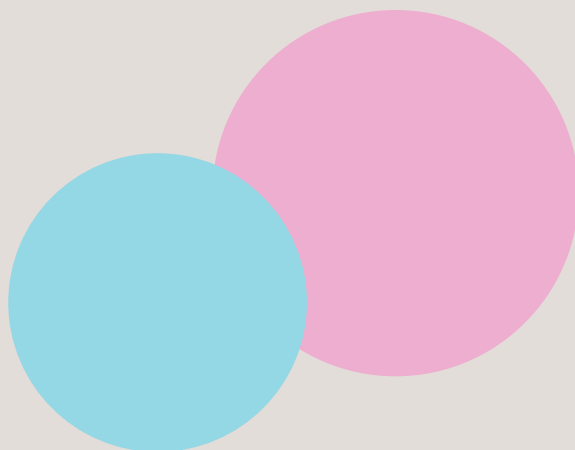




Your local hospice

Annual Report

Year ending 31 March 2025



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Introduction from the Chair

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

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

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

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

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

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



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

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

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



Michael Breen
Chair



24/25 at Harlington Hospice

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

Collaborative

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

Responsive

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

Thoughtful

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

Courageous

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

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

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

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

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

Our year in numbers



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

HOSPICE AT HOME



people supported by Hospice at Home

Training placements for
21 nurses

2x GP registrars and medical placements

7 counselling trainees



EDUCATION & TRAINING

326 people supported by our psychological and emotional support teams



3,056 outpatient appointments predominately Lymphoedema

OUTPATIENT CARE

51,880 estimated number of donations



1,300 people who Gift Aided *giftaid it*

187,200 number of sales

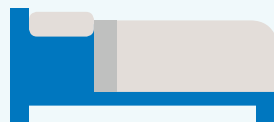


SHOPS & DONATIONS

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



236 admissions to our inpatient unit



INPATIENT CARE

200+ Volunteers



VOLUNTEERING



102

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



54 Firewalkers

90+ golfers

EVENT FUNDRAISERS

We exist to support local people

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

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

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

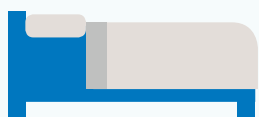
we also support patients and families from adjacent boroughs in North West London and Hertfordshire.

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

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

Our services

Staying at the hospice



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

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

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

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

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

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

Hospice beds for Hillingdon

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

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

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

Care at home



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

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

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

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

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

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

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

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

Clinical based care



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

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

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

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

therapy, dance and mindfulness-based stress reduction.

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

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

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

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

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

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

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

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

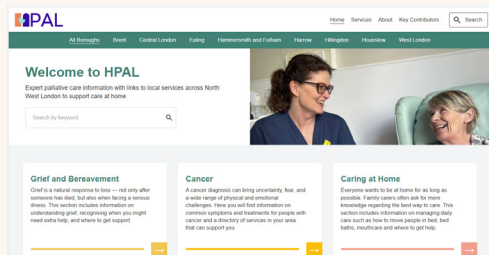
Harlington Hospice also offered **Bereavement Counselling** for adult clients who have experienced bereavement and who are struggling to come to terms with loss following the death of someone close to them.

Education and training

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



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



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

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

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

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

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

Our priorities and achievements

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

Priority 1: Increased, improved and sustainable IPU provision

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

How:

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

What we have achieved:

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

Priority 2: Our First Palliative Conference

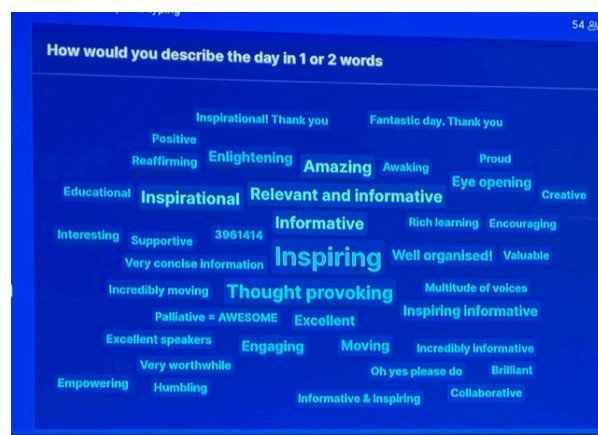
In partnership with local and regional stakeholders and colleagues, Harlington Hospice held our first Palliative Care Conference in May 2024. This was attended by GPs, Paramedics, Care Home Staff, District Nurses, Hospital and Palliative Care Team

The hospice had speakers covering topics including:

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

What we achieved:

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



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

Priority 3: Funding

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

What we achieved

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

Partnerships and collaborative working

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

Hillingdon Health and Care Partners (HHCP)

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

NWL Integrated Care System (ICS)

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

H4All and 3ST North West London

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

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

Hillingdon Carers Partnership (HCP)

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

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

Ealing Carers Partnership (ECP):

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

Contribution of volunteers

This year, our volunteers have made an exceptional contribution.

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

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

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

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

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

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

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

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

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

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

Our team

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

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

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



Income generation

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

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

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

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

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

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

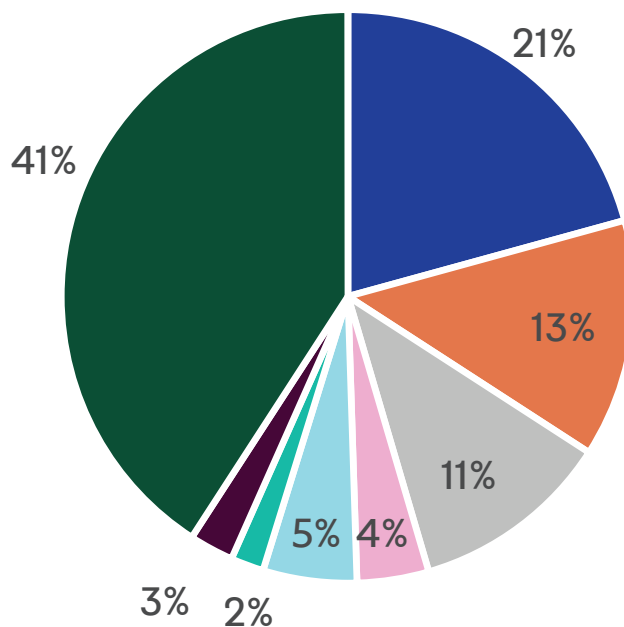
As a founding member of the Hospice Lottery, we continued to benefit from this partnership which, since it launched in 1997 had donated over £16 million to Charity.

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

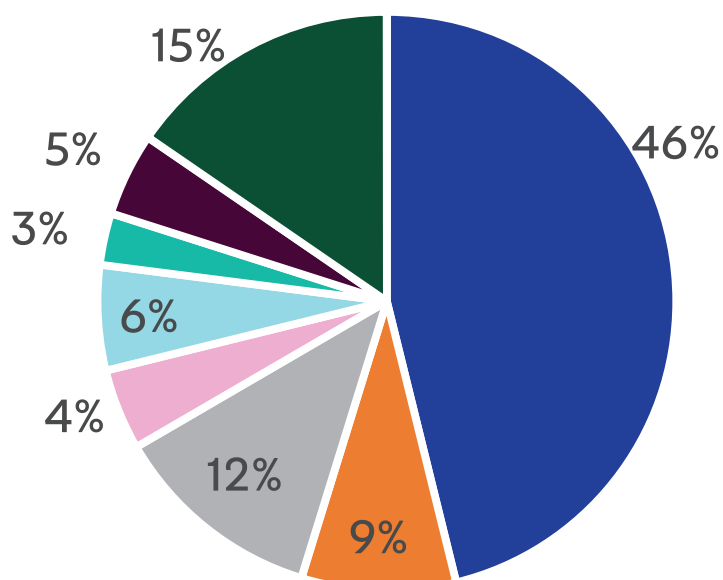
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| • CJ M Plumbing (Retail) | • Russel Field |
| • Partridges (Auction House) | • James Estate Agents |
| • Coca Cola | • House of Holland Shooting School |
| • John Lewis | • James Maloney – Merchandise Supporter |
| • Waitrose Ruislip | • Complete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

Finances in summary

Income



Expenditure



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

Looking forward: Priorities for improvement 2025-26

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

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

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



Anticipated benefits and outcomes

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

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

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

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



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

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

Anticipated benefits and outcomes

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

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

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

How we will achieve this:

Psychological and Emotional Support

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

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

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

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

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

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

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

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

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

How we will achieve this

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

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

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

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

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

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

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

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



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

Trustees Report

Structure, Governance and Management

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

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

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

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

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

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

Trustees and Directors

Michael Breen (Chair)

Carol Coventry (retired 31.03.2025)

Michael Edwards

Caroline Morison (retired 31.03.2025)

John McDonnell (retired 16.04.2024)

John Sandercock (retired 16.01.2025)

New Trustees appointed 23.9.25

Andrew Bonser

Laura Churchill

Sarah Scannell

Pravin Shah

Marie Wadsworth

New Trustees appointed 16.4.24

Ashish (Ash) Devani

Shreena Raja

Jane Ellis (resigned 24.3.25)

Charles Gloor

Carmel Gordon-Dark

Key senior management personnel

Chief Executive: Steve Curry (Job Share)

Chief Executive: Jane Wheeler (Job Share) from 04.11.2024

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

Director of Clinical Services: Sara Ryan

Medical Director: Dr Ros Taylor

Staff and delegated responsibilities

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

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

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

Pay policy for senior staff

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

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

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

Principal risks and uncertainties

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

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

1. Fundraising income

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

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

Mitigations in place are:

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

2. Increases in costs due to inflation

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

Mitigations in place are:

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

3. Growth and changing needs in our communities

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

Mitigations in place are:

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

Financial review

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

Income

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

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

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

Expenditure

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

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

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

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

Reserves

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

Reserves policy

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

The target minimum operating reserve is equal to:

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

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

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

Going concern

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

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

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

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

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

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

Fundraising and Communications

Fundraising and Communications

It should be noted that:

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

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

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

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

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

Related parties and relationships with other organisations:

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

We have formal relationships with the following organisations:

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

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

- Hillingdon Health and Care Partnership (HHCP).

Statement of responsibilities of the Trustees:

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

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

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

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

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

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

In so far as the Trustees are aware:

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

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

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

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

Auditor

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

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

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

M J Breen
Chairman
16 December 2025

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

Auditors

Sayer Vincent LLP
110 Golden Lane
London
EC1Y 0TG

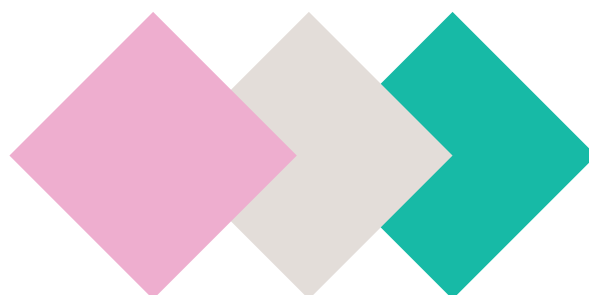
Bankers

NatWest
6 Coldharbour Lane
Hayes
Middlesex
UB3 3EL

Solicitors

Tozers LLP
Broadwalk House
Southernhay West
Exeter
Devon
EX1 1UA

Keelys Solicitors
28 Dam Street
Lichfield
Staffordshire
WS13 6AA



Public Benefit Statement

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

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

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

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

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

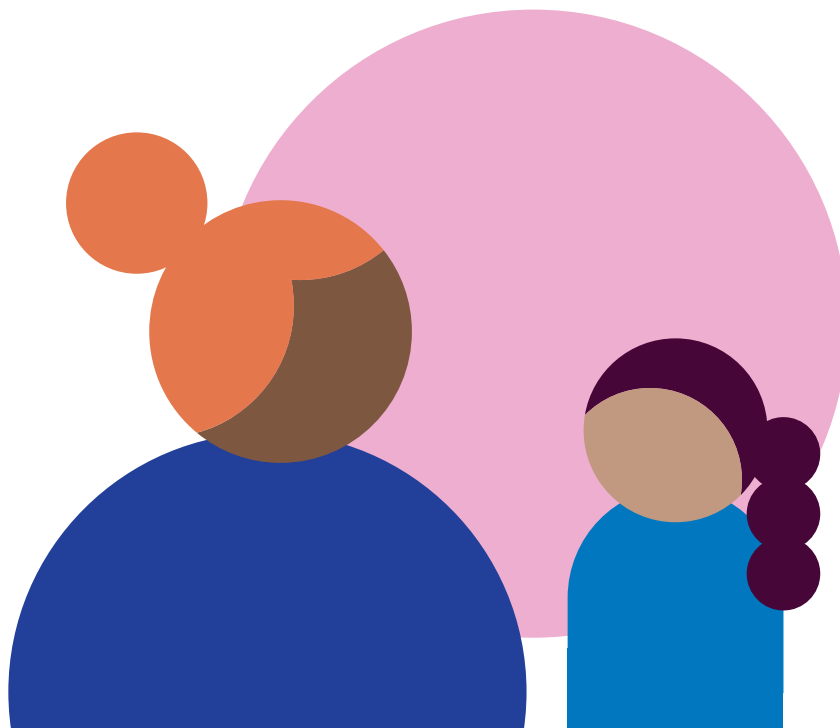
The Trustees have considered this matter and concluded that:

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

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

M J Breen
Chairman

16 December 2025



Independent Auditors Report

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

Opinion:

We have audited the financial statements of Harlington Hospice Association Limited (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2025 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2025 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended.
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice.
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

Basis for opinion:

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

report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern:

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

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

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

Other Information:

The other information comprises the information included in the Trustees' annual report, other than the group financial statements and our auditor's report thereon. The Trustees are responsible for the other information contained within the annual report. Our opinion on the group financial statements does not cover the other information, and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the

group financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the group financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception:

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

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

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of Trustees' remuneration specified by law are not made; or

- We have not received all the information and explanations we require for our audit.
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report."

Responsibilities of Trustees:

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

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

Auditor's responsibilities for the audit of the financial statements

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from

fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

Capability of the audit in detecting irregularities.

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

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.

- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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

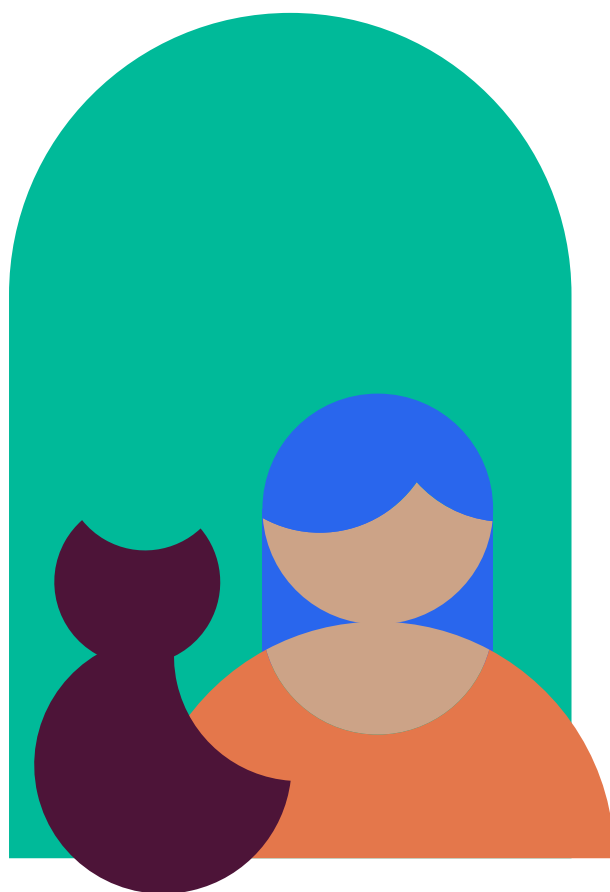
A further description of our responsibilities is available on the Financial Reporting Council's website at: [frc.org.uk/auditorsresponsibilities](https://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

Use of our report:

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

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

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



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

For the year ended 31 March 2025

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

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

Consolidated balance sheets

Company no. 04199504

As at 31 March 2025

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

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

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

Mr MJ Breen
Chairman

Consolidated statement of cash flows

For the year ended 31 March 2025

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

Analysis of cash and cash equivalents and of net debt

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

Notes to the financial statements

For the year ended 31 March 2025

1 Accounting policies

a) Statutory information

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

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

b) Basis of preparation

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

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

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

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

c) Public benefit entity

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

d) Going concern

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

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

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

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

e) Income

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

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

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

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

1 Accounting policies (continued)

f) Donations of gifts, services and facilities

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

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

g) Interest receivable

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

h) Fund accounting

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

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

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

i) Expenditure and irrecoverable VAT

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

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

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

Notes to the financial statements

For the year ended 31 March 2025

1 Accounting policies (continued)

j) Allocation of support costs

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

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

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

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

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

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

k) Operating leases

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

l) Tangible fixed assets

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

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

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

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

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

Notes to the financial statements

For the year ended 31 March 2025

1 Accounting policies (continued)

m) Debtors

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

n) Cash at bank and in hand

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

o) Creditors and provisions

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

p) Financial instruments

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

q) Pension schemes

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

National Health Service Superannuation Scheme

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

Group Personal Pension Scheme

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

2 Income from donations and legacies

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

Notes to the financial statements

For the year ended 31 March 2025

3 Income from charitable activities

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

Notes to the financial statements

For the year ended 31 March 2025

4 Income from other trading activities

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

5 Other income

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

5a Analysis of expenditure (current year)

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

Notes to the financial statements

For the year ended 31 March 2025

5b Analysis of expenditure (prior year)

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

Notes to the financial statements

For the year ended 31 March 2025

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

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

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

Staff costs were as follows:

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

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

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

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

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

8 Staff numbers

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

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

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

Notes to the financial statements

For the year ended 31 March 2025

9 Related party transactions

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

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

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

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

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

10 Taxation

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

Notes to the financial statements

For the year ended 31 March 2025

11 Tangible fixed assets

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

Tangible fixed assets

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

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

All of the above assets are used for charitable purposes.

Notes to the financial statements

For the year ended 31 March 2025

12 Subsidiary undertaking

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

The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the parent charity.

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

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

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

Notes to the financial statements

For the year ended 31 March 2025

13 Parent charity

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

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

14 Fixed asset Investments (Group)

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

15 Debtors

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

16 Creditors: amounts falling due within one year

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

Notes to the financial statements

For the year ended 31 March 2025

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

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

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

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

18a Movements in funds (current year)

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

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

Notes to the financial statements

For the year ended 31 March 2025

18b Movements in funds (prior year)

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

18b Movements in funds (continued)

Purposes of restricted funds

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

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

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

Purposes of designated funds

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

Notes to the financial statements

For the year ended 31 March 2025

19 Operating lease commitments payable as a lessee

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

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

20 Friends of Harlington Hospice

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

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

The income and expenditure account is not audited.

21 Legal status of the charity

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



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