

Registered number: 01525658
Charity number: 510824

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

COUNCIL MEMBERS' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
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**REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS COUNCIL MEMBERS AND
ADVISERS
FOR THE YEAR ENDED 31 MARCH 2025**

Council Members

Mr R Priestman, Chair
Mrs L Jones, (Honorary Trustee from 25/02/2025)
Mr F M Gibbon
Mrs J Regan, Treasurer
Mr C Shotton
Mr J F Ainslie
Dr J Druce
Mr P L H Bowes, Vice Chair
Dr A L Brown
Mrs C Dunkerley
Mrs V J Smith

Company Registered Number

01525658

Charity Registered Number

510824

Registered Office

Alice House, Wells Avenue, Hartlepool, TS24 9DA

Co-Chief Executive Officers

Sandra Britten Nicola Haggan

Independent Auditors

Waltons Business Advisers Limited, Maritime House, Harbour Walk, The Marina, Hartlepool, TS24 0UX

Bankers

Lloyds TSB, 132 York Road, Hartlepool, TS26 9DD

Solicitors

Tilly Bailey & Irvine LLP, York Chambers, York Road, Hartlepool, TS26 9DP

Director of Information Governance (Chief Executive Operational)

Ms S Britten

Director of Finance

Mrs K Burrell

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**REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS COUNCIL MEMBERS AND
ADVISERS (CONTINUED)**
FOR THE YEAR ENDED 31 MARCH 2025

Senior Manager Clinical Services

Ms K Gibson

Senior Manager Corporate Services (Chief Executive Non-Operational)

Ms N Haggan

Senior Manager Fundraising

Ms J Hildreth

Senior Manager Retail

Ms K Witherley

Senior Manager Therapeutic Support Services

Ms J Grocott

Senior Manager Business & Communications

Mr G Hildreth

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COUNCIL MEMBERS' REPORT
FOR THE YEAR ENDED 31 MARCH 2025

The Council Members, who also serve as the Non-Executive Directors of the Charity for the purposes of the Companies Act, confirm that the Annual Report and Financial Statements have been prepared in accordance with applicable statutory requirements, the Charity's governing document and the Statement of Recommended Practice (SORP) for charities preparing their accounts in accordance with Financial Reporting Standard 102 (FRS 102), effective from 1 January 2019, as issued in the UK and Republic of Ireland.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The Charity is a company limited by guarantee and incorporated in England and Wales. It is governed by its Memorandum and Articles of Association adopted on 31 October 1980 and last amended on 26 September 2013.

Governing body

The Council is responsible for the overall governance of the Charity. Council Members are either elected or co-opted, with a minimum of three members required; there is no maximum number. The Board must include at least two Lay Council Members (i.e. those not appointed to act as professional advisers), alongside such number of professional Council Members as the Council considers appropriate. Each Council Member retires at the fourth Annual General Meeting (AGM) following their appointment, with professional members eligible for re-election by the members or the Council, as appropriate.

The Hartlepool Hospice Limited is trading as Alice House Hospice.

The Council seeks to maintain a balanced mix of skills and experience by identifying gaps and recruiting accordingly when vacancies arise. Clarity of distinction between governance and management roles, together with a strong culture of partnership, continues to underpin the Charity's effectiveness.

Council meetings are held on a quarterly basis in addition to the AGM. At these meetings, Council Members review progress against the agreed strategic plan, as well as monitoring financial performance against approved budgets. New Council Members receive an induction pack to support effective and informed decision-making. Council Members also take collective ownership of the Charity's philosophy, rolling five-year strategy and annual income and expenditure budgets.

Certain powers in relation to financial control are delegated by the Council, with robust reporting requirements in place to ensure that all decisions taken under delegated authority are subject to subsequent ratification by the full Council.

In determining pay and remuneration for staff, including the Senior Management Team, the Council Members have regard to local pay conditions and benchmarks for comparable roles in similar organisations across the North East region.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Chief Executive Operational & Chief Executive Non-Operational

The joint leadership roles of Chief Executive Operational and Chief Executive Non-Operational are responsible for the day to day management of the Charity's affairs and for implementing the strategy as agreed by the Council within the boundaries of the budget and various policies and procedures agreed by the Council. The Chief Executive Operational and Chief Executive Non-Operational are assisted by the Council Members.

The Chief Executive (Operational) has direct responsibility for the effective delivery of the following services and support services:

- Clinical Services
- Finance
- Facilities
- Health & Safety
- Information Governance & Technology

The Chief Executive (Non-Operational) will have direct responsibility for the effective delivery of the following services and support services:

- Human Resources
- Therapeutic Support Services
- Fundraising, Trusts & Legacies
- Retail
- Lottery
- Communications & Corporate Business Partnerships
- Catering & Housekeeping

Corporate Governance

The Charity has established processes to ensure that organisational performance is consistently measured and monitored. All employees are subject to regular performance management, including assessment against agreed competencies. Where performance falls short of expected standards, structured support is provided through tailored action plans.

The Charity's corporate governance framework is underpinned by clear reporting and accountability mechanisms, aligned to the delivery of its strategic objectives. Governance is assured through a programme of scheduled meetings and formal reporting. Internal audits are undertaken regularly and findings are reported on a quarterly basis to Council Members via the Chief Executives and the Senior Management Team.

Finance & Risk Management Sub Committee

The Finance & Risk Management Sub Committee is made up of Council Members who are independent of management and free from any relationships that, in the opinion of the Council, could compromise their independent judgement.

The Sub Committee meets four times per year, on a quarterly basis. Its responsibilities include setting and monitoring the Charity's annual income and expenditure budgets, including the review of quarterly year-end forecasts. It ensures that robust procedures are in place for the prudent management of cash resources, balancing the need to maximise income from available funds with the requirement to maintain sufficient liquidity for day-to-day operations.

The Sub Committee also advises the Council on the appropriate level of free reserves and recommends changes to the Charity's investment strategy where necessary.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Risk Management

The Council has established a formal risk management framework to identify, assess and mitigate risks across the Charity's operations. This process involves evaluating the principal risks faced by the Charity, assessing their likelihood and potential impact, and implementing appropriate strategies to manage and reduce exposure.

A comprehensive Risk Register is maintained and reviewed regularly to ensure it remains up to date and reflects emerging risks. As part of this process, Council Members review the adequacy and effectiveness of the Charity's internal controls, taking into account the proportionality of operating costs relative to the benefits of such controls. Clear procedures are also in place for the prompt reporting of any failings to the appropriate level of management.

The principal risks currently identified, together with the mitigating measures in place, are as follows:

Loss of Income: Regular monitoring of financial performance; annual budgets set and reviewed; close oversight of fundraising activities.

Disaster: Implementation of Business Continuity Policy & Procedure; regular risk management meetings.

Staffing Crisis: Use of bank and agency staff to ensure continuity of care; ability to relocate patients to alternative providers where necessary.

The Council is satisfied that appropriate systems of risk management and internal control are in place and remain proportionate, effective and responsive to the changing environment in which the Charity operates.

OBJECTIVES AND ACTIVITIES

Public benefit

The Council consider that they have complied with their duty in Section 4 of the Charities Act 2006 to have due regard to public benefit guidance published by the Charity Commission when setting objects, strategy and objectives.

Charity Objects

In setting objectives and planning for activities, the Council Members have given due consideration to general guidance published by the Charity Commission relating to public benefit, including the guidance 'Public benefit: running a charity (PB2)'.

The Charity's Objects, as set out in the Articles of Association, are to promote the relief of sickness by such charitable means as the charity shall from time to time think fit. The Hospice was established in 1980 as a local charity (Hartlepool Hospice Ltd) delivering specialist palliative care to individuals affected by life limiting illnesses within the local communities of Hartlepool, Stockton-on-Tees and East Durham. The Hospice ensures that people affected by a life limiting illness have the care, comfort and support they need and provides services that add value to life which make a difference to patients and their families.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

OBJECTIVES AND ACTIVITIES (continued)

In furtherance of these Objects:

- It is the Hospice's Vision to ensure that every person, to the last moment of their life has the right to dignity, respect, support and care.
- It is the Hospice's Mission to provide services that add value to life and make a difference to patients and their families.
- The Hospice upholds the following Values:
 - o We value each person as an individual.
 - o The patient is at the heart of all of our activities.
 - o We believe in the importance of celebrating life and relationships.
 - o We will demonstrate integrity and professionalism at all times.
 - o We will be modern and progressive and seek out new opportunities to develop our services.
 - o We will strive to be the best we can and encourage staff and volunteers to actively seek opportunities for personal growth and development.
 - o We will exercise responsible financial management to ensure long term sustainability.
- The Hospice subscribes to the following Patients' Charter and will:
 - o Respect your dignity, privacy and freedom of choice.
 - o Involve you and your family when possible in the decision making of your care, adopting an open and honest approach. Supporting those decisions to fulfil your wishes wherever possible.
 - o Provide a Multi-Disciplinary Team with the appropriate skills to meet your ongoing needs.
 - o Work collaboratively with other service providers and professionals involved in your care to ensure you receive the help you need when you need it.
 - o Support you to live as well as you can for as long as you can.
 - o Provide a holistic and individual approach when delivering care and support to you and your family.
 - o Provide support not only to you but to those that are important to you as you approach the end of life and during their bereavement.
 - o Encourage your involvement in service development by making suggestions as to how we can improve on the services we provide.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

OBJECTIVES AND ACTIVITIES (continued)

Strategic Objectives

As hospice care continues to evolve within a complex and challenging health environment, the Hospice has developed strong and effective partnerships that promote cross-organisational integration and representation across a range of working groups. These collaborations enable the identification of pressures within the wider healthcare system and the development of innovative solutions to improve patient care.

Within this context, the Hospice has set out the following strategic goals in its Five Year Strategy (2020–2025), which is refreshed annually (most recently reviewed at the end of 2023):

- High-Quality Care - We will ensure all of our services are of a high quality and are delivered safely with compassion and dignity.
- Excellence in Governance and Management - We will ensure our organisation is governed and managed in accordance with best practice.
- Community Engagement - We will seek out opportunities to support our communities in all of their interactions with us.

While our patients, services, staff and challenges may change over time, our commitment to the communities we serve and to maintaining the highest standards of care remains constant. The Strategy is underpinned by a Patients, Trustees and Staff Charter, which sets out our shared intentions and reflects our commitment to collective responsibility and organisational cohesion.

The following departmental sub strategies have also been developed, with their objectives aligning to the strategic goals of the Hospice's Five Year Strategy 2020-2025:

- Clinical
- Therapeutic Support Services
- Information Governance & Technology
- Human Resources
- Communications
- Fundraising
- Retail
- Finance

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

OBJECTIVES AND ACTIVITIES (continued)

Activities

The Hospice is an independent charity dedicated to providing high-quality, holistic and non-judgemental care, free at the point of delivery. Care is available to all, irrespective of race, religion or belief, sex, sexual orientation, gender reassignment, disability, pregnancy or maternity.

Services are delivered from our purpose-built Hospice on Wells Avenue, Hartlepool, designed to respond to the needs of the local community. Day Hospice and Therapeutic Support Services are provided within the Hospice's Holistic Wellbeing Centre, located on the Hospice grounds.

Our clinical services are Consultant-led and supported by a highly skilled Multi-Disciplinary Team (MDT), which delivers personalised care aimed at promoting comfort, dignity and the best possible quality of life. The MDT includes Consultants in Palliative Medicine, Staff Grade Doctors, Foundation Year 2 Doctor, Specialist Registrar Trainee, GP Trainee, Clinical Lead, Charge Nurse, Practice Development Nurse, Nurse Practitioner, Registered Nurses, Senior Healthcare Assistants, Healthcare Assistants, Complementary Therapists, Occupational Therapist, Physiotherapist, Bereavement Counsellors, Holistic Wellbeing Therapist and a team of dedicated Volunteers.

The closure of our Long-Term Care Unit in 2023/24 was a necessary step to safeguard the Hospice's future and protect the delivery of essential services. In the aftermath of that difficult decision, the Hospice has entered a renewed period of stability. During 2024/25, we have been able to deliver the following services:

- Ten inpatient beds providing short-term specialist palliative care for symptom control and end of life care.
- Two inpatient beds providing emergency end of life care for patients from North Tees & Hartlepool NHS Foundation Trust and the local community.
- Day Hospice.
- Holistic Wellbeing Services.
- Adult Bereavement Counselling Services.
- Children's Bereavement Counselling Services.
- 24 Hour Helpline.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRATEGIC REPORT

Achievements and performance

The national funding challenges facing hospices continued throughout 2024/25, with demand for services rising and statutory income remaining under pressure. Against this backdrop, Alice House Hospice has remained focused on strengthening core services, building resilience and working in partnership to support equitable, high-quality palliative and end of life care for our local population.

Our priorities for 2024/25 were closely aligned with both national and regional quality agendas and were progressed through strong collaboration with our local healthcare partners. We are particularly grateful for the continued support of the North East & North Cumbria Integrated Care Board and North Tees & Hartlepool NHS Foundation Trust.

We have also worked actively with the Hospices North East & North Cumbria Collaborative (12 hospices) and Hospice UK's Innovation and Clinical ECHO Networks. These collaborations enabled shared learning, peer support and collective advocacy by amplifying key messages to government and commissioners on the value of hospice care and the pressing need for fairer funding. Members of Alice House's Senior Management Team chaired a number of regional sub-groups, reflecting the Hospice's recognised leadership within the sector.

A notable development during the year was the rising national media profile of hospices, driven by co-ordinated campaigns from individual providers and the national charity Hospice UK. This helped build wider public understanding of the vital role hospices play in the health and care system, alongside the complex financial and workforce challenges we face.

Locally, Alice House continued to strengthen its role in the region's business and civic community. The Hospice received two accolades at the 2024 Hartlepool Business Awards: Best Charitable Business and the Peter Olsen Award for Outstanding Contribution, awarded to Trustee Lorna Jones. Lorna, daughter of our founder Alice Bendle, was recognised for 45 years of voluntary service spanning half of her own life and the entirety of the Hospice's history. A standing ovation marked her impact and she also celebrated her 90th birthday surrounded by friends and colleagues at a special Tea Party hosted at the Hospice.

Success in income generation continued through a programme of high-profile, sold-out fundraising events, including the Alice House Party, Beer Festival and a new Charity Golf Tournament. Meanwhile, our Retail Team achieved its most profitable year on record. The Hospice was also named Charity of the Year by both the Captain of Hartlepool Golf Club and the town's Ceremonial Mayor, reflecting a continuing growth in local engagement and support.

Throughout the year, our commitment to quality and continuous improvement remained central. Following an unannounced inspection in October 2023, the Care Quality Commission awarded Alice House an overall rating of Good, providing independent assurance of the safety, effectiveness and compassion with which our services are delivered.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRATEGIC REPORT (continued)

Achievements and performance (continued)

Strategic Goals

We will ensure all of our services are of a high quality and are delivered safely with compassion and dignity.

The Hospice is registered with the Care Quality Commission to carry out the following regulated activities at Alice House, Wells Avenue, Hartlepool, TS24 9DA for adults aged 18 years and over:

- Treatment of Disease, Disorder or Injury

Alice House Hospice is registered with the following conditions:

- To accommodate up to a maximum of 18 patients overnight. Following the closure of the Long Term Care Unit in May 2023, 12 beds have remained active with 6 beds registered as inactive.
- To provide a service for people over the age of 18 years old.
- The registered provider's regulated activity is managed by a Registered Manager.
- The provider location where regulated activity can be carried out is: Alice House, Wells Avenue, Hartlepool, TS24 9DA.

There have been no formal complaints made during 2024/2025.

The Care Quality Commission has not taken any enforcement actions against Alice House Hospice during 2024/2025. There have been no special reviews or investigations carried out by the Care Quality Commission during this reporting period.

The Hospice's last inspection by the Care Quality Commission was unannounced and carried out on 3rd & 4th October 2023. Prior to this the Hospice was last inspected on 23 March 2015. The formal report and rating from the inspection was received on 01 December 2023 where the Hospice received an overall rating of Good, with each of the 5 Key Lines of Enquiry (Safe, Effective, Caring, Responsive, Well-Led) scoring Good.

The CQC report states 'Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.'

The full inspection report can be found by following the link below:

- <https://www.cqc.org.uk/location/1-114379452>

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STRATEGIC REPORT (continued)

A summary from the full inspection report is detailed below:

Domain	Rating	CQC Comments
Is the service safe?	GOOD	<ul style="list-style-type: none"> • The service had enough staff to care for patients and keep them safe. • Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. • The service controlled infection risk well. • Staff assessed risks to patients, acted on them and kept good care records. • They managed medicines well. • The service managed safety incidents well and learned lessons from them.
Is the service effective?	GOOD	<ul style="list-style-type: none"> • Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. • Managers monitored the effectiveness of the service and made sure staff were competent. • Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. • Key services were available 7 days a week.
Is the service caring?	GOOD	<ul style="list-style-type: none"> • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. • They provided emotional support to patients, families and carers.
Is the service responsive?	GOOD	<ul style="list-style-type: none"> • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. • People could access the service when they needed it.
Is the service well-led?	GOOD	<ul style="list-style-type: none"> • Leaders ran services well using reliable information systems and supported staff to develop their skills. • Staff understood the service's vision and values, and how to apply them in their work. • Staff felt respected, supported and valued. • They were focused on the needs of patients receiving care. • Staff were clear about their roles and accountabilities. • The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRATEGIC REPORT (continued)

Achievements and performance (continued)

We will ensure our organisation is governed and managed in accordance with best practice.

The Board receive updates from all members of the Senior Management Team for each meeting to ensure transparency and service developments are always approved by the Board.

All of the Board have fulfilled their mandatory training requirements.

Each member of the Senior Management Team has been supported by an assigned Trustee for the effective monitoring of their departmental sub strategies, with periodic reporting back to the Board of Trustees on the following:

- Progress Against Strategic Objectives Within Departmental Sub Strategy.
- Operational Plans.
- Identified Risks.
- Review of Recently Updated Policies & Procedures.
- Review of Adherence to Non-Binding Rules, Codes and Standards.
- Benchmarking of Departmental Performance.
- Review of Third Party Suppliers/Services/SLAs.
- Review of Departmental Sub Strategy Against Budget.
- Feedback/Complaints.

We will seek out opportunities to support our communities in all of their interactions with us.

Alice House Hospice is an integral partner in the Hospices North East & North Cumbria Collaborative, who take a partnership approach to addressing the ever increasing demands of service provision, education, training and workforce development. This collaboration demonstrates a region wide commitment to working in partnership to improve palliative and end of life care for all patients. The Hospice is a member of the following HNENC collaborative groups:

- Chairs
- Chief Executives
- Executive Clinical Leads in Hospice & Palliative Care (ECLiPH)
- Education
- Marketing & Communications
- Human Resources
- Finance
- Income Generation
- Facilities

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRATEGIC REPORT (continued)

Achievements and performance (continued)

Alongside delivering care tailored to individual needs and preferences, we offered a number of experiences that enriched the lives of our patients and their loved ones. These were made possible with the help of volunteers and local businesses.

One such example was enabling a young father, nearing the end of his life, to attend a match in a hospitality box at Middlesbrough Football Club with his wife and children, accompanied by Hospice nursing staff to support his care needs.

Another special experience involved helping a lady fulfil her lifelong dream of seeing the Northern Lights, through a virtual reality experience of Iceland, during the final days of her life. This special moment was arranged by a volunteer with less than 24 hours' notice.

The Hospice proactively engages with our local community, businesses, schools, colleges and other charities and also key local figures including Members of Parliament and Council Leaders. Through this proactive approach we have further established ourselves as an organisation that is valued, trusted and supported.

Strong business partnerships have enabled us to access valuable services and resources free of charge, such as staff training, new curtains for patient bedrooms, design services and video production.

Service Activities

During 2024/2025, the Hospice prioritised the following three improvement domains of Patient Safety, Clinical Effectiveness and Patient Experience:

1. **Electronic Patient Record Management System (Patient Safety)**

During 2024/2025, Alice House Hospice continued the implementation of the Palliative Care Module of SystemOne, supporting safer, more consistent and person-centred care through a unified Electronic Patient Record (EPR) system. This development significantly strengthens our clinical governance, data accuracy and service responsiveness, particularly in relation to regulatory compliance, multidisciplinary working and out-of-hours care. Key developments include:

- **Death Certification Compliance:** In preparation for regulatory changes introduced by the new death certification process (effective from 9 September 2024), the Medical Team began completing the Medical Certificate of Cause of Death (MCCD) electronically via SystemOne from April 2024. This has ensured timely compliance with statutory requirements and improved the quality and legibility of documentation.
- **Infrastructure Investment:** Additional IT equipment was purchased to enable wider and more flexible access to the system across clinical areas, including on-call and out-of-hours services.
- **Training and Access Expansion:** Medical and Nursing Teams received targeted training to enable the electronic registration and admission of patients during out-of-hours periods, improving continuity of care and reducing reliance on paper records.
- **Clinical Assessment Tools Integration:** The 4AT Assessment Tool was embedded within the Medical Holistic Assessment to support the early identification of delirium and cognitive impairment. The Run-PC Triage Tool was introduced to enhance triage accuracy and prioritisation of care needs.
- **Governance and Incident Review:** The Senior Manager for Clinical Services routinely reviews patient records within SystemOne to support investigations into clinical incidents, enhancing learning and enabling more robust documentation of findings and follow-up actions.
- **Data Visibility and Quality Monitoring:** A new Screening Tools Dashboard was developed to improve real-time oversight of key clinical indicators, including:
 - o IPOS (Integrated Palliative care Outcome Scale)
 - o Phase of Illness

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRATEGIC REPORT (continued)

Achievements and performance (continued)

- o AKPS (Australia-modified Karnofsky Performance Status)
- o Mental Capacity Act (MCA) 1 and 2 assessments

The implementation of the Palliative Care Module represents a significant step forward in embedding digital maturity and improving patient safety across the organisation. It enables better data collection for audit and quality improvement, supports interdisciplinary co-ordination and helps future-proof our systems in line with NHS digital priorities.

2. Progression of Implementation of the Patient Safety incident Response Framework (PSIRF) in Collaboration with the North East Hospice Network (Clinical Effectiveness)

During 2024/2025, Alice House Hospice made significant progress in the phased implementation of the Patient Safety Incident Response Framework (PSIRF), in partnership with the Hospices North East & North Cumbria Collaborative. PSIRF is a national NHS framework designed to move away from a reactive, blame-focused approach to incident investigation, and towards one that prioritises learning, systemic improvement and a just culture. It represents a shift from traditional root cause analysis to a model that explores the wider factors contributing to safety events, fostering a more compassionate, transparent and effective response to patient safety concerns. Through regional collaboration and internal governance, Alice House Hospice is embedding PSIRF as a cornerstone of its safety culture. These developments mark a strategic shift towards learning-led responses, strengthened leadership, and a more open, supportive environment for improving patient care. Key developments include:

- Collaborative Planning and Leadership Development: A PSIRF Hospice Collaborative meeting was held in June 2024, during which hospices agreed a joint regional implementation plan, setting out shared principles, timelines and responsibilities. This marked a significant step towards consistent adoption of PSIRF across the region. Leadership training sessions took place in September/October 2024, equipping hospice managers and clinical leaders with the skills and understanding required to carry out meaningful incident reviews under the PSIRF methodology.
- Embedding PSIRF in Governance Structures: PSIRF is now a standing agenda item at the Hospice Collaborative Regional Managers' meetings, ensuring it remains a core component of quality governance, enabling regular review, discussion of safety insights and cross-organisational action planning.
- Thematic Learning and Shared Improvement: The collaborative has adopted a thematic approach to patient safety learning, reflecting PSIRF's focus on system-wide insight and reflection.

3. Pilot In-Reach Hospital Worker to Increase the Flow of Patients into Hospice Emergency End of Life Beds

In 2024/2025, North Tees & Hartlepool NHS Foundation Trust continued funding for the Rapid Response Out-of-Hours Admission Service, supporting the Hospice's transition towards 24-hour access and admission.

This initiative aims to reduce Accident & Emergency and Acute bed usage by enabling rapid transfers (generally same day) to hospice care. Initially, the service focused on patients in the Accident & Emergency Department (A&E) and Emergency Assessment Unit (EAU) who were placed on the Care for the Dying Patient (CDP) document. It was subsequently expanded to include patients on the CDP across all wards at the University Hospital of North Tees, as well as referrals from the community. The service ensures that patients can be rapidly admitted to the Hospice and cared for in an environment that prioritises dignity, comfort and family support at the end of life.

Key developments and outcomes in 2024/2025 include:

- In August 2024 the Hospice seconded a Palliative Assessment Sister (In-Reach) to work alongside the Specialist Palliative Care Team within North Tees & Hartlepool NHS Foundation Trust.
- The In-Reach Sister's presence added significant value to patient pathways and clinical decision-making.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRATEGIC REPORT (continued)

Achievements and performance (continued)

Between August 2024 and March 2025, 250 patients were assessed for potential admission to the Hospice's Emergency End-of-Life Care beds, ensuring that individuals received the right care, in the right place, at the right time.

- The role increased overall referral numbers and helped create a noticeable cultural shift within the hospital. Wards that had historically made few or no referrals, such as the Stroke Ward, began engaging more readily, leading to greater awareness and use of Hospice resources. Feedback from healthcare professionals highlighted improved patient flow, better understanding of hospice care pathways and enhanced multidisciplinary collaboration as key benefits.
- In addition to supporting Emergency End of Life Care admissions, the In-Reach Sister facilitated the identification and referral of suitable patients to Symptom Control beds, further improving patient outcomes and service efficiency.

Despite these achievements, the project will conclude on 30 June 2025 following the withdrawal of funding from North Tees & Hartlepool NHS Foundation Trust. This will formally end the provision of two dedicated Emergency End of Life Care beds and the In-Reach post. However, the knowledge, processes and collaborative practices developed through the project provide a strong foundation for future service innovation.

There has been some excellent qualitative feedback from the project through the Friends & Family survey results, including:

"Thank you for looking after xxxx and also me over the last days of her life.
It was a relief that she was transferred to Alice House.
Thank you once again from all my family."

*"The care that has been given is amazing. Absolutely unbelievable.
Put everyone at ease. Weight taken off. Cared for really well. Treat like part of the family.
Catered for as much as loved one. So, understanding I would give 2000/100."*
"Thank you for the care and attention given to my wonderful friend xxxx
She ended her days as she would have wished in lovely surroundings, surrounded
by the people she loved and given the care and attention she deserved. Thank you so much

"We'd like to thank you all in here, for the fantastic work that you do. The Hospice would just not be right, without every single one of you. xxxx family are all in awe of you, and for keeping things so calm. But most of all, from all our hearts, thanks for looking after our mam."

During 2024/2025, the Hospice delivered and achieved the following service outcomes:

- ***Inpatient Unit***

"I couldn't have asked for an amazing, loving, caring team you are all brilliant, thoughtful and really good listeners when I needed you, and all the tears I have shed and there has been a lot. Without you all I would not be going home pain free and happy."

"To, all the amazing staff at Alice House. Thank you so much for the amazing care, compassion and empathy you have shown to xxxx and family during our time with you.
We wouldn't have wanted xxxx to have been anywhere else during his final days.
You will all always hold a special place in our hearts forever."

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRATEGIC REPORT (continued)

Achievements and performance (continued)

"I am writing on behalf of my family to thank everyone at Alice House for the fantastic care, support, empathy and compassion they provided to xxx and her family during the time xxx was in Alice House. The service xxx received from Alice House was exemplary. The care and support were of the highest possible standard, and Alice House made a big difference to our lives. All members of the staff team were so hardworking, dedicated, professional and caring. They treated xxx with dignity, respect and kindness at all times."

"To all the staff at Alice House Hospice, xxxx family would like to thank you all for the care and kindness you showed our mam and us. Although the stay with yourselves was short, it was filled full with the most amazing level of care, respect and love. We can never thank you or repay you for everything you did.

Thank you, thank you for being the most amazing people, you truly are angels.
We pray you continue to offer your services to other people and their families."

- The Hospice's Inpatient Unit comprises of:
- Eight single, en-suite bedrooms providing short-term specialist palliative care, including symptom control, psychological support, and end-of-life care. Funding is provided by the North East & North Cumbria Integrated Care Board (Tees Valley) for six beds and by the North East & North Cumbria Integrated Care Board (County Durham) for two beds. The following inpatient care activity took place during 2024/2025:

Inpatient Unit	2024/ 2025
Referrals	206
Admissions	103
First Admission	97
% Bed Occupancy	80,2%
Average Length of Stay (Days)	*19,6
% Deaths	66%
% Discharges	34%
% Cancer	84%
% Non-Cancer	16%

***Average Length of Stay**

The Hospice is continuing to see patients whose length of stay is exceeding 8 weeks due to complexity and high medical needs, with 50.56% of admissions above normal occupancy (i.e. ranging from 1-158 days) when measured by individual patients. Previously these patients would have been eligible for transfer to the Continuing Healthcare funded beds in the Hospice's Long Term Care Unit, which was closed at the beginning of May 2023 due to a funding deficit which could not be sustained by the Hospice. The complexity level can make it difficult to find suitable nursing home placements for patients or to discharge into the community with the appropriate level of support and results in the Hospice not being able to admit as many patients.

- During the phased re-opening of Butterwick Hospice's eight inpatient beds, Alice House Hospice received temporary funding from the North East & North Cumbria Integrated Care Board (Tees Valley) to provide two additional beds for patients from the Stockton-on-Tees area. This funding covered the period 1 April 2024 to 5 November 2024 and supported short-term specialist palliative care provision.
- In 2024/2025, the Hospice's healthcare professionals provided the following telephone support for both Tees Valley and County Durham inpatients:

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRATEGIC REPORT (continued)

Achievements and performance (continued)

Telephone Support	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Advice to Patients, Carers & Family Members	490	534	660	730	2,414
Advice to Healthcare Professionals	748	742	907	832	3,229
Multi-Disciplinary Team (patients discussed)	120	91	109	129	449
Total	1,368	1,367	1,676	1,691	6,092

- **Day Hospice**

“The twelve Thursdays and the Christmas party are days I will never forget, nor will I forget the new friendships made there. My time there was during an extremely difficult period for me and I'm not quite sure how things would have worked out had it not been for those days.”

“Attending Day Hospice is my me time, I love it.”

- Day Hospice operates in the Holistic Wellbeing Centre each Thursday between 10.00 a.m. and 3.00 p.m. with a light lunch and refreshments provided. Patients still have the opportunity to visit on an appointment basis but also benefit from the opportunity to stay for peer support. Patients report that the greatest benefit from attending Day Hospice is the relief from social isolation and spending time with other people who are going through a life limiting experience. The service is designed to provide support to patients who may have issues with their health including:
 - o Management of symptoms.
 - o Providing psychological and emotional support.
 - o Administration of treatments, such as blood transfusions and intravenous fluids.
 - o Providing an introduction to Hospice services.
 - o Signposting/referring to other healthcare professionals.
 - o Supporting individual and carers' wellbeing.
 - o Providing relaxation and complementary therapies.
 - o During 2024/2025, the Hospice's healthcare professionals provided the following Day Hospice support to both Tees Valley and County Durham patients:

Day Hospice	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Support to Patients, Carers & Family	65	45	66	74	250

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRATEGIC REPORT (continued)

Achievements and performance (continued)

• **Therapeutic Support Services - Counselling Support**

"I received an amazing service. My counsellor was very professional but caring. I benefitted greatly from this service and am very grateful to you all."

"It was understanding me, helped me with questions about my son passing away, helped me to cope. Very professional, thank you Alice House Angels."

"The Time, care and respect shown to me has helped greatly and I feel the experience has given me much resolution and am in a better place for this. Thank you"

"Keep doing what you are doing, this is an amazing service you provide and honestly don't know where I would be without the support from the hospice and my counsellor."

- The Counselling Team provides Bereavement Counselling Services to Hospice patients and their families who are accessing Hospice services. The service specialises in supporting adults affected by a palliative care diagnosis, focusing on managing the emotional impact of their condition and providing anticipatory grief counselling. Relatives of Inpatient Unit (IPU) patients are also offered anticipatory grief support.
- The Hospice delivers Adult Community Bereavement Counselling to adults from the local communities of Hartlepool and East Durham who have been referred through external services. This is not a commissioned service and relies entirely on securing external funding. Established in 2007, the service is well-regarded and in consistently high demand, with an average of more than 60 referrals each month. In 2024/2025, the Hospice received a grant from three Primary Care Networks to continue providing this support.
- The Hospice offers a specialist Children's Bereavement Service to support bereaved children from our local communities who are experiencing grief and loss. This service is wholly dependent on external funding. Several funding applications were submitted in 2024/2025 but unfortunately were not successful. Continuation of the service in 2025/2026 will be reviewed if further funding cannot be secured.
- The Counselling Team also provides emotional and psychological support to Hospice staff members as part of the Staff Wellbeing Service, offered alongside holistic therapies.
- For the reporting period (April 2024 to March 2025) the Counselling Team provided the following face to face sessions for adults and children:

Counselling Support	Total
Referrals Received Adult	285
Referrals Received Children	103
Adult Assessments	178
Adult Counselling	1,212
Child Assessments	73
Child Counselling	188

- During 2024/2025 the Counselling Team also engaged in telephone support calls to and from bereaved adults as detailed below:

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRATEGIC REPORT (continued)

Achievements and performance (continued)

Counselling Telephone Support	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Telephone Contacts/Support Calls	708	895	827	852	3,282

- Therapeutic Support Services - Holistic Therapies**

"So relaxed and enjoyed and feel so much at ease. I'd highly recommend these sessions as helps you feel you can move again and not restricted."

"Relaxing and helped ground me. It continues to help with stress quite a good few days after. I love that my arm has reduced making me feel better."

"A lovely session. I would recommend to anyone. Reached a level of relaxation I have never been to before. Left feeling calm, refreshed and with a quiet mind."

- In addition to offering a wide range of holistic therapies and treatments to paying members of the public, the Hospice secured funding in 2024/2025 to deliver Reflexology Lymphatic Drainage (RLD) and Prehabilitation Cancer Services.
- Sadly, due to a challenging budget for 2025/2026, the difficult decision has been made to close the Holistic Therapy Service to members of the public from the end of May 2025, resulting in 4 part-time staff redundancies. Complementary Therapies, however, will still continue to be provided for Hospice patients.
- During 2024/2025, therapeutic support activities to staff and the public have been delivered as detailed below:

Holistic Therapies	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Therapeutic Support Contacts/Activities	585	579	622	588	2,374

- 24 Hour Helpline**

- We recognise that individuals living at home with a life-limiting illness—and their families—may need support at any time, day or night. The Hospice's 24-Hour Helpline ensures that help is available at the earliest opportunity, either directly from our team or by connecting callers with the most appropriate service.
- The Helpline is staffed by specialist Nurses and Doctors, based at the Hospice, who are ready to offer support and advice to individuals and their families, at any time during the day or night.
- This service is also available for Healthcare Professionals who can access this service during a 24 hour period where they will receive specialist support and advice in the management of a patient's ongoing specialist palliative care needs. The patient can be at home, in hospital or another Hospice.
- The Helpline is not funded and during 2023/2024 the Hospice's healthcare professionals provided the following telephone support via the Hospice's 24 hour Helpline for both Tees Valley and County Durham patients and healthcare professionals:

24 Hour Helpline	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Helpline Calls (Patients & Healthcare Professionals)	143	164	130	135	572

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

STRATEGIC REPORT (continued)

FINANCIAL REVIEW

We continue to run a highly professional organisation with a stable financial position which reflects ethical fundraising and cash holding policies decided by our Council Members.

The credit rating during the reporting period has remained at level A.

Reserves policy

Free reserves available for use by the Charity are deemed to be those that are readily realisable, less funds whose uses are restricted or else designated for particular purposes.

As a matter of policy, the Charity aims to build up and hold a maximum of two months running costs as reserves. This objective is secondary to the achievement of the Charity's strategic objectives as stated in the current strategy, so that reserves will not be built or maintained at the expense of planned or current patient care.

Two months running costs would be approximately £622k. With free reserves (after removing long term liabilities) of £852k the Charity is exceeding their target. The Charity expects to continue to maintain reserves over the next year.

Aspirational objectives for reserves: The Charity aims to become financially independent of Clinical Commissioning Group contracts as a security measure against diminishing contract values and the uncertainty of the level of tariff funding arising from the End of Life & Palliative Care Review. Nevertheless, it will still seek appropriate contracts to advance patient services. The achievement of this will be through the continuation of regular monitoring of financial management.

Financial review and results for the year

The Charity has made a surplus before depreciation of £372,753 and after depreciation a surplus of £230,722 has been declared.

The detailed results are as follows:

Gross income increased by 0.4% to £3.84m, while expenditure on charitable activities increased by 4.7% to £2.8m. After taking depreciation into account total resources expended of £3.6m (2024: £3.5m) resulted in a net surplus for the year of £231k (2024: £297k surplus).

Income received in furtherance of charitable objects totalled £1.6m. Expenditure incurred on furthering charitable objects was £2.8m. The Charity supports its charitable activities with successful fundraising activities, including charity shops and a lottery.

Fundraising activities, donations and legacies generated a surplus of unrestricted income of £894k to be used to pursue charitable activities.

£279k of grants, including £61k of capital grant from the Department of Health and Social Care, were received to support the work of the Hospice.

The lottery generated a surplus of £89k (2024: £92k) and Trading Activities generated a surplus of £192k (2024: £135k).

£10.5k of unrestricted income was spent on the governance costs of the organisation.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

Total reserves stand at £3.5m (2024: £3.3m), including £411k of restricted reserves.

At 31 March 2025 there is a surplus on unrestricted free reserves of £600k. Excluding the long term bank loans, a loan which was used to purchase the freehold and develop the Wellbeing Centre and the Coronavirus Business Interruption Loan, and the pension deficit, there are free reserves of £852k.

Investment policy and performance

The Memorandum of Association authorises the Council Members to invest surplus funds as may be thought fit. The Council Members' policy is to hold any surplus cash on deposit to obtain the most attractive interest rate available. The Council Members' have directed that funds will be used in the charitable activities of the company instead.

FUNDRAISING

Our Fundraising Strategic Objectives remain unchanged and we are consistent in our commitment to these:

- Develop strong partnerships with organisations and individuals.
- Be proactive, research and implement opportunities to embrace the current climate.
- Develop sustainable corporate relationships.
- Ensure our approach to fundraising is respectful and non-aggressive and compliant with the Fundraising Regulator.
- Promote the Hospice in a positive and professional manner.

Last year's return to what is referred to as 'back to basics' fundraising has been fruitful and is ongoing – this approach includes the following fundamental qualities:

- Tried and tested fundraising practices.
- Risk averse processes, particularly with regard to financial outlay.
- Maximising stakeholder engagement, which supports longer-term donor retention and stewardship – this applies to volunteers, supporters and external organisation in both the community and corporate sectors.
- Staff engagement which promotes united fundraising efforts and sense of belonging and ownership within the organisation – this is delivered in a number of ways, including our open door policy, proactive transparency and staff recognition events.

We have recruited the support of a number of business supporters on a personal level, with staff members from EDF, Lloyds, Santander and Orangebox volunteering outside of business hours and in some cases being able to offer 'matched funding' which helps to boost fundraising totals.

Our Retail Team celebrated their most profitable year on record in 2025 and strive to supersede this again in 2026.

Alice House Hospice continues to be a subscribed member of the Fundraising Regulator and follows the Code of Fundraising Practice. Codes are reviewed on a rolling programme to ensure compliance in all areas.

Staff and Volunteers within Income Generation have access to the Code of Fundraising and the Institute of Fundraising's 'Treating Donors Fairly' policy as well as all other relevant training and operational documents.

STAFF

The Hospice completed its annual Staff Satisfaction Survey in November 2024, achieving a strong response rate of 61.2%, with 60 surveys returned out of a possible 98. The results reflect the pride and dedication of our team:

- 100% of staff agreed that if a friend or relative needed treatment, they would be happy with the standard of care provided by Alice House Hospice.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

- 99% agreed that their work is meaningful to the Hospice.

Staff comments highlighted a strong sense of pride, teamwork and support:

- "I am proud to be a part of Alice House Hospice, at work we are like family."
- "Working alongside so many lovely people."
- "I enjoy my job here at Alice House and find my job very rewarding."
- "I love my job and feel very proud of the work the whole organisation does. Without each department we would not be able to have our beautiful Hospice."
- "The Hospice is an amazing place to work. I feel very proud to be part of a fantastic team."
- "Management are visible in all areas and approachable. I feel so proud to work for such a fantastic Charity."

The Hospice is committed to supporting the health, wellbeing and professional needs of all staff through provision of the following:

- Westfield Health Plan – available to all staff, providing support with routine healthcare costs such as optical, dental and a range of therapies.
- Staff Wellbeing Service – by referral, staff experiencing depression, anxiety or stress can access sessions with trained counsellors and practitioners, helping to prevent long-term sickness.
- Better Health at Work Award Scheme – Alice House has recently achieved the Silver Award and is now working towards the Gold Award, reflecting our ongoing commitment to a healthy and supportive workplace.

In addition, we ensure staff are well supported during and after periods of absence. Back-to-work interviews are carried out to identify any support needs, with options such as a graduated return to work or light duties where appropriate.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

PLANS FOR THE FUTURE

The Hospice has prioritised the following three improvement domains of Patient Safety, Clinical Effectiveness and Patient Experience for 2025/2026:

- **Establishing a Culture of Shared Learning through Hospice UK's Patient Safety Project (Patient Safety)**
In alignment with the national Patient Safety Incident Response Framework (PSIRF) and recognising the value of national benchmarking and shared learning, our priority for 2025/26 is to join and actively engage with Hospice UK's Patient Safety Project and data collection. By participating, we aim to:
 - Improve the quality and consistency of how we monitor and learn from patient safety incidents.
 - Contribute to and benefit from the national hospice sector's learning community.
 - Create a strong foundation for long-term quality improvement in key areas of patient harm.This focus has been informed by internal incident reviews, audits and staff feedback highlighting the need for a more structured approach to learning and data use.
- **Improving Delirium Care through Participation in the DAMPen-Delirium II Study**
Delirium is a common and distressing symptom for patients nearing the end of life, associated with poor outcomes, increased care burden and reduced quality of life for both patients and families. Internal clinical reviews and feedback from staff highlighted challenges in recognising and managing delirium consistently. National research also indicates a lack of robust data around the prevalence, presentation and management of delirium in palliative care settings. The opportunity to participate in the DAMPen-Delirium II study aligns with our aim to deliver evidence-based, compassionate care and to contribute to the development of best practice nationally. During 2025/26 will be formally taking part in the DAMPen-Delirium II study, a national multi-site observational study co-ordinated by the University of Hull, Hull York Medical School and the Wolfson Palliative Care Research Centre.
- **Experience Improving End of Life Dementia Care Through Training and Practice Support**
Feedback from families with experience of end-of-life care provided to people with dementia has identified inconsistencies in the quality of care, with some experiences highlighting a lack of timely recognition of dying and inadequate comfort measures. These concerns are echoed in the Care Quality Commission's 'The State of Health Care and Adult Social Care in England 2023/24' report (CQC, 2024). Evidence from Hospice UK demonstrates that people with dementia are less likely to receive effective palliative care interventions compared to those with other terminal conditions, particularly in the last days of life. First-hand observations within care homes also showed that residents nearing the end of life were sometimes left distressed, with signs of pain or agitation going unnoticed or unaddressed. These findings align with national guidance, such as NICE NG97 and the Leadership Alliance for the Care of Dying People, which stress the importance of training staff to provide compassionate, person-centred care for people approaching the end of life. The priority will entail the identification and securing of appropriate funding and staffing resources in order to deliver 4 hour training sessions on end of life dementia care to care home staff.
- **Department of Health & Social Care Capital Grants Programme**
On 19 December 2024 the Government announced a £100 million capital funding boost for adult and children's hospices across England. This investment reflects the Government's commitment to ensuring that every person has access to high-quality end of life care. As part of its Plan for Change, the Government is taking immediate action to strengthen the health service, improve care standards and ensure it is fit for the future. One of the Plan's three core priorities is to shift more healthcare delivery from hospitals into community settings. Charitable hospices, whose work is predominantly community-based, are therefore integral to achieving this ambition. The £100 million will be invested to modernise facilities and deliver upgrades to hospices, with £25 million allocated in 2024/2025 and £75 million in 2025/2026. Funding is restricted to five priority areas:
 - Renovation, refurbishment and potentially replacement of buildings, equipment and accommodation

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

- to ensure that patients continue to receive the best care possible, e.g. refurbishing bedrooms and bathrooms for patients and providing comfortable overnight facilities for families.
- Capital schemes that generate a revenue benefit such as insulation, heating and lighting upgrades and energy efficiency.
 - Improving garden and outdoor spaces so patients and their families can spend time outdoors in greener and cleaner spaces.
 - Develop and improve outreach services to support people in their own homes when needed, for example with mobile equipment.
 - Support the Government's shift from analogue to digital, through digital upgrades including the purchase of laptops, digital equipment and the upgrading of internet access. Digital investment also encompasses improving IT systems making it easier for GPs and hospitals to share vital data on patients.

The Hospice received £60,926 in 2024/2025, which was used to replace the original (22-year-old) heating and hot water systems. These systems had become inefficient, unreliable and posed operational and business continuity risks. The replacement has delivered the following benefits:

- Improved Patient Comfort: The upgraded heating system allows consistent, well-controlled temperatures throughout the Inpatient Unit, essential for patients with frailty or complex needs. Remote electronic controls enable temperature adjustments out-of-hours to ensure ongoing comfort.
- Reduced Risk of Service Disruption: Replacing obsolete and failure-prone equipment has greatly reduced the likelihood of heating breakdowns, particularly in winter when interruptions could compromise patient safety.
- A More Peaceful Environment: Modern, efficient systems operate quietly, creating a calmer, more therapeutic atmosphere for patients and families.
- Enhanced Infection Control & Hygiene: Reliable hot water and heating are vital to maintaining high hygiene standards, supporting clinical care and preventing infections.
- Energy Savings Reinvested in Care: Greater energy efficiency is expected to generate cost savings, enabling reinvestment into frontline patient services.

This investment is more than an infrastructure upgrade, it ensures every patient in our care experiences dignity, warmth, and security in a setting that is truly fit for purpose.

The Hospice will receive £182,598 in 2025/2026. This will be used to refurbish Inpatient Unit bedrooms and en-suite bathrooms, enhance digital infrastructure and improve outdoor and garden spaces for the benefit of patients and their families.

Going concern

The Trustees maintain ongoing oversight of the Charity's financial position through regular monitoring of management accounts, cashflow forecasts and budget performance. This enables timely action to be taken to preserve the Hospice's financial stability. The Charity's Risk Register is also reviewed and updated regularly to ensure it reflects current and emerging risks, including those relating to income generation, expenditure pressures, and the wider economic environment.

After making the necessary enquiries and reviewing the Charity's financial forecasts, reserves position and funding commitments, the Trustees are satisfied that the Charity has adequate resources to continue its activities for the foreseeable future. For this reason, the going concern basis has been adopted in preparing these financial statements.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

Employees

Our employees play an active role in shaping and delivering the Charity's strategy. It is embedded in everyday work and used to guide personal objectives and appraisals, ensuring that everyone's contribution supports our shared goals.

We prioritise open communication, providing regular updates and sharing key points from Senior Management Team meetings so that all staff remain informed and engaged with the Charity's activities and direction. We also value staff feedback, recognising it as an essential part of improving our services and strengthening our organisation.

Volunteers

The survival and growth of the Charity would not be possible without the unwavering dedication of our volunteers. They play a vital role in fulfilling the Hospice's Vision, Mission and Values by complementing the work of our patient care teams, supporting fundraising activities and serving as Council Members.

Our volunteers bring a wealth of skills, knowledge, and experience, which enhances the professional profile of the Charity and extends our reach into the community. Their contribution not only supports those living with life-limiting illnesses but also creates opportunities for individuals to develop their own skills and experience. Many take these skills back into the wider community, further raising awareness of the Hospice's work and inspiring others to give their time in a voluntary capacity.

The Hospice completed a Volunteer Satisfaction Survey in October 2024, where 37 surveys were received out of a possible 70. Responses included:

- 100% agreed that they felt valued as part of the team.
- 100% agreed that supporting a local charity was one of the main reasons for volunteering.
- 97% agreed that they could approach their line manager with a confidential issue.
- "I was welcomed by everyone from the moment that I stepped through the door and even though I am a volunteer I am never treated any different by colleagues or clients, I absolutely love it here."
- "I'm always told how much my work is appreciated."
- "My opinion matters and always makes me feel respected and valued."
- "The door is always open when I have needed to speak about any concerns, nothing is ever a problem."

Council Members' liability

The Council Members guarantee to contribute an amount not exceeding £1 to the assets of the Charity in the event of winding up.

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COUNCIL MEMBERS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2025

Statement of Council Members' responsibilities

The Council Members (who are also the directors of the Charity for the purposes of company law) are responsible for preparing the Council Members' report including the Strategic report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Council Members to prepare financial statements for each financial . Under company law, the Council Members must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Charity and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing these financial statements, the Council Members are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles of the Charities SORP (FRS 102);
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards (FRS 102) have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in business.

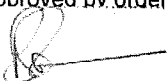
The Council Members are responsible for keeping adequate accounting records that are sufficient to show and explain the Charity's transactions and disclose with reasonable accuracy at any time the financial position of the Charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Disclosure of information to auditors

Each of the persons who are Council Members at the time when this Council Members' report is approved has confirmed that:

- so far as that Council Member is aware, there is no relevant audit information of which the charity's auditors are unaware, and
- that Council Member has taken all the steps that ought to have been taken as a Council Member in order to be aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

Approved by order of the members of the board of Council Members and signed on their behalf by:



Mr R Priestman, Chair
(Chair of Trustees)
Date: 25 November 2025



Mrs J Regan
(Treasurer)

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**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE HARTLEPOOL HOSPICE LIMITED T/A
ALICE HOUSE HOSPICE**

UNQUALIFIED OPINION

We have audited the financial statements of The Hartlepool Hospice Limited T/A Alice House Hospice (the 'charity') for the year ended 31 March 2025 which comprise the Statement of financial activities, the Balance sheet, the Statement of cash flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

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

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council'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 Council Members' 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 the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE HARTLEPOOL HOSPICE LIMITED T/A
ALICE HOUSE HOSPICE (CONTINUED)**

OTHER INFORMATION

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

We have nothing to report in this regard.

OPINION 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 Council Members' Report including the Strategic Report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Council Members' Report and the Strategic Report have been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Council Members' Report including the Strategic Report.

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

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Council Members' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the Council Members were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the Council Members' Report.

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE HARTLEPOOL HOSPICE LIMITED T/A
ALICE HOUSE HOSPICE (CONTINUED)**

RESPONSIBILITIES OF COUNCIL MEMBERS

As explained more fully in the Council Members' responsibilities statement, the Council Members (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Council Members 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 Council Members are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council Members either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE HARTLEPOOL HOSPICE LIMITED T/A
ALICE HOUSE HOSPICE (CONTINUED)**

AUDITORS' RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditors' 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 is detailed below:

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud, the audit engagement team:

- Obtained an understanding of the nature of the sector, including the legal and regulatory framework that the charitable company operates in and how they are complying with the legal and regulatory framework
- Inquired of management and those charged with governance about their own identification and assessment of the risks of irregularities including any known, actual, suspected or alleged instances of fraud,
- Discussed matters about non-compliance with laws and regulations and how fraud might occur including assessment of how and where the financial statements might be susceptible to fraud.

As a result of these procedures we considered the most significant laws and regulations which have a direct impact on the financial statements are FRS 102, Charities SORP (FRS 102), Companies Act 2006 and the charitable company's governing document. We performed audit procedures to detect non-compliance which may have a material impact on the financial statements which included reviewing the financial statements including the council members report and remaining alert to new or unusual transactions which may not be in accordance with the governing documents.

The audit engagement team identified the risk of management override of controls and income recognition as the areas where the financial statements were most susceptible to material misstatement due to fraud. We designed audit procedures to respond to the risk, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Audit procedures performed included, but were not limited to:

- testing manual journal entries and other adjustments
- evaluating the business rationale in relation to significant or unusual transactions and transactions entered into outside the normal course of business
- challenging judgments and estimates
- reviewing income transactions around the year end to look for potential "window dressing".

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our Auditors' Report.

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE HARTLEPOOL HOSPICE LIMITED T/A
ALICE HOUSE HOSPICE (CONTINUED)**

USE OF OUR REPORT

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditors' 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 its members, as a body, for our audit work, for this report, or for the opinions we have formed.



Heather O'Driscoll FCA (Senior statutory auditor)

for and on behalf of

Waltons Business Advisers Limited

Chartered Accountants

Statutory Auditors

Maritime House

Harbour Walk

The Marina

Hartlepool

TS24 0UX

1 December 2025

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 MARCH 2025

	Note	Restricted funds 2025 £	Unrestricted funds 2025 £	Total funds 2025 £	Total funds 2024 £
INCOME FROM:					
Donations and legacies	3	106,032	1,089,905	1,195,937	1,288,089
Charitable activities	4	1,483,531	79,601	1,563,132	1,440,280
Other trading activities	5	-	1,076,859	1,076,859	1,091,016
TOTAL INCOME		1,589,563	2,246,365	3,835,928	3,819,385
EXPENDITURE ON:					
Raising funds	7	-	833,517	833,517	872,110
Charitable activities	8	1,530,756	1,240,231	2,770,987	2,651,131
TOTAL EXPENDITURE		1,530,756	2,073,748	3,604,504	3,523,241
NET INCOME		58,807	172,617	231,424	296,144
Transfers between funds	18	(69,281)	69,281	-	-
NET MOVEMENT IN FUNDS BEFORE OTHER RECOGNISED GAINS/(LOSSES)		(10,474)	241,898	231,424	296,144
OTHER RECOGNISED GAINS/(LOSSES):					
Other (losses)/gains	20	-	(702)	(702)	623
NET MOVEMENT IN FUNDS		(10,474)	241,196	230,722	296,767
RECONCILIATION OF FUNDS:					
Total funds brought forward		420,924	2,880,573	3,301,497	3,004,730
Net movement in funds		(10,474)	241,196	230,722	296,767
TOTAL FUNDS CARRIED FORWARD		410,450	3,121,769	3,532,219	3,301,497

The Statement of Financial Activities includes all gains and losses recognised in the year.

The notes on pages 36 to 62 form part of these financial statements.

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)
REGISTERED NUMBER: 01525658

BALANCE SHEET
AS AT 31 MARCH 2025

	Note	2025 £	2024 £
FIXED ASSETS			
Tangible assets	13	2,927,054	2,971,542
Investments	14	100	100
		<u>2,927,154</u>	<u>2,971,642</u>
CURRENT ASSETS			
Debtors	15	151,724	262,880
Cash at bank and in hand	21	1,053,010	720,308
		<u>1,204,734</u>	<u>983,188</u>
CURRENT LIABILITIES			
Creditors: amounts falling due within one year	16	(347,246)	(279,560)
		<u>857,488</u>	<u>703,628</u>
NET CURRENT ASSETS		<u>857,488</u>	<u>703,628</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>3,784,642</u>	<u>3,675,270</u>
Creditors: amounts falling due after more than one year	17	(251,175)	(373,227)
NET ASSETS EXCLUDING PENSION LIABILITY		<u>3,533,467</u>	<u>3,302,043</u>
Defined benefit pension scheme liability	24	(1,248)	(546)
TOTAL NET ASSETS		<u><u>3,532,219</u></u>	<u><u>3,301,497</u></u>
CHARITY FUNDS			
Restricted funds	18	410,450	420,924
Unrestricted funds	18	3,121,769	2,880,573
TOTAL FUNDS		<u><u>3,532,219</u></u>	<u><u>3,301,497</u></u>

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE

**(A company limited by guarantee)
REGISTERED NUMBER: 01525658**

**BALANCE SHEET (CONTINUED)
AS AT 31 MARCH 2025**

The Council Members acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

The financial statements have been prepared in accordance with the provisions applicable to entities subject to the small companies regime.

The financial statements were approved and authorised for issue by the Council Members on 25 November 2025 and signed on their behalf by:



Mr R Priestman, Chair
(Chair of Trustees)



Mrs J Regan
(Treasurer)

The notes on pages 36 to 62 form part of these financial statements.

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 MARCH 2025

	Note	2025 £	2024 £
CASH FLOWS FROM OPERATING ACTIVITIES			
Net cash used in operating activities	20	554,713	342,672
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from the sale of tangible fixed assets		-	700
Purchase of tangible fixed assets	13	(97,543)	(24,150)
NET CASH USED IN INVESTING ACTIVITIES		(97,543)	(23,450)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of borrowing		(115,366)	(111,135)
Repayments of finance leases		(9,804)	(9,804)
Gain on pension deficit		702	(623)
NET CASH USED IN FINANCING ACTIVITIES		(124,468)	(121,562)
CHANGE IN CASH AND CASH EQUIVALENTS IN THE YEAR		332,702	197,660
Cash and cash equivalents at the beginning of the year		720,308	522,648
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	21	1,053,010	720,308

The notes on pages 36 to 62 form part of these financial statements

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

1. GENERAL INFORMATION

The Charity is a private company incorporated in England and Wales and limited by guarantee. The members of the company are the Council Members named on page 2. In the event of the Charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the Charity.

The registered address is:

Alice House
Wells Avenue
Hartlepool
TS24 9DA

2. ACCOUNTING POLICIES

2.1 Basis of preparation of financial statements

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) - Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The Hartlepool Hospice Limited T/A Alice House Hospice meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

2.2 Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Council Members in furtherance of the general objectives of the Charity and which have not been designated for other purposes.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

2. ACCOUNTING POLICIES (CONTINUED)

2.3 Going concern

The Trustees have continued to monitor closely the financial position of the Charity against the backdrop of ongoing economic pressures, including the continued effects of the Cost of Living Crisis, rising operational costs and wider system challenges within health and social care. Despite these external factors, Alice House Hospice has achieved a period of stabilisation following the closure of the Long-Term Care Unit in 2023/24, which was a necessary but difficult decision that safeguarded the sustainability of core Hospice services.

Through a combination of strategic decision-making, operational efficiencies, targeted income generation and strengthened collaboration with system partners, the Charity has achieved its planned surplus for the 2024/25 financial year. The Charity's financial position is subject to continuous oversight, supported by robust governance arrangements. These include regular scrutiny of financial performance, scenario planning and proactive risk management by the Senior Management Team and Board of Trustees. The Risk Register is actively reviewed and updated to reflect both emerging and ongoing risks, with appropriate mitigation measures implemented in a timely manner.

In addition, the Charity continues to demonstrate strong system engagement, having delivered against national and regional priorities and benefiting from consistent support from commissioners and NHS partners. This strategic alignment contributes to a resilient operating model and reinforces our ability to plan for the future with confidence.

After making appropriate enquiries, the Trustees have a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the financial statements.

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

2. ACCOUNTING POLICIES (CONTINUED)

2.4 Income

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

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

Gifts donated for resale are included as income when they are sold.

The Council Members acknowledge that they are assets of the Charity as soon as received but due to the fact that a very large number of small value items are received the time and cost of valuing donated goods at receipt would outweigh any benefit to the users of the financial statements of having them so valued.

Where goods are donated under the Gift Aid scheme the Charity is not entitled to the income until the goods are sold and the donor has confirmed that they are gifting the proceeds. In this case the income is included as a donation rather than as a sale.

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

2. ACCOUNTING POLICIES (CONTINUED)

2.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Costs of generating voluntary income are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities.

Fundraising costs are the direct costs of operating the charity shops and other trading activities. Support costs are those costs incurred directly in support of expenditure on the objects of the charity and include central costs. Governance costs are those incurred in connection with administration of the Charity and compliance with constitutional and statutory requirements.

2.6 Tangible fixed assets and depreciation

Tangible fixed assets costing £1,500 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably.

Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition should be included in the measurement of cost.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight-line method.

Depreciation is provided on the following bases:

Freehold property	- 20/50 years straight line
Plant and machinery	- 7 years straight line
Motor vehicles	- 7 years straight line
Fixtures and fittings	- 7 years straight line
Computer equipment	- 3/5 years straight line
Other fixed assets	- 3 years straight line

2.7 Redundancy/termination payments

Redundancy and termination payments are recognised when an approved formal plan is in place and the employees which it affects have been made aware of the situation.

2.8 Investments

Investments represent the shares held in a subsidiary company which are stated at cost.

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

2. ACCOUNTING POLICIES (CONTINUED)

2.9 Debtors

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

2.10 Cash at bank and in hand

Cash at bank and 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.

2.11 Liabilities

Liabilities and provisions are recognised when there is an obligation at the Balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Liabilities are recognised at the amount that the Charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised within interest payable and similar charges.

2.12 Finance leases and hire purchase

Assets obtained under hire purchase contracts and finance leases are capitalised as tangible fixed assets. Assets acquired by finance lease are depreciated over the shorter of the lease term and their useful lives. Assets acquired by hire purchase are depreciated over their useful lives. Finance leases are those where substantially all of the benefits and risks of ownership are assumed by the Charity. Obligations under such agreements are included in creditors, net of the finance charge allocated to future periods. The finance element of the rental payment is charged to the Statement of Financial Activities so as to produce a constant periodic rate of charge on the net obligation outstanding in each period.

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

2. ACCOUNTING POLICIES (CONTINUED)

2.13 Pensions

The Charity contributes to a defined contribution pension scheme and the pension charge represents the amounts payable by the Charity to the fund in respect of the year.

Defined benefit schemes

The Charity makes contributions to the National Health Service Pension Scheme and The Pension Scheme Trust.

The Charity is however unable to identify its share of the underlying assets and liabilities in the schemes and has accounted for contributions as if they were defined contributions schemes as follows:

The amount charged to the statement of financial activities in respect of pension costs is the contributions payable in the year. Differences between contributions payable in the year and contributions actually paid are shown as either accruals or prepayments in the balance sheet.

Amounts included in expenses are allocated between activities on the basis of staff time in line with other support costs.

The Charity has agreed to a deficit funding arrangement and recognises a liability for this obligation. The amount recognised is the net present value of the deficit reduction contributions payable under the agreement that relates to the deficit. The present value is calculated using the discount rate detailed in these disclosures. The unwinding of the discount rate is recognised as a finance cost.

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

3. DONATIONS, LEGACIES AND SIMILAR INCOMING RESOURCES

	Restricted funds 2025 £	Unrestricted funds 2025 £	Total funds 2025 £	Total funds 2024 £
Donations	-	728,193	728,193	776,314
Legacies	-	176,538	176,538	267,206
Grants	106,032	173,148	279,180	225,858
Similar incoming resources	-	12,026	12,026	18,711
Total 2025	106,032	1,089,905	1,195,937	1,288,089
<i>Total 2024</i>	<i>212,882</i>	<i>1,075,207</i>	<i>1,288,089</i>	

Included within restricted grants above is capital funding of £60,926 received from the Department of Health and Security.

4. INCOME FROM CHARITABLE ACTIVITIES

	Restricted funds 2025 £	Unrestricted funds 2025 £	Total funds 2025 £	Total funds 2024 £
Inpatient Unit	1,429,464	1,862	1,431,326	1,194,524
Medical	54,067	-	54,067	53,745
Bereavement & Therapeutic Services	-	77,739	77,739	192,011
Total 2025	1,483,531	79,601	1,563,132	1,440,280
<i>Total 2024</i>	<i>1,272,934</i>	<i>167,346</i>	<i>1,440,280</i>	

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

5. FUNDRAISING INCOME

	Unrestricted funds 2025 £	Total funds 2025 £	Total funds 2024 £
Lottery	185,063	185,063	219,700
Fundraising events	183,192	183,192	208,046
Kitchen income	33,325	33,325	27,047
Shop income	663,161	663,161	624,373
Merchandising income	12,118	12,118	11,850
Total 2025	1,076,859	1,076,859	1,091,016
<i>Total 2024</i>	<i>1,091,016</i>	<i>1,091,016</i>	

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025**

6. TRADING ACTIVITIES

	Unrestricted funds 2025 £	Total funds 2025 £	<i>Total funds 2024 £</i>
Charity trading income			
Charity shop takings	663,161	663,161	624,373
Merchandising income	<u>12,118</u>	<u>12,118</u>	<u>11,850</u>
Total income	675,279	675,279	636,223
Fundraising trading expenses			
Charity shop costs	168,687	168,687	168,003
VR centre costs	1,485	1,485	41,780
Merchandising costs	4,309	4,309	3,163
Salaries	<u>315,131</u>	<u>315,131</u>	<u>287,899</u>
Total expenditure	489,612	489,612	500,845
 Net income from trading activities	 <u><u>185,667</u></u>	 <u><u>185,667</u></u>	 <u><u>135,378</u></u>
 <i>Total 2024</i>	 <u><u>135,378</u></u>	 <u><u>135,378</u></u>	

THE HARTLEPOOL HOSPICE LIMITED T/A ALICE HOUSE HOSPICE
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025**

7. COST OF RAISING FUNDS

	Unrestricted funds 2025 £	Total funds 2025 £	Total funds 2024 £
Fundraising expenditure	55,763	55,763	62,947
Lottery costs	82,668	82,668	94,676
Support costs allocated	5,862	5,862	5,952
Wages and salaries	159,504	159,504	167,582
Depreciation	40,108	40,108	40,108
Fundraising trading expenses (note 6)	489,612	489,612	500,845
Total 2025	833,517	833,517	872,110
<i>Total 2024</i>	<i>872,110</i>	<i>872,110</i>	

8. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

Summary by fund type

	Restricted funds 2025 £	Unrestricted funds 2025 £	Total 2025 £	Total 2024 £
Inpatient Unit	1,403,006	521,163	1,924,169	1,898,537
Medical	113,149	227,421	340,570	266,790
Multi Disciplinary Team	-	291,057	291,057	257,076
Bereavement & Therapeutic Services	14,601	200,590	215,191	228,728
Total 2025	1,530,756	1,240,231	2,770,987	2,651,131
<i>Total 2024</i>	<i>1,461,585</i>	<i>1,189,546</i>	<i>2,651,131</i>	

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9. ANALYSIS OF EXPENDITURE BY ACTIVITIES

	Activities undertaken directly 2025 £	Support costs 2025 £	Total funds 2025 £	<i>Total funds 2024 £</i>
Inpatient Unit	829,051	1,095,118	1,924,169	1,898,537
Medical	319,351	21,219	340,570	266,790
Multi Disciplinary Team	272,606	18,451	291,057	257,076
Bereavement & Therapeutic Services	197,980	17,211	215,191	228,728
Total 2025	1,618,988	1,151,999	2,770,987	2,651,131
<i>Total 2024</i>	<i>1,492,756</i>	<i>1,158,375</i>	<i>2,651,131</i>	

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Analysis of direct costs

	In Patient Unit 2025 £	Medical 2025 £	Disciplinary Team 2025 £	Multi Bereavement & Therapeutic Services 2025 £	Total funds 2025 £	Total funds 2024 £
Staff costs	753,657	173,722	259,097	192,922	1,379,398	1,279,136
Consumables	29,880	-	-	257	30,137	27,649
Drugs	-	113,149	-	-	113,149	80,090
Equipment and maintenance	34,967	-	-	302	35,269	28,244
Medical and professional fees	9,825	32,480	13,509	3,615	59,429	72,000
Travel	298	-	-	27	325	563
Office costs and sundries	424	-	-	737	1,161	2,412
Facilities	-	-	-	120	120	2,662
Total 2025	829,051	319,351	272,606	197,980	1,618,988	1,492,756
<i>Total 2024</i>	<i>797,483</i>	<i>245,145</i>	<i>238,687</i>	<i>211,441</i>	<i>1,492,756</i>	

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Analysis of support costs

	In Patient Unit 2025 £	Medical 2025 £	Disciplinary Team 2025 £	Multi Bereavement & Therapeutic Services 2025 £	Total funds 2025 £	Total funds 2024 £
Staff costs	642,820	12,302	10,869	10,020	676,011	633,103
Depreciation	97,849	2,038	1,019	1,017	101,923	130,583
Kitchen	38,139	389	389	-	38,917	33,768
Administration	19,884	418	208	208	20,718	50,127
Human resources	31,620	329	329	329	32,607	17,319
Management costs	46,270	1,003	1,003	1,003	49,279	87,467
Facilities	134,966	2,935	2,935	2,935	143,771	110,788
IT/Communications	73,466	1,594	1,594	1,594	78,248	85,018
Governance costs	10,104	211	105	105	10,525	10,200
Total 2025	1,095,118	21,219	18,451	17,211	1,151,999	1,158,373
<i>Total 2024</i>	<i>1,101,052</i>	<i>21,645</i>	<i>18,389</i>	<i>17,287</i>	<i>1,158,373</i>	

Support costs have been allocated to activities based on the staff numbers and hours involved in the activities.

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10. AUDITORS' REMUNERATION

	2025	<i>2024</i>
	£	<i>£</i>
Fees payable to the Charity's auditor for the audit of the Charity's annual accounts	11,440	<i>10,400</i>
Fees payable to the Charity's auditor in respect of: All non-audit services not included above	100	<i>90</i>
	<u>11,540</u>	<u><i>10,490</i></u>

11. STAFF COSTS

	2025	<i>2024</i>
	£	<i>£</i>
Wages and salaries	2,248,220	<i>2,115,460</i>
Social security costs	193,470	<i>171,196</i>
Contribution to defined contribution pension schemes	88,354	<i>81,064</i>
	<u>2,530,044</u>	<u><i>2,367,720</i></u>

Included in wages and salaries above is £7,036 (2024: £10,172) in respect of termination payments.

The average number of persons employed by the Charity during the year was as follows:

	2025	<i>2024</i>
	No.	<i>No.</i>
Communications	2	<i>3</i>
Fundraising	20	<i>22</i>
Management & administration	13	<i>13</i>
In Patient Unit	45	<i>54</i>
Medical	3	<i>3</i>
Multi Disciplinary Team	6	<i>4</i>
Support staff	11	<i>11</i>
Bereavement	9	<i>10</i>
	<u>109</u>	<u><i>120</i></u>

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11. STAFF COSTS (CONTINUED)

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 was:

	2025	2024
	No.	No.
In the band £60,001 - £70,000	-	2
In the band £70,001 - £80,000	2	-

The total remuneration paid to key management personnel (including national insurance and pension contributions) was £431,832 (2024: £419,784).

Contributions were made to defined benefit pension schemes on behalf of these employees.

The Charity also uses the services of volunteers who assist in the charity shops.

12. COUNCIL MEMBERS' REMUNERATION AND EXPENSES

During the year, no Council Members received any remuneration or other benefits (2024 - £NIL).

During the year ended 31 March 2025, no Council Member expenses have been incurred (2024 - £NIL).

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NOTES TO THE FINANCIAL STATEMENTS
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13. TANGIBLE FIXED ASSETS

	Freehold land & property £	Motor vehicles £	Fixtures and fittings £	Computer equipment £	Total £
Cost					
At 1 April 2024	3,731,290	49,020	490,859	152,896	4,424,065
Additions	5,200	-	89,223	3,120	97,543
At 31 March 2025	<u>3,736,490</u>	<u>49,020</u>	<u>580,082</u>	<u>156,016</u>	<u>4,521,608</u>
Depreciation					
At 1 April 2024	929,866	27,428	358,609	136,620	1,452,523
Charge for the year	75,728	7,003	47,374	11,926	142,031
At 31 March 2025	<u>1,005,594</u>	<u>34,431</u>	<u>405,983</u>	<u>148,546</u>	<u>1,594,554</u>
Net book value					
At 31 March 2025	<u>2,730,896</u>	<u>14,589</u>	<u>174,099</u>	<u>7,470</u>	<u>2,927,054</u>
At 31 March 2024	<u>2,801,424</u>	<u>21,592</u>	<u>132,250</u>	<u>16,276</u>	<u>2,971,542</u>

Included in freehold land & property is freehold land of £375,000 (2024: £375,000) which is not depreciated.

Included within the net book value of assets is £14,589 (2024: £21,592) relating to assets held under hire purchase agreements.

14. FIXED ASSET INVESTMENTS

	Investments in subsidiary companies £
Cost	
At 1 April 2024	100
At 31 March 2025	<u>100</u>

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PRINCIPAL SUBSIDIARIES

The following was a subsidiary undertaking of the Charity:

Name	Registered office or principal place of business	Class of shares	Holding
Alice House Trading Limited (dormant) company number 07170334	Alice House, Wells Avenue, Hartlepool, Cleveland, TS24 9DA	Ordinary	100%

The financial results of the subsidiary for the year were:

Name	Net assets £
Alice House Trading Limited (dormant) company number 07170334	3,998

15. DEBTORS

	2025 £	2024 £
Trade debtors	48,227	59,562
Other debtors	16,639	18,475
Prepayments	40,396	35,118
Accrued income	46,462	149,725
	<u>151,724</u>	<u>262,880</u>

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16. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2025	2024
	£	£
Bank loans	120,791	114,922
Pension creditor	16,783	14,167
Trade creditors	54,523	51,472
Amounts owed to group undertakings	3,998	3,998
Other taxation and social security	44,509	39,594
Obligations under finance lease and hire purchase contracts	817	9,804
Other creditors	3,910	2,218
Accruals and deferred income	101,915	43,385
	347,246	279,560
	347,246	279,560
	2025	2024
	£	£
Deferred income at 1 April 2024	29,282	27,909
Resources deferred during the year	56,910	29,282
Amounts released from previous periods	(29,282)	(27,909)
	56,910	29,282
	56,910	29,282

Deferred income relates to Lottery money and some trade debtors that have been paid in advance.

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17. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	2025	2024
	£	£
Bank loans	251,175	372,410
Net obligations under finance lease and hire purchase contracts	-	817
	<u>251,175</u>	<u>373,227</u>

The bank loans are repayable in monthly instalments ending March 2028 and June 2029 respectively. Interest is charged at the Bank of England base rate plus 2% per annum.

The Coronavirus Business Interruption Loan is repayable in monthly instalments ending November 2026. Interest is charged at 6.36% per annum.

The bank loans are secured by a fixed and floating unlimited debenture and a charge over the land and buildings owned at The University Hospital of Hartlepool.

The hire purchase agreement is secured over the assets to which the agreement relates.

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**NOTES TO THE FINANCIAL STATEMENTS
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18. STATEMENT OF FUNDS

STATEMENT OF FUNDS - CURRENT YEAR

	Balance at 1 April 2024 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2025 £
General funds	2,880,573	2,246,365	(2,073,748)	69,281	(702)	3,121,769
Restricted funds						
Restricted appeal funds	5,274	45,106	(37,025)	(8,355)	-	5,000
Integrated Care Board	-	1,204,938	(1,204,938)	-	-	-
Pharmacy income	-	54,067	(54,067)	-	-	-
NHS End of Life Beds	-	224,526	(224,526)	-	-	-
Help the Hospices - fixed asset fund	415,650	-	(10,200)	-	-	405,450
Hospice UK	-	60,926	-	(60,926)	-	-
	<u>420,924</u>	<u>1,589,563</u>	<u>(1,530,756)</u>	<u>(69,281)</u>	<u>-</u>	<u>410,450</u>
Total of funds	<u><u>3,301,497</u></u>	<u><u>3,835,928</u></u>	<u><u>(3,604,504)</u></u>	<u><u>-</u></u>	<u><u>(702)</u></u>	<u><u>3,532,219</u></u>

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

18. STATEMENT OF FUNDS (CONTINUED)

STATEMENT OF FUNDS - PRIOR YEAR

	<i>Balance at 1 April 2023</i>	<i>Income</i>	<i>Expenditure</i>	<i>Transfers in/out</i>	<i>Gains/ (Losses)</i>	<i>Balance at 31 March 2024</i>
	£	£	£	£	£	£
Unrestricted funds						
General funds	2,578,880	2,351,917	(2,061,656)	10,809	623	2,880,573
Restricted funds						
Restricted appeal funds	-	212,882	(196,799)	(10,809)	-	5,274
Integrated Care Board	-	945,442	(945,442)	-	-	-
Pharmacy income	-	53,745	(53,745)	-	-	-
NHS End of Life Beds	-	226,000	(226,000)	-	-	-
Help the Hospices - fixed asset fund	425,850	-	(10,200)	-	-	415,650
Bereavement counselling	-	29,399	(29,399)	-	-	-
	<u>425,850</u>	<u>1,467,468</u>	<u>(1,461,585)</u>	<u>(10,809)</u>	<u>-</u>	<u>420,924</u>
Total of funds	<u><u>3,004,730</u></u>	<u><u>3,819,385</u></u>	<u><u>(3,523,241)</u></u>	<u><u>-</u></u>	<u><u>623</u></u>	<u><u>3,301,497</u></u>

Restricted funds

Funding received and attributed directly to charitable activities has been shown as restricted. This includes monies from Durham Dales, Easington and Sedgfield Integrated Care Boards and the Hartlepool & Stockton Integrated Care Board which totalled £1,204,938.

Pharmacy income represents income from drugs purchased and recharged of £54,067.

The fixed asset fund represents a grant of £510,000 received from the Help the Hospices Fund (NHS England) towards the capital costs of the new Wellbeing Centre. This fund is depreciated in line with the asset.

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19. ANALYSIS OF NET ASSETS BETWEEN FUNDS

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR

	Restricted funds 2025 £	Unrestricted funds 2025 £	Total funds 2025 £
Tangible fixed assets	405,450	2,521,604	2,927,054
Fixed asset investments	-	100	100
Current assets	5,000	1,199,734	1,204,734
Creditors due within one year	-	(347,246)	(347,246)
Creditors due in more than one year	-	(251,175)	(251,175)
Provisions for liabilities and charges	-	(1,248)	(1,248)
Total	410,450	3,121,769	3,532,219

ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR YEAR

	<i>Restricted funds 2024 £</i>	<i>Unrestricted funds 2024 £</i>	<i>Total funds 2024 £</i>
Tangible fixed assets	415,650	2,555,892	2,971,542
Fixed asset investments	-	100	100
Current assets	5,274	977,914	983,188
Creditors due within one year	-	(279,560)	(279,560)
Creditors due in more than one year	-	(373,227)	(373,227)
Provisions for liabilities and charges	-	(546)	(546)
Total	420,924	2,880,573	3,301,497

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20. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2025 £	2024 £
Net income for the year (as per Statement of Financial Activities)	231,424	296,144
Adjustments for:		
Depreciation charges	142,031	170,694
Loss on the sale of fixed assets	-	9,291
Decrease/(increase) in debtors	111,156	(64,410)
Increase/(decrease) in creditors	70,804	(69,670)
Gain / loss on pension deficit	(702)	623
Net cash provided by operating activities	554,713	342,672

21. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2025 £	2024 £
Cash in hand	1,053,010	720,308
Total cash and cash equivalents	1,053,010	720,308

22. ANALYSIS OF CHANGES IN NET DEBT

	At 1 April 2024 £	Cash flows £	At 31 March 2025 £
Cash at bank and in hand	720,308	332,702	1,053,010
Debt due within 1 year	(114,922)	(5,869)	(120,791)
Debt due after 1 year	(372,410)	121,235	(251,175)
Finance leases	(10,621)	9,804	(817)
	222,355	457,872	680,227

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23. CONTINGENT LIABILITIES

Included in the 2005 financial statements was a grant of £500,000 from the Big Lottery Fund towards the capital costs of the new hospice. This grant agreement remains in force for a period of 80 years and the grant may become repayable if there is a breach of the terms and conditions in this period.

During the financial year 2013/14 and 2014/15 the Hospice received a grant totalling £510,000 from the Help the Hospices Fund (NHS England) towards the capital costs of the new Wellbeing Centre. In the event that the Hospice closes down or the building ceases to be used for the purpose of palliative care of patients, NHS England shall have the right to repayment of all monies advanced under this grant, subject to a reduction reflecting benefits from services already delivered.

24. PENSION COMMITMENTS

The pension cost charge represents contributions payable by the Charity and amounted to £88,354 (2024: £81,064). Contributions totalling £16,783 (2024: £14,167) were payable at the balance sheet date and are included in creditors.

The Charity is also making deficit payments and has included the net present value of these payments, £1,248 (2024: £546) in provisions.

The Pensions Trust

The company participates in the scheme, a multi-employer scheme which provides benefits to some 521 non-associated participating employers. The scheme is a defined benefit scheme in the UK. It is not possible for the company to obtain sufficient information to enable it to account for the scheme as a defined benefit scheme. Therefore it accounts for the scheme as a defined contribution scheme.

The scheme is subject to the funding legislation outlined in the Pensions Act 2004 which came into force on 30 December 2005. This, together with documents issued by the Pensions Regulator and Technical Actuarial Standards issued by the Financial Reporting Council, set out the framework for funding defined benefit occupational pension schemes in the UK.

The scheme is classified as a 'last-man standing arrangement'. Therefore the company is potentially liable for other participating employers' obligations if those employers are unable to meet their share of the scheme deficit following withdrawal from the scheme. Participating employers are legally required to meet their share of the scheme deficit on an annuity purchase basis on withdrawal from the scheme.

A full actuarial valuation for the scheme was carried out at 30 September 2023. This valuation showed assets of £514.9m, liabilities of £531.0m and a deficit of £16.1m. To eliminate this funding shortfall, the Trustee has asked the participating employers to pay additional contributions to the scheme as follows:

Deficit contributions

From 1 April 2025 to 31 March 2028: £2,100,000 per annum (payable monthly)

Unless a concession has been agreed with the Trustee the term to 31 March 2028 applies.

Note that the scheme's previous valuation was carried out with an effective date of 30 September 2020. This valuation showed assets of £800.3m, liabilities of £831.9m and a deficit of £31.6m. To eliminate this funding shortfall, the Trustee asked the participating employers to pay additional contributions to the scheme as follows

Deficit contributions

From 1 April 2022 to 31 January 2025: £3,312,000 per annum (payable monthly)

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24. PENSION COMMITMENTS (CONTINUED)

The recovery plan contributions are allocated to each participating employer in line with their estimated share of the Series 1 and Series 2 scheme liabilities.

Where the scheme is in deficit and where the company has agreed to a deficit funding arrangement the company recognises a liability for this obligation. The amount recognised is the net present value of the deficit reduction contributions payable under the agreement that relates to the deficit. The present value is calculated using the discount rate detailed in these disclosures. The unwinding of the discount rate is recognised as a finance cost.

PRESENT VALUES OF PROVISION

31 March 2025	31 March 2024	31 March 2023
£1,248	£546	£1,169

RECONCILIATION OF OPENING AND CLOSING PROVISIONS

	Period Ending 31 March 2025	Period Ending 31 March 2024
	£	£
Provision at start of period	546	1,169
Unwinding of the discount factor (interest expense)	14	45
Deficit contribution paid	(557)	(668)
Remeasurements - impact of any change in assumptions	8	-
Remeasurements - amendments to the contribution schedule	1,237	-
Provision at end of period	1,248	546

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24. PENSION COMMITMENTS (CONTINUED)

INCOME AND EXPENDITURE IMPACT

	Period Ending 31 March 2025	Period Ending 31 March 2024
	£	£
Interest expense	14	45
Remeasurements – impact of any change in assumptions	8	-
Remeasurements – amendments to the contribution schedule	1,237	-
Contributions paid in respect of future service*	*	*
Costs recognised in income and expenditure account	*	*

*includes defined contribution schemes and future service contributions (i.e. excluding any deficit reduction payments) to defined benefit schemes which are treated as defined contribution schemes. To be completed by the company.

ASSUMPTIONS

	31 March 2025	31 March 2024	31 March 2023
	% per annum	% per annum	% per annum
Rate of discount	4.84	5.31	5.52

The discount rates shown above are the equivalent single discount rates which, when used to discount the future recovery plan contributions due, would give the same results as using a full AA corporate bond yield curve to discount the same recovery plan contributions.

25. OPERATING LEASE COMMITMENTS

At 31 March 2025 the Charity had commitments to make future minimum lease payments under non-cancellable operating leases as follows:

	2025	2024
	£	£
Not later than 1 year	60,067	60,540
Later than 1 year and not later than 5 years	17,008	35,898
	<u>77,075</u>	<u>96,438</u>

26. RELATED PARTY TRANSACTIONS

During the year the charity paid £15,643 (2024: £14,167) for rent and insurance to a Council Member.

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27. GENERAL RESERVES

At 31 March 2025 there is a surplus on unrestricted free reserves of £600,065.