St John &
St Elizabeth Hospital

St John's Hospice
St John & St Elizabeth Hospital

Annual Report and Financial Statements

S.S. John & Elizabeth Charity
For the year ended
31 December 2025



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Introduction

The Trustees present their Annual Report together with the Financial Statements and Auditor's Report of the Charity for the year ended 31 December 2025. The Annual Report serves the purpose of both a Trustees' Report and an Annual Report under the Charities Act 2011.

Co-Chairs' Statement

It is a privilege to serve as Co-Chairs of this remarkable organisation. St John and St Elizabeth Hospital is unique, occupying a very special place within London's healthcare landscape as one of the UK's largest independent charitable hospitals. We are proud of our 170-year heritage and our enduring ethos of care and compassion, which is reflected across both the Hospital and our Hospice, which supported nearly 5,000 people across North, West and Central London in 2025.

Against a challenging backdrop for both independent healthcare and the hospice sector, strong governance and stewardship have never been more important. Throughout the year, the Board worked closely with the Executive Management Team, providing oversight, constructive challenge and support, while ensuring that decisions remained firmly aligned with our values and long-term objectives.

Our people are fundamental to the organisation's success. We are deeply grateful to every member of staff, consultant and volunteer for their professionalism, compassion and commitment. We were particularly pleased to see continued investment in leadership, inclusion and staff wellbeing during the year, recognising the vital role our people play in delivering exceptional care.

We extend our thanks to Simon Lawless for his dedicated service as a Trustee. His experience, insight and thoughtful contribution to the Board have been greatly valued, and we wish him every success for the future.

We also offer our warmest thanks to Andrew Gallini for his leadership and contribution as Chief Nursing Officer, and for more than 16 years of dedicated service to the organisation. His commitment to clinical excellence, patient safety and compassionate care has made a lasting contribution across the Hospital and Hospice, and he leaves with our gratitude and very best wishes.

We are delighted to welcome Sarah Colebrook as our new Chief Nursing Officer. Sarah joins us at an important stage in the organisation's development, and we look forward to working with her as she strengthens clinical leadership, supports our nursing teams and helps ensure that patients continue to receive the highest standards of care.

Looking ahead, the Board will maintain its focus on financial sustainability, effective risk management and the responsible use of our resources. We will continue to support investment in our people, services and infrastructure, while protecting the distinctive charitable ethos at the heart of our organisation. During 2027, we aim to consolidate our position within London's sophisticated healthcare market by expanding our range of specialities and welcoming new consultants. Above all, our focus will remain on providing exceptional patient care.

We thank all our staff for their dedication and hard work throughout the year, as well as our patients, families, supporters, partners and wider community for their continued trust and support. Together, we remain committed to ensuring that compassion, commitment, community and charity guide every decision we make.

Julian Schild
Co-Chair

Professor HHJ William Morris
Co-Chair

Chief Executive Report

2025 was a year of progress, challenge and unwavering commitment to the communities we serve. Across St John & St Elizabeth Hospital and St John's Hospice, our colleagues continued to deliver safe, compassionate and personalised care despite growing demand and financial pressures.



At the Hospital, we invested in new services, technology and improved clinical pathways. The opening of our Children and Young People's Day Surgery Unit was a significant milestone, providing a safe and reassuring environment for younger patients. We also introduced lithotripsy and outpatient dietetics and invested in enhanced MRI software and advanced resuscitation equipment combining innovation and clinical excellence with the warmth and individual attention for which we are known.

Patient safety and experience remained central to our work. We strengthened systems, acted on feedback and saw Hospital complaints reduce by 39%, alongside many compliments recognising the professionalism, kindness and compassion of our teams.

St John's Hospice supported 4,960 patients, family members and carers a significant increase on 2024. Behind every number is a person or family facing an extraordinarily difficult time, and I remain deeply proud of the care, dignity, comfort and reassurance our teams provide.

A new six-year agreement with NHS North West London Integrated Care Board increased funding to 50% of the clinical costs of our services across the area an important step towards greater sustainability. Our supporters also helped raise more than £2.9 million for the Hospice. Their generosity remains vital, as our services cost more than £8 million annually and are provided completely free of charge.

None of this would be possible without our people. We continued to invest in leadership, development, inclusion and wellbeing. St John's Hospice achieved the FREDIE Bronze Award, while our Mental Health First Aiders and Freedom to Speak Up network provided valuable support to colleagues.

Financial pressures across healthcare and the Hospice sector remain significant. We will continue strengthening our financial position, developing sustainable income and using our resources responsibly.

Looking ahead, we remain committed to improving care, expanding access to Hospice services, investing in our people and building a financially and environmentally sustainable organisation.

I would like to thank our staff, consultants, volunteers, Trustees, donors, partners and wider community. Your expertise, compassion and generosity ensure that our founding purpose, to care for those in need, continues to guide everything we do.

Yours sincerely,

Simon James
Chief Executive

> **"Looking ahead, we remain committed to improving care, expanding access to Hospice services, investing in our people and building a financially and environmentally sustainable organisation."**

Introduction

About Us

St John & St Elizabeth Hospital is a leading private Hospital at the heart of the London community, and one of the UK's largest independent charitable Hospitals. We are passionate about delivering expert treatment with exceptional nursing care. Our specialist consultants and dedicated nursing staff are at the heart of our success, bringing unparalleled expertise and compassion to every patient.

We are a charitable organisation supporting our on-site Hospice, St John's. Their ethos is to celebrate and amplify life, enabling people to live well for as long as possible, and supporting the families of loved ones both on-site and out in the community.

Together, we create an environment where every visitor is greeted with warmth and care, ensuring a truly exceptional experience.

Hospital patients can access a comprehensive range of medical and surgical treatments for both children and adults. The Hospital accommodates high dependency care, elderly care, adult and children outpatient services, walk-in urgent care services, diagnostics, therapy and clinical support services.

The Hospital has six operating theatres, an endoscopy suite and state-of-the-art facilities, along with 72 inpatient rooms, all with en-suite facilities. The Hospital provides a wide range of elective and non-elective services for inpatients and day case care.

1856
Founded by Cardinal Wiseman, whose vision was to provide a Hospital that served the sick, the dying and the needy in the community. The Hospital was placed under the care of the Sisters of Mercy, an order of nuns.

1914 – 1918
The Hospital treated 2,573 naval and military patients during WW1. Three sisters were awarded the Royal Red Cross for their services during the war.

1957
The Hospital opened its Outpatient Department.

1984
St John's Hospice officially opened its doors with The Queen Mother visiting for a tour shortly after.

2007
The old convent, now known as Brampton House, was developed to provide facilities for 30 outpatient consulting rooms, an endoscopy suite, an NHS GP practice, a second main entrance and a Hospice Day Centre with offices and therapy rooms.

2020
The Hospice Inpatient Unit was redeveloped, with refurbished patient wards and private rooms, as well as the addition of a brand-new staff hub, Family Area and Children's Room.

2023
The Hospital's new wing opened with a refreshed imaging department, six new theatres, a day-case suite, upgraded patient bedrooms and an expanded Urgent Care Clinic, all with the latest equipment and technology.

2024
The Hospice celebrated 40 years of care and opened its new Wellbeing Centre, fully accessible gardens and administrative offices. The Hospital opened the new outpatient paediatric clinic, expanding its facilities and services in a new bespoke location. In 2024, in response to requests from our congregation and trustees, we restored the dome of our historic Chapel.

2025
The Hospital opened a Children and Young People's Day Surgery Unit which provides a safe and reassuring for minor surgical procedures. The service supports ENT, oral surgery, orthopaedics, ophthalmology and plastic surgery, for children aged 2 and above. Our 10-bed ward is designed specifically for children and young people in mind.



2025


1910


1915


1984


2020


2023


2024

Our Values

A set of shared beliefs that we do not compromise on:

Compassion

We recognise **the human side to healthcare** and business. This guides us. Compassion runs deep within our organisation. Our caring, empathetic approach sets us apart.

Charity

Charity is our reason for being. It's fundamental to our ethos. It inspires and motivates everything we do. Private healthcare is usually about making money. Not here, we're different.

Commitment

We're devoted to excellence. Our hallmark is outstanding care coupled with leading-edge treatment. We're committed to **delivering the best possible outcome for every patient.**

Community

We have strong ties with our local community. Our building is a friendly, neighbourhood landmark, not a cold clinical institution. A welcoming, inclusive place where people come to use our services.



Hospital Strategic Report

Our Year in Numbers

5,297
Hospital Day Case Admissions

77,370
Hospital OPD Appointments

Hospital

1,680
Hospital Inpatient Admissions

29,241
Diagnostic Exams Performed

Urgent Care Clinic (UCC)

Attendances
12,599
IN
2025

Referrals
4,330
IN
2025

Therapies

Outpatient Appointments
10,744
IN
2025

Inpatient Sessions
5,118
IN
2025

How We Deliver our Outstanding Care

Facilities for Outpatients

41 Consulting Rooms

1 ENT Scope Room

3 Ophthalmic Rooms (2 Diagnostics & 1 Laser room)

4 Treatment Rooms

2 Minor Procedure Rooms Plus 7 Recovery Bays

1 Gynaecology / Urology Procedure Room

Facilities for Inpatients

6 Operating Theatres

15 Day Case Beds (9 Endoscopy pods and 6 day surgery beds)

31 Inpatient Beds

1 Endoscopy Suite

Equipment and Imaging

2 MRI (1 x 1.5T, 1 x 3T)

6 Ultrasound scanners (3 in Imaging and 3 in OPD)

1 Mammography

1 X-ray (including full spine and long leg)

2 CT (1 x standard, 1 x static)

4 Image intensifiers for Intra-operative imaging

1 Fluoroscopy

Clinical Services Report

In 2025, we prioritised service improvements across the Hospital, building on our strong foundations to enhance both the quality of care and patient experience. Throughout the year, we expanded our range of services, introduced new treatments and equipment, and made improvements across multiple departments to streamline the patient journey. These developments also made it easier for consultants and their medical secretaries to work with us, enabling our teams to deliver more efficient, responsive, and patient-centred care.

In June, we opened our new **Paediatric Day Surgery Unit** expanding access to surgical services for children aged 2 to 16. The Unit provides fast access to day-case procedures across ears, nose and throat (ENT), oral surgery, orthopaedics, ophthalmology and plastic surgery, allowing the children to return home the same day and minimise disruption to family life. The dedicated 10-bed ward has been thoughtfully designed to create a calm and welcoming environment, with private en-suite rooms and bespoke wall murals by a local artist. Every aspect of the Unit has been designed to provide personalised care in a space that promotes comfort, dignity and reassurance for both the children and their family. Following the Unit's opening, we collaborated with **Happy Kids Dental** to provide a dedicated space for children requiring specialist dental surgery.

In partnership with the London Lithotripter Centre, we introduced an **in-house lithotripsy service** within the Minor Operations Department in Outpatients. This enables our urologists to refer patients directly for treatment, providing a more seamless and coordinated pathway of care.

We enhanced our diagnostic imaging services by installing **Siemens AI software** on our **MRI scanners**. The technology produces clearer, sharper images to support more accurate diagnosis while reducing scan times, improving the patient experience and increasing appointment capacity.







Patient Story
Squint Correction Surgery

Thea* was four years old when she had corrective squint surgery with Professor Saurabh Jain, Consultant Ophthalmic Surgeon. Her Mother recalls their experience of how we got to that point and how her recovery has been since.

"We first noticed issues with Thea's eyes when she was about two and a half. From then on, we were under the care of the NHS, with regular appointments to monitor the measurements of her eye and make sure everything stayed stable.

'She was prescribed glasses, which she wore all the time. At the time, we thought they were just supporting her vision, but we didn't fully realise how much they were compensating for issues with depth perception. At one point it was mentioned that the glasses might also give her a sense of confidence or protection socially, but for us it was clear she genuinely relied on them.

"I first spoke to Professor Jain's secretary, and we arranged a virtual consultation because of the distance. They were incredibly accommodating, even scheduling the appointment for 8 am on a Sunday morning. From the very first conversation, Professor Jain was calm, clear, and brilliant with Thea. It was honestly the first time in two years that we fully understood what the actual issue was from a technical point of view, and that alone was hugely reassuring.

"Not long after that, we travelled over to London for a day of assessments. Thea had several tests done. We met with the orthoptist, then with Professor Jain, and it was confirmed that she was suitable for surgery and that they were happy to proceed. The surgery itself took place about a month later.

"When we explained to Thea that she was going to have surgery, I showed her in the mirror what the issue was and why we were doing it. She genuinely hadn't realised that her eyes were pointing in slightly different directions, which really brought home how young she was and how little she'd questioned any of it.

"The surgery was a day-case procedure. We arrived in the morning and were home again that afternoon. Thea was incredibly brave throughout. The only moment she seemed even slightly anxious was when she squeezed my hand a bit tighter going into the anesthetic room — which, if I'm honest, was far harder for me than for her.

"One of the strangest (and most amazing) things after surgery was that she refused to put her glasses back on. She said, very matter-of-factly, "I don't need them." Hearing that from a four-year-old was both surprising and incredibly powerful."

**Names have been changed to protect patient privacy.*



> "Handing your child over is never easy. But the staff were absolutely brilliant. The facilities were clean, child-friendly, and calm, and everyone was so kind and reassuring. The nurse chatted to her constantly and really put her at ease."

Our new **One-Stop, Pre-Assessment Service** was introduced for patients requiring surgery within seven days of their initial outpatient appointment. By bringing assessments together into a single visit, the service has accelerated the booking process, streamlined admissions and improved access for patients requiring urgent procedures.

Building on the successful launch of the Outpatient Speech & Language Therapy Service in 2024, we introduced a new **Outpatient Dietetic Service**. Our team of dietitians provide personalised, evidence-based nutritional support to help patients manage a range of conditions and improve their overall wellbeing.

We also invested in new **state-of-the-art resuscitation training equipment** to further strengthen clinical education across the Hospital. The new mannequins include adult, child and baby models, enabling teams to train for a wide range of emergency scenarios. Enhanced technology provides real-time feedback on the quality of ventilations and chest compressions through a companion app, supporting higher standards of training and helping to ensure the best possible outcomes for patients.

In December, we celebrated treating more than 100 patients with Arthrosamid, a minimally invasive treatment for knee osteoarthritis. The procedure involves injecting a hydrogel directly into the knee joint to help reduce pain and improve mobility, offering an effective alternative to surgery for many patients. **Arthrosamid** is particularly beneficial for those seeking a non-surgical treatment option or who are unable to undergo a general anaesthetic. Reflecting its accessibility, our oldest patient treated with Arthrosamid during the year was 97 years old.



Patient Story

Helping Patients Get Back to the Activities They Love



After more than two decades as a professional footballer, Colin knew his knees had been through a lot. When his knee pain began to affect his everyday life he sought advice from Orthopaedic knee specialist Mr Parag Jaiswa who suggested Arthrosamid, a non-surgical, injectable hydrogel treatment for knee osteoarthritis.

"It was a sharp pain on the inside of my knee. It wasn't enough to make me fall over, but it felt like someone was sticking a pin into my knee. It had been going on for around nine to twelve months.

"I was a bit skeptical when Arthrosamid was suggested because I'd had injections before, but they were different. The main reason I decided to go ahead was because I really didn't want to end up needing another knee replacement.

"The whole process took about 45 minutes. It wasn't painful at all. The knee was numbed and it never really bothered me afterwards, even on the journey home. As time went on, the pain gradually became less and less. I could go longer and longer without it bothering me. I started doing my exercises at home and slowly noticed I was getting back to doing more.

"Three or four months after the injection, I was back playing padel, which I never thought I'd be able to do comfortably again. Walking the dogs is no longer a problem either. It's made a massive difference to my day-to-day life.

> "I'd definitely recommend that people find out more about it. For me, it's been a really good treatment option that helped me avoid another major operation."

Patient Satisfaction

We take great pride in the quality of care we provide and in our dedicated efforts to ensure each patient's experience with us is as pleasant as possible. Our patient survey serves as a key measure of our success in this regard, and we carefully track the results.

Complaints and concerns

Our Head of Patient Experience oversees all patient complaints. Throughout the year, we received 65 complaints a reduction of 39% showing our continued dedicated focus on patient safety and quality improvement. The graphs below illustrate the months in which these complaints were received and how they were handled internally, as well as how they were distributed across each quarter. 'Not upheld' indicates no further action was required, while 'Upheld' and 'Partially upheld' signify that the complaint was escalated to an investigation stage.

	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Total
Total no. of clinical complaints received	**9**	**5**	**6**	**4**	**6**	**3**	**4**	**5**	**4**	**11**	**3**	**5**	**65**
No. of clinical complaints upheld	0	1	2	2	3	1	2	1	2	2	0	0	16
No. of clinical complaints partially upheld	5	2	3	1	0	2	1	3	1	7	1	5	31
No. of clinical complaints not upheld	4	2	1	1	3	0	1	1	1	2	2	0	18

	Q1 25	Q2 25	Q3 25	Q4 25	Total
% of clinical complaints upheld	15	46	38	10.5	24.6
% of clinical complaints partially upheld	50	23	38	68	47.6
% of clinical complaints not upheld	35	30	23	21	27.6



Compliments

The feedback shared by our patients throughout 2025 reflects our colleagues' commitment to providing outstanding care. Across hundreds of compliments, patients consistently recognised the kindness and compassion of our teams, the professionalism and expertise of our clinical staff, and the personalised reassurance they received during anxious or difficult moments.

Many also praised our welcoming environment, efficient service and high-quality facilities, describing care that made them feel heard, valued and supported at every stage of their experience.

The following comments represent just a small selection of the feedback we received during the year:

> Every time, my experience is five-star. Staff are always friendly, calm, never rush or stress me, and are super respectful. I feel I can trust my health to well-experienced professionals who enjoy their job.

> One of the best Hospitals I have been to. The Hospital is lovely and accommodating at a very nerve-wracking time. The staff were amazing, kind, helpful and knowledgeable.

> Friendly, helpful and cheerful. The consultant, nurses and physiotherapists were all experienced and top class. I've been to many private Hospitals in London, but this one has the best and most reassuring atmosphere.

> "I recently had a full knee replacement at St John & St Elizabeth Hospital, and I cannot express how grateful I am for the exceptional care I received. From the moment I arrived, I was treated with kindness and compassion by the most dedicated staff I have ever encountered. As someone who was extremely anxious about the surgery, I was relieved to find that my worries were unfounded. I felt valued as a patient, and that made all the difference."

> Excellent Hospital. I'm so glad I chose it for my surgery. The pre-operative assessment was thorough, and I felt so well looked after during my surgery and recovery. The nurses were lovely, as were the catering staff, and there was plenty of food variety and choice. It is such a welcoming, warm Hospital. I was checked on throughout the night, staff responded quickly to my medication requests and call button, the room was clean, and I felt at home. I was so nervous about the whole procedure, but this Hospital made me feel happy and put my nerves at ease.

> My visit to the Hospital was seamless from start to finish. The staff were incredibly friendly and welcoming. The doctor took the time to truly understand my concerns, provided clear and helpful advice, and addressed all my questions with patience and care. I left feeling reassured and well informed about my next steps. Overall, it was a perfect experience, and I truly appreciate the professionalism and kindness of everyone involved.

Patient Satisfaction Feedback Report 2025

Based on the period of January to December 2025

97.5%
Patients said they would be **"Likely"** or **"Extremely Likely"** to recommend

97.7%
Patients rated their experience of our service as **"Good"** or **"Very good"**

100%
Patients rated the welcome on arrival as **"Good"** or better

93.6%
Patients answered **"Yes, always"** when asked if they had confidence and trust in nurse treating them

97.3%
Patients said they would be **"Likely"** or **"Extremely Likely"** to recommend their consultant

97.3%
Patients responded **"Yes, definitely"** when asked if they felt they were treated with respect and dignity

95%
Patients told us they rated the catering as **"Good" or "Better"**

84.9%
Patients responded **"Yes, definitely"** when asked if they were involved as much as they wanted in decisions

88%
Patients answered **"Yes, completely"** to being given all the information they required before leaving the Hospital

Percentages are based on the 4,910 responses received during the reporting period.

Online and social media

Google **4.5** ★★★★½ (963 Google Reviews)

Meta **92%** **recommended** (272 reviews)

doctify **4.75** ★★★★★ (5,898 reviews)

Clinical Governance

St John and St Elizabeth Hospital is regulated by the Care Quality Commission (CQC) and is committed to publishing a Quality Account that assesses our performance against the five key questions central to their standards.

Are our services SAFE?
Are people protected from abuse and avoidable harm?

Are our services EFFECTIVE?
Do people's care and treatment achieve good outcomes, promote a good quality of life, and is evidence-based where possible?

Are our services CARING?
Do staff involve and treat people with compassion, kindness, dignity and respect?

Are our services RESPONSIVE?
Are services organised so they meet people's needs?

Are our services WELL-LED?
Are services well-led with clear vision, strategy and positive staff culture? Is there effective governance, patient engagement and incident and complaint management procedures?

For the purposes of this section of the Annual Report, we will focus on **"Safe"** and **"Effective"** as the last three are covered in other areas of the report. For our full Quality Account, visit www.hje.org.uk.

Overall Good	**Safe**	Good	**Overall Good**	Medical Care (including older people's care)	Good
	Effective	Good		Critical Care	Good
	Caring	Good		End of life care	Good
				Outpatient and Diagnostic imaging	Good
	Responsive	Good		Surgery	Good
	Well-led	Good		Urgent and Emergency Services	Good

No CQC inspection took place during this reporting period. Our most recent targeted inspection was conducted in October 2023 and focused on the "Safe" key question within surgery and critical care services. Following the inspection, our overall rating remained 'Good'.

Safe

Ensuring that services across the organisation are safe remains a key strategic priority for the Hospital.

Potential risks to patient safety are identified through several channels, including clinical audits, risk assessments, complaints, adverse incident reporting and concerns raised by staff. We also routinely review trends across key performance measures. Our quality dashboard enables us to monitor Key Performance Indicators (KPIs), identify emerging issues and ensure compliance with regulatory requirements, including the reporting of serious incidents and duty of candour events.

VTE* Risk Assessment and Incidents	2025	2024	2023
% of admitted patients assessed within 6 hours of admission	86.18	81.9	92.4
No. of incidences of Hospital-acquired VTE	0	2	3
% of DVT**/PE*** inpatient cases in all inpatient admissions	0.0	0.0	0.0

*VTE - Venous Thromboembolism. | ** DVT - Deep Vein Thrombosis. | *** PE - Pulmonary Embolism.

Slips, Trips and Falls	2025	2024	2023
% of patients with completed Falls Risk Assessment on admission	98.52	94.5	93.6
No of. patient near miss/good catch	0	0	0
No of. patient slips, trips and falls resulting in moderate harm	4	2	0
No of. patient slips, trips and falls resulting in severe harm	0	0	0
Total no. of slips, trips and falls	33	62	59
% of falls in all admission bed nights	0.56	0.80	0.6

Falls resulting in moderate harm were all investigated and deemed unavoidable. All falls are discussed at the Falls Group to identify any learning and improvements.

Pressure Ulcers	2025	2024	2023
% of admitted patients with completed Waterlow on admission	82.84	92.2	92.5
% of admitted patients with a completed MUST Assessment within the first 24hrs of admission	82.78	91.6	93.4
No. of Hospital acquired pressure ulcers Category 2 or above	2	15	7
% of Hospital acquired pressure ulcers Category 2 or above in all admission bed nights	0.03	2.2	0.1

Ongoing education, training, and awareness initiatives have strengthened staff knowledge and understanding of pressure ulcer prevention, enabling earlier identification of risk factors and more consistent implementation of preventative measures. This sustained emphasis on tissue viability has contributed to improved patient outcomes and a reduction in pressure ulcer incidence.

Infection Prevention and Control

Infection Prevention and Control (IPC) achieved significant progress across the Hospital in 2025.

The Sepsis Ambassador Quality Improvement Project drove compliance with the Sepsis Clinical Tool from 68.80% to 95.25% over a three-month period, alongside a 66.67% improvement in early infection identification, and was successfully expanded from St Francis to St Elizabeth, the Day Patient Unit, HDU, and the Hospice.

A revised MRSA Risk Assessment Tool streamlined pre-assessment screening, while seven key monthly IPC audits maintained an average compliance score above 96%, including hand hygiene, sharps management, and catheter insertion practices.

Staff Flu Vaccination uptake rose to 224 staff members (38%), up from 204 the previous year, and PLACE assessment scores exceeded 90% across most domains, including cleanliness and privacy, dignity and wellbeing.

The Sustainability Champions initiative introduced reusable blood pressure cuffs, projected to save £16,000 annually and prevent 2,400 single-use cuffs from landfill in the Day Patient Unit alone, complementing the "Gloves Off" campaign to reduce unnecessary non-sterile glove use in line with the NHS Net Zero strategy.

PLACE Audit Results

The PLACE scores from 2018 through to 2025 are shown in the table below.

In 2022 and 2021, PLACE assessments were not conducted due to the COVID-19 lockdown measures.

In 2025, cleanliness, food, ward food, condition, appearance, and maintenance all received scores above 90%. Nevertheless, the disability, privacy, dignity and wellbeing scores fell short of 90% but achieved improvements from the previous years scores. Since 2023 until 2024, the dementia score had been declining. In November 2024, just after the 2024 PLACE audit, the organisation introduced the Butterfly Scheme to support improvements for patients with dementia and memory loss following the implementation of the Butterfly Scheme the dementia score has improved to 84.84%

Year	Cleanliness	Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2018	98%	92%	No data	87%	98%	83%	83%
2019	98%	97%	97%	91%	98%	85%	84%
2022	100%	93.09%	92.14%	92.41%	99.70%	85.89%	87.17%
2023	99.69%	89.93%	89.53%	93.98%	100%	80.40%	83.76%
2024	99.18%	96.10%	96.15%	87.29%	96.69%	76.46%	81.01%
2025	99.65%	97.01%	97.59%	90.67%	98.64%	84.84%	85.06%

Mandatory Reporting

The IPC annual programme was designed to achieve compliance with the standards identified within the Code of Practice and achieve all national and local infection-related objectives.

We have maintained our excellent record against national compliance targets with only 1 case of Clostridium difficile (which was community acquired) and no MRSA throughout the reporting period.

Incidents	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2025	2024	2023
MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridioides difficile Toxin Positive Incidents	1	0	0	0	0	0	0	0	0	0	1	0	1	2	0
Blood Stream Infections	1	0	0	0	0	0	0	0	0	0	0	0	2	1	1
Splash Incident Reported	0	1	0	0	1	0	0	0	0	0	0	0	0	2	3
Sharps Incidents Reported	1	0	1	0	2	0	1	0	1	1	3	1	7	11	11
Hospital Surgical Site Infections	0	0	0	1	0	0	0	1	0	0	0	0	2	2	2

Adverse Incident Reporting

The DATIX incident management system is used to report and record investigations into any incidents that occur across the organisation.

These include clinical and non-clinical, such as Health & Safety incidents, along with complaints and compliments. Incidents are monitored in several ways within the organisation. The patient safety team monitors all reported incidents daily (Monday to Friday), to highlight any immediate risks that may need urgent attention and ensure that the information added to the system is clear and accurate.

All incidents are sent to the members of the Hospital Management Board for oversight and scrutiny. The Quality and Governance Committee has responsibility for oversight and monitoring trends. Significant incidents/never events and trends, when identified, are discussed at the weekly Hospital Management Operational Group meetings.

The organisation has established a Quality and Governance Risk Sub-Committee to the Trustee Board, to support a more external oversight provided by independent advisors and appointed members of the Trustee Board.

Incident Reporting	2025	2024	2023
No. of never events	2	0	0
No. of serious incidents	4	6	2
No. of incidents triggering a Formal Duty of Candour response	15	8	2
No. of CQC reportable incidents	22	13	9
No. of safeguarding concerns made by Hospital	10	8	3
No. of child safeguarding concerns made by Hospital	82	62	-
No. of DOLS* cases (under regulation 13)	28	11	15
No. of RIDDOR reports**	2	2	5
No. of incidents triggering ICO* notification**	5	5	0
% of SAR** responded to within policy timescales**	100.0%	100.0%	100.0%

* DOLS - Deprivation of Liberty.
**RIDDOR – Reporting of injuries, diseases and dangerous regulations.
*** ICO – Information Commissioner's Office.
**** SAR - Subject Access Request.

NB: The increase in Safeguarding Concerns for Children is due to the opening of a larger paediatric clinic.

Effective

By 'Effective', we mean that people's needs are met and that their care is in line with nationally recognised guidelines and relevant National Institute for Health and Care Excellence (NICE) quality standards. Also, that we offer the most effective techniques to give patients the best chance of recovery.

Clinical care, treatment and decision-making should reflect evidence-based best practice to ensure that the risk of inappropriate or unnecessary treatment and care is reduced to the lowest possible level. At St John and St Elizabeth Hospital, we:

- Keep up with evolving practice and provide efficient and effective response to promote safe and clinically effective care.
- Have systems and processes in place to ensure compliance with safety and clinical directives in a timely way, including any new safety alerts and NICE guidance.
- Regularly monitor patient outcomes both locally and by use of nationally available tools such as Patient Reported Outcome Measures (PROMs).

We ensure effective treatment for our patients by keeping policies up to date and inclusive of guidance from standards and best practice, alongside regular monitoring of adherence to such policies. This helps to safeguard patients' best interests by the use of evidence-based care. By consistently monitoring patient outcomes, we can assure our patients, service users and partners that our care continues to be effective.

Mandatory Training	2025	2024	2023
% of staff compliance (All Training)	90.5	83	88.1

Audit Compliance	2025	2024	2023
Peripheral Line Insertion Tool	97.68%	97.7%	96.9%
Urinary Catheter Insertion	97.53%	98.2%	97.9%
Clinical Record Keeping	93.80%	94.5%	94.1%
National Early Warning Score (NEWS 2)	96.97%	97.5%	97.6%
WHO Safer Surgery Checklist	99.08%	98.6%	97.6%
Consent Audit	97.18%	97.2%	96.6%
Hand Hygiene and Bare Below the Elbows Audit	98.09%	96.6%	97.4%
Environmental Audit	97.30%	96.2%	95.7%
Sharps Audit	98.72%	96.2%	98.4%
Adult Pain Audit	93.89%	98.4%	95.1%

Clinical Outcomes

Clinical outcomes are broadly agreed, measurable changes in health or quality of life that result from our care. Constant review of our clinical outcomes establishes standards against which to continuously improve all aspects of our practice.

PROMs is a national programme organised by NHS England and is run on their behalf by Quality Health and a number of other approved contractors. It is a mandatory national data collection system, and its purpose is to gather key information on the state of health of patients before and after their operation. This information is needed to ensure that the operations that patients have are effective and lead to improvements in their health.

The patients from whom data is collected are having planned procedures. The programme does not cover emergency cases. The programme covers both NHS Hospitals and Independent Sector Providers in England that undertake elective operations on four procedures for NHS patients. PROMs cover patients who are having procedures such as hip replacements, knee replacements, groin hernia and varicose vein operations. We collect data on patients who undergo knee and hip procedures, cataract operations, and many others. Patients are followed up at 3 months or 6 months after their operation depending on the procedure undertaken. Review of most recent data indicates that St John and St Elizabeth Hospital is not an outlier for any of these procedures.

Unplanned Readmissions and Returns to Theatre

One indicator of measuring the quality, as well as the effectiveness of treatment and care provided by St John and St Elizabeth Hospital, is by looking at the number of patients who have an unplanned readmission within 30 days of being discharged and/or unplanned return to theatre.

Unplanned readmissions and returns to theatre can be affected by many factors, including a patient's medical condition, age, living conditions, or post-discharge support. As there are many variables not attributable to St John and St Elizabeth Hospital, this is an indication of quality, but each case is investigated to identify any learnings and improvements. All readmission and return to theatre data are reviewed and monitored at the Hospital Mortality and Morbidity meeting to ensure any trends are identified and acted upon in an appropriate and timely way.

Unplanned Readmissions within 29 days

Total number of admissions

2025 | 2024 | 2023

6,961 | 7,294 | 7,696

Total number of readmissions

2025 | 2024 | 2023

24 | 9 | 39

% of unplanned readmissions in all admissions

2025 | 2024 | 2023

0.34% | 0.12% | 0.51%

Unplanned Returns to Theatre

Total number of theatre procedures

2025 | 2024 | 2023

7,985 | 8,035 | 8,853

Number of unplanned returns to theatre

2025 | 2024 | 2023

20 | 11 | 26

% of unplanned returns to theatres in all total of theatre procedures

2025 | 2024 | 2023

0.25% | 0.10% | 0.30%

Unplanned Transfers Out

Total number of admissions

2025 | 2024 | 2023

6,961 | 7,294 | 7,696

Unplanned transfers out

2025 | 2024 | 2023

8 | 11 | 9

% of unplanned transfers out in all admissions

2025 | 2024 | 2023

0.11% | 0.20% | 0.10%

Unplanned HDU* Admissions

Total number of admissions

2025 | 2024 | 2023

6,961 | 7,294 | 7,696

Unplanned HDU admissions

2025 | 2024 | 2023

16 | 26 | 36

% of unplanned HDU admissions in all inpatient admissions

2025 | 2024 | 2023

0.22% | 0.40% | 0.40%

*HDU – High Dependency Unit.

Hospital Deaths

Hospital expected deaths

2025 | 2024 | 2023

10 | 11 | 14

Hospital unexpected deaths

2025 | 2024 | 2023

0 | 2 | 2

Our People

Our people are central to the quality, compassion and safety of the care we provide. We are committed to creating a supportive, inclusive and empowering workplace where colleagues feel valued, respected and able to develop their careers.

As of 31 December 2025, we employed 609 permanent members of staff across our Hospital and Hospice services. During the year, we welcomed 94 new colleagues and recorded 70 voluntary leavers.

Recruitment and retention remain significant challenges across UK healthcare. NHS England reported that 10.1% of Hospital and community healthcare workers left the NHS in the 12 months to September 2024. Although differences in reporting methodology mean that the figures are not directly comparable, our continued investment in professional development, employee benefits, wellbeing and engagement is designed to strengthen retention and help us remain an employer of choice.

Average sickness absence remained exceptionally low at 1.53%. This compares favourably with approximately 4.7% across NHS staff and an average of 4.1% of working time lost across UK employers. While workforce composition and reporting methodologies vary, this provides a positive indication of staff attendance and organisational wellbeing.

94
New Starters

609
Employees at 31 December 2025

70
Voluntary Leavers

1.53%
Average Sickness Absence

PROUD TO BE™ FREDIE
Bronze FREDIE Award Achieved by Hospice

2.3%
Median Gender Pay Gap

90
Freedom to Speak Up Contacts

22
Colleagues on Leadership Programmes

105
Mental Health First Aid Contacts

Supporting Fairness, Respect and Inclusion

We are committed to creating a workplace where everyone feels that they belong and has an equal opportunity to contribute, develop and progress.

In May 2025, St John's Hospice achieved the **FREDIE Bronze Award**, recognising our commitment to embedding the principles of Fairness, Respect, Equality, Diversity, Inclusion and Engagement. This important milestone reflects the work undertaken to strengthen inclusive practices, listen to our people and create a culture in which colleagues feel respected and valued.



We are now working towards the **FREDIE Silver Award**, building on this foundation and demonstrating our commitment to continuous improvement. This next stage will focus on embedding inclusive practice more deeply across our leadership, workforce policies, staff engagement and service delivery.

Our gender pay gap also remained comparatively small. In 2024/25, women's median hourly pay was 1.2% higher than men's. In 2025/26, women's median hourly pay was 2.3% lower than men's. This compares with a UK median gender pay gap of 6.9% among all employees in April 2025. Although the year-on-year movement demonstrates the importance of continued monitoring, our position remains considerably closer to pay parity than the national benchmark.

We also agreed enhanced maternity, paternity and adoption benefits during 2025, with the improved provisions taking effect from April 2026. These changes strengthen our employee offer and provide greater support to colleagues at important stages in their lives.

Mental Health First Aid

Our six trained Mental Health First Aiders play an important role in creating a supportive workplace where colleagues feel able to speak openly about their wellbeing and seek help at an early stage. They provide a confidential and approachable first point of contact, offering reassurance, practical guidance and signposting to appropriate professional support where needed.

During 2025, Mental Health First Aiders supported colleagues on 105 occasions an average of almost nine contacts each month. Demand was highest between September and November, when 41 contacts were recorded. This demonstrates both the continued need for accessible workplace support and growing confidence among staff to seek help.

Mental Health First Aiders do not replace professional services, but they strengthen our wider approach to staff wellbeing by helping to recognise early signs of distress, reduce stigma and ensure colleagues do not feel they have to manage difficult circumstances alone. Their contribution supports a more compassionate and psychologically safe culture across the organisation.

Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec25	Total
6	6	6	6	12	13	3	6	14	13	13	6	105





Developing Our People

Strong leadership is essential to navigating the workforce, financial and operational pressures affecting healthcare providers across the UK. We therefore continued to invest in leadership development at every level.

Ten Heads of Department progressed through the **Chartered Management Institute Level 7 Leadership Development Programme** established in 2024. The programme is strengthening the strategic leadership, organisational management and change-management capabilities needed to guide the organisation through an increasingly complex healthcare environment.

Building on this success, we launched **a Level 5 Leadership Development Programme** for managers and team leaders. Twelve colleagues from clinical and non-clinical roles joined the programme, helping us to identify and nurture emerging talent, strengthen succession planning and create clearer pathways for career progression.

Together, these programmes are building a resilient leadership pipeline and ensuring our people have the skills, confidence and opportunities to contribute to the organisation's future success.



Specialist Training

The Oliver McGowan Mandatory Training on Learning Disability and Autism is an important part of our commitment to delivering equitable, inclusive and person-centred care.

The training improves colleagues' knowledge, confidence and competence in supporting people with learning disabilities and autistic people, enabling them to understand and respond more effectively to each individual's needs.

By strengthening awareness of communication preferences, sensory needs and reasonable adjustments, the training helps colleagues identify and remove potential barriers to care. It also reinforces the importance of listening to patients, families and carers and involving them meaningfully in decisions.

Through this programme, we aim to ensure that every patient is treated with dignity, respect and compassion and receives safe, accessible care tailored to their individual circumstances.

All staff are required to complete level one training and level two in person training will be introduced to the organisation in 2026.

Butterfly Scheme

We are committed to identifying and supporting patients living with dementia, as well as those who may require additional assistance, ensuring that care is personalised, compassionate and responsive to individual needs.

The Butterfly Scheme is embedded across all clinical areas, with dedicated information boxes providing staff with practical guidance on using the scheme effectively. Each clinical department also has designated Dementia Champions who support colleagues, share knowledge and promote best practice in dementia care.

Dementia awareness training is mandatory every three years and during 2025, six refresher sessions were delivered to reinforce staff knowledge, confidence and awareness. Together, these measures help colleagues recognise individual needs, adapt their communication and approach, and ensure patients and their families feel understood, respected and supported throughout their care.

the Butterfly Scheme
reaching out to people with dementia
and to anyone needing memory support

> My husband had a series of 6 operations over two months at St John and Elizabeth Hospital. He was diagnosed with Alzheimer's last year and for every overnight stay The Butterfly Scheme sent a qualified nurse to sit in his room overnight. I was so impressed with the quality of care and kindness given to my husband. I was able to leave the Hospital in the evening with peace of mind knowing that he would be well looked after. I would like to say thank you so much to the nurses that stayed overnight with him and to say what a wonderful service the Butterfly Scheme is.
>
> **Feedback received from a patient's wife.**

Sepsis Ambassadors

In October, we launched our Sepsis Ambassador Quality Improvement Project, following a successful pilot on St Francis Ward. The initiative was expanded to St Elizabeth Ward, the Hospice, High Dependency Unit and Day Patient Unit, strengthening our commitment to delivering safe, high-quality patient care.

As part of the programme, a Sepsis Ambassador is designated on every nursing shift to act as a peer resource, supporting colleagues to identify and respond to sepsis quickly and ensuring the timely completion of the Sepsis Screening Tool. Ambassadors also carry out regular checks of sepsis equipment and documentation, helping teams maintain readiness and consistency in care.

The introduction of Sepsis Ambassadors empowers staff to take on leadership responsibilities within their clinical teams, promotes knowledge sharing and reinforces best practice across our services. By embedding sepsis expertise into every shift, the initiative supports earlier recognition and intervention, helping to improve patient outcomes while fostering a culture of continuous learning and clinical excellence.



> Infection Prevention and Control is fundamental to everything we do at St John & St Elizabeth Hospital. It is a shared responsibility that protects our patients, colleagues and visitors, while ensuring we continue to provide safe, compassionate care in an environment where everyone can feel confident and reassured.
>
> **Jackie Groom, Director of Patient Safety & Quality Improvement.**

Freedom to Speak Up

Creating a culture in which colleagues feel safe and confident to speak up is fundamental to staff wellbeing, patient safety and continuous improvement.

During 2025, colleagues made **90 contacts** with the Freedom to Speak Up team: **21 through our Guardians** and **69 through our Champions**. The principal themes related to interactions between colleagues and interactions between staff and managers. Feedback highlighted the importance not only of what is communicated, but also how it is said. Civility and kindness will therefore be an important area of organisational focus.

Our Freedom to Speak Up network grew during the year, with two additional Champions recruited. The team now comprises ten Freedom to Speak Up Champions, two Guardians and a Board Representative, creating an accessible network of support across the organisation.

We also continued to promote the national Freedom to Speak Up training:

Speak Up	Listen Up	Follow Up
213 completions	67 completions	42 completions

Our first Freedom to Speak Up Annual Report was completed for 2025. We also finalised a dedicated Freedom to Speak Up Strategy, which was shared across committees and the wider organisation in January 2026. Together, these developments provide a stronger framework for raising concerns, listening effectively, responding appropriately and learning from the experiences of our people.



Engaging With Our People

Open communication and meaningful staff engagement remained priorities throughout 2025. Our Staff Forum continued to meet monthly and is now co-chaired by its members, giving colleagues a stronger voice in shaping workplace priorities.

The Forum has established several staff-led working groups, including a **Social Committee**, which organises activities and events, and a **Food Committee**, which considers catering provision for staff and patients.



We also continued our **Staff Suggestion Scheme**, encouraging colleagues to propose practical improvements to services, systems and the staff experience. Our quarterly **Care Superstars** awards provided further opportunities to recognise those whose compassion, professionalism and commitment make an exceptional difference to patients, families and colleagues.



Our CEO, Simon James continued his quarterly **CEO Briefings** for staff, focusing on our current performance and the healthcare market, including our vision for 2026. He hosts five sessions each time, across a range of times, locations and platforms.

Awareness Campaigns

We continued to acknowledge a wide range of national and international awareness days, weeks and campaigns, helping to educate, inform and engage our staff, patients, volunteers and wider community. These initiatives promoted important health messages, celebrated our people and encouraged meaningful conversations throughout the organisation.

The examples below represent just a selection of the many awareness activities that took place during the year:

International Nurses Day – 12 May 2025

We celebrated our nursing teams by sharing personal stories about how they began their careers through internal communications, social media and a display in the Hospital restaurant, recognising the dedication and compassion they bring to patient care every day.

Mental Health Awareness Week – 12 to 18 May 2025

Our Mental Health First Aiders hosted a wellbeing stall in the staff restaurant, offering practical advice, resources, mindfulness activities and opportunities for staff to connect and discuss ways to support their mental health.

Dementia Action Week – 19 to 25 May 2025

Our Dementia Champion and nursing team delivered an information stand to raise awareness of the early signs of dementia, encouraging conversations with staff, patients and visitors about the importance of early recognition and support.

Volunteer's Week – 2 to 8 June 2025

The Hospice recognised the invaluable contribution volunteers make by celebrating their achievements throughout the week on social media and thanking each volunteer with a handwritten card and pin badge.

World Sepsis Day – 12 September 2025

Our Infection Prevention Lead and Clinical Practice Development Nurse & Transfusion Lead hosted an awareness stall to educate staff and patients on recognising the signs of sepsis in adults and children. The campaign was also recognised by The UK Sepsis Trust, who featured our work in their monthly LinkedIn round-up.

World Patient Safety Day - 17 September 2025

Activities focused on paediatric patient safety, with educational displays and information highlighting practical steps patients and families can take to help keep themselves safe.

Hospice Care Week – 6 to 12 October 2025

Through patient stories, myth-busting content and service highlights, the Hospice showcased the breadth of its care and the difference it makes, supporting the national theme, *'Hospice care is more than you think.'*

Breast Cancer Awareness Month – 1 to 31 October 2025

Our Breast Care team hosted a Women's Wellness event for current and former patients, providing holistic wellbeing.

International Infection Prevention Week – 19 to 25 October 2025

Staff took part in specialist training sessions, including decontamination workshops, Tendable training and environmental sustainability sessions, helping to reinforce best practice in infection prevention across the organisation.

Environmental, Social, and Governance (ESG)

April 2025 saw the launch of the organisations inaugural ESG policy covering:

1 Environmental Commitment

2 Social Responsibility

3 Governance and Ethical Practices

Several areas of this policy are covered in other sections of this report however the following pages represent an overview of the organisations progress to December 2025.

Environmental Commitment

i) Implement energy-efficient medical equipment and facilities

- All new lighting installed within the Hospital site now uses motion-sensor LED lighting to reduce the lighting costs and energy uses.
- An audit of external facing windows is being undertaken with the plan to replace any glazing that is sub-optimal by end of Q2 2026.
- All newly fitted air conditioning units have been certified as energy-efficient with ability to programme to avoid units being left on in empty rooms.

ii) Adopt eco-friendly materials for medical and non-medical supplies where possible

- Made NHS Supply Chain (NHSSC) our primary supplier. This enables the Hospital to benefit from NHSSC's established sustainability programme and supports our achievement of Evergreen Level 1.
- All plastic single use cutlery and food containers have been replaced with eco-friendly recyclable materials.
- A review has begun to replace single-use medical products with safe and clinically appropriate reusable or lower-waste alternatives.

iii) Optimise waste management, emphasising recycling, reducing medical and general waste

- Consolidation of all non NHSSC suppliers and coordinated orders have reduced the number of deliveries arriving on site, cutting associated transport emissions and decreasing the volume of packaging requiring disposal.
- 90% reduction in battery consumption by replacing battery-operated soap, hand gel and paper towel dispensers with manual alternative significantly reducing hazardous waste removal.
- Garden waste is composted on site and then used to enrich our on-site gardens.
- Cardboard is now bailed on site reducing waste collection.

iv) Minimise carbon footprint through sustainable transport practices and employee travel initiatives

- Bike raking is now available at both entrances for staff and patients allowing more people to ride into work.
- Season ticket schemes are in place to help increase the use of public transport.
- All Hospice community cars are now electric.
- The new Hospice ambulances being sourced will be hybrid.

v) Invest in renewable energy sources to power Hospital operations

- Green energy supplier chosen to ensure a high percentage of electricity is from renewable sources.
- A survey and project plan is being established to research the possibility of the organisation installing solar panels.

vi) Enhance Green Spaces on Hospital grounds for relaxation and rehabilitation of patients

- All green spaces are now fully accessible including being able to get our bedbound Hospice patients into the garden.
- Plants within the main gardens have all been selected for calming and medicinal reasons ensuring our care and environment is truly holistic.
- Seating areas have been created through out the site for patients, visitors and staff to be able to enjoy the gardens and quiet spaces.

Social Responsibility

i) Deliver high-quality, compassionate care that prioritises the needs and dignity of every patient.

- All Hospital and Hospice patients are treated as individuals with multi-disciplinary teams in place where appropriate.
- Staff undertake specialist training for dementia through the Butterfly Scheme and learning disability and autism through the Oliver McGowan training scheme.
- Translation services are available for those that don't have English as a first language. Our translation partner Silent Sounds provided: 3 written translations, 34 spoken face to face translations, 83 telephone translations.
- Staff are constantly assessed on their care skills and new incentives are regularly integrated into daily practice.

ii) Maintain a patient-first approach, ensuring transparency in communication, respect for privacy, and safe environment

- All patient information is available in large print and alternative languages. The main Hospital website has translation facilities with the Hospice having this ability by end of 2026.
- Both the Hospital and Hospice websites meet WCAG 2.2 AA accessibility criteria with work continuously being done to improve both sites.
- All patients are entitled to a chaperone, and signs are clearing displayed around the building.
- Safeguarding is part of every employee's mandatory training and we have dedicated leads for both adults and children with regular meetings taking place to monitor and learn from experts.
- Infection Prevention and Control has a dedicated post who audits all areas of the Hospital and Hospice regularly with organisation wide updates given every morning and an alert system in place if needed.

iii) Develop and implement mental health and wellness initiatives, including counselling and support services for Hospice patients and their families

- The Hospice has a dedicated social work and counselling team that are available to all patents and their families either on-site or in their own homes.
- Specialist bereavement and carers groups meet weekly under the guidance of one of our trained bereavement specialists. They undertake group activities in a safe environment.
- Art and music therapy takes place fortnightly for patients with our Wellbeing Centre and focuses on overall well-being and helps those who may suffer from social isolation.
- A range of complimentary therapies are available to patients and their families.

iv) Provide a healthy, safe, and inclusive workplace for all employees, promoting diversity and equality at all times

- All departments have a dedicated health and safety representative who carries out monthly assessments ensuring all areas are safe and adhere to all relevant policies and procedures.
- All employees are eligible to access the Employee Assistance Programme and Occupational Health Services.
- Freedom to Speak up has developed and the organisation now has 2 guardians and a Trustee board representative as well as 10 champions. They had 90 contacts during 2025.
- There are 6 mental health first aiders who saw 105 employees in 2025.
- A new free staff gym opened in May 2025 providing employees with a safe environment to exercise and recharge. All employees go through an induction session before being able to use the facilities.
- The feedback on the overall experience of the gym has been overwhelmingly positive, with many staff members giving ratings of 4 and 5 out of 5.

v) Offer training programmes to ensure our staff remain skilled in the latest healthcare innovations and sustainability practices. Maintain a strong commitment to fair labour practices, ensuring competitive wages, employee benefit, and career development opportunities.

- 22 employees supported through leadership programmes, 2 in MBAs, 1 Fundraising Diploma, many other individual skill enhancement programmes.
- Awareness days are listed in our people section but are a fantastic opportunity for staff to interact across teams and celebrate achievements, cultures and learn new skills.
- Staff forum continues to play a vital role in the communication and development of employees for both skills, wellbeing and employee engagement.
- All staff follow an annual appraisal process and if successful are eligible for the annual pay uplift which in 2025 was set at 3.5% with further levelling up done for those on the lowest pay bands.
- Flexible working is considered where possible and some back-office departments run on a hybrid working basis.
- Enhanced maternity, paternity and option leave was agreed in 2025 coming into effect in April 2026.

vi) Partner with local organisations and charities to support initiatives that improve social and health outcomes

- Collaborative working with the North West London Hospice Network resulted in a new 6 year contract agreement with the North West London ICB increasing funding for our Hospice services in this area to 50%.
- Continued partnership with the City of London Symphonia for music therapy for our Hospice patients.
- Continued partnership with Lord's Cricket Ground for our community events helping to increase awareness of our Hospice work.
- Partnership with NW8 Mums helping to promote wellbeing and access to heathcare in the local area.

vii) Commit to fostering an inclusive, diverse environment, where all individuals are treated with respect and fairness

- A new dedicated multi-faith room is being commissioned, and work is due to be completed by December 2025.
- In May 2025 St John's Hospice received the Bronze FREDIE (Fairness, Respect, Equality, Diversity, Inclusion and Engagement) with work starting for Silver in November.
- The Light Up a Life celebration in December saw over 200 people come together to celebrate all faiths and none with representatives from 6 religions.
- Equality, Diversity and Inclusion training remains a core focus for all staff members and is assessed on an annual basis.
- Through the organisation's internal employee newsletter Wednesday Words all religious holidays and culturally significant anniversaries are celebrated.
- Gender pay gap remains low at 2.3% for women against men.

Governance and Ethical Practices

i) Transparency and Integrity – we prioritise openness in our decision -making process, operations and reporting to provide clarity and assurance to all stakeholders.

- Management accounts are circulated on a monthly basis to all Directors and Heads of Department.
- Directors have a weekly operational meeting and a monthly review meeting where issues, challenges and developments are discussed.
- Heads of Departments have a monthly meeting where the CEO, CFO and CNO give updates and answer questions.
- Staff Forum is held once a month where representatives can bring concerns and ideas to the CEO.
- The CEO runs biannual Forums for all staff both in person and online to update all staff on organisational developments.
- The board of trustees meeting on a quarterly basis with sub committees also running on a quarterly or biannual basis.

ii) Accountability and ethical decision making – ensure all actions and decisions align with our values and core objectives

- The governance function is a dedicated department that has representation on the management board. Their responsibilities include ensuring all reported incidents are reported on DATIX and followed up on in a timely fashion.
- The General Counsel and relevant directors ensure all legal changes and updates are reflected in our policies and procedures.
- The organisation is regulated by the Quality Care Commission, Charity Commission and Fundraising Regulator.

iii) Stakeholder engagement and continuous improvement

- All meetings have a section around feedback and working in a transparent and safe environment – these comments are passed to the relevant Head of Department or Director.
- Feedback from Subcommittees and board meetings are disseminated to the management board and Heads of Department and then through team meetings. Ensuring a constant flow of communication.
- Our incident reporting system DATIX and patient management system PIMMS are both undergoing review to be updated to the newest versions in 2026.

Community Engagement and Outreach

2025 has been a significant success for our community engagement and outreach, strengthening relationships both within the Hospital and across the wider community. Through a comprehensive programme of internal and external events, we have created meaningful opportunities to engage with patients, partners and stakeholders.

Our increased presence at community events, professional forums and healthcare conferences, has enhanced the Hospital's profile and strengthened valuable partnerships. By continuing to build trusted relationships, expand our networks and communicate effectively with diverse audiences, we have further established the Hospital as an engaged, collaborative and community-focused organisation. The successes achieved throughout 2025 provides a strong foundation for continued growth, innovation and meaningful engagement.

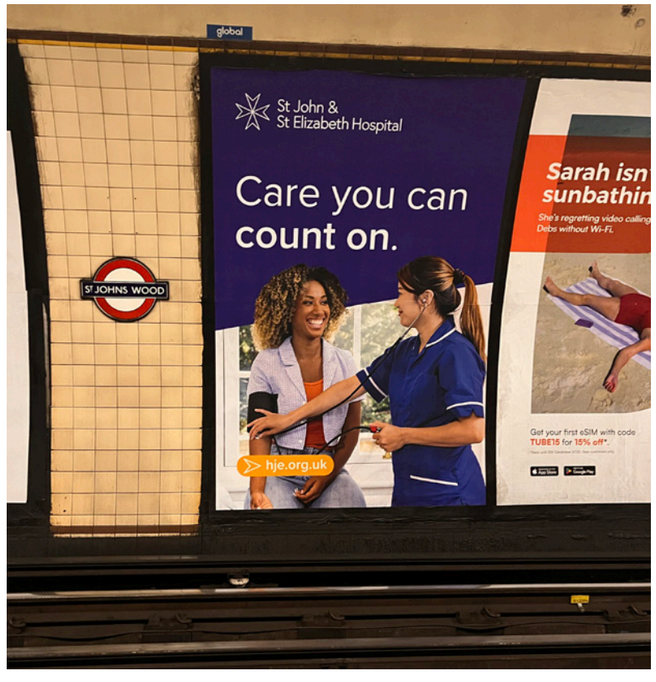
In 2025, we hosted on-site coffee mornings in collaboration with **NW8 Mums,** a local community group who focus on paediatric to adolescent advice and services. Our Paediatric Dermatologist, Dr Karolina Gholam, discussed symptoms and treatments for children suffering with acne.

With the launch of our Paediatric Day Surgery Unit, we also focused on advertising our new service with local magazines, including **LondonLife** and online family lifestyle website, **My BABA**. We continued to engage with **NW8 Mums** throughout the year producing social posts and newsletter advertorials based on the new paediatric day-surgery unit. They also attended a walk-around of the new designated ward ahead of our opening, to provide their members with honest feedback of the service.

We took part in the St John's Hospice annual **Easter Egg-Stravaganza** in St John's Wood Church Gardens. We showcased our Urgent Care Clinic (UCC) and Paediatric Outpatients with the support of our UCC Manager, Diane Saget. It was a great opportunity to be surrounded by local families and raise the awareness of the services we provide to the local community.







GP related engagement and outreach

In November, the team hosted our **Annual GP Symposium** at the Royal College of Physicians, welcoming 115 private GPs. The programme included topics on childhood skin conditions, early diagnosis of kidney stones, childhood asthma. Diarrhoea and indigestion management, menstrual bleeding and an overview of ENT.

The team also visited 180 GP practices and 31 physiotherapy practices throughout the year, engaging directly with healthcare professionals to introduce the Hospital's services and strengthen relationships within the local healthcare community.

To support ongoing education, 10 **'Lunch and Learn'** sessions were delivered within local GP practices. Led by our consultants, each session was tailored to the needs of individual practices, with topics selected based on feedback from GPs to ensure they addressed the areas most relevant to their patients. These were complemented by 20 **online consultant-led webinars** covering specialist subjects including urology, dermatology, paediatrics, cardiology, ENT and orthopaedics.

The team also represented the Hospital at the Essentially Medical Conference, showcasing our services to GP practices, strengthening professional networks and continuing to raise awareness of the Hospital across London.





Consultant related engagement and outreach

Alongside engagement with GPs, the Business Development Team continued to strengthen relationships with our consultant community throughout the year.

Monthly consultant newsletters kept consultants informed about new services, treatments, Hospital developments and upcoming consultant-led events, including webinars, symposiums and networking opportunities.

The team also hosted an internal Consultant Mixer led by **Bupa** on the recent changes and challenges in healthcare insurance.

Our inaugural **Summer Mixer**, held at the Royal College of Physicians, welcomed 100 GPs and consultants for an evening of networking and collaboration. The event strengthened relationships between clinicians and provided an opportunity to celebrate the year's successes.



In November, we hosted our annual **AGM Consultant Mixer**, bringing consultants together to reflect on the year's achievements, share our strategic priorities for 2026 and thank them for their continued partnership and support.

Third Party Relationships

External Basic Life Support

Our Business Development Officers, in collaboration with our in-house Resuscitation Lead, delivered multiple Basic Life Support training sessions to local GP surgeries in the area, including St John's Wood Medical Centre, located on-site at our Hospital. These sessions offered a valuable opportunity to strengthen our relationships with local GPs, promote closer collaboration, and ensures that more of the local population have the skills they need to save a life.

NHS Integrated Care Boards

We maintain a strong and collaborative relationship with the ICBs of North West London and North Central London to support the delivery and sustainable funding of our palliative care services. These partnerships are essential in ensuring that patients across the region have timely access to high-quality end-of-life care through a shared referral pathway used by GP practices and NHS trusts.

Further to work undertaken as a collective North West London Hospice Group, in October 2025 we signed a new 6-year agreement with the NWL ICB increasing our funding for work undertaken in their service area to 50% of clinical costs. This marks a significant shift towards sustainable funding for our Hospice.

North London Hospice Network

We participate in monthly meetings with other Hospice providers in the region to address shared challenges, review regional service needs, and exchange best practices. These regular discussions provide a forum to raise awareness of the pressures facing specialist palliative care and to make the case for more equitable and sustainable funding models moving forward.

Independent Healthcare Provider Network (IHPN)

The Hospital is a member of the IHPN membership network for independent healthcare providers. IHPN runs a number of sector and profession-based fora including the HR Forum which is Co-Chaired by our Director of People. The HR Forum holds an annual programme of events for HR professionals working in the sector across the country, these sessions include external speakers on people-related subjects and meetings also share good practice. IHPN also coordinates member responses to national consultations and Co-Chairs contribute to this process.

Medical Training Programme

The Hospice actively participates in the NHS medical training programme, As part of the London Deanery's specialist training in palliative medicine, we currently have a specialist registrar placed within our Hospice team in addition to GP trainees.

We also offer regular "taster" attachments for junior doctors from Imperial College Healthcare NHS Trust and University College Hospital, along with ongoing teaching for medical students from Imperial Medical School. These placements help strengthen our role as a community hub for palliative care, aligning national efforts to shift more services into community settings. Feedback from trainees has been consistently positive, highlighting the quality of the experience provided.

NHS GP Practice

Since 2008, St John's Wood Medical Practice has been based in the Brampton House wing of the Hospital. As part of the Central London Healthcare Network, the practice maintains a strong and collaborative relationship with both the Hospital and the Hospice. Patients benefit from access to co-located private medical facilities, and the practice also serves as the registered GP for many individuals within the Hospice community.



Charity Strategic Report: Hospice

About Us

At St John's Hospice, we provide specialist palliative and end-of-life care to people living with life-limiting illnesses, as well as support for their families and loved ones. We celebrate and amplify life, enabling people to live well for as long as possible.

Since opening our doors in 1984 with just 10 inpatient beds, we have grown to now support around 5,000 people each year across parts of North, West and Central London.

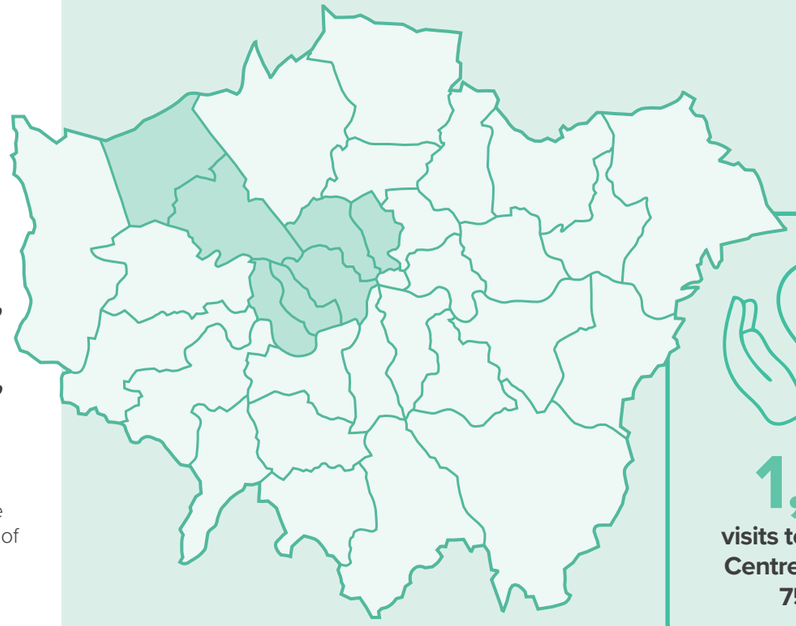
Our Inpatient Unit and Wellbeing Centre are located in St John's Wood, within St John & St Elizabeth Hospital. We also support people out in the community and in their homes. Alongside specialist medical and nursing care, we offer a wide range of services including social work and welfare support, physiotherapy, occupational therapy, complementary therapies, bereavement support and spiritual care. We are also proud to be the only Hospice in London with a dedicated palliative care ambulance service, helping patients travel safely and comfortably to access the care they need.

Every service we provide is free of charge to those who need it. Delivering this care costs more than £8 million each year and is made possible through a combination of NHS funding, support from St John & St Elizabeth Hospital, and the generosity of our donors and partners.

Our Beliefs

Everything we do is guided by our shared beliefs:

- We believe in providing quality, holistic care.
- We believe in celebrating life.
- We believe in creating meaningful, human relationships.
- We believe in continually learning, growing and improving.
- We believe that together, we can help more people live well for longer.



Our Year in Numbers

1,790
visits to our Wellbeing Centre were made by 75 patients.

3,002
journeys were made by our fleet of ambulances.

1,324
hours of care were provided by our Therapies team.

4,960
patients, family members and carers accessed our services.

2,328
complementary therapy sessions were provided for patients, family carers and bereaved loved ones.

18,567
hours of Hospice@Home care were provided to a total of 87 patients.

364
patients were supported by our Community Specialist Palliative Care team.

3,482
bed nights were provided for 394 patients.

749
patients were supported with specialist Lymphoedema treatment.

193
patients and families were supported by our Social Workers and Welfare and Benefits Adviser.

76
children and young people benefited from bereavement support.

Clinical Services Report

Inpatient Care

When symptoms become too complex to manage at home, our Inpatient Unit provides specialist care that helps people regain comfort, dignity and quality of life. Whether stabilising pain and symptoms so patients can return home, providing respite for families and carers, or delivering compassionate end-of-life care, our multidisciplinary team is there when people need us most.

Patients receive 24-hour medical and nursing care alongside physiotherapy, occupational therapy, complementary therapies, social work, bereavement support and spiritual care. Based in St John's Wood, our 17-bed unit supports patients across **Westminster**, **Brent**, **Camden**, **Islington**, **Hammersmith & Fulham** and **Kensington & Chelsea**, while also accepting referrals from across the **NHS North West London and NHS North Central London Integrated Care Board** areas.

During 2025, we cared for 394 patients, providing 3,482 bed nights, with an average stay of nine nights. Demand has continued to rise year on year, increasing from 235 patients in 2023 and 337 in 2024, reflecting the growing need for specialist palliative and end-of-life care.

We continued to invest in our facilities throughout the year, completing a refurbishment of our mortuary with funding from the Department of Health and Social Care, facilitated by Hospice UK. The redevelopment increased capacity, introduced environmentally friendly refrigeration systems and new hydraulic lifting equipment, improving both efficiency and patient dignity and respect.

To improve access, new weekday admissions shift patterns were introduced in October, extending admission hours and enabling faster responses to referrals. Following successful recruitment, preparations were completed for the full seven-day admissions service from October 2025.

Ambulance Service

We are proud to be the only Hospice in London with a dedicated palliative care ambulance service, ensuring patients can travel safely, comfortably and with dignity whenever they need our support.

Our specialist ambulance team transports patients to and from the Inpatient Unit, Wellbeing Centre and external Hospital appointments. By operating our own service, we reduce reliance on NHS and private patient transport services while providing a faster, more responsive service tailored to patients' needs.

More than simply providing transport, the team offers reassurance and compassionate support, helping patients access the care and treatments they need in comfort alongside a team they know and trust.

During 2025, we invested in new specialist equipment, including carry chairs, bariatric chairs and a stair climber, further improving patient comfort, safety and accessibility.

Our ambulances completed 3,002 patient journeys, the highest number in the service's history. This continued growth (2024: 2,836; 2023: 2,109) reflects the vital role the service plays in helping patients access our services.





Day Services

Living with a life-limiting illness is about far more than managing physical symptoms. Our Wellbeing Centre helps people maintain their independence, confidence and quality of life through individualised support that addresses their physical, emotional, practical and spiritual needs.

Patients attend once or twice a week to access specialist nursing and medical care, physiotherapy, occupational therapy, complementary therapies, social work support, art and music sessions, as well as our Wellbeing Garden. The service is available to patients living in **Brent**, **Camden**, **Islington** and **Westminster**.

During 2025, 75 patients attended the Wellbeing Centre, making 1,790 visits. We also delivered 105 art sessions, while our partnership with the City of London Sinfonia continued to bring the benefits of live music to patients.

Outside core opening hours, the Centre remained a hub for wider support services, including our monthly Carers' Group and the launch of our weekly Grief Café.

As patients are increasingly referred later in their illness, we refined our model of care into a focused, goal-orientated three-month programme, enabling earlier care planning and more responsive support. A dedicated consultant role was also introduced during the year, strengthening clinical leadership and coordinated patient care.





Patient Story

Creating a Community of Care and Compassion

Sarah was referred into the Community Specialist Palliative Care Team in March of this year and shortly after began attending our Wellbeing Centre following the recommendation from her Community Nurse Specialist, Paula.



"The Centre has become a haven and a beacon in my life. Coming here has made a difference to me and my family that I never could have imagined.

"It is not just about the welcoming smiles of staff and volunteers offering coffee and tea when you arrive, or the massage and reflexology. It is about the utterly professional and compassionate way in which each of our individual needs are addressed.

> "I felt so soon after arriving here that no matter what the future holds all will be well. With these wonderful people at my side, I can face whatever lies ahead because the burden is shared and alleviated by the love and compassion of extraordinary people."

"I also could never have imagined the transformative experience of listening to musicians from the City of London Sinfonia and being encouraged to express in paint whatever I felt. This experience was a precious gift which has made a lasting impression. It opened up for me, at a time when so many aspects of my life had, changed, narrowed or disappeared, a way to be creative but also to feel like me again.

"Following his own cancer diagnosis and treatment, King Charles III spoke of the 'profound impact of human connection — whether in the careful explanation from a specialist nurse, the handheld by a Hospice volunteer or the shared experience in a support group.' He described these moments of 'kinship' which create a 'community of care, one that sustains patients through the most difficult of times.'

"This is exactly what we have at St John's. The Hospice is life enhancing and life changing for all who come within its orbit."

Sadly, at the end of 2025 Sarah died peacefully.



Community Specialist Palliative Care Nursing

For many people living with a life-limiting illness, remaining at home for as long as possible is their preferred choice. Our Community Specialist Palliative Care team helps make this possible by providing expert nursing and medical care in patients' own homes and care homes.

Every patient receives a comprehensive assessment and ongoing support from a dedicated Community Nurse Specialist. Care is tailored to individual needs and may include home visits, telephone consultations, symptom management and advance care planning. The service is available to patients living in **Westminster**.

During 2025, the team supported 364 patients, delivering 1,306 home visits and 8,009 telephone consultations. This represents continued growth compared with 262 patients in 2024 and 205 patients in 2023, reflecting increasing demand for community-based palliative care.

To meet this demand, we secured funding to expand the team and extended operating hours to 8 am – 8 pm, Monday to Friday, improving access to specialist support. Plans are in place to introduce the seven-day service from spring 2026.

Alongside direct patient care, the team strengthens palliative and end-of-life care across the wider health and care system by providing advice, mentoring and education to healthcare professionals. During 2025, they delivered 1,057 hours of education and training, helping improve the quality and consistency of care across our local communities.

Hospice@Home

For many people, there is no place more comforting than home. Our Hospice@Home service enables patients with complex palliative and end-of-life care needs to receive expert, compassionate care in familiar surroundings, helping them remain close to the people and places they love.

Delivered by experienced Healthcare Assistants, the service provides personalised support ranging from four-hour visits to continuous 24-hour care. Alongside practical assistance, patients and families receive pain and symptom management, emotional support and respite, helping prevent unnecessary Hospital admissions and enabling more people to remain at home.

We are proud to be the only Hospice in London offering this fully integrated 24-hour wraparound Hospice@Home service. The service is available to patients living in **Westminster**, **Kensington & Chelsea** and **South Brent**.

During 2025, the team delivered 18,567 hours of care, supporting 87 patients in their own homes. While fewer patients accessed the service than in 2024 (116 patients), the complexity of care increased significantly, with more people requiring extended 24-hour support. On average, patients received Hospice@Home care for nine days, reflecting the growing demand for intensive home-based end-of-life care.

Throughout the year, we continued working with NHS North West London Integrated Care Board to expand the service into **Hammersmith & Fulham**, where there is an estimated unmet need of more than 3,000 people. During 2025, we secured the remaining 50% of the required funding and began recruitment to support the planned expansion in early 2026.

Lymphoedema Care

Living with lymphoedema can have a significant impact on a person's comfort, mobility and confidence. Our specialist Lymphoedema team helps patients manage the condition, reducing pain and swelling while improving movement, independence and quality of life.

Patients receive personalised treatment, including compression therapy, manual lymphatic drainage and advice on skin care, exercise and self-management. The service is available to patients living in **Brent**, **Camden**, **Harrow**, **Hammersmith & Fulham**, **Kensington & Chelsea** and **Westminster**, with care provided at St John's Hospice, Charing Cross Hospital and, for some patients in Harrow, through home visits.

During 2025, the team supported 749 patients. In response to growing demand in Harrow, we worked with NHS North West London Integrated Care Board to establish a new community clinic, opening in spring 2026, while continuing home visits for patients with more complex needs.

We also began work on a new dedicated Lymphoedema Centre at St John's Hospice, funded through a capital grant from the Department of Health and Social Care. Opening in January 2026, the new facility will improve accessibility and include upgraded specialist equipment, including an LED limb scanner, supporting more accurate assessment and personalised treatment.



Therapies

Physiotherapy and Occupational Therapy

Our Physiotherapists and Occupational Therapists support patients in our **Inpatient Unit**, **Wellbeing Centre** and, through home visits for patients living in **Westminster**. Working closely with each individual, they help maintain or regain strength, mobility and independence, enabling people to continue doing the things that matter most to them.

During 2025, the team delivered 1,324 hours of therapy. While activity remained consistent with 2024 (1,365 hours), more care was delivered in patients' own homes, with 669 hours provided in the community, reflecting growing demand for community-based support.

The team also strengthened partnership working through shared teaching and professional development with local therapy services, helping ensure coordinated care across Hospital, Hospice and community settings. They achieved an excellent score of 128 out of 132 in the Macmillan Cancer Support Service Improvement Tool for Therapies, with no outstanding areas requiring improvement.

Complementary Therapy

Complementary therapies are an important part of our holistic approach to Hospice care, helping patients and their loved ones manage the physical and emotional impact of life-limiting illness.

We offer massage, reflexology, reiki, acupuncture and podiatry to patients attending the **Wellbeing Centre** and staying in our **Inpatient Unit**, helping relieve symptoms, reduce anxiety and improve overall wellbeing.

During 2025, we delivered 2,328 complementary therapy sessions, continuing the steady growth seen in previous years (2024: 2,181; 2023: 1,728). Outside the Wellbeing Centre's core opening hours, our therapy rooms also support bereaved relatives and community patients, extending the reach of these services beyond inpatient and day Hospice care.

Family Story

When Compassion Leads to Change



After the death of Ruben's mother in our Inpatient Unit, Nelson became the sole carer for his son, who requires 24-hour care due to his learning disabilities. Having moved from Portugal to the UK, Nelson found himself homeless and living with Ruben in a single room. Facing significant barriers to accessing suitable housing, he was referred to Lisa, our Welfare and Benefits Adviser, who supported the family in securing safe, stable accommodation and additional financial assistance, a journey which took 18 months.

"I was homeless and faced an overwhelming situation with my disabled son, Ruben, but Lisa's support completely transformed our housing journey.

"From the very first day she became involved, Lisa was a game changer. She brought clarity, compassion and determination to a situation that had been overwhelming for me and my disabled son, Ruben.

> "What had felt like an impossible maze suddenly became manageable because she took the time to understand us as people, not just a case file."

"She listened, she reassured and she advocated on our behalf. Before the Hospice and Lisa got involved, we were facing so many different obstacles to being housed, and in the end, we were refused help altogether. Lisa appealed and fought for us.

"I can say without hesitation that without Lisa's guidance, persistence and care, we would not be where we are today: preparing to move into a brand-new flat that finally gives our family stability and hope.

"This is a life-changing outcome, and Lisa played a central role in making it possible. She also secured us a grant so that we can buy furniture and appliances for our new home.

"To me, she has been a true 'Wonder Woman' someone who goes above and beyond, who sees the person behind the paperwork. People like Lisa don't just do their jobs; they transform lives."

Social Work and Welfare Support

A life-limiting illness can bring emotional, practical and financial challenges for both patients and their families. Our Social Work team helps people navigate these challenges through compassionate guidance, practical advice and emotional support.

Working alongside patients, families and carers, the team provides support online, by telephone, at the Hospice and through home visits for patients living in Westminster. Social Workers offer advice on issues including funeral planning, will writing, Lasting Power of Attorney and housing, while Hardship Grants help patients facing financial difficulty meet essential costs.

Our dedicated Welfare and Benefits Adviser helps with complex welfare support, primarily focused on financial matters, helping patients access their full benefits entitlement, including Personal Independence Payment (PIP), Universal Credit, and Pension Credit. She supports patients in understanding what they are eligible to claim and assists with applications, form completion, food vouchers, and charitable grants for essential needs such as electricity bills. She also advocates on behalf of patients in relation to housing and other critical support services. The adviser also provides regular one-to-one appointments at the Wellbeing Centre.

During 2025, our Social Workers supported 113 families, while 80 patients received specialist advice from our Welfare and Benefits Adviser. As more people are cared for in the community, demand for the service continues to grow.

The team's monthly Carers' Group also continued to provide a welcoming space where carers could connect with others, share experiences and access support. Throughout the year, guest speakers, including Dementia UK, delivered themed sessions to provide additional guidance for those caring for loved ones.



Bereavement Support

Grief does not end when a loved one dies, and neither does our care. Our Bereavement Support service helps adults, children and young people navigate grief through compassionate one-to-one and group support before and after bereavement.

Supporting Adults

We support adults whose loved one was cared for by St John's Hospice, wherever they live. Alongside pre-bereavement support from our Social Work team, our Adult Bereavement Coordinator provides one-to-one counselling and group support following a death.

During 2025, 46 family members received support through 328 counselling sessions, while our quarterly bereavement group continued to provide a safe space to share experiences and find comfort with others.

In October, we launched our weekly Grief Café, offering an informal space where anyone affected by the death of someone cared for by St John's Hospice can come together for conversation, connection and peer support without waiting for formal counselling.

Supporting Children and Young People

Our Child Bereavement Coordinator provides specialist counselling and group activities for children and young people living in or attending school in Westminster, regardless of whether their loved one received care from St John's Hospice.

During 2025, 76 children and young people accessed the service through individual counselling and group activities throughout school holidays. Visits included the Unicorn Theatre, the English National Opera, the Royal Opera House and Warner Bros. Studio Tour – The Making of Harry Potter, helping young people connect with others who have experienced bereavement, while also supporting their parents and carers.



Clinical Governance

The clinical leadership of the Hospice is led by the Assistant Director of Nursing – Hospice and our Lead Palliative Care Consultant. They lead the quarterly Hospice Governance Committee, which is chaired by the Hospital's Medical Director. The papers from these meetings form part of the overall Governance Papers presented to the Trustees.

The Hospital's Medical Director is the Clinical Lead and Responsible Officer, and the Director of Patient Safety and Quality Improvement is the Caldicott Guardian. The Chief Nursing Officer is our Director of Infection Prevention and Control, Accountable Officer for Controlled Drugs and Designated Safeguarding Lead for Adults and Children. Our Chief Executive Officer has overall responsibility for the Clinical Governance Framework.

We measure our progress using key performance indicators, all of which are aligned with our objectives. Our key performance indicators (KPIs) are shared throughout the organisation to promote the objectives, act as personal development indicators, as well as 'traffic lights' to potential concerns in each department.

	2025	2024	2023
No. of acquired/ deteriorated pressure ulcers	13	13	12
No of. patient falls resulting in moderate harm or above harm	0	2	0
No. of medication errors (low or no harm)	31	30	35
% of patients cared for by CNS are dying in the preferred place of death	85.25	92	93
% of new referrals triaged within one working day	100	100	100
No. of safeguarding concerns reported	3	11	n/a
No. of inpatient bed nights	3,482	3,964	3,651

Complaints and Concerns

We are committed to providing every patient with the highest quality, individualised care, while also supporting their families and carers. Although we strive to deliver this consistently, we recognise that there may be occasions when we do not get things right.

We take all complaints and concerns seriously and regard them as important opportunities to listen, learn and continuously improve the care and services we provide.

In 2025 we received one formal verbal complaint which was not upheld. 'Not upheld' indicates no further action was required, while 'Upheld' and 'Partially upheld' signify that the complaint was escalated to an investigation stage.

	2025	2024	2023
Total no. of clinical complaints received	1	2	4
No. of clinical complaints upheld	0	0	0
No. of clinical complaints partially upheld	0	1	1
No. of clinical complaints not upheld	1	1	3

Compliments

We are incredibly grateful to the many patients, families and carers who have taken the time to share their positive experiences of St John's Hospice. Their kind words recognise the compassion, professionalism and dedication of our staff and volunteers, while reminding us of the difference our care makes to those we support.

All compliments are reported monthly to the Patient Safety and Quality Improvement Team, quarterly to the Patient Safety and Quality Committee and the Quality, Governance and Risk Committee, and are regularly shared with staff at team meetings to recognise achievements and inspire continued excellence.

In 2025, we received 120 written/verbal compliments. Below are just a few examples:

> The complementary therapies give me such relief from my pain. After a session, I feel like I'm ready to face the world. Thank you for that gift.

> Thank you for the key part you played in my healing and recovery. I am returning to work after this break because of your interventions, care and dedication. Truly, you are a 'one in a million' professional.

> Coming to this Centre benefits me so much. I get support with my benefits and housing issues while I'm here, the exercise classes help me to keep healthy, and I love the art with Helen; it's the best.

> Our hearts as a family are so deeply grateful for every single day of kindness and care and the equally generous support our family has received throughout. To know that such level of care exists has reignited our faith in humankind.

> Thank you for the superb care you gave my daughter during her short time with you before her death. You not only kept her comfortable and (as she said) 'safe' but you were wonderfully tolerant of all the many friends and family members who came and went. It has been very sad to lose a daughter too soon, but I have been greatly comforted by your team giving her as good an ending as it could have been.

> St John's Hospice has got to be one of the most heartwarming places I have ever stepped in. You looked after my sister, but you also looked after us, as her family. If we came out of the room upset, in seconds we had a friendly arm around us. You are all excellent and a total credit to the profession. Thank you from the bottom of our hearts.

> Over the years, the care, support and friendship she received has done wonders – not just for herself but us (her family). We can't thank you enough.

> I am extremely grateful for the bereavement service at St John's Hospice. To be given the time and space to process my dad's passing in a comfortable, safe space was invaluable, and I have learned so much about myself and feel much stronger and more equipped to deal with difficulties after the sessions. Thank you so much.

> I was in dread of coming to a Hospice. Since my arrival; those fears have been allayed.

> I am incredibly grateful for attending these sessions, which have been a turning point for me. They have provided a safe, non-judgemental space to speak freely about my dad and to process my grief. I've been able to understand my grief, and I now have strategies to help me move forward. Thank you.

Fundraising and Community

Thanks to the extraordinary generosity of our supporters, £2,934,568 was raised for St John's Hospice in 2025. We are incredibly grateful to everyone who chose to support us during the year. Whether by making a donation, organising a fundraiser, taking part in an event, visiting our shop, or remembering the Hospice in their will, every contribution helped us continue providing compassionate care completely free of charge.

Trust and Foundations

Grants from charitable trusts and foundations remained our largest source of voluntary income, with 87 trusts and foundations contributing more than £1.7 million. Thanks to exceptional grants from the **Department of Health and Social Care**, **Basil Samuel Charitable Trust**, **Westminster Amalgamated Charity**, **Julia Rausing Trust** and the **Langmuir Family Foundation**, we were able to strengthen and expand our services. We also extend our thanks to the corporates and trusts and foundations that supported our **Big Give Christmas Challenge**, helping us exceed our fundraising target.

Corporate Partnerships

Our corporate partners continued to play an invaluable role in supporting the Hospice through event sponsorship, employee fundraising, volunteering and providing gifts in kind.

We are incredibly grateful to **Howard de Walden** for renewing their support of Hospice@Home, ensuring that this service continues to support patients and their families in Westminster. We were also delighted to celebrate 13 years of partnership with **Winkworth St John's Wood**, whose ongoing support included sponsoring our Easter Egg-Stravaganza, purchasing a table at our Annual Charity Gala, supporting our Big Give Christmas Challenge and hosting a Halloween-themed fundraising event to celebrate the opening of their new Belsize Park branch.



Businesses also supported us in thoughtful and practical ways. **Everfox's** London office designed and sent handmade Valentine's Day cards to patients, while many corporate volunteers gave their time to support activities in the Wellbeing Centre, assist in our charity shop and help deliver fundraising events throughout the year. We're especially grateful to organisations like **Marble Arch London BID**, **Baker Street Quarter**, and **Paddington Partnership** for introducing many of these local businesses to our Hospice.

£2.93m
raised

3,709
donations

87
trusts & foundations

93
challenge participants

BigGive

£186,265
raised through Big Give

Community Fundraising and Individual Giving

Our community continued to demonstrate extraordinary generosity throughout the year. Support from individual donors, including regular giving, appeals and major gifts, totalled £304,595. This includes 411 individuals who raised £97,827 in memory of loved ones through tribute pages, funeral collections and the purchase of our in-memory products including Giving Tree leaves, butterflies and jasmine flowers.

During the year we introduced two new fundraisers Taste the World and Paws for a Cause, proudly sponsored by **Medivet St John's Wood**. Both events received an enthusiastic response, bringing together local businesses, schools and supporters while creating new opportunities to engage our diverse community and raise vital funds.

Throughout the year, we also attended local fairs and festivals, including the **Hammersmith & Fulham Winter Festival**, helping raise awareness of our expanding Hospice@Home service and encouraging the local community to support the Hospice.



Schools continued to play an important role in supporting the Hospice raising £19,671. Highlights included **Saint Christina's** 'Boxes of Love' appeal and Christmas carol performances for patients, **St Mary's School** raising more than £4,100 by making us their Charity of the Year, **Connaught School** delivering Easter eggs for patients, and **St Joseph's School** performing at our inaugural Candlelight Concert in our on-site chapel.





Retail

Alongside the retail activities at our charity shop, we hosted our first on-site retail pop-up, **Secondhand Wonderland**, in the Wellbeing Centre. The event not only generated valuable income but also welcomed many supporters into the Hospice for the first time. We also continued to sell our pin badges and seasonal merchandise, making plans to expand the range for a launch of new products in spring/summer of 2026.

Campaigns

Our second participation in the Big Give Christmas Challenge exceeded our expectations, raising £186,265, almost doubling our original £100,000 target. Supported by our Champion, **The Reed Foundation**, alongside pledgers **The Alan Davidson Foundation**, **Aspect Capital**, **The Patrick and Helena Frost Foundation** and **Radiocoms**, the campaign helped expand admissions to our Inpatient Unit.

We also joined more than 140 Hospices across England, Scotland and Wales for Hospice UK's national **This is Hospice Care** campaign, encouraging more people to consider leaving a gift in their will. Our campaign generated coverage across eight local media outlets, featured advertising at local Underground stations, including St John's Wood, and saw the launch of our new Gifts in Wills guide. National television advertising led by **Hospice UK** and **RAW Agency** reached more than 10 million adults aged over 55 during the first two weeks of the campaign, helping raise awareness of the vital role legacy giving plays in sustaining Hospice care and our involvement in the campaign.

The campaign generated £6,500 in direct donations in response to our mail out, inspired several supporters to notify us of their intention to leave a gift in their will or request further information through our new Gifts in Wills Guide. This complemented the 20 generous legacy gifts received during the year, which totalled £394,091.

Events and Challenges

Easter Egg-Stravaganza, generously sponsored by Winkworth and **Westminster City Council**, raised £10,494, while the Summer Garden Party raised £20,676 to support the expansion of our community nursing hours. Guests heard a moving speech from patient Sarah, whose story features earlier in this report, and we were honoured to welcome the Lord Mayor of Westminster as our guest of honour.

Our annual Light Up a Life multi-faith event, once again generously supported by **Lord's Cricket Ground** and Westminster City Council, raised £21,500 towards expanding Inpatient Unit admission hours.

Our Annual Charity Gala, held at **The Wallace Collection**, raised an outstanding £171,870 to support the expansion of Hospice@Home into Hammersmith & Fulham, enabling more people to receive expert care in the comfort of their own homes.

Challenge event fundraising also reached new heights, with a **record 93 participants** taking on everything from 10k runs to endurance events and raising £74,694. We saw our largest London Landmarks Half Marathon team to date with 9 runners raising over £15,000.







Supporter Story Running in Memory, Giving with Purpose

Supporter Immie ran the London Landmarks Half Marathon in memory of her dad, Mark, on what would have been his 64th birthday.

"In September 2024, my dad, died after being diagnosed with terminal pancreatic cancer. During one of my evening visits to the Hospice, I saw the flyer for the London Landmarks Half Marathon and noticed, by coincidence, that it was taking place on his birthday.

"While the days spent visiting my dad in the Hospice were some of my most difficult, the Hospice was a peaceful place. It allowed my dad to spend his last weekend listening to his favourite music (The Beatles), surrounded by friends, family and his beloved dog Roxy. We all felt incredibly supported by the nurses and doctors, which gave us the opportunity to say a proper goodbye. I just can't imagine what the grief would have been like if we had not got this opportunity. Sadly, my dad and I never got to speak about the race, but I know he would have loved the idea.

"The race itself was amazing and quite emotional. The crowd support was unbelievable, and I didn't even need music or a podcast for motivation (my usual go-to for long runs).

"I crossed the finish line with a time of 1 hour 53 minutes - I was shocked but delighted. Meeting up with family and friends after completing the run was a feeling I'll never forget...and it was probably one of the best days of my life!



> "Taking on a challenge during a period of grief was extremely cathartic, so I would particularly encourage those who are going through a difficult time to consider it - not only are you supporting this amazing and vital charity, but you are looking out for yourself too."

Volunteering

Volunteers are at the heart of St John's Hospice, generously giving their time, skills and compassion to help us provide outstanding care and support to patients, families and our local community. From welcoming visitors and supporting fundraising events, to assisting in our charity shop and spending time with patients, our volunteers make an invaluable contribution across every area of the Hospice.

During 2025, 87 regular volunteers supported our clinical services, fundraising activities and retail operations. We were also grateful for the support of 31 event volunteers, who gave their time to help with activities including event set-up, ticket sales, cheering on challenge participants and ensuring our fundraising events ran smoothly.

We were delighted to welcome 23 corporate volunteers throughout the year, with teams from organisations including **Howard de Walden**, **Marks & Spencer**, **Audley Travel** and **Hammerson** supporting activities in our Wellbeing Centre and charity shop. Their contribution provided valuable practical support while helping us create meaningful experiences for patients through activities and companionship.

In August, we welcomed Zena, our new therapy dog, through our partnership with **TheraPaws**. Zena has quickly become a much-loved member of the Hospice community, bringing comfort, companionship and moments of joy to patients, families, staff and volunteers alike.





We celebrated the dedication of our volunteers throughout the year, including during Volunteers' Week, which provided an opportunity to recognise the incredible difference they make every day. Our annual Christmas Party also celebrated outstanding achievements, with two volunteers recognised for an exceptional 10 years of service. Peer-nominated awards for Teamwork, Best Newcomer and Above & Beyond highlighted those who had gone the extra mile in supporting the Hospice and our community during 2025.

Alongside celebrating our volunteers, we continued to invest in improving their experience. Working in partnership with the Hospital, we undertook a review of volunteer benefits and explored ways to strengthen recognition, support and engagement. We also focused on improving feedback mechanisms, ensuring volunteers feel seen, heard and valued.

A significant milestone was also reached in our commitment to volunteering. Following a year-long assessment involving workshops, focus groups, interviews and a comprehensive review of the programme, we were delighted to be recommended for the nationally recognised **Investing in Volunteers accreditation** at the end of 2025. The accreditation is to be formally awarded in January 2026, recognising our commitment to providing an outstanding volunteering experience.

Progress Against Priorities

In 2024, we launched our ambitious five-year strategy, setting out how we will respond to the growing demand for specialist palliative and end-of-life care across North, West and Central London.

Throughout 2025, we made significant progress against a number of our strategic priorities, strengthening existing services, expanding access to care and investing in new ways to support patients and families.

Extension of Inpatient Unit Admissions

Progress in 2025

Weekday admissions were successfully extended by the end of 2025 following the recruitment of an additional Palliative Care Consultant and Specialty Doctor. Recruitment also began for the administrative and operational roles needed to support weekend and bank holiday admissions.

Looking Ahead

Weekend and bank holiday admissions are due to launch in early 2026, with fundraising focused on securing the remaining staffing costs to enhance our out of hours administrative and advice capabilities.

Increased Community Nursing Provision

Progress in 2025

Funding was secured to recruit two Community Nurse Specialists, an additional Community Nurse Specialist Trainee and an Administrator, enabling the expansion of our community nursing service to 8 am - 8 pm, Monday - Friday, with the roll out of seven days a week from early 2026. Although plans for a standalone 24/7 advice line were paused following changes to NHS provision across North West London, specialist telephone advice is now available 24 hours a day through our expanded Inpatient Unit service.

Looking Ahead

Our focus is to launch the expanded seven-day community nursing service and continue working with NHS partners to strengthen community-based palliative care by integrating the 24 hour advice and rapid response services across all North West London Hospices, while securing the remaining funding required to support its long-term sustainability across our service catchment area.

Hospice@Home Expansion into Hammersmith & Fulham

Progress in 2025

One of the most significant milestones of the year was securing an NHS North West London Integrated Care Board contract to expand our Hospice@Home service into Hammersmith & Fulham. Funding for the expansion was secured during the second quarter of the year, enabling recruitment of Healthcare Assistants and a Team Coordinator to commence.

Looking Ahead

Following the launch in spring 2026, our focus will be on ensuring patients and families across Hammersmith & Fulham can access high-quality Hospice@Home care while securing the remaining funding required to support the service across Westminster, Kensington & Chelsea and South Brent, ensuring its long-term sustainability and future growth.





Updated Patient Vehicle Fleet

Progress in 2025

Funding was secured to replace the 7-seat and wheelchair accessible patient vehicle in our patient transport fleet and the order was placed. Unfortunately, the supplier entered liquidation before delivery, requiring a new procurement process, there was no loss financial loss.

Looking Ahead

Our priority is to fundraise for the remaining 5-seater vehicle appoint a new supplier and compete the order.

Community Outreach Expansion

Progress in 2025

Progress on expanding community outreach services was paused following the merger of Integrated Care Boards while future commissioning arrangements and service frameworks are reviewed.

Looking Ahead

We will continue working with NHS partners to ensure St John's Hospice is well placed to expand community outreach services as commissioning plans develop.

Child Bereavement Expansion into Brent

Progress in 2025

Discussions began with NHS North West London Integrated Care Board and local partners following the closure of Brent Bereavement Service to explore opportunities to extend our specialist child bereavement support into the borough.

Looking Ahead

We will continue working with NHS partners and local stakeholders to determine the future provision of child bereavement services in Brent. Our priority is to ensure children and young people across the borough have access to the specialist support they need following the death of a loved one.



Increased Wellbeing Centre Capacity

≫ Progress in 2025

Funding was secured to strengthen clinical leadership within the Wellbeing Centre through the recruitment of a Band 6 Senior Staff Nurse and the uplift of an existing Band 5 role. We also progressed with our business case to expand outpatient clinics and wider support services, enabling more patients to access specialist care while remaining independent at home.

≫ Looking Ahead

Our focus for the coming year is to finalise the business case and secure the funding required to expand the outpatient clinics and support services delivered through our Wellbeing Centre.

Expansion of Lymphoedema provision in Harrow

≫ Progress in 2025

We finalised our contract with the NHS North West London Integrated Care Board and service model to expand specialist lymphoedema care into Harrow, began recruiting additional staff to support this expansion and completed our new on-site Lymphoedema Centre, featuring three clinical treatment rooms and a dedicated administrative office by the end of 2025.

≫ Looking Ahead

Our new onsite clinic is due to open in January 2026 followed by our new Harrow clinic March 2026.

If you would like to know more about any of the priorities outlined in this report and our current funding needs, please contact our Fundraising team by emailing **fundraising@hje.org.uk** or calling **020 7806 4011.**

Fundraising Compliance and Governance

At St John's Hospice, we are committed to building trusted and transparent relationships with our supporters, ensuring every donation is managed responsibly and makes the greatest possible impact. We keep our donors informed about how their contributions support our work and the difference they help make for patients, families and our local community.

We are committed to treating all supporters and donors fairly, ensuring they have the information they need to make informed decisions about giving. Our Fundraising team takes a responsible approach to supporter care and, where appropriate, works closely with our Clinical team to consider any concerns around vulnerability or an individual's ability to make an informed decision. We never put pressure on anyone to donate, and we always respect a supporter's decision to decline a gift or stop a regular donation.

As a member of the **Fundraising Regulator**, we follow the Code of Fundraising Practice and ensure that all staff, volunteers and third-party partners involved in fundraising activities understand and adhere to these standards. We regularly review our fundraising practices to ensure they remain ethical, responsible and aligned with regulatory requirements.

Protecting our supporters' personal information is a priority. We handle all data safely, securely and confidentially, and we never sell supporter data to third parties. Working closely with the organisation's Data Protection Officer, we ensure our data processing activities comply with the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR). Further information about how we collect, process and use personal data can be found in our privacy policy on our website.

Our Fundraising team brings together skilled and dedicated colleagues across community fundraising, trust and foundation fundraising, partnerships, philanthropy, retail, volunteering, finance and data, marketing and communications. Together, they are responsible for generating the income needed to fund our specialist palliative and end-of-life care services, which cost more than £8 million each year and are provided free of charge to patients and families.

Based at the Hospice in St John's Wood, the Fundraising team is led by the Director of Hospice, Fundraising and Development, who reports to the Chief Executive and works closely with our governance structures, including the Charity Development Committee and Executive Management Board, to ensure effective oversight and accountability.

We work with trusted external partners to extend the support we can offer our community. These include **Bequeathed** and **MuchLoved**, who provide online services supporting free Will writing and in-memory giving, as well as challenge event partners including **RunThrough**, **Run for Charity** and **Charity Challenge**, helping us offer a wider range of fundraising opportunities for supporters.

Complaints and Concerns

We welcome feedback from our supporters, partners, volunteers and retail customers, as it helps us continually improve our services and supporter experience.

During 2025, we received no complaints relating to fundraising or volunteering. Our retail team received three complaints, of which two were minor and not upheld, and one was minor and partially upheld.

All feedback is taken seriously and reviewed to ensure any learning is identified and improvements are made where appropriate.

For information on our complaints policy and our resolution process, please visit our website at **www.stjohnshospice.org.uk/contact-us/compliments-concerns-complaints.**

Statement of Financial Activities for St John's Hospice

For the year ended 31 December 2025

	2025 Total £000
Income from:	
Donations	**1,468**
Legacies	**394**
Charitable activities:	
Patient Services (ICB Funding)	**3,957**
Other Trading Activities:	
Events	**309**
Sale of Donated Goods	**194**
Total	**6,983**
Expenditure on:	
Raising Funds:	
Fundraising and Publicity	**(633)**
Costs of Charity Shop	**(95)**
Charitable activities:	
Direct Costs	**(4,561)**
Indirect Costs	**(2,847)**
Total	**(8,136)**
Net (Deficit)	**(1,153)**

Reserves

This policy should be read alongside the Charity's overall Reserves Policy (page 56) and reflects the specific financial considerations relevant to St John's Hospice.

The Trustees recognise the need to maintain appropriate financial resilience to support the Hospice's significant ongoing clinical, staffing and operational commitments. The Hospice is supported by a combination of charitable and other income, including donations, grants and legacies, which can fluctuate from year to year.

In assessing the appropriate level of reserves for the Hospice, the Trustees consider the resources needed to maintain continuity of care, manage unexpected changes or delays in income and provide sufficient time to respond to changing financial circumstances.

Restricted funds held for Hospice purposes are considered separately and are not treated as free reserves, although their availability is taken into account when assessing the overall resources available to support Hospice services.

The Hospice reserves assessment forms part of, and is consistent with, the Trustees' overall Reserves Policy for the Charity.

Financial Review



Financial Statements

Financial review

Income

Income decreased year on year by 0.6% to £65.8m (2024: £66.2m), of which £3.0m was restricted funds (2024: £3.6m). This was driven primarily by a decrease in voluntary income. While income from donations increased, legacies income saw a significant decrease. Income from Hospital patient-related income saw a modest increase.

The increase in day case and outpatient attendances more than offset the slight decrease in inpatient activity.

Overall, voluntary income decreased by 32% from £3.6m in 2024 compared to £2.4m in 2025. Of this, revenue from Hospice fundraising decreased by 14% to £2.0m (2024: £2.4m), meanwhile, legacy income decreased by 68% from £1.2m in 2024 to £0.4m in 2025, due to a large legacy received in 2024.

Income from community fundraising and events decreased by 23%, from £0.4m in 2024 to £0.3m in 2025, while income received from trusts decreased to £1.1m in 2025 from £1.3m in 2024, representing a decrease of 13%. On the other hand, grant income increased to £0.6m in 2025 from £nil in 2024.

Expenditure

Total operating costs decreased by 1.7% in 2025 to £72.1m (2024: £73.3m). Core operational expenditure remained broadly stable, falling slightly from £62.2m to £61.6m, primarily due to a reduction in equipment hire costs. Depreciation increased from £6.9m to £7.5m, reflecting the Charity's continued investment in capital items. Interest payable fell from £2.7m to £2.5m, as we benefited from a favourable refinancing during the year and lower interest rates. Exceptional items reduced from £1.4m to £0.4m, contributing to the overall reduction in total costs. Property and occupancy costs fell by 16.6% mainly due to lower utility charges following a change in supplier.

Policy on Reserves

The policy of the Trustee is to seek to build up and maintain free reserves at a level which will:

- Assist in providing the Charity with adequate working capital to continue to operate in furtherance of its charitable objectives;
- Provide protection against cyclical and seasonal operating factors, and unforeseen events and;
- Support the Hospital's continued development.

The Charity's free reserves at 31 December 2025 were £0.6m (2024: £8.9m). The Trustees' intention is to grow the general fund in line with the Charity's policy on reserves.

The restricted funds, which comprises of donations, grants and development funds held for the benefit of the Hospice, had a value of £5.0m at 31 December 2025 (2024: £5.2m).

Operating Deficit

The operating deficit for the year amounted to £6.2m (2024: deficit £7.0m) of which £0.1m deficit was restricted.

The balance sheet has weakened with a £6.5m decrease in current assets with a £5.0m decrease in total liabilities. As a result, net assets decreased from £52.8m in December 2024 to £46.6m in December 2025.

The Charity does not maintain a policy on investments because these are generally not significant. Upon receipt of a donation in the form of an investment, an assessment is made as to whether to keep the investment or liquidate for cash. The assessment is done on a case-by-case basis.

Corporate Trustee's Responsibilities in Relation to the Financial Statements

Charity Law requires the Corporate Trustee to prepare financial statements that give a true and fair view of the state of affairs of the Charity at the end of the financial year and of its surplus or deficit for the financial year.

In doing so, the Corporate Trustee is required to:

- Prepare accounts which represent a true and fair view
- Select suitable accounting policies and then apply them consistently
- Make judgements and estimates that are reasonable and prudent
- State whether applicable accounting standards have been followed
- Prepare the financial statements on the going concern basis, unless it is appropriate to presume that the Charity will not continue in business
- Prepare an assessment of the risks and opportunities

The Corporate Trustee is responsible for maintaining proper accounting records which disclose, with reasonable accuracy, at any time, the financial position of the Charity and enables it to ensure that the financial statements comply with the Charities Act 2011.

Auditor

A resolution was passed at the Annual General Meeting that Forvis Mazars LLP be reappointed as auditors to the Charity for the ensuing year. This report was approved by the Board of the Corporate Trustee on 5 October 2026 and signed on their behalf by:



Mr Norbert Reis
Director

Independent Auditor's Report

We have audited the financial statements of S.S. John and Elizabeth Charity (the 'Charity') for the year ended 31 December 2025, which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and Notes to the Financial Statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2025 and of 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 Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The Trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Auditor's Report thereon. Our opinion on the financial statements does not cover the other information, and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the charity and its environment obtained during the audit, we have not identified material misstatements in the Annual Report.

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 requires us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the Annual Report; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 57, the Trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below. 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.

Based on our understanding of the Charity and its industry, we considered that non-compliance with the following laws and regulations might have a material effect on the financial statements:

- employment regulation
- health and safety regulations
- anti-money laundering regulation

We also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as tax legislation, pension legislation, the Charities Act 2011 and the Charities Statement of Recommended Practice.

In addition, we evaluated the Trustees' and management's incentives and opportunities for fraudulent manipulation of the financial statements, including the risk of management override of controls, and determined that the principal risks related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, income recognition (which we pinpointed to the cut-off assertion), and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included, but were not limited to:

- Making enquiries of the trustees and management on whether they had knowledge of any actual, suspected or alleged fraud;
- Gaining an understanding of the internal controls established to mitigate risks related to fraud;
- Discussing amongst the engagement team the risks of fraud; and
- Addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management. As with any audit, there remains a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

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 auditor's report.

Use of the audit report

This report is made solely to the Charity's Trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the Charity's Trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charity and the Charity's Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Forvis Mazars LLP

Forvis Mazars LLP
Chartered Accountants and Statutory Auditor, 6 Sutton Plaza, Sutton Court Road, Sutton, Surrey, SM1 4FS

Date: 15 October 2026

Forvis Mazars LLP is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under section 1212 of the Companies Act 2006.

Statement of Financial Activities

For the year ended 31 December 2025

	Notes	Unrestricted funds £000	Restricted funds £000	**2025 Total £000**	2024 Total £000
Income from:					
Donations and Legacies		-	1,933	**1,933**	3,008
Charitable activities		62,757	599	**63,356**	62,618
Other trading activities		-	503	**503**	593
Investment		10	-	**10**	10
Total	2(a)(b)	62,767	3,035	**65,802**	66,229
Expenditure on:					
Raising funds	3	-	(1,444)	**(1,444)**	(1,206)
Charitable activities	10	(68,761)	(1,854)	**(70,615)**	(72,099)
Total		(68,761)	(3,298)	**(72,059)**	(73,305)
Net (expenditure) before gains and losses on investments		(5,993)	(263)	**(6,256)**	(7,076)
Net gains on investments	6	8	-	**8**	33
Net (expenditure)		(5,985)	(263)	**(6,248)**	(7,043)
Reconciliation of funds: Total funds brought forward		47,578	5,222	**52,800**	59,843
Total funds carried forward	10, 11	41,593	4,959	**46,552**	52,800

The accompanying notes from pages 63 to 76 are an integral part of this Statement of Financial Activities.

Balance Sheet

For the year ended 31 December 2025

	Notes	**2025 Total £000**	2024 Total £000
Fixed assets			
Tangible assets	5	**73,814**	78,821
Investments	6	**54**	46
		73,868	78,867
Current assets			
Stock		**1,879**	1,697
Debtors	7	**6,256**	10,872
Cash at bank and on hand		**2,743**	4,551
		10,878	17,120
Creditors			
Amounts due within one year	8	**(10,113)**	(7,941)
Net current assets		**765**	9,179
Total assets less current liabilities		**74,633**	88,046
Creditors			
Amounts due in more than one year	8	**(28,081)**	(35,245)
Net assets		**46,552**	52,800
Represented by:			
General fund	10, 11	**41,593**	47,578
Restricted funds	10, 11	**4,959**	5,222
		46,552	52,800

The financial statements were approved by the Board of the Corporate Trustee and authorised for issue on 5 October 2026 and signed on its behalf by:



Mr Norbert Reis
Director

The accompanying notes from pages 63 to 76 are an integral part of this Balance Sheet.

Statement of Cash Flows

For the year ended 31 December 2025

	Notes	2025 Total £000	2024 Total £000
Cash flows from operating activities:			
Net cash provided by / (used in) operating activities	12	**9,705**	(3,133)
Cash flows from investing activities:			
Dividends, interest and rent from investments	2	**10**	10
Proceeds from sale of investments		**-**	9,897
Purchase of property, plant and equipment	5	**(3,022)**	(3,654)
Net cash used in / provided by investing activities		**(3,012)**	6,253
Cash flows from financing activities:			
Loan interest	3	**(2,481)**	(2,742)
Loan receipts	9	**4,000**	150
Repayments of borrowings	9	**(10,602)**	(135)
New finance leases	8	**583**	-
Net cash (used in) financing activities		**(8,500)**	(2,727)
Change in cash and cash equivalents in the year		**(1,808)**	393
Cash and cash equivalents at the beginning of the year		**4,551**	4,158
Cash and cash equivalents at the end of the year		**2,743**	4,551

The accompanying notes from pages 63 to 76 are an integral part of this Statement of Cash Flows.

1. Accounting Policies

Basis of Preparation

The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) effective 01 January 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011.

The accounts have been prepared under the historical cost convention, as modified by the revaluation of investments to market value. The S.S. John and Elizabeth Charity meets the definition of a public benefit entity under FRS 102.

Key Judgements and Estimates

Preparation of the financial statements requires management to make significant judgments and estimates. The items in the financial statements where these judgements and estimates have been made include:

- Estimating the useful economic life of fixed assets for the purposes of calculating the depreciation charge
- Estimating the recoverability of debtors and determining any necessary provision for bad or doubtful debts
- Estimating accruals with respect to expenditure incurred on charitable activities at the year-end date

The principal accounting policies are summarised below.

Fixed Assets

All fixed assets are initially recorded at cost, where this value is greater than £1,000.

Depreciation

Freehold land is not depreciated. Other fixed assets are written off by equal annual instalments over their expected useful lives as follows:

- Buildings are stated at cost and are depreciated from 1 January 1978 or the later date of acquisition over 50 years.
- Building refurbishments are depreciated over 10 years.
- Machinery, equipment, fixtures and fittings are stated at cost and depreciated over 3 to 10 years.
- Motor vehicles are stated at cost, depreciated over 5 years.

For assets under construction, no depreciation is recorded until the asset is placed in use. When the construction is completed, the assets will be capitalised and depreciated accordingly to the type of fixed assets.

Going Concern

The Trustees have prepared these financial statements on a going concern basis, having assessed the Charity's financial position, cash flow forecasts, banking facilities and covenant compliance for a period of at least twelve months from the date of approval.

The Charity holds a term loan facility and a revolving credit facility (RCF) of £8m, of which £3m was undrawn at the balance sheet date. Following the refinancing completed in October 2025, the Charity operates with lower cash balances than in prior years as a deliberate treasury policy to reduce interest cost, drawing and repaying the RCF as working capital requires. This policy reduces the reported net current asset position at the balance sheet date but does not reflect a weakening of the Charity's liquidity, which the Trustees assess by reference to total available facilities and rolling cash flow forecasts rather than period-end balances alone.

The Charity's facilities are subject to financial covenants tested quarterly. All covenants were met in the period, with headroom. The Trustees' forecasts indicate that covenants will continue to be met throughout the assessment period, which is monitored by the Finance & Audit Committee.

The Charity continues to address its operating deficit through income growth, procurement and cost efficiencies, and disciplined management of operating expenditure and capital investment. The Charity also continues to benefit from the support of its donors, and works closely with existing and prospective supporters of its services and future development.

The Trustees have considered the actions available should financial performance fall below expectations, including a range of measures within their control to manage expenditure and preserve financial flexibility. Having considered the forecasts, available funding arrangements and the Charity's ability to respond to changing circumstances, the Trustees are satisfied that it remains appropriate to adopt the going concern basis in preparing the financial statements.

Stocks

Stocks are valued at the lower of cost and net realisable value. Replacement cost is not considered to differ materially from bought in cost.

Debtors

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

Investments

Fixed Asset Investments are stated at their bid value at the balance sheet date. All movements in value arising from investment charges or revaluation are shown in the Statement of Financial Activities. Net realised gains or losses on investments are calculated as the difference between the disposal proceeds and the historical cost or the movement in market values during the year. Current asset investments are investments which are held for sale and measured at their fair value.

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.

Donations are recognised when the Charity has been notified in writing of both the amount and settlement date. In the event that a donation is subject to conditions that require a level of performance before the Charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the Charity and it is probable that those conditions will be fulfilled in the reporting period.

Legacy gifts are recognised on a case-by-case basis following the granting of probate when the administrator/executor for the estate has communicated in writing both the entitlement and the amount. If the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy.

Income from charitable activities includes income from private patients' services which is recognised when the service is provided, and income received under contract which is recognised as earned.

Income is deferred when it is received in advance of services being provided to which it relates.

Expenditure
All expenditure is accounted for on an accruals basis and is classified under the following headings:

- Raising funds - expenditure incurred on staff specifically employed for fundraising and the cost of specific campaigns and events
- Charitable activities - expenditure directly attributable to pursuing the Hospital's charitable objects
- Support costs, including governance costs, are allocated across the activity cost categories on a basis consistent with the use of resources e.g. by occupied floor areas, per capita, full time equivalents, IT ports and other costs by their usage. Irrecoverable VAT is included within the expenditure category to which it relates.

Funds
Restricted Funds
Donations received for specific purposes, such as the Hospice, are treated as Restricted Funds. Related costs, including depreciation, are charged against these funds.

Unrestricted Funds
These comprise accumulated surpluses and deficits on the Statement of Financial Activities, excluding Restricted Funds. They are available at the discretion of the Corporate Trustees in furtherance of the general charitable objectives of the Hospital.

Finance and Operating Leases
Rental costs applicable to operating leases are charged to the Statement of Financial Activities over the period in which the cost is incurred.

Assets purchased under finance lease are capitalised as fixed assets. Obligations under such agreements are included in creditors. The difference between the capitalised cost and the total obligation under the lease represents the finance charges. Finance charges are written-off to the Statement of Financial Activities over the period of the lease so as to produce a constant periodic rate of charge.

Finance Costs
Finance costs that are directly attributable to the acquisition, construction or production of a qualifying asset are capitalised as they form part of the cost of that asset. The capitalisation rate used is 3.2%. Other finance costs are recognised as an expense in the Statement of Financial Activities.

Pension
The Charity operates a number of defined contribution pension schemes. Principal amongst these is the automatic enrolment into the People's Pension. The Charity also funds personal pensions provided by Aviva.

Eligible employees are able to remain members of the National Health Service Pension Scheme. The assets of each scheme are held separately from those of the Charity in independently administered funds.

Taxation
The Hospital is a charity within the meaning of Para 1 Schedule 6 Finance Act 2010. Accordingly, the Hospital is potentially exempt from taxation in respect of income or capital gains within categories covered by Chapter 3 of Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

No corporation tax charge arose in the period.

Financial Instruments
The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans (Note 9), which are subsequently measured at amortised cost using the effective interest method.

Measurement of other basic financial instruments is as follows:

- Cash is measured at face value
- Debtors are measured at the settlement amount after any trade discounts or the amount advanced by the Charity
- Creditors are measured at the settlement amount or the amount advanced to the Charity
- Bank deposits are measured at the amount deposited.

2. Income

(a) Income in respect of Total Funds:

	2025 Total £000	2024 Total £000
Voluntary Income		
Donations	**1,539**	1,778
Legacies	**394**	1,230
	1,933	3,008
Other trading activities		
Income from shop	**194**	191
Income from events and the community	**309**	402
	503	593
Income from investments		
Dividends, Interest	**10**	10
	10	10
Income from charitable activities		
Income from fee paying patients	**58,800**	58,692
Grant income	**599**	-
ICB income	**3,957**	3,926
	63,356	62,618
Total income	**65,802**	66,229

(b) Income in respect of Restricted Funds:

	2025 £000	2024 £000
Donations - Hospice	**1,539**	1,778
Legacies	**394**	1,230
Charitable activities	**599**	-
Other trading activities	**503**	593
	3,035	3,601

3. Expenditure Analysis

	Direct Costs	Support Costs	**2025 Total**	2024 Total
	£000	£000	**£000**	£000
Costs of raising funds				
Costs of generating voluntary income	868	398	**1,266**	1,000
Fundraising : Retail shops and events	178	-	**178**	206
Charitable activities				
Medical nursing and ancillary costs	40,897	29,717	**70,614**	72,099
	41,943	**30,115**	**72,058**	73,305

Total expenditures in 2024 consisted of £69,828,000 unrestricted and £3,477,000 restricted funds.

Support costs totalling £30,115,000 (2024: £31,324,000) have been allocated to activity cost categories on a basis consistent with the use of resources, e.g. by occupied floor areas, per capita, full-time equivalents and other costs by their usage. These include costs associated with providing IT, payroll, personnel, finance, estates and other central services to the Charity's staff, volunteers and governance costs.

	2025	2024
	£000	£000
Included within charitable activities:		
Governance costs:		
Auditors remuneration - statutory audit	**57**	53
Legal fees	**79**	96
Rentals in respect of operating leases	**565**	1,282
Depreciation is split between assets owned and those under finance leases as follows:		
Assets owned	**7,418**	6,903
Assets under finance leases and hire purchase	**123**	-
	7,541	6,903
Interest is payable as follows:		
On bank overdraft and other bank funding	**2,481**	2,742
	2,481	2,742

4. Employees

	2025 No.	2024 No.
The average number of employees, based on headcount, including directors and bank staff during the year was:		
Fundraising	**10**	11
Retail shop	**2**	2
Other charitable activities	**625**	613
Total employees	**637**	626
The aggregate emoluments paid to employees was:	**£000**	£000
Salaries and wages	**27,692**	27,692
National insurance costs	**3,632**	3,040
Pension costs	**1,154**	1,127
Other staff costs (Other staff costs relate to fees paid for agency staff)	**1,027**	1,239
	33,705	33,098

	2025	2024
The number of employees whose emoluments, as defined for tax purposes, amounted to over £60,000 in the year was as follows:		
£60,000 - £69,999	**33**	27
£70,000 - £79,999	**19**	11
£80,000 - £89,999	**13**	12
£90,000 - £99,999	**3**	3
£100,000 - £109,999	**3**	4
£110,000 - £119,999	**2**	3
£120,000 - £129,999	**0**	4
£130,000 - £139,999	**1**	4
£140,000 - £149,999	**3**	1
£150,000 - £159,999	**1**	1
£160,000 - £169,999	**1**	0
£330,000 - £339,999	**1**	0
£380,000 - £389,999	**0**	1
£650,000 - £659,999	**1**	1

A contribution of £338,195 (2024: £297,553) was made to money purchase pension schemes in respect of higher-paid staff.

Neither the Corporate Trustee nor any of its other directors received remuneration for their Trustee's services during the year. No Trustees' expenses were paid during the year.

For details of Related Party Transactions, please refer to Note 15 - Related Party Transactions.

The total employee benefits of the key management personnel of the Charity were £762,547 (2024: £889,630).

Redundancy and contract termination payments are expensed as incurred through the SOFA. During the year, redundancy and termination costs of £150,064 were formally agreed under employment contracts (2024: £344,374).

5. Tangible Assets

	Freehold Land	Building	Machinery, Equipment, Fixtures and Fittings	Assets under Finance Leases	Assets under Construction	**Total**
	£000	£000	£000	£000	£000	**£000**
Cost						
As the beginning of the period	1,782	91,149	57,675	-	10	**150,615**
Additions	-	320	1,926	667	109	**3,022**
Disposals	-	-	(560)	-	-	**(560)**
Transfers	-	-	-	-	-	**-**
At the end of the period	**1,782**	**91,469**	**59,041**	**667**	**119**	**153,078**
Depreciation						
As the beginning of the period	-	(29,224)	(42,569)	-	-	**(71,793)**
Disposals	-	-	70	-	-	**70**
Charge for the year	-	(2,748)	(4,670)	(123)	-	**(7,541)**
At the end of the period	**-**	**(31,972)**	**(47,169)**	**(123)**	**-**	**(79,264)**
Net book value						
31 December 2025	**1,782**	**59,497**	**11,872**	**544**	**119**	**73,814**
31 December 2024	**1,782**	**61,925**	**15,106**	**-**	**10**	**78,821**

Total operating lease commitments
The amount payable for the future commitments as at the balance sheet date are:

	Land & Buildings		Other	
	2025	2024	**2025**	2024
	£000	£000	**£000**	£000
Within 12 months	**75**	75	**216**	490
Between two and five years	**5**	225	**423**	639
	80	300	**639**	1,129

The land and buildings lease relates to the rental of the charity shop premises.

6. Investments

	2025
	£000
Market value	
Value at 1 January 2025	46
Increase in value of securities	8
Value at 31 December 2025	**54**
Historical cost of investments	
at 31 December 2025	53
at 31 December 2024	53

Investments are UK listed.

7. Debtors

	2025	2024
	£000	£000
Private patient accounts receivable	**4,639**	4,075
Other debtors	**113**	4,093
Prepayments and accrued income	**1,504**	2,704
All amounts are due within one year	**6,256**	10,872

8. Creditors

	2025	2024
	£000	£000
Amount falling due within one year		
Hire purchase and lease creditors	**145**	-
Secured loans (see note 9)	**1,135**	135
Trade creditors	**4,594**	3,624
Taxes and social security	**965**	849
Other creditors	**2.812**	3,141
Deferred income	**462**	192
	10,113	7,941
Amount falling due in more than one year		
Hire purchase and lease creditors	**438**	-
Secured loans (see note 9)	**27,643**	35,245
	28,081	35,245
Deferred income		
Opening balance 1 January 2025	**192**	1,923
Released in 2025	**(192)**	(1,923)
Deferred in current year	**462**	192
Closing balance 31 December 2025	**462**	192

Income is deferred when it relates to services that will be provided in a future accounting period.

9. Loans

	Barclays Facility	Brampton Trust	2025 **Total**	2024 Total
	£000	£000	**£000**	£000
(a) Analysis				
Balance at beginning of the period	34,824	556	**35,380**	36,365
Additions	-	4,000	**4,000**	150
Repayments	(10,467)	(135)	**(10,602)**	(135)
Balance at end of the period	**24,357**	**4,421**	**28,778**	35,380
(b) Maturity				
Repayable by instalments				
- due within one year	1,000	135	**1,135**	135
- due within five years	5,000	4,286	**9,286**	35,245
- due in more than five years	18,357	-	**18,357**	-
	24,357	**4,421**	**28,778**	35,380

The Barclays Facility Loan was originally taken out on 3 May 2017 for a period of ten years for the construction of the new Hospital development and to consolidate existing loans. The loan is secured by a first fixed legal charge over the Charity's freehold land at 60, Grove End Road.

On 16 October 2025 the Barclays Facility was amended and restated by deed. The existing loan balance of £34,824,000 was restructured into a new £20,000,000 term loan and an £8,000,000 revolving credit facility.

The term loan is repayable by quarterly instalments of £250,000 commencing 31 December 2025 with a final balloon repayment on 16 October 2032. The revolving credit facility revolves monthly, of which £7,000,000 was drawn at the date of amendment. Loan transaction fees of £395,000 are amortised over the loan term using the effective interest rate method.

The loan continues to be secured by a first fixed legal charge over the Charity's freehold land at 60 Grove End Road.

The term loan carries interest at SONIA plus a 2.40% margin per annum. Interest for the revolving credit facility is SONIA plus a 2.25% margin per annum.

The Brampton Trust loan is a concessionary loan and is interest-free. It is repayable by quarterly instalments of capital. The Brampton Trust holds a second fixed legal charge over the Charity's freehold land at 60 Grove End Road in respect of the loan.

On 16 October 2025 the facility was amended and restated by deed and the company drew down an additional tranche of £4,000,000. The new tranche was recognised at the amount received. No arrangement fees or transaction costs were incurred in connection with this drawdown.

10. Funds

	Balance at 1 January 2025	Movement in resources: Income	Expenditure	Transfers/ investment gains	Balance at 31 December 2025
	£000	£000	£000	£000	**£000**
Restricted funds					
Butterworth Centre Development	**2,921**	-	(103)	-	**2,818**
Hospice Extension	**54**	-	(54)	-	**-**
Brampton House Capital Appeal	**1,290**	-	(39)	-	**1,251**
Department of Health Grants	**164**	-	(5)	-	**159**
Department of Health Grant 10/11	**413**	-	(14)	-	**399**
The Wolfson Foundation	**92**	-	(3)	-	**89**
Hospice UK Capital Grant	**-**	590	(590)	-	-
Listed Places of Worship Grant	**-**	9	(9)	-	-
Hospice Donations	**288**	2,042	(2,087)	-	**243**
Legacies	**-**	394	(394)	-	**-**
	5,222	**3,035**	**(3,298)**	**-**	**4,959**
Unrestricted funds	**47,578**	62,767	(68,761)	9	**41,593**
Charity funds	**52,800**	**65,802**	**(72,059)**	**9**	**46,552**

Butterworth Centre Development Fund

A contract with Kensington & Chelsea and Westminster Health Authority was entered into in October 2001 to redevelop the Butterworth Centre site, to enable it to be used for the accommodation and care of elderly people with mental illness. The outflow against these funds relates to depreciation of the Butterworth Centre building.

Hospice Extension Fund

This represents donations received towards the Hospice extension.

Brampton House Capital Appeal

This represents donations received specifically for the Brampton House redevelopment which completed in early 2008 and is now home to the St John's Wood NHS Medical Practice, 31 outpatient consulting rooms, two endoscopy rooms and the corporate offices of the Hospital. The outflow against these funds relates to depreciation of Brampton House.

Department of Health Grant

This represents grants received from the DOH under the section 64 grant scheme to enable the Charity to improve the environment of St John's Hospice for older people.

This grant was fully expended as an investment in tangible fixed assets as shown in Note 11. The outflow against these funds relates to depreciation. The 2010 grant was used to substantially improve the appearance, layout and facilities of the Hospice.

The Wolfson Foundation Grant

A grant from the Wolfson Foundation was received in 2011 for the purpose of refurbishing and improving the Hospice facilities. This grant was fully expended as an investment in tangible fixed assets as shown in Note 11. The outflow against these funds relates to depreciation.

DHSC Capital Grant facilitated by Hospice UK

This represents two tranches of restricted grant funding received from Hospice UK under their capital funding scheme for Hospices providing palliative care in England. The grants were awarded specifically for capital expenditure for St John's Hospice.

Listed Places of Worship Grant

The Charity received a grant from the Listed Places of Worship Grant Scheme, administered by the Department for Culture, Media and Sport (DCMS). The grant was awarded to refund VAT incurred on the restoration of the cupola at the Charity's Grade II listed chapel, in accordance with the conditions of the scheme.

Hospice Donations

These are general donations towards the Hospice received as a result of the fundraising activities during the year.

Legacies

Funds from legacies were bequeathed for the benefit of the Hospice.

11. Analysis of Net Assets between Funds

	Tangible fixed assets	Investments	Net Current Assets	(Liabilities) due after more than one year	Total
	£000	£000	£000	£000	**£000**
Restricted funds					
Butterworth Centre Development	2,818	-	-	-	**2,818**
Brampton House Capital Appeal	1,251	-	-	-	**1,251**
Dept of Health Grant	159	-	-	-	**159**
Dept of Health Grant 10/11	399	-	-	-	**399**
The Wolfson Foundation	89	-	-	-	**89**
Hospice Donations	-	-	243	-	**243**
Unrestricted funds	69,098	54	522	(28,081)	**41,593**
	73,814	**54**	**765**	**(28,081)**	**46,552**

12. Reconciliation of Operating (Deficit)/ Surplus to Net Cash Inflow from Operating Activities

	2025	2024
	£000	£000
Net (deficit) for the year	**(6,248)**	(7,043)
Depreciation charges	**7,541**	6,903
Net (gain) on investments	**(8)**	(33)
Dividend and interest income	**(10)**	(10)
Profit on sale of fixed assets	**489**	162
(Increase) / Decrease in stock	**(182)**	295
Decrease / (Increase) in debtors	**4,616**	(1,622)
Increase / (Decrease) in creditors	**1,027**	(4,527)
Interest paid	**2,481**	2,742
	9,705	(3,133)

13. Analysis of Changes in Net Debt

	Balance at 1 January 2025	**Cashflows**	**Other Non-cash Changes**	**Balance at 31 December 2025**
	£000	£000	£000	**£000**
Cash and cash equivalents				
Cash	4,551	(1,808)	-	**2,743**
	4,551	**(1,808)**	**-**	**2,743**
Borrowings				
Debt due within one year	(135)	-	-	**(1,135)**
Debt due after one year	(35,245)	6,602		**(27,643)**
	(35,380)	**6,602**	**-**	**(28,778)**
Total	**(30,829)**	**4,794**	**-**	**(26,035)**

14. Contingent Liabilities

HJE is from time-to-time party to disputes arising in the normal course of business. The Trustees, having taken appropriate advice, do not expect the outcome of any current disputes, individually or in aggregate, to have a material effect on the Charity's financial position.

15. Related Party Transactions

The Charity takes out Indemnity Insurance to indemnify the Corporate Trustees and its officers against possible liabilities incurred by them in relation to their duties. The cost of this insurance was £77,280 (2024: £99,542).

The Brampton Trust granted the sum of £nil (2024: £750,000) towards the running and capital costs of the Charity.

The Brampton Trust also provided the Charity with an interest-free loan with a balance of £4,421,000 at 31 December 2025 (2024: £556,000). Quarterly loan repayments are set at £33,833, as shown in Note 9.

The Brampton Trust also owns three properties from which the Hospital benefits, Brampton House, the Butterworth Centre and 38 Circus Road, for which the Hospital pays peppercorn rents, and which generate rental income for the Charity.

16. Pension Scheme

The Charity operates a number of defined contribution pension schemes. Principal amongst these is the automatic enrolment into the People's Pension. The Charity also funds personal pensions provided by Aviva. Eligible employees are able to remain members of the National Health Service Pension Scheme. The assets of each scheme are held separately from those of the Charity in independently administered funds.

The pension cost charge represents contributions payable by the Charity to the defined contribution funds as well as to the NHS defined benefits multi-employer scheme and amounted to £1,130,137 (2024: £1,126,519). £105,703 (2024: £121,118) was payable to the fund at the reporting date.

17. Capital Commitments

Amounts contracted for but not provided in the financial statements amounted to £nil (2024: £nil).

18. Events after the end of the reporting period

The Trustees have reviewed events since 31 December 2025 up to the date these financial statements were approved. There are no events after the end of the reporting period that require disclosure or adjustment in these financial statements.



Structure and Governance

Risk Management

The Board of the Corporate Trustee has implemented a risk management strategy in relation to the Charity, which comprises:

- The development of a corporate risk register that is reviewed by the Hospital Management Board monthly, by the Quality, Governance and Risk Committee and by the Trustees four times annually.
- The establishment of systems and procedures to manage those risks identified, which are ratified by the Hospital Management Board on a needs basis.
- The implementation of procedures to minimise any potential impact on the Charity, should those risks materialise.
- Day-to-day operations are managed by a Hospital Management Board made up of specialists in their fields, with oversight from a strong group of Trustees who are also Directors of the Corporate Trustee.
- Appropriate insurance to cover identified risks, where possible.

Detailed considerations of financial risks are delegated to the Finance and Audit Committee, which is assisted by senior management, drawing on information from relevant sub-committees of the Board and reports from external inspection authorities such as the Auditors, whilst clinical and corporate risks are managed through the Quality, Governance and Risk Committee.

For all areas, risks are identified, assessed, and controls are established throughout the year. Risks identified are prioritised on the likelihood of an event occurring and the impact should the event occur.

The Charity has a Patient Safety and Quality Improvement Department, which ensures that a corporate risk register is maintained, reviewed and updated on a regular basis. The Charity also has a Health and Safety Committee and a Patient Safety and Quality Committee, which both report to the Quality, Governance and Risk Committee, which in turn reports to the Board of the Corporate Trustee. The Chief Executive, who leads the Hospital Management Board, reports to the Board of the Corporate Trustee.

Key risks:

The Charity has a number of risks, the main ones of which are:

- **Business Performance:** The Charity needs to maintain a certain level of activity so it can continue its key objective to serve the sick and the dying
- **Macroeconomic:** In a recession or economic downturn, the number of insured lives and people willing to fund their own treatments may fall, having an adverse effect on the Charity's results. Healthcare is less sensitive to economic trends than some other sectors; however, costs currently reflect the levels of activity, and there would be opportunities to reduce costs in some areas
- **Risk of a cybersecurity incident and/or a serious data breach**: This risk could result in regulatory, legal or contractual issues. This is managed through IT security controls, policies and procedures, regular external review, and continually reviewing new threats.
- **Clinical Risk:** A risk which can have wider consequences for the Charity, stakeholders and users. Medical malpractice is a risk through potential financial loss and reputational damage, as a result of poor clinical outcomes. This is managed by actively managing a diverse group of leading external Medical Consultants who conduct surgical and medical procedures, each of whom carries their own insurance. The Hospital also carries out regular clinical audits and outcome reviews to measure clinical effectiveness

With a single site and business, there is a concentration of risk to the Charity's assets. This is managed through a well-defined governance process and, in particular, the appointment of an executive Hospital Management Board to manage operationally.

Structure, Governance and Management

Governing Document

The Charity was founded in 1856 and is registered with the Charity Commission (charity number 235822). Its current governing instrument is a Scheme made by the Charity Commission on 21 May 1993, as amended by a further Scheme made by the Charity Commission on 2 February 1998, a Charity Commission order dated 4 April 2005, and a Resolution of the Trustee of the Charity dated 17 October 2014.

Trustees

The Trustee of the Charity, appointed by clause 2 of the 1993 Scheme, is the body corporate called The Hospital of St John and St Elizabeth.

This Corporate Trustee is a company limited by guarantee (number 2808390) and is also registered with the Charity Commission (charity number 1020916).

It is governed by its Memorandum and Articles of Association dated 24 February 1993, as amended by special resolutions dated 31 March 1998, 31 March 2015, 21 June 2021, 23 November 2023 and 30th October 2025. The Directors of the body corporate are all unpaid volunteers.

Directors

As set out in the Articles of Association of the Corporate Trustee, there must be a minimum of eight Directors, and at least 70% of the total number of Directors must profess the Roman Catholic faith. One Director shall be the nominated representative of the Roman Catholic Archbishop of Westminster.

At every Annual General Meeting, one-third of the Directors shall retire from office but shall be eligible for re-election.

Any Director can submit a name for consideration as a Director to the Remuneration and Nominations Committee on behalf of the Board. There follows a discussion on the appropriateness of the nomination, and, if there is general agreement that the appointment might be of benefit, the prospective candidate is interviewed by a panel from the Committee. The Chair of the Committee will then report back to a subsequent meeting of the Board when a decision will be taken to appoint or not. Potential Directors must display eligibility, personal competence, specialist skills and availability in accordance with the Trustee role profile and adhere to the Trustee Code of Conduct and Statement of Ethics.

Members

There can be up to 50 members of the Charity. The key role of members is to elect Trustees. Membership is either through being a Director of the Corporate Trustee or through nominations from specific groups associated with the works and locality of the Charity. The Directors have the power to co-opt further members. Anyone who is a member in more than one capacity shall only be counted once. There shall be at least 75% of the membership who profess the Roman Catholic faith at all times. Each member agrees to contribute £1 in the event of the Charity winding up.

Director Induction and Training

Newly appointed Trustees receive an information pack consisting of information about the Charity, the governing document, terms of reference of all sub-committees of the Corporate Trustee, the Corporate Trustee's annual report and accounts, budgets, relevant policies and minutes, and information about trusteeship in the form of the Charity Commission booklet CC3, The Essential Trustee.

In addition, the Co-Chairs and Chief Executive provide a detailed briefing and a guided tour, during which new Trustees and Directors are able to meet key employees and other Directors. There is an ongoing assessment of the training needs of the Trustees and Directors, and additional training is provided as required. Trustees and Directors are encouraged to attend appropriate external training events where these will facilitate the undertaking of their role.

Organisation

The Board of the Corporate Trustee administers the Charity and fulfils the Corporate Trustee's legal duty by ensuring that funds are spent in accordance with the objects of the Charity. The Board meets on at least four occasions per year and is responsible for approving strategic plans, the annual business plan including the annual budget, and for approving the annual accounts and Trustees' annual report. At each meeting, the Directors receive reports on financial results and activity levels, and the progress made against the annual budget and business plan to ensure that they are able to exercise their fiduciary responsibilities.

To assist in this task, there are a number of Board sub-committees, comprising Directors, senior management and Nominees, with agreed terms of reference. These sub-committees are responsible for strategic, financial and operational issues. The sub-committees report to the Corporate Trustee on the progress being made against agreed objectives and make recommendations within the scope of their terms of reference.

A Chief Executive is appointed by the Corporate Trustee to manage the operations of the Charity. To facilitate effective operations, the Chief Executive has delegated authority, within terms approved by the Board of the Corporate Trustee, for operational matters including finance, employment, clinical standards and the day-to-day management of the organisation. The Chief Executive is supported in this role by the Executive Management Board.

Remuneration of key management personnel is set by the Remunerations and Nominations Committee, taking into account cost-of-living increases and external market conditions.

Related Parties

The Charity has a close relationship with the Brampton Trust and is its principal beneficiary. The Brampton Trust provides financial support by way of donations and interest-free loans and owns the freehold of a significant part of the estate. The Chair of the Brampton Trust Trustee is also a Director and Member of the Corporate Trustee and Trustee of the Charity. The Brampton Trust has not been included in the financial statements of the Charity as the Corporate Trustee does not exercise control over it. Note 15 in the Notes to the Financial Statements details the related party transactions with the Directors of the Corporate Trustee.

Public Benefit

All our activities advance our charitable purpose for the public benefit to save lives and serve the sick and the dying. The impact of our services extends beyond the clinical and non-clinical care provided to our patients by providing bereavement services and support to their families.

When setting the strategic plan and approving the annual business plan, the Board of the Corporate Trustee has considered the Charity Commission's guidance on public benefit.

The Charity is committed to ensuring that Patients within the Hospice can attend at no cost to themselves.

Corporate Governance

The Board of the Corporate Trustee strongly supports the principles of corporate governance. Their main responsibility is to protect the long-term security of the Charity by ensuring that the Hospital and Hospice are well managed and that they maintain appropriate standards of clinical care.

Clinical Governance

A structure of policy setting and monitoring is well established in line with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) and the standards as laid out by the regulator, the Care Quality Commission (Registration) Regulations 2009 (Part 4).

The Chief Nursing Officer, the Director of Patient Safety & Quality Improvement, the Associate Director of Service Improvement Projects and the Medical Director help to ensure that best practice and national clinical standards continue to be met.

The Charity remains compliant with all regulatory requirements since our Care Quality Commission inspection was undertaken in 2023, where we received an overall 'Good' rating, demonstrating the high-quality care provided at the Hospital and Hospice.

The Hospital participates in all appropriate National Confidential Audits into peri-operative death, the National Joint Registration and provides information on the rates of Hospital-acquired infection to Public Health England.

The Hospital is a member of the Independent Healthcare Providers Network (IHPN), the Private Healthcare Information Network (PHIN) and the Fundraising Regulator, and St John's Hospice is a member of Hospice UK.

The Board of the Corporate Trustee welcomes the national framework that supports commitment to ensuring that standards and quality of care are maintained. Issues of clinical governance are reviewed regularly by speciality committees, and their findings and recommendations are reported to the Executive Management Board and Medical Advisory Committee.

Leadership and Governance

Chief Officers

Mr Simon James (Chief Executive)
Mr Andrew Gallini (Chief Nursing Officer) (left July 2025)
Mrs Jackie Groom (Interim Chief Nursing Officer) (July – September 2025)
Mrs Sarah Colebrook (Chief Nursing Officer) (joined September 2025)
Mr Philip Woods (Chief Financial Officer)

Executive Management Board

Dr David Mitchell (Medical Director and Responsible Officer) (left July 2025)
Mr Ian Sabin (Medical Director) (joined January 2025)
Mr Gordon Varley (Responsible Officer) (joined July 2025)
Mrs Jackie Groom (Director of Patient Safety & Quality Improvement)
Mr Paul Stanton (Director of People)
Mr Mark Griffiths (Commercial Director) (left December 2025)
Mrs Sally Green (Associate Director of Service Improvement Projects)
Mr Ross Powell (IT Director)
Mrs Charlotte Locks-Moro (Director of Hospice, Fundraising and Development)
Mr Steve Kimp (Director of Estates, Facilities & Projects)
Mrs Elaina Moss (Company Secretary, General Counsel & Data Protection Officer)

Patron

His Eminence Cardinal Vincent Nichols

Trustees

The Charity has a Corporate Trustee, The Hospital of St John & St Elizabeth, a company limited by guarantee, established for the sole purpose of being the trustee of the Charity. The Company/Corporate Trustee has a Board of Directors, who are also Trustees of the Hospital Charity.

The Corporate Trustee is a registered company (02808390) and a registered charity (235822). The Corporate Trustee has incurred no financial transactions since incorporation and is therefore dormant for accounting and audit purposes

Board of Trustees

Co-Chairs: Mr Julian Schild and Professor HHJ William Morris
Mr Peregrine Towneley
Bishop John Sherrington (left May 2025)
Canon Kevin Jordan (joined August 2025)
Ms Alda Andreotti
Mr Simon Lawless (left October 2025)
Mr Norbert Reis
Mr Francis Fitzherbert-Brockholes
Dr Hirsch David Taube
Baroness Nuala O'Loan

Sub-Committees of the Board

Finance and Audit Committee

Mr Norbert Reis (Chair)
Ms Alda Andreotti
Mr Simon Lawless (until October 2025)
Mr Julian Schild
Mr Peregrine Towneley

Quality Governance and Risk Committee (established February 2025)

Dr Hirsch David Taube (Chair)
Mr Peregrine Towneley
Richard Stacey (Independent Advisor since May 2025)
Mrs Karen Harrowing (Independent Advisor since May 2025)

Remuneration and Nominations Committee

Ms Alda Andreotti (Chair)
Mr Simon Lawless (until October 2025)
Mr Julian Schild
Professor HHJ William Morris

Charity Development Committee

Mr Julian Schild (Chair)
Ms Alda Andreotti (since February 2025)
Mrs Nicole Wartchow (co-opted member since June 2025)

Church Committee

Professor HHJ William Morris (Chair)
Mr Charles Finch
Father Hugh MacKenzie
Sister Kathleen Mary (until November 2025)
Sister Kathleen O'Brien
Mrs Priscilla Sharp
Mr Mike Staunton

Ethics Committee

Professor HHJ William Morris (Chair)
Dr Hirsch David Taube Father John O'Leary
Professor Patrick Kennedy

Medical Advisory Committee (MAC)

Mr Emeka Okaro - Consultant Obstetrician and Gynaecologist (Chair)
Mr Simon Choong - Consultant Urological Surgeon
Mr Abbas Rashid - Consultant Shoulder and Elbow Surgeon
Dr Sageet Amlani - Consultant Physician
Dr Najia Shah - Consultant in Palliative Medicine, representing St John's Hospice
Dr Simeon West - Consultant Anaesthetist
Dr Carol Whelan - Consultant Cardiologist
Dr Diane Saget – UCC Manager / UCC Doctor
Dr Robert Pearce - Consultant Radiologist
Dr Wolfgang Muller - Consultant Paediatrician
Dr Tariq Husain – ITU Consultant, representing Clinical Governance and Intensive Care
Ms Charlotte Chaliha – Consultant Gynaecologist
Mr Riaz Asaria – Consultant Ophthalmologist
Mr Bob Chatterjee – Consultant Spinal Surgeon
Dr Delphine Sekri – Private GP, HJE
Representative of the NHS St John's Wood Medical practice (various GPs)

We would like to take the opportunity to thank for their contribution, the following consultants who have stepped down:

Mr James Youngman - Consultant Orthopaedic Surgeon
Mr Majid Hashemi - Consultant Bariatric and Gastrointestinal Surgeon,
Professor Patrick Kennedy - Consultant Gastroenterologist
Dr Gary Wares - Consultant in Intensive Care Medicine and Anaesthesia
Prof Neil Tolley - Consultant ENT Surgeon
Dr Dean Noimark - Consultant Physician
Dr Simon Goldenberg - Consultant Microbiologist
Mr Simon Withey - Consultant Plastic Surgeon

Reference and Administrative Details

Charity Number

235822

Principal Office

The Hospital of St John & St Elizabeth
60 Grove End Road, London NW8 9NH

Auditor

Forvis Mazars LLP
2nd Floor 6 Sutton Plaza, Sutton Court Road, Sutton, Surrey SM1 4FS

Bankers

Barclays Bank plc
1 Churchill Place, London E14 5HP

Financial Advisers

Ernst and Young
1 More London Place, London SE1 2AF

Solicitors

Bevan Brittan LLP
Kings Orchard, 1 Queen Street, Bristol BS2 0HQ

Blake Morgan LLP
6 New Street Square, London EC4A 3DJ

DAC Beachcroft
25 Walbrook, London EC4N 8AF

Mills and Reeve
Botanic House, 100 Hills Road, Cambridge CB2 1PH



St John &
St Elizabeth Hospital

St John's Hospice
St John & St Elizabeth Hospital

Learn more about St John & St Elizabeth Hospital
www.hje.org.uk

Learn more about St John's Hospice
www.stjohnsHospice.org.uk

Registered Charity Number: 235822
Principal Address: 60 Grove End Road, London, NW8 9NH

Inspected and rated Good
Care Quality Commission

Registered with FUNDRAISING REGULATOR