

Company number: 04199504

Charity number: 1099332

# Harlington Hospice Association Limited

Annual report and financial statements

1 April 2021 to 31 March 2022

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## Reference and administrative information

<b>Company number</b>	04199504
<b>Country of incorporation</b>	United Kingdom
<b>Charity number</b>	1099332
<b>Country of registration</b>	England & Wales
<b>Registered office and operational address</b>	Lansdowne House St Peter's Way Harlington Middlesex - UB3 5AB
<b>Operating address for the Michael Sobell Hospice</b>	Mount Vernon Hospital Rickmansworth Road Northwood HA6 2RN
<b>Trustees</b>	Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows: Carol Coventry, Chair of Board of Trustees Michael (Sean) Fitzpatrick, Company Secretary Vanessa Avlonitis Michael Breen (Appointed August 2022) Michael Edwards John McDonnell MP Brian Neighbour (Resigned April 2022) Margaret Roberts John Sandercock (Appointed August 2022)
<b>Key management Personnel</b>	William (Steve) Curry, Chief Executive Julie Wright, Director of Nursing & Clinical Services (To March 2022) Sara Ryan, Director of Nursing and Clinical Services (From March 2022) Ros Taylor, Medical Director Christopher Speakman, Director of Finance (From March 2022 to June 2022) Clare Miles, Director of Finance (From November 2022)
<b>Bankers</b>	National Westminster Bank 6 Coldharbour Lane Hayes, Middlesex UB3 3EL

**Solicitors**

IBB Law  
Capital Court  
30 Windsor St  
Uxbridge UB8 1AB

**Auditor**

Sayer Vincent LLP  
Chartered Accountants and Statutory Auditor  
Invicta House, 108-114 Golden Lane  
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## Trustees' Annual Report year ended 31 March 2022

The Trustees present their report and the audited financial statements for the year ended 31 March 2022.

The reference and administrative information set out on page 3 forms part of this report. The financial statements, memorandum and articles of association, comply with both current statutory requirements and the requirements of a director's report as required under company law. They are also in compliance with the Statement of Recommended Practice - Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

### Purpose, objectives, activities and priorities

#### **Our Vision**

Harlington Hospice's vision is that people with a life-limiting illness living in the London Borough of Hillingdon and surrounding areas, and their families and friends, receive high-quality and individualised holistic care and support. This support will help them to live with and alongside advancing illness in the most positive way possible throughout the final stages of a person's life.

#### **Our Mission**

- People living with a life-limiting illness in the London Borough of Hillingdon and surrounding areas will have support which enables them to stay as independent as possible in their final stages of life;
- People at the end of life will have high-quality care which supports their wish to die in a place of their choosing;
- Support will be available to carers and family members of those with a life-limiting illness, extending into the bereavement period.

#### **Charitable objectives**

The purpose of the charity is to promote the relief of sickness and suffering for people with any chronic or terminal illness. The Trustees describe below how the services provided by the charity fulfilled its charitable objectives.

#### **Summary of the main activities in relation to charitable objectives**

- Provision of specialist end-of-life care at home and in a bedded hospice environment;
- Provision of day care, therapies and wellbeing services for people living with long-term conditions and people at the end of their life;
- Provision of services providing psychological, emotional and mentally therapeutic support for patients approaching the end of their life, and for families, adults and children before and after a bereavement.

### Priorities identified by Trustees for year ended 31 March 2022

The Trustees undertook a review which identified the charity's strategic aims for an 18 month period from November 2020. Based on this, the main areas of activity for the charity are as follows:

- *Improving care through staff and service development:* The Trustees aim to ensure that provision of safe and personalised care remains the most important area of our work.
- *Working with others to meet people's needs:* Our main focus has continued to be the development of end-of-life care as an integrated service within the wider health and social care economy. The Trustees recognise that this can only be achieved by working with partner health and social care providers.
- *Achieving financial stability:* The Trustees have continued to prioritise the achievement of long-term financial stability and viability to ensure they can deliver on their strategic aims and objectives. There has been a recognition of the need to consolidate and stabilise core business activity to continue to deliver high standards of patient and client care.
- *Strengthening structures in response to rapid growth and development:* The Trustees decided to review resources required to support new governance structures, achieve improved business and organisational information and to increase the human resources infrastructure of the charity.

This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The Trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to help. The review also helps the Trustees ensure the charity's aims, objectives and activities remained focused on its stated purposes.

### Beneficiaries of our services

The support services provided by Harlington Hospice are accessible to any adult who is nearing the end of life, in receipt of palliative care, lives with dementia or other life-limiting illness or provides unpaid support to a friend or family member.

Additionally, we provide bereavement therapy services for children and young people from 4 years old up to the age of 17 years old and subcontract a bereavement counselling service for adults through Hillingdon Mind.

Our services are currently provided to adults and children who live in the London Borough of Hillingdon or are registered with a GP in the borough. A small domiciliary care and respite service is available to family carers in the London Borough of Hounslow. We also occasionally receive inpatient unit referrals from patients who live in other counties such as Hertfordshire and Harrow.

There is wide access to our services through GPs, community health services, hospital teams, partner third sector organisations and self-referral.

## Achievements and performance

The charity's main activities are described below. All our charitable activities focus on the relief of sickness and suffering for people living with or alongside any life-limiting illness. All activities are undertaken to further Harlington Hospice's charitable purposes for the public benefit. In order to achieve its objectives, the charity has supported its beneficiaries through the provision of the following support services and activities:

### **Inpatient and At-Home Care**

#### *Inpatient Care (at the Michael Sobell Hospice)*

The Michael Sobell Hospice inpatient unit (IPU) has been the only clinical provider of inpatient hospice care in Hillingdon since April 2020. It is a ten bedded inpatient unit, with a full multidisciplinary team (doctors, nurses, therapists, a chaplain) providing responsive and compassionate palliative and end-of-life care. The IPU supports people requiring complex symptom management with the aim of discharging them to back home, together with care for people at the end of their life. The IPU also supports a 24/7 consultant-led advice line for clinicians and the public. The IPU works collaboratively with all other local palliative teams to ensure care is in the right place at the right time.

As part of the care provided to patients staying at the IPU, the multidisciplinary team work to ensure that, wherever possible, patients are supported to realise their aspirations and their wishes are carried out. For example, over the last year staff have supported patients and families with weddings; baptisms; repatriation of unwell patients; repatriation of the deceased; writing letters to patients' children; virtual reality experiences of special or 'bucket list' locations; visits from ponies; hairdressing; chiropody; dental care; remote palliative medical support for patients who are abroad; moving beds to the hospice garden to support wellbeing and participation in outdoor family picnics; addiction support in conjunction with specialist teams and individualised spiritual support.

Over the past year, we have maintained sufficient capacity to enable admissions seven days a week. We received 256 referrals to the inpatient unit and 215 patients were admitted.

*Funded by NHS contracts and charitable income provided by Michael Sobell Hospice Charity*

#### *Hospice at Home*

Through our Hospice at Home service, Registered Nurses and Specialist Trained Healthcare Assistants provided palliative support and healthcare to people in their own home during the last weeks of life. This support was tailored to the individual needs of each family. As the service can be provided overnight, this also allowed family members who had been caring for a patient to have respite at night, and therefore be in a better place to provide support to the patient the following day.

During the year 2021-2022, the Hospice at Home Team also continued to support the local Rapid Response Team by providing night support for patients and their carers to facilitate discharges from hospital.

*Funded by NHS contract and charitable income*

*Harlington Care*

Our social care support service, known as Harlington Care, provides a comprehensive domiciliary care service in the home. This includes more advanced care tasks for people with complex health and social care needs. A contracted service also provides respite care to carers across the London Borough of Hillingdon, and includes an additional respite service in the neighbouring borough of Hounslow. These services were adapted during the year 2020-2021 to meet the priority needs of clients and carers and also to provide support to clients and carers throughout the COVID-19 restrictions.

These adaptations included the implementation of phone support for both people being cared for and their carers and remote contact with clients via Zoom. We also introduced a new software system which enabled faster assessment and commencement of services, as well as the ability to update client information and COVID-19 status in real time.

Additionally, a Multi-Disciplinary Team (MDT) meeting was introduced and took place three times per week, which improved our staff's links with local palliative care teams. This enabled the provision of additional support for carers looking after a dying person at home and was very effective in reaching carers who were not routinely being referred to the service.

These changes made during the pandemic have remained as standard practice and will also provide service resilience if restrictions are re-introduced in the future.

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

*Funded by London Borough of Hillingdon, London Borough of Hounslow and client fees*

*Enhanced end-of-life support at Hayes Cottage nursing home*

Harlington Hospice's nursing and therapy staff carried on supporting patients in continuing healthcare beds within Hayes Cottage nursing home in Hayes, Middlesex. This support incorporated aspects of hospice care into the Hayes Cottage service, including physiotherapy, complementary therapies, pastoral support, psychological support and senior end-of-life nursing support. The work of our teams at Hayes Cottage has contributed to the total amount of hospice care available to people in the borough over this past year.

*Funded by NHS contract and charitable income*

**Wellbeing Services**

*Day Care at Lansdowne House and the Michael Sobell Hospice*

Our Day Care services at Lansdowne House and the Michael Sobell Hospice usually involve complementary therapies (including massage and reiki), creative arts, and rehabilitation (including physiotherapy and occupational therapy).

Due to the continuing coronavirus outbreak, we were not able to run our usual Day Care services at Lansdowne House and at the Michael Sobell Hospice. This was due to COVID-19 restrictions and public health advice, and because we offered our Day Care space at Lansdowne House to the NHS to be utilised as a Primary Care COVID hub for most of the year.



However, where possible, we continued to provide support by adapting the services in our smaller premises, and through increasing our community outreach and home-visiting services. We were also able to support people through running remote wellbeing workshops using video calling platforms, such as Zoom, and by offering telephone support. In addition, self-care podcasts recorded by staff have been available on our website.

Our Complementary Therapists have also been delivering a variety of therapies in our inpatient unit and as outpatient appointments. This year, 192 patients were supported through 839 sessions.

*Funded by charitable income*

#### *Lymphoedema clinics*

Based at Lansdowne House, our charity runs the largest lymphoedema clinic in the London Borough of Hillingdon. The service treats both primary and secondary lymphoedema, working with the Tissue Viability and District Nursing Teams. Home visits and group wellbeing and support sessions are also part of the service.

In 2021/2022, our outpatient lymphoedema services at Lansdowne House were able to resume full capacity. However, we maintained some practices from when we were running the service during the COVID-19 restrictions, which we feel benefitted the accessibility of the service. These included maintaining regular contact with all patients by telephone, maintaining our expanded home-visiting service in order to support more patients and facilitating exercise classes via Zoom to enable patients to join in at home.

The Lymphoedema Team supported 306 patients and provided 1422 sessions this year, limiting deterioration of this painful condition for local people.

*Funded by NHS contract*

#### *Dementia support*

Due to the continuing coronavirus outbreak and restrictions, we were still unable to provide any face-to-face services for people caring for those with dementia last year. However, between April and December 2021 we delivered a monthly online session via Zoom. After December, the demand for online sessions was not sufficient and so these sessions ceased after this time. However, throughout the year, telephone support calls were available to carers when they were needed. We also offered regular calls to carers facing exceptional challenges throughout the periods of lockdown.

*Funded by charitable income*

### **Psychological and Emotional Support Services**

#### *Adult Psychological Support Service*

Our Adult Psychological Support Service includes a Palliative Psychotherapy Team who have supported adults living with a life-limiting illness, and their loved ones, since January 2021. Delivered both at the Michael Sobell Hospice inpatient unit and in the community, the service aims to support people through the entire end of life journey. This involves offering therapeutic interventions to ease anxieties and worries

about dying and supporting families to know and understand the physical changes that will occur to their loved one during the dying process.

The therapeutic space offered enables individuals, couples and families to explore, express and process their own unique feelings of living with or alongside a terminal illness. This support is offered to people and families referred to the service from a few months before the end of life, right through to the period where someone is actively dying. This year, the Palliative Psychotherapy Team were able to maintain a normal level of service following government safety measures, and delivered 257 sessions to 37 clients.

Our Adult Psychological Support Service also offers free counselling to adults in our community who have, or are living alongside, a life-limiting illness. This service is available to patients using the other hospice services and their loved ones who may be coming to terms with their friend or family member's illness. The service also offers support to people who are caring for someone who has a diagnosis of dementia.

During the COVID-19 restrictions this year, we ran a blended service offering face-to-face, video call and telephone counselling. This year, we delivered 77 sessions, supporting 19 clients.

*Funded by charitable income*

#### *Child and Adolescent Bereavement Service (CABS)*

Our CABS service supports children and young people aged 4 to 17 years old in the London Borough of Hillingdon whose parent/carer, sibling or other significant person has died. The service also supports families with end-of-life care in the pre-bereavement stage and facilitates conversations around death and dying, working with schools and other professionals who are involved in children and young people's care. This is done through offering free individual and group art therapy sessions for young people, as well as family sessions, parent support groups and creative workshops.

Whilst following the recommended COVID-19 guidance to minimise the risk of transmission, we were able to offer face-to-face and family group sessions in person.

In March 2021, CABS created an additional therapy space and office at the Michael Sobell Hospice site, increasing the accessibility of the service for children and young people in the north of the borough. We continued to offer therapy to children and young people at this site throughout 2021/2022.

Between April 2021 and March 2022, our CABS Team supported 117 children and young people through 748 number of therapy sessions.

*Funded by charitable income*

#### *Patient and Family Support*

Over 2021/2022, Patient and Family Support was provided to patients and their families and friends in the inpatient unit on three days per week. This service is delivered where and when the need arises and can include psychological and emotional support as well as high-intensity psychotherapy. Due to the increase in patients with young children staying at the Michael Sobell Hospice, on occasion the Patient and Family Support Team also offered support to children under 16 years old.

Face-to-face sessions took place within the inpatient unit throughout all of the COVID-19 restrictions, following government health advice. Sessions were also given to patients who tested positive for COVID-19.

This year, the Patient and Family Support Team had 155 new referrals and delivered 419 sessions.

*Funded by charitable income*

### **Education**

Over this year, the charity has continued to develop an education programme on palliative and end-of-life care for staff, healthcare professionals and carers.

#### *Palliative Care Bites*

467 healthcare professionals registered to attend these sessions over 2021/2022. Delivered online and face-to-face, the Palliative Care Bites programme is run by various service-delivery teams at the charity. It offers free monthly lunchtime training and sharing sessions on different aspects of palliative and end-of-life care, for all healthcare professionals. Topics this year included Multi-faith Spiritual Care, Supporting Children and Adolescents with Grief and Loss, Caring at Home and Frailty and Palliative Care.

#### *Lunch and Learn*

Carried out internally for Harlington Hospice staff, this programme is a multi-disciplinary learning programme focused on the sharing of expertise. We ran six Lunch and Learn sessions this year and topics included Reflections on Deaths in the Hospice, Information on Funding Issues, Benefits, Mental Capacity, Best Interests, DOLs and Housing and The Meaning and Magic of Weddings Towards the End of Life.

#### *Project Echo*

Project Echo is an education programme delivered in collaboration with MyHealth Hillingdon through H4All. This year, we delivered our first training session with the London Ambulance Service, sharing expertise on end-of-life and palliative care between key clinicians at the hospice and the London Ambulance Service's End of Life Leads.

#### *Placements for healthcare professionals*

This year, we continued to offer placements for GP Registrars. 4 GP Registrars completed placements inside the Michael Sobell Hospice over 2021/2022. Additionally, we continued to offer placements to paramedics working in Hillingdon through the London Ambulance Service. This year, 17 paramedics had placements at the Michael Sobell Hospice.

#### *Training for carers*

Our Medical Director and our Nurse Consultant have designed and facilitated a three-part psycho-educational course for carers looking after their loved-ones in our local community. This course has now been repeated 4 times in collaboration with Carers Trust Hillingdon, helping to coach and train a total of 70 carers in how they can support their loved ones as they are nearing the end of life.

#### *Digital Legacy Conference*

On 5 October 2021, our Digital Fellow and our Medical Director chaired a virtual international conference which presented global projects focussing on digital legacies.

### **Partnerships and collaborative work**

#### *Partnership working with the Michael Sobell Hospice Charity*

In 2020, a partnership between Harlington Hospice and the Michael Sobell Hospice Charity (MSHC) enabled the Michael Sobell Hospice inpatient unit to reopen. Over 2021/2022, this partnership working deepened: the two charities ran a joint hospice committee including three Trustees from each charity's board and a meeting between the senior officers of each charity was held bi-monthly, overseeing areas of joint working and collaboration.

As this partnership working with MSHC evolved, this also enabled the charity to begin to focus on the long-term sustainability of the hospice services it provides. The Trustees worked with the board at MSHC to appoint a joint Director of Fundraising for both charities, enabling the medium and long-term fundraising plans to be brought into alignment.

The Trustees also appointed a joint Communications Manager and have plans to recruit further joint Communications and Fundraising Team members. This is to support the fundraising activities of both Harlington Hospice and MSHC and to align with and support the future plans to merge the two charities. Please see the section 'Plans for the future' for more information.

#### *Counselling for bereaved adults*

Harlington Hospice commissions Hillingdon Mind to run this service which is subcontracted through their existing counselling service. It is available to adult clients who are going through a bereavement following the death of a significant person.

#### *Funded by NHS contract*

#### *Carer support*

As our usual face-to-face courses and sessions were temporarily stopped, carers were regularly supported by phone from our base at Lansdowne House. We continued our carer support groups and therapeutic workshops via Zoom.

As described above, under 'Education', our Medical Director and Nurse Consultant also facilitated a three-part psycho-educational course for carers, attended by an average of 6 carers per session, to coach and train carers in supporting their loved one towards the end of life. Additionally, we continued to offer extensive informal carer support to families and friends inside the Michael Sobell Hospice, which is highly evaluated.

*Carer support services and courses were provided by Harlington Hospice on behalf of Hillingdon Carers Partnership within a London Borough of Hillingdon contract*

#### *H4All*

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

*Hillingdon Health and Care Partners (HHCP)*

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

*3ST - North West London Third Sector Together*

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

*Third sector hospices*

As a result of working within 3ST, we have already been developing increasingly close links with St Luke's Hospice (Brent and Harrow). Over this past year, we have also been developing links with Royal Trinity Hospice (Clapham, London) and St John's Hospice (Central London), exploring efficiencies and the possibility of shared services. It is hoped that this approach may be extended in the future to involve more extensive collaboration to better support patients.

*Compassionate Hillingdon*

This year, we have collaboratively undertaken a pilot project with the other charities at H4All called Compassionate Hillingdon. The Compassionate Hillingdon project supports people in the Hillingdon community who have a life-limiting illness, are older, or are struggling with isolation. The Compassionate Hillingdon team works to facilitate reciprocal friendships between like-minded people who live close to one another. Working to understand the needs and interests of each person using the service, the team use this information to assign them a Compassionate Friend. The Compassionate Friends are volunteers who support the client through regular visits or phone calls, going on days out or attending appointments, and offering support with day to day activities.

Outputs – Activity data

<b>Number of new referrals</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Michael Sobell Hospice inpatient unit	71	302	256
Hospice at Home	158	211	205
Harlington Care	-	171	144
Lymphoedema service	94	65	109
Patient and Family Support	54	24	155
Palliative Psychotherapy	1	10	37
Child and Adolescent Bereavement Service	39	51	117
Day Care and Wellbeing Services at Lansdowne House and the Michael Sobell Hospice (excluding lymphoedema)	-	30	130

<b>Number of sessions provided</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Michael Sobell Hospice In-patient Unit (admissions)	60	224	215
Hospice at Home	1201	1115	1102
Harlington Care	9500	9818	9361
Lymphoedema service	2274	979	1422
Patient and Family Support	738	693	419
Palliative Psychotherapy	-	61	257
Child and Adolescent Bereavement Service	341	493	748
Day Care and Wellbeing Services at Lansdowne House and the Michael Sobell Hospice (excluding lymphoedema)	472	5	839

## Contribution of volunteers

Volunteers add extraordinary value to the activities of the charity by contributing their time, skills, expertise and experience. Volunteers carry out a range of roles from office assistance to direct patient support.

This year, volunteers contributed 12,475 hours (equivalent to 6.4 full time staff).

Volunteer involvement in the charity's activities was particularly impacted by the COVID-19 pandemic and the contribution of volunteer hours fell as shown below. Unfortunately, into the year 2021-2022, we are still experiencing the impact of the pandemic. We have not yet reached our previous number of voluntary hours.

It is worth noting that a number of our volunteers who switched their volunteering activity to support with the COVID-19 emergency response were coordinated through our H4All consortium.

Role of Volunteers	Total annual hours donated 2019-20	Total annual hours donated 2020-21	Total annual hours donated 2021-22
Administrative support at Lansdowne House	876	0	0
Art Therapy	53	0	0
Day Care at Lansdowne House	960	0	0
Day Care at the Michael Sobell Hospice	1007	0	0
Inpatient unit (Michael Sobell Hospice)	312	0	77
Reception at Lansdowne House	960	0	0
Reception at Michael Sobell Hospice	336	642	1860
Complementary Therapy at Lansdowne House	516	0	0
Complementary Therapy at Michael Sobell Hospice	102	0	0
Retail	12900	0	10,538
<b>Total</b>	<b>18382</b>	<b>642</b>	<b>12475</b>

## Outcomes and public benefit

The impact of the COVID-19 pandemic continued throughout 2021-2022. The responsiveness of the inpatient unit remained crucial in the local health economy working closely with the local hospital and palliative care teams. We are pleased to say that of 215 admissions, 149 of those were the same or the next day, showing a rapid response to the needs of the hospitals and a better palliative outcome for patients. In addition, the hospice undoubtedly contributed to patients being cared for in their preferred place of care.

Over the past year we have been actively influencing developments in end-of-life care within health and social care planning in our area. This has been through our partnership work within the integrated care partnership known as Hillingdon Health and Care Partners (HHCP). We have provided leadership in developing the HHCP End of Life Strategy and the vision for a Coordination Hub for palliative care is now firmly on the agenda for 2022/2023. Harlington Hospice Association's Chief Executive is the nominated

representative for the third sector on the North West London Integrated Care System (ICS) Board. They are therefore able to promote the needs of people needing palliative and end-of-life support within the larger health economy.

## Measurements of success

### External accreditation

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

- Harlington Hospice Michael Sobell Hospice site had an inspection 4/5<sup>th</sup> July 2022 and was rated Requires Improvement.  
Good was awarded for the domains:
  - Effective
  - Caring
  - ResponsiveRequires Improvement for the domains:
  - Safe
  - Well led.An action plan has been developed addressing all regulations and work continues to ensure the next Inspection will be Good
- Harlington Hospice Lansdowne House site is rated “Good” in all five domains that were assessed
- Harlington Care is rated “Good” in all five domains that were assessed

### How we measure quality of our services

Harlington Hospice is now working to the CQC quality framework across all its services. All newly acquired services are now embedded in the charity’s governance systems and processes. The quality improvement methodology and standard of care philosophy is also brought into alignment for all new services.

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

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

- Contributed to the Hospice UK Patient Safety Benchmarking project regarding the Michael Sobell Hospice inpatient unit. This has involved the Quality Lead attending quarterly meetings with Hospice UK where patient safety data from our service is compared with other hospices in the UK of a similar size;
- Undertaken quality working group meetings every 4-6 weeks, attended by representatives from each of our services. These groups have involved formal practice reviews of each service for that period and the outcomes have been reported at formal quality governance meetings;
- Continued to use the Sentinel risk-management system to manage incidents, risk and other quality-related areas. This has been a crucial element in preparation for CQC inspection and external accreditation;
- Held quarterly reviews of all incidents in order to identify any incidents that required escalation to the relevant Board subcommittees or to the Trustee Board;



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

### Feedback from our beneficiaries

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

Of the 76 patients and family members inside the inpatient unit who were surveyed from 2021-22, 96% said 'Yes', they would recommend the service to friends and family if they needed similar care. The remaining 4% of people surveyed said that they were 'Likely' to recommend it.

90.8% of people surveyed said that they 'Totally Agreed' with the statement 'I had confidence and trust in the staff looking after me'. The remaining 9.2% of people said they either 'Agreed' with the statement, or 'Don't know/non applicable'. Furthermore, 93.4% of people surveyed 'Totally Agreed' with the statement 'I was satisfied with the support I received'. Of the remaining, 2.6% 'Agreed' with the statement, and 4% said they 'Neither agreed or disagreed' or 'Don't know/not applicable'.

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

*"Excellent Care provided. Kind, considerate, happy and smiling staff. Thank you all so very much. I can't think of anything that could improve the excellent level of care that has been provided to my sister."*

*"I have been treated with the utmost care and respect from all levels of staff and importantly my opinions respected and observed."*

*"I arrived at Michael Sobell tired, dejected and not knowing what the future held. I was discharged 14 days later with a spring in my step, having had my medication tweaked and my confidence restored. Thanks to all who enabled this."*

*"All Staff were very friendly. Food and Menu choice were very good. I was able to go home for the weekends and keep the bed. OT's and Complementary therapies. Quick access to doctors and nurses."*

*"Really pleased that if the family needed help they would ring the office and help would be provided instantly. Can't believe this service existed as a charity."*

*"I found that I can talk about my friend without getting too emotional. I've learnt different techniques to cope with my anxiety and stress. I feel like I get less angry. I enjoyed painting and the session with the sensory stuff"*

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

### **How we monitor our success**

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

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

*Feedback Friday* – Every week staff are sent a summary of all anonymised patient feedback via email. This outlines both compliments to the service and how any concerns have been or are being addressed. This enables staff to have a real-time understanding of the performance of the services, any new procedures that have been put in place to prevent issues, and any upcoming changes to improve beneficiaries’ experiences.

*Bi-monthly posters* – Every other month the Quality Lead produces “How did we do?” posters that are displayed in communal staff areas. These display a cumulative summary of compliments and concerns raised over the two-month period.

*Annual and quarterly reports* – Additionally, the Quality Lead creates both an annual and quarterly quality report for the Trustees which summarises the complaints, concerns and general feedback received over the period.

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

*Staff surveys* - In 2020, the HR team conducted an all-staff survey to understand the impact of the change in working environments due to the COVID-19 restrictions. This gave staff the opportunity to offer feedback on areas of concern such as the availability of PPE, using remote meeting software, staff confidence and likelihood to raise concerns and whether staff felt supported in their role. This year, the HR team conducted another survey based around similar areas of concern to enable them to track progress against these areas and identify further improvements that could be made.

*Exit interviews* - The HR team conducts exit interviews when staff leave to gain feedback on staff members’ experiences and to identify any trends in feedback and areas where staff experiences may be improved.

## **Significant events that have affected our performance**

### **Impact of COVID-19**

The COVID-19 outbreak affected our fundraising capability, retail income and the provision of some of our face-to-face services. We also had to continue to manage the consequences of staff not working due to self-isolation or shielding.

*Our response and ability to meet our objectives*

Our involvement in the local response to the continuing COVID-19 situation assisted the charity in meeting its objectives. By ensuring that our services were also part of solutions to support our local community through the emergency, many of our services remained open and serving the needs of our beneficiaries in spite of the restrictions. To achieve this, Harlington Hospice was involved in, or set up, the following initiatives:

- The Chief Executive and Medical Director attended the regular Hillingdon COVID Co-ordination Briefings;
- Our Director of Clinical Services, Admission and Discharge Nurse, and Matron attended daily discharge meetings with The Hillingdon Hospital NHS Foundation Trust, which have continued;
- Our Admission and Discharge Nurse, Matron, Harlington Care Manager, and Deputy Manager attended multi-disciplinary meetings held three times per week with relevant stakeholders;
- We continued to integrate our Harlington Care respite service with our Hospice at Home service to meet the needs of carers and dying patients;
- We continued to offer wellbeing support virtually, where appropriate, for patients and families;
- We offered our day care space at Lansdowne House to the NHS to be utilised as a Primary Care COVID hub for most of the year.

However, although our involvement in the continuing COVID-19 response limited the extent to which our objectives were impacted, COVID-19 did impact on our objective of improving care through staff and service development.

Due to the risk of transmission, we were not able to run our usual range of Day Care services at Lansdowne House and at the Michael Sobell Hospice. However, COVID-19 did offer the opportunity for us to explore new ways in which patients could be supported. We responded to the challenges by:

- Offering outpatient services, such as our lymphoedema service, inside patients' homes in the community where possible and supported them with self-management;
- Transferring some of our wellbeing services to be a remote service by offering Tripudio sessions via Zoom;
- Running virtual support groups to reduce isolation;
- Offering telephone support calls where online access was more difficult for people.

#### **NHS-wide structural changes in services**

There were changes in the NHS regarding our clinical commissioning group (CCG). The CCG changed from being solely a Hillingdon CCG to a wider North West London CCG. Also, a Third Sector Leadership Team was put in place to help oversee the palliative and end-of-life care provision across the region.

#### *Our response and ability to meet our objectives*

It was important for Harlington Hospice to be engaged with these structural changes in order to ensure that we safeguarded funding for our services from the CCG. It would also ensure we could influence decisions about end-of-life and palliative care provision to protect our beneficiaries' interests. Our responses, and the impact these had on our ability to meet our charitable objectives, were:

- We increased partnership working by using our involvement with H4All to engage with decision-making processes in the new North West London CCG structure. We also gained a

place on the board of the new North West London Third Sector Leadership Team. This supported our objective of working with others to meet people's needs, enabling us to protect the interests of our beneficiaries at this wider regional level. We were also able to work to safeguard our own funding from the CCG and therefore protect our service provision.

- In order to increase our partnership working within the new CCG and Third Sector Leadership Team, we had to redistribute internal human resources to enable us to effectively engage in these new processes. Although this supported the long-term goals and interests of our beneficiaries, this did have an adverse impact on our objective to strengthen internal structures and develop HR resources, reducing our capacity in some other areas of our work. However, now these new structural changes are in place, we will be able to support these changes going forwards by more effectively planning our human resources in terms of recruitment and internal distribution of resources.

### **Continued increase in demand for provision of acute care inside the Michael Sobell Hospice**

Over 2021/2022 we continued to receive referrals from surrounding hospitals and the Community Care Teams for patients requiring acute end-of-life care. This meant that people facing conditions such as heart failure, challenging cancer symptoms and respiratory issues, were referred to the inpatient unit from specialist NHS acute services.

#### *Our response and ability to meet our objectives*

We continued to maximise resources within teams by relocating some staff from selected services such as Hospice at Home and Harlington Care, when required. This enabled us to facilitate sharing of staff and flexible working across the services, helping us to meet the increase in demand for acute care in the inpatient unit. Therefore, this response to the increase in demand for acute care helped us to meet our objective of strengthening structures in response to rapid growth and development.

## Plans for the future

In year 2021-2022, the charity has consolidated the services it developed in the previous year.

The November 2020 review undertaken by the Trustees identified the below areas of activity as priority until May 2022 (18 months following that date):

- Improving care through staff and service development
- Working with others to meet people's needs
- Achieving financial stability
- Strengthening structures in response to rapid growth and development

Therefore, to support these aims, the Trustees have the following plans for 2022/23:

### **Merger of Michael Sobell Hospice Charity and Harlington Hospice**

In August 2022, the Boards of Harlington Hospice Association and Michael Sobell Hospice Charity formally approved the merger plans that had been under discussion for some time. The merger is expected to streamline fundraising activity, and save costs through sharing services. These changes will enable the charity to safeguard the provision of its services, notably the services inside the Michael Sobell Hospice inpatient unit, way into the future.

### **Fundraising investment**

To ensure the financial stability of the charity through this upcoming period of change, the Trustees plan to increase investment in fundraising, creating a joint fundraising team with MSHC.

### **Increase in Wellbeing Service provision**

As the provider of the borough's largest lymphoedema clinic, the Trustees identify the need for provision of this service both in the south and north of the borough. Therefore, one of our future plans across 2022/2023 is to begin the provision of lymphoedema services inside of the Michael Sobell Hospice Day Centre. This will ensure greater accessibility of the service for people in the North of the borough of Hillingdon.

We plan to resume our Caring with Confidence courses to support carers of people with dementia in 2022/23. We also plan to consult with our local partners to review how we can best support this specific group of beneficiaries with our services, and whether any other courses could be provided.

Recently, the COVID-19 restrictions highlighted the potential of offering remote options within our services. Therefore, the charity plans to create an online Digital Wellbeing Hub, providing wellbeing services and end-of-life support to local residents.

### **Compassionate Hillingdon**

Following a successful pilot in 2021/2022, we have plans to work with the partner organisations at H4All to expand the service offering from Compassionate Hillingdon. This will involve increased marketing activities to recruit Compassionate Friends and a focus on attracting volunteers from a range of backgrounds who can support the diverse demographic of the Hillingdon community.

### **Longer term development plans**

#### **Service Development**

To achieve service improvement and transformation, Harlington Hospice will work with all providers of end-of-life care in Hillingdon and across North West London. The Trustees plan to hold a 'system change event', inviting these providers and key stakeholders, with an aim to promote more cross-provider working. This will enhance the service offering to beneficiaries and protect the provision of end-of-life services in the region.

#### **Staff, partner and beneficiary engagement and strategic review**

In 2021/22, the Trustees agreed the framework in which a full strategic review would take place. To support staff through the structural changes of the merger, the Trustees plan to undertake staff, partner and beneficiary engagement exercises which will feed into this new strategic review. Involving staff, partners and beneficiaries will ensure that the charity moves forward into its new merged way of working with consistent goals that are aligned with our stakeholders' values and needs. This review will then form a three-year plan for the new merged structure to develop and achieve long-term sustainability for our hospice services.

#### **Education**

The trustees plan to invest in education capacity, to co-ordinate the development and education of Harlington Hospice's clinical staff and to develop a more formal external schedule, for healthcare professionals in the London Borough of Hillingdon.

*Project Echo* – Following the success of our placements for the Hillingdon branch of the London Ambulance Service the charity plans, in collaboration with MyHealth Hillingdon, to launch a formal Project Echo programme in October 2022. This will offer virtual sessions on the topic of palliative and end-of-life care to all paramedics in the London Ambulance Service, with an opportunity for bi-directional learning.

*HPAL website* – There are plans to further develop and market our website hosting information about palliative and end-of-life care for use by patients, carers and healthcare professionals. Developed by our Medical Director, and an award-winning London GP Dr Poppy Freeman, the website provides accessible and essential information on a wide range of topics for clinicians and family carers. It will develop service directories for the eight North West London boroughs. <https://hpal.medindex.co.uk>

## Public Benefit Statement

The sections of this report above entitled ‘Summary of Activities’ and ‘Achievements and Performance’ set out Harlington Hospice Association’s objectives, and reports on the activity and successes in the year to 31 March 2022, as well as explaining the plans for the current financial year.

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

The Trustees have considered this matter and concluded:

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

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

## Financial review

### Income

Total income for the year ended 31 March 2022 was £5,718,617 (2021: £5,670,958) an increase of £47,659.

	<b>2021/22</b>	<b>2020/21</b>	
<b>Income</b>	<b>£</b>	<b>£</b>	
Inpatient Care	2,802,906	3,169,021	-12%
Harlington Care (Domiciliary care)	753,140	663,166	14%
Hospice at Home	551,983	297,239	86%
Collaborations	525,782	541,710	-3%
Wellbeing	141,401	214,430	-34%
Psychotherapy	113,910	176,637	-36%
<b>Total income from charitable activities</b>	<b>4,889,122</b>	<b>5,062,203</b>	
Fundraising and trading	829,495	608,755	36%
<b>Total income</b>	<b>5,718,617</b>	<b>5,670,958</b>	

85% of income is derived directly from charitable activities, and nearly 50% of income is associated with inpatient care. The reduction in income between 2021 and 2022 is largely due to the receipt of COVID related funding in 2021.

### Expenditure

Total expenditure was £5,678,264 (2021: £5,483,615), an increase of £194,649, 3.5%.

	<b>2021/22</b>	<b>2020/21</b>	
<b>Expenditure</b>	<b>£</b>	<b>£</b>	
Inpatient Care	3,053,235	3,114,102	-2%
Harlington Care (Domiciliary care)	637,386	649,210	-2%
Hospice at Home	338,354	276,906	22%
Collaborations	442,758	482,614	-8%
Wellbeing	230,043	198,898	16%
Psychotherapy	196,262	163,159	20%
<b>Total expenditure on charitable activities</b>	<b>4,898,038</b>	<b>4,884,889</b>	
Fundraising and trading	780,226	598,726	30%
<b>Total expenditure</b>	<b>5,678,264</b>	<b>5,483,615</b>	

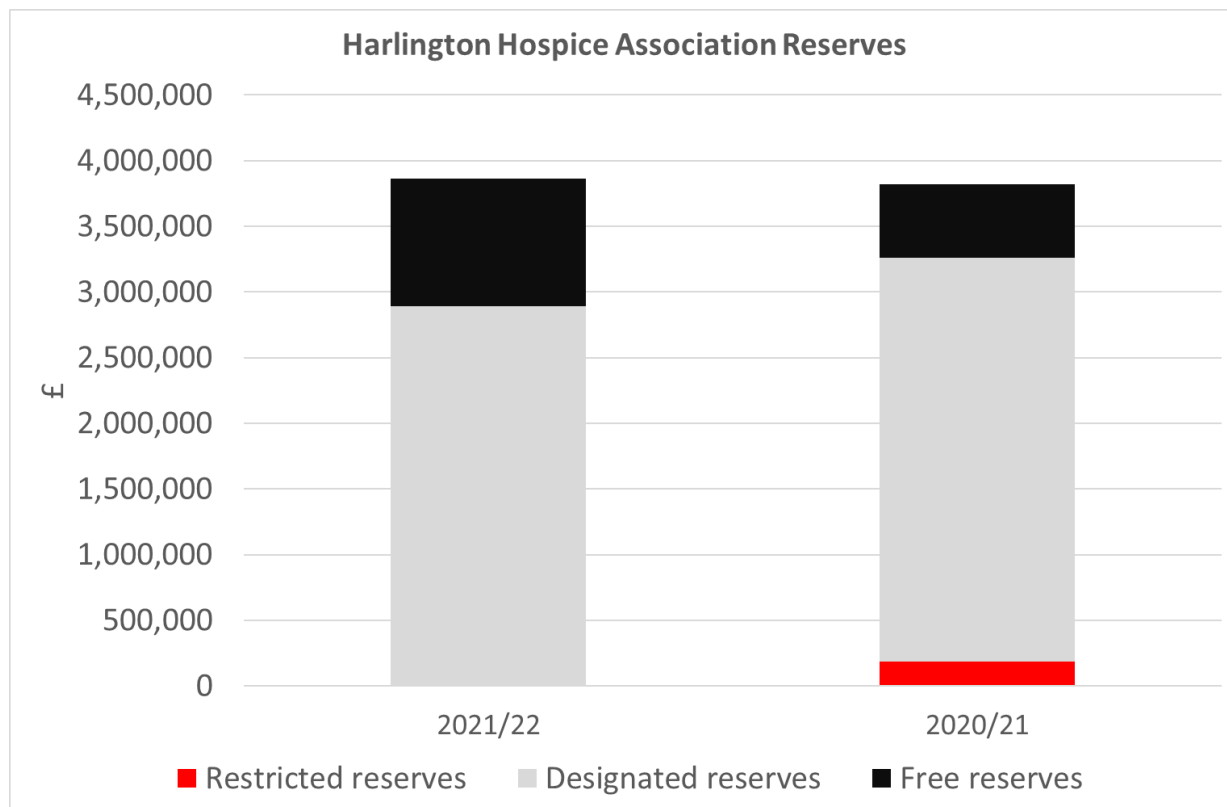
Over 75% of costs are salaries or salary related (including payments for agency and other outsourced staff).

### Result

	<b>2021/22</b>	<b>2020/21</b>
<b>Surplus / deficit</b>	<b>£</b>	<b>£</b>
Total income	5,718,617	5,670,958
Total expenditure	5,678,264	5,483,615
<b>Surplus</b>	<b>40,353</b>	<b>187,343</b>

Reserves

Restricted balances carried forward at 31 March 2022 are £0 (2021: £187,835). Designated reserves, comprising all fixed assets) were £2,893,066 (2021: £3,071,019). Free reserves rose by £406,141 to £968,131 (2021: £561,990).



Reserves policy

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

The target minimum operating reserve is equal to:

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

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

The Operating Reserve needed for the financial year 2022-23, based on the factors above, is £873,000. Free reserves at 31 March 2022 were £968,131 (2021: £561,990).



## Principal risks and uncertainties

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

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

### 1. Fundraising income

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

Mitigations in place are:

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

### 2. Increases in costs due to inflation

The risk relating to higher costs could jeopardise service delivery. Staff costs account for over 65% of the charity's costs, and if wage inflation continues to grow, costs could rise faster than income. Growing energy prices are also a cause of concern. Mitigations are limited, as inflationary growth is outside our control.

Mitigations in place are:

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

### 3. Staff recruitment and retention

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

Mitigations in place are:

- *Staff engagement exercise started in 2022/23 to build unity within the staff team*
- *Staff survey in 2022 to identify areas of concern to staff*
- *Continue to monitor healthcare salaries in the local area to ensure that our salary structure is competitive*
- *Investigate other workplace benefits*
- *Continue to offer NHS pensions to eligible staff*

## Going concern

Expanded and new services delivered by Harlington Hospice in recent years have improved the Charity's financial position and delivered the benefits expected from the charity's investments. Expansion of the Harlington Care service and the partnership with the Michael Sobell House Charity have realised many of the expected benefits and synergies with the existing services.

During 2021-22 and throughout the COVID-19 pandemic, the demand for services in both Harlington Hospice and our in-patient services has continued to be strong, and NHS, Local Authority and grant funding has increased. In addition, Central Government grant support, in association with Hospice UK, has supported our services.

During the 2022-23 financial year, the boards of Harlington Hospice Association and Michael Sobell Hospice Charity agreed to combine their operations into a single charity. The combination is supported by significant investment in fundraising activities to support future growth. This means that the combined charity expects to report an operating deficit in 2022-23, and to return to a balanced position by mid 2023-24.

Our financial projections show that up to 31 March 2024, Harlington Hospice can expect to retain reserves well above the minimum level required to ensure sustainability, and will therefore be able to trade as a going concern.

	2023	2024
	£	£
<b>Total required operating reserve (Reserves policy)</b>	<b><u>1,289,561</u></b>	<b><u>1,367,383</u></b>
<b>Projected free reserves</b>	<b><u>1,781,059</u></b>	<b><u>1,922,112</u></b>
<b>Surplus</b>	<b><u>491,498</u></b>	<b><u>554,729</u></b>

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

## Fundraising

- The charity does not work with any commercial partners or use any external professional fundraisers.
- Harlington Hospice Association is registered with the Fundraising Regulator and is fully compliant with its requirements and code of practice.
- The Trustees are not aware of any complaints made in relation to our fundraising activities during the year ending 31 March 2022.
- In order to protect vulnerable people, we ensure our fundraising activities are managed to limit any possibility of exploitation or misunderstanding. We do not send out blanket requests for donations. Once per year invitations to our memorial event (Light Up A Life), which include a fundraising element, are only sent to people who have previously consented for us to contact them.

- In order to monitor events and fundraising activities undertaken by third parties, we request that participants contact us first. In this way we can give guidance on raffles, sponsorship, insurance etc.
- We have been an associate partner of the Hospice Lottery Partnership since 2019. This year, we gained £6,276 income from this arrangement

## Structure, governance and management

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

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

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

### Appointment of Trustees

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

Trustees stand for election or are re-elected in rotation at the Annual General Meeting.

There are no external bodies holding the right to appoint Trustees to the Board.

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

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

- Finance, Building and Estates Sub-committee
- Quality Governance Sub-committee
- Workforce Sub-committee

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

### Trustee induction and training

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

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

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

### **Staff and delegated responsibilities**

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

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

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

### **Related parties and relationships with other organisations**

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

We have formal relationships with the following organisations:

- Michael Sobell Hospice Charity (MSHC) – a collaboration agreement establishes that MSHC will fund ongoing services within Michael Sobell Hospice which are provided by Harlington Hospice;
- Hospice UK – a federal organisation in which the national organisation's role is advisory on policy and procedures;
- H4All – a Charitable Incorporated Organisation (CIO) in which Harlington Hospice is one of five sovereign partners delegating authority within the consortium, providing services within the community;
- Hillingdon Health and Care Partnership (HHCP)

### **Statement of responsibilities of the Trustees**

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

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

- Select suitable accounting policies and then apply them consistently

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

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

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware
  - The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information
- The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Members of the charity guarantee to contribute an amount not exceeding £10 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2022 was 7 (2021:7). The Trustees are members of the charity but this entitles them only to voting rights. The Trustees have no beneficial interest in the charity.

**Auditor**

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

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

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



Carol Coventry

Chair of Board of Trustees

Date 01 November 2022

## Report from the auditors

We have audited the financial statements of Harlington Hospice Association Limited (the 'charitable company') for the year ended 31 March 2022 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 March 2022 and of its incoming resources and application of resources, including its income and expenditure for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006

## Basis for opinion

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

## Conclusions relating to going concern

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

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

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

## Other Information

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

We have nothing to report in this regard.

## Opinions on other matters prescribed by the Companies Act 2006

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

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

## Matters on which we are required to report by exception

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

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

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



## Responsibilities of Trustees

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

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

## Auditor's responsibilities for the audit of the financial statements

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

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

## Capability of the audit in detecting irregularities

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

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

**Independent auditor's report  
To the members of  
Harlington Hospice Association Limited**

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statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.

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

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

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

## Use of our report

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



Joanna Pittman (Senior statutory auditor)

3 November 2022

for and on behalf of Sayer Vincent LLP, Statutory Auditor

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

## Harlington Hospice Association Limited

### Statement of financial activities (incorporating an income and expenditure account)

#### For the year ended 31 March 2022

	Note	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
<b>Income from:</b>							
Donations and legacies	2	105,727	-	105,727	75,863	-	75,863
Charitable activities	3						
Harlington Care		630,569	122,571	753,140	571,291	91,875	663,166
Hospice at Home		214,320	337,663	551,983	223,657	73,582	297,239
Wellbeing (including Lymphoedema Clinic)		141,401	-	141,401	156,848	57,582	214,430
Psychotherapy		38,150	75,760	113,910	73,175	103,462	176,637
In-Patient Care		1,497,824	1,305,082	2,802,906	1,477,596	1,691,425	3,169,021
H4All & Other Collaborations		525,782	-	525,782	541,710	-	541,710
Other trading activities	4	723,768	-	723,768	532,892	-	532,892
<b>Total income</b>		<b>3,877,541</b>	<b>1,841,076</b>	<b>5,718,617</b>	<b>3,653,032</b>	<b>2,017,926</b>	<b>5,670,958</b>
<b>Expenditure on:</b>							
Raising funds including charity shops	5	780,226	-	780,226	598,726	-	598,726
Charitable activities							
Harlington Care	5	514,815	122,571	637,386	557,335	91,875	649,210
Hospice at Home	5	691	337,663	338,354	203,324	73,582	276,906
Wellbeing (including Lymphoedema Clinic)	5	180,043	50,000	230,043	141,316	57,582	198,898
Psychotherapy	5	120,502	75,760	196,262	59,697	103,462	163,159
In-Patient Care	5	1,610,318	1,442,917	3,053,235	1,441,079	1,673,023	3,114,102
H4All & Other Collaborations	5	442,758	-	442,758	482,614	-	482,614
<b>Total expenditure</b>		<b>3,649,353</b>	<b>2,028,911</b>	<b>5,678,264</b>	<b>3,484,091</b>	<b>1,999,524</b>	<b>5,483,615</b>
Transfers between funds		-	-	-	184,225	(184,225)	-
<b>Net movement in funds</b>		<b>228,188</b>	<b>(187,835)</b>	<b>40,353</b>	<b>353,166</b>	<b>(165,823)</b>	<b>187,343</b>
<b>Reconciliation of funds:</b>							
Total funds brought forward		3,633,009	187,835	3,820,844	3,279,843	353,658	3,633,501
<b>Total funds carried forward</b>		<b>3,861,197</b>	<b>-</b>	<b>3,861,197</b>	<b>3,633,009</b>	<b>187,835</b>	<b>3,820,844</b>

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15a to the financial statements.

# Harlington Hospice Association Limited

## Balance sheet

Company no. 04199504

As at 31 March 2022

	Note	£	2022 £	£	2021 £
<b>Fixed assets:</b>					
Tangible assets	11		<u>2,893,066</u>		<u>3,071,019</u>
			<b>2,893,066</b>		<b>3,071,019</b>
<b>Current assets:</b>					
Debtors	12	1,348,209		802,069	
Cash at bank and in hand		659,708		544,817	
			<u>2,007,917</u>	<u>1,346,886</u>	
<b>Liabilities:</b>					
Creditors: amounts falling due within one	13	(1,039,786)		(597,061)	
<b>Net current assets</b>			<u><b>968,131</b></u>		<u><b>749,825</b></u>
<b>Total net assets</b>			<u><u><b>3,861,197</b></u></u>		<u><u><b>3,820,844</b></u></u>
<b>The funds of the charity:</b>					
Restricted income funds	15a		-		187,835
Unrestricted income funds:					
Designated funds					
Landsdowne House		1,628,347		1,652,347	
Revaluation Reserve		1,200,000		1,200,000	
Fixed assets		64,719		218,672	
General funds		968,131		561,990	
			<u>3,861,197</u>	<u>3,633,009</u>	
<b>Total unrestricted funds</b>			<u><b>3,861,197</b></u>		<u><b>3,633,009</b></u>
<b>Total charity funds</b>			<u><u><b>3,861,197</b></u></u>		<u><u><b>3,820,844</b></u></u>

Approved by the trustees on 1 November 2022 and signed on their behalf by



Carol Coventry  
Chair of Board of Trustees

Harlington Hospice Association Limited

Statement of cash flows

For the year ended 31 March 2021

	Note	2021 £	£	2020 £	£
<b>Cash flows from operating activities</b>					
Net income / (expenditure) for the reporting period (as per the statement of financial activities)		40,353		187,343	
Depreciation charges		185,620		239,232	
(Increase)/decrease in debtors		(546,140)		(119,285)	
Increase/(decrease) in creditors		442,725		114,601	
<b>Net cash provided by / (used in) operating activities</b>		<b>122,558</b>		<b>421,891</b>	
<b>Cash flows from investing activities:</b>					
Purchase of fixed assets		(7,667)		(24,424)	
<b>Net cash (used in) investing activities</b>		<b>(7,667)</b>		<b>(24,424)</b>	
<b>Change in cash and cash equivalents in the year</b>		<b>114,891</b>		<b>397,467</b>	
Cash and cash equivalents at the beginning of the year		544,817		147,350	
<b>Cash and cash equivalents at the end of the year</b>		<b>659,708</b>		<b>544,817</b>	

Analysis of cash and cash equivalents and of net debt

	At 1 April 2021 £	Cash flows £	Other non- cash changes £	At 31 March 2022 £
Cash at bank and in hand	544,817	114,891	-	659,708
<b>Total cash and cash equivalents</b>	<b>544,817</b>	<b>114,891</b>	<b>-</b>	<b>659,708</b>

**1 Accounting policies**

**a) Statutory information**

Harlington Hospice Association Limited is a charitable company limited by guarantee and is incorporated in England and Wales.

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

**b) Basis of preparation**

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

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

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

**c) Public benefit entity**

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

**d) Going concern**

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

Expansion of Harlington Care services and the successful partnership with the Michael Sobell Hospice Charity have delivered planned synergies and benefits and strengthened the financial position of the Charity.

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

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

**e) Income**

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

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

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

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

**1 Accounting policies (continued)**

**f) Hospice UK receipts**

During the year Hospice UK distributed Government funds to Hospices facing funding shortfalls due to the COVID-19 pandemic, when normal fundraising activity was curtailed. Hospice UK funds received by the Charity have been allocated to Charitable Activities on the basis of shortfalls faced by each service.

**g) Coronavirus Job Retention Scheme (CJRS)**

The Charity benefitted from the Government's CJRS payments – also known as furlough payments – during the year. Furlough payments have been identified in the accounts by the Charitable Activities in which the relevant members of staff received those payments.

**h) Donations of gifts, services and facilities**

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

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

**i) Interest receivable**

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

**j) Fund accounting**

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

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

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

**k) Expenditure and irrecoverable VAT**

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

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

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

Notes to the financial statements

For the year ended 31 March 2022

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**1 Accounting policies (continued)**

**l) Allocation of support costs**

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

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

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each activity.

● Harlington Care	10%
● Hospice at Home	4%
● Wellbeing (including Lymphoedema Clinic)	3%
● Psychotherapy	2%
● In-Patient Care	52%
● H4All and Other Collaborations	8%
● Raising Funds	9%
● Support costs	11%
● Governance costs	1%

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

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

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

**m) Operating leases**

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

**n) Tangible fixed assets**

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

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

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

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

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



Notes to the financial statements

For the year ended 31 March 2022

1 Accounting policies (continued)

o) Debtors

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

p) Cash at bank and in hand

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

q) Creditors and provisions

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

r) Financial instruments

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

s) Pension schemes

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

**National Health Service Superannuation Scheme**

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

**Group Personal Pension Scheme**

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

2 Income from donations and legacies

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Legacies	5,000	-	5,000	-	-	-
Donations	87,030	-	87,030	67,983	-	67,983
Fundraising & events	8,330	-	8,330	152	-	152
HMRC (furlough)	5,324	-	5,324	6,643	-	6,643
Other Income	43	-	43	1,085	-	1,085
	<u>105,727</u>	<u>-</u>	<u>105,727</u>	<u>75,863</u>	<u>-</u>	<u>75,863</u>

Notes to the financial statements

For the year ended 31 March 2022

3 Income from charitable activities

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
<b>Harlington Care</b>						
Charges	172,752	-	172,752	111,773	-	111,773
Hospice UK	-	-	-	-	18,917	18,917
NHS – North West London CCG	-	-	-	4,419	-	4,419
London Borough of Hillingdon	120,967	-	120,967	118,670	-	118,670
Hillingdon Carers	198,940	-	198,940	198,940	-	198,940
Hestia	131,504	-	131,504	79,948	-	79,948
London Borough of Hillingdon (COVID-19)	-	122,571	122,571	-	72,958	72,958
HMRC (furlough)	6,406	-	6,406	57,541	-	57,541
Sub-total for Harlington Care	630,569	122,571	753,140	571,291	91,875	663,166
<b>Hospice at Home</b>						
NHS – Central & N W London	213,000	-	213,000	213,000	-	213,000
NHS – North West London CCG	1,320	-	1,320	10,657	-	10,657
Hospice UK	-	337,663	337,663	-	73,582	73,582
Sub-total for Hospice at Home	214,320	337,663	551,983	223,657	73,582	297,239
<b>Wellbeing</b>						
Charges	2,840	-	2,840	-	-	-
Hospice UK	-	-	-	-	57,582	57,582
Hillingdon Carers	22,000	-	22,000	22,000	-	22,000
NHS – Central & N W London	99,926	-	99,926	99,926	-	99,926
A P Taylor	10,000	-	10,000	10,000	-	10,000
HMRC (Furlough)	6,635	-	6,635	24,922	-	24,922
Sub-total for Daycare	141,401	-	141,401	156,848	57,582	214,430
<b>Psychotherapy</b>						
Hillingdon Community Trust	10,802	-	10,802	25,827	-	25,827
Hospice UK	-	-	-	-	52,987	52,987
BBC Children in Need	-	65,660	65,660	-	50,475	50,475
Other grant funding	-	10,100	10,100	-	-	-
NHS – Central & N W London	27,348	-	27,348	27,348	-	27,348
London Borough of Hillingdon	-	-	-	20,000	-	20,000
Sub-total for Family Support	38,150	75,760	113,910	73,175	103,462	176,637
<b>In-Patient Care</b>						
NHS – Central & N W London	413,247	-	413,247	463,454	-	463,454
NHS – North West London CCG	976,575	-	976,575	983,152	-	983,152
NHS – out of area commissioned services	104,541	-	104,541	-	-	-
Michael Sobell Hospice Charity	-	1,123,696	1,123,696	-	795,951	795,951
Primary Care – Hillingdon	-	-	-	5,833	-	5,833
Hospice UK	-	181,386	181,386	-	895,474	895,474
HMRC (furlough)	3,461	-	3,461	25,157	-	25,157
Sub-total for In-Patient Care	1,497,824	1,305,082	2,802,906	1,477,596	1,691,425	3,169,021
<b>H4All &amp; Other Collaborations</b>						
The Hillingdon Hospital	12,502	-	12,502	138,262	-	138,262
H4All C.I.O.	251,318	-	251,318	169,469	-	169,469
Carers Trust Hillingdon	18,333	-	18,333	-	-	-
Age UK Hillingdon Harrow and Brent	31,469	-	31,469	-	-	-
NHS – North West London CCG	212,160	-	212,160	233,979	-	233,979
Sub-total for H4All & Other Collaborations	525,782	-	525,782	541,710	-	541,710
Total income from charitable activities	3,048,046	1,841,076	4,889,122	3,044,277	2,017,926	5,062,203

Notes to the financial statements

For the year ended 31 March 2022

4 Income from other trading activities

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Charity Shops – sales	627,077	–	<b>627,077</b>	279,711	–	279,711
Online sales	22,399	–	<b>22,399</b>	–	–	–
Gift Aid	8,901	–	<b>8,901</b>	–	–	–
Recharged costs	52,723	–	<b>52,723</b>	–	–	–
HMRC (furlough) – Shops	7,349	–	<b>7,349</b>	84,672	–	84,672
London Borough of Hillingdon (COVID-19)	–	–	–	111,962	–	111,962
Slough Borough Council (COVID-19)	–	–	–	18,286	–	18,286
NHS NW London CCG	–	–	–	12,501	–	12,501
Other Income	5,319	–	<b>5,319</b>	25,760	–	25,760
	<b>723,768</b>	<b>–</b>	<b>723,768</b>	<b>532,892</b>	<b>–</b>	<b>532,892</b>

All income from trading activities is unrestricted.

Harlington Hospice Association Limited

Notes to the financial statements

For the year ended 31 March 2022

5a Analysis of expenditure (current year)

	Charitable activities									2022 Total £	2021 total £
	Raising funds £	Harlington Care £	Hospice at Home £	Wellbeing £	Psychotherapy £	In-Patient Care £	H4All & Other Collaborations £	Governance costs £	Support costs £		
Staff salary costs (Note 7)	332,651	426,120	222,195	173,453	121,802	1,742,212	254,059	-	324,725	<b>3,597,217</b>	3,455,730
Other staff costs	56,807	19,399	1,399	2,350	2,724	13,615	-	-	30,093	<b>126,387</b>	55,822
External and agency staffing costs	42,341	-	10,512	1,501	32,598	510,789	-	-	13,170	<b>610,910</b>	817,259
Clinical services costs	-	-	35,000	1,858	987	215,102	-	-	941	<b>253,887</b>	102,897
Professional fees	15,082	-	-	-	-	-	137,047	-	35,866	<b>187,996</b>	231,493
Premises costs	189,451	-	-	2,063	-	102,599	-	-	117,096	<b>411,209</b>	342,355
Operational costs	48,414	56,055	11,139	6,100	5,868	86,197	-	-	53,445	<b>267,218</b>	215,245
Audit fees	-	-	-	-	-	-	-	12,000	-	<b>12,000</b>	15,588
Legal fees	13,777	-	-	-	-	-	-	12,043	-	<b>25,819</b>	7,993
Depreciation	4,224	225	-	3,979	-	130,917	-	-	46,275	<b>185,620</b>	239,232
	<b>702,747</b>	<b>501,799</b>	<b>280,245</b>	<b>191,304</b>	<b>163,979</b>	<b>2,801,430</b>	<b>391,106</b>	<b>24,043</b>	<b>621,612</b>	<b>5,678,264</b>	<b>5,483,615</b>
Support costs	74,593	130,538	55,945	37,297	31,081	242,429	49,729	-	(621,612)	-	-
Governance costs	2,885	5,049	2,164	1,443	1,202	9,377	1,923	(24,043)	-	-	-
<b>Total Expenditure 2021</b>	<b>780,226</b>	<b>637,386</b>	<b>338,354</b>	<b>230,043</b>	<b>196,262</b>	<b>3,053,235</b>	<b>442,758</b>	<b>-</b>	<b>-</b>	<b>5,678,264</b>	

Harlington Hospice Association Limited

Notes to the financial statements

For the year ended 31 March 2022

5b Analysis of expenditure (prior year)

	Charitable activities									2021 Total £
	Raising funds £	Harlington Care £	Hospice at Home £	Wellbeing £	Psychotherapy £	In-Patient Care £	H4All & Other Collaborations £	Governance costs £	Support costs £	
Staff salary costs (Note 7)	286,368	468,026	207,629	147,971	106,413	1,750,794	174,370	-	314,161	3,455,730
Other staff costs	3,426	17,190	1,154	1,452	860	11,661	-	-	20,080	55,822
External and agency staffing cost	25,246	-	13,914	-	29,938	602,152	137,393	-	8,616	817,259
Clinical services costs	-	-	-	4,135	504	96,863	-	-	1,395	102,897
Professional fees	28,939	-	-	2,683	-	53,687	129,142	-	17,042	231,493
Premises costs	139,505	5,117	-	57	-	106,408	-	-	91,268	342,355
Operational costs	37,923	42,650	4,064	555	209	74,329	-	-	55,514	215,245
Audit fees	-	-	-	-	-	-	-	15,588	-	15,588
Legal fees	350	-	-	-	-	-	-	7,643	-	7,993
Depreciation	6,569	178	-	6,294	-	182,937	-	-	43,254	239,232
	<u>528,327</u>	<u>533,161</u>	<u>226,761</u>	<u>163,148</u>	<u>137,922</u>	<u>2,878,830</u>	<u>440,905</u>	<u>23,231</u>	<u>551,331</u>	<u>5,483,615</u>
Support costs	68,118	112,291	48,521	34,592	24,420	223,031	40,358	-	(551,331)	-
Governance costs	2,282	3,758	1,624	1,158	817	12,241	1,351	(23,231)	-	-
<b>Total Expenditure 2021</b>	<b><u>598,727</u></b>	<b><u>649,210</u></b>	<b><u>276,906</u></b>	<b><u>198,898</u></b>	<b><u>163,159</u></b>	<b><u>3,114,102</u></b>	<b><u>482,614</u></b>		<b><u>-</u></b>	<b><u>5,483,615</u></b>

Notes to the financial statements

For the year ended 31 March 2022

**6 Net income / (expenditure) for the year**

This is stated after charging / (crediting):

	2022 £	2021 £
Depreciation	185,620	239,232
Operating lease rentals payable:		
Property	122,376	112,282
Auditor's remuneration (excluding VAT)	10,500	15,588
	<u>185,620</u>	<u>239,232</u>

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

Staff costs were as follows:

	2022 £	2021 £
Salaries and wages	3,134,386	2,980,132
Redundancy costs	7,297	55,982
Social security costs	276,669	253,070
Employer's contribution to pension schemes	178,865	168,938
	<u>3,597,217</u>	<u>3,458,122</u>

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

	2022 No.	2021 No.
£70,000 – £79,999	2	2
£80,000 – £89,000	1	-
	<u>2</u>	<u>2</u>

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £293,765 (2021: £167,963). The increase in the disclosed salary costs of key management personnel is due to a change in the definition used. The figure in 2022 includes the staff listed on page 3 of this report.

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil).

**8 Staff numbers**

The average number of employees (head count based on number of staff employed) during the year was 137 (2021: 138).

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

	2022 No.	2021 No.
Raising funds	16.0	15.0
Harlington Care	30.0	35.0
Hospice at Home	8.0	10.0
Daycare	8.0	7.0
Family Support	4.0	5.0
In Patient Care	51.0	50.0
H4All and Other Collaborations	7.0	7.0
Support	13.0	9.0
	<u>137.0</u>	<u>138.0</u>

Notes to the financial statements

For the year ended 31 March 2022

9 Related party transactions

During the year the Charity rented a property from Komfort Service Ltd (a company for which Mr Michael Edwards, trustee, is a director.) Payments to the company for rent and other services during the year totalled £12,500 (2021: £3125).

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

Ms Margaret Roberts, trustee, and Mr William Curry, CEO, are trustees for H4All C.I.O.. Any work for H4All is on an arm's length basis.

Ms Margaret Roberts, trustee, made a donation of £200 to Harlington Hospice in December 2021.

Income received from H4All C.I.O. covered the cost of staff seconded to the charity to support the broader Health & Wellbeing aims of Harlington Hospice. The total income received from H4All in 2022 was £244,723 (2021: £165,959).

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

10 Taxation

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

11 Tangible fixed assets

	Freehold property £	Improvements £	Equipment £	Fixtures and fittings £	Motor vehicles £	Total £
<b>Cost or valuation</b>						
At the start of the year	2,900,000	516,962	44,602	200,997	14,500	3,677,061
Additions in year	-	4,618	1,054	1,995	-	7,667
At the end of the year	2,900,000	521,580	45,656	202,992	14,500	3,684,728
<b>Depreciation</b>						
At the start of the year	47,653	357,231	25,785	164,111	11,262	606,042
Charge for the year	24,000	129,840	15,582	13,298	2,900	185,620
At the end of the year	71,653	487,071	41,367	177,409	14,162	791,662
<b>Net book value</b>						
<b>At the end of the year</b>	2,828,347	34,509	4,289	25,583	338	2,893,066
At the start of the year	2,852,347	159,731	18,817	36,886	3,238	3,071,019

Land with a value of £1,700,000 (2021: £1,700,000) is included within freehold property and not depreciated.

Any properties held at valuation were last valued on 31st March 2018 by Reinhardt Estate agents. The revaluation was reviewed and agreed by the charity's finance sub-committee on behalf of the Board. Harlington Hospice would normally seek a revaluation for this property every three years. An updated valuation is being considered for 2022/23, and the current valuation is considered to be a fair value for 2022.

All of the above assets are used for charitable purposes.

Notes to the financial statements

For the year ended 31 March 2022

12 Debtors

	2022 £	2021 £
Trade debtors	753,834	529,819
Other debtors	23,160	23,905
VAT recoverable	60,192	19,316
Prepayments	57,184	44,018
Accrued income	453,839	185,011
	<u>1,348,209</u>	<u>802,069</u>

13 Creditors: amounts falling due within one year

	2022 £	2021 £
Taxation and social security	79,617	68,063
Trade Creditors	294,167	367,783
Other creditors	59,103	27,878
Accruals	266,097	126,667
Deferred income	340,802	6,670
	<u>1,039,786</u>	<u>597,061</u>

Deferred income includes £319,606 received as deferred grant funding to establish an End of Life Coordination Centre at Michael Sobell Hospice.

14a Analysis of net assets between funds (current year)

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

14b Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	-	3,071,019	-	3,071,019
Net current assets	561,990	-	187,835	749,825
<b>Net assets at 31 March 2021</b>	<u>561,990</u>	<u>3,071,019</u>	<u>187,835</u>	<u>3,820,844</u>



## Notes to the financial statements

## For the year ended 31 March 2022

## 15a Movements in funds (current year)

	At 1 April 2021 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2022 £
<b>Restricted funds:</b>					
Harlington Care	-	122,571	(122,571)	-	-
Hospice at Home	-	337,663	(337,663)	-	-
Wellbeing	50,000	-	(50,000)	-	-
Psychotherapy	-	75,760	(75,760)	-	-
In-Patient Care	137,835	1,305,082	(1,442,917)	-	-
<b>Total restricted funds</b>	<b>187,835</b>	<b>1,841,076</b>	<b>(2,028,911)</b>	<b>-</b>	<b>-</b>
<b>Unrestricted funds:</b>					
Designated funds:					
Land & Buildings	2,852,347	-	(24,000)	-	<b>2,828,347</b>
Fixed assets	218,672	7,667	(161,620)	-	<b>64,719</b>
Total designated funds	3,071,019	7,667	(185,620)	-	<b>2,893,066</b>
<b>General funds</b>	<b>561,990</b>	<b>3,869,874</b>	<b>(3,463,733)</b>	<b>-</b>	<b>968,131</b>
<b>Total unrestricted funds</b>	<b>3,633,009</b>	<b>3,877,541</b>	<b>(3,649,353)</b>	<b>-</b>	<b>3,861,197</b>
<b>Total funds</b>	<b>3,820,844</b>	<b>5,718,617</b>	<b>(5,678,264)</b>	<b>-</b>	<b>3,861,197</b>

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

## 15b Movements in funds (prior year)

	At 1 April 2020 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2021 £
<b>Restricted funds:</b>					
Harlington Care	-	91,875	(91,875)	-	-
Hospice at Home	50,000	73,582	(73,582)	-	<b>50,000</b>
Wellbeing	-	57,582	(57,582)	-	-
Psychotherapy	-	103,462	(103,462)	-	-
In-Patient Care	303,658	1,691,425	(1,673,023)	(184,225)	<b>137,835</b>
<b>Total restricted funds</b>	<b>353,658</b>	<b>2,017,926</b>	<b>(1,999,524)</b>	<b>(184,225)</b>	<b>187,835</b>
<b>Unrestricted funds:</b>					
Designated funds:					
Land & Buildings	2,876,347	-	(24,000)	-	<b>2,852,347</b>
Fixed assets	-	-	-	218,672	<b>218,672</b>
Total designated funds	2,876,347	-	(24,000)	218,672	<b>3,071,019</b>
<b>General funds</b>	<b>403,496</b>	<b>3,653,032</b>	<b>(3,460,091)</b>	<b>(34,447)</b>	<b>561,990</b>
<b>Total unrestricted funds</b>	<b>3,279,843</b>	<b>3,653,032</b>	<b>(3,484,091)</b>	<b>184,225</b>	<b>3,633,009</b>
<b>Total funds</b>	<b>3,633,501</b>	<b>5,670,958</b>	<b>(5,483,615)</b>	<b>-</b>	<b>3,820,844</b>

Notes to the financial statements

For the year ended 31 March 2022

**15 Movements in funds (continued)**

**Purposes of restricted funds**

Harlington Care: Grant funding London Borough of Hillingdon to support recovery after the COVID-19 pandemic.  
Hospice at Home: Grant funding from Hospice UK to support patient choice for end of life care at home.

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

In-Patient Care: grants from the Michael Sobell Hospice Charity to support the running costs of the hospice, and from Hospice UK to support patient choice for end of life care in a hospice setting.

**Purposes of designated funds**

Land & Buildings: Lansdowne House and its land was gifted to Harlington Hospice to be used as a Hospice facility for local residents.

Fixed assets: The trustees have decided to designate all fixed assets to clearly show the value of free reserves on the face of the accounts.

**16 Operating lease commitments payable as a lessee**

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

	Property 2022 £	2021 £
Less than one year	92,500	111,282
One to five years	130,125	277,792
Over five years	-	-
	<b>222,625</b>	<b>389,074</b>

**17 Friends of Harlington Hospice**

The accounts for the Friends of Harlington Hospice show a bank and cash balance of £8,464 (2021: £5,270) as at 31 March 2022. Donations received via the Friends and funds raised from coffee mornings, totalled £3,619 (2021: £300) and are included in unrestricted funding.

During 2021/23 there were no items purchased from ringfenced funds.

The income and expenditure account is not audited.

**18 Planned Merger with Michael Sobell Hospice Charity**

During 2022/23, the Trustees of Harlington Hospice Association and the Trustees of Michael Sobell Hospice Charity agreed to merge. The merger will take place at the end of 2022. The merger will be accounted for as an acquisition, due to the disparity in the sizes of the two charities. Both charities will continue as legal entities following the merger, with Michael Sobell Hospice Charity becoming a fully owned subsidiary of Harlington Hospice Association. All the current activities of both charities will continue after the merger.

**19 Legal status of the charity**

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