



St John &  
St Elizabeth Hospital



St John's Hospice  
St John & St Elizabeth Hospital

# Annual Report and Financial Statements

**S.S. John & Elizabeth Charity**  
For the year ended  
31 December 2023

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**Registered Charity Number:**  
235822

**Principal Address:**  
60 Grove End Road, London, NW8 9NH

# Welcome

The Trustees present their Annual Report together with the Financial Statements and Auditor's Report of the Charity for the year ended 31 December 2023. The Annual Report serves the purposes of both a Trustees' Report and Annual Accounts and Reports under Charities Act 2011..

## Co-Chairs' Statement

**We are delighted to present our Annual Report and Financial Statements for the year 2023.**

We finally saw the main completion of the major redevelopment project of the hospital with the new theatres, Urgent Care Centre (UCC), imaging and wards being opened creating a new, modern and more patient-friendly service. These enhanced service provisions continued to help the hospital remain the leading independent charitable hospital in London.

The summer months also saw the breaking of ground on the St John's Hospice Wellbeing Centre that will replace the outdated Day Centre and at its completion will mean that the entire hospice has been refurbished and redesigned with patients at the forefront of all decisions.

We were also pleased to retain our "Good" CQC rating following an unannounced inspection and we look forward to working towards "Outstanding".

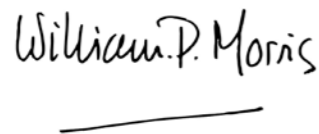
We welcomed Simon James as our new CEO in August 2023. Simon joins us from KIMS Hospital, which is the largest private independent hospital in Kent, where he was CEO for more than seven years. He brings with him more than 20 years of experience in private healthcare. Under his leadership, we have seen the streamlining of the management structure of the organisation, which we are confident will enable us to serve an even greater number of patients in the hospital and hospice.

Professor Margaret Johnson retired from the Board in October 2023. We thank her wholeheartedly for her years of support as both a Trustee and as Chair of the Board.

We would like to take this opportunity to thank all the Trustees, staff, volunteers and donors who continue to make The Hospital of St John and St Elizabeth and St John's Hospice the unique place it is today.



**Julian Schild MA ACA**  
Co-Chair



**Professor His Honour William Morris**  
Co-Chair

## Chief Executive Officer Report

**This is my first Annual Report for the Charity, and it brings me great pride to look back on the many accomplishments we have all achieved in the short time since I have been in position.**

Change is often seen as a negative thing within an organisation, something that will break down what makes an entity special. I believe that the changes that have been and continue to be implemented across the site have made us stronger and have enhanced the unique qualities of the hospital and hospice.

We are nothing without the people who work here and so the first changes implemented were to increase the staff's visibility to senior management, to make them feel seen and heard and to ensure they felt secure in their working environment. Introducing the new staff forum, streamlining our management structures and undertaking an in-depth staff survey are all supporting our one-team ethos.

It remains imperative for us to maximise return on investment following the hospital expansion. Undertaking listening events with our consultant body and bringing forward initiatives to care for more patients will support growth in hospital activity.

Furthermore, our three new strategic objectives were launched at the end of the year, bringing context to the changes;

- Providing safe, outstanding quality care to our community
- Working together as one team
- Supporting a commercially successful charity

During the year we also received an inspection by the Care Quality Commission, our healthcare regulator, and I am pleased to confirm that we retained our "Good" rating which provides the platform for our journey to "Outstanding".

Importantly, as I arrived, the long-awaited hospice Wellbeing Centre and garden renovation began, and I was delighted to be able to witness first-hand the importance it has to our patients and staff. To be able to celebrate project completion in the final few days of the year was an amazing achievement to all those involved and enabled us to welcome staff and patients into the new spaces at the beginning of 2024. We are as ever, grateful to our supporters who made these improvements possible.

Finally, our vision remains strong – to be able to care for all those who need us when they need us.

Yours sincerely



**Simon James**  
Chief Executive



**“ Our vision remains strong – to be able to care for all those who need us when they need us. ”**

# About Us

**St John & St Elizabeth Hospital is one of the UK's largest independent charitable hospitals. We are committed to delivering excellent care with impeccable standards. We're proud to attract world-class consultants and dedicated nursing staff. They are, we believe, the very best in their profession. Together we offer a warm welcome to all who visit us.**

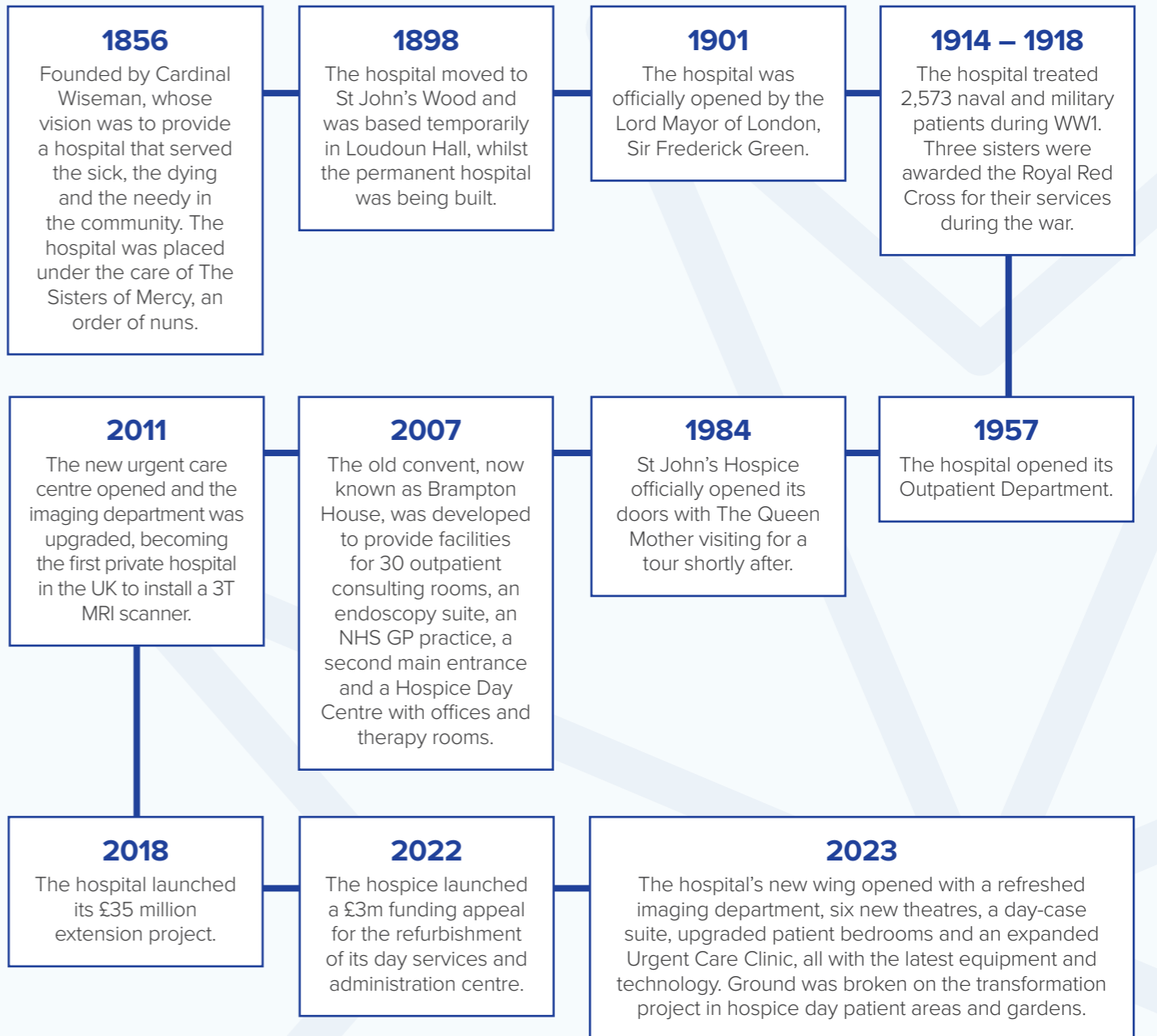
Our charitable status comes from our on-site **St John's Hospice**, which we fund through NHS contributions, voluntary fundraised income and surplus from our private healthcare services. The hospice provides free chronic and end-of-life palliative care, via inpatient, day care and community services, to over 4,000 people and their families each year, across North-West and North Central London.

We take great pride in our heritage. We are a Catholic hospital open to people of all faiths and none. The Christian

commitment which has remained since the charitable hospital was founded, assures patients of a commitment to care and compassion in the delivery of their healthcare. Our aim is the same as it was when we were first founded - to provide the highest quality healthcare for all those who seek it. This includes the spiritual care of our patients which is central to our mission. At the heart of the hospital is a Church for people to pray and worship. The Hospital Chaplain and other chaplains as well as faith advisors are available to meet the needs of our community.



# History



# Our Values

A set of shared beliefs that we don't compromise on

## Compassion

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

## Charity

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



## Commitment

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

## Community

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

# 2023 Objectives

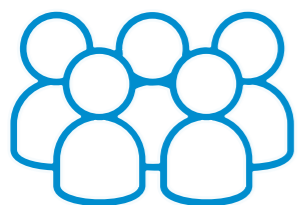
The charity has four overarching objectives which are:

- 1** For patients to receive appropriate corrective and supportive treatment in an environment where patient safety and choice are of paramount importance
- 2** To achieve the highest standards of medical care, measured in terms of quality of staff, facilities, equipment and management
- 3** To remain active in the field of acute hospital care
- 4** To develop the concept of caring for its patients in the totality of their physical, spiritual and emotional needs, and for such care to extend to all members of staff

# Hospital Strategic Report

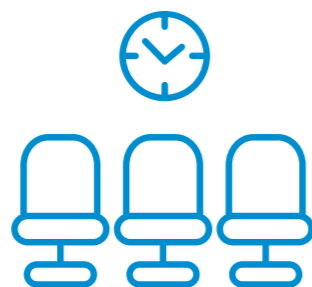


# Our Year in Numbers



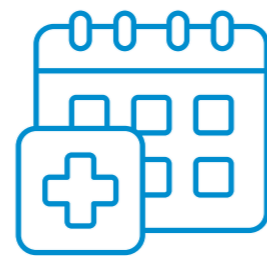
**4,272**

Patients, family members and carers accessed our free palliative care services



**5,365**

Hospital day case admissions (9.9% increase on 2022)



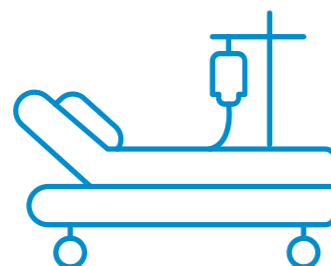
**10,016**

Therapy appointments. An increase of 13.9% 2023 vs 2022.



**80,792**

Hospital OPD appointments (8.2% increase on 2022)



**2,137**

Hospital inpatient admissions (0.2% increase on 2022)



**30,909**

Diagnostic exams performed in 2023 - 4.4% increase on 2022

## UCC Attendances

2022  
**9,908**



2023  
**11,758**



**+19%**  
Increase :  
1,850 attendances

## UCC Referrals

2022  
**3,429**



2023  
**3,654**



**+7%**  
Increase:  
225 onward referrals

# How We Deliver our Outstanding Care

## Facilities for Outpatients



**33**

Consulting rooms



**1**

Diagnostic scope room



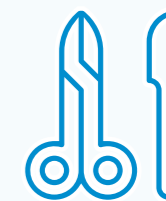
**2**

Ophthalmic diagnostic testing rooms



**2**

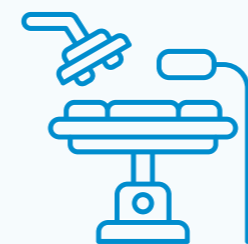
Treatment rooms



**1**

Minor procedure room

## Facilities for Inpatients:



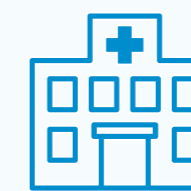
**6**

Operating theatres



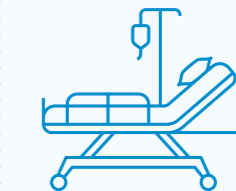
**26**

Day case beds



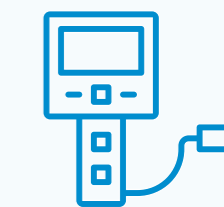
**5**

Wards with a new 10 bed ward opened in 2023



**68**

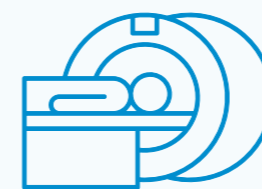
Inpatient beds



**1**

Endoscopy Suite

## Equipment and Imaging



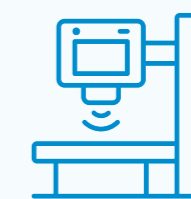
**2**

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



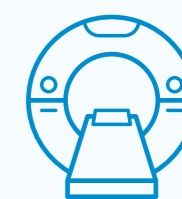
**1**

Fluoroscopy Scanner



**1**

X-ray (including full spine and long leg)



**2**

CT (1 x standard, 1 x standing)



# 2023 Clinical Services Report

**2023 saw the HJE 2020 project come to fruition with the full opening of new state-of-the-art facilities in Urgent Care, imaging and theatres. Work continues in the new Outpatient department with the plan of opening a brand-new paediatrics department in Q3 2024.**

**Throughout the year there have been continual improvements to patient areas:**

- We invested in the ophthalmic service by expanding the number of consulting rooms and purchasing new equipment such as a visual field and slit lamp.
- We opened the new imaging reception and waiting space, separating the main hospital reception and imaging. This provided increased privacy and better flow for patients entering the imaging department.
- We established a high-risk clinic working with the Consultant Intensivist that supports pre-assessment of patients with complex medical conditions and co-morbidities. It has enabled greater review of patients prior to surgery so that additional tests can be undertaken and where required there is a plan for High Dependency Support when needed.
- The Cardiology department received a new mobile ultrasound (GE S70). This improved image quality on the mobile service used on wards.
- For Critical Care services, we undertook a baseline review of the Guidelines for the Provision of Intensive Care Services (GPICS) which identified some changes to the area with a dedicated family room, location of monitors as well as review of staffing and the MDT process.
- Due to an increase in seriously unwell patients in 2023, the team developed a pathway that enables safe urgent transfer to St Mary's Hospital as part of Imperial College Healthcare Trust with effective communication with the Emergency Department Consultant.



# Patient Satisfaction Survey 2023

We are proud of the quality of our care and hard work to make each patient's time with us as pleasant as possible. Our patient survey is an important indicator of how well we achieve this and we monitor the results very closely. Below is the overall feedback for 2023.

## Patient Complaints

Patient complaints are led by our Head of Patient Experience. Over the year we had 126 complaints. Below the graph shows in what month we received the complaints and how they were dealt with internally. Not upheld concludes no further action was taken. Upheld and partially upheld means the complaint was taken to an investigation stage.

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Not upheld	2	4	5	7	4	3	3	6	4	3	6	4	51
Upheld	3	4	5	2	3	5	5	1	3	2	2	3	38
Partially upheld	2	2	1	3	4	3	3	2	3	4	7	3	37
<b>Total</b>	<b>7</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>9</b>	<b>10</b>	<b>9</b>	<b>15</b>	<b>10</b>	<b>126</b>

The graph across indicates the percentage of complaints within each quarter of the year, and how they were dealt with based on their category. As displayed the complaints were evenly distributed throughout the year.

	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2023 Total
Not upheld	39%	41%	43%	38%	40%
Upheld	43%	29%	30%	21%	30%
Partially upheld	18%	29%	27%	41%	29%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Patient Compliments

“ Everything went very smoothly for my entire day. Everyone on staff was pleasant and professional. I was always informed about what was happening, and I was always comfortable.

“ Big thank you to the team for taking such good care of me. They really put me at ease and kept me informed of what was happening at every step. The nurses made me feel like nothing was too much trouble.

“ Everything from my arrival to departure was calmly, quietly organised, all of which lowered any stress or apprehension I may have had. I was very impressed.



# Patient Satisfaction Annual Patient Feedback Report 2023

Based on the period of January to December 2023



**95.8%**

Patients said they would be 'Likely' or 'Extremely Likely' to recommend



**96.7%**

Patients rated welcome on arrival as 'Good' or 'Better'



**97.4%**

Patients rated their experience of our service as 'Good' or 'Very good'



**94.0%**

Patients answered 'Yes, always' when asked if they had confidence and trust in nurse treating them



**96.7%**

Patients answered 'Yes, definitely' when asked if they felt they were treated with respect and dignity



**98.9%**

Patients said they would be 'Likely' or 'Extremely Likely' to recommend their consultant



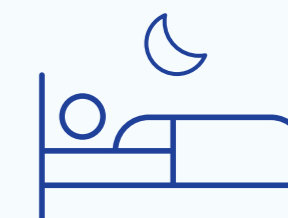
**96.2%**

Patients told us they rated the catering as 'Good' or 'Better'



**90.0%**

Patients answered 'Yes, definitely' when asked if they were involved as much as they wanted in decisions



**97.4%**

Patients told us their overall opinion of their accommodation was 'Good' or 'Better'

Percentages are based on the 1387 responses received during the reporting period shown above.



# Hospital Governance Report

The Hospital’s Clinical Governance Committee meets quarterly to review clinical risk management, audits and staff development which forms the clinical report given to the Trustees.

The Hospital’s Medical Director is the Clinical Lead, Responsible Officer, and Caldicott Guardian, our Director of Governance and Risk is the Freedom to Speak up Champion, our Chief Nursing Officer is our Director of Infection Prevention and Control, Accountable Officer for Controlled Drugs and Safeguarding Lead for Children and Adults. Our Chief Executive Officer has overall responsibility for the Clinical Governance Framework.

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

	2023	2022	% Trend against total number of patients admitted in Hospital
<b>Total number of patients admitted</b>	7696	7236	
<b>Unplanned returns to theatre</b>	26 (0.3%)	12 (0.2%)	0.1 % increase
<b>Unplanned readmission within 29 days</b>	39 (0.5%)	23 (0.3%)	0.2 % increase
<b>Inpatient Falls</b>	59 (0.6%)	63 (0.6%)	Re-establishing the Falls Group and the appointment of two dedicated Falls leads in the hospital and hospice
<b>Hospital associated VTE</b>	3 (0.3%)	0	VTE exemplar programme initial plan developed and re-launching VTE committee. Appointing VTE champions in each clinical area
<b>Hospital acquired infections</b>	2 (0.1%)	9 (0.2%)	Robust IPC process continue to show great improvements
<b>Acquired pressure ulcers</b>	7 (0.1%)	14 (0.1%)	The appointment of a dedicated Tissue Viability lead nurse. Training and review of documents with the introduction of a referral process

## CQC Inspection

In October 2023, the CQC made an unannounced inspection, which looked at Critical Care and the surgical pathway, including theatres. We have not previously been inspected on Critical Care, so this was a comprehensive service inspection as well as a review of surgery. These areas were rated as part of the inspection output and will then contribute to our overall rating. The inspectors told us that the “HJE team were very **responsive and positive and found everyone to be open and transparent.**” They identified **competent staff, good governance and structure and clearly demonstrated learning** from previous incidents. A few areas highlighted for attention included mandatory training compliance and awareness of risks within departments.



## Patient Forum

In September, our annual patient forum took place, with six patients participating. The forum was an opportunity for participants to hear about other patients’ experiences, provide feedback, and hear about the hospital’s latest work to improve our services.

- As well as meeting our CEO, Simon James, the patients:
- Learned about our hospice upgrade project;
  - Received an update about the new website; and
  - Heard about the work of the Accessibility Working Group from the Chair of the Accessibility Working Group.

The working group was created to improve accessibility across our organisation and to ensure a safe and inclusive environment for all. Amongst other things, the group is improving disability awareness, providing dementia training for staff, and is also looking at the suitability of our waiting areas, and tools for staff and patients.

## Point Prevalence Survey (PPS)

St Francis and St Elizabeth wards were the venues for the Point Prevalence Survey (PPS).

On-call Microbiologist, Lead Operational Development Pharmacist, and our Infection Prevention and Control Nurse Manager, conducted the survey on behalf of our hospital. A representative from UKHSA was also on-site to assess the validity of the data gathered.

## Summary data: HAI, antimicrobial use (AMU) and device use per hospital

20 patients from Hospital of St John and St Elizabeth met the criteria for inclusion in the Point Prevalence Survey.

Hospital/Trust	Total patients (N)	Patients with HCAI (n)	HCAI prevalence (%)	Patients with AMU (n)	AMU prevalence (%)	Patients with CVC (n)	Patients with PVC (n)	Patients with Urinary catheter (n)	Patients with Intubation (n)
Hospital of St John and St Elizabeth (Overall)	20	1	5	7	35	1	14	2	0
Hospital of St John and St Elizabeth (Grove End Road)	20	1	5	7	35	1	14	2	0

## PLACE

The **Patient-led Assessment of the Care Environment (PLACE)** patient and staff assessors inspected our entire hospital. This annual assessment helps us understand how well we are meeting the needs of our patients and identify where improvements can be made. This year, we were once more assessed according to six domains, which look at the quality of non-clinical services and the condition of our buildings:

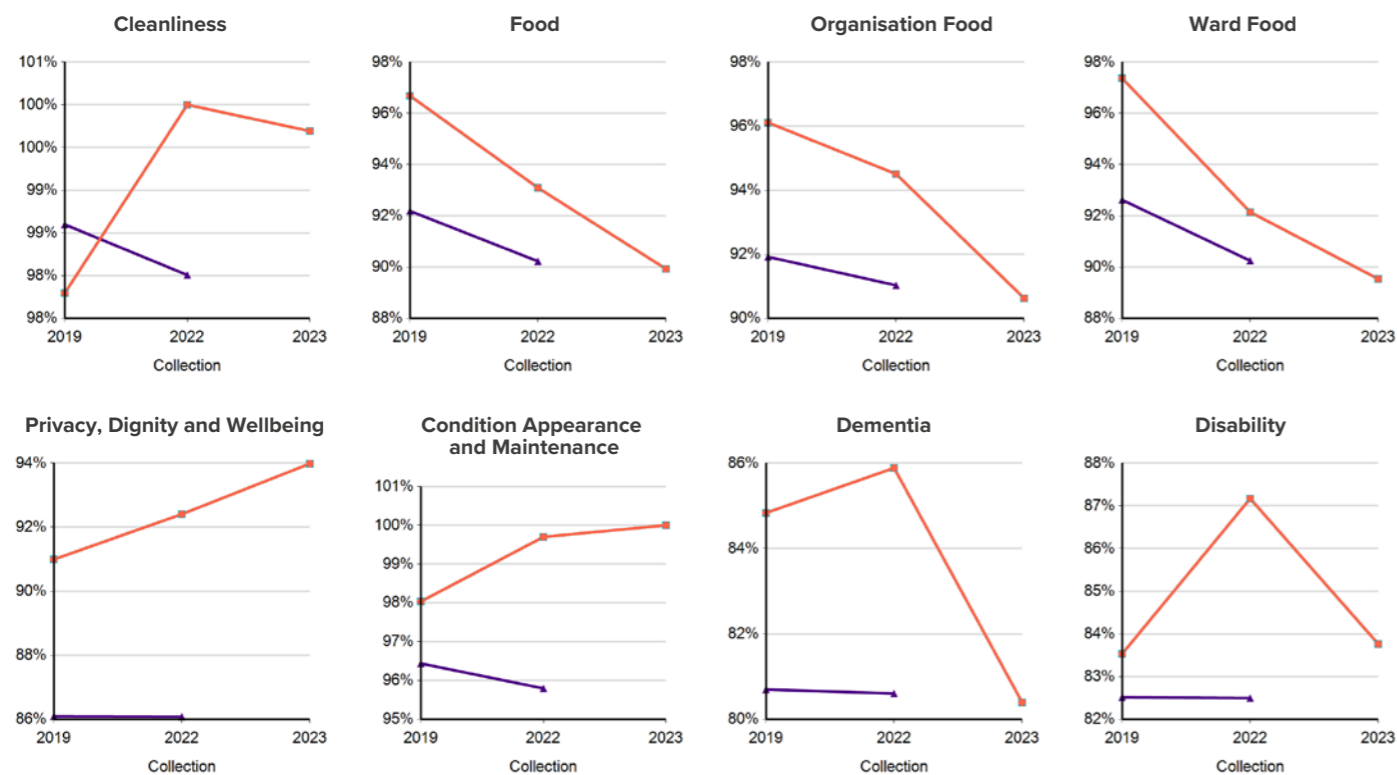
<b>Cleanliness</b>	How clean the environments are (wards, toilets, en-suite rooms, treatment rooms, reception and waiting areas, corridors, lifts, stairs, chapel, therapy rooms etc.)
<b>Food and hydration</b>	The quality and availability of food and drinks, including access to fresh drinking water. Food is scored based on taste, texture and acceptable temperature.
<b>Privacy, dignity and wellbeing</b>	How well the environment protects people's privacy and dignity (single occupancy rooms, bedside lockers, patient data not on view.)
<b>Condition, appearance and maintenance</b>	The condition – inside and outside – of the buildings, fixtures and fittings. How well the building meets the needs of those who use it. For example, adequate signage and car parking facilities.
<b>Dementia</b>	How well the environment supports people with dementia (flooring, toilet signage, general signage, artworks on the walls etc.)
<b>Disability</b>	How well the environment supports people with a disability (handrails, toilet of sufficient size enough for wheelchair and/or carer.)

We had three groups, all with a patient representative. They reviewed the main areas of the hospital from the wards, imaging, outpatients, hospice and communal areas. They also inspected the hospital grounds and tried the patient's lunch menu, which had glowing reviews from the assessors.

The graph below is a summary of the 2023 findings from the PLACE audit. Overall, a positive experience.

### Hospital of St John & St Elizabeth

Site Scores   Organisation Average   National Average



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# Hospital Community Communication and Outreach

## Our People

### Staff Forum

We introduced a new staff forum. The forum takes place monthly and includes representatives from all areas of the organisation as well as our CEO and Director of People.

It is a great opportunity for all departments to discuss ideas, challenges, development opportunities and proposed changes in the organisation with each other and senior management.

#### The forum's objectives

- To promote the interests of all hospital departments, keep staff informed and ensure people have the opportunity to contribute to decisions that impact their work life.
- Drive positive change and enhance workplace efficiency through the sharing of knowledge, ideas, experiences and good practice.
- Consider extra-curricular and social events which enhance staff engagement or engagement with our hospice charity.
- Help foster a positive working environment and encourage professional and personal development.

### Speciality Roundtable Dinners

To improve the working relationship between consultant practices, across all specialties, and the hospital. Our CEO hosted several dinners to meet all those within specialty bodies. He also met with the Private GP practice and Anaesthetists to gather an overview of the relationships within our hospital.

This data will form part of the speciality reviews being undertaken across the hospital that will feed into the new five-year strategic plan to be launched in 2024.

## Awards

### Practice Excellence Awards 2023

We were delighted that our paediatric outpatients' service won a City, University of London 'Practice Excellence Award' in the category **Commended Placement of the Year 2022-23**.

The Practice Excellence Awards celebrate the achievements of placement providers and the contribution of the staff supporting students' learning in practice.

#### Students rated their nominations in the following areas:

- Good orientation
- High quality patient care and good patient management
- Learning opportunities
- Support on placement

### Awareness Days 2023

#### 13<sup>th</sup>-17<sup>th</sup> March – Patient Safety Awareness Week

In the interests of continual improvement in our standards of care, we will focus on:

- The importance of the National Early Warning Score (NEWS2).
- Training and awareness sessions of what and when to escalate.
- Care of a deteriorating patient.

There was a stall in the staff restaurant through the week, where helpful presentations, quizzes, and activities to get involved in.

#### 12<sup>th</sup> May – International Nurses Day

As part of the annual nurses day celebrations, we joined organisations and people around the world in thanking our nurses for the incredible work they do each and every day by featuring talks to by our international nurses and their journeys.

#### 3<sup>rd</sup> September – World Sepsis Day

Infection Prevention and Control Nurse Manager, organised an awareness event where a UK Sepsis Trust Volunteer held a talk to our staff.

#### 17<sup>th</sup> September – World Patient Safety Day

To demonstrate our commitment to delivering safe and inclusive care, we ran two events: Falls and Patient Safety and Patient Forum

#### 25<sup>th</sup> September – Pharmacists Day

Celebrated our pharmacists

#### 12<sup>th</sup> October - Allied Health Professions (AHPs)

Our hospital's AHPs hosted a stall where they shared information about their expertise, running a quiz.

#### 13<sup>th</sup> October - Hospice Care Week

The hospice shared the stories of the incredible people who make up St John's Hospice, including their nurses, doctors, social workers, volunteers, cleaners, and therapists.

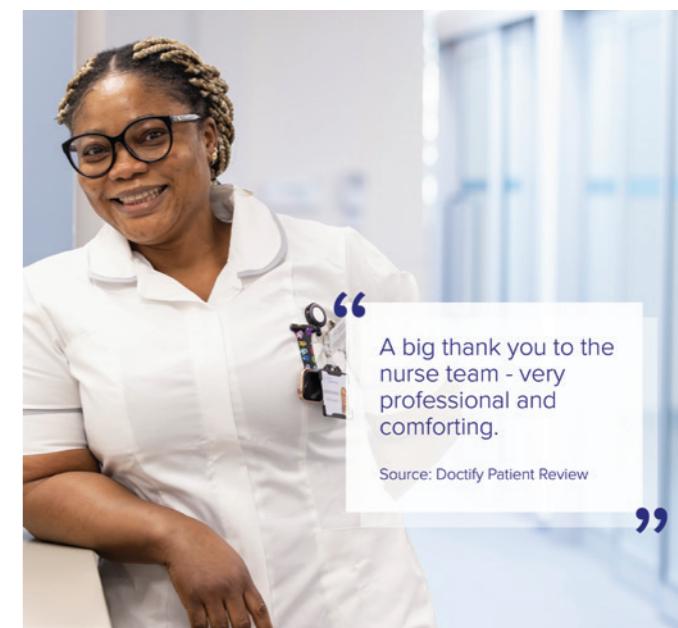
#### 6<sup>th</sup> November – Stop the pressure week

The Society has organised a programme of events, activities and useful resources to help healthcare professionals reduce the risk of pressure ulcers.



“ I was also impressed with the nurses, who have been there for me whenever I needed them. Their work is definitely really hard and I was grateful for their patience. ”

Source: Doctify Patient Review



“ A big thank you to the nurse team - very professional and comforting. ”

Source: Doctify Patient Review



# Our Patients and Community

## Creating a more accessible hospital

As a hospital, it is essential we deliver accessible customer service. This means providing resources that enable individuals with disabilities to engage with us and better convey their needs.

### Accessibility Boxes

To improve communication and access to information, we created 'Accessibility Boxes' and placed them in all reception areas and wards.

The boxes contain a variety of useful tools and materials that can be used to help different people, including:

- **Magnifying glass.** To aid reading for those with a visual impairment.
- **Fidget toys.** To be given to anxious patients or those that need a distraction. These fidget toys are single-use items and can be given to patients to keep and use throughout their hospital journey.
- **Coloured overlays.** A reading aid for people with dyslexia or those with learning disabilities.
- **Hospital communication book.** With useful images and advice to help staff communicate with people with a wide range of needs.
- **This is me documents.** To record details about a person who is not able to easily share information about themselves. They can also be used to record a person's cultural and family background, important events, people and places from their life and their likes and dislikes. The documents can be saved in a patient's notes so all staff can access them.



### Patient Text Reminder Service

Imaging and Cardiology launched their patient text message reminder service. In January, the hospital started sending text reminders to patients in advance of their outpatient and pre-assessment appointments.

### GP Symposium

The Annual GP Symposium took place at the Royal College of Physicians on Saturday 11 November. We had over 150 GPs attend to listen to seven presentations on healthcare specialities. The annual symposium helps create stronger and closer relationships to our referring partners across London.

The subjects and Consultants are below.

- Ear, Nose and Throat -** Professor Paul Chatrath
- Urology -** Mr Simon Choong
- Colorectal -** Mr Romi Navaratnam and Mr Asif Haq

- Gynaecology -** Ms Charlotte Chaliha
- Plastic Surgery -** Mr Raj Ragoowansi
- Dermatology -** Dr Karolina Gholam
- Ophthalmology -** Dr Rajni Jain



## Creating a more inviting hospital

Linda Culverwell curated all staff input from several workshops using colour, texture, words and pictures into an overall artistic expression that celebrates what it means to be part of the hospital. The artwork was installed in the corridor leading to Imaging acting as a vibrant, optimistic, and colourful expression of the hospital for all to enjoy.

### Coffee shop

After a three-year hiatus due to Covid, we re-opened the café in our main reception, offering a selection of sweet & savoury pastries, crisps, coffees, teas and cold drinks. We also enhanced the staff benefits with a staff coffee scheme voucher to use at the coffee shop.



### New multi-faith room

Following requests from the staff suggestions scheme and patients, we created a multi-faith room. Located in our main reception, it is a private room for anyone to use from staff to patients.



# Relationship with the NHS

The Charity maintains a strong relationship with the NHS which it assists where practical. The key instances are:

## Butterworth Centre

The NHS occupies the Butterworth Centre which is a unit for older persons with a mental illness. This is a purpose-built facility of 45 single bedrooms with en-suite facilities, which also includes an assessment unit and respite beds, all within the grounds of the hospital. The aim of the unit is to provide a home for life in a safe environment, whilst ensuring quality of life is maximised through therapeutic and recreational therapy. As with the hospice, patients receive care and treatment free of charge.

The NHS made the decision to temporarily suspend services at the facility in early 2023 and services ceased in Q2 2023.

## NHS GP Services

A local NHS GP Practice, St John's Wood Medical Practice, and the Primary Care Team operate from premises within the Hospital. This is a seven-partner practice looking after over 20,000 patients.

## Supporting NHS Trusts

We support local NHS Trusts in times of urgent need and excessive waiting lists by providing access to theatres and imaging services.

## NHS Medical Training Programme

The Hospital is part of the NHS medical training programme, offering rotations for doctors from Charing Cross Hospital and St Mary's Hospital. A specialist registrar in palliative medicine has been placed in the Hospital as part of the London Deanery specialist training in palliative medicine. Regular attachments for "taster" sessions occur for junior doctors from the Imperial NHS Trust and University College Hospital. Regular teaching is also provided to medical students at Imperial Medical School. This is an important community link to support Government moves to move palliative care into the community. The placements have been rated highly by the trainees.

## Hospice Referral and Funding

We work closely with the ICBs of North-West and North Central London in regard to the delivery and funding of our palliative care services. We are in contact with GP clinics and NHS trusts that use a common referral pathway for all hospice services.

Approximately one-third of the hospice's funding for core services is received from the ICBs we work with. Monthly meetings are held with the ICB and other hospice's funded by the ICB to review regional issues and best practices.



 St John's Hospice  
St John & St Elizabeth Hospital

# Charity Strategic Report: Hospice

 Registered with  
FUNDRAISING  
REGULATOR

# Who We Are and What We Do

**St John's Hospice provides quality, holistic care to people living with life-limiting illnesses and their families.**

We are committed to celebrating and amplifying life, **enabling people to live well for as long as possible**. We create moments of joy and compassion both inside and outside of our hospice and work to ensure that each of our patients and their families are supported through every aspect of their journey.

As well as our Inpatient Unit and Wellbeing Centre located within the Hospital of St John and St Elizabeth, we work out in the community, in people's homes, providing care to more than 4,000 people each year across North-West and North Central London.

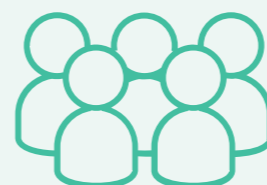
It costs over £7 million to be able to offer our services completely free of charge and to do this we rely on funding from the NHS (30%), the hospital (30%) as well as public fundraising (40%).

## Our beliefs:

- We believe in providing quality, holistic care.
- We believe in the celebration of life.
- We believe in creating meaningful, human relationships.
- We believe in constantly growing and progressing.
- We believe that together we can help more people live well for longer.



# Achievements and Performance



**4,272**

patients, family members and carers accessed our services across North-West and North Central London.



**352**

patients and families were supported with practical and emotional support from our social workers.



**82**

children and young people benefited from bereavement support, including 1:1 counselling, group sessions and activity days.



**1,728**

complementary therapy sessions were provided for patients, family carers and bereaved loved ones at the hospice.



**645**

patients were supported with specialist Lymphoedema treatment at our hospice and our clinic at Charing Cross Hospital.



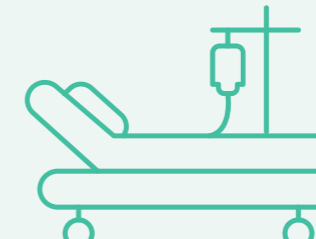
**1,609**

home visits and 5,370 telephone consultations were made by our Community Specialist Palliative Care team to a total of 205 patients.



**21,193**

hours of care were provided by our Hospice@Home team to a total of 116 patients.



**235**

patients benefitted from our inpatient care across 3,651 nights.



**1,564**

visits to our Day Care Unit were made by 67 patients.

# The Impact of our Services

## Ambulance service

We are the only London hospice with our own specialist palliative care ambulance service, which safely transports patients to and from our hospice and external medical appointments. The ambulance aids the admission and discharges of our Inpatient Unit and is available to day service patients with reduced mobility or access issues. In 2023, our fleet made 2,109 journeys. Unfortunately, our stretcher vehicle went out of service in spring 2023, affecting our ability to cover inpatient journeys. A new stretcher vehicle will arrive in the spring of 2024. We have made it a priority to update the other two vehicles in our fleet to better meet patient needs.

## Bereavement support

Our adult bereavement support is available to family members, carers, and friends who have lost someone under the care of St John's Hospice, regardless of where they live. Our child bereavement service is unique because it's offered to any child or young person living or educated in Westminster, whether their loved one has been cared for by the hospice or not. In 2023, there was an increase in referrals, especially from local schools. Thanks to donor support at the end of 2022, we expanded our team to accommodate the rise in referrals. As a result, the number of children and young people receiving support grew in 2023 to 82, compared to 64 the previous year.



“The prospect of facing your illness alone is incredibly daunting, it's isolating. St John's helped us realise we weren't alone and that there was this amazing community we were a part of and that we could be supported by. Veronica, patient

“When I was first told about the hospice all those years ago, I didn't want to come, I thought it would be a dark and depressing place to be. As soon as I came through the door my opinion changed. St John's is such a bright place to be, full of love and care, with the most wonderful people. Without the Day Care Unit, I would just be sat at home all day and that would be very boring but also extremely lonely. Juan, patient.



## Community care

Our Community Specialist Palliative Care team offers specialised care and support to patients in their own homes, nursing, and care homes from 9 am to 5 pm, seven days a week within Westminster. The team works in close collaboration with patients, their loved ones, and other professionals involved in their care to develop the best care plan. This includes managing pain and symptoms and providing emotional and practical support through home visits and telephone consultations. The team also makes referrals across all our in-house services.

In 2023, we conducted 1,609 home visits and 5,370 telephone consultations for 205 community patients. The number of referrals continued to increase in 2023, with a 60% increase in referrals in Q4. Expanding our community nursing provision to 8 am to 8 pm, seven days a week, 365 days a year is a priority. Additionally, improving our 24/7 advice line is essential to ensure that patients and carers can access specialist support and advice at any time, including weekends.

## Day services

Our Day Care Unit offers patients living within Brent, Camden and Westminster a creative and safe environment to access specialist nursing and medical care, benefit from treatments and therapies, meet with other members of our team such as our social workers, socialise and take part in workshops and activities.

In May 2023, the unit was temporarily moved to a smaller location while our new St John's Hospice Wellbeing Centre was under construction. Due to limited space, numbers were limited to 11 patients per day, with priority given to those who were unwell or struggling emotionally. Referrals were limited to those in greatest need and done in collaboration with our patients. More telephone consultations were made during this period to ensure regular contact was maintained, particularly with those who were coming in less frequently. Despite the limited space, a total of 1,564 visits were made in 2023. The new Wellbeing Centre opened in January 2024.



## Hospice@Home

Our Hospice@Home service provides specialist palliative care at home, allowing patients to stay in familiar and comforting surroundings during the final stages of their illness if that is their preference. In addition to end-of-life care, the team conducts home assessments, provides respite for patients' families and caregivers, and helps prevent unwanted emergency hospital admissions. Depending on a patient's needs, Hospice@Home can be provided for a minimum of four hours up to 24 hours a day, primarily in two-week blocks.

In 2023, we delivered 21,193 hours of care to 116 patients. Compared to 2022, fewer patients were seen over a longer period. This is preferable as it allows for the establishment of trust, strengthening communication, understanding, and empathy. We are prioritising extending our model across boroughs that do not currently have provision or are due to have reduced cover in the future.

**“ The level of care you provided was exceptional. Your contribution to my mother’s quality of life during the last weeks of her life will always be something we will be grateful for. You went above and beyond to look after her. I am still astounded by how able and willing you were to become experts in her care despite the language barrier and cultural differences.**

A patient’s family member

## Inpatient care

Our Inpatient Unit offers specialist 24-hour care, including end-of-life care, symptom management, respite, and palliative care rehabilitation. This care is available to patients living within Westminster, Brent, Camden, Islington, Hammersmith & Fulham, and Kensington & Chelsea. In 2023, a total of 235 patients received our inpatient care over 3,651 nights.

In Q4 we experienced a significant increase in referrals, leading to the unit operating at full capacity with a waitlist. This surge can be linked to the closure of a local hospice and the continued closure of another inpatient unit. Due to the ongoing pressure from the waitlist of end-of-life patients, there were occasions when we had to postpone admissions for respite. To manage the growing number of referrals and ensure the safe admission of new patients on weekends, we have made it a priority to hire an additional Palliative Care Doctor and a Weekend Receptionist.



## Lymphoedema care

Our lymphoedema practitioners help patients regain their quality of life, improve mobility, and ease discomfort caused by the condition. They also provide information and advice to educate patients on managing the condition. This service is available to patients living within Brent, Camden, Harrow, Hammersmith & Fulham, Kensington & Chelsea, and Westminster, and is provided at our hospice and Charing Cross Hospital. In 2023, 645 patients were supported across the two sites.

Referrals for our services continue to increase year on year, and we continue to operate a waitlist. This is due to a lack of NHS services for patients living with non-cancer-related lymphoedema and those who have been living with the condition for more than two years. Towards the end of 2023, we successfully secured funding to purchase some of the equipment needed to improve the efficiency of the service and decrease wait times.

## Therapies

Our physiotherapists and occupational therapists help patients maintain or rebuild their strength and independence, while also supporting their physical needs, mental health, and overall wellbeing. They provide care at patients' homes, in the Inpatient Unit, or at our day services. Patients are referred to these services internally. At the end of 2023, we recruited a Team Lead and full-time Occupational Therapist, and they will be in position by early 2024. Recruitment for a part-time Physiotherapist and a full-time Occupational Therapist will continue into 2024.

## Social and welfare support

Our social workers provide emotional and practical support to patients and their families, such as giving advice on Lasting Powers of Attorney, will writing and funeral planning, as well as signposting to relevant external agencies if further assistance is required. They also advocate on our patients' behalf with financial and housing matters, department of education and social services. This support is provided online, over the phone, at our hospice or home visits for patients living within Westminster.

In 2023, the team supported 352 patients and families. The number of hardship grants issued almost doubled in line with the rising cost of living. In Q4, we received a generous 3-year grant which has enabled us to recruit two additional staff members: a Welfare and Benefits Officer and a Clinical Psychologist who will start in 2024.

In addition, we offer various complementary therapies, including massage, reiki, reflexology, and acupuncture at our Inpatient and Day Care Unit. These therapies complement medical and nursing care to improve our patient's overall wellbeing, reduce anxiety, stress, and fatigue, relieve some of their symptoms, and aid mobility. These therapies are also available to our patient's family members and carers. In 2023, we provided 1,728 complementary therapy sessions. We aim to increase our provision of complementary therapies at the hospice and to launch the service in patients' homes.

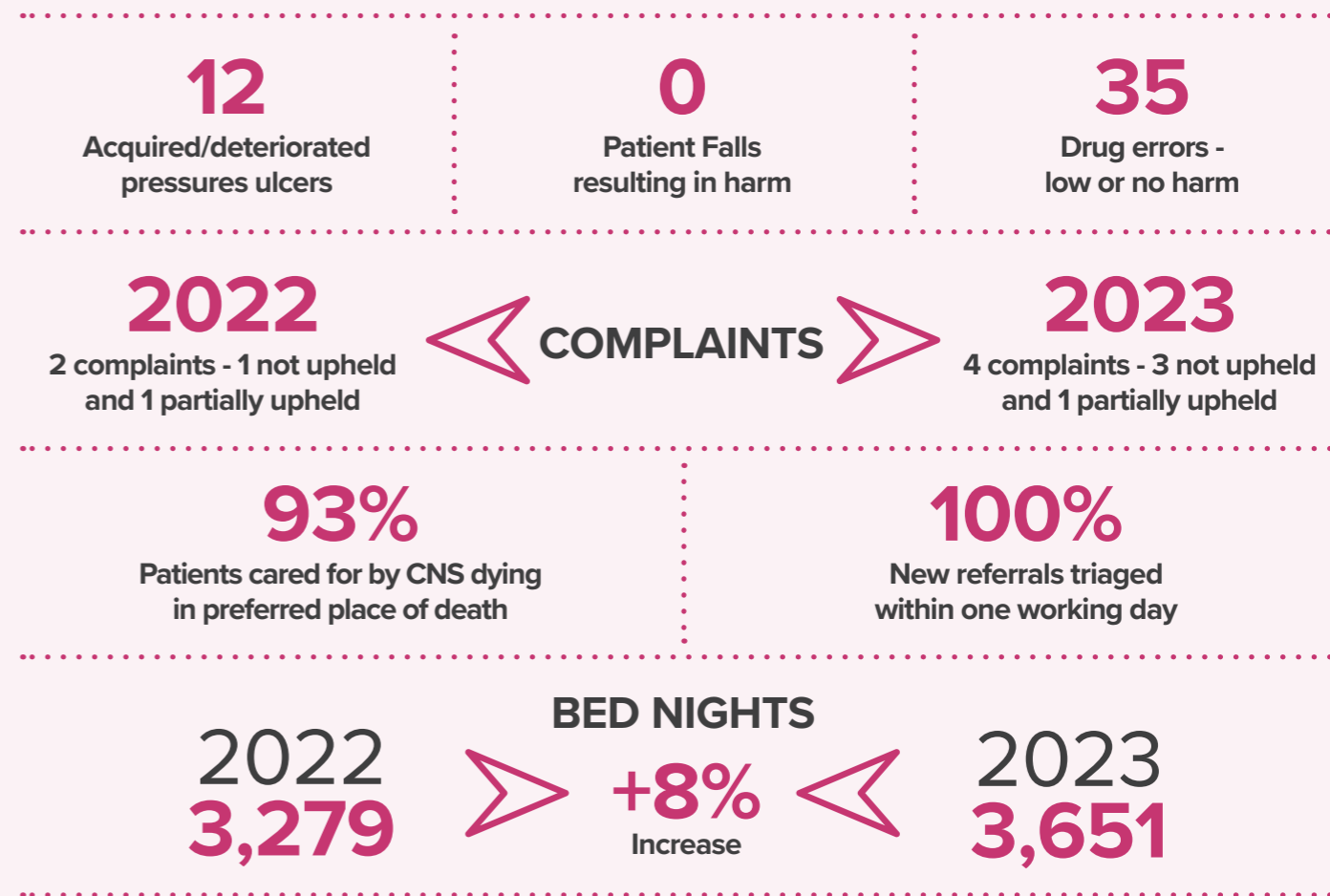


# Hospice Clinical Governance

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

The Hospital's Medical Director is the Clinical Lead, Responsible Officer, and Caldicott Guardian, our Director of Governance and Risk is the Freedom to Speak Up Champion, our Chief Nursing Officer is our Director of Infection Prevention and Control, Accountable Officer for Controlled Drugs and Safeguarding Lead for Children and Adults. Our Chief Executive Officer has overall responsibility for the Clinical Governance Framework.

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



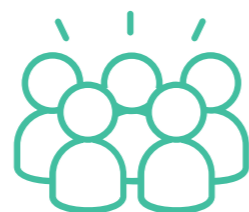
# Thank You to our Fundraising Community

Many of the unique services offered by St John's Hospice are funded through voluntary income. This includes support from our Trusts and Foundations, corporate partners, schools, community groups, and individuals who contribute regularly or in memory of loved ones, leave gifts in wills, take on challenges, and more. In 2023, we received £1,931,000 in generous donations from our community.



**Almost £2m**

generously donated by 3,955 individuals, schools, community groups, trusts, foundations and corporate partners.



**120 volunteers**

supported our hospice across a range of clinical services, retail and fundraising activities.

We hosted 7 community events throughout 2023 and celebrated the second year of both the Easter Trail and Mad Hatter's Tea Party. The funds raised from these events contributed to our 'Moments of Joy' fund, which is used to create special experiences for patients and their loved ones, such as a trip to Kew Gardens and even a wedding in our on-site chapel. Our flagship 'Light Up a Life' celebration raised over **£26,000** and was generously sponsored by local partners **Lord's Cricket Ground** and **Loveday & Co.**

It was our best year in challenges, with 76 amazing individuals running marathons, jumping out of planes or abseiling down buildings to raise over **£76,000**. This included our largest-ever London Marathon team which saw 18 individuals taking on the iconic race in memory of loved ones or as part of the teams sent from Westminster City Council and the hospital.



“ I could run these marathons for the rest of my life, and it couldn't pay St John's Hospice back for the priceless care they gave to Michael and us. Kealan, 2023 London Marathon Runner

We also held a night of fine dining, an auction, and entertainment at the iconic Abbey Road Studios, featuring guest speaker Dr Phil Hammond and the inspiring story of one of our patients and her husband. The glamorous evening marked our return to events of this kind following the COVID-19 pandemic and kick-started our Winter Appeal, raising **over £200,000**.

Throughout the year, so many wonderful individuals chose to donate to St John's Hospice including those donating in memory of a loved one, regularly each month or in response to our appeals. These individual donations raised **£323,000**. Gifts in wills continued to be an important source of income with **£417,000** received from a further 22 individuals who so generously chose to leave a legacy to the hospice.





We received 61 gifts from Trusts and Foundations amounting to **£574,000** many of which supported the creation of the St John's Hospice Wellbeing Centre and the refurbishment of our hospice gardens. We were delighted to be one of the 27 hospices awarded a generous 3-year grant from **The Julia and Hans Rausing Trust**. This grant has enabled us to invest in our clinical team and in turn enhance our programme of psychological, bereavement and social and welfare support offered to patients and their families.

We are incredibly grateful to the corporations who make us their Charity of the Year, provide pro-bono support or sponsor events and whose staff take on challenges or volunteering opportunities across the hospice. We were proud to be made West End London Law Firm, **Simons Muirhead Burton's (SMB)**, Charity of the Year following the care their colleague had received at St John's Hospice the previous year. Their dedication saw them raise an incredible **£30,078** throughout 2023 through bake sales, abseils, fancy dress nights, marathons and a London to Brighton bike ride. They even donated Christmas gifts to our patients and held a clothing drive for the charity shop.

“ I feel so blessed that this was the hospice my Mum was in. I know it might sound strange to say that, but they do so much for us as families. Keeping our loved ones' spirits alive is such a big thing. They help so much to do this with the different ways you can donate, dedicate in your loved ones' names and the events you can attend throughout the year. There's such alignment with how my heart feels and the things I want to do! Angela, Supporter turned Volunteer



### Retail

Our charity shop has been a permanent feature of St John's Wood High Street for almost 40 years now. We are grateful to members of the local community who donate their pre-loved goods and shop with us, helping to raise funds to support our services. Unfortunately, we have seen a steady decline in profitability over the years. To address this, we have employed two new permanent retail staff to oversee operations and explore additional opportunities with the hopes of a pop-up shop in 2024.

# Volunteering

Without our dedicated volunteers, we could not provide such high-quality care for so many patients and their families each year. Whether they're supporting us in the Inpatient Unit, welcoming visitors at reception, helping us at events or in the charity shop, they play such an important role.

In 2023, 120 regular volunteers supported our hospice across a range of clinical services, retail and fundraising activities, totalling over 16,000 hours of volunteer support. 40 individuals volunteered their time during our events, helping to set up, sell raffle tickets or cheer supporters along marathon routes!

This excludes the countless corporate volunteers we welcome throughout the year. They help us with various tasks such as sorting donations, stocking shelves in the charity shop, and doing arts and crafts with our patients. We are thankful to organisations like Paddington Partnership and Baker Street Quarter for introducing many local businesses to our hospice and facilitating volunteering opportunities for their employees.

We're also delighted to report that our furry friends from Mayhew's TheraPaws programme continued to visit us throughout 2023. Hugo and his owner Cara have been visiting for several years, spreading joy throughout the hospice.

**Thank you to everyone who supported St John's Hospice in 2023. Whether you donated, fundraised on our behalf, purchased items in our shop, volunteered, or left us a gift in your will, we are enormously grateful for your support. Without it, we wouldn't be able to do so much for our patients and families each year, nor would we be able to implement exciting plans to improve and expand our services.**

“ You may think that coming into a hospice is all doom and gloom, but it couldn't be further from the truth at St John's. We've created such a lovely atmosphere here between volunteers and staff, and our patients and their visitors certainly pick up on that. Nadya, Volunteer



# Our Plans for the Future

Our Fundraising and Clinical teams work closely together to ensure that all plans and priorities are aligned and that the funds raised are used effectively. The following priorities have been highlighted for 2024 – 2028. These priorities will significantly transform the way we support people living with life-limiting illnesses and their families across North-West and North Central London.

## Priority 1

### Extension of Inpatient Unit Admissions

We need to introduce a higher level of medical and administration support to our Inpatient Unit ensuring we can safely accept new patients over the weekend and meet the growing demand for our inpatient services following the closure of two local hospices. To do this, we will need to recruit an additional Palliative Care Doctor and a Weekend Receptionist.

## Priority 2

### Increased Community Nursing Provision

The NHS is implementing increased care levels in the community, which will see our community nursing hours increased to 8 am - 8 pm seven days a week, 365 days a year. We will also establish a 24/7 telephone advice line so that patients and their families and carers can always access specialist support and advice no matter the time of day, or over the weekend. To achieve this, we will need to recruit an additional Band 7 Community Nurse Specialist and 2.5 Band 6 Palliative Care Nurses.

## Priority 3

### Increased Complementary Therapies

We recognise the significant positive impact that complementary therapies can have on the physical and mental health of our patients and their families. We plan to increase our provision of these therapies at the hospice and begin providing home visits. To do this, we will need to increase the contracts of our current therapists and recruit additional staff.

## Priority 4

### Child Bereavement Expansion into Brent

Currently, St John's Hospice is the only provider of child bereavement support in Westminster. To meet the growing need for our services in other boroughs, we plan to further enhance our current Social Work and Bereavement team to include an additional Child Bereavement Specialist/Social Worker and part-time Social Worker. This will enable us to launch the service in Brent where the greatest need has been highlighted.



## Priority 5

### Hospice@Home Expansion

We are working on a business model to extend or 24 hour Hospice@Home provision into those of our boroughs that do not currently have any cover or are now receiving reduced cover following hospice closure and service realignments.

## Priority 6

### Community outreach expansion

We plan to expand our community outreach with the creation of new community hubs offering clinics, social work and bereavement support, therapies, and support groups. To achieve this, we will need to raise funds for the creation of the new hubs as well as one year of running costs.

## Priority 7

### Updated patient vehicle fleet

Many of our patients have mobility and access issues which render them housebound and struggling to access services without our dedicated palliative care ambulance service. We plan to replace two of our patient vehicles to better meet our patient's needs and ensure that nobody finds themselves shut off from the community.

If you would like to know more about any of the priorities outlined above and possible avenues to support us, we would be more than happy to discuss these with you.

Please contact our Fundraising Team by emailing [fundraising@hje.org.uk](mailto:fundraising@hje.org.uk) or calling **020 7806 4011**.

# Fundraising Compliance and Governance

**We pride ourselves on building and maintaining relationships with our donors and supporters which are based on trust and transparency. We use donations carefully and responsibly and will keep donors updated on the ways their money is being spent and the impact it is having.**

We take great care to ensure that all supporters and donors are treated fairly and are enabled to make informed decisions about any potential donation. If required, our Fundraising team works alongside the Clinical team to make a judgement about a supporter or donor's potential vulnerability or lack of capacity. We never put pressure on supporters and donors, and if they do not want to make a gift or want to stop a regular donation, we respect their decision.

St John's Hospice is registered with the Fundraising Regulator, and we adhere to their Code of Fundraising Practice. We also do all we can to ensure all fundraisers, volunteers and any third parties who work with us to raise funds do so as well.

We always treat our supporter's and donor's information in a safe, secure, sensitive and confidential way. We never sell

data to any third parties. We work closely with the Hospital's Data Protection Officer to ensure data processing is in line with the requirements of the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR) and the agreed application of this. More information on how we obtain, process and use data can be found on our website at [www.stjohnshospice.org.uk/privacy-policy](http://www.stjohnshospice.org.uk/privacy-policy).

The Fundraising team is based on-site at the hospice in St John's Wood. The team is led by the Director of Fundraising who reports to the Chief Executive, quarterly to the Philanthropy Committee and bi-annually to the Finance and Audit Committee. They also sit on the Hospital Management Board.

Bequeathed and MuchLoved have been contracted to host online services for the purposes of a free will writing service and In-Memory giving.

In 2023, we received 2 complaints in relation to fundraising, 4 in relation to retail and 1 in relation to volunteering. All of which were minor and resolved. More information on our complaints policy and the process we follow can be found on our website at [www.stjohnshospice.org.uk/contact-us/compliments-concerns-complaints](http://www.stjohnshospice.org.uk/contact-us/compliments-concerns-complaints)

## Statement of Financial Activities for St John's Hospice For the year ended 31 December 2023

	2023 Total £000
<b>Income from:</b>	
Donations	1,161
Legacies	417
Patient Services (ICB Funding)	3,368
Events	182
Sale of Donated Goods	171
<b>Total Income</b>	<b>5,299</b>
<b>Expenditure on:</b>	
Fundraising and Publicity	(715)
Costs of Charity Shop	(148)
Direct Costs	(4,146)
Indirect Costs*	(2,751)
<b>Total Expenditure</b>	<b>(7,760)</b>
<b>Net Deficit</b>	<b>(2,461)</b>

\*Indirect costs are covered by the surplus generated by the hospital

# Financial Statements

# Financial Statements

## Income

Income decreased year on year by 10.5% to £66.7m (2022: £74.4m), of which £1.9m was restricted funds (2022: £2.5m). This was driven by a significant decrease in voluntary income. There was an increase in hospital patient related income, particularly from outpatient services and day case services.

The increase in outpatient attendances led to related increases in activity for pathology, imaging and outpatient procedures.

Voluntary income decreased by 98.5% as a result of a legacy donation of landed property bequeathed by a benefactor to the hospital in 2022. There was an adjustment to the fair value of the landed property of £1,212,000. The asset is held for sale and was disposed in 2023/24 at the prevailing market conditions.

Revenue from hospice fundraising decreased to £1,931,000 (2022: £2,614,719). Legacy income increased from £321,264 in 2022 to £417,000 in 2023. Donations from individuals increased by 65% to £323,000 from £196,000 in 2022. Community and Events income increased by 26%, from £278,000 in 2022 to £350,000 in 2023. Income received from trusts decreased in 2023 to £574,000 from £1,693,000 in 2022.

Decreases can be explained by exceptional gifts being received in 2022 for the capital project for refurbishment of the hospice with a return to fundraising for services in 2023 with some major Trust and Foundation on a year's funding break as per their policies.

## Expenditure

Total operating costs increased by 4.3% in 2023 to £70.4m (2022: £67.5m), mainly because of higher property and occupancy expenses, increased supply costs caused by inflation and increased activity, and higher professional fees related to more patient activity. The rise in property and occupancy costs was primarily due to increased utility expenses linked to the situation in Ukraine. The increase in professional fees is connected to the higher number of outpatient visits and increased expenses to support the High Dependency Unit.

## Policy on Reserves

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

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

The Charity's Free Reserves at 31 December 2023 were £7.9m (2022: £9.2m). The reserves decreased in 2023 as a result of lower donations. The Trustees' intention is to grow the general fund in line with the Charity's policy on reserves.

The restricted funds which comprises of donations, grants and development funds held for the benefit of the hospice at 31 December 2023 was £5.1m (2022: £11.0m).

## Operating Deficit

The operating deficit for the year amounted to £4.8m (2022: Surplus £6.9m) of which £0.2m deficit was restricted.

The balance sheet has weakened with a £3m decrease in total assets and a £1.9m increase in total liabilities. As a result, net assets decreased from £64.7m in December 2022 to £59.8m at the end of 2023.

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

## Responsibilities of the Corporate Trustee in relation to the Financial Statements

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

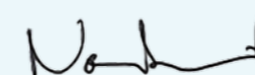
In doing so, the Corporate Trustee is required to:

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

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

### Auditor

A resolution was passed at the Annual General Meeting that Forvis Mazars LLP be reappointed as auditors to the Charity for the ensuing year. This report was approved by the Board of the Corporate Trustee on 07 October 2024 and signed on their behalf by:



**Mr Norbert Reis**  
Director

# Independent Auditor's Report to the Trustee of S.S. John and Elizabeth Charity

We have audited the financial statements of S.S. John and Elizabeth Charity (the 'Charity') for the year ended 31 December 2023 which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

## Basis for opinion

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

## Conclusions relating to going concern

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

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

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

## Other information

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

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

## Matters on which we are required to report by exception

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

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

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

## Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 43, the Trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

## Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

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

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

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

## Use of the audit report

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

*Forvis Mazars LLP*

## Forvis Mazars LLP

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

Date: **22 October 2024**

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

## Statement of Financial Activities

For the year ended 31 December 2023

	Notes	Unrestricted funds £000	Restricted funds £000	2023 Total £000	2022 Total £000
<b>Income from:</b>					
Donations and Legacies		-	1,578	<b>1,578</b>	12,972
Charitable activities		64,672	-	<b>64,672</b>	61,203
Other trading activities		-	353	<b>353</b>	243
Investment		58	-	<b>58</b>	24
<b>Total</b>	2(a)(b)	64,730	1,931	<b>66,661</b>	74,442
<b>Expenditure on:</b>					
Raising funds		-	(1,143)	<b>(1,143)</b>	(1,012)
Charitable activities		(62,593)	(6,647)	<b>(69,240)</b>	(66,472)
<b>Total</b>	3	(62,593)	(7,790)	<b>(70,383)</b>	(67,484)
Net (expenditure) / income before gains and losses on investments		2,137	(5,859)	<b>(3,722)</b>	6,958
Net losses on investments		(1,128)	-	<b>(1,128)</b>	(98)
<b>Net (expenditure) / income</b>		1,009	(5,859)	<b>(4,850)</b>	6,860
<b>Reconciliation of funds:</b> Total funds brought forward		53,736	10,957	<b>64,693</b>	57,833
<b>Total funds carried forward</b>	11, 12	54,745	5,098	<b>59,843</b>	64,693

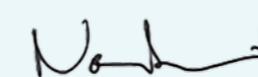
The accompanying notes from Pages 50 to 61 are an integral part of this Statement of Financial Activities.

## Balance Sheet

31 December 2023

	Notes	2023 Total £000	2022 Total £000
<b>Fixed assets</b>			
Tangible assets	5	<b>82,232</b>	82,713
Investments	6	<b>922</b>	837
		<b>83,154</b>	83,550
<b>Current assets</b>			
Stock		<b>1,992</b>	1,466
Debtors	7	<b>9,250</b>	10,548
Investments	8	<b>8,988</b>	10,200
Cash at bank and on hand		<b>4,158</b>	4,760
		<b>24,388</b>	26,974
<b>Creditors</b>			
Amounts due within one year	9	<b>(12,469)</b>	(9,425)
<b>Net current assets</b>		<b>11,919</b>	17,549
<b>Total assets less current liabilities</b>		<b>95,073</b>	101,099
<b>Creditors</b>			
Amounts due in more than one year	9	<b>(35,230)</b>	(36,406)
<b>Net assets</b>		<b>59,843</b>	64,693
<b>Represented by:</b>			
General fund	11, 12	<b>54,745</b>	53,736
Restricted funds	11, 12	<b>5,098</b>	10,957
		<b>59,843</b>	64,693

The financial statements were approved by the Board of the Corporate Trustee and authorised for issue on 07 October 2024 and signed on its behalf by:



**Mr Norbert Reis**  
Director

The accompanying notes from pages 50 to 61 are an integral part of this balance sheet.



# Statement of Cash Flows

For the year ended 31 December 2023

	Notes	2023 Total £000	2022 Total £000
<b>Cash flows from operating activities:</b>			
Net cash provided by operating activities	13	<b>7,394</b>	2,471
<b>Cash flows from investing activities:</b>			
Dividends, interest and rent from investments		<b>58</b>	24
Purchase of property, plant and equipment		<b>(6,461)</b>	(8,251)
Net cash used in investing activities		<b>(6,403)</b>	(8,227)
<b>Cash flows from financing activities:</b>			
Loan interest		<b>(1,458)</b>	(1,534)
Repayments of borrowings		<b>(135)</b>	-
Cash inflows from new borrowing		-	3,468
Net cash (used in) / provided by financing activities		<b>(1,593)</b>	1,934
<b>Change in cash and cash equivalents in the year</b>		<b>(602)</b>	(3,822)
<b>Cash and cash equivalents at the beginning of the year</b>		<b>4,760</b>	8,582
<b>Cash and cash equivalents at the end of the year</b>		<b>4,158</b>	4,760

The accompanying notes from Pages 50 to 61 are an integral part of this Statement of Cash Flows.

## Accounting Policies

### Basis of preparation

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

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

### Key judgements and estimates

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

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

The principal accounting policies are summarised below.

### Fixed assets

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

### Depreciation

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

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

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

### Going Concern

On the basis of their assessment of the Charity's financial position the Trustee Directors have a reasonable expectation that the company will be able to continue in operational existence for the foreseeable future. Thus, they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

### Stocks

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

### Debtors

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

### Investments

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

### Income

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably.

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

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

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

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

### Expenditure

All expenditure is accounted for on an accruals basis:

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

### Funds

#### Restricted Funds

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

#### Unrestricted Funds

These comprise accumulated surpluses and deficits on the Statement of Financial Activities, excluding restricted funds. They are available at the discretion of the Corporate Trustee in furtherance of the general charitable objectives of the hospital.

### Finance and operating leases

Rentals applicable to operating leases are charged to the Statement of Financial Activities over the period in which the cost is incurred.

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

### Finance costs

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

### Pension

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

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

### Taxation

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

No tax charge arose in the period.

### Financial Instruments

The trust only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans (Note 10) which is subsequently measured at amortised cost using the effective interest method.

Measurement of other basic financial instruments as follows:

- Cash is measured at cash held
- Debtors is measured at settlement amount after trade discounts or amounts advanced by the charity
- Creditors is measured at settlement amount or amount advanced to the charity
- Bank deposit is measured at cash amount of deposit

## 2. Income

### (a) Income in respect of Total Funds:

	2023	2022
	Total	Total
	£000	£000
<b>Voluntary Income</b>		
Donations	1,161	2,263
Legacies	417	10,709
	<b>1,578</b>	12,972
<b>Other trading activities</b>		
Income from shop	171	170
Income from events and the community	182	73
	<b>353</b>	243
<b>Income from investments</b>		
Dividends, Interest	58	24
	<b>58</b>	24
<b>Income from charitable activities</b>		
Income from fee paying patients	60,717	57,310
CCG income	3,955	3,893
	<b>64,672</b>	61,203
<b>Total income</b>	<b>66,661</b>	74,442

### (b) Income in respect of Restricted Funds :

	2023	2022
	£000	£000
Donations - Hospice	1,161	2,263
Legacies	417	10,709
Other trading activities	353	243
	<b>1,931</b>	13,215

We have reclassified voluntary income and other trading activities to ensure a more accurate and fair view of the financial statements.

### 3. Expenditure Analysis

			2023	2022
	Direct Costs	Support Costs	Total	Total
	£000	£000	£000	£000
<b>Costs of raising funds</b>				
Costs of generating voluntary income	705	280	<b>985</b>	838
Fundraising : Retail shops and events	158	-	<b>158</b>	174
<b>Charitable activities</b>				
Medical nursing and ancillary costs	40,839	28,401	<b>69,240</b>	66,472
	<b>41,702</b>	<b>28,681</b>	<b>70,383</b>	67,484

Total expenditures in 2022 consisted of £64,738,000 unrestricted and £2,746,000 restricted funds.

Support costs totalling £28,681,000 (2022 : £26,615,000) have been allocated to activity cost categories on a basis consistent with the use of resources e.g. by occupied floor areas, per capita, full time equivalents and other costs by their usage. These include costs associated with providing IT, payroll, personnel, finance, estates and other central services to the Charity's staff, and governance costs.

	2023	2022
	£000	£000
<b>Included within charitable activities:</b>		
Governance costs :		
Auditors remuneration - statutory audit	<b>44</b>	53
Legal fees	<b>118</b>	276
Rentals in respect of operating leases	<b>437</b>	437
<b>Depreciation is split between assets owned and those under finance leases as follows:</b>		
Assets owned	<b>6,927</b>	5,889
Assets under finance leases and hire purchase	<b>13</b>	13
	<b>6,940</b>	5,902
Interest is payable as follows:		
On bank overdraft and other bank funding	<b>1,458</b>	1,534
	<b>1,458</b>	1,534

### 4. Employees

	2023	2022
	No.	No.
The average number of employees, based on headcount, including directors and bank staff during the year was:		
Fundraising	<b>7</b>	9
Retail shop	<b>2</b>	2
Other charitable activities	<b>645</b>	640
<b>Total employees</b>	<b>654</b>	651
The aggregate emoluments paid to employees was:		
	<b>£000</b>	£000
Salaries and wages	<b>26,932</b>	24,847
National insurance costs	<b>2,928</b>	2,867
Pension costs	<b>1,173</b>	1,130
Other staff costs (Other staff costs relate to fees paid for agency staff)	<b>1,923</b>	4,478
	<b>32,956</b>	33,322

	2023	2022
The number of employees whose emoluments, as defined for tax purposes, amounted to over £60,000 in the year was as follows:		
£60,000 - £69,999	<b>20</b>	23
£70,000 - £79,999	<b>12</b>	16
£80,000 - £89,999	<b>8</b>	7
£90,000 - £99,999	<b>8</b>	3
£100,000 - £109,999	<b>2</b>	1
£110,000 - £119,999	<b>3</b>	5
£120,000 - £129,999	<b>2</b>	2
£130,000 - £139,999	<b>4</b>	3
£140,000 - £149,999	<b>2</b>	1
£160,000 - £169,999	<b>1</b>	0
£220,000 - £229,999	<b>0</b>	1

A contribution of £318,637 (2022: £226,466) was made to money purchase pension schemes in respect of higher paid staff.

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

For details of Related Party Transactions, please refer to Note 16 - Related Party Transactions.

The key management personnel of the Charity comprise of the Chief Executive Officer, Chief Financial Officer and Chief Nursing Officer. The total employee benefits of the key management personnel of the Charity were £706,629 (2022: £625,411).

Redundancy and contract termination payments are expensed as incurred through the SOFA. During the year, redundancy and termination costs of £198,723 were formally agreed under employment contracts (2022: £151,015).

## 5. Tangible Assets

	Freehold Land £000	Building £000	Machinery, Equipment, Fixtures and Fittings £000	Assets under Construction £000	Total £000
<b>Cost</b>					
As the beginning of the period	1,782	82,112	54,348	3,846	<b>142,088</b>
Additions	-	-	552	5,909	<b>6,461</b>
Disposals	-	-	(1,285)	-	<b>(1,285)</b>
Transfers	-	2,585	830	(3,414)	-
<b>At the end of the period</b>	<b>1,782</b>	<b>84,697</b>	<b>54,445</b>	<b>6,341</b>	<b>147,264</b>
<b>Depreciation</b>					
As the beginning of the period	-	(24,246)	(35,129)	-	<b>(59,375)</b>
Disposals	-	-	1,283	-	<b>1,283</b>
Charge for the year	-	(2,429)	(4,511)	-	<b>(6,940)</b>
<b>At the end of the period</b>	<b>-</b>	<b>(26,675)</b>	<b>(38,357)</b>	<b>-</b>	<b>(65,032)</b>
<b>Net book value</b>					
31 December 2023	<b>1,782</b>	<b>58,022</b>	<b>16,088</b>	<b>6,341</b>	<b>82,232</b>
31 December 2022	<b>1,782</b>	<b>57,866</b>	<b>19,219</b>	<b>3,846</b>	<b>82,713</b>

### Total operating lease commitments

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

	Land & Buildings		Other	
	2023 £000	2022 £000	2023 £000	2022 £000
Within 12 months	<b>75</b>	75	<b>235</b>	134
Between two and five years	<b>300</b>	3	<b>855</b>	-
	<b>375</b>	78	<b>1,090</b>	134

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

## 6. Investments

	2023 £000
<b>Market Value</b>	
Value at 1 January 2023	837
Increase in value of securities	85
<b>Value at 31 December 2023</b>	<b>922</b>
<b>Historical cost of investments</b>	
at 31 December 2023	335
at 31 December 2022	335

Investments are UK listed.

## 7. Debtors

	2023 £000	2022 £000
Private patient accounts receivable	<b>5,757</b>	7,474
Other debtors	<b>527</b>	220
Prepayments and accrued income	<b>2,966</b>	2,854
All amounts are due within one year	<b>9,250</b>	10,548

## 8. Investments

	2023 £000
<b>Fair Value</b>	
Value at 1 January 2023	10,200
Decrease in value of asset held for sale	(1,212)
<b>Value at 31 December 2023</b>	<b>8,988</b>

The Investment relates to a legacy donation of landed property to the hospital. The asset held for sale is currently in the process of disposal with the transaction concluded in July 2024. The amount reflects the fair value of the property at the date of sale.

## 9. Creditors

	2023	2022
	£000	£000
<b>Amount falling due within one year</b>		
Secured loans (see note 10)	135	135
Trade creditors	5,196	3,521
Taxes and social security	823	766
Other creditors	4,392	3,386
Deferred income	1,923	1,617
	<b>12,469</b>	9,425
<b>Amount falling due in more than one year</b>		
Secured loans (see note 10)	35,230	36,406
	<b>35,230</b>	36,406
<b>Deferred income</b>		
Opening balance 1 January 2023	1,617	1,142
Released in 2023	(1,617)	(1,142)
Deferred in current year	1,923	1,617
Closing balance 31 December 2023	<b>1,923</b>	1,617

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

## 10. Loans

	Barclays Facility	Brampton Trust	2023	2022
	£000	£000	Total	Total
	£000	£000	£000	£000
<b>(a) Analysis</b>				
Balance at beginning of the period	35,865	677	36,542	31,469
Additions	-	-	-	5,072
Amortisation	(1,042)	-	(1,042)	-
Repayments	-	(135)	(135)	-
<b>Balance at end of the period</b>	<b>34,823</b>	<b>542</b>	<b>35,365</b>	36,541
<b>(b) Maturity</b>				
Repayable by instalments				
- due within one year	-	135	135	135
- due within five years	34,823	407	35,230	36,406
	<b>34,823</b>	<b>542</b>	<b>35,365</b>	36,541

The Barclays Facility Loan was taken out on 03 May 2017 for a period of ten years for the construction of the new hospital development and to consolidate existing loans. The loan is secured by a first fixed legal charge over the Charity's freehold land at 60 Grove End Road. The interest rate is on a base rate basis and a 2.50% margin per annum.

Finance costs capitalised in the year amounted to £0 (2022: £983,121).

The Brampton Trust loan was initially recognised and measured at the amount received, with the carrying amount adjusted in subsequent years to reflect repayments. The Brampton Trust holds a second fixed legal charge over the Charity's freehold land at 60 Grove End Road in respect of the loan.

The Brampton Trust loan is interest-free and is a concessionary loan repayable with quarterly repayments of capital.

## 11. Funds

		Movement in resources				Balance at 31 December 2023 £000
		Balance at 1 January 2023 £000	Income £000	Expenditure £000	Transfers/ investment gains £000	
<b>Restricted funds</b>						
Butterworth Centre Development	(a)	3,127	-	(103)	-	3,024
Hospice extension	(b)	54	-	-	-	54
Brampton House capital appeal	(c)	1,368	-	(39)	-	1,329
Department of Health grants	(d)	174	-	(5)	-	169
Department of Health Grant 10/11	(d)	440	-	(13)	-	427
The Wolfson Foundation	(e)	98	-	(3)	-	95
Hospice Donations	(f)	379	1,514	(1,893)	-	-
Legacies	(g)	5,317	417	(5,734)	-	-
		10,957	1,931	(7,790)	-	5,098
<b>Unrestricted funds</b>		53,736	64,730	(62,593)	(1,128)	54,745
<b>Charity funds</b>		64,693	66,661	(70,383)	(1,128)	59,843

### Butterworth Centre Development Fund

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

### Hospice extension fund

This represents donations received towards the hospice extension.

### Brampton House Capital Appeal

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

### Department of Health Grant

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

This grant was fully expended as an investment in Tangible Fixed Assets as shown at Note 12. The outflow against these funds relates to depreciation. The 2010 grant was used to substantially improve the appearance, layout and facilities of the hospice.

### The Wolfson Foundation grant

A grant from the Wolfson Foundation was received in 2011 for the purpose of refurbishing and improving the hospice facilities. This grant was fully expended as an investment in Tangible fixed assets as shown at Note 12. The outflow against these funds relates to depreciation.

### Hospice donations

These are general donations towards the hospice because of the fundraising activities during the year.

### Legacies

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

## 12. Analysis of Net Assets between Funds

	Tangible fixed assets £000	Investments £000	Net Current Assets £000	(Liabilities) due after more than one year £000	Total £000
Restricted funds					
Wiseman House development	3,024	-	-	-	3,024
Hospice extension fund	-	-	54	-	54
Brampton House Capital Appeal	1,329	-	-	-	1,329
Dept of Health Grant	169	-	-	-	169
Dept of Health Grant 10/11	427	-	-	-	427
The Wolfson Foundation	95	-	-	-	95
Unrestricted funds	77,188	922	11,865	(35,230)	54,745
	82,232	922	11,919	(35,230)	59,843

Free reserves are defined as the net current assets and investment held as unrestricted funds excluding cash from the loan drawdown held for the planned Development (HJE2020).

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

	2023 £000	2022 £000
Net (deficit) / surplus for the year	(4,850)	6,860
Depreciation charges	6,940	5,902
Net losses on investments	1,128	98
Other non cash adjustments	(1,042)	(8,591)
Dividend and interest income	(58)	(24)
Profit on sale of fixed assets	3	-
(Increase) / Decrease in stock	(526)	36
Decrease / (Increase) in debtors	1,298	(2,763)
Increase / (Decrease) in creditors	3,043	(581)
Interest paid	1,458	1,534
	7,394	2,471

## 14. Analysis of Changes in Net Debt

	Balance at 1 January 2023	Cashflows	Other Non-cash Changes	Balance at 31 December 2023
	£000	£000	£000	£000
<b>Cash and cash equivalents</b>				
Cash	4,760	(602)	-	<b>4,158</b>
	<b>4,760</b>	<b>(602)</b>	-	<b>4,158</b>
<b>Borrowings</b>				
Debt due within one year	(135)	-	-	<b>(135)</b>
Debt due after one year	(36,407)	135	1,042	<b>(35,230)</b>
	<b>(36,542)</b>	<b>135</b>	<b>1,042</b>	<b>(35,365)</b>
<b>Total</b>	<b>(31,782)</b>	<b>(467)</b>	<b>1,042</b>	<b>(31,207)</b>

## 15. Contingent Liabilities

HJE is involved in a number of disputes arising in the normal course of business. The likely outcome of these disputes cannot be predicted and reliable estimates of any potential obligation may not be possible.

## 16. Related Party Transactions

Professor Margaret Johnson an elected Director was reimbursed expenses relating to her services as a Respiratory Consultant in the amount of £14,805. The Charity received £43,599 from her relating to amounts invoiced for room rental, secretarial fees, diagnostics, and drugs. This amounts to a net benefit of £28,794 compared to the actual cost of delivering these services.

Simon Lawless an elected Director received £61,000 in payment for giving management and strategic business advice to the Trustee Board.

The Charity takes out Indemnity Insurance to indemnify the Corporate Trustee and its officers against possible liabilities incurred by them in relation to their duties. The cost of this insurance was £99,542 (2022: £105,212).

The Brampton Trust, whose main object is to pay its income to the Charity and has one Trustee who is also a Director of the Corporate Trustee of the Charity, granted the sum of £250,000 towards the running and capital costs of the Charity.

The Brampton Trust also provided the Charity with an interest free loan with a balance of £541,334 at 31 December 2023 (2022: £676,667). Quarterly loan repayments are set at £34,000.

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

## 17. Pension Scheme

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

The pension cost charge represents contributions payable by the Charity to the defined contribution funds as well as to the NHS defined benefits Multi-employer scheme and amounted to £1,173,439 (2022: £1,130,547). £184,665 (2022: £185,763) was payable to the fund at the year end.

## 18. Capital commitments

Amounts contracted for but not provided in the financial statements amounted to £1,039,829 (2022: £689,021).

# Structure and Governance

# Risk Management

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

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

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

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

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

## Key Risks

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

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

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

# Structure, Governance and Management

## Governing Document

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

## Trustees

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

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

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

## Directors

As set out in the Articles of Association of the Corporate Trustee, there must be a minimum of eight Directors and at least 70% of the total number of Directors must profess the Roman Catholic faith. One Director shall be the nominated representative of the Roman Catholic Archbishop of Westminster. At every Annual General Meeting, one third of Directors shall retire from office but shall be eligible for re-election.

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

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

## Members

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

## Director Induction and Training

Newly appointed Trustees receive an information pack consisting of information about the Charity, the governing document, terms of reference of all sub-committees of the Corporate Trustee, the Corporate Trustee's annual report and accounts, budgets, relevant policies and minutes, and information about trusteeship in the form of the Charity Commission booklet CC3, The Essential Trustee. In addition, the Chairman and Chief Executive provide a detailed briefing and a guided tour, during which new Trustees and Directors are able to meet key employees and other Directors. There is an ongoing assessment of the training needs of the Trustees and Directors, and additional training is provided as required. Trustees and Directors are encouraged to attend appropriate external training events where these will facilitate the undertaking of their role.

## Organisation

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



# Leadership and Governance

To assist in this task, there are a number of Board sub-committees, comprising Directors, senior management and Nominees, with agreed terms of reference. These sub-committees are responsible for strategic, financial and operational issues. The sub-committees report at each meeting of the Corporate Trustee on the progress being made against agreed objectives. A Chief Executive is appointed by the Corporate Trustee to manage the operations of the Charity. To facilitate effective operations, the Chief Executive has delegated authority, within terms approved by the Board of the Corporate Trustee, for operational matters including finance, employment, clinical standards and the day-to-day management of the organisation. The Chief Executive is supported in this role by the Hospital Management Board (HMB).

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

## Related Parties

The Charity has a close relationship with the Brampton Trust and is its principal beneficiary. The Brampton Trust provides financial support by way of donations and interest free loans, and owns the freehold of a significant part of the estate. One of the Brampton Trust Trustees is also a Director and Member of the Corporate Trustee. The Brampton Trust has not been included in the financial statements of the Charity as the Corporate Trustee does not exercise control over it. Note 16 in the Notes to the Financial Statements details the related party transactions with the Directors of the Corporate Trustee.

## Public Benefit

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

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

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

## Corporate Governance

The Board of the Corporate Trustee strongly supports the principles of corporate governance. Their main responsibility is to protect the long-term security of the Charity, by ensuring that the hospital and hospice are well managed and that it maintains appropriate standards of clinical care.

## Clinical Governance

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

The Chief Nursing Officer, the Director of Governance, Director of Clinical Services and the Medical Director help to ensure that best practice and national clinical standards continue to be met.

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

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

The hospital is a member of the Private Healthcare Network and the Fundraising Regulator and St John's Hospice is a member of Hospice UK.

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

In the 2023 financial year, the Charity made one serious incident report to the Charity Commission under the category "other significant incidents" - potential reputational harm"

## Chief Officers

Mrs Caroline Fox (Chief Executive)  
*Left post June 2023*  
Mr Simon James (Chief Executive)  
*In post from 01 August 2023*  
Mr Andrew Gallini (Chief Nursing Officer)  
Mr Andrew Holmes (Chief Financial Officer)

## Hospital Management Board

Dr David Mitchell (Medical Director)  
Mr Paul Stanton (Director of People)  
Mr Michael Artis (Director of Marketing, Communications and Brand)  
Ms Kelly Stevens (Director of Governance and Risk)  
Mrs Sally Green (Director of Clinical Services)  
Mr Ross Powell (Interim IT Director)  
Mrs Charlotte Lock-Moro (Director of Fundraising)  
Mr Stephen Kimp (Director of Estates, Facilities & Projects)  
Mrs Elaina Moss (Company Secretary and General Counsel)  
*In post from July 2023*

## Patron:

His Eminence Cardinal Vincent Nichols

## Trustees:

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

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

## Board of Trustees

**Co-Chairs:** Mr Julian Schild and Professor HH William Morris *in post from 26 October 2023*  
Mr Peregrine Towneley  
Bishop John Sherrington  
Ms Alda Andreotti  
Mr Simon Lawless  
Mr Norbert Reis  
Mr Francis Fitzherbert-Brockholes  
Mr Richard Ritchie  
Mr Nabil Ariss *resigned 23 March 2023*  
Professor Margaret Johnson Chair until *resigned 26 October 2023*  
Sir Mark Allen *resigned 19 October 2023*

## Sub-Committees of the Board

### Church Committee:

Mr Richard Ritchie (Chairman)  
Mr Charles Finch  
Father Hugh MacKenzie  
Sister Kathleen Mary  
Mrs Priscilla Sharp  
Mr Mike Staunton

### Ethics Committee:

Mr Richard Ritchie (Chairman)  
Mr Peregrine Towneley  
Father John O'Leary  
Professor Patrick Kennedy

### Finance and Audit Committee:

Mr Norbert Reis (Chairman)  
Ms Alda Andreotti  
Mr Simon Lawless  
Mr Julian Schild  
Mr Peregrine Towneley

### Philanthropy Committee:

Mr Charles Fitzherbert (Chairman)  
Mr Julian Schild

### Remuneration and Nominations Committee:

Ms Alda Andreotti (Chair)  
Mr Simon Lawless  
Mr Richard Ritchie  
Mr Julian Schild  
Professor HHJ William Morris

# Reference and Administrative Details

## Medical Advisory Committee (MAC)

This year, our Medical Advisory Committee membership underwent a change, with several committee representatives standing down now and a new cohort stepping up

We welcomed Mr James Youngman, Consultant Orthopaedic Surgeon, who joined as MAC chair in December 2022, taking over from Stuart Webb, Consultant Physician, who stepped down after a six-year tenure.

Our current committee membership is:

- **Mr James Youngman (Chair)**, Consultant Orthopaedic Surgeon
- Mr Majid Hashemi, Consultant Bariatric and Gastrointestinal Surgeon, representing General Surgery
- Professor Patrick Kennedy, Consultant Gastroenterologist, representing Gastroenterology
- Mr Simon Choong, Consultant Urological Surgeon, representing Urology
- Mr Abbas Rashid, Consultant Shoulder and Elbow Surgeon, representing Orthopaedics
- Dr Gary Wares, Consultant in Intensive Care Medicine and Anaesthesia, representing Critical Care
- Dr Sageet Amlani, Consultant Physician, representing General Medicine and Stroke
- Dr Najia Shah, Consultant in Palliative Medicine, representing St John's Hospice
- Dr Simeon West, Consultant Anaesthetist, representing Anaesthetics
- Dr Carol Whelan, Consultant Cardiologist, representing Cardiology
- Dr Andre Van Nierop – UCC Clinical Lead, representing Urgent Care
- Prof Neil Tolley – Consultant ENT, representing Ears, Nose and Throat
- Dr Dean Noimark – Consultant Physician, representing General Medicine
- Dr Simon Goldenberg – Consultant Microbiologist, representing Microbiology
- Dr Robert Pearce – Consultant Radiologist, representing Radiology
- Dr Wolfgang Muller – Consultant Paediatrician, representing Paediatrics
- Mr Simon Withey – Consultant Plastic Surgeon, representing Plastic Surgery
- Dr Dennis Abadi – Consultant NHS General Practitioner, representing NHS GP

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

- Mr Leye Ajayi, Consultant Urological Surgeon;
- Mr Emeka Okaro, Consultant Obstetrician and Gynaecologist;
- Dr Stephen Ward, Consultant in Intensive Care Medicine and Anaesthesia;
- Mr Paul Ziprin, Consultant Colorectal, Laparoscopic and General Surgeon; and
- Dr Deepak Suri, Consultant Gastroenterologist.
- Dr Heena Khiroya, Consultant in Palliative Medicine

## Charity Number:

235822

## Principal Office:

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

## Auditor:

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

## Bankers:

**Barclays Bank plc**  
1 Churchill Place, London E14 5HP

## Financial Advisers:

**Earnst and Young**  
1 More London Place, London SE1 2AF

## Solicitors:

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

## Blake Morgan LLP

6 New Street Square, London EC4A 3DJ

## DAC Beachcroft

25 Walbrook London EC4N 8AF

## Mills and Reeve

Botanic House 100 Hills Road Cambridge CB2 1PH



St John &  
St Elizabeth Hospital



St John's Hospice  
St John & St Elizabeth Hospital



Registered Charity Number: 235822

Principal Address: 60 Grove End Road, London, NW8 9NH