ST CATHERINE'S HOSPICE

ST CATHERINE'S HOSPICE ANNUAL REPORT AND ACCOUNTS YEAR ENDED MARCH 2025

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INTRODUCTION FROM THE CHAIR OF TRUSTEES AND CHIEF EXECUTIVE

The last financial year has undoubtedly been the most challenging for St Catherine's Hospice, both for the charitable organisation itself and for all those who work within and support it. We must begin therefore in thanking the entire staff team (including those who left us), our nearly one thousand volunteers and our many thousands of supporters for their engagement, dedication and commitment as well as for their patience as we have navigated this difficult year.

Philip Ingleby
Chair of Trustees

Giles Tomsett
Chief Executive

The facts that frame our financial challenges have been effectively highlighted by Hospice UK, by St Catherine's and are supported by many other commentators. Even with the welcome injection from government of £100M for English hospices, the sector is facing a period of retreat.

However, recognising the need to adapt to these changing circumstances and with the predicted increase in demand implicit with the aging population (including the recurring theme of care in hospital corridors), we have worked closely with our NHS Commissioners and service delivery partners (hospitals, GPs, Care Homes, District nursing services etc) within East Surrey and West Sussex to consider the future and reframe the model that the hospice moves to.

This confirmed the role for St Catherine's as a provider of specialist palliative and end of life care services and saw us scale back our more generalist provision which can be provided by GPs, district nurses and other NHS services. From these discussions, it remains evident that the future role and opportunities for hospices will be further amplified by the NHS Long Term Plan.

As we moved into the final period of our current organisational strategy (23-25), the year also saw us deliver innovation within integration of care, running a proof of concept delivering closer integration alongside our GP and district nursing partners within East Surrey. This demonstrated that partners working more closely and more effectively together are better able to manage the overall demand upon them and better able to deliver improved patient

outcomes. We would like to thank our innovation partners, First Community Health & Care and Dorking Health Care GP Federation for their support in this programme.

We are excited by this proof of concept and the prevailing opportunity integration offers to better sustain effective and efficient reach to all those who are dying across our geography – ensuring optimal care, support, compassion and understanding provided by the right service partner, from the right team at the right time and in the right place. An objective shared by the new government who aims to move more care from hospital into the community, developing the digital capability of the NHS and focusing more on prevention.

The last year has been heartbreaking for St Catherine's Hospice and all of its supporters. Many valued colleagues have left us due to restructuring which has seen services reshaped and reduced. However, we are heartened that our own innovation and the support of our partners offers opportunity to improve care, and potentially, help with hospice sustainability. We know too that the Government's plans to move more care into the community will offer hospices opportunity.

None of this could have been possible without all the donors and supporters who have stood by us over this last year for we saw such a tremendous uptick in donations after our story broke on BBC TV and radio in September 2024. A story that has since been amplified through coverage on ITV, Sky News and in national press (Guardian) and many local press stories – again underpinned by support from Hospice UK. A story that will likely run on more yet.

Alongside this fantastic and generous support, our own efforts to improve our financial picture are evidenced in our year end position. At the start of the 23-24 year we were forecasting a deficit position of approx. £2.3million. With cost saving measures implemented, opportunities realised, and income potential maximised, we have seen our year end position improve significantly, ending the year with a net deficit of £0.9m.

Whilst our financial situation remains a concern, throughout the year our care and support has remained of the highest standard and thanks to the shared efforts of the staff and management team alongside the valued support of so many within and outside of our hospice, we have bought ourselves the time to weigh the future - both to develop our role alongside a changing NHS and to ensure our sustainability thereby protecting local specialist palliative and end of life care for the future.

We are therefore delighted to soon to be introducing a new strategy (2025–2030) which will give emphasis to partnership working to deliver effective palliative and end of life care provision to all who need it including our own specialist contribution and we look forward to sharing this with you in the coming weeks. Thank you to all those staff, volunteers, patients, partners, commissioners and family members who have helped us frame our strategic aspirations as we must never lose sight of the fact that we are a much needed service without whom we would see a considerable drop in end of life care outcomes.

Philip Ingleby Chair of Trustees and
Giles Tomsett Chief Executive

OUR VISION

A world where everyone can face death informed, supported and pain free.

OUR MISSION

Pioneering standards in expert care and support for anyone facing death and bereavement.

OUR VALUES

Integral to all that we do:

Human

We treat people with understanding, patience, respect and above all dignity. We are the welcoming smile, the talk over a cup of tea, the human touch.

Courageous

We stand firm, we do not flinch in the face of hard news, but always with humanity, sensitivity and respect for our community.

Energetic

Whether we're out running a fun run or at the hospice greeting our patients, we bring the energy and the optimism to make the most of every day.

Connected

We are not an island, we thrive on partnerships and working with others, we believe we're better and stronger together.

Expert

We are looked up to by our community and peers as the organisation to go to for knowledge, training, best practice and latest techniques.

OUR STRATEGIC AIMS:

- **Provide a good death for everyone we care for**
- **Focus on wellbeing, including bereavement**
- **Develop models of care**

DELIVERING CARE

Successes in the year

- We transitioned to a new way of delivering our community service and over the summer, we ran a trial to test this idea. Since both the NHS and Central Government are focusing on *Neighbourhood working*, we teamed up with two Primary Care Networks in Surrey to run this proof of concept. We looked at ways to include St Catherine's clinical staff in primary care and district nursing teams to make better use of our skills in palliative and end of life care. The early results were promising, showing that this way of working can improve community care. We will put the new ways of working into practice over time.
- On our inpatient wards we took the decision to split our patient cohort and provide care across both of our wards. However, due to funding restrictions we continue to have 12 beds that remain unopened. As an organisation we are committed to finding a sustainable model that will allow the opening of these beds. To this end, we are currently exploring a number of options with the wider healthcare system and beyond.
- We supported the region's winter pressures management. During the winter period it is usual for the wider NHS to experience a period of high demand and to help support the NHS during this period, St Catherine's made available two additional beds.
- We have developed and launched electronic personalised care plans within the ward. At St Catherine's we recognise the importance of providing high quality specialist palliative and end of life care, whilst ensuring that we are protecting our patient data. To achieve this, our clinical systems team have, throughout the year worked tirelessly to establish an electronic patient care plan that provides a purely electronic method of recording the personalised care delivered to patients, whilst also ensuring that care is delivered to the highest standards.
- Working in a more collaborative way has enabled us to offer counselling within the local community. We provide a face-to-face counselling service which traditionally has been delivered at our Hospice. However, working collaboratively with other organisations has allowed us to deliver that service from within the communities we serve. We continue to work alongside other organisations to identify how we can best support each other in the delivery of wellbeing services.

- We continue to work with an external IPC (Infection Prevention Control) consultant to aide real time delivery of IPC guidance throughout the organisation. Our Hospice patients are frequently vulnerable and susceptible to illness and as such we take our IPC responsibilities very seriously. However, as a small organisation we are not always able to keep abreast of new and emerging outbreaks, or new techniques that maybe adopted by the wider system and linking with an external IPC consultant aides us in this preparedness.

Future priorities

- Continuing to develop and expand our community proof of concept. As previously mentioned, we found our proof of concept to be successful, but due to funding and readiness of the wider system we have not been able to fully implement the findings. However, we are committed to adopting neighbourhood working as the experts in our field to ensure the very best of care is delivered.

- The newly published NHS Long Term Plan will certainly help guide the way in which we develop clinically. More than ever, we must ensure that the service we provide to our community is aligned with the aspirations of the NHS to ensure that the very best of care (including more bedded provision) is delivered both now and into the future.

Our measurement and impact

- Healthwatch undertook a site visit and inspection from the perspective of the patient, publishing their positive findings on their website. Healthwatch is a health and social care champion who make sure that healthcare leaders and other decision makers hear the voice and use the feedback of services users to improve care. In 2024, Healthwatch for both Surrey and Sussex were invited by St Catherine's to visit our clinical facilities to undertake an audit and to produce a report of their findings to ensure that we are acting upon the voice of our patients. You can find the full report on their website: www.healthwatchwestsussex.co.uk

- Our latest CQC (Care Quality Committee) inspection was carried out in 2016 with an overall rating of *"Outstanding"*. There is regular communication with CQC, and we worked with CQC to commission our new premises.

- We are accredited with CHKS (Comparative Health Knowledge System) whose framework informs our internal Quality Management System. CHKS is a provider of healthcare intelligence and quality improvement, providing external accreditation through a survey visit to our site. During their visit they met with staff and reviewed our policies and procedures to ensure that we meet their exacting standards. During the year St Catherine's Hospice were able to retain accreditation.

- We provide annual submissions to the NHS Data Security and Protection Toolkit to provide assurance that the hospice is practicing good data security, and that personal information is handled appropriately.

- A review of service provision and implementation of change within our community service was undertaken whilst successfully continuing to deliver excellent specialist care.

- 100% of families and carers were offered the VOICES bereavement survey.

- At St Catherine's we continue to be committed to infection prevention and control (IPC) as reflected in our recent audits, with an internal audit scoring 96% and an external audit by our IPC consultant scoring 97%.

"I love my role as a Healthcare Assistant. I find out about people's histories and caring for them is a privilege. I think here's a person at their most vulnerable time who needs someone to look after them and they're going to let me do that."

Claire, Healthcare Assistant, Inpatient Unit

REACHING THOSE WHO NEED US

2,248 PATIENTS WERE CARED FOR IN THE COMMUNITY AND 321 IN THE INPATIENT UNIT

WE MADE 2,240 VISITS TO PEOPLE'S HOMES SUPPORTING IN PRACTICAL CARE. THIS SERVICE ENDED IN NOVEMBER 2024

WE PROVIDED 4,213 DAYS OF INPATIENT CARE, WITH AN AVERAGE BED OCCUPANCY LEVEL OF 96% AND AN AVERAGE LENGTH OF STAY OF 16 DAYS

1,446 PEOPLE HAD SUPPORT FROM OUR WELLBEING TEAM (INCLUDING SOCIAL WORK, SPIRITUAL CARE, WELFARE, CARERS SUPPORT AND COUNSELLING)

OUR COMMUNITY TEAMS MADE 4,569 HOME VISITS AND 7,203 PLANNED TELEPHONE CALLS TO PATIENTS

QUALITY AND EXPERTISE

Successes in the year

- Recognising the importance and value of the patient voice we have adopted several procedures that allow us to consider our service from a patient perspective. One such procedure was the introduction of 15 steps audits. Initially, carried out by staff, a wider group now conduct such audits including trustees. A 15 steps audit is a quality improvement tool that involves a small team walking through a healthcare setting to observe and gather qualitative feedback on the patient experience, focusing on first impressions and identifying areas for improvement.
- Implementation of the Vantage system, with 23 modules developed and introduced across the organisation. Vantage is an IT platform that allows us to either adopt pre-built modules or construct our own, which will support compliance, quality and governance. Additionally, this platform is the cornerstone of our compliments and complaints recording, investigation and reporting. This supports internal learning and development born from patient and carer feedback.
- We introduced a more focused workplan aimed at delivering and implementing a more robust information governance network whilst also employing an external consultant as Data Protection Officer to provide expert advice.
- Successful peer review of PSIRF implementation plan. PSIRF (Patient Safety Incident Response Framework) sets out the NHS's approach to building effective systems to respond to and learn from patient safety incidents. St Catherine's Hospice recognises the importance of the PSIRF initiative, and the quality team have spent much of 2024 in preparation for introducing the PSIRF principles. A peer review of our PSIRF methodology was undertaken and found to be in line with the expectations of the wider system.

Future priorities

- Working toward the implementation of PSIRF. We hope to introduce PSIRF fully through 25/26.
- To centralise all audits utilising the Vantage module to ensure better reporting and to provide assurance.
- Developing a patient voice project to address health inequality, EDI and real time patient feedback, in the moment.

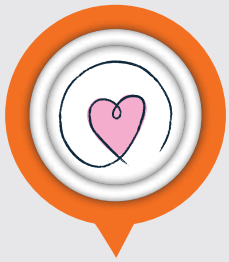
The people we care for:

61% HAD A CANCER DIAGNOSIS

MALE = 48%, FEMALE = 52%

46% LIVE IN SURREY AND 52% LIVE IN SUSSEX

66% ARE 75 OR OVER, AND 5% WERE AGED UNDER 55



100% OF PEOPLE WE CARED FOR RECEIVED AN INDIVIDUALISED ASSESSMENT AND CARE PLAN

OUR QUALITY ACCOUNT SUBMISSION

We are committed to transparency, accountability, and the highest standards of quality in all aspects of our operations at St Catherine's Hospice. This document encapsulates our dedication to fulfilling our responsibility to our patients, their families, our staff, and the wider community with integrity and diligence.

We pride ourselves on fostering an open and supportive culture where incident reporting and investigation are not only encouraged but embraced as integral components of our commitment to continuous improvement.

While this document provides comprehensive assurance, we particularly highlight key areas such as governance, clinical care, safety, and financial stewardship. By doing so, we aim to instil confidence in the reliability and effectiveness of our services. Through our robust governance processes, rigorous assessments, and continuous improvement initiatives, we strive to uphold the trust placed in us to ensure those we care for receive the exceptional care and support they deserve.

Review of Services

During 2024-2025 St Catherine's Hospice provided the following services:

- Inpatient Unit (IPU)
- Wellbeing
- Assessment and reviews in people's own homes and nursing homes
- Hospice at Home
- 24-hour advice line for healthcare professional, patients, friends/ family/ carers
- Counselling and Bereavement Support Services
- Therapies (Physiotherapy, Occupational Therapy)

However, it should be noted that after a period of consultation between April and November 2024, it has become necessary to:

- Restructure our Community service offering
- Close the Hospice at Home service
- Reduce the operational hours of the advice line for patient, friends, family and carers
- Restructure our Wellbeing and Therapies offering.

We have reviewed all the data available to us on the quality of care of these services.

St Catherine's Hospice has contracts of service with Surrey Heartlands Integrated Care System and Sussex Health and Care Integrated Care Board. NHS funding contributes approximately 43% of the costs of our charitable activities, equating to 30% of our total costs. The balance, is raised from the generous support of our communities through fundraising and retail activities, as well as legacy donations.

Participation in National Clinical Audits

St Catherine's Hospice was not eligible to participate in National Clinical Audits or any of the national confidential enquiries as they did not relate to specialist palliative care. To ensure that we are continually meeting standards and providing a consistently high level of service the Hospice has its own quality and audit programme in place which continues to evolve.

Participation in Local Audits

St Catherine's Hospice is committed to continuous improvement and ensuring the highest standards of care through rigorous auditing practices. Throughout 2024–2025, we conducted comprehensive audits across all our service areas, including clinical care, safety protocols, and operational processes. These audits are designed to identify areas of excellence, as well as opportunities for improvement, ensuring that we uphold our commitment to quality and transparency.

By systematically reviewing our practices and outcomes, we can implement evidence-based improvements and maintain compliance with regulatory standards. Our auditing process not only enhances patient safety and care quality but also supports our mission of providing compassionate and effective specialist palliative and end of life care.

Examples of audits undertaken in 2024–2025:

- Infection, Prevention and Control.
- Medicine Incident Review.
- Controlled Drug Audit.
- SystmOne (Clinical Systems) Access.
- Safeguarding Audit.
- Falls Incident Review.

Commissioning for Quality and Innovation (CQUIN) Payment Framework

As a third sector organisation St Catherine's Hospice is not eligible to participate in this scheme and therefore the income received in 2024–2025 was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework.

The Care Quality Commission (CQC)

St Catherine's Hospice is registered with the Care Quality Commission (CQC) to conduct the following legally regulated services:

- Treatment of disease, disorder, or injury.

Rated as outstanding, St Catherine's Hospice was last inspected in July 2016. More recently the CQC agreed to register the new Hospice facility without any required remedial actions. There are no conditions placed upon our registration and we have not been party to any special reviews or investigations under section 48.

During the last year, our focus has continued to be on ensuring that we are prepared for the new CQC regulatory approach and ensuring that our patients and their families receive safe, caring, responsive, effective, and well-led services.

We have processes in place to support a Care Quality Commission inspection if one were to occur as well as procedures in place to cascade any feedback and learnings via the senior management team, the learning development team, local managers and relevant trainers to ensure implementation of any changes that are required.

Data Quality

As an organisation we submit data to Hospice UK for benchmarking on an annual basis which contributes to their report that enabling comparisons between similar sized hospices and the entire sector.

Data generated by the organisation is subject to rigorous review.

Information Governance

Information governance is the framework and set of controls implemented to manage, protect, and utilise information effectively within an organisation, ensuring compliance, security, and efficiency in handling data.

The NHS Data Security and Protection Toolkit showed that the hospice was compliant in 2024. This is an online self-assessment tool that must be completed annually by all organisations that have access to NHS patient data and systems. It enables these organisations to measure their performance against the National Data Guardian's 10 data security standards and to provide assurance that they are carrying out good information governance.

Clinical Coding

St Catherine's Hospice was not subject to the Audit Commission's Payment by Results Clinical Coding Audit during 2023-2024. (This audit checked how accurately hospitals recorded patient treatments in 2023–2024, to make sure NHS trusts were reimbursed the right amount for the care they provided).

Patient Voice

At St Catherine's, we recognise the immense value that the 'patient voice' brings to the development and improvement of our services. It also helps us to identify which services best suit the community we serve. We collect patient experiences, alongside those of family members, friends and carers, through various methods. These include:

- Friends and Family feedback Survey.
- Hospitality Survey.
- Healthwatch Visit.
- 15 Step Auditing.
- A robust complaints and compliments process.

Surveys

Throughout their stay our patients, and their visitors have access to the hospitality survey via QR codes located throughout the public areas. This facility allows them to provide real-time feedback to emerging events whilst highlighting what is working well during their stay.

The Friends and Family feedback survey, is sent to the family or carer of a patient some 8 weeks after their death. The purpose of the survey is more specifically to seek feedback relating to the care provided to the patient whilst they had access to our services.

Healthwatch

Healthwatch are an organisation that was established under the Health and Social Care Act 2012 with the aim of understanding the needs, experiences and concerns of people who are using health and social care services whilst working toward the goal of enabling people to have a voice about their health and social care systems.

In 2024 St Catherine's invited both Surrey and West Sussex Healthwatch to conduct a combined inspection, which gave us constructive, patient focused feedback, providing a rich dimension to the feedback already gathered from the service users. This also helps to ensure that our organisation continues to strive toward providing excellent specialist palliative care in a safe and comfortable setting. Their report can be accessed via Healthwatch.

15 Step Audits

At St Catherine's we have introduced the 15 step audits which are based on the 15 Step Challenge Toolkit, originally developed by the NHS in 2012 and based on feedback of a mother who had said *"I can tell what kind of care my daughter is going to get within 15 steps of walking on to every new ward."* Through these audits, which are conducted by our staff and trustees, we are able to explore our various healthcare settings through the eyes of patients and relatives.

Robust Complaints and Compliments Process

We are committed to maintaining a robust complaints and compliments process as part of our dedication to excellence in patient care. Through our quality team and Vantage reporting system we are able to ensure that all feedback, whether positive or negative, is meticulously documented and analysed. Complaints are logged and investigated promptly, with the outcomes used to identify areas for improvement and enhance patient safety. Similarly, compliments are recorded and celebrated, reinforcing best practices and recognising the exceptional contributions of our staff. This continuous cycle of feedback supports our culture of learning and growth, helping us deliver the highest standard of care to our patients.

Being able to combine all these resources ensures we can support our staff to listen to patients and carers and understand the improvements that we can make whilst also expanding on what we do well.

"THE HOSPICE HAS HELPED ME TO LIVE A BETTER LIFE"

45 year old Marie shares how support from St Catherine's has helped her feel more positive and determined.

"In summer 2022 I was feeling unwell but as a school teaching assistant I thought "I'll be alright, I'll wait until the summer holidays to get a doctor's appointment."

Doctors referred me to a rheumatologist incase I had arthritis but after looking at my tests the rheumatology consultant said, "this isn't arthritis. This is something else. You need to go straight to hospital." There I was diagnosed with plasma cell leukaemia and amyloidosis, a group of rare conditions where a protein called amyloid builds up in your body.

Suddenly life turned upside down

Scans showed the amyloidosis is in my heart, lungs and kidneys which are only functioning at 27%.

I've thrown as much treatment at my illness as I can, but I've had to stop now because of the impact to my kidneys.

St Catherine's have been brilliant

When I came out of hospital after four months I wasn't in a good place. All I could think about was the fact that I was going to have to leave my 15-year-old daughter and 18-year-old son without a mum.

I had counselling with the hospice which really helped. Now I'm concentrating on the now and on making memories with my family rather than worrying about what's coming. That's made me feel a lot happier.

I've also worked really hard physically with the hospice's therapy team

Before I went into hospital I was fit and active but when I came out I couldn't walk and I felt like I'd never be able to do anything again.

St Catherine's therapy team gave me the motivation to think "this isn't what my life's going to be like. I can make it better"

With their help, I'm now able to get upstairs, sleep in my bed and use the toilet again which has made a massive difference to my self-esteem. The team have also helped me set other goals to work towards, which makes me feel more positive and determined.

One goal was to cook family dinners again

I can walk into the kitchen now and put on a casserole or make a lasagne so that when my husband and children come home dinner is waiting for them. Before I got ill, cooking the family dinner was something I took for granted, but it's felt like such a big thing to cook again.

Having the hospice on my side makes such a difference

And the team has helped me to live a better life.

Before I found it too upsetting to talk about my illness or children. I felt like I'd given up a bit whereas now I haven't. St Catherine's have helped me to keep going. I want to be around for my children and husband for as long as I can so I'm going to keep fighting."

INCOME GENERATION

Successes in the year

- We were grateful to receive support from across our community in response to news of the hospice sector financial challenge and the break in at our Community Hub Cafe.
- We were delighted to receive grant funding for awnings for each of the 24-patient gardens at the hospice, providing shade from the sun and enhancing our outdoor spaces for patients and their loved ones to enjoy.
- A team of 33 trekkers raised a staggering £160,000 by trekking for five days, covering more than 434 miles and over 4,386ft of elevation across the Saghro Mountains in Morrocco.
- Our Dragon Boat event returned to the lake at Tilgate Park with double the number of corporate teams from the previous year (a total of 14), raising more than £27,000.
- Our flagship, annual event, the Midnight Walk in Horsham, this year attracted 750 walkers, raising over £110,000 for the hospice.
- With support from corporate and community partners, we collected more than 750 Christmas trees for recycling from Crawley, Horsham, East Grinstead, Redhill and Reigate, raising £11,245.
- Our Christmas Appeal successfully raised over £120,000. The appeal shared the story of Abi, an 18-year-old who received care at the hospice in Spring 2024.
- We launched 'Sponsor a nurse' as a way to attract new committed givers from across our community.
- We participated in a national legacy marketing campaign led by Hospice UK, aimed to raise the profile of hospices and the breadth of care that they provide. At a local level we used it as an opportunity to acquire new legacy pledges, to help support the future sustainability of our hospice.
- We were extremely grateful to receive gifts in Will donations from 45 people this year. Their thoughtful decision creates a lasting legacy, helping to make a meaningful difference for generations to come.

Future priorities

- We will continue to grow our voluntary income to support the charity through a particularly turbulent financial period and enable exceptional care for local people facing death and loss.
- We will give focus to the future acquisition of new donors to St Catherine's, adopting a test and learn approach to identify the most effective ways to attract these donors to the hospice, ensuring long term sustainability for our voluntary income.
- We will expertly steward our loyal supporters by delivering first class communications and engagement opportunities.
- Once the full results are known we will hopefully be taking our participation in the Hospice UK legacy campaign forward into next year.

Our measurement and impact

- With support from our incredible supporters, we raised £6.8 million to deliver our care services.
- For every £1 spent on fundraising activity we raised £4.09 including legacy donations.
- We are registered and regulated by the Fundraising Regulator and Gambling Commission and fundraise in accordance with the Charities Act.
- We received and managed 3 formal complaints in the year about our fundraising activity compared to 5 last year.

RETAIL

Successes in the year

- Our new East Grinstead shop has seen its first full year of trading and sales have increased by 100% when compared to our previous shop in the town. Gift Aid has increased 122% and we have signed up over 500 new donors to Gift aid. The shop has sold over 60 refurbished bikes which is nearly 40% of our total bike sales.
- We continue to see success in our Carfax shop in Horsham and sales have increased by a further 18% compared to last year. Over the first two years of opening, sales have increased by 123% and we have grown our invaluable volunteer numbers to over 65.
- We have added a small range of new goods this year which has tripled our new good sales (excluding Christmas Cards) to over £50,000. At present we are only looking at items that compliment what we do and are not already donated for example bamboo socks, umbrellas, handkerchiefs, greetings cards and gift wrap.

Future priorities

- We are continuing to build on the superstore model and are currently exploring options for a larger store in Crawley.
- We continue our focus on shop performance to maximise the net income return from each shop.

Our measurement and impact

- We saw a 16% increase in shop sales over the year.
- 3,000 people signed up to gift aid their shop donations.
- We sold over 178,000 items of clothing, over 63,000 books, over 6,700 items of furniture and electrical goods across our shops and much more!
- This means we saved over 3 million kg CO2 Emissions and over 1.6 million trees absorbing CO2.

“ST CATHERINE’S IS A MAGICAL PLACE”

Luke shares how the hospice helped his family create precious memories together.

“Clair was diagnosed with breast cancer that had spread to her liver in August 2023. When doctors told us there was nothing more they could do, Clair’s wish was to go to St Catherine’s. She didn’t want our home consumed by her illness because of our three children.

The hospice cared for Clair in such a dignified way

I remember she sent me a photograph saying “Look, I’ve had my hair done.” She looked gorgeous.

The nurses did her hair each morning, moisturised her and even let us move her bed into the garden so she could hear the birds singing and feel the warmth of the sun. I brought Benji, her house rabbit, to visit twice, and it was brilliant seeing him snuggle into her.

The hospice’s support allowed us to be a husband and wife again too

It wasn’t frowned upon when I snuggled in bed with Clair and the nurses really showed love towards our children too, making them special hot chocolates when they were unsure about seeing their Mum in the hospice.

Our family enjoyed the drinks trolley as well. One morning at 6.30am Clair suddenly woke up and said, “I want a rum and coke.” So out came the drinks trolley with the rum and coke! That moment became my favourite memory of her at the hospice. It’s another example of the personalised care that St Catherine’s gives.

Visiting Clair while trying to manage work and care for the children was overwhelming

But when things became too much, I could sit with a counsellor, cry and let everything out. The hospice offered me a support network I didn’t even know I needed. I call St Catherine’s a magical place because for Clair and I it was.

When Clair died at 41 it was the worst time of my life

All the things we’d planned for the next 40 years together were gone, but St Catherine’s cradled me to the point that I could think everything’s going to be alright.

Their bereavement counselling changed me in the most dramatic, positive way

I’m not overwhelmed by my feelings anymore. Initially, in my head I thought I’m a man I need to deal with Clair’s death in a manly way or hide my grief but speaking about things so honestly has made me stronger.

Counselling also gave me the courage to quit my old job and follow my dream of becoming a landscape gardener. Clair would have backed me. She’d be so proud of me for showing our children that you can do anything that you put your mind to.”

PEOPLE

Successes in the year

- We use a survey platform called Birdsong who benchmark various hospices across the country. 73% of our staff responded to our staff survey with the key organisational engagement figures below:

BIRDSONG KEY ENGAGEMENT INDICATORS	YOUR HOSPICE'S TOTAL AGREE SCORE	BENCHMARK
The Chief Executive and Leadership Team are committed to making the charity a great place to work	76%	75%
I feel like I am making a difference	91%	92%
I am comfortable being myself at work	88%	87%
My morale at work is high	60%	70%
I feel appreciated here	76%	72%
I am proud to work for this charity	91%	93%
I would recommend this charity as an employer	68%	77%
Overall Engagement Index Score 2024: St Catherine's Hospice	**79%**	**81%**

- We worked collaboratively with Sussex Hospices to ensure our shared Learning Management System is developed and provides an efficient, cost-effective way of managing all e-learning and face to face seminars.
- Delivered training to external delegates, along with offering placements to both students and experienced health professionals.
- Reviewed our induction process for both staff and volunteers and now offer a single programme which promotes our inclusive culture.
- Our wellbeing offering to our staff balances mental health, physical health, and financial offerings which includes: counselling and supervision available to all staff, all staff healthy meals, opportunity to buy and sell annual leave, 4x annual salary death in service benefit, weekly free Yoga and Pilates provided by a volunteer, discounts in shops and restaurants, mental health first aiders, support in menopause and access to Health assessments.
- We capture EDI data across our staff and volunteers to better understand the diversity of our staff and are continually striving to be an inclusive organisation.
- We have introduced Freedom to Speak Up Guardians, in addition to our anonymous feedback platform to support staff raising concerns safely.
- We managed a difficult restructure across the organisation that saw us reduce our headcount by around 22% losing over 40 members of staff, with only 1 compulsory redundancy.

Future priorities

- Continued development on EDI, with a move for the organisation to level2 Disability confident as an employer.
- Looking at different ways we can maximise support from our volunteers in valuable roles.
- Ensure our wellbeing offering remains current and relevant.
- Continue to work on our culture, including ensuring everyone has a voice, through the continued awareness of platforms available for speaking up and raising concerns.
- Streamlining our recruitment processes to reduce the need for paper.
- Launch of Oliver McGowan training for all staff on supporting and caring for people with learning disabilities.
- Continue to develop and deliver leadership and management bite size training modules to develop the skills of our managers, and aspiring managers.

Our measurement and impact

- Our labour turnover is running at an accumulative figure of 30% - this includes those who left under organisational change. The figure excluding those who left due to the change is 15.8% the figure for 23/24 was 17.53%.
- Our absence is 3.9% across the organisation.
- Staff statutory training compliance is 95%.
- 3 staff completed apprenticeships with 5 currently in progress.
- Our average weekly FTE's employed were 198 against 207 in the previous year.

Volunteering

- We have 989 active volunteers and recruited 305 across fundraising, retail and the hospice.
- We processed 720 enquiries from people wanting to volunteer.
- We introduced 11 additional new volunteer roles across all areas of the hospice including the Volunteer Christmas Tree Collector role. 49 tree collector volunteers supported the collection of more than 750 trees, raising £12,000.
- In total we have approximately 40 different volunteer roles across the whole organisation.
- We hosted our 2024 Volunteer Awards, celebrating the long service of volunteers achieving 5, 10,15, 20, 25 and 35 years which totalled 370 years of support from those who reached these milestones.
- 117 of our active volunteers are under 25 years which equates to 12% of our active volunteer workforce.

BRAND AND MARKETING

Successes in the year

- We were proud to participate in a nationwide campaign *"This is Hospice Care"* with 143 other hospices across England, Scotland and Wales, to help create a surge in awareness, aimed at growing income from gifts in Wills. The campaign included a national TV advert, press coverage and organic and paid social media. We also utilised the national campaign to produce localised advertising at bus stops across our catchment area. Additionally, we developed new, engaging ways to reach audiences to promote the importance of gifts in Wills to our charity including creating a podcast advert and our a 'bag for end of life' tote bag in our charity shops.
- We delivered successful advertising campaigns including petrol pumps and bus adverts for the Midnight Walk 2024.
- We generated 14 pieces of national and local press coverage and 18 national broadcast pieces around the need for the hospice to make cost savings of £1.5 million. Following our service changes, we generated four pieces of national and local press coverage and one national broadcast piece on BBC South East Today.
- We welcomed MPs from across our catchment area to the hospice, to meet with our Chief Executive, and discuss the need for a sustainable government funding model.
- We changed our website server to a new, faster, green hosting website server called SiteGround.

Future priorities

- We will build our communications strategy underpinned by our new organisational strategy that will help us best raise awareness of our hospice and specialist services.
- We will continue to use data and insight to improve future communications and lead decision making. This includes; holding focus groups to refresh our bi-annual supporter newsletter, *Matters*, conducting testing on email communications and paid social media adverts and creating more channel specific social media content.

Our measurement and impact

- We achieved 4% net audience growth across our hospice social media channels and increased impressions across all channels by 36.5%.
- For our retail social media channels, we achieved 233% net audience growth and increased engagement by 42.8%.
- We saw a 627% increase in unique visitors to our Gifts in Wills webpage compared to the same time last year. The majority of visitors were during the national 'This is Hospice Care' awareness campaign.
- We continue to see a good open rate and click-through-rate for our supporter emails. Our email about the hospice funding crisis achieving an open rate of 51%, and a click-through rate of 7.25%, and our Christmas appeals achieved an open rate of 54% and a click-through rate of 10%.

INFRASTRUCTURE AND RESOURCES

Successes in the year

- The Site Services Team has adopted business as usual in 2024 within our new site with the facilities team now fully managing the new site.
- Feedback from patients and users is positive about the new environment particularly in areas created for patient care and we have established good links with our wider community and continue to grow stronger links with the immediate community of Woodgate.
- We have contributed to substantial cost savings and working more effectively to support each other across the organisation.
- We outsourced our IT services to IT solutions provider, Trident who support most hospices in Sussex, to ensure we were able to support the everchanging requirements of technology with a greater bandwidth of skills and support.
- This year we have addressed IT equipment which has become unsupported due to its age and have replaced our servers, aligning to reduced capacity requirements as we use more cloud-based applications. We have also replaced devices where we are unable to meet Windows 11 requirements.
- We have improved our IT resilience and security with Trident's support by reducing the number of internal and external vulnerabilities which are constantly monitored.

Future priorities

- Maintain and continue to build community networks and links with our Cafe and Hub whilst improving income and profitability.
- Embed quality management systems to support continuous improvement and compliance.
- Continual support to our Trading team to manage all things facilities related, improving retail aesthetics allowing the Trading team to maximise income generation.
- Continually develop and improve our site for patient comfort, to support sustainable development agenda.
- To move the organisation from server-based file storage to cloud-based Office 365 solutions through Sharepoint and OneDrive.
- To review our telephony system and ensure it aligns to our requirements.
- With government funding through Hospice UK we have the opportunity to optimise IT in support of our processes, driving efficiencies and income opportunities, allowing other funds to be directed more fully to patient care.

Our measurement and impact

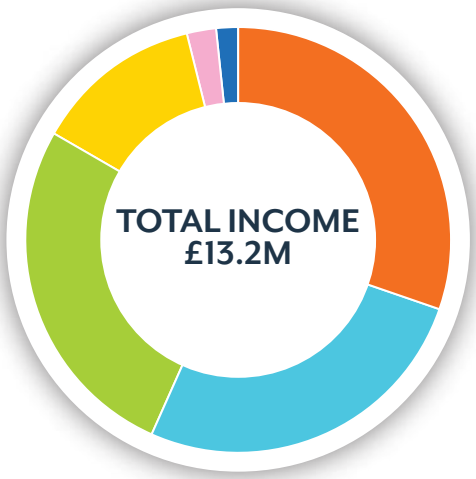
- Carrying out regular meetings and monitoring with our site contractor has had a positive outcome on snagging issues, with only three remaining items from an initial list of 675.
- Maintained our 5-star food ratings at the main hospice site.
- 127 responses received from our public survey around our Cafe and Hub and 84% of respondents said the food was of an excellent or good quality.
- Improvements in our IT support over the year have led to a reduction in the number of tickets raised with our IT helpdesk.
- Data Security Protection Toolkit compliance.
- The procurement of modern catering equipment supports a more varied selection of menus, and new housekeeping equipment ensures compliance with IPC standards.
- Overwhelmingly positive feedback from patients and families enhances our reputation and our ability to raise funds from supporters.

"In a word, I feel safe. Beyond this, I feel very well cared for. This comes from the team's high level of expertise and dedication, of course but also from the easy banter and warmth that the team - all of them - engender with me, my family and even, my visitors.'

Patient who stayed at our hospice over Christmas and New Year

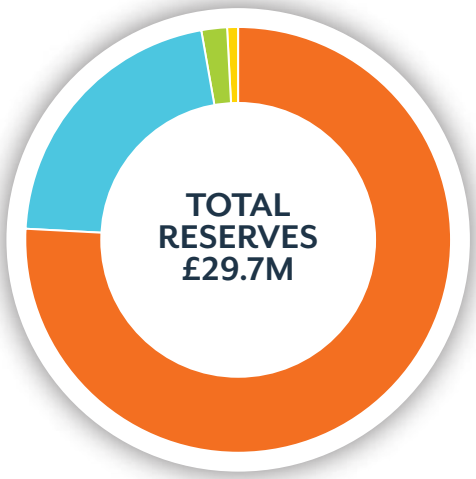
OUR FINANCIAL PERFORMANCE 2024/25

OPERATIONAL INCOME AND EXPENDITURE

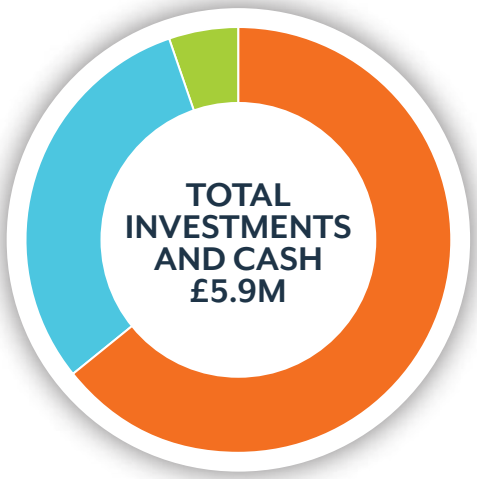


- £4.0m Charitable Activities
- £3.5m Donations
- £3.5m Trading Activities
- £1.7m Legacies
- £0.3m Other Income
- £0.2m Investment Income

- £9.3m Charitable Activities
- £3.1m Trading Activities
- £1.7m Donations



- £22.6m Unrestricted Fixed Assets
- £6.3m Unrestricted Free Reserves
- £0.6m Designated Funds
- £0.2m Restricted Funds



- £3.8m Investments
- £1.8m Cash & Equivalents
- £0.3m Current Asset Investments

Our budget for 2024/25 expected an operational deficit of £2.4m, which have worked hard in the year to mitigate.

We took the difficult decision in the early part of this financial year to carry out an organisational restructure, which also required changes in our service delivery model, with the removal of hospice at home and out of hours advice services for patients. We have seen some successes from this where we are now working in greater partnership with our local NHS neighbourhoods to deliver care to our communities. Overall, we removed over 40 posts, which has saved approximately £0.9m in the year – the associated severance costs of £0.4m were funded from our designated reserve.

We have also seen a significant increase of £1.0m in our Fundraising income across all strands of giving as we have developed our strategic priorities, as well as donations from our loyal supporters in response to our financial position and press coverage. Furthermore we have received some significant restricted donations in the year to support equipment and the care we provide. Further details can be seen in Note 20.

Our retail performance has improved with the continued success of our larger stores in Horsham and East Grinstead, although some of this success has been offset with a couple of unforeseen shop closures, which have required urgent repair.

Whilst our coffee shop and function rooms have seen income growth in the year, we still experienced a net deficit in the year. Whilst this was expected, the Senior Management Team and Trustees have reviewed the opportunities to improve this position with actions to be taken to ensure the profitability of the coffee shop and function rooms in the trading subsidiary.

We budgeted our legacy income prudently, based on a five year average and have seen income in the year at a similar level.

This year has also seen the benefit of Government Funding of £0.2m. This grant has enabled us to purchase IT equipment, being new servers to replace the existing equipment that will be unsupported from mid-2025 and new laptops to replace those that are not windows 11 compliant from 2025. The upgraded equipment will ensure we have up to date platforms, designed to support our transition to more cloud based solutions as we develop our systems to support patient care into the future as well as saving costs of maintenance and support of outdated equipment. This grant has also supported the fit out of a new larger charity shop to add to our portfolio, which will improve our retail net income, to support our patients. We have also used the funding to enhance security at our hospice with further perimeter fencing and security gates to fire escapes to ensure patients and staff are safe, especially at night, as well as funding a sit on lawn mower to keep our gardens nice for patients and visitors to enjoy. In addition we have used this funding to provide equipment to support our patient care. Further details can be seen in Note 20.

We are still progressing the sale of our old site at Malthouse Road and expect completion of this in early 2026.

Our resultant net deficit was £0.9m in the year. Our free general reserves position was £6.3m as at 31st March 2025, after allowing for the pending asset disposal of Malthouse Road.

FINANCIAL OUTLOOK 2025/26

Operational Performance

Our budget for the financial year 2025/26 expects a deficit in the year of £1.4m moving our free general reserves position to £5.0m. This position assumes the completion of the sale of Malthouse Road and prudent forecasting of legacy income, which is in accordance with our five-year forecast. Despite our efforts to improve our financial position we will see additional costs of £0.3m as a result of Government changes to Employer National Insurance contributions as well as increasing payroll costs with cost of living awards in response to, but not aligned to, NHS increases, and improvements to the National Living Wage.

We are currently exploring opportunities to improve our budget for 2025/26 and will be actively aligning improvements implemented to our forecasts with a target to reduce the operational deficit by at least 30%.

FUTURE SUSTAINABILITY

There are three key areas of focus set out by the Trustees to ensure our strategic delivery is delivered in a financially sustainable manner and are reflected in our forecasts.

FOCUS AREA 1: RISK

Risk 1: Changes in population demographics and service need

As our population ages and those who are approaching end of life do so with a greater complexity of need, the demands on our services require enhanced skills for an increasing number of people, and without action we risk not being able to meet this need in a safe and effective way

In response, we built our new hospice and have expanded our teams to support this demographic change. We are cognisant that, in responding to this increasing need, we must ensure to make the best possible use of our expert clinicians, working in collaboration with health and social care colleagues working in primary, community and secondary care. We also need to work collaboratively in providing wellbeing support and signposting to other specialist and/or voluntary organisations where appropriate. Without this collaborative work, we cannot effectively respond to this changing and increasing need.

Risk 2: Our positioning in the healthcare system

We have a current reliance on inadequate NHS grants and poorly specified block contracts to support the delivery of our core services in the hospice and community. Compounding this statutory funding is not matched with appropriate annual inflationary increases. This, along with the agenda for change increases and doctor salary considerations in the NHS, results in a real time decrease year on year, impacting on our ability deliver our services and to recruit and retain key clinical roles.

Effective engagement with our statutory partners means that realistic forecasts are maintained whilst continuing to make the case for sustainable funding models. We are currently working to integrate with our system partners via a pilot which will roll out if successful to join services at PCN level, removing lengthy referral processes and having a joined-up approach to patient care. This approach will help us to identify a service driven cost model in an attempt to agree an efficient and sustainable funding formula for future contracting with the NHS.

Risk 3: The economic climate impact upon income generation

The current cost of living crisis in tandem with other world events has impacted not only our cost base but also our ability to raise funds at the level needed to support this cost base as the propensity for giving from our community of supporters has been impacted during this time. Our largest cost is our staff, which with the NHS agenda for change and National Living Wage impacts, annual inflationary salary increases have needed to be above those forecast.

We have been fortunate that the last few years we have seen pandemic government support, which has now ceased. Our financial position is modelled with a current and 5 year forecast process aligned with our monthly management accounts reporting and budget holder's review, additionally reviewed quarterly by our Board of Trustees. Income generation streams are routinely monitored and forecasts updated in line with market conditions. It is against this background that we now have to forecast revenue and consequently size our organisation to ensure future sustainability of the charity and core services.

Risk 4: Reliance on legacy income

A significant income stream for St Catherines, is that of legacies. However, its variable nature, requires prudent forecasting to ensure we are not over reliant.

Although legacies will remain an important part of our portfolio we have to adopt a conservative approach to any forecast. We are working on a revised legacy strategy, including being part of the Hospice UK national legacy marketing campaign and will begin foresight work shortly.

Risk 5: Poor leadership of the organisation

In the current operational environment, the lack of good leadership would lead to us being unable to navigate currently identified external factors, an inability to potentially identify and react to new risk factors in a timely manner and to provide adequate strategic thinking, direction and mitigations to ensure our future sustainability.

Our major control mechanism for this is the Integrated Governance Framework. Clear structures and transparent succession plans, allowing for open and effective utilisation of leadership resources across the organisation.

Risk 6 - Failure to meet regulatory requirements

Through ineffective leadership, training, monitoring or extraordinary circumstances that may lead to non-compliance recognised by external regulatory bodies, affecting our ability to operate our care services or fundraise.

A full suite of audit and compliance measures are in place, cognisant that cyber and intellectual property matters are now very much at the forefront of organisational compliance and security. The Information Governance structure is being bolstered by senior leadership focus and updated organisational roles alongside the ongoing regulatory assurance audits. Effective insurance is also in place to allow swift and effective access to support should any incidents occur.

FOCUS AREA 2: RESERVES

St Catherine's reserves policy is to maintain free reserves at a level that is sufficient to protect services from the potential financial impact of known significant risks over the short to medium term. The focus of this policy is aligned to Free General Reserves as these reserves support operational activities.

The Trustees have agreed that in order to set a relevant free general reserves policy level which is in the charities best interests, a risk centered approach is most valid.

The Trustees recognise that as a healthcare organisation, the risk of full closure has always been low, given that alternative arrangements would be made to continue operations, which is addressed in our Business Continuity Plan. However, as we emerge from the pandemic and navigate the current cost of living crisis, complacency in this regard would be foolish. We have therefore adapted our policy to include the scenario where insolvency and redundancy for all staff is modelled and sits firmly in our strategic risk register.

The Trustees regularly review the hospice's strategic risk register which forms part of the Governance Framework.

Following appraisal of operational performance over the course of our current forecast period to FY 2028, the risks and opportunities associated with this and the redundancy and working capital exposure requirements, the Trustees have approved a free reserves requirement of between £9.1m and £3.1m.

Our free reserves as at 31st March 2025 were £6.3m, (31st March 2024: £6.6m). The calculation of free reserves is set out in Note 19 to the accounts.

The net movement in reserves in the year is set out in Notes 19 to 22 to the accounts.

FOCUS AREA 3: INVESTMENTS

The overall investment objective, which represent reserves held consistent with the reserves policy, is to provide financial security and stability, recognising that the charity is exposed to a degree of financial risk due to the variable and uncertain nature of its fundraising and NHS income. The Trustees seek to produce the best financial return within an acceptable level of risk.

Investments are divided into those expected to be held for a short-term (0-3 years) and long-term time horizon (3 years plus).The investment funds have separate return objectives.

Short Term Funds:

The Trustees require short term funds to support all known capital, operational, designated fund and restricted fund requirements in the next 3 years.

The investment objective for the short-term fund is to achieve a return in excess of short-term bank rates through investing in one or more Common Deposit Funds authorised by the Charity Commission with a Fitch rating of at least AAA.

Long Term Funds:

The Trustees require all funds in excess of the short term fund to be deposited in long term funds.

The investment objective for the long-term fund is capital preservation with some potential for capital appreciation, with a return over a rolling 5 years which exceeds CPI +2%.

The Trustees have adopted an ethical investment policy to ensure that its investments do not conflict with its aims or lead to reputational damage.

The Financial Sustainability Committee has responsibility for agreeing the investment strategy, setting benchmarks and monitoring the investment assets on a quarterly basis.

A formal evaluation of each fund managers' performance and consideration of the need to undertake full market testing is undertaken every 3-5 years.

Note 14 gives further information on the Investment position as at 31 March 2025.

Going Concern

Our five year forecasts have been reviewed in support of our strategic ambitions whilst modelling risk and cash management. We have acknowledged that the risks we now face are largely outside of our immediate control but have a significant impact on our ability to meet our ambitions whilst maintaining free reserves and cash management in the short to medium term.

Following the organisational restructure in this financial year, we are now working on some key strategic aims to improve our operational performance through income generation, greater NHS partnerships and focus on our cost base, so we are able to build back our services to our communities and open our full bed capacity.

Having reviewed and formally agreed the forecasts and cashflows prepared in September 2025, together with the Executive's business plan, the Trustees believe, to the best of their knowledge, that the charity remains a going concern for at least the 12-18 month period from the date of approval of the financial statements.

Structure, Governance and Management

The directors are also the Trustees of the charity for the purposes of company law and as such are responsible for the management of the hospital's affairs and its future strategy. The Trustees are required to hold at least four Board meetings a year. There are five committees, chaired by a Trustee which are attended by the appropriate Senior Management Team Member(s), which meet prior to and feed into each Board meeting.

- Financial Sustainability Committee (includes income generation activity).
- People and Development Committee.
- Board Effectiveness Committee.
- Quality Committee.
- Remuneration Committee (Chief Executive remuneration only).

Rotation, recruitment and appointment and induction of Trustees

The Trustees consider it essential that the Board is strong, well-balanced and effective comprising members with the requisite professional skills and experience in healthcare or local services to properly represent users of the charity's services. Looking forward, the Board will carefully consider how it increases its diversity and inclusion to better meet the needs of the local population.

Trustees are recruited through local advertising and a robust selection process. Trustees serve for a maximum of two terms of four years each.

An induction programme is provided to all new Directors. They are advised of their responsibilities as Directors and Trustees, including their legal obligations under charity and company law and the charity Commission guidance on public benefit, given copies of the charity's governing documents, and are appraised of the charity's aims and activities, current financial performance and its plans for the future. All Trustees receive an annual performance review and are encouraged to attend appropriate external training events where these will facilitate the undertaking of their role.

The General Meeting was held in person this year, where the Trustees provided an overview of our achievements and future plans, allowing additional challenge to the Trustees and the organisation, on behalf of the community.

Senior Management Team

The Board delegates the day-to-day management of the hospice to the Chief Executive, and the officers of the company.

The charity has set up a clear pay progression arrangement for its senior leaders which reflects arrangements in place for all staff and managers. As the charity strives to make its reward offer as competitive as it can afford, it will continue to consider managers and senior management remuneration. Pay points for the Senior Management Team regularly benchmarked against similar sized charities. Pay progression for these senior officers is delegated to the Chief Executive. The Chief Executive's pay also progresses over several pay points and progression is agreed by the charity's Remuneration Committee.

The Senior Management Team meets weekly, rotating meetings to review strategy and business plan delivery, the quality management system across all activities, risk management and operational service performance, including budgetary review and regular reforecasting. The SMT regularly meet with the wider management team in interactive update and planning sessions, with appropriate cascade to all staff, which includes an SMT weekly communication available on the intranet.

Trustees are invited to governance, management and all staff meetings periodically to assure themselves of the quality of communication, education and training that is being provided.

Charitable Objectives

The hospice's charitable objectives which were set by the Trustees, with due regard to the Charity Commission's guidance on public benefit, are:

- To relieve suffering, provide comfort and improve quality of life for people with progressive life limiting illness:
- To relieve the suffering of people facing or experiencing bereavement by the provision of counselling; and
- To advance research and education in palliative and end of life care.

Statement of Directors Responsibilities

The Board of Directors is responsible for the approval of the annual accounts, ensuring compliance with the Charities Act 2011, the Companies Act 2006 and the Memorandum and Articles of Association and Accounting and Reporting Statement of Recommended Practice applicable in the UK and republic of Ireland, FRS 102.

Company law requires the directors to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period.

The company has chosen in accordance with section 414C(11) of the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013 to set out within the company's strategic

report the Company's Strategic Report Information required by Schedule 7 of the Large and Medium Sized Companies and Groups (Accounts and Reports) Regulation 2008. This includes information that would have been included in the business review and details of the principal risks and uncertainties.

In preparing those financial statements, the directors are required to:

- Select suitable accounting policies and then apply them consistently.
- Ensure compliance with the methods and principles in the Memorandum and Articles of Association and Accounting and Reporting Statement of Recommended Practice applicable in the UK and Republic of Ireland, FRS 102 which was effective from 1st January 2019.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on a going concern basis unless it is inappropriate to presume that the company will continue in business.

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

In so far as the directors are aware:

- There is no relevant audit information of which the company's auditor is unaware; and
- The directors have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Details of directors' interests in contracts and related party transactions are given in note 10 to the accounts.

STATEMENT AS TO DISCLOSURE TO THE AUDITORS

In so far as the Trustees are aware, there is no relevant audit information of which the charitable company's auditor is unaware, and the Trustees have taken all steps they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The auditor, Kreston Reeves LLP, has indicated their willingness to continue in office. A motion reappointing the auditor will be proposed at the next Board meeting.

The Report of the Board of Trustees, incorporating the strategic report, was approved by the Board on 17th September 2025 and signed on its behalf by:

Philip Ingleby
Chair of Board of Trustees

OUR TRUSTEES, SENIOR MANAGEMENT TEAM AND ADVISORS

Our Trustees

Philip Ingleby	Chair of the Board of Trustees Chair Remuneration Committee Chair of Financial Sustainability Committee to February 2025
Gregory Andrews	Chair of Quality Committee
Nicola Neal-Smith	Chair of joint Board Effectiveness & People and Development Committee to February and April 2025 respectively
Tom Lay	Chair of Financial Sustainability Committee from February 2025
Gary Needle	Chair of People and Development Committee from February 2025
Julia Elliot	Chair of Board Effectiveness from April 2025
Renee Hobson	
Jonathan Ellis	
Lisa Compton	Appointed June 2025
Sue McKinney	Appointed June 2025
Sally De La Bedoyere	Appointed June 2025
Alison Livesley	Resigned December 2024
Catherine Blackburn	Resigned September 2024
Richard Griffin	Resigned December 2024
Diana Riley	Resigned March 2025

Our Senior Management Team

Giles Tomsett	Chief Executive
Sam Farr	Director of Care Services Resigned September 2025
Linda Coffey	Director of Care Services Appointed September 2025
Paula McGoveney	Director of Income Generation and Marketing
Cathy Heard	Finance Director Resigned September 2025
Nick Lewis	Interim Finance and IT Director Appointed September 2025
Elly Powis	People and Site Services Director
Julia Fleming	Medical Director Appointed July 2025

Our Advisors

Independent auditors:

Kreston Reeves LLP,
Springfield House,
Springfield Road,
Horsham,
West Sussex
RH12 2RG

Principal bankers:

Barclays Bank Plc
10-12 The Martletts,
Crawley,
West Sussex
RH10 1ES

Solicitors:

DMH Stallard LLP,
Gainsborough House,
Pegler Way,
Crawley,
West Sussex
RH11 7FZ

Investment Advisors:

Sarasin & Partners LLP,
Juxon House,
100 St Paul's Churchyard,
London
EC4M 8BU

Rathbone Brothers plc,
1 Curzon Street,
London,
W1J 5FB

Registered Office:

Grace Holland Avenue,
Pease Pottage,
West Sussex,
RH11 9SL

Company Number: 01525404

Charity Registration Number: 281362

INDEPENDENT AUDITORS REPORT TO THE MEMBERS OF ST CATHERINE'S HOSPICE LIMITED

Opinion

We have audited the financial statements of St Catherine's Hospice Limited (the "parent charitable company") and its subsidiary (the "group") for the year ended 31 March 2025 which comprise the Consolidated Statement of Financial Activities, the Group and Hospice Balance Sheets, the Consolidated Cash Flow Statement 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 Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the Trustees' Annual Report , other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the Trustees' Annual Report (incorporating the Strategic Report and the Directors' Report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The Strategic Report and the Directors' Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of our knowledge and understanding of the group and parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Strategic Report and the Directors' Report.

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

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of directors' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

Capability of the audit in detecting irregularities, including fraud

Based on our understanding of the charity and sector as a whole, and through discussion with the directors and other management (as required by auditing standards), we identified that the principal risks of non-compliance with laws and regulations related to Care Quality Commission (CQC) regulations, restrictions imposed by charity law on the use of restricted funds, health and safety and employment law. We considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006, the Charities Act 2011 and Charities SORP (FRS 102) 2019 and consider other factors such as tax legislation. We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit. We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks related to posting inappropriate journal entries to increase income or reduce expenditure, management bias in accounting estimates and judgemental areas of the financial statements such as legacy income recognition. Audit procedures performed by the engagement team included:

- Discussions with management and assessment of known or suspected instances of non-compliance with laws and regulations (including health and safety) and fraud, and review of the reports made by management; and
- Reviewing correspondence with relevant tax and regulatory authorities including the most recent CQC inspection reports; and
- Assessment of identified fraud risk factors; and
- Challenging assumptions and judgements made by management in its significant accounting estimates; and
- Performing analytical procedures with automated data analytics tools to identify any unusual or unexpected relationships, including related party transactions, that may indicate risks of material misstatement due to fraud; and
- Confirmation of related parties with management, and review of transactions throughout the period to identify any previously undisclosed transactions with related parties outside the normal course of business; and
- Reading minutes of meetings of those charged with governance; and
- Identifying and testing journal entries, in particular any manual entries made at the year end for financial statement preparation.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

As part of an audit in accordance with ISAs (UK), we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the group's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.

- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group's or parent charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group or parent charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation (ie. gives a true and fair view).

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Use of our report

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

Kreston Reeves LLP

Lucy Hammond BSc FCA (Senior Statutory Auditor)
For and on behalf of Kreston Reeves LLP,
Chartered Accountants and Statutory Auditor

Horsham

Date: 22 September 2025

Financial Statements

Consolidated Statement of Financial Activities (incorporating an income and expenditure account) for the year ended 31 March 2025

	Note	Restricted £'000's	Designated £'000's	Unrestricted £'000's	Total Funds 2025 £'000's	Total Funds 2024 £'000's
Income						
Donations & Legacies	2	258	0	4,979	5,237	7,111
Trading Activities	4	0	0	3,546	3,546	2,957
Charitable Activities	5	0	0	4,010	4,010	3,955
Investments	3	0	0	183	183	308
Other Income		203	0	87	290	243
Total Income		**461**	**0**	**12,805**	**13,266**	**14,574**
Expenditure						
Fundraising & Investment Activities		0	35	1,660	1,695	1,593
Trading Activities		0	72	3,059	3,131	2,753
Charitable Activities		106	249	8,974	9,329	8,846
Total Expenditure	6	**106**	**356**	**13,693**	**14,155**	**13,192**
Net Income / (Expenditure) on Operational Activities	7	**355**	**(356)**	**(888)**	**(889)**	**1,382**
Net Gains / (Losses) on Investments	14,15	0	0	65	65	318
Net Income / (Expenditure) for the Year	8	**355**	**(356)**	**(823)**	**(824)**	**1,700**
Transfer Between Funds	20,21	(314)	0	314	0	0
Net Movement in Funds		**41**	**(356)**	**(509)**	**(824)**	**1,700**
Funds B/F as at 1st April		129	971	29,392	30,492	28,792
Funds Carried Forward as at 31st March		**170**	**615**	**28,883**	**29,668**	**30,492**

All gains and losses arising in the current and previous year have been recognised in the Statement of Financial Activities and arise from continuing activities.

The prior year comparators for each fund included above are included in notes 27 to 31

The notes on pages 36 to 57 form part of these financial statements.

Financial Statements

Balance Sheets as at 31 March 2025

Company Registration No. 01525404

	Notes	Group 31 March 2025 £'000	Group 31 March 2024 £'000	Hospice 31 March 2025 £'000	Hospice 31 March 2024 £'000
Fixed Assets					
Tangible Assets	13	21,130	21,461	21,130	21,461
Assets Awaiting Disposal		1,441	1,290	1,441	1,290
Investments	14	3,786	4,649	3,786	4,699
		26,357	27,400	26,357	27,450
Current Assets					
Investments	15	260	248	260	248
Stock	16	7	3	0	0
Debtors	17	2,272	2,449	2,270	2,520
Cash at Bank		1,830	1,825	1,816	1,731
		4,369	4,525	4,346	4,499
Current Liabilities					
Creditors: amounts falling due within one year	18	1,038	1,425	977	1,424
Net Current Assets		3,331	3,100	3,369	3,075
Total Assets less Current Liabilities		29,688	30,500	29,726	30,525
Creditors: amounts falling due greater one year	11	20	8	20	8
Total Net Assets		29,668	30,492	29,706	30,517
The Funds of the Charity					
Restricted Funds	20	170	129	170	129
Designated Funds	21	615	971	615	971
Unrestricted Funds	21	28,883	29,392	28,921	29,417
Total Funds	22	29,668	30,492	29,706	30,517

The unconsolidated net deficit of the Hospice in 2024/25 was £786,000 (2023/24 a net income of £1,758,000).

The Financial Statements on pages 33 to 57 were approved by the Board of Directors and authorised for issue on 17th September 2025 and are signed on its behalf by:

Philip Ingleby
Trustee / Director

The notes on pages 36 to 57 form part of these financial statements.

Financial Statements

Consolidated Cash Flow Statement as at 31 March 2025

	Notes	31 March 2025 £'000	31 March 2024 £'000
Cashflows from Operating Activities			
Net Cash provided by / (used in) Operating Activities	25a	**(503)**	**440**
Cashflows from Investing Activities			
Divestment of Investments		1,000	3,200
Divestment of Current Asset Investments		0	266
Purchase of Investments		0	0
Purchase of Property, Plant & Equipment		(341)	0
Purchase of Security etc for assets awaiting disposal		(151)	0
New Build Construction in Progress		0	(7,451)
Net Cash provided by / (used in) Investing Activities		**508**	**(3,985)**
Change in Cash & Equivalents in the Reporting Period		**5**	**(3,545)**
Cash & Equivalents at the beginning of the Reporting Period		**1,825**	**5,370**
Cash & Equivalents at the end of the Reporting Period	25b	**1,830**	**1,825**

The notes on pages 36 to 57 form part of these financial statements.

Accounting Policies

Principal Accounting Policies

The principal accounting policies adopted, judgments and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

Basis of Accounting

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Second Edition, effective 1 January 2019) – (Charities SORP (FRS102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The hospice meets the definition of a public entity under FRS 102. Assets and liabilities are initially recognised at historical cost unless otherwise stated in the relevant accounting policy notes.

Legal Status of the Charity

The charity is a company limited by guarantee and has no share capital. In the event of the charity being wound up the liability in respect of the guarantee is limited to £1 per member.

Going Concern

Having given prioritised oversight of, the financial forecasts, cashflows and risk register during the year in response to the pandemic and its impact on future aspirations, the Trustees have realigned the hospice's future strategic direction to meet short to medium term constraints. The Trustees, therefore, consider that there are no material uncertainties about St Catherine's Hospice Limited's ability to continue as a going concern for the foreseeable future. Free reserves currently exceed the charity's reserves policy requirements which has been agreed on a risk-based profile. Medium-term forecast projections indicate that the charity's free reserves remain within its policy's acceptable limits.

Material Areas of Judgement

The most significant area of judgement and key assumptions that affects items in the accounts is the estimation of income from Legacies. The estimated value of each outstanding legacy at 31 March is calculated in accordance with the principles set out in the Donation, Grants and Other Income section below. Another significant area of assumption is in respect of depreciation of Fixed Assets. The rates of write down are shown in the Tangible Fixed Assets section below. The Trustees are satisfied that these write down rates are a reasonable reflection of the expected useful life of the assets in each class.

Group Financial Statements

These financial statements consolidate the results of the charity and its wholly-owned subsidiary St Catherine's Hospice Trading (Sussex) Limited on a line by line basis. A separate statement of financial activities, or income and expenditure account, for the charity itself is not presented because the charity has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

Fund Accounting

Unrestricted funds are available to spend on activities that further any of the purposes of the charity. Designated funds are unrestricted funds of the charity which the Trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations where the donor has specified they should only be used for particular areas of the hospice's work. The aim and use of each designated and restricted fund is set out in the notes to the financial statements. Investment income, gains and losses are allocated to the appropriate fund.

Donated Assets

Tangible assets donated to the hospice are recorded at the original estimate of their value to the company.

A donation of land was received in 2019/20 and accounted for in accordance with this policy ensuring the valuation was a fair value, carried out by external professional valuers, as defined within FRS102 being the "amount for which an asset could be exchanged, a liability settled, or an equity instrument granted could be exchanged, between knowledgeable, willing parties in an arm's length transaction".

Tangible Fixed Assets

Fixed assets other than donated assets are stated at historical cost. All assets costing more than £2,000 are capitalised.

Depreciation is provided on all tangible fixed assets, other than freehold land, at rates calculated to write down each asset to its estimated residual value evenly over its expected useful life, as follows:-

Accounting Policies

Freehold buildings	2% per annum on cost
Extensions and refurbishments	10% per annum on cost
Equipment (excluding leasehold improvements)	25% or 17% per annum on cost
Leasehold improvements	calculated on remaining length of lease
Computer Equipment	25% per annum on cost
Motor vehicles	25% per annum on cost

Taxation

The company is considered to pass the tests set out in the Finance Act 2010 and therefore meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the company is potentially exempt from taxation on income or capital gains to the extent that such income or gains are applied exclusively to charitable purposes.

Operating Leases

Rental costs under operating leases are charged to the general fund operating account in equal annual amounts in accordance with the terms of the lease. Any benefits received or receivable as an incentive to sign an operating lease are recognised on a straight-line basis over the period of the lease.

Pension Contributions

The charity operates a defined contribution pension scheme, the assets of which are held separately from those of the charity in independently administered funds chosen by individual staff. Some staff participate in the NHS defined benefit pension scheme. Any resulting liabilities on this scheme would be met by the State. Therefore, contributions payable for the year in relation to either scheme are charged in the Statement of Financial Activities.

The charity participates in the scheme, a multi-employer scheme which provides benefits to some 521 non-associated participating employers. The scheme is a defined benefit scheme in the UK. It is not possible for the company to obtain sufficient information to enable it to account for the scheme as a defined benefit scheme. Therefore it accounts for the scheme as a defined contribution scheme.

The scheme is subject to the funding legislation outlined in the Pensions Act 2004 which came into force on 30 December 2005. This, together with documents issued by the Pensions Regulator and Technical Actuarial Standards issued by the Financial Reporting Council, set out the framework for funding defined benefit occupational pension schemes in the UK.

The scheme is classified as a 'last-man standing arrangement'. Therefore the charity is potentially liable for other participating employers' obligations if those employers are unable to meet their share of the scheme deficit following withdrawal from the scheme. Participating employers are legally required to meet their share of the scheme deficit on an annuity purchase basis on withdrawal from the scheme

The charity is also making additional payments into the fund in order to eliminate the deficit. These payments commenced in April 2013 and are currently scheduled to continue until March 2028. To recognise the future liability and in accordance with FRS 102 the Trustees have agreed to make a provision for the present value of the outstanding deficit contributions.

Further details including the current buy-out debt amount and value of the provision are given in Note 11.

Donations Grants and Other Income

Income is recognised in the Statement of Financial Activities when the charity is entitled to the funds, any performance conditions attached to the item(s) of income have been met, it is probable that the income will be received and the amount can be measured reliably.

Where income has related expenditure (as with fundraising or contract income) the income and related expenditure are reported gross in the Statement of Financial Activities.

- In the event that a donation or grant is subject to fulfilling performance conditions before the charity is entitled to the funds the income is deferred and not recognised until it is probable that those conditions will be fulfilled in the reporting period. Income from Gift Aid reclaims is recognised for any donations with relevant Gift Aid certificates recognised in income for the year. Any amounts of Gift Aid not received by the year end are accounted for in income accrued in debtors.
- Income from NHS contracts, government or other grants, whether capital or revenue in nature are recognised when the charity has entitlement to the funds, any performance conditions have been met, it is probable that the income will be received and the amount can be measured reliably.
- Income, including sponsorship received in advance for a future fundraising event or for a grant received relating

Accounting Policies

to the following year is deferred until the criteria for income recognition is met.

- Items donated for resale through the retail shops are included in the accounts when the items are sold.
- Investment income is included when receivable and the amount can be measured reliably, usually when the notification of interest payable is received from the bank. Dividends are recognised once the dividend has been declared and notification has been received of the amount due.
- Income from legacies is determined on a case by case basis in accordance with the following principles. Pecuniary legacies are recognised once probate has been granted and notification has been received that payment will be received. Residuary legacies are recognised once probate has been granted, provided that sufficient information has been received to enable valuation of the hospice's entitlement with sufficient certainty; amounts receivable are included at 90% of their valuation, to reflect the sector's experience of the uncertainty inherent in the administration of estates, subject to further reduction to reflect the impact of other factors such as the valuation of unrealised estate assets or subsequent adverse movements in property and investment markets. Where legacies have been notified to the charity or the charity is aware of the granting of probate and the criteria for income recognition have not been met then the legacy is treated as a contingent asset and disclosed if material.
- All subscriptions for the lottery draws are deferred, with income drawn down each week. All other income received in one period but relating to future periods is shown as deferred income under creditors.

Donated Goods and Services

Donations of goods and services, including seconded NHS doctors, are recognised when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from its use is probable and the economic benefit can be reliably measured. These items are included in income at the estimated value of the gift to the charity when received based on the amount the charity would have been prepared to pay had it been required to purchase them.

Volunteers

The value of the services provided by volunteers is not incorporated into these financial statements. Further details of their contribution are provided in note 12.

Expenditure

Expenditure is included in the Statement of Financial Activities on an accruals basis once there is a legal obligation to make a payment, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is categorised under the following headings:

Costs of raising funds comprises fundraising costs incurred in seeking donations, grants and legacies; investment management fees; costs of fundraising activities including the costs of goods sold, shop costs, commercial trading and their associated support costs. Fundraising costs do not include the costs of disseminating information in support of the hospice's charitable activities.

Expenditure on charitable activities includes the costs of providing specialist palliative care and support to patients, their families and the wider community; research and other educational activities undertaken to further the purposes of the charity and their associated support costs.

Support costs comprise those costs which are incurred directly in support of expenditure on the objects of the hospice and include governance cost, finance and office costs. Governance costs are those costs incurred in connection with complying with constitutional and statutory requirements of the charity. Where practicable irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Support costs are allocated to each of the activities on a variety of bases, principally headcount, floor area or time spent on activities depending on the nature of the support costs, to best allocate the costs to each attributable heading. More details on the analysis and basis of allocation is given in note 6.

Financial Instruments

The hospice only has financial assets and liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at their transaction value and subsequently measured at their settlement value.

Investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price, except for the shares in the trading subsidiary which are carried at cost. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year.

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and their opening carrying value or their

Accounting Policies

purchase value if acquired during the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year end and their carrying value. Realised and unrealised investment gains and losses are combined in the Statement of Financial Activities.

The charity does not acquire put options, derivatives or other complex financial instruments. The main form of financial risk faced by the charity is that of volatility in equity and bond markets due to wider economic conditions, the attitudes of investors to investment risk and changes in sentiment concerning equities and other instruments within particular sectors.

Stock

Stock of goods for resale is valued at the lower of cost and estimated selling price less selling costs. Stock donated for resale are not included in the financial statements until they are sold because the Trustees consider it impractical to be able to assess the amount of donated stocks as there are no systems in place to record these until they are sold and undertaking a stock take would incur undue cost and income loss for the charity which would far outweigh the benefits.

Debtors

Trade and other debtors are recognised at the settlement amount due after any discounts offered. Prepayments are valued at the amount prepaid net of any discounts due. Accrued income and tax recoverable is included at the best estimate of the amounts receivable at the balance sheet date.

Cash at Bank and in Hand

Cash at bank and cash in hand includes cash and short term highly liquid deposits with a short maturity of 95 days or less from the date of acquisition or opening of the account.

Creditors

Creditors are recognised where the charity has a present obligation resulting from a past event that will probably result in a transfer of funds to a third party and the amount due for settlement can be measured or estimated reliably. Creditors are normally recognised at their settlement amount after allowing for any trade discount.

Supporting Notes to Financial Statements

1 Income

Income derives from the group's principal activities carried on wholly in the United Kingdom.

2 Income from Donations, Legacies and Grants

	Restricted £'000's	Unrestricted £'000's	2025 £'000's	2024 £'000's
Donations	16	2,934	2,950	2,016
Legacies	0	1,724	1,724	3,591
Other Grants	242	321	563	244
Donations in Kind	0	0	0	111
Capital Appeal - Pease Pottage	0	0	0	1,149
	258	**4,979**	**5,237**	**7,111**

3 Income from Investments

	2025 £'000	2024 £'000
Listed Investment Income	101	151
Interest Received -Investments held as Current Assets	12	8
Interest Received – Bank and Other	70	149
	183	**308**

4 Income from Trading Activities

	2025 £'000's	2024 £'000's
Retail	1,952	1,682
Lottery	1,010	1,006
Fundraising Events	584	269
	3,546	**2,957**

Supporting Notes to Financial Statements

5 Income from Charitable Activities

	2025 £'000	2024 £'000
Surrey ICB Income		
NHS Block Contract / Grant Surrey	1,790	1723
NHS Contribution to Drug Costs	60	59
Pension Rebate	37	36
Consultant Income	54	47
Notional Income supporting seconded Junior Doctors	427	415
Seconded Nursing to NHS	5	25
Winter Pressure Bed Days	17	0
	2,390	**2,305**
Sussex ICB Income		
NHS Block Contract / Grant Sussex	1,048	1042
NHS Community Support Pilot – Sussex (ceased from December 2025)	240	319
Pension Rebate	37	36
Income for Inpatient Beds from Continuing Healthcare (CHC) - Sussex	79	53
West Sussex Bed Days	12	17
NHS Contribution to Drug Costs	105	74
Urgent Response	79	85
	1,600	**1,626**
Education Income	20	24
	4,010	**3,955**

Supporting Notes to Financial Statements

6 a) Expenditure

	Direct Costs £000's	Support Costs £000's	Depreciation £000's	Total 2025 £000's	Total 2024 £000's
Fundraising / Investment Activities					
Donations, Legacies & Grants	1,207	378	85	1,670	1,557
Investment Management	25	0	0	25	36
	1,232	378	85	1,695	1,593
Trading Activities					
Retail Shops	1,641	606	92	2,339	2,023
Lottery Costs	253	155	8	416	391
Fundraising Events	89	270	17	376	339
	1,983	1,031	117	3,131	2,753
Charitable Activities					
Inpatient Services	3,361	1,425	193	4,979	4,434
Community Services	2,300	709	173	3,182	3,454
Wellbeing Services	480	442	82	1,004	807
Education	52	96	16	164	151
	6,193	2,672	464	9,329	8,846
	9,408	4,081	666	14,155	13,192

b) Analysis of Support Costs in a) above

	Facilities & Hospitality £000's	Support Services £000's	Corporate Comms £000's	Governance £000's	Support Costs Total £000's
Fundraising / Investment Activities					
Donations, Legacies & Grants	116	186	57	19	378
	116	186	57	19	378
Trading Activities					
Retail Shops	188	361	20	37	606
Lottery Costs	117	13	24	1	155
Fundraising Events	116	94	50	10	270
	421	468	94	48	1,031
Charitable Activities					
Inpatient Services	523	801	20	81	1,425
Community Services	146	494	20	49	709
Wellbeing Services	203	199	20	20	442
Education	44	39	8	5	96
	916	1,533	68	155	2,672
	1,453	2,187	219	222	4,081

Supporting Notes to Financial Statements

7 Trading Operations

The wholly owned trading subsidiary, St Catherine's Hospice Trading (Sussex) Limited, UK company registration number 02822993, pays all its eligible profits to the charity under Gift Aid, where these are not covered by losses brought forward. The company manages the sale of purchased goods through the hospice retail shops, the operation of the community hub at Pease Pottage, which comprises the coffee shop and two interlocking function rooms. In addition the company managed the collaboration agreements with St Peter and St James Hospice for Finance support and St. Wilfrid's Hospice for IT support, which both terminated in the financial year.

The Community Hub losses in the first and second year were expected, with projections now seeing losses into the future. The Trustees have reviewed this position with the Senior Management Team and recommendations are being agreed to ensure that this position is addressed and the financial sustainability of the trading subsidiary fully enabled within a 4 – 5 year period. To support the turnaround of the trading subsidiary, the Trustees have agreed to waive the support services cross charges for this financial year.

The charity owns the entire issued share capital of 50,000 shares of £1 each. Given the current financial position of the trading subsidiary, the Trustees have impaired the value of their investment in its trading subsidiary.

A summary of the trading results is shown below.

	2025 £'000	2024 £'000
Turnover	392	449
Cost of Sales	(58)	(97)
Gross Profit	**334**	**352**
Other Operating Expenses (net)	(398)	(376)
Profit / (Loss) on Ordinary Activities	**(64)**	**(24)**
Donations under Gift Aid	0	35
Corporation Tax		
Profit / (Loss) Retained in the Subsidiary	**(64)**	**(59)**
Net Assets Brought forward	**26**	**85**
Net (Liabilities)/ Assets Carried forward	**(38)**	**26**

8 Net Income / Expenditure

	2025 £'000	2024 £'000
Net Income / (Expenditure) is stated after charging:		
Tangible Fixed Asset Depreciation and amounts Written Off in the Period		
Owned Assets	647	343
Operating Lease Rentals - Equipment	31	21
Operating Lease Rentals - Shops & Office	407	351
Operating Lease Rentals - Vehicles	37	0
Auditors Remuneration - Audit	26	26

Supporting Notes to Financial Statements

9 Employees

	2025 FTE's	2024 FTE's
Average Weekly FTE's		
Fundraising	24	26
Retail	27	27
Inpatient Services	48	45
Community Services	34	46
Wellbeing Services	11	8
Education	1	0
Support Services	53	55
	198	**207**

The hospice employs a significant number of staff on part-time and bank contracts. The average number of paid staff in the charity and group in 2024/25 was 298 (2023/24: 283).

	2025 £'000	2024 £'000
Staff Costs		
Salaries	8,744	8,325
Social Security Costs	835	788
Other Pension Costs	741	693
	10,320	**9,806**

The hospice made ex gratia payments to staff in 2024/25 of £217,000 (2023/24 £24,000). Pension costs for 2024/25 are £721,000 (2023/24 693,000), net of NHS funding. Included in the staff costs above is £427,000 (2023/24 £415,000) in respect of seconded NHS doctors paid from NHS funds.

The number of employees who received emoluments in the following ranges was:

	31 March 2025 £'000	31 March 2024 £'000
£60,001 - £70,000	1	3
£70,001 - £80,000	1	4
£80,001 - £90,000	3	1
£90,001 - £100,000	2	1
£100,001 - £110,000	3	3
£110,001 - £120,000	0	1
	10	**13**

All of the above higher paid employees are accruing retirement benefits under schemes treated as defined contribution schemes. The company made pension contributions of £109,000 on behalf of these staff in 2024/25 (2023/24 £120,000).

The hospice considers that the key management personnel comprise the senior management team – who are the Chief

Supporting Notes to Financial Statements

Executive and 4 other key Directors. The total employee benefits of the key management staff were £463,000 (2023/24 £676,000).

10 Related Party Transactions

During the year no Trustees received any remuneration or benefits in kind (2023/24 £Nil). Moreover, no Trustees received any reimbursement of travel expenses (2023/24 £Nil). Donations from Trustees to the charity amounted to £8,000 in 2024/25 (2023/24 £13,000).

The charity provided services during the year to its wholly owned trading subsidiary, St. Catherine's Hospice Trading (Sussex) Limited, with no conditions attached. The charge for those services amounted to £Nil (2023/24 £27,000). No donation was made under gift aid from the trading subsidiary in the year, given first year expected losses in the setup of the Community Hub at Grace Holland Avenue (2023/24 £Nil).

There were no other related party transactions in the current year or previous year.

11 Pension Contributions

The hospice participates in a defined benefit pension scheme operated by The Pensions Trust.

A full actuarial valuation for the scheme was carried out at 30 September 2023. This valuation showed assets of £514.9m, liabilities of £531.0m and a deficit of £16.1m. To eliminate this funding shortfall, the Trustee has asked the participating employers to pay additional contributions to the scheme as follows:

Deficit contributions		
From 1 April 2025 to 31 March 2028:	£2,100,000 per annum	(payable monthly)

Unless a concession has been agreed with the Trustee the term to 31 March 2028 applies.

Note that the scheme's previous valuation was carried out with an effective date of 30 September 2020. This valuation showed assets of £800.3m, liabilities of £831.9m and a deficit of £31.6m. To eliminate this funding shortfall, the Trustee asked the participating employers to pay additional contributions to the scheme as follows:

Deficit contributions		
From 1 April 2022 to 31 January 2025:	£3,312,000 per annum	(payable monthly)

The recovery plan contributions are allocated to each participating employer in line with their estimated share of the Series 1 and Series 2 scheme liabilities.

Where the scheme is in deficit and where the company has agreed to a deficit funding arrangement the company recognises a liability for this obligation. The amount recognised is the net present value of the deficit reduction contributions payable under the agreement that relates to the deficit. The present value is calculated using the discount rate detailed in these disclosures. The unwinding of the discount rate is recognised as a finance cost.

Supporting Notes to Financial Statements

Present Value of Provision	2025 £'000	2024 £'000	2023 £'000
Present Value of Provision	**20**	**8**	**20**

Reconciliation of Opening & Closing Provisions	2025 £'000	2024 £'000
Provision at start of Period	**8**	**20**
Unwinding of Discount Factor (Interest Expense)	1	1
Deficit Contribution Paid	(9)	(13)
Remeasurement - Amendment to Contribution Schedule	20	0
Provision at End of Period	**20**	**8**

Income & Expenditure Impact	2025 £'000	2024 £'000
Interest Expense	1	1
Amendment to Contribution Schedule	(1)	(1)
Remeasurement - Amendment to Contribution Schedule	20	
Costs charged to Income & Expenditure Account	**20**	**0**

A rate of discount of 4.84% has been assumed in 2024/25, (2023/24 5.31%) representing the Hospice's estimate of the cost of money to the charity. The discount rates are the equivalent single discount rates which, when used to discount the future recovery plan contributions due, would give the same results as using a full AA corporate bond yield curve to discount the same recovery plan contributions.

The hospice also participates in a defined contribution pension scheme operated by the Pensions Trust, the assets of which are held separately from those of the hospice. Employees contribute between 3.2% and 6% of their salary with the charity contributing 150% of the employee contribution.

The total pension cost charge of the group represents contributions payable by the charity and amounted to £721,000 (2023/24: £693,000).

At the year-end contributions outstanding totalled £82,000 (2023/24: £1,000) and are included in the creditors. The estimated employer pension contributions payable by the company in 2025/26 is £694,000.

12 Volunteers

The charity is dependent upon a team of part-time voluntary helpers who assist in all areas of the charity's care. There are three key types of volunteers:

Hospice Volunteers - providing a range of clinical services (e.g. complementary therapy, counselling, patient drivers) and support services (e.g. administration, hospitality, gardeners).

Retail Volunteers - providing sorting and till support to 13 charity shops, our warehouse and e-commerce work.

Community - supporting our fundraising work through Friends groups, running street collections and supporting events (e.g. marshalling, registration, refreshments, game stalls).

Supporting Notes to Financial Statements

13 Tangible Fixed Assets

Hospice & Group	Freehold Land & Buildings £'000	Equipment & Vehicles £'000	Total £'000
a) Tangible Fixed Assets			
Cost / Valuation at 1st April 2024	**20,916**	**1,027**	**21,943**
Additions	112	229	341
Transfers			0
Disposals	(4)	(24)	(28)
Cost / Valuation at 31st March 2025	**21,024**	**1,232**	**22,256**
Depreciation at 31st March 2024	**228**	**254**	**482**
Charged in the Year	431	216	647
Disposals	(1)	(2)	(3)
Depreciation at 31st March 2025	**658**	**468**	**1,126**
Net Book Value 31st March 2025	**20,366**	**764**	**21,130**
Net Book Value 31st March 2024	**20,688**	**773**	**21,461**

b) Assets Awaiting Disposal	
Cost / Valuation at 1st April 2024	**1,290**
Additions	**151**
NBV - Assets awaiting Disposal	**1,441**

All the tangible fixed assets of the group are part of the accounts of the main charity

With the pending sale of the previous site at Malthouse Road, all assets and costs of maintaining the asset until the sale is completed have been disposed of and held on the balance sheet as assets awaiting disposal.

Market value of land and buildings

Freehold land at Malthouse Road was donated to the hospice and valued at £60,000 by the Directors in December 1983.

Freehold land at Pease Pottage was donated to the hospice in December 2018. The Trustees carried out a valuation, supported by a firm of independent advisors, who valued the land at £1,000,000. The basis of value is at a fair value, as defined within the Financial Reporting Standard FRS102, being "the amount for which as asset could be exchanged, a liability settled, or an equity instrument granted could be exchanged, between knowledgeable, willing parties in an arm's length transaction".

All freehold land and buildings are included in the financial statements at lower of cost and open market value. In the opinion of the Directors, the open market value of the freehold land and buildings is not less than the stated value.

Supporting Notes to Financial Statements

14 Fixed Asset Investments

	Listed Investments £'000
Cost / Market Value 1st April 2024	**4,649**
Realised Gains / (Losses) on Disposal	32
Unrealised Gains / (Losses)	(71)
Dividends & Interest	101
Management Fee	(25)
Movement of Shares to Investments	100
Funds Withdrawn	(1,000)
Cost / Market Value 31st March 2025	**3,786**
Historical Cost 31st March 2025	**3,731**

There are no additional investments held by the charity at the end of the year, following the impairment of an investment at cost in its subsidiary (2023/24 £50,000). See Note 7.

Subsidiary Company

Name	Country of Incorporation	Class of Holding	Proportion Held	Aggregate Capital & Reserves £'000	Result for Year £'000
St Catherine's Hospice Trading (Sussex) Limited	England	Ordinary	100%	(38,301)	(88,301)

15 Investments held as Current Assets

	£'000
Cost / Market Value 1st April 2024	**248**
Interest	12
Cost / Market Value 31st March 2025	**260**
Historical Cost 31st March 2025	**230**

16 Stock

	Group		Hospice	
	2025 £'000	2024 £'000	2025 £'000	2024 £'000
Stock				
Goods for Resale	7	3	0	0
	7	3	0	0

Supporting Notes to Financial Statements

17 Debtors

	Group		Hospice	
	2025	2024	2025	2024
	£'000	£'000	£'000	£'000
Debtors				
Trade Debtors	70	207	69	206
Accrued Legacy Income	1,445	1,561	1,445	1,561
Amounts due from Subsidiary Company	0	0	0	81
Other Prepayments & Accrued Income	614	510	614	480
Other Debtors	143	171	142	192
	2,272	2,449	2,270	2,520

18 Creditors: Amounts falling due within one year

	Group		Hospice	
	2025	2024	2025	2024
	£'000	£'000	£'000	£'000
Creditors				
Trade and Other Creditors	192	559	187	559
Taxation and Social Security Costs	161	186	161	186
Accruals & Deferred Income	609	611	608	610
Other Creditors	76	69	21	69
	1,038	1,425	977	1,424
Deferred Income				
At Start of Year	251	105	251	105
Released in Year	(251)	(105)	(251)	(105)
Deferred in Year	236	251	236	251
At End of Year	236	251	236	251

Deferred income of £236k (2023/24 £251k) includes £123k (2023/24 £115k) of prepaid lottery income and fundraising events for which income of £113k (2023/24 £136k) has been received in advance.

Supporting Notes to Financial Statements

19 Reserves – Movements by Fund

This schedule presents the final reserves position by fund.

	Restricted Funds	Designated Funds	Unrestricted Funds	Total Funds
Balance as at 01/04/2024	**129**	**971**	**29,392**	**30,492**
Net Operating Income / (Expenditure)	355	(356)	(888)	(889)
Net Gains / (Losses) on Investments	0	0	65	65
Net Inc / (Dec) in Reserves	355	(356)	(823)	(824)
Transfers between Funds	(314)	0	314	0
Net Inc / (Dec) in Reserves	**41**	**(356)**	**(509)**	**(824)**
Balance as at 31/03/2025	**170**	**615**	**28,883**	**29,668**
Less:				
Fixed Assets	0	0	21,130	21,130
Assets Awaiting Disposal	0	0	1,441	1,441
Available Reserves	**170**	**615**	**6,312**	**7,097**

The pending sale of the previous site at Malthouse Road is expected to achieve a minimum of £1.4m which will build back free reserves. This is expected to complete in early 2026.

Notes 20 and 21 provide further detail on fund movements in the year.

20 Restricted Funds: Group & Charity

	Balance 1 April 2024	Income in Year	Expenditure in Year	Transfers In / (Out)	Balance 31 March 2025
Inpatient services	4	106	0	(110)	0
Community Services	0	71	71	0	0
Wellbeing Services	125	79	33	(1)	170
Government / HUK funded assets	0	203	0	(203)	0
Total Funds	**129**	**459**	**104**	**(314)**	**170**

The hospice may receive grants or donations whose use is restricted by the donor. In these circumstances, the funds are shown as restricted. Capital equipment income is transferred to the unrestricted fund once spent on assets for the general unrestricted use of the hospice.

The restricted funds are managed through a governance group with expenditure aligned to donations. The funds raised in the year supported the following:

Inpatient Services

- Funds brought forward supported the purchase of a scanner.
- £80k raised for bedroom awnings on the IPU from The Francis Winham Foundation
- £23k raised from The Community Foundation for Surrey, the Shanly Foundation and King Baudouin Foundation for IPU beds.
- £3k raised through trusts and individual donations for IPU equipment and syringe drivers.

Supporting Notes to Financial Statements

Community Services

- £49.5k raised for CNS salary in the community.
- £6k raised for a hand held scanner from The Francis Winham Foundation
- £15.5k raised for Community Care.

Wellbeing Services

- Funds brought forward from the prior year support the recruitment of a Complimentary Therapist, which was put on hold in the year, during the consultation process and recruited for the new financial year 2025/26.
- £47k from Horsham Hospital League of Friends for Wellbeing / Carers – this is carried forward with expenditure in 2025/26.
- £20k from HUK for the Frailty Project
- £1k from The Girdlers Company Charitable Trust for Physio Equipment
- £11k from the Co-Op Community Fund and Individual donations for Counselling

Government / HUK funded assets

- £203k of income was received from the Government via HUK to be spent on capital projects as outlined below:
  - £149k for IT, being Server upgrade project, laptops to support windows 11 compliance
  - £33k for Buildings, being New shop leasehold upgrades, patient area security enhancements
  - £11k for Gardens, being a Sit on lawn mower and fencing for hospice car park
  - £10k for equipment, being a mortuary extended high lift retractor, temperature sensors and IPU equipment.

21 Unrestricted Funds

	Balance 1 April 2024	Income in Year	Expenditure in Year	Gain / (Loss) on Investments in Year	Transfers In / (Out)	Balance 31 March 2025
Designated Funds						
Strategic Delivery	971	0	356	0	0	615
Total Designated Funds	**971**	**0**	**356**	**0**	**0**	**615**
General Funds	**29,392**	12,805	13,693	65	314	28,883
Total Unrestricted Funds	**30,363**	**12,805**	**14,049**	**65**	**314**	**29,498**

Unrestricted reserves are available to be used for:

- The day to day running of the hospice.
- The costs of any capital projects in whole or in part where the cost is not met from any other fund; and
- For any other purpose as the Directors see fit to fulfil the objectives of the hospice.

Designated funds have been agreed by the Trustees to support costs in the delivery of the charity's strategic aims, with regular review and monitoring. Current funds are detailed below:

	£'000
Digital and IT Strategy	300
Operational Projects – Voluntary Income Generation	315
	615

Supporting Notes to Financial Statements

22 Analysis of Group Net Assets between Funds

	Unrestricted	Restricted	Total Funds 2025	Unrestricted	Restricted	Total Funds 2024
	£'000	£'000	£'000	£'000	£'000	£'000
Tangible Fixed Assets	22,571	0	22,571	22,735	16	22,751
Fixed Asset Investments	3,786	0	3,786	4,549	100	4,649
Current Asset Investments	260	0	260	248	0	248
Other Current Assets	3,939	170	4,109	4,197	13	4,210
Current Liabilities	(1,038)	0	(1,038)	(1,358)	0	(1,358)
Provisions	(20)	0	(20)	(8)	0	(8)
	29,498	**170**	**29,668**	**30,363**	**129**	**30,492**

23 Members of the Hospice

As at 31 March 2025 there were 57 members (2023/24: 53) of the company who are required to contribute £1 each in the event of the company being wound up.

24 Operating Lease Commitments

At 31 March 2025 the group was committed to make the following payments in respect of operating leases:

	2025	2024
	£'000	£'000
Land & Buildings		
Amounts due within One Year	338	404
Amounts due in Two to Five Years	900	1,030
Amounts due in over Five Years	405	468
Other		
Amounts due within One Year	15	22
Amounts due in Two to Five Years	35	7
Amounts due in over Five Years	15	0
	1,708	**1,931**

Payments under operating leases are recognised as expenditure as they fall due. No provision has been made for future commitments.

Supporting Notes to Financial Statements

25 Cashflows

	2025 £'000	2024 £'000
a) Net Income / (Expenditure) for the Reporting Period	**(824)**	**1,700**
Adjust for:		
Depreciation	647	377
(Gains) / Losses on Sale of Assets	21	502
Non Cash Donations (Shares, Land & Property)	(100)	(203)
Net (Gains) on Investments	(37)	(441)
Net (Gains) on Current Asset Investments	(12)	(21)
(Increase) / Decrease in Stocks	(4)	4
(Increase) / Decrease in Debtors	181	(710)
Increase / (Decrease) in Provisions	12	(12)
Increase / (Decrease) in Creditors	(387)	(756)
Net Cash provided by / (used in) Operating Activities	**(503)**	**440**

b) Analysis of Cash & Cash Equivalents

	2025 £'000	2024 £'000
Cash in Hand	1,830	1,825
Total Cash & Cash Equivalents	**1,830**	**1,825**

c) Analysis of changes in net debt

No analysis of changes in net debt is provided as the charity has no debt and all cash flow movements are included in the Consolidated Cash Flow Statement.

26 Capital Commitments

The sale of the previous site is in progress with a minimum net value expected of £1.4m, although the estimated completion date is early 2026.

27 Contingent Asset Disclosure

A legacy with an estimated value of approximately £0.6 million has been notified to the organisation. However, as the recognition criteria under applicable accounting standards were not met during the reporting period, no asset has been recognised in these financial statements.

Supporting Notes to Financial Statements

28 SOFA prior Year Comparatives

	Note	Restricted £'000's	Designated £'000's	Unrestricted £'000's	Total Funds 2024 £'000's	Total Funds 2023 £'000's
Income						
Donations & Legacies	2	1,343	0	5,768	7,111	6,985
Trading Activities	4	0	0	2,957	2,957	2,755
Charitable Activities	5	0	0	3,955	3,955	3,118
Investments	3	0	0	308	308	279
Other Income		0	0	243	243	180
Total Income		**1,343**	**0**	**13,231**	**14,574**	**13,317**
Expenditure						
Fundraising & Investment Activities		0	15	1,578	1,593	1,462
Trading Activities		0	21	2,732	2,753	2,171
Charitable Activities		235	84	8,527	8,846	7,521
Total Expenditure	6	**235**	**120**	**12,837**	**13,192**	**11,154**
Net Income / (Expenditure) on Operational Activities	7	**1,108**	**(120)**	**394**	**1,382**	**2,163**
Net Gains / (Losses) on Investments	14,15	0	0	318	318	(388)
Net Income / (Expenditure) for the Year	8	**1,108**	**(120)**	**712**	**1,700**	**1,775**
Transfer Between Funds	20,21	(7,683)	(10,948)	18,631	0	0
Net Movement in Funds		**(6,575)**	**(11,068)**	**19,343**	**1,700**	**1,775**
Funds B/F as at 1st April		6,704	12,039	10,049	28,792	27,017
Funds Carried Forward as at 31st March		**129**	**971**	**29,392**	**30,492**	**28,792**

Supporting Notes to Financial Statements

29 Note 6 Expenditure – prior year

a. Expenditure

	Direct Costs £000's	Support Costs £000's	Depreciation £000's	Total 2024 £000's	Total 2023 £000's
Fundraising / Investment Activities					
Donations, Legacies & Grants	1,131	378	48	1,557	1,386
Capital Appeal - Pease Pottage	0	0	0	0	41
Investment Management	36	0	0	36	35
	1,167	378	48	1,593	1,462
Trading Activities					
Retail Shops	1,376	596	52	2,023	1,788
Lottery Costs	250	136	5	391	178
Fundraising Events	67	262	9	339	205
	1,693	994	66	2,753	2,171
Charitable Activities					
Inpatient Services	2,951	1,374	109	4,434	3,913
Community Services	2,638	718	98	3,454	3,010
Wellbeing Services	344	417	46	807	346
Education	50	91	10	151	253
	5,983	2,599	263	8,846	7,521
	8,844	3,971	377	13,192	11,154

b. Analysis of Support Costs

	Facilities & Hospitality £000's	Support Services £000's	Corporate Comms £000's	Governance £000's	Support Costs Total £000's
Fundraising / Investment Activities					
Donations, Legacies & Grants	91	190	69	28	378
	91	190	69	28	378
Trading Activities					
Retail Shops	148	368	24	55	596
Lottery Costs	91	13	29	2	136
Fundraising Events	91	96	61	14	262
	330	478	114	72	994
Charitable Activities					
Inpatient Services	410	817	24	122	1,374
Community Services	114	505	24	76	718
Wellbeing Services	159	203	24	30	417
Education	34	40	11	6	91
	718	1,565	82	235	2,599
	1,140	2,233	265	335	3,971

Supporting Notes to Financial Statements

30 Note 20 Restricted Funds - prior year

	Balance 1 April 2023	Income in Year	Expenditure in Year	Transfers In / (Out)	Balance 31 March 2024
Inpatient services	18	7	21	0	4
Community Services	0	64	64	0	0
Wellbeing Services	188	12	75	0	125
Education	28	0	28	0	0
Capital & Equipment	31	0	31	0	0
Other	0	17	17	0	0
Total Funds	265	100	236	0	129
Donations in Kind	1,000	111	0	(1,111)	0
New Horizons Donation to New Build	1,100	0	0	(1,100)	0
Capital Appeal - Pease Pottage	4,339	1,133	0	(5,472)	0
Total Funds	**6,704**	**1,344**	**236**	**(7,683)**	**129**

31 Note 21 Unrestricted Funds – prior year

	Balance 1 April 2023	Income in Year	Expenditure in Year	Gain / (Loss) on Investments in Year	Transfers In / (Out)	Balance 31 March 2024
Designated Funds						
New Hospice Fund	11,233	0	0	0	(11,233)	0
Strategic Delivery	806	0	119	0	285	972
Total Designated Funds	**12,039**	**0**	**120**	**0**	**(10,948)**	**971**
General Funds	10,049	13,231	12,837	318	18,631	29,392
Total Unrestricted Funds	**22,088**	**13,231**	**12,956**	**318**	**7,683**	**30,364**

Supporting Notes to Financial Statements

32 Note 22 Analysis of Group Net Assets between Funds – prior year

	Unrestricted	Restricted	Total Funds 2024	Unrestricted	Restricted	Total Funds 2023
	£'000	£'000	£'000	£'000	£'000	£'000
Tangible Fixed Assets	22,735	16	22,751	2,653	16	2,669
Construction in Progress - Pease Pottage	0	0	0	7,032	4,803	11,835
Fixed Asset Investments	4,549	100	4,649	7,216	100	7,316
Current Asset Investments	248	0	248	493	0	493
Other Current Assets	4,197	13	4,210	5,139	1,785	6,924
Current Liabilities	(1,358)	0	(1,358)	(423)	0	(423)
Provisions	(8)	0	(8)	(22)	0	(22)
	30,363	**129**	**30,492**	**22,088**	**6,704**	**28,792**

Our special thanks to all who have supported St Catherine's in 2024-25.
Our full audited accounts are available at: www.stch.org.uk

We would like to thank the patients and family members who have kindly allowed us to feature their photographs and words in this report.

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