

Annual Report

2021/2022




Helen & Douglas House
your local children's hospice

**"They provided
anything we needed
to make all the
memories we could
whilst offering us
constant support
and reassurance
that when the time
came, they would be
there for us."**

**Paul, Ryan's Daddy who spent his final
days at Helen & Douglas House**

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▽ Max and his family having fun at our summer party



**About
Us**



▽ Josh and Clare meeting one of our PAT dogs at the Christmas party



Our Vision

every death
a dignified
death

What we do

Helen & Douglas House hospice improves the lives of local terminally ill children and their families living in Oxfordshire and the surrounding counties. We help children live their lives to the full – even when that life is short.

Founded in 1982, we are the world's first children's hospice. We care for local terminally ill children and their families at our hospice in Oxford, at home or in hospital with life-enhancing care. This includes supportive stays, pain relief, symptom management, end of life care and bereavement support for parents and siblings.

Our amazing team, including doctors, nurses and carers, provides exceptional care tailored to the needs of the child throughout their life, whether that life lasts for hours, days, months, or years.

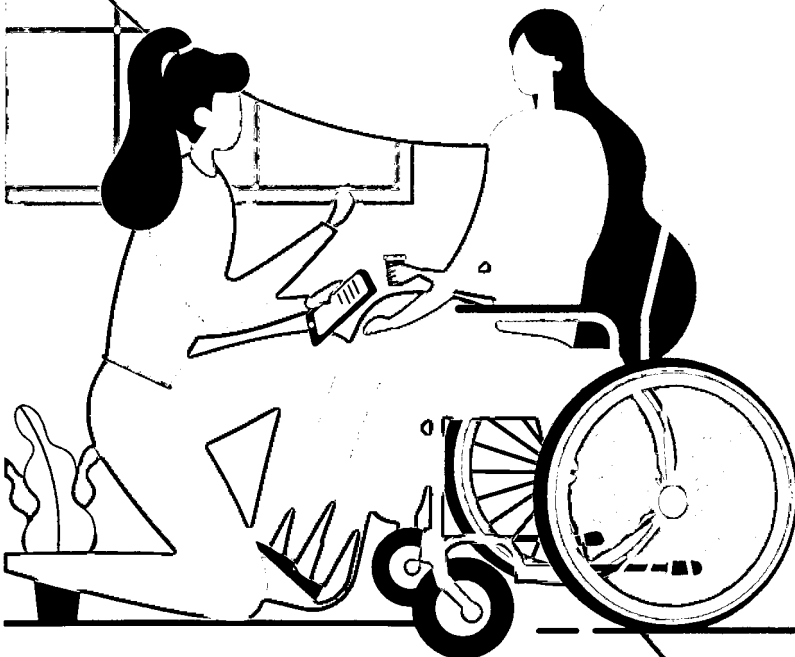
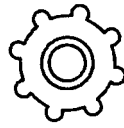
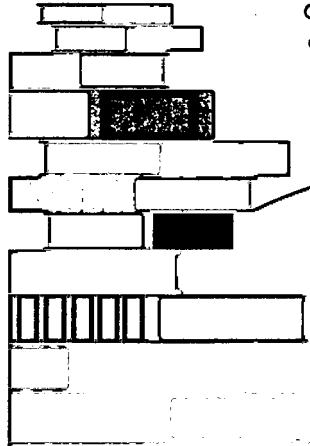
We help children living with a huge variety of complex conditions which will end their lives prematurely. Our experienced team helps reduce the fear and pain felt by families facing an uncertain future and, when life comes to an end, we are there to help them survive the loss of their child.

We are a local charity and need to raise £3.8m each year to fund our work.

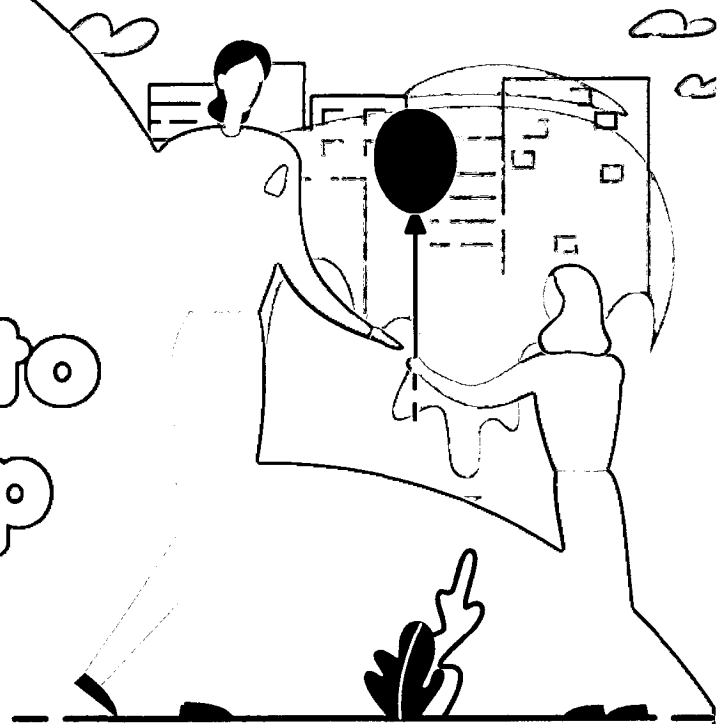
Our Values

We are
**creative &
resourceful**

We are
**open &
honest**



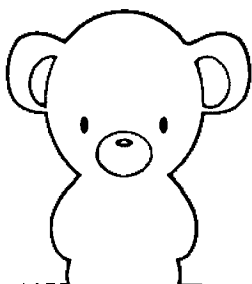
We are
committed to
partnership



We
lead by
example



We are
caring



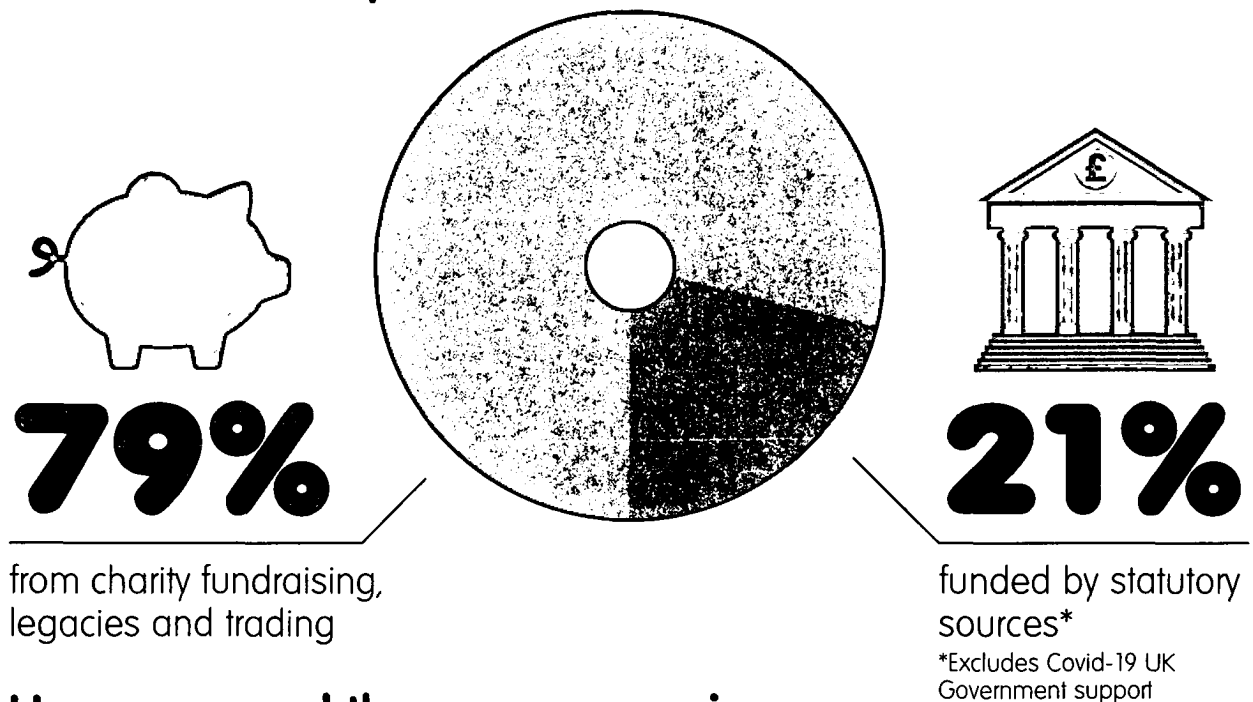
▽ Sienna having a feed in one of our bedrooms



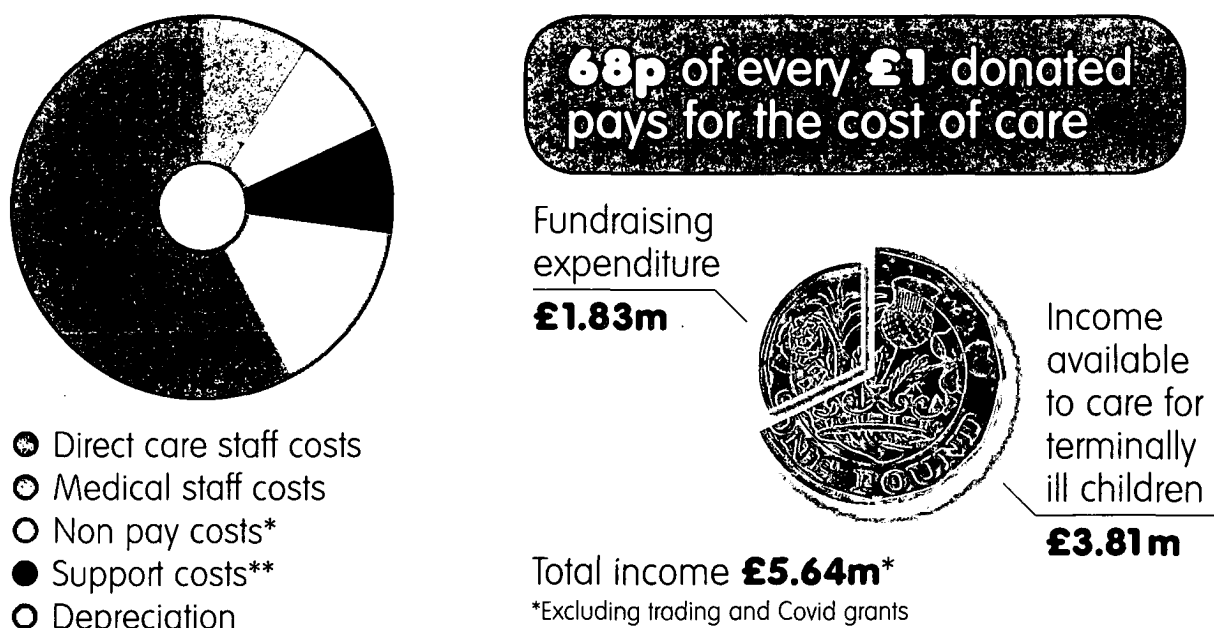
How we are funded

We are a local charity and we need to raise £3.8m each year to fund our work

Where does Helen & Douglas House receive its money from?



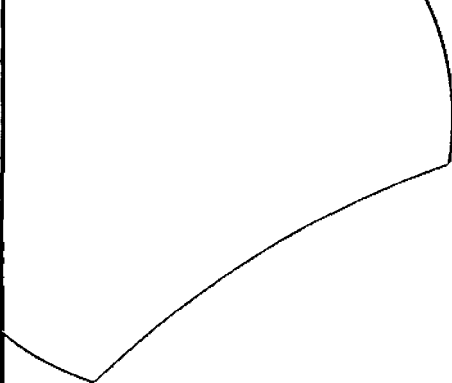
How we spend the money you give us



*Utilities, Rent, Equipment **HR, Finance, IT, Volunteering



△ Emma our transition worker, with two teenagers at our #Network Saturdays youth group



**"We are able to
leave our beautiful
boy for a short
stay knowing he is
receiving the best
care and attention
as he would
at home."**

**Stephanie, Zac's Mum, who visits
Helen & Douglas House for respite care**

Our year in numbers

£3.8m
cost of care



4,586

volunteer hours

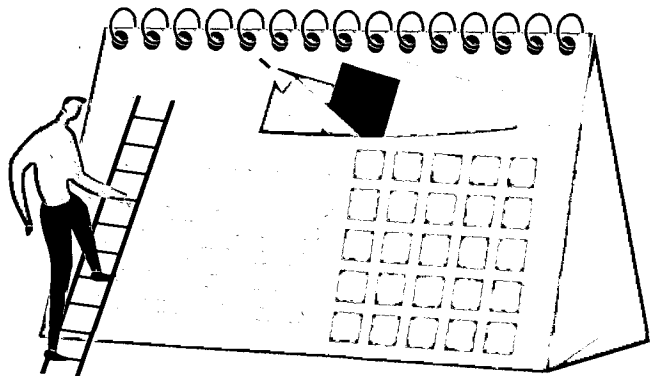
404 volunteers

£40,861 economic
value of volunteer hours



4,269

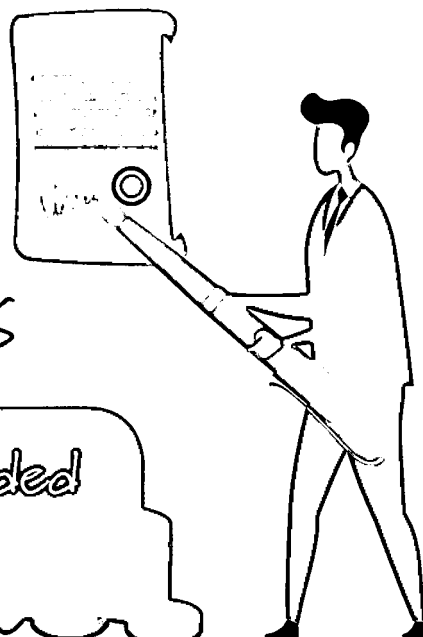
appointments in
the community



£1.38m

income from gifts in wills

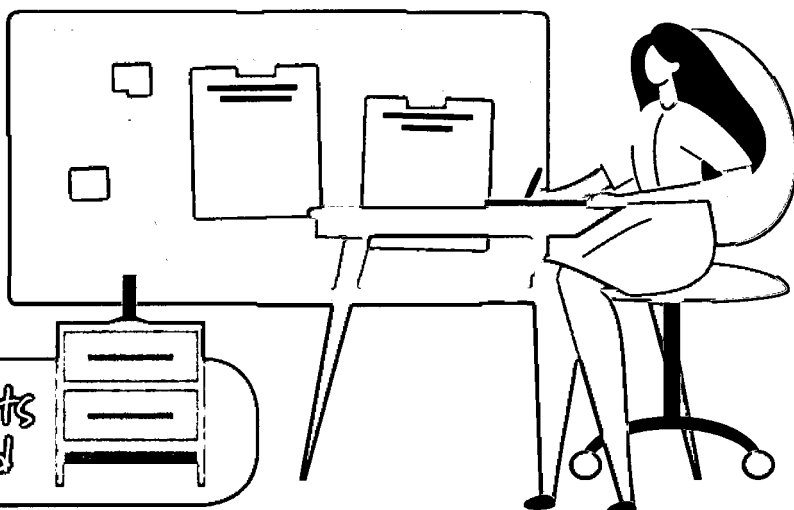
1 in 3 children's care funded
by gifts in wills



162

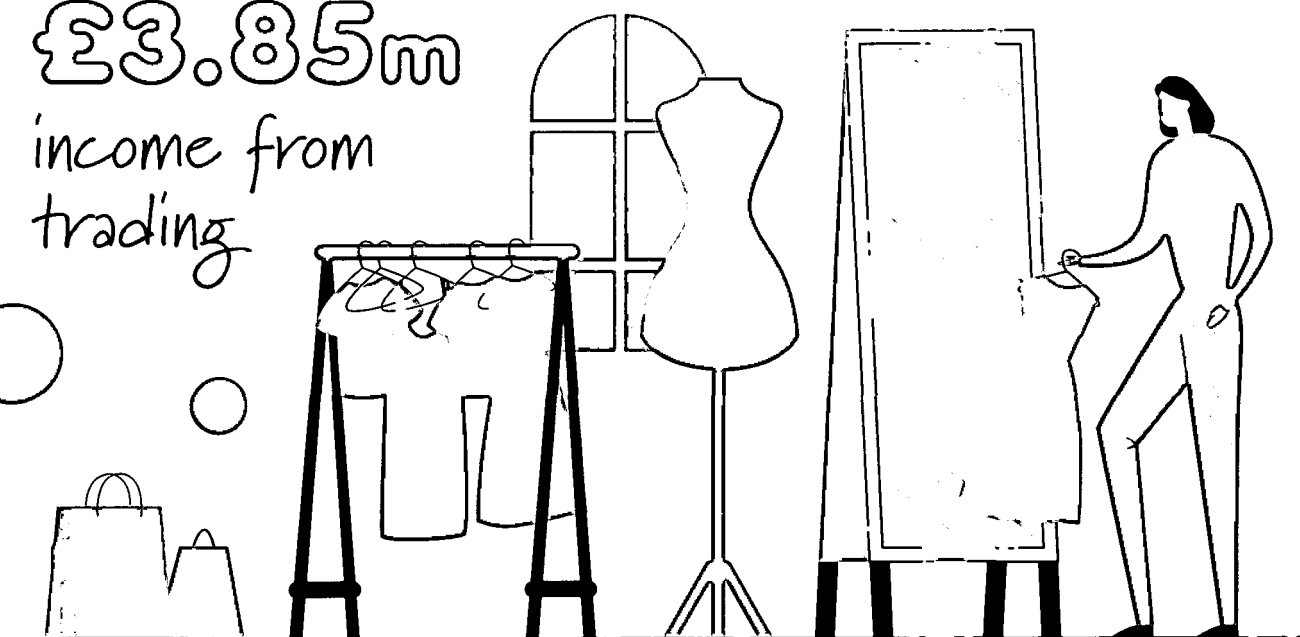
patients on
our caseload

642 bednights
provided



£3.85m

income from
trading





△ Jack meeting an owl at our Christmas party



△ Keren and our teacher Maria enjoying sensory play

Joint

St. George's School



Chair of Trustees and Chief Executive Joint Statement

We must start by acknowledging that it has been another challenging year for Helen & Douglas House and – more importantly – for the children and families that we care for. However, despite the many uncertainties in this post-pandemic world, our organisation has displayed its resilience once again. Thanks to the extraordinary generosity of our donors, we were able to continue to provide world-class palliative care and support to terminally ill children and their families.

This autumn marks the 40th anniversary of Helen & Douglas House. We were founded in 1982 by Sister Frances Dominica, who was inspired by a little girl called Helen who suffered from irreversible brain damage following an emergency operation. Helen's parents took her home from hospital to care for her in family surroundings. A friendship developed between Sister Frances and Helen's parents and, on occasion, Sister Frances looked after Helen for short periods to give her parents a break. From this friendship the idea of a small, homely hospice for children was born.

As the world's first children's hospice, we have gone on to inspire 49 others across the UK and around the world. Over the last 40 years, the way in which we care for terminally ill children has changed considerably from a simple respite-based model to a model that often provides the most complex and complicated care. What hasn't changed, though, is our commitment to providing compassionate care to families during the most difficult of times, and our desire to help children live the most full and precious lives possible.

This year, we have been celebrating our anniversary with a series of special events including a family remembrance walk called The Butterfly Bimble at Blenheim Palace in May, and a staff party in July. In November, bereaved families will be invited to join us for our Annual Remembrance Service. The event is an important and cherished opportunity for families to gather together with Helen & Douglas House and remember the children they have lost.

While it's incredible to reflect upon everything that we've achieved in the past, it's also gratifying to recognise that we are still leading the charge when it comes to pushing boundaries to improve care for dying children.





Clare Periton

"Thanks to the generosity of our donors, we were able to continue to provide world-class palliative care to children in another challenging year."

**Clare Periton,
Chief Executive Officer**

One of the ways in which we're doing this is through multidisciplinary teamwork. Because we offer both care and medical support, we have a wide and varied specialist team that comprises doctors, nurses, youth workers and social workers. We are well represented within the palliative care movement, and we are renowned as one of the leaders in our field.

Nationally, we influence through sitting on the NHS group for children and young people's palliative and end of life care. Regionally, we sit on the Oxfordshire Palliative Care Network (the OPCN) which is a group of specialist palliative care providers looking at how we can work together to provide better care for the people of Oxfordshire.

In addition to this, our Level 4 Paediatric Palliative Consultant Emily Harrop holds a key regional role as co-Clinical Lead for children and young people's palliative and end of life care for NHS South East England, while Dr Charlotte Holland is the Education Lead for children and young people's palliative and end of life care for NHS South East England. These are both paid secondment roles that are funded by NHS England and give Helen & Douglas House real influence and a place at the table. For a small organisation, we really punch above our weight when it comes to improving children's lives.

And, while we're on the subject of helping children to live the best lives that they can, we are thrilled to report that earlier this year our Douglas House building became home to Oxford University Hospitals NHS Foundation Trust's Children's Rehabilitation Service. The service helps young people living with chronic conditions and long COVID in South East England to return to most, or even all, of their day-to-day activities.

Given its former use as a young person's hospice and its purpose-built facilities, Douglas House is the perfect location for the Children's Rehabilitation Service. We are delighted to see the building in use again and, although there is little crossover between the children that we look after and the children that access the Children's Rehabilitation Service, we aspire to work more closely with the service in the future.

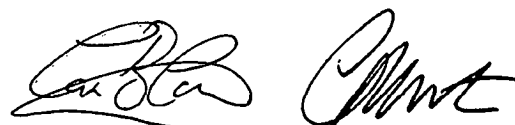
So far, the feedback from families using the new service has been overwhelmingly positive with many remarking upon our beautiful setting and the peace and tranquillity of our outdoor space. This is something that we feel particularly proud of since our garden underwent its incredible redevelopment last year.

The garden now boasts specially designed sensory play equipment for children to enjoy such as a swing and a roundabout for wheelchair users, as well as outdoor musical instruments. It also features a wonderful water feature, comfortable seating areas, and a seasonal planting scheme that ensures an abundance of beautiful blooms and foliage all year round. It's the ideal place for families to spend their precious time together, and we're enormously grateful to everyone who helped make it a reality.

Over the last year we have been working to extend our services to everyone who needs us, and one of the ways in which we are doing it is by increasing the use of the Little Room. This specially cooled room is a place where families can spend time with their child after they have died, and it is now available for the families of children who have suffered unexpected deaths. This means we can offer practical and emotional support to even more families – particularly those who were not previously known to us.

The last year may have been a challenge, but many positives have emerged from it. One of these is the amendment that was added to the Health and Social Care Act making it a legal requirement for the NHS in England to plan and fund palliative care. We see this new development as a positive step forward, and one that gives us real leverage when talking to commissioners.

As a final thought, we want to praise the whole team at Helen & Douglas House and thank them for their hard work over the past 12 months. They have worked collaboratively, compassionately and creatively through challenging times to ensure we have been able to continue serving the families who rely on us. Our thanks also go to the Trustees of Helen & Douglas House for all that they do by contributing their time and expertise. As a result, we feel that we have emerged as a better and stronger charity. With the continued support of our committed team and our incredible donors, we know that we can go on to achieve even more in the years to come.

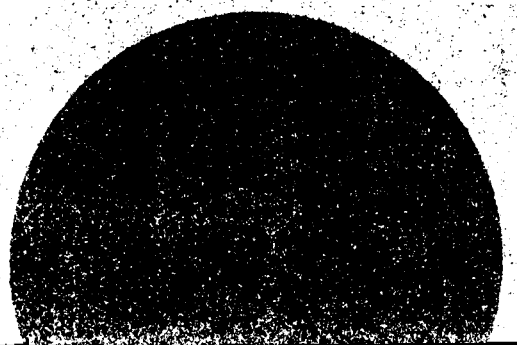


Ian Blair Chair of Trustees

Clare Periton Chief Executive Officer

25 July 2022

Interim Strategy 2021



Reporting against our 2021 Interim Strategy

The past financial year has been a time of enormous strategic change for Helen & Douglas House hospice. We have been busy dealing with the ongoing challenges of meeting the needs of terminally ill children and their families in a post-Covid world while also undergoing a strategic review to inform our new three-year strategy for 2022-2025. You can read about the outcomes of this review on page 33 but, while that work was ongoing, we set a series of key interim priorities for the financial year that began in March 2021. The following pages detail how we performed against each of these priorities.



What did we say?

'We will review and quantify our volunteering needs and develop a plan to recruit and retain volunteers for where they are needed in the organisation.'

How did we do?

During the last financial year, we prioritised the recruitment and retention of retail and events volunteers, because one of the biggest casualties of the pandemic for our retail stores was our volunteer base. Many of our long-term loyal volunteers decided not to return once restrictions were lifted, so without new recruits we simply would not have been able to keep our shops open or raise the funds that we so desperately need.

We spent much of the year building the foundations for volunteering and making sure we had the right support in place in preparation to move forwards with our 2022-2025 strategy. For example, work began to recruit a Head of Family Support Services who will work with the Head of Volunteering Services to explore how we can use volunteers to enhance our bereavement service, as many other hospice services have done.

Volunteers are absolutely pivotal to the success of Helen Douglas House. They bring fresh ideas, diverse skills, and they see things from a different perspective. They are also incredible ambassadors when it comes to helping us spread our message across the community.



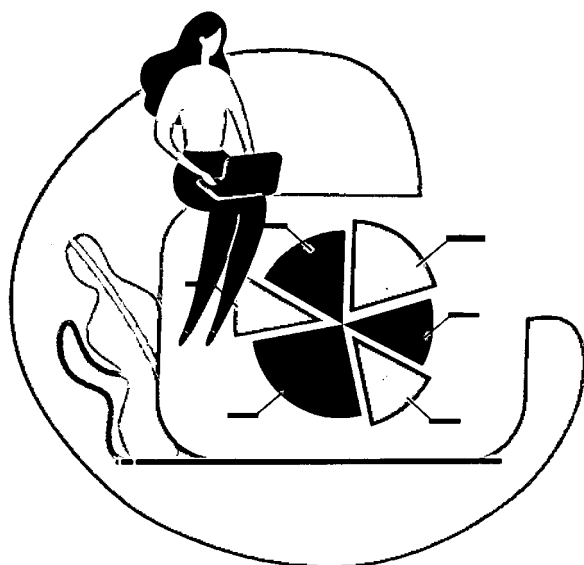
What did we say?

'We will implement a robust organisational framework of integrated planning processes and tools which will ensure organisational, team and individual objectives are integrated and aligned to fund, deliver and support the service.'

How did we do?

A more cohesive approach to planning and budgeting across the organisation is crucial if we are to avoid waste or duplication and more effectively deliver on our mission of improving the lives of terminally ill children and their families.

In the last financial year, we identified that while a process is in place for planning and budgeting, it hasn't been consistently applied across directorates. As a result, action is being taken to design and implement a structural framework that will ensure full organisational integration. This will take the organisation on a journey of change that will prioritise long-term thinking and focus on doing the right things in the right order.



What did we say?

'We will make sure that people can work from home where they can and where they wish to; meanwhile the office will continue to be a place for productive collaboration.'

How did we do?

During the pandemic, our extraordinarily dedicated workforce adapted quickly and successfully to the different ways of working that became necessary. Evidence from both within Helen & House and more widely showed that people may work more effectively when enabled to work flexibly, so we continued with flexible working arrangements. We reviewed and consulted, and then implemented a hybrid working model where members of staff in certain roles are able to work in the office on some days and from home on others.

The results have been really positive. As well as enjoying the flexibility of working from home, members of staff have said they also enjoy being in the office and having the opportunity to collaborate with colleagues. We are currently looking at the working environment that we provide to make sure it matches the needs of our staff and encourages creativity and innovation.



What did we say?

'We will implement the recommendations of the Equality, Diversity and Inclusivity workstream.'

How did we do?

We are committed to making Helen & Douglas House an inclusive organisation for all people. While we recognise that this is something we are yet to achieve – particularly in respect of racial diversity within our workforce – we have worked hard to propel ourselves closer to this goal over the course of the last financial year.

As part of our Equality, Diversity and Inclusivity workstream, we have assembled both a steering group and an engagement

group to help support the development and implementation of plans and actions which recognise, respect and value people's differences. We are planning a framework of equality, diversity and inclusion learning and development and, also, we have an equality and diversity champion on our trustee board. This ensures that inclusivity is embedded in the organisation's governance framework and is ultimately considered in everything we do.

As an organisation, we are working to create opportunities and reduce barriers for everyone, particularly underrepresented groups. We are committed to making sure there is no discrimination in our processes for recruitment and selection, performance management and pay, and that promotion and retention is fairly granted across the organisation.

We have created an Equality, Diversity and Inclusivity recruitment toolkit and have incorporated Equality, Diversity and Inclusivity statements into all our job adverts and job descriptions. We have also signed up to the Association of Chief Executives of Voluntary Organisations' (ACEVO) eight principles of Equality, Diversity and Inclusion, as well as signing up to the National Centre for Diversity's Investors in Diversity Accreditation programme. On top of this, we've also become a Disability Confident Committed employer.



What did we say?

'As we begin to recover from the impact of the global pandemic, the clinical service is excited to be able to invite more family members to stay at Helen House. We will also be welcoming back some of the external partners who deliver enrichment activities such as music and animal visits on a timescale mirroring the relaxation of restrictions nationally.'

How did we do?

In March 2021, at the beginning of the last financial year, lockdown guidelines were still in full force and we had to limit the numbers of visitors to Helen & Douglas House in order to keep our vulnerable children, their families and our staff safe. Often, only the parents of significantly ill children were allowed to stay.

When restrictions began to ease in late July it was wonderful to be able to welcome brothers and sisters and other family members back into the hospice building and allow family groups to make use of our welcoming, newly redeveloped garden. In December, we were able to organise a series of wonderful Christmas parties where each family had their own bubble in which they could celebrate together and make special memories.



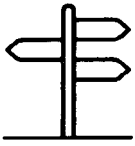
What did we say?

'In this interim period, the clinical service is additionally implementing and embedding electronic patient records, as a linked site to Oxford University Hospitals.'

How did we do?

In June 2021 we successfully launched electronic patient records with support from Oxford University Hospitals. The electronic patient records, which allow members of staff to quickly access and record patients' clinical details and interventions, will be replacing traditional paper records.

This new system means that all the advice and treatment that any patient receives – whether it's at the hospice, at home or in any other medical setting – is stored in one central location. We believe that it will be transformative in supporting families to feel confident in the level of care that they are receiving.



What did we say?

'We are looking to proactively increase our reach both by ensuring that existing users access all elements of our service from which they may benefit, and by examining ways to identify groups of children in need of palliative care who are not yet known to us.'

How did we do?

In order to ensure the families in our current caseload really benefit from our service, we have been working hard to make sure our offer is as broad and holistic as it can possibly be. We pride ourselves on providing flexible care that fits the needs of each individual family – and we don't have to physically look after a child overnight to give them world class palliative care.

Whether a child receives care at home, at our hospice or even in another hospice setting, our medical team, outreach nurses, social workers and siblings team work together seamlessly so the family can choose the kind of support they need to make the most of the time they have together.

We have also made progress in reaching children in need of palliative care who are not yet known to us through strengthening our relationships with partnership agencies including other hospices and community services. This increased engagement and coworking has prompted a number of new referrals in the last financial year. On top of this, we're currently recruiting for two new posts in our outreach team, both of which have a remit of extending our reach.



What did we say?

'We plan to extend our current model of bereavement support to families that have not previously had contact with our service. Our model of bereavement support is both practical and emotionally supportive and encompasses the entire family from before death, at the point of death and beyond. Effective bereavement support improves long term outcomes for families.'

How did we do?

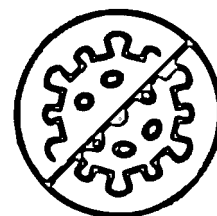
During the last financial year, we remodelled our bereavement groups and created a specific group for newly bereaved parents. The participants said they gained a lot from the peer support they received in the group, and they all said they planned to maintain the cohesive relationships that they had formed as part of it. The newly bereaved parent group was so well evaluated that we plan to increase the number of groups we run in the future.

We are currently working to further increase our capacity in bereavement support by recruiting a Head of Family Support Services. Once in post, they will work with the Head of Volunteering Services to explore how we can use volunteers to enhance the service, as many other hospice services have done.

Emerging

Pandemic

Successfully emerging from the Pandemic



The last two years have been as challenging for Helen & Douglas House as they have been for charities globally. However, thanks to the generous support of our donors, additional government support, business support grants and the furlough scheme, we maintained a stable financial position. Not only were we able to continue providing support to the families who so desperately needed us, but we were also able to come through the pandemic in a strong financial position.

The clinical picture

As we emerged from the pandemic, our clinical team worked hard to open our service to more visiting families. We optimised every opportunity to increase our bed capacity and our availability for day visits to the hospice. Our focus remains doing everything in our power to respond to the needs of the families we serve.

We came out of the pandemic with fewer nurses, so we are working to manage that deficit. However, the agility, expertise, and can-do attitude our remaining members of staff demonstrated in taking on new ways of working over the past two years have given us real confidence in our ability to deliver care flexibly. We feel more knowledgeable than ever about where to put our resources so that we can make the biggest difference.



▲ Leon enjoying arts and crafts at the hospice

In terms of research, despite the pandemic we have maintained our reputation as an attractive research partner, and we have been involved in a number of research projects in the last year. These have focused on understanding and improving the patient and family experience of receiving care, including pain management, support for children with feeding tubes, and spiritual care needs. We believe that our patients have an equal right to care based on the experience of their own peers. This is likely to be safer and to better meet their individual needs.

We have worked with the Academic Health Science Network on a patient safety project relating to gastrostomy feeding and supporting parents to maintain their confidence with practical procedures relating to feeding. We also contributed to the PARAMOUNT study which aimed to improve support for those giving medical care for pain to infants, children and young people in their own homes. This study concluded this year and led to the creation of a 'pain tool' which is in the final stages of development.

Helen & Douglas House was also involved in the multi-centre Diamorphine Paediatric Palliative Evaluation of feasibility of Randomised control trial (DIPPER) study looking at how best to conduct pain studies in children with palliative care needs. To address some of the needs identified in the DIPPER study, we were privileged to be involved in the formation of the Collaborative Paediatric Palliative Care Network (CoPPAR). This project, based at Martin House Research Centre, seeks to bring together children, families, clinicians and scientists in a network that supports taking research forward collaboratively. Helen & Douglas House is proud to be one of six main hosting centres and looks forward

to pioneering several collaborative projects relating to spirituality, outcome measures, staff wellbeing and symptom management.

We have also emerged from the pandemic with our excellent reputation for education intact. Throughout last year, the medical team contributed to regional teaching for the John Radcliffe Hospital Grand Rounds, the Thames Valley Paediatric Conference, and the Dying Matters week, among other events. We also delivered virtual teaching to identified sub-groups and continued to run our twice-yearly informal regional network education evenings around pain control, ethics and law. A new initiative of delivering hour-long virtual teaching sessions as an introduction to palliative care every 6 to 8 weeks has also been well-received.

The medical team also regularly contributed to national teaching, through organising and delivering teaching to trainee doctors developing higher-level paediatric palliative care skills (APPM GRID/SPIN teaching), Project Echo (national multi-disciplinary team monthly teaching) and both chairing and submitting abstracts to the Royal College of Paediatrics and Child Health national conference palliative care session. After becoming a registered centre for palliative care SPIN (Special Interest Development) for doctors, we are now supporting two medical registrars in developing their skills.

All of these teaching sessions and meetings provided an opportunity for networking and increased the prominence of Helen & Douglas House. What's more, they all contributed to better joined up working and the delivery of world-class palliative care to the children and families that we support.



The effects on fundraising and retail

The pandemic inevitably had an impact on our ability to fundraise and, given that our retail shops were closed for many months, we suffered a significant loss in revenue. The vital government support that we received in 2020 was not repeated apart from a considerably smaller retail restart grant so this means that we are, once again, reliant on our generous supporters to be able to provide services to local terminally ill children and their families.

While there have recently been changes in the structure of local NHS services – and consequently in how children’s palliative care is commissioned – the impact that these changes will have on our income is uncertain. Currently, we receive 17% of our income from statutory sources and we do not anticipate a major change to that figure. In the two financial years of the pandemic, our income outperformed our budget because we were fortunate to receive some large gifts in wills and several substantial, unexpected, one-off donations.

Over the last two years we have learned that we can adapt our fundraising activity quickly and draw on technology to support this change. We, like many fundraising organisations, turned to virtual events – particularly Facebook challenges – to fill the void left by physical events and we enjoyed a

degree of success with these. Our community fundraising activity was impacted and has been slow to return, although we are seeing an increased desire for physical events and for supporters to return to holding their own fundraising activities.

While some income streams were impacted considerably, we found that others performed strongly. For example, our individual giving programme flourished, as our committed supporters responded energetically to our appeals for help. Other sources of funding from trusts and foundations also became available, and we were able to leverage some of these.

After trading for only 13 weeks in 2020/21, our retail operations quickly bounced back and we traded for 50 weeks in the financial year ending 31 March 2022. Retail outperformed our expectations as people returned to the high street in larger numbers than expected.

As noted earlier, one of the biggest casualties of the pandemic for our retail stores was our volunteer base. Many of our long-term loyal volunteers decided not to return once restrictions were lifted, so we are currently engaged in rebuilding this extremely valuable resource, without which we cannot continue to trade.

New Strategy

▽ Beth and Edith at our summer party

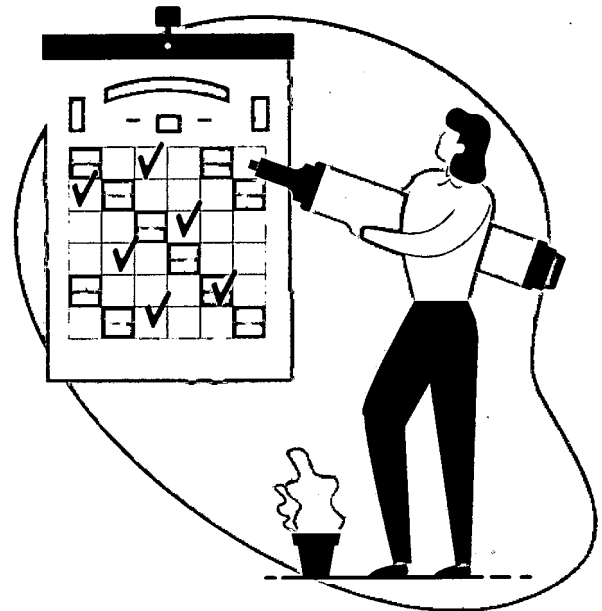


Reporting against our new 2022-2025 Strategy

In 2016 we launched a new vision, mission, and values, as well as a five-year strategy with some ambitious goals. During the five years that followed, the environment in which we operate, changed locally, nationally, and globally. As a result, in 2021 we worked with a small group of our trustees and an independent strategy advisor to carry out a strategic review and develop a new strategy for the future.

The extensive project involved us scrutinising each area of our operation in detail. We undertook a detailed analysis, drawing on the knowledge and views of our internal staff and taking into account the views of a number of related external sources to ensure our assumptions were supported by others.

The new strategy that emanated from this review began in April 2022 and will span three years. This shorter review period will enable us to refine our plans and react more quickly to the extremely unpredictable and volatile times we live in.



The primary goal of the new strategy is to ensure children and their families receive world class palliative care. We have developed three key aims to help us achieve this. They are:

- We will extend our service to reach more children and families and offer a wider portfolio of care so we can provide care where and when that's needed.
- We will invest in our people because we recognise that all our staff, wherever they work in the organisation, play a vital role in achieving our goal.
- We will ensure more of the money we receive is available to fund care by being more efficient about how we operate and by investing in technology.

How are we progressing against our new strategy?



What did we say?

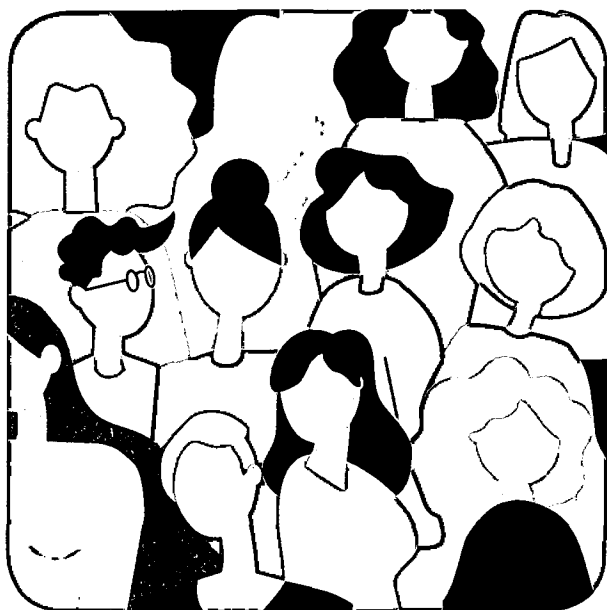
'We will extend our service to reach more children and families and offer a wider portfolio of care so we can provide care where and when that's needed.'

How are we doing?

There are significant numbers of children living in England with a life limiting condition. We have started work to extend our reach to ensure that our service is accessible and equitable to more children and families. We have also been focussing on providing a broader range of services beyond nursing and medical care. On top of this we have been working to share our specialist knowledge, raise the profile of children's unique needs, lead the development of paediatric palliative care and contribute internationally to research and education.

Here are some of our achievements so far:

- We are pioneering our local Managed Clinical Network for children's palliative care to provide better integrated care solutions to children.
 - Our medical services are influencing regional clinical leadership. Dr Emily Harrop holds a key regional role as co-Clinical Lead for children and young people's palliative and end of life care for NHS South East England, while Dr Charlotte Holland is the Education Lead for children and young people's palliative and end of life care for NHS South East England.
 - A recent mapping exercise looked at the pathway of children's palliative care in Oxfordshire and revealed that
- Helen & Douglas House is delivering a more embedded paediatric palliative care service at clinician level.
 - We are ensuring that we remain an attractive partner for research. In the last year we have completed two major research projects around end-of-life pain management and we have supported a study on staff wellbeing and a study on spirituality. We have also agreed to be a pilot site for the Children's Palliative Care Outcome Scale study and, in addition to this, we are a partner in the Collaborative Paediatric Palliative Care Network (CoPPAR).
 - We have extended bereavement support by making the Little Room available for the families of children who have suffered unexpected deaths. The Little Room is a cooled facility where families can spend time with their child after they have died. This means that we are now able to offer practical and emotional support to even more families – particularly those who were not previously known to us.
 - We are working with the Oxford University Hospitals NHS Foundation Trust to extend our spirituality support. We have also been recruiting families for a study that will help us to better understand their spiritual needs.
 - We have employed a recruitment specialist to help us address our post-pandemic nursing shortfall. This will help us to increase the availability of our overnight supportive stays and give more families a break from the intensity of care.
 - We have recently launched stay and play sessions at the hospice plus we have resumed our popular Network Saturdays.
 - This year, we have undertaken a mapping exercise to explore the services that are available to support older teenagers as they transition from children's health services to adult health services.



What did we say?

'We will invest in our people because we recognise that all our staff, wherever they work in the organisation, play a vital role in achieving our goal.'

How are we doing?

People and their skills are our greatest asset and we want to be recognised as an employer of choice to ensure we attract and retain the best talent for our organisation. We also want to make our organisation a more inclusive place for our staff, volunteers and the children and families we care for.

Here are some of our achievements so far:

- We are ensuring our specialist medical services are becoming sustainable through recruiting senior talent from specialist centres and growing our own experts. Two senior paediatric registrars are currently on placement with us to learn palliative care skills, while two of our doctors have begun working towards formal Special Interest in paediatric palliative care.

- We have recruited three new trustees with expertise in the areas of technology, fundraising, and nursing.
- We have redrafted our scheme of delegation and shared this with the board.
- We are working to grow our capacity and reputation and become a premier healthcare provider employer in the Thames Valley. To achieve this, we have appointed a Clinical Recruitment Business Partner to improve our clinical recruitment outcomes. We are also undertaking our annual staff survey and benchmarking its results against the previous year, and we have established a Reward and Recognition working group.
- We are aligning our teams behind the same vision by rolling out a standardised performance management and evaluation process across the organisation.
- We are working to improve our performance in equality, diversity and inclusion (EDI). We have assembled both a steering group and an engagement group who are currently developing an EDI statement for our website. We have created an EDI recruitment toolkit and have incorporated EDI statements into all our job adverts and descriptions. We have also signed up to the Association of Chief Executives of Voluntary Organisations' (ACEVO) eight principles of EDI, as well as signing up to the National Centre for Diversity's Investors in Partnered with National Centre for Diversity and working towards Investors in Diversity Award level one. We have task and finish groups for developing an organisational inclusion calendar and learning and development. Additionally, we have become a Disability Confident Committed employer.



What did we say?

'We will ensure more of the money we receive is available to fund care by being more efficient about how we operate and by investing in technology.'

How are we doing?

Helen & Douglas House spends 68p out of every pound donated on providing care to children and their families. We want to increase this amount over time so that more of the money we receive is available to fund care. We plan to achieve this by being more efficient about how we operate and by investing in technology.

Here are some of our achievements so far:

- We are embarking on a major programme of work to improve our digital capacity. This year we have engaged a digital consultant who will take the lead in reviewing our current digital maturity and formulating a three-year digital strategy.
- We refined the planning framework that we used to form our 2022/23 budget and successfully used it in planning our 2023/24 budget.

- We devised and implemented a new volunteering strategy, recruited a Head of Volunteering, and established a volunteering steering group who meet monthly to drive decision making.
- We are working to improve the volunteer experience and have conducted a volunteer survey to help us do so. We are also introducing long service awards for volunteers, and we have revised the volunteer management structure to improve the support of volunteers too. What's more, we are creating a new volunteer-led working party to help engage and support volunteers and we are in the process of establishing a new Volunteer Forum to offer peer support and volunteer development.
- We are working to revise the home volunteering process to make it more equitable, and we are procuring a new volunteer management platform to improve processes, reporting and compliance
- We have scheduled a retail volunteering strategy session and volunteer manager training this winter. These sessions will help us to recruit and develop volunteers and allow us to increase our opening hours, while also providing cover for managers and reducing the need for paid deputy managers.
- We are currently researching volunteer-led bereavement support models which we plan to roll out later this year.
- We have implemented a new marketing strategy to support us in nurturing a brand profile which will help Helen & Douglas House to be perceived as a world-class children's palliative care provider. It will also help us to develop communications which are informed by audience insights, enable more families to engage with the charity, establish an internal communications programme, and develop our brand assets and platform technologies.

Looking

Future

Looking to the future

Volunteering

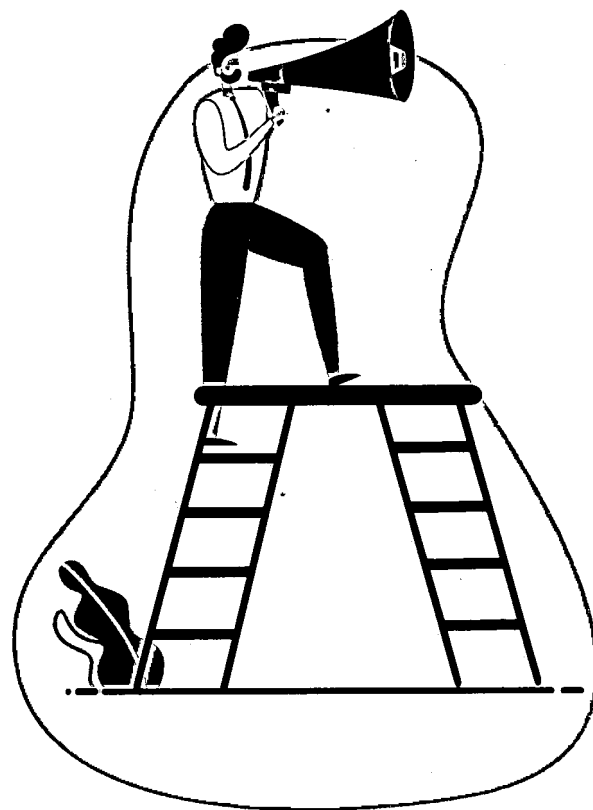
Last year, we reviewed our volunteering capabilities, resources and processes, and identified opportunities for improvement. The review reported that our 395 existing volunteers are positive about their experience of giving time to Helen & Douglas House and are very proud of their contribution to our work. It also identified that there is an opportunity to grow by developing roles in other areas of the charity.

Since then, we have implemented a new volunteer strategy and recruited a Head of Volunteering who is overseeing an audit to identify and map retail and fundraising volunteer requirements and opportunities in the future.

We plan to review and improve our ambassador roles and introduce fundraising groups. We also plan to introduce advocacy roles to influence policy and investment in children's palliative care. On top of this, we will undertake a scoping exercise to look at where volunteers can support paid members of staff to reduce our operational costs.

Leadership

Our most recent staff survey identified that there were opportunities for us to improve the standards of leadership in our organisation. People and their skills are our greatest asset, so it's crucial that every member of the Helen & Douglas House team should be able to expect to work under supportive, inspiring and skilled management. What's more, we recognise that leading others is a privilege, and we want to inspire our leadership to fulfil the potential of their teams.



In response to the survey, we are making it a priority to invest time in our managers and make sure they understand the expectations of a management role. We plan to upskill them through coaching, mentoring and a management development toolkit, and we are also building a line managers' community where they will be able to share experiences and learn from their peers. We are confident that by investing in the skills of our people, we will boost retention and engagement, and be better equipped to develop potential leaders within our current workforce.

"As the world's first children's hospice we have a responsibility to share our specialist knowledge and raise the profile of children's unique needs."

Extending our services

Over the next three years we plan to identify and fulfil the palliative care needs of the children who need us and extend the portfolio of care we offer to meet the needs of families beyond nursing and medical care. This means broadening the range of activities that we offer to children in the hospice – something that we have already started to do.

We also plan to increase the number of supportive stays we offer to families to give them a break, and work in partnership with other services to provide healthcare therapies and spiritual support for all faiths. On top of this, we are working to extend our nursing services in the community so that we can care for children at home, if that is where they prefer to be.

As the world's first children's hospice we have a responsibility to share our specialist knowledge and raise the profile of children's unique needs. We will continue to lead the development of paediatric palliative care and contribute internationally to research and education. More locally, we are pioneering our local Managed Clinical Network for children's palliative care in order to provide better integrated care solutions to children.

We are the sole providers of specialist Level 4 palliative care across our catchment area and local hospitals rely on the medical and outreach clinical nurse specialist teams at Helen & Douglas House to advise, support and deliver children's palliative care across the Thames Valley area. To support that we are going to build on our expertise and recruit a second Level 4 paediatric palliative care consultant.



▲ Frankie enjoying his time at the hospice

Digital, data and technology

As a charity, we recognise that our digital development currently lags slightly behind the wider business sector, so we have embarked on a major digital transformation programme. We are currently at an advanced stage of formulating our three-year digital strategy. We approached the creation of our strategy with the aim to make significantly better use of digital, data and technology to benefit our three main groups of stakeholders: our service users, our supporters, and our staff and volunteers.

A full review of our technology and digital infrastructure was undertaken to assess our current level of digital maturity, as well as an organisation-wide digital skills audit and a series of workshops to engage staff in what

part digital might play in the future. As part of the strategy, we will be establishing how we manage our data more effectively in the future to realise the full potential and the associated value of the data that we hold.

Once our strategy is finalised, we will roadmap and sequence the work we will need to undertake to bring the digital strategy to life. This will be challenging and will, in many ways, break new ground for Helen & Douglas House, so it is important that we acknowledge and embrace this significant cultural change and ensure that we take all staff and volunteers with us on the journey that will follow. We are confident we will be able to harness the full potential that digital and technology have to offer to help improve the service we provide to families and enhance our ability to generate funding.



▲ Taylor and care team member Julie enjoying sensory play

Communication strategies for staff, volunteers and families

For Helen & Douglas House to be recognised as the world-class children's palliative care provider that we are, it's important that we are always consistent with our brand messaging. It's also important that, underneath these overarching brand messages, we tailor our communications more effectively to our different audiences.

We recognise that, in the past, we have not always focused on the different needs of our three main audiences – our staff, our volunteers, and the families we serve. We know that we need to work harder to provide each of these groups with the information they need, in the personalised format they need, at a time that best suits them. Work is currently underway to map the different touchpoints that these groups will have with us so that we can develop communications that are informed by audience insights.

EDI accreditation

Supporting the principles of equality, diversity and inclusion (EDI) in our activities is not just morally and ethically the right thing to do, but it also underpins our ability to provide a world-class service and recruit the best people to organisational roles. We understand the importance of respecting and valuing each other's differences, and we want to make our organisation a more inclusive place for our staff, our volunteers, and the children and families we care for.

In order to achieve this, we know that we need to understand and reflect the diverse communities we serve. We recognise that we need to improve in this area, so we are listening and learning. In 2021/22 we began to lay the foundations of change by partnering with the National Centre for Diversity and working towards Investors in Diversity Award Level One. Going forward we will build on these foundations to ensure we are a truly diverse and inclusive organisation.



Sustainability

Climate change is one of the defining challenges of our time and we recognise we have a part to play. We believe that it is our moral obligation to look after the planet by becoming an organisation with a net zero strategy. We will help our volunteers and staff to contribute towards this goal by making sustainability a key factor at the start of all projects.

Two upcoming projects that have been designed with sustainability at their heart are the refurbishment of the Tree Tops family accommodation into two new flats, and the redesign of the office space in Douglas House to make it suitable for hybrid working.

We are currently undertaking an audit to understand what our carbon footprint is. This will be followed by the development of a sustainability strategy later in the year which will help us to make large-scale sustainable changes in a cost-effective way.



▲ Nathan and HRH The former Duchess of Cornwall decorating the Christmas tree at Clarence House

Picture credit: Ian Jones



▲ Sophie and her family having fun at the summer party

Financial

Statement



△ Frankie with care team member Julie



△ Harry and Taylor baking with Siobhan and Jade

Financial review

We ended the financial year with a deficit on restricted funds of (£0.195m) and a surplus on unrestricted funds of £1.556m, resulting in a consolidated increase in funds for the year ended 31 March 2022 of £1.361m (2021: £2.585m increase in funds). Our like for like income (excluding all COVID-19 related financial support) increased by 53% compared to 2020/21 with some of the key movements as follows:

- Donations increased by £450k (+16%) Legacy income increased by £195k (+16%)
- Donated and Bought in Goods income increased by £2.3m (+281%) due to retail trading for the vast majority of the year compared to 2020/21
- Retail gift aid increased by £193k (+268%)
- Statutory funding increased by £109k (+16%)*

* - This does not include any additional hospice funding administered through Hospice UK

Overall, with the inclusion of all income received, there was a year-on-year increase of £535k (6%). The additional COVID-19 financial support we received during 2021/22 is detailed below:

- Government Hospice Support (NHSE)** - £0.185m
- Retail Restart Grants*** - £0.095m
- Business Continuity Insurance Claim - £0.194m

** The NHSE awarded funding to allow hospices to make available bed capacity and community support from December 2021 to March 2022 inclusive to provide support to people with complex needs in light of the omicron variant.

*** The retail units reopened in April 2021

As we came out of lockdown it enabled us to begin to do more particularly within Income Generation and so as a result our total costs increased, £9.0m versus £8.3m in 2020/21. In addition to a greater level of activity, there were increases to our cost base as a result of our annual pay review and inflationary increases in some of our on-going running costs.

Expenditure on Raising Funds is categorised between Donations & Legacies and Trading Activities. Within raising funds expenditure, the costs of raising donations and legacies increased by 9.6% and on trading activities (including the retail network and lottery) increased by 11.3%. Both year on year increases are largely as a result of the easing of lockdown restrictions and allowing an increase in activities within income generation.

Expenditure on Charitable Activities is categorised between Hospice Care and Bereavement. There was a 5.6% increase in the level of charitable activities expenditure, driven by a greater level of activity post-lockdown.

There was positive movement in the total value of our investments held by CCLA with a net increase of 5% in our total fund(s) value. Of this increase, **£0.441m** is net gains. Whilst the largest elements of our investments are included in fixed asset investments, there is **£0.382m** held in our CCLA deposit fund which is classified as short-term investment within current assets.

Risk management

The Trustees examined the principal areas of the charity's operations and reviewed the major risks associated with each. The Trustees consider that the charity's systems are such that these risks are managed to an acceptable level. The risk management strategy forms part of the annual planning process against which the Trustees regularly review progress. The Trustees review the risk register twice a year. The Trustees seek to anticipate future risks by undertaking risk analysis as part of the long-term strategic planning programme

The table below summaries our key risks and control measures that are in place:

Risk	Management
<p>Failure to safeguard service users, staff and volunteers</p> <p>Due to the conduct of a member of staff or volunteer or organisational change</p>	<p>Robust safeguarding policy and procedure</p> <p>Governance structures and policies Safeguarding team</p> <p>Safeguarding framework</p> <p>Safeguarding steering group with representatives in different departments</p> <p>Board reporting and nominated board member</p> <p>Safe recruitment procedures</p> <p>Rolled out training to retail staff</p> <p>Posters in all shops and departments</p> <p>Reporting culture</p> <p>Mandatory training in safeguarding</p> <p>Risk assessments</p> <p>Freedom to Speak Up Guardians</p>
<p>Unable to deliver a 24/7 inpatient service</p> <p>Therefore not able to consistently deliver care and end of life care in the place that a family chooses</p>	<p>Outreach to support families</p> <p>Telephone support from the medical team and the care team</p> <p>Support from the Community and Family Support Team</p> <p>Recruitment Plan – FTC Clinical Recruiter Creative use of the HDH services (day cases, mid-week stays)</p> <p>Joint working with the acute trusts and other community services (statutory and third sector)</p> <p>Use of virtual multi-disciplinary meetings between teams to plan care efficiently</p> <p>Significant increase in our community and in-reach offer</p> <p>Ongoing gap analysis and capacity monitoring with partners via Thames Valley Paediatric Palliative Care Network</p> <p>Work towards formalising a managed clinical network</p> <p>Engagement with NHS South East of England Palliative and End of Life Care Strategic Clinical Network</p>

<p>Recruitment and retention of talent does not enable HDH to effectively deliver its strategy</p> <p>Could lead to lack of support for HDH at the expected level to meet stakeholder requirements</p>	<p>EDI Strategy and action plan completed</p> <p>Clinical Recruitment Specialist in post</p> <p>Positive action taken following last staff survey</p> <p>MHFAs and Freedom to Speak up Guardians in place</p> <p>Use of bank and agency staff</p> <p>Looking creatively at staffing and skill mix</p> <p>Pulling RN's from other areas of the organisation (surge action plan)</p> <p>Flexible working policy implemented</p> <p>Relaunched Staff Forum with more proactive messaging in advance of launching key initiatives</p> <p>HR Performance Dashboard in place and reviewed</p> <p>First People Day for Exec to discuss strategic people priorities</p> <p>Line Managers Community of Practice embedded to upskill Line Managers</p>
<p>Our voluntary income and retail income shows an immediate decline due to a reputational issue or a slow and sustained decline over time</p> <p>Potential for operational expenditure to exceed net income</p>	<p>Monthly monitoring of all income streams performance against budget & discussion regarding contingency plans</p> <p>A mix of income sources and products which are at different stages of the product life, this enables us to spread our risk</p> <p>Investing in sustainable income sources such as regular giving</p> <p>Extensive networks across the sector and regular contact with key fundraising consultants, the Institute of Fundraising and the Charity Retail Association</p>
<p>Electronic Communication Failure</p> <p>A breakdown of the organisation's electronic and telephonic communication systems</p>	<p>Emergency plans (Business Continuity)</p> <p>Emergency mobile phones for the care team</p> <p>Use of personal mobile phones</p> <p>Robust backup measures & processes</p> <p>Firewall</p> <p>End point security on all laptops and desktops</p> <p>Periodic penetration testing</p> <p>Periodic phishing tests</p> <p>Back Up generator</p> <p>ICT Support Contracts (Security/Licencing/Phone System)</p> <p>Investment in robust ICT infrastructure</p> <p>ICT Headcount Increased</p> <p>Out of Hours On-Call Support</p> <p>Regular 1:1, between Director of Finance and ICT and Head of ICT</p> <p>Clear ICT Processes and Communication methods</p> <p>Clear plans for safe administration of medicines if EPR fails</p> <p>Adhoc external, independent ICT review audit</p> <p>Formal business case sign off for new ICT projects and initiatives</p> <p>Targeted staff comms on best practice eg Passwords/Phishing etc</p>

Investment Policy

The charity invests in pooled funds managed by CCLA Investment Management Ltd. Investments are primarily held in equity funds. The portfolio is reviewed at least annually, with consideration given to the weighting of our total exposure in equities, bond-like investments and cash. Under the guidance of CCLA Investment Management Ltd, we make amendments according to the anticipated market conditions and the organisational needs identified in our review(s). The quarterly reports from CCLA's Social Responsibility Investigation Unit confirm to the Trustees that the CBF funds' managers adopt a rigorous approach to corporate social responsibility in line with the Trustees' instructions on ethical codes.

One element of the CCLA CBF fund long-term investment objective is to achieve an average annual return of inflation plus 5% on a portfolio of prudently and ethically invested financial assets. During 2021/22 our total portfolio return (net of fees and expenses) was **7.4%**. There were investment income payments totalling **£0.234m** and an overall net gain of **£0.441m**.

Reserves Policy & Going Concern

Reserves are held to enable us to continue to help beneficiaries and to secure the future of the charity. They provide investment income, cash resources for capital projects and a subsidy for years when income does not match expenditure.

Our policy is to have free reserves of at least six months' total operational costs of providing charitable activities including support costs. The value is based on the annual budget and is reviewed each year:

Summary of Free reserves 31 March 2022	£'000
Unrestricted Reserves at 31 March 2022	16,177
Less the value of fixed assets	3,697
Less amounts allocated or designated	1,998
'Free' reserves at 31 March 2022	10,482

As at March 2022, it cost **£318k*** per month to provide hospice care, family support and bereavement care. The 2022/23 six-month total operational costs budget is **£5.402m** so the March 2022 level of 'free' reserves represents c11 months' total operational costs**. Unrestricted reserves less fixed assets represent c14 months' total operational costs.

** - basis of calculation is annual total of 2021/22 Hospice and Bereavement expenditure including their share of support costs and depreciation.*

*** - the total operational costs budget includes hospice & bereavement, support services and income generation costs.*

The Charity has recently embarked on a new three-year strategy with the aim of increasing the scale and breadth of services that we offer, investing in systems & technology and building an engaged, diverse and collaborative team. This will require significant investment and over the timeframe of the strategy our reserves will be decremented to a level more aligned with our policy level.

The Charity has considered its future service costs in relation to projected income in the short to medium term future. Whilst there remains some uncertainty around certain income streams, there is a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future.

The Trustees believe that the Charity is well placed to manage its risks successfully. There are no material uncertainties about the group and Charity's ability to continue as a going concern.

Allocated/designated amounts

Helen & Douglas House makes several allocations from its unrestricted reserve. These cover:

- Unexpired lease commitments for retail shops
- Funds to cover overspends related to maternity leave or long-term absence
- Funds to cover redundancy, should the Charity become unviable in the future
- Shop dilapidations for units outside of the two-year provision calculation

Pay policy

The organisational pay policy sets out the principles that the Charity follows, for example, in setting pay, the following areas are taken into account:

- Equal pay for work of equal value
- Cost of living
- National Living Wage
- Pensions & Benefits
- Competitiveness
- Affordability/use of Donor Funds

It is reviewed annually by the people and remuneration committee.

Pay Scales and Rates

The Charity has moved away from NHS Agenda for Change to determine pay scales and rates, but is committed to remaining competitive against the NHS for Clinical staff

As of 31 March 2022, with the exception of the CEO, Retail and Doctors, all employees are paid on a rankings scale, their position on which is determined by their job role. Retail staff are on a separate pay scale.

The CEO salary is approved by the Chair of Trustees and Doctors' sessional rates are determined by the Department of Health.

The minimum hourly rate paid in 2021/22 was **£8.91**, this is in line with the National Living Wage.

Pension Schemes

The Charity offers two pension schemes.

NHS Pension

Employees who join, having paid into an NHS pension in the previous 12 months, are entitled to re-join the NHS Scheme.

Employer's Pension

Employees are able to join one of two schemes.

There is a higher contribution rate scheme that has been in operation for some time. This requires the employee to contribute 6% and the Charity 7%. If the employee chooses not to join this scheme and meets the requirements, they will be automatically enrolled into a scheme offering the minimum level of contributions (2021/22: 5% for employee & 3% for employer). Staff must choose to opt out of the auto-enrolment scheme if they do not wish to join.

Administrative details

The Trustees, who are also directors of the charity for the purposes of the Companies Act, submit their annual report and the audited financial statements for the year ended 31 March 2022. The annual report and financial statements comply with the Charities Act 2011, the Companies Act 2006, Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102), the charity's memorandum and articles of association and the requirements of a directors' report as required under company law.

The table below is a list of all trustees covering the relevant reporting period and the Assurance Committee they sit on.

	Clinical Governance	Organisational Audit and Health & Safety	Finance and Income Generation	People and Remuneration	Trading Company
Trustees:					
Tanya Baldwin				✓	
Lord Blair of Boughton					
Katherine Boyce	✓	✓			
Sir Stephen Bubb (Resigned April 2022)					
Dr Ann Goldman	✓				
David Gye			✓	✓	
Colin Love (Resigned May 2021)					
Peter Marland					
Sister Jean Raphael		✓			
Annewen Rowe		✓			
Simeon Tinant					
Martin Wildsmith			✓		✓
Ian Watson				✓	
Professor Andrew Wilkinson	✓				
Catherine Worswick (Resigned Jan 2022)					
Gina Gill (Appointed July 2022)					

Key management personnel:	
Chief Executive Officer & Trading Company Director	Clare Periton
Director of Clinical Services	Andrea Lambert
Director of Support Services	Ashley Roper
Director of Income Generation	Hazel Bedford
Director of Finance and ICT	Mark Stowe
Medical Director	Dr Emily Harrop
Company Secretary & Trading Company Director	Mike Cooper

Solicitors:
Freeths LLP, Spires House, 5700 Oxford Business Park South, Oxford OX4 2RW
Pennington Manches, 9400 Oxford Business Park, Garsington, Oxford, OX4 2HN

Independent auditor:
Sayer Vincent LLP, Invicta House, 108-114 Golden Lane, London, EC1Y 0TL

Banks:
National Westminster Bank plc, 32 Cornmarket Street, Oxford, OX1 3HA
Barclays Bank plc, 54 Cornmarket Street, Oxford, OX1 3HB

Investment managers:
CCLA, Senator House, 85 Queen Victoria Street, London, EC4V 4ET

The charity and public benefit

Helen & Douglas House accepts patients based on an objective assessment of need against defined criteria, and in line with principles adopted nationally for children and young people with palliative care needs (ref. Together for Short Lives). We operate a principle of equality of access to care, according to assessed need, and offer services to any member of the public within those criteria without discrimination (subject to operating capacity).

We provide care free of charge to our beneficiaries. We are only able to do this through the generosity of public donations and through our continual pursuit of a fair funding contribution from statutory sources. For every £1 received of statutory money, the charity itself generates a further **£3.87** of income from voluntary donations, representing significant return on investment for the state.

The trustees have had regard to the Charity Commission's guidance on public benefit in carrying out the charity's objectives and are satisfied that any eligible child or young person, and their family members/ carers can benefit from the charity's services.

Organisation structure, governance and management

Helen House and Douglas House were each originally established under the aegis of the Society of All Saints Sisters of the Poor (ASSP), a registered charity and Anglican religious community for women, whose Mother House is in Oxford. The two hospices are built within the grounds of the Society's Convent. On 14 October 2016, a Special Resolution was adopted by the Trustees of the ASSP which gave Helen & Douglas House independence from their organisation structure.

The Chief Executive is responsible for organising an induction programme for new trustees and on-going training for all trustees. Each trustee receives a trustee induction file on appointment. This and on-going training are based on material provided by Hospice UK, the umbrella body of the hospice movement in the United Kingdom, and the Charity Commission.

Whilst the trustees have, and accept, ultimate responsibility for directing the charity's affairs they have delegated authority for day-to-day operational decisions to the chief executive, who reports to them at the quarterly meetings of the board.

Helen & Douglas House (Trading) Limited, a wholly owned subsidiary of Helen & Douglas House, was established to generate funds for the charity from the sale mostly of donated goods, with a small element of new goods in the sales-mix. In April 2006, a decision was taken to directly account for the sale of donated goods through the charity rather than channelling them through the trading company. The sale of new goods continues to be accounted for through Helen & Douglas House (Trading) Limited. The results of the subsidiary company have been incorporated into these financial statements. The profit for the trading subsidiary was **£12k (2021: £11k loss)** and the negative reserve position has been eliminated.

Trustee board members

A sister of All Saints Sisters of the Poor is a Trustee of Helen & Douglas House. The remaining trustees do not have a beneficial interest.

Trustees' responsibilities

The trustees (who are also directors of Helen & Douglas House for the purposes of company law) are responsible for preparing the trustee's annual report, including the strategic report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practices).

Company and charity law require 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 group and of its incoming resources and application of resources, including the income and expenditure, of the group 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 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 charitable company will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose 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. They are also responsible for safeguarding the assets of the charitable company and group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees confirm that so far as they are aware, there is no relevant audit information of which the charity's auditors are unaware. They have taken all the steps that they ought to have taken as trustees in order to make they are aware of any relevant audit information and to establish that the charity's auditors are 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.

The trustees' annual report which includes the strategic report has been approved by the trustees on 25 July 2022 and signed on their behalf by



Ian Blair
Chair of Trustees
Date: 25 July 2022

Independent auditor's report to the members of Helen & Douglas House

Opinion

We have audited the financial statements of Helen & Douglas House (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2022 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2022 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

Basis for opinion

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

Conclusions relating to going concern

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

Capability of the audit in detecting irregularities

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

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

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

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

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state 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.

Fleur Holden (Senior statutory auditor)
14 December 2022

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL
Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Financial statements

Consolidated statement of financial activities for the year ended 31 March 2022 Incorporating an income and expenditure account

	NOTE	Restricted funds £000	Unrestricted funds £000	Total funds 2021/22 £000	Total funds 2020/21 £000
Income from:					
Donations & legacies	2a	151	4,548	4,699	5,002
Charitable activities	2b	969	0	969	2,243
Other trading activities	2c	0	3,847	3,847	1,323
Investments	2d	0	234	234	235
Other	2e	0	208	208	619
Total		1,120	8,837	9,957	9,422
Expenditure on:					
Raising funds: Donations & legacies	3	2	1,828	1,830	1,670
Raising funds: Trading activities		0	3,390	3,390	3,045
Charitable activities: Hospice care		1,077	2,236	3,313	3,201
Charitable activities: Bereavement		204	300	504	414
Total		1,283	7,754	9,037	8,330
Net income before net gains on investments		(163)	1,083	920	1,092
Net gains on investments	6	0	441	441	1,493
Transfer between funds		(32)	32	0	0
Net movement in funds		(195)	1,556	1,361	2,585
Reconciliation of funds:					
Total funds brought forward	17	481	14,621	15,102	12,517
Total funds carried forward		286	16,177	16,463	15,102

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 15 and the comparative prior year SOFA is disclosed in Note 17.

Balance sheets as at 31 March 2022

		Group		Charity	
	NOTE	2021/22 £000	2020/21 £000	2021/22 £000	2020/21 £000
Fixed assets					
– tangible fixed assets	5				
Buildings		3,403	3,672	3,403	3,672
Fixture, fittings & equipment		181	192	181	192
IT Costs		113	85	113	85
		3,697	3,949	3,697	3,949
Fixed assets – investments					
Investments	6	9,866	7,148	9,866	7,148
Current assets					
Stock		1	0	0	0
Debtors	8	1,007	745	1,007	744
Short term investments	9	382	2,504	382	2,504
Cash & bank		2,055	1,296	2,054	1,295
		3,445	4,545	3,443	4,543
Current liabilities					
Creditors <i>(falling due in less than one year)</i>	10	(545)	(540)	(544)	(545)
Net current assets		2,900	4,005	2,899	3,998
Net assets		16,463	15,102	16,462	15,095
Accumulated funds					
Unrestricted – Designated	15a	1,998	2,352	1,998	2,352
Unrestricted – General	15a	14,179	12,269	14,178	12,262
Restricted	15a	286	481	286	481
		16,463	15,102	16,462	15,095

Company Number: 4120488

These financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:



Ian Blair
Chair of Trustees
25 July 2022

Statement of cash flows for the year ended 31 March 2022

	2021/22 £000	2020/21 £000
Net cash flow from		
Cash flows from operating activities:		
Net income for the reporting period	1,361	2,585
Adjustments for:		
Depreciation charges	444	398
Net gains on investments	(441)	(1,493)
Dividends, interest and rent from investments	(234)	(235)
Investment donation (shares)	(155)	0
Loss / (profit) on disposal of fixed assets	(2)	0
(Increase) / Decrease in stock	(1)	3
Increase in creditors	5	51
(Increase) / Decrease in debtors	(262)	462
Net cash provided by operating activities	715	1,772
Cash flows from investing activities:		
Dividends, interest and rents from investments	234	235
Proceeds from the sale of fixed assets	2	0
Purchase of fixed assets	(192)	(156)
Purchase of investments	0	(1,000)
Net cash provided by / (used in) investing activities	44	(921)
Increase in cash balance	759	851
Movement in cash balances		
Start of year	1,296	445
End of year	2,055	1,296
Change	759	851

Accounting Policies

Statutory information

Helen & Douglas House is a company limited by guarantee and is incorporated in England, registered in England and Wales (No. 4120488).

It is a registered charity in England and Wales (No. 1085951).

The registered office address and principal place of business is **14a Magdalen Road, Oxford OX4 1RW**.

The following accounting policies have been used consistently with items considered material in relation to the group accounts.

Basis of preparation

The accounts 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 & the Republic of Ireland (FRS 102) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK & the Republic of Ireland (FRS 102) and the Companies Act.

The consolidated financial statements comprise the accounts of Helen & Douglas House and its trading subsidiary, Helen & Douglas House (Trading) Limited, made up to 31 March 2022. The trading results of the subsidiary are shown in note 7. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet.

A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act.

Public benefit entity

Helen & Douglas House meets the definition of a public benefit entity under FRS 102.

Going concern basis

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

The charity has investment and bank balances of some £12.3m (2021: £10.9m) which the trustees consider adequate to meet future operational commitments.

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.

Investment in subsidiaries

The investment in subsidiaries is at cost.

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.
- Income received in advance of the provision of a specific service is deferred until the criteria for income recognition are met.
- Cash donations are credited to the Statement of Financial Activities as received. Where assets have been donated a cash equivalent value is included. Donated assets with a value of less than £5,000 are not included in the accounts because it would not be economical to establish a fair value.
- Legacies are recognised when the charity has been notified that it is a beneficiary, the amount is determinable, or money is received.
- 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.
- Investment income is accounted for on an accruals basis.
- 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.
- Income raised through the shops is recognised on a receipts basis.
- Tax recoverable on amounts received by way of Gift Aid is included in the accounts on an accruals basis. Retail Gift Aid is included on an accruals basis.

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:

Charitable activities (Hospice Care)	The direct cost of running Helen House and Douglas House, Clinical management, Medical Team and direct support services of Catering, Domestic and Facilities teams.
Charitable activities (Bereavement)	The cost of the operation of the community and family support services team which includes bereavement.
Costs of raising funds	The cost incurred to receive voluntary contributions as well as the cost of activities with a fundraising purpose.
Trading activities	The cost related to running our network of shops and our Lottery operation.

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

Allocation of support services

Expended resources are allocated to the particular activity where the cost relates directly to the activity. The cost of overall management and administration of each activity, comprising salary and overhead costs of central functions, is apportioned on the following basis:

Support Area	Basis of apportionment to the four main cost areas
Finance	Based on the combined value of income and expenditure
CEO Office	Apportionment based on the % time allocated by individual employees
Governance	Apportionment based on the total cost in each area
ICT	Apportionment based on the % time allocated by individual employees
People, Volunteering & Resources	A combination of allocation methods used based on an individual employee role, including recruitment numbers, number of employees and number of volunteers
Brand and Marketing**	Apportionment based on the % time allocated by individual employees

*** 2021/22 is the first year that Brand and Marketing have been allocated across activity. In previous years the costs were included fully within 'Raising Funds : Donations & Legacies'*

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.

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 discount due.

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.

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.

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. Funds restricted for the purchase of fixed assets are transferred to unrestricted funds once the asset has been acquired.

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.

Stock

Stock is valued at the lower of cost and net realisable value. The stock of donated goods is not valued.

Tangible fixed assets

Items of expenditure are capitalised where the purchase price exceeds £1,000.

Depreciation charges are allocated to activities on the basis of the use of the related assets in those activities.

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

Buildings	2.5%
Building Improvements	10.0%
Fixtures & fittings	15.0%
Computer equipment	33.3%
Motor vehicles	25.0%

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.

Listed investments

Investments are a basic form of financial instrument and are initially recognised as their transaction value and subsequently measured at their fair value as at the balance sheet date, using the closing quoted market value. Any change in the fair value will be recognised in the Statement of Financial Activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains on investments" in the Statement of Financial Activities.

The charity does not acquire complex financial instruments.

Investment properties

Investment properties are measured initially at cost and subsequently included in the balance sheet at fair value. Investment properties are not depreciated. Any change in the fair value is recognised in the Statement of Financial Activities. The valuation method used to determine fair value will be stated in the note to the accounts.

Taxation

No corporation tax is payable due to the charitable status of the parent company. Taxable profits are generated by the Trading subsidiary and are transferred as a gift to the parent company.

Pension costs

The Charity operates its own defined contribution scheme, currently provided by Scottish Widows. In addition, some employees are entitled to be members of the NHS pension scheme. For the Charity to allow the employee to continue with membership of the NHS Pension Scheme they must have paid into it in the 12 months prior to joining the Charity.

The NHS Pension Scheme is an unfunded, defined benefit scheme for NHS employers, GP Practices and other bodies allowed under the direction of the Secretary of State.

The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Charity of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Operating leases

Rentals applicable to operating leases are charged on a straight-line basis over the period of the lease.

Notes to the financial statements for the year ended 31 March 2022

2	Income	2021/22 £000	2020/21 £000
2a	Donations	3,222	2,772
	Legacies**	1,382	1,187
	Coronavirus Job Retention Scheme	0	726
	Retail Support Grants	95	317
		4,699	5,002
** - At 31 March 2022 there was c£624k in the legacy pipeline (at 31 March 2021 c£980k)			
2b	Charitable activities		
	NHS England Children's Hospice Grant (see Note 15a)	472	458
	NHS and Local Authority contributions to cost of care	312	217
	Government Funding (Hospice UK) (see Note 15a)	185	1,568
		969	2,243
2c	Trading activities		
	Sales of donated and bought in goods	3,163	831
	Gift Aid on sales of donated goods	265	72
	Web sales	73	58
	Lottery income	311	318
	Other	35	44
		3,847	1,323
2d	Investments		
	Rent income	0	10
	Fund and Dividend income	234	225
		234	235
2e	Other income		
	Profit on sale of Warehouse	2	17
	Other (Including Business Continuity Insurance Claim relating to the first lockdown of Covid-19)	206	603
		208	619
	Total income	9,957	9,422

3 Expenditure – Current Year	Hospice Care	Bereavement	Fundraising	Trading	2021/22
	£000	£000	£000	£000	£000
Pay costs	2,091	411	815	1,491	4,808
Non-pay costs	335	6	550	1,350	2,241
Central support costs (see below)	540	87	465	452	1,544
Depreciation	347	0	0	97	444
	3,313	504	1,830	3,390	9,037
Central Support Costs:	£000	£000	£000	£000	£000
Finance	35	6	86	95	222
CEO Office	121	0	40	40	201
Governance	6	1	3	8	18
IT	22	11	164	22	219
People & Resourcing Team	238	35	54	220	547
Brand & Marketing*	118	34	118	67	337
	540	87	465	452	1,544

* For the purpose of the 2021/22 accounts Brand & Marketing has been included within Central Support Costs. In prior year accounts Brand & Marketing was included with Fundraising.

3 Expenditure – Prior Year	Hospice Care	Bereavement	Fundraising	Trading	2020/21
	£000	£000	£000	£000	£000
Pay costs	2,072	362	945	1,548	4,927
Non-pay costs	316	7	489	1,091	1,903
Central support costs (see below)	478	45	236	343	1,102
Depreciation	335	0	0	63	398
	3,201	414	1,670	3,045	8,330
Central Support Costs:	£000	£000	£000	£000	£000
Finance	35	4	79	79	197
CEO Office	160	0	34	34	228
Governance	5	1	3	5	14
IT	68	19	67	39	193
People & Resourcing Team	210	21	53	186	470
	478	45	236	343	1,102

3 Net income / (expenditure) for the year is stated after charging:

	2021/22 £000	2020/21 £000
Auditor's remuneration (excluding VAT):		
Audit of these financial statements	17	16
Audit of financial statements of subsidiary	1	1
Other Services	0	1
Operating lease rentals – Property	809	798
Operating lease rentals – Other	5	16

4 Salaries and employees

The number of permanent employees and (Full Time Equivalent status) as at 31 March 2022 & 31 March 2021, by function was:

	2021/22		2020/21	
	Head Count	FTE	Head Count	FTE
Nursing, medical and care	51	(44.31)	49	(39.05)
Fundraising	20	(18.23)	23	(21.38)
Management & administration	26	(24.96)	21	(20.05)
Retail	60	(52.41)	61	(50.57)
Estates, domestic and catering	11	(9.73)	10	(9.12)
	168	(149.64)	164	(140.18)

The organisation employed people on bank contracts (zero hours). In 2020/21 there were 70 **individuals** who worked zero hours contracts totalling the equivalent of **6.85 FTE** (2020/21: 59 individuals, 3.49 FTE). Bank FTE are **not** included in the table above.

Staff salary costs:

	£000	£000
Salaries***	4,981	4,877
National Insurance Contributions	464	440
Pension Contributions	360	343
*** - Includes actual & accrued redundancy costs	5,805	5,660
Agency, advertising and other employee costs	115	93
	5,920	5,752

Employee emoluments:*

	2021/22	2020/21
£90,000 - £99,999	2	1
£80,000 - £89,999	0	1
£70,000 - £79,999	2	1
£60,000 - £69,999	3	2

* - Excludes Employer NI and Pension

Key management personnel (as defined in the Trustees' Annual Report) total remuneration was **£582,185** (2020/21: **£518,458**)**

** - Includes Employer NI and Pension

Termination payments***

In **2021/22** the Charity had 5 (2020/21:1) termination payments that amounted to £12,913 (2020/21: £4,374)

*** - any redundancy costs are **included** within the termination payments total.

4 Salaries and employees (continued)

Pension costs

Total pension contributions charged to the statement of financial activity, by scheme

	2021/22 £000	2020/21 £000
Charity defined contribution scheme	202	203
NHS pension scheme	158	140
Total	360	343

Volunteers

The number of individuals who volunteered for the group is set out in the table below:

	Number of volunteers		Number of hours volunteered		Economic value of the hours (£)	
	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21
Care	83	101	4,017	763	35,791	6,653
Fundraising	0	0	0	0	0	0
Retail	304	355	255	0	2,272	0
Other	17	14	314	0	2,798	0
Total	404	470	4,586	763	40,861	6,653

5 Fixed Assets

	Land & Buildings	Building Improve-ments	Fixtures, fittings & equipment	IT Cost	Motor vehicles	Total
	£000	£000	£000	£000	£000	£000
Cost						
At 1 April 2021	6,206	1,353	1,734	385	25	9,703
Additions	0	0	67	125	0	192
Disposals	0	0	0	0	(15)	(15)
At 31 March 2022	6,206	1,353	1,801	510	10	9,880
Depreciation						
At 1 April 2021	(2,943)	(944)	(1,542)	(300)	(25)	(5,754)
Charged in year	(158)	(111)	(78)	(97)	0	(444)
Eliminated on disposal	0	0	0	0	15	15
At 31 March 2022	(3,101)	(1,055)	(1,620)	(397)	(10)	(6,183)
Net book value						
At 31 March 2022	3,105	298	181	113	0	3,697
At 1 April 2021	3,263	409	192	85	0	3,949

Douglas House property assets continue to be recognised in the financial statements as the expectation is the assets will continue to deliver benefits to the Charity.

As at 31st March 2022 the Charity agreed to sublease Douglas House to Oxford University Hospitals NHS Foundation Trust. The operating lease annual rent is £51,000 per annum, with the initial contractual term ending 26th April 2023.

All assets are used for charitable purposes.

6 Investments

	2021/22 £000	2020/21 £000
CCLA – Investment Fund	9,477	6,887
Other listed investments (Bonds and Shares)	389	261
Total Fixed Asset Investments	9,866	7,148
CCLA – Deposit Fund	382	2,504
Total Current Asset Investments	382	2,504
	10,248	9,652
Market value at 1 April 2021	9,652	7,509
CCLA – Investment Fund Purchases	2,122	-
CCLA – Deposit Fund Investment	(2,122)	1,000
Donation of shares	155	-
Transfer of Investment Property	0	(350)
Net gain on revaluation	441	1,493
Market value at 31 March 2022	10,248	9,652

7 Subsidiary Undertaking

The charity owns the whole of the issued ordinary shares of Helen & Douglas House (Trading) Limited, a company incorporated in England (Co. Number : 05090748). The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under gift aid to the charitable company. Clare Periton, of the charitable company, Michael Cooper, and Martin Wildsmith, are directors of Helen & Douglas House (Trading) Limited.

A summary of the company's results are as follows:

	2021/22 £000	2020/21 £000
Turnover	61	27
Cost of sales	(38)	(25)
Gross profit	23	2
Administrative expenses	(11)	(13)
Profit on ordinary activities before taxation	12	(11)
Taxation on profit on ordinary activities	0	0
Profit for the financial year	12	(11)
Retained earnings brought forward	(3)	8
Profit for the financial year	12	(11)
Profits distributed to parent under gift aid	(1)	0
Retained earnings carried forward	8	(3)

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. All movements in equity are included within the statement above.

Parent charity

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

	2021/22 £000	2020/21 £000
Gross income	9,957	9,422
Result for the year	1,361	2,585

Group		Charity	
	2021/22 £000	2020/21 £000	2021/22 £000
8 Debtors			
Trade debtors	54	107	54
Investment income receivable	22	12	22
Accrued income	279	218	279
Accrued legacy income	220	25	220
Prepayments	312	307	312
VAT recoverable	80	59	80
Other debtors	40	17	40
	1,007	745	1,007

Group		Charity	
	2021/22 £000	2020/21 £000	2021/22 £000
9 Current asset investments			
CBF Deposit Fund	382	2,504	382
	382	2,504	382

Group		Charity	
	2021/22 £000	2020/21 £000	2021/22 £000
10 Creditors			
Trade creditors	195	99	195
Social security and other taxes	146	110	146
Other creditors	94	161	94
Accruals and deferred income	110	170	109
	545	540	544

- 11 **Trustee remuneration**
No trustees (2021/22: None) received remuneration for their office. No trustees were reimbursed for expenses (2020/21: None) for representing the charity.

- 12 **Leasing commitments**
At the end of the year the Charity & Group had total commitments under **non-cancellable leases** as follows:

	Property		Other	
	2021/22 £000	2020/21 £000	2021/22 £000	2020/21 £000
Less than one year	620	730	7	8
Between one and five years	804	1,030	3	11
More than five years	0	10	0	0
	1,424	1,770	10	19

13 **Related party transactions**

Helen & Douglas House paid rent of £46,747 (2020/21 £46,747) to The Society of All Saints, Sisters of the Poor. In addition there is a contribution of £5,400 (2020/21 £5,400) to the maintenance of the communal garden. The trustees of The Society of All Saints were members of Helen & Douglas House until October 2016, however one Trustee is now common to both Boards.

14 Analysis of group net assets between funds

	2021/22 £000	2020/21 £000
General charitable funds	14,179	12,269
Designated funds	1,998	2,352
Restricted Funds	286	481
	16,463	15,102

The funds are represented by:

	Restricted £000	Designated £000	Unrestricted £000	2021/22 £000
Fixed assets	0	0	3,697	3,697
Investments	0	1,998	7,868	9,866
Current assets	286	0	3,159	3,445
Current liabilities	0	0	(545)	(545)
	286	1,998	14,179	16,463

	Restricted £000	Designated £000	Unrestricted £000	2019/20 £000
Fixed assets	0	0	3,949	3,949
Investments	0	2,352	4,796	7,148
Current assets	481	0	4,064	4,545
Current liabilities	0	0	(540)	(540)
	481	2,352	12,269	15,102

15a **Movements in funds (Current Year)**

	Balance 01/04/2021	Income & Gains	Expenditure & Losses	Transfers between funds	Balance 31/03/2022
	£000	£000	£000	£000	£000
Restricted funds					
Charitable Activities					
NHS England Children's Hospice Grant	0	472	(472)	0	0
NHS and Local Authority contributions to cost of care	0	312	(312)	0	0
Government Funding (via Hospice UK)	0	185	(185)	0	0
	0	969	(969)	0	0
Donations and Legacies					
Enablement	38	0	(37)	0	1
HH play	74	1	(39)	0	36
HH music	1	0	0	0	1
HH art	2	0	0	0	2
HH in-patient	25	9	(24)	0	10
Outreach work	109	61	(106)	0	64
Thames Valley Health Education	29	0	0	0	29
Clinical training	33	0	(9)	0	24
Clinical equipment	121	40	(18)	(25)	118
Volunteering	1	0	(1)	0	0
Care and Family Support Services	10	29	(39)	0	0
Projects	38	11	(41)	(7)	1
	481	151	(314)	(32)	286
	481	1,120	(1,283)	(32)	286
Unrestricted funds					
Designated funds:	£000	£000	£000	£000	£000
Lease commitments	1,788	0	0	(354)	1,434
Redundancy fund	350	0	0	0	350
Shop fund	65	0	0	0	65
Maternity fund	149	0	0	0	149
Total designated funds	2,352	0	0	(354)	1,998
General funds	12,269	9,278	(7,754)	386	14,179
Total unrestricted funds	14,621	9,278	(7,754)	32	16,177
Total funds	15,102	10,398	(9,037)	0	16,463

15b **Movements in funds (Prior Year)**

	Balance 01/04/2020	Income & Gains	Expenditure & Losses	Transfers between funds	Balance 31/03/2021
Restricted funds	£000	£000	£000	£000	£000
Charitable Activities					
NHS England Children's Hospice Grant	0	458	(458)	0	0
NHS and Local Authority contributions to cost of care	0	217	(217)	0	0
Government Funding (via Hospice UK)	0	1,568	(1,568)	0	0
	0	2,243	(2,243)	0	0
Donations and Legacies					
Enablement	0	38	0	0	38
HH play	103	2	(31)	0	74
HH music	1	0	0	0	1
HH art	2	0	0	0	2
HH in-patient	18	7	0	0	25
Outreach work	69	134	(94)	0	109
Thames Valley Health Education	29	0	0	0	29
Clinical training	36	0	(3)	0	33
Clinical equipment	85	40	(4)	0	121
Volunteering	1	0	0	0	1
Care and Family Support Services	0	10	0	0	10
Projects	19	110	(39)	(52)	38
	363	341	(171)	(52)	481
	363	2,584	(2,414)	(52)	481
Unrestricted funds					
<i>Designated funds:</i>	£000	£000	£000	£000	£000
Lease commitments	2,405	0	0	(617)	1,788
Redundancy fund	350	0	0	0	350
Shop fund	160	0	0	(95)	65
Maternity fund	149	0	0	0	149
Total designated funds	3,064	0	0	(712)	2,352
General funds	9,090	8,332	(5,917)	764	12,269
Total unrestricted funds	12,154	8,332	(5,917)	52	14,621
Total funds	12,517	10,916	(8,331)	0	15,102

Purposes of Restricted Funds

NHS England Children's Hospice Grant

The annual grant contribution funded by NHS England has been restricted to our provision of children's hospice care during the financial year, and fully used for that purpose.

NHS Clinical Commissioning Groups and Local Authorities

Funding contributions from a Clinical Commissioning Group (CCG) or Local Authority may be attributed to the care of a specific patient or may be in respect of all care provided to patients registered with a GP in a particular CCG. In 2021/22 we had NHS contract and grant agreements with the following CCGs:

	2021/22	2020/21
NHS Buckinghamshire CCG	£67,800	£31,200
NHS Milton Keynes CCG	£21,897	£26,708
NHS Nene CCG	-	£1,568
NHS Northamptonshire	£21,000	£21,000
NHS Oxfordshire CCG	£100,000	£100,000
NHS Swindon CCG	£14,526	£15,000
NHS Wiltshire CCG	£23,176	£23,130

All the funds received from public sector sources were fully used in the financial year for the purposes intended. During 2021/22 further one-off Government funding payments were received totalling **£0.185m** to ensure the availability of bed capacity should it be needed. We also received NHS funding to support our 24/7 helpline offer, the total funding was **£63k**.



▲ Leon with nurse Jade and chicken Thelma during Farmer Gow's animal visit

Enablement

To fund staff and project work related to patient enablement activities.

HH Play

The income in this fund has been generated in order to invest into resources supporting play activities.

HH Music

The income in this fund has been generated in order to invest in music therapy and activities for patients.

HH Art

The income in this fund has been generated in order to invest in art activities for patients.

HH In-Patient

The income in this fund has been generated in order to invest into resources supporting in-house patient care

Outreach Work

The aim of this fund is to cover costs of Outreach Workers who provide assistance in the patient's home.

Thames Valley Health Education

A fund of money to help continued development of clinical supervision within the organisation.

Clinical Training

A restricted fund of money to help pay for internal training of Helen & Douglas House clinical employees.

Clinical Equipment

This fund is for the donations we receive that are required to be spent on purchases of large items of clinical equipment.

Volunteering

Staff Cost or project work supporting volunteering across the organisation.

Care and Family Support Services Project

The aim of this fund is to support families pre and post bereavement.

Projects

Funding received for specific projects pertaining to the development and enhancement of the building, gardens and facilities. There was a transfer of funds during the year due to the terms of the restricted donation being satisfied once the specified assets were acquired, thus allowing the charity to use the assets on an unrestricted basis for any charitable purpose.

Designated Funds

The details of designated funds purposes can be found in the financial review section of the annual report.

16 NHS pension scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation.

In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

17 **Comparative SOFA**

	Restricted funds £000	Unrestricted funds £000	Total funds 2020/21 £000
Income from:			
Donations & legacies	340	4,662	5,002
Charitable activities	2,243	0	2,243
Other trading activities	0	1,323	1,323
Investments	0	235	235
Other	0	619	619
Total	2,583	6,839	9,422
Expenditure on:			
Raising funds: Donations & legacies	0	1,670	1,670
Raising funds: trading activities	0	3,045	3,045
Charitable activities: Hospice care	2,319	882	3,201
Charitable activities: Bereavement	94	320	414
Total	2,413	5,917	8,330
Net income before net gains on investments	170	922	1,092
Net gains on investments	0	1,493	1,493
Net gains on investments	(52)	52	0
Net movement in funds	118	2,467	2,585
Reconciliation of funds:			
Total funds brought forward	363	12,154	12,517
Total funds carried forward	481	14,621	15,102



△ Jack and his family with a Chinchilla at our Christmas party



△ Max with nurse Jade enjoying sensory play



△ Rayyan, Zacky and Alisha at our summer party

Fundraise Volunteer

Registered with



FUNDRAISING
REGULATOR

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Helen & Douglas House
your local children's hospice