



Princess Alice Hospice

2025 Trustees' Annual Report

YEAR ENDED 31 MARCH 2025

Princess Alice Hospice makes a difference

It costs us £12.3 million each year to provide free, high-quality care.

Funding through NHS grants 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.

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Chair and CEO introduction

Nigel Seymour was appointed as Chief Executive of Princess Alice Hospice in March 2024, the month before this reporting year began. In October 2024, we bid a fond farewell to Professor Sean Hilton as our Chair of Trustees. We are immensely grateful to Sean for over 12 years of dedicated service and for providing such a smooth and comprehensive transition to Sally Harris, who became our new Chair of Trustees in October 2024.

We are delighted to introduce the Trustees' Annual Report for 2024/25. This first year of working together has been truly invigorating and rewarding. As we mark the fortieth anniversary of our organisation, we have reflected on how Princess Alice Hospice started as a community response charity; assessed where we are now, and started to focus on what the Hospice will look like by 2030.

The idea of Princess Alice Hospice was first born in 1980. It came from our community in response to a need that was tangible and urgent – for local people to receive care and support at the end of their lives. The community backed this idea by stepping up to raise the funds to build the Hospice and their incredible support has sustained us ever since.

The ethos of being a community response charity, focused on patient need, is in our DNA. Since we began, our care has expanded significantly beyond the walls of the Hospice building and into our community. In the last year, we cared for around 2,500 people in the London Boroughs of Kingston and Richmond, and across a large part of Surrey.

At any one time up to 1,000 people are receiving our care and support. We cared for 326 patients on our In-Patient Unit and supported their families and those close to them; our Hospice at Home team completed over 10,800 patient contacts for 2,370 patients; and over 2,300 people including carers, received pre and post bereavement support.

We continue to operate in a wider environment full of uncertainties. At the time of writing, there are significant changes being implemented within both the NHS national and local systems and there are no firm details yet about the social care reform that has been announced. On a wider, societal level, we await further detail on the prospect of a change in the law around assisted dying.

Against the backdrop of an increasingly stretched health and social care system, we face an immense funding challenge. In March, we were grateful to receive a portion of the extra £100m additional government capital funding given to English hospices, but we continue to call for a sustainable and fairer funding model for all hospices. Just 20% of the £12.3m it costs each year to deliver our services free of charge comes from statutory NHS funding. For the rest, we rely on our amazing supporters, many of whom are also feeling the effects of rising living costs. We will continue to push for a fairer and longer-term funding package to help us reach more people, while working hard to drive value in everything we do.

We will continue to actively seek out opportunities to work in partnership with volunteers and local organisations to offer support to more people. Working alongside our communities means we can improve access and outcomes for everyone. As an educator, we're advancing end of life care standards too, improving quality of life for people from diagnosis to death and for those who are bereaved.

We're proud of all we've achieved so far, but we're not content to stand still. We are currently only able to provide care for 1 in 4 of the people who need it, leaving 75% of local people underserved. As the wider system sets out its innovative plans for reform, we will have a vital and impactful role to play within it. What won't change is our commitment to our original purpose of supporting people before, during and after death.

We would like to thank our outstanding Senior Leadership Team for leading on this year's work, and our Trustees for their wise guidance, curious questioning and fulsome support of ambitious thinking and delivery.

The exceptional dedication of our employees and volunteers continues to inspire us. We know we have asked a lot of them this year, in terms of wider strategic thinking and project delivery in addition to their 'business as usual' roles and responsibilities. It's the commitment from colleagues and our unfaltering supporters that gives us the confidence to forge ahead with our ambitious plans for Hospice 2030. The coming year will be one of innovation and transition, as we begin to put the plans into practice alongside the delivery of our high-quality, specialist palliative and end of life care to local people.



Sally Harris
Chair of Trustees



Nigel Seymour
Chief Executive

"I wanted to write to say how much my sister and I appreciated all the support and care you showed us and our dear Mum during her last few days with us. It made such a difference to us to be able to keep her at home and treat her pain/symptoms without having to go into hospital/a hospice. We met quite a few of the team over the past week and they all showed so much compassion and expertise that we felt reassured and comforted during a very distressing time. Please pass on our heartfelt thanks to all involved."

Patient family quote

Making our ambitions a reality in 2024/25

2024/25 was the final year of our current strategic period, in which we identified four main priorities to focus on:

- 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 everyone in 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 year we continued with our programme of strategic change projects to create efficiencies and develop greater organisational capacity, capabilities and resilience. To support the approach the Board set up a Strategic Development Reserve of £1.4 million in 2021 to accelerate progress. 2024/25 represents the final year of this change programme with projects continuing to focus on key priorities for care, financial sustainability and improving the way we function. The following strategic change projects have been delivered during 2024/25:

- Focussed delivery on one or more underserved communities.
- Refinement of our service design and pathways PHASE 2 – implementation of the bereavement pathway.
- ECEPC development – implementation of the recommendations from the business scoping exercise.
- Talent acquisition – redesigning the employee and volunteer candidate journey (improving our operating model).
- Implementing a new Learning Management System (LMS) – supporting our aspiration for growth within education and delivering enhanced employee 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 refreshes across the estate over and above our regular maintenance programme, to ensure they are great places to work, volunteer, shop and donate (financial sustainability).

In 2024/25 we were grateful to receive an allocation of the extra £100m government funding given to English Hospices. We used these funds to make capital investments to further improve the experience for our patients and their families by refurbishing parts of our building and buying new equipment.

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 operational cost and salary inflation, the vulnerability of the hospice sector has been clear to see.

NHS grants represent 20% 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. 2,597 new patient referrals were received (+ 3% on 23/24) with 326 In-Patient Unit admissions (+4% on 23/24). The number of referrals to our Hospice at Home team was 2,370 (+3% on 23/24).

The NHS and our Social Care partners are facing unprecedented pressures. Our teams have gone 'over and above' frequently to support colleagues, 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 2024/25 were to:

- 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 our approach to patient safety and to give a bigger voice to patients and the community who use our services, so that service improvements are focused on what matters to them.
- Introduce an e-prescribing system to improve patient safety and enhance care coordination, patient experience and efficiency of communications.
- Deliver a sustainable medicines project to see if we can reduce drug wastage by changing our medication practices to be more sustainable.

Achievements include:

- Integrating the principles of PSIRF across the Hospice; we have embedded our Safety Action Forum, a regular meeting where action plans from incidents are reviewed and followed up.
- Active decision made to hold back on the recruitment of a Patient Safety Partner; we have made progress on this objective by engaging local and lay people in the sector to work with us to help define the role and responsibilities.
- Successfully introduced e-prescribing and medication administration on our IPU along with an extensive training programme for all relevant colleagues to ensure the transition was as safe and smooth as possible. Relevant training materials and guidelines were developed to ensure the electronic system was used in a consistent way.
- Enacted the first part of our sustainable medicines project to allow senior nurses to undertake training and pass a competency test, to enable them to review medications brought from home or other healthcare settings onto our IPU.

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 2024/25 were to:

- Connect with underserved and overlooked communities in the Royal Borough of Kingston through a targeted project, with the aim of understanding why different people face different barriers to accessing 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 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 work for them.

Achievements include:

- Delivered a wide variety of engagement and interaction within underserved and overlooked communities in the Royal Borough of Kingston, including:
 - o Workshops which have identified 14 individuals and organisations to engage with.
 - o Attended and contributed to many of the Kingston Voluntary Action (KVA) network opportunities.
 - o Connected with the Kingston Race Equality Council to explore potential collaborations.
 - o Attended Milaap Multicultural Day Centre, a local charity that offers support and wellbeing activities to older people from diverse multicultural backgrounds, to share information about the Hospice.
 - o Worked with members of the LGBTQ+ community, including the Kingston LGBTQ+ Forum, to deliver bereavement first aid training.
 - o Started to develop a relationship with Places Leisure, who run Kingston's leisure facilities, to explore how we can work together to support the wellbeing of terminally ill people, carers and bereaved people.
- Developed an e-referral process to improve access to the Compassionate Neighbour programme, as a result of workshops that highlighted a need to simplify access to this service.
- Launched a digital self-referral process to our bereavement services, resulting in 125 people accessing our support, alongside wider digitalisation of all processes. This has delivered better processing and monitoring of referrals, assessment of caseloads and collection of baseline data and feedback.
- Listened to feedback from patients and families, improving the wellbeing offer to include new sessions on staying active and planning for future care choices as well as introduction of drop-in visits from our bereavement team during wellbeing sessions.
- Worked better to involve people with learning disabilities and neurodiversity across our care, volunteering, and employment by hosting a Beyond Words Bookclub; partnered with Surrey Choices in a range of ways; worked closely with families who've used our services, and with Enhanceable, a social care provider for disabled people, exploring how we can support better with bereavement support.

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 2024/25 were to:

- Streamline the administration of our European Certificate in Essential Palliative Care (ECEPC) learners to increase capacity.
- 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.

Achievements include:

- Successfully automating and improving the candidate experience for our ECEPC course which has also given greater visibility to essential data.
- Supporting two more Clinical Nurse Specialists (CNS) to become Non-Medical Prescribers and continued to work with our existing prescribers to ensure CPD in partnership with other local hospices.
- Moving our delivery of the ACST online and trained two new facilitators.
- Launching a new Library Management System (Koha) to allow employees access to a wider range of resources through the NHS Kent Surrey Sussex Library collection.
- Being an active partner in coordination and delivery of education in Surrey Heartlands ICB by co-chairing the Training Sub-Committee of the People Committee and working closely with Kingston and Richmond NHS Foundation Trust to develop a SIMS (simulation) based education programme for community staff.

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 2024/25 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 of 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 experiences and encourage their active participation to help better influence and shape the services we offer.

Achievements include:

- Participating in the various governance groups that support the delivery of health and care in Surrey Heartlands and South West London ICBs.
- Working with research partners from Dublin, Middlesex, London and Lancaster on projects which add to collective understanding about patient experience and service design and delivery.
- 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 patients.
- 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 8 posters at the Hospice UK annual conference – posters covered such diverse topics as: improving assessment and management of delirium in hospice patients; becoming an environmentally sustainable hospice and introducing an inclusive Easy Read booklet about our care.

HOSPICE 2030

As we ended one strategic period, our new Chief Executive led the Senior Leadership Team in considering what our Hospice services might look like in the future through a programme of work called Hospice 2030.

We currently support thousands of people each year, but we know we only reach 1 in 4 of the people who need us.

We recognise that since the Hospice was founded, our communities have changed, healthcare provision has changed, fundraising has changed, and how and where we deliver services has changed too. What hasn't changed is our commitment to our original purpose of supporting people before, during and after death.

As we plan for the future, we continue to see a range of internal and external drivers that are having a wide-ranging impact on the Hospice:

- Changing demographics, with a projected increase in the number of people who will need complex 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 collaboration and 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.
- Assisted dying – increasing debate and discussion around this complex and emotive issue.
- A competitive recruitment market for resource and skills.
- A growing emphasis on sustainability and the ESG (environmental, social, governance) agenda.

These drivers present both opportunities and challenges and allowed us to define four ambitions which have guided our strategic development during the remainder of the year:

- Reaching more people
- Reducing the unmet need significantly
- Engaging with and being active within the health and social care system
- Becoming a sustainable organisation

Workstreams around Purpose, Pounds and People have enabled the exploration of ideas and emergent thinking with colleagues across the Hospice. This involvement has proved invaluable, and the Board met in October 2024 to consider the fundamental strategic shifts we would need to make to realise our ambitions for 2030.

It is important to acknowledge that we can do this work because we're already in a strong position as a charity. In the short term our finances are secure, we have an organisation full of dedicated and amazing colleagues, and no shortage of desire to do more, do better for our patients and families.

Objectives for 2025/26

A YEAR OF INNOVATION AND TRANSITION

During the coming year we will hold the continuing development and delivery of the Hospice 2030 strategic work programme alongside a demanding 'business as usual' workload. This will require our Senior Leadership Team to remain flexible and adapt to the opportunities and challenges which will arise and to provide clarity around priorities for colleagues across the Hospice.

Key actions to support Hospice 2030 will include:

- Reviewing our community care model to ensure it is responsive, innovative and sustainable.
- Developing a multi-year financial plan that supports our strategy, sustainability and system approach.
- Delivering a new fundraising strategy that mobilises and inspires the community to support the Hospice.
- Designing workforce plans for both clinical and fundraising.
- Investing in new technology infrastructure and platforms to support customer experience and expectations.
- Implementing an approach to stakeholder management and engagement, with a particular focus on hearing the voice of and improving the experience we give to our patients and families and our supporters.
- Establishing a framework to measure the impact we have on individuals, communities and the wider health and care system; and
- Launching a programme of work to incubate new initiatives and ways of working in the London Boroughs of Kingston and Richmond.

As we transition to our new set of Hospice 2030 strategic goals and priorities, we are committed to delivery against the identified areas of focus under each of the existing 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 2025/26 we will continue with our work to:

- 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.
- Deliver a sustainable medicines project to see if we can reduce drug wastage by changing our medication practices to be more sustainable.

In addition, we will:

- Explore the expansion of our response services, both Rapid Response and Night Response, to ensure our services provide equitable care to the communities we support.
- Digitise nursing documentation to ensure it is not only safe and effective but is also proportionate to the clinical needs of our patients and families.

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 2025/26 we will:

- Improve the care and support we offer to people living with autism and learning disabilities through the implementation of an ambitious action plan which includes:
 - o Developing a learning disabilities charter and a learning disabilities and autism guideline.
 - o Launching a new buddy system on our In-Patient Unit and improving the use of 'About Me' and hospital passport documents when patients are referred or admitted.
 - o Adapting the processes of our weekly multidisciplinary team (MDT) meeting to prompt the team to consider the needs of people with a learning disability or autism.
- Strengthen our bereavement and spiritual care offering to expand the service further to meet more of the unmet need both to those connected to the Hospice and in our community.

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 2025/26 we will:

- Improve the experience of learners registering for the courses listed on our website by mapping the process, improving automation and messaging.
- Build an alumni organisation for previous ECEPC candidates allowing them opportunities for CPD and to become part of the faculty of facilitators, examiners and markers.
- Increase our offer of communication skills training to include foundation, intermediate and advanced level courses.
- Work with partner organisations to provide simulated learning opportunities relevant to caring for dying people in their care setting.

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

In 2025/26 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 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 experiences 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 2025/26, alongside developing and implementing plans for Hospice 2030. We will continue to support our colleagues to help us achieve it through providing:

- Clear priorities around both business as usual and strategic delivery.
- Capacity to fully participate and deliver against priorities.
- Investment in education, training and leadership development.

- Access to a rich programme of wellbeing support and activities.

A constant between both our previous strategic period and Hospice 2030 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.
- 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 continue to implement our antidiscrimination action plan, including an anti-racism statement and the rollout of our 'It's not Micro' mandatory employee training.
- Hold our inclusion talks and celebrate different religious and awareness activities to help increase understanding amongst colleagues and demonstrate to our community that the Hospice is here to care for and support everyone.

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 community of more than a million people living in the London Boroughs of Kingston and Richmond, and across a large part of Surrey, delivering our person-centred, compassionate care to patients, families, carers and close friends before, during and after death.

Our education and research team works to improve end of life care knowledge and influence best practice across the wider health and social care landscape.

Our work is only made possible through the support of our community who help us to raise over 70% of the funds we need to deliver our services.

Our Trustees

The Board of Trustees is responsible for overseeing our strategy and performance. Sally Harris is Chair of the Board. Sally was appointed as Chair Designate in July 2024 after a successful external recruitment campaign to recruit directly into the role of the Chair. She succeeded Sean Hilton, who stepped down at the AGM in October 2024 at the end of his tenure, having served 12 years as a Trustee, three as Chair.

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 48-49.

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. The CEO attends Board meetings to report back on performance and progress against strategic objectives. Members of the SLT, the wider management team or people involved in front line services attend to deliver in-depth 'spotlight' sessions focussing on a particular area of our activity. The Board may also hear from family members representing patient voice. This allows the Trustees to gain a deeper understanding of the organisation and the impact of our services. The Board has an annual Strategy Day to discuss issues in more depth and focus on strategic planning.

Board Committees

The Board has delegated powers and responsibilities to the following committees:

- Clinical and Community Quality Assurance – chaired by Heather Patel
- Finance and Risk (Finance & Resources to January 2025) – chaired by Despina Don-Wauchope (to March 2025) (Scott Thomson from April 2025)
- Income Generation – chaired by Gail Cookson
- Remuneration and Nominations – chaired by the Board Chair
- Audit and Risk Committee (to January 2025) – chaired by Tim Hewens

Each committee has terms of reference which define its membership, responsibilities and delegated authority. The Board reviews committee structure and effectiveness regularly; minutes of committee meetings are on the agenda for the following Board meeting and the committee chairs provide a summary of the major issues discussed and decisions taken.

Recruitment of Trustees and committee advisory members

We believe it is vital to get a mix of Trustees with the right skills, experience and knowledge to support the delivery of our 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 we are committed to increasing the representation of people from ethnic minority backgrounds, different perspectives and life experience.

During the year five Trustees stepped down from the Board. Jonathan Perkins resigned in June 2024. Sean Hilton, Andrew Jennings, Deborah Bowman and Peter West stepped down at the AGM in October 2024. The Board recognised and thanked them all for their contribution to the Hospice.

Two new Trustees were appointed in the year. As noted above, the Board welcomed Sally Harris as a Trustee and Chair Designate in July 2024. Duncan Burton was appointed as a Trustee at the AGM in October 2024, having previously served as an advisory member on the Clinical and Community Quality Assurance Committee.

In addition to Trustees, the Board may invite individuals with relevant specialist skills and experience to become an advisory member to a committee or working group. These appointments are normally for an initial period of up to two years. They may be invited to become a Trustee or continue as 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 advisory members.

One new committee advisory member was recruited during the year. Details of the advisory members can be found on page 49.

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

Senior Leadership Team

Details of the SLT as at reporting year can be found on page 50. Our internal management structure is made up of seven directorates, each led by a member of the team:

- Patient care and communities
- Medical
- Finance and operations
- People services, volunteering and organisational development
- Income generation
- Marketing, communications, digital and performance
- Skills, knowledge and research

Financial review

For 2024/25 we are reporting a deficit of £1.4m (2024: surplus £95k). The Board approved a deficit budget for the year and the outturn was on budget.

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

Legacies

Legacies are a significant source of income for us. In 2024/25 legacy income was £4,905,498 (2024: £5,507,951) which is 45% (2024: 48%) of our net income. We base our budgeting and projections for legacy income on bespoke reports commissioned from Legacy Foresight, a specialist legacy sector analysis company. We are members of the Hospice Legacy Circle, 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. We hope that this will help us to identify whether any fluctuations in legacy income are short-term, or a longer-term trend – meaning we need to adapt our future plans.

NHS funding

NHS grants accounted for 22% of our net income (2024: 20%). These are block grants based on historical practice and not related to the level of clinical activity undertaken. In 2024/25 we agreed a three-year grant agreement with Surrey Heartlands ICB and a one year contract with 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.

We receive other NHS funding in the form of a contribution towards the cost of services such as our rapid response night service. We also claim Continuing Healthcare Funding for patients who are eligible for a care package but remain on our In-Patient Unit waiting for a suitable place of care to be available. This funding accounted for a further 5% of our net income (2024: 3%).

DHSC capital funding

In 2024/25 we received £264,319 from the first tranche of the DHSC capital funding grant for hospices, administered by Hospice UK. The funding was fully expended in the year on capital items.

Fundraising and retail

We need to raise more than 70% of our funding ourselves, so we rely on our local community to support us through donations, taking part in events and responding to our campaigns and appeals. Fundraising remains challenging as the cost of living crisis continues to impact on people's ability to give. Income from donations was £2,666,974 (2024: £2,385,034). This includes £310,851 of donations resulting from the outsourcing of our lottery to Local Hospice Lottery (2024: £192,775). Income from events was £581,354 (2024: £633,026).

Our retail shops made a net contribution of £507,891 (2024: £950,069). We achieved sales income of £6.96m (2024: £6.89m), a tribute to the hard work of our dedicated employees and volunteers. However, our costs increased significantly – up from £5.94m in 2024 to £6.46m. In April 2024 we completed a limited shop refresh programme with work on our Staines shop. In March 2025 we closed our stores in Ham and East Sheen as part of the strategic plan for the future of our retail portfolio.

Going concern

The Board and the Finance and Risk Committee closely monitor the ongoing impact of economic uncertainty on both short and longer-term operations. We look at a range of budget scenarios and cash flow forecasts. 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 is confident that the Hospice's balance sheet is sufficiently robust to provide resilience. Our reserves should allow time to ensure that our service model is sustainable for the future if projections indicate a significant reduction in income over the next three years.

Reserves

As noted above 45% of our net income comes from legacies. This income stream is hard to predict and can be subject to significant variation in any one year. We monitor our external environment and review the uncertainties related to our sources of income. We carry out financial planning and produce a three-year projection of income and expenditure, cash and reserves.

It would not be possible to reduce our expenditure in the short term without cutting services. We know that this would have a significant impact on the patients and families who rely on us for end of life care.

To maintain continuity of services in the event of a significant short-term drop in income, the Trustees have set aside funds in a designated Running Costs Reserve. For some years the target range for this reserve has been nine months, plus or minus three months, budgeted charitable expenditure for the year ahead. In 2024/25 the Board reviewed the reserves policy, very conscious of the need to balance risk against the need to spend charitable funds appropriately and for the benefit of our patients and families. It was agreed that for 2025/26 the target range should be set as six to nine months' budgeted charitable expenditure.

The balance on this reserve at the year-end represented 11 months (2024: 12 months) of the Hospice's budgeted charitable expenditure for 2025/26. This is above the target range but we are facing significant cost pressures in the year ahead. The increase in Employer's National Insurance and the National Living Wage have meant that once again the Board has approved a deficit budget. The Board has agreed this is acceptable in the short-term due to the level of our reserves but has asked for a multi-year plan and budget projections that show a return to a balanced budget in cash terms over the next few years. After reviewing the financial projections, the Board may invite expenditure proposals from the SLT to bring the Running Costs Reserve back within the target range.

The designated Strategic Development Reserve was established to support the delivery of the Hospice's strategic objectives. Expenditure of £290,849 was incurred from this fund in 2024/25 (2024: £527,319) for the delivery of strategic change projects.

The Trustees have established a new designated fund, the Innovation Incubator Fund to support the development of new solutions and approaches for the delivery of palliative and end of life care, to enable the Hospice to reach more people and reduce the unmet need. A transfer of £250,000 has been made in from unrestricted funds.

The Trustees have established a designated fund, the Sustainable Building Development Fund, to fund projects which increase the sustainability of our infrastructure. Expenditure of £5,947 was incurred from the fund in 2024/25 (2024: £107,867). Spending on other sustainable building projects was funded from the DHSC Capital Grant (see pages 16 and 35 for further details).

Notes 5 to 7 of the Financial Statements (see pages 40–41 below) provide more detail on these and other reserves.

Investments

The Trustees are permitted by the Articles to deposit or invest Hospice funds. Most of our investments are managed on a discretionary basis by Cazenove Capital Management. At the year end our investment portfolio totalled £3,373,175 (2024: £3,316,711). The market value of the portfolio increased by £434 (2024: £187,033) during the year.

We adopt a socially responsible approach to investment, allowing ethical considerations to be taken into account as long as there is no significant detrimental impact on the investment return. The only ethical restriction currently imposed by the Board is that there must be no direct investment in any securities issued by tobacco companies.

Investments should deliver the best return for the Hospice, adhere to the agreed risk profile and show compliance with any Environmental, Social and Governance (ESG) principles that are agreed by the Board. Due to market volatility in 2024/25 and a good rate of return on cash, it was not considered prudent to invest further in funds.

The Finance and Risk Committee and our investment manager regularly review whether 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 43 below).

Environmental, Social and Governance (ESG)

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 to 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 & Carbon Report (SECR) on greenhouse gas (GHG) emissions for 2024/25. We have followed the 2019 HM Government Environmental Report Guidelines. Additionally, we have applied The Greenhouse Gas Protocol: A Corporate Accounting and Reporting Standard (revised edition March 2004) and the UK Government GHG Conversion Factors for Company Reporting –2024.

SECR Report – All Hospice activity including retail operations

All Scopes				
Scopes	Emissions (tCO ₂ e)		kWh	
	24/25	23/24	24/25	23/24
1 - Gas and Fuel	156.89	146.92	840,895.62	800,410.01
2 - UK Electricity	171.88	182.21	823,222.00	879,910.00
3 - Other Indirect Emissions	19.80	47.33	84,214.38	103,334.86
Totals	348.57	376.46	1,748,332.00	1,783,654.87
Intensity Ratio - tCO ₂ e / fte				
24/25		23/24		
1.14		1.25		
Intensity Ratio - tCO ₂ e / total square meters				
24/25		23/24		
0.0166		0.0179		
Emissions: Scope 1 - Data sourced from: Gas and fuel card invoices				
Emission Activities	Emissions (tCO ₂ e)		Total kWh	
	24/25	23/24	24/25	23/24
Gas Usage	143.29	134.52	783,803.00	747,339.00
Diesel and Petrol Usage	13.60	12.40	57,092.62	53,071.01
Totals	156.89	146.92	840,895.62	800,410.01
Emissions: Scope 2 - Data sourced from: Smart meters and supplier invoices				
Emission Activities	Emissions (tCO ₂ e)		Total kWh	
	24/25	23/24	24/25	23/24
Electrical Usage	171.88	182.21	823,222.00	879,910.00
Total	171.88	182.21	823,222.00	879,910.00
Emissions: Scope 3 - Data sourced from: Business mileage expense claims				
Emission Activities	Emissions (tCO ₂ e)		Total kWh	
	24/25	23/24	24/25	23/24
Business milage from private vehicles (Grey fleet)	19.80	24.89	84,214.38	103,334.86
Totals	19.80	47.33	84,214.38	103,334.86
Key: kWh = kilowatt hours / fte = full time equivalent / tco ₂ e = tonnes carbon dioxide equivalent				

Scope 1 emissions increased by 7%, whilst Scope 2 emissions decreased by 6% from 2023/24. In 2023/24 we reported on additional Scope 3 emissions, which totalled a further 22.44 tCO₂e. Assuming the same emissions again this year, the intensity ratios would be 1.22 (tCO₂e / fte) and 0.0177 (tCO₂e / total square meters).

Carbon reduction measures and actions

We continue to implement recommendations from the Energy Savings Opportunities Scheme (ESOS) and other energy-saving initiatives, as outlined below. ESOS Phase 3 identified a reduction of 890,000 kWh in total energy consumption when comparing Phase 2 (2019/20) with Phase 3 (2022/23).

The solar panels installed at the Hospice generated 49,500 kWh in 2024/25, accounting for approximately 6% of total electricity usage. Since their installation in July 2023, the system has produced over 102,500 kWh of renewable energy for Hospice use.

We have replaced our Night Response vehicle, used by clinical colleagues for community patient visits, with a fully electric vehicle. Additionally, a third EV charging point has been installed for Hospice-owned vehicles, ensuring the existing two points remain available for visitors and staff. During this reporting period, our EV charging network delivered 12,050 kWh, supporting greener travel.

At last year’s Hospice UK National Conference, we presented a poster showcasing our environmental initiatives, with a focus on our ongoing efforts to improve energy efficiency.

We are currently exploring submetering of power and gas supplies across our estates. This will provide real-time visibility and granular insights into our energy distribution.

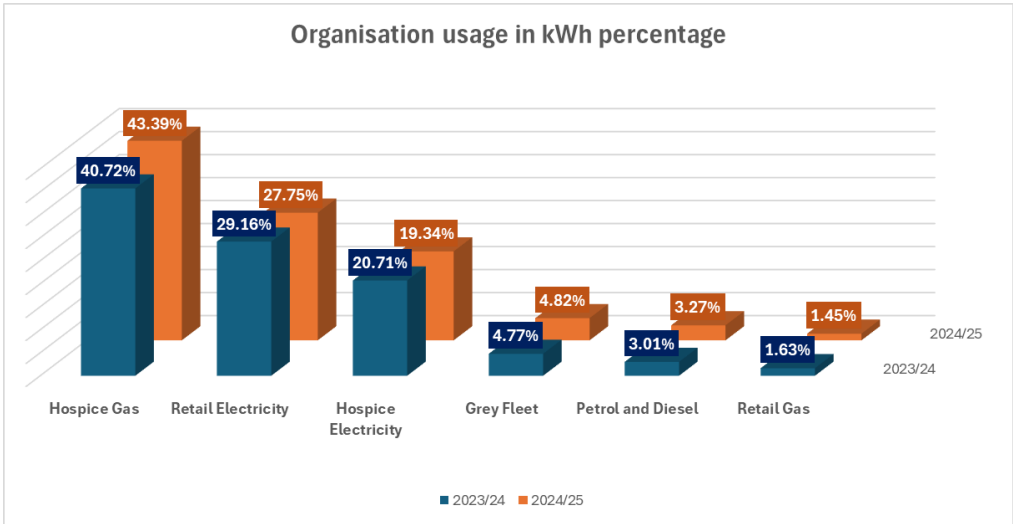
Our programme to install energy-efficient lighting and motion sensors continues across all estates. We are on track for the Hospice to be fully LED-lit by 2026, with retail estates following in the coming years.

We are procuring a more efficient electric heating and cooling system for the Hospice. This upgrade will include an integrated Building Management System (BMS) to enhance operational efficiency and functionality while reducing our reliance on gas-fuelled central heating.

We are also reviewing gas appliances within the Hospice, with plans to replace the gas roller iron in our Laundry with a more energy-efficient electric model.

Efforts to reduce non-recycled waste are ongoing, with improved recycling practices across operations. All refuse waste is diverted from landfill and converted into energy, while food waste and cooking oil are processed via anaerobic digestion to generate clean energy.

Following the consolidation of energy contracts across all estates in 2023, our electricity supply now comes from 72% renewable and 28% nuclear sources. As part of our 2025 energy tender, we aim to transition to 100% renewable electricity across all sites.



Social

We are committed to the highest standards of ethical behaviour and practices towards our patients, families, visitors, employees 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 based on 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. The hard work, commitment and extraordinary contributions of our employees and volunteers make such a difference to the people under our care.

We place a high priority on wellbeing and offer an employee assistance programme to all our employees through Health Assured. We offer various activities and courses to support mental, physical and financial wellbeing throughout the year. This is supported by a monthly wellness newsletter and a dedicated Wellbeing section on our People Services intranet hub. We offer supervision sessions to both clinical and non-clinical staff, where they can take time to reflect on the emotional aspects of working in a hospice. Our monthly Schwartz Round sessions allow colleagues from across the Hospice to come together to discuss the challenges and rewards that are part of providing care.

We have a quarterly 'Our Voice' forum, where representatives from across the organisation meet with the CEO and other members of the SLT to hear about important issues affecting the workforce and raise items from their area for discussion. Minutes are made available on the intranet. We also have a dedicated forum for our nurses, where they can raise any issues or concerns, to make sure they feel listened to and supported.

In 2024/25 we employed 434 people (2024: 411), the equivalent of 308 full-time employees (2024: 300):

- 84% of our employees are female
- 15% come from Black, Asian or other minority ethnic backgrounds
- The average age of our employees is 49

To attract more diverse employees, during 2024/25 we updated our employer brand and increased our use of social media to promote vacancies. We also worked on making sure we have an inclusive and anti-racist culture, delivering training and launching our commitment to being an anti-racist organisation.

Our dedicated volunteers give their time generously and for free, providing enormous added value for the Hospice and the people we care for. Over 1,350 (2024: 1,225) volunteers supported the Hospice during 2024/25 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. Our reception and coffee shop are entirely operated

by volunteers and a team of volunteer gardeners keep our grounds looking beautiful throughout the year.

Volunteers play an essential role in helping us to raise funds. Over 550 volunteers (2024: 530) supported 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, organising events in the community and promoting the work of the Hospice.

We also welcome volunteers who help us on an occasional basis with specific projects, and teams from local companies who donate their time for a day in the Hospice or in the shops.

We recruit our regular volunteers through advertising. They attend an induction programme and receive initial and ongoing training. We involve service users such as patients, families and carers 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 most of our clinical roles is the NHS. We directly employ medical consultants, doctors, nurses and other allied professional healthcare staff. To recruit and retain the qualified and experienced professionals we need in these roles we pay them at a rate equivalent to the relevant national scale.

For the remainder of our roles, when setting salaries, we consider the knowledge, skills and experience needed for the job and the local or national market forces affecting recruitment. 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

Governance is the framework by which organisations are directed and controlled. We are committed to adopting best practice in governance and operating to the highest standards of compliance with law and regulations. To support us with this the Board is using the Charity Governance Code (the Code) as a guide for 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 25 and 26 of this report.

Equality, diversity and inclusion remain a strong priority for us. We actively seek to attract a diverse pool of applicants in terms of gender, ethnicity and background. We advertise externally and keep our processes and procedures under review to make sure that there are no barriers to diverse recruitment. We make sure new Trustees and committee advisers are well supported during their induction period.

Statement of Trustees' 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 2025 regarding fundraising was five (2024: six).

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

We maintain an organisational risk register with responsibility for individual 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 risk register helps us to prioritise risks based on their potential impact and how likely they are to occur. We also identify the controls, systems and procedures in place to mitigate each risk. At Board and committee meetings Trustees consider whether anything they have discussed or agreed has impacted the scoring of any risks. Strategic risks are discussed at every Board meeting and the Board formally reviews and approves the risk register annually.

Our NHS funding has not kept pace with inflation, particularly staff costs, and this has been made worse by the recent increase to Employer's National Insurance and the National Living Wage. This remains 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, we monitor 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 16 July 2025 and
signed on its behalf by

A handwritten signature in blue ink, appearing to read 'Sally Harris', with a stylized flourish at the end.

Sally Harris
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 2025 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 2025 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 23, 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: 7 October 2025

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

For the year ended 31 March 2025

Consolidated	Notes	Unrestricted	Designated	Restricted	Endowment	Total funds	Total funds
		funds	funds	funds	funds	2025	2024
Income		£	£	£	£	£	£
Donations and legacies							
Donations	1.4	2,317,225	-	349,749	-	2,666,974	2,385,034
Legacies	1.4	4,905,498	-	-	-	4,905,498	5,507,951
NHS grants	1.4	2,411,438	-	-	-	2,411,438	2,232,036
Other trading activities							
Retail shops	2	6,964,145	-	-	-	6,964,145	6,890,465
Fundraising events	1.4	581,354	-	-	-	581,354	633,026
Trading subsidiaries	3	227,469	-	-	-	227,469	378,118
Investments	1.4	240,760	-	-	36,654	277,414	328,967
Charitable activities							
DHSC Grant	1.4	-	-	264,319	-	264,319	-
NHS service funding	1.4	314,148	-	-	-	314,148	280,643
NHS continuing healthcare funding	1.4	165,974	-	-	-	165,974	87,064
Education	1.4	282,771	-	-	-	282,771	283,277
Other income							
Other income	1.4	36,051	-	-	-	36,051	56,078
Total income		18,446,833	-	614,068	36,654	19,097,555	19,062,659
Expenditure							
Expenditure on raising donations and legacies	4	1,329,136	119,463	-	-	1,448,600	1,353,976
Expenditure on other trading activities							
Retail shops	2 & 4	6,431,894	24,360	-	-	6,456,254	5,940,396
Fundraising events	4	182,891	2,167	-	-	185,058	154,640
Trading subsidiaries	3 & 4	142,301	-	-	-	142,301	196,021
Total expenditure on raising funds		6,757,086	26,527	-	-	6,783,613	6,291,057
Expenditure on charitable activities							
In-patient care	4	5,614,339	51,660	80,567	35,844	5,782,411	5,360,840
Hospice at home	4	4,292,668	29,991	197,550	-	4,520,208	4,340,376
Community engagement and support	4	679,887	2,167	41,313	-	723,367	677,805
Education	4	1,222,838	9,027	4,930	810	1,237,605	1,130,987
Total expenditure on charitable activities		11,809,732	92,845	324,360	36,654	12,263,591	11,510,008
Total expenditure	4	19,895,954	238,836	324,360	36,654	20,495,804	19,155,041
Net (expenditure) before gains/losses		(1,449,121)	(238,836)	289,708	-	(1,398,249)	(92,382)
Net income on investments	11	434	-	-	-	434	187,033
Net expenditure/(income)		(1,448,687)	(238,836)	289,708	-	(1,397,815)	94,651
Transfer from designated funds	5	929,635	(929,635)	-	-	-	-
Transfer from restricted funds	6	338,857	-	(338,857)	-	-	-
Net movement in funds		(180,195)	(1,168,471)	(49,149)	-	(1,397,815)	94,651
Reconciliation of funds							
Total funds brought forward at 1 April 2024		386,361	18,854,009	79,145	905,041	20,224,556	20,129,905
Total funds carried forward at 31 March 2025		206,166	17,685,538	29,996	905,041	18,826,741	20,224,556

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 34 to 47 form part of these financial statements.

Balance sheets as at 31 March 2025

	Notes	Group		Charity	
		2025	2024	2025	2024
		£	£	£	£
Fixed assets					
Intangible assets	9	25,870	4,354	25,870	4,354
Tangible fixed assets	10	5,063,703	5,374,894	5,063,703	5,374,894
Investments	11	3,373,175	3,316,711	3,374,275	3,317,811
Total fixed assets		8,462,748	8,695,959	8,463,848	8,697,059
Current assets					
Stock	12	7,378	9,824	-	-
Debtors	13	5,398,871	6,831,904	5,522,502	7,050,341
Cash on Deposit		3,732,395	3,732,395	3,377,467	3,732,395
Cash at bank		2,435,551	2,246,079	2,621,765	1,984,267
Total current assets		11,574,195	12,820,202	11,521,734	12,767,003
Liabilities					
Creditors: Amounts falling due within one year	14	(1,178,202)	(1,259,605)	(1,126,841)	(1,207,506)
Net current assets		10,395,993	11,560,597	10,394,893	11,559,497
Total assets less current liabilities		18,858,741	20,256,556	18,858,741	20,256,556
Provisions for liabilities					
Annuity provision	1.9	(32,000)	(32,000)	(32,000)	(32,000)
Total net assets		18,826,741	20,224,556	18,826,741	20,224,556
The funds of the charity:					
Endowment funds	7	905,041	905,041	905,041	905,041
Restricted income funds	6	29,996	79,145	29,996	79,145
Designated funds	5	17,685,538	18,854,009	17,685,538	18,854,009
Unrestricted funds		206,166	386,361	206,166	386,361
		18,826,741	20,224,556	18,826,741	20,224,556

Approved by the Board of Trustees on 16 July 2025 and signed on its behalf by:



Sally Harris
Chair



Scott Thomson
Honorary Treasurer

Consolidated cash flow statement for the year ended 31 March 2025

	Notes	2025	2024
		£	£
Net (expenditure)/income for the year (as per the statement of financial activities)	b/fwd from page 31	(1,397,815)	94,651
Adjustments for:			
Depreciation and amortisation	9 & 10	770,895	708,684
Net (gain) on investments	11	(434)	(187,033)
Investment income		(277,414)	(328,967)
Decrease in stock	12	2,446	3,960
Decrease/(increase) in debtors	13	1,433,033	(1,447,641)
(Decrease) in creditors	14	(81,403)	(355,758)
Cash flows from operating activities			
Net cash provided by/(used in) operating activities		449,308	(1,512,104)
Cash flows from investing activities			
Investment income		277,414	328,967
(Purchase) of fixed assets	9 & 10	(481,220)	(514,993)
Sale of investments	11	817,265	506,332
(Purchase) of investments	11	(873,295)	(566,219)
Net cash (used in) investing activities		(259,836)	(245,913)
Increase/(decrease) in cash in the year		189,472	(1,758,017)
Opening balance at bank		5,978,474	7,736,491
Closing balance at bank		6,167,946	5,978,474

Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2025

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.

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 £18,801,035 (2024: £18,866,636) and the expenditure was £20,353,510 (2024: £18,959,020).

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.

The DHSC Grant is the first tranche of the £100m capital funding for hospices announced by the Government in December 2024. The grant is administered by Hospice UK. This is a restricted grant and it was fully expended in 2024/25 on capital items (see note 6 and note 10).

NHS grants are the block grants that the Hospice receives from NHS Surrey Heartlands Integrated Care Board (ICB) and the contract funding with 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. However, in 2024/25, a three-year funding agreement has been established with NHS Surrey Heartlands ICB.

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, for use by the Hospice, 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 assets in the year ended 31 March 2025 (2024: £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 21 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 2025 was £752,307 (2024: £709,914). Total contributions of £120,604 (2024: £112,297) 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 £381,052 (2024: £367,299).

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 £264,844 (2024: £237,970).

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 £96,852 (2024: £95,447).

Other pension schemes

The Hospice contributed to one other pension scheme (2024: 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 £5,293 (2024: £5,057).

Annuities

The Hospice is contracted to pay annual sums for life to one (2024: 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 £4,265 (2024: £4,141). This liability is met from income in the year in which it is paid.

A provision of £32,000 (2024: £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

		2025	2024
		£	£
Turnover*		6,964,145	6,890,465
Direct costs	(5,981,601)		
Support costs	(474,653)	(6,456,254)	(5,940,396)
		507,891	950,069

*Turnover includes £2,233,316 (2024: £2,302,332) of donations and associated Gift Aid of £558,329 (2024: £575,583) 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 one wholly owned subsidiary which is incorporated in the UK for the purposes of generating income for the Hospice's charitable purposes. The whole of its taxable profit is donated to the Hospice under a Deed of Covenant within nine months of the year end. The specific activity of the trading subsidiary 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.

The Hospice has one wholly owned subsidiary which is a dormant company:

PAH Lottery Limited (3347939) – previously operated 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 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	2025	2024
Profit and loss accounts	£	£	£	£
Turnover	227,469	-	227,469	378,118
Cost of sales	(129,158)	-	(129,158)	(163,123)
Direct overheads	-	-	-	(9,319)
Administrative expenses	(13,143)	-	(13,143)	(38,027)
Expenses	(142,301)	-	(142,301)	(210,469)
Net profit	85,168	-	85,168	167,649
Amount covenanted to the Hospice	(85,168)	-	(85,168)	(167,649)
Retained in subsidiary	-	-	-	-
Previous year net profit (all covenanted to the Hospice)	86,862	80,787	167,649	167,649
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 2025	Total 2024
		£	£	£	£
In-patient care		3,412,906	2,369,505	5,782,411	5,360,840
Hospice at home		3,597,310	922,898	4,520,208	4,340,376
Community engagement and support		488,307	235,060	723,367	677,805
Education		771,194	466,411	1,237,605	1,130,987
Raising donations and legacies		843,402	605,198	1,448,600	1,353,976
Fundraising events		141,379	43,679	185,058	154,640
Retail shops		5,981,601	474,653	6,456,254	5,940,396
Trading subsidiaries		15,236,099	5,117,404	20,353,503	18,959,020
		142,301	-	142,301	196,021
		15,378,400	5,117,404	20,495,804	19,155,041
Analysis of support costs:		Basis of apportionment		Group 2025	Group 2024
				£	£
Governance	Time spent		34,806		33,569
Housekeeping	Time spent		769,787		645,324
Catering	Resource allocated		357,982		314,119
Facilities and health & safety	Resource allocated		649,167		588,922
People services	Head Count		392,672		340,005
Volunteering	Resource allocated		160,908		140,623
Digital and performance	Time spent		814,133		773,202
Marketing and communication	Resource allocated		398,431		436,755
Executive, finance and administration	Time spent		916,985		856,015
Amortisation/depreciation (excluding retail)	Resource allocated		622,533		624,928
			5,117,404		4,753,462
				Group 2025	Group 2024
The above figures include:				£	£
Auditor's remuneration - statutory audit			33,047		35,758
- other services			6,100		5,360
Operating lease rentals:					
For charitable activities:					
Equipment			25,312		25,312
For generating funds:					
Leasehold retail shops			1,459,824		1,500,192
PAH Trading Limited - vending machines			8,398		8,398
Amortisation/depreciation of owned assets			770,895		708,684

5. Designated funds

	Group and Hospice			
	Balance	Expenditure	Net	Balance
	2024		Transfers	2025
	£	£	£	£
Fixed Asset Equalisation Fund	5,379,248	-	(289,675)	5,089,573
Running Costs Reserve	12,492,000	-	(832,000)	11,660,000
Strategic Development Reserve	641,886	(218,796)	(72,053)	351,037
Innovation Incubator Fund	-	-	250,000	250,000
Sustainable Building Development Fund	289,915	-	(5,947)	283,968
Staff wellbeing fund	50,960	(20,040)	20,040	50,960
	18,854,009	(238,836)	(929,635)	17,685,538

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 £289,675 (2024: £193,691) 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 six to nine months' months budgeted charitable expenditure. A transfer of £832,000 has been made out to unrestricted funds (2024: £1,032,000 in from). The balance on this fund is 11 months (2024:12) of the Hospice's budgeted cash expenditure on charitable activities for 2025/26.

The Strategic Development Reserve has been established to support the delivery of the Hospice's strategic objectives. Revenue expenditure of £218,796 was incurred in the year (2024: £393,369) on a number of strategic change projects, some of which are multi-year. Capital expenditure of £72,053 (2024: £133,950) was incurred and transferred out to unrestricted funds.

The Innovation Incubator Fund has been established to support the development of new solutions and approaches for the delivery of palliative and end of life care to enable the Hospice to reach more people and reduce the unmet need. A transfer of £250,000 has been made from unrestricted funds.

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 (2024: £Nil). In 2025, £5,947 (2024: £107,867) was expended from this fund. The significant reduction in expenditure is due to the sustainable capital projects being funded through the Department of Health and Social Care (DHSC) restricted grant during the year.

The Staff Wellbeing Fund has been established to fund initiatives to improve workforce wellbeing and engagement. A transfer of £20,040 (2024: £nil) has been made from unrestricted funds. Expenditure of £20,040 (2024: £19,608) was incurred during the year on providing an Employee Assistance Programme and activities during Wellbeing month.

6. Restricted funds

	Balance 2024	Income	Expenditure	Transfers	Balance 2025
	£	£	£	£	£
Ward equipment fund	5,946	47,202	-	(45,577)	7,571
Counselling Rooms Refresh	-	13,065	-		13,065
Bereavement Service	1,898	17,743	(18,518)		1,123
Wellbeing	678	18,886	(19,564)		-
Dementia pilot scheme	50,062	-	(50,062)		-
Hospice at Home - Community	13,195	68,751	(81,946)		-
Community engagement programmes	2,634	22,500	(22,550)		2,584
Man Shed	539	20,000	(20,539)	-	-
Hospice at Home - Car	-	29,479	-	(28,961)	518
Virtual clinic support for homelessness	-	23,490	(23,490)		-
Ward at Home	-	50,000	(50,000)		-
DHSC Capital Grant	-	264,319	-	(264,319)	-
In Patient Unit	-	30,505	(30,505)		-
Garden	2,256	-	(2,256)		-
Other Funds	1,937	8,129	(4,930)	-	5,136
	79,145	614,068	(324,360)	(338,857)	29,996

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 2025. These funds will be used in accordance with the directions of the donors in a subsequent accounting period.

7. Endowment funds

	Balance 2024	Movement in resources		Balance 2025
	£	Income	Expenditure	£
The Edwin Stevens fund	40,000	1,620	(1,620)	40,000
The D.J. Squires "Love of Roses" fund	20,000	810	(810)	20,000
The June Daphne Allen fund	845,041	34,224	(34,224)	845,041
	905,041	36,654	(36,654)	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 2024	Unrestricted funds	Designated funds	Restricted funds	Endowment funds	Total funds 2024
Income	£	£	£	£	£
Donations	2,132,529	-	252,505	-	2,385,034
Legacies	5,507,951	-	-	-	5,507,951
NHS grants	2,232,036	-	-	-	2,232,036
NHS service funding	280,643	-	-	-	280,643
NHS continuing healthcare funding	87,064	-	-	-	87,064
Education	283,277	-	-	-	283,277
Retail shops	6,890,465	-	-	-	6,890,465
Fundraising events	633,026	-	-	-	633,026
Trading subsidiaries	378,118	-	-	-	378,118
Investments	299,523	-	-	29,444	328,967
Other income	56,078	-	-	-	56,078
Total income	18,780,710	-	252,505	29,444	19,062,659
Expenditure	£	£	£	£	£
Raising donations and legacies	1,227,065	126,911	-	-	1,353,976
Retail shops	5,805,256	135,140	-	-	5,940,396
Fundraising events	154,640	-	-	-	154,640
Trading subsidiaries	196,021	-	-	-	196,021
In-patient care	5,271,341	50,583	10,123	28,793	5,360,840
Hospice at Home	4,150,312	40,527	149,537	-	4,340,376
Community engagement and support	578,736	21,319	77,750	-	677,805
Education	1,091,839	38,497	-	651	1,130,987
Total expenditure	18,475,210	412,977	237,410	29,444	19,155,041
Net gain on investments	187,033	-	-	-	187,033
Net income/(expenditure)	492,533	(412,977)	15,095	-	94,651
Transfer to designated funds	(646,492)	646,492	-	-	-
Transfer from restricted funds	2,310	-	(2,310)	-	-
Net movement in funds	(151,649)	233,515	12,785	-	94,651

9. Intangible assets

Total 2025	
Cost	£
At 1 April 2024	437,749
Purchases	25,325
Disposals	-
At 31 March 2025	463,074
Amortisation	
At 1 April 2024	433,395
Charge for year	3,809
Disposals	-
At 31 March 2025	437,204
Net book value	
At 31 March 2025	25,870
At 31 March 2024	4,354

10. Tangible fixed assets

	Freehold land	Freehold buildings	Leasehold buildings	Furniture, equipment and vehicles	Total 2025
Cost or valuation	£	£	£	£	£
At 1 April 2024	71,586	12,470,774	632,578	2,331,996	15,506,934
Purchases	-	131,105	108,188	216,602	455,895
Disposals	-	-	(16,462)	(27,395)	(43,857)
At 31 March 2025	71,586	12,601,879	724,304	2,521,203	15,918,972
Depreciation					
At 1 April 2024	-	8,073,918	357,013	1,701,109	10,132,040
Charge for year	-	449,187	119,182	198,717	767,086
Disposals	-	-	(16,462)	(27,395)	(43,857)
At 31 March 2025	-	8,523,105	459,733	1,872,431	10,855,269
Net book value					
At 31 March 2025	71,586	4,078,774	264,571	648,772	5,063,703
At 31 March 2024	71,586	4,396,856	275,565	630,887	5,374,894

Capital expenditure of £264,319 (2024: £nil) was funded using the DHSC Capital grant funding.

11. Investments

	2025	2024
Marketable investments	£	£
Market value at start of year	3,316,711	3,069,791
Net additions at cost	873,295	566,219
Disposals at market value	(817,265)	(506,332)
Net gain on revaluation/disposal	434	187,033
Market value at 31 March	3,373,175	3,316,711
Trading subsidiaries (see Note 3)	1,100	1,100
Total investments	3,374,275	3,317,811
Cost at 31 March	2,834,313	2,693,502
	2025	2024
Marketable investments comprise:	£	£
Equities	1,688,483	1,722,044
Fixed Income	745,465	644,903
Other securities (absolute return funds, multi-asset funds, property funds, etc.)	714,917	768,459
Short term deposits and cash	224,310	181,305
	3,373,175	3,316,711

12. Stock

	Group	
	2025	2024
	£	£
Stock of promotional and new goods (all stock is held by PAH Trading Limited)	7,378	9,824

13. Debtors

	Group		Hospice	
	2025	2024	2025	2024
	£	£	£	£
Operating debtors	215,566	139,926	215,566	139,926
Accrued legacy income	4,180,571	5,471,285	4,180,571	5,471,285
Gift Aid recoverable	191,187	259,741	191,187	259,741
Retail rents prepaid	361,082	369,082	361,082	369,082
Insurance pre-paid	-	117,519	-	117,519
Other debtors and prepayments	450,465	474,351	450,465	473,673
Amounts due from subsidiaries	-	-	123,631	219,115
	5,398,871	6,831,904	5,522,502	7,050,341

14. Creditors

	Group		Hospice	
	2025	2024	2025	2024
	£	£	£	£
Taxation and social security costs	307,454	262,172	307,454	262,172
Salaries and holiday pay	37,768	35,633	37,768	35,633
Operating creditors	417,728	487,539	403,738	485,538
Other creditors and accruals	415,252	474,261	377,881	424,163
	1,178,202	1,259,605	1,126,841	1,207,506

15. Staff remuneration

Group		
	2025	2024
Costs	£	£
Salaries	12,911,712	11,874,911
Employer's National Insurance	1,194,371	1,094,033
Pension costs	752,307	709,914
Apprenticeship Levy	48,114	44,781
Agency staff	112,097	61,343
Recruitment and training expenses	159,914	143,433
Subsidiary companies staff costs	-	9,319
	15,178,515	13,937,734

	2025		2024	
	Headcount	FTE	Headcount	FTE
Average number of employees				
In-patient unit	62	47	63	48
Hospice at home	69	49	69	50
Community engagement and support	10	9	9	6
Consultants and doctors	9	6	11	7
Clinical support services	15	10	16	11
Housekeeping	23	17	22	16
People services and volunteering	10	9	10	7
Other support services	20	13	18	14
Education	12	9	11	9
Marketing and communication	7	6	7	7
Fundraising	20	16	19	16
Digital and performance	12	11	13	11
Retail	153	97	131	90
Executive and finance	12	9	12	8
	434	308	411	300

	2025	2024
The number of employees whose earnings (excluding employer's pension contributions) fell into the bands below were:	No.	No.
£60,000 to £69,999	13	10
£70,000 to £79,999	2	2
£80,000 to £89,999	4	1
£90,000 to £99,999	1	5
£100,000 to £109,999	3	1
£110,000 to £119,999	*1	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, Director of Patient Care and Communities (Deputy Chief Executive), Director of Marketing, Communications, Digital and Performance, Director of Income Generation, Director of Finance and Operations, Director of People Services, Volunteering and Organisational Development, Director of Skills, Knowledge and Research, and Medical Director. 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 £798,742 (2024: £853,658).

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 2025, they were reimbursed for expenses of £Nil (2024: £46).

An aggregate payment of £69,364 (2024: £19,721) was made to 4 ex-employees (2024: 4) under a settlement agreement. An aggregate payment of £53,316 (2024: £3,298) was made to 7 (2024: 2) employees on redundancy in respect of statutory redundancy pay.

16. Related Party Transactions

During the year ended 31 March 2025, the aggregate amount of donations received from Trustees and their close family members, the SLT and their spouse/partner was £1,465 (2024: £4,468).

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 2025 the Hospice invoiced PAH Trading Limited for £9,856 (2024: £9,857) for the use of retail shop facilities to sell goods on behalf of supporters (Agency Sales) and £4,880 (2024: £4,591) for the preparation of sandwiches to sell in the coffee shop. On 31 March 2025 a balance of £123,631 (2024: £219,115) was owed to the Hospice from PAH Trading Limited and PAH Lottery Limited.

17. Analysis of net assets between funds (Group)

	Unrestricted funds	Designated funds	Restricted funds	Endowment funds	Total 2025	Total 2024
	£	£	£	£	£	£
Fixed assets	-	5,089,573	-	-	5,089,573	5,379,248
Investments	-	2,468,134	-	905,041	3,373,175	3,316,711
Current assets	1,416,368	10,127,831	29,996	-	11,574,195	12,820,202
Current liabilities	(1,178,202)	-	-	-	(1,178,202)	(1,259,605)
Annuity provision	(32,000)	-	-	-	(32,000)	(32,000)
	206,166	17,685,538	29,996	905,041	18,826,741	20,224,556

18. Other financial commitments

	Retail Shops		Equipment	
	2025	2024	2025	2024
At 31 March 2025 the Group was committed to making the following payments under non-cancellable operating leases:				
	£	£	£	£
Operating leases which expire:				
Within 1 year	942,260	1,060,177	25,312	10,786
Within 2 to 5 years	1,655,721	2,062,517	22,924	29,315
After 5 years	427,500	493,537	-	-
	3,025,481	3,616,231	48,235	40,101

19. Simplified income and expenditure statement

	Notes	Group			Group		
		2025	2025		2024	2024	
Income		£	£		£	£	
NHS grants	1.4		2,411,438	22%		2,232,036	20%
DHSC grants	1.4		264,319	2%		-	
Voluntary income							
Legacies	1.4		4,905,498	45%		5,507,951	48%
Donations	1.4	2,666,974			2,385,034		
Cost of generating voluntary income	4	(1,448,600)			(1,353,976)		
			1,218,374	11%		1,031,058	9%
Fundraising events	1.4	581,354			633,026		
Cost of fundraising events	4	(185,058)			(154,640)		
			396,296	4%		478,386	4%
Trading subsidiaries	3	227,469			378,118		
Cost of trading subsidiaries	3	(142,301)			(196,021)		
			85,168	1%		182,097	2%
Retail							
Retail income	2	6,964,145			6,890,465		
Cost of retail	4	(6,456,254)			(5,940,396)		
Retail contribution			507,891	5%		950,069	8%
Investment income	1.4		277,414	3%		328,967	3%
NHS service funding	1.4		314,148	3%		280,643	2%
NHS continuing healthcare funding	1.4		165,974	2%		87,064	1%
Education	1.4		282,771	3%		283,277	2%
Other	1.4		36,051	0%		56,078	0%
Net income			10,865,342	100%		11,417,626	100%
Expenditure							
Charitable activities							
In-patient care	4	(5,782,411)		47%	(5,360,840)		47%
Hospice at home	4	(4,520,208)		37%	(4,340,376)		38%
Community engagement and support	4	(723,367)		6%	(677,805)		6%
Education	4	(1,237,605)		10%	(1,130,987)		10%
			(12,263,591)			(11,510,008)	
Total expenditure on charitable activities			(12,263,591)	100%		(11,510,008)	100%
Operating (deficit)			(1,398,249)			(92,382)	

Who's who at Princess Alice Hospice

Trustees

Sally Harris (from July 2024)

Chair (from October 2024)

Sally had a successful career in retail finance before qualifying as an executive coach. She is also a Trustee of RNID and the Fashion Retail Academy and was formerly a Trustee of the Fertility Network.

Professor Sean Hilton

Chair (to October 2024)

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 (to October 2024)

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.

Duncan Burton (from October 2024)

Duncan is Chief Nursing Officer for England and an Executive/National Director for NHS England. Duncan has spent his entire career in nursing in the NHS and has held a variety of leadership and executive roles.

Despina Don-Wauchope

Honorary Treasurer (to March 2025)

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

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

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 (to October 2024)

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.

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

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.

Scott Thomson**Honorary Treasurer** (from April 2025)

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.

Darren Webb

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

Peter West (to October 2024)

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

Louise Mitchell – Income Generation Committee

Tim Moody – Income Generation Committee

Melaine Coward – Clinical & Communities Quality Assurance Committee

Gita Singham-Willis – Digital & Data Development working group

Elizabeth Gilroy-Scott – Digital & Data Development working group

Senior Leadership Team (as at reporting year)

Nigel Seymour – Chief Executive

Lesley Munro – Deputy Chief Executive and Director of Patient Care and Communities

Jane Berg – Director of Skills, Knowledge and Research

Karen Garforth – Director of People Services, Volunteering and Organisational Development

Angela Grimes – Director of Income Generation

Diane Rickwood – Director of Finance and Operations and Company Secretary

Julia Russell – Director of Marketing and Communications and Digital and Performance

Emily Sills – 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...

Trusts

B and Q Foundation	The Brock Webb Trust
Bentley Advancing Life Chances Fund	The Church Trust
Bryan and June Amos Foundation	The Dandy Charitable Trust
Charles Hayward Foundation	The Dixie Rose Findlay Charitable Trust
Clara E Burgess Trust	The Eddleston Settlement
Community Foundation for Surrey	The Elizabeth Frankland Moore and Star Foundation
Co-Op Local Community Fund	The Erica Leonard Trust
Dentons UKMEA LLP Charitable Trust	The February Foundation
Diocese of Arundel and Brighton	The Gerald Bentall Charitable Trust
Elmbridge Partnership Fund	The H C Beer Charitable Trust
Family Rich Charities Trust	The Haydn Abbott Charitable Trust
Farrer-Brown Charitable Trust	The Hospital Saturday Fund Charitable Trust
Frazer Trust	The Ingram Trust
Grace Trust	The Light Fund
Holloway Charitable Trust	The London Orphan Asylum (Reed's School)
Hospice UK	The Margaret and David Walker Trust
Kingston Nursing Association	The National Lottery Community Fund
Lidl Community Fund	The Peters Family Foundation
Lockwood Charitable Foundation	The R C Sherriff Trust
Mark Benevolent Fund	The Rowan Bentall Charitable Trust
Mr and Mrs A M Hendry Charitable Trust	The Shirley and Ian Watson Charitable Trust
Richmond Foundation	The Simon Trust
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Summerhill Trust Ltd	The William Allen Young Charitable Trust
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The Albert Hunt Trust	Tk Maxx and Homesense Foundation
The Ann Jane Green Trust	Tom and Sheila Springer Charitable Trust
The Anonymous Donor Trust	Walsingham Care
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The Audley Foundation	Wolfson Foundation
The Brian and Bronwen Mills Charitable Trust	

Special thanks to...

Masons

Abbey Lodge No 2120
Addlestone Lodge 5222
Bolingbroke Lodge L2417
Chingestone Lodge No 5542
Coveham Lodge
David Bonner Lodge 9678
Egyptian Lodge
Ember Manor Lodge
Good Companions Lodge of Instruction L7524
Heston Lodge
Light from the East Chapter No 4186
Lovekyn Chantry Lodge No 6807
Middlesex Shooting Sports Lodge

The Mole Masonic Lodge
Molesey Lodge Chapter 2473
Old Shirburnian Lodge 3304
Roll Call Lodge No. 2523
Rosehill Park Lodge
Sir Charles Bright Chapt 1793
Southborough Lodge
Springewell Lodge
St Georges Esher Lodge
Strong Man Lodge No 45
Surrey Royal & Select Masters Freemasons
The Oddfellows Mid-Surrey District Lodge 3713

With sincere thanks to everybody in our community who has continued to support us in so many ways throughout this year.



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