St John & St Elizabeth Hospital

St John's Hospice
St John & St Elizabeth Hospital

40 YEARS OF CARE

Annual Report and Financial Statements



S.S. John & Elizabeth Charity
For the year ended
31 December 2024


St.John and St.El
Hospital



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Welcome

The Trustees present their Annual Report together with the Financial Statements and Auditor's Report of the Charity for the year ended 31 December 2024. The Annual Report serves the purpose of both a Trustees' Report and an Annual Report under the Charities Act 2011.

Co-Chairs' Statement

We are delighted to present our Annual Report and Financial Statements for the year 2024.

It was the year in which the organisation continued to develop into the newly opened buildings, both in the hospital and hospice. These specially designed spaces have ensured that our patients and staff are able to be treated in and work at some of the best facilities in London.

We welcomed two new Directors to the Hospital Management Board, expanding our skill set in patient safety, governance and quality care, as well as having a focus on strengthening our commercial presence in a competitive marketplace.

We were also pleased to welcome two new Trustees to our Board: David Taube and Baroness Nuala O'Loan. David, a retired consultant nephrologist and transplant physician, has joined with nearly 40 years' experience at leading London hospitals, including senior leadership roles such as Medical Director at Imperial College Healthcare NHS Trust. As the UK's first Professor of Transplant Medicine, he has published over 280 research papers and helped establish Europe's largest renal and transplant centre. Baroness Nuala O'Loan, a member of the House of Lords and former Police Ombudsman for Northern Ireland, has joined with a distinguished career in policing oversight, human rights, and conflict resolution, with numerous high-profile public roles and multiple honorary doctorates.

Work continues with our Integrated Care Boards (ICB) in North Central and North West London in developing palliative and end-of-life care pathways. These conversations, along with the continued strength in raising voluntary funds, mean we will be able to enhance our hospice offering with new services launching in 2025. St John's Hospice has been at the heart of our hospital for over 40 years, and we are committed to ensuring that it remains a beacon of excellence in the provision of palliative care.

As a leading independent hospital, we are proud of our strong track record in responding to the needs of our community, as showcased in the following report. Looking ahead, we've put exciting development plans in place for the next 12 months to ensure we continue delivering outstanding care.

We are also delighted that we were able to complete the restoration of the Chapel dome. This work was recognised nationally, with the project shortlisted at the prestigious Premier Trophy Awards.

We would like to thank everyone who continues to make St John and St Elizabeth Hospital and St John's Hospice the outstanding place it is. We are privileged to be involved with this unique institution, which has been serving the community for nearly 170 years.



Julian Schild MA ACA
Co-Chair



Professor His Honour Judge William Morris
Co-Chair

Chief Executive Officer Report

2024 proved to be a year of continued progress, building on the strong foundations we laid last year and delivering meaningful change across the hospital and hospice.



One of the most significant events was celebrating a major milestone for our hospice, marking 40 years of providing quality, holistic care to the community. It was a fitting year to celebrate the opening of our new Wellbeing Centre and hospice gardens, and to invite donors, families, patients and staff to a wonderful event in the gardens. It was also our most successful year of fundraising since the pandemic, raising over £3.5 million - a huge thank you to the dedication of our teams and the generosity of the whole hospice community.

Throughout 2024, we have been focusing on our three objectives:

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

This year, we placed an even greater focus on making sure our team across the hospital and the hospice feels seen, heard and supported, creating an open and transparent environment, and encouraging more space for communication and collaboration. Specifically, we supported this ongoing initiative through the newly formed staff forum, refreshed staff suggestion scheme, a strengthened Freedom to Speak up Guardian network and monthly Head of Department meetings.

We also expanded and improved our clinical services in several key areas, such as opening a dedicated space for our growing Paediatric Outpatient Department, expanding our ophthalmic offering, and launching a new urology service using Aquablation Therapy.

We also launched a new patient-friendly website and introduced guaranteed self-pay pricing packages for nearly 200 procedures, making private care more accessible, transparent and affordable for patients in our community.

As part of our continued focus on listening and collaboration, we held speciality-specific consultant events throughout the year. As a direct result, we began work on a new paediatric surgical ward and minor-ops unit, both set to open in early 2025.

For 2025, we will continue to work closely with our patients, team members and consultants to grow our treatments and services and ensure we continue to provide safe, outstanding care to our community.

“For 2025, we will continue to work closely with our patients, team members and consultants to grow our treatments and services and ensure we continue to provide safe, outstanding care to our community.”

Yours sincerely,

Simon James
Chief Executive

About Us

St John & St Elizabeth Hospital is one of the UK's largest independent charitable hospitals. We are passionate about providing outstanding care with the highest standards, always striving to exceed expectations. Our first-class consultants and dedicated nursing staff are at the heart of our success, bringing unparalleled expertise and compassion to every patient.

We are a charitable organisation supporting our on-site hospice, St John's. Their ethos is to celebrate and amplify life, enabling people to live well for as long as possible, and supporting the families of loved ones both on-site and out in the community.

We take great pride in our heritage and the Catholic ethos, which has been our inspiration since we were first founded. Our aim is the same now as it was then: to provide the highest quality healthcare for all those who seek it.

Hospital patients can access a wide range of medical and surgical treatments along with high dependency care, elderly care, adult and paediatric outpatient services, walk-in urgent care services and diagnostic and clinical support services.

The hospital has six operating theatres, an endoscopy suite and state-of-the-art facilities, along with 72 inpatient rooms, all with en-suite facilities. The hospital provides a wide range of elective and non-elective services for inpatients and day case care.

1856
Founded by Cardinal Wiseman, whose vision was to provide a hospital that served the sick, the dying and the needy in the community. The hospital was placed under the care of The Sisters of Mercy, an order of nuns.

1898
The hospital moved to St John's Wood and was based temporarily in Loudoun Hall, whilst the permanent hospital was being built.

1901
The hospital was officially opened by the Lord Mayor of London, Sir Frank Green.

2024
The hospice celebrated 40 years of care and opened its new Wellbeing Centre, fully accessible gardens and administrative offices. The hospital opened the new outpatient paediatric clinic, expanding its facilities and services in a new bespoke location.

2023
The hospital's new wing opened with a refreshed imaging department, six new theatres, a day-case suite, upgraded patient bedrooms and an expanded Urgent Care Clinic, all with the latest equipment and technology.

2022
The hospice launched a £3 million funding appeal for the refurbishment of its day services and administration centre.

1910



1915



1930



The restoration of our historic Chapel

In 2024, in response to requests from our congregation and trustees, we restored the dome of our historic Chapel. The project was completed by highly skilled artists who meticulously matched the paint to the original colours used. The restoration was recognised nationally and was shortlisted in the prestigious Premier Trophy Awards.



1914 – 1918
The hospital treated 2,573 naval and military patients during WW1. Three sisters were awarded the Royal Red Cross for their services during the war.

1957
The hospital opened its Outpatient Department.

1984
St John's Hospice officially opened its doors with The Queen Mother visiting for a tour shortly after.

2007
The old convent, now known as Brampton House, was developed to provide facilities for 30 outpatient consulting rooms, an endoscopy suite, an NHS GP practice, a second main entrance and a Hospice Day Centre with offices and therapy rooms.

2011
The new Urgent Care Centre opened, and the imaging department was upgraded, becoming the first private hospital in the UK to install a 3T MRI scanner.

2018
The hospital launched its £35 million extension project.


1984


2023


2024

Our Values

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

Compassion

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

Charity

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

Commitment

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

Community

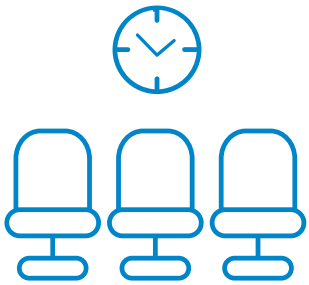
We have strong ties with our local community. Our building is a friendly, neighbourhood landmark not a cold clinical institution. A welcoming, inclusive place where people come to use our services.



Hospital Strategic Report



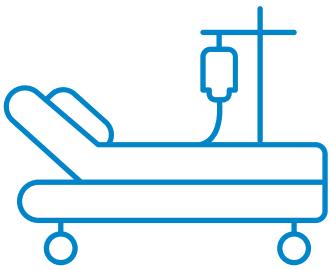
Our Year in Numbers



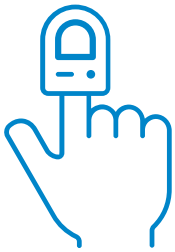
5,253
Hospital day case admissions



78,074
Hospital outpatient appointments



1,904
Hospital inpatient admissions



30,594
Diagnostic exams performed

UCC

Attendances

12,973 IN **2024** *VS* **11,758** IN **2023**

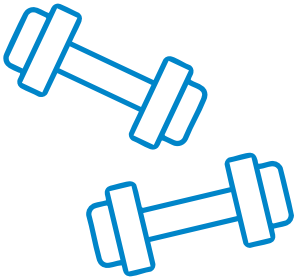
Referrals

4,501 IN **2024** *VS* **3,654** IN **2023**

Therapies

Outpatient appointments

10,862 IN **2024** *VS* **9,653** IN **2023**

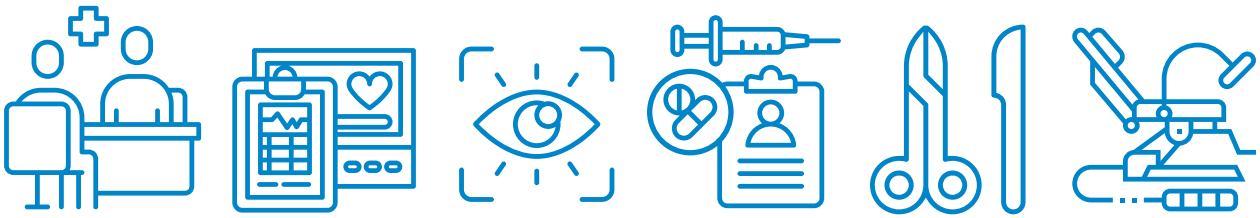


Inpatient sessions of treatment

5,321 IN **2024** *VS* **6,337** IN **2023**

How We Deliver our Outstanding Care

Facilities for Outpatients



41 Consulting rooms

1 ENT scope room

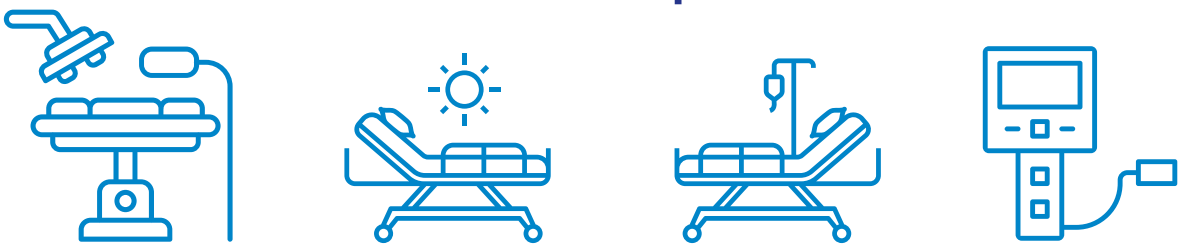
3 Ophthalmic rooms (2 Diagnostics & 1 Laser room)

4 Treatment rooms

2 Minor procedure rooms plus 7 recovery bays

1 Gynaecology / Urology procedure room

Facilities for Inpatients



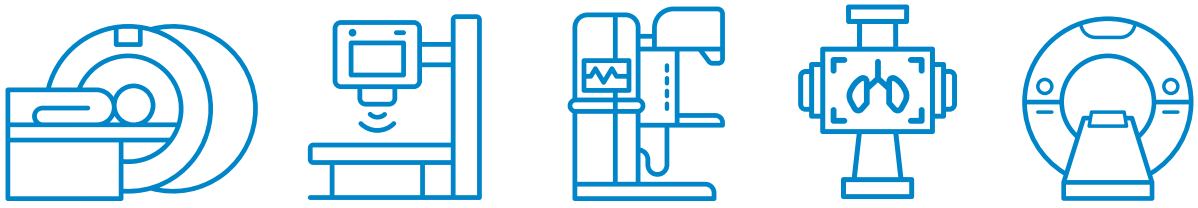
6 Operating theatres

15 Day case beds (9 Endoscopy pods and 6 day surgery beds)

31 Inpatient beds

1 Endoscopy Suite

Equipment and Imaging



3 MRI (2 x 1.5T, 1 x 3T)

3 Ultrasound scanners

1 Mammography

1 X-ray (including full spine and long leg)

2 CT (1 x standard, 1 x static)

2024 Clinical Services Report

Enhancing our care pathways was a priority in 2024, and saw the expansion of a range of services, surgical treatments, and equipment. Across multiple departments, significant developments were made to streamline and improve the patient journey, to make it easier for our consultants and their offices to work with us and enable our staff to better support patients.

Updated patient pathways

- We launched a **new patient-friendly website with enhanced accessibility tools** to accommodate diverse needs, including text-to-speech functionality and translation into over 100 different languages.
- An **international patients' pathway** was introduced to improve access for overseas patients and provide consultants with a clear, streamlined admissions process.
- A **pathway for fractured femoral neck cases (hip)** was established to enhance the patient experience through a consistent, coordinated approach to diagnosis and surgical care.
- **Guaranteed self-pay hospital fees** were made available for nearly 200 standard procedures, removing cost barriers and offering patients clarity and transparency on pricing.



Patient case study
Hip replacement surgery

Howard came to St John & St Elizabeth after years of living with increasing hip pain that was beginning to affect every part of his life – including the sport he loved. Under the care of Consultant Orthopaedic Surgeon, Mr Parag Jaiswal, he underwent hip replacement surgery.



"I've played competitive sport all my life, but over the years, my hip became increasingly arthritic and uncomfortable. I tried to manage it for as long as I could, but eventually, it was clear something had to be done.

"I first saw Mr Jaiswal after being referred by a local physiotherapist. We initially tried a steroid injection, which gave short-term relief, but the real solution was surgery. I was lucky that a space became available within a few weeks, and I didn't hesitate.

"Within two weeks, I had hardly any discomfort, and by six weeks I had the all-clear to start driving again. I train with professional physios, and they've been impressed by my progress. I'd say I'm now back to where my hip was ten years ago."

"The operation was done in the morning, and I was walking that same afternoon. The recovery was fast; I was up the stairs almost immediately after getting home and felt confident on crutches from day one."

Service improvements

- A new **Paediatric Outpatient Department** opened, creating a dedicated service for the 20,000 children and young people we see each year, with the addition of child-friendly treatment and consultation rooms and a family-friendly waiting area.
- Our **Speech and Language Therapy (SLT)** provision was enhanced with the launch of an outpatient service and the introduction of video fluoroscopy (VFS) to perform specialist swallowing assessments.
- Ophthalmic services were enhanced to include **Corneal Topography Scans**.
- A **third MRI scanner** was added to the Imaging Department to increase on-the-day availability and decrease wait times.
- A **MRSA PCR analyser** was added to our on-site lab, streamlining our preoperative and inpatient admission screening processes and enhancing infection prevention and control with same-day results.
- We refurbished our **Therapies gym**, adding refreshed motivational artwork and state-of-the-art equipment, including a pneumatic resistance leg press and performance trainer.







New surgical treatments

- We introduced **Aquablation Therapy**, an innovative robotic technology used for treating Benign Prostatic Hyperplasia (BPH) - an enlarged prostate.
- A trial of **a new colorectal surgery laser** for treating pilonidal sinus, anal fistulae, haemorrhoids, and Anal Intraepithelial Neoplasia (AIN) began.

Patient case study

Enlarged prostate treatment with Aquablation

Simon came to St John & St Elizabeth Hospital after experiencing a sudden and painful episode, which was later diagnosed as an enlarged prostate. He decided to travel to the UK to undergo Aquablation Therapy under the care of Consultant Urologist, Mr Leye Ajayi.



"I'd gone to Berlin to run the marathon, but the day before, I suddenly couldn't pass urine. It was painful, and I had to pull out of the race. After temporary treatment abroad, I came back to the UK to see Mr Ajayi at St John & St Elizabeth.

"The whole experience was fantastic. The care I received was exceptional, and the procedure itself was surprisingly painless. Within days, I was off painkillers, back to normal life... and even running again just two weeks after surgery."

"One of the key reasons Aquablation was recommended was because it helps preserve continence and sexual function – and it absolutely lived up to that promise. I'm now off medication, with no pain and normal urination. I'd highly recommend it to anyone in a similar situation."



Patient Satisfaction

We take great pride in the quality of care we provide and in our dedicated efforts to ensure each patient's experience with us is as pleasant as possible. Our patient survey serves as a key measure of our success in this regard, and we carefully track the results.

Complaints and concerns

Our Head of Patient Experience oversees all patient complaints. Throughout the year, we received 108 complaints. The graphs below illustrate the months in which these complaints were received and how they were handled internally, as well as how they were distributed across each quarter. 'Not upheld' indicates no further action was required, while 'Upheld' and 'Partially upheld' signify that the complaint was escalated to an investigation stage.

	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Total
Total no. of clinical complaints received	**10**	**8**	**9**	**8**	**2**	**8**	**8**	**10**	**8**	**13**	**12**	**12**	**108**
No. of clinical complaints upheld	2	2	5	2	1	1	1	5	2	5	4	5	35
No. of clinical complaints partially upheld	4	4	2	3	1	1	2	4	3	4	3	2	33
No. of clinical complaints not upheld	4	2	2	3	0	6	5	1	3	4	5	5	40

	Q1 24	Q2 24	Q3 24	Q4 24	Total
Total % of clinical complaints received	**100**	**100**	**100**	**100**	**100**
% of clinical complaints upheld	33	22	31	38	32
% of clinical complaints partially upheld	37	28	35	24	31
% of clinical complaints not upheld	30	50	35	38	37

Compliments

Many patients have praised the exemplary care they have received, and our staff's efficiency, kindness and attentiveness came out as key themes throughout. Below are just some examples of the inpatient compliments received in Q4 of 2024.

"Every aspect of my stay was exemplary - every member of staff was kind and efficient. I was very impressed with the level of care from the consultant and all the nursing staff, including the theatre and recovery staff."

"Lovely, friendly and attentive staff, every step of the way. Food was great. Care of my visitors 10/10."

"A professional approach to my operation and care."

Patient Satisfaction Feedback Report 2024

Based on the period of January to December 2024



96.9%

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



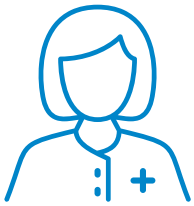
97.8%

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



98.8%

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



95.6%

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



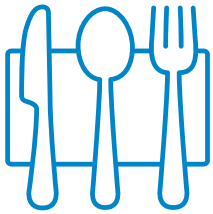
98.4%

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



97.6%

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



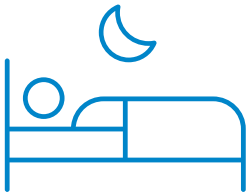
96.1%

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



90.5%

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



98.0%

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

Percentages are based on the 1,398 responses received during the reporting period.

Online and social media

Google

4.3 ★★★★½

(497 Google Reviews)

Meta

92%

recommended (272 reviews)

doctify

4.74 ★★★★★

(5435 reviews)

Clinical Governance

St John and St Elizabeth Hospital is regulated by the Care Quality Commission (CQC) and is committed to publishing a Quality Account that assesses our performance against the five key questions central to their standards.

Are our services SAFE?
Are people protected from abuse and avoidable harm?

Are our services EFFECTIVE?
Do people's care and treatment achieve good outcomes, promote a good quality of life, and is evidence-based where possible?

Are our services CARING?
Do staff involve and treat people with compassion, kindness, dignity and respect?

Are our services RESPONSIVE?
Are services organised so they meet people's needs?

Are our services WELL-LED?
Are services well-led with clear vision, strategy and positive staff culture? Is there effective governance, patient engagement and incident and complaint management procedures?

For the purposes of this section of the Annual Report, we will focus on **'Safe'** and **'Effective'** as the last three are covered in other areas of the report. For our full Quality Account, visit www.hje.org.uk.

Overall Good	**Safe**	Good	**Overall Good**	Medical Care (including older people's care)	Good
	Effective	Good		Critical Care	Good
	Caring	Good		End of life care	Good
				Outpatient and Diagnostic imaging	Good
	Responsive	Good		Surgery	Good
	Well-led	Good		Urgent and Emergency Services	Good

No CQC inspection took place during this reporting period. The most recent targeted inspection was conducted in October 2023, focusing on the 'Safe' aspect of surgery and critical care services across all domains. As a result of this inspection, our rating remained at 'Good'.

Our ongoing journey from 'Good' to 'Outstanding' continues, and in this year's report, we want to highlight our focus on Infection Prevention and Control (IPC). Our IPC Lead Nurse has been working towards their Master's accreditation and, to support their learning, undertook a project aimed at raising sepsis awareness and improving the use and accuracy of the sepsis screening tool. Additionally, there is a growing concern regarding the emerging threat of Candida auris (C. auris) to the UK healthcare system. Within this report, we outline the approaches taken to address these two key topics and the outcomes for our organisation and the individuals who use our services.

Safe

Ensuring services across the organisation are 'Safe' is a key strategic objective for St John & St Elizabeth Hospital.

Risks to patient safety are identified through several routes, including audits, risk assessments, complaints, adverse incident reporting and raising concerns, but, more routinely, from tracking trends in performance indicators. We use a quality dashboard to track Key Performance Indicators (KPIs) and monitor adherence to regulatory requirements regarding the reporting of serious incidents and duty of candour events, for example.

VTE* Risk Assessment and Incidents	2024	2023
% of admitted patients assessed within 6 hours of admission	81.9	92.4
No. of incidences of hospital-acquired VTE	2	3
% of DVT**/PE*** inpatient cases in all inpatient admissions	0.0	0.0

*VTE - Venous Thromboembolism. | ** DVT - Deep Vein Thrombosis. | *** PE - Pulmonary Embolism.

The drop in VTE assessment scores relates to a change in the audit questions, which were aligned to support our goal of achieving VTE exemplar accreditation, and therefore not comparable with the data from 2023.

Slips, Trips and Falls	2024	2023
% of patients with completed Falls Risk Assessment on admission	94.5	93.6
No of. patient near miss/good catch	0	0
No of. patient slips, trips and falls resulting in moderate harm	2	0
No of. patient slips, trips and falls resulting in severe harm	0	0
Total no. of slips, trips and falls	62	59
% of falls in all admission bed nights	0.8	0.6

Both incidents resulting in moderate harm were investigated and deemed unavoidable falls, and both patients made a full recovery from their injuries.

Pressure Ulcers	2024	2023
% of admitted patients with completed Waterlow on admission	92.2	92.5
% of admitted patients with a completed MUST Assessment within the first 24hrs of admission	91.6	93.4
No. of hospital acquired pressure ulcers Category 2 or above	15	7
% of hospital acquired pressure ulcers Category 2 or above in all admission bed nights	2.2	0.1

The increase in hospital-acquired pressure ulcers is a result of better reporting across the organisation, and these are for both hospital and hospice services. Many are hospice patients on an end-of-life care pathway with mobility and nutritional challenges affecting skin integrity.

Infection Prevention and Control

We have a clear IPC organisational structure. The Infection Prevention and Control Committee (IPCC) is chaired by the Chief Nursing Officer, who is also the residing Director of IPC, with the Heads of Departments as members. Feedback to the meeting comes from the Infection Prevention Link Practitioners' meetings. The IPCC highlight reports are sent to the Quality and Governance Committee.

At St John and St Elizabeth Hospital, we have always placed IPC at the heart of good and safe clinical practice and are fully committed to reducing the risks of Healthcare Associated Infections (HCAIs) being acquired within our hospital.

It is recognised that infection control is everybody's responsibility and must remain a high priority for the organisation, ensuring the best outcome for all of our patients.

We have a robust schedule for audit and surveillance, an effective training programme, and a zero-tolerance approach to avoidable infection. This collective responsibility places a duty on all staff to minimise the risk of infection at all times.

The annual IPC programme focuses on ensuring the ongoing compliance with all regulatory requirements, and this year demonstrated continued commitment to meeting these requirements by:

1. Participating in the national Patient-led Assessment of the Care Environment (PLACE) programme, and has demonstrated good compliance scores for cleanliness, achieving 99.18% with national standards across healthcare organisations.
2. Recognising the potential threat posed by Candida auris and working with the microbiologists who support the organisation with ongoing advice and information, to develop a robust policy and management plan for patients with increased risk factors. Due to one of our microbiologists being the lead for this national directive, St John and St Elizabeth Hospital has been a leading organisation in implementing the national guidance.
3. IPC Lead Nurse driving a project to improve the organisational awareness of sepsis and the completion of the associated documentation.

PLACE Audit Results

The PLACE scores from 2018 through to 2024 are shown in the table below. In 2020 and 2021, PLACE assessments were not conducted due to the COVID-19 lockdown measures.

In 2024, cleanliness, food, ward food, condition, appearance, and maintenance all received scores above 90%. Nevertheless, the disability, privacy, dignity and wellbeing scores fell short of 90%. Since 2023, the dementia score has been declining and so in order to help improve this, in November 2024, just after the 2024 PLACE audit, the organisation introduced the Butterfly Scheme to support improvements for patients with dementia and memory loss.

Year	Cleanliness	Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2018	98%	92%	No data	87%	98%	83%	83%
2019	98%	97%	97%	91%	98%	85%	84%
2022	100%	93.09%	92.14%	92.41%	99.70%	85.89%	87.17%
2023	99.69%	89.93%	89.53%	93.98%	100%	80.40%	83.76%
2024	99.18%	96.10%	96.15%	87.29%	96.69%	76.46%	81.01%

Mandatory Reporting

The IPC annual programme was designed to achieve compliance with the standards identified within the Code of Practice and achieve all national and local infection-related objectives.

We have maintained our excellent record against national compliance targets with only 2 cases of Clostridium difficile (both community acquired) and no MRSA throughout the reporting period.

Incidents	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024	2023
MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridioides difficile Toxin Positive Incidents	1	0	0	0	0	0	0	0	0	0	1	0	2	0
Blood Stream Infections	1	0	0	0	0	0	0	0	0	0	0	0	1	1
Splash Incident Reported	0	1	0	0	1	0	0	0	0	0	0	0	2	3
Sharps Incidents Reported	1	0	1	0	2	0	1	0	1	1	3	1	11	11
Hospital Surgical Site Infections	0	0	0	1	0	0	0	1	0	0	0	0	2	2

IPC Plans for 2025

Looking ahead to 2025, our IPC Lead Nurse is focused on implementing targeted initiatives and enhancing training to strengthen IPC across wards and departments, as outlined below:

- Sepsis Champion Improvement Project to be piloted in St Francis Ward as part of the MSc in IPC requirements.
- IPC Link Practitioners' Training as DATIX Investigator and Post Infection Review in February 2025.
- Completion of pending Post Infection Reviews.
- Review of policies to ensure they align with the latest evidence-based practice and government guidance.
- Surgical Site Infection (SSIs) cases to be captured in the Outpatient Department.
- Candida auris policy to be ratified and uploaded on the Intranet.
- IPC Safety Huddles with Pre-Assessment, St Francis and St Elizabeth Wards and hospice.

Adverse Incident Reporting

The DATIX incident management system is used to report and record investigations into any incidents that occur across the organisation.

These include clinical and non-clinical, such as Health & Safety incidents, along with complaints and compliments. Incidents are monitored in several ways within the organisation. The patient safety team monitors all reported incidents daily (Monday to Friday), to highlight any immediate risks that may need urgent attention and ensure that the information added to the system is clear and accurate.

All incidents are sent to the members of the Hospital Management Board for oversight and scrutiny. The Quality and Governance Committee has responsibility for oversight and monitoring trends.

Significant incidents/never events and trends, when identified, are discussed at the weekly Hospital Management Operational Group meetings. The organisation is in the process of setting up a Quality and Governance Risk Sub-Committee to the Trustee Board, to support a more external oversight provided by independent advisors and appointed members of the Trustee Board. The aim is for this sub-committee to commence in 2025.

Incident Reporting	2024	2023
No. of never events	0	0
No. of serious incidents	6	2
No. of incidents triggering a Formal Duty of Candour response	8	2
No. of CQC reportable incidents	13	9
No. of safeguarding referrals made by hospital and hospice	2	3
No. of DOLS* cases (under regulation 13)	11	15
No. of RIDDOR reports**	2	5
No. of incidents triggering ICO* notification**	5	0
% of SAR** responded to within policy timescales**	100.0%	1

* DOLS - Deprivation of Liberty. | **RIDDOR – Reporting of injuries, diseases and dangerous regulations.
*** ICO – Information Commissioner's Office. | **** SAR - Subject Access Request.
NB: The increase in Safeguarding Concerns for Children is due to the opening of a larger paediatric clinic.

The increase in the number of incidents triggering ICO notifications is a result of the review of the Information Governance team structure, policy and processes.

Effective

By 'Effective', we mean that people's needs are met and that their care is in line with nationally recognised guidelines and relevant National Institute for Health and Care Excellence (NICE) quality standards. Also, that we offer the most effective techniques to give patients the best chance of recovery.

Clinical care, treatment and decision-making should reflect evidence-based best practice to ensure that the risk of inappropriate or unnecessary treatment and care is reduced to the lowest possible level. At St John and St Elizabeth Hospital, we:

- Keep up with evolving practice and provide efficient and effective response to promote safe and clinically effective care.
- Have systems and processes in place to ensure compliance with safety and clinical directives in a timely way, including any new safety alerts and NICE guidance.
- Regularly monitor patient outcomes both locally and by use of nationally available tools such as Patient Reported Outcome Measures (PROMs).

We ensure effective treatment for our patients by keeping policies up to date and inclusive of guidance from standards and best practice, alongside regular monitoring of adherence to such policies. This helps to safeguard patients' best interests by the use of evidence-based care. By consistently monitoring patient outcomes, we can assure our patients, service users and partners that our care continues to be effective.

Mandatory Training	2024	2023
% of staff compliance (All Training)	83	88.1

Audit Compliance	2024	2023
Peripheral Line Insertion Tool	97.7%	96.9%
Urinary Catheter Insertion	98.2%	97.9%
Clinical Record Keeping	94.5%	94.1%
National Early Warning Score (NEWS 2)	97.5%	97.6%
WHO Safer Surgery Checklist	98.6%	97.6%
Consent Audit	97.2%	96.6%
Hand Hygiene and Bare Below the Elbows Audit	96.6%	97.4%
Environmental Audit	96.2%	95.7%
Sharps Audit	96.2%	98.4%
Adult Pain Audit	98.4%	95.1%

Overall compliance with training relates to essential safety training. There were some challenges with fire training updates, which explains the drop in compliance, but this was resolved, and compliance is now above 90% at the time of retrospectively writing this report.

Clinical Outcomes

Clinical outcomes are broadly agreed, measurable changes in health or quality of life that result from our care. Constant review of our clinical outcomes establishes standards against which to continuously improve all aspects of our practice.

PROMs is a national programme organised by NHS England and is run on their behalf by Quality Health and a number of other approved contractors. It is a mandatory national data collection system, and its purpose is to gather key information on the state of health of patients before and after their operation. This information is needed to ensure that the operations that patients have are effective and lead to improvements in their health.

The patients from whom data is collected are having planned procedures. The programme does not cover emergency cases. The programme covers both NHS hospitals and Independent Sector Providers in England that undertake elective operations on four procedures for NHS patients. PROMs cover patients who are having procedures such as hip replacements, knee replacements, groin hernia and varicose vein operations. We collect data on patients who undergo knee and hip procedures, cataract operations, and many others.

There are two questionnaires: the pre-operative survey, administered by staff in hospitals, and the post-operative survey, sent to patients three months or six months after their operation, directly to their home address. Review of most recent data indicates that St John and St Elizabeth Hospital is not an outlier for data recorded.

Unplanned Readmissions and Returns to Theatre

One way of measuring the quality, as well as the effectiveness of treatment and care provided by St John and St Elizabeth Hospital, is by looking at the number of patients who have an unplanned readmission within 29 days of being discharged and/or unplanned return to theatre. Unplanned readmissions and returns to theatre can be affected by many factors, including a patient's medical condition, age, living conditions, or post-discharge support.

As there are many variables not attributable to St John and St Elizabeth Hospital, this may not be the best measure of quality. It is, however, a useful indicator of effective development of processes and procedures which may prevent these unplanned readmissions and returns to theatre.

Both these measures have been identified as being sensitive to improvements in coordination, process of care and discharge planning for patients. All readmission and return to theatre data are reviewed and monitored at the Hospital Mortality and Morbidity meeting to ensure any trends are identified and acted upon in an appropriate and timely way.

Unplanned Returns to Theatre

Total number of theatre procedures

2024 | 2023

8035 | 8853

Number of unplanned returns to theatre

2024 | 2023

11 | 26

% of unplanned returns to theatres in all total of theatre procedures

2024 | 2023

0.10% | 0.30%

Unplanned Transfers Out

Total number of admissions

2024 | 2023

7294 | 7696

Unplanned transfers out

2024 | 2023

11 | 9

% of unplanned transfers out in all admissions

2024 | 2023

0.20% | 0.10%

Unplanned HDU* Admissions

Total number of admissions

2024 | 2023

7294 | 7696

Unplanned HDU admissions

2024 | 2023

26 | 36

% of Unplanned HDU admissions in all inpatient admissions

2024 | 2023

0.40% | 0.40%

*HDU – High Dependency Unit.

Hospital Deaths

Hospital expected deaths

2024 | 2023

11 | 14

Hospital unexpected deaths

2024 | 2023

2 | 2

Community Engagement and Outreach

We have built strong relationships with our wider community and continue to collaborate with them to provide valuable insights into healthcare and the services we can offer.

In 2024, we organised evening events in partnership with the **Cumberland Tennis Club**. These gatherings, hosted at the club, focused on injuries commonly experienced by tennis players. Our consultants provided valuable insights, including a talk on 'Hip & Knee Surgeries' with Consultant Trauma and Orthopaedic Surgeon, Mr Akash Patel, alongside our outpatient Physiotherapy Team Lead, and an evening event on 'Common Shoulder Injuries' with Consultant Elbow and Shoulder Surgeon, Mr Abbas Rashid, alongside our outpatient Physiotherapy specialist..

Additionally, we hosted coffee mornings in collaboration with **NW8 Mums**, a local community of mothers, concentrating on women's health and paediatrics. Notable examples include a 'Breast Awareness' coffee morning led by Consultant Breast and Oncoplastic Surgeon, Miss Cheryl Lobo, and a paediatrics-focused event with our Head of Paediatrics, Kate Lewis.

In June, we took part in the **St John's Wood High Street Festival**, organised by the St John's Wood Society, as one of the local stallholders. The event was a vibrant celebration of the local community, featuring live music, activities, a fashion show, a pooch parade, and a variety of food vendors.

Our stall showcased our services, including the Urgent Care Clinic and the Paediatric Outpatient Department. We were joined by colleagues from the hospice Fundraising Team, who used the opportunity to raise awareness for the hospice through a fun scavenger hunt, run in partnership with Lord's Cricket Ground, in the St John's Wood Church Gardens.

We enhanced our engagement with **Private Medical Insurance (PMI) providers**, including Bupa, who we invited to a consultant-led talk on their fee review and plans for 2025. The event was hosted at our on-site hospice's Wellbeing Centre and was attended by 30 consultants.

Our CEO, Simon James, hosted 15 **roundtable dinners with consultants** from various specialties throughout the year. These discussions provided valuable insights into the hospital's past and present challenges, as well as highlighting its strengths. This feedback was instrumental in shaping our five-year plan and defining the hospital's strategic objectives.







We hosted two **consultant mixers**, one in April and another in September, offering valuable opportunities for engagement and collaboration. The April event took place at the hospice's newly opened Wellbeing Centre, allowing consultants to tour the new facility and learn more about recent developments and future plans. At the end of November, we also hosted our first **Consultant AGM** to reflect on the past year's progress, discuss strategic priorities for 2025, and express our thanks to the consultants for their ongoing support.

A new **Business Development Team** was also established in November 2024. This team combines the GP and Consultant Liaison roles and consists of three members: a Business Development Manager and two Business Development Officers.



Our GP training

Our General Practitioner (GP) training programme includes a diverse range of educational events designed to facilitate information sharing between our consultants and specialists for GPs. In 2024, the training was delivered across various formats, including:

- **Annual GP Symposium:** A total of 102 local GPs attended our annual GP Symposium at the Royal College of Physicians, where we hosted six educational talks from our specialist consultants in one day. The topics covered were varied and included dermatology, urology, cardiology, gynaecology, orthopaedics and palliative care.
- **Lunch and Learns:** We organised four talks for local GP surgeries in North London, featuring our consultants.
- **Webinars:** Nine webinar presentations were conducted by our consultants to enhance the knowledge and skills of GPs in our community.





Our People

We are deeply committed to fostering a supportive and empowering environment for all our staff by prioritising ongoing professional development, advanced education, and clear pathways for career progression within our organisation. We recognise that investing in our people is key to maintaining the highest standards of care and ensuring our team members feel valued, motivated, and equipped to excel in their roles.

We take immense pride in attracting and retaining passionate, skilled nursing and clinical professionals, alongside dedicated non-clinical colleagues whose expertise and commitment are integral to our hospital's success. Together, their combined knowledge, compassion, and dedication drive our ability to deliver exceptional patient outcomes and compassionate care every day.

Through continuous learning opportunities, mentorship programmes, and leadership development, we aim to nurture talent at every level and create a workplace where all staff can thrive and make a meaningful impact.



108 People
joined the organisation



112 People
left the organisation



2.66% Sick days
taken



Gender pay gap

Women's median hourly pay was 1.5% higher than men's. This means they earned £1.02 for every £1 that men earn when comparing median hourly pay.



Developing our people

Feedback from our Head of Department meetings and Staff Forum highlighted a strong desire among our staff for support in furthering their education, especially in areas related to management and leadership. Responding to this need, in 2024, we proudly supported 10 heads of department to undertake the **Chartered Management Institute (CMI) Level 7 Award in Strategic Management and Leadership**.

This advanced qualification is designed to equip our leaders with the skills, knowledge, and strategic insight required to navigate complex organisational challenges and drive effective change. By investing in this high-level professional development, we are not only enhancing individual leadership capabilities but also strengthening our organisation's overall capacity to deliver excellent care and foster a culture of innovation and collaboration.

Supporting our leaders through the CMI Level 7 award reflects our commitment to empowering staff at all levels to grow their expertise, take on greater responsibilities, and contribute meaningfully to the hospital's continued success and sustainability. 2025 will see us launching the Level 5 certificate to help the rising stars of the organisation take the next step in their leadership journey.

We remained committed to strengthening our mental health support framework by continuing the development of our **Mental Health First Aiders** in partnership with St John's Ambulance. By the end of 2024, we had successfully trained five dedicated Mental Health First Aiders who are now actively supporting staff across both the hospital and hospice settings. These individuals represent a mix of clinical and non-clinical roles, ensuring a broad and accessible network of support throughout the organisation. In 2024, 97 Mental Health First Aider contacts were made (2023: 153).

To further expand this initiative, an additional three staff members are scheduled to complete their Mental Health First Aid training in early 2025. Mental Health First Aiders play a vital role in promoting emotional wellbeing, offering a confidential and compassionate first point of contact for colleagues experiencing stress, anxiety, or other mental health challenges. They are equipped with the skills to listen without judgment, offer initial guidance, and signpost staff to appropriate professional support when needed. This ongoing investment reflects our organisation's deep commitment to creating a psychologically safe and supportive workplace environment.

Updated staff uniforms

We updated staff uniforms across both the hospital and hospice to improve comfort and functionality for staff, enhance service delivery and ensure consistency with our brand. This initiative marked a significant step towards ensuring a consistent and professional appearance across our teams, reinforcing our shared commitment to service excellence.

In collaboration with an external design agency, we developed bespoke, branded uniforms for our front-of-house reception team. These new designs incorporate colours from our brand palette and feature the Maltese cross, thoughtfully woven into blouses and ties, to reflect our heritage and identity. The Estates team received updated shirts that align with our visual identity while offering enhanced comfort and functionality to support their daily responsibilities. Similarly, the Therapies department now wears uniforms that reflect their accredited status and professional identity.

At the hospice, uniforms were reintroduced for staff at the new Wellbeing Centre, and updated uniforms were rolled out for community-based teams, including ambulance drivers, Hospice@Home healthcare assistants, community nurse specialists, social workers, bereavement counsellors, and therapists. Accompanied by updated lanyards and identity cards, these uniforms promote a cohesive and professional image, especially when working in the community, helping ensure our brand is recognised as a trusted and reputable provider of quality palliative and end-of-life care.





Engaging with our people

We ensured all our staff were well informed about the ever-changing environment, current projects, and organisational updates. To support this, we continued to produce our weekly communication newsletter called **Wednesday Words**, which was distributed through multiple channels, including email, TV screens in staff areas, and physical copies for departments without computer access.

In the summer, we launched both **online and in-person CEO briefings**. These briefings, held twice a year, provided an opportunity to share reflections, highlight upcoming plans, and discuss the organisation's progress against the five-year plan.

We also continued to celebrate the achievements and dedication of our staff through our quarterly **Care Superstars** awards. These peer-nominated awards encouraged colleagues to recognise those who had excelled in caregiver or care supporter roles. Over the year, 22 individuals were honoured for their outstanding contributions across both the hospital and hospice.

We continued the tradition of inviting an **ice cream van** on-site for a day, offering our staff and volunteers a free Mr Whippy or ice lolly on one of the hottest days of the year. This tradition has continued for four years now and is a welcome token of appreciation in the hot summer days.







Awareness Days

International Nurses Day - 12th May 2024

To celebrate International Nurses Day, we shared stories about how some of our nurses started their careers. These stories were communicated through various channels, including a stall in our restaurant, an internal staff newsletter, and our social media platforms.



Volunteers' Week – 3rd - 9th June 2024

During Volunteers' Week, our hospice celebrated the incredible contributions made by its volunteers. Throughout the week, the hospice highlighted their amazing efforts on social media. Each volunteer received a gift and a handwritten card as a token of appreciation.

World Sepsis Day - 13th September 2024

Our IPC Lead Nurse organised a patient-facing stall in the hospital reception and one for staff in the restaurant, raising awareness about sepsis and the importance of spotting the signs early.

World Patient Safety Day - 16th September 2024

Under the theme, "Improving Diagnosis for Patient Safety – Get it right, make it safe," we focused on our Pathology Services due to an increasing number of issues that reduced our effectiveness.

We held a number of training and refresher sessions throughout the week, on a number of topics, such as labelling and processing, guidelines for using blood bottles, completion of request forms, audits in practice and safety crosses.

Falls Prevention Awareness Week - 23rd - 27th September 2024

Our nurses hosted a stall in the staff restaurant, utilising our updated "Falls and Moving Safely" booklet and a fun quiz to highlight the various ways to prevent falls.

Hospice Care Week – 7th - 13th October 2024

The hospice shared the stories of the incredible people who make up St John's Hospice, including their nurses, doctors, social workers, volunteers, cleaners, and therapists, and gave them small tokens of appreciation for all they do.

Listening to our people

The **Staff Forum,** which was launched in 2023, continued to grow in value by providing a platform for keeping staff informed and allowing them to voice concerns and suggestions for improvement. Since its inception, several changes have been implemented, including enhancements to patient pathways, improvements in staff benefits, and the establishment of a **Social Committee**. This committee now organises a calendar of engagement events and extra-curricular activities for staff, including lunchtime yoga and a bingo night.

At the end of 2023 and beginning of 2024, we undertook a **Freedom to Speak Up survey** amongst our staff to measure the effectiveness of the scheme and create a framework of improvements.

Positive results	
Over 85%	Knew who the Freedom to Speak Up Champions were
Over 70%	Knew who the Freedom to Speak Up Guardians were
Over 70%	Felt confident raising a concern
Over 90%	Of staff knew the right mechanisms for raising a safety concern
Over 70%	Knew who Mental Health First Aiders were

Areas for improvement	
33%	Staff had infrequent or ineffective team meetings
57%	No regular 1-1 with line manage/ supervisor
Only 50%	Staff knew about staff suggestion scheme
60%	Felt there was a lack of feedback once they had raised a concern
40%	Felt there was a lack of senior management visibility

Following these results, various initiatives were introduced:

- Reintroduction of staff suggestions scheme.
- Training for heads of department and line managers concerning 1-1 meetings and team meetings.
- Introduction of team meeting agenda and minutes templates.
- Introduction of feedback sessions for those raising a concern.
- Senior Management began attending various department meetings, if not already doing so, to increase visibility.

Freedom to Speak Up

Our **Freedom to Speak Up network** continued to provide additional channels for staff to raise concerns about patient care, safety, bullying and harassment, unfair treatment, and general work-related concerns. In 2024, the network comprised two Guardians and nine Champions.

Freedom to Speak Up Guardians help staff speak up when they feel unable to do so by other routes. Ultimately, they exist to support staff to protect patient safety, improve the quality of care and promote working lives. They ensure issues are responded to, and that the person speaking up receives feedback on any actions taken.

Freedom to Speak Up Champions support the work of the Guardians and are a vital component of safety and quality within the organisation. Apart from being exemplars of the relevant values and behaviours, they are often the first port of call for staff.

We also added a board representative to the network to ensure that there is a representation at the highest level to monitor the effectiveness of the Freedom to Speak Up strategy and to provide support to the Guardians.

We continued to roll out increased visibility and awareness of the network, with frequent email communications, posters and events in the staff restaurant. We are seeing a positive increase in issues being raised with the network.



Equality, Diversity and Inclusion

Equality, Diversity, and Inclusion (EDI) are fundamental to the ethos of our organisation. Rooted in a tradition of compassionate care for all, we strive to build a welcoming and respectful environment for every individual, regardless of their background, identity, or belief.

By championing inclusivity and promoting equity across all areas of our work, we not only reflect the diverse communities we serve but also enrich the quality of care, collaboration, and wellbeing within our organisation. Our dedication to EDI is essential to delivering holistic, person-centred care with dignity and integrity and will also form part of our wider Environmental and Social (ES) policy in 2025.

Improving accessibility

At the start of 2024, we launched a **new patient-friendly website with enhanced accessibility tools** to support users with diverse needs.

This new website features a clean, intuitive layout and simplified navigation, allowing patients to quickly find essential information, such as clinical services, consultant profiles, and patient guides. We've also invested in enhanced accessibility tools which provide text-to-speech functionality, translation into over 100 languages, and the ability to adjust font size and contrast, supporting users with visual or cognitive impairments.

These upgrades reflect our commitment to creating a welcoming, inclusive digital experience that meets the diverse needs of our patients and community.





Name badges are a vital part of how we identify ourselves to our patients and to each other. They help patients feel more comfortable and confident by clearly showing who they are speaking to, something that is especially important for those who may be vulnerable or have additional needs.

To improve visibility and accessibility, we replaced all white-backed badges with new yellow and black designs featuring larger, clearer text. This change supports patients with dementia or disabilities in recognising staff names and roles more easily.

Being One Team also means building stronger connections with colleagues, and using each other's names is a simple but powerful way to do that. Name badges make this easier and help foster a more inclusive and respectful working environment.

As a private healthcare provider with a diverse patient population, including many international patients and those for whom English is not a first language, we recognise the importance of clear, accessible communication. In March 2024, we reviewed and updated our **Interpreting and Translation Policy** to ensure it meets the needs of all our patients.

We continued to partner with **Silent Sounds** to provide a professional interpreting and translation service, free of charge to patients. Contact details are shared with all departments, and multilingual posters are displayed throughout the hospital to raise awareness of this important service.



Dementia friendly scheme

In 2024, we implemented the Butterfly Scheme, a targeted educational tool for those caring for individuals with memory impairment. This scheme provides a recognised identification system for patients with memory issues, symbolised by a butterfly.

We held four training sessions over a two day period to empower staff to deliver exceptional care for patients with dementia or memory impairment. Butterfly boxes, containing resources for both staff and patients, help reinforce the training learnings and support the opt-in process for eligible patients. These boxes are available in all hospital departments.

Additionally, we have a dedicated Dementia Lead Nurse and champions in every clinical area to promote ongoing best practices in dementia care.

To mark **Dementia Awareness Week** and raise awareness of both the condition and our Butterfly Scheme, we organised a patient-facing stall in the hospital reception and a workshop for staff in the restaurant. We also distributed posters throughout the organisation.





Chaperones

All patients have the right to request a chaperone during any examination or treatment, regardless of the setting or service constraints. Chaperoning plays a vital role in safeguarding both patients and healthcare professionals. It helps prevent potential misconduct or abuse and offers protection for clinicians against false allegations, particularly during intimate or sensitive procedures where patients may feel vulnerable.

Chaperones also support patient dignity, emotional wellbeing, and comfort. Their presence helps reduce anxiety, embarrassment, or distress, especially during procedures that may be culturally or personally sensitive. In a healthcare environment that values EDI, chaperoning ensures individual needs are respected, helping every patient feel safe, seen, and supported.

Trust and communication are essential in delivering high-quality care, and chaperones help foster both. They reinforce transparency between patients and clinicians, support informed consent, and help prevent misunderstandings. Where language or cultural barriers may exist, chaperones, sometimes also act as interpreters, help bridge gaps and promote equitable and inclusive care for all.

We updated our Chaperoning Policy and introduced updated signage across all consulting rooms, outpatient waiting areas, diagnostic departments and the Urgent Care Clinic to ensure every patient is fully informed of their rights.



Environmental, Social and Governance

As part of a broader commitment to sustainability, ethical governance, and social responsibility, 2024 saw the hospital and hospice embark on the development of robust Environmental, Social, and Governance (ESG) policies with the aim to launch in April 2025.

These policies are designed to align with the core mission of the organisation of providing compassionate healthcare and hospice services while upholding the highest ethical standards.

By integrating ESG principles into operational frameworks, we aim to foster long-term resilience, improve stakeholder trust, and position ourselves as leaders in socially responsible healthcare delivery.

Private health insurers and the NHS are increasingly evaluating their provider partners based on ESG performance as part of their own risk and sustainability frameworks.

This shift reflects a growing focus on the target of:

1. Reduce Greenhouse Gas Emissions by 50% by 2030
2. Increase Renewable Energy Use to 100% by 2035
3. Reduce Water Consumption by 20% by 2035
4. Increase the Percentage of Women in Senior Management Positions to 30% by 2030
5. Implement a Supplier Code of Conduct ESG by 2026
6. Adopt a Zero-Tolerance Policy for Corruption by 2026
7. Being Net Zero in Carbon Emissions by 2040

The ESG policy is being developed to cover:



1 Environmental Commitment:

- Sustainable Healthcare Practices
- Climate Change Mitigation
- Biodiversity and Green Spaces
- Managing the Environmental Impact of our Capital Programmes



2 Social Responsibility:

- Patient-Centred Care
- Workforce Well-Being
- Community Engagement & Outreach
- Equity & Inclusion



3 Governance and Ethical Practices:

- Transparency
- Accountability
- Integrity
- Ethical Decision-Making
- Stakeholder Engagement
- Continuous Improvement

Scorecards are being developed for each criterion and working groups will be set up to analyse where the organisation is, where we need to improve and how we are going to reach the set goals. An example is below:

Goal	Part of Strategy	In Development, Piloted or Partially Implemented	Fully Implemented
Develop and maintain patient centred care plans			
Ensure that all interactions with patients are respectful and always maintain their dignity			
Regularly assess and improve the quality of care through patient feedback, audits and quality assurance programmes			
Provide clear and accessible information that empowers patients to make informed decisions about their healthcare			
Uphold the highest standards of patient privacy and confidentiality in accordance with relevant legal and ethical guidelines			
Ensure all areas are, where feasible, accessible and welcoming to all			
Implement system to support patient advocacy, ensuring that patients' voices are heard at every stage of their care Journey			
Continuously monitor patient safety through incident reporting systems, infection control protocols and regular safety audits			
Integrate mental health services into the care of all hospice patients including counselling services			
Form multidisciplinary teams to provide comprehensive support for patients and where needed their families			
Facilitate hospice patient and family connections with community-based support groups or peer networks			

Third Party Relationships

External Basic Life Support

Our Business Development Officers, in collaboration with our in-house Basic Life Support (BLS) Lead, delivered multiple BLS training sessions to local GP surgeries in the area. We also provided support to St John's Wood Medical Centre, located on-site at our hospital. These sessions offered a valuable opportunity to strengthen our relationships with local GPs, promote closer collaboration, and enhance shared patient care across our community.

Marie Curie Hospice transition

At the end of 2023 and into early 2024, the Inpatient Unit at the Marie Curie Hospice in Hampstead was closed following the discovery of Reinforced Autoclaved Aerated Concrete (RAAC). In response, our hospice stepped in to support the safe transfer of patients to our facility and provided roles for several Marie Curie nurses during the transition.

Following this immediate support, we began planning to expand our capacity by integrating additional commissioned beds. In April 2024, our contract was updated to allow us to provide more commissioned hospice beds for the North London district under the Integrated Care Board (ICB), strengthening our ability to meet local palliative care needs.

NHS Integrated Care Boards

We maintain a strong and collaborative relationship with the ICBs of North West London and North Central London to support the delivery and sustainable funding of our palliative care services. These partnerships are essential in ensuring that patients across the region have timely access to high-quality end-of-life care through a shared referral pathway used by GP practices and NHS trusts.

Currently, approximately one-third of our hospice's core funding is provided by the ICBs. To strengthen this support and advocate for the full value of the care we deliver, we are actively engaged in efforts to uplift our contract value. This includes presenting data on patient outcomes, demonstrating cost-effectiveness, and highlighting the increasing demand for hospice services within the community.

We participate in monthly meetings with the ICB and other hospice providers in the region to address shared challenges, review regional service needs, and exchange best practices. These regular discussions provide a forum to raise awareness of the pressures facing specialist palliative care and to make the case for more equitable and sustainable funding models moving forward.

Medical Training Programme

The hospital actively participates in the NHS medical training programme, hosting rotations for doctors from Charing Cross Hospital and St Mary's Hospital. As part of the London Deanery's specialist training in palliative medicine, we currently have a specialist registrar placed within our Hospice team.

We also offer regular "taster" attachments for junior doctors from Imperial College Healthcare NHS Trust and University College Hospital, along with ongoing teaching for medical students from Imperial Medical School. These placements help strengthen our role as a community hub for palliative care, aligning with national efforts to shift more services into community settings. Feedback from trainees has been consistently positive, highlighting the quality of the experience provided.

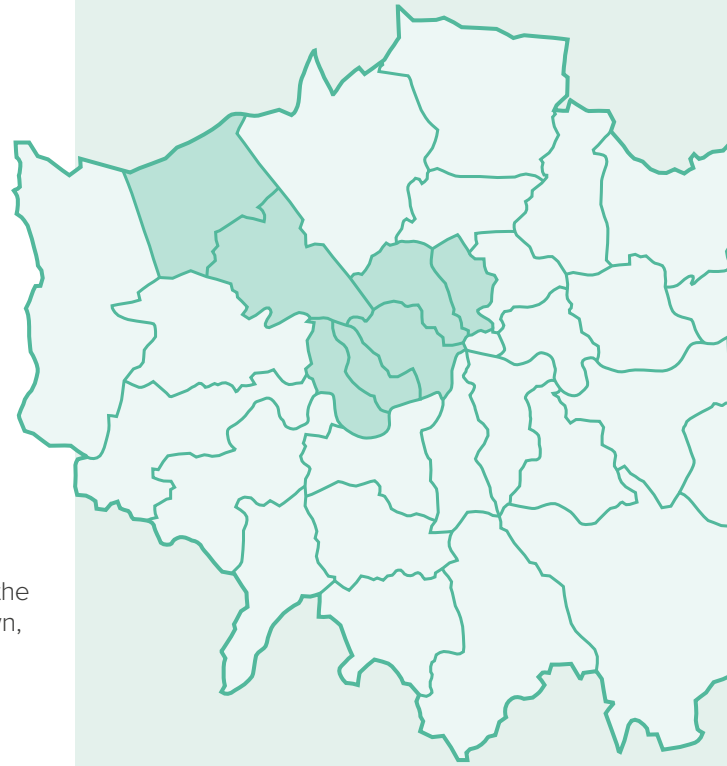
NHS GP Practice

Since 2008, St John's Wood Medical Practice has been based in the Brampton House wing of the hospital. As part of the Central London Healthcare Network, the practice maintains a strong and collaborative relationship with both the hospital and the hospice. Patients benefit from access to co-located private medical facilities, and the practice also serves as the registered GP for many individuals within the hospice community.



Charity Strategic Report: Hospice

About Us



At St John's Hospice, we provide quality, holistic care to people living with life-limiting illnesses and their families. We are committed to celebrating and amplifying life, enabling people to live well for as long as possible.

Our hospice first opened its doors in 1984 with 10 inpatient beds. In the 40 years that have followed, our community and services have grown, enabling us to support more than 4,000 people each year across North West and North Central London each year.

Our Inpatient Unit and Wellbeing Centre are located in St John's Wood, within St John & St Elizabeth Hospital. We also support people out in the community and in their homes. As well as specialist medical and nursing care, our services include social and welfare support, palliative care therapies, complementary therapies, bereavement support and spiritual care. Notably, we are the only hospice in London to operate our own dedicated ambulance service.

It costs nearly £8 million to offer these services to our community completely free of charge. To do this, we rely on funding from the NHS (30%), the hospital (30%), as well as public fundraising (40%).

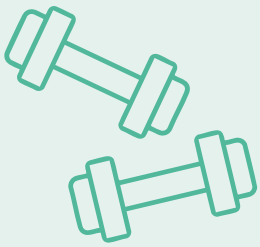
Our beliefs remain unchanged in 2024:

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



2,181

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



1,365

hours of care were provided by our Therapies team, which is 45% more than last year.

Our Year in Numbers



4,757
patients, family members and carers accessed our services across North West and North Central London, an increase of 11% on the previous year.



3,964
bed nights were provided for 337 patients. 43% more patients than last year.



77
children and young people benefited from bereavement support, including 1:1 counselling, group sessions and activity days.



1,852
visits to our new Wellbeing Centre were made by 94 patients, which is 40% more patients than last year.



721
patients were supported with specialist Lymphoedema treatment at our hospice and our clinic at Charing Cross Hospital.



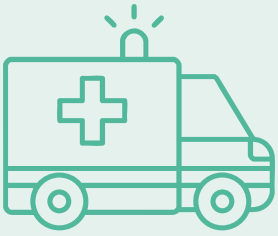
373
patients and families were supported with practical and emotional support from our social workers and the new Welfare and Benefits Adviser.



19,634
hours of care were provided by our Hospice@ Home team to a total of 116 patients.



262
patients were supported by our Community Specialist Palliative Care team through home visits and telephone consultations.



2,836
journeys were carried out by our ambulance drivers, which is 727 journeys more than last year.

2024 Clinical Services Report

In 2024, St John's Hospice continued to provide a comprehensive range of specialist palliative care services, supporting patients with life-limiting illnesses across our Inpatient Unit, day services, community care, and outpatient clinics.

Our integrated, multidisciplinary teams delivered holistic care that addressed the physical, emotional, psychological, and spiritual needs of patients and their families. From complex symptom management to end-of-life care at home, we remained committed to delivering high-quality, person-centred support.

Working closely with GPs, hospitals, and the Integrated Care Boards, we ensured our services remained accessible and responsive to the diverse needs of our community across North West and North Central London.

Support at the hospice

Inpatient care

Our inpatient care is available to patients **living in the boroughs of Westminster, Brent, Camden, Islington, Hammersmith & Fulham, and Kensington & Chelsea**. Over half (55%) of our patients were admitted for short stays to manage symptoms, access palliative rehabilitation, and provide respite for carers before returning home. We also provided end-of-life care for patients who were in the advanced stage of their illness.

In 2024, we cared for a total of 337 patients over 3,964 bed nights, a 43% increase from the previous year. The increase in referrals can be attributed to a greater demand for our services following the closure of Marie Curie Hampstead in Q4 2023. As a result, we increased our beds from 15 to 17, and continued to operate at full capacity, with a waitlist in place for the first quarter of the year.

Carer Case Study

Respite care at the St John's Hospice Inpatient Unit



Simone's husband Mark was diagnosed with Huntington's disease, a gradually degenerative disorder of the brain, around 20 years ago. Since then, the couple have used our Inpatient Unit for periods of respite care.

"When Mark first came into the hospice for respite, it was mainly to give me a little bit of a break, because at that point, I was his full-time carer and I didn't have much outside help.

"It has been vital over the years in enabling us to have a stable and strong relationship because it has allowed us to have time apart from each other. It is also a positive thing for me to see Mark in a different environment, rather than feeling like he is confined to our home. The facilities he can access while he is here and the various holistic treatments are amazing and make him so comfortable.

"The facilities he can access while he is here and the various holistic treatments are amazing and make him so comfortable."

"Mark wants to stay at home for as long as he possibly can, which the hospice has facilitated, and it is a comfort for both of us to know that we have a place that feels familiar and that holds so many good memories when we eventually need end-of-life care."

At the time of writing this report, Mark died peacefully at the hospice, where he wished to be.









Day services

At the start of the year, we opened the **St John's Hospice Wellbeing Centre** following a £3 million refurbishment project, generously funded by our supporters. The new centre embodies our belief that hospice care is long-term and holistic. Its name aptly reflects the focus not just on physical care, but also on supporting our patients and their families in maintaining their quality of life, mental health, and overall wellbeing. Services are available to patients **living within the boroughs of Brent, Camden, and Westminster**.

Patients can access specialist nursing and medical care in the enhanced clinical room, benefit from treatments and therapies in the refurbished therapy rooms, meet with our social workers in our new quiet room and take part in workshops and activities such as those offered by our new Art Facilitator or our music programme in partnership with City of London Sinfonia. They can also spend time outdoors in the newly created Wellbeing Garden.

The improved space has allowed us to meet rising demand for outpatient services in the area, eliminate waiting lists, and reinstate multiple weekly visits, helping to reduce isolation and better support carers by providing much-needed respite. In 2024, 94 patients made 1,852 visits, an increase of 40% more patients from the previous year.

Our new gardens

In the spring, we were proud to unveil our refurbished on-site gardens.

The garden adjoining the Inpatient Unit now features widened, fully accessible paths, allowing all patients, including those who are bed-bound, to enjoy time outdoors. The new Wellbeing Garden, accessible from the Wellbeing Centre, includes spaces for outdoor meals, gardening, and exercise classes.

Both gardens are designed as year-round sensory havens, with seasonal plants, as well as bird feeders, and insect houses to attract wildlife, creating a natural sanctuary in this urban part of London.



Patient Case Study

Long-term, holistic care at the St John's Hospice Wellbeing Centre

John has been under the care of our hospice since 1997. During that time, he has stayed at the Inpatient Unit when needed and has attended what is now the Wellbeing Centre on and off for many years, allowing him to witness many of the changes over time.



"I have begun attending the centre more regularly now that I have been diagnosed with another type of cancer. The physical and mental support I receive here is indescribable. You can express your feelings, whether you're happy, sad, or emotional, and the way they handle everything is amazing. Everyone genuinely cares about you and is here to support you.

"There is also great flexibility, which is wonderful because they accommodate my schedule and fit around other treatments or appointments I may have with my GP or at the hospital, ensuring I don't miss out on my day here. They even send the ambulance to pick me up; without that, I wouldn't be able to make it in, so it makes all the difference.

"The new space is amazing. We had some ideas about what it could be, but I think I, along with all the friends I've spoken to, never expected it to turn out like this. It is bright, light, and spacious. We now have larger tables that allow us to sit together and chat, making it more sociable. We also have much more room for all our activities, like our exercise classes and art. It's truly fantastic!"

"Everyone I know who comes here always feels that they're in an environment that makes them feel safe. You can truly be yourself, and the support you receive is second to none."

Ambulance service

We are proud to be the only hospice in London with a dedicated palliative care ambulance service.

This service allows us to transport patients safely to and from our Inpatient Unit and Wellbeing Centre, as well as to any external medical appointments. By having our own ambulance service, we reduce our reliance on already stretched NHS resources and can promptly transfer patients from acute trusts, ensuring more patients can reach their preferred environment, particularly at the end of life. Additionally, this service ensures that patients with mobility or access issues remain connected to the community and locally available services.

Thanks to the long-awaited arrival of our replacement stretcher vehicle in the spring, our fleet completed 2,836 journeys in 2024 - an increase of 727 journeys on the previous year.





Support at home

Community specialist palliative care

Our Community Specialist Palliative Care team supports those newly diagnosed, undergoing treatment, or nearing end of life in their own homes, including nursing homes. This service is currently available to patients **living within the borough of Westminster**.

The team works closely with patients, families, and other professionals to create personalised care plans, manage symptoms, and provide emotional and practical support through home visits and telephone consultations. They also share their expertise with local healthcare providers, offering advice to district nurses and delivering end-of-life training programmes in nursing homes.

Despite having staffing shortages for a large portion of the year due to sickness, the team supported 262 patients, an increase which reflects the growing preference for home care.

Hospice@Home

Our Hospice@Home service offers specialised palliative care in the comfort of patients' homes, allowing them to remain in familiar surroundings during the final stages of their illness if that is their preference. In addition to providing end-of-life care, our team conducts home assessments, offers respite for families and caregivers, and helps prevent unnecessary emergency hospital admissions.

Care can be provided for a minimum of four hours up to 24 hours a day, typically in two-week blocks, and is available to patients **living within Westminster, Kensington & Chelsea, and South Brent**.

Ours is one of the few hospices in the UK offering 24-hour wrap-around care, which allows families to focus on time together rather than caregiving. In 2024, we delivered 19,634 hours of care to 116 patients.

Therapies support

Physiotherapy and occupational therapy

Our physiotherapy and occupational therapy team assists patients in maintaining or rebuilding their strength and independence. They support not only patients' physical needs but also their mental health and overall well-being. Our therapists work with patients **staying in the Inpatient Unit** or **visiting the Wellbeing Centre** and provide **home visits for those living within the borough of Westminster**.

In late 2023, we recruited a new Team Lead, followed by a full-time Senior Occupational Therapist and Senior Physiotherapist in early 2024. With the full team in place by mid-year, we delivered 1,365 hours of care, a 45% increase on the previous year.

Complementary therapies

We also offer complementary therapies such as massage, reiki, reflexology, and acupuncture to support **patients at our Wellbeing Centre and Inpatient Unit**. These therapies help to relieve symptoms like pain, insomnia, breathlessness, and constipation, while also easing anxiety and promoting relaxation.

In 2024, we opened upgraded therapy rooms at the Wellbeing Centre, resumed sessions for carers and bereaved family members, and expanded therapist contracts. This allowed us to deliver 2,181 sessions, a 34% increase from the previous year.



Lymphoedema care

Our Lymphoedema team helps patients regain their quality of life by improving mobility and alleviating discomfort caused by the condition through treatments such as compression therapy and manual lymphatic drainage. We also provide information and advice to help patients manage their condition, such as skin care, gentle exercise and dietary changes.

This service is offered at our hospice in St John's Wood and Charing Cross Hospital and is available to patients **living within the boroughs of Brent, Camden, Harrow, Hammersmith & Fulham, Kensington & Chelsea, and Westminster.**

Last year, we supported 721 patients across both sites. This increase has been due to the team's enhanced capacity and the arrival of new equipment in the spring, which has in turn improved their efficiency.

Social work and welfare support

Living with a life-limiting or terminal illness brings many challenges. Our team of social workers is here to support patients, their families, and carers by providing information, advice, and emotional guidance. This support is available online, by phone, at our hospice in St John's Wood, or through home visits for patients **living within the borough of Westminster**.

We offer practical assistance with funeral planning, will writing, and establishing Lasting Power of Attorney. Additionally, we can provide statements for employers, universities, and the Home Office. We also advocate for patients in housing matters and connect them with relevant agencies as needed. Our Hardship Grants are designed to cover essential expenses such as heating, transportation, appliances, and furniture, and to provide temporary financial support for those without public funding.

The team hosts monthly talks at the new Wellbeing Centre in collaboration with partners on various topics, including will writing (with local solicitors), living with HIV (in partnership with UCLH), Motor Neurone Disease (with the MND Association), and dementia care (with local Admiral Nurses).

In the spring, we welcomed a Welfare and Benefits Adviser who provides expert guidance on entitlements such as Personal Independence Payment (PIP), Universal Credit, and Pension Credit. She conducts pre-bookable advice sessions at our Wellbeing Centre twice a month.

Bereavement support

Adults

We offer adult bereavement support for family members, carers, and friends who have lost someone under St John's Hospice's care, **no matter where they live**. We also provide pre-bereavement support to help prepare for the loss of a loved one.

Pre-bereavement support is delivered by our team of social workers, while post-bereavement support, which is offered 3-6 months after the death of a loved one, is delivered by our Adult Bereavement Coordinator, who joined us in the spring.

Following their arrival and with the opening of the Wellbeing Centre, we were able to successfully reintroduce support groups for carers and those who are bereaved. These groups, which are held at the centre outside of hours, have enabled us to provide a more holistic support package for our patients, their families and carers.

Children and young people

We also have a dedicated bereavement service for children and young people who are **living or educated within the borough of Westminster,** whether their loved one has been cared for by the hospice or not.

As well as the 1:1 counselling delivered by our Child Bereavement Coordinator, the team runs group activity days and outings which provide the children and young people with an opportunity to meet peers who have also experienced loss. In 2024, outings included a trip to ZSL London Zoo, the ballet, and a private tour of Chelsea Football Ground. In total, 77 individuals benefited from support.



Family member case study

Supporting families through the most difficult of times



Diana and her children first came to the hospice when her husband was referred to our Inpatient Unit for end-of-life care in the last two weeks of his life.

"The support began the day my husband entered the hospice, and even now, all these years later, I remember that day so clearly. Our time there was short, just two weeks, before my husband and our children's papa passed away.

"Despite the sadness, the hospice made a huge difference, especially for the children. Every time they visited, there was something special waiting for them: toys to play with, books to read. Maria made it warm and welcoming in a way I'll never forget. It helped ease such a painful time, especially for the little ones.

"Maria has continued to be a part of our lives, and the children take part in holiday activities organised by the hospice, which have become something to look forward to. Most recently, we went to the ballet with a group of other families. It was a fantastic experience, something we never would have done on our own.

"The bereavement activities have been so valuable for the children. At school, many of their peers haven't experienced a loss like theirs, and it can be hard to relate. But at these gatherings, they're with other children who understand, often without even needing to say a word. Just being around others who share that experience creates a sense of belonging that's hard to find elsewhere.

"Having activities during the holidays is especially important. When you've lost a loved one, you feel their absence even more at those times. I often think back to Easters and Christmases we shared as a family, and of course, I miss those moments so much."

"Life is different now. It will never be the same, and no matter what joys come, they won't replace what we had. But over time, we learn to live with the 'new normal.'"

Our Progress Against Priorities

In 2024, we launched our ambitious five-year strategy. This strategy and the subsequent priorities were created by our Fundraising and Clinical teams to ensure that funds raised are used effectively and that we can meet the rising need for specialist palliative care support across our catchment. Below you can see the progress made against these priorities and our focus for the year ahead.

Extension of Inpatient Unit Admissions

Highlights in 2024

- Successful recruitment of an additional Palliative Care Consultant (to start in Q2 2025).

Priorities for 2025

- Secure funding to recruit additional positions needed to extend admissions to cover weekends for a minimum of two years: Specialty Doctor, Administrator, on-call Ambulance service.

Increased Complementary Therapies

Highlights in 2024

- Increased contracts for all Complementary Therapists.

Priorities for 2025

- Secure funding to recruit additional two Complementary Therapists to launch the service in patients' homes.

Updated patient vehicle fleet

Highlights in 2024

- One stretcher ambulance arrived and in service in Q2 2024.
- Initial funding secured to replace our two remaining vehicles: the 5-seater and patient vehicle.

Priorities for 2025

- Secure remaining funding to replace these two vehicles, which aclose to end of life.

Increased Community Nursing Provision

Highlights in 2024

- Successful recruitment of Community Nurse Specialist Trainee and business strategy developed.
- Funding secured for 24/7 specialist-run advice line.

Priorities for 2025

- Recruitment of positions needed to launch the advice line.
- Secure funding to recruit additional positions needed to increase community nursing core hours to 7 days a week (8 am – 8 pm): two Community Nurse Specialists, an additional Community Nurse Specialist Trainee and an Administrator.

Hospice@Home Expansion into Hammersmith & Fulham

Highlights in 2024

- In conversations with the NHS NWL ICB to define standards of care across our current catchment and to expand provision into Hammersmith & Fulham.

Priorities for 2025

- Continued discussion of contracts with NHS NWL ICB for hopeful implementation in Q4 2025.
- Securing of funds to ensure service is fully funded for a minimum of two years



Community outreach expansion

Highlights in 2024

- Began business case development and conversations with NHS NWL ICB in Q4 2024.

Priorities for 2025

- Continue conversations with NHS NWL ICB.
- Secure the funding required to make initial changes to staffing across our Social Work and Bereavement team. This includes increasing our Welfare and Benefits Adviser to four days a week and recruiting a further Social Worker.

Child Bereavement Expansion into Brent

Highlights in 2024

- Maintained 1:1 counselling sessions and provided multiple group outings and activities throughout the year.

Priorities for 2025

- Begin discussions with NHS NWL ICB and Brent Bereavement Service following news of its imminent closure.

At the time of writing this report, the following additions have been made to the five-year strategy.

Increased Wellbeing Centre capacity

Due to the rising number of patients at the new centre and with referrals expected to continue growing, expanding the clinical team is now a necessity to ensure no patient is left on a waiting list for our care

Priorities for 2025

- Secure funding to recruit a Band 6 Senior Staff Nurse and to uplift our current Band 5 Senior Staff Nurse to a Band 6.
- Create business plan for further outpatient clinics within the Wellbeing Centre in order to reach further patients.

Expansion of Lymphoedema provision in Harrow

Following conversations with NHS NWL ICB, it is clear that there is an unmet and growing need for both cancer and non-cancer related Lymphoedema care within Harrow. Due to our excellent model of care in this area, we have begun to undertake some ad hoc non-cancer related Lymphoedema cases both in our hospice and within the community. Conversations are ongoing with the ICB to extend this care to cancer-related patients as part of our contract extension conversations.

Priorities for 2025

- Finalise contract discussion with NWL ICB and create new staffing and service model to encompass Harrow.
- Recruit additional staff for new service.
- Create two bespoke Lymphoedema clinic rooms within the hospice to incorporate a new perometer limb scanner.

If you would like to know more about any of the priorities outlined in this report and our current funding needs, please contact our Fundraising team by emailing **fundraising@hje.org.uk** or calling **020 7806 4011.**

Hospice Clinical Governance

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

The hospital's Medical Director is the Clinical Lead and Responsible Officer, and the Director of Patient Safety and Quality Improvement is the Caldicott Guardian. The Chief Nursing Officer is our Director of Infection Prevention and Control, Accountable Officer for Controlled Drugs and Designated Safeguarding Lead for Adults and Children. Our Chief Executive Officer has overall responsibility for the Clinical Governance Framework.

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

	2024	2023
No. of acquired/deteriorated pressure ulcers	13	12
No of. patient falls resulting in moderate harm or above harm	2	0
No. of medication errors (low or no harm)	30	35
% of patients cared for by CNS are dying in the preferred place of death	92	93
% of new referrals triaged within one working day	100	100
No. of safeguarding concerns reported	11	n/a
No. of inpatient bed nights	3,964	3,651

In 2024, the National Wound Care Strategy Programme (NWCSP), updated the way in which pressure ulcers are categorised. We investigate all reported pressure ulcers to ensure that the appropriate care plan is implemented. Any pressure ulcers classified as Category 3 or higher are reported to the Care Quality Commission. Out of 13 pressure ulcers that were acquired or deteriorated in 2024, 12 were Category 2 or below.

Complaints and concerns

We take pride in looking after our patients, their family members and carers and always strive to provide the highest quality, holistic care. However, we recognise that there are times when we do not get it right and as such, all complaints and concerns received are taken seriously.

In 2024, the number of clinical complaints received were halved. 'Not upheld' indicates no further action was required, while 'Upheld' and 'Partially upheld' signify that the complaint was escalated to an investigation stage.

	2024	2023
Total no. of clinical complaints received	2	4
No. of clinical complaints upheld	0	0
No. of clinical complaints partially upheld	1	1
No. of clinical complaints not upheld	1	3

Compliments

Many patients, families and carers have expressed how valuable our services have been, allowing us to recognise and celebrate our care, as well as the kindness, compassion and dedication of our staff and volunteers. In the last six months of 2024 alone, we received 127 compliments.

"The centre has, in the last few months, become quite simply, a haven in my life. It is a place of tranquillity and warmth, of care and compassion, loving kindness, laughter and light. I felt so soon after coming here that no matter what the future holds, all will be well, because I have you by my side and the burden is now shared." Day services compliment.

"Your kindness towards my grandmother was so beautiful to see. You made her feel seen and heard. Her last weeks of life were filled with tender loving care, and she really liked it here! Even comparing the hospice to a 5-star hotel! Thank you from the bottom of our hearts." Inpatient care compliment.

"Thank you for listening to me and not being judgmental. You've helped me to understand my grief and to develop coping strategies when it is a bad day." Bereavement support compliment.



Fundraising and Community

2024 was a standout year for fundraising, with over £3.5 million raised - our best since the COVID-19 pandemic. Despite a challenging fundraising landscape, we saw growth across nearly all income streams. We are incredibly grateful to our community for their unwavering support, particularly the 70 trusts and foundations that contributed £1.3 million of this total.

Over £3.5 million

generously donated by 3,963 individuals, schools, community groups, trusts, foundations and corporate partners.

125 regular volunteers

supported our hospice across a range of clinical services, retail and fundraising activities, totalling over 17,000 hours of support.

Events remained a key income source and engagement tool across our catchment. Throughout the year, we hosted a range of events such as the Mad Hatter's Tea Party and Easter Egg-Stravaganza, took part in local festivals and fairs, and held bucket collections at local underground stations. Our flagship community event 'Light Up a Life' event raised **over £25,000** and was once again generously sponsored by **Lord's Cricket Ground** and **Westminster City Council**.

To mark our **40th anniversary**, we hosted a garden party for over 200 members of our community, launched new merchandise, and unveiled an installation of 400 metal jasmine flowers, raising **over £55,000**. The 40th Anniversary Gala hosted by The Dorchester was our most successful gala dinner to date, featuring fine dining, luxury auctions, and entertainment by BAFTA-winning author, comedian and former doctor Adam Kay, raising **£276,000**.







Support from individuals, including those donating in memory of loved ones, giving regularly and in response to appeals, totalled **£406,000**. Our first-ever participation in the **Big Give Christmas Challenge** exceeded expectations, raising **£180,000** with matched funding from **The Reed Foundation**, **RadioComs**, **The Brampton Trust**, **Aspect Capital**, and the **Tudor Foundation**. 81 individuals also took on challenge events, from running marathons to jumping out of planes; they raised **over £61,000**.

Gifts in wills were a crucial income source, with a total of **£1.2 million** left by 19 individuals. We anticipate legacy income will grow further with the launch of the **'This is Hospice Care' campaign** in early 2025, a nationwide initiative by Hospice UK and 143 hospices to increase awareness and support for legacy giving.

Corporate support was at its highest since the pandemic, totalling **£142,000**. We're incredibly grateful to the 39 companies who donated, made us their Charity of the Year, provided pro bono support, sponsored events, and whose staff volunteered or took on challenges throughout the year. Special thanks to **Dorchester Collection** for sponsoring our 40th celebrations and jasmine installation; **Aspect Capital** for supporting the creation of our new in-memory product, the St John's Butterflies; and **Winkworth St John's Wood** for sponsoring our Easter Egg-Stravaganza for a second year.



Retail

In 2024, as part of our 40th anniversary celebrations, we enhanced our website to showcase a refreshed product range and reintroduced a postal catalogue for the festive season for the first time since the pandemic, which received an encouraging response. It was also the year we held our first pop-up shop, hosted at the iconic Lord's Cricket Ground. Fuelled by its success, we are actively exploring further opportunities for pop-up shops and additional avenues for retail growth. While the charity shop's profitability has yet to reach our goals, we are encouraged to see an increase in retail income compared to the previous year.



Volunteering

Volunteers are at the heart of our hospice. Without them, we could not provide such high-quality care for so many people each year. They help ensure the smooth running of our services, providing support for staff, patients and visitors and helping with vital fundraising activities.

In 2024, 125 regular volunteers contributed over 17,000 hours of support across a range of clinical services, retail, and fundraising activities. An additional 60 individuals supported us at events by helping with setup, ticket sales, cheering on challenge event participants, and so much more. We also welcomed visits from furry volunteers from Mayhew's TheraPaws programme and Pets as Therapy.

This does not include the countless corporate volunteers who generously gave their time, whether sorting donations and stocking shelves in our charity shop or leading arts and crafts sessions and workshops at the Wellbeing Centre. We're especially grateful to organisations like **Marble Arch London BID**, **Baker Street Quarter**, and **Paddington Partnership** for introducing many local businesses to our hospice and facilitating volunteering opportunities for their employees.

We updated our volunteer application and induction process and launched a new Volunteers Handbook. Volunteer appreciation continued through recognition awards, gifts, and the annual volunteer party taking place at the end of the year.

We are making it a priority for 2025 to review volunteer benefits in partnership with the hospital and improve our feedback process to ensure volunteers feel seen, heard and valued. At the end of 2024, we began working towards the **Investing in Volunteers accreditation**, which we aim to complete in 2025. This further highlights our commitment to excellence in volunteering.



Fundraising Compliance and Governance

We treat all supporters and donors fairly, ensuring they can make informed decisions regarding any potential donations. When necessary, our Fundraising team collaborates with the Clinical team to assess any supporter or donor's potential vulnerability or lack of capacity. We never pressure our supporters or donors; if someone chooses not to make a gift or wants to stop a regular donation, we respect that decision.

As a member of the Fundraising Regulator, we follow their Code of Fundraising Practice and require all fundraisers, volunteers, and third parties who work with us to follow these guidelines.

We always treat our supporters' and donors' information in a safe, secure, sensitive, and confidential way. We do not sell data to any third parties. We collaborate closely with the Hospital's Data Protection Officer to ensure our data processing complies with the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR). For more information on how we obtain, process, and use data, please visit our website at **www.stjohnshospice.org.uk/privacy-policy**.

Our Fundraising team is based on-site at the hospice in St John's Wood and is led by the Director of Fundraising, who reports to the Chief Executive and Governance Committees, and sits on the Hospital Management Board.

We have contracted Bequeathed (Renamed MyIntent as of June 2025) and MuchLoved to provide online services for free will writing and in-memory giving. We have also partnered with RunThrough to provide third-party challenge events.

In 2024, we received no complaints related to fundraising. Of five volunteering-related complaints, one was serious and upheld; the other four were minor and not upheld. We also received four complaints about our charity shop; one was serious and upheld, and the other three were minor and not upheld.

For information on our complaints policy and our resolution process, please visit our website at **www.stjohnshospice.org.uk/contact-us/compliments-concerns-complaints**.



Statement of Financial Activities for St John's Hospice

For the year ended 31 December 2024

	2024 Total £000
Income from:	
Donations	**1,778**
Legacies	**1,230**
Charitable activities:	
Patient Services (ICB Funding)	**3,926**
Other Trading Activities:	
Events	**402**
Sale of Donated Goods	**191**
Total Income	**7,527**
Expenditure on:	
Raising Funds:	
Fundraising and Publicity	**(681)**
Costs of Charity Shop	**(211)**
Charitable activities:	
Direct Costs	**(4,174)**
Indirect Costs*	**(2,900)**
Total Expenditure	**(7,966)**
Net (Deficit)	**(439)**

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

Financial Review



Financial review

Income

Income decreased year on year by 0.6% to £66.2m (2023: £66.7m), of which £3.6m was restricted funds (2023: £1.9m). This was driven by a significant decrease in hospital patient-related income, particularly from inpatient services, but partially offset by increases in day case and outpatient services. To offset the overall patient-related income decrease, there was a significant increase in voluntary income.

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

Voluntary income increased by 90.6% partly as a result of a donation of a property bequeathed by a benefactor to the hospice as well as an exceptional donation from a Trust.

Revenue from hospice fundraising increased to £3,601,000 (2023: £1,931,000). Legacy income increased from £417,000 in 2023 to £1,230,000 in 2024.

Community and Events income increased by 15%, from £350,000 in 2023 to £402,000 in 2024. Income received from trusts increased in 2024 to £1,298,000 from £574,000 in 2023.

Expenditure

Total operating costs increased by 4.2% in 2024 to £73.3m (2023: £70.4m), mainly because of increased supply costs due to inflationary pressures. The increase in direct equipment costs was due to additional equipment hire. Property and occupancy costs fell mainly due to lower utility expenses linked to market prices. The reduction in professional fees was due to fewer inpatient visits.

Policy on Reserves

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

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

The Charity's Free Reserves at 31 December 2024 were £8.9m (2023: £7.9m). The Trustees' intention is to grow the general fund in line with the Charity's policy on reserves.

The restricted funds, which comprise donations, grants and development funds held for the benefit of the hospice, at 31 December 2024, were £5.2m (2023: £5.1m).

Operating Deficit

The operating deficit for the year amounted to £7.0m (2023: Deficit £4.9m) of which £0.1m surplus was restricted.

The balance sheet has weakened with a £10.6m decrease in total assets and a £3.6m decrease in total liabilities. As a result, net assets decreased from £59.8m in December 2023 to £52.8m at the end of 2024.

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

Corporate Trustee's Responsibilities in Relation to the Financial Statements

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

In doing so, the Corporate Trustee is required to:

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

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

Auditor

A resolution was passed at the Annual General Meeting that Forvis Mazars LLP be reappointed as auditors to the Charity for the ensuing year. This report was approved by the Board of the Corporate Trustee on 30/10/2025 and signed on their behalf by:



Mr Norbert Reis
Director

Independent Auditor's Report

We have audited the financial statements of S.S. John and Elizabeth Charity (the 'Charity') for the year ended 31 December 2024, which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and Notes to the Financial Statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of Trustees

As explained more fully in the Trustees' responsibilities statement set out on page 53, the Trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

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

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

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

Use of the audit report

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

Forvis Mazars LLP

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

Date: 31/10/2025

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

Statement of Financial Activities

For the year ended 31 December 2024

	Notes	Unrestricted funds £000	Restricted funds £000	**2024 Total £000**	2023 Total £000
Income from:					
Donations and Legacies		-	3,008	**3,008**	1,578
Charitable activities		62,618	-	**62,618**	64,672
Other trading activities		-	593	**593**	353
Investment		10	-	**10**	58
Total	2(a)(b)	62,628	3,601	**66,229**	66,661
Expenditure on:					
Raising funds		-	(1,206)	**(1,206)**	(1,143)
Charitable activities		(69,828)	(2,271)	**(72,099)**	(69,240)
Total	3	(69,828)	(3,477)	**(73,305)**	(70,383)
Net (expenditure) / income before gains and losses on investments		(7,199)	124	**(7,076)**	(3,722)
Net gains / (losses) on investments		33	-	**33**	(1,128)
Net (expenditure) / income		(7,167)	124	**(7,043)**	(4,850)
Reconciliation of funds: Total funds brought forward		54,745	5,098	**59,843**	64,693
Total funds carried forward	11, 12	47,578	5,222	**52,800**	59,843

The accompanying notes from pages 59 - 72 are an integral part of this Statement of Financial Activities.

Balance Sheet

31 December 2024

	Notes	2024 Total £000	2023 Total £000
Fixed assets			
Tangible assets	5	**78,821**	82,232
Investments	6	**46**	922
		78,867	83,154
Current assets			
Stock		**1,697**	1,992
Debtors	7	**10,872**	9,250
Investments	8	**-**	8,988
Cash at bank and on hand		**4,551**	4,158
		17,120	24,388
Creditors			
Amounts due within one year	9	**(7,941)**	(12,469)
Net current assets		**9,179**	11,919
Total assets less current liabilities		**88,046**	95,073
Creditors			
Amounts due in more than one year	9	**(35,245)**	(35,230)
Net assets		**52,800**	59,843
Represented by:			
General fund	11, 12	**47,578**	54,745
Restricted funds	11, 12	**5,222**	5,098
		52,800	59,843

The financial statements were approved by the Board of the Corporate Trustee and authorised for issue on 30/10/2025 and signed on its behalf by:



Mr Norbert Reis
Director

The accompanying notes from pages 59 - 72 are an integral part of this Balance Sheet.

Statement of Cash Flows

For the year ended 31 December 2024

	Notes	**2024 Total £000**	2023 Total £000
Cash flows from operating activities:			
Net cash (used in) / provided by operating activities	13	**(3,133)**	7,394
Cash flows from investing activities:			
Dividends, interest and rent from investments	2	**10**	58
Proceeds from sale of investments		**9,897**	-
Purchase of property, plant and equipment	5	**(3,654)**	(6,461)
Net cash provided by / (used in) investing activities		**6,253**	(6,403)
Cash flows from financing activities:			
Loan interest	3	**(2,742)**	(1,458)
Loan receipts		**150**	-
Repayments of borrowings	10	**(135)**	(135)
Net cash (used in) financing activities		**(2,727)**	(1,593)
Change in cash and cash equivalents in the year		**393**	(602)
Cash and cash equivalents at the beginning of the year		**4,158**	4,760
Cash and cash equivalents at the end of the year		**4,551**	4,158

The accompanying notes from pages 59 - 72 are an integral part of this Statement of Cash Flows.

1. Accounting Policies

Basis of preparation

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

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

Key judgements and estimates

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

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

The principal accounting policies are summarised below.

Fixed assets

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

Depreciation

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

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

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

Going concern

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

Stocks

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

Debtors

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

Investments

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

Income

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

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

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

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

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

Expenditure

All expenditure is accounted for on an accruals basis:

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

Funds

Restricted Funds

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

Unrestricted Funds

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

Finance and operating leases

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

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

Finance costs

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

Pension

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

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

Taxation

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

No tax charge arose in the period.

Financial instruments

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

Measurement of other basic financial instruments is as follows:

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

2. Income

(a) Income in respect of Total Funds:

	2024 Total £000	2023 Total £000
Voluntary Income		
Donations	**1,778**	1,161
Legacies	**1,230**	417
	3,008	1,578
Other trading activities		
Income from shop	**191**	171
Income from events and the community	**402**	182
	593	353
Income from investments		
Dividends, Interest	**10**	58
	10	58
Income from charitable activities		
Income from fee paying patients	**58,692**	60,717
ICB income	**3,926**	3,955
	62,618	64,672
Total income	**66,229**	66,661

(b) Income in respect of Restricted Funds:

	2024 £000	2023 £000
Donations - Hospice	**1,778**	1,161
Legacies	**1,230**	417
Other trading activities	**593**	353
	3,601	1,931

3. Expenditure Analysis

	Direct Costs	Support Costs	**2024 Total**	2023 Total
	£000	£000	**£000**	£000
Costs of raising funds				
Costs of generating voluntary income	687	313	**1,000**	985
Fundraising : Retail shops and events	206	-	**206**	158
Charitable activities				
Medical nursing and ancillary costs	41,088	31,011	**72,099**	69,240
	41,981	**31,324**	**73,305**	70,383

Total expenditures in 2023 consisted of £62,593,000 unrestricted and £7,790,000 restricted funds.

Support costs totalling £31,324,000 (2023: £28,681,000) have been allocated to activity cost categories on a basis consistent with the use of resources, e.g. by occupied floor areas, per capita, full-time equivalents and other costs by their usage. These include costs associated with providing IT, payroll, personnel, finance, estates and other central services to the Charity's staff, volunteers and governance costs.

	2024	2023
	£000	£000
Included within charitable activities:		
Governance costs:		
Auditors remuneration - statutory audit	**53**	44
Legal fees	**96**	118
Rentals in respect of operating leases	**1,282**	437
Depreciation is split between assets owned and those under finance leases as follows:		
Assets owned	**6,903**	6,927
Assets under finance leases and hire purchase	**-**	13
	6,903	6,940
Interest is payable as follows:		
On bank overdraft and other bank funding	**2,742**	1,458
	2,742	1,458

4. Employees

	2024 No.	2023 No.
The average number of employees, based on headcount, including directors and bank staff during the year was:		
Fundraising	**11**	7
Retail shop	**2**	2
Other charitable activities	**613**	645
Total employees	**626**	654
The aggregate emoluments paid to employees was:	**£000**	£000
Salaries and wages	**27,692**	26,932
National insurance costs	**3,040**	2,928
Pension costs	**1,127**	1,173
Other staff costs (Other staff costs relate to fees paid for agency staff)	**1,239**	1,923
	33,098	32,956

	2024	2023
The number of employees whose emoluments, as defined for tax purposes, amounted to over £60,000 in the year was as follows:		
£60,000 - £69,999	**27**	20
£70,000 - £79,999	**11**	12
£80,000 - £89,999	**12**	8
£90,000 - £99,999	**3**	8
£100,000 - £109,999	**4**	2
£110,000 - £119,999	**3**	3
£120,000 - £129,999	**4**	2
£130,000 - £139,999	**4**	4
£140,000 - £149,999	**1**	2
£150,000 - £159,999	**1**	0
£160,000 - £169,999	**0**	1
£380,000 - £389,999	**1**	0

A contribution of £297,553 (2023: £318,637) was made to money purchase pension schemes in respect of higher-paid staff.

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

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

The key management personnel of the Charity comprise of the Chief Executive Officer, Chief Financial Officer and Chief Nursing Officer. The total employee benefits of the key management personnel of the Charity were £889,630 (2023: £706,629).

Redundancy and contract termination payments are expensed as incurred through the SOFA. During the year, redundancy and termination costs of £344,374 were formally agreed under employment contracts (2023: £198,723).

5. Tangible Assets

	Freehold Land	Building	Machinery, Equipment, Fixtures and Fittings	Assets under Construction	**Total**
	£000	£000	£000	£000	**£000**
Cost					
As the beginning of the period	1,782	84,697	54,445	6,341	**147,264**
Additions	-	121	3,533		**3,654**
Disposals	-	-	(303)	-	**(303)**
Transfers	-	6,331		(6,331)	**-**
At the end of the period	**1,782**	**91,149**	**57,675**	**10**	**150,615**
Depreciation					
As the beginning of the period	-	(26,675)	(38,357)	-	**(65,032)**
Disposals	-	-	141	-	**141**
Charge for the year	-	(2,549)	(4,354)	-	**(6,903)**
At the end of the period	**-**	**(29,224)**	**(42,569)**	**-**	**(71,794)**
Net book value					
31 December 2024	**1,782**	**61,925**	**15,106**	**10**	**78,821**
31 December 2023	**1,782**	**58,022**	**16,088**	**6,341**	**82,232**

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

	Land & Buildings		**Other**	
	2024	2023	**2024**	2023
	£000	£000	**£000**	£000
Within 12 months	**75**	75	**490**	235
Between two and five years	**225**	300	**639**	855
	300	375	**1,129**	1,090

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

6. Investments

	2024 £000
Market value	
Value at 1 January 2024	922
Disposals	(878)
Increase in value of securities	2
Value at 31 December 2024	**46**
Historical cost of investments	
at 31 December 2024	53
at 31 December 2023	335

Investments are UK listed.

7. Debtors

	2024 £000	2023 £000
Private patient accounts receivable	**4,075**	5,757
Other debtors	**4,093**	527
Prepayments and accrued income	**2,704**	2,966
All amounts are due within one year	**10,872**	9,250

8. Investments

	2024 £000
Fair value	
Value at 1 January 2024	8,988
Disposals	(8,988)
Value at 31 December 2024	**-**

The disposal of the Landed Property held for sale was completed in July 2024.

9. Creditors

	2024	2023
	£000	£000
Amount falling due within one year		
Secured loans (see note 10)	**135**	135
Trade creditors	**3,624**	5,196
Taxes and social security	**849**	823
Other creditors	**3,141**	4,392
Deferred income	**192**	1,923
	7,941	12,469

Amount falling due in more than one year		
Secured loans (see note 10)	**35,245**	35,230
	35,245	35,230
Deferred income		
Opening balance 1 January 2024	**1,923**	1,617
Released in 2024	**(1,923)**	(1,617)
Deferred in current year	**192**	1,923
Closing balance 31 December 2024	**192**	1,923

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

10. Loans

	Barclays Facility	Brampton Trust	**2024 Total**	2023 Total
	£000	£000	**£000**	£000
(a) Analysis				
Balance at beginning of the period	34,824	541	**35,365**	36,542
Additions	-	150	**150**	-
Amortisation	-	-	**-**	(1,042)
Repayments	-	(135)	**(135)**	(135)
Balance at end of the period	**34,824**	**556**	**35,380**	35,365
(b) Maturity				
Repayable by instalments				
- due within one year	-	135	**135**	135
- due within five years	34,824	421	**35,245**	35,230
	34,824	**556**	**35,380**	35,365

11. Funds

		Movement in resources			
	Balance at 1 January 2024	Income	Expenditure	Transfers/ investment gains	**Balance at 31 December 2024**
	£000	£000	£000	£000	**£000**
Restricted funds					
Butterworth Centre Development	**3,024**	-	(103)	-	**2,921**
Hospice Extension	**54**	-	-	-	**54**
Brampton House Capital Appeal	**1,329**	-	(39)	-	**1,290**
Department of Health Grants	**169**	-	(5)	-	**164**
Department of Health Grant 10/11	**427**	-	(14)	-	**413**
The Wolfson Foundation	**95**	-	(3)	-	**92**
Hospice Donations	**-**	2,371	(2,083)	-	**288**
Legacies	**-**	1,230	(1,230)	-	**-**
	5,098	**3,601**	**(3,477)**	**-**	**5,222**
Unrestricted funds	**54,745**	62,628	(69,828)	33	**47,578**
Charity funds	**59,843**	**66,229**	**(73,305)**	**33**	**52,800**

Butterworth Centre Development Fund

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

Hospice Extension Fund

This represents donations received towards the hospice extension.

Brampton House Capital Appeal

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

Department of Health Grant

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

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

The Wolfson Foundation Grant

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

Hospice Donations

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

Legacies

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

12. Analysis of Net Assets between Funds

	Tangible fixed assets	Investments	Net Current Assets	(Liabilities) due after more than one year	**Total**
	£000	£000	£000	£000	**£000**
Restricted funds					
Butterworth Centre Development	2,921	-	-	-	**2,921**
Hospice Extension	-	-	54	-	**54**
Brampton House Capital Appeal	1,290	-	-	-	**1,290**
Dept of Health Grant	164	-	-	-	**164**
Dept of Health Grant 10/11	413	-	-	-	**413**
The Wolfson Foundation	92	-	-	-	**92**
Hospice Donations	-	-	288	-	**288**
Unrestricted funds	73,941	46	8,837	(35,245)	**47,578**
	78,821	**46**	**9,179**	**(35,245)**	**52,800**

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

	2024	2023
	£000	£000
Net (deficit) for the year	**(7,043)**	(4,850)
Depreciation charges	**6,903**	6,940
Net (gains) / losses on investments	**(33)**	1,128
Other non cash adjustments	**-**	(1,042)
Dividend and interest income	**(10)**	(58)
Profit on sale of fixed assets	**162**	3
Decrease / (Increase) in stock	**295**	(526)
(Increase) / Decrease in debtors	**(1,622)**	1,298
(Decrease) / Increase in creditors	**(4,527)**	3,043
Interest paid	**2,742**	1,458
	(3,133)	7,394

14. Analysis of Changes in Net Debt

	Balance at 1 January 2024	Cashflows	Other Non-cash Changes	Balance at 31 December 2024
	£000	£000	£000	**£000**
Cash and cash equivalents				
Cash	4,158	393	-	**4,551**
	4,158	**393**	**-**	**4,551**
Borrowings				
Debt due within one year	(135)	-	-	**(135)**
Debt due after one year	(35,230)	(15)		**(35,245)**
	(35,365)	**(15)**	**-**	**(35,380)**
Total	**(31,207)**	**378**	**-**	**(30,829)**

15. Contingent Liabilities

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

16. Related Party Transactions

The Charity takes out Indemnity Insurance to indemnify the Corporate Trustee and its officers against possible liabilities incurred by them in relation to their duties. The cost of this insurance was £99,542 (2023: £99,542).

The Brampton Trust granted the sum of £750,000 (2023: £250,000) towards the running and capital costs of the Charity.

The Brampton Trust also provided the Charity with an interest-free loan with a balance of £556,000 at 31 December 2024 (2023: £541,334). Quarterly loan repayments are set at £33,833.

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

17. Pension Scheme

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

The pension cost charge represents contributions payable by the Charity to the defined contribution funds as well as to the NHS defined benefits Multi-employer scheme and amounted to £1,126,519 (2023: £1,173,439). £121,118 (2023: £184,665) was payable to the fund at the year end.

18. Capital commitments

Amounts contracted for but not provided in the financial statements amounted to £0 (2023: £1,039,829).

Structure and Governance



Risk Management

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

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

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

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

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

The terms of reference for the new Quality, Governance and Risk Committee (formerly Quality and Governance Committee) were agreed by the Board at the end of 2024. The committee is due to have its first meeting in 2025.

Key Risks

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

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

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

Structure, Governance and Management

Governing Document

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

Trustees

The Trustee of the Charity, appointed by clause 2 of the 1993 Scheme, is the body corporate called The Hospital of St John and St Elizabeth. All Trustees must undertake the requirement for CQC regulation 5 for Fit and Proper persons (Directors), which has been completed for all current Trustees

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

It is governed by its Memorandum and Articles of Association dated 24 February 1993, as amended by special resolutions dated 31 March 1998, 31 March 2015, 21 June 2021, 23 November 2024, and 15 May 2024. The Directors of the body corporate are all unpaid volunteers.

Directors

As set out in the Articles of Association of the Corporate Trustee, there must be a minimum of eight Directors, and at least 70% of the total number of Directors must profess the Roman Catholic faith. One Director shall be appointed by the Board on nomination of the Roman Catholic Archbishop of Westminster.

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

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

Members

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

Director Induction and Training

Newly appointed Trustees receive an information pack consisting of information about the Charity, the governing document, terms of reference of all sub-committees of the Corporate Trustee, the Corporate Trustee's annual report and accounts, budgets, relevant policies and minutes, and information about trusteeship in the form of the Charity Commission booklet CC3, The Essential Trustee.

In addition, the Chairmen and Chief Executive provide a detailed briefing and a guided tour, during which new Trustees and Directors are able to meet key employees and other Directors. There is an ongoing assessment of the training needs of the Trustees and Directors, and additional training is provided as required. Trustees and Directors are encouraged to attend appropriate external training events where these will facilitate the undertaking of their role.

Organisation

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

To assist in this task, there are a number of Board sub-committees, comprising Directors, senior management and Nominees, with agreed terms of reference. These sub-committees are responsible for strategic, financial and operational issues. The sub-committees report to the Corporate Trustee on the progress being made against agreed objectives and make recommendations within the scope of their terms of reference.

A Chief Executive is appointed by the Corporate Trustee to manage the operations of the Charity. To facilitate effective operations, the Chief Executive has delegated authority, within terms approved by the Board of the Corporate Trustee, for operational matters including finance, employment, clinical standards and the day-to-day management of the organisation. The Chief Executive is supported in this role by the Hospital Management Board (HMB).

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

Related Parties

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

Public Benefit

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

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

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

Corporate Governance

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

Clinical Governance

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

The Chief Nursing Officer, the Director of Patient Safety & Quality Improvement, the Associate Director of Service Improvement Projects and the Medical Director help to ensure that best practice and national clinical standards continue to be met.

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

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

The hospital is a member of the Independent Healthcare Providers Network (IHPN), the Private Healthcare Information Network (PHIN) and the Fundraising Regulator, and St John's Hospice is a member of Hospice UK.

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

Leadership and Governance

Chief Officers

Mr Simon James (Chief Executive)
Mr Andrew Gallini (Chief Nursing Officer)
Mr Andrew Holmes (Chief Financial Officer) *(left February 2024)*
Mr Philip Wood (Chief Financial Officer) *(since March 2024)*

Hospital Management Board

Dr David Mitchell (Medical Director and Responsible Officer)
Mr Paul Stanton (Director of People)
Mr Michael Artis (Director of Marketing, Communications and Brand) *(left February 2024)*
Mr Mark Griffiths (Commercial Director) *(since May 2024)*
Ms Kelly Stevens (Director of Governance and Risk) *(left February 2024)*
Mrs Sally Green (Associate Director of Service Improvement Projects)
Ms Jackie Groom (Director of Patient Safety & Quality Improvement) *(since June 2024)*
Mr Ross Powell (IT Director) *(since February 2024)*
Mrs Charlotte Locks-Moro (Director of Fundraising)
Mr Steve Kimp (Director of Estates, Facilities & Projects)
Mrs Elaina Moss (Company Secretary, General Counsel & Data Protection Officer)

Patron

His Eminence Cardinal Vincent Nichols

Trustees

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

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

Board of Trustees

Mr Julian Schild and Professor HHJ William Morris (Co-Chairs)
Mr Peregrine Towneley
Bishop John Sherrington
Ms Alda Andreotti
Mr Simon Lawless
Mr Norbert Reis
Mr Francis Fitzherbert-Brockholes
Mr Richard Ritchie *(resigned August 2024)*
Dr Hirsch David Taube *(since April 2024)*
Baroness Nuala O'Loan *(since December 2024)*

Sub-Committees of the Board

Church Committee

Mr Richard Ritchie *(Chairman until August 2024)*
Professor HHJ William Morris *(since August 2024)*
Mr Charles Finch
Father Hugh MacKenzie
Sister Kathleen Mary
Mrs Priscilla Sharp
Mr Mike Staunton

Ethics Committee

Mr Richard Ritchie *(Chairman until August 2024)*
Professor HHJ William Morris *(since August 2024)*
Mr Peregrine Towneley
Father John O'Leary
Professor Patrick Kennedy

Finance and Audit Committee

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

Philanthropy Committee

Mr Charles Fitzherbert *(Chairman until December 2024)*
Mr Julian Schild

Remuneration and Nominations Committee

Ms Alda Andreotti (Chair)
Mr Simon Lawless
Mr Richard Ritchie *(until August 2024)*
Mr Julian Schild
Professor HHJ William Morris

Medical Advisory Committee (MAC)

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

We would like to take the opportunity to thank the following consultants who stepped down for their contribution:
Mr Leye Ajayi - Consultant Urological Surgeon
Mr Emeka Okaro - Consultant Obstetrician and Gynaecologist
Dr Stephen Ward - Consultant in Intensive Care Medicine and Anaesthesia
Mr Paul Ziprin - Consultant Colorectal, Laparoscopic and General Surgeon
Dr Deepak Suri - Consultant Gastroenterologist
Dr Heena Khiroya - Consultant in Palliative Medicine

Reference and Administrative Details

Charity Number
235822

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

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

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

Financial Advisers
Ernst and Young
1 More London Place, London SE1 2AF

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

Blake Morgan LLP
6 New Street Square, London EC4A 3DJ

DAC Beachcroft
25 Walbrook London EC4N 8AF

Mills and Reeve
Botanic House 100 Hills Road Cambridge CB2 1PH



Registered Charity Number: 235822
Principal Address: 60 Grove End Road, London, NW8 9NH