

Annual Report and Accounts 2024 – 2025



Your community,
your hospice

Rudo, Registered Nurse on our Inpatient Unit



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A message from our Patron **Geraldine Allinson OBE DL**

Volunteers are, as they have always been, central to all that we do at Heart of Kent Hospice.

Around 600 people offer their time to the hospice and in 2024/25 I had the pleasure of meeting many of them.

There are lots of reasons why our volunteers choose to get involved, including gaining work experience, meeting new people, and sharing their skills to help others. For some, it's about giving back to or being part of the community, and for others it's a very personal way of saying 'thank-you'.

I am in awe of the diverse skills and knowledge they bring. It's impossible to quantify the value of their contribution, but it must be worth at least £1m every year.

What is certain, is that it would not be possible for

the hospice team to achieve what it does without the commitment and loyalty of this extraordinary band of people.

I extend my warmest thanks and gratitude to everyone who supports the hospice with the gift of their time, experience and energy.



Message from Chair of Trustees Ann Millington



You will have your own reasons for supporting your hospice, but I know that, alongside many others, I feel a deep connection with the hospice's work, its values, and the extraordinary people who make the hospice what it is. Thank you.

Like other hospices around the country, Heart of Kent Hospice remains under financial strain. Operational costs have increased while statutory funding has remained unchanged. We received £100,564 at the end of March 2025 as our allocation from the Government's £100m hospice capital funding pot. This could only be utilised for building and capital expenditure and not for the provision of care.

Whilst we welcome it, it doesn't help with our most urgent need: to pay the salaries of the nursing and

medical teams and all those who make our care so special.

Heart of Kent Hospice does not have significant reserves that we can dip into. Each year we must cut our cloth according to the income we have available to spend. But because of you, and others like you, the hospice team were able to provide compassionate care to record numbers of people throughout the financial year of 2024/25. Thanks to you, those friends, neighbours and loved-ones did not have to face the immense challenge of terminal illness alone. Thank you again.

My fellow Trustees and I also thank the outgoing Chief Executive, Rachel Street, for her commitment to making a positive impact for everyone living with a terminal illness in our community. This was a huge decision for Rachel,

whose connections to our hospice run deep. She hands over Heart of Kent Hospice in great shape and with an exciting future ahead.

I am sure you will join me in welcoming Ann-Marie Kelly as Chief Executive. Ann-Marie has been our Director of Income Generation for over ten years. She has the commitment, expertise and experience that we need to progress the delivery of the hospice's strategic plan and the development of the new hospice at Greensand Place, Linton. The year ahead looks promising.

A handwritten signature in black ink, reading 'A Millington'. The signature is stylized with a large, flowing 'M' and a long, sweeping underline.

Message from outgoing Chief Executive Rachel Street



As Heart of Kent Hospice's Chief Executive during the 2024/25 financial year, it was reassuring to end the financial year in a positive position that protects our reserves for future years.

Whilst my colleagues are adept at utilising their budgets wisely, this achievement is really thanks to you – our supporters. It's thanks to your kindness and loyalty to Heart of Kent Hospice and all that you do to fund our specialist care. Quite simply, your hospice would not exist without you.

A significant milestone in the year was securing outline planning permission to build a new hospice in Linton. Colleagues from across the organisation participated in design development sessions, helping shape aspirations for a modern future hospice that provides a welcoming environment for people under our care.

The hospice's Strategic Plan for 2024-2027 was created in consultation with all colleagues. I believe that it captures their ambition and drive to do all they can for terminally ill people living in our community.

In March this year I met The Baroness Monckton of Dallington Forest, MBE. Rosa is a good friend of the hospice. Following her appointment to the House of Lords she has lost no time in speaking out about hospice funding and the Terminally Ill Adults (End of Life) Bill in the most forthright of terms. The latter is a very emotive subject and will have polarised opinions. Heart of Kent Hospice remains strong in its stance that high-quality palliative and end-of-life care must be a priority for all.

No one should feel they are choosing assisted dying because their physical, emotional, or spiritual needs

are not being met. That's why we echo calls across the hospice and healthcare sector for greater investment in palliative care – so that choice at the end of life is always made in the presence of excellent support, not in the absence of it.

For the past six and half years I have had the privilege of working with and meeting so many amazing people: colleagues, volunteers and supporters as well as people under our care and their loved ones. I truly feel I have been part of something very special and I will miss being part of Heart of Kent Hospice very much indeed.

Thank you again for all that you do for Heart of Kent Hospice.

A handwritten signature in black ink, appearing to read 'Rachel Street'.

Message from Chief Executive Ann-Marie Kelly



Looking forward

I am hugely privileged to take over from Rachel as Chief Executive and am excited to build on our strategic plans to expand our reach and reputation. As demand for our specialist end-of-life and palliative care continues to increase, so does our ambition and drive to help even more people. I'm eager to ensure that our colleagues and volunteers continue to be well supported and thrive during our next phase.

Raising our profile as an independent charity that costs over £7.6m a year to run is at the heart of our strategy – securing income and financial success. As we proceed to the next stage of the development of our new hospice in Linton, we must balance this additional fundraising need, with the reality that we are always under pressure to fund the day-to-day care of our patients and their loved-ones.

You, our supporters, partners, stakeholders and volunteers ensure we can do this. Thank you for your loyal generosity, for your donations and fundraising; for volunteering, buying and donating to our charity shops; thank you for considering to leave us a gift in your Will and for spreading

the word about the invaluable difference we make to people at the end of their lives.

You are the driving force behind everything we do. Your support makes it possible.

A handwritten signature of Ann-Marie Kelly in black ink.

“My Dad had just popped home for something to eat when someone from the hospice called to say the time was getting close.

When we got there, someone had put on some lovely, soothing music and one of the volunteers was holding my Mum's hand. She asked if there was anything we needed and offered to make cups of tea for us all. I'm so grateful to that lady, because if Mum had departed before we'd got there, she wouldn't have been alone.

We swear that Mum held on until my sister got there, because a minute after she arrived, Mum went. All five of us were there with her and able to express how much we loved her.

It was heart-breaking, but the hospice made the thing we were dreading into something indescribably peaceful and gentle. We had never imagined it could be like that.”

Helen Kirk-Brown

Our vision

Our vision is that everyone living with a terminal illness in our community will achieve the best quality of life. We seek to achieve this by enabling people with a terminal illness in our community to live in comfort, with independence and dignity to the end of their lives, and to support those closest to them.

Our values and culture framework

Our culture, values and behaviours guide our decision making and how we conduct ourselves in our work. They ensure all patients, and their loved-ones receive the very best care, day in and day out.

Our values are:

Compassion

Integrity

Respect

Teamwork

The hospice has a culture framework which celebrates our values and helps colleagues and volunteers put these values into action. The culture framework includes four core behaviours:

I care

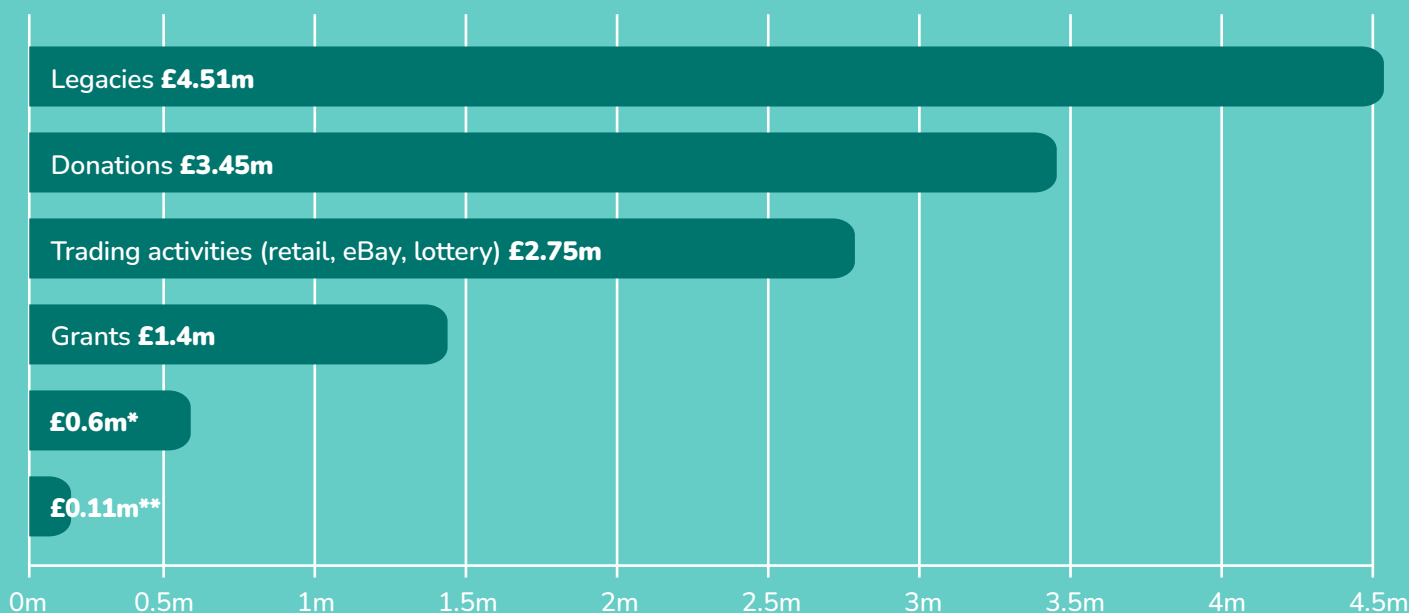
I own

I learn

I improve

These core behaviours underpin how we recruit, develop and retain our teams.

Where our money came from in 2024/25



* Charitable activities performance-related grants and contractual income
** Interest and other income

How your money was spent in 2024/25



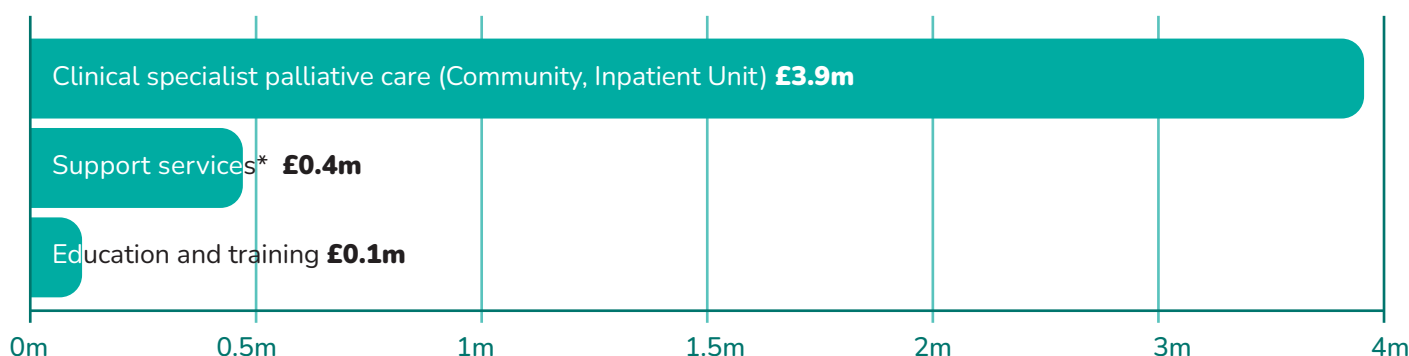
83p in every pound was available to spend on hospice clinical support and service delivery

Of every £1 raised

83p Available for charitable purposes

17p Invested to generate further income

How we delivered our mission in 2024/25



* welfare, counselling, social work, spiritual care and Compassionate Neighbours

Our strategy

1 Securing income and future success

Heart of Kent Hospice can only continue to provide outstanding palliative and end-of-life care and help even more people if we have the funds to do it. We need to grow our income and secure plans to relocate to a newly built hospice in the future.

2 Extending the reach of our specialist palliative and end-of-life care

Against a backdrop of increasing demand for our services, we need to identify how we can reach more people. We will review our models of care and seek to find ways to ensure we are there for everyone who needs our support.

3 Supporting our colleagues and volunteers to achieve and thrive

Our hospice makes a real difference to local people because we have incredible teams of colleagues and volunteers. Ensuring that our colleagues and volunteers can thrive at work is a critical priority for our future success.

4 Expanding our reputation and recognition as an outstanding organisation

Quality and excellence are at the heart of everything we do, and our outstanding reputation lies at the core of achieving our strategic plan.

Providing outstanding palliative and end-of-life care in our community

£7.6m
to run the
hospice and
it's services

1,115
referrals made to
the Hospice
Community
Services Team

210
people cared
for on the
Inpatient Unit

2,153
people cared for
by the Hospice
Community
Services Team

1,843
home visits
by the Hospice
Community
Services Team

23,474
telephone
communication
by the Hospice
Community
Services Team

4,308
Hospice Hub
attendees
through the year

2,695
families and loved-ones
supported through
counselling, spiritual
care, welfare and
social work

1,360
people working in health
and/or social care received
palliative care training from
the hospice Training and
Education Team

Priority one:

Securing income and future success

In order to meet the needs of our community well into the future, we must increase our income across all areas, including fundraising, retail and statutory sources. We must also continually review our cost base.

In an increasingly competitive charity fundraising environment, we must also attract and retain more supporters, and provide opportunities to encourage people to donate to the creation of a new hospice for the people of Maidstone, and surrounding areas.



Our focus in 2024/25:

- Secure additional funding from the Integrated Care Board.
- Develop the plan to secure the planning permission for a new hospice site.
- Deliver 'Shaun the Sheep in the Heart of Kent' art trail in Summer 2024.
- Grow income in fundraising and retail.

Navigating a changing funding landscape

The shake-up within the NHS and ongoing evolution of Integrated Care Boards (ICBs) is likely to reshape how statutory funding is allocated to hospices. As a provider of essential end-of-life and palliative care, securing sufficient sustainable statutory funding remains a key focus for us. In this changing landscape, we are advocating for fairer, more consistent support, particularly as we work to compete with the NHS Agenda for Change pay rates to retain and recruit our expert workforce. This is increasingly challenging within the current financial backdrop.

We have actively sought solutions to diversify our income to reduce reliance on statutory sources. From expanding our retail and fundraising efforts, to developing community partnerships and exploring new models of care, we are focused on building long-term resilience. However, it remains the reality that we need more sustainable funding.

We continue to make the case for investment and our place in the broader system of community-based palliative care. While we remain positive about greater recognition through the Integrated Care Board (ICB), we are also determined to lead with innovation, pragmatism and a strong sense of responsibility to those we care for and the communities we support.



New hospice update

As we began the financial year, we were in the early stages of planning to relocate from our current site in Aylesford to a new site in Linton. Outline planning permission was granted at the end of 2024 and our Reserved Matters Application was approved on 10 November 2025. Plans are now underway for a significant capital campaign.

We've spent time visiting other newly built hospices to gain inspiration about designs and facilities. We have refined the internal design of our new hospice with a focus on maximising efficiency ensuring the layout will meet the

future needs of our community.

Alongside finalising the design, our priority is to secure the financial support we will need to fund the building. We received news towards the end of the year of the largest ever legacy donated to the hospice. The legacy has been left by David and Edwina Bicker. Edwina was a founder of the original hospice and the Trustees along with the Bickers executors have agreed to use the donation towards the new hospice; a fitting tribute to the donor.

The need for a new hospice grows each week. Our current

building, which opened in 1991, no longer meets the needs of our patients and their loved ones. With no room for expansion, we are constrained by the site and unable to respond fully to increasing demand. As the population ages and more people live longer with terminal and complex illnesses, we must be ready to meet future needs.

The future hospice at Greensand Place will be at the heart of a new community in Linton, near Coxheath. It sits almost centrally within our catchment area and, alongside the existing GP practice, there are plans for development outside of our own for affordable housing, a care home and independent living units for young people with autism.

Designed to be bright, welcoming, and therapeutic, the new building will offer a tranquil environment for patients and their loved ones. It will also be more environmentally sustainable and cost-effective than our current site.





We hope the new hospice will become a true community hub – a space, for care, connection, celebration and support.

If you'd like to learn more or get involved in our plans we'd be delighted to hear from you.

Email:
futurehospice@hokh.co.uk

Summer of Shaun



Total sculptures:
109

During the summer of 2024 Heart of Kent Hospice hosted Shaun the Sheep in the Heart of Kent art trail in Maidstone. This, our second trail, was hugely successful, with 109 (52 large and 57 small) individually decorated 'Shaun' sculptures, each sponsored by a local company or adopted by a school or community group or charity. The free art trail ran for nine weeks from the end of June.

£265,250
raised for the hospice

The anticipation and excitement for the trail amongst our local community was evident by the record number of visitors during the opening weekend. Over 217,000 visitors of all ages from all over the world including Europe, America and New Zealand helped us fulfil our aim of making Maidstone a tourist destination during the summer of 2024.

We prioritised making the trail accessible to all and carefully selected each sculpture location with this in mind. We created a beautiful video of all the sculptures for everyone to enjoy.

We aimed to boost our local economy, increase footfall and showcase Maidstone's cultural offerings and assets. The total economic impact of the trail was valued at £6.8 million contributing £2.07 million of Gross Value Added (GVA) to the local economy.

Shaun in the Heart of Kent is a wonderful example of partnership working. We secured the support of 34 businesses as trail partners and sponsors. Throughout the project, they benefitted from a collaborative community platform for networking which has resulted in some businesses working closely together outside of the trail.

Our Learning and Community programme engaged 55 schools, community groups and other charities who fundraised,

designed and decorated their own small Shaun sculptures to keep forever. We're indebted to 90 'trail-makers' who volunteered the equivalent of 276 working days. Many trail-makers helped in our two 'Shaun shops' selling trail related merchandise to boost income for the hospice. These shops, which were gifted to the hospice for the trail, attracted 8,500 visitors.

Overall, the Shaun in the Heart of Kent art trail delivered economic impact, brought the community together and raised £265,250 for the hospice through the sale of the Shaun sculptures at auction. Thank you to everyone involved.



The Trail

Total sculptures: 109

52 large

57 small

Visitors: Over 217,000

(from UK, Europe, USA, New Zealand)

Trail duration: 9 weeks (summer 2024)

Health and wellbeing impact

Steps recorded: 59.9 million

Miles walked: 26,900+

Encouraged more outdoor activity:

80% said it encouraged them to get outdoors

87% said it encouraged them to walk more

69% said they spent more time with family

Economic impact

Spent more time in Maidstone: 84%

Went shopping: 55%

Spent money in food and drink outlets: 74%

Visited new places in Maidstone: 69%

Total economic impact: £6.8 million

Gross Value Added (GVA): £2.07 million

Community and engagement

Business partners/sponsors: 34

Schools and community groups involved: 55

Volunteers ('trail-makers'): 90

Volunteers contributed 276 working days

Visitors to Shaun shops: 8,500

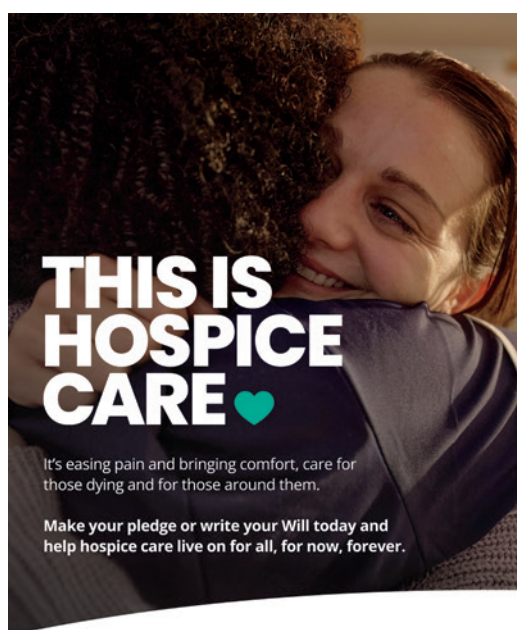
Shaun shops: 2 (gifted for the trail)



The challenge of balancing charity retail supply and sustainability

Charity retail remains a vital source of income and community engagement, but it is not without its challenges. The demand for good-quality, second-hand stock is high – shoppers are increasingly discerning, seeking value, sustainability and choice. However, meeting this demand requires a steady flow of high-quality donations, which can be unpredictable. At the same time, the cost of running our shops is rising. From national increases in colleague recruitment costs to energy, insurance and operational overheads, the financial pressure is growing.

We rely on the dedication of volunteers and the generosity of donors. It's a careful balancing act: we must remain true to our values while adapting to new expectations and financial realities. As always, we are focused on finding solutions – trialling new donation campaigns, making it easier for people to give, and making sure every item donated or sold helps support hospice care in a meaningful way.



Make your pledge or find out about writing your Will at hokh.org/giftsinwills



Registered Charity No. 298154



A lasting gift: The power of Gifts in Wills

Gifts left to us in a Will are one of the most meaningful and impactful ways people choose to support our hospice. These special Gifts in Wills allow individuals to leave a lasting mark on their community, helping to ensure that others receive the same compassionate care they or their loved ones may have experienced. This year, we were fortunate to benefit from a record year for legacies – a powerful reminder of the trust people place in us and the value they see in our work. Legacy gifts help fund our services today and shape our future, offering vital financial stability at a time when other income streams can be uncertain. Every legacy, no matter the size, helps us continue to provide care, comfort, and dignity when it matters most.

We are deeply grateful for each and every one. Because each gift is so important to us we took part in the Hospice UK national legacy campaign – an awareness campaign showcasing the work of hospices and the difference made to local communities. For the first time a television advert showcased 'This is Hospice Care' and prompted people to remember their local hospice when writing their wills. This activity aired in February 2025 and a second burst happened in September 2025.

Trusts and foundations

Grants from charitable trusts and foundations remain a vital source of funding for our hospice. Whether supporting core care provision, specific projects, or capital developments, trusts funding allows us to extend our reach and impact far beyond what statutory and public fundraising alone can achieve. We are deeply grateful for the partnerships we hold with both national and local funders who share our commitment to high-quality, compassionate end-of-life care.

Promoting Hospice Growth

Fostering resilience and stability

The AKO Foundation
The Albert Hunt Trust
The Bennett Pain Charitable Trust
The Thompson6 Charitable Trust
The Hollands-Warren Fund
The Dorothy Wharton (MEH) Trust
The Remington-Hobbs/Russell Charitable Trust
The Hatch Charity Trust
The Brachers Charitable Trust
The Somerhill Charitable Trust
The Brewers Foundation

Elevating patient care

Supporting excellence of care (Grants awarded for IPU catering, IPU salary, mattress maintenance).

The James Tudor Foundation
The Kent Nursing Institute
The Maidstone Lions
The Malling District Lions
The Skipton Charitable Foundation
The Cantiacorum Foundation
The Charlotte Marshall

Charitable Trust

The Florence Nightingale Aid in Sickness Trust

Nationwide Maidstone Colleague Grant

Kings Hill Rotary Club Community Chest

The Green Hall Foundation

Compassionate Neighbours

Addressing social isolation and loneliness in our community (Grants awarded for Compassionate Neighbour Lead salary relief)

The February Foundation
The Hillier Trust
The Cobtree Charity Trust
The Souter Charitable Trust

Dementia services

Advancing dementia support (grants awarded for salary relief for Dementia Nurse Specialist and Paramedic and dementia services)

The Lawson Trust
The Childwick Trust
The Hospital Saturday Fund

Hospice Hub Clinical Drop-ins

Ensuring accessible, tailored hospice support for terminally-ill individuals

The Colyer-Fergusson Charitable Trust

Trading and retail

Upgrading shop fronts, elevating the customer experience and safeguarding vital hospice income

UK Government (TMBC UK Shared Prosperity Fund Programme)

With very special thanks

We are incredibly grateful to Masonic Lodges, who donate through the Masonic Charitable Foundation, and to the Parish Councils in our community. Your generous contributions provide essential support, comfort and care to terminally ill people who need our services.

Future focus for 2025/26

Securing income and future success

- 1** Strive to secure fair and sustainable statutory funding for the specialist palliative and end-of-life care we provide.
- 2** Engage our local community and secure the leadership donations we need to progress to the next stage of building a new hospice – Greensand Place.
- 3** Embrace the opportunities we have to grow our fundraising and retail income which funds the delivery of our hospice services.
- 4** Prioritise technological and digital transformation actions which maximise our efficiency and use of resources.

Priority two:

Extending the reach of our specialist palliative and end-of-life care

The need for our specialist palliative and end-of-life care is increasing. As the population ages the number of people aged over 85 years old is expected to double by 2040. People will be living longer in the later stages of life with multiple conditions and frailty. The hospice needs to ensure it is well placed to respond to this increase in demand and support our community.

In 2024/25 we reviewed our models of care to ensure our specialist skills are used effectively, that we continue to apply the principles of “right person, right place, right time” and we support our community to embrace their collective power in supporting those experiencing death, loss and bereavement.



Our focus in 2024/25:

- Model of Care Review and Early Identification of Palliative needs.
- Compassionate Communities accreditation, develop an action plan for Compassionate Maidstone.
- Clinical Training and Education reach extended equipping health and social care professionals with the latest knowledge and skills in palliative care.
- Accessible for all – continue to explore how we ensure our services are accessible for everyone in our local community, especially those who are under represented.

This is hospice care

“Your consistent support throughout the duration of Mum’s illness was everything we could have ever asked for. You welcomed us into the unfamiliar territory of hospice care with open arms and a guiding hand and were always at the end of the phone whenever we needed your support.

The clinical guidance paired with a clear focus in maintaining Mum’s quality of life was the exact balance we needed. Through periods of rapid progression of her illness and seemingly unbearable symptoms you always provided the reassurance and direction to help us navigate and provide the highest level of care possible. The medical interventions were plentiful, yet always at the right time with positive effects.

We would also like to express thanks to the Inpatient Team for their service, support and guidance in January 2024. The interventions made after a turbulent period made everything easier for us as caregivers and undeniably improved Mum’s quality of life.

Mum had an almost completely pain and distress free 11 months from her terminal diagnosis and this is testament to the service that the team at Heart of Kent Hospice provided.”

Our care in numbers

End-of-life care and preferred place of death

We supported **992** deaths across all service areas, an increase of **53** from the **939** supported in the previous year

Of these supported deaths: **675** (68%) were at the person's home compared to 563, (60%) in the previous year

140 (14%) were in a hospital compared to 173 (19%) in previous year

7 (1%) in another setting compared to 2 (<1%) in previous year

170 (17%) died on our Inpatient Unit compared to 201 (21%) in previous year

Where we have known the person's preferred place of death we have achieved this in 88% of cases compared to 85% the previous year.

Hospice Community Services Team (HCS Team)

2,153 people were supported by the HCS Team

1,115 referrals made to the HCS Team of which the number of referrals for community specialist palliative care support.

Inpatient Unit

210 people were cared for on our Inpatient Unit

The Hospice Hub (Monday & Thursday drop-in session 10am -12 noon)

4,308 Hospice Hub attendances

428 community clinical assessments within The Hub sessions.



Model of care review

To meet the evolving needs of patients and families, we made significant changes to our Community Services model. This included merging the Community Team and Dementia Team into a single, unified Hospice Community Service, followed by a caseload review focused on patients with dementia and those in care homes. The goal was to align clinical support with patient complexity and need.

The revised model enhances continuity of care and efficiency through having an active and open caseload approach:

- **Active caseload** – For patients needing ongoing support such as symptom control, advance care planning, or end-of-life care.
- **Open caseload** – For stable patients who can carry on independently but have the confidence to know they can contact the hospice when their needs change. This enables the team to focus on those requiring immediate input.

This approach allows more responsive, personalised care while avoiding unnecessary visits and ensuring timely intervention.

We were also pleased to secure continued funding for the Dementia Helpline, which remains a vital resource for

people living with dementia, their carers and professionals. It provides practical advice, emotional support, and helps reduce isolation. Over 143 calls were supported during this reporting period helping carers and those with dementia to navigate the health system and access services when they needed to.

Together, these changes support a more agile and compassionate service – one that helps people live well with complex, life-limiting conditions and ensures support is there when it's most needed.

Early identification of palliative needs

Around 1% of the patients on GP practice lists are likely to be in the last year of life with increasing levels of frailty, dementia, and other long-term conditions, resulting in care becoming more complex.

Our Lead Medical Consultant established a Primary Care Community of Practice to support colleagues in primary care to deliver high-quality palliative and end-of-life care. This forum continues to bring together clinical colleagues from across GP practices and Primary Care Networks (PCNs) to share case studies, clinical updates, and best practice.

Learning is then cascaded back to their teams, promoting continuous improvement and shared learning.

The Community of Practice provides a structured, supportive space that enables:

- **Earlier identification** of patients approaching end-of-life for timely, proactive care planning
- **Improved coordination** of patient care across services, reducing unnecessary hospital admissions
- **Greater confidence** and skills among primary care colleagues in managing complex symptoms and advance care planning
- **Consistent standards** and innovation, ensuring everyone can access the same standard of specialist care

This collaborative model, delivered by our hospice Lead Medical Consultant recognised the critical role of primary care in identifying and supporting people nearing the end of life. By strengthening these professional networks, patient care is enhanced through a joined-up, anticipatory, and person-centred approach.



Compassionate communities

Our hospice is leading with compassion across our community and we have several initiatives we are spearheading to create a more compassionate community for all.



"I found it really helpful. Such lovely people. There was a lot of warmth and compassion. It helped me get through my dark days. I lost my daughter, and my partner just a year ago and I get so lonely."

Compassionate Neighbours

Compassionate Neighbours provide social and emotional support to people who have a life-limiting illness, frailty, are of advanced years or carers who are experiencing loneliness or social isolation. Our Compassionate Neighbours programme, which launched in 2020, matches people based on shared interests and experiences to help bring genuine connection.



This project has such an impact on the lives of our community members, many of whom would only have interactions with carers and medical professionals if it were not for the friendly visits made by their Compassionate Neighbour.

Isolation, the lack of companionship and social interactions can have a detrimental effect on health and wellbeing. A regular visit from a Compassionate Neighbour can be so beneficial, providing conversation, laughter, shared interests and just a caring, friendly face. Some enjoy a trip out together to a local café, garden centre or place of interest.

From being matched with someone like-minded or with shared interests, a real friendship truly grows. Being a Compassionate Neighbour is a rewarding volunteer role where genuine friendships flourish. We have 72 current matches – that's 72 otherwise extremely vulnerable and isolated people being connected with a Compassionate Neighbour. This grassroots project creates a ripple effect of compassion and kindness across local communities.

Compassionate Café

"It gets me out of the house. If I don't leave the house, I don't see anybody as my house is set away from the road so nobody walks past. I didn't see anyone at all on Saturday and Sunday. It was nice to have a chat to people."

January 2025 we launched a Compassionate Café in the centre of Maidstone. Hosted by our trained Compassionate Neighbours, this is a safe space for those affected by any type of loss or loneliness who would like to meet others, benefit from a listening ear and make friends.

At our launch, people talked easily; laughed and connected. Telephone numbers were exchanged, and information about other local groups was shared. People fed back that they would like the Compassionate Café to run regularly, and this is now running successfully, monthly, welcoming regular attendees

and new people. For a few hours each month, we're giving people the opportunity to connect, make friendships, and feel part of something. We know how social isolation can have a huge impact on health and wellbeing which is why we recognised the importance of hosting a Compassionate Café to support our local community which is open to anyone who is feeling isolated, lonely or grieving.

We have also launched an initiative working with local employers to develop Compassionate Workplaces. We are developing our Compassionate Conversations training which will empower employers and managers to confidently support employees pre and post bereavement. We are seeking funding for this exciting and cost-effective service that has the potential to benefit our wider community with wellbeing and grief support in their workplaces.

hokh.org/compassion

"It was lovely to meet new people at the Compassionate Café. I live on my own and can go a week without speaking to another person."

99
referrals
received
(62 prior year)

119
face to face
assessments
(87 prior year)

58
matches made
(34 prior year)

534
contacted by
telephone
and/or email
(319 prior year)

Clinical training and education

We are proud to be a recognised provider of high-quality training, education, and placements – both for our hospice clinical colleagues and for healthcare and social care professionals across the region. We extended our reach significantly in 2024/25 by providing training to a record number of 1,360 people over 79 sessions, a 46% increase on the previous year.

We ensure our team is delivering evidence-based care

within their scope of practice, while supporting ongoing professional development. We host placements for student nurses, nursing associates, paramedics, advanced clinical practitioners, medical students, foundation year 2 (FY2) doctors, GP trainees, and social workers. We work closely with partners such as Canterbury Christ Church University, St George's University, Kent and Medway Medical School, and the Open University, and have built a strong reputation for

excellence in palliative care education. We also welcome healthcare professionals for shadowing opportunities whenever possible.

Our Education Team is a member of the West Kent Nursing Associate Consortium. We have fully integrated the nursing associate role into our Inpatient Unit – with one of our healthcare assistants recently qualifying through the two-year Nursing Associate Foundation Degree.



The Kent and Medway Collaborative was formed during the COVID pandemic, bringing together the education teams from Heart of Kent Hospice, ellenor, Pilgrims Hospices, and Kent Community Health NHS Foundation Trust (KCHFT). Supported by annual Integrated Care Board (ICB) funding, the collaborative now delivers a range of end-of-life training to healthcare professionals both virtually and in person.

A key success is the Verification of Expected Death Training, which has proven helpful with care home professionals. This training empowers staff to confidently verify expected deaths, reducing unnecessary out-of-hours calls to GPs and ambulance services and supporting a more timely, dignified response for residents and families.

Patient diversity data

We've revised all the EDI forms across the hospice, creating a unified approach enabling us to compare the diversity of our workforce with that of the populations we serve. This is helping us identify opportunities to improve representation and extend our reach.

Data is collected anonymously and reviewed annually, alongside workforce EDI data from the People Services Team. This ongoing analysis supports our wider efforts to engage with under represented communities, highlighting where we can focus future outreach and development.

Supporting people with a life-limiting illness and their loved ones in our community

At the hospice we focus on individuals, getting to know something of the different influences that shape them. We maintain links with many religious groups, gaining knowledge of different traditions, and the ability to link people back to the comfort of their roots if they wish when at end of life. We aim to be a hospice for everyone. Our Spiritual Care Team consists of people from many faiths and none, because we want to be able to have meaningful conversations with everyone. In those conversations we've learned a lot about different approaches to death, dying and bereavement – and also about the universality of the experience of grief. Whatever it is that sustains you, whatever gives you hope, meaning and comfort, we will be there for you.

The importance of psychological care

We understand that serious illness affects not just the body, but also a person's emotional and psychological wellbeing. Our counselling and social work service provides vital support for patients, families, carers and those who are bereaved, helping them navigate the complex emotions that come with loss, change and uncertainty. It's a safe, confidential space to talk, reflect and be heard.

For many, this support becomes a lifeline – easing feelings of isolation, offering moments of clarity, and helping people cope with grief. We're here to ensure that no one faces these challenges alone, and everyone feels supported with compassion and care.

Spiritual contacts
1,459
(239 previous year)

Listening
beyond words:
Spiritual support
for every belief

"The hospice has arranged for me to see one of their Counsellors and I'm so grateful for that and for how quickly they put it in place. I'm kind of tough on the outside, but inside, I'm in pieces."

Counselling and
Social Work contacts
1,236
supported in 2024/25
(811 previous year)

Supporting those who care

We know that caring for someone with a terminal illness can be both rewarding and exhausting. That's why we offer dedicated support for carers – whether they're partners, loved-ones or friends. Our support includes drop-in sessions, practical advice and groups where carers can connect with others who understand.

We're here to listen, offer guidance, and provide space to breathe. Our care extends beyond the patient, recognising that illness affects everyone close to them. We aim to help carers feel supported, confident and less alone on what can be a deeply emotional journey.



Helping children and young people feel less alone

At Heart of Kent Hospice, we offer a family support group with the aim of helping children and young people cope with the illness and the anticipated loss of someone close. These groups provide a safe, welcoming space where they can talk, share, create, and connect with others going through similar experiences. Led by trained colleagues and supported by volunteers, the sessions help young people understand their feelings, reduce isolation, and build resilience. For many, this gentle support makes a big difference – offering comfort, reassurance that the hospice is a warm welcoming environment, and a reminder that they're not alone in facing grief or change.



Hattie said

“The family sessions helped me to feel distracted from what was going on with Nan. The staff helped me to carve pumpkins and find stuff if I didn't know where it was. We know the hospice a lot and don't feel scared or worried about going there.”

Welfare support at end of life



Our Welfare Advisor, Sandra (pictured above) spoke at the All-Party Parliamentary Group on hospice and end-of-life care, highlighting the financial struggles faced by people with a terminal illness. She shared powerful insights and real stories from patients and families, showing how financial insecurity adds pressure during already difficult times. This session marked the start of an inquiry, with a call for evidence and further sessions planned. A final report will recommend practical actions to prevent poverty at the end of life.

When Lenny came into the Inpatient Unit, he mentioned he'd received a letter from the Department of Work and Pensions (DWP) which was worrying him. Our Welfare Advisor offered to have a look at it. Straight away, Sandra noticed that something didn't add up. She was sure that Lenny should be receiving an extra £70 a week.

Sandra also knew this could take a long time to sort out – and time was something Lenny didn't have. So, Sandra requested the help of a contact at the DWP who confirmed that Lenny had been receiving incorrect benefit payments for at least three years. A few weeks later, after Sandra had moved things along, Lenny received a call from the DWP with some incredible news. He was about to receive 12 years worth of benefit arrears totalling £37,800. Sandra also arranged for Lenny to receive an extra £3,500 in compensation from the DWP. They call it 'financial redress for maladministration'. Lenny had always felt the pinch. There was never any money spare, no matter how careful he was. As he became more unwell, he knew he needed to keep warm, but he worried that he wouldn't be able to pay the heating bills.

The money Sandra secured for him has changed Lenny's life

immeasurably. He has bought a new, adjustable bed and is able to get a good night's sleep at last. He can give his daughter money for the petrol when she visits. And he can treat his grandchild, which gives him immense joy. It also means the world to Lenny that he will now be able to make his daughters more financially secure.

Referrals

349

(247 previous year)
biggest increase was from
drop-in sessions.

We helped 36% of referrals
to access benefits totalling

£454,000

Future focus for 2025/26

Extending the reach of our specialist palliative and end-of-life care

- 1** Embed and expand the impact of 'Compassionate Communities' by working in partnership with local people and businesses.
- 2** Ensure we are able to respond to the growing needs and demands of our community, by identifying and responding to new opportunities to improve our care.
- 3** Explore how we can make our services more accessible for everyone, especially those who are under-represented.
- 4** Empower health and social care professionals with the latest knowledge and skills in palliative care by expanding our internal and external training and education programme.

Priority three:

Supporting our colleagues and volunteers to achieve and thrive

Our hospice makes a real difference to local people because we have incredible teams of colleagues and volunteers. Ensuring that our colleagues and volunteers can thrive at work is a critical priority for our future success.

Our focus in 2024/25:

- Ensure that new colleagues and volunteers have a smooth and enjoyable introduction to their work at the hospice.
- Demonstrate our eagerness to support growth and development through the newly embedded learning management system.
- Celebrate and enhance the benefits and values of working and volunteering at the hospice.



“If you are thinking about becoming a volunteer, please get in touch with the hospice. It’s probably not the place you think it is.

At the end of the day, I feel happy to have done what I’ve done – to know I’ve achieved something worthwhile and I’m giving something back. It’s great to know that my skills are valued.”

Bob Sheppard Facilities Volunteer

Bill Seymour

“When you watch the news on TV you can easily get the impression that the world is full of negativity and bad people. But through my work as a hospice volunteer, I’ve met the good side of society: people with compassion – people with sincerity – people who do care about others. And it’s a joy.”

A warm welcome that lasts

Ensuring every new joiner feels valued from day one

First impressions matter, especially in a place where people join not just for a job, but to be part of something deeply meaningful. We are committed to ensuring every new colleague and volunteer feels informed, supported and welcomed from the moment they walk through our doors. Our induction process is being continually refined to include clear guidance, warm introductions, structured orientation, and the opportunity to learn about our values, history, and the impact of our care. We want everyone to feel confident in their role, connected to our purpose, and part of a wider team that truly makes a difference. Whether someone is joining us in a clinical, support, fundraising, retail or volunteer capacity, we recognise the importance of building relationships early and making sure they feel part of our hospice community from day one.



Learning that grows with you

Empowering people through our new learning management system

Learning is central to delivering excellent care, maintaining high standards, and supporting personal growth. Our new learning management



system (LMS) Bluestream is a powerful tool that reflects our investment in every person's development – clinical and non-clinical alike. It brings together mandatory training, role-specific modules, and development opportunities in one accessible, user-friendly space. Whether someone is brushing up on essential skills, exploring a new area of interest, or preparing for a new challenge, the LMS provides flexible, self-directed learning that fits around busy roles.

More than just a place to work

Celebrating the experience and value of being part of the hospice community

Our people are our greatest strength. Every colleague plays a part in creating the warmth, compassion and professionalism that makes our hospice so special. We are proud of our culture – one that is inclusive, supportive, and underpinned by shared values. We want everyone to feel the benefits of being part of something with meaning: from strong team bonds and wellbeing initiatives, to flexible working, personal development, and recognition for a job well done. But we also know we must keep evolving. That's why we are listening more, investing in ways to better support our teams, and ensuring everyone has a voice. We're committed to celebrating what makes working or volunteering here unique – not just in words, but through action, appreciation and ongoing improvement. Because when people feel valued, they stay, they thrive, and they help us deliver outstanding care to those who need us most.

Future focus for 2025/26

Supporting our colleagues and volunteers to achieve and thrive

- 1** Support our newest colleagues and volunteers to learn about the breadth and impact of our work more easily, through an improved onboarding experience.
- 2** Attract and retain culturally aligned colleagues and volunteers by sustaining positive engagement, reward and recognition.
- 3** Support colleagues and volunteers to thrive in the workplace, thereby enhancing the support we provide to patients and their loved-ones, our donors and customers to our shops and cafe.

Priority four:

Expanding our reputation and recognition as an outstanding organisation

Quality and excellence are at the heart of everything we do, and our outstanding reputation lies at the core of achieving our strategic plan.

“The care I’ve received here has been unsurpassed. I have nothing but praise. It’s wonderful. Faultless. Care with a capital ‘C’. The hospice is one of the most beautiful places on earth.”

Ruth Spencer, patient



Our focus in 2024/25:

- Continue our quality first approach to clinical governance and safety standards, using clinical research and audit to enhance and modernise services and outcomes.
- Demonstrate our commitment to pro-actively developing our colleague experience and being recognised as a local employer of choice.
- Increase awareness and understanding of the hospice and how we help local people who can benefit from specialist palliative and end-of-life care.



Putting clinical quality first: compassionate care, safely delivered

At the heart of everything we do is a commitment to delivering the highest standards of clinical care – safely, compassionately, and consistently. Our “clinical quality first” approach ensures that every decision we make, from strategy to day-to-day practice, is grounded in what’s best for our patients and their loved-ones. We focus on evidence-based care, robust governance, and continuous learning to maintain excellence in symptom management, safety, and personalised support. Whether in our Inpatient Unit, out in the community, or through virtual care, we hold ourselves accountable to the highest standards. We also empower our teams to speak up, reflect, and improve – because true quality is never static. It evolves with our people, our practice, and the needs of those we serve. By putting clinical quality first, we protect what matters most: the dignity, comfort and wellbeing of the people in our care.

A place where people feel they matter

Working at the hospice is more than just a role – it’s being part of a compassionate community where everyone’s contribution is valued. Whether



providing direct patient care, supporting families, managing behind-the-scenes operations or volunteering time, every colleague plays a vital role in making our care possible. We are proud of our inclusive and supportive culture, where people are encouraged to bring their whole selves to work, share ideas, and grow professionally and personally. Wellbeing matters here – and we prioritise flexible working, mental health support, open communication and recognition for a job well done. We listen, we learn, and we work together to make the hospice not just a great place to receive care, but a great place to be part of every day. The colleague experience at the hospice is built on kindness, purpose and shared pride in the work we do.



We’re proud to support Pride

Each year the hospice supports Pride in June where our shops turn their window displays into colourful rainbows. Pictured here is our Senacre shop!

A big thank you to our shops, teams and volunteers who have created these fabulous colourful displays.

As hospice colleagues and volunteers, we are proud that the hospice offers open, non-judgemental and inclusive care for patients and their loved-ones. In 2024 Maidstone Pride took place and our team were there to answer any questions about our services. Shaun the Sheep was also in attendance!

How our community sees us

This year's brand tracking research confirms that Heart of Kent Hospice remains a trusted and valued part of our community. We are the most spontaneously recognised local charity in our catchment area, with 51% identifying us as their local hospice. While prompted awareness and familiarity have declined slightly, we continue to rank first for local support.

Our shops remain the most common way people support us, alongside merchandise sales and donations. The Shaun the Sheep in the Heart of Kent art trail helped raise visibility, particularly among families, and deepened public engagement.

Service awareness has improved across the board, especially for dementia and welfare support – though these still remain less well known. People continue to view the hospice as essential, compassionate, and well-run, though trust scores dipped slightly this year.

Retail footfall has declined in line with wider shopping trends, but online engagement, including awareness of our eBay store, is slowly growing. Gifts in Wills also remains a promising area, with 13% of people with Wills considering a gift.

Looking ahead, we'll focus on raising awareness of under-recognised services, boosting online engagement and regular giving, and continuing to demonstrate the real, lasting impact of our care.



Future focus for 2025/26

Expanding our reputation and recognition as an outstanding organisation

- 1** Share our excellent clinical governance and safety standards through our patient and community engagement, marketing and relationship building.
- 2** Demonstrate our commitment to colleague wellbeing and positive recruitment by seeking and achieving recognised employer accreditations.
- 3** Increase awareness of Heart of Kent Hospice to reach more patients and supporters and to attract and retain wonderful colleagues and volunteers.



Financial review

(A company limited by guarantee)

For the year ended 31 March 2025

Financial review

As reported in the Consolidated Statement of Financial Activities for the year, the hospice's results for the year ended 31 March 2025 show a surplus of £3.85m, which compared to a surplus of £0.36m for the previous year.

Total income for the year was £11.4m, compared to £6.9m in 2023/24 which is reflective of a record year for legacies and Gifts in Wills. This included a legacy of an unprecedented value of £3.0m, alongside some additional funding from the ICB of £49k and government capital funding via Hospice UK of £101k in the year. This has meant the 2024/25 financial results have been substantially better than the £0.78m budgeted deficit.

The grant received from Kent and Medway Integrated Care Board (ICB) under a grant agreement of £1,318k (2024: £1,269k), amounted to approximately 17% of total expenditure (2024: 19%), which means that the hospice must obtain at least 83% of its funding from other sources. The Kent and Medway Hospices continue to collaborate together, meeting regularly with the Kent and Medway ICB to demonstrate the need for additional and appropriate levels of funding for the adult specialist and palliative end-of-life care services that we provide.

An analysis of the income for the year is shown in notes 3 to 5 of the accounts.

The resources expended in delivering our charitable activities and services (note 7) increased by nearly 5% year on year, reflecting the investments made in service development, the impact of wage inflation, and the increase in the number of patients and loved-ones we are reaching.

Of the funds raised, £3.1m (2024: £2.4m) was utilised in generating the funds themselves (note 6), the majority of which relates to the increasing operating costs of the two trading subsidiaries.

A deficit budget of £1.178m has been set for 2025/26 and the challenge facing the hospice in the short term is how, in a difficult fundraising environment coupled with a challenging economy, we can be agile enough to adapt and tailor our services to manage the increasing demands of our community as well as return to an operationally balanced financial position. Maintaining the quality of our care and our person-centred approach will remain paramount.

Whilst the last two financial years have been successful in terms of delivering surpluses and hence strengthening our reserves

position, the hospice has a detailed five-year forward-looking plan to deliver on. This embeds a clear strategy that, by being proactive in managing our costs, maximising our profitability in retail and growing our supporter base, as well as exploring new sources of income, we can aim to bring future years' budgets to a sustainable position.

This five-year plan also incorporates an ambitious capital campaign, with the aim to build on our designated reserve, to achieve our longer-term plan to relocate to a new hospice in Linton.

Reserves policy

The Trustees have reviewed the reserves policy, and they continue to require the hospice to hold free reserves to ensure both the financial security and the operational flexibility of the hospice. The target for the reserves (as measured by the unrestricted general fund, including undesignated fixed assets offset by long term creditors) was last reviewed in 2024 and was set to a target of between £1.8m to £2.7m based on estimated costs of closure for the hospice and its trading subsidiaries.

On 31 March 2025, the Charity's free reserves amount to £4.3m (2023/24: £3.91m) with consolidated designated funds of £6.4m (2023/24: £2.91m). The consolidated restricted funds on 31 March 2025 were £0.01m (2023/24: £0.02m). Total consolidated funds on 31 March 2025 were £10.7m (2023/24: £6.84m).

The budgeted deficit for 2025/26 of £1.178m would result in general reserves of £3.1m as of 31 March 2026. Following the approval of the 2025/26 budget, we were grateful to be informed that we would receive £0.29m of one-off, government capital funding via Hospice UK, which will provide essential support for our services. However, to ensure long-term sustainability and to continue meeting the growing needs of our community, further grant funding from the Kent and Medway ICB remains crucial.

The Trustees will continue to monitor the appropriateness of the reserves policy to ensure the hospice holds adequate free reserves to ensure both the financial security and the operational flexibility of the hospice.

Going Concern

Accounting standards require the Trustees to consider the appropriateness of the Going Concern basis when preparing the financial statements. The Trustees confirm that they consider that the Going Concern basis remains appropriate.

The Trustees regard the Going Concern basis as remaining viable as the charity has adequate resources to continue in operational existence for the foreseeable future on the basis that there are adequate cash reserves within the charity.

Financial instruments

The group's financial instruments at the balance sheet date comprised listed investments and cash and liquid resources. The main purpose of these financial instruments is to manage finance and maximise returns for the group's operations. The group has various other financial instruments such as trade debtors and trade creditors, that arise directly from its operations. The main risks arising from the group's financial instruments are interest rate risk of which is managed by reviewing the exposure to interest rate fluctuations.

Investment policy and returns

The Trustees are permitted by the Charity's Memorandum and Articles of Association to invest the monies of the Trust not immediately required for its own purpose in such investments, securities or property as may be thought fit.

Investment movements in the year ended 31 March 2025 was a loss of £776 (2024: £32,829 gain) of which rising economic uncertainty, including concerns over UK fiscal policy, global trade tensions, the potential for new tariffs, as well as inflation and slow growth, contributing towards the end of the financial year.

Our expectation is that, our investment will generate a positive return over the longer term and the portfolio valuation and performance are monitored closely.

The Executive Team regularly monitors the cashflow requirements of the charity and reports to Trustees, striving to secure competitive interest rates where applicable by considering the most appropriate vehicles for investing the funds, taking account of interest rates, credit and interest rate risks and terms to maturity.

The hospice has adopted an ethical investment approach to ensure that its investments do not conflict with its aims and therefore precludes direct or indirect investments in companies that generate revenues from tobacco or arms and those companies whose principal activity is either gambling or pornography.

As well as considering ethical investments the hospice will also consider the Environmental, Social and Governance (ESG)

stewardship policies of investments to ensure that these factors as well as financial return are used to evaluate potential stocks for a portfolio.

Quality assurance

Following a routine inspection by the Care Quality Commission (CQC) in February 2017, the hospice achieved an overall rating of Outstanding, gaining Outstanding in Caring and Responsive domains and Good in Safe, Effective and Well-Led. Monthly CQC monitoring started during the pandemic and is continuing as their model of inspection on need and risks identified. We participated in a Direct Monitoring Assessment with the CQC in January 2023 and the inspector found no reason, at that time, for further regulated activity or inspection.

The new CQC New Single-assessment Framework was introduced in late 2023.

Patient/carer feedback is a vital part of learning and improvement for hospice; this is gathered via:

- Website feedback form.
- Involve wellbeing surveys.
- Patient and Carer engagement group surveys linked to CQC "I" statements.
- Feedback from Medical Examiner referrals.
- General hospice enquiries email.
- Direct patient feedback from patients/carers at Board.

Patient services report quarterly to the Clinical Governance Committee.

Monthly clinical management and medicines management meetings take place covering topics such as safeguarding, audit, affirmations, adverse comments, complaints, and incidents. An Audit and Research Group meets every eight weeks to review and monitor the core clinical audits and to ensure the implementation of any actions or learning from audit findings. It also encourages each clinical team to undertake at least two service specific audits per year. Monthly spot checks are carried out across clinical areas to ensure quality and standards are maintained.

The hospice submits quarterly data to Hospice UK's patient safety benchmarking programme. The data submitted and benchmarked includes bed data, patient falls, pressure ulcers and medicine errors and we are benchmarked as a small hospice (10 beds).

Financial review (continued)

(A company limited by guarantee)

For the year ended 31 March 2025

Hospice UK benchmarking outcomes are shared at Clinical Governance Committee.

The hospice has established a development framework to support colleagues' personal career development. Members of the senior nursing teams are supported to undertake Non-Medical Prescribing and Advanced Assessment Skills training. We are also supporting two Healthcare Assistants to complete Nurse Associate Training, which is a route into becoming a qualified registered nurse.

In the Monckton Education Centre, we deliver the hospice's external and internal programme of high-quality palliative and end-of-life care training courses. Bespoke training is carried out in nursing and care homes by the Education Team; this training can be supported by "experience days" on the Inpatient Unit.

Senior Clinicians attend the Kent and Medway ICB End of Life Group meetings monthly to work in collaboration with other agencies to formulate and implement a Kent and Medway ICB End of Life Strategy.

The Patient Services Director and Head of Hospice Dementia Team attend all relevant sector groups including a Dementia Strategic Implementation Group, a Cancer Improvement Group, plus Frailty and Ageing Well strategy meetings.

We report internally on key performance indicators monthly and share information with Kent and Medway ICB as required for the grant in aid agreement.

Information technology

The Head of Information and Quality Assurance is responsible for the management of the range of hospice databases and works closely with Heads of Departments and the hospice's IT provider to facilitate best use and safe storage of available data.

This year we once again successfully met the Data Security and Protection toolkit requirements and the annual assessment we submitted was approved. This enables us to use NHS Connecting for Health systems and services such as N3. This will enable the medical and clinical teams at the hospice to share and access relevant patient information in a secure manner and improve the overall coordination of care.

Clinical colleagues are using Integrated Palliative Care Outcome Scale (iPOS) to measure patient outcomes which will enable the hospice to report into Public Health England's new Palliative Care Information Framework. Outcome measures are used to triage patients according to their needs.

Legal structure and governance

(A company limited by guarantee)

For the year ended 31 March 2025

Structure, governance and management

Heart of Kent Hospice is a charity, number 298164 and a company limited by guarantee, number 2184005; its Memorandum and Articles of Association constitute the governing documents.

The principal areas of charitable activity are the provision of specialist palliative care services in the heart of Kent area, including the boroughs of Maidstone and Tonbridge and Malling. These services include an Inpatient Unit, Outpatient services, support therapies, a Hospice Hub programme, community services, dementia services, counselling, education and training, and spiritual care.

The governing document

The hospice is a company limited by guarantee and does not have share capital. The constitution of the hospice is set out in the Articles of Association which were last reviewed and revised in May 2021.

The governance structure

During this financial year the Board of Trustees had four main sub committees which met quarterly: Clinical Governance Committee, Finance and Income Generation Committee, Governance, Risk and Remuneration Committee and a Nominations and Trustee Development Committee. Meetings are held both in person and electronically as required.

The Board of Trustees is responsible and accountable for the governance of the hospice; it met six times in the year. The Chief Executive is responsible for the day-to-day management of the hospice.

Charity governance code

The Board has full and careful regard to the Charity Governance Code and uses the code as its principal benchmark. The Board is committed to continuous improvement and development.

Recruitment and appointment of new Trustees

One of the roles of the Governance, Risk and Remuneration Committee is to recruit, induct and train Trustees and this is delegated to the Nominations and Trustee Development Committee. The Board actively promotes diversity and seeks Trustees from a range of backgrounds. Advertisements for new

Trustees are published on relevant websites, on the hospice's website, through local networks and in the hospice newsletter if appropriate. Only Members of the hospice who are elected by the Board of Trustees can be nominated as Trustees by the Governance, Risk and Remuneration Committee. The Trustees are elected for a term of three years, renewable for a further three years. The Chair is appointed for a five-year term.

Policies and procedures for the induction and training of Trustees

The Hospice UK document entitled 'Induction of New Trustees' as well as the Charity Trustee welcome pack published by the Charity Commission are used as models for Trustee induction and training. All Trustees receive a thorough induction and seek to ensure through the governance structure that the Board complies with best practice requirements.

Trustee code of conduct

The Board adheres to the hospice's Code of Conduct for colleagues and volunteers. The Board takes its leadership role in upholding the values of the hospice very seriously. The Board has adopted the hospice's culture framework and conducts itself in line with the hospice's behavioural standards.

The wider network

The hospice is a member of Hospice UK. The Chair and Chief Executive attend Hospice UK meetings with other Chairs and Chief Executives in the South-East Region and the Chief Executive networks both locally and nationally. The management team has well developed network links with a wide range of external organisations locally and nationally.

Risk management

A risk management framework is agreed annually by the Board. This includes a Risk Register which has been developed to identify risks, mitigations, and contingency actions. This Risk Register is reviewed and updated monthly by the Executive Team. Risks are reviewed quarterly by the relevant Trustee Sub Committee and key strategic risks are reviewed quarterly by the Board of Trustees. On an annual basis, the Board reviews the entire risk register, agrees a risk threshold and prepares a risk appetite statement.

Legal structure and governance (continued)

(A company limited by guarantee)

For the year ended 31 March 2025

It is recognised that this system can only provide reasonable (not absolute) reassurance that major risks are being adequately managed.

This year, the main potential risks have been influenced by wage increase pressures and the cost-of-living crisis in the UK. The main risks monitored are those that could lead to:

- Financial sustainability being compromised;
- Patient experience diminishing; and
- Strategic goals not being achieved

Colleagues and Trustees have worked closely together in the year to mitigate these risks. Financial risks are mitigated by regularly reviewing our financial position through management accounts, cash flow modelling, reforecasting, and setting long term financial plans.

Maintaining levels of patient experience is always a priority and the feedback we receive demonstrates that we are able to achieve high levels of patient satisfaction. The hospice uses the Outcome Assessment and Complexity Collaborative (OACC) tools to assess patient outcomes. Strategic goals are set annually, and progress is monitored at Executive and Board meetings.

Public Benefit

The Trustees confirm that they have complied with the duty in Section 4 of the Charities Act 2006 to have due regard to the Charity Commission's general guidance on public benefit. The charitable purpose of Heart of Kent Hospice is stated in its 'Objectives and Activities' and the Trustees ensure that this purpose is carried out for the public benefit by working to these objectives.

Income Generation

The Finance and Income Generation Committee meets quarterly to oversee income generation activity and monitor progress.

Expenditure on raising funds (not including non-charitable trading expenses – note 7) increased by 5.8% in the year ended 31 March 2025 compared to the prior year, predominantly due to increased level of resource as vacancies held in the previous year were filled. Expenditure also included investment in Professional Fundraisers who recruited players to our weekly lottery, as noted below.

Fundraising regulation and compliance

Heart of Kent Hospice is registered with the Fundraising Regulator and is an organisational member of the Chartered Institute of Fundraising. Our lottery is registered with The Gambling Commission. Our supporter promise is published on our website and outlines our commitment to our supporters.

Each year members of the fundraising and finance team are invited to attend regulation and compliance training (compulsory for new starters and every three years for the rest of the team). This training includes guidance on how to identify and support vulnerable people. All team members are encouraged and expected to keep abreast of specific changes, risks and opportunities in their specialist area.

The hospice monitors and manages its fundraising regulation and compliance through a combination of training programmes, internal processes, internal audits and quarterly management reporting. This takes into consideration the collection and use of personal data, frequency of contact, how to identify and support vulnerable people and compliance and regulatory requirements.

All colleagues are held accountable to our supporter promise and organisational behaviour framework.

In adherence with the Fundraising Regulator's best practice (the code of Fundraising Practice), and General Data Protection Regulations (GDPR), our fundraising communications schedule is overseen by the Deputy Director of Fundraising and Communications and the Data Protection Officer (DPO).

The hospice is registered with the Fundraising Preference Service and received two requests in the year ended 31 March 2025.

Other regulatory bodies that the hospice adheres to are the Committee of Advertising Practice (CAP), which governs non broadcast advertisements, sales promotions and direct marketing communications and the Privacy and Electronic Communications Regulations (PECR), which is law in the UK and has rules on marketing calls, emails, texts and faxes, the use of cookies, keeping communication services secure and customer privacy.

During 2024/25 all fundraising was conducted by the hospice's team of employed fundraisers. No complaints were received with regards to fundraising throughout the course of the year.

36 Commercial Participator Agreements were in place during 2024/25, 34 of which were for the Shaun the Sheep in the Heart of Kent art trail where corporate partners offered services or sponsorship to support the hospice to deliver the trail and the print and promotion around it.

Special acknowledgement to colleagues and volunteers

The Board of Trustees wishes to record its appreciation of the hospice's highly committed colleagues and volunteers who generously and unstintingly give their time, skills, and expertise. The continued commitment to make a difference in such challenging times is inspiring.

The hospice is fortunate to have in the region of 600 volunteers who make a contribution to the hospice which is worth over £1m in time. The hospice could not survive in its present form without the support of its generous volunteers who offer their contributions in all aspects of hospice activity; this includes clinical, administrative and income generation roles.

The Board is grateful for the valuable help and assistance received from its professional advisers.

Remuneration policy

The remuneration of key management colleagues is reviewed by a subcommittee of the hospice's Board of Trustees to ensure it is competitive with the charity sector, proportionate to the complexity of each role and in line with our charitable objectives and values. A review is conducted at least every three years of pay, terms and conditions of all colleagues to ensure they are fair and competitive.

The Trustees present their annual report together with the audited financial statements of the group and the company for the year to 31 March 2025. The Trustees confirm that the annual report and financial statements of the company comply with the current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP), applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

Statement of Trustees' responsibilities

(A company limited by guarantee)

For the year ended 31 March 2025

The Trustees (who are also directors of The Heart of Kent Hospice for purposes of company law) are responsible for preparing the Trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and the group and of the income resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and accounting estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable group will continue in operation.

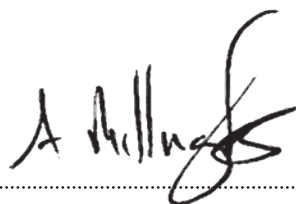
The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company and the group's transactions and disclose with reasonable accuracy at any time the financial position of the charitable group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Disclosure of information to auditor

Each of the persons who are Trustees at the time when this Trustees' report is approved has confirmed that:

- so far as that Trustee is aware, there is no relevant audit information of which the charitable group's auditor is unaware, and
- that Trustee has taken all the steps that ought to have been taken as a Trustee in order to be aware of any relevant audit information and to establish that the charitable group's auditor is aware of that information.

Approved by order of the members of the board of Trustees and signed on their behalf by:



Ann Millington
Chair

Date: 6 November 2025

Independent auditors report

(A company limited by guarantee)

For the year ended 31 March 2025

Independent auditors report to members and Trustees of Heart of Kent Hospice

Report on the audit of the financial statements

Opinion

We have audited the group and parent company financial statements of The Heart of Kent Hospice ("the charitable company") for the year ended 31 March 2025, which comprise the Consolidated Statement of Financial Activities, the Balance Sheets, the Consolidated Statement of Cash Flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including 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 financial statements:

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2025 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to Going Concern

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

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

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

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report, which includes the directors' report and strategic report for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report and the strategic report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Independent auditors report (continued)

(A company limited by guarantee)

For the year ended 31 March 2025

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report or strategic report included within the trustees' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 require us to report to you if, in our opinion:

- the parent charitable company has not kept adequate and proper accounting records or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company's financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the trustees' responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company'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 charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in

the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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.

We obtained an understanding of the legal and regulatory framework applicable to the preparation of the financial statements of the group and the procedures that management adopt to ensure compliance. We have considered the extent to which non-compliance might have a material effect on the financial statements, and in particular we identified the Companies Act 2006, FRS102 and the Charities SORP.

We have also identified other laws and regulations that do not have a direct effect on the amounts or disclosures within the financial statements, but for which compliance is fundamental to the charity's operations and to avoid material penalties, including GDPR, Care Quality Commission (CQC) regulation, Gambling Commission regulation, health and safety and employment law.

Having reviewed the laws and regulations applicable to the group, we designed and performed audit procedures to obtain sufficient appropriate audit evidence. Specifically, we:

- Selected a team with sector experience to perform the audit;
- Obtained an understanding of the charity's procedures for ensuring compliance with laws and regulations;
- Obtained and reviewed internal policy and procedure documents;
- Made enquiries of management and the trustees regarding whether they were aware of any actual or suspected incidences of non-compliance with laws and regulations;
- Obtained and reviewed meeting minutes;
- Obtained and reviewed correspondence with, and reports from, the key regulators;
- Interviewed key staff responsible for compliance with the CQC regulations;
- Reviewed legal expenses accounts for indications of any possible non-compliance; and
- Reviewed the completeness and accuracy of any disclosures made in the financial statements.

We assessed the susceptibility of the group's financial statements to material misstatement, including considering how fraud might occur. This was performed by:

- Making an assessment of the group's control environment, systems and controls including identifying any weaknesses and considering the risk of management override of controls;
- Considering whether there are any incentives or opportunities for management to manipulate financial results;
- Obtaining and evaluating the trustees' assessment of the risk of fraud, and enquiring as to whether they are aware of any actual or suspected incidences of fraud;
- Reviewing the accounting policies and accounting estimates for signs of management bias; and
- Identifying key risks relating to irregularities as relating to the completeness, classification and cut-off of income, the accounting for legacies receivable, the identification and application of restricted funds, and the risk of management override of controls.

We then designed audit procedures in response to the risks identified, including performing substantive testing on all material income streams, reviewing the accounting policy for legacies and examining supporting documentation such as wills and executor correspondence, performing substantive testing on restricted funds and reviewing journal entries and key accounting estimates.

The audit has been planned and performed in accordance with auditing standards, however, because of the inherent limitations of audit procedures there remains a risk that we will not detect all irregularities, including those that may lead to material misstatements in the financial statements. There are inherent difficulties in detecting irregularities, and irregularities that result from fraud may be more difficult to detect than irregularities that result from error, for example due to concealment, override of controls, collusion or misrepresentations. In addition, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less audit procedures are able to identify it.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members and 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 charitable company, the charitable company's members as a body and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



J Mathieson FCA

Senior Statutory Auditor

For and on behalf of: Lindeyer Francis Ferguson Limited

Statutory Auditors

Date: 1 December 2025

North House,
198 High Street,
Tonbridge, Kent TN9 1BE

Consolidated statement of financial activities

(Including income and expenditure account)

For the year ended 31 March 2025

	Note	Unrestricted funds 2025 £	Restricted funds 2025 £	Total funds 2025 £	Total funds 2024 £
Income from:					
Donations and legacies	3	7,722,179	239,010	7,961,189	4,364,227
Charitable activities	4	599,140	–	599,140	508,640
Other trading activities	5	2,745,312	–	2,745,312	1,937,637
Interest receivable		106,872	–	106,872	115,511
Other		1,347	–	1,347	1,245
Total		11,174,850	239,010	11,413,860	6,927,260
Expenditure on:					
Raising funds	6	3,109,949	–	3,109,949	2,365,043
Charitable activities	7	4,313,272	135,120	4,448,392	4,239,116
Total		7,423,221	135,120	7,558,341	6,604,159
Net income before net gains on investments		3,751,629	103,890	3,855,519	323,101
Net (losses) / gains on investments		(776)	–	(776)	32,829
Net income before taxation		3,750,853	103,890	3,854,743	355,930
Taxation credit		–	–	–	–
Net income		3,750,853	103,890	3,854,743	355,930
Transfers between funds		111,936	(111,936)	–	–
Net movement in funds		3,862,789	(8,046)	3,854,743	355,930
Reconciliation of funds:					
Total funds brought forward:		6,825,510	15,153	6,840,663	6,484,733
Total funds carried forward		10,688,299	7,107	10,695,406	6,840,663

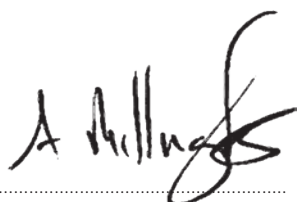
The consolidated statement of financial activities includes all gains and losses recognised in the year.

Consolidated and charity balance sheets

For the year ended 31 March 2025

	Note	Group 2025 £	Group 2024 £	Charity 2025 £	Charity 2024 £
Fixed assets					
Tangible assets	11	2,925,811	2,831,693	2,819,683	2,747,770
Intangible assets	12	14,966	18,390	14,966	18,390
Fixed asset investments	13	532,499	333,275	532,502	333,278
		<u>3,473,276</u>	<u>3,183,358</u>	<u>3,367,151</u>	<u>3,099,438</u>
Current assets					
Stocks: finished goods for resale		13,061	187,246	–	–
Debtors	14	4,646,524	1,932,730	5,020,491	2,081,688
Cash on deposit		500,000	500,000	500,000	500,000
Cash at bank and in hand		2,617,769	1,748,726	2,098,777	1,386,769
		<u>7,777,354</u>	<u>4,368,702</u>	<u>7,619,268</u>	<u>3,968,457</u>
Creditors: amounts falling due within one year	15	<u>(555,224)</u>	<u>(711,397)</u>	<u>(396,617)</u>	<u>(372,890)</u>
Net current assets		<u>7,222,130</u>	<u>3,657,305</u>	<u>7,222,651</u>	<u>3,595,567</u>
Total net assets		<u>10,695,406</u>	<u>6,840,663</u>	<u>10,589,802</u>	<u>6,695,005</u>
The funds of the charity:					
Unrestricted funds		10,688,299	6,825,510	10,582,695	6,679,852
Restricted funds		7,107	15,153	7,107	15,153
	16	<u>10,695,406</u>	<u>6,840,663</u>	<u>10,589,802</u>	<u>6,695,005</u>

The financial statements were approved by the Board of Trustees on 6 November 2025 and were signed on its behalf by:



Ann Millington
Chair

Company number: 2184005

Consolidated statement of cash flows

(A company limited by guarantee)

For the year ended 31 March 2025

	Note	2025 £	2024 £
Cash flows from operating activities:			
Net cash provided by operating activities	A	1,224,082	(744,863)
Cash flows from investing activities:			
Purchase of tangible fixed assets		(262,470)	(212,681)
Purchase of intangible fixed assets		(3,000)	(9,730)
Proceeds from sale of tangible fixed assets		–	9,603
Purchase of investments		(200,000)	–
Bank interest received		106,872	115,511
Cash placed on deposit		–	–
Net cash used in investing activities		(358,598)	(97,297)
Change in cash and cash equivalents in the year		865,484	(842,160)
Cash and cash equivalents at the beginning of the year		1,742,505	2,584,665
Cash and cash equivalents at the end of the year	B	2,607,989	1,742,505
A. Reconciliation of net income to net cash flow from operating activities			
Net income		3,854,743	355,930
Depreciation, amortisation and profit / loss on disposal		174,778	133,859
Gains / (losses) on investments		776	(32,829)
Bank interest received		(106,872)	(115,511)
(Increase) / decrease in stocks		174,185	(174,000)
(Increase) in debtors		(2,713,794)	(969,637)
Increase / (decrease) in creditors		(159,734)	57,325
Net cash provided by operating activities		1,224,082	(744,863)
B. Analysis of cash and cash equivalents			
Cash at bank and in hand		2,617,769	1,748,726
Overdraft facility repayable on demand		(9,780)	(6,221)
		2,607,989	1,742,505
C. Analysis of changes in net debt			
	Cash at bank	Overdrafts	Liquid investments
At the beginning of the year	1,748,726	(6,221)	333,275
Cash flows	869,043	(3,559)	200,000
Gains / (losses)	–	–	(776)
At the end of the year	2,617,769	(9,780)	532,499

Notes to the financial statements

(A company limited by guarantee)

For the year ended 31 March 2025

1. Accounting policies

Basis of preparation of the financial statements

The financial statements 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 UK and Republic of Ireland (FRS 102)" (effective 1 January 2019) – (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

The financial statements are presented in pounds sterling and rounded to the nearest pound.

Basis of consolidation

The consolidated financial statements incorporate those of the charity and its subsidiary undertakings on a line-by-line basis. All intra-group transactions and balances are eliminated on consolidation.

Going concern

The Trustees have assessed that there are no significant doubts over the charity's ability to continue as a going concern. As a result, the financial statements have been prepared on a going concern basis.

Income

Income from donations and grants is recognised when the charity is entitled to the funds, the receipt is probable and the amount can be measured reliably. For donations, this is usually on receipt. Donations under Retail Gift Aid and the associated tax recoverable are accounted for at the point of sale of the items donated. For grants, this is usually when a formal offer is made in writing, unless the grant contains terms and conditions outside of the charity's control which must be met before the charity is entitled to the funds. Where grants are received in response to a proposal including a budgeted timescale, such that the timescale for the expenditure is implicit in the grant agreement, the

income is recognised in accordance with that timescale.

Income from legacies is reviewed on a case-by-case basis and recognised when the charity is entitled to the income, receipt is probable and the amount can be measured reliably. It is normally considered probable when there has been a grant of probate, the executors have established that there are sufficient assets in the estate to pay the legacy, and any conditions attached are within the control of the charity or have already been met.

Income from charitable activities is recognised in the period in which the relevant services are delivered. Income from performance-related grants in connection with the charitable activities is recognised to the extent that the performance-related criteria have been met.

Donated goods are measured at their estimated fair value, and donated facilities and services are measured on the basis of the amount the charity would pay in the open market for the facilities or services. The services of volunteers are not included in the financial statements. Due to the impracticalities inherent in estimating the fair value of a large volume of low-value items, donated goods for resale through the charitable group's shops are not recognised on receipt, but the value generated from their sale is included in income when the items are sold.

Expenditure

Expenditure is recognised on the accruals basis when a present legal or constructive obligation exists at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefits will be required to settle the obligation, and the amount can be estimated reliably, and includes irrecoverable VAT.

Expenditure on charitable activities includes the cost of services and support costs.

Expenditure on raising funds includes fundraising and publicity costs as well as the costs incurred by the non-charitable subsidiaries in pursuit of their trading activities.

Staff costs are allocated on the basis of time spent.

Support costs are those functions that assist the work of the charity but do not directly relate to the charitable activities, and include governance costs. They are allocated across the activities on a pro-rata basis with reference to the attributable direct and staff costs, being a measurement considered to be representative of the usage of the costs.

Notes to the financial statements (continued)

(A company limited by guarantee)

For the year ended 31 March 2025

1. Accounting policies (continued)

Fund accounting

General funds are unrestricted funds which can be used in accordance with the charitable objectives at the discretion of the Trustees.

Designated funds are a subset of unrestricted funds and represent funds set aside by the Trustees for specific future purposes or projects.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the cost less estimated realisable value of each asset over its expected useful life, as follows:

Freehold land	Not depreciated
Freehold buildings	2% on the straight line basis
Motor vehicles	25% on the straight line basis
Fixtures and fittings	20-30% on the straight line basis
Computer equipment	33% on the straight line basis

Assets costing less than £1,000 are not capitalised but are recognised as expenditure in the Statement of Financial Activities in the year incurred. Assets in the course of construction are carried at cost and are not depreciated until they are brought into use.

Intangible fixed assets and amortisation

Intangible fixed assets are stated at cost less amortisation. Amortisation is provided at rates calculated to write off the cost less estimated realisable value of each asset over its expected useful life, as follows:

Website	33% on the straight line basis
---------	--------------------------------

Investments

Investments in subsidiaries are stated at cost less provision for impairment.

Listed investments are initially recognised at their transaction cost and are subsequently measured at fair value at each reporting date, with changes in fair value recognised in the statement of financial activities.

Stocks

Stocks are valued at the lower of cost and net realisable value after making due allowance for obsolete and slow-moving stocks.

Financial instruments

The group only has financial instruments of a kind that qualify as basic financial instruments. Short term basic financial instruments such as trade debtors and trade creditors are initially recognised at transaction value and subsequently measured at their settlement value. Long term basic financial instruments such as bank loans initially recognised at transaction value and subsequently measured at amortised cost using the effective interest method.

Cash and cash equivalents

Cash held on deposit with an initial maturity of more than three months is shown on the Consolidated and Charity Balance Sheets as Cash on deposit and excluded from Cash and cash equivalents in the Consolidated Statement of Cash Flows.

Leases

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the lease term.

Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense.

Payments to defined contribution pension schemes are charged as an expense as they fall due.

The group also contributes to the National Health Service Scheme for some of its employees. However, the scheme is a multi employer defined benefit scheme and the group is therefore unable to identify its share of the underlying assets and liabilities.

Critical accounting estimates and areas of judgement

The main area of estimation uncertainty is in relation to the measurement of legacies receivable (Note 14) where the legacy represents a share of the residue of the estate. The estimate is made based on the percentage share given by the Will, information obtained from the executors as to the likely net value of the estate, and making allowance for expected taxes and fees.

2. Status

The Heart of Kent Hospice is a charitable company limited by guarantee incorporated in England and Wales. In the event of the company being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is Preston Hall, Aylesford, Kent ME20 7PU.

3. Income from donations and legacies

	2025 £	2024 £
Donations	1,672,457	1,320,044
Legacies	4,513,659	1,555,249
Grants	1,419,063	1,272,617
Trusts and foundations	324,082	187,834
Gifts in kind	31,928	28,483
	<u>7,961,189</u>	<u>4,364,227</u>

In the preceding period, income of £123,383 was restricted.

4. Income from charitable activities

	2025 £	2024 £
Performance-related grants and contractual income		
Inpatient services	307,384	274,012
Family support services	5,000	12,350
Community services	214,415	179,336
Education	72,341	42,942
	<u>599,140</u>	<u>508,640</u>

In the preceding period, income of £Nil was restricted.

5. Income from other trading activities

	2025 £	2024 £
Income from fundraising events and sponsorship	444,665	129,293
Rent	1,200	1,200
Income from non-charitable trading activities:		
Lottery income	340,918	339,570
Trading shops and eBay sales	1,958,529	1,467,574
	<u>2,745,312</u>	<u>1,937,637</u>

Notes to the financial statements (continued)

(A company limited by guarantee)

For the year ended 31 March 2025

6. Expenditure on raising funds

	2025 £	2024 £
Fundraising staff costs	491,401	440,891
Direct costs of fundraising	209,328	153,073
Support costs allocation	291,897	249,174
Expenditure on non-charitable trading activities:		
Lottery expenditure	146,552	152,864
Trading shops and eBay expenditure	1,212,975	685,468
Shops staff costs	725,389	672,396
Shops depreciation and disposals	32,407	11,177
	<u>3,109,949</u>	<u>2,365,043</u>

7. Expenditure on charitable activities

	Direct costs 2025 £	Direct staff costs 2025 £	Support costs 2025 £	Total 2025 £
Inpatient services	210,293	1,780,058	829,102	2,819,453
Family support services	14,160	265,555	116,518	396,233
Community services	10,748	761,155	321,544	1,093,447
Education	697	97,611	40,951	139,259
	<u>235,898</u>	<u>2,904,379</u>	<u>1,308,115</u>	<u>4,448,392</u>
	Direct costs 2024 £	Direct staff costs 2024 £	Support costs 2024 £	Total 2024 £
Inpatient services	177,234	1,656,026	769,070	2,602,330
Family support services	11,489	234,585	103,230	349,304
Community services	16,410	769,856	329,846	1,116,112
Education	672	120,053	50,645	171,370
	<u>205,805</u>	<u>2,780,520</u>	<u>1,252,791</u>	<u>4,239,116</u>

In the preceding period, expenditure of £107,766 was applied to restricted funds.

8. Support costs

	2025 £	2024 £
Support costs comprise:		
Support staff costs	800,202	721,749
PR and communications	81,917	75,695
Premises costs	97,682	127,928
Insurance	25,466	22,830
Repairs and maintenance	64,686	76,397
IT costs	137,495	124,797
Depreciation and disposals	142,371	122,682
Other overheads	62,271	66,134
Governance costs:		
Legal and professional fees	177,297	148,893
Audit and accountancy	10,625	14,860
	<u>1,600,012</u>	<u>1,501,965</u>

9. Net income

	2025 £	2024 £
Net income is stated after charging/(crediting):		
Government grants	(1,419,063)	(1,268,767)
Operating lease rentals	278,085	251,129
Auditors' remuneration for audit services	16,650	18,350
Auditors' remuneration for non-audit services	<u>2,700</u>	<u>2,870</u>

As permitted by s408 Companies Act 2006, the parent charity has not presented its own Statement of Financial Activities and related notes. The parent charity's net movement in funds for the year was £3,894,792 (2024: £320,133).

Notes to the financial statements (continued)

(A company limited by guarantee)

For the year ended 31 March 2025

10. Staff cost

	2025 £	2024 £
Gross salaries	4,288,525	4,020,898
Employer's National Insurance contributions	385,352	355,819
Employer's pension contributions	247,494	238,839
	<u>4,921,371</u>	<u>4,615,556</u>

The average number of persons employed by the group during the year was:

	2025 No.	2024 No.
Fundraising	13	12
Inpatient services	45	43
Family support services	10	9
Community services	18	15
Education	2	3
Management	28	25
Finance	5	5
Catering	10	9
Trading subsidiaries	38	35
Dementia	4	5
Care homes	–	1
	<u>173</u>	<u>162</u>

The number of employees whose employment benefits (excluding employer pension contributions) exceeded £60,000 was:

	2025 No.	2024 No.
In the band £60,001 - £70,000	1	1
In the band £70,001 - £80,000	2	3
In the band £80,001 - £90,000	1	–
In the band £90,001 - £100,000	1	2
In the band £100,001 - £110,000	1	–

Pension contributions in respect of higher paid staff totalled £19,898 (2024: £18,364).

During the year, 14 (2024: 14) employees were accruing pensions under the defined contribution pension scheme, 92 (2024: 92) under the NEST scheme, 28 (2024: 31) under the NHS multi-employer defined benefit pension scheme, and 1 (2024: 1) under a Clerical Medical scheme.

11. Tangible fixed assets

Group	Hospice building freehold £	Freehold property £	Motor vehicles £	Fixtures, fittings and equipment £	Assets under construction £	Total £
Cost						
At 1 April 2024	3,965,443	532,469	74,018	768,547	21,000	5,361,477
Additions	–	–	–	116,031	146,439	262,470
Disposals	–	–	–	(10,125)	–	(10,125)
At 31 March 2025	3,965,443	532,469	74,018	874,453	167,439	5,613,822
Depreciation						
At 1 April 2024	1,820,388	85,196	35,331	588,869	–	2,529,784
Charge for the year	76,782	10,649	10,110	68,761	–	166,302
Eliminated on disposal	–	–	–	(8,075)	–	(8,075)
At 31 March 2025	1,897,170	95,845	45,441	649,555	–	2,688,011
Net book value						
At 31 March 2025	2,068,273	436,624	28,577	224,898	167,439	2,925,811
At 31 March 2024	2,145,055	447,273	38,687	179,678	21,000	2,831,693

The net book value of assets held for fundraising in the trading subsidiaries as opposed to direct charitable activities was £106,128 (2024: £83,923).

Charity	Hospice building freehold £	Freehold property £	Motor vehicles £	Fixtures, fittings and equipment £	Assets under construction £	Total £
Cost						
At 1 April 2024	3,965,443	532,469	9,500	456,912	21,000	4,985,324
Additions	–	–	–	61,420	146,439	207,859
Disposals	–	–	–	(4,125)	–	(4,125)
At 31 March 2025	3,965,443	532,469	9,500	514,207	167,439	5,189,058
Depreciation						
At 1 April 2024	1,820,388	85,196	9,500	322,470	–	2,237,554
Charge for the year	76,782	10,649	–	48,515	–	135,946
Eliminated on disposal	–	–	–	(4,125)	–	(4,125)
At 31 March 2025	1,897,170	95,845	9,500	366,860	–	2,369,375
Net book value						
At 31 March 2025	2,068,273	436,624	–	147,347	167,439	2,819,683
At 31 March 2024	2,145,055	447,273	–	134,442	21,000	2,747,770

The value included in freehold property for land that is not depreciated is £126,300 (2024 restated: £126,300). No depreciation will be charged on assets under construction until these assets are complete and brought into use.

Barclays Bank plc have a charge over the property known as Old Transport Building Royal British Legion, Aylesford, Kent ME20 7NL.

Notes to the financial statements (continued)

(A company limited by guarantee)

For the year ended 31 March 2025

12. Intangible assets

	Website £
Group and Charity	
Cost	
At 1 April 2024	19,460
Additions	3,000
At 31 March 2025	22,460
Amortisation	
At 1 April 2024	1,070
Charge for the year	6,424
At 31 March 2025	7,494
Net book value	
At 31 March 2025	14,966
At 31 March 2024	18,390

13. Investments

	Group 2025 £	Group 2024 £	Charity 2025 £	Charity 2024 £
Market value at 1 April 2024	333,275	300,446	333,275	300,446
Additions	200,000	–	200,000	–
Disposals	–	–	–	–
Gains / (losses) on investments	(776)	32,829	(776)	32,829
Market value at 31 March 2025	532,499	333,275	532,499	333,275

The charity's listed investments are accumulation units held in Newton Sustainable Growth and Income Fund for Charities. Listed investments are held at fair value.

The charity also has investments of £3 (2024: £3), representing holdings of 100% of the ordinary share capital in Heart of Kent Hospice Promotions Limited and Heart of Kent Hospice Trading Limited. Both subsidiaries are companies limited by share capital registered in England and Wales with number 3233475 and 2547686 respectively. The registered office of each subsidiary is the same as the parent entity. Their principal activities are the running of a lottery and the operation of trading shops respectively. Both are included in the consolidated financial statements.

The financial results of the subsidiaries for the year were:

	Income £	Expenditure and tax £	Profit / (loss) £	Net assets £
Heart of Kent Hospice Promotions Limited	340,918	(340,918)	–	3,106
Heart of Kent Hospice Trading Limited	1,962,721	(2,002,775)	(40,054)	102,501

14. Debtors

	Group 2025 £	Group 2024 £	Charity 2025 £	Charity 2024 £
Trade debtors	63,103	65,648	57,561	40,714
Amounts owed by group undertakings	–	–	490,283	262,983
Other debtors	77,164	73,926	60,819	53,192
Prepayments and accrued income	4,506,257	1,793,156	4,411,828	1,724,799
	<u>4,646,524</u>	<u>1,932,730</u>	<u>5,020,491</u>	<u>2,081,688</u>

Prepayments and accrued income includes legacies receivable amounting to £4,284,776 (2024: £1,610,807).

15. Creditors: amounts falling due within one year

	Group 2025 £	Group 2024 £	Charity 2025 £	Charity 2024 £
Bank overdrafts	9,780	6,221	–	–
Trade creditors	188,018	192,502	131,976	107,140
Other creditors	91,685	93,335	90,424	88,442
Accruals and deferred income	265,741	419,339	174,217	177,308
	<u>555,224</u>	<u>711,397</u>	<u>396,617</u>	<u>372,890</u>

The movement on deferred income is as follows:

	2025 £	2024 £
Group		
Balance at 1 April 2024	268,540	182,186
Released to income	(268,540)	(182,186)
Received in the year and deferred	141,663	268,540
Balance at 31 March 2025	<u>141,663</u>	<u>268,540</u>

Deferred income relates to multi-year grant income which has been recognised in accordance with the accounting policy above, contractual income in advance and lottery subscriptions paid in advance.

Notes to the financial statements (continued)

(A company limited by guarantee)

For the year ended 31 March 2025

16. Movement on funds

Current year	Brought forward £	Income £	Expenditure and tax £	Transfers, gains/losses £	Carried forward £
Restricted funds					
Capital projects	2,957	100,564	(1,478)	(101,064)	979
Inpatient unit	–	32,813	(26,116)	(5,872)	825
Dementia and Community Team	394	32,120	(28,617)	–	3,897
Family Support Team & Living Well	10,444	38,812	(49,256)	–	–
MND support group	–	10,200	(10,200)	–	–
Other	1,358	24,501	(19,453)	(5,000)	1,406
	15,153	239,010	(135,120)	(111,936)	7,107
Unrestricted funds					
General fund	3,913,692	8,871,211	(4,937,157)	(3,569,700)	4,278,046
Designated funds:					
Fixed asset fund	2,766,160	–	(142,371)	210,860	2,834,649
Trading subsidiary fund	145,658	2,303,639	(2,343,693)	–	105,604
New hospice fund	–	–	–	2,970,000	2,970,000
Legacy equalisation reserve	–	–	–	500,000	500,000
	6,825,510	11,174,850	(7,423,221)	111,160	10,688,299
Total funds	6,840,663	11,413,860	(7,558,341)	(776)	10,695,406

New hospice fund

The New Hospice Fund has been established to hold amounts designated by the Trustees for the construction of a new hospice building. Transfers between the Unrestricted General Fund and the New Hospice Fund, represent the designation of funds made during the year.

Legacy Equalisation Reserve

The Legacy Equalisation Reserve has been established by the trustees to help manage the volatility of legacy income, which can vary significantly from year to year and is often uncertain in timing and value. The reserve is intended to smooth income and ensure the charity can maintain consistent funding for its core programmes and activities.

Transfers to and from the reserve are made at the discretion of the trustees, based on the levels of legacy income received and projected, in comparison to budgeted expectations.

The trustees consider the current balance of £500,000 to be appropriate given the charity's reliance on legacy income and the inherent uncertainty of timing and amounts receivable.

Prior year	Brought forward £	Income £	Expenditure and tax £	Transfers, gains/losses £	Carried forward £
Restricted funds					
Capital projects	1,676	18,573	(945)	(16,347)	2,957
Inpatient unit	500	2,920	(3,420)	–	–
Dementia and Community Team	–	3,452	(3,058)	–	394
Family Support Team & Living Well	10,375	85,754	(85,685)	–	10,444
MND support group	–	10,200	(10,200)	–	–
Other	14,582	2,484	(4,458)	(11,250)	1,358
	<u>27,133</u>	<u>123,383</u>	<u>(107,766)</u>	<u>(27,597)</u>	<u>15,153</u>
Unrestricted funds					
General fund	3,631,519	4,986,363	(4,591,994)	(112,196)	3,913,692
Designated funds:					
Fixed asset fund	2,716,220	–	(122,682)	172,622	2,766,160
Trading subsidiary fund	109,861	1,817,514	(1,781,717)	–	145,658
	<u>6,457,600</u>	<u>6,803,877</u>	<u>(6,496,393)</u>	<u>60,426</u>	<u>6,825,510</u>
Total funds	<u>6,484,733</u>	<u>6,927,260</u>	<u>(6,604,159)</u>	<u>32,829</u>	<u>6,840,663</u>

Fixed asset fund

The Fixed Asset fund has been set up to identify those funds that are not free funds and it represents the net book value of the parent charity's intangible and tangible fixed assets. The transfers between the unrestricted general fund, restricted funds and the fixed asset fund represents the additions in the year. Other movements are for depreciation and profit or loss on disposal.

17. Analysis of net assets between funds

	Unrestricted funds £	Restricted funds £	Total funds £
Current year			
Fixed assets	3,473,276	–	3,473,276
Net current assets	7,215,023	7,107	7,222,130
	<u>10,688,299</u>	<u>7,107</u>	<u>10,695,406</u>
Proir year			
Tangible fixed assets	3,183,358	–	3,183,358
Net current assets	3,642,152	15,153	3,657,305
	<u>6,825,510</u>	<u>15,153</u>	<u>6,840,663</u>

Notes to the financial statements (continued)

(A company limited by guarantee)

For the year ended 31 March 2025

18. Pension commitments

The charity operates three (2024: three) defined contribution pension schemes available to the majority of its permanent employees.

The scheme funds are administered by Trustees of the pension scheme and are independent of the charity's finances. During the year, £94,499 (2024: £92,715) employers' contributions were made. Contributions totalling £Nil (2024: £Nil) were payable to the funds at the balance sheet date and are included in other creditors.

The charity also makes contributions to the National Health Service Schemes for certain employees. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The schemes are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as 31 March 2024, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024 to 23.7% of pensionable pay.

The hospice's contributions to the National Health Service Scheme represent a minor proportion of the payments into the scheme. The charge included within the Consolidated Statement of Financial Activities includes contributions payable to this scheme of £153,941 (2024: £146,729). The hospice is not responsible for the liabilities of other entities in the Scheme.

(A company limited by guarantee)
For the year ended 31 March 2025

19. Financial commitments

At 31 March 2025 the group and parent charity were committed to future minimum lease payments under non-cancellable operating leases as follows:

	2025 £	2024 £
Parent charity:		
Due within one year	2,883	–
Due in two to five years	7,687	–
Due in more than five years	–	–
Group:		
Due within one year	225,483	183,106
Due in two to five years	274,971	157,229
Due in more than five years	4,000	–

20. Capital commitments

	2025 £	2024 £
Group and Charity		
Contracted but not provided for at the balance sheet date	–	19,020

21. Related party transactions

The key management personnel are considered to be the Trustees and the executive team.

There were no Trustees’ remuneration nor other benefits during the current or preceding period. Expenses totalling £Nil (2024: £175) were reimbursed to no (2024: 2) Trustee(s) in relation to membership subscriptions and conference attendance.

Trustee donations were £8,753 (2024: £4,214) in aggregate.

The total amount of employee benefits (including employer’s pension contributions) received by key management personnel during the year was £568,128 (2024: £545,253).

22. Post balance sheet events

During the year on 20 June 2024, outline planning was received for the building of a new hospice in Linton, Maidstone. Subsequently, a Reserved Matters Application was approved on 10 November 2025. Plans are now underway for a significant capital campaign. The financial effect of these events cannot yet be reliably estimated.

Legal and administrative details

(A company limited by guarantee)
For the year ended 31 March 2025

Patron	Geraldine Allinson OBE	Independent Auditors	Lindeyer Francis Ferguson Limited
Trustees	Ms A Millington (Chair)	Principal Bankers	North House, 198 High Street Tonbridge Kent TN9 1BE
	Mrs S G St C Cooper		
	Mrs S J Hayes		
	Dr N Jegard		
	Mrs D J Jones		
	Mr K A Kassem-Toufic		
	Mr M J Kirby	Investment Advisers	Barclays Bank plc Fremlin Walk Maidstone Kent ME14 1QG
	Miss S Pain		
	Ms R Parris		
	Ms E Price		
	Mr H T B Smith	Solicitors	Newton Investment Management BNY Mellon Centre 160 Queen Victoria Street London EC4V 4LA
	Mr S Thompson		
Ms L Vui (resigned 4 November 2024)			
Ms E J B Barrington-White			
Company registered number	2184005		
Charity registered number	298164		
Registered office	The Heart of Kent Hospice Preston Hall Aylesford Kent ME20 7PU		
Chief Executive Officer	Ms A Kelly, Chief Executive Officer		
Senior Management Team	Mrs K Harrison, Patient Services Director		
	Dr G Parker MBBS (Land) FRCP, Lead Medical Consultant		
	Mrs M Sullivan, (Interim) Income Generation Director		
	Mrs K Dackombe, Resources and Operations Director		

At Heart of Kent Hospice, we firmly believe that every person deserves compassionate and specialist care when there is no cure for their illness.

We treat each individual as the unique and special person they are. All our services are tailored to help people live as fully and as well as possible.

Our local community's compassion, kindness, and generosity power our services and ensure we can help, support, and comfort those in need. As an independent charity, we rely on your support.

Thank you.

hokh.org

Heart of Kent Hospice,
Preston Hall, Aylesford,
Kent, ME20 7PU
01622 792200



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