ANNUAL REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR END 31 MARCH 2026

HEALTHBUS TRUST

Charity Registration No: 1186790

TRUSTEES ANNUAL REPORT

FROM 01 APRIL 2025 TO THE YEAR ENDED 31 MARCH 2026

1.0 INTRODUCTION

1.1 The trustees present their 6th report, with the financial statements of the charity from 01 April 2025 to the year ended 31 March 2026. The trustees have adopted the provisions of Accounting and Reporting by the Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

2.0 AIMS

2.1 The objectives of the charity are to preserve and provide accessible, high-quality, patient-centred healthcare for people experiencing homelessness to address health inequalities and reduce the pressure on frontline services in Bournemouth and the surrounding area by:

2.2 Reduce health inequalities by bringing safe, compassionate and accessible healthcare directly to people at the point of need.

2.3 Advancing the education of the general public in all areas relating to the physical and mental health of the homeless and rough sleeper community, including the nature, causes and effects of homelessness, human suffering, poverty and distress;

2.4 Providing and promoting the provision of facilities for medical treatment with the object of improving conditions of life for people who are suffering;

2.5 Advocate and influence through advancing health justice for people experiencing homelessness and severe exclusion.

2.6 Promoting residential accommodation for people who are in need, hardship or distress by reason of social, physical, emotional, spiritual or economic circumstances;

2.7 Associating together the said individuals and local voluntary and other organisations in a common effort to liaise closely with local providers of homeless services, connecting individuals with the help they need in order to move off the streets and become housed. The above objects may include, but are not limited to, the provision of: (i) immediate GP services and treatment; (ii) Physical and Mental Health assessments, Drug, Alcohol and Lifestyle advice, Prescriptions, blood tests and immunisations. (iii) Referrals to other services such as Podiatry, a homeless Nurse Specialist, Addiction and Mental Health Specialists. (iv) Providing preventative healthcare that if such persons were unable to access via a regular GP, would lead to worsening health conditions at a cost to the patient's lives whilst saving the associated accelerated cost to the NHS of such worsening conditions; (v) screening tests for treatable diseases; (vi) eye tests with an optometrist (a unique service as one would normally need an address to access such a specialist).

2.8 In all cases working in the United Kingdom, particularly in the South of England.

3.0 WHY WE EXIST – GIVING IDENTITY TO AN UNMET NEED

3.1 HealthBus Trust is an award-winning CQC-registered charity providing specialist, nurse-led healthcare for people experiencing homelessness across Bournemouth and the surrounding area. Through our mobile outreach service, we bring accessible, compassionate care directly to people who are sleeping rough, living in emergency accommodation, or facing significant barriers to mainstream healthcare. Working alongside multidisciplinary partners, local authorities and voluntary sector homelessness services, we meet people at their point of need, build trust at the pace of each individual, and help bridge the gap between exclusion, recovery and long-term health support.

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3.2 HealthBus partners with clinical and non-clinical teams to create a wrap-around service that helps people improve their physical and mental health, free themselves from addiction and move on from homelessness. The service reduces demand on NHS secondary care and other service providers and collaborates with hospital teams to reduce the 'revolving door' syndrome that sees individuals going in and out of hospitals and unregistered patients presenting at A&E. This helps reduce demand and frees up resources for the wider community.

3.3 HealthBus's mission is to provide accessible, high-quality, patient-centred healthcare for people experiencing homelessness, helping to reduce health inequalities and ease pressure on the NHS and frontline services. We believe every person has an equal right to effective, evidence-based care in a safe, compassionate and non-judgemental environment. Through our nurse-led outreach model, we advocate for people whose voices are too often unheard, integrate lived experience into the way we design and deliver our services, and share our learning so that wider systems can better understand and respond to homelessness, exclusion and health inequality.

3.4 Les, aged 37, told the HealthBus team***: "Sometimes it feels like the world has forgotten about people who are homeless … I am so grateful to the HealthBus team for their compassion and kindness. They make everyone feel safe, I get to see the GP and Nurse as well as other homeless services. It's the best day of the week for me".***– January 2026 (undisclosed patient)

3.5 HealthBus's Model draws on components of the recovery model developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) (Ellison, 2018). A review by Ellison identified the components across several studies most concordant with recovery. These include person-centred care, empowerment (agency), purpose and hope.

3.6 HealthBus' clinical team includes an Outreach Nurse, Diabetes Nurse, Mental Health Nurse, Advanced Nurse Practitioner and Social Prescriber, often forming the first trusted healthcare relationships for patients. Delivery is supported by a CQC Registered Manager, Clinical Lead, Clinical Admin team, Research Lead and volunteers. Together, they create a safe first step towards recovery, helping people rebuild self-worth, accept care and progress towards mainstream services.

3.7 HealthBus is a novel model of homeless healthcare delivery, placing the value of relational aspects of primary healthcare engagement, that targets the needs of the homeless population, who are under-served by traditional healthcare services. The mobile clinic is the start of a recovery and reablement journey to foster trusting relationships with healthcare providers, promote individual value and self-worth, and develop agency plus confidence in personal health-related decision-making.

4.0 THE NEED WE'RE ADDRESSING

4.1 **The size of the population we're serving.** In England, 76,270 households were owed homelessness prevention or relief support between October and December 2025, while 134,210 households were living in temporary accommodation on 31 December 2025, including 176,130 children. 1.Rough sleeping also reached a record high, with 4,793 people estimated to be sleeping rough in England in autumn 2025. In the South West, the figure was 585, up 11% from 2024. 2.

4.2 Operating in some of the most deprived neighbourhoods identified by the Index of Multiple Deprivation 2019, including a neighbourhood ranked 528 out of 32,844 in the UK, the HealthBus has demonstrated that it is well-positioned to support and deliver care. Bournemouth has the third-highest homeless population in the UK, highlighting the critical need for effective health interventions tailored to this vulnerable group.

4.3 The latest rough sleeper count for Bournemouth, Christchurch and Poole (BCP) was 53 people sleeping rough on a single night in autumn 2025. BCP Council's latest homelessness strategy evidence says that in 2024–25, the council completed 2,887 homelessness assessments and 2,767 households were owed a homelessness duty, meaning they needed formal prevention or relief support because they were homeless or at risk of homelessness. A significant number of patients seen have complex and profound medical and social issues. In addition, many patients are affected by alcohol and drug misuse.

4.4 **The problem of accessing healthcare**. HealthBus continues to highlight and address, the huge inequality of access to quality healthcare for homeless people. Mainstream services require service users to be 'on the grid,' that is to be easily reachable; to have an address, and a phone; to behave within specific parameters; to be literate, to respond in expected ways and to have a level of trust of authorities and providers that permits practical interaction. This client group can rarely meet all these criteria. Success in engaging homeless people comes from building relationships and trust, and word of mouth rather than standard contact approaches.

4.5 **Research into health inequality.** The article *Designing a Flexible and Inclusive Approach for Public and Community Involvement in Research With People Who Are Homeless or Vulnerably Housed* reflects on the **I Am More Than…** project, a co-produced partnership involving universities, health and care systems, community organisations and people with lived experience of homelessness.

4.6 It addresses the exclusion of people who are homeless or vulnerably housed from research, despite the severe health inequalities they face. The project used participatory and co-production methods, with community researchers shaping conversations, interviews, creative engagement and stakeholder events.

4.7 Key learning shows that genuine inclusion depends on relationships before tasks, working at the "pace of trust", valuing lived experience, and adapting to people's everyday realities. The paper argues that inclusive research must move away from transactional involvement towards relational, flexible and community-led approaches. This has important implications for health equity, research design and systems change.

5.0 STAFFING

5.1 **Volunteers:** We had sixteen regular volunteers supporting the HealthBus.

5.2 **Paid employees:** The Trust employed 1 staff member (Executive Director) to oversee the charity's operations and delivery service.

5.3 **Contractors:** The charity had four external contractors. Those undertaking corporate fundraising, social media and finance on a sessional basis invoice the charity. The Trust also uses agencies or private practitioners for Human Resources, Research, IT Support, Finance and Legal issues.

5.4 **Service Level Agreement:** The Trust established an SLA with HealthBus Hub CIC (HealthHub) to deliver clinical services and oversee clinical governance and statuary contracts. HealthHub employs 6 staff members part-time and has 3 external contractors.

6.0 ACHIEVEMENTS

6.1 **Leadership & Partnership Working**: The HealthBus continues to demonstrate success in understanding that it isn't just about *providing* healthcare, it's about making sure that the systems and processes to access that care are built around the needs of the people it serves, for example, offering drop-in clinics rather than appointments.

The appointment of two new Patrons to the charity strengthens its expertise.

6.2 **HealthHub:** The HealthBus Trust continues to work closely with the HealthHub. The *HealthBus Hub CIC* (HealthHub) is an independently run specialist health service, providing accessible and appropriate healthcare to people experiencing homelessness. The HealthHub is a trading subsidiary of the HealthBus Trust.

6.3 **Homeless Partnership:** The HealthBus continues to be a vital member of Homelessness Partnership BCP, a local partnership in Bournemouth, Christchurch and Poole to help prevent people from losing their homes, and escape homelessness in all its forms, whether hidden sofa surfing or visible rough sleeping. More than 40 local organisations have signed the charter saying they share the partnership commitment to end homelessness across the area, by ensuring everyone has a safe place to live that they can call home. The Partnership has a Homelessness Reduction Board (HRB) that brings leaders together from the Council, NHS, Police, Probation, social housing, voluntary and faith groups to ensure activity is joined up and making a real difference.

6.4 **MDT:** HealthBus is a vital member of the local Homelessness MDT (Multi-Disciplinary Team). The Homelessness MDT works to provide rough sleepers with person-centred and wrap-around support in consideration of their mental health needs, and physical, emotional, social, and spiritual wellbeing. The key aim is to deliver a collaborative multi-agency approach and the people involved are the people who can meet the multifarious and often complex needs of homeless clients.

6.5 **His Majesty's Lord-Lieutenant of Dorset, Professor Michael Dooley LVO as Patron,** recognising the charity's trusted role in delivering specialist healthcare to people experiencing homelessness across BCP. This patronage strengthens HealthBus' public profile, celebrates its King's Award-recognised volunteer contribution, and supports wider advocacy for compassionate, nurse-led outreach healthcare that reaches people often excluded from mainstream services.

6.6 **Cloud-based Patient Record System:** Pioneering our digital cloud-based patient record system through the partnership with PatientSource has been instrumental in enhancing our organisational compliance and efficiency.

6.7 **Improving Digital Protocols.** HealthBus meets the requirements of the NHS Digital Data Security and Protection Toolkit, demonstrating our commitment to protecting patient information, maintaining secure systems and meeting recognised data governance standards. Our IT infrastructure is professionally managed and supported by SPCIT, ensuring robust cyber security, device management, technical oversight and ongoing compliance.

6.8 **Award for Innovation.** Sam Whittle, Specialist Diabetes Nurse with Bournemouth Hospital and HealthBus, won the Diabetes Nursing Award for Innovation. Recognised for completing the Type 2 Refocusise Programme to help Type 2 diabetes patients manage their conditions. Sam's work has improved outcomes, built trust, and partnerships..

6.9 **Community Training:** When funding allows, we provide dedicated training with local partners for frontline workers in the homelessness sector. As part of a multidisciplinary team, we aim to strengthen understanding of the complex needs people face, helping professionals shape more holistic care and support that enables recovery from the streets into safer, more stable accommodation.

6.10 **Community Fundraising.** Engagement with local businesses and schools deepened, fostering mutual support and awareness with successful fundraising campaigns.

6.11 **Dr Feroz became a Patron of HealthBus** in February 2026, bringing distinguished clinical, public health and international leadership experience to the charity. A medical graduate of Kabul University, he has also studied Public Health Management at the London School of Hygiene & Tropical Medicine and health management in India. He previously served as Afghanistan's Minister of Public Health and has more than 30 years' experience strengthening health systems, improving access to care, and supporting communities facing significant barriers to healthcare. His patronage strengthens HealthBus' advocacy, credibility and commitment to health equity

6.12 **Education Engagement.** The HealthBus Team have delivered a series of talks to schools, colleges and university students, churches, and local businesses. All these events help to educate, raise awareness of homeless issues and offer fundraising opportunities.

6.13 **Research:** Our involvement in three vital homeless research projects, with Universities across the south on reviewing our Mixed-Method Model, Oral Bridging Pilot and the Research Engagement Network (REN) 'I AM MORE THAN …' project, underscores our commitment to evidence-based solutions.

6.14 **Celebrated in Parliament:** In February 2026, HealthBus Trust was invited to Speaker's Court at the Palace of Westminster to showcase its specialist, nurse-led mobile healthcare model. Supported by MPs Jessica Toale and Vikki Slade, the event enabled HealthBus to brief parliamentarians and stakeholders on its impact, reducing health inequalities and providing compassionate care for people experiencing homelessness.

7.0 Fundraising

7.1 HealthBus has fulfilled its financial budget target for 2025-26. The charity sector continues to face challenges as funding declines, and both community and corporate investments in the sector have decreased due to economic and political factors. The

Trust recognises the need to be proactive in securing income and has made dedicated efforts to diversify its funding sources.

HealthBus's fundraising plan continues to complement its strategic plan and outlines the prioritising goals and activities, assesses the investment, measures impact and identifies multichannel fundraising approaches to maximise the charity's resources, which have been evident in its achievements in 2025-26.

7.2 The HealthBus Trust wishes to acknowledge the contribution made by twenty-six Foundations / Trusts that have given financial grants to the HealthBus Trust. From 01 April 2025 to 31 March 2026:

AFC Cherries Community Fund, Albert Hunt Trust, Provide Community Small Grant (Ormiston Families), CAF Building Resilience Fund, Elmgrant Trust, Woodroffee Benton Foundation: Small Grants Programme, Garfield Weston Foundation, The 29th May 1961 Charity, The Burdett Trust for Nursing, DCF: BCP Food and Energy Support Fund June 2025, Boots Charitable Trust, Benefact Group - Health and Wellbeing charities, Hospital Saturday Fund (HSF), Vinehill Trust, The Arnold Clark Community Fund, The James Tutor Foundation, Masonic Charitable Foundation, The Hobson Charity, Talbot Village Trust, Leeds Building Society Foundation, Strategic Solutions Community Foundation, The Kristina Martin Charitable Trust, Pallex Group – Foundation, The John Horseman Trust, Roger Raymond Charitable Trust, Valentine Trust.

8.0 PROGRESS ON SPECIFIC AIMS/OBJECTIVES from April 2025 to March 2026:

Financial goals	Progress
1. Develop income opportunities through grants, trusts, companies and local organisations.	• Successful applications. • Networking opportunities. • Updating the Risk Register and monitoring income.
2. Explore contracts from Statutory Bodies.	• Reduced capacity and reduction in public spending has consequently impacted negatively on contracts from local government (BCP), NHSE and the ICB. • Sustained honorary contract with The Cranborne Practice, Lake Road Surgery.
3. Increase regular donor giving through social media and events.	• Social media engagement has increased since previous year to include Facebook, Instagram, Twitter and website. 1078 followers on Facebook, 1046 on Instagram and 267 followers on X (formally known as Twitter). Supporters are also using the website to regularly give to the charity.
4. Partnership with the CIC for clinical delivery.	• Trading subsidiary in place with service level agreement with contractual arrangements for the financial year 2025-26.

Non- Financial Aims & Objectives 2025/26:	Progress
5. Continue to provide specialist healthcare to the homeless and rough sleeping community.	• Service delivery continues as specialist healthcare is delivered. Partnerships and collaboration with PCNs stifled due to contractual and data sharing complications with NHS Dorset and ICB.
6. Sustain CQC registration.	• CQC compliance and regulation monitoring continues via QCS Policy portal.
7. Review a Five-Year Strategy.	• HealthBus maintains its Strategic Plan to deliver and provide patient-care in order to fulfil its aims, objectives and values. • Investment in research to underpin the evidence of our impact on patients, the wider community and health sector. • Advocating for our patients in a challenging landscape where mainstream care is limited with investment and capacity.
8. Increase social media content.	• HealthBus has developed its latest news website portal and increased the readership of its reach.
9. Increase local public awareness of charity.	• Team involvement in fundraising, collaboration with AJC Group, BBC Radio Solent and local interviews and radio broadcasts, social media posts. • Collaboration with Arts University, Bournemouth University, Bournemouth University, Health Sciences University and relevant businesses. • Parliament visit with Ministers and parliamentary members sharing our mobile specialist healthcare model.
10. Grow staff team and volunteers.	• Attracting like-minded specialist staff with the skills, capacity, and attitudes to enhance our team and service delivery. • Increase numbers of paid staff and volunteers.
11. Explore opportunities to offer our services in other areas with a need for homeless healthcare.	• Restricted funding secured for 'Bus in a Box' Project, 12 month programme to explore scaling and a road map for wider delivery. More formal arrangements will follow on from establishment of business model.
12. Review and update the Risk Register for the Trust which can hinder development and delivery.	• Risk Register is reviewed on a regular basis. Loss of key staff, significant events and reputational damage remain the greatest threats.

9.0 WHAT WE DELIVERED April 2025 to March 2026

Number of ANP Appoitments	**408**
Number of Social Prescriber Appts	**496**
Number of Outreach Nurses Appts (Outreach/mobile clinic)	**1012**
Number of Mental Health Nurse Appts	**1290**
Number of Diabetes Nurse Specialist	**132**
Nurse Sessions	**77**
New Patient Registrations	**273**
Number of Unique Patients Seen	**532**
Number of Patients on the register	**920**
Total Clinical Appointments	**3338**

N.B.
The number of unique patients represents patients who are often seen multiple times. They have complex health and social issues and are often in the most desperate situations. This highlights the extreme vulnerability of this patient group.

10.0 RESERVES POLICY

10.1 The trustees have ensured that the reserves held are more than three months of standard expenditure to maintain sufficient funds to ensure the ongoing work of the charity. The reserves held are calculated as three months fixed running costs which include salary, PAYE and pension.

11.0 INVESTMENT POLICY

11.1 In view of the nature of the charity, funding reserves are considered best held as cash accounts with Lloyds TSB Bank.

12.0 RISK STATEMENT:

12.1 The board has developed and maintained the Risk Register. Developing and reviewing this further is a continued priority for the future.

13.0 PRIORITIES FOR 2026/27

13.1 The HealthBus will continue to provide accessible, high-quality, patient-centred healthcare for people who are experiencing homelessness.

13.2 Develop a business model and the underpinning strategies and policies to support sustainable, scalable growth.

13.3 Grow and develop a social media footprint to enhance the education of the general public in all areas relating to the physical and mental health of the homeless and rough sleeper community including the nature, causes and effects of homelessness, human suffering poverty and distress.

13.4 Increase fundraising applications and opportunities to cover core costs.

13.5 To develop a robust oversight of volunteer engagement.

13.6 Extend the risk register to reflect the growing scope of HealthBus and the changing environment.

14.0 REFERENCE & ADMINISTRATION DETAILS

Registered Charity Number: 1186790

Postal Address:

15, Boscombe Overcliff Road,

Boscombe Manor,

Bournemouth,

Dorset.

BH5 1LN

Board Members. Trustees:

Christopher Wakefield (Chair)

Dr Gareth Sherwood (Vice Chair & Treasurer)

Darren Slade (Treasurer)

Myka Wilshire (Secretary)

Samatha Action

Sara Turner

Sandi Marshall

Executive Director:

Deano Pickering

Operations Director

Kate Hibbitt

Independent Examiner:

The Accounting Bureau Ltd

87 North Road

Poole

Dorset

BH14 0LT

Accountant:

James Shutler, All Tax Ltd

17 Mortimer Road

Bournemouth

Dorset

BH8 9HP

Bank:

Lloyds Bank

45-47 Old Christchurch Rd,

Bournemouth

BH1 1ED

Operational Address:

c/o YMCA

Delta House

56 Westover Road

Bournemouth

BH1 2BS

Approved by order of the board of trustees on 10 September 2026 and signed on its behalf by:

Mr Christopher Wakefield

Chair of the HealthBus Trust

REGISTERED CHARITY NUMBER: 1186790

Report of the Trustees and Unaudited financial statements for the year ended 31 March 2026 for Healthbus Trust

Healthbus Trust

Contents of the Financial Statements
for the year ended 31 March 2026

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Healthbus Trust

Report of the Trustees
for the year ended March 2026

The Trustees present their report with the financial statements of the Charity for the year ended 31 March 2026. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) 'Accounting and Reporting by Charities issued in March 2005.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number
1186790

Principal address
Chessel House
15 Boscombe Overcliff Drive
Boscombe Manor
Dorset
BH5 1LN

Trustees
C M Wakefield
D Slade
G Sherwood
M Wilshire
S Turner
S Acton
S Marshall

Independent examiner
The Accounting Bureau Ltd
87 North Road
Poole
Dorset
BH14 0LT

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document
The charity is controlled by its governing document and constitutes a charitable incorporated organisation.

Recruitment and appointment of new trustees
There are no constitutional requirements for the appointment of trustees. All are independent and are invited to join by current trustees based on commitment to this highly specialised sector and the skills they can bring to governance.

Risk Management
The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error.

OBJECTIVES AND ACTIVITIES

Objectives and aims
To preserve and protect the health of homeless and rough sleepers in Bournemouth and the surrounding area by:

- Provision of specialist mobile healthcare where those experiencing homelessness can safely access treatment and support.
- Advancing homeless education to all in relation to the physical and mental health of our patients.
- Promoting appropriate and accessible residential accommodation for people who are experiencing homelessness, with support towards independent and safe living.

Report of the Trustees
for the year ended 31 March 2026

OBJECTIVES AND ACTIVITIES

Volunteers

Our volunteers provide support to the healthcare workers, for example as drivers and security.

ACHIEVEMENT AND PERFORMANCE

Charitable activities

The HealthBus Trust is an award-winning CQC-registered charity that brings healthcare directly to people experiencing homelessness in Bournemouth and nearby areas. We run a nurse-led mobile specialist healthcare service designed specifically for those without a permanent home, working closely with other local homeless organisations, the local authority and third-sector providers. We deliver nursing care, health checks, wound care, blood tests (Hep C/B, HIV, Syphilis), appointment support, medication assistance, mental health sessions and sexual health services. We are committed to addressing health inequalities by reaching those unable to access mainstream healthcare due to significant barriers.

From April 2025 to March 2026, the HealthBus Trust facilitated 3,338 clinical interventions across 3-4 operational days weekly, catering to 532 patients with complex health needs.

The team visited patients at designated temporary accommodations and those on the streets through homeless outreach.

This work has been funded by community fundraising and 26 grant-giving organisations that contributed to restricted and unrestricted funding. Grants were given by:

AFC Cherries Community Fund, Albert Hunt Trust, Provide Community Small Grant (Ormiston Families), CAF Building Resilience Fund, Elmgrant Trust, Woodroffee Benton Foundation: Small Grants Programme, Garfield Weston Foundation, The 29th May 1961 Charity, The Burdett Trust for Nursing, DCF: BCP Food and Energy Support Fund June 2025, Boots Charitable Trust, Benefact Group - Health and Wellbeing charities, Hospital Saturday Fund (HSF), Vinehill Trust, The Arnold Clark Community Fund, The James Tutor Foundation, Masonic Charitable Foundation, The Hobson Charity, Talbot Village Trust, Leeds Building Society Foundation, Strategic Solutions Community Foundation, The Kristina Martin Charitable Trust, Pallex Group - Foundation, The John Horseman Trust, Roger Raymond Charitable Trust, Valentine Trust.

Fundraising activities

Engagement with local businesses, educational research and schools deepened, fostering mutual support and awareness with fundraising activities.

HealthBus's fundraising plan continues to complements its strategic plan and outlines the prioritised goals and activities, accesses the investment, measures impact and identifies multichannel fundraising approaches to maximise the charity's resources which has been evident in its achievements in 2025-26.

FINANCIAL REVIEW

Income for the period reflects the HealthBus Trust's success in securing an increased number of multi-year grants. These awards provide restricted funding for specified programmes and projects delivered over 12 to 24 month periods. The position is also influenced by the timing of grant receipts, with some income received later than anticipated for designated activities carried forward from the preceding financial year.

The dearth of statutory funding and the ongoing lack of capacity within statutory health services have significantly altered the health sector landscape. This has required us to adopt more flexible, adaptive and innovative approaches to both service delivery and income generation in order to meet rising and increasingly complex needs.

We remain confident in our financial oversight and continue to prioritise good governance, transparency and the safeguarding of both restricted and unrestricted resources.

Reserves policy

Reserves are held to ensure the uninterrupted service provided to patients and the ongoing work of the charity.

The reserves are calculated as three months running costs, which include salary, PAYE, pensions and GP/nurse sub-contractor costs.

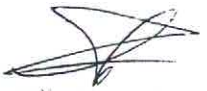
Healthbus Trust

Report of the Trustees
for the year ended 31 March 2026

Principal funding sources
Regular donations from supporters; Fundraising activities, particularly for a new response vehicle; Grant applications to charities and organisations.

Investment policy and objectives
All excess funds during the financial year were held in the charity's Lloyds bank account.

Approved by order of the board of trustees on 10 September 2026 and signed on its behalf by:



Christopher Wakefield
Chairman of Trustees - HealthBus Trust

Independent Examiner's Report to the Trustees of
Healthbus Trust

I report on the accounts for the year ended 31 March 2026, which are set out on pages 5 to 9.

Responsibilities and basis of report

As the charity's trustees you are responsible for the preparation of the accounts in accordance of the Charities Act 2011 ('the Act').

I have examined your charity's accounts as required under section 145 of the Charities Act 2011 ('the Act'). In carrying out my examination I have followed the directions given by the Charity Commission under S145(5)(b) of the 2011 Act.

My role is to state whether any material matters have come to my attention giving me cause to believe:

1. That accounting records were not kept as required by section 130 of the Act; or
2. That the accounts do not accord with those records; or
3. That the accounts do not comply with the requirements of the Act; or
4. That there is further information needed for a proper understanding of the accounts.

Independent examiner's statement
I have completed my examination and have no concerns in respect of the matters 1 to 4 listed above and in connection with following the Directions of the Charity Commission I have found no matters that require drawing to your attention.



A Carr AAT

10-Sep-26

Date

Healthbus Trust

Statement of Financial Activities
for the year ended 31 March 2026

	Notes	Unrestricted funds £	Restricted funds £	Year Ended 31.3.26 Total funds £	Year Ended 31.3.25 Total funds £
INCOMING RESOURCES					
Incoming resources from generated funds					
Voluntary income	6	166,986	495,858	662,844	298,385
RESOURCES EXPENDED					
Cost of generating funds					
Costs of generating voluntary income		7,601	2,060	9,661	7,254
Charitable activities		7,307	153,836	161,143	245,913
Governance costs		87,723	86,900	174,623	91,566
Other resources expended		24,436	33,244	57,680	36,896
Total resources expended		127,067	276,040	403,107	381,629
NET INCOMING/(OUTGOING) RESOURCES		39,919	219,818	259,737	- 83,244
RECONCILIATION OF FUNDS					
Total funds brought forward		- 18,919	323,839	304,920	388,164
TOTAL FUNDS CARRIED FORWARD		21,000	543,657	564,657	304,920

The notes form part of these financial statements

Healthbus Trust

Balance sheet
at 31 March 2026

	Notes	Unrestricted funds £	Restricted funds £	31.3.26 Total funds £	31.3.25 Total funds £
FIXED ASSETS					
Intangible assets	1	370	-	370	370
Tangible assets	4	22,701	42,714	65,415	77,878
CURRENT ASSETS					
Debtors	5	1,492	2,500	3,992	560
Cash at bank		47,972	475,710	523,682	230,148
		49,464	478,210	527,674	230,708
CREDITORS					
Amounts falling due within one year	7	3,802	25,000	28,802	4,036
NET CURRENT ASSETS		45,662	453,210	498,872	226,672
TOTAL ASSETS LESS CURRENT LIABILITIES		68,733	495,924	564,657	304,920
NET ASSETS		68,733	495,924	564,657	304,920
FUNDS	8				
Unrestricted funds				21,000	- 18,919
Restricted funds				543,657	323,839

The financial statements were approved by the Board of Trustees on 10 September 2026. And were signed on its behalf by:

Christopher Wakefield
Chairman of Trustees - HealthBus Trust

The notes form part of these financial statements

Notes to the Financial Statements
for the year ended 31 March 2026

1 ACCOUNTING POLICIES

Accounting convention
The financial statements have been prepared under the historical cost conventionand in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008), the Charities Act 2011 and the reuirements of the Statement of Recommended Practice. Accounting and Reporting by Charities.

Incoming resources
All incoming resources are included on the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Resources expended
Expenditure is accounted for an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Intangible fixed assets
A registered trademark has not been amortised due to its indefinite useful economic life.

Tangible fixed assets
Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Plant and machinery	- 10% straight line
Motor vehicles	- 10% straight line

Taxation
The charity is exempt from tax on its charitable activities.

Fund accounting
Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Hire purchase and leasing commitments
Rentals paid under operating leases are charged to the Statement of Financial Activies on a straight line basis over the period of the lease.

Pension costs and other post-retirement benefits
The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

2 TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 March 2026 nor for the year ended 31 March 2025.

Trustees' expenses
There were no trustees' expenses paid for the year ended 31 March 2026 nor for the year ended 31 March 2025.

3 STAFF COSTS

	Year ended 31.3.26	Year ended 31.3.25
	£	£
Wages and salaries	50,000	50,000
Social security costs	-	645
Other pension costs	1,313	1,313
	51,313	51,958

No employees received emoluments in excess of £60,000.

4 TANGIBLE FIXED ASSETS

	Plant & machinery	Motor vehicles	Computer equipment	Totals
	£	£	£	£
COST				
At 1 April 2025	15,398	88,968	13,354	117,720
Additions	-	-	4,319	4,319
At 31 March 2026	15,398	88,968	17,673	122,039
DEPRECIATION				
At 1 April 2025	(4,676)	(32,511)	(2,655)	(39,842)
Charge for year	(1,517)	(13,743)	(1,522)	(16,782)
At 31 March 2026	(6,193)	(46,254)	(4,177)	(56,624)
NET BOOK VALUE				
At 31 March 2026	9,205	42,714	13,496	65,415
At 31 March 2025	10,722	56,457	10,699	77,878

5 DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31.3.26	31.3.25
	£	£
Other debtors	3,992	560

6 INCOMING RESOURCES

	Core	Restricted	31.3.26
	£	£	£
Donations	70,800	2,500	73,300
Gift aid	1,553	-	1,553
Grants	91,649	463,527	555,176
Local authority grant/Contract	139	12,781	12,920
Other income	2,845	17,050	19,895
	166,986	495,858	662,844

7 CREDITORS: AMOUNTS FALLING DUE WITHIN 1 YEAR

	31.3.26	31.3.25
	£	£
Trade creditors	1,251	1,060
Taxation and social security	856	1,281
Accruals and deferred income	26,440	-
Other creditors	255	1,695
	28,802	4,036

8 MOVEMENT IN FUNDS

	At 1.4.25	Net movement in funds	At 31.3.26
	£	£	£
Unrestricted funds			
General fund	- 18,919	39,919	21,000
Restricted funds			
Various	323,839	219,818	543,657
TOTAL FUNDS	304,920	259,737	564,657

Net movement in funds included in the above are as follows:

	Incoming resources	Resources expended	Movement in funds
	£	£	£
Unrestricted funds			
General fund	166,986	127,067	39,919
Restricted funds			
Various	495,858	276,040	219,818
TOTAL FUNDS	662,844	403,107	259,737

8 **MOVEMENT IN FUNDS - continued**

Comparatives for movement in funds	At 1.4.24 £	Net movement in funds £	At 31.3.25 £
Unrestricted funds			
General fund	54,282	- 73,201	- 18,919
Restricted funds			
Funds held for a new bus	333,882	-10,043	323,839
TOTAL FUNDS	388,164	- 83,244	304,920

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	125,762	-198,963	- 73,201
Restricted funds			
Various	172,623	-182,666	-10,043
TOTAL FUNDS	298,385	-381,629	- 83,244

Healthbus Trust

Detailed Statement of Financial Activities
for the year ended 31 March 2026

	Year ended 31.3.26 £	Year ended 31.3.25 £
INCOMING RESOURCES		
Voluntary income		
Donations	73,300	37,175
Gift aid	1,553	1,061
Grants	568,096	258,909
Other income	19,895	1,240
	662,844	298,385
Total incoming resources	662,844	298,385
RESOURCES EXPENDED		
Cost of generating voluntary income		
Advertising	642	419
Networking	45	1,327
Fund raising expenses	8,974	5,508
	9,661	7,254
Charitable activities		
GP and nurse wages	-	2,560
Security costs	59	874
Bus hire and driver wages	-	2,100
Direct expenses	261	-
Food supplies for clients	6,013	10,421
Medical purchasing and testing	2,940	2,324
Healthbus Hub CIC	151,870	216,396
	161,143	245,913
Governance costs		
Wages and salaries	50,000	50,000
Social security	-	645
Pensions	1,313	1,313
Training	723	600
Accountancy	6,384	6,106
Consultancy	96,975	28,494
Subscriptions	893	1,788
Plant and machinery depreciation	1,517	1,548
Motor vehicles depreciation	10,550	8,375
Electric vehicle depreciation	3,193	3,193
Computer equipment depreciation	1,522	1,315
Carried forward	173,070	103,377

Healthbus Trust

Detailed Statement of Financial Activities
for the year ended 31 March 2026

	Year ended 31.3.26 £	Year ended 31.3.25 £
Governance costs		
Brought forward	173,070	103,377
Legal and professional fees	1,096	2,565
Conference fees	457	55
	174,623	105,997
Support costs		
Management		
Insurance	2,366	1,046
Telephone	1,400	1,109
Printing, postage and stationery	1,793	2,000
IT costs	20,322	12,803
Staff welfare	300	-
Repairs and renewals	107	301
Sundries	7,638	4,332
Motor and travel	17,706	9,079
Subsistence	3,584	2,354
Meeting costs	2,390	624
	57,606	33,648
Finance		
Bank charges	74	55
Total resources expended	403,107	381,629
Net income	259,737	- 83,244

This page does not form part of the statutory financial statements