

Harlington Hospice Association Limited

Annual Report and Financial Statements

1 April 2023 to 31 March 2024



Contents

Trustees Annual Report year ended 31 March 2024 -----	5
a) Our Vision, Purpose and Values -----	
b) Summary of our main activities in relation to our charitable objectives -----	
c) Beneficiaries of our Services -----	
d) Meeting our Priorities -----	
e) Achievements and Performance -----	
f) Partnerships and Collaborative Working -----	
g) Contribution of Volunteers -----	
h) Measurement of Success -----	
i) Looking Forward: Priorities for Improvement 2024-25 -----	
Public Benefit Statement -----	25
Financial Review -----	26
a) Income -----	
b) Expenditure -----	
c) Reserves Policy -----	
Governance arrangements -----	30
a) Appointment of Trustees -----	
b) Trustee Induction and Training -----	
c) Staff and delegated responsibilities -----	
d) Pay Policy for Senior staff -----	
e) Related Parties and relationships with other organisations -----	
f) Statement of the Responsibilities of the Trustees -----	
g) In so far as the Trustees are aware -----	
Independent Auditors Report -----	34
a) Opinion -----	
b) Basis for Opinion -----	
c) Conclusions relating to Going Concern -----	
d) Other information -----	
e) Opinions on other matters prescribed by the Companies Act 2006 -----	
f) Matters on which we are required to report by exception -----	
g) Responsibilities of Trustees -----	
h) Auditor's responsibilities for the audit of the financial statements -----	
i) Use of our Report -----	

Registered office

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

Auditors

Sayer Vincent LLP
110 Golden Lane
London
EC1Y 0TG

Bankers

NatWest
6 Coldharbour Lane
Hayes
Middlesex
UB3 3EL

Solicitors

Tozers LLP
Broadwalk House
Southernhay West
Exeter
Devon
EX1 1UA

Keelys Solicitors
28 Dam Street
Lichfield
Staffordshire
WS13 6AA

Trustees and Directors

Michael Breen (Chair)

Carol Coventry

Michael Edwards

Caroline Morison (Appointed April 2023)

New Trustees appointed, 16 April 2024

Ashish (Ash) Devani

Shreena Raja

Jane Ellis

Charles Gloor

Carmel Gordon-Dark

Trustees having served in the year:

Vanessa Avlonitis (retired 29.02.2024)

Matthew John Fitzpatrick (retired 5.12.2023)

Margaret Roberts (retired 17.10.2023)

John McDonnell (retired 16.04.2024)

John Sandercock (retired 16.01.2025)

Key senior management personnel

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

Chief Executive: Jane Wheeler (Job Share) from 04.11.2024

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

Director of Clinical Services: Sara Ryan

Medical Director: Dr Ros Taylor

Trustees' Annual Report year ended 31 March 2024

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

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

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

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

a) Our vision, purpose and values

Our Vision

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

Our Purpose

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

Our Values



Collaborative

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

Responsive

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

Thoughtful

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

Courageous

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

Summary of our main activities in relation to our charitable objectives

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

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

Beneficiaries of our services

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

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

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

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

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

Meeting our priorities

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

Short-term priorities – progress to March 2024

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

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

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

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

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

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

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

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

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

Priority 2: Embedding the merger and the new branding

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

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

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

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

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

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

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

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

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

Longer-term priorities – progress to March 2024

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

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

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

Priority 2: To become a place of learning and education

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

a) Placements for healthcare professionals:

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

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

b) Training, advice and information for healthcare professionals:

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

Activities have included:

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

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

Topics are extensive but have included:

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

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

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

Project ECHO

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

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

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

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

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

Project ECHO (Extension for Community Health Care Outcomes)

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

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

HPAL

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

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



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

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

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

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

National conferences

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

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

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

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

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

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

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

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

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

Strategic Report

Achievements and performance

The charity's main activities are described below.

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

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

Inpatient care at Michael Sobell House

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Hayes Cottage Nursing Home and Parkfield Nursing Home

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

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

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

This service was funded by a combination of NHS contracts.

Hospice at Home Care Service

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

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

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

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

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

Wellbeing

Wellbeing Service:

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

Complementary Therapy:

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

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

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

Rehabilitation team - Physiotherapy and Occupational Health:

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

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

Over 2023-24, interventions have included:

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

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

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

Lymphoedema Service:

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

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

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

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

This service was funded through an NHS contract.

Psychological and Emotional Support (PES)

The Children and Adolescents Bereavement Service (CABS):

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

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

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

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

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

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

Adult Psychological Support Service:

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

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

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

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

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

This service was funded by charitable income.

Patient and Family Support:

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

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

- often daily.

This service was funded by charitable income.

Counselling for Bereaved Adults:

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

This service was funded by an NHS contract.

Education and Information

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

End-of-life training

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

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

Caring with Confidence - Dementia programme

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

Wellbeing workshops for carers

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

Harlington Care regulated Home Care and Respite Care Services

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

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

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

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

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

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

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

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

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

Partnerships and collaborative working

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

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

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

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

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

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

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

H4All and 3ST North West London:

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

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

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

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

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

- Representation
- Influencing
- Service design and provision.

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

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

Other hospices:

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

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

Hillingdon Carers Partnership (HCP)

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

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

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

Ealing Carers Partnership (ECP):

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

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

Outputs - Activity data

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

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

Contribution of volunteers

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

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

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

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

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

Retail volunteers

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

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

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

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

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

Measurements of success

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

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

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

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

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

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



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

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

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

How we measure the quality of our services

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

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

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

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

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

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

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

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

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

Feedback from our beneficiaries

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

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

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

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

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

In 23-24

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

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

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

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

Comments:

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

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

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

- Family Member of IPU patient

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

– Lymphoedema Patient

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

– Carer attending Caring with Confidence

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

-Hospice at Home patients' carer

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

-Harlington Care clients family member

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

Adult counselling client

How we monitor our success

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

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

Feedback Friday:

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

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

Annual and quarterly reports

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

Public facing communications

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

Exit interviews

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

Looking Forward: priorities for improvement in 2024-2025

Priority 1: Increased, improved and sustainable IPU provision

This continues to be our priority into 2024-25.

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

How:

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

Priority 2: Our First Palliative Conference

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

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

It will feature keynote speakers and topics covering:

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

Anticipated Benefits and Outcomes

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

Priority 3: Funding

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

Public Benefit Statement

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

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

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

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

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

The Trustees have considered this matter and concluded that:

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

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

Financial review

Income

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

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

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

Expenditure

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

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

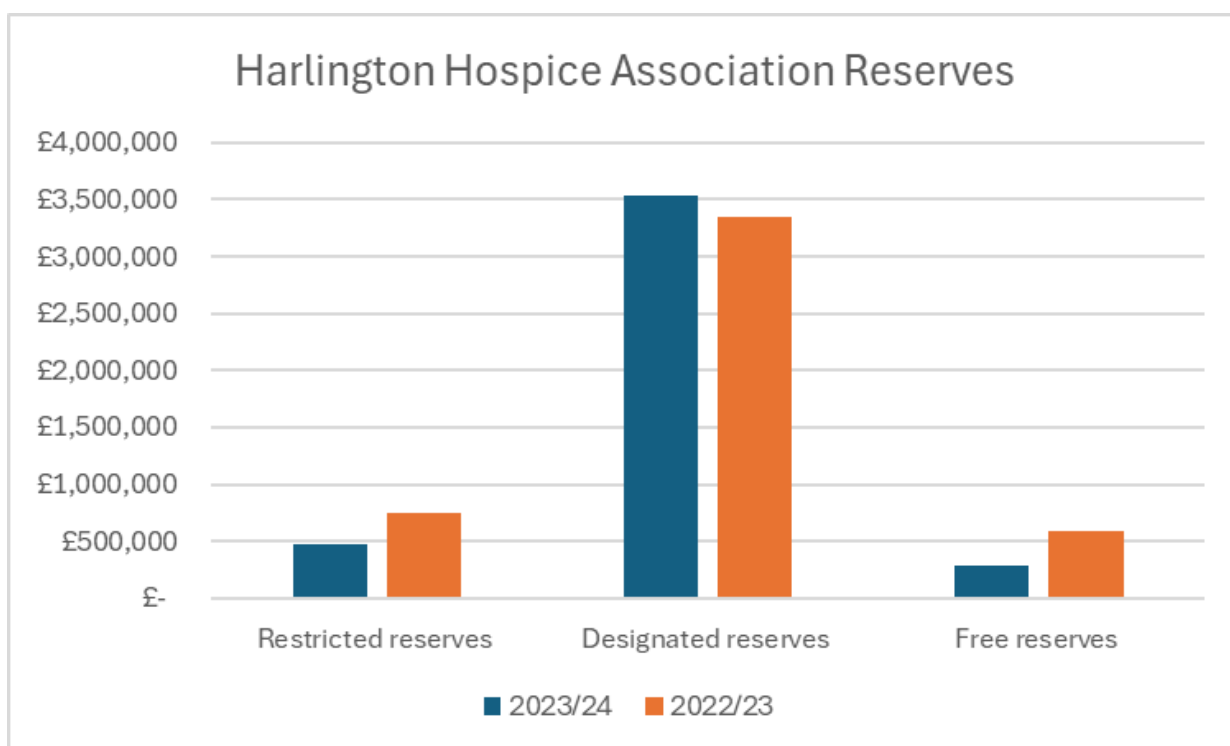
Total expenditure	6,400,257	6,372,625	
--------------------------	------------------	------------------	--

Over 70% of costs are salaries or salary related (including payments for agency and other outsourced staff).

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

Reserves

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



Reserves policy

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

The target minimum operating reserve is equal to:

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

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

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

Principal risks and uncertainties

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

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

1. Fundraising income

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

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

Mitigations in place are:

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

2. Increases in costs due to inflation

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

Mitigations in place are:

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

3. Staff recruitment and retention

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

Mitigations in place are:

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

Going concern

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

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

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

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

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

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

Fundraising and Communications

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

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

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

Major successes in the year included:

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

It should be noted that:

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

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

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

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

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

Structure, Governance and Management

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

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

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

Appointment of Trustees

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

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

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

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

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

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

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

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

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

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

Trustees are welcome to attend any focus group meetings.

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

Trustee induction and training

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

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

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

Staff and delegated responsibilities

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

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

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

Pay policy for senior staff

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

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

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

Related parties and relationships with other organisations:

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

We have formal relationships with the following organisations:

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

Statement of responsibilities of the Trustees:

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

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

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

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

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

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

In so far as the Trustees are aware:

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

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

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

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

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

Auditor

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

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

M J Breen

Chairman

30 January 2025

Independent Auditors Report

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

Opinion:

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

In our opinion, the financial statements:

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

Basis for opinion:

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

Conclusions relating to going concern:

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

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

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

Other Information:

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception:

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

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

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us;
or

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

Responsibilities of Trustees:

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

Capability of the audit in detecting irregularities.

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

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;

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

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

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

Use of our report:

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest

extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Joanna Pittman (Senior statutory auditor)

31 January 2025

for and on behalf of Sayer Vincent LLP, Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

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

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

For the year ended 31 March 2024

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

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

Consolidated balance sheets

Company no. 04199504

As at 31 March 2024

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

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

Mr MJ Breen
Chairman

Consolidated statement of cash flows

For the year ended 31 March 2024

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

Analysis of cash and cash equivalents and of net debt

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

1 Accounting policies

a) Statutory information

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

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

b) Basis of preparation

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

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

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

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

c) Public benefit entity

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

d) Going concern

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

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

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

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

e) Income

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

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

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

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

1 Accounting policies (continued)

f) Donations of gifts, services and facilities

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

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

g) Interest receivable

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

h) Fund accounting

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

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

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

i) Expenditure and irrecoverable VAT

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

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

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

1 Accounting policies (continued)

j) Allocation of support costs

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

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

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

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

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

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

k) Operating leases

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

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000 and the asset is expected to be productive for more than 12 months.

Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

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

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

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

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

Notes to the financial statements

For the year ended 31 March 2024

1 Accounting policies (continued)

m) Debtors

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

n) Cash at bank and in hand

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

o) Creditors and provisions

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

p) Financial instruments

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

q) Pension schemes

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

National Health Service Superannuation Scheme

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

Group Personal Pension Scheme

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

2 Income from donations and legacies

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

Notes to the financial statements

For the year ended 31 March 2024

3 Income from charitable activities

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

Notes to the financial statements

For the year ended 31 March 2024

4 Income from other trading activities

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

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

5 Other income

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

5a Analysis of expenditure (current year)

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

5b Analysis of expenditure (prior year)

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

Notes to the financial statements

For the year ended 31 March 2024

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

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

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

Staff costs were as follows:

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

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

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

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

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

8 Staff numbers

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

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

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

Notes to the financial statements

For the year ended 31 March 2024

9 Related party transactions

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

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

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

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

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

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

10 Taxation

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

Notes to the financial statements

For the year ended 31 March 2024

11 Tangible fixed assets

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

Tangible fixed assets

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

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

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

All of the above assets are used for charitable purposes.

Notes to the financial statements

For the year ended 31 March 2024

12 Subsidiary undertaking

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

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

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

Notes to the financial statements

For the year ended 31 March 2024

13 Parent charity

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

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

14 Fixed asset Investments (Group)

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

15 Debtors

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

16 Creditors: amounts falling due within one year

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

Notes to the financial statements

For the year ended 31 March 2024

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

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

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

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

18a Movements in funds (current year)

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

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

Notes to the financial statements

For the year ended 31 March 2024

18b Movements in funds (prior year)

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

18b Movements in funds (continued)

Purposes of restricted funds

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

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

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

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

Staff fund: Are restricted to supporting staff welfare

Lymphoedema: Are restricted to purchasing new Lymphoedema equipment

Purposes of designated funds

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

Notes to the financial statements

For the year ended 31 March 2024

19 Operating lease commitments payable as a lessee

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

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

20 Friends of Harlington Hospice

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

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

The income and expenditure account is not audited.

21 Legal status of the charity

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