2024	2025
	£	£
Total required operating reserve	1,200,655	1,406,211
Projected free reserves	961,687	870,580

The Trustees have confidence in the charity's financial position going forward. Reserves are forecast to ensure that the Charity remains sustainable. The Trustees support the strategy to invest in fundraising activities to improve the underlying business model and so to strengthen the organisation against future shocks. Cashflow management is achieved by close monitoring of cash flow and credit control.

Fundraising and Communications

We rely on the support of our local community to fund our services – by making donations and grants, taking part in events, spending in our shops and remembering us in their Wills. Last year, 23% (excluding the income gained through the merger of the two charities assets) of our income (£1.3m) was generated through fundraising and we would like to thank our supporters for their dedication and generosity.

The impact of closing the Inpatient Unit in 2018 and then the COVID-19 pandemic still resonated into 2022/23. Fortunately, we were able to fill some staff vacancies and bring some new energy and enthusiasm to our team. We were also able to expand our Communications Team which meant we could spread the word to new audiences about our wide range of services for people living with serious and terminal illness.

Major successes in the year included:
Golf Day.

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

Launch of our Memory Tree, with memorial leaves purchased to remember loved ones.

Every penny donated was invaluable to our patients and those close to them.

It should be noted that:

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

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

The Trustees are not aware of any complaints made in relation to our fundraising activities during the year ending 31st March 2023.

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

Harlington Hospice has been an associate partner of the Hospice Lottery Partnership since 2019. This year, Harlington Hospice and Michael Sobell House Charity together gained £55,276 income from this arrangement.

Structure, governance and management

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

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

All Trustees give their time voluntarily and receive no benefits from the Charity. Any expenses reclaimed from the Charity are set out in note 8 to the accounts.

Appointment of Trustees

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

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

The Trustees (who are the directors of the Charity), include those with professional expertise in clinical care, third sector managerial experience, commercial and business experience, experience of elected representation at local and national government level as well as business people. Several Trustees have extensive Charity management experience and sit on the boards of other charities. All share a common passion and commitment to the mission and vision of Harlington Hospice.

Trustees are nominated by the Board to provide lead roles on Board Subcommittees and ensure that assurance is provided to the Board on a number of key areas. Working groups have continued to provide information and support to each Subcommittee to the Board. During year to 31 March 2022 the Subcommittees to the Board were:

- Finance, Building and Estates Subcommittee
- Quality Governance Subcommittee
- Workforce Subcommittee

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

Trustee induction and training

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

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

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

Staff and delegated responsibilities

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

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

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

Pay policy for senior staff

The directors are The Charity's Trustees. The senior management team comprise the key management personnel of The Charity in charge of directing and controlling, running and operating The Charity on a day to day basis (see Organisation note). All directors give their time freely and no director received remuneration in the year. Details of directors' expenses and related party transactions are disclosed in note 8 to the accounts. The pay of the senior staff is reviewed annually and benchmarked against pay levels in other comparable charities, the voluntary sector and similar roles.

Related parties and relationships with other organisations:

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

We have formal relationships with the following organisations:

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

Statement of responsibilities of the Trustees:

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

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

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

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

In so far as the Trustees are aware:

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

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

Members of the Charity guarantee to contribute an amount not exceeding £10 to the assets of the Charity in the event of winding up. The total number of such guarantees at 31 March 2023 was 6 (2022:7). The Trustees are members of the Charity, but this entitles them only to voting rights. The Trustees have no beneficial interest in the Charity.

Auditor

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

The Trustees' annual report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime. The Trustees' annual report has been approved by the Trustees and signed on their behalf by,

Mr MJ Breen
Chairman

19th December 2023

Independent auditor's report

to the members of

Harlington Hospice Association Limited

Opinion:

We have audited the financial statements of Harlington Hospice Association Limited (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2023 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2023 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended.
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice.
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion:

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

Conclusions relating to going concern:

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

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

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

Independent auditor's report

to the members of

Harlington Hospice Association Limited

Other Information:

The other information comprises the information included in the trustees' annual report, other than the group financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the group financial statements does not cover the other information, and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the group financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception:

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

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

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in

preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees:

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

Capability of the audit in detecting irregularities.

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

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;

Independent auditor's report

to the members of

Harlington Hospice Association Limited

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

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

Independent auditor's report

to the members of

Harlington Hospice Association Limited

Use of our report:

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

Joanna Pittman (Senior statutory auditor)

19th December 2023

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

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

Harlington Hospice Association Limited
CONSOLIDATED
Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2023

				2023			2022
	Note	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Income from:							
Donations and legacies	2	213,744	175,190	388,935	105,727	-	105,727
Charitable activities	3						
Harlington Care		600,615	-	600,615	630,569	122,571	753,140
Hospice at Home		223,932	-	223,932	214,320	337,663	551,983
Wellbeing (including Lymphoedema Clinic)		134,474	-	134,474	141,401	-	141,401
Psychotherapy		28,046	16,055	44,101	38,150	75,760	113,910
In-Patient Care		1,984,630	938,449	2,923,079	1,497,824	1,305,082	2,802,906
H4All & Other Collaborations		407,573	-	407,573	525,782	-	525,782
Other trading activities	4	860,974	54,222	915,196	723,768	-	723,768
Other income	5	-	1,054,365	1,054,365	-	-	-
Total income		4,453,989	2,238,281	6,692,270	3,877,541	1,841,076	5,718,617
Expenditure on:							
Raising funds including charity shops	5	965,135	-	965,135	780,226	-	780,226
Charitable activities							
Harlington Care	5	638,639	-	638,639	514,815	122,571	637,386
Hospice at Home	5	334,098	-	334,098	691	337,663	338,354
Wellbeing (including Lymphoedema Clinic)	5	245,185	-	245,185	180,043	50,000	230,043
Psychotherapy	5	293,366	16,055	309,421	120,502	75,760	196,262
In-Patient Care	5	1,971,963	1,477,586	3,449,549	1,610,318	1,442,917	3,053,235
H4All & Other Collaborations	5	430,598	-	430,598	442,758	-	442,758
Total expenditure		4,878,984	1,493,641	6,372,625	3,649,353	2,028,911	5,678,264
Net income / (expenditure)		(424,996)	744,640	319,645	228,188	(187,835)	40,353
Transfers between funds		-	-	-	-	-	-
Other recognised gains							
Gain on revaluation of fixed assets		500,000	8,823	508,823	-	-	-
Net movement in funds		75,004	753,463	828,468	228,188	(187,835)	40,353
Reconciliation of funds:							
Total funds brought forward		3,861,197	-	3,861,197	3,633,009	187,835	3,820,844
Total funds carried forward		3,936,202	753,463	4,689,665	3,861,197	-	3,861,197

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 18 to the financial statements.

As at 31 March 2023

	Note	The group 2023 £	2022 £	The charity 2023 £	2022 £
Fixed assets:					
Tangible assets	11	3,350,832	2,893,066	3,330,910	2,893,066
Investments	14	679,295	-	-	-
		4,030,127	2,893,066	3,330,910	2,893,066
Current assets:					
Debtors	15	738,518	1,348,209	762,933	1,348,209
Cash at bank and in hand		1,064,718	659,708	933,553	659,708
		1,803,236	2,007,917	1,696,486	2,007,917
Liabilities:					
Creditors: amounts falling due within one year	16	(1,143,698)	(1,039,786)	(1,111,115)	(1,039,786)
Net current assets		659,538	968,131	585,371	968,131
Total net assets		4,689,665	3,861,197	3,916,281	3,861,197
Funds:	17a				
Restricted income funds		753,463	-	-	-
Unrestricted income funds:					
Designated funds		3,342,009	2,893,066	3,330,910	2,893,066
Revaluation reserve		-	-	-	-
General funds		594,193	968,131	585,370	968,131
Total unrestricted funds		3,936,202	3,861,197	3,916,281	3,861,197
Total funds		4,689,665	3,861,197	3,916,281	3,861,197

Approved by the trustees on 19 December 2023 and signed on their behalf by

Mr MJ Breen
Chairman

Statement of cash flows
CONSOLIDATED
For the year ended 31 March 2023

	Note	2023 £	£	2022 £	£
Cash flows from operating activities					
Net income / (expenditure) for the reporting period (as per the statement of financial activities)		319,645		40,353	
Fixed assets acquired as part of the merger		(690,458)			
Depreciation charges		74,599		185,620	
(Increase)/decrease in debtors		609,691		(546,140)	
Increase/(decrease) in creditors		103,912		442,725	
Net cash provided by operating activities			417,388		122,558
Cash flows from investing activities:					
Purchase of fixed assets		12,379		(7,667)	
Net cash (used in) investing activities			(12,378)		(7,667)
Change in cash and cash equivalents in the year			405,010		114,891
Cash and cash equivalents at the beginning of the year			659,708		544,817
Cash and cash equivalents at the end of the year			1,064,718		659,708

Analysis of cash and cash equivalents and of net debt

	At 1 April 2022 £	Cash flows £	Other non-cash changes £	At 31 March 2023 £
Cash at bank and in hand	1,064,718	-	-	1,064,718
Total cash and cash equivalents	1,064,718	-	-	1,064,718

Notes to the financial statements
CONSOLIDATED
For the year ended 31 March 2023

1 Accounting policies

a) Statutory information

Harlington Hospice Association Limited is a charitable company limited by guarantee and is incorporated in England and Wales. The merger was completed by the adoption of new Mem & Arts of The Michael Sobell Hospice Charity which were adopted on 23rd December 2022. Harlington Hospice Association became the sole member of Michael Sobell Hospice Charity Ltd, which is treated as a wholly owned subsidiary in these accounts. Group accounts have been prepared for the year ended 31 March 2023. Michael Sobell Hospice Charity Ltd remains a registered charity and also files accounts.

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

b) Basis of preparation

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

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

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

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

c) Public benefit entity

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

d) Going concern

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

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

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

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

e) Income

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

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

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

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

1 Accounting policies (continued)

f) Donations of gifts, services and facilities

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

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

g) Interest receivable

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

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund. In the consolidated accounts, the assets held by Michael Sobell Hospice Charity Ltd are reported as restricted funds.

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

Designated funds are unrestricted funds earmarked by the trustees for particular purposes. The trustees have decided to report all Harlington Hospice Association's fixed assets as designated funds.

i) Expenditure and irrecoverable VAT

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

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

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

Notes to the financial statements
CONSOLIDATED

For the year ended 31 March 2023

1 Accounting policies (continued)

j) Allocation of support costs

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

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

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

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

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

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

k) Operating leases

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

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000 and the asset is expected to be productive for more than 12 months. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

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

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

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

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

Notes to the financial statements
CONSOLIDATED
For the year ended 31 March 2023

1 Accounting policies (continued)

m) Debtors

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

n) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

o) Creditors and provisions

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

p) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

q) Pension schemes

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

National Health Service Superannuation Scheme

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

Group Personal Pension Scheme

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

2 Income from donations and legacies

	Unrestricted £	Restricted £	2023 Total £	Unrestricted £	Restricted £	2022 Total £
Legacies	100,500	-	100,500	5,000	-	5,000
Donations	94,622	153,950	248,572	87,030	-	87,030
Fundraising & events	11,571	21,240	32,811	8,330	-	8,330
Gift aid	2,846	-	2,846	-	-	-
HMRC (furlough)	-	-	-	5,324	-	5,324
Other Income	4,205	-	4,205	43	-	43
	213,744	175,190	388,934	105,727	-	105,727

Notes to the financial statements

CONSOLIDATED

For the year ended 31 March 2023

3 Income from charitable activities

	Unrestricted £	Restricted £	2023 Total £	Unrestricted £	Restricted £	2022 Total £
Harlington Care						
Charges	94,000	-	94,000	172,752	-	172,752
London Borough of Hillingdon	107,100	-	107,100	120,967	-	120,967
Hillingdon Carers	198,940	-	198,940	198,940	-	198,940
Hestia	200,575	-	200,575	131,504	-	131,504
London Borough of Hillingdon (COVID-19)	-	-	-	-	122,571	122,571
HMRC (furlough)	-	-	-	6,406	-	6,406
Sub-total for Harlington Care	600,615	-	600,615	630,569	122,571	753,140
Hospice at Home						
NHS - Central & N W London	218,432	-	218,432	213,000	-	213,000
NHS - North West London ICB	5,500	-	5,500	1,320	-	1,320
Hospice UK	-	-	-	-	337,663	337,663
Sub-total for Hospice at Home	223,932	-	223,932	214,320	337,663	551,983
Wellbeing						
Charges	-	-	-	2,840	-	2,840
Hillingdon Carers	22,000	-	22,000	22,000	-	22,000
NHS - Central & N W London	102,474	-	102,474	99,926	-	99,926
A P Taylor	10,000	-	10,000	10,000	-	10,000
HMRC (Furlough)	-	-	-	6,635	-	6,635
Sub-total for Wellbeing	134,474	-	134,474	141,401	-	141,401
Psychotherapy						
Hillingdon Community Trust	-	-	-	10,802	-	10,802
BBC Children in Need	-	6,196	6,196	-	65,660	65,660
Other grant funding	-	9,859	9,859	-	10,100	10,100
NHS - Central & N W London	28,046	-	28,046	27,348	-	27,348
Sub-total for Psychotherapy	28,046	16,055	44,101	38,150	75,760	113,910
In-Patient Care						
NHS - Central & N W London	687,669	-	687,669	413,247	-	413,247
NHS - North West London CCG	1,134,047	-	1,134,047	976,575	-	976,575
NHS - out of area commissioned services	83,514	-	83,514	104,541	-	104,541
Michael Sobell Hospice Charity	-	938,449	938,449	-	1,123,696	1,123,696
Primary Care - Hillingdon	79,400	-	79,400	-	-	-
Hospice UK	-	-	-	-	181,386	181,386
HMRC (furlough)	-	-	-	3,461	-	3,461
Sub-total for In-Patient Care	1,984,630	938,449	2,923,079	1,497,824	1,305,082	2,802,906
H4All & Other Collaborations						
The Hillingdon Hospital	-	-	-	12,502	-	12,502
H4All C.I.O.	348,090	-	348,090	251,318	-	251,318
Carers Trust Hillingdon	20,000	-	20,000	18,333	-	18,333
Age UK Hillingdon Harrow and Brent	34,284	-	34,284	31,469	-	31,469
Michael Sobell Hospice Charity	5,199	-	5,199	-	-	-
NHS - North West London CCG	-	-	-	212,160	-	212,160
Sub-total for H4All & Other Collaborations	407,573	-	407,573	525,782	-	525,782
Total income from charitable activities	3,379,270	954,504	4,333,774	3,048,046	1,841,076	4,889,122

Notes to the financial statements

CONSOLIDATED

For the year ended 31 March 2023

4 Income from other trading activities

	Unrestricted	Restricted	2023 Total	Unrestricted	Restricted	2022 Total
	£	£	£	£	£	£
Charity Shops - sales	647,289	54,222	701,511	627,077	-	627,077
Online sales	26,379	-	26,379	22,399	-	22,399
Gift Aid	17,406	-	17,406	8,901	-	8,901
Recharged costs	50,168	-	50,168	52,723	-	52,723
HMRC (furlough) - Shops	-	-	-	7,349	-	7,349
Insurance claim received	111,682	-	111,682	-	-	-
Other Income	8,050	-	8,050	5,319	-	5,319
	<u>860,974</u>	<u>54,222</u>	<u>915,196</u>	<u>723,768</u>	<u>-</u>	<u>723,768</u>

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

5. Other income

	Unrestricted	Restricted	2023 Total	Unrestricted	Restricted	2022 Total
	£	£	£	£	£	£
Acquisition of Michael Sobell Hospice Charity	-	1,038,290	1,038,291	-	-	-
Event income restricted	-	12,050	12,050	-	-	-
Investment income	-	4,025	4,025	-	-	-
	<u>-</u>	<u>1,054,365</u>	<u>1,054,366</u>	<u>-</u>	<u>-</u>	<u>-</u>

For the year ended 31 March 2023

5a Analysis of expenditure (current year)

		Charitable activities									
	Raising funds £	Harlington Care £	Hospice at Home £	Wellbeing £	Psychotherapy £	In-Patient Care £	H4All & Other Collaborations £	Governance costs £	Support costs £	2023 Total £	2022 total £
Staff salary costs (Note 8)	447,796	442,891	274,871	187,865	232,222	1,906,037	314,574	-	344,250	4,150,505	3,597,217
Other staff costs	50,369	14,144	1,206	1,485	9,565	2,452	1,127	-	51,170	131,516	126,387
External and agency staffing costs	53,708	-	-	-	32,263	472,934	-	-	-	558,905	610,910
Clinical services costs	-	-	-	1,717	2,013	382,711	-	-	2,766	389,207	253,887
Professional fees	24,974	-	-	8,225	-	55,450	63,450	-	34,967	187,066	187,996
Premises costs	194,421	-	-	413	-	328,475	-	-	56,918	580,226	411,209
Operational costs	75,058	48,272	975	3,170	1,666	44,248	740	13	83,095	257,237	267,218
Audit fees	-	-	-	-	-	-	-	26,800	-	26,800	12,000
Legal fees	600	-	-	-	-	-	-	15,968	-	16,568	25,819
Depreciation	8,410	225	-	4,280	-	10,042	-	-	51,642	74,599	185,620
	855,336	505,532	277,052	207,154	277,729	3,202,350	379,891	42,781	624,806	6,372,629	5,678,264
Support costs	95,854	126,226	54,097	36,065	30,054	234,420	48,086	-	(624,803)	-	-
Governance costs	13,945	6,881	2,949	1,966	1,638	12,779	2,621	(42,781)	-	-	-
Total Expenditure 2023	965,135	638,639	334,098	245,185	309,421	3,449,549	430,598	-	-	6,372,629	

5b Analysis of expenditure (prior year)

	Raising funds £	Charitable activities						Governance costs £	Support costs £	2022 Total £
		Harlington Care £	Hospice at Home £	Wellbeing £	Psychotherapy £	In-Patient Care £	H4All & Other Collaborations £			
Staff salary costs (Note 7)	332,651	426,120	222,195	173,453	121,802	1,742,212	254,059	-	324,725	3,597,217
Other staff costs	56,807	19,399	1,399	2,350	2,724	13,615	-	-	30,093	126,387
External and agency staffing costs	42,341	-	10,512	1,501	32,598	510,789	-	-	13,170	610,910
Clinical services costs	-	-	35,000	1,858	987	215,102	-	-	941	253,887
Professional fees	15,082	-	-	-	-	-	137,047	-	35,866	187,996
Premises costs	189,451	-	-	2,063	-	102,599	-	-	117,096	411,209
Operational costs	48,414	56,055	11,139	6,100	5,868	86,197	-	-	53,445	267,218
Audit fees	-	-	-	-	-	-	-	12,000	-	12,000
Legal fees	13,777	-	-	-	-	-	-	12,043	-	25,819
Depreciation	4,224	225	-	3,979	-	130,917	-	-	46,275	185,620
	702,747	501,799	280,245	191,304	163,979	2,801,430	391,106	24,043	621,612	5,678,264
Support costs	74,593	130,538	55,945	37,297	31,081	242,429	49,729	-	(621,612)	-
Governance costs	2,885	5,049	2,164	1,443	1,202	9,377	1,923	(24,043)	-	-
Total Expenditure 2022	780,226	637,386	338,354	230,043	196,262	3,053,235	442,758	-	-	5,678,264

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6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2023 £	2022 £
Depreciation	74,599	185,620
Operating lease rentals payable:		
Property	97,625	122,376
Auditor's remuneration (excluding VAT)	26,800	10,500
	<u>74,599</u>	<u>185,620</u>

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

Staff costs were as follows:

	2023 £	2022 £
Salaries and wages	3,571,718	3,134,386
Redundancy costs	7,287	7,297
Social security costs	363,318	276,669
Employer's contribution to pension schemes	208,181	178,865
	<u>4,150,504</u>	<u>3,597,217</u>

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

	2023 No.	2022 No.
£70,000 - £79,999	1	2
£80,000 - £89,000	1	1
£90,000 - £99,000	<u>1</u>	<u>1</u>

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £360,756 (2022: £293,765). The figure in 2023 includes the staff listed on page 3 of this report.

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2022: £nil). No charity trustee received payment for professional or other services supplied to the charity (2022: £nil). Expenses relating to one trustee for £43 were reimbursed for travel expenses during the year. (2022- nil)

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 154 (2022: 137).

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

	2023 No.	2022 No.
Raising funds	16.0	16.0
Harlington Care	31.0	30.0
Hospice at Home	12.0	8.0
Daycare	6.0	8.0
Family Support	4.0	4.0
In Patient Care	65.0	51.0
H4All and Other Collaborations	6.0	7.0
Support	14.0	13.0
	<u>154.0</u>	<u>137.0</u>

9 Related party transactions

During the year the Charity rented a property from Komfort Service Ltd (a company for which Mr Michael Edwards, trustee, is a director.) Payments to the company for rent and other services during the year totalled £12,500 (2022: £12,500).

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

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

During the year, Mr M J Breen, trustee, was also a director of the Hospice Lottery Partnership in which the charity has an interest. Income received in the year was £200,000 (2022: £201,000) and expenditure in the year was £1760 (2022: £733) with an amount due to the Hospice Lottery Partnership of £138 at the year end (2022: £111). Mr M J Breen is also a Director of The Creative Place Ltd and shareholder in it's ultimate holding company and expenditure incurred with this company by Harlington Hospice was £2682 (2022: nil).

Income received from H4All C.I.O. covered the cost of staff seconded to the charity to support the broader Health & Wellbeing aims of Harlington Hospice. The total income received from H4All in 2022 was £348.090 (2022: £244,723).

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

10 Taxation

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

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11 Tangible fixed assets

The Group	Freehold property £	Improvements £	Equipment £	Fixtures and fittings £	Motor vehicles £	Total £
Cost or valuation						
At the start of the year	2,900,000	521,580	45,656	202,992	14,500	3,684,728
Revaluation in year	500,000	-	-	-	-	500,000
Arising from merger with MSHC	-	-	-	28,225	15,360	43,585
Additions in year	-	-	11,819	560	-	12,379
Disposals in year	-	-	-	(67,168)	-	(67,168)
At the end of the year	3,400,000	521,580	57,475	164,609	29,860	4,173,524
Depreciation						
At the start of the year	71,653	487,071	41,367	177,409	14,162	791,662
Arising from merger with MSHC	-	-	-	8,239	15,360	23,599
Charge for the year	24,000	26,292	10,199	13,770	338	74,599
Disposals in year	-	-	-	(67,168)	-	(67,168)
At the end of the year	95,653	513,363	51,566	132,250	29,860	822,692
Net book value						
At the end of the year	3,304,347	8,217	5,909	32,359	-	3,350,832
At the start of the year	2,828,347	34,509	4,289	25,583	338	2,893,066

Tangible fixed assets

The Charity	Freehold property £	Improvements £	Equipment £	Fixtures and fittings £	Motor vehicles £	Total £
Cost or valuation						
At the start of the year	2,900,000	521,580	45,656	202,992	14,500	3,684,728
Revaluation in year	500,000	-	-	-	-	500,000
Arising from merger with MSHC	-	-	-	-	-	-
Additions in year	-	-	11,819	-	-	11,819
Disposals in year	-	-	-	(67,168)	-	(67,168)
At the end of the year	3,400,000	521,580	57,475	135,824	14,500	4,129,379
Depreciation						
At the start of the year	71,653	487,071	41,367	177,409	14,162	791,662
Arising from merger with MSHC	-	-	-	-	-	-
Charge for the year	24,000	26,292	10,199	13,146	338	73,975
Disposals in year	-	-	-	(67,168)	-	(67,168)
At the end of the year	95,653	513,363	51,566	123,387	14,500	798,469
Net book value						
At the end of the year	3,304,347	8,217	5,909	12,437	-	3,330,910
At the start of the year	2,828,347	34,509	4,289	25,583	338	2,893,066

Land with a value of £1,400,000 (2022: £1,200,000) is included within freehold property and not depreciated.

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

All of the above assets are used for charitable purposes.

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12 Subsidiary undertaking

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

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

	2023 £	2022 £
Turnover	1,015,359	1,155,861
Turnover from sales to parent undertaking	-	-
Cost of sales	(1,703,863)	(1,778,503)
Cost of sales related to purchases from parent undertaking	-	-
Gross profit/(loss)	(688,504)	(622,642)
Profit/(loss) on ordinary activities before interest and taxation	(688,504)	(622,642)
Interest receivable and similar income	-	-
Net gains / (losses) on investments	(20,341)	37,854
Profit / (loss) on ordinary activities before taxation	(708,845)	(584,788)
Taxation on profit on ordinary activities	-	-
Profit / (loss) for the financial year	(708,845)	(584,788)
Retained earnings		
Total retained earnings brought forward	1,482,230	2,067,018
Profit / (loss) for the financial year	(708,845)	(584,788)
Total retained earnings carried forward	773,385	1,482,230
The aggregate of the assets, liabilities and reserves was:		
Assets	929,124	1,644,105
Liabilities	(155,739)	(161,875)
Reserves	773,385	1,482,230

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13 Parent charity

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

	2023	2022
	£	£
Gross income	6,851,495	5,718,617
Result for the year	593,374	40,353

14 Fixed asset Investments

			2023	2022
	Listed investments	Unlisted investments	£	£
Cost or valuation				
Arising from merger	473,485	205,810	679,295	-
Revaluation at 31 March 2023	-	-	-	-
At 31 March 2023	473,485	205,810	679,295	-

15 Debtors

	The group		The charity	
	2023	2022	2023	2022
	£	£	£	£
Trade debtors	441,411	753,834	500,710	753,834
Other debtors	34,784	23,160	20,773	23,160
VAT Recoverable	32,482	60,192	32,482	60,192
Prepayments	94,537	57,184	73,665	57,184
Accrued income	135,304	453,839	135,303	453,839
	738,518	1,348,209	762,933	1,348,209

16 Creditors: amounts falling due within one year

	The group		The charity	
	2023	2022	2023	2022
	£	£	£	£
Trade creditors	199,237	294,167	186,804	294,167
Taxation and social security	89,063	79,617	82,759	79,617
Other creditors	43,510	59,103	39,664	59,103
Accruals	642,888	266,097	632,888	266,097
Deferred income	169,000	340,802	169,000	340,802
	1,143,698	1,039,786	1,111,115	1,039,786

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

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	-	3,342,009	-	3,342,009
Investments	679,295	-	-	679,295
Net current assets	659,538	-	-	659,538
Net assets at 31 March 2023	1,338,833	3,342,009	-	4,680,842

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

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	-	2,893,066	-	2,893,066
Intangible fixed assets	-	-	-	-
Net current assets	968,131	-	-	968,131
Net assets at 31 March 2022	968,131	2,893,066	-	3,861,197

18a Movements in funds (current year)

	At 1 April 2022 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2023 £
Restricted funds:					
Psychotherapy	-	16,055	(16,055)	-	-
In-Patient Care	-	1,167,861	(1,167,861)	-	()
Acquisition of Michael Sobell Charity	-	1,063,188	(309,725)	-	753,463
Total restricted funds	-	2,247,104	(1,493,641)	-	753,463
Unrestricted funds:					
Designated funds:					
Fixed assets	2,893,066	500,000	(51,057)	-	3,342,009
Total designated funds	2,893,066	500,000	(51,057)	-	3,342,009
General funds	968,131	4,453,989	(4,827,926)	-	594,193
Total unrestricted funds	3,861,197	4,953,989	(4,878,983)	-	3,936,202
Total funds	3,861,197	7,201,092	(6,372,624)	-	4,689,665

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

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18b Movements in funds (prior year)

	At 1 April 2021 £	Income & gains £	Expenditure & £	Transfers £	At 31 March £
Restricted funds:					
Harlington Care	-	122,571	(122,571)	-	-
Hospice at Home	-	337,663	(337,663)	-	-
Wellbeing	50,000	-	(50,000)	-	-
Psychotherapy	-	75,760	(75,760)	-	-
In-Patient Care	137,835	1,305,082	(1,442,917)	-	-
Total restricted funds	187,835	1,841,076	(2,028,911)	-	-
Unrestricted funds:					
Designated funds:					
Land & Buildings	2,852,347	-	(24,000)	-	2,828,347
Fixed assets	218,672	7,667	(161,620)	-	64,719
Total designated funds	3,071,019	7,667	(185,620)	-	2,893,066
General funds	561,990	3,869,874	(3,463,733)	-	968,131
Total unrestricted funds	3,633,009	3,877,541	(3,649,353)	-	3,861,197
Total funds	3,820,844	5,718,617	(5,678,264)	-	3,861,197

18b Movements in funds (continued)

Purposes of restricted funds

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

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

Purposes of designated funds

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

19 Operating lease commitments payable as a lessee

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

	Property	
	2023	2022
	£	£
Less than one year	56,500	92,500
One to five years	41,125	130,125
	<u>97,625</u>	<u>222,625</u>

20 Friends of Harlington Hospice

The accounts for the Friends of Harlington Hospice show a bank and cash balance of £9,015 (2022: £8,464) as at 31 March 2023. Donations received via the Friends and funds raised from coffee mornings, totalled £1,102 (2022: £3,619) and are included in unrestricted funding.

During 2022/23 there were no items purchased from ringfenced funds.

The income and expenditure account is not audited.

21 Legal status of the charity

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