



Princess Alice Hospice

2024 Trustees' Annual Report



YEAR ENDED 31 MARCH 2024

Princess Alice Hospice makes a difference

It costs us £11.5 million each year to provide free, high-quality care.

Funding provided by the NHS represents only 20% of our expenditure on charitable activities. The balance is raised through legacies, fundraising, dedicated shop units, investments and the support of our communities. It is only through the extraordinary generosity of our community and other supporters that we're able to do our work.

We are rated by the Care Quality Commission as providing outstanding palliative and end of life care in the community and within our Hospice. Our teams of employees, volunteers and supporters are positive, passionate and professional.

No one can prevent death, but we do everything we can to make dying as good as possible for patients, their families and friends. We believe that hospice care is for living.

Our Vision

Our communities will have the best care and support before, during and after death.

Our Mission

We will develop hospice ways of working so that we can best deliver services that place people at the centre of everything we do.

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Chair and CEO report

I am delighted to introduce the Trustees' Annual Report for 2023/24.

Princess Alice Hospice is a community response charity, founded by our local community 40 years ago. Then and now we remain committed to delivering outstanding care for patients and their families.

In this second year of our strategic period, we have much to feel proud about. In year one, we identified priority projects (at team and organisational level) that sat underneath four overarching priorities; developing specialist care; empowering communities to support and care for people better at end of life; development and innovation of our education programmes and building up our leadership and advocacy in end of life care provision. We have begun to implement some of those transformative projects, detailed in this report, and are starting to reap the rewards of the continuing hard work.

We are fully aware that our income is not keeping pace with rising costs. Nevertheless, our current stable position cannot be underestimated, given the reality of the wider funding crisis facing many other UK hospices. In this financial year, 48% of the cost of our charitable activities was met by legacy income. We have invested in this area of growth, in a considered approach that allows us to plan ahead with confidence to be here for our patients and families in the future.

In December 2023, we said a fond farewell and thank you to Nicki Shaw, who stepped down as Chief Executive after 12 years. Nicki brought an infectious energy to her role and championed a culture of belonging and inclusion that we continue to prioritise across the organisation. She was passionate about creating developmental opportunities for all colleagues and, with our care, meeting the healthcare needs of people in overlooked and underserved communities. In what continues to be a challenging healthcare landscape, Nicki left us in a stable position that will enable us to move forward successfully. We are extremely grateful for her contributions and achievements.

Nigel Seymour was appointed Chief Executive on 1 March 2024 by the Board of Trustees. He has been with Princess Alice Hospice for over 16 years and, as Deputy Chief Executive, was key to developing and implementing our current strategy.

Transformative change will continue to be central to us in 2024/25 and beyond. Our ongoing focus on sustainability – financial and environmental – will also be necessary if we are to reduce unmet need and continue providing outstanding care to more people in our care area.

Looking further ahead, our vision continues to place people at the heart of everything we do. Our people are our biggest strength and allow us to continue on our journey of continuous improvement. The high levels of aspiration and ambition we have are only made possible by our employees and volunteers, whose commitment to excellence continues to inspire us all. Our commitment to them is an ongoing investment in their development and personal wellbeing. I cannot thank them enough for the contributions they make.

This will be my final report as Chair, as I will be standing down at our 2024 AGM after twelve years as a Trustee and, latterly, Chair. It has been a truly rewarding time, and a privilege to act as Chair for the past three years. Princess Alice is a wonderful organisation, and I wish my successor Sally Harris, as Chair, and Nigel Seymour, as Chief Executive, every success in leading the outstanding care and services that the Hospice is able to provide.



Sean Hilton

Chair of Trustees

A word from Nigel Seymour, Chief Executive:

Princess Alice Hospice is an amazing charity, full of brilliant people, delivering outstanding care. It is my great honour to lead this organisation forward in what is undoubtedly a challenging time for the hospice sector. Our care touches people at the hardest of times and we know there are more people who need us. We will continue our focus on reaching overlooked and underserved communities, so that everybody knows they are welcome at Princess Alice Hospice. Ever conscious of the testing funding situation we continue to face, the hard work and dedication will continue, to ensure we can continue to be here for local people like this:

“Thank you from the bottom of my heart. You all did so much for J and I am forever grateful. What you do is very special. You are all amazing people. I will never forget what you did for my son.”

Patient family quote

A handwritten signature in black ink that reads "Nigel Seymour". The script is cursive and fluid, with the first name "Nigel" and last name "Seymour" clearly distinguishable.

Nigel Seymour
Chief Executive

Making our ambitions a reality

In April 2022 we began our current strategic period where we identified four main priorities on which to focus:

- Developing and expanding our specialist care
- Empowering people in our communities to better support and care for people at the end of life
- Developing our education, research and learning programmes to improve quality and encourage and support innovation
- Enhancing our collaborative influence in palliative and end of life care through leadership and advocacy.

Our strategy provides us with the ability to adapt and develop, ensuring we remain focused on our long-term vision, which is that our communities will have the best care and support before, during and after death. This requires us to be innovative in our approach, seizing opportunities, whilst never losing sight of our person-centred approach to care.

During the second year of this strategic period, we have continued to see a range of internal and external drivers that are having a wide-ranging impact on the Hospice, namely:

- Changing demographics, with a projected increase in the number of people who will need palliative and end of life care in the future
- An existing gap between those who need palliative and end of life care and those who receive it – a gap that is exacerbated by inequality, inequity and social exclusion
- Changing health and social care structures, with an increased emphasis on integration
- Funding shortfalls – costs increasing more quickly than the income we can generate
- Developments in technology and a growing acceptance of people using digital services to access and receive health care
- Increasing and changing demands of the people we care for
- Assisted dying – increasing debate and discussion around this complex and emotive issue
- A competitive recruitment market for resources and skills
- A growing emphasis on sustainability and the ESG (environmental, social, governance) agenda.

These drivers present both opportunities and challenges. We have also continued to deliver transformational change across the Hospice, to ensure sustainability and resilience.

It is widely acknowledged that hospices are operating in a period of continuous change, complexity and unprecedented uncertainty, especially in how they are funded. With a reliance on charitable income, and after another year of significant cost and salary inflation with little or no increase in statutory funding, the vulnerability of the hospice sector has been clear to see.

NHS funding represents 20% (~2% on 22/23) of our expenditure on our charitable activities. We raise the balance through fundraising. This includes legacies, revenue from our shops, investments and the generous support of our communities.

The objectives we set ourselves and the achievements we realised as an organisation during the year under report, are summarised below.

PRIORITY 1

Developing and expanding our specialist care

We will provide and develop outstanding, personalised, specialist end of life care by adapting our models of care and broadening access to our community services, focusing on providing the right care, by the right people, at the right time and in the right place.

Our clinical colleagues continued to deliver outstanding compassionate care and support throughout the year. 2,530 new patient referrals were received (+ 4% on 22/23) with 315 In-Patient Unit admissions (+5% on 22/23). Our Hospice at Home team provided 11,850 face-to-face, video and telephone consultations by a Clinical Nurse Specialist (+29% on 22/23).

The NHS and our Social Care partners are facing unprecedented pressures. Our teams have gone 'over and above' frequently to support colleagues under pressure, to ensure patients and loved ones receive high quality care and support, irrespective of where they are being cared for. As well as delivering core services clinical colleagues have continued to be focused on increasing the reach and responsiveness of our services.

Objectives for 2023/24 were to:

- Review our approach to responding to and learning from patient safety incidents based on the NHS Patient Safety Incident Response Framework (PSIRF)
- Use thematic analysis to better understand user experience and feedback
- Implement newly redesigned clinical pathways (referrals to the Hospice, Bereavement and Carer/pre-bereavement support)
- Establish a new Wellbeing Breathlessness Programme to enable patients to manage their breathlessness more effectively
- Support Trainee Nurse Associates (TNA) as part of Surrey Heartlands TNA development programme.

Achievements include:

- Undertaking extensive work to develop our specific Patient Safety and Incident Response Framework (PSIRF) plan and policy that aligns with the NHS's recommendations, which was approved by Surrey Heartlands ICB in April 2024. As part of the plan, and based on our quality information, we have decided to focus our patient safety work on 3 main areas:
 - Falls on the In-Patient Unit
 - Medication errors
 - Pressure ulcers that develop whilst on the In-Patient Unit (IPU)

To enable effective completion of patient safety investigations, a core group of staff have been trained in different approaches to investigations and supporting patients and their families through these investigations

- Actively engaging and supporting colleagues to undertake the trainee nurse associate programme at a local university
- Implementing a revised, dedicated and holistic approach to support people managing with breathlessness
- Reintroducing the VOICES Survey, which we distribute to bereaved people to understand better their experiences of our services, together with introducing a thematic analysis of all compliments, comments and concerns, to identify trends around strengths and areas for

development. Furthermore, in January 2024 a webpage was launched to enable us to publicly share positive and constructive feedback alongside a 'You Told Us, We Listened' section, that outlines feedback received, that has resulted in changes or improvements to our service

- Implementing a new Pre-Bereavement Carers Pathway which included integrating our Carers and Families Lead into the Wellbeing Team, simplifying the referral process, reducing delays in people accessing our support and increasing the number of people we are reaching to an average of 46 carers on the caseload at any one time, up from 10 the previous year
- Improving nursing leadership and professional standards for In-Patient care by individualising the induction programme for new staff
- Practice development colleagues increased the number of teaching sessions which also provided a focus on pressure ulcers to include introducing a new pressure ulcer risk assessment, reviewing the pressure ulcer documentation and raising the profile of pressure ulcer preventative care, in line with national changes to clinical practice
- Introducing Statistical Process Control to analyse and interpret clinical data to focus governance and clinical discussions on specific points where there is evidence of significant variation, at our Quality Improvement, Development and Patient Safety Committee
- Monitoring safe staffing levels on the IPU, with the annual report demonstrating the unit was appropriately staffed throughout the year
- Developing and implementing an organisation-wide diversity and inclusion data standard to support a consistent approach and enable an inclusive way to ask for the data from our patients
- Introducing a fortnightly Wellbeing patients Multi-Departmental Team (MDT) meeting to identify and discuss patients and provide a more responsive and efficient service
- Piloting different clinical models of care to support our focus on right care, by the right people, at the right time and in the right place.

PRIORITY 2

Empowering people in our communities to better support and care for people at the end of life.

We will make sure that people feel supported and have access to the right tools and advice to support others who are faced with death, dying, grief and loss. We will champion equity of access so that people can access our services equally, regardless of background, gender, sexual orientation or religion.

Objectives for 2023/24 were to:

- Develop a learning and disability outreach programme
- Expand the Compassionate Neighbours programme, improving support for people with dementia
- Work with other charity partners, scope a programme for palliative and end of life care in the homeless community
- Streamline the transition from carer support to bereavement so that people do not feel abandoned by the Hospice on the death of their loved one.

Achievements include:

- Continuing to implement our diversity and inclusion work programme to ensure we provide more equitable access to our hospice care, for our local communities
- Developing a plan to improve how we include people with learning disabilities in all that we do, working collaboratively with The Grange Centre and Surrey LEDER (Learning from lives and deaths of people with a learning disability and autistic people programme)

- Expanding the Compassionate Neighbour programme to ensure it is meeting the needs of people with dementia by appointing a new Coordinator who is developing relationships with dementia organisations and established a dementia support group
- Working with SPEAR, a charity that supports people experiencing homelessness in south west London, to form an MDT inclusive of a palliative care consultant, a clinical nurse specialist and a social worker to review cases and agree clear outcomes and approaches for individuals
- Designing a new Bereavement Pathway which works in alignment with our new Pre-Bereavement Carer pathway to enable us to provide the best support and the most appropriate time, optimising the use of resources across the Hospice
- Removing barriers for people accessing our services, whose main language is not English, by reviewing our patient literature, adopting the Plain English standard, and our approach to interpreting by developing new guidance and accessing digital tools when ad-hoc support is needed.

PRIORITY 3

Developing our education, research and learning programmes to improve quality and encourage and support innovation.

We will make sure people are supported and cared for at the end of life by health and social care professionals who have the right skills, expertise and confidence.

Objectives for 2023/24 were to:

- Deliver training for all staff in caring for people with a learning disability and/or autism using the Oliver McGowan Mandatory Training tool
- Utilise the Practice Educator role to drive delivery of education and measure the role's impact
- Provide learning opportunities for Home Care Providers by developing a "community of practice"
- Drive digital skills within the organisation through the newly developed Digital Skills Programme.

Achievements include:

- Ensuring 95% compliance with the e-learning element of the Oliver McGowan training and working with Surrey Heartlands ICS to ensure our staff undertake the part 2 training, as soon as it is available
- Continuing to work with care homes, delivering events both online and in person, to share examples of good practice and discuss issues and challenges
- Continuing to roll out the Digital Skills Programme and launching the embedded IT programme on the IPU, where a member of our Digital team helps staff with queries they have, leading to improved patient care as colleagues enhance their digital skills
- Implementing the recommendations of the European Certificate in Essential Palliative Care (ECEPC) development project to improve the candidate administration process
- Reviewing and updating our eLearning platform to deliver an improved learner experience for our workforce and external learners
- Working with the Kent Surrey Sussex NIHR Clinical Research Network to deliver a successful project to support research governance in hospices across KSS.

PRIORITY 4

Enhancing our collaborative influence in palliative and end of life care through leadership and advocacy.

We will use our expertise and knowledge to improve end of life care for everyone facing death, dying, loss and bereavement.

Objectives for 2023/24 were to:

- Continue to prioritise collaborations and partnerships that are most likely to lead to improvement in the quality of or access to end of life care
- Participate in research projects which influence the improvement in the way end of life care is delivered in all settings
- Explore with the Board and Senior Leadership Team (SLT) the extent to which the Hospice is comfortable developing a public affairs competency and participating in debates on topics where there is no clear consensus
- Share our expertise with others within the wider hospice sector, across healthcare systems in which we work and by presenting care and service developments at conferences and seminars.

Achievements include:

- Participating in the various governance groups that support the delivery of health and care in Surrey Heartlands and South West London ICBs
- Participating as a research site for the national CHELsea11 study, coordinated by the University of Surrey, to investigate the role of clinically assisted hydration at the end of life
- Supporting our NHS system partners during the extended “winter pressures” period by providing additional specialist clinical input and demonstrating that it could prevent unnecessary and unwanted hospital admissions and result in a better care experience for those benefitting from the service
- Lobbying for more resource to be invested in end of life care and for hospices to receive a greater percentage of NHS contribution to the costs of delivering care
- Presenting and exhibiting 6 posters at the Hospice UK annual conference – posters covered such diverse topics as: Safe staffing in a Hospice setting, Equitable care – Starter for Ten and how do palliative care social workers model and apply the concept of ‘safe uncertainty’?

ACCELERATING STRATEGIC CHANGE

Our strategy is deliberately ambitious and aspirational. The Board and SLT recognised that if the Hospice is to succeed it will need to focus on sustainability in its widest sense (both financial and environmental) and develop greater organisational capacity, capability, and resilience – the organisation would need to embark on a period of transformational change. To support this, the Board set up a Strategic Development Reserve of £1.4 million in 2021 to accelerate progress.

The projects summarised below (some of which are referenced above) all involve a degree of transformational change. Some were focused on as key priorities, other addressed our financial sustainability or improving the way that we function (improving our operating model).

Investing in transformation requires long term commitment as projects and programmes will typically be delivered over multiple years. The following strategic change projects have been approved by the Board and started during 2023/24:

- Implementation of 'Virtual Wards' (Priority One)
- Refinement of our service design and pathways PHASE 2 – implementation of pre-bereavement carer pathway (Priority One and Two)
- Focussed delivery on one or more underserved communities (Priority Two)
- ECEPC development – implementation of the recommendations from the business scoping exercise (Priority Three)
- Investment in digital fundraising and marketing PHASE 2 – implementation of a six-month action plan focussing on 3 areas; retention, agile working, and data (financial sustainability and improving our operational model)
- Refreshing our shop estate – targeted rolling programme of shop refresh across the estate over and above our regular maintenance programme, to ensure they are great places to work, volunteer, shop and donate (financial sustainability)
- Lottery outsourcing – moving the lottery to an external provider (financial sustainability)
- Retail e-commerce – commissioning a scoping exercise to understand options and potential gains (financial sustainability)
- Developing our approach to data PHASE 2 – implementation of the prioritised data roadmap (improving our operating model)
- Creating more spaces for confidential clinical conversations and consultations (improving our operating model and Priority One)
- Developing our website – carrying out a strategic review and producing a roadmap for future investment (improving our operating model)
- Implementing a new Learning Management System (LMS) – supporting our growth aspiration within education and delivering enhanced staff and volunteer training (improving our operating model)
- Talent acquisition – redesigning the staff and volunteer candidate journey (improving our operating model)
- Customer Experience Service Review – refining administration processes for our income generation teams (financial sustainability and improving our operating model)

During 2023/24 we have continued to make capital investments in our building, through the Sustainable Building Fund the Board established in 2022. Details of the projects funded through this fund are reported in Note 5 on page 41.

Objectives for 2024/25

STRATEGIC CHANGE, FINANCIAL SUSTAINABILITY AND FUTURE FOCUS

As we enter the final year of the current strategic period, we will continue to invest in the transformation projects started over the previous two years and bring them to a conclusion, evaluating the benefits that have been realised:

- Implementation of 'Virtual Wards' (Priority One)
- Focussed delivery on one or more underserved communities (Priority Two)
- Refinement of our service design and pathways PHASE 2 – implementation of the bereavement pathway (Priority One and Two)
- ECEPC development – implementation of the recommendations from the business scoping exercise (Priority Three)
- Talent acquisition – redesigning the staff and volunteer candidate journey (improving our operating model)
- Implementing a new Learning Management System (LMS) – supporting our growth aspiration within education and delivering enhanced staff and volunteer training (improving our operating model)
- Customer Experience Service Review – refining administration processes for our income generation teams (financial sustainability and improving our operating model)
- Refreshing our shop estate – targeted rolling programme of shop refresh across the estate over and above our regular maintenance programme, to ensure they are great places to work, volunteer, shop and donate (financial sustainability).

We will continue to have a strategic focus on our income and expenditure to not only support our investment in the transformation projects above, but also to provide a secure and financially sustainable foundation on which to plan to meet the increasing palliative and end of life care need in our community. We value our NHS system partnerships and remain committed to demonstrating the return we deliver to the healthcare system and on the investment they and we are making. Informing our discussions with systems partners is the recent All-Party Parliamentary Group (APPG) enquiry on government funding for hospices. It recommends that ICBs must commit to delivering their statutory requirement and start by placing hospices on multi-year contracts, paying for the full cost of commissioned clinical services, and offering hospices the same annual increases as NHS services.

Nigel Seymour became our new Chief Executive on 1 March 2024 and we successfully recruited Sally Harris as the new Chair of the Board. Sally became a Trustee in July 2024 and will be appointed as Chair at the AGM in October 2024.

With new leadership in place, coinciding with this being the final year of our current strategic period, we will take the opportunity to look ahead and consider the challenges and opportunities to achieving our long-term vision and to provide focus for the next 5 years.

A constant between both this and the next strategic period is our overt and conscious commitment to celebrating difference and creating a culture of belonging at the Hospice, both for our colleagues and everyone in our community who needs to access our care and support. We will continue work to:

- Provide equitable access to our Hospice care for our local community
- Understand our employees' engagement through participation in the Birdsong survey
- Hold our employee and volunteer forums regularly to inform and consult with colleagues
- Promote our Speaking up Guardians and the role they have to support colleagues in raising concerns
- Have a specific focus on anti-racism and implement our anti-discrimination action plan, working with colleagues across the Hospice
- Hold our inclusion talks and celebrate different religious and awareness activities to help increase awareness and understanding amongst colleagues and demonstrate to our community that the Hospice is here to care for and support everyone.

While we explore the future, we are also committed to deliver against the identified areas of focus under each of the current strategic priorities.

Priority one: We will develop and expand our specialist care capabilities. We'll focus on providing the right care by the right person at the right time and in the right place.

In 2024/25 we will:

- Continue to embed our Patient Safety Incident Response Framework (PSIRF) plan into our approach to patient safety
- Appoint a Patient Safety Partner (PSP) to improve the voice of patients and the community who use our services in our approach to patient safety, so that service improvements are focused on what matters to them
- Introduce an e-prescribing system to improve patient safety and enhance care co-ordination, efficient communications and patient experience
- Deliver a sustainable medicines project to see if we can reduce drug wastage by changing our medication practices to be more sustainable.

Priority two: We will empower and support people in our communities who are caring for people at the end of life. We'll make sure that everyone can make use of our services by providing accessible care and support.

In 2024/25 we will:

- Connect with underserved and overlooked communities in the Royal Borough of Kingston, through a targeted project, with the aim of taking account of the intersectional nature of inequity of access to our current care
- Review our Compassionate Neighbour programme to ensure our systems support the work being carried out efficiently and to better demonstrate the impact of the programme on our communities
- Implement our new bereavement pathway to increase awareness for individuals, both those who are known to the Hospice and those in our wider community, so that they can self-refer into our service when they feel they need support
- Develop a new Wellbeing offer to roll out a new programme of sessions, increase collaboration with the Bereavement Team, tailor support for younger groups, work with GPs to enable direct referrals into the service and expand the support we offer to carers
- Continue to work with partner organisations to ensure people with learning disabilities or autism or both can access our care and support in ways that works for them.

Priority three: We will continue to enhance our education, research and learning programmes to encourage and support an environment for innovation and excellent care.

In 2024/25 we will:

- Streamline the administration of our ECEPC learners to increase capacity for more learners
- Develop an internal Continuous Personal Development (CPD) programme for our growing number of Non-Medical Prescribers
- Review our provision of Advanced Communications Skills Training (ACST) and work with system partners to review how our ACST is delivered to ensure the course is sustainable and scalable to meet future need
- Expand access to our specialist library by becoming a part of the Kent, Surrey and Sussex NHS libraries network to improve library access for our learners and partner organisations
- Continue to strengthen our partnership working to ensure our education is available to the health and social care workforce throughout our care area.

Priority four: We will enhance our collaborative influence on palliative and end of life care, through leadership and advocacy, both locally and nationally.

In 2024/25 we will:

- Continue to prioritise collaborations and partnerships that are most likely to lead to improvement in the quality of or access to end of life care
- Participate in research projects which influence the improvement in the way end of life care is delivered in all settings
- Share our expertise with others within the wider hospice sector, across healthcare systems in which we work and by presenting care and service developments at conferences and seminars
- Engage with those we care for and listen to their lived experience and encourage their active participation to help better influence and shape the services we offer.

We recognise that we have again set ourselves an ambitious work programme, for the final year of our current strategic period whilst planning for the next, and we will continue to support our colleagues to help us achieve it. This will include further investment in education, training and leadership development so that people have the skills to be able to do their best work, and our wellbeing support programme so that they have the resilience.

Structure, governance and management

Our Structure

Princess Alice Hospice was incorporated as a company limited by guarantee on 25 November 1981 and is governed by its Articles of Association. We are registered with the Charity Commission in England and Wales. Our registered office is at West End Lane, Esher, Surrey KT10 8NA.

Our Objectives

We are an independent charity providing free palliative and end of life care to people on our in-patient unit and in their homes or care settings. We cover a large part of Surrey, south west London and Middlesex, delivering person-centred, compassionate care to patients, families, carers and close friends before, during and after death.

Our Education and Research team aims to improve end of life care knowledge and to steer best practice across the wider health and social care landscape.

This work is only made possible by fundraising and community support alongside the NHS funding we receive each year.

Our Trustees

Our Board of Trustees is responsible for overseeing the Hospice's strategy and performance. Sean Hilton has served as Chair since September 2021, with Deborah Bowman as Vice-Chair since 2022.

The Trustees are the directors of Princess Alice Hospice for the purposes of the Companies Act 2006. They are not paid. There is a short biography of the Trustees on pages 51–52.

The Board meets regularly throughout the year to set and review strategy, approve the annual budget, review policies and maintain oversight of all Hospice operations. A Strategy Day is held annually to allow more in-depth strategic discussions and develop future plans. Members of the SLT attend Board meetings to report back on performance and progress against strategic objectives. In-depth 'spotlight' sessions and business reviews are delivered by members of the management team, a practitioner working in front line services or a family member representing 'patient voice'. This allows the Board to gain a deeper understanding of the organisation.

Board Committees

The Board delegates powers and responsibilities to Committees, details of which are given below. The Board believes that this enables more detailed discussion and understanding of key areas of the organisation. Each Committee has terms of reference defining membership, responsibilities and delegated authority. These are reviewed annually by the Committee and approved by the Board. There is an annual process of review to give the Board assurance that the Committees are working effectively. Minutes of Committee meetings are on the agenda for the following Board meeting and Committee Chairs provide a summary report for the Board on the major issues discussed and decisions taken.

The Clinical and Community Quality Assurance Committee, chaired by Heather Patel, is responsible for overseeing clinical strategy, education and research and community engagement and support. It provides assurance on the development, implementation, safety and effectiveness of the services delivered by the Hospice. It monitors activity, performance and risks against the annual business plan, raising issues to the Board where appropriate. It also oversees relationships with our health and social care partners regarding grants, contracts and service level agreements. The Committee monitors health and education policy and regulation and keeps the Board informed as appropriate.

The Finance and Resources Committee, chaired by Despina Don-Wauchope, is responsible for overseeing Hospice finances, investments, capital expenditure, estates and infrastructure, HR and volunteering and marketing and communications activity. It monitors performance against budget and forecast during the year, reviews and recommends to the Board the annual budget and financial strategy. It oversees the investment of the Hospice's funds, recommending on the appointment of an investment manager and reviewing them annually.

The Income Generation Committee, chaired by Gail Cookson, oversees all income generation activities (except for NHS grants) including the Hospice's retail portfolio. It reviews the development, implementation and effectiveness of fundraising and retail plans and strategies. It monitors compliance with all regulatory requirements impacting the Hospice's income generation activities.

The Remuneration and Nominations Committee, chaired by the Board Chair, has a membership of the Committee Chairs, the Vice-Chair of the Board, and is attended by the CEO and Company Secretary. It meets twice a year to consider the skill mix of the Trustees, Committee membership and succession planning. Once a year it reviews the performance of the SLT and the CEO and makes recommendations on their remuneration. The Committee also oversees the recruitment process for Trustees, Advisory Members and the CEO.

The Audit and Risk Committee, chaired by Tim Hewens, oversees risk management, external audit and internal risk and quality reviews. It reviews the management of systems for internal control and advises the Board on exposure, mitigation and lessons for continuous improvement. It manages the relationship with the external auditors, reviews feedback on their performance and value for money and advises on reappointment as appropriate.

Trustee and Committee advisory member recruitment

The Board believes it is vital to get a mix of Trustees with the right skills, experience and knowledge to support the Hospice to deliver its charitable objectives. Trustees are initially appointed for two years and may then be reappointed for up to two more four-year periods (up to a maximum of 10 years). The Board has a good gender balance and is committed to increasing the representation of people from ethnic minority backgrounds, different perspectives and life experience as part of our Inclusion Strategy.

At the AGM in September 2023 the Board said farewell to Karen Roberts, who had served five years as a Trustee, and Tatenda Mazivanhangha, who had served one year. In March 2024 the Board said farewell to Jamie Tolentino-Deludet who stepped down as a Trustee after serving over three years. The Board recognised and thanked them all for their contribution to the Hospice.

An external recruitment campaign was carried out in February – May 2023 focussed on recruiting Trustees with senior finance and fundraising experience. The Board was delighted to welcome Fidelma Hatton, Raja Ram and Scott Thomson as Trustees to ensure that the Board has the appropriate mix of skills when some of the long standing Trustees step down at the end of their tenure. Ros Irving was appointed as a Trustee in April 2023, her appointment having been agreed in March 2023.

The Remuneration and Nominations Committee reviewed the skills and knowledge of current Board members in November 2023 and identified the priority to be succession planning for the current Chair, Sean Hilton, who steps down at the AGM in 2024 after serving 12 years as a Trustee. A recruitment campaign was launched in March 2024 and Sally Harris was appointed as a Trustee in July 2024. Sally will take up the role of Chair at the AGM in October 2024.

In addition to Trustees, the Board may invite individuals to become advisory members to Committees. This is typically someone with relevant specialist expertise in the Committee's area of responsibility. These appointments are normally for an initial period of up to two years. During this time, the person may be invited to become a Trustee, or they may continue as a committee advisory member. Their appointment may be renewed by mutual agreement, and the Board may end the appointment at any time. During the year, there were six committee advisory members serving on Board Committees.

There were no new committee advisory members recruited during the year. Details of the current advisory members can be found on page 52.

New Trustees and advisory members receive an induction and training specific to their role, co-ordinated by the SLT lead for Committee and the respective Committee chair. They are also invited to attend the induction session offered to all new employees and volunteers. The Chair and Vice-Chair follow up individually with newly recruited Trustees and advisors to ensure that they feel supported and informed.

CEO appointment

We said farewell to Nicki Shaw, our CEO for over 12 years, in December 2023. Nigel Seymour, previously Deputy CEO, served as acting CEO during the recruitment process to replace her. In the interim his responsibilities were taken on by other members of the SLT.

A rigorous recruitment campaign was carried out, led by an external agency, which attracted a good response and a high calibre of applicants. The Board were very pleased to announce in March 2024 that Nigel had been the stand-out candidate for the role and had been appointed as the new permanent CEO, taking up his post from 1 March 2024. Nigel has been with the Hospice for 16 years and brings a wealth of experience to his new role.

Senior Leadership Team

The Hospice's internal management structure is made up of eight directorates, each led by a member of the team.

These directorates are:

Patient care and communities – responsible for in-patient care, community care, wellbeing services, therapies, social work, bereavement care, spiritual care and community engagement and support.

Medical – responsible for palliative medical care in all settings and covering doctors, including consultants.

Finance and operations – responsible for finance, company secretarial and governance, executive support, facilities, front of house, health, safety, environment and business continuity, housekeeping and catering.

People services and volunteering – responsible for human resources, volunteering and organisational development.

Income generation – responsible for fundraising, retail and other income generation activities.

Marketing, communications, digital and performance – responsible for marketing, external and internal communications, ICT, digital, data and performance.

Skills, knowledge and research – responsible for internal and external education programmes and research activities.

Financial review

Our main income streams continue to be legacies, NHS funding, fundraising and retail, which are discussed in more detail below.

Legacies

Legacies accounted for 48% of our net income in 2023/24 (2023: 41%). We base our budgeting and projections for legacy income on bespoke reports commissioned from Legacy Foresight, a specialist legacy sector analysis company. We are also members of the Hospice Legacy Circle, which is a consortium of hospices that come together to learn and share knowledge about legacies. We use information available to us from notifications, solicitors and estate accounts to produce monthly KPIs to monitor future income. This should enable us to identify whether any fluctuations in legacy income are short-term, or part of a longer-term trend, so that we can adapt our plans accordingly.

NHS grants

NHS grants accounted for 20% of our net income (2023: 22%). These are block grants based on historical practice and not related to the level of clinical activity undertaken. In 2023/24 we had one-year agreements with Surrey Heartlands ICB and South West London ICB. The Board has assumed in its strategic plans that there would not be a significant drop in this source of income over the next few years.

Fundraising and retail

Our local community continues to support us generously in so many different ways, fundraising for us, responding to our campaigns and appeals and taking part in events. Fundraising remains challenging as the cost of living crisis continues to impact on the ability to give. Income from donations was £2,385,034 (2023: £2,027,391). This includes £192,775 of donations resulting from the outsourcing of our lottery to Local Hospice Lottery. Income from events remained stable achieving £633,026 (2023: £624,493) but still below the pre-pandemic levels of over £800,000.

Our retail shops made a net contribution of £950,069 (2023: £1,029,052). This was only possible due to the hard work of the dedicated employees and volunteers in our retail division.

As part of our strategic plan for the future of our retail portfolio, we closed our Chessington store in July 2023. We also commenced a programme to give some of our shops a refresh. During the year we completed works at Raynes Park, East Twickenham, Weybridge and Claygate. We also invested in e-commerce and hope to grow this income stream for the future.

Going concern

The Board and the Finance and Resources Committee closely monitors the ongoing impact of economic uncertainty on both short and longer-term operations. A range of budget scenarios have been considered and cash flow forecasts prepared in response to scenario planning. The Trustees are satisfied that, even under the worst-case scenario considered, there are sufficient funds in current bank and building society accounts, together with investment funds, to continue operating and meet liabilities as they fall due for the foreseeable future.

The Board's view, therefore, is that the Hospice's balance sheet is sufficiently robust to provide resilience and that our reserves should allow the Hospice time to respond with reduction of services and cost savings if income projections indicate a significant reduction over the next three years.

Reserves

As noted above, 48% of our net income comes from legacies. This income stream is hard to predict for any one year and can be subject to significant variation. Our patients and families rely on us for end of life care and the majority of our costs are staff costs. It would not be possible for us to cease or substantially reduce our activities immediately so we hold higher reserves than charities who do not directly provide services. The Board maintains scrutiny over the external environment and uncertainties related to all of our sources of income. We carry out financial planning and produce a three-year projection of income and expenditure, cash and reserves.

The Trustees have set aside funds in a designated Running Costs Reserve to meet future charitable expenditure in the event of a significant short-term drop in income. This has a target of nine months' (plus or minus three months') budgeted charitable expenditure for the year ahead. The balance on this reserve at the year-end represented 12 months (2023: 12 months) of the Hospice's budgeted charitable expenditure for 2024/5.

The Board has approved a deficit budget again in 2024/25 and the current projection shows a return to a balanced budget in cash terms by 2025/26. There is still a degree of uncertainty around this; we have continued to see the impact of inflation on the cost of consumables and services, although there are signs that this is slowing. Despite discussions with our two ICBs, we have not secured any commitment to a meaningful increase in our NHS funding and we already receive considerably less than the average for hospices. We have to make up the shortfall from voluntary income and the cost of living crisis continues to impact people's ability to give.

The Trustees have established a designated fund, the Strategic Development Reserve, to support the delivery of the Hospice's strategic objectives. Expenditure of £527,319 was incurred from this fund in 2023/24 (2023: £230,795) for the delivery of fourteen strategic change projects. Some of these projects will continue in 2024/25. No further new projects are currently planned but business cases can be put to the Board at any time during the year.

The Trustees have established a designated fund, the Sustainable Building Development Fund, to fund sustainable building development initiatives. Expenditure of £107,867 was incurred in 2023/24 (2023: £102,218) on the installation of solar panels and upgrading older offices, including installation of LED lighting. There are a number of projects on the list for 2024/25, pending approval by the Board.

Notes 5 to 7 of the Financial Statements (see page 43 below) provide more detail on these and other reserves.

Investments

As set out in the Articles, the Trustees may invest the Hospice's reserves in banks and building society deposits, stocks, funds, shares or other securities they feel to be appropriate. The majority of the Hospice's investments are managed on a discretionary basis by Cazenove Capital Management, a firm of professional investment managers. As at 31 March 2024, the Investment Portfolio totalled £3,316,711 (2023: £3,069,791). The market value of the Investment Portfolio increased by £187,033 (2023 decreased by: £172,013) during the year.

Currently the only ethical restriction imposed by the Board is that there must be no direct investment in any securities issued by tobacco companies.

We have adopted a socially responsible approach to investment allowing ethical considerations to be taken into account whilst ensuring there is no significant detrimental impact on the investment return. Investments should deliver the best return for the Hospice, adhere to the agreed risk profile and also show compliance with any Environmental, Social and Governance (ESG) principles that are agreed by the Board. Due to market volatility in 2023/24 and a good rate of return on cash, it was not considered prudent to invest in further funds. The Board will be reviewing the Investment Policy during 2024/25 and as part of this review will be giving consideration to investing in ethical and responsibly screened multi asset funds.

The Finance and Resources Committee and our investment manager regularly review if the performance of the investments is meeting the Hospice's investment policy.

More details about our investments are in Note 11 of the Financial Statements (see page 46 below).

Environmental, Social and Governance (ESG)

The three pillars of ESG are:

- Environmental – how we interact with and impact our environment
- Social – how our charitable activities impact our community and our workforce
- Governance – how we ensure that as an organisation we are run in accordance with the highest standards of good governance.

As a charity we are established for public benefit. We are committed to making a positive contribution to the environment, delivering our services responsibly and in accordance with the highest standards of good governance. We continue to develop our approach to ESG and identify priorities in each area which are most closely related to our charitable purposes and will make the most difference for our beneficiaries.




Environmental






We are committed to being environmentally sustainable and embedding this thinking into the way that we work. In this section we present our Streamlined Energy and Carbon Reporting (SECR) report on our greenhouse gas (GHG) emissions, look at the actions we have taken in the year and our future plans.

SECR Reporting

The Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018 implement the 'Streamlined Energy and Carbon Reporting (SECR)' requirements which require the Hospice to report on its Scope 1 and 2 greenhouse gas emissions in relation to use of gas and electricity. It also voluntarily reports on some Scope 3 emissions, namely business mileage, working from home and water / sewer usage. The report also includes the methodology used to calculate the emissions, as well as benchmarking intensity ratios that will allow ongoing comparisons in future years. Information on energy efficiency improvements is also presented.

The data below covers the latest qualifying financial year 2023/2024 and the previous report year 2022/2023 for comparison. Reference to the 'Hospice' means the main Hospice building, not the organisation as a whole.

Emissions: Scope 1				
Emission Activities	Emissions (tCO ₂ e)		Total kWh	
	23/24	22/23	23/24	22/23
	134.52	143.10	747,339.00	795,022.18
	12.40	17.25	53,071.01	72,258.31
Totals	146.92	160.35	800,410.01	867,280.49
Data sources:				
▪ Gas and PAH vehicle fuel invoices				
Emissions: Scope 2				
Emission Activities	Emissions (tCO ₂ e)		Total kWh	
	23/24	22/23	23/24	22/23
	182.21	194.10	879,910.00	1,003,733.90
Total	182.21	194.10	879,910.00	1,003,733.90
Data sources:				
▪ Hospice - smart meter				
▪ Retail – supplier invoices				

Emissions: Scope 3				
Emission Activities	Emissions (tCO ₂ e)		Total kWh	
	23/24	22/23	23/24	22/23
	24.89	26.73	103,334.86	108,334.40
	1.64	1.51	N/A	N/A
	1.76	2.61	N/A	N/A
	3.27	2.76	N/A	N/A
	15.77	17.76	N/A	N/A
Totals	47.33	51.37	103,334.86	108,334.40
Data sources: <ul style="list-style-type: none"> ▪ Business mileage from expenses claims ▪ Water usage and treatment volumes taken as 'chargeable volumetric values (m³) from supplier invoices – water treatment volumes vary between 95% to 100% of water usage ▪ Working from home (full time equivalent hours) from People Services database ▪ Electrical transmission / distribution based on Scope 2 data 				
Totals: All Scopes				
Scopes	Emissions (tCO ₂ e)		Total kWh	
1	146.92	160.35	800,410.01	867,280.49
2	182.21	194.10	879,910.00	1,003,733.90
3	47.33	51.37	103,334.86	108,334.40
Totals	376.46	405.82	1,783,654.87	1,979,348.79

Intensity Ratios: Using organisational data, i.e. Hospice + Retail

Intensity Ratio	2023/24	2022/23
Intensity ratio = tCO ₂ e / fte	1.25	1.35
Intensity ratio = tCO ₂ e / unit sold	0.0003 (≡ 0.3 kgCO ₂ e / unit sold)	0.0003 (≡ 0.3 kgCO ₂ e / unit sold)
Intensity ratio = tCO ₂ e / service user	0.13 (129.72 kgCO ₂ e /service user)	Not measured in 2022/23
Notes <ul style="list-style-type: none"> ▪ The tCO₂e intensity factors are calculated using the Hospice and Retail combined total emissions ▪ A new intensity factor of tCO₂e / service user has been introduced in 2023/24 – service user includes patients, carers and bereavement support users cared for by the In-Patient Unit, Hospice at Home, Wellbeing Centre and Bereavement Services 		

General Notes on the Emissions Reporting

1. There was an organisational reduction of 29.36 tCO₂e (approximately 7%) emissions this reporting year compared to the previous reported year.
2. Emissions from all reported Scopes have reduced by 8.38% (Scope 1), 6.13% (Scope 2) and 7.86% (Scope 3). There were emission increases specifically in water usage, likely due to inaccurate billing information, and also in working from home, due to an increase in the number of staff hours working from home.
3. Business mileage has been more accurately accounted this reporting year due to changes in the expenses claim form asking for the vehicle fuel types, so emission factors can be more accurately assigned.
4. The Hospice continues to account for around 63% of organisational emissions, and Retail 37%. It has been assumed that the 'working from home' emissions relate specifically to the Hospice and have therefore been assigned solely as Hospice emissions.
5. The intensity factors indicate a reduction of 100 kgCO₂e per full time equivalent (fte).
6. There was no change in the intensity factor for CO₂e emissions per unit sold, which remained at 0.31kgCO₂e / unit sold.
7. Data from invoices was predominantly based on the suppliers' estimated usage, so actual data accuracy is questionable.
8. Some of the mitigation factors responsible for the reduction in CO₂e emissions are discussed in the Energy Related Mitigation Measures section below.

Methodology

- The Greenhouse Gas Protocol: A Corporate Accounting and Reporting Standard (revised edition March 2004)
- The UK Government GHG Conversion Factors for Company Reporting 2023 (for the 2023/2024 reporting year)
- HM Government: Environmental Reporting Guidelines: Including streamlined energy and carbon reporting guidance (March 2019)
- The Hospice follows a rolling base year comparative option to more easily compare year on year environmental performance.

Energy related mitigation measures

We continue to implement recommendations from the Hospice's Energy Savings Opportunities Scheme (ESOS) Report and other energy saving initiatives highlighted below. Recommendations from the next ESOS Report will inform our action plan, due to be published by December 2024.

Renewables (photovoltaic (solar) panels)

The solar panel system installed in June 2023 (61.34kWp) has generated 55,568 kWh in the first twelve months of operation, which is equivalent to approximately 8% of the total electricity usage in the Hospice building. Associated data from the supplier indicates environmental benefits to be the equivalent of planting 31 trees and saving 55.4tCO₂.

Lighting

We are continuing with our programme to replace older, energy inefficient lighting, eg fluorescent lights, with energy efficient LED lights. Currently around 90% of the main Hospice building has been upgraded. We are also upgrading the lighting in our retail shops as the opportunity arises and as part of a planned refresh programme. Motion sensors are being installed around the Hospice in areas such as stores, toilets, changing rooms and corridors to reduce wastage.

Heating, Ventilation and Air Conditioning

We are actively procuring more efficient condensers which supply most of the Hospice's heating and cooling, with the aim of reducing energy consumption. This will also allow for temperature to be centrally controlled to manage unreasonable demands on the system. We continue with our planned preventative maintenance work to maximise system insulation and efficient operation, including identifying key components for replacement where they cannot maintain the required energy efficiency levels.

Energy Monitoring and Management

When we renewed our energy contracts, we streamlined the energy procurement process for both gas and electricity across all Hospice premises, including the retail estate. This optimised our buying power and supports cohesive energy management. Our electricity contracts are zero carbon as standard, with 72% from renewable sources and 28% from nuclear generation.

Using available data, we will look at energy usage monitoring and how this can be used to promote/change behaviours and consumption, e.g. identifying and challenging data anomalies and prolonged estimated invoices.

Other Energy Reduction Measures

Use of the two electric vehicle charging points continues to increase and has resulted in an associated 4.46tCO₂ emissions that have been avoided. We are replacing our pool car, used extensively by our Night Response team and other clinical colleagues during the day, with a fully electric vehicle, due to be delivered in September 2024. We are scoping the installation of an additional EV charger exclusively for the two Hospice vehicles as they will both be electric.

Transport

We offer flexible working arrangements including hybrid working which reduces travel to and from the Hospice building. The majority of our meetings and education courses are also hybrid to reduce unnecessary travel. We have invested in dedicated acoustic privacy 'pods' to enable our clinical and medical staff to offer video consultations to patients and families, avoiding the need for them to travel to the building.

We will continue to encourage alternative travel options by promoting the Hospice Cycle to Work Scheme and safe walking routes and will actively seek support for more accessible bus routes and times for our staff, especially our shift workers.

Other

Our 'Environment Working Group' continues to promote environmental awareness and behaviours within the Hospice and to capture and develop improvement ideas and initiatives.

Future plans

In 2024/25 we will be looking at how we integrate ESG considerations into our decision making and developing an action plan for the next five years. We will continue to partner with relevant bodies such as the other charities and the NHS to improve our environmental planning and performance. We are members of Hospice UK's 'Environmental Working Group' and part of the PallCareSusNet 'Green Framework' Development Working Group.

Social

We are committed to the highest standards of ethical behaviour and practices towards our patients, families, visitors, staff and volunteers. We also make a wider beneficial contribution towards human health and wellbeing through our education and research programmes. You can find further details on page 8 in our Strategic Report.

Public benefit

As a charity the Hospice is established for charitable purposes and for the public benefit. The Trustees give careful consideration to the Charity Commission's guidance on public benefit when setting the Hospice's aims and objectives and planning activities. Access to our services is on the basis of need and open to anyone via referral from a healthcare professional, or, in the case of bereavement support, self-referral. There is no charge to patients or their families for any of our current care services. Education is one of our charitable purposes and our education programme is delivered at or below cost, and in some cases for no charge.

Our people

Our people are at the heart of what we do, we could not deliver outstanding care or raise the funds we need without them. Each year we continue to be amazed by the hard work, commitment and extraordinary contributions of our employees and volunteers that make such a difference to the people under our care. We continue to see uncertainty both at home, with the cost of living crisis, and abroad, with conflict in many parts of the world. We know that this has an impact on our workforce. We place the highest priority on wellbeing, and in 2023/24 we put in place an enhanced employee assistance programme through Health Assured. Each year we deliver a Wellbeing Month with a variety of activities focussing on mental, physical and financial health. This is supported by a regular weekly email and a dedicated page on our People Services intranet hub.

We have an employee forum, 'Our Voice', where employee representatives from across the organisation meet with management and Trustees to hear about important issues affecting the workforce and to raise concerns from the area they represent. The forum is held quarterly, and minutes are made available on our intranet, SharePoint.

In 2023/24 the Hospice employed 411 people (2023: 405), the equivalent of 300 full-time employees (2023: 297).

We are immensely grateful for the support of our amazing volunteers who work alongside our employees. We could not deliver our services the way we do without them – they provide enormous added benefit to the Hospice and the people we help.

Around 1,225 (2023: 1,250) volunteers support the Hospice in a variety of different roles. Some volunteer directly with our patients and families, as ward support volunteers, compassionate neighbours, bereavement support volunteers or complementary therapists, others support us with administrative tasks. Volunteers man our reception and coffee shop and keep our gardens looking beautiful throughout the year.

We could not raise the essential funds we need without volunteers. The largest group (around 530) support our retail operation, helping us to keep our shops open six or seven days a week or supporting us at the retail hub in Hersham. Other volunteers are involved in fundraising, including the Friends' Committees, which organise events in the community and promote the work of the Hospice to raise vital funds.

We also welcome volunteers from local companies, who donate their time for a day to support in the Hospice or in the shops, and people who can volunteer their skills and experience to support us with specific projects.

We recruit volunteers through advertising. They attend an induction programme and receive initial and ongoing training. Service users such as patients, families and carers, who have expressed an interest in participating in service design, work with us on steering groups and in other activities where they can influence areas of service delivery.

Remuneration Policy

We recognise that we have a duty to deliver our services effectively and maximise the use of our resources. To do this we need to attract and retain suitably qualified people with the right skills, knowledge and experience and pay them fairly and responsibly.

The market comparator for the majority of our clinical roles is the NHS. We directly employ medical consultants, doctors, nurses and other allied professional healthcare staff and in order to recruit and retain qualified and experienced professionals we pay them at a rate equivalent to the relevant national scale.

For the remainder of our roles, when setting salaries, we take into account the knowledge, skills, experience and effort needed for the job and market forces affecting recruitment, which may be local or national. We also benchmark against available information such as comparable roles being advertised locally and charity salary surveys. We take part in such surveys ourselves and benchmark against a range of our peers.

Governance

We aspire to be an organisation that operates to the highest standards of good governance. The Board has adopted the Charity Governance Code (the Code) as a tool to support continuous improvement. We carry out an annual self-assessment against the Code to identify priorities for improvement in the year ahead.

Governance is also about how we manage risk, and how our culture and values support us to operate ethically and to be open and honest. You can find further details on pages 28 and 29 of this report.

At a Strategy Day in October 2023 the Board reviewed the progress made since the Digi-Board Governance Review (the Review) in 2022. The Review had found that we are a well-run charity; our ratings were high both in absolute terms and in comparison to Digi-Board's "All Charities Benchmark". A small number of areas for improvement had been identified and the Trustees were pleased to note that action had been taken in all of these, with issues either resolved or in progress.

Equality, diversity and inclusion remain a strong priority for the Board and the Hospice. We are continuing to implement the Inclusion Strategy agreed by the Board in 2021. We actively seek to attract a diverse pool of applicants for Trustee roles, in terms of gender, ethnicity and background. We continually review our processes and procedures to ensure that there are no barriers to diverse recruitment and that we provide a good level of support to new Trustees and committee advisors during their induction period.

Statement of Trustee's responsibilities

The Trustees (who are the Directors of the Hospice for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in line with the law and the regulations that apply. Under company law, the Trustees must prepare financial statements for each financial year. Under that law, the Trustees have elected to prepare such statements in accordance with United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). By law, these statements must give a true and fair view of the Hospice's finances and of the income and expenditure for the financial year.

When preparing these financial statements, the Trustees must:

- Choose suitable accounting policies and follow them consistently;
- Keep to the methods and principles in the Charities' Statement of Recommended Practice (FRS 102);
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on a 'going concern' basis, unless the Hospice is unlikely to continue in business.

The Trustees must keep proper accounting records that disclose the Hospice's financial position to a reasonable level of accuracy at all times and make sure that the financial statements comply with the Companies Act 2006. They are also responsible for protecting the Hospice's assets and taking reasonable steps to prevent and detect fraud and other unusual activity.

The Trustees believe they have taken all the necessary steps to make the auditors aware of any relevant audit information and have given the auditors a written undertaking to that effect. They also believe that they have identified the major risks that the Hospice faces. These have been reviewed, and systems have been put in place to reduce these risks as far as possible.

Auditor

Forvis Mazars LLP, having expressed their willingness to continue in office, will be deemed reappointed for the next financial year in accordance with section 487(2) of the Companies Act 2006, unless the company receives notice under section 488(1) of the Companies Act 2006.

Fundraising Regulation

Princess Alice Hospice is registered with the Fundraising Regulator (FR) and committed to adhering to the Code of Fundraising Practice. We review compliance through audit and monitoring feedback, and take corrective action where required.

Standards and monitoring

We are committed to following the highest ethical standards and ensuring a quality supporter experience. We have detailed policies and procedures in place that in many cases go beyond the minimum requirements for the sector, and we regularly monitor ourselves and our agencies through a range of methods (including regular internal audits and call listening). This helps ensure all Hospice fundraisers, and those who work on our behalf are aware of, and adhere to, our high standards. Some of our fundraising activity is conducted on our behalf, by carefully selected professional fundraising agencies. We also work with agencies to telephone existing supporters to talk about their donation and, on some occasions, to ask for a further donation. We work very closely with our agencies to make sure they represent our work and our organisation to the highest standards. None of our fundraisers, whether employed by us or one of our agencies, are paid on a commission basis.

Complaints

We report our complaints on a calendar year basis to comply with the Fundraising Regulator's requirements. From tens of thousands of transactions, the number of complaints we received for the 12 months to 31 March 2024 regarding fundraising was six (2023: four).

Managing communications

Most people who donate to us want to know how their money is making a difference. We ask whether they would like us to keep in touch with them so we can update them on our work and how they've helped us. From time to time, we ask supporters if they would like to support us further – for example, by increasing their donation or by taking part in a particular event. Sometimes, we need to share information with authorised people or organisations so they can deliver services. If this is the case, we only give them the information they need to do so – and we always make sure that they will protect information with security and confidentiality processes equivalent to ours.

We ask supporters how they would prefer us to communicate with them. We give them the option to let us know if they prefer less contact or no longer wish to hear from us, and always respect their wishes. We never share, swap, rent or sell our supporters' details to any other charities or third parties for marketing purposes.

Our Fundraising Promise

We will commit to high standards.

We will be clear, honest and open.

We will be fair and reasonable.

We will be respectful.

For further details please see our privacy policy at www.pah.org.uk

Principal risks and uncertainties

The Audit and Risk Committee (A&RC) oversees the Hospice's risk management and governance processes on behalf of the Board.

The Hospice maintains an organisational risk register with risks assigned to the SLT lead for each area of business. The SLT reviews the register on a regular basis and risks can be escalated or de-escalated at any time, informed by the individual directorate risk registers that sit below it.

The organisational risk register helps us to prioritise risks in terms of the effect they might have and how likely they are to occur. The register also identifies the controls, systems and procedures in place for mitigation. Each Trustee Committee considers whether anything in their discussions has impacted scoring of any risks.

The top scoring risks on the organisational risk register are lifted onto the Main Risk Register. This has six risk areas that the Board feels impact the Hospice most, but other persistent high scoring risks are also monitored. The A&RC reviews and monitors the risk registers in detail at each meeting and risk is a standing item on every Board agenda. The Board formally reviews and approves the risk register annually.

We have seen a gradual reduction in the rate of inflation impacting goods and services. During 2023 we re-negotiated our energy contracts achieving a saving on the previous rate. Recruitment and retention of the right people remains a challenge. Our NHS funding has not kept pace with inflation, particularly staff costs, and this is a concern for the Board in terms of sustainability for the future.

Our Main Risk areas are:

Income – inability to generate sufficient income to deliver our charitable activities. We have diversified our income streams, monitored our finances and cash position closely and have an appropriate level of reserves to withstand short term funding fluctuations. If we identify a longer-term trend of falling income, our reserves will ensure continuity of service provision whilst we seek other sources of funding or implement an appropriate cost reduction programme.

People – inability to recruit and retain the people with the right attitude, skills and knowledge we need across the organisation. We carry out workforce planning and monitor supply and demand carefully, introducing new roles and diversifying skills and competencies to make scarce resources go further. We carry out employee satisfaction and wellbeing surveys and use the results to identify where we need to make improvements.

Culture/morale – inability to align our culture with changes that we need to make and that are being made in the environment within which we work. The Board and SLT recognise that our people are at the heart of all we do and that it is essential that our employees and volunteers understand what is important to us, our patients and families and the communities we work with. We are open and transparent in our communications, share our business decisions and rationale and take steps to ensure that the organisational strategy is known and understood throughout the organisation. We monitor the effectiveness of these steps by conducting regular employee and volunteer engagement surveys.

Health and Social Care Environment – the risk that changes in the health and social care environment will impact on our NHS funding and/or our ability to continue to deliver palliative and end of life care and support. Senior colleagues work in partnership with health and care professionals and organisations across local health economies, demonstrating the impact of the care that we deliver. As new structures emerge, we take every opportunity to ensure that we have effective representation and continue to advocate for the needs of patients facing the end of life.

Reputation – risk of reputational damage. As a charity our reputation is of vital importance. We have a comprehensive set of policies and procedures in place to ensure compliance with best practice and legislation. All comments and complaints are responded to and investigated promptly to ensure that lessons are learned for organisational improvement. This is supported by our communications strategy. In 2021/22 the Hospice was inspected by the CQC and achieved an overall rating of 'Outstanding' for the second consecutive time.

Business continuity – risk of fire, flood or other environmental events that impact on our ability to operate. Our business continuity plan is kept under review by a steering group made up of key service managers. This ensures that our contingency plans for maintaining services and operations are robust and up to date. We have a disaster recovery server with a dedicated internet connection which can be brought online very quickly to ensure continued access to patient records and other business critical information. Staff receive regular training on dealing with emergency situations, including evacuation of the premises if necessary. Elements of the plan are tested on a regular basis.

Approved by the Board of Trustees on 25 September 2024 and signed on its behalf by

A handwritten signature in dark ink, appearing to read 'Sean Hilton', with a stylized flourish at the end.

Sean Hilton
Chair, Board of Trustees, Princess Alice Hospice

Independent auditor's report to the members of Princess Alice Hospice

Opinion

We have audited the financial statements of Princess Alice Hospice (the 'charity') for the year ended 31 March 2024 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Charity Balance Sheets, the Consolidated 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 and the group's affairs as at 31 March 2024 and of the group's income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the 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 other information comprises the information included in the Strategic Report and Trustees' Report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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 course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether 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.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' Report which includes the Strategic Report and the Directors' Report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Strategic Report and the Directors' Report included within the Trustees' Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Strategic Report or the Directors' Report included within the Trustees' Report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion adequate and proper accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or

- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the trustees' responsibilities statement set out on page 25, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of 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 regulation and anti-money laundering regulation.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- Inquiring of management and, where appropriate, those charged with governance, as to whether the charity is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- Inspecting correspondence, if any, with relevant licensing or regulatory authorities;
- Communicating identified laws and regulations to the engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- Considering the risk of acts by the charity which were contrary to applicable laws and regulations, including fraud.

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 Companies Act 2006, 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, in particular in relation to accrued income, 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 remained 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 members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's members as a body for our audit work, for this report, or for the opinions we have formed.



Nicola Wakefield
(Senior Statutory Auditor)
for and on behalf of Forvis Mazars LLP
Chartered Accountants and Statutory Auditor
6 Sutton Plaza, Sutton Court Road, Sutton, Surrey, SM1 4FS

Date: 1 October 2024

Consolidated statement of financial activities (including income and expenditure account)

For the year ended 31 March 2024

Consolidated	Notes	Unrestricted funds	Designated funds	Restricted funds	Endowment funds	Total funds 2024	Total funds 2023
		£	£	£	£	£	£
Income							
Donations and legacies							
Donations	1.4	2,132,529	-	252,505	-	2,385,034	2,027,391
Legacies	1.4	5,507,951	-	-	-	5,507,951	4,116,775
NHS grants	1.4	2,232,036	-	-	-	2,232,036	2,178,440
Other trading activities							
Retail shops	2	6,890,465	-	-	-	6,890,465	6,989,644
Fundraising events	1.4	633,026	-	-	-	633,026	624,493
Trading subsidiaries	3	378,118	-	-	-	378,118	677,252
Investments	1.4	299,523	-	-	29,444	328,967	160,691
Charitable activities							
NHS service funding	1.4	280,643	-	-	-	280,643	474,013
NHS continuing healthcare funding	1.4	87,064	-	-	-	87,064	87,793
Education	1.4	283,277	-	-	-	283,277	277,580
Other income							
Other income	1.4	56,078	-	-	-	56,078	33,457
Total income		18,780,710	-	252,505	29,444	19,062,659	17,647,529
Expenditure							
Expenditure on raising donations and legacies	4	1,227,065	126,911	-	-	1,353,976	1,141,813
Expenditure on other trading activities							
Retail shops	2 & 4	5,805,256	135,140	-	-	5,940,396	5,960,592
Fundraising events	4	154,640	-	-	-	154,640	159,607
Trading subsidiaries	3 & 4	196,021	-	-	-	196,021	306,098
Total expenditure on raising funds		6,155,917	135,140	-	-	6,291,057	6,426,297
Expenditure on charitable activities							
In-patient care	4	5,271,341	50,583	10,123	28,793	5,360,840	5,181,768
Hospice at home	4	4,150,312	40,527	149,537	-	4,340,376	4,108,225
Community engagement and support	4	578,736	21,319	77,750	-	677,805	706,140
Education	4	1,091,839	38,497	-	651	1,130,987	959,713
Total expenditure on charitable activities		11,092,228	150,926	237,410	29,444	11,510,008	10,955,846
Total expenditure	4	18,475,210	412,977	237,410	29,444	19,155,041	18,523,956
Net (expenditure) before gains/losses		305,500	(412,977)	15,095	-	(92,382)	(876,427)
Net gains/(losses) on investments	11	187,033	-	-	-	187,033	(172,013)
Net income/(expenditure)		492,533	(412,977)	15,095	-	94,651	(1,048,440)
Transfer from designated funds	5	(646,492)	646,492	-	-	-	-
Transfer from restricted funds	6	2,310	-	(2,310)	-	-	-
Net movement in funds		(151,649)	233,515	12,785	-	94,651	(1,048,440)
Reconciliation of funds							
Total funds brought forward at 1 April 2023		538,010	18,620,494	66,360	905,041	20,129,905	21,178,345
Total funds carried forward at 31 March 2024		386,361	18,854,009	79,145	905,041	20,224,556	20,129,905

Note 5

Note 6

Note 7

All the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above.

The comparative figures for each fund are shown in Note 8. The Notes on pages 37 to 40 form part of these financial statements.

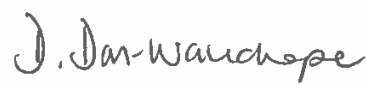
Balance sheets as at 31 March 2024

	Notes	Group		Charity	
		2024	2023	2024	2023
		£	£	£	£
Fixed assets					
Intangible assets	9	4,354	32,114	4,354	32,114
Tangible fixed assets	10	5,374,894	5,540,825	5,374,894	5,540,825
Investments	11	3,316,711	3,069,791	3,317,811	3,070,891
Total fixed assets		8,695,959	8,642,730	8,697,059	8,643,830
Current assets					
Stock	12	9,824	13,784	-	-
Debtors	13	6,831,904	5,384,263	7,050,341	5,615,942
Cash on Deposit		3,732,395	4,545,178	3,732,395	4,545,178
Cash at bank		2,246,079	3,191,313	1,984,267	2,868,376
Total current assets		12,820,202	13,134,538	12,767,003	13,029,496
Liabilities					
Creditors: Amounts falling due within one year	14	(1,259,605)	(1,615,363)	(1,207,506)	(1,511,421)
Net current assets		11,560,597	11,519,175	11,559,497	11,518,075
Total assets less current liabilities		20,256,556	20,161,905	20,256,556	20,161,905
Provisions for liabilities					
Annuity provision	1.9	(32,000)	(32,000)	(32,000)	(32,000)
Total net assets		20,224,556	20,129,905	20,224,556	20,129,905
The funds of the charity:					
Endowment funds	7	905,041	905,041	905,041	905,041
Restricted income funds	6	79,145	66,360	79,145	66,360
Designated funds	5	18,854,009	18,620,494	18,854,009	18,620,494
Unrestricted funds		386,361	538,010	386,361	538,010
		20,224,556	20,129,905	20,224,556	20,129,905

Approved by the Board of Trustees on 25 September 2024 and signed on its behalf by:



Sean Hilton
Chair



D. Don-Wauchope
Honorary Treasurer

Consolidated cash flow statement for the year ended 31 March 2024

	Notes	2024	2023
		£	£
Net income/(expenditure) for the year (as per the statement of financial activities)	b/fwd from page 32	94,651	(1,048,440)
Adjustments for:			
Depreciation and amortisation	9 & 10	708,684	725,662
Net (gain)/loss on investments	11	(187,033)	172,013
Investment income		(328,967)	(160,691)
Decrease in stock	12	3,960	2,948
(Increase)/decrease in debtors	13	(1,447,641)	933,835
(Decrease)/increase in creditors	14	(355,758)	225,422
(Decrease in annuity provision)	1.9	-	(67,000)
Cash flows from operating activities			
Net cash (used in)/provided by operating activities		(1,512,104)	784,175
Cash flows from investing activities			
Investment income		328,967	160,691
(Purchase) of fixed assets	9 & 10	(514,993)	(406,543)
Sale of investments	11	506,332	522,747
(Purchase) of investments	11	(566,219)	(560,840)
Net cash (used in) investing activities		(245,913)	(283,945)
(Decrease)/increase in cash in the year		(1,758,017)	500,230
Opening balance at bank		7,736,491	7,236,261
Closing balance at bank		5,978,474	7,736,491

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2024

1. Accounting Policies

1.1 Basis of preparation

These financial statements are prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (“Charities SORP” (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (“FRS 102”) and the Companies Act 2006.

The charitable company, Princess Alice Hospice (the “Hospice”) meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

The financial position of the Hospice is set out in the Trustees’ Annual Report.

The environment for fundraising continues to be challenging, particularly as people have faced a squeeze on their incomes due to high inflation and energy costs. Education activity has continued to increase with more face-to-face courses being offered.

Cash flow forecasts have been prepared and a range of future scenarios considered. The Trustees are satisfied that, due to the level of cash and reserves held, even under the worst-case scenario considered there are sufficient funds to continue operating and meet liabilities as they fall due for the foreseeable future.

The Trustees are of the opinion that the Hospice has sufficient money in current bank and building society accounts together with investment funds to continue in operational existence for the foreseeable future. The Trustees therefore continue to adopt the going concern basis of accounting in preparing these annual financial statements.

1.2 Group financial statements

The financial statements consolidate the results of the Hospice and its wholly-owned subsidiaries PAH Trading Limited and PAH Lottery Limited (“the group”) on a line-by-line basis. A separate Statement of Financial Activities (“SoFA”) and Income and Expenditure Account for the charity has not been presented because the Hospice has taken advantage of the exemption afforded by section 408 of the Companies Act 2006. The income of the Hospice was £18,866,636 (2023: £17,341,430) and the expenditure was £18,959,020 (2023: £18,217,858).

1.3 Fund accounting

Endowment, restricted, designated and unrestricted funds are separately disclosed in the Balance Sheet and in the Consolidated SoFA. These different funds are defined as follows:

- Endowment funds are funds given to the Hospice where it may use only the income generated from investing these funds
- Restricted funds are subject to specific restrictive conditions imposed by the donor or by the nature of an appeal

- Designated funds are set aside at the discretion of the Trustees for specific purposes. They would otherwise form part of unrestricted funds
- Unrestricted funds are available to use at the discretion of the Trustees in furtherance of the charitable objectives of the Hospice.

1.4 Income

The total income receivable in the year comprises donations, legacies, NHS income, income from trading activities, interest, fees from education courses run by the Hospice and other sundry income.

Legacies are recognised as income when it can reasonably be assumed that the Hospice is entitled to the legacy and the amount can be estimated with sufficient reliability.

NHS grants are the block grants that the Hospice receives from NHS Surrey Heartlands Integrated Care Board (ICB) and NHS South West London ICB. These are based on historic practice and not related to the level of clinical activity undertaken by the Hospice. They are only agreed for up to one year at a time.

NHS service funding is income received related to the provision of a clinical service, which is normally linked to specific clinical activities undertaken by the Hospice. This may be funding for a new initiative which has been commissioned by an ICB in its care area, such as rapid response night service, or a pilot project. Funding is typically received as a percentage contribution towards the total costs.

NHS continuing healthcare funding is income received for patients who are eligible for a continuing care package. These patients are ready for discharge from the In-Patient Unit but are waiting for a suitable place in a care home or nursing home, or for domiciliary care to be arranged.

1.5 Donated goods and services

Donated vehicles, plant or furniture are recognised as tangible fixed assets and the corresponding gain recognised as income from donations in the SoFA. Donated facilities or services are likewise recognised as income from donations on the basis of the value of the gift to the Hospice and an equivalent amount recognised as an expense under the appropriate heading in the SoFA.

The Hospice did not receive any donations of goods in the year ended 31 March 2024 (2023: £Nil). Donated goods for resale are recognised as income when sold and included in income from retail shops in the SoFA. It is not practical to estimate the fair value of these goods on receipt because of the volume of low-value items received and the lack of detailed records.

In accordance with the Charities SORP (FRS 102), general volunteer time is not included as income in the accounts as it is not possible to measure this reliably. However, the Hospice relies on the contribution of volunteers and is very grateful for their time. See page 24 for further details.

1.6 Expenditure

Direct costs comprise expenditure incurred during the year both directly and indirectly attributable to the activity concerned. Support costs include the cost of governance, housekeeping, catering, facilities and health & safety, people services, marketing and communication, finance and administration and depreciation of fixed assets. These have been allocated to activities on a proportionate basis e.g. by activity level, headcount or on the basis of staff time spent (see Note 4).

1.7 Taxation

As a registered charity, the Hospice benefits from business rates relief from local Councils and is exempt from direct tax on its charitable activities. The Hospice is able to claim back VAT on most of its activities, any irrecoverable VAT is included in the cost of those items to which it relates. Income tax recoverable in respect of donations under Gift Aid and investment income is included with the income to which it relates.

1.8 Intangible and tangible fixed assets

Fixed assets are stated at cost, net of depreciation. Depreciation is provided at rates calculated to write off the cost in equal instalments over the economic life of the asset at the following annual rates:

• Intangible assets	20%/33%
• Freehold land	0%
• Freehold buildings	4%
• Leasehold buildings	over the life of the lease
• Furniture and equipment	10%
• Medical equipment	20%
• Motor vehicles	25%
• Information and Communication Technology Equipment	20%/33%

Items are treated as fixed assets and their costs capitalised only where the purchase price exceeds £1,000.

Intangible fixed assets are non-monetary fixed assets that do not have physical substance, such as computer software, licences and website development.

The cost of leasehold buildings represents capital expenditure on retail shops and lease acquisition premiums.

1.9 Pension costs

The total employer pension cost for the year ended 31 March 2024 was £709,914 (2023: £571,366). Total contributions of £112,297 (2023: £110,764) were due to be paid after the year end.

NHS Pension Scheme

The Hospice makes payments to the NHS Pension Scheme for former NHS employees who, on employment with the Hospice, are eligible to continue in or re-join the NHS Pension Scheme. The NHS Pension Scheme is an unfunded defined benefit scheme that covers employees of NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State for Health and Social Care in England and Wales, which includes the Hospice. It is not possible to identify the Hospice's share of the underlying assets and liabilities and as a result the NHS Pension Scheme is treated as a defined contribution scheme under FRS102.

The employer contribution payable in the year to the NHS Pension Scheme was £367,299 (2023: £323,505).

Group Personal Pension Scheme

A defined contribution scheme is in operation for eligible employees with contributions payable by both the Hospice and the relevant employees. The assets of these plans are held separately from those of the Hospice, being invested with an insurance company. The current provider of the scheme is Scottish Widows Limited.

The employer contribution payable in the year into the Group Personal Pension Scheme was £237,970 (2023: £214,722).

Auto-enrolment

All employees meeting certain criteria must be enrolled into a workplace pension if they are not already in a qualifying scheme. The Hospice has chosen the National Employment Savings Trust ("NEST") to meet its auto-enrolment obligations. The employer contribution payable in the year into NEST was £95,447 (2023: £89,996).

Other pension schemes

The Hospice contributed to one other pension scheme (2023: one). This scheme is a defined contribution pension scheme.

Prior to 31 December 2011 it was a defined benefit scheme, which is now closed to new members and also to future accrual of benefits to existing members. It is not possible to identify the Hospice's share of the underlying assets and liabilities and as a result the scheme is treated as a defined contribution scheme under FRS102.

The employer contribution payable in the year into the scheme was £5,057 (2023: £6,199).

Annuities

The Hospice is contracted to pay annual sums for life to one (2023: one) former employee based on a sum agreed in 1998 increased by the Hospice annual salary increase (if any). The sum paid in the year under review was £4,141 (2023: £3,944). This liability is met from income in the year in which it is paid.

A provision of £32,000 (2023: £32,000) has been retained to cover future unfunded liabilities. The Trustees consider this provision to be adequate.

1.10 Stock

Stock purchased for sale is valued at the lower of cost and net realisable value. Stock donated for sale in the Hospice's retail shops is valued at nil.

1.11 Operating leases

The Hospice has entered into various operating leases, the future financial commitment to which is set out in Note 18. Rentals payable under these leases are charged on a straight-line basis over the term of the lease.

1.12 Investments

Listed investments are included in the balance sheet at market value. Realised gains and losses on disposals in the year and unrealised gains and losses on investments at the balance sheet date are included in the Consolidated Statement of Financial Activities. The movement in the valuation of investments during the year is set out in Note 11.

2. Retail shops results

		2024	2023
		£	£
Turnover*		6,890,465	6,989,644
Direct costs	(5,499,463)		
Support costs	(440,933)	(5,940,396)	(5,960,592)
		950,069	1,029,052

*Turnover includes £2,302,332 (2023: £2,370,712) of donations and associated Gift Aid of £575,583 (2023: £592,679) from the retail Gift Aid scheme. This scheme involves PAH Trading Limited selling goods on behalf of supporters ("Agency Sales") in the Hospice's retail shops and the supporters then donating the proceeds of the Agency Sales to the Hospice under Gift Aid.

3. Trading subsidiaries

The Hospice has two wholly-owned subsidiaries which are incorporated in the UK for the purposes of generating income for the Hospice's charitable purposes. The whole of their taxable profit is donated to the Hospice under a Deed of Covenant within nine months of the year end. The specific activity of each of the trading subsidiaries is:

PAH Trading Limited (1925762) – sells new and promotional goods, as well as receiving commission on Agency Sales, provides catering services for the benefit of the Hospice and external users and undertakes other sundry trading activities.

PAH Lottery Limited (3347939) – operates lotteries. In August 2023 the lottery was outsourced to an external provider, Local Hospice Lottery (LHL), the final draw took place on 4 August 2023. The results below reflect the period from 1 April 2023 to the final draw. The company is no longer trading. Lottery income paid to us by LHL is treated as a donation.

	PAH	PAH	Total	Total
	Trading Ltd	Lottery Ltd	2024	2023
Profit and loss accounts	£	£	£	£
Turnover	229,574	148,544	378,118	677,252
Income	229,574	148,544	378,118	677,252
Cost of sales	(126,943)	(36,180)	(163,123)	(228,484)
Direct overheads	-	(9,319)	(9,319)	(41,258)
Administrative expenses	(15,769)	(22,258)	(38,027)	(50,857)
Expenses	(142,712)	(67,757)	(210,469)	(320,599)
Net profit	86,862	80,787	167,649	356,653
Amount covenanted to the Hospice	(86,862)	(80,787)	(167,649)	(356,653)
Retained in subsidiary	-	-	-	-
Previous year net profit (all covenanted to the Hospice)	79,136	277,517	356,653	371,848
Shareholder's funds				
Share capital (issued)	100	1,000	1,100	1,100

4. Total expenditure

		Direct Costs	Support costs (See note 1.6)	Total 2024	Total 2023
		£	£	£	£
In-patient care		3,220,576	2,140,264	5,360,840	5,181,768
Princess Alice at home		3,474,844	865,532	4,340,376	4,108,225
Community engagement and support		454,299	223,506	677,805	706,140
Education		693,710	437,277	1,130,987	959,713
Raising donations and legacies		708,026	645,950	1,353,976	1,141,813
Fundraising events		154,640	-	154,640	159,607
Retail shops		5,499,463	440,933	5,940,396	5,960,592
Trading subsidiaries		14,205,558	4,753,462	18,959,020	18,217,858
		196,021	-	196,021	306,098
		14,401,579	4,753,462	19,155,041	18,523,956
Analysis of support costs:		Basis of apportionment		Group 2024	Group 2023
				£	£
Governance	Time spent		33,569		35,999
Housekeeping	Time spent		645,324		614,818
Catering	Resource allocated		314,119		306,655
Facilities and health & safety	Resource allocated		588,922		491,800
People services	Head Count		340,005		334,234
Volunteering	Resource allocated		140,623		103,736
Digital and performance	Time spent		773,202		665,644
Marketing and communication	Resource allocated		436,755		439,491
Executive, finance and administration	Time spent		856,015		802,630
Amortisation/depreciation (excluding retail)	Resource allocated		624,928		624,987
			4,753,462		4,419,994
				Group 2024	Group 2023
The above figures include:				£	£
Auditor's remuneration - statutory audit				35,758	30,344
- other services				5,360	5,760
Operating lease rentals:					
For charitable activities:					
Equipment				25,312	25,782
For generating funds:					
Leasehold retail shops				1,500,192	1,544,192
PAH Trading Limited - vending machines				8,398	6,963
Amortisation/depreciation of owned assets				708,684	725,662

5. Designated funds

	Group and Hospice			
	Balance	Expenditure	Net	Balance
	2023		Transfers	2024
	£	£	£	£
Fixed Asset Equalisation Fund	5,572,939	-	(193,691)	5,379,248
Running Costs Reserve	11,460,000	-	1,032,000	12,492,000
Strategic Development Reserve	1,169,205	(393,369)	(133,950)	641,886
Sustainable Building Development Fund	397,782	-	(107,867)	289,915
Staff Wellbeing Fund	20,568	(19,608)	50,000	50,960
	18,620,494	(412,977)	646,492	18,854,009

The Fixed Asset Equalisation Fund represents the net book value of tangible and intangible fixed assets. This assists in identifying funds which are not free for the Trustees to use. The transfer of £193,691 (2023: £319,119) out to unrestricted funds represents the difference between net capital expenditure and depreciation.

The Running Costs Reserve is intended to provide adequate reserves to meet future charitable expenditure in the event of a significant short-term drop in income. The Trustees are targeting a level of 9 months +/- 3 months budgeted charitable expenditure. A transfer of £1,032,000 has been made from unrestricted funds (2023: £516,000). The balance on this fund is 12 months (2023:12) of the Hospice's budgeted cash expenditure on charitable activities for 2024/25.

The Strategic Development Reserve has been established to support the delivery of the Hospice's strategic objectives. Revenue expenditure of £393,369 was incurred in the year (2023: £230,795) on a number of strategic change projects, some of which are multi-year. Capital expenditure of £133,950 (2023: £nil) was incurred and transferred out to unrestricted funds. The reserve is expected to be fully expended over the next year.

The Sustainable Building Development Fund has been established to fund sustainable building development initiatives, as they are identified, to meet our sustainability goals. There has been no transfer in from unrestricted funds (2023: £Nil). Expenditure of £107,867 (2023: £102,218) was incurred on refurbishing older offices, including LED lighting, and the installation of solar panels which have delivered an immediate energy saving.

The Staff Wellbeing Fund has been established to fund initiatives to improve workforce wellbeing and engagement. A transfer of £50,000 has been made from unrestricted funds (2023: £nil) Expenditure of £19,608 (2023: £6,469) was incurred during the year on providing an Employee Assistance Programme, activities during Wellbeing month and a staff Christmas party.

6. Restricted funds

	Group and Hospice				
	Balance	Income	Expenditure	Transfers	Balance
	2023				2024
	£	£	£	£	£
Ward equipment fund	4,966	980	-	-	5,946
Virtual Ward	23,193	100,000	(123,193)		-
Bereavement Service	2,001	18,500	(18,603)		1,898
Wellbeing	805	1,200	(1,327)		678
Dementia pilot scheme	-	77,480	(27,418)		50,062
Hospice at Home	13,294	24,918	(25,017)		13,195
Community engagement programmes	3,465	12,000	(12,831)		2,634
Man Shed	9,811	-	(7,413)	(1,859)	539
Covid visitor coordinator	2,572	(2,572)	-		-
Virtual clinic support for homelessness	-	11,485	(11,485)		-
Garden	2,313	2,538	(2,595)		2,256
Other Funds	3,940	5,976	(7,528)	(451)	1,937
	66,360	252,505	(237,410)	(2,310)	79,145

The policy of the Trustees is to treat donations given for specific purposes as Restricted Funds until properly expended. The funds shown are those which were directed by donors to be used for specific purposes and are unexpended at 31 March 2024. These funds will be used in accordance with the directions of the donors in a subsequent accounting period.

7. Endowment funds

	Group and Hospice			
	Balance	Movement in resources		Balance
	2023	Income	Expenditure	2024
	£	£	£	£
The Edwin Stevens fund	40,000	1,301	(1,301)	40,000
The D.J. Squires "Love of Roses" fund	20,000	651	(651)	20,000
The June Daphne Allen fund	845,041	27,492	(27,492)	845,041
	905,041	29,444	(29,444)	905,041

The Edwin Stevens fund relates to a permanent capital contribution received on establishment of the Hospice. The D.J. Squires Love of Roses fund was established in 1996, the income from which is to be used for the research and advance of palliative care. The June Daphne Allen fund was created by the conditions of a legacy received in July 2001, the income from which is to be used for the general purposes of the Hospice. All income arising from these funds was expended during the year.

8. Comparative results for each group of funds

Year ended 31 March 2023	Unrestricted funds	Designated funds	Restricted funds	Endowment funds	Total funds 2023
Income	£	£	£	£	£
Donations	1,788,258	-	239,133	-	2,027,391
Legacies	4,116,775	-	-	-	4,116,775
NHS grants	2,178,440	-	-	-	2,178,440
NHS service funding	474,013	-	-	-	474,013
NHS continuing healthcare funding	87,793	-	-	-	87,793
Education	277,580	-	-	-	277,580
Retail shops	6,989,644	-	-	-	6,989,644
Fundraising events	624,493	-	-	-	624,493
Trading subsidiaries	677,252	-	-	-	677,252
Investments	142,741	-	-	17,950	160,691
Other income	33,457	-	-	-	33,457
Total income	17,390,446	-	239,133	17,950	17,647,529
Expenditure	£	£	£	£	£
Raising donations and legacies	1,056,426	85,387	-	-	1,141,813
Retail shops	5,911,387	49,205	-	-	5,960,592
Fundraising events	159,607	-	-	-	159,607
Trading subsidiaries	306,098	-	-	-	306,098
In-patient care	5,115,881	42,096	6,238	17,553	5,181,768
Hospice at Home	3,922,388	36,405	149,432	-	4,108,225
Community engagement and support	642,630	19,285	44,225	-	706,140
Education	954,430	4,886	-	397	959,713
Total expenditure	18,068,847	237,264	199,895	17,950	18,523,956
Net loss on investments	(172,013)	-	-	-	(172,013)
Net income/(expenditure)	(850,414)	(237,264)	39,238	-	(1,048,440)
Transfer to designated funds	(94,663)	94,663	-	-	-
Transfer from restricted funds	52,742	-	(52,742)	-	-
Net movement in funds	(892,335)	(142,601)	(13,504)	-	(1,048,440)

9. Intangible assets

Total 2024	
Cost	£
At 1 April 2023	435,909
Purchases	1,840
Disposals	-
At 31 March 2024	437,749
Amortisation	
At 1 April 2023	403,795
Charge for year	29,600
Disposals	-
At 31 March 2024	433,395
Net book value	
At 31 March 2024	4,354
At 31 March 2023	32,114

10. Tangible fixed assets

	Group and Hospice				
	Freehold land	Freehold buildings	Leasehold buildings	Furniture, equipment and vehicles	Total 2024
Cost or valuation	£	£	£	£	£
At 1 April 2023	71,586	12,325,422	483,511	2,161,296	15,041,815
Purchases	-	145,352	149,067	218,734	513,153
Disposals	-	-	-	(48,034)	(48,034)
At 31 March 2024	71,586	12,470,774	632,578	2,331,996	15,506,934
Depreciation					
At 1 April 2023	-	7,628,886	288,204	1,583,900	9,500,990
Charge for year	-	445,032	68,809	165,243	679,084
Disposals	-	-	-	(48,034)	(48,034)
At 31 March 2024	-	8,073,918	357,013	1,701,109	10,132,040
Net book value					
At 31 March 2024	71,586	4,396,856	275,565	630,887	5,374,894
At 31 March 2023	71,586	4,696,536	195,307	577,396	5,540,825

11. Investments

	2024	2023
Marketable investments	£	£
Market value at start of year	3,069,791	3,203,711
Net additions at cost	566,219	560,840
Disposals at market value	(506,332)	(522,747)
Net gain/(loss) on revaluation/disposal	187,033	(172,013)
Market value at 31 March	3,316,711	3,069,791
Trading subsidiaries (see Note 3)	1,100	1,100
Total investments	3,317,811	3,070,891
Cost at 31 March	2,693,502	2,646,405
	2024	2023
Marketable investments comprise:	£	£
Equities	1,722,044	1,491,044
Fixed Income	644,903	589,481
Other securities (absolute return funds, multi-asset funds, property funds, etc.)	768,459	816,827
Short term deposits and cash	181,305	172,439
	3,316,711	3,069,791

12. Stock

	Group	
	2024	2023
	£	£
Stock of promotional and new goods (all stock is held by PAH Trading Limited)	9,824	13,784

13. Debtors

	Group		Hospice	
	2024	2023	2024	2023
	£	£	£	£
Operating debtors	139,926	148,227	139,926	148,227
Accrued legacy income	5,471,285	3,799,395	5,471,285	3,799,395
Gift Aid recoverable	259,741	625,355	259,741	625,355
Retail rents prepaid	369,082	371,272	369,082	371,272
Insurance pre-paid	117,519	113,172	117,519	113,172
Other debtors and prepayments	474,351	326,842	473,673	323,344
Amounts due from subsidiaries	-	-	219,115	235,177
	6,831,904	5,384,263	7,050,341	5,615,942

14. Creditors

	Group		Hospice	
	2024	2023	2024	2023
	£	£	£	£
Taxation and social security costs	262,172	248,332	262,172	248,332
Salaries and holiday pay	35,633	268,421	35,633	268,421
Operating creditors	487,539	470,868	485,538	466,941
Other creditors and accruals	474,261	627,742	424,163	527,727
	1,259,605	1,615,363	1,207,506	1,511,421

15. Staff remuneration

	Group	
	2024	2023
Costs	£	£
Salaries	11,874,911	11,276,865
Employer's National Insurance	1,094,033	1,064,868
Pension costs	709,914	571,366
Apprenticeship Levy	44,781	39,821
Agency staff	61,343	164,359
Recruitment and training expenses	143,433	181,589
Subsidiary companies staff costs	9,319	41,258
	13,937,734	13,340,126

	Group			
	2024		2023	
	Headcount	FTE	Headcount	FTE
Average number of employees				
In-patient unit	63	48	65	48
Hospice at home	69	50	67	48
Community engagement and support	9	6	9	6
Consultants and doctors	11	7	9	6
Clinical support services	16	11	17	13
Housekeeping	22	16	22	16
People services and volunteering	10	7	9	7
Other support services	18	14	16	13
Education	11	9	11	8
Marketing and communication	7	7	8	7
Fundraising	19	16	17	14
Digital and Performance	13	11	13	10
Retail	131	90	133	94
Executive and finance	12	8	12	8
	411	300	408	298

	Group	
	2024	2023
	No.	No.
The number of employees whose earnings (excluding employer's pension contributions) fell into the bands below were:		
£60,000 to £69,999	10	3
£70,000 to £79,999	2	1
£80,000 to £89,999	1	5
£90,000 to £99,999	5	*2
£100,000 to £109,999	*1	1
£120,000 to £129,999	1	-

*The pay of the Chief Executive falls within this band.

Included in the numbers above are members of the leadership team, plus medical consultants, specialty doctors and other senior clinical staff directly employed by the Hospice who are paid at a rate equivalent to the relevant NHS scale.

The key management personnel of the Hospice are the Trustees and the Senior Leadership Team ('SLT'). During the year the SLT has comprised of the Chief Executive, Deputy Chief Executive, Medical Director, Director of Patient Care and Communities, Director of Marketing, Communications, Digital and Performance, Director of Income Generation, Director of Finance and Operations, Director of People Services, Volunteering and Organisational Development, and Director of Education and Research. They are subject to the same terms and conditions as other members of staff and do not receive any additional employee benefits. They are only reimbursed for expenses wholly and necessarily incurred for business purposes in accordance with Hospice policy. The total employee benefit (salary and employer's pension contribution) received by the SLT was £853,658 (2023: £787,634).

The Trustees are the directors for the purposes of the Companies Act 2006 and, as required by the Articles of Association, are the members of Princess Alice Hospice, a Company limited by Guarantee. They receive no remuneration. During the year to 31 March 2024 they were reimbursed for expenses of £46 (2023: £792).

An aggregate payment of £19,721 (2023: £30,191) was made to 4 ex-employees (2023: 4) under a settlement agreement. An aggregate payment of £3,298 (2023: £25,098) was made to 2 (2023: 7) employees on redundancy in respect of statutory redundancy pay.

16. Related Party Transactions

During the year ended 31 March 2024, the aggregate amount of donations received from Trustees and their close family members, the SLT and their spouse/partner was £4,468 (2023: £7,877).

The Trustees volunteer their time to fulfil their governance and leadership roles. They provide support and advice to the SLT. They attend internal and external meetings, Hospice events and external events, in person where possible but otherwise virtually during the year. The Trustees estimate that during the year they donated over 2,000 hours of time in aggregate.

During the year to 31 March 2024 the Hospice invoiced PAH Trading Limited for £9,857 (2023: £10,010) for the use of retail shop facilities to sell goods on behalf of supporters (Agency Sales) and £4,591 (2023: £4,491) for the preparation of sandwiches to sell in the coffee shop. At 31 March 2024 balances of £121,037 (2023: £62,202) and £98,079 (2023: £172,975) were owed to the Hospice from PAH Trading Limited and PAH Lottery Limited respectively.

17. Analysis of net assets between funds (Group)

	Unrestricted funds	Designated funds	Restricted funds	Endowment funds	Total 2024	Total 2023
	£	£	£	£	£	£
Fixed assets	-	5,379,248	-	-	5,379,248	5,572,939
Investments	-	2,411,670	-	905,041	3,316,711	3,069,791
Current assets	1,677,966	11,063,091	79,145	-	12,820,202	13,134,538
Current liabilities	(1,259,605)	-	-	-	(1,259,605)	(1,615,363)
Annuity provision	(32,000)	-	-	-	(32,000)	(32,000)
	386,361	18,854,009	79,145	905,041	20,224,556	20,129,905

18. Other financial commitments

	Retail Shops		Equipment	
	2024	2023	2024	2023
At 31 March 2024 the Group was committed to making the following payments under non-cancellable operating leases:				
	£	£	£	£
Operating leases which expire:				
Within 1 year	1,060,177	1,106,135	10,786	1,990
Within 2 to 5 years	2,062,517	2,329,776	29,315	22,924
After 5 years	493,537	774,562	-	-
	3,616,231	4,210,473	40,101	24,914

19. Simplified income and expenditure statement

	Notes	Group			Group		
		2024	2024		2023	2023	
Income		£	£		£	£	
NHS grants	1.4		2,232,036	20%		2,178,440	22%
Voluntary income							
Legacies	1.4		5,507,951	48%		4,116,775	41%
Donations	1.4	2,385,034			2,027,391		
Cost of generating voluntary income	4	(1,353,976)			(1,141,813)		
			1,031,058	9%		885,578	9%
Fundraising events	1.4	633,026			624,493		
Cost of fundraising events	4	(154,640)			(159,607)		
			478,386	4%		464,886	5%
Trading subsidiaries	3	378,118			677,252		
Cost of trading subsidiaries	3	(196,021)			(306,098)		
			182,097	2%		371,154	4%
Retail							
Retail income	2	6,890,465			6,989,644		
Cost of retail	4	(5,940,396)			(5,960,592)		
Retail contribution			950,069	8%		1,029,052	10%
Investment income	1.4		328,967	3%		160,691	1%
NHS service funding	1.4		280,643	2%		474,013	5%
NHS continuing healthcare funding	1.4		87,064	1%		87,793	1%
Education	1.4		283,277	2%		277,580	3%
Other	1.4		56,078	0%		33,457	0%
Net income			11,417,626	100%		10,079,419	100%
Expenditure							
Charitable activities							
In-patient care	4	(5,360,840)		46%	(5,181,768)		47%
Princess Alice at home	4	(4,340,376)		38%	(4,108,225)		37%
Community engagement and support	4	(677,805)		6%	(706,140)		6%
Education	4	(1,130,987)		10%	(959,713)		9%
			(11,510,008)			(10,955,846)	
Total expenditure on charitable activities			(11,510,008)	100%		(10,955,846)	100%
Operating (deficit)			(92,382)			(876,427)	

Who's who at Princess Alice Hospice

Trustees

Professor Sean Hilton

Chair

Sean is Emeritus Professor at St George's, University of London. He was a GP partner for 30 years in Kingston upon Thames.

Deborah Bowman MBE

Vice-Chair

Deborah is an Emeritus Professor of Medical Ethics and Law and a Clinical Ethicist who has combined a successful academic career with effective and values-based senior leadership in Higher Education.

Despina Don-Wauchope

Honorary Treasurer

Despina is a Chartered Management Accountant and has more than 30 years' experience working for a number of FTSE100 companies.

Gail Cookson

Gail has been a director at a London-based creative agency for over 18 years and has over 30 years' experience in fundraising.

Fidelma Hatton (from July 2023)

Fidelma has over 20 years' experience in the non-profit sector. She has a background in direct marketing and is also a Trustee of Age UK Sutton.

Tim Hewens

Tim is a solicitor and a partner at a London firm. He was previously a Trustee of Walton Charity and of the RG Foundation.

Ros Irving (from April 2023)

Ros has worked for more than 25 years in business-to-business events with experience in research and content creation, marketing, sales, operational delivery, risk and compliance.

Andrew Jennings

Andrew is retired following a career as a Chartered Accountant in the City where he spent over 30 years in International Law management.

José Sanchez Loureda

José has extensive experience in driving digital business transformation and providing strategic leadership. He has worked with a range of UK and global organisations.

Tatenda Mazivanhanga (from September 2023)

Tatenda has worked in management consultancy and technology across various sectors, with a focus on digital transformation and technical innovation.

Heather Patel

Heather is a retired GP. Her practice was in Claygate and she worked closely with the Hospice on behalf of her patients for over 35 years.

Jonathan Perkins (to June 2024)

Jonathan is a retired solicitor. He has held various voluntary positions, including a previous term as Trustee of the Hospice (2006 – 2015).

Raja Ram (from July 2023)

Raja is an experienced finance leader with expertise in supporting business strategy and driving change. He has worked in various senior finance roles in the insurance sector.

Karen Roberts (to September 2023)

Karen has over 30 years' experience of managing Human Resources in global companies, specialising in talent management and workforce planning.

Scott Thomson (from July 2023)

Scott has over 20 years' experience in the banking sector as a finance and business transformation leader. He has expertise in strategic financial management and planning, supporting and enabling business strategy.

Jamie Tolentino-Deludet (to March 2024)

Jamie has extensive experience working in the financial services sector supporting them to become digitally enabled.

Darren Webb

Darren has over 20 years' experience in financial markets and has worked for a number of international businesses.

Peter West

Peter is a health economist with over 40 years' experience working for consulting groups, universities and government agencies across the world.

Honorary President

Jane Formby MBE

Jane has been involved with the Hospice for over 40 years, first as a volunteer then as a founding Trustee. Jane stepped down as a Trustee in 2018 and took up the role of Honorary President.

Committee Advisory Members

Rob Aldous, Income Generation Committee

Duncan Burton, Clinical and Community Quality Assurance Committee

Karen Frend, Audit and Risk Committee

Louise Mitchell, Income Generation Committee

Tim Moody, Income Generation Committee

Monday Ugiagbe, (to August 2023), Clinical and Community Quality Assurance Committee

Representatives of the Friends of Princess Alice Hospice

Veronica Eagles – Income Generation Committee

Mary Houghton – Income Generation Committee

Senior Leadership Team

Nigel Seymour

Chief Executive (from March 2024), formerly Deputy Chief Executive and Director of Digital, Data and Performance

Nicki Shaw

Chief Executive (to December 2023)

Jane Berg

Director of Skills, Knowledge and Research

Karen Garforth

Director of People Services, Volunteering and Organisational Development

Angela Grimes

Director of Income Generation

Lesley Munro

Director of Patient Care and Communities

Diane Rickwood

Director of Finance and Operations and Company Secretary

Julia Russell

Director of Marketing and Communications and Digital and Performance

Jennifer Todd

Medical Director

Advisors

Cazenove Capital Management, 1 London Wall Place, London EC2Y 5AU

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

Barclays Corporate, Ground Floor, Tagus House, Ocean Way, Southampton, SO14 3TJ

Special thanks to...

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Masons

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The Oddfellows Mid-Surrey District Lodge 3713



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