

# Joint CEO Report October 2025

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## Key Points

1. Financial results show continued improvement over budget for income and expenditure.
2. Statutory Accounts ready for approval showing £330k surplus.
3. The website project, IPU and other Govt Grant funded projects are progressing well.

## Finances

An adjustment to the year-end statutory accounts has added £207k to the surplus which now stands at £330k (this period included the £1m grant from DoC). The audit has now been finalised and the accounts are ready for approval and signature (attached).

Progress has been made on many fronts. Costs are running below budget and income above budget. We have recorded a surplus across the last 13 months *without* recourse to any additional funding from DoC:

- NHS ICB has agreed almost 5% increase for the current year (following a 10% increase in 2024-25). This is the outworking of a genuine response from the SWL ICB to the joint hospice negotiations and a recognition of our role and our fragility as a sector.
- Govt agreed the £100m Capital grants which has provided £132k for Capital activity in 2024-25 and £396k for the current year. This is their response to the national campaigning of Hospice UK and the reality of rising costs and hospice financial difficulty. On The Today Programme today (16<sup>th</sup> October) a BBC News headline was that '(Govt) Ministers have indicated that there are ongoing discussions over a financial settlement for adult hospices'. The context of the article was the announcement of a 3-year funding package for children's hospices.
- Donation Income is 50% above budget whilst costs are below budget. Across the last 12 months total donation and gift aid income has reached £2.2m which is a higher level than our ambition for 2027-28.
- Legacies have averaged £1.66m over the last eight years and only dipped below our 2027-28 planning target (of £1.52m) once in that time.
- Our retail results to date show a contribution level of 22% which is the target ratio for 2027-28 even though we are as yet not grown to the point of achieving the economies of scale we anticipate.
- Our lottery attrition rates since the end of the last recruitment campaign have been 8.8% compared with an anticipated 15% and sector averages above this.

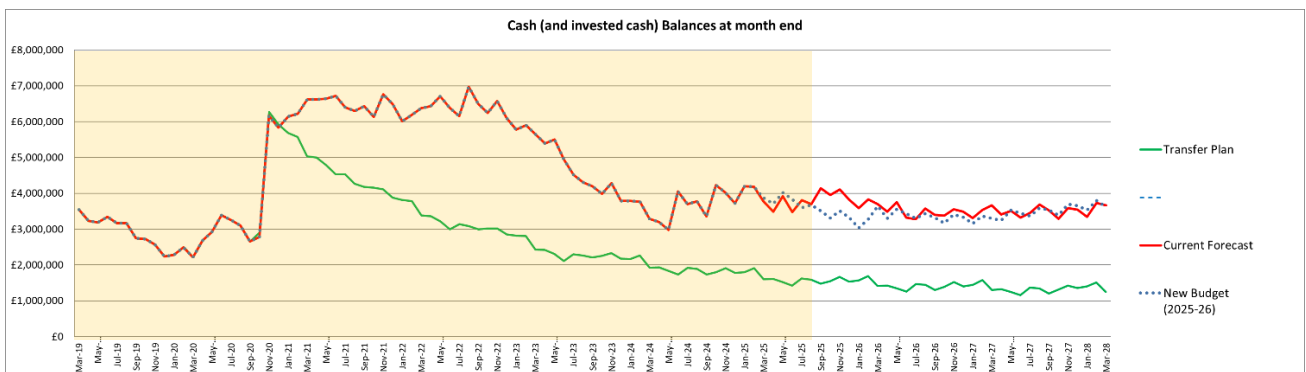
The graph below shows the cash holding (including our investment) which has consistently been ahead of the original planning target which we proposed at the time of our independence. Initially this arose because of Covid Grants and strong legacies and was followed by costs which had risen because of high levels of inflation whilst our income growth plans had not yet resulted in any fruit. This led to a far sharper 'slope' as cash drained more quickly than expected.

The timely injection of £1m from the DoC contingency fund coupled with significant and painful cost reductions stemmed the outflow and income improvements have now provided a period of over 12

months with a level cash position. The future, though not certain, now has a stronger prospect of being sustainable against the backdrop of improved collaboration across the sector and with Commissioners and Government. Media attention remains on the sector. This is partly arising from the risk to the sector’s finances - with 60% forecasting a deficit despite the significant Capital Grant injections this year, with 20% being over £1m – and partly due to the interest in the Assisted Dying debate where growing numbers are demanding the strongest possible end-of-life and palliative care in order to reduce the demand for and provide a real alternative to other options.

St Raphael’s Communications team have built strong relations with Hospice UK and this has yielded multiple significant media opportunities over the last year. Last week we welcomed The New Statesman to the hospice for interviews and insight as they prepare a 2,000 word Opinion piece for later this month. In early November we will welcome Newsnight to the hospice to film and conduct interviews for an 8-10 minute slot that they are preparing.

There is much to be optimistic about.



## HR and Staffing

The HR team saw Ruth Elliott, the payroll officer, leave at short notice without any handover or replacement. Natalie and Vanessa have worked, with the help of a temp, Veena, to learn the systems and process and ensure that payroll has been maintained without any impact on colleagues. They are to be congratulated.

There have been few leavers over the past 2-3 months – Tracy Christmas, our Head of Community, left after 8 years. Isabella Reid left the Fundraising team for further study whilst Hannah Tarrant has started her Maternity leave from her role as Appeals and Regular Giving Manager. Paula Berry has also left the IPU after ten years to work in the Prison Service.

We have had eleven starters, five being bank team. Freditta Apeageyi has joined as maternity cover for Hannah in the Fundraising team alongside John Peatfield who replaces Isabella. Joe Chang has joined the facilities team to fill a nine month vacancy! Jayne Sibson has joined the admin team and we are delighted to welcome Zoe Bennetton as clinical fellow to support our under-staffed Medical team for one year until Katie Taylor joins as a new consultant in August 2026. The medical team said goodbye to Shahlia Walsh as she ended her one year commitment as our Specialty SPR. We are very lucky that she has been replaced by Rebekah Williams who joined this month.

We have received the resignations of Frances Quinon (Head of IPU) who has secured a new role in Guernsey to lead a new clinical project and also Anna Jackson, our Head of Communications, who will take up a similar role at a hospice ten minutes from her home. Both these colleagues leave at the end of December.

## Support Teams

Neena and her Finance team have moved back into 759 from Capitol House and we plan to bring the Supporter Care team into the hospice in the New Year. HR have moved upstairs in that building, swapping with the Psychological Support team so that the ground floor is solely used by this clinical team.

Other than a few policy and procedural matters which we need to address (and the adjustment noted above), the Crowe audit team have completed their work and are happy with our finances. Many thanks to them and to Neena and team.

John and the facilities team, alongside many other colleagues, have been busy with the implementation of the Capital Grant funded projects. Most are now in progress, with the garden project scheduled for the New Year:

<b>Project Description</b>	<b>Project Cost Exc VAT</b>	
Female Locker Room	£	20,856.00
Clean Supply/Drug Store	£	48,907.76
Mortuary/Multi Faith Room	£	16,865.00
IPU White Rock (Estimate)	£	22,000.00
IPU Air con - Single units	£	28,102.00
IPU Air con - Electrical Works	£	7,280.00
Teams VOIP - Yealink Handsets	£	3,112.00
Teams VOIP - Headsets		
Front Garden	£	74,270.00
Website Project (Estimate)	£	50,000.00
IPU fire doors X11	£	26,936.22
Door Access System	£	20,792.70
IPU Patient Room Doors/Windows	£	38,242.50
IPU Lighting	£	1,000.00
Sluice Room	£	4,076.00
Orangery Hot Water Cylinder	£	7,000.00
759 Air Con	£	10,280.00
759 Air Con - Electrical Works	£	1,032.00
Mobile Phones		
Bariatric Bed unfunded balance	£	661.00
Syringe Drivers Unfunded Balance	£	5,900.00
Multi-Faith Room Furnishings and Artwork	£	10,000.00
	£	397,313.18

## Clinical Services

Similarly to the previous quarter, all our clinical teams are managing an increase in the complexity of referrals with a rise in the number of patients and families needing support with mental health issues, social and domestic crises as well as multiple health conditions and this has led to longer waiting lists at times for those with less complex needs.

Our Psychological Support Team have been reduced in numbers due to long term sickness of their Lead but have pulled together as a team and continue to work well. Mel Young has been working closely with the universities and has been recruiting new counselling students to increase our cohort number to ten. We have had an increase in applicants following a successful social media push. The increase in student numbers will allow for sickness or any dropouts whilst maintaining the bereavement counselling waiting list.

We have been working towards our counselling donations model – with a proposed start date of 1 November. Sessions have been reduced from 12 to 6 in order to manage capacity and a suggested minimum donation of £10 per session will be introduced at the time of booking the appointments. This will be managed through supporter care to avoid any ‘impact’ on the counsellor/client relationship.

The social work team continue to manage complex cases with a flurry of younger patients with children – complex social networks, financial difficulties and short prognoses. They have also seen a significant increase of children with complex needs, often not being met by education or other services; Elisa and Alison have been tailoring sessions to include drawing, use of buttons and texture, colouring etc to meet individual needs, which helps to support the child’s long term emotional wellbeing.

The IPU has more recently been admitting to full capacity of ten beds. This has been managed through a number of changes including a daily ‘sitrep’ produced by the nightstaff to project resource capacity for the following 24 hrs and amends to shift times to allow for better cover/reduced overlap. Francis will be leaving us at the end of December to move to Jersey but has been working hard on a comprehensive handover for Heather Dolling who will be joining us as IPU Lead in January.

The capital projects, funded by the Govt grant, are underway with our new drugstore close to completion. Air-con, new doors and windows and White Rock are being added to all the patient rooms, and this has been carefully planned by our facilities team with John Groom’s oversight. Other projects are to follow with completion being scheduled for 31 March at the outside.

There have been a number of changes to our Medical team during the last quarter as outlined in the HR section above. Katie Taylor, our Consultant due to commence in August 2026, has been working as locum with us during August. Gaby is now Lead Consultant as Naomi completed her 18 month term in early September.

Tracy Christmas, Community services Manager retired at the end of September and Laura Briant also left for a role further afield. The Locality Leads are currently ‘acting up’ until we are able to appoint to the role. We have seen a spike in referrals during July and August and the team have been struggling to keep up with the demand. Although we have managed to date, we are exploring the possibility of using some of the ‘bank hours’ to appoint an HCA back into the team to support with the increasing need for joint visits and being the ‘eyes and ears’ for the team in order to help prioritise visits.

The Wellbeing team continue to engage with new groups within our catchment and work closely with other support organisations and charities to share offers and ensure that services are appropriate to the service user. They have been working with local schools, and have had a variety of external speakers as part of our strategy to empower attendees whilst engaging with the local community. Compassionate Neighbours are now supporting around 40 community members.

We have been successful in our applications for poster/presentations at HUK conference in November – We are delivering an oral presentation on the Cyber-attack and also presenting a poster on our work with High down prison. We have also been shortlisted for Volunteer Gardener of the Year and Penny Hall will be accompanying us to the Conference.

## **Strategy 2025-26**

Our new strategy has now been completed by the designers and is available on our website. Applicants for recent roles have referred to the Strategy which they have found to be engaging. Directorates and departments are actively working through our strategy and remain on track with our timeline to deliver against our objectives.

## **SWL ICB**

In early September, the CEOs from the four SWL Hospices had a positive meeting with Katie Fisher – CEO of SWL ICB – discussing potential CHC funding opportunities as well as the need for more hospice influence within the new neighbourhood models. We have since engaged with the Merton Provider Alliance and will also be part of the Sutton Provider Alliance to ensure that palliative and end of life care services remain central to planning for those with needs within our community.

**Nick Stevens and Becca Trower, Joint CEOs 16<sup>th</sup> October 2025**