

# Annual Report

2024/2025



Helen & Douglas House

your local children's hospice

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# About Us

**Helen & Douglas House hospice improves the lives of terminally ill children and their families living in Oxfordshire and the surrounding counties.**

**We help children live their lives to the full – even when those lives are short.**

We support children and their families with life-enhancing care, either at our hospice in Oxford, at home or in hospital. This includes supportive stays, pain relief, symptom management, end-of-life care and bereavement support for parents and siblings.

Our care can help reduce the fear and pain families feel when facing an uncertain future. And, when life comes to an end, we're there to help them move forward after the loss of their child.

We need to raise £6 million a year to fund our work.

Inspected and rated

Outstanding 





## How we are funded

We need to raise \*£6 million to fund our work



Income from statutory sources is **11%**



Income from fundraising, legacies and trading is **86%**



● Direct care staff costs	<b>£3,596,000</b>
● Medical staff costs	<b>£502,000</b>
● Other direct costs	<b>£646,000</b>
● Support costs	<b>£950,000</b>
● Depreciation	<b>£370,000</b>

\*£6,064,000 was the cost of care for the year 2024/25

## Chair of Trustees & Chief Executive Joint Statement

We are delighted to report that the expansion of our services has meant we've been able to support more families and provide them with vital and life-enhancing care. Your continued support funds these achievements, and your generosity and commitment have enabled us to make significant progress in our mission.

We extend our thanks to each and every supporter for their donations. Every single one matters.

We write in our capacity as Chair of Trustees and Interim CEO following Jennie's appointment as Chair and CEO Jane Long's resignation in December 2024. David Gye, who served as Interim Chair last year, has returned to his role as Trustee and Treasurer. We operated with an interim CEO until we recruited a new CEO, David Whittingham who takes up his appointment in August 2025.

Our service depends on our fantastic volunteers and staff. Thank you to our volunteers, whose dedication and hard work have been truly inspiring. You have given your time and energy selflessly, and your efforts have made a profound impact on our local community.

Thank you also to all our staff. Your professionalism and passion have been outstanding. Wherever you work in the charity, your skills, enthusiasm and commitment have been crucial in caring for children and families. Thank you for everything you do, and for going above and beyond in your roles.

March 2025 marks the end of our most recent strategy, covering a three-year period from April 2022. This strategy was a fresh opportunity to move forward as an organisation after navigating through the pandemic. It aimed to enhance our service, and our driving ambitions were to ensure that children and their families receive exceptional palliative care, that we reach more children and families who need us, and that we offer a breadth of services beyond nursing and medical care. We've made significant progress across all our aims.



We recognise there are significant challenges within our sector. Economic pressures, regulatory changes and increasing demand for charitable services have tested many charities in the charity sector and continue to do so. Despite these hurdles, we're delighted to report that we've provided care to a greater number of children and families.

As an organisation that receives around 11% of its total income from statutory sources, we rely almost entirely on public support, so our financial health remains in sharp focus. In December 2024, we welcomed the UK Government's announcement that they would make a significant investment in hospice care, comprising £26 million NHS England funding for children's hospices in 2025/26 and a one-off capital grant covering both 2024/25 and 2025/26. While both are very welcome, on their own they're not enough to fund national demand for children's hospice services – so we remain indebted to our supporters, who fund the majority of our care.

In addition to Government funding, we extend our grateful thanks to Together for Short Lives and Hospice UK, who both do such an amazing job of supporting all children and adult hospices with influencing and policy change advocacy.

Looking ahead, we're excited to publish our new strategy in the summer of 2025. It will embrace the need for children and their families to receive seamless, integrated palliative care services in the settings in which they want to receive that care.

We'll also establish a leading role in advancing impactful research and education within the paediatric hospice sector, driving innovation and evidence-based practices to improve care for children and their families locally, nationally and internationally.

Finally, we aim to collaborate with partner organisations to transform the landscape of paediatric palliative and end-of-life care, setting new standards to meet the unique needs of children and families with compassion, innovation and excellence.

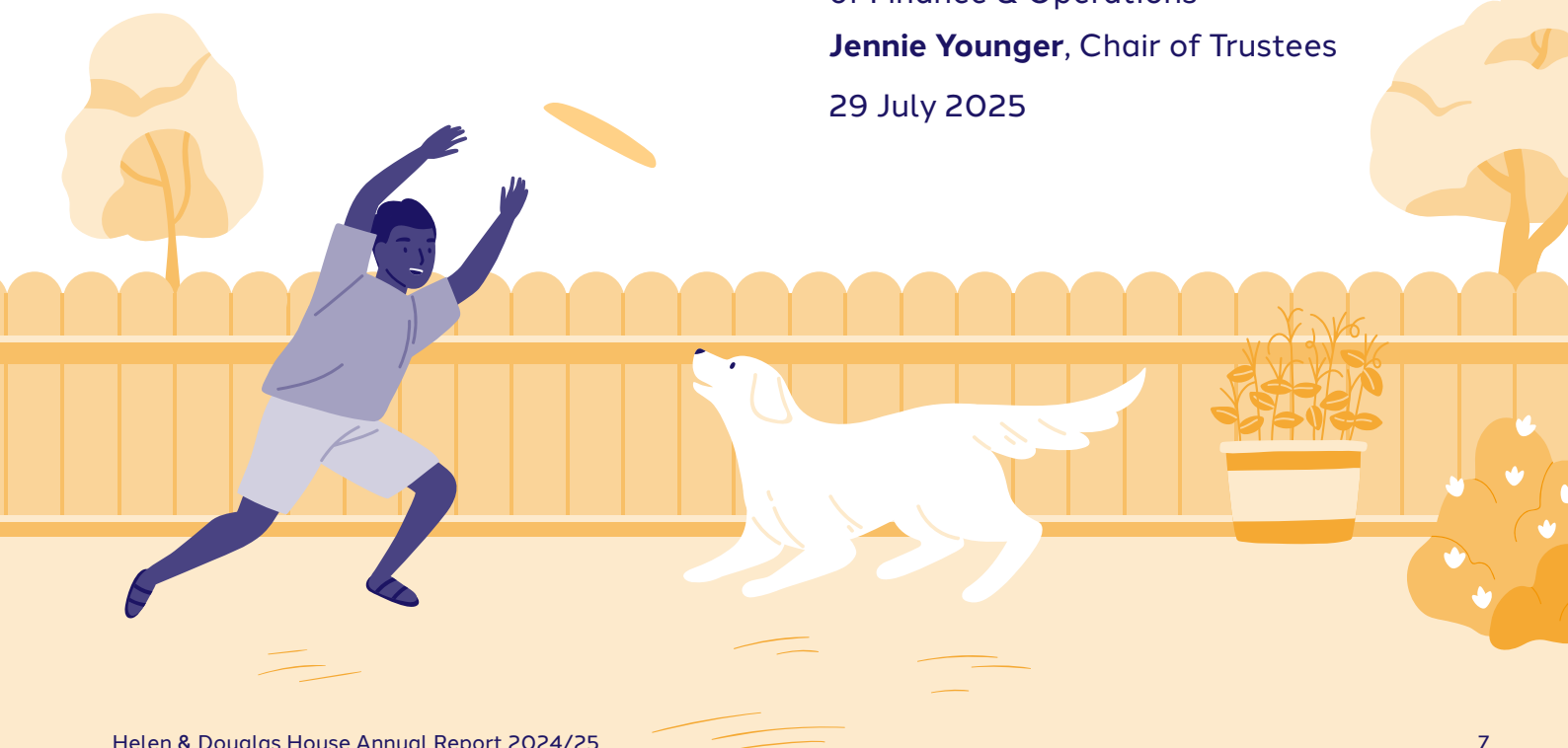
Thank you once again for your continued support. Your donations will fund vital care for local terminally ill children and their families, and the difference you make is immense.



**Mark Stowe**, Interim CEO and Director of Finance & Operations

**Jennie Younger**, Chair of Trustees

29 July 2025



# 2022-2025 Strategy Summary of Achievements

*Here's a summary of our achievements this year and some of the things we've learned for the future.*

March 2025 marks the end of our latest three-year strategy, which began in April 2022. This strategy was a fresh start for us after dealing with the pandemic. We aimed to increase the breadth of our services and create a meaningful impact within the children's hospice sector.

Our main goals were to make sure children and their families receive exceptional palliative care, to reach more families in need, and to offer a wider range of support complementary to our nursing and medical care.

## Strategic Aim 1: Service

**Reach more children and families and offer a wider range of care.**

### More bed nights and cases:

We provided a lot more bed nights, increasing our caseload by 10%, with four to five beds available six days a week.



**Outstanding CQC rating:** We were awarded an outstanding rating from the Care Quality Commission (CQC). ★★★★★

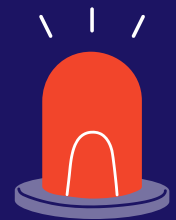
### Level 4 consultant:

We secured a contribution to funding for a second Level 4 paediatric palliative care consultant and successfully recruited one.



### Urgent symptom management:

We allocated bed resources more responsively for urgent symptom management and emergency care.



**Play team expansion:** We expanded our play team and increased our range of activities for children and families.

### Managed clinical network development:

We worked with the local Integrated Care Board (ICB) to develop a Managed Clinical Network, which is now being taken forward and hosted by the ICB.

### Music therapy:

We brought back music and music therapy in line with NICE guidance and in response to requests from families as well as staff.



**Chronic Pain Service collaboration:**

Taking advantage of the regional chronic pain and rehabilitation service for children and young people being our tenants at Douglas House, we've developed academic and clinical links between our teams.

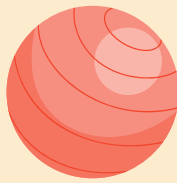
**Early patient identification:**

We worked with numerous teams including paediatric and neonatal intensive care units to identify patients earlier, as demonstrated by our increased referrals and caseload.



**Physiotherapy services:**

We recruited a physiotherapist and a physio-assistant to support medically vulnerable children.



**Perinatal Palliative Care Programme:**

We appointed a prescribing midwife practitioner to further develop our perinatal palliative care programme, ten years after we first began to accept antenatal referrals. She has already developed very active collaborations with other specialist providers nationally.



**Transition age gap support:**

We secured funding to support young adults in transition to adult services and developed partnerships with numerous adult providers.



**Ethics and paediatric intensive care teams:**

We supported offering home (as well as hospice) as a choice for end-of-life care for children leaving intensive care settings and our consultant team is represented on the Oxford University Hospital Trust clinical ethics advisory group.



**Sibling programmes:**

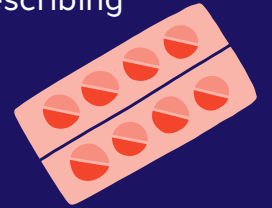
We created special programmes for siblings to help them cope, including therapy, activity days and peer connections.



**External relationships:** We built strong relationships with external partners and became more involved in influential forums.



**Non-medical prescribing:** We upskilled staff in non-medical prescribing and advanced history-taking, with plans for more colleagues to undertake these courses.



**Refurbishments:** We fully refurbished the Flexible Family Space and the Little Room, dedicated to caring for families after the death of their child.



## Strategic Aim 2: Efficiency and Impact

Be more efficient and invest in technology to free up more funds for care.

**Support services cost reduction:** We reduced support costs while increasing investment in clinical services.



### Family communication plan:

We created a plan for communicating with families about non-clinical matters, achieving high open rates.



**Successful retail year:** Retail had its best financial year in 2023/24, with new units, a new warehouse facility and expanded e-commerce offerings.



**Staff intranet launch:** We launched a new staff intranet called The Hive.

**Project Management Office (PMO):** We created the PMO and invested in risk and governance, while reducing overall support costs.



### Fundraising and marketing investment:

We invested in fundraising, legacy marketing, events and philanthropy, and expanded communications.



### Environmental impact:

We appointed energy consultants, conducted energy audits and developed a long-term sustainability strategy.



## Strategic Aim 3: Culture

Invest in people and build an engaged, diverse and collaborative culture.

**Volunteer strategy:** We created and implemented a comprehensive volunteering strategy, increasing the number of volunteers from 427 to over 600.

**Volunteer support:** We supported more families through home, gardening and tutoring volunteers.



**Speaking up:** We introduced a new whistleblowing platform to enable anonymised feedback alongside the existing Freedom to Speak Up Guardians. The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC's report "The Freedom to Speak Up" (2015).



**Volunteer engagement:**

We developed new volunteer charter guidelines and long service awards, and reintroduced hospice visits for retail volunteers.



**Improved staff benefits:** We introduced improved staff benefits, including extended compassionate leave, holiday entitlement buy and sell options, and life assurance.



**Equality, Diversity and Inclusion (EDI):** We achieved Level 1 Accreditation in Investors in Diversity, improved representation, and raised the profile of EDI internally.



**Line managers community of practice:** We launched a community of practice for line managers to share experiences and best practices.



**Leadership development:** We upskilled leaders and managers through coaching, training and improved performance measurement in annual reviews.



These achievements highlight the significant progress we've made in service development, efficiency, impact and organisational culture over the three-year strategy period.

We also learned several lessons during this period, including the need for a longer strategic lifecycle, the importance of aligning strategic ambition with resources, and the need for clear strategic performance indicators. The need for more focus on staff engagement, and for strong governance and review processes, was also emphasised, and we'll take these learnings forward over the next five years.



# Fundraising Report

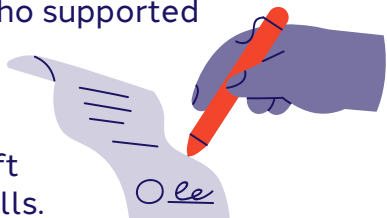
*“Helen & Douglas House was a safe haven for us when our son was dying. It allowed us to be parents again and it was so good to be out of the stressful hospital environment.”*

Parent of a child using our service



**We're delighted to report that we beat our fundraising income targets again this year, exceeding budget by £140,000 for gross income and £264,000 for net contribution. We've achieved this against the backdrop of a 2025 sector-wide report that revealed that although the public donated £15.4 billion in 2024 to charities and good causes, the need to provide services is greater, with fewer people giving year on year.<sup>1</sup>**

With most of our funding coming from members of the public, we're indebted to them for continuing to support us even through tough economic times. We want to thank each of the 13,291 people who donated from April 2024 to end of March 2025, ranging from those who attended our events, participated in challenges, and gave monthly, to philanthropists who supported us with Trust, individual or corporate gifts, and those who left us gifts in their wills.



### Creative fundraising

As ever, we've loved hearing from those who've supported us in their own enthusiastic ways, from running marathons and climbing Snowdon in the dark to baking cakes and organising jail breaks. We also ran a number of events of our own, including our Bubble Rush – attended by 1,948 people and raising £57,416 – and our Christ Church Christmas Concert, where 561 people enjoyed festive favourites and a performance from a Capella group Out of the Blue and readings from Raymond Blanc, raising £18,924.

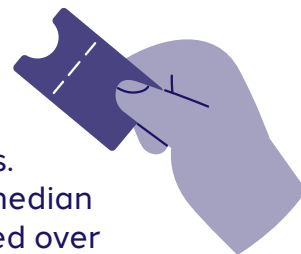


We were delighted to be able to thank donors personally at our recent Thanking Event at Oxford's Natural History Museum. Simply put, we couldn't support children and families or plan for future challenges without their help.

Thank you!



Our popular Comedy Night made a welcome return in February for the first time in 10 years. Kindly organised by comedian Matt Richardson, it raised over £50,000, with 1,722 people spending the evening laughing. On 5 April, we hosted Butterfly Bimble's memory walk at Harcourt Arboretum, and we'd like to thank everyone who bought the ceramic roses displayed in the Garden of Memories installation.



<sup>1</sup> Charities Aid Foundation UK Giving Report for 2025



## Valued partnerships, national campaigns

Partnerships are pivotal to our work, so we were pleased to launch a two-year collaboration with the Mercedes-AMG Petronas Formula 1 team in February. Their Brackley-based staff aim to raise £100,000 for us by the end of 2026. What's more, the commitment of Trusts and Foundations continues to be excellent, with the Pepper Foundation renewing its support and pledging a three-year partnership with us to fund two new Clinical Nurse Specialist roles as part of the Outreach Nursing Team, covering Buckinghamshire.

\*With £1 in every £5 spent coming from legacy giving, we've also been keenly involved in the first National Hospice UK Legacy campaign, encouraging people to leave a gift to their local hospice in their will. Local radio and press coverage generated 160 enquiries, and we aim to build on this momentum this autumn. This support often funds our core day to day work – adding to the vital funds we raise through regular gifts, lottery giving and direct mail campaigns.



\* £1.00 of every £5.00 spent on hospice care is an average based on income and care costs over five years 2020/21 to 2024/25

## What's next?

**Our new strategy will be the focus going into the 2025/26 financial year, and we'll be aiming to build on our success through greater collaboration, insight and data analysis. To achieve this, we are:**



**Developing our case for support**, outlining our ambition for the charity and key areas of development, improved donor journeys, stewardship processes and impact reporting.



**Investing in a new Customer Relationship Management system (CRM) and ways of working**, to understand and then strengthen our brand awareness and presence in the areas we serve.



**Exploring how our research and education work** can influence paediatric palliative care and support our fundraising.



**Strengthening key areas of work**, such as our legacy fundraising, lottery provision and work with major donors.



# Retail Report

*“Sibling support  
has been so wonderful  
helping my other children  
to manage following  
their sibling’s death.”*

Quote from family survey



**This year has been transformative for our retail team and filled with strategic changes aimed at enhancing our operations and broadening our impact in the community. Our emphasis on innovation, efficiency and customer engagement has laid the foundations for a successful year ahead.**

E-commerce was a key focus for us this year, with our eBay operation strategically relocated to a new commercial warehouse in Oxford that has allowed us to expand our online sales dramatically. As part of this, we have been trialling cutting-edge AI software that will help us streamline our productivity, cut down on manual work and analyse sales data more effectively. It's also enabled us to better understand customer preferences and improve our customer service. And it's worked: November saw our e-commerce department celebrate its best ever month since it began trading!

## **Financial overview**

Overall income remained fairly consistent between the two years, with a small increase of £85,000 compared to the previous year. This increase is particularly notable given the challenges we faced with RAG (recycling) income, which saw a reduced intake of £60,000 – a fluctuation that highlights how important it is for us to diversify our retail initiatives further and seek alternative revenue streams.

However, while our income has shown some resilience, expenses have increased year on year. Rising operational costs have led to a reduction in net income and as a result our net contribution was below budget.

Against this backdrop, the need for a sustainable financial model has never been more critical. Our retail leadership team is actively exploring strategies to curtail expenses while maximising revenue potential, all while maintaining the quality of service our donors and shoppers expect.





## Investing in technology

AI is not the only technology we've been implementing this year. We have also been undertaking extensive planning and training as we prepare to roll out our new EPOS till system across all our retail locations. This is designed to enhance our point-of-sale capabilities, streamline transactions and provide us with real-time sales data and trends – informing strategic decision-making and further improving our inventory management and customer service. And to manage the increased sales volumes and make sure everything is delivered speedily, we have also invested in two new vans to support our internal distribution.

## Hello, Marlborough

Another landmark achievement this year saw the opening of our first new shop in nine years. Testament to our commitment to growth and outreach, our new Marlborough store opened after extensive research into local consumer demographics and preferences, and it's strategically located to serve a community that we'd previously had a presence in.

## Digital outreach

Finally, we've been making strategic use of social media to reach and engage as many people as possible within the communities around our shops, using targeted advertising and engaging content to drive footfall as well as raising awareness of initiatives such as International Nurses Day and our festive promotions. It's also proved useful for recruitment, allowing us to fill staff and volunteer roles quickly.



*“You help manage our child’s symptoms so we are able to do things as a family and our child can do things independently.”*

Quote from family survey



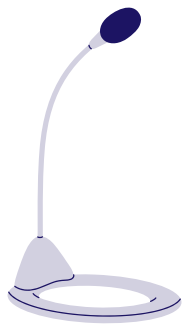
# Research & Education



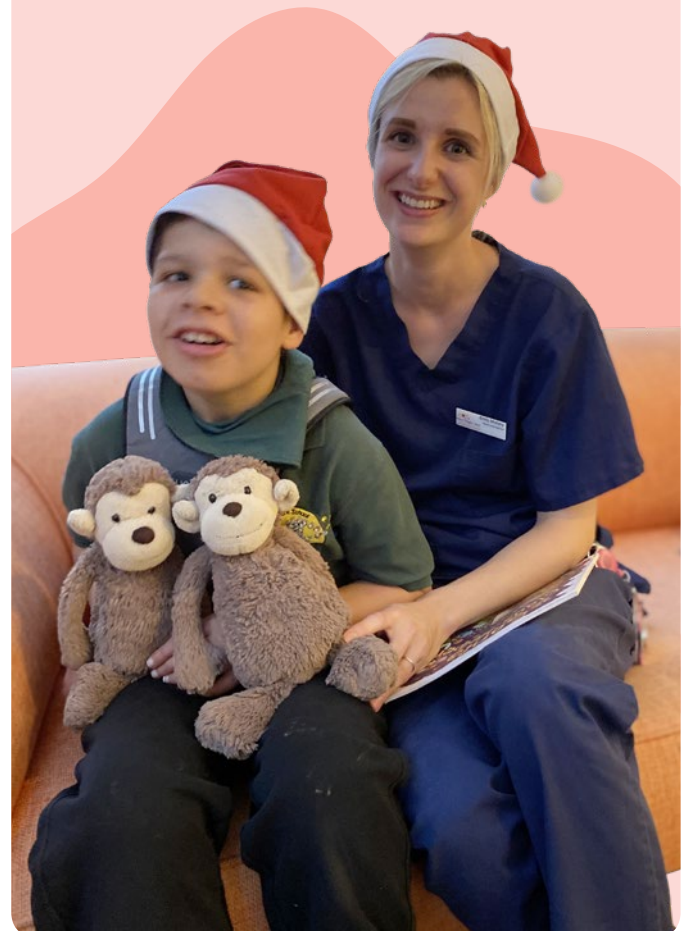


**This year, our clinicians have continued to contribute to research and education both internationally and locally, from teaching and speaking at conferences to lending their expertise to course units and papers.**

Here in Oxford, we've been teaching undergraduate medical students at Oxford University about managing difficult communication around end-of-life care. Meanwhile, our clinicians have contributed to teaching and research in the UK and overseas. For example, Dr Charlotte Holland has written modules and course units on children's palliative care for various educational institutions in the UK and leads on the virtual education platform for the South of England.



Our nursing team have increased our capacity for placements for children's nursing students from Oxford Brookes University. This not only increases our links with Brookes but also increases their awareness of palliative care and gives more of our nursing staff the opportunity to work as supervisors and assessors.



Dr Emily Harrop taught with the Children's Palliative Care Network in Moldova and Ghana, as well as joining the Steering Committee of the Children and Young People's (CYP) Reference Group of the European Association for Palliative Care (EAPC). Several members of the medical team contributed to the fifth edition of the Children and Young Persons Advance Care Plan and the sixth edition of the APPM formulary (2024).



We've contributed to organising and presenting at several paediatric palliative care conferences with several leading organisations this year, including the Royal College of Paediatrics, the EAPC (European Association for Palliative Care) and the International Children's Palliative Care Network. Our medical team has hosted a number of evening education events enabling colleagues in the wider region to come together and share their learning. We've also offered service users the chance to be part of several national clinical trials, including C-POS (evaluating outcome measures), SPARK (spirituality) and ENHANCE (looking at the experience of families whose children died after PICU/NICU care).



### Collaborating on paediatric palliative care research

The \*UK Collaborative Paediatric Palliative Care Research (CoPPAR) Network brings together seven partner organisations nationally to coordinate research into paediatric palliative care. The network has already achieved several objectives, including delivering educational webinars, establishing an online research toolkit and developing a research nurse group, in which we played a pivotal role. Our own Dr Emily Harrop was the local lead for Oxford on a pilot platform trial looking at prescribing patterns for a commonly used medicine in paediatric palliative care.

**\*Learnings from the establishment and delivery of the UK Collaborative Paediatric Palliative Care Research Network.** Peat G, Harrop E, Anderson AK, Box D, Murtagh F, Harding R, Ziegler L, Hewitt C, Wong I, Elverson J, Harris N, Fraser LK. *Health Technol Assess.* 2025 Feb 26;1-9. doi: 10.3310/VRFT5679. Online ahead of print.

### Offering a different view on home birth in perinatal palliative care



We collaborated with the parents of baby Lily to co-author a \*peer-reviewed paper sharing a positive experience of patient choice in perinatal palliative care. This type of care can offer compassionate support and choice to families following diagnosis of a life-limiting illness, but home birth is usually only offered in low-risk pregnancies. In this case, Lily's parents requested home delivery after receiving a diagnosis of hypoplastic left heart syndrome. We methodically risk-assessed the situation and presented the case at a national virtual forum before agreeing to facilitate this. The case has since been presented at several national forums, empowering other teams to look differently at risk in perinatal palliative care.

**\*Facilitating home birth in perinatal palliative care: A case report.** Bertaud S, Kirven R, Kirven T, Harrop E, Crudgington A, Wilkinson D.

*Palliat Med.* 2024 Dec;38(10):1194-1198. doi: 10.1177/02692163241280374. Epub 2024 Sep 27. PMID: 39340165 Free PMC article.

Several of our nursing staff have also taught children's nursing students at Oxford Brookes, including topics such as memory making and care after death.



## Undergraduate education

Some of our senior staff are now in their second year of teaching undergraduate medical students at the University of Oxford along with nursing students from Oxford Brookes University. They repeat a well-received three-hour module seven times a year to each cohort, following guidance that recommends healthcare professionals receive training on communicating with the parents of critically ill children earlier in their career.<sup>2</sup> This helps ensure a confident and competent workforce for the future care of our patient group.

Students rated this training as good or very good and confirmed their confidence about communicating with parents of critically ill children had improved considerably because of the training they had received.



## #PPC Educate

Dr Charlotte Holland's digital (Moodle) platform now has the facility for professionals outside our region to have paid access, and it's seen impressive sign-up. Many of our staff are involved in producing content for this wonderful virtual learning system, supporting colleagues across the region and beyond to improve their knowledge and confidence in caring for our families. We have secured external statutory funding to support the future of #PPC Educate thanks to its impressive impact.

<sup>2</sup> <https://www.nuffieldbioethics.org/project/disagreements-in-the-care-of-critically-ill-children>



# Service Report

*“It is hugely reassuring to know there is a team there who have the time and expertise to support us.”*

Quote from family survey



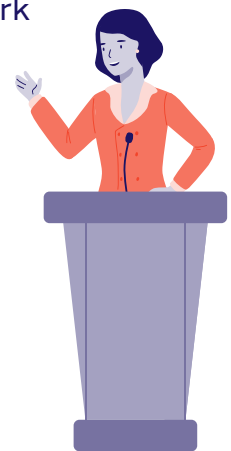
**We've made several improvements to our service this year, supported by ICB and Pepper Foundation funding that's enabled the addition of several new staff members. We've taken a patient-centred approach, making sure we listen to the needs of children, young people and their families and honing their care accordingly.**



### **Improving patient safety and learning**

This year, we've successfully developed and implemented the Patient Safety Incident Response Framework (PSIRF), marking a significant step forward in our approach to patient safety and learning. This has meant careful training as we transition from traditional incident investigation models to a more compassionate, systems-focused approach that prioritises understanding over blame. It's enabled us to foster a culture of transparency and continuous learning and improvement, which has led staff to feel more confident and engaged in the process.

We presented the framework at the Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board and we were commended on the high bar we had set with the plan and policy. We're planning to share our learning with other organisations to help support safer care across the sector.



### **Patient experience group**

We've developed and strengthened our Children and Parent Engagement Group, recognising the vital importance of allowing the lived experiences of children, young people and their families to shape our care and support. Through regular meetings and engagement events with families, as well as involving them in creating resources such as care plans and training materials, we aim to improve patient safety, empowerment and the overall quality of care we provide. We're planning more engagement opportunities to ensure the voices of children and young people are heard.





## Community outreach and activity

With growing demand and greater complexity among our catchment population, we've greatly expanded the work of our Community and Family Support Services (CAFSS), particularly in outreach. The team delivered an impressive 6,898 contact hours this year – a 32% increase on the previous year, reflecting our commitment to reaching families where they are and ensuring continuity of care and support beyond our hospice walls. We've worked with the ethics and paediatric intensive care teams to support offering home as a choice for families needing end-of-life care.

Our outreach service has also grown in depth and scope:

- One-to-one support across all areas of the service increased significantly, alongside a marked rise in group activity participation.
- The Sibling Support and Youth & Transition teams were particularly active, providing more opportunities than ever for young people to connect with peers in similar situations.
- The Youth & Transition team, bolstered by an additional staff member, was able to double its contact hours, creating a vibrant and supportive community environment through initiatives such as Network Saturday.

Supporting this activity, we've secured funding to recruit two more Outreach Nurses thanks to the Pepper Foundation. This means we can support more families at home, playing a critical role in helping people remain in their preferred place of care, particularly at end of life – a core commitment of our service.

## Patient care

As well as increasing support at home, we've also been boosting our in-patient care, with significantly more bed nights and a 10% increase in our caseload (four to five beds delivered six days a week). We've re-introduced Music and Music Therapy, and expanded our Play team alongside increasing activities to help reduce isolation among children and their families.

We've recruited a physiotherapist and physio-assistant to support medically vulnerable children to live safely and comfortably in the community, enabling better management of their respiratory function so they can be more comfortable at the end of their lives. What's more, we've secured funding towards a second Level 4 paediatric palliative care consultant – which has made our service more robust and allowed us to care for more children and young people – and a prescribing midwife practitioner, who'll further develop our perinatal palliative care programme.



Partnerships have been key to developing our in-patient care. We've collaborated with:

- **OUH paediatric intensive care and neonatal units** – identifying patients earlier so that every child and family gets our support when they need it most.
- **Local healthcare partners** – ensuring the timely referral of children with palliative care needs from hospital and community nursing.
- **The local Integrated Care Board (BOB)** – developing a managed Clinical Network to ensure joined-up care for families in the community.
- **The Chronic Pain Service** – currently working out of Douglas House, this partnership has supported the biopsychosocial approach to pain management.



Finally, we've also extended the care we provide beyond nursing and medical care, with grief support programmes, sibling support, family activity days and social opportunities all among the initiatives we're taking to help families create positive memories outside medical settings.



*"I think the service you offer is amazing and all the staff do their very best to help families."*

**Parent of a child using our service**

# 2025-2030 Strategic Aims and Objectives

We're delighted to outline our new organisational strategy, which spans 2025-2030. We aim to continue the progress we made in 2022-2025 and remain focused on providing an exceptional range of services to children and families in their preferred settings.

Our new strategy details how we plan to develop and evolve our services in line with the needs of children and their families, and how we'll influence and advocate with our partners for positive change for all children and families. Ultimately, our aim is to help transform the landscape of paediatric palliative and end-of-life care.

We begin our strategy in a strong position financially and with a strategically planned deficit budget which we plan to reduce over the next five years through income growth whilst at the same time, ensuring all our operations are running as efficiently and effectively as possible.



You can find a more detailed document outlining our strategy on our website.

## Three key strategic aims

Our mission drives our strategy and puts children and families at the heart of everything we strive to achieve. Our work for the next five years will be informed by three strategic aims.

- 1 Care:** Ensure children and their families receive seamless, integrated palliative care in their preferred settings.
- 2 Learn:** Establish a leading role in advancing impactful research and education within the paediatric hospice sector, driving innovation and evidence-based practices to improve care for children and their families.
- 3 Collaborate:** Collaboratively transform the landscape of paediatric palliative and end-of-life care, setting new standards to meet the unique needs of children and families with compassion, innovation and excellence.



Supporting our three clinically focussed strategic aims are the foundation pillars, comprising of all the enabling teams who will help ensure our strategic plan is successful. Their three focus areas will be: maintaining financial stability, investment in our physical and digital infrastructure, and a positive values and behaviours based culture with engaged and skilled staff.

*"Nowhere else can parents find people who can care for their child like you do."*

**Parent of a child using our service**





# Our focus areas of work

**We've identified the following key focus areas that will help us achieve our strategic aims over the next five years.**

**Ensure children and their families receive seamless, integrated palliative care in their preferred settings.**

Focus areas	Why this is important
<p><b>Developing flexible care pathways to provide community-based support and tailor interventions to cultural, social and clinical needs</b></p>	<p>We support just over 200 children and young people across the Thames Valley, each with unique and evolving needs. Developing flexible care pathways to provide community-based support is essential to ensuring that each child or young person receives the personalised, accessible and timely care they need.</p>
<p><b>Expanding capacity for 24/7 remote services</b></p>	<p>Families have told us that access to support at any hour reduces anxiety and enhances care quality. Expanding our capacity for 24/7 remote services is therefore crucial, as it ensures that families have access to healthcare and support whenever they need it, regardless of time or location. This is particularly important, where people may face barriers to accessing in-person services due to geographical isolation, mobility issues, or even during times of increased demand, such as during health crises or public holidays.</p>
<p><b>Improving bereavement support for families</b></p>	<p>The need for bereavement services continues to rise, including an increase in those who may have not had an opportunity or chosen not to engage with our services before their child's death. Families value a range of options, including peer and one-on-one support. Delivering a structured and culturally sensitive bereavement programme ensures that those who've lost loved ones receive the emotional, psychological and practical help they need during an incredibly challenging time.</p>
<p><b>Expanding our planned care provision</b></p>	<p>Our planned care provision is currently limited by the need to have a doctor on site to manage all admissions. By investing in staff training and development to support nurse autonomous practice, we can extend our admission times and enable more children and young people to have flexible access to care, including overnight.</p>

**Ensure children and their families receive seamless, integrated palliative care in their preferred settings.**

Focus areas	Why this is important
<p><b>Investing in and expanding perinatal care and support</b></p>	<p>Over the last five years (2019-2023), over 200 children have died under the age of one in the Thames Valley region (BOB ICB). Expanding our perinatal care and support within a hospice setting is essential to ensuring that families receive compassionate, specialised care when facing the profound challenges of life-limiting conditions in pregnancy and early infancy. By expanding our perinatal services, we can provide holistic, family-centred support from the point of diagnosis, through birth and beyond – whether that involves palliative care for a baby with a life-limiting condition or bereavement support for grieving parents.</p>
<p><b>Improving and expanding our transition services from paediatric to adult care</b></p>	<p>More children with complex medical needs are living into adolescence and young adulthood, yet adult services aren't yet well set up to receive this new generation of patients. Ensuring smooth transitions between paediatric and adult services is vital to maintaining continuity of care and quality of life.</p>
<p><b>Improving comprehensive, co-ordinated quality care delivery locally and regionally</b></p>	<p>Families need confidence that the care they receive is seamless, no matter where they live. Strengthening regional coordination ensures that all children receive the same high-quality care, reducing disparities in service provision.</p>
<p><b>Developing and defining the specialist services that we can offer to support other providers delivering palliative care across the region</b></p>	<p>We have unique expertise in paediatric palliative care. By clearly defining and sharing our specialist knowledge, we can strengthen the overall system of care, supporting hospitals, hospices and community teams to deliver the best outcomes for children.</p>

## Establish a leading role in advancing impactful research and education.

Focus areas	Why this is important
<p>Identifying and prioritising impactful research into areas of greatest need and benefit to patients, in person at Helen &amp; Douglas House and in collaboration regionally and nationally</p>	<p>By focusing on the most pressing gaps in paediatric palliative care, we can ensure our research leads to tangible improvements in care quality, symptom management and family support. This will directly impact the care we provide for our own patients and families, as well as others nationally and internationally.</p>
<p>Strengthening and expanding a regional education platform, led by our consultants, in collaboration with NHS partners across the South of England</p>	<p>Expanding our education platform will enable knowledge-sharing across the region, upskilling healthcare professionals and improving the standard of care for children with life-limiting conditions.</p>
<p>Deepening research partnerships with other sector leaders to foster innovation in paediatric palliative care</p>	<p>Stronger partnerships with universities, NHS bodies and global organisations will help drive innovation, ensuring that the latest research translates into best practice at the bedside.</p>
<p>Amplifying our commitment to and engagement in international collaboration in education (International Children's Palliative Care Network = ICPCN), research (EAPC = European Association of Palliative Care), and quality improvement to shape the global palliative care agenda</p>	<p>Engaging with global leaders in paediatric palliative care ensures we contribute to and benefit from international best practices, ultimately improving outcomes for the children and families we support.</p>

## Transform the landscape of paediatric palliative and end-of-life care.

Focus areas	Why this is important
<p><b>Delivering a consistent level of high-quality, integrated care across all areas of the Thames Valley region</b></p>	<p>Children’s palliative care currently suffers from both duplication of and gaps in service provision across the region, particularly around the availability of 24/7 care. Families say they want to receive care and support at home or local to them, but there’s disparity in local and regional provision that means they don’t have a genuine choice in where they receive compassionate, individualised support that meets their unique needs.</p>
<p><b>Drive a holistic approach to palliative care through fostering collaborative partnerships with health, education and social care sectors to enhance comprehensive care delivery</b></p>	<p>Effective palliative care requires a multidisciplinary approach. Strengthening partnerships across sectors ensures children receive holistic, well-coordinated support that meets their medical, educational and social needs.</p>
<p><b>Assessing the potential for alternative models of service delivery such as Hospice at Home or Virtual Wards and pioneering their implementation</b></p>	<p>Demand for community-based care is growing. Exploring new models, including Hospice at Home and Virtual Wards, will allow us to support more families while reducing the strain on hospital services.</p>
<p><b>Proactively contributing to the NHS’s immediate goals and long-term vision</b></p>	<p>By aligning with NHS priorities and being a proactive advocate of children’s palliative care, we can ensure that paediatric palliative care remains an integral part of the healthcare system, securing investment and improving access for families. The current NHS ten-year plan is very heavily weighted towards supporting care in the community and preventing unnecessary hospital admissions.</p>
<p><b>Actively sharing research and insights to influence public policy and promote understanding of paediatric care</b></p>	<p>Public perception and policymaking play a critical role in shaping funding and service availability. Sharing our expertise helps build awareness, improve decision-making and advocate for better national support for paediatric palliative care.</p>



# Working together



**Our new strategy builds on some of the outstanding work we've already undertaken over the past three years and will ensure we continue to evolve our services to meet the needs of children and families in the future.**

However, one of the key things we've learned is the need to focus more on engaging our staff to embed the strategy fully. We understand that our ambitions can only be achieved when each and every one of our staff recognises their own role in achieving our goals, and when we've nurtured a culture of collaboration and ownership of the operational activities that support our strategy.

We'll achieve this by improving our internal communications, establishing strategic key performance indicators, tracking our progress and working collaboratively.

**We'd like to say a very big thank you to the charitable trusts, corporate partners and other supporters who've made donations or generously donated their time in the last 12 months, and to many others not listed, including those who wish to remain anonymous.**

1st Aston Clinton Scout Group  
Airdri Limited  
Alan and Diane Brown  
Alice Smith  
All our Children's Champions  
All Saints Sisters of the Poor  
Angela Barnes  
Ann Cadogan & Colston Ladies Tennis Tournament  
Ann Edwards  
Anthony Calf  
Barnsley Village Garden Festival  
Brackley Athletic FC Under 16s  
Buckinghamshire Young Performers  
Cala Homes  
Chris Hurdman  
Crown House School  
Francis Holly, Chesham Town Mayor  
Give Them a Sporting Chance  
Harrison-Frank Family Foundation  
Hatherop Castle School  
Hobbycraft (via Together for Short Lives)  
Ian and Mave Richens  
Jack Skipper  
Jake Lambert  
James Love  
Jazz Pharmaceuticals  
Jen Brister  
Joel Dommett  
Josh Pugh  
Karen Beasley & Natasha Hamilton

Mabs Mardulyn Charitable Foundation  
Morpheus Foundation  
Morrisons (via Together for Short Lives)  
Mr & Mrs J A Pye's Charitable Settlement  
Notcutts  
Out of The Blue  
Oxford Brookes Sport Spinathon  
Oxford High School  
P F Charitable Trust  
Personal Group  
Raymond Blanc  
Rotary Club of Marlow Thames  
Speen Helping Hospices  
St Edward's School  
Stephen Bailey  
Studley Wood Golf Club  
Syder Foundation  
Thame Cycling Club  
Thames Water Community Fund  
The Adrian Swire Charitable Trust  
The Albert Hunt Trust  
The Annandale Charitable Trust  
The Bothwell Charitable Trust  
The Chris Banton Foundation  
The Edward Gostling Foundation  
The Nora and Olive Brewer Memorial Trust  
The Ofenheim Charitable Trust  
The Old Bookbinders  
The Oxford Welsh Male Voice Choir  
The Pepper Foundation  
The Perch & Mamma Mia  
The Thornton Foundation  
Thomas Curtis Charitable Trust  
Together for Short Lives  
Ultimate Activity Camps  
Wantage in Harmony  
Yvonne Hynchliffe & Pauline Mulford

**We work with professional fundraisers and commercial participators to raise the vital funds we need to care for the children and families we support. Here's a look at the fundraising approach we've continued this year.**

Our Fundraising team has 18 staff members who work in teams organised by function and income source to generate funds. Alongside them are the four staff members working on our Data, Governance & Risk team, who manage our donor database and data selections for fundraising activity. They ensure we operate in line with fundraising and data protection regulations, as well as managing risk and policies.

Our fundraising teams focus on raising money through our own and third party events, and through working with corporate partners and local businesses, community groups, churches, schools and individuals who take on their own fundraising activity.

We also raise funds through Trusts and other grant-making bodies, through direct marketing campaigns and appeals, and by building relationships with individuals who donate significant sums to support our work.

Finally, we work with commercial third-party organisations to recruit players to our lottery and donors giving a regular gift. This activity is primarily through door-to-door and private site (such as shopping centres) canvassing.

**Fundraising Regulation and the Code of Fundraising Practice**

We're registered with the Fundraising Regulator, and our Fundraising team is committed to adhering to the Regulator's Code of Fundraising Practice. We're also a member of the Chartered Institute of Fundraising and work to the standards laid out in their guidance.

For the period under review, we've had no significant incidence of noncompliance with the Code of Fundraising Practice or Chartered Institute of Fundraising guidance.

Our Fundraising Policy stresses our commitment to the Code, ethical considerations regarding donation acceptance and how we carry out due diligence in relation to our partners.

**Complaints in the financial year 2024/25**

We received donations from over 13,000 supporters. In the same period, we received ten complaints. Of these, six were related to regular giving acquisition activity, two regarding our events, two regarding fundraiser stewardship and one regarding administration of a supporter's record. We responded to all complaints appropriately.

**Vulnerable people**

The charity adheres to the Code of Fundraising Practice in its dealings with people whom we identify as vulnerable, and we're mindful of the Institute of Fundraising's guidance. We only work with third party commercial participators who are committed to protecting vulnerable people and who also adhere to the Code.

**Monitoring the activity of third parties**

We draft and review all materials used by third party commercial participators, and we oversee and regularly attend the training of fundraising staff by third party commercial participators. We periodically shadow third party fundraising staff while they canvas the public and regularly review recordings of telephone calls with donors conducted by third party commercial participators.

Contracts with third party commercial participators contain complaint and vulnerable people clauses, which we scrutinise and agree on.

Third party commercial participators share all complaints they receive with us.

We also support fundraising undertaken by members of the public, providing guidance and materials to ensure consistency, transparency and compliance.



# Financial Review

*“We are really grateful for the bereavement support sessions which have been a great help to get us through this desperately difficult time.”*

Quote from family survey

# Financial Review

We ended the financial year with a deficit on restricted funds of £0.341m and a deficit on unrestricted funds of £1.824m, resulting in a net consolidated decrease in funds for the year ended 31 March 2025 of £2.165m (2023/24: £1.112m decrease in funds).

Restricted accumulated funds decreased due to the spend of restricted income received in 2023/24 and now total £0.208m (2023/24: £0.549m). Fixed asset investments decreased to £7.863m (2023/24: £10.043m) as a result of the decrease in funds in the year. Total accumulated funds at the year-end were £12.231m (2023/24: £14.396m).

Our total income received increased by £888k compared to 2023/24 with some of the key movements as follows::

- Donated and bought-in-goods income decreased by £42k (-1%) due to the temporary closure of two of our shops.
- Donations increased by £505k (+16%) thanks to two large donations in 2024/25.
- There was a £74k increase in contributions from the local ICBs.
- We received Hospice UK's capital grant of £55k. This grant will only be available for the financial years 2024/25 and 2025/26 and it is to be used in charitable capital expenditure.
- We recognised £48k of gifts in kind (non-cash gifts of goods or services that were valued over £5k).

2024/25 was the last year of our three-year strategy which included a key strategic objective to support and invest in expanding the breadth of our services. This has resulted in an increase in our cost base: **£12.5m** in 2024/25 versus **£11.8m** in 2023/24.

Expenditure on **Raising Funds** is categorised between Donations & Legacies and Trading Activities. Within this, the costs of raising donations and legacies increased by **10%** and the costs of trading activities (including the retail network and lottery) increased by **10%**.

The fundraising increase is mainly due to a restructure of the team. Thanks to this recent investment in the team, we are now working more effectively and efficiently, focusing on pro-active rather than reactive work.

The latter increase has been due to the opening of two new shops in 2024/25, along with the leasing of a warehouse to help store and distribute donated goods to our retail units, with the aim of making our logistics more efficient.

Expenditure on **Charitable Activities** is categorised between Hospice Care and Outreach & Bereavement. There was a **1%** increase in the level of charitable activities expenditure, largely driven by the planned strategic expansion of our outreach and family support services. There were savings linked to our utilities and rental expenses compared to last financial year that have helped keep this increase at a low level, even though there has been an investment in our clinical teams.

There was a decrease in the total value held by CCLA as a result of us investing cash in the expansion of services and retail, with a net decrease of **22%** in our total fund(s) value. Within this net decrease are **£0.380m** of net losses (2023/24: £0.874m gains). Although most of our investments are included in fixed asset investments, there is **£0.015m** held in our CCLA deposit fund, which is very low risk and classified as short-term investment within current assets. As at 31 March 2025 we also held shares valued at £0.059m, which were donated by one of our donors. All investment decisions and transactions are carried out in accordance with our Investments Policy.

During 2024/25 our total portfolio return (net of fees and expenses) was **-1.7%**, which is indicative of the instability of the investment markets over the year. There were investment income payments totalling **£0.257m**.

Looking over the longer term, as of March 2025 our 3-year total portfolio return was **+10.8%**, and over 5 years it was **+46.2%**.

## Risk management

The Trustees review the risk register twice a year and try to anticipate future risks by undertaking risk analysis as part of our long-term strategic planning programme.

The Trustees examined the principal areas of the charity's operations and reviewed the major risks associated with each. They 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 table below summarises our key risks and the control measures we have in place:

Risk	Management
<p><b>Our voluntary income and retail income shows an immediate decline due to a reputational issue or a slow and sustained decline over time. Additional risk in potential decline of statutory funding.</b></p> <p>Potential for operational expenditure to exceed net income outside planned strategic aims.</p>	<ul style="list-style-type: none"> <li>• Monthly monitoring of all income streams performance against budget and discussion of contingency plans.</li> <li>• A mix of income sources (including sustainable) and products at different stages of the product life, enabling us to spread our risk.</li> <li>• Extensive networks across the sector and regular communications with key contacts, the Institute of Fundraising and the Charity Retail Association.</li> <li>• Lobbying of government and MPs for continuance of NHSE financial support.</li> </ul>
<p><b>Failure to safeguard service users, staff and volunteers.</b></p> <p>Due to the conduct of a member of staff, volunteer or organisational change.</p>	<ul style="list-style-type: none"> <li>• Robust governance structure, and extensive portfolio of policies, procedures and risk assessment processes.</li> <li>• Dedicated safeguarding team and associated framework.</li> <li>• Safeguarding steering group with representatives in different areas of the Charity.</li> <li>• Timely Board reporting and a nominated board member. Clear, visible staff communications and messaging.</li> <li>• Safe recruitment procedures, mandatory staff training and a reporting culture (includes Freedom to Speak Up Guardians and Whistleblowing process).</li> </ul>
<p><b>Electronic Communication Failure</b></p> <p>A breakdown of the organisation's electronic and telephonic communications. Data and continuity could be temporarily lost and lead to interruption and/or omission of critical information flows.</p>	<ul style="list-style-type: none"> <li>• Emergency Plans (Business Continuity) in place.</li> <li>• Robust backup measures and processes including a back-up generator.</li> <li>• End point security on all laptops and desktops. Robust firewall and periodic penetration and phishing testing.</li> <li>• Clear ICT processes and communication methods (including on-call out of hours).</li> <li>• Clear plans for safe administration of medicines if EPR (electronic patient records) fails.</li> </ul>

<p><b>Unable to deliver a 24/7 in-patient service and therefore not able to consistently deliver care and end-of-life care in the place that a family chooses.</b></p>	<ul style="list-style-type: none"> <li>• Outreach to support families and increase in community and in-reach offering.</li> <li>• Telephone support from the medical and care teams.</li> <li>• Joint working with the acute trusts and other community services (statutory and third sector).</li> <li>• Use of virtual multi-disciplinary meetings between teams to plan care efficiently.</li> <li>• On-going gap analysis and capacity monitoring with partners via Thames Valley Paediatric Palliative Care Network.</li> <li>• Work towards formalising a managed clinical network (MCN).</li> <li>• Engagement with NHS South East of England Palliative and End-of-Life Care Strategic Clinical Network.</li> </ul>
<p><b>Staff fatigue, burn-out and impact of change on resources and our ability to deliver business as usual.</b>          Could mean projects not being delivered on time, impacting the service quality and the wellbeing of staff.</p>	<ul style="list-style-type: none"> <li>• Corporate Plan priorities limited to four.</li> <li>• Messaging continuously being reinforced by and to Executive Team that no additional projects can be added.</li> <li>• We are sourcing mental health and resilience training and support to supplement our already comprehensive Employee Assistance Programme offering.</li> </ul>
<p><b>Risk of a major loss of investment portfolio value.</b>          Decrementing reserves balance and breaching related policy. Potential going concern risk if significant.</p>	<ul style="list-style-type: none"> <li>• Diversification of where funds are invested or saved.</li> <li>• Regular investment reports from CCLA.</li> <li>• Market comparators used to ensure ROI is competitive.</li> <li>• Annual approval of investment managers by Trustees at AGM.</li> <li>• Regular review of performance of fund manager.</li> </ul>
<p><b>Increase in both shoplifting and customer abuse in our retail units. Potential harm to staff and volunteers.</b>          Staff absence could increase due to stress. Serious incident could occur where somebody is injured.</p>	<ul style="list-style-type: none"> <li>• All shops have Solo Protect devices. Audits will now check that the devices are in use when they visit a store.</li> <li>• Provided training to shop managers on 'Dealing with customer abuse and shoplifting'.</li> </ul>

## Investment policy

The charity invests primarily in pooled funds managed by CCLA Investment Management Ltd. Investments are primarily held in equity funds. The portfolio is reviewed at least annually and, under the guidance of CCLA Investment Management Ltd, amended according to the anticipated market conditions and organisational needs. 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.

## Reserves policy and going concern

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

Our policy is to have free reserves of *at least* four months' total operational costs of providing charitable activities, including support costs, on a forward-looking basis. The value is based on the annual budget and is reviewed each year.

Summary of free reserves 31 March 2025	£'000
Unrestricted reserves as of 31 March 2025	12,023
Less amounts allocated or designated	5,134
<b>'Free' reserves as of 31 March 2025</b>	<b>6,889</b>

As at March 2025, it cost **£505k\*** per month to provide hospice care, family support and bereavement care. The 2025/26 four-month **total** operational costs\*\* budget is **£4.366m, or £1.091m** per month, so the March 2025 level of 'free' reserves represents c6 months' total operational costs\*\*. Unrestricted reserves less fixed assets represent c8 months' total operational costs. Our free reserves policy will be met at the end of 2025/26 based on our budget and forecast.

\* - the basis of this calculation is the annual total of 2024/25 hospice and bereavement expenditure including their share of support costs and depreciation.

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

The Charity has considered its future service costs in relation to projected income in the short to medium term future. Although there remains some uncertainty around particular 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.

## Pay policy

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

- Equal pay for work of equal value
- Cost of living
- National Living Wage
- Pensions and benefits
- Competitiveness
- Affordability/use of donor funds

The policy 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 2025, with the exception of the CEO, retail and doctors, all employees are paid on a rankings scale, their position on which being determined by their job role. Retail staff are on a separate pay scale.

The CEO's salary is approved by the Chair of Trustees, after consultation with the Chair of the People and Remuneration Committee. Doctors' sessional rates are subject to an annual pay award but are not linked directly to the Department of Health and Social Care sessional rates.

The minimum hourly rate paid in 2024/25 was £12.49.

## 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 can join at one of two contribution levels within the scheme or choose to opt out.

The higher contribution rate scheme has been in operation for some time. It 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 (2024/25: 5% for employee and 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 2025. 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.

Trustees	Clinical Governance	Facilities, Health & Safety and Sustainability	Finance, Income Generation and Marketing	People and Remuneration	Trading Company
Tanya Baldwin				✓	
Lord Blair of Boughton (resigned November 2024)					
Lorna Bramwells (resigned December 2024)	✓				
Dr Ann Goldman	✓				
David Gye			✓	✓	
Peter Marland					
Sister Jean Raphael		✓			
Annewen Rowe	✓	✓			
Martin Wildsmith		✓	✓		✓
Ian Watson				✓	
Professor Andrew Wilkinson	✓				
Jennie Younger			✓		

<b>Key management personnel</b>	
Chief Executive Officer (resigned January 2025)	Jane Long
Interim CEO (appointed January 2025) /Director of Finance and Operations	Mark Stowe
Director of Clinical Services (resigned August 2024)	Andrea Lambert
Director of Nursing and Care (appointed September 2024)	Sally Hayes
Medical Director	Dr Emily Harrop
Director of Income Generation – Fundraising	Jules Foster
Director of Digital, Data and Technology (resigned July 2024)	Tim Cawood
Director of Retail and Trading (appointed January 2025)	Katie Stuart-Cox
Company Secretary and Trading Company Director	Mark Stowe

<b>Solicitors</b>
Freeths LLP, Spires House, 5700 Oxford Business Park South, Oxford OX4 2RW Pennington Manches, 9400 Oxford Business Park, Garsington, Oxford, OX4 2HN

<b>Independent auditor</b>
Sayer Vincent LLP, 110 Golden Lane, London, EC1Y 0TG

<b>Banks</b>
National Westminster Bank plc, 32 Cornmarket Street, Oxford, OX1 3HA
Barclays Bank plc, 54 Cornmarket Street, Oxford, OX1 3HB

<b>Investment managers</b>
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 children, young people and their families. 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 of statutory money received, the Charity needs to generate a further **£5.31** of income from voluntary donations, representing significant return on investment for the state.

The Trustees have acted in accordance with the Charity Commission's guidance on public benefit in carrying out the Charity's objectives, and they 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 has been in Oxford for many years. 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 that 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 an induction file on their appointment. This and on-going training are based on materials provided by Hospice UK, the umbrella body of the hospice movement in the United Kingdom, and by the Charity Commission.

While 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 trading subsidiary had a profit during 2024/25 of **£5k** (2023/24: £10k profit).

### **Trustee board members**

No Trustees 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 Trustees' 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 that give a true and fair view of the state of affairs of the charitable company and group, and of 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:

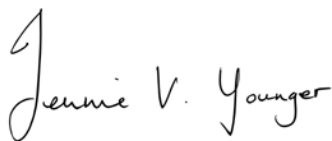
- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP.
- Make reasonable and prudent judgements and estimates.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed 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 as 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 to make sure 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 28 July 2025 and signed on their behalf by



**Jennie Younger**  
Chair of Trustees  
Date: 28 July 2025

# 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 2025 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

### In our opinion, the financial statements:

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

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements 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 12 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 thereon. The Trustees are responsible for the other information contained within the annual report. Our opinion on the group financial statements does not cover the other information, and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the

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

We have nothing to report in this regard.

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

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

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

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

In 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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

### **Use of our report**

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



**Fleur Holden** (Senior statutory auditor)

Date: 10 September 2025

for and on behalf of Sayer Vincent LLP, Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

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

# Financial Statements

## Consolidated statement of financial activities for the year ended 31 March 2025 (Incorporating an income and expenditure account)

	Note	Restricted funds £000	Unrestricted funds £000	Total funds 2024/25 £000	Total funds 2023/24 £000
<b>Income from:</b>					
Donations & legacies	2a	264	4,125	4,389	3,726
Charitable activities	2b	1,140	2	1,142	983
Other trading activities	2c	0	4,846	4,846	4,786
Investments	2d	0	257	257	297
Other	2e	0	10	10	12
Gifts in kind	2f	48	0	48	0
<b>Total income</b>		<b>1,452</b>	<b>9,240</b>	<b>10,692</b>	<b>9,804</b>
<b>Expenditure on:</b>					
Raising funds: Donations & legacies		0	2,101	2,101	1,916
Raising funds: Trading activities		0	4,313	4,313	3,913
Charitable activities: Hospice care		1,345	3,721	5,066	5,157
Charitable activities: Outreach & Bereavement		301	649	950	804
Gifts in kind		48	0	48	0
<b>Total expenditure</b>	3	<b>1,694</b>	<b>10,784</b>	<b>12,478</b>	<b>11,790</b>
<b>Net (expenditure) before net (losses) / gains on investments</b>		<b>(242)</b>	<b>(1,544)</b>	<b>(1,786)</b>	<b>(1,986)</b>
Net (losses) / gains on investments	6	0	(379)	(379)	874
<b>Net (expenditure) for the year</b>		<b>(242)</b>	<b>(1,923)</b>	<b>(2,165)</b>	<b>(1,112)</b>
Transfer between funds	15	(99)	99	0	0
<b>Net movement in funds</b>		<b>(341)</b>	<b>(1,824)</b>	<b>(2,165)</b>	<b>(1,112)</b>
<b>Reconciliation of funds:</b>					
Total funds brought forward	15	549	13,847	14,396	15,508
<b>Total funds carried forward</b>		<b>208</b>	<b>12,023</b>	<b>12,231</b>	<b>14,396</b>

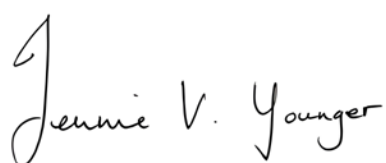
All the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15, and the comparative prior year SOFA is disclosed in Note 17.

## Balance sheets as at 31 March 2025

	Note	Group		Charity	
		2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
<b>Fixed Assets - Tangible Fixed Assets</b>	5	3,714	3,552	3,714	3,552
<b>Fixed Assets - Investments</b>					
Investments	6	7,863	10,043	7,863	10,043
<b>Current Assets</b>					
Stock		5	6	0	0
Debtors	8	820	909	820	909
Short term investments		74	9	74	9
Cash & bank		937	796	936	795
		1,836	1,720	1,830	1,713
<b>Current liabilities</b>					
Creditors <i>(falling due in less than one year)</i>	9	(1,182)	(919)	(1,185)	(921)
<b>Net current assets</b>		654	801	645	792
<b>Net assets</b>		<b>12,231</b>	<b>14,396</b>	<b>12,222</b>	<b>14,387</b>
<b>Accumulated funds</b>					
Unrestricted - Designated	15a	5,086	4,932	5,086	4,932
Unrestricted - General	15a	6,937	8,915	6,928	8,906
Restricted	15a	208	549	208	549
		<b>12,231</b>	<b>14,396</b>	<b>12,222</b>	<b>14,387</b>

Company Number: **4120488**

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



**Jennie Younger**  
Chair of Trustees  
28th July 2025

## Statement of cash flows for the year ended 31 March 2025

	2024/25 £000	2023/24 £000
<b>Cash flows from operating activities:</b>		
Net (expenditure) for the reporting period	(2,165)	(1,112)
Adjustments for:		
Depreciation charges	435	440
Net (losses) / gains on investments	379	(874)
Dividends and interest from investments	(257)	(297)
Profit on disposal of investments	0	(1)
Decrease / (increase) in stock	1	(3)
Increase in creditors	263	108
Decrease / (increase) in debtors	89	(19)
<b>Net cash (used in) operating activities</b>	<b>(1,255)</b>	<b>(1,758)</b>
<b>Cash flows from investing activities:</b>		
Dividends and interest from investments	257	297
Purchase of fixed assets	(596)	(537)
Purchase of investments	(65)	(2)
Sales of investments	1,800	1,740
<b>Net cash provided by investing activities</b>	<b>1,396</b>	<b>1,498</b>
<b>Increase / (decrease) in cash balance</b>	<b>141</b>	<b>(260)</b>
Movement in cash balances		
Start of year	796	1,056
End of year	937	796
Change	<b>141</b>	<b>(260)</b>

## 1 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 and the Republic of Ireland (FRS 102 – Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and 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 2025. 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 around £8.8m (2023/24: £10.8m), 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; 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.

## Gifts in kind

Helen & Douglas House receives a large volume of gifts in kind throughout the financial year. Gift in kind donations are any non-cash gifts of goods, the value of which may include those costs associated with getting the item from its current location and its current condition.

Gift in kind donations are recognised when entitlement has been established, receipt is probable, and a reliable Fair Value obtained. Only gifts that are valued over £5,000 are recognised in the financial accounts. Gifts in kind that are over this £5,000 threshold need to be reported as a separate line item in the Statement of Activities, to show which portion of our revenue and expenses can be attributed to non-financial assets.

## 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:

<b>Charitable activities (Hospice Care)</b>	The direct cost of running Helen House & Douglas House, clinical management, medical team and direct support services of catering, domestic and facilities teams.
<b>Charitable activities (Outreach &amp; Bereavement)</b>	The cost of the operation of the community and family support services team which includes bereavement.
<b>Costs of raising funds</b>	The cost incurred to receive voluntary contributions as well as the cost of activities with a fundraising purpose.
<b>Trading activities</b>	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:

<b>Support Area</b>	<b>Basis of apportionment to the main cost areas</b>
Finance	Based on the combined value of income and expenditure
CEO Office	Apportionment based on headcount
Governance	Apportionment based on headcount
ICT	Apportionment based on headcount
Digital, Data and Technology (now Project Management Office)	Apportionment based on headcount
Human Resources and Learning & Development	Apportionment based on headcount
Volunteers	Apportionment based on volunteer hours
Brand & Marketing	Apportionment based on the % time allocated by individual employees

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 as 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 that 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 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:

<b>Buildings</b>	2.5%
<b>Building improvements</b>	10.0%
<b>Fixtures and fittings</b>	15.0%
<b>Computer equipment</b>	33.3%
<b>Motor vehicles</b>	25.0%

Major components are treated as separate assets where they have significantly different patterns of consumption of economic benefits and are depreciated separately over their useful life. Land is not depreciated.

## 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.

## **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 2025

2	<b>Income</b>	<b>2024/25</b>	<b>2023/24</b>
		<b>£000</b>	<b>£000</b>
2a	<b>Donations</b>	3,604	3,099
	<b>Legacies **</b>	785	627
		<b>4,389</b>	<b>3,726</b>
	<i>** - at 31 March 2025 there was c£1,048k in the legacy pipeline (at 31 March 2024 c£888k)</i>		
2b	<b>Charitable activities</b>		
	NHS England Children's Hospice Grant (see Note 15)	557	548
	NHS and Local Authority contributions to cost of care	528	435
	Hospice UK capital grant	55	0
	Other	2	0
		<b>1,142</b>	<b>983</b>
2c	<b>Trading activities</b>		
	Sales of donated and bought in goods	3,907	3,949
	Gift Aid on sales of donated goods	396	316
	Web sales	151	145
	Lottery income	320	293
	Other	72	83
		<b>4,846</b>	<b>4,786</b>
2d	<b>Investments</b>		
	Fund and Dividend income	257	297
		<b>257</b>	<b>297</b>
2e	<b>Other income</b>		
	Other	10	12
		<b>10</b>	<b>12</b>
2f	<b>Gifts in kind</b>	48	0
	<b>Total Income</b>	<b>10,692</b>	<b>9,804</b>

### 3 Expenditure - Current Year

	Hospice Care	Outreach & Bereavement	Fundraising	Trading	2024/25 £000
	£000	£000	£000	£000	£000
Staff costs	3,421	677	984	1,837	6,919
Non-staff costs	604	42	708	1,578	2,932
Central support costs (see below)	719	231	409	833	2,192
Depreciation	370	0	0	65	435
	<b>5,114</b>	<b>950</b>	<b>2,101</b>	<b>4,313</b>	<b>12,478</b>
<b>Central Support Costs:</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Finance	71	13	107	146	337
CEO Office	132	27	37	105	301
Governance	22	5	6	17	50
IT	146	30	42	117	335
People & Resourcing Team	177	35	47	273	532
Brand & Marketing	106	107	151	122	486
Digital, Data and Technology	65	14	19	53	151
	<b>719</b>	<b>231</b>	<b>409</b>	<b>833</b>	<b>2,192</b>

### 3 Expenditure - Prior Year

	Hospice Care	Outreach & Bereavement	Fundraising	Trading	2023/24 £000
	£000	£000	£000	£000	£000
Staff costs	3,283	603	858	1,803	6,547
Non-staff costs	486	57	674	1,240	2,457
Central support costs (see below)	992	144	384	826	2,346
Depreciation	396	0	0	44	440
	<b>5,157</b>	<b>804</b>	<b>1,916</b>	<b>3,913</b>	<b>11,790</b>
<b>Central Support Costs:</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Finance	85	15	118	176	394
CEO Office	90	19	26	72	207
Governance	27	6	8	21	62
IT	130	27	37	104	298
People & Resourcing Team	296	59	80	387	822
Brand & Marketing	323	9	103	33	468
Digital, Data and Technology	41	9	12	33	95
	<b>992</b>	<b>144</b>	<b>384</b>	<b>826</b>	<b>2,346</b>

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

	2024/25 £000	2023/24 £000
Auditor's remuneration (excluding VAT):		
Audit of these financial statements	20	20
Audit of financial statements of subsidiary	1	1
Other services	1	1
Operating lease rentals - <b>Property</b>	779	687
Operating lease rentals - <b>Other</b>	20	5

#### 4 Salaries and employees

The average headcount of permanent employees and Full Time Equivalent (FTE) for the year, by function was:

	2024/25		2023/24	
	Head Count	FTE	Head Count	FTE
Nursing, medical and care	73	57.69	70	57.78
Fundraising	21	20.40	21	19.24
Management & administration	27	25.36	33	30.48
Retail	62	49.70	57	45.66
Estates, domestic and catering	16	10.53	17	11.09
	<b>200</b>	<b>163.68</b>	<b>198</b>	<b>164.25</b>

The organisation employed people on bank contracts (zero hours). In 2024/25 there were **85 individuals** who worked zero hours contracts totalling the equivalent of 6.61 FTE (2023/24: 83 individuals, 7.06 FTE). Bank FTE are not included in the table above.

Staff salary costs:	£000	£000
Salaries***	6,906	6,669
National Insurance Contributions	695	666
Pension Contributions	587	510
*** - includes actual & accrued redundancy costs	8,189	7,845
Agency, advertising and other employee costs	368	380
	<b>8,557</b>	<b>8,225</b>

The salaries figure above is different than the 'staff costs' in Note 3 as it includes the support teams' salaries.

Employee emoluments: *	2024/25	2023/24
£110,000 - £119,999	1	0
£90,000 - £99,999	3	2
£80,000 - £89,999	0	2
£70,000 - £79,999	2	1
£60,000 - £69,999	5	4

\* - Excludes Employer NI and Pension

Key management personnel (as defined in the Trustees' Annual Report) total remuneration was **£697,692** (2023/24: **£665,238**)\*\*

\*\* - Includes Employer NI and Pension

#### Redundancy and Termination payments

In 2024/25 the Charity had 7 (2023/24: 4) termination payments that amounted to £56,444 (2023/24: £37,501). These were paid and settled in 2024/25.

#### 4 Salaries and employees (continued)

##### Pension costs

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

	2024/25	2023/24
	£000	£000
Charity defined contribution scheme	339	265
NHS pension scheme	248	245
	<b>587</b>	<b>510</b>

##### 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 (£)	
	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24
Care	94	91	6,920	7,652	79,165	86,852
Fundraising	67	48	339	308	3,878	3,499
Retail	491	441	59,271	58,704	678,060	666,295
Other	11	15	226	237	2,580	2,684
<b>Total</b>	<b>663</b>	<b>595</b>	<b>66,756</b>	<b>66,901</b>	<b>763,683</b>	<b>759,330</b>

## 5 Fixed Assets

	Land	Freehold Buildings	Building Improvements	Fixtures, fittings & equipment	IT Cost	Motor vehicles	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Cost</b>							
At 1 April 2024	383	6,223	1,378	1,667	489	10	10,150
Additions	0	18	259	121	198	0	596
Disposals	0	0	0	(43)	0	0	(43)
At 31 March 2025	<b>383</b>	<b>6,241</b>	<b>1,637</b>	<b>1,745</b>	<b>687</b>	<b>10</b>	<b>10,703</b>
<b>Depreciation</b>							
At 1 April 2024	0	(3,417)	(1,280)	(1,484)	(406)	(10)	(6,597)
Charged in year	0	(159)	(74)	(71)	(131)	0	(435)
Eliminated on disposal	0	0	0	43	0	0	43
At 31 March 2025	<b>0</b>	<b>(3,576)</b>	<b>(1,354)</b>	<b>(1,512)</b>	<b>(537)</b>	<b>(10)</b>	<b>(6,989)</b>
<b>Net book value</b>							
At 31 March 2025	<b>383</b>	<b>2,665</b>	<b>283</b>	<b>233</b>	<b>150</b>	<b>0</b>	<b>3,714</b>
At 1 April 2024	383	2,806	98	183	83	0	3,553

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

All assets are used for charitable purposes.

## 6 Investments

	2024/25 £000	2023/24 £000
CCLA - Investment Fund	7,863	10,043
<b>Total Fixed Asset Investments</b>	<b>7,863</b>	<b>10,043</b>
CCLA - Deposit Fund	74	9
<b>Total Current Asset Investments</b>	<b>74</b>	<b>9</b>
	<b>7,937</b>	<b>10,052</b>
Market value at start of year	10,052	10,915
CCLA - Investment Fund Withdrawal	(1,800)	(1,470)
CCLA - Deposit Fund Investment	500	0
CCLA - Deposit Fund Withdrawal	(500)	(270)
Purchase of investments	65	2
Profit on sale of investment	0	1
Net gain / (loss) on revaluation	(380)	874
Market value at end of year	<b>7,937</b>	<b>10,052</b>

## 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. Mark Stowe, Katie Stuart-Cox and Martin Wildsmith are directors of Helen & Douglas House (Trading) Limited.

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

	<b>2024/25</b>	<b>2023/24</b>
	<b>£000</b>	<b>£000</b>
Turnover	88	74
Cost of sales	(70)	(55)
Gross profit	<u>18</u>	<u>19</u>
Administrative expenses	(13)	(9)
<b>Profit on ordinary activities before taxation</b>	<u>5</u>	<u>10</u>
Taxation on profit on ordinary activities	0	0
<b>Profit for the financial year</b>	<u>5</u>	<u>10</u>
Retained earnings brought forward	9	3
Profit / (loss) for the financial year	5	10
Profits distributed to parent under Gift Aid	(5)	(4)
<b>Retained earnings carried forward</b>	<u>9</u>	<u>9</u>

All 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 this statement.

### Parent charity

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

	<b>2024/25</b>	<b>2023/24</b>
	<b>£000</b>	<b>£000</b>
Gross income	10,604	9,730
Result for the year	<u>(2,165)</u>	<u>(1,122)</u>

	Group		Charity	
	2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
<b>8 Debtors</b>				
Trade debtors	86	201	86	201
Investment income receivable	20	22	0	0
Accrued income	175	128	195	150
Prepayments	425	453	425	453
VAT and Income Tax recoverable	99	93	99	93
Other debtors	15	12	15	12
	<b>820</b>	<b>909</b>	<b>820</b>	<b>909</b>

<b>9 Creditors</b>				
Trade creditors	145	212	144	211
Amounts owed to trading subsidiary	(1)	0	5	5
Social security and other taxes	166	159	166	159
Other creditors	322	189	322	189
Accruals	236	136	234	134
Deferred income	314	223	314	223
	<b>1182</b>	<b>919</b>	<b>1185</b>	<b>921</b>

## 10 Deferred income

### Movement in deferred income account

Balance at the start of the year	223	145	223	145
Amounts added in current period	314	223	314	223
Amounts released to income from previous periods	(223)	(145)	(223)	(145)
Balance at the end of the year	<b>314</b>	<b>223</b>	<b>314</b>	<b>223</b>

## 11 Trustee Remuneration

No Trustee received remuneration for their services. Trustees' expenses, which include costs directly incurred by Trustees and amounts paid on their behalf by Helen and Douglas House, were paid to 1 trustee totalling £30 (2023/24: 1 trustee, £89).

## 12 Leasing commitments

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

	Property		Other	
	2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
Less than one year	640	563	20	8
Between one and five years	584	352	20	0
	<b>1,224</b>	<b>915</b>	<b>40</b>	<b>8</b>

## 13 Related party transactions

Helen & Douglas House paid rent of £0 (2023/24: £4,011) to The Society of All Saints, Sisters of the Poor. There was also a contribution of £0 (2023/24: £1,350) to the maintenance of the communal garden. The trustees of The Society of All Saints were members of Helen & Douglas House until October 2016, and a member of the Society is a Helen & Douglas House Trustee. These payments have now stopped, as the land was purchased from The Society of All Saints, Sisters of the Poor for £383,286 in April 2023.

## 14 Analysis of group net assets between funds

### Current Year

	<b>Restricted £000</b>	<b>Designated £000</b>	<b>Unrestricted £000</b>	<b>Total £000</b>
Fixed Assets	48	3,666	0	3,714
Investments	0	1,420	6,443	7,863
Current assets	160	0	1,628	1,836
Current liabilities	0	0	(1,182)	(1,182)
	<b>208</b>	<b>5,086</b>	<b>6,889</b>	<b>12,231</b>

### Prior Year

	<b>Restricted £000</b>	<b>Designated £000</b>	<b>Unrestricted £000</b>	<b>Total £000</b>
Fixed Assets	0	3,552	0	3,552
Investments	0	1,380	8,663	10,043
Current assets	549	0	1,171	1,720
Current liabilities	0	0	(919)	(919)
	<b>549</b>	<b>4,932</b>	<b>8,915</b>	<b>14,396</b>

During the year, the fund comprising net book value of fixed assets was reclassified as designated fund, instead of being an allocation within unrestricted funds.

## 15 Movements in funds (Current Year)

	Balance 01/04/2024	Income & Gains	Expenditure & Losses	Transfers between funds	Balance 31/03/2025
Restricted funds	£000	£000	£000	£000	£000
<b>Charitable Activities</b>					
NHS England Children's Hospice Grant	0	557	(557)	0	0
Integrated Care Board's contributions to cost of care	0	373	(373)	0	0
Hospice UK capital grant	0	55	0	(7)	48
Managed Clinical Network	16	0	(5)	0	11
Palliative End-of-Life Care	111	0	(42)	0	69
Doctors Team	4	155	(130)	0	29
	131	1,140	(1,107)	(7)	157
<b>Donations &amp; Legacies</b>					
Family Support and Bereavement Services (Southampton Hospitals funding)	89	0	(89)	0	0
Managed Clinical Network (Southampton Hospitals funding)	164	0	(164)	0	0
Flexible family accommodation	45	33	0	(78)	0
Youth and Transition	71	0	(71)	0	0
Keepsake Circle	12	44	(31)	0	25
General charitable work	0	0	0	0	0
Helen House in-patient	16	77	(65)	(12)	16
Care and Family Support Services	21	158	(167)	(2)	10
	418	312	(587)	(92)	51
<b>Total restricted funds</b>	<b>549</b>	<b>1,452</b>	<b>(1,694)</b>	<b>(99)</b>	<b>208</b>
<b>Unrestricted Funds</b>					
<i>Designated Funds:</i>					
Net book value of fixed assets	3,552	0	0	114	3,666
Lease commitments	500	0	0	0	500
Capital acquisitions for charity	530	0	0	(30)	500
Investment in retail	250	0	0	0	250
HR/Payroll system	60	0	0	(60)	0
Electronic Point of Sale system	40	0	0	(40)	0
CRM	0	0	0	170	170
Total designated funds	4,932	0	0	154	5,086
<b>General Funds</b>	<b>8,915</b>	<b>8,861</b>	<b>(10,784)</b>	<b>(55)</b>	<b>6,937</b>
<b>Total unrestricted funds</b>	<b>13,847</b>	<b>8,861</b>	<b>(10,784)</b>	<b>99</b>	<b>12,023</b>
<b>Total funds</b>	<b>14,396</b>	<b>10,313</b>	<b>(12,478)</b>	<b>0</b>	<b>12,231</b>

The Hospital UK capital grant has been fully spent in assets (£55k) in 2024/25. However, we have only allocated the depreciation costs against this grant to ensure that we follow the treatment required by the grant agreement.

15 (continued) Movements in funds (Prior Year)

	Balance 01/04/2023	Income & Gains	Expenditure & Losses	Transfers between funds	Balance 31/03/2024
Restricted funds	£000	£000	£000	£000	£000
Charitable Activities					
NHS England Children's Hospice Grant	0	548	(548)	0	0
Integrated Care Board's contributions to cost of care	0	299	(299)	0	0
Managed Clinical Network	110	0	(94)	0	16
Clinical Training (Health Education England)	8	0	(8)	0	0
Palliative End-of-Life Care	100	36	(25)	0	111
Doctors Team	12	100	(108)	0	4
	<b>230</b>	<b>983</b>	<b>(1,082)</b>	<b>0</b>	<b>131</b>
<b>Donations and Legacies</b>					
Managed Clinical Network	5	0	(5)	0	0
Family Support and Bereavement Services	200	0	(111)	0	89
(Southampton Hospitals funding)					
Managed Clinical Network (Southampton Hospitals funding)	255	0	(91)	0	164
Flexible family accommodation		33	0	(10)	23
Youth and Transition	127	0	(71)	0	56
Keepsake Circle	0	44	(31)	12	25
Helen House in-patient	148	16	(87)	(61)	16
Care and Family Support Services	23	139	(141)	0	21
	<b>758</b>	<b>232</b>	<b>(537)</b>	<b>(59)</b>	<b>394</b>
<b>Total restricted funds</b>	<b>988</b>	<b>1,215</b>	<b>(1,619)</b>	<b>(59)</b>	<b>525</b>
<b>Unrestricted Funds</b>					
<i>Designated Funds:</i>					
Net book value of fixed assets	3,455	0	0	97	3,552
Lease commitments	1,315	0	0	(815)	500
Capital acquisitions for charity	0	0	0	530	530
Shop fund	65	0	0	(65)	0
Investment in retail	0	0	0	250	250
HR/Payroll system	0	0	0	60	60
Electronic Point of Sale system	0	0	0	40	40
Redundancy fund	350	0	0	(350)	0
Maternity fund	149	0	0	(149)	0
Total designated funds	<b>5,334</b>	<b>0</b>	<b>0</b>	<b>(402)</b>	<b>4,932</b>
<b>General Funds</b>	<b>9,186</b>	<b>9,485</b>	<b>(10,217)</b>	<b>461</b>	<b>8,915</b>
<b>Total unrestricted funds</b>	<b>14,520</b>	<b>9,485</b>	<b>(10,217)</b>	<b>59</b>	<b>13,847</b>
<b>Total funds</b>	<b>15,508</b>	<b>10,700</b>	<b>(11,836)</b>	<b>0</b>	<b>14,372</b>

## 15 Purposes of Restricted Funds

### NHS England Children's Hospice Grant

The annual grant contribution of £557,000 (2023/24: £547,621) 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 Integrated Care Boards

Funding contributions from Integrated Care Boards (ICBs) 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 ICB. In the current and prior periods we had NHS contracts and grant agreements with the following:

NHS Organisation	2024/25 £	2023/24 £
ICB Buckinghamshire	87,570	106,512
ICB Milton Keynes	24,685	24,538
ICB Northamptonshire	22,077	21,945
ICB Oxfordshire	182,966	100,000
ICB Swindon	31,568	22,583
ICB Wiltshire	24,288	24,144
<b>NHS Total</b>	<b>373,154</b>	<b>299,722</b>

All the funds received from public sector sources were fully used in the financial year for the purposes intended. We received no one-off Government funding payments during 2024/25 (2023/24: none).

### Specific projects funded from statutory income

In 2024/25 we also received grants from the following organisations for specific projects relating to providing and improving services for our patients.

Public sector organisation	2024/25 £	2023/24 £
<b>Buckingham, Oxfordshire &amp; Berkshire Integrated Care Board</b>		
Homeward Bound Hub project	120,000	0
Perinatal Palliative care	24,248	0
Stock medication	10,752	0
Palliative End of Life care	0	35,725
Consultant input	0	100,000
	<b>155,000</b>	<b>135,725</b>
<b>Hospice UK</b>		
Capital grant	55,355	0
	<b>210,355</b>	<b>135,725</b>

## Restricted funds for income received from donors for specific purposes

We have adjusted the way we record restricted donations so that they allow for more flexible restrictions and can reflect the donor's wishes with more accuracy. We now have 'restricted buckets' for broad charitable work areas and further, more detailed restrictions, within these buckets.

Restricted bucket	Purpose
General charitable work	Anything deemed as service delivery, not fundraising or other admin costs.
HH in-patient	In-house activities and patient care, including play, art and music activities, clinical supervision and training and large items of clinical equipment.
Palliative End-of-Life Care	Specialist medical symptom management, and end-of-life care, including activities for specific age groups, such as antenatal and transition-age patients, in-house, in the community or by hospital in-reach.
Doctors team	Doctors' time or project work relating to the Doctors team.
Family Support and Bereavement Services (Southampton Hospitals funding)	Extending our Family Support & Bereavement Services with a grant received from Southampton Hospitals Charity.
Managed Clinical Network (Southampton Hospitals funding)	Ensuring co-ordinated care for children and families across Oxfordshire, Buckinghamshire, West Berkshire and Berkshire East with a grant received from Southampton Hospitals Charity.
Flexible family accommodation	Renovating three bedrooms within the hospice to create a fully accessible suite of two connecting bedrooms, with a private bathroom in between for families staying at Helen & Douglas House.
Youth and Transition	Work with children from the ages of 13-19, helping them to live the best life they can and preparing them for transitioning to adult care with other healthcare providers.
Enablement	Staff and project work related to patient enablement activities.
Keepsake Circle	A bereavement service that supports parents and families to memorialise their children in song.
Community and Family Support Services	Funding the delivery of our services outside of the hospice, namely in people's homes, schools, and hospitals. This includes our outreach nursing, siblings and bereavement support, youth and transitions work, social work, and psychology and psychiatry services.

During the year we purchased some capital equipment for the Flexible family accommodation, for the Community and Family Support Services team and for in-patient care. The value of this expenditure was transferred from restricted funds into the designated fund which represents the net book value of fixed assets.

## Designated Funds

Helen & Douglas House makes several allocations from its unrestricted reserves for future planned spend. These cover:

- The net book value of Fixed Assets
- Lease commitments – relating to the shop portfolio
- Capital acquisitions for the charity
- Investment in retail – refurbishing current shop portfolio and investing in new units
- CRM – a replacement system

Following a review by Trustees, the funds below were closed in the year, as they were no longer required:

- HR/Payroll/Rostering – a replacement system
- Electronic Point of Sale system – a replacement system within the retail portfolio

## 16 NHS pension scheme

Past and present employees are covered by the provisions of the 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](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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 (the Government financial reporting manual) 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 2025 is based on valuation data as 31 March 2024. 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 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The next NHS Pension Scheme valuation report is expected to be published in 2025, but there’s no confirmed release date yet.

## 17 Comparative SOFA

	Restricted funds £000	Unrestricted funds £000	Total funds 2023/24 £000
<b>Income from:</b>			
Donations & legacies	210	3,516	3,726
Charitable activities	983	0	983
Other trading activities	0	4,786	4,786
Investments	0	297	297
Other	0	12	12
<b>Total</b>	<b>1,193</b>	<b>8,611</b>	<b>9,804</b>
<b>Expenditure on:</b>			
Raising funds: Donations & legacies	1	1,915	1,916
Raising funds: trading activities	0	3,913	3,913
Charitable activities: Hospice care	1,310	3,847	5,157
Charitable activities: Outreach & Bereavement	262	542	804
<b>Total</b>	<b>1,573</b>	<b>10,217</b>	<b>11,790</b>
<b>Net income / (expenditure) before net losses on investments</b>	<b>(380)</b>	<b>(1,606)</b>	<b>(1,986)</b>
Net losses on investments	0	874	874
Transfer between funds	(59)	59	0
<b>Net movement in funds</b>	<b>(439)</b>	<b>(673)</b>	<b>(1,112)</b>
<b>Reconciliation of funds:</b>			
Total funds brought forward	988	14,520	15,508
<b>Total funds carried forward</b>	<b>549</b>	<b>13,847</b>	<b>14,396</b>





Helen & Douglas House

your local children's hospice

*Thank you for helping  
local terminally ill children  
live life to the full*

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Company number 4120488

Registered charity number 1085951

Registered office address Helen & Douglas House, 14A Magdalen Road, Oxford OX4 1RW

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