



**Sisters
Hospitallers of the
Sacred Heart of Jesus CIO**

Annual Report and Accounts

Year ended 31 December 2024

Charity Registration Number
1198657

Contents

Reports

Reference and administrative information	1
Foreword by the Chair of Trustees	3
Trustees' report	5
Independent auditor's report	47

Accounts

Statement of financial activities	51
Balance sheet	52
Statement of cash flows	53
Principal accounting policies	54
Notes to the accounts	60

Reference and administrative information

Trustees	Sister Maria Lourdes Sanz (Chair) Rev John Joseph Martin (appointed 21 July 2025) Rev Cecilia Eshun (appointed 13 February 2025) Sister Antonia Serrano (appointed 13 February 2025) Sister Mary Ann Curimatmat (appointed 13 February 2025) Sister Encarnación Aguayo (resigned 21 July 2025) Sister Tomasa de la Torre (resigned 21 July 2025)
Delegation Superior	Sister Maria Lourdes Sanz
Delegation Bursar	Sister Mary Ann Curimatmat
Provincial Secretary	Sister María Josefa Hernández
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Charity registration number	1198657
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Bankers	National Westminster Bank plc 135 Bishopsgate London EC2M 3UR

Reference and administrative information

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INTRODUCTION

The year **2024** has been a year of intensity and transformation for the Charity. Above all, we have remained steadfast in fulfilling our **Hospitaller mission**, committed to serving those most in need with compassion and dignity.

One of the most significant events of the year was the celebration of the **22nd General Chapter**, held under the theme:

“Be clothed in compassion” (*Colossians 3:12*) — *“Prophetic signs of hope and of God's closeness to suffering humanity.”*

Another major development was the restructuring of our governance within the English Province. Following a period of discernment and consultation, we officially transitioned from a **Province to a Delegation** on **15 August 2024**. This strategic shift represents not just an administrative change but a renewed commitment to our charism in the context of contemporary needs.

The **1st Delegation Assembly**, held from **7 to 12 December 2024**, was a pivotal moment of reflection and planning. The assembly enabled us to review the past six years and collectively discern the way forward, inspired by the call to mercy, compassionate closeness, and hope, as articulated in the final document of the 22nd General Chapter. It also marked the election of the new leadership team entrusted with guiding the English Delegation in this new chapter.

We are honoured to present the newly elected Government of the English Delegation:

◆ **Delegation Superior:** Sr. María Lourdes Sanz López

◆ **Council of the Delegation:**

◇ *1st Councillor:* Sr. Josefa Antonia Serrano

◇ *2nd Councillor:* Sr. Cecilia Eshun

◇ *Bursar:* Sr. Mary Ann Curimatmat

◇ *Secretary:* Sr. María Josefa Hernández.

On behalf of the entire English Delegation, we extend our heartfelt congratulations to the newly appointed leadership. We also take this opportunity to express our **deep gratitude** to the outgoing government for their tireless dedication, guidance, and fidelity to the mission. Their leadership has laid a strong foundation upon which we will continue to build.

Despite ongoing sector challenges, **our Homes have demonstrated resilience and growth**. Over the past six years, we have seen a **notable increase in income**, which reflects our ability to adapt to evolving circumstances while remaining aligned with our core values.

Operationally, our commitment to improving efficiency has yielded positive financial outcomes. In **2024**, we experienced a significant increase in profitability, achieved through **strategic resource management and responsible stewardship**. These efforts have contributed to our ability to enhance services without compromising on care quality.

Our **reserves have also grown substantially**, rising from **£26.7 million in 2018** to **£33.8 million in 2024**. This growth—encompassing reserves, investments, and fixed assets—ensures that we are financially stable and better positioned to sustain and expand our mission in the years ahead.

The year has also been marked by **adaptation, innovation, and growth**. We embraced **new technologies**, revised our practices, and developed new methods to respond to the complex challenges facing the UK care sector. Through it all, our unwavering commitment to **protecting the vulnerable and offering excellent care** has remained the cornerstone of our service.

As we embark on this new phase under the leadership of our **Delegation Superior and Council**, we do so with confidence, purpose, and a renewed vision of hospitality grounded in compassion and faith.

Finally, I wish to express my **deepest appreciation** to all our **co-workers, sisters, volunteers, and friends**. Your commitment, generosity, and dedication to the charism of hospitality have been vital to our continued success. We move forward with hope, united in our mission to serve with love, dignity, and care.

Sister Maria Lourdes Sanz, HSC
Delegate Superior, English Delegation

Chair of Trustees

The Trustees present the report and financial statements of the **Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust CIO** (the "Charity") for the year ending **31 December 2024**.

The accounts have been prepared in accordance with the accounting policies detailed on page 54 to 59 of the accompanying financial statements. They comply with the Charity's trust deed, applicable statutory requirements, and 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 United Kingdom and Republic of Ireland (FRS 102).

Foundational Charism and Mission

Our **Congregation**, a gift of the Spirit to the Church, was founded in **Ciempozuelos (Madrid, Spain)** on **31 May 1881** by **Saint Benito Menni**, a priest of the Hospitaller Order of Saint John of God, alongside **María Josefa Recio** and **María Angustias Giménez**. Chosen by God for this mission and animated by the **charity of Christ**, they embarked on this **"Work of Mercy"** dedicated to the compassionate care of **women with mental illness**.

On **25 June 1892**, **Pope Leo XIII** formally approved the Congregation as an **Institute of Pontifical Right**, and on **16 March 1908**, **Pope Pius X** definitively approved our **Constitutions**.

We are known as the **Sisters Hospitallers of the Sacred Heart of Jesus**, a name that reflects the very heart of our charism. Our purpose within the Church is the **exercise of hospitaller charity**, lived in the state of religious consecration according to the model of **perfect charity, Christ**, as symbolised by **His Sacred Heart**.

AIMS OF THE CONGREGATION

The principal aim of the Congregation is to **glorify God the Father**, by embodying the **sentiments of the Heart of the Son**, through the action of the **Holy Spirit**. We continue in the Church and in the world the **saving mission of Jesus**, especially on behalf of those with **psychiatric illnesses, intellectual and physical disabilities**, and with a **preferential option for the poor**.

In keeping with our charism, we also extend our mission into other areas of apostolic care, responding to individuals in **distress or vulnerable conditions**, depending on the context of time and place.

STRUCTURE AND JURISDICTION

The Congregation's **Generalate** is in **Rome** and is organised into **Canonical Provinces, Vice-Provinces, and Delegations**. The **English Delegation** supports and oversees the operation of **care homes, hospitals, and health centres** across **England, Ghana, and Liberia**.

The financial statements accompanying this report represent the accounts of the **Charitable Incorporated Organisation (CIO)** to which the assets of the English Delegation, located in the **United Kingdom**, are legally assigned.

The Charity is registered in England and Wales under **Charity Registration Number 1198657**. The **Trustees** are constituted and recognised in accordance with the **Charities Act 2011**.

CHARISM OF THE CONGREGATION

Our charism is hospitality, a gift received from the Spirit that configures us with the compassionate and merciful Christ of the Gospel, identifies us as sisters and sends us out as witnesses to testify that He remains alive in the world.

By our charism we are called to be witnesses of God's infinite mercy, by embodying hospitality, fulfilling Jesus' command to "go and do likewise" and collaborating in building up the Kingdom.

We express the hospitality that defines us:

- ◆ by personal, fraternal, sincere and gratuitous love for the sisters in our own community.
- ◆ in attitudes of kindness and tenderness and in patient, continuous, self-sacrificing and joyful service to the sick, "living images of Jesus".
- ◆ in welcoming the people we meet, with a simple and humble lifestyle.

OUR MISSION AND APOSTOLATE

Through our mission, we manifest God's love for people with psychiatric illness and intellectual and physical disabilities, as the primary beneficiaries of our apostolate. We also respond to other needs, according to the times and places, where life is threatened, giving preference to the poorest, according to our charism.

The mission of Christ shapes every aspect of our lives and service. Fulfilling this mission according to our charism and in our distinct manner requires:

- ◆ An intimate union with God and the faith to recognise Christ in those who suffer.
- ◆ Selfless and joyful service, so that the sick may encounter the compassionate Christ through our care.
- ◆ True motherly tenderness, with a particular focus on those who endure the deepest suffering.
- ◆ Readiness to undertake any form of service, even when it involves personal risk or sacrifice.
- ◆ Faithful stewardship and expression of the charism of hospitality within our centres.
- ◆ A profound respect for the inviolable dignity of every human person.
- ◆ A resolute defence of life in all its stages—from conception to natural death.
- ◆ Adherence to professional ethics and alignment with the Church's social teaching.
- ◆ Commitment to continuous professional development, uniting scientific rigour with Christian charity.
- ◆ The provision of appropriate, responsive facilities that meet the needs of the time and place.

OUR MISSION AND APOSTOLATE (continued)

This hospitaller mission, marked by compassion, courage, and prophetic vision, serves as a sign of God's saving love in the world.

Our Co-Workers and Shared Mission

Our co-workers are vital participants in the Hospitaller Project. They share in our mission with responsibility and dedication, contributing through their professional skills and affirming our identity. Their work upholds the Catholic character of our institution and is carried out in the spirit of the Good Samaritan—marked by compassion, integrity, and a commitment to serve the most vulnerable.

Charitable Work in the United Kingdom and West Africa

The **Congregation of the Sisters Hospitallers of the Sacred Heart of Jesus** is dedicated to caring for the elderly in the United Kingdom, particularly those living with dementia and Alzheimer's disease. In keeping with our charism, we also provide care and support to members of our own religious community.

In **Ghana** and **Liberia**, our apostolate extends to people affected by mental illness, alongside the delivery of general healthcare services. These ministries, which are financially supported by the charity, serve the broader public, offering dignified care to all, with a special focus on the poor and marginalised.

Core Values and Mission in Action

Our **sensitivity** becomes **service**. We offer a **welcoming environment** and **holistic care**. We uphold **professional quality**, always enriched by **profound humanity**. We embrace **ethical integrity** and **historical awareness**.

We seek to promote both individual and collective awareness of our identity as part of the Hospitaller mission remaining faithful to our origins, engaged in the present, and actively shaping the future of hospitaller service.

The **Congregation considers its values** to be a key distinctive feature with integral qualities that define its approach, characterise its activities, and express its unique manner of serving others.

OBJECTIVES, ACTIVITIES, AND GOVERNANCE POLICIES

The charitable activities of the Congregation of the Sisters Hospitallers of the Sacred Heart of Jesus, and those of its successor charity, are focused on three principal areas:

1. **The ownership and operation of three residential care homes for the elderly in the United Kingdom.**
2. **The financial and administrative support of healthcare and mental health projects in Africa**, specifically in Ghana and Liberia.
3. **Providing care and support to members of the Congregation.**

OBJECTIVES, ACTIVITIES, AND GOVERNANCE POLICIES (continued)

The **success of these activities** is assessed annually by comparing the stated aims and objectives—outlined in each Centre's strategic plan and budget—with actual performance. This evaluation spans key operational domains, including:

- ◆ Identity and values;
- ◆ Quality of care;
- ◆ Human resources;
- ◆ Financial and economic performance;
- ◆ Organisational and operational management; and
- ◆ Internal and external communications..

Performance monitoring within the UK residential care centres is maintained through a combination of internal oversight and external accountability processes, including:

- ◆ **Regular visits by senior management** specialising in care compliance, human resources, and finance.
- ◆ **Annual quality surveys** completed by residents, family members, and staff. The results inform continuous improvement.
- ◆ **Annual plan evaluations** reviewed periodically and formally assessed at year-end.
- ◆ **Exit interviews** with departing staff, enabling learning and the identification of factors affecting retention, culture, and standards.
- ◆ **Implementation of action plans** in response to feedback from external bodies such as the Care Quality Commission (CQC), Health and Safety Officers, and independent auditors.

In addition:

- ◆ An **annual operating budget** is prepared in advance, verified by Centre Managers and approved by the Board of Trustees. This budget is monitored monthly by the Local Management Team in collaboration with the Provincial Team.
- ◆ A **comprehensive external audit** is conducted annually to ensure financial and operational transparency.
- ◆ For African-based ministries, **audits are undertaken by the local Dioceses**, in line with their respective policies and frameworks.

OBJECTIVES, ACTIVITIES, AND GOVERNANCE POLICIES (continued)

Residential Care Homes

In England, we operate **three registered residential care homes** dedicated to the care and support of elderly individuals—many of whom are living with varying degrees of dementia and require specialised assistance. These homes are:

- ♦ **St Teresa's Care Home** 40–46 Roland Gardens, London SW7 3PW;
- ♦ **St Augustine's Care Home** Simplemarsh Road, Addlestone, Surrey KT15 1QR; and
- ♦ **Christ the King Care Home** Fotherley Hall, Shenstone, Staffordshire WS14 0HG.

In operating these Homes, the Trustees pursue the following core objectives:

- ♦ **Promote a culture of life and human dignity**, ensuring holistic, person-centred care in accordance with our hospitaller model.
- ♦ **Cultivate a culture of care among staff** and invest in leadership development that unites professional competence with a charismatic, values-based approach.
- ♦ **Strengthen organisational alignment and compliance**, maintaining both legal standards and fidelity to our founding values.
- ♦ **Encourage dynamism and viability**, ensuring the ongoing sustainability and relevance of our care homes through strategic evaluation and updating.

Support for Projects in Africa

The charity extends financial support and voluntary human resources to various healthcare projects across **Ghana and Liberia**. While not all these projects are directly owned by the charity, they are deeply aligned with the Congregation's values and are often operated in partnership with like-minded religious and healthcare organisations. The key projects include:

St Francis Xavier Hospital – Assin Foso, Ghana

The charity supports this hospital through the deployment of sisters and healthcare professionals and covers associated travel expenses, including those incurred by international volunteers and religious sisters.

The current priority is the **Maternity Project**, now in **Phase Three**, which includes equipping the facility and completing external works such as landscaping. Fundraising for this final phase is ongoing.

In 2024, the Congregation also sent a container of medical supplies to the hospital. We express our sincere gratitude to our friends, benefactors, and volunteers who continue to support this mission in diverse and generous ways.

OBJECTIVES, ACTIVITIES, AND GOVERNANCE POLICIES (continued)

Support for Projects in Africa (continued)

St Benedict Menni Rehabilitation Centre – Pipeline, Monrovia, Liberia

This Centre receives ongoing **financial, logistical, and personnel support** from the sisters. It is dedicated to the **restoration and reintegration of women living with mental illness**, always rooted in dignity, local identity, and alignment with our mission and values.

The Centre is also responding to the **growing challenge of substance use and addiction**, especially among women, and is actively developing new care pathways to address this urgent need.

Benito Menni Hospital – Dompoease, Ghana

Situated in a rural area, this small hospital delivers **mental health services** through a day centre serving adults and youth with intellectual disabilities. These essential services receive no government subsidy. The Congregation funds daily operations including treatment, transport, meals, activities, and maintenance.

In partnership with the Diocesan Health Office, the hospital is also **constructing a new Mother and Child Department**, using its own resources to enhance services for maternal and paediatric care.

Care for Members of the Congregation

The charity recognises its **obligation to provide care and support to members of the Congregation**, especially as the demographic profile in England reflects an ageing community and new vocations to consecrated life in Europe remain limited.

Elderly and infirm sisters are cared for at the Congregation's **infirmary in Addlestone**, under the supervision of two sisters. They receive a level of care that reflects their lifelong commitment and ensures their dignity and quality of life.

The Trustees aim to:

- ♦ **Review the suitability of the property** currently used as the infirmary, ensuring it meets the needs of the elderly and frail.
- ♦ **Support the ongoing ministry** of all members of the Congregation, enabling them to continue their mission for as long as possible.

Safeguarding of Vulnerable Adults

The Trustees recognise the fundamental importance of **safeguarding and protecting vulnerable individuals** in the charity's care. As such, they are committed to full implementation of the safeguarding policies and procedures of the **Catholic Safeguarding Standards Agency (CSSA)**.

The Congregation is an active member of the **Religious Life Safeguarding Service (RLSS)**, which provides expert guidance, tailored training, and strategic support in safeguarding matters. Additionally, CSSA offers standards, monitoring, and audit frameworks to ensure continual compliance.

OBJECTIVES, ACTIVITIES, AND GOVERNANCE POLICIES (continued)

Safeguarding of Vulnerable Adults (continued)

To further reinforce this commitment, the charity has appointed a **lay Safeguarding Lead** to coordinate safeguarding operations across all Centres.

Each Home also adheres to the national regulatory frameworks set out by the **Care Quality Commission (CQC)** and the **Care Act**, ensuring robust and transparent safeguarding practices are consistently upheld.

ACHIEVEMENTS AND PERFORMANCE

Residential care homes

	St Teresa's Home	St Augustine's Home	Christ the King Home
Residents/beds	26	51	50
Admissions	12	12	17
Discharges	5	4	5
Residents' deaths in year	8	10	13
Occupancy%	95.6%	90.3%	95.6%

St Teresa's Home, London



ACHIEVEMENTS AND PERFORMANCE (continued)

Residential care homes (continued)

St Teresa's Home, London (continued)

Registration and Purpose

St Teresa's Care Home is registered under the **Health and Social Care Act** with the **Care Quality Commission** for the accommodation of up to **26 residents**. Situated in the **Royal Borough of Kensington and Chelsea**, the Home is dedicated to delivering **person-centred care** within a warm, supportive, and respectful environment. We are committed to upholding the highest standards of care and professionalism.

Rooted in a culture of **collaboration and compassion**, our staff and sisters work in unison towards a shared mission—supporting each resident in achieving their fullest potential. By addressing the **physical, emotional, and spiritual** needs of those in our care, we cultivate a truly **holistic environment** that promotes dignity and well-being.

Care

Our care model is underpinned by the **Hospitaller tradition**, which embraces a holistic, values-based approach to healthcare. The integration of our **Care & Clinical module** has transformed our operational efficiency, enabled **real-time monitoring** and facilitating seamless communication across care teams. With immediate access to vital signs, medical histories, and treatment plans, staff are empowered to respond with accuracy and empathy—strengthening trust with residents and families through timely and personalised interventions.

Additionally, our **Electronic Medication Administration Record (EMAR)** system has streamlined medication management, significantly enhancing safety, accuracy, and oversight. Features such as intelligent alerts, reminders, and adaptive scheduling allow carers to administer medications confidently and proactively.

These technological tools exemplify our commitment to **blending innovation with compassion**, ensuring that operational excellence enhances the human touch. In 2024, our **occupancy rate** stood at **95.6%**, reflecting consistent demand and satisfaction with the services provided.

Activities

At St Teresa's, we recognise that activities are an **essential aspect** of holistic care. Our **Activity Coordinator** plays a vital role within the care team, designing and delivering diverse programs tailored to individual preferences—ranging from **group sessions** to **one-to-one engagement**.

In 2024, life at the Home was enriched through a vibrant array of activities that fostered **meaningful connections** and joyful experiences. Residents participated in **interactive indoor gatherings**, as well as **excursions** that extended their world beyond our walls. Highlights included **museum visits**, **peaceful park outings**, and collaborative events with **local schools** and **churches**.

ACHIEVEMENTS AND PERFORMANCE (continued)

Residential care homes (continued)

St Teresa's Home, London (continued)

Activities (continued)

A notable highlight was our ongoing intergenerational programme with a **local primary school**. Weekly visits brought energy, creativity, and joy—through **storytelling, artwork, and music**. At Christmas, handmade cards from the children brought heartfelt warmth, deepening the bonds between generations and capturing the spirit of the season.

Central to all activities was the power of **conversation**—thoughtful, engaging interactions that foster emotional well-being and friendship. We also celebrated **birthdays and special milestones**, creating cherished memories filled with love, dignity, and joy.

Pastoral Care

Pastoral care forms a **cornerstone** of our philosophy at St Teresa's. Rooted in **Christian values**, our pastoral programme offers **spiritual and emotional support** to residents, staff, and families. We honour everyone's right to practice their faith and remain respectful of the **diverse religious backgrounds** represented in our home.

Our approach is **holistic**, nurturing not only the physical and emotional well-being of residents but also tending to their spiritual needs. Guided by a Christian ethos, our **pastoral team** provides companionship, comfort, and a listening presence—particularly during times of **loss, transition, or personal difficulty**.

Residents are offered regular opportunities for spiritual reflection and religious practice. These include the **sacrament of Communion, Rosary prayer, Church of England services**, and support in attending **Sunday Mass** or other external services. Through this, we seek to ensure a **spiritually fulfilling life** for all who wish to engage.

Human Resources

The year **2024** presented considerable recruitment challenges. **Candidate no-shows, last-minute cancellations**, and the **increased cost of living**, coupled with the unique demands of our **London location**, posed difficulties in attracting and retaining suitable staff.

Nonetheless, the HR team responded with **resilience and strategic focus**. They remained attentive to evolving job market dynamics and prioritised candidates aligned with our mission, values, and care standards. As financial security and well-being became priorities for jobseekers, we adapted our approach to foster a **values-driven and stable work environment**.

Despite a decline in **new starters (6)** and a rise in **leavers (8)** in 2024 compared to the previous year, our focus on long-term engagement, adaptability, and innovation has laid a foundation for future workforce stability.

ACHIEVEMENTS AND PERFORMANCE (continued)

Residential care homes (continued)

St Teresa's Home, London (continued)

Training and Development

St Teresa's demonstrates a sustained commitment to **quality care** through **comprehensive staff training** and development. All employees participate in regular **mandatory training**, complemented by **specialised service-specific programmes** designed to address the diverse needs across departments.

We recognise that excellence in care delivery requires **role-specific expertise**. Therefore, bespoke training initiatives have been implemented to ensure staff are equipped with the skills and confidence to meet each resident's unique needs.

In line with our investment in talent development, **three care assistants** are currently pursuing their **NVQ Level 3 Apprenticeship**—a commendable effort to build internal capability and promote career progression.

Our training programme reflects our core belief that continuous learning drives service excellence. By empowering our team with knowledge and practical skills, we uphold our commitment to providing **compassionate, high-quality care**.

Inspections Conducted During the Year

Over the course of the year, the following inspections and audits were carried out:

- An internal annual Fire Safety Audit and Risk Assessment.
- A fire safety inspection conducted by the Kensington Fire Department.
- An Infection Prevention and Control (IPC) inspection carried out by the Local Authority, with some recommendations identified for implementation.
- Visits from the Local Authority Safeguarding Team.

All inspections were completed successfully, and the findings confirmed that the standards met the expectations required.

Innovation and Improvement

The year 2024 marks a pivotal period of renewal and transformation for St Teresa's Care Home, as we embark on a **comprehensive renovation project** scheduled for completion by **Summer 2025**. These upgrades are intended to foster a **more modern, comfortable, and nurturing** living environment, reflecting our commitment to excellence while preserving the warmth and core values that define our care.

In parallel with physical enhancements, we continue to lead in the **integration of innovative healthcare technologies**, ensuring the care we deliver remains responsive, safe, and forward-thinking. These digital advancements not only support clinical effectiveness but also promote resident empowerment and staff efficiency.

ACHIEVEMENTS AND PERFORMANCE (continued)

Residential care homes (continued)

St Teresa's Home, London (continued)

As we move forward with both **renovation and digital transformation**, our focus remains steadfast: to create a care experience that is **reliable, progressive, and deeply rooted in dignity and compassion**. This dual commitment reflects our mission to continually elevate the quality of life for all who reside at St Teresa's.

Challenges and the Way Forward

In the final quarter of 2024, St Teresa's Care Home experienced the **loss of several residents in close succession**. Each passing was deeply felt by our team, who form close, personal bonds with those in their care. This period of **grief and bereavement** presented not only emotional challenges but also operational and financial pressures.

As a **small home with only 26 beds**, our financial sustainability is closely tied to occupancy levels. The rapid succession of resident losses led to an **unavoidable decrease in admissions**, impacting income and placing strain on resources. The situation highlighted the **delicate equilibrium** between delivering compassionate **end-of-life care** and maintaining the fiscal health required to sustain our services.

In the face of these difficulties, our team responded with **resilience, empathy, and professionalism**—supporting one another, our residents, and bereaved families with great care and sensitivity.

As we enter a new phase of **recovery and renewal**, we do so with a clear focus on the future—ensuring operational continuity, nurturing emotional well-being, and **strengthening our foundations**. With prudent financial management and unwavering dedication to our mission, we remain committed to **upholding the highest standards of care** in every circumstance.

St Augustine's Care Home



St Augustine's Care Home is in the serene surroundings of Addlestone, in the county of Surrey. Established in 1945, the Home accommodates up to 51 residents and includes a

ACHIEVEMENTS AND PERFORMANCE (continued)

Residential care homes (continued)

St Augustine's Care Home (continued)

secure 10-bed unit, designed to provide enhanced safety and specialist care for individuals living with advanced dementia.

Our dedicated and compassionate team provides personalised care in a warm, supportive, and secure environment. We also offer short-term respite care. A community of sisters plays an integral role in supporting the care staff, particularly in pastoral care, ensuring that both staff and sisters work collaboratively to help residents reach their full potential.

Care

We are committed to supporting residents for as long as their needs can be met at St Augustine's. With the support of our sisters, local hospice, and district nursing team, we can provide end-of-life care within the Home. Many of our residents can pass peacefully in familiar surroundings, surrounded by the love and compassion of those who know them best. This continuity of care provides great comfort to their families.

During 2024, our average occupancy was **90.3%**.

Activities, Outings & Entertainment

Activities form an essential part of our holistic care. Residents are encouraged to participate in a range of group and one-to-one activities tailored to individual needs, promoting physical, emotional, and cognitive well-being.

This year, we expanded our personalised activity programme to include:

- ◆ **Sensory Activities:** Popular among residents was the *Magic Table*, used for interactive stimulation. Activities involving touch, visual engagement, and movement—such as rolling balls and hand gestures—were designed to accommodate varied levels of mobility and cognition.
- ◆ **Outdoor Activities:** On sunny days, residents enjoyed games and walks in the garden. The beautifully maintained outdoor space offers fresh air, a change of scenery, and a positive impact on mood and alertness.
- ◆ **Live Music:** Performances by visiting singers and musicians were highlights throughout the year, encouraging joyful participation, movement, and uplifting mental health.
- ◆ **Physical and Cognitive Activities:** Yoga with music, singing sessions, ball games, memory games, and cognitive board games (such as Chess, Scrabble, Dominoes, and puzzles) were regularly available. Weekly Bingo sessions were particularly popular and stimulated social interaction.
- ◆ **Birthday Celebrations:** Each resident's birthday was marked with celebratory gatherings and entertainment, fostering a sense of belonging and community.

ACHIEVEMENTS AND PERFORMANCE (continued)

Residential care homes (continued)

St Augustine's Care Home (continued)

Friends of St Augustine's

Established in 2014, this independent and legally constituted group provides outstanding support for residents through fundraising and organising activities, outings, and gifts—particularly during Christmas. The group liaises with the Superior and informs the Care Manager of their initiatives. While they are not classified as volunteers, their contribution adds significant value to the life of the Home.

Pastoral Care

Pastoral care is a cornerstone of life at St Augustine's. With deep roots in Christian values, our team—led by the Superior and supported by care staff and volunteers—ensures that residents' spiritual and emotional needs are met from the day they arrive until the end of life.

We provide opportunities for all residents, regardless of faith, to practice their beliefs. Catholic residents regularly attend Mass in our Chapel every Sunday, on feast days, and on Wednesdays. On Thursdays, the Rosary is prayed in the lounge, often followed by visits from students at St George's College, who spend time conversing with and walking alongside residents in the garden.

Ministers and priests are called upon when residents are unwell or express a desire for spiritual support. The team also organises the Sacrament of the Sick several times a year, and always when residents are nearing end of life. These moments are supported with dignity, peace, and presence—residents are never alone. Sisters and staff accompany them in their final hours, extending compassion and support to their families.

Human Resources

St Augustine's Care Home is supported by:

- **38 permanent care staff**
- **3 bank care staff**
- **21 non-care staff**, including HR Administrator, receptionists, maintenance and housekeeping teams
- **5 sisters** who are actively involved in daily resident support.

The management team comprises the **Manager, Superior, Deputy Manager, and Finance Officer**.

In 2024, we welcomed **24 new staff** and experienced **18 leavers**. Despite recruitment challenges common across the sector, we maintained a **stable staffing ratio**, reducing reliance on agency personnel.

ACHIEVEMENTS AND PERFORMANCE (continued)

Residential care homes (continued)

St Augustine's Care Home (continued)

Human Resources (continued)

Our catering services are subcontracted to SCCS (6 kitchen staff), and gardening is provided by Gogartys Garden Services (4 gardeners).

Training

We maintain a comprehensive, year-round training programme that includes all **mandatory and specialist modules**, ensuring staff are equipped with up-to-date skills and knowledge.

From **July 2024**, we transitioned to the **Altura online training platform**, replacing Access LMS. Altura allows staff to complete all required courses relevant to their roles conveniently and efficiently.

Our training extends beyond compliance. Staff are also educated on the **identity, philosophy, and values of the Sisters Hospitallers**, enhancing their understanding of the organisation's spiritual mission.

We continue to support **distance learning**, including Health & Social Care Diplomas, and are proud that nearly all staff meet or exceed the high qualification standards required for their roles.

Inspections Conducted During the Year

- ◆ **Quality Assurance Inspection:** Conducted by Surrey
- ◆ **Annual Internal Fire Audit & Risk Assessment:** Completed as part of our ongoing safety measures
- ◆ **Mayor's Visit:** We were honoured to host the Mayor of Addlestone during our Christmas celebrations, a special occasion enjoyed by both residents and staff.

Improvements in 2024

Progress achieved includes:

- ◆ **Refurbishment of Section B** (painting and decorating)
- ◆ **Roof repairs** completed
- ◆ **Resident rooms refurbished** as they became vacant.

Some planned improvements will continue into 2025.

ACHIEVEMENTS AND PERFORMANCE (continued)

Residential care homes (continued)

St Augustine's Home, Addlestone, Surrey (continued)

Challenges & Way Forward

Key strategic priorities and challenges include:

- ◆ **Implementation of an Electronic Medication Administration Record (EMAR)**
- ◆ **Integration of the new Altura training platform**
- ◆ **Strengthening the Senior Care Team**, as many team members are newly appointed.

Since the launch of the **Care and Clinical electronic care planning system in July 2023**, staff confidence and proficiency have steadily grown. This has enhanced the accuracy of documentation and care delivery across the board.

Footherley Hall Residential Care Home



Overview

Established in 1965, Footherley Hall Residential Care Home is located on the outskirts of Shenstone, Lichfield. Nestled within the serene Staffordshire countryside, it is surrounded by extensive and beautifully maintained grounds that offer peace, tranquillity, and picturesque views. The estate features wheelchair-accessible walkways, ample seating areas, a large pond with a waterfall and fountain, a summer house, and well-positioned pergolas, providing a therapeutic outdoor experience for residents and visitors alike.

A dedicated community of sisters collaborates closely with the management team at all levels. Their presence is integral, especially in the delivery of pastoral care, and brings a distinctive spiritual and compassionate dimension to the home.

ACHIEVEMENTS AND PERFORMANCE (continued)

Residential care homes (continued)

Footerley Hall Residential Care Home (continued)

Care Provision

At Footerley Hall, the resident is at the heart of all we do. Our care philosophy combines clinical excellence with a deeply humanised approach, recognising the individual in all their dimensions—physical, emotional, spiritual, and social.

Our dedicated staff, in partnership with families, professionals, and the sisters, work collaboratively to provide a nurturing environment that promotes dignity, independence, and choice. The sisters are present throughout the day, particularly at mealtimes and during periods of need, further enhancing the personalised care offered.

In 2024, we successfully maintained a high occupancy rate of **95.6%**, with a healthy waiting list, reflecting the trust placed in our services.

Activities Programme

Our residents enjoy a rich and varied activities programme led by our activities coordinators. Designed to promote mental, emotional, and physical wellbeing, daily activities include:

- ◆ **Creative pursuits:** Pottery, card-making, baking, and seasonal crafts
- ◆ **Gentle exercise:** Soft ball games, progressive mobility, and fortnightly yoga sessions
- ◆ **Social engagement:** Group discussions on current affairs, board games, knitting, and cards
- ◆ **Music and entertainment:** Regular concert afternoons with a diverse range of performers
- ◆ **Outdoor events:** Numerous picnic lunches and garden activities were enjoyed during the exceptional spring and summer months.

Christmas was a particular highlight, featuring a joyful carol concert with the sisters and management team, followed by a festive buffet during our first fully restored Christmas party since the pandemic.

Pastoral Care

Pastoral care is woven seamlessly into our daily operations. Spiritual wellbeing is nurtured through:

- ◆ **Catholic services:** Holy Mass celebrated three times weekly in our chapel;
- ◆ **Ecumenical support:** Regular services for residents of other faiths or denominations;
- ◆ **Sacramental care:** The Sacrament of the Sick is honoured during Remembrance Sunday services; and
- ◆ **End-of-life support:** Compassionate care for residents and their families during their final days.

ACHIEVEMENTS AND PERFORMANCE (continued)

Residential care homes (continued)

Footherley Hall Residential Care Home (continued)

Pastoral Care (continued)

Led by a sister and supported by the care team, the pastoral care team ensures that residents are spiritually supported from admission to end-of-life, always treated with dignity and in accordance with their beliefs and wishes.

Human Resources

Footherley Hall currently employs:

- ◆ **57 permanent care staff and 2 casual staff**
- ◆ A management team comprising the **Manager, Superior, Vice-Superior, Deputy, and Finance Officer**
- ◆ **HR Administrator**, receptionists, maintenance staff, laundry assistants, and a dedicated group of **5 sisters**.

This staffing structure provides a robust and consistent level of care across all shifts, 24/7. In 2024, we experienced **16 leavers** and welcomed **19 new staff members**. Recruitment remains a challenge, particularly for **Senior Night Care Assistants, Afternoon Care Assistants, and Weekend Care Assistants**, but our flexible working model continues to support effective shift coverage.

Staff Training and Development

We place great emphasis on professional development, ensuring that all staff are trained to the highest standard. Our comprehensive training programme includes:

- ◆ **Mandatory and accredited courses**
- ◆ **Health & Social Care Diplomas**
- ◆ Regular training on the **identity, philosophy, and values of the Sisters Hospitallers**
- ◆ **Altura online training platform**, introduced in 2024, providing role-specific mandatory training.

We also continue to promote distance learning courses, which offer deeper, specialised knowledge and support career progression.

ACHIEVEMENTS AND PERFORMANCE (continued)

Residential care homes (continued)

Footerley Hall Residential Care Home (continued)

Friends of Footerley

We are fortunate to have the unwavering support of the **Friends of Footerley**, a vibrant volunteer group with over 100 members and its own committee. Their contributions include:

- ◆ Organising the **annual Summer Fête** (our largest fundraiser)
- ◆ Funding resident outings, concerts, and necessary items
- ◆ Hosting raffles and seasonal events throughout the year.

The 2024 Summer Fête was a tremendous success, drawing an exceptional turnout and showcasing our beautiful grounds. The Friends' ongoing dedication ensures our residents experience joy, comfort, and community beyond the daily care we provide.

Inspections and Regulatory Visits

- ◆ Care Quality Commission (CQC): No inspections were carried out in 2024
- ◆ Regular Quality Assurance Visit from Staffordshire
- ◆ Yearly Internally Fire Audit and Risk Assessment
- ◆ Fire Risk Assessment Inspection from Staffordshire fire dept

Improvements and Developments (2024)

- Continued refinement of our electronic care planning system, **Care & Clinical**, improving accuracy and record-keeping
- Refurbishments and upgrades across the home were undertaken as rooms became vacant.

Challenges and the Way Forward

A significant challenge in 2024 was the **prolonged breakdown of our main lift**, which remained non-operational for three months due to delays in sourcing parts. This situation required a strategic increase in staffing to support access to the second floor and had a temporary impact on occupancy levels, which fell to 90%. However, following the lift's repair, occupancy and morale improved significantly.

Recruitment and staff retention remain areas of focus. While improvements have been seen, we continue to have trouble in maintaining a stable workforce. The pandemic has left a lasting impact on the care sector, and while progress is being made, challenges persist.

ACHIEVEMENTS AND PERFORMANCE (continued)

Residential care homes (continued)

Footerley Hall Residential Care Home (continued)

Conclusion

Despite the trials of 2024, Footerley Hall has remained resilient and committed to delivering high-quality, person-centred care. Our cohesive team, the presence of the sisters, the dedication of the Friends of Footerley, and the deep-rooted values of the Institution of the Sisters Hospitallers ensure that our residents continue to live with dignity, purpose, and joy.

Missions in Africa

St Francis Xavier Catholic Hospital, Assin Foso, Ghana



The Congregation of the Sisters Hospitallers of the Sacred Heart of Jesus assumed responsibility for a small community clinic under the Assin District Council in 1965. Under their stewardship, the facility was progressively developed and ultimately upgraded to the status of a District Hospital.

The hospital is jointly managed by the Sisters Hospitallers and the Archdiocese of Cape Coast.

Serving as the District Hospital for both Assin North and Assin South Districts, the hospital covers a combined geographical area of approximately 1,255 square kilometres—representing one-quarter of the Central Region.

Currently, the hospital has a capacity of one hundred and fifty-eight (158) beds and holds full membership of the Christian Health Association of Ghana (CHAG).

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

St Francis Xavier Catholic Hospital, Assin Foso, Ghana (continued)

Following a successful assessment by the National Health Insurance Authority (NHIA), the hospital was elevated to a Secondary Hospital Grade B (Mission) with Prescribing Level D, effective 1 November 2023. Prior to this, on 9h April 2023, the Health Facilities Regulatory Authority (HeFRA) formally upgraded the hospital to Secondary Level status.

Activity	Patients seen 2024
Residents/beds	145
Admissions	10,081
Discharges	9,705
Residents' deaths in year	198
Outpatient	121,302
Major surgeries	1,302
Births	2,454
X-Ray	2,998
Specialist Diagnostic E. (Scans)	11,620
Specialist Diagnostic E. (Laboratory)	34,621
Physical rehabilitation	6,994
Occupancy rate	77.0%

The year 2024 was another remarkable chapter in the ongoing growth and development of St Francis Xavier Catholic Hospital. We made significant strides in strengthening healthcare delivery, improving infrastructure, and expanding our service capacity to better meet the needs of our community.

One of the most impactful advancements was the establishment of a **Cervical Cancer Screening Unit**, which reinforces our commitment to preventive healthcare and early diagnosis. This initiative reflects our strategic focus on reducing the burden of disease through timely intervention.

In a further effort to improve critical care, we constructed a **medical oxygen plant** to ensure a more reliable and sustainable oxygen supply. Though the plant has not yet been formally commissioned, it is already operational, supplementing our oxygen needs when cylinder stocks are low, thereby maintaining continuity in emergency and critical care.

We also enhanced our diagnostic services with the acquisition of a **mobile X-ray machine**, complementing the existing stationary unit. This addition has significantly improved diagnostic efficiency, particularly for immobile or critically ill patients, ensuring faster and more effective clinical decision-making.

While 2024 was not without its challenges, our team responded with resilience, innovation, and a shared commitment to excellence. These accomplishments reflect our continued drive to provide high-quality, patient-centered care, even in the face of resource constraints.

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

St Francis Xavier Catholic Hospital, Assin Foso, Ghana (continued)

Pastoral Care

Pastoral care remains a cornerstone of our holistic approach to healing. The hospital employs a full-time **chaplain**, who is an integral member of the multidisciplinary care team. The chaplain provides daily spiritual support, counselling, and accompaniment for patients, their families, and staff.

In addition to in-hospital support, the pastoral team conducts **post-discharge home visits**, offering continued psychosocial and spiritual support—particularly valuable for elderly patients and those living with chronic illness.

Staff benefit from **annual retreats** focusing on themes of personal well-being, resilience, and spiritual renewal. The hospital chapel continues to serve as a sacred space for prayer, reflection, and celebration. It remains well-attended by patients, staff, and parishioners alike. Liturgical feasts of the Church, along with the **Feast of the Congregation**, are commemorated with reverence and participation.

Looking Ahead

As we move forward, St Francis Xavier Catholic Hospital remains steadfast in its mission to deliver compassionate, high-quality healthcare. We are committed to continuous improvement, guided by the values of service, dignity, and hospitality that define our institution.

Human Resources

The hospital has a total of five Hundred and two (502) staff.

STAFF MOVEMENTS				
New postings	Exit	Long Service Awards 30 & 40 years	Rotation and National Service	Promotion
30	43	2	103	79

Training and Capacity Development

At St Francis Xavier Catholic Hospital, we recognise that staff development — both professional and personal — is essential to enhancing productivity and delivering quality healthcare. In 2024, a total of **50 staff members** were granted approval for further studies. Of these, **25 were granted study leave with pay**, while the remaining **25 undertook programmes through sandwich and weekend arrangements**. Approved academic pathways included Residency in **Obstetrics & Gynaecology, Family Medicine, BSc. in Peri-Operative Nursing, BSc. Anaesthesia, Doctor of Pharmacy**, among others.

In addition, the hospital sustained its commitment to **continuous professional development** by delivering a series of **in-service training sessions** aimed at refining clinical skills and strengthening service quality across departments.

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

St Francis Xavier Catholic Hospital, Assin Foso, Ghana (continued)

Key Visits in 2024

Throughout the year, the hospital welcomed several distinguished visitors and institutions whose engagements have supported our operational and strategic objectives:

- ♦ **26 February 2024:** Representatives from the *Kumasi Centre for Collaborative Research in Tropical Medicine (KCCR)*, including Mr John Amoasi and Ms Esi Tacoba Bart-Plange, held discussions with management on critical areas of collaboration.
- ♦ **11 March 2024:** A joint team from the *Ghana Health Service* and the *National Health Insurance Authority*—comprising George Baffour-Akokuah, Yvonne Sedegah, William Nii Amor, and Isaac Kwarkye—visited for a facility-wide survey.
- ♦ **18 March 2024:** A delegation from the *Ghana Audit Service* conducted a payroll audit as part of institutional governance oversight.
- ♦ **19 March 2024:** The *Nurses and Midwives' Council* carried out a supervisory and support visit to assess and enhance regulatory compliance.
- ♦ **25 April 2024:** Dr Yaw Opoku Boateng of the NHIA, accompanied by *PharmAccess officials*, visited to evaluate ongoing value-based care implementation.
- ♦ **26 April 2024:** Members of the *Archdiocesan Health Service Board* engaged hospital leadership in a strategic review session.

Donations and Support

We are immensely grateful for the continued generosity of individuals, institutions, and partners. Notably, the **Benito Menni Foundation (BMF)** made a significant financial contribution towards the development of the **Maternity Block**, a vital area of our maternal and child health services.

Major Achievements in 2024

- ♦ **Completion of Phase II – Maternity Block**
We successfully completed **Phase II** of our new **ultramodern Maternity Block**, marking a significant step forward in improving maternal and neonatal outcomes. The facility now awaits **medical equipment and furnishings** before it can be operationalised. We sincerely appeal to organisations and philanthropic individuals to support us in equipping this unit. Our deep gratitude goes to the Benito Menni Foundation and all benefactors whose generosity has brought the project this far.

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

St Francis Xavier Catholic Hospital, Assin Foso, Ghana (continued)

Major Achievements in 2024 (continued)

- ◆ **Commissioning of an Oxygen Plant**

To strengthen our capacity for uninterrupted critical care, the hospital completed the **construction of an oxygen plant**. While full commissioning is pending, the system is already in partial operation, supplementing oxygen availability during cylinder shortages.

- ◆ **Establishment of Cervical Cancer Screening Unit**

In response to the growing need for women's preventive health services, we inaugurated a **Cervical Cancer Screening Unit**. The unit provides early detection, health education, and referral pathways. It has already served numerous women, thereby raising awareness and improving health outcomes in the region.

- ◆ **Procurement of Mobile X-Ray Unit**

To expand our diagnostic capabilities, we acquired a **mobile X-ray machine**, which now complements our fixed unit. This upgrade allows for bedside imaging of critically ill or non-ambulant patients, enhancing timely diagnosis and care.

Way Forward

As we advance into the coming year, the hospital remains committed to continuous quality improvement. Our strategic focus will include:

- ◆ Strengthening **infection prevention and control (IPC)** measures.
- ◆ Enhanced **monitoring of trainee staff**.
- ◆ Promoting **client satisfaction** through better service delivery and training.
- ◆ Improving **disease surveillance** by educating clinicians on key diagnostic criteria.
- ◆ Investing in **capacity-building** programmes for all cadres of staff.
- ◆ Executing **Quality Improvement Projects (QIPs)** across clinical and administrative units.
- ◆ Enhancing **data management** systems and customer care protocols.
- ◆ Providing **supportive supervision** for departmental heads and in-charge officers.
- ◆ Actively **pursuing funding opportunities** to fully equip and operationalise the Maternity Block.

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

St Benedict Menni Health Centre – Monrovia



Overview

St Benedict Menni Health Centre, situated on the outskirts of Monrovia in Pipeline, operates under the **Archdiocese of Monrovia** and has been **managed by the Sisters Hospitallers of the Sacred Heart of Jesus since 1966**. Originally established in Virginia, Liberia, the Centre began as a haven for orphaned and physically disabled children. In 1988, it was relocated to its current site, where it continued as a clinic and rehabilitation facility for children with polio until the eradication of the disease in 2010.

Today, the Centre comprises two integrated healthcare units:

- ◆ **The General Clinic**, owned by the Archdiocese of Monrovia and managed by the Sisters Hospitallers, provides comprehensive outpatient and emergency services.
- ◆ **The Maria Josefa Recio Step-Down Mental Health Unit**, entirely managed and owned by the Sisters Hospitallers, offers inpatient and outpatient psychiatric care, with a special focus on the rehabilitation of women living with mental illness.

Together, these units uphold the healing mission of the Church by caring for the sick, the vulnerable, and those in need of social and psychological reintegration.

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

St Benedict Menni Health Centre – Monrovia (continued)

Affiliations

The facility operates under the umbrella of the **National Catholic Health Council (NCHC)** and is an active member of the **Diocesan Catholic Secretariat (DHS)**. It is recognised by the **Ministry of Health** as a leading institution in mental health care across Liberia.

Clinical Services Offered

The general clinic provides a wide range of medical services, including:

1. General Outpatient and Emergency Care;
2. Maternity Services;
3. Maternal and Child Health (MCH);
4. Diagnostic Laboratory Services;
5. Management of Communicable Diseases (Tuberculosis, Leprosy, HIV);
6. Pharmaceutical Services;
7. Prevention of Mother-to-Child Transmission (PMTCT); and
8. Anti-Retroviral Therapy (ART).

Mental Health and Rehabilitation Services

The **Maria Josefa Recio Unit** offers a holistic and person-centred approach to mental healthcare, particularly focused on the rehabilitation of women. Key interventions include:

- ♦ **Psychopharmacological Treatment;**
- ♦ **Occupational Therapy:** Training in sewing, baking, bead-making, hairdressing, and needlework;
- ♦ **Individual and Group Counselling;**
- ♦ **Training in Basic Life Skills:** Personal hygiene, domestic care, meal preparation, bed-making, and table setting;
- ♦ **Group Therapy:** Including recreational activities, audio-visual engagement, and community building; and
- ♦ **Cognitive Stimulation Activities:** Such as relaxation techniques, psychoeducation, health education, and music therapy.

These services aim to promote independence, emotional recovery, and eventual reintegration into the family and society.

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

St Benedict Menni Health Centre – Monrovia (continued)

Partnerships and Collaborations

The Centre has received steadfast support from:

- ◆ The **Sisters Hospitallers Provincial Office in London**
- ◆ **Aita Menni Hospital**, Mondragón (Spain)
- ◆ The international project "**We Are Like You**", dedicated to improving mental health access in low-resource settings.

In 2024, the Centre began a meaningful collaboration with **Médecins Sans Frontières (MSF) Liberia**, focusing on referral and co-management of mental health patients from MSF's outpatient cohort to the Maria Josefa Recio Unit for residential rehabilitation.

Care Protocol and Daily Activities

Each day at the Health Centre begins with **morning devotion**, reinforcing the spiritual dimension of care. This is followed by triage, where initial assessments—including temperature checks—are performed. Patients then proceed through:

- ◆ Registration at the Records Department;
- ◆ Medical Consultation;
- ◆ Laboratory Investigations;
- ◆ Dispensing of Medication;
- ◆ Emergency Care (if required); and
- ◆ Discharge and follow-up planning.

The clinic also provides **daily immunisation services** for children under five, as part of its preventive health mission.

Mission and Values

The mission, vision, and core values of the Sisters Hospitallers remain deeply embedded in all aspects of care delivery. In 2024, the Health Centre celebrated the Feast Day of our Founding Father, reaffirming its commitment to compassion, dignity, and service to the most vulnerable.

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

St Benedict Menni Health Centre – Monrovia (continued)

Mission and Values (continued)

Activity	Patients seen 2024
Emergency	325
Outpatients	5,746
Births	172
Vaccinations	8,138
Specialist Diagnostic E. (Scans)	622
Specialist Diagnostic E. (Laboratory)	7,035
Mental Health Unit	
Bed	24
Admissions	47
Discharge	48
Outpatients	9,653
Occupancy	87.5%

Pastoral Care

There was provision of holistic health care both Spiritual and Physical. Pastoral Care is an integrated part of the Hospitaller Model

There were home visits to the aged people wherein they were counselled and accompaniment.

There is a team with sisters and staff assisted by a priest. They program their activities on a daily basis:

- ♦ Morning devotions;
- ♦ Counselling session for clients, families, and staff;
- ♦ Training on code of conduct, ethic institutional identity;
- ♦ Celebration of Church and congregational feasts; and
- ♦ Home visits.

Human resources

During the year, they have been 7 starters and 5 leavers

Student Nurses and aid-nurses are affiliated for the practical in both service Clinic and mental health unit.

STAFF MOVEMENTS				
New postings	Leavers	Retirements	Rotation students	Total Staff
7	5	4	34	47

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

St Benedict Menni Health Centre – Monrovia (continued)

Training and Capacity Building

At St Benedict Menni Health Centre, **training and staff development** remain fundamental pillars in delivering high-quality care and fostering personal and professional growth among employees.

In 2024, two of our staff members were selected as facilitators for an **ECHO training programme** on *Substance Use and Addiction*, an initiative jointly supported by the **Ministry of Health** and the **Colombo Plan Drug Advisory Programme*. This opportunity reflects both the competence of our staff and the Centre's growing role in national mental health capacity-building.

The facility also conducted a series of **in-service training sessions** focused on key clinical areas aligned with our patient profile, including:

- ◆ HIV/AIDS and Tuberculosis;
- ◆ Other communicable diseases;
- ◆ Mental Health Management; and
- ◆ M-POX (Monkeypox) case identification and management.

Additionally, a peer-led **ECHO training** was facilitated internally, enabling cross-disciplinary staff to benefit from the knowledge gained by our representatives in substance abuse and addiction management.

Inspection Visits and Supervisions

Throughout the year, several oversight and evaluation visits were conducted by partner organisations and governmental bodies, including:

- ◆ **Catholic Relief Services (CRS)**: Acquaintance and supportive supervision visit;
- ◆ **Mother Patern College of Health Sciences (MPCHS) Organisation**: Visitation and supervision report;
- ◆ **National AIDS Control Program (NACP)**: Data control and quality assessment;
- ◆ **Ministry of Health (MoH)**: Verification of Global Fund asset utilisation; and
- ◆ **National Leprosy & Tuberculosis Control Programme (NLTCP)**: Laboratory assessment and preparations for Malaria Control Programme initiation.

These visits play a crucial role in ensuring compliance, identifying areas for improvement, and strengthening our partnerships with both local and international stakeholders.

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

St Benedict Menni Health Centre – Monrovia (continued)

Volunteers

Volunteers continued to play an integral role in supporting our Mental Health Unit. In 2024, we welcomed **three long-term volunteers**, including:

- ◆ A **Psychiatric Nurse**;
- ◆ A **Clinical Psychologist**; and
- ◆ A **Medical Doctor specialised in Psychiatry**.

These professionals brought valuable expertise and provided direct support to patients and staff. We also benefited from our **regular annual visits from Spanish volunteers**, who contribute across a range of clinical and supportive services.

In addition, volunteers from the local community and international partners visited the facility to donate items to our patients—demonstrating compassion and solidarity with women suffering from mental illness.

Key Improvements and Achievements

- ◆ **Strategic Engagement with the Ministry of Gender and Social Protection**
A programme lead engaged the Ministry to strengthen collaborations around:
 - ◇ Gender equality and women's empowerment;
 - ◇ Child protection and welfare;
 - ◇ Social protection for vulnerable groups, including persons with disabilities, the elderly, and survivors of gender-based violence; and
 - ◇ Human rights promotion and protection.
- ◆ **Sanitation System Renovation**
Through the generous support of the **Federal Republic of Germany's Embassy in Monrovia**, the complete renovation of the Centre's **sanitation and plumbing infrastructure** was successfully completed, significantly improving hygiene and living conditions.
- ◆ **Electricity Connectivity**
The Centre was successfully connected to the **national power grid** (Liberia Electricity Corporation – LEC), ensuring more stable and reliable access to electricity for clinical and residential operations.

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

St Benedict Menni Health Centre – Monrovia (continued)

Ongoing Challenges

Despite the achievements, the Centre continues to face several systemic challenges:

- ◆ **Absence of Dedicated Government Budget for Mental Health Services;**
- ◆ **Persistent Community Stigma** surrounding mental illness, hindering reintegration;
- ◆ **Human Resource Constraints**, including insufficient staff levels;
- ◆ **Economic Instability** marked by high dollarisation, impacting operational costs;
- ◆ **Treatment Non-Compliance**, particularly among TB patients, leading to defaulters;
- ◆ **Inconsistent Supply of Childhood Vaccines**, affecting immunisation coverage; and
- ◆ **Lack of Qualified Pharmaceutical Staff**, limiting the effectiveness of medicine management and dispensing.

As we continue our mission, we remain committed to addressing these challenges through innovation, advocacy, and collaboration with our partners. Our efforts are driven by the values of compassion, dignity, and justice ensuring no one is left behind in accessing care.

Benito Menni Hospital, Dompooase, Ghana



St Benito Menni hospital is a Catholic Health Facility of the Catholic Diocese of Obuasi in the Ashanti region of Ghana. The Facility is under the supervision of Sisters Hospitallers of the Sacred Heart of Jesus in conjunction with the Diocesan Department of Health. It is also a member of the Christian Health Association of Ghana (CHAG), under National Catholic Health Service (NCHS).

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

Benito Menni Hospital, Dompase, Ghana (continued)

The Hospital started as a Health Centre and began operation in June 2001. It was upgraded to a hospital status in February 2015 by Health Facility Regulatory Agency Ghana (HeFRA). The hospital is the only one in the diocese that has its own Mental Health service Unit and day centre for children and young adults with learning disabilities.

The facility has operated for the past two decades, providing general and specialist services to the people in the locality. Our services include.

- ◆ Mental Health and Rehabilitation;
- ◆ General OPD Services;
- ◆ In-patient and Emergency Services;
- ◆ Diagnostic Services;
- ◆ Maternity Services;
- ◆ Reproductive and Child Health Services;
- ◆ Pharmaceutical Services; and
- ◆ Water production.

The hospital set out the following priorities for the year 2024:

- ◆ Improving confidentiality of information at the department;
- ◆ Making sure that Management Policies and Objectives are properly explained to the staff;
- ◆ Ensure effective staff monitoring and validation processes are in place;
- ◆ Conducting promotion interview for staff who are due;
- ◆ Plead with management to address and resolve any issues related to staff provident funds, ensuring prompt accurate disbursements; and
- ◆ Streamline and improve leave management.

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

Benito Menni Hospital, Dompase, Ghana (continued)

Activity	Patients seen 2024
Hospital	
Beds	45
Admissions	2,049
Discharges	2,024
Residents' deaths in year	25
Outpatient	25,296
Major surgeries	159
Births	287
Specialist Diagnostic E. (Scans)	639
Specialist Diagnostic E. (Laboratory)	11,758
Occupancy rate	102.9%
Accident & Emergency	997
Mental Health	
Outpatients	1,216
Day Care	4,072

Pastoral Care

Pastoral Care remains part of the care we offer. With the presence of a full-time chaplain in the hospital he is integrated in the care we offer to the clients. We now have pre and post-counselling for patients who are to undergo surgeries.

The provision of a listening presence, companionship and support to all clients and their relatives and staff irrespective of their beliefs.

There are counselling sessions available for clients, families and staff.

These are some of the activities:

- ◆ Monthly celebration of Eucharist in the hospital premises;
- ◆ Morning devotions in the Outpatient department; and
- ◆ Home visits to the aged.

Human Resources

The total staff strength of the hospital for the year under review was 232.

During the year we have lost a few professionals leaving the country for greener pastures and this has affected our performance.

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

Benito Menni Hospital, Dompase, Ghana (continued)

Human Resources

STAFF MOVEMENTS				
<i>New postings</i>	<i>Leavers</i>	<i>Long Service Awards 10 & 15 years</i>	<i>Rotation and National Service</i>	<i>Promotion</i>
10	24	-	14	49

Training

The facility takes steps to approve further studies for as many staff as possible. The facility has 30 staff sponsored for further studies in 2024.

The required training was given for the staff in service training in house is ongoing for all levels of the staff, ranging from customer care to infection control.

Visitors and External Engagements

In the year, a delegation from the **National Health Insurance (NHI)** undertook an audit and monitoring visit to the facility. The exercise was part of their routine oversight to assess operational compliance and service delivery standards.

Key Achievements

- ◆ **Staff promotion inputs submitted**
All required documentation and performance appraisals were successfully compiled and submitted for staff promotions, facilitating professional advancement.
- ◆ **Provident Fund contributions secured**
In collaboration with hospital management, partial payments were secured toward the **staff provident fund**, reinforcing financial security for personnel.
- ◆ **Optimisation of leave roster**
The staff leave management system was reviewed and streamlined to minimise operational disruption while ensuring fair access to rest and recuperation.
- ◆ **X-ray machine acquisition**
The hospital received a **donated X-ray machine**, significantly enhancing its diagnostic capabilities and service reach.

Challenges Faced

- ◆ **Limited financial clearance for IGF staff**
Securing **financial clearance** for internally generated funds (IGF) based staff to be included on the **Government of Ghana (GoG) payroll** remains a persistent challenge.

ACHIEVEMENTS AND PERFORMANCE (continued)

Missions in Africa (continued)

Benito Menni Hospital, Dompsoase, Ghana (continued)

Challenges Faced (continued)

♦ **Shortage of specialist and technical personnel**

There is an ongoing shortage of specialised clinical staff and other key technical personnel, which continues to impact service delivery.

♦ **Underdeveloped staff welfare system**

The existing welfare framework is not sufficiently structured, leading to low staff morale and dissatisfaction.

♦ **Lack of staff accommodation**

The absence of dedicated accommodation facilities for staff presents challenges in staff retention and emergency call coverage.

VOLUNTEERS

The charity counts on a number of volunteers who assist in the provision of social and recreational activities (local volunteers) in each of the Homes.

INTERNATIONAL VOLUNTEERS

International volunteers are ordinarily coordinated from the Benito Menni Foundation, the Congregation's non-governmental organisation (NGO) for international co-operation, based in Madrid, Spain and we also attend requests from the UK. When the volunteers are from the UK or other countries in Europe goes through our provincial office.

FINANCIAL REVIEW

Results for the year

The results for the year are shown on the statement of financial activities at page 511.

In the year to 31 December 2024 total income amounted to £8,944,428 (2023 - £7,374,441 excluding the transfer from the Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust), whereas expenditure was £8,231,425 (2023 - £6,561,388).

With the transfer of the assets and liabilities from the Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust at midnight on 31 January 2023, income in the prior year increased by £31,445,213 to give total income for that year of £38,819,654.

FINANCIAL REVIEW (continued)

Results for the year (continued)

The net income for the year before investment gains was £713,003 (2023 – £813,053 excluding the transfer from the Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust). Investment gains totalled £658,734 (2023 – £213,245). In total there was a net increase in funds (or net income) in the year of £1,371,737 (2023 – net income of £32,471,511, which includes the transfer of the assets and liabilities from the Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust noted above).

Investment policy and performance

The Trustees of the charity wish to invest the portfolio to provide a return that maintains the real (inflation adjusted) value of the capital, whilst also delivering a cash flow of around 3% per annum over the longer term. The Trustees wish to follow a total return approach and are happy to generate income, capital or a combination of the two. Sufficient liquidity and cash reserves should be maintained at all times to meet any short or medium-term requirements.

To meet investment objectives, the Trustees have taken advice from both Coutts and Co and Rathbone Investment Management Limited. The Trustees have been very satisfied with Coutts and Co's performance over recent years but decided to split the portfolio with a second investment manager to mitigate risk and diversify funds.

Across their Community Fund and Province Mission Support Fund the Trustees have a risk tolerant attitude to investment risk. They wish to invest in a widely diversified investment portfolio to reflect this. However, for the St Teresa's Home Support Fund and HSC Medium Risk Fund they have a moderately risk tolerant attitude.

The Trustees wish to avoid any direct investments in armament manufacturing companies, tobacco manufacturing companies or alcoholic drink manufacturing companies and any other companies whose aims are in direct conflict with the objectives of the charity.

Currently the Trustees do not utilise any distributions from their investment portfolios and income is reinvested. This policy will be reviewed regularly.

A long-term time horizon is to be adopted – at least ten years and potentially far longer for the Community Fund and Province Mission Support Fund. For the St Teresa's Home Support Fund and the HSC Medium Risk Fund the time horizon is a little lower – five to eight years.

Reserves policy and financial position

Funds at the 31 December 2024 amounted to £33,843,248 (2023 - £32,471,511) including a tangible fixed assets fund of £19,892,936 (2023 - £19,698,825) and the Sisters' retirement reserve of £5,000,000 (2023 - £5,000,000).

A decision was made by the Trustees to separate the tangible fixed assets from the general funds of the Charity in recognition of the fact that the assets are essential to the day-to-day work of the Charity and as such their value should not be regarded as funds that would be realisable with ease in order to meet future contingencies. Funds will be released on sale or disposal or depreciation of tangible fixed assets.

FINANCIAL REVIEW (continued)

Reserves policy and financial position (continued)

The retirement fund comprises monies set aside to provide for the care and support of members of the Sisters of the Hospitallers of the Sacred Heart of Jesus as they grow older. The value of the fund has been calculated using actuarial principles, but the amount designated is constrained by the assets available. Funds will be released at such point as income from pensions, investments, allocations from the Centres for duties performed by the sisters and donations to the UK communities are less than expenditure by the UK communities.

The Trustees' policy is for free reserves to equate to up to twelve months' expenditure.

At 31 December 2024, free reserves amounted to £8,950,312 (31 December 2023 - £7,772,686), equivalent to approximately fourteen months' expenditure. This is in excess of the desired target above and will be reviewed by the Trustees in the coming year.

Fundraising

Two of the UK Care Homes have marvellous supporters known as "Friends of Fotherley Hall" and "Friends of St Augustine's". These support groups are both thoroughly hands on registered charities that kindly organize fundraising events and outings/activities for our residents.

If money is donated to the Care Home for a specific asset or item of expenditure from The Friends or otherwise the charity will ensure it is used for that purpose. The UK Care Homes do little if any proactive self-fundraising but do regularly receive gifts (largely from appreciative relatives) and the occasional legacy.

Employees in the UK Care Homes are engaged in fundraising for the mission in Africa. Such fundraising has been, and is, encouraged by the sisters without placing undue pressure on staff to either participate or donate. Residents are not approached for donations to the African mission; families and friends however may be engaged by the publicity in the Home or by staff who are partaking.

Because proactive fundraising in 2024 remained at a very small scale, the charity has not registered with the Fundraising Regulator or any similar body. No external parties are engaged to fundraise on the charity's behalf. The charity has no knowledge of any complaints about its Fundraising activities. If a professional in the UK is recruited for and fundraising with making applications to grant making bodies for projects in Africa, the Trustees will re-assess their position with the Fundraising Regulator.

RISK MANAGEMENT

In line with the requirements for Trustees to undertake a risk assessment exercise and report on the same in their annual report, the Trustees have looked at the risks the Congregation, and hence the charity, currently faces in the UK and have reviewed the measures already in place or needing to be put in place to deal with them. The Trustees have identified five main areas where risks may occur:

RISK MANAGEMENT (continued)

1. Governance and management-strategic

The trustees embarked on a 4-year journey as part of a Modernisation Programme that will be the key driver for improvement in many areas. This systematic framework has been intended to fit with the mission and values of the charity. Alongside this, the province's six-year plan to address strategic issues with a view to keeping alive the charism of hospitality, long-term sustainability and the relevance of the services provided have all been taken into account in the Modernisation Programme. The Annual Plans continue to be evaluated annually in each Centre.

2. Operational

Through monitoring by the Care Quality Commission, and our own Quality Assurance Audits, we strive to remain relevant to the people we serve.

3. Financial

The financial reporting process has been adapted in 2023 remains in place and is working well. Annual budget and monthly reporting systems are rigorously managed and the annual audit of the accounts assists us to ensure that proper financial controls are in place. In addition, we carry out internal audits of the finance and administration functions in our UK Centres.

4. Reputational

A full employee and sisters' training programme is maintained to ensure that our reputation as a care provider gives confidence to the public.

5. Laws, regulations, external and environment

We strive to maintain the standards expected by the Charity Commission, the Care Quality Commission and other regulatory bodies.

The key risks for the charity, as identified by the Trustees, are described below together with the principal ways in which they are mitigated. The Trustees consider they have established effective systems of monitoring and control to mitigate the identified risks:

- ◆ Operationally the charity works with vulnerable groups including the elderly. The Trustees recognise the absolute necessity of ensuring the protection and safety of all those that the charity serves. This means that members engaged in any ministry in the UK and all those who work or volunteer for the charity and work with vulnerable adults must obtain clearance from the Disclosure and Barring Service (DBS). The Trustees are committed fully to implementing the Standards and policies of the Catholic Safeguarding Standards Agency (CSSA), as well as follow the directives of the Religious Life Safeguarding Service (RLSS) and complying with the Care Quality Commission and other regulatory bodies in order to attain safeguarding standards that meet expectations.

In regard to safeguarding, the Trustees have worked closely with the Care Quality Commission and other health and social service bodies to attain the required standards of monitoring and control to mitigate safeguarding risks re-occurring in any of the Homes.

RISK MANAGEMENT (continued)

Common trends and risks identified across the three services, and also reflected in CQC inspection reports, include staff training, new staff inductions, supervisions and appraisals, PRN (as-needed) medicine management, modified diets, sharing lessons learned, MCA and BI assessments, care planning, infection prevention, and overall governance.

Improvement Summary

Staff training compliance has greatly improved with the introduction of a new system that offers real-time reporting for managers and governance staff, along with automated reminders for due courses. The staff induction program was updated in 2023 to be more user-friendly and is now regularly audited by HR and compliance teams. Supervisions are 80% compliant, with appraisals at 70%, and reports are regularly provided to managers to ensure consistency.

Medicine management is generally good, though the handling of PRN medicines needed improvement. A revised PRN protocol and template have been implemented to ensure safer management. Shortfalls in managing modified diets, especially in Shenstone, have been addressed through external training, bringing the home into compliance.

- ◆ An analysis of the age profile of the members of the Congregation shows that the average age on 31 December 2024 was 78.48 years. The Trustees are aware that there is both a moral and legal obligation to care for the older members. None of the members have resources of their own as all earnings, pensions and other income have been donated to the charity under a Gift Aid compliant Deed of Covenant. As the age profile increases, so too does the need to provide care for the members. Key elements of the management of this risk are: (a) ensuring that the charity has the available financial resources to finance this care both now and in the years ahead by setting aside assets in a designated fund, the value of which has been based on actuarial principles: and (b) ensuring that processes are in place to review regularly the ministries and needs of individual members encouraging those who need it to take on less demanding ministries and for identifying those who need extra care and help.
- ◆ The charity donates charitable funds in support of its missionary work in Africa. The majority of donations sent overseas are to fund projects administered directly by members of the Congregation. Whether or not the funds are used here in the UK or overseas, the Trustees always ensure that they are fully briefed about and familiar with the work of a potential recipient of funds, that funds are transferred via bank transfer, that proof of receipt is obtained and that, wherever possible (and always in the case of monies sent overseas), a full written report of how the monies have been utilised and applied is obtained from the recipient.
- ◆ One of the charity's principal asset classes comprises listed investments, the value of which is dependent on movements in UK and world stock markets. The investments are managed by reputable investment managers who adhere to a policy agreed by the Trustees. The Trustees plan to meet each year with the investment managers and the manager's performance and that of the portfolio are monitored. The investment strategy is assessed regularly to ensure it remains appropriate to the charity's needs - both now and in the future.

RISK MANAGEMENT (continued)

Improvement Summary (continued)

- ♦ A significant part of the charity's income is from residents, funded in part or in whole by local government or other public bodies at a level that is sufficient to cover the cost of valued care provision. The Trustees are mindful of the tension and reputational issue this poses; the charity wants to put the individual resident and their needs as the number one priority, yet the Trustees have a duty to act in the best interests of all beneficiaries by maintaining sufficient income. The Trustees remain close to all the UK Homes so that the charity's approach can be both personal and well considered in terms of public benefit.

GOVERNANCE, STRUCTURE AND MANAGEMENT

Governance

In terms of Canon Law, the Congregation of Sisters Hospitallers of the Sacred Heart of Jesus is governed at international level by the Superior General and her Council in Rome. They are elected every six years at a General Chapter, by representatives of the Congregation from around the world. The English Province is governed by the Provincial and her Council who are in turn elected by representatives of the members of the English Province.

The Superior General is required to make a canonical visit at least once every six years, as well as the Provincial. The Provincial ensures that centres are visited on a regular basis throughout her term of office to ensure that the people who use the service are being adequately supported.

Structure and management reporting



Sister Maria Lourdes Sanz



Sister Encarnación Aguayo



Sister Tomasa de la Torre



Sister Antonia Serrano



Sister Cecilia Eshun



Sister Mary Ann Curimatmat

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Structure and management reporting (continued)

The Trustees are ultimately responsible for the policies, activities and assets of the charity. They meet at least six times a year to review developments with regard to the charity or its activities and make any important decisions. When necessary, the Trustees seek advice and support from the charity's professional advisers, including property consultants, investment managers, solicitors and accountants. The day-to-day management of the charity's activities, and the implementation of policies, is delegated to the appropriate members of the Congregation or Senior Management Team.

In 2024 the English Province comprised 45 sisters who lived as part of six communities. One community home is situated in each of Staffordshire, London, Surrey, and Liberia, as well as two in Ghana. Each UK community provides care services to one of the charity's registered Care Homes. In Africa, we offer care and support to the sick and the needy in hospitals, health care centres and day centres for people with mental illness.

Each community has a Local Superior appointed by the Provincial. The Local Superior is responsible for the needs and care of the sisters in her community and she liaises regularly with the Provincial. The Local Superior, where applicable, works closely with the Registered Manager of the service, ensuring that the ethos of the Congregation remains part of the everyday running of the Centre.

The charity has a Provincial Management Team that meet at least six times a year and comprises the Trustees, the Managing Director, Head of Quality and Compliance, Head of Finance, Human Resources Manager and Business Support Manager. This group is accountable to the Trustees but works towards promoting a harmonious and consistent application of procedures and policies across the Province. Each Centre has its own Local Management Team consisting of sisters and co-workers in posts of responsibility that monitor day-to-day management and application of the plans for the Centres.

The charity uses a consistent format to complete the annual strategic plan for each of the Centres. This follows the guidelines of the Congregation and it is a good tool for evaluating and improving our annual planning process in order to achieve the charity's objectives.

Key management personnel

The Trustees (including the Provincial and Provincial Bursar) consider that they together with the Provincial Management Team comprise the key management of the charity in charge of directing and controlling, running and operating the charity on a day-to-day basis.

All Trustees are members of the Congregation and whilst their living and personal expenses are borne by the charity, they receive no remuneration or reimbursement of expenses in connection with their duties as Trustees.

GOVERNANCE, STRUCTURE AND MANAGEMENT (continued)

Key management personnel (continued)

The pay of all the employees reviewed annually by the Trustees. Pay is normally increased in accordance with average earnings. In view of the nature of operations of the Care Homes and the national shortage of care home managers and care staff, the Trustees benchmark pay rates against pay levels in other similar charitable care homes. The remuneration benchmark is based on published pay grades for managers, care and administrative staff but takes in to account additional responsibilities to ensure that the remuneration paid is fair and not out of line with that paid for similar roles.

Trustees' responsibilities statement

The Trustees are responsible for preparing the Trustees' report and accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the Trustees to prepare accounts for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these accounts, the Trustees are required to:

- ◆ select suitable accounting policies and then apply them consistently.
- ◆ observe the methods and principles in the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing the accounts in accordance with Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102);
- ◆ make judgements and estimates that are reasonable and prudent.
- ◆ state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- ◆ prepare the accounts on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Working with other organisations

The charity works with other organisations including:

- ◆ Local Authority Social Services Departments;
- ◆ Local Primary Care Trusts and GPs;
- ◆ Local Care Associations; and
- ◆ Local dioceses and parishes.

EMPLOYEES, MEMBERS OF THE CONGREGATION AND VOLUNTEERS

The Trustees wish to record their recognition of the professionalism and commitment of all their staff and individual members of the Congregation. Their dedication and positive approach are greatly appreciated.

We have a reduced number of Volunteers that returned after Covid-19. They are deeply valued by the charity at large as they provide that added support of accompanying residents, assisting in activities, driving, and fundraising.

Sisters in England undertake a variety of roles depending upon their age and physical abilities. Some have roles in management and others undertake ancillary roles that give carers more time for their skilled services. A small number of sisters are themselves in receipt of care. In Africa all the sisters have specific roles and duties.

In Africa, because volunteering is largely from professionals overseas, this whole aspect is far more formal and programmes are prepared according to the requirement and the individuals' qualifications and the regulations of the Country. This is often in coordination with the Benedict Menni Foundation.

Approved by the Trustees and signed on their behalf by:

A handwritten signature in dark ink, appearing to read 'M. Louder' followed by a stylized flourish or initials.

Chair of Trustees

Approved on: 21 October 2025

Independent auditor's report to the Trustees of Sisters Hospitallers of the Sacred Heart of Jesus CIO

Opinion

We have audited the accounts of the Sisters Hospitallers of the Sacred Heart of Jesus CIO (the 'charity') for the year ended 31 December 2024 which comprise the statement of financial activities, the balance sheet, the statements of cash flows principal accounting policies and the notes to the accounts. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the accounts:

- ◆ give a true and fair view of the state of the charity's affairs as at 31 December 2024 and of its incoming resources and application of resources for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts 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 accounts, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the accounts 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 accounts 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 Annual Report and Accounts, other than the accounts and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the accounts does not cover the other information and we do not express any form of assurance conclusion thereon.

Other information (continued)

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the accounts themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

In the 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 trustees' report

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

- ◆ the information given in the trustees' report is inconsistent in any material respect with the accounts; or
- ◆ sufficient accounting records have not been kept; or
- ◆ the accounts are not in agreement with the accounting records; or
- ◆ we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement contained within the trustees' report, the trustees are responsible for the preparation of the accounts 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 accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, 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 accounts

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the accounts 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.

Auditor's responsibilities for the audit of the accounts (continued)

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these accounts.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ The engagement director ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- ◆ We identified the laws and regulations applicable to the charity through discussions with management and from our knowledge and experience of the charity sector;
- ◆ We focused on specific laws and regulations which we considered may have a direct material effect on the accounts or the activities of the charity. These included but were not limited to the Charities Act 2011, Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable to the United Kingdom and Republic of Ireland (FRS 102); and
- ◆ We assessed the extent of compliance with the laws and regulations identified above through making enquiries with management and those charged with governance and review of minutes of Trustees' meetings.

We assessed the susceptibility of the charity's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ Making enquiries of management and those charged with governance as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- ◆ Considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- ◆ Performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ Reviewed journal entries to identify unusual transactions;
- ◆ Assessed whether judgements and assumptions made in determining the accounting estimates were indicative of potential bias; and
- ◆ Investigated the rationale behind significant or unusual transactions.

Auditor's responsibilities for the audit of the accounts (continued)

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ Agreeing financial statement disclosures to underlying supporting documentation;
- ◆ Reviewing the minutes of meetings of Trustees' meetings; and
- ◆ Enquiring of management and representatives of those charged with governance as to actual and potential litigation and claims.

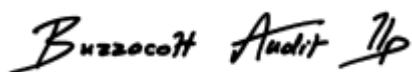
There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities for the audit of the accounts 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 our report

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



Buzzacott Audit LLP
Statutory Auditor
130 Wood Street
London
EC2V 6DL

Date: 29 October 2025

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Statement of financial activities Year ended 31 December 2024

		Year ended 31 December 2024			Year ended 31 December 2023		
	Notes	Un-restricted funds £	Restricted funds £	Total funds £	Un-restricted funds £	Restricted funds £	Total funds £
Income from:							
Donations, grants and legacies	1	204,704	—	204,704	127,484	—	127,484
Investments and interest	2	429,992	—	429,992	294,948	—	294,948
Charitable activities							
. Residential and care fees		8,290,109	—	8,290,109	6,937,612	—	6,937,612
Other sources							
. Sundry income		19,623	—	19,623	14,397	—	14,397
		8,944,428	—	8,944,428	7,374,441	—	7,374,441
Transfer from the Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust (Charity registration number: 255695)	18	—	—	—	31,445,213	—	31,445,213
Total income		8,944,428	—	8,944,428	38,819,654	—	38,819,654
Expenditure on:							
Raising funds							
. Investment management fees		28,854	—	28,854	17,120	—	17,120
Charitable activities							
. Provision of residential and care services							
.. Operation of care homes	3	7,943,558	—	7,943,558	6,314,205	—	6,314,205
. Support of members of the Congregation		86,699	—	86,699	141,253	—	141,253
. Grants and donations		172,314	—	172,314	88,810	—	88,810
Total expenditure		8,231,425	—	8,231,425	6,561,388	—	6,561,388
Net income before net investment gains		713,003	—	713,003	32,258,266	—	32,258,266
Net gains on investment assets	9	658,734	—	658,734	213,245	—	213,245
Net income for the period and net movement in funds	5	1,371,737	—	1,371,737	32,471,511	—	32,471,511
Reconciliation of funds							
Total funds brought forward at 1 January 2024		32,471,511	—	32,471,511	—	—	—
Total funds carried forward at 31 December 2024		33,843,248	—	33,843,248	32,471,511	—	32,471,511

All recognised gains and losses are included in the above statement of financial activities.

With effect from midnight on 31 January 2023, the activities, assets and liabilities of the Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust (Charity Registration Number: 255695) were transferred as a going concern into the CIO (see note 18).

The CIO was dormant from the date of incorporation (i.e. 19 April 2022) until 31 January 2023 inclusive. The CIO's activities commenced on 1 February 2023. All of the CIO's activities derived from continuing operations during the above two periods.

Balance sheet 31 December 2024

	Notes	2024 £	2024 £	2023 £	2023 £
Fixed assets					
Tangible assets	8		19,892,936		19,698,825
Investments	9		9,608,164		8,679,210
			29,501,100		28,378,035
Current assets					
Debtors	10	296,763		210,488	
Short term deposits		—		2,469,972	
Cash at bank and in hand		4,801,868		1,982,637	
		5,098,631		4,663,097	
Liabilities					
Creditors: amounts falling due within one year	11	(756,483)		(569,621)	
Net current assets			4,342,148		4,093,476
Total net assets			33,843,248		32,471,511
The funds of the charity					
Income funds:					
Unrestricted funds					
. General fund			8,950,312		7,772,686
. Tangible fixed assets fund	12		19,892,936		19,698,825
. Designated funds	13		5,000,000		5,000,000
			33,843,248		32,471,511

Approved by the Trustees and signed on their behalf by:

M. Louder

Trustee

Approved on: 21 October 2025

Statement of cash flows Year to 31 December 2024

	Notes	Year to 31 December 2024 £	Year to 31 December 2023 £
Cash flows from operating activities:			
Net cash provided by operating activities	A	701,254	870,240
Cash flows from investing activities:			
Dividends and interest from investments		429,992	294,948
Purchase of tangible fixed assets		(511,610)	(182,423)
Proceeds from the disposal of investments		2,732,416	1,462,067
Purchase of investments		(3,012,932)	(1,763,973)
Transfers to short term deposits		2,469,972	(2,469,972)
Net cash used in investing activities		2,107,838	(2,659,353)
Change in cash and cash equivalents in the period		2,809,092	(1,789,113)
Cash and cash equivalents at 1 January 2024	B	2,020,249	—
Change in cash and cash equivalents due to exchange rate movements		(157)	9,217
Cash and cash equivalents transferred from the Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust (Charity registration number 255695)		—	3,800,145
Cash and cash equivalents at 31 December 2024	B	4,829,184	2,020,249

Notes to the statement of cash flows for the year to 31 December 2024

A Reconciliation of net income for the year to net cash flows from operating activities

	Year to 31 December 2024 £	Year to 31 December 2023 £
Net income for the period (as per the statement of financial activities)	1,371,737	32,471,511
Adjustments for:		
Transfer to the Sisters Hospitallers of the Sacred Heart of Jesus CIO (Charity registration number: 1198657)	—	(31,445,213)
Depreciation charge	317,499	275,303
Gains on the disposal and revaluation of investments	(658,734)	(213,245)
Foreign exchange losses (gains)	157	(9,217)
Dividends and interest from investments	(429,992)	(294,948)
(Increase) decrease in debtors	(86,275)	20,882
Increase in creditors	186,862	65,167
Net cash provided by operating activities	701,254	870,240

B Analysis of net debt

	Year to 31 December 2024 £	Year to 31 December 2023 £
Cash at bank and in hand	4,801,868	1,982,637
Cash held by investment managers	27,316	37,612
Total cash and cash equivalents	4,829,184	2,020,249
Short term deposits	—	2,469,972
Total net debt	4,829,184	4,490,221

Principal accounting policies 31 December 2024

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

Basis of preparation

These accounts have been prepared for the year to 31 December 2024 with comparative information provided in respect to the period for the year to 31 December 2023

The accounts have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to these accounts.

The accounts have been 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 United Kingdom and Republic of Ireland (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The charity constitutes a public benefit entity as defined by FRS 102.

The accounts are presented in sterling and are rounded to the nearest pound.

Critical accounting estimates and areas of judgement

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

- ◆ the useful economic lives attributed to tangible fixed assets used to determine the annual depreciation charge;
- ◆ the provision required for any bad or doubtful debts which has been determined following an assessment of the likelihood of recovery of long-standing debts by management;
- ◆ the assumptions adopted by the Trustees and management in determining the value of any designations required from the charity's general unrestricted fund; and
- ◆ the assumptions made in relation to future income and expenditure flows for the purposes of assessing going concern.

Assessment of going concern

The Trustees have assessed whether the use of the going concern assumption is appropriate in preparing these accounts. The Trustees have made this assessment in respect to a period of one year from the date of approval of these accounts.

The Trustees of the charity have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The Trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

The most significant areas of judgement that affect items in the accounts are detailed above. With regard to the next accounting period, the year ending 31 December 2024, the most significant areas that affect the carrying value of the assets held by the charity are the level of investment return and the performance of the investment markets (see the investment policy and the risk management sections of the Trustees' report for more information).

Scope

The accounts include all the activities and net assets of Sisters of Hospitallers of the Sacred Heart of Jesus CIO (the Congregation) in England. The accounts do not include the activities and assets of the Congregation overseas as these are controlled by the Congregation, not the charity's Trustees.

Income recognition

Income is recognised in the period in which the charity has entitlement to the income, the amount of income can be measured reliably, and it is probable that the income will be received.

Income comprises donations and legacies, investment income, interest receivable, fees receivable from the provision of care to the residents of the care home and sundry income.

Donations, including the pensions of individual religious received under Gift Aid or deed of covenant, and grants are recognised when the charity has confirmation of both the amount and settlement date. In the event of donations and/or grants pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation or grant is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

In accordance with the Charities SORP FRS 102 volunteer time is not recognised.

Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, and any conditions attached to the legacy are within the control of the charity.

Income recognition (continued)

Entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having being transferred to the charity.

Dividends are recognised once the dividend has been declared and notification has been received of the dividend due; this is normally upon notification by the investment manager.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Fees derived from the provision of care to the residents of the care homes are recognised as income based on the period to which the residency relates.

Grants and other income receivable in relation to Covid-19, including income from the Coronavirus Job Retention Scheme Coronavirus Job Retention Scheme, is credited to the statement of financial activities once the charity is entitled to the funding and when the amount receivable has been quantified.

Services provided by members of the Congregation

For the purposes of these accounts, no value has been placed on administrative and other services provided by the members of the Congregation.

Expenditure recognition and the basis of apportioning costs

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. All expenses are allocated to the applicable expenditure headings. The majority of expenditure is directly attributable and any apportionment between headings is negligible. The classification between activities is as follows:

- ♦ Expenditure on raising funds comprises investment management fees.

Expenditure recognition and the basis of apportioning costs (continued)

- ◆ Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include:
 - ◇ Expenditure on the support of members of the Congregation and their ministry. Such expenditure enables the members to carry out the work of the charity in the areas of the advancement of the Roman Catholic faith, the provision of residential and nursing care, and the relief of poverty.
 - ◇ Expenditure incurred in the provision of residential and nursing care facilities for the elderly at the charity's residential and care homes.
 - ◇ Grants and donations relate, in the main, to the support of the Congregation's own work overseas and the support of other Roman Catholic charitable organisations.
 - ◇ Governance costs which comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect to its compliance with regulation and good practice.

All expenditure can be attributed directly to the above categories and hence there has been no apportionment between headings.

Pension costs

Contributions in respect of defined contribution pension schemes and contributions to a group pension plan are charged to the statement of financial activities in the period in which they are payable to the scheme. The charity has no liability beyond making its contributions and paying across the deductions for the employees' contributions.

Tangible fixed assets

All assets costing more than £1,000 and with an expected useful life exceeding one year are capitalised.

- ◆ Freehold land and buildings

Freehold land and buildings comprise the charity's care homes. Those held by the charity's predecessor charity and transferred on 31 January 2023 are stated at a trustees' valuation made on that date based on market value for existing use. This valuation is now deemed to be cost. Additions since 1 February 2023 are stated at cost. Such buildings are depreciated over a fifty-year period on a straight line basis. Freehold land is not depreciated.
- ◆ Medical and surgical equipment

Expenditure on the purchase and replacement of medical and surgical equipment is capitalised and depreciated over a five year period on a straight line basis.
- ◆ Plant, fixtures, fittings and office equipment

Expenditure on the purchase and replacement of plant, fixtures, fittings and office equipment is capitalised and depreciated over a five to ten year period on a straight line basis.

Tangible fixed assets (continued)

◆ Motor vehicles

Motor vehicles are capitalised and depreciated over a four year period, on a straight line basis, in order to write off the cost of each vehicle over its estimated useful life.

Heritage assets

The charity owns a number of artefacts and paintings that have not been valued for the purposes of these accounts on the grounds that information regarding the cost or valuation of such assets cannot be obtained at a cost commensurate with the benefit to the users of the accounts and to the charity. In the main, these artefacts and paintings are of a religious nature and the Trustees consider that their ownership is consistent with the principal charitable objective of the charity of advancing the Roman Catholic faith. Many of these assets have been given or bequeathed to the charity and it is the intention of the Trustees that such assets will be held indefinitely.

Investments

Listed investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price.

The charity does not acquire put options, derivatives or other complex financial instruments.

As noted above the main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

Realised gains (or losses) on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase value if acquired

subsequent to the first day of the financial period. Unrealised gains and losses are calculated as the difference between the fair value at the period end and their carrying value at that date. Realised and unrealised investment gains (or losses) are combined in the statement of financial activities and are credited (or debited) in the period in which they arise.

Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid. They have been discounted to the present value of the future cash receipt where such discounting is material.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but less than one year have been disclosed as short term deposits. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Foreign currencies

Assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the rate of exchange ruling at the date of the transaction. Exchange differences are taken into account in arriving at the net movement in funds.

Fund structure

Designated funds comprise monies set aside out of unrestricted funds for specific future purposes or projects.

The tangible fixed assets fund comprises the net book value of charity's tangible fixed assets, the existence of which is fundamental to the charity being able to perform its charitable work and thereby achieve its charitable objectives. The value represented by such assets should not be regarded, therefore, as realisable.

General funds represent those monies which are freely available for application towards achieving any charitable purpose that falls within the charity's charitable objects.

Leases

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to the statement of financial activities on a straight-line basis over the term of the lease.

1 Income from donations, grants and legacies

	Year ended 31 December 2024			Year ended 31 December 2023		
	Un-restricted funds £	Restricted funds £	Total funds £	Un-restricted funds £	Restricted funds £	Total funds £
Donations and gifts	60,158	—	60,158	7,306	—	7,306
Pensions of individual religious received under gift aid or deed of covenant	144,546	—	144,546	120,178	—	120,178
	204,704	—	204,704	127,484	—	127,484

2 Income from investments and interest

	Year ended 31 December 2024			Year ended 31 December 2023		
	Un-restricted funds £	Restricted funds £	Total funds £	Un-restricted funds £	Restricted funds £	Total funds £
Income from listed investments	244,241	—	244,241	263,783	—	263,783
Bank interest receivable	185,751	—	185,751	31,165	—	31,165
	429,992	—	429,992	294,948	—	294,948

3 Expenditure on charitable activities: Operation of care homes

	Year ended 31 December 2024			Year ended 31 December 2023		
	Un-restricted funds £	Restricted funds £	Total funds £	Un-restricted funds £	Restricted funds £	Total funds £
Staff costs (note 6)	4,830,520	—	4,830,520	3,645,192	—	3,645,192
Premises costs	840,066	—	840,066	693,108	—	693,108
Care and welfare costs	1,405,968	—	1,405,968	1,177,778	—	1,177,778
Depreciation	317,499	—	317,499	275,303	—	275,303
Foreign exchange (gains)/losses	157	—	157	—	—	—
Governance costs (see note 4)	37,756	—	37,756	36,269	—	36,269
Other operating costs	511,592	—	511,592	486,555	—	486,555
	7,943,558	—	7,943,558	6,314,205	—	6,314,205

4 Governance costs

	Year ended 31 December 2024 £	Year ended 31 December 2023 £
Auditor's fees		
. Current year	37,756	30,100
. Prior year	—	6,169

5 Net income for the period

This is stated after charging (crediting):

	Year ended 31 December 2024 £	Year ended 31 December 2023 £
Staff costs (note 6)	4,446,740	3,645,192
Depreciation (note 8)	317,499	275,303
Foreign exchange gains	157	(9,217)
Auditor's remuneration		
. Statutory audit services – current year	33,868	31,578
. Statutory audit services – prior year	798	4,691
. Other services	3,090	—

6 Staff costs and remuneration of key management personnel

	Year ended 31 December 2024 £	Year ended 31 December 2023 £
Wages and salaries	3,788,242	2,852,185
Social security costs	340,495	234,260
Pension costs	233,130	125,872
	4,361,867	3,212,317
Agency staff and other costs	468,653	432,875
	4,830,520	3,645,192

The average number of employees in the period was as follows:

	Year ended 31 December 2024 £	Year ended 31 December 2023 £
Provision of residential and care services	163	151

The high agency staff costs reflect the national shortage of qualified nursing and care staff.

One employee earned between £80,001 and £90,000 (including taxable benefits but excluding employer pension contributions) during the year (year to 31 December 2023 – one), and one employee earned between £60,001 and £70,000 (including taxable benefits but excluding employer pension contributions) during the year (year to 31 December 2023 – one).

The key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis comprise the Trustees (including the Provincial and the Provincial Bursar) and the Centres' Management Team. The total remuneration (including taxable benefits, employer's pension contributions, and employer's social security costs) of the key management personnel for the period was £414,584 (period to 31 December 2023 – £342,882).

6 Staff costs and remuneration of key management personnel (continued)

As members of the Congregation, the living and personal expenses of the Trustees were borne by the charity, but they received no remuneration or reimbursement of expenses in connection with their duties as Trustees during the period (period to 31 December 2023 - £nil).

7 Taxation

The Sisters Hospitallers of the Sacred Heart of Jesus CIO is a registered charity and, therefore, is not liable to income tax or corporation tax on income or gains derived from its charitable activities, as they fall within the various exemptions available to registered charities.

8 Tangible fixed assets

	Freehold property and improvements £	Medical and surgical equipment £	Plant, fixtures, fittings and office equipment £	Motor vehicles £	Total £
Cost or valuation					
At 1 January 2024	19,706,830	176,485	1,847,003	32,695	21,763,013
Additions	84,662	1,674	425,274	—	511,610
At 31 December 2024	19,791,492	178,159	2,272,277	32,695	22,274,623
Depreciation					
At 1 January 2024	183,656	159,644	1,688,193	32,695	2,064,188
Charge for period	201,785	6,938	108,776	—	317,499
At 31 December 2024	385,441	166,582	1,796,969	32,695	2,381,687
Net book values					
At 31 December 2024	19,406,051	11,577	475,308	—	19,892,936
At 31 December 2023	19,523,174	16,841	158,810	—	19,698,825

The historical cost of the freehold land and buildings included above at valuation cannot be ascertained with accuracy.

As permitted under FRS 102, the charity has adopted a policy of not revaluing tangible fixed assets held for the charity's use. The deemed cost of freehold property is based on a trustees' valuation made on the date the assets were transferred from the predecessor charity.

It is likely that there are material differences between the open market values of the charity's land and buildings and their book values. These arise from the specialised nature of some properties and the effects of inflation. The amount of such differences cannot be ascertained without incurring significant costs, which, in the opinion of trustees, is not justified in terms of the benefit to the users of the accounts.

8 Tangible fixed assets (continued)***Heritage assets***

The charity owned a number of artefacts and paintings that have not been valued for the purposes of these accounts. In the main, these artefacts and paintings are of a religious nature and the Trustees consider that their ownership is consistent with the principal charitable objective of the charity of advancing the Roman Catholic faith. Many of these assets have been given or bequeathed to the charity and it is the intention of the Trustees that such assets will be held indefinitely. With effect from midnight on 31 January 2023, the heritage assets transferred to the successor charity.

9 Fixed asset investments

	Year ended 31 December 2024 £	Year ended 31 December 2023 £
Listed investments		
At 1 January 2024	8,641,598	—
Transfer from the Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust (Charity registration number: 255695)	—	8,126,447
Additions at cost	3,012,932	1,763,973
Disposals proceeds	(2,732,416)	(1,462,067)
Net realised and unrealised gains	658,734	213,245
Fair (market) value as at 31 December 2024	9,580,848	8,641,598
Cash held by investment managers for reinvestment	27,316	37,612
	9,608,164	8,679,210
Cost of listed investments at 31 December 2024	7,773,093	7,883,228

Listed investments held at 31 December 2024 comprised the following:

	2024 £	2023 £
Unitised funds		
. Fixed interest – UK	328,468	183,556
. Fixed interest – Overseas	573,604	612,880
. Equities – UK	3,068,532	3,456,410
. Equities – overseas	5,552,895	4,233,332
Commodities	57,349	155,420
	9,580,848	8,641,598

All listed investments were dealt in on a recognised stock exchange.

9 Fixed asset investments (continued)

At 31 December 2024, listed investments included the following individual holdings deemed material when compared with the overall portfolio valuation (including cash) as at that date:

Holding	2024 Market value of holding £	2024 Percentage of portfolio %
Rathbone Unit Trust Mgt Core Active Income & Growth Income Fund	3,082,315	32.2%
Rathbone Unit Trust Mgt Core Investment Fund for Charities	2,996,757	31.3%
Coutts-St Teresa	1,447,047	15.1%
Coutts-Communities	2,054,729	21.4%

10 Debtors

	2024 £	2023 £
Care home fees receivable	224,823	145,234
Prepayments	51,962	50,801
Other debtors	19,978	14,453
	296,763	210,488

11 Creditors: amounts falling due within one year

	2024 £	2023 £
Expense creditors	143,430	141,882
Accruals	348,990	178,489
Social security and other taxes	96,655	96,999
Other creditors including fees in advance	167,408	152,251
	756,483	569,621

12 Tangible fixed assets fund

	Year ended 31 December 2024 £	Year ended 31 December 2023 £
At 1 January 2024	19,698,825	—
Transfer from the Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust (Charity registration number: 255695)	—	19,905,846
Transfer to general fund	194,111	(207,021)
Balance at 31 December 2024	19,892,936	19,698,825

The tangible fixed assets fund represented the net book value of the charity's tangible fixed assets. A decision was made to separate this fund from the general funds of the charity in recognition of the fact that the assets are essential to the day-to-day work of the charity and as such their value should not be regarded as reserves available to finance charitable activities.

13 Designated fund – retirement fund

	Year ended 31 December 2024 £	Year ended 31 December 2023 £
At 1 January 2024	5,000,000	—
Transfer from the Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust (Charity registration number: 255695)	—	5,000,000
New designations	—	—
Balance at 31 December 2024	5,000,000	5,000,000

The retirement fund comprised monies set aside to provide for the care and support of members of the Sisters of the Hospitallers of the Sacred Heart of Jesus as they grow older. The value of the fund has been calculated using actuarial principles but the amount designated is constrained by the assets available.

14 Analysis of net assets between funds

	Unrestricted funds				31 December 2024 Total £
	General fund £	Tangible fixed assets fund £	Retirement fund £	Restricted funds £	
Tangible fixed assets	—	19,892,936	—	—	19,892,936
Investments	4,608,164	—	5,000,000	—	9,608,164
Net current assets	4,342,148	—	—	—	4,342,148
	8,950,312	19,892,936	5,000,000	—	33,843,248

	Unrestricted funds				31 December 2023 Total £
	General fund £	Tangible fixed assets fund £	Retirement fund £	Restricted funds £	
Tangible fixed assets	—	19,698,825	—	—	19,698,825
Investments	3,679,210	—	5,000,000	—	8,679,210
Net current assets	4,093,476	—	—	—	4,093,476
	7,772,686	19,698,825	5,000,000	—	32,471,511

14 Analysis of net assets between funds (continued)

The total unrealised gains as at 31 December 2024 constitute movements on revaluation. Those in respect to listed investments are as follows:

	Year ended 31 December 2024 £	Year ended 31 December 2023 £
Unrealised gains included above:		
On listed investments	1,807,755	758,370
Reconciliation of movements in unrealised gains		
Unrealised gains at 1 January 2024	758,370	—
Transfer from the Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust (Charity registration number: 255695)	—	551,851
Add: Movement in the period	1,049,385	206,519
	1,807,755	758,370
Total unrealised gains at 31 December 2024	1,807,755	758,370

As stated in note 8 above, the historic cost of the charity's freehold land and buildings properties cannot be ascertained with accuracy. The cumulative unrealised gains on the functional property, therefore, cannot be quantified and so cannot be disclosed accurately.

15 Lease commitments

At 31 December 2024 the charity had total future minimum lease payments under non-cancellable operating leases for office equipment as follows:

	2024 £	2023 £
Amounts payable		
. Within one year	15,912	20,221
. After one but within five years	39,780	55,692
. After five years	—	—
	55,692	75,913

16 Ultimate control

The charity, which is constituted as a CIO, was controlled throughout the period by the English Province of the Sisters Hospitallers of the Sacred Heart of Jesus by virtue of the fact that the Provincial Superior of the Province appoints the Trustees. The Province does not hold any assets, incur liabilities or enter into any transactions in its own right. Assets and liabilities of the Province in England are vested in the Trustees of the charity, who undertake all transactions entered into in the course of the Province's charitable activities.

17 Related party transactions

As members of the Congregation, no trustee has resources of her own as all earnings, pensions and other income have been donated to the charity under a Gift Aid compliant Deed of Covenant. During the year, the total amount donated by the trustees to the charity was £29,192 (31 Dec 2023, £13,011)

17 Related party transactions (continued)

There were no other related party transactions during the period ended 31 December 2024 (year ended 31 December 2023 – none).

18 Transfer of activities, assets and liabilities

With effect from midnight 31 January 2023, the activities, assets and liabilities of the Sisters Hospitallers of the Sacred Heart of Jesus Charitable Trust, a Charitable Trust registered with the Charity Commission (Charity Registration Number: 255695), were transferred to the CIO. The net assets at that date comprised:

	2023 £
Tangible fixed asset	
. Cost	21,580,590
. Depreciation	(1,788,885)
	19,791,705
Fixed asset investments	8,218,887
Debtors	231,370
Cash and cash equivalents	3,707,705
Creditors: amounts falling due within one year	(504,454)
	<u>31,445,213</u>

The assets and liabilities were represented by the following funds:

	2023 £
Unrestricted funds	
. General funds	6,653,508
. Designated funds	5,000,000
. Tangible fixed assets	19,791,705
	<u>31,445,213</u>