



STRATEGIC REPORT, DIRECTORS' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

Company information



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Medway Community Healthcare at a glance



**Over
1300**
staff



706k
patient
contacts



29
locations



78m
Income



40+
services



96%
patient
satisfaction

Strategic Report

2024-2025

Introduction

Medway Community Healthcare (MCH) is a social enterprise Community Interest Company (CIC), providing high quality community health services to the people of Medway and surrounding areas. Our responsibility for local people is key to the way that we operate our business, and, as a social enterprise, we are able to invest any surpluses into developing the services we provide and in supporting the health and wellbeing of our local community. Since our establishment in 2011, we have developed our local reputation as a provider of high-quality community services and have negotiated contracts and partnerships to deliver more than 40 services to local people.

MCH has a strong history of partnership working with local GPs, Medway NHS Foundation Trust, Medway Council, and other local stakeholders. We are a £78 million business employing more than 1300 substantive staff as well as other staff on bank/zero-hour contracts. We provide a wide range of both planned and unscheduled care in local settings such as schools, healthy living centres, inpatient units, and people's homes. We are committed to being a key partner in the delivery of health and care services in Medway and Swale, and continue to be a key partner in the Medway and Swale Health and Care Partnership (H&CP), Kent and Medway Primary and Community Provider Collaborative and Kent and Medway Integrated Care System (ICS).

Our vision is to be a successful, vibrant, community focused organisation providing health and care services to people in Medway and Swale. We will continue to provide services that improve the health and wellbeing of people living and working in Medway and North and West Kent, while delivering additional social benefits to the communities we serve.

Our commitment continues to be to 'lead the way in excellent healthcare' and we are justly proud of our employees, many of whom have chosen to be shareholders in MCH, directly influencing the business decisions we make. Our staff play the key role in delivering our commitment to the communities we serve, and their reputation for going 'above and beyond' what is required of them is well deserved.

Strategic management

Our Strategic Plan sets out our key objectives:

- Providing high quality, integrated community services in Medway and Swale and to the wider Kent and Medway Integrated Care System.
- Being a leading partner in the provision of health and care services in Kent and Medway.
- Investing in our employees.
- Adding social value to the communities we serve; and
- Investing in efficient, effective infrastructure to support the delivery of high-quality community health and care services.

The diagram below provides an overview of what we expect to deliver against each of these objectives:



In line with our Strategic Plan, we continue to develop and deliver safe and effective health and care services, to diversify our income streams, and to expand our business to maximise the use of our skills base. All of our profits serve to give greater financial stability to the core healthcare services we deliver to local communities; and to ensure that these services continue to meet the needs of the local people.

We have a contract to deliver NHS services and the Board does not anticipate any change to the principal activities of the company.

Tenders:

In December 2024, Kent and Medway Integrated Care Board (the ICB) commenced a procurement exercise for a range of community services for adults and children in Kent and Medway, including community nursing services; services for people with long-term conditions; and services for children with complex needs. Following discussions with the other existing providers of these services across Kent and Medway, MCH joined with Kent Community NHS Foundation Trust and HCRG Care Group to bid as a partnership for these services. The partners believe that working together will:

- Enhance and transform how community services for local people are delivered.
- Improve support and career development opportunities for staff.
- Deliver financial and resource efficiencies.

In early May 2025 it was confirmed that, with our partners, we had been awarded the contract for providing these services. The new contract for these services is expected to start on 27 October 2025.

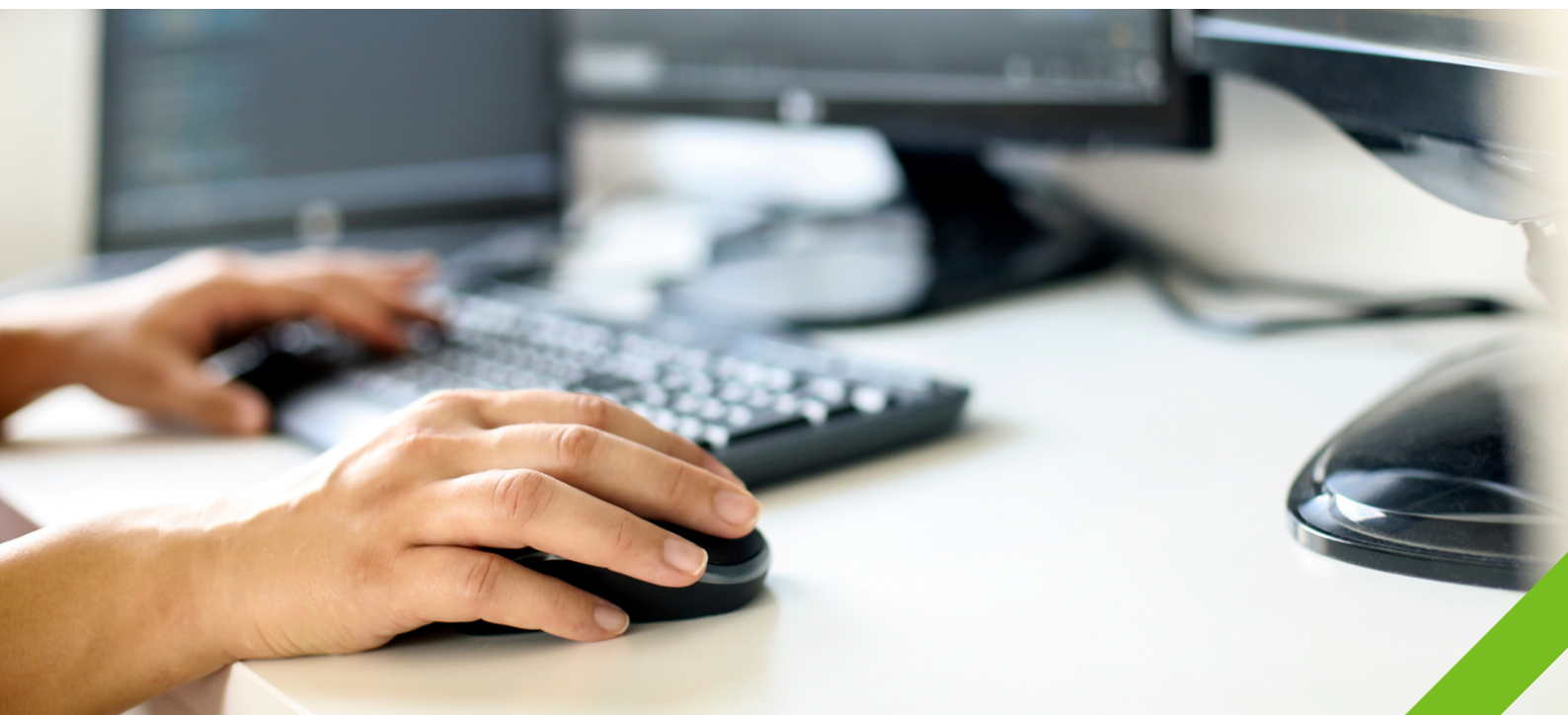


IT Outage:

On the 30th of November 2024, as part of our routine monitoring processes we detected some suspicious activity relating to our IT systems. As a precaution, we disconnected all of our IT systems to allow us to protect patient, staff and service information while we investigated further. The following day we declared a business continuity incident, with our services stopping non-urgent activities and moving to using paper patient records. During January and February 2025, we were able to bring the vast majority of our clinical and operational systems back online, with enhanced security measures in place to reduce the risk of future cyber-incidents. We have also worked hard with our clinical and support teams to upload paper-based clinical information recorded by our services either directly into our electronic patient records, or to a secure electronic folder ensuring that our services have access to the information they need to provide safe and effective care to our patients.

Following a detailed investigation, undertaken in collaboration with NHS England's Cyber Security Operations Centre, we have found no evidence of unauthorised access to staff or patient data.

The Board would like to extend its thanks to our staff for their hard work in continuing to deliver our services while we dealt with the initial incident and continued to recover from its impacts; and to our patients, their families and carers for their patience and understanding while services were disrupted.



Medway and Swale Health and Care Partnership (H&CP):

MCH continues to play an active role in the development of the Medway and Swale Health and Care Partnership (H&CP). We host the H&CP Team and our Managing Director holds the role of Senior Responsible Officer (SRO) for the Partnership. Executive colleagues chair and/or participate in the H&CP Partnership Board and associated forums such as Quality and Safety, Palliative and End of Life, as well as the Population Health Management Group. We regularly attend the Urgent and Emergency Care Board as well as discharge improvement and development groups.

The H&CP's vision is:

To put local people at the heart of the services we design and deliver; helping local people to realise their potential, to be as content as possible, to live healthier, happier lives and to stay well and independent in their families, homes, and communities for as long as possible.

This is closely aligned to MCH's aspirations and we continue to work closely with system partners to achieve the local delivery plan, which in 2024-2025 focused on:

- Social Regeneration
- Transforming Flow and Discharge
- Community Frailty
- Population Health Management
- Integrated Neighbourhood Teams
- Financial Controls
- Workforce



Our staff have been working with system partners in each of these priority areas to ensure that our services continue to meet the needs of local people, the requirements of our commissioners and are aligned effectively to those of other local providers.

Business Performance

Our Finances

MCH, under our Articles of Association, does not distribute surpluses or pay dividends. We reinvest surpluses back into the improvement of services and the local community and in previous Annual Reports we have detailed the many ways in which we have done this.

During the 2024-2025 financial year, as a provider of community health services we continued our focus on activities that:

- prevent admissions to hospital.
- support rapid discharge from hospital for those who were medically fit.
- provide treatment, care, rehabilitation and intermediate care services through our inpatient units; and
- provide treatment and rehabilitation in people's own homes.

2024-2025 saw the continuation of the financial challenges arising from increased demand for services: Increases to national NHS staff pay scales not being fully funded by commissioners; further non-pay cost pressures; and continued difficulties in recruiting and retaining staff in some of our services. None of these pressures were matched with sufficient funding from commissioners. MCH, however, maintained a tight grip of our finances and over-achieved savings targets set, including the reduction of agency and locum spend, resulting in a positive EBITDA of £600k and a surplus of £113k before tax.

Our Management of Risk

We have a robust system of risk management within MCH. Our Board gives high priority to this responsibility through continual monitoring of significant risks, (both clinical and financial), and considers that exposure to key financial risks such as credit, liquidity and cash flow is low. Established risk governance processes ensure that key areas of risk are regularly monitored by the Executive Team and appropriate Board subcommittees, and identified actions to mitigate risks are implemented in a timely way.

We believe that the principal risks to the business are:

- Increasing demand for services and the increased complexity of need managed by MCH's services in the community without a matched increase in funding from commissioners, which impacts on MCH's ability to deliver safe and effective services to local people.
- Increasing pressure on services, and requirements of commissioner and other local partners impacts on MCH's ability to deliver our strategic priorities.
- MCH is not able to recruit and retain a suitably skilled and experienced workforce which impacts on our ability to deliver safe and effective services, meet contractual requirements and/or strategic priorities.
- Increasing instability in the Kent and Medway Integrated Care System, (caused by structural changes across the NHS and local authorities and growing financial pressures), impacts on MCH's ability to deliver safe and effective services and/or strategic priorities.
- Growing financial risks across the Kent and Medway Integrated Care System impacts on MCH's ability to deliver safe and effective services, meet contractual requirements and/or strategic priorities.
- Cyber-attacks or other catastrophic IT failures impact on MCH's ability to deliver safe and effective services, meet contractual requirements and/or strategic priorities.
- Apart from working capital MCH does not have any financial instruments. It is MCH's policy that no trading in complex financial instruments shall be undertaken. The main risks arising from financial instruments are price, credit, liquidity and cash flow risk. Price risks are managed through the tendering process. MCH's policies are aimed at minimising credit risks by conducting credit checks where appropriate and by other established credit control procedures. MCH aims to mitigate liquidity risk by robust budgeting and costs control. MCH manages cash flow risk through cash flow planning, and strict management of working capital

Clinical Quality

Patient Safety Incident Response Framework

In 2024 MCH began to use NHS England's Patient Safety Incident Response Framework (PSIRF). The Framework sets out how organisations should respond to patient safety incidents, and ensures compassionate engagement with those affected by an incident. It supports the key principles of a patient safety culture: focusing on how incidents happen, rather than apportioning blame; allowing for more effective learning; and ultimately, safer care for patients.

We believe that PSIRF is not only patient safety but also focuses building and maintaining a culture that encourages our staff to report incidents, to learn from them, and to share their learning with colleagues to ensure that the quality of our services continue to improve. This is underpinned by compassionate HR and patient safety systems and processes.

Alongside our PSIRF Policy, MCH is required to produce a Patient Safety Incident Response Plan (PSIRP) which is reviewed on an annual basis. The policy and plan include our patient safety incident profile that identifies the areas that will benefit most from learning responses and maximises the opportunities for improvement.

Following review of our PSIRP our top three Priorities for Improvement are:

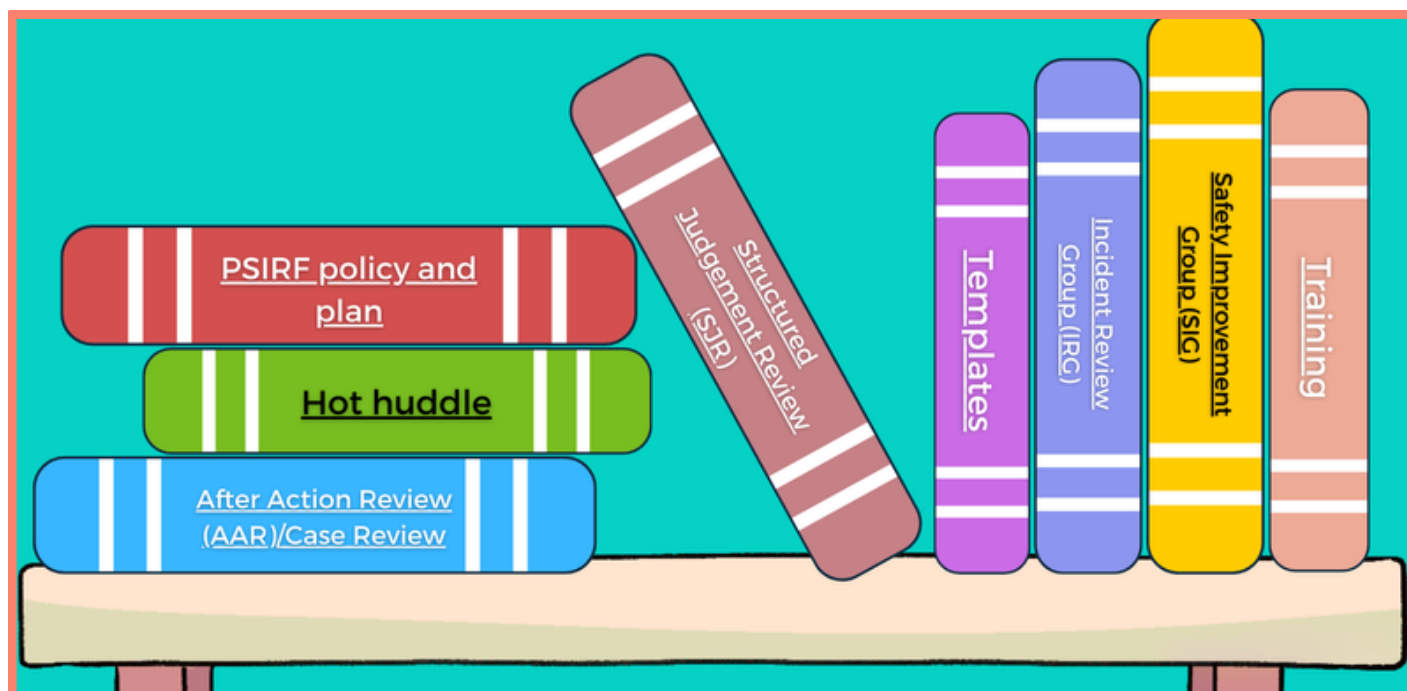
- Pressure damage;
- Medication; and
- Falls

These areas have been chosen because they also encompass our top recurring themes from reported incidents; medication issues with communication and documentation, transfer of care concerns, communication issues and failure to escalate.

As part of our PSIRF approach, we have introduced Hot Huddles, which are designed to take place quickly after a patient safety incident occurs. It enables a rapid analysis of what has happened and how it happened; and allows decisions to be made about how best to manage the incident. Hot Huddles also allow insights and reflections to be sought, and generate prompt learning and sharing about incidents. In the past year MCH has undertaken 40 Hot Huddles.

We have also introduced After Action Reviews (AAR) to review incidents with the aim of identifying learning which can improve services and the care they provide for patients and their families and carers. They provide an effective way to engage staff in a 'just' culture where supportive learning from incidents helps improve and promote best practice. AAR reports are reviewed at Incident Review Group (IRG), as part of the internal governance process. Here any additional learning points and safety actions are identified before reports are shared with families, the services involved and the wider organisation so that improvements can be made.

More information about MCH's PSIRF approach can be found in our [Quality Account 2024-2025](#)



Safety Improvement Group

The function of the Safety Improvement Group (SIG) is to provide an organisational approach to improving safety and preventing harm to patients. SIG provides oversight of risk areas and coordinates how MCH develops processes that support our PSIRF and Quality Improvement agenda. SIG ensures that there is a multi-disciplinary forum involving clinical staff and managers from across the organisation for discussion, oversight, benchmarking, showcasing of good practice and escalation of issues such as workforce and learning and development needs.

Key priorities for the SIG in 2024-2025 have included:

- Pressure ulcers prevention - implementing an internal KPI for 'acquired in our care' avoidable pressure ulcers.
- Venous thromboembolism (VTE) prevention.
- Undernutrition - screening compliance.
- Falls prevention - pathway and management.
- Sepsis – prevention of sepsis.
- Recognition of Early Deterioration (RED / READ courses).
- Safe discharge/transfer of care concerns (TOCCs) – understanding themes and sharing learning internally and with partners.
- Health Care Acquired Infection - improvement workstreams.
- Personalised Care Planning.
- Medicines safety.
- Safeguarding concerns - including self-harm and suicide.
- Induction and training – ensuring this aligns with Quality Priorities and best practice.

Incident Review Group

The Incident Review Group (IRG) meets monthly to:

- Review learning responses undertaken by MCH services for incidents of concern, for example: Patient safety incidents, information governance incidents, near misses or where things have gone well.
- Provide oversight of responses and associated reports, to constructively challenge, and to cascade any learning points, emerging themes and identified actions.
- Provide assurance to the Integrated Quality and Performance Assurance Committee (IQPAC), (and therefore the Board), of the robustness of learning, responses and subsequent quality improvement.

IRG's duties are to:

- Provide effective oversight of learning responses.
- Ensure IQPAC is sighted on outcomes of learning responses, and that the requirements indicated in PSIRF and within the PSIRF Policy are being met.
- Provide assurance that lessons identified from incidents involving service users are being used to improve the quality of MCH's services.
- Provide subject expert support to presenting services.
- Cascade identified learning to respective services and throughout MCH.



Safeguarding Adults and Children:

MCH remains committed to the safeguarding of adults and children. We employ a number of specialist health professionals to ensure and assure that we carry out our duties and responsibilities correctly.

MCH is represented at both the Medway Safeguarding Children Partnership (MSCP) and Kent and Medway Safeguarding Adults Board (KMSAB) by members of the Safeguarding Team, working in partnership with our fellow agencies to develop training, audit and policies to support safeguarding practices across Kent. We also fully engage in safeguarding reviews and use a range of activities to embed lessons learned within MCH services, including the MCH GAIN (Governance Assurance Information Network) meetings, a monthly Safeguarding Newsletter, and regular communications via internal streams.

MCH staff receive training and supervision, dependent on their role, in relation to:

- Adult and child protection
- Self-neglect in adults
- Domestic abuse
- Prevent
- Exploitation

MCH staff continue to contact the Safeguarding Team regularly to seek support, advice and supervision and to make referrals to relevant local authorities where safeguarding concerns exist.

Over the last year we have continued to work with partners across Kent and Medway at the Safeguarding Board, and we have attended and contributed to subgroups and task focussed groups with our colleagues. This work has included a range of projects including the development and launch of the Multi Agency Risk Management Framework for adults, implementing our Pressure Ulcer Decision Making Tool (helping health and care professionals to determine if a pressure ulcer warrants a safeguarding referral), and the Neglect Strategy for Children.

We have undertaken several audits, including: The Section 11 audit disseminated by the Kent and Medway Safeguarding Children Partnerships; the Safeguarding Assurance Framework for the Safeguarding Adults Board; audits scrutinising the quality of safeguarding referrals made by MCH staff; safeguarding children supervision; transition; and Mental Capacity Act practice.

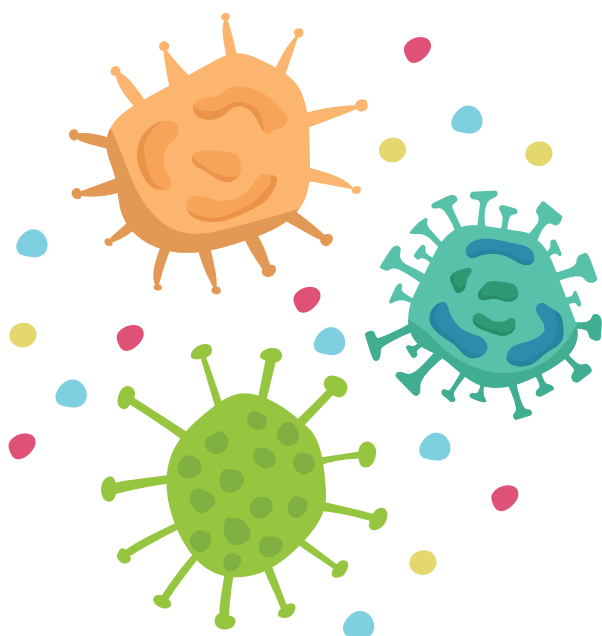


Infection prevention and Control (IPC)

Infection Prevention and Control (IPC) continues to be a critical enabler of safe, effective, and high-quality care across all services. During 2024-2025, we have integrated PSIRF into our IPC response processes to better support learning, reduce recurrence, and ensure that our responses are timely, proportionate, and person-centred. We have also aligned our IPC Programme with MCH's clinical quality priorities, ensuring that all infection prevention activity supports the delivery of care that is safe, inclusive and responsive.

Throughout the year, we have maintained strong performance across key compliance areas, while also prioritising the embedding of meaningful and sustainable change. This included strengthening our governance and assurance systems through improved use of the IPC Board Assurance Framework (BAF); introducing a new numerical scoring system to assess post-infection review effectiveness; and refreshing our IPC link practitioner model to support service-level leadership and peer-led improvement. During 2024-2025, a total of 164 infections were investigated across various categories, with only one case attributed to MCH - a Covid-19 infection, which was contracted within MCH services during an outbreak. Zero attributable cases were recorded for bloodstream infections, urinary tract infections, or skin and soft tissue infections, reflecting strong compliance with IPC protocols and high-quality frontline practices.

We have maintained active engagement with our partner organisations, commissioners, and NHS England to ensure the sustained reduction of infections, particularly with regard to COVID-19. Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia, Clostridium Difficile Infections (CDI), and gram-negative bloodstream infections, which include Pseudomonas, MSSA, Klebsiella, and E.coli.



Customer Experience and Feedback

Since 2015, when NHS England introduced new guidance on how service users could provide feedback to health service providers, MCH has fully incorporated the Friends and Family Test (FFT) alongside other initiatives to gather service user feedback. The FFT is one question: 'Overall, how was your experience of our service?' which allows service users to rank their experience from very good to very poor. The FFT results are reported nationally on a monthly basis. This provides service users with the ability to review all health providers against this standard benchmark as well as informing us as a provider, of areas in which improvements can be made. Between April 2024 and March 2025, MCH received 10,928 FFT surveys which was an 17% increase on the previous year. 96% of service users felt that they received a 'good' or 'very good' experience of MCH services.

We want everyone to have the best possible experience in our care, and patient feedback is crucial. MCH actively encourages people to share comments, compliments, concerns and complaints in a variety of ways. This includes email, phone, social media, MCH website, paper surveys and directly to our staff. During 2024-2025 we made approximately 706,000 individual contacts with patients. During the same period, we received 291 written complaints, 27 verbal complaints, 24 grumbles and 36 joint formal complaints (a complaint involving more than one provider of NHS services). We have had 1 request for information by the Parliamentary Health Service Ombudsman, which was not pursued.

Participation in Clinical Audit:

MCH is required to provide assurance via audit that we comply with requirements of the Health and Social Care Act 2008; the Care Quality Commission; and our contract with Kent and Medway ICB. During 2024-2025 MCH carried out 16 mandatory clinical audits. MCH also participated in 1 national clinical audit for the NHS services that we provide.

Local clinical audit is important in measuring and benchmarking clinical practice against agreed markers of good professional practice, stimulating changes to improve practice and re-measuring to determine any service improvements. In 2024-2025, 17 local clinical audits were undertaken, and the reports were reviewed by MCH, the details of these can be found in our [Quality Account 2024-2025](#).

Regulatory Requirements and Inspections:

MCH is required to be registered with the CQC under section 10 of the Health and Social Care Act 2008. At the end of 2024-2025, we were registered with no conditions attached to the registration.

As a social enterprise, MCH is classified and inspected as an independent provider of NHS services by the CQC. This means that unlike NHS trusts, our services are inspected by registered locations rather than as a whole organisation. This year we have been waiting for the CQC to implement their new, simpler single assessment framework that is made up of 5 key questions and under each key question, a set of quality statements. We will soon be going digital by using their portal system for all notifications.

Following our first 'Well-Led' inspection between May and June 2022, we are proud to have been rated as 'Good'.

Overview	
Latest inspection: 17 May- 8 June 2022 Report published: 7 October 2022	
Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

MCH also received an inspection of our urgent treatment centre services, part of our Medway Service, which runs from the Medway Maritime Hospital site. This inspection was conducted as part of a wider review of the urgent care pathways across Kent and Medway. This specific review was rated as 'Requiring Improvement' with specific reference to development and enhancements needed to the environment, and mandatory training compliance; as well as work to improve the rapid review of patients arriving in the department.

Both of these inspections generated specific quality improvement plans, with actions that robustly address any areas of concern identified by CQC colleagues. These actions have been closely monitored both internally and through our continued engagement with the CQC, providing regular updates to the plans with evidence of sustained improvements.

We have had no CQC inspections during 2024-2025.

Key Performance Indicators

MCH has a suite of Key Performance Indicators (KPIs) contained within the contract with Kent and Medway Integrated Care Board (ICB). The KPIs cover a range of assurance deliverables relating to patient experience, infection control, patient safety, clinical effectiveness, and workforce. Achievement of key metrics for MCH as at 31 March 2025 are as follows:

KPI	Target	Achievement at 31 March 2025	Comments
Statutory and mandatory training	85%	92.3%	
Hand hygiene audit compliance	95%	94%	
MRSA screening of all elective patients	100%	100%	
Mixed sex breaches	0	1	See note 1
Duty of Candour training compliance: Level 1 Level 2	100% 100%	85.2% 78.3%	See note 2
Falls – assessment	85%	73.6%	See note 3
Friends and family test	95%	94%	

It should be noted that the IT outage in December 2024 meant that we could not capture most of our routine performance data. It was agreed with commissioners that MCH would not attempt to retrospectively capture this information, rather we would focus on ensuring that patients' clinical records were updated for visits and attendances during the outage, and that performance data for the period 1 December 2024 to 28 February 2025 would remain incomplete. This has, in some instances, impacted on reported performance for KPIs.

Note 1: This was a very short-term breach to avoid a patient being delayed in their admission from the community. The breach lasted less than a day, and was a matter of urgency to support the patient in their end of life care.

Note 2: During 2024-2025 we took the decision to expand on the number of staff who were required to undertake this training. This had the effect of reducing our in-year compliance. We expect performance against this indicator to improve over the coming year with the training that has been scheduled.

Note 3: During the IT outage these assessments were completed on paper as part of the patient's clinical record. The priority was to ensure that these records were scanned and acted as a complete record to ensure the safety of our patients. In light of this, our usual system for gathering data to report on this indicator could not be used. To provide assurance that these assessments continued to be undertaken, we have conducted randomised audits of patients' records. We expect performance against this indicator to improve now that our IT systems are functioning normally.



Award-Winning Care

Health Service Journal Patient Safety Awards 2024

MCH was shortlisted for the Health Service Journal Patient Safety Awards 2024 for Community Care Initiative of the Year. Our Single Handed Care training aims to reduce delays in hospital discharges, and supports health and care colleagues across our local communities. While we did not win, you can find more about the awards here: [Winners 2024 | HSJ Patient Safety Awards](#)



Skills for Health, 'Our Health Heroes'

MCH's Patient Research Ambassador, Kevin Jasper, was nominated for a Skills for Health, 'Our Health Heroes' award for Volunteer of the Year. Kevin was nominated for his support and dedication of his voluntary role supporting MCH and the wider NIHR with the promotion of research.



Medway Parent Carers Forum Annual Awards

Shenice Walters Occupational Therapist: Nominator's comment: *"She has such passion for the children that she works with, she goes above and beyond for every child and she makes everything she does fun!"*

Children's Learning Disability Nursing Team: Nominator's comment:

"This team have such a range of experiences and will go above and beyond to help families with children with LD /SEN needs. They have a wide range skills, knowledge and expertise in many different areas which can help and improve a child's life. They need to be recognised for the good, hard work they do each day."



WINNER: John Bird, Learning Disability Nurse: Nominator's Comment:

"John is a great asset to the LD Nursing team, John provides so much support to our team within school, our students, parents and carers. John is always on hand to provide information, guidance, support and a listening ear. John really supported part of our team recently after they experienced a traumatic medical event, John was able to give them time to talk and offer some comfort and reassurance to them, which really meant a lot to them. John brings a wealth of knowledge and experience to our team and families; nothing is ever too much trouble for him. John has an amazing way of engaging with our students and brings out the best in them, his passion really shines through. Our team is truly grateful for John being by our side, we would be lost without him. Thank you so much John you truly deserve to be recognized for everything you do".



Julie Louth - Health Visitor: Nominator's comment:

"Julie was my son's health visitor, he is now diagnosed with autism and is flourishing, we wouldn't be where we are without the support we received from Julie. She went above and beyond to get Oliver and I the support he needed, she was caring, kind and considerate and was always there for us whenever we needed anything".

Business Environment



MCH Business Development:

Our staff regularly identify opportunities to improve our services and introduce new activities that complement and enhance the care we provide. Further to this we use patient feedback and quality data to focus our development areas. Below are some of the opportunities we've taken forward in 2024-2025:

- Introduced Palliative Care Outreach Clinics in Swale to improve access to the service.
- Ran a bereavement drop-in group in the Swale area to help facilitate a more easily accessible support system for bereaved relatives in the area
- Worked with patients to started a new 'waiting well' project for our Clinical Assessment Service.
- Supported children with complex needs and their families to access community activities such as soft play facilities and a farm visit through our Complex Needs Group. During visits, families are shown how to implement therapy within these environments.
- Our Community Dental Service and Customer Experience Teams have worked together to ensure that we capture the voice/experience of children and vulnerable adults that use our service as well as that of their parents and carers.
- Developed a digital information book for children undergoing dental treatment under general anaesthetic to help answer their questions and reduce their worries.
- Following feedback from patients and their relatives, our inpatient Stroke Rehabilitation Unit has created a 'necessity bag' for inpatients having outpatient visits. The bags include items such as water, blankets and snacks, to improve comfort during hospital visits.
- The Community Cardiology, Respiratory and Stroke Teams now include psychologists to strengthen the multi-disciplinary support for their patients.
- The Urgent and Intermediate Care Team have developed electronic information packs for patients and their families/carers.
- Our Clinical Assessment Service has worked with colleagues from local and specialist hospitals to develop new care pathways for patients with spinal conditions.

- Our Children's Dietetics Service has developed a new pathway for fussy feeders, offering an information pack with signposting and useful resources for parents alongside an invitation to virtual parent workshops.
- The Adult Speech and Language Service has introduced voice groups for the long-term maintenance of voice in people living with Parkinson's.

MCH has continued to trial and develop technology to assist with the delivery of health and care services, both within MCH and in support of the wider health economy. These include:

- Enhancing our RiO and EMIS electronic patient record systems to support our staff to offer more effective care to our patients.
- Further developing our suite of Zone Standard applications to support our back-office functions and operational services including staff rostering linked to our payroll system, and asset management to manage equipment across our services.
- Moving to a powerful cloud-based SD-WAN network with all the performance, reliability, flexibility and security benefits that brings.
- Enhancing cyber security by connecting all compatible devices to Microsoft Defender for Endpoint (MDE) which focuses on preventing, detecting, investigating and responding to advanced cyber threats. Multi Factor Authentication has been fully implemented and will be enhanced further from a network and wireless perspective.
- Investing in installing robotic process automation (RPA) technology to support our support functions and explore/trial new possibilities for Artificial Intelligence (AI) within our clinical and admin teams.
- Developing and testing a Lone Worker App to support our staff with identifying their location from a staff safety perspective, rapid call making when in need of additional support and automation of travel claims to reduce administrative burden and release time back to clinical care.
- Launching our new intranet and website, both of which were developed based on feedback gathered from user focus groups. The benefits of the new sites are:
 - Meets all national, regulatory accessibility guidance
 - All online forms are consistent
 - A much-improved user experience (fewer clicks, clearer navigation)
 - Up to date service information.

Research and Development



268
studies
reviewed for
eligibility



15
open
studies



5
studies in
set up



8
studies in
follow up



5
clinical
specialities
involved in
research



7
new
studies set
up in year



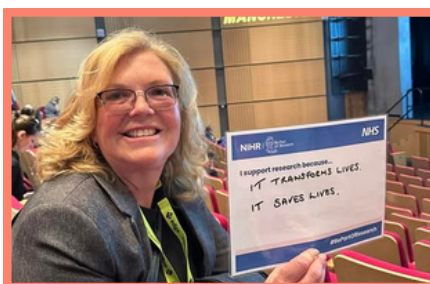
106 research
recruits

MCH has remained Research Active during 2024-2025, continuing to support the delivery of National Institute for Health and Care Research (NIHR) approved portfolio studies. Where appropriate, MCH has also supported additional studies and projects associated with Masters or PHD programs. 106 new participants were recruited to research projects during the year, with seven new studies opened. We currently have 15 open studies on our portfolio and we are in set-up for five more.

MCH services involved with research activity during 2024-2025 have included Darland House, Community Respiratory, Community Nursing, Stroke, Children's Services, Palliative Care, MSK Physiotherapy, Tissue Viability, Diabetes. We have also participated in organisation-wide studies for prescribers, and on perceptions of technology use.

Research remains a high priority within MCH's strategic plan. We will continue to seek further opportunities to deliver on our vision to offer patients and staff the opportunity to get involved in research.

[Find out more about research activity >](#)



Our staff

As a Community Interest Company, MCH is co-owned by its employees, and our staff play a key role in influencing how we run the business, and in shaping the organisation's future strategy. Since our establishment, we have strongly encouraged staff to become shareholders in the company and to voice their opinions on the decisions that face the business. Currently 99% of our staff are shareholders in MCH, something we are extremely proud of.



Our Elected Members' Forum (EMF) is elected by our shareholders to work closely with the Board in shaping organisational strategy and direction. As a self-governing body, EMF representation is drawn from all areas of the business and part of their role is to facilitate and encourage the engagement of colleagues as well as supporting implementation of the strategic aims and annual plan. Our elected members have explored staff suggestions submitted through their established sounding board, and lead on the appointment of non-executive directors and determine their remuneration.

In 2024-2025 the EMF:

- Continued to offer regular welcome meetings to new starters. These sessions are used to explain the purpose of EMF and its role within MCH; and provide an opportunity for new members of staff to feed back on the recruitment process and their MCH experience so far. Relevant feedback is then relayed to the Human Resources Team, Executive Team and Board as appropriate.
- Piloted an in-house MCH Staff Foodbank funded by Medway Cares (MCH's charity). This is available for any member of staff in an emergency situation via the completion of a request via the intranet. Requests have been received and orders fulfilled with positive staff feedback so far. There is also a QR code so that staff can donate to the foodbank fund.
- Provided regular updates about their work to staff and shareholders through MCH's 'For You' magazine.
- Relaunched 'Step up for January' challenge as 'March into March' with each of the nine teams led by an EMF member. Staff aimed to log as many steps as possible throughout March and were encouraged to submit photos in categories to gain bonus points. EMF completed an evening walk after their March monthly meeting to encourage healthy competition between the teams. Feedback received from participating staff was very positive.
- As part of 'March into March', staff were asked to donate food items to gain bonus points for their team. These items were then collected and delivered to the team at Medway Foodbank who were delighted with the donations. Total weight of donations was 124.1kg which will provide emergency food for approximately 10- 15 households of varying sizes, or 30 - 40 individuals.

- Continued to send representatives to relevant meetings of Board committees and to provide feedback to EMF meetings.
- Had EMF named representatives to support with communication, engagement, inclusion, health and wellbeing initiatives, charity, social value and events.
- Continued to support Medway Cares (MCH's charity) through fundraising and promotional work. One member of EMF is a trustee of Medway Cares.

As MCH's Freedom to Speak Up Guardians, the EMF has helped to highlight the importance of raising concerns in the organisation through attending team meetings, displaying posters and attending team meetings. They provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concerns have been handled; signposting staff to the correct routes to escalate issues. Where appropriate, the Guardians also escalate issues to the relevant Director/Assistant Director as a matter of urgency. EMF members all completed Freedom to Speak up training to develop their skills and enable them to respond appropriately to any concerns raised.

Streamlined Energy and Carbon Reporting

In accordance with the Government Streamlined Energy and Carbon Reporting (SECR) Programme, introduced in April 2019, the following disclosure is made to outline scopes 1, 2 and 3 during the 2024-2025 financial year. This has been compared to the 2023-2024 financial year's SECR disclosure to display progress made in reducing our carbon emissions. We have used the GHG Protocol Corporate Accounting and Reporting Standard and utilised the emissions factors from the UK Governments GHG Conversion Factors for Company Reporting 2024 to calculate our carbon emissions. We have adopted the operational control approach to define our reporting boundary. Where MCH is responsible for utility costs and travel expenses, these emissions are included.

To calculate the total energy consumption for the period, billing/invoicing data was analysed from our suppliers: Total Energies and EDF Energy. This data was then converted into tonnes of CO₂e utilising the UK Government's GHG Conversion Factors for Company Reporting 2024. The equivalent carbon dioxide (CO₂e) emissions for Medway Community Healthcare for 2024-2025 was 545.91TCO₂e.

Taking the average number of staff working each month as 1614, we can calculate emissions of 337Kg of CO₂e per employee in 2024-2025. This can be compared with emissions for 2023-2024, where the average number of staff working in each month was 1641, with emissions of 359Kg of CO₂e per employee. This is a decrease of 6.12% per employee.

The table below provides a comparison of our emissions in 2024-2025 with 2023-2024.

	2023-2024	2024-2025	% Change
Gas (kWh)	1441936.27	1326242.72	-8.02%
Equivalent CO₂e (T) Gas [SC²]	259.55	242.57	-6.54%
Electricity (kWh)	647863.2	600528.4	-7.32%
Equivalent CO₂e (T) Electricity) [SC²]	134.16	124.34	-7.32%
Fleet - Petrol and Diesel Consumption - Petrol	3245.54	2965.99	-8.61%
Fleet - Petrol and Diesel Consumption - Diesel	9576.07	10732.24	+12.07%
Fleet Emissions (TCO₂e) [SC²]	30.85	36.15	+17.18%
Business Travel (TCO₂e) [OC²]	166.72	142.85	-14.31%
Total TCO₂e (Gas, Electricity, Fleet and Business Travel)	591.29	545.91	-7.67%
Emissions per employee (Kg)	359	337	-6.12%

1. Since the publication of last year's Directors' Report, additional energy recharges and credits have been processed, resulting in revised figures for 2023-2024. The figures below reflect the updated 2023-2024 data and should be used for comparison with 2024-2025.

1.SC: Standard Calculation

2.OC: Optimal Calculation.

Whilst our gas, electricity, business travel and petrol fleet emissions have reduced in 2024-2025, our fleet diesel consumption has increased as has our overall fleet emissions due to this factor. We will focus on reducing diesel fleet emissions and add it as a target in our Green Plan for 2025-2026. This will include ensuring diesel fleet vehicles being replaced by electric or hybrid vehicles. We remain committed to reducing our carbon emissions throughout 2025-2026 as we progress towards net zero. Since energy consumption accounts for 67% of our carbon emissions, we will continue to focus on energy reduction throughout all our sites and implement energy efficiency measures where possible.

Combatting Climate Change:

MCH remains committed to protecting the environment and reducing its impact on local communities and the planet. This year, we have made significant progress in our sustainability efforts, including:

- Delivering our Green Plan to enhance sustainability and environmental responsibility.
- Establishing a bi-monthly Green Champions Network with representatives from all areas of MCH to share and develop green initiatives.
- Ongoing partnerships with other local organisations to exchange knowledge, resources and share best practices.
- Joining The Institute of Sustainability and Environmental Professionals (ISEP), gaining access to valuable resources which will enable us to roll out certified in-house sustainability training.
- Exploring options such as solar panel installation, with quotations being gathered and funding sources investigated.
- Moving to 100% LED lighting at Wisdom Hospice, Harmony House, OurZone, Darland House, and The Mears, with plans to expand to other sites.
- Training has been rolled out on ESR for any MCH staff member to complete regarding sustainability.
- Promoting paperless operations, defaulting printers to black-and-white and double-sided printing, and phasing out single-use plastics where possible. We have also installed hand dryers across our sites to reduce paper towel waste. We also provide to patients the option for QR codes which link to leaflets which would have previously been printed, thus reducing paper.
- Using filtered mains water in coolers to eliminate the need for large plastic water containers.
- Approximately 36% of non-pay spend (excluding agency staff) in 2024-2025 was with suppliers in the local postcode area.

- Encouraging staff to work remotely where possible to reduce travel and energy consumption.
- Promoting hybrid and electric vehicles through our lease car scheme; currently includes two MedOCC and one Dental fleet hybrid vehicles.
- Continued collaboration with EMF to support carbon reduction efforts.
- Sharing 'Green Day' messages on national sustainability days to raise awareness among staff.

Approved by the Board on 1st October 2025 and signed on its behalf.

A handwritten signature in black ink, appearing to read 'M Riley', on a light blue dotted background.

Martin Riley
Managing Director



Directors' report

for the year ended 31 March 2025

The directors present their report and the financial statements for the year ending 31 March 2025

Directors

The directors who served during the year were:

- Martin Riley
- Bruce Potter
- Brian Tytherleigh
- Tony Corkett
- John Niland
- Dr Diana Hamilton Fairley
- Christopher Wright
- Helen Martin
- Louise Parker (appointed to the Board 16th May 2024)

The following directors hold £1 ordinary shares in Medway Community Healthcare C.I.C:

- Martin Riley
- Christopher Jeremy Wright
- Louise Parker
- Helen Martin

Employee matters

As a social enterprise Community Interest Company (C.I.C.), our employees co-own MCH and play a vital role in influencing our future plans. We automatically opt in all new staff as shareholders with the choice to opt out for those who do not wish to hold shares. Shareholding gives our staff a voice in real business decisions and currently 99% of our workforce are shareholders.

The Joint Staff Forum (JSF) is for local and regional union representatives to be consulted upon and engaged in developments and policy improvements. The quarterly meetings have been invaluable to the ongoing positive and effective relationship. The JSF has influenced various policies and new initiatives, ensuring the staff voice is heard and taken account of.

MCH is committed to removing any equalities barriers faced by staff and patients. We have a range of policies, procedures and an ongoing Equalities Action Plan to ensure that MCH's workforce is equalities-aware and reflects the local community.

We annually collate data on the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), as well as the Gender Pay Gap, comparing results to the previous year as well as benchmarking with other NHS Trusts and social enterprises. This data feeds into our MCH Equalities Action Plan with the aim of:

- Eliminating unlawful discrimination, harassment and victimisation
- Advancing the equality of opportunity between different groups
- Fostering good relations between different groups

The main focus areas of our current Equalities Action Plan are:

- Continuing to review disciplinary cases involving Black and Asian staff over the past two years to ensure cases are appropriate to instigate a hearing; and going forward, ensuring cases are appropriate before disciplinaries are arranged.
- Encouraging all staff to report any kind of bullying, discrimination or harassment from patients or staff, with such events being investigated with the appropriate action/learning put in place.
- Reviewing our Sickness Absence Policy and management training to ensure compassionate and supportive management is in place.
- Collecting feedback from all of our staff to identify and remove any barriers as well as ensuring staff have tools and support to do their job.
- Continuing to support our Inclusion Network, to ensure all voices, including disabled voices, are heard within our organisation.

Our Inclusion Network has been pivotal in celebrating and raising awareness of different religious events and lived experienced/barriers faced by MCH staff. The Inclusion Network is a staff-led group, from a range of cultural and religious backgrounds, who want to share their knowledge and experiences with the rest of the workforce, with the aim of raising awareness and understanding. They have supported and amplified the voice of underrepresented staff groups within our workforce, enabling improvements to be made (e.g. the group raised parking issues from disabled staff which lead to a different procedure being implemented). The Network has also worked with NHS England and NHS Employers to shape national equality policies and priorities within the NHS.

Employees with a disability

MCH has continued to achieve the Disability Confident Committed standard. We ensure our recruitment process is inclusive and accessible by:

- Ensuring against discrimination
- Providing information in accessible formats, e.g. large print
- Accepting applications in alternative formats, e.g. in paper form
- Promoting our vacancies through a range of channels
- Guaranteeing interviews to applicants with a disability who meet the minimum criteria as specified in the job description
- Providing reasonable adjustments as required.

We support new and existing employees with disabilities to remain at work through a range of adaptations and reasonable adjustments available to them.

Section 172 Statement:

As a Community Interest Company Registered in England, MCH's Directors are committed to promoting the success of the company in the best interest of our staff and shareholders and the wider communities we serve. This statement provides both an overview of MCH's approach to engaging with our key stakeholders.



Engagement with Employees:

During 2024-2025, MCH commissioned an external organisational development (OD) facilitator to work with staff from across the organisation to introduce the idea of Integrated Neighbourhood Teams. The facilitator worked with all levels of the organisation through workshops to hear their views and opinions on how to bring teams together at a neighbourhood level to benefit patients. Staff made impressive and pragmatic suggestions of ways this could happen, and also considered how to rectify existing issues that prevent teams from working together effectively. These 'quick wins' were implemented, and allowed us to develop plans for the development of Integrated Neighbourhood Teams, based in the skills, views and experiences of our staff.

We also engaged with staff regarding 'new Bob' – our internal staff-facing intranet. The focus group and survey feedback formed the basis of our specification for the new site, which went live in April 2025.

In addition to this:

- Our staff bulletin was shared twice a week and attracted a readership of 250-300 directly, (as well as more via sharing in the closed staff Facebook group). This was reviewed via staff poll and amended to be once weekly from January 2025.
- Our e-magazine, For You, was published monthly via our staff intranet and direct email.
- Our closed Facebook group for staff, which has over 1,100 members (approximately 84% of staff) continued to develop and grow, serving as an important tool for engagement with staff. It proved invaluable for reaching staff (in combination with other channels) during the forementioned IT outage incident in late 2024 – early 2025.
- We held four 'Ask Exec' virtual events where staff logged in to discuss key issues with members of the Executive Team.
- We took part in awareness events such as International Nurses' Day and Dementia Action Week, to recognise our colleagues and service users and their carers.
- We held our AGM in November 2024, where our shareholders voted to receive the Directors' Report and Financial Statements; to receive a report from the Elected Members' Forum (EMF); and to re-appoint auditors.

Engagement with Partners, Suppliers and Service Users and the Public:

The Customer Experience Team has been working within the now established Gather system to understand what people that use our services think about their experiences with us. As an organisation we have worked hard to:

- Improve our Friends and Family Test (FFT) result - we are pleased this is now at its highest level for some time
- Ensure that we are using the digital solutions available to us as much as possible in terms of reaching larger numbers of patients efficiently
- Support our services with any specific audits and feedback/surveys they may wish to run, to look at ways that we can continually improve our services
- MCH has been working on ensuring that there are dashboards available to teams so that they are able 'at a glance' to ensure their learning is being implemented and that they are on track with their quality improvement plans via Gather
- Provide our services with the autonomy to access, review and own their own customer experience data.

We are continuing to develop the Gather system enabling it to interface with more of our IT systems, which will ultimately strengthen its ability to triangulate and provide a full picture to our operational teams, and to those who commission or use our services.

MCH continues to take a leading role in the work of the Medway and Swale H&CP. This involves working closely with health and social care partners across our locality – working together to communicate in a collaborative way, planning for future care pathways to best suit our patients and communities and considering future ways of working which will streamline and modernise the NHS back-office systems and processes. We also work closely with partners across networks outside of the formal H&CP and ICS groups, collaborating on the development of clinical pathways; communications campaigns; engagement with the public; and finance, reporting and contracting. We have also worked with charitable and voluntary organisations locally, ensuring that they are part of the way we provide care. This has included supporting social prescribing, opportunities for local people and supporting local businesses.



Matters covered in the Strategic Report

Certain items required under Schedule 7 to be disclosed in the Directors' Report are set out in the Strategic Report in accordance with S.414C(II) of the Companies Act 2006; these being the Company's principal risks and uncertainties and Streamlined Energy and Carbon Reporting.

Post balance sheet events

During the 2024-2025 financial year, Kent and Medway ICB issued an invitation to tender for a range of community services for adults and children across Kent and Medway. MCH partnered with HCRG Care Group and Kent Community Health Foundation Trust (KCHFT) to bid for services in Medway and Swale. Following a successful outcome, the contract for these services was awarded to KCHFT, with sub-contracts being agreed between KCHFT and HRCG, and KCHFT and MCH respectively for the services they provide. The new contracts will be effective for five years from 27 October 2025 with an annual £26.7m of adult services and £9.1m of Children's services being sub-contracted from KCHFT (£11.5m and £3.9m respectively for the 2025-2026 financial year). The remaining services from ICB contracts will continue to be contracted by Kent and Medway ICB.

Following the successful Community Services re-procurement, MCH and KCHFT Boards are exploring ways to come together as one organisation. To go ahead with this transaction, the decision will need approval of both Boards, NHS Kent and Medway and NHS England. It is anticipated that, if approved, this transaction will take place during 2026-2027. Through a commercial transaction, MCH's staff, services, assets and liabilities will be transferred to KCHFT.

Provision of information to the auditor

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

- So far as that the director is aware, there is no relevant audit information of which the Company's auditor is unaware; and
- That each director has taken all the steps that ought to have been taken as director in order to be aware of any information needed by the Company's auditor in connection with preparing its report and to establish that the Company's auditor is aware of that information.

Auditors

The auditors, MHA, will be proposed for reappointment in accordance with section 485 of the Companies Act 2006. The auditor, MHA, previously traded through the legal entity MacIntyre Hudson LLP. In response to regulatory changes, MacIntyre Hudson LLP ceased to hold an audit registration with the engagement transitioning to MHA Audit Services LLP.

Approved by the Board on 1st October 2025 and signed on its behalf.

DocuSigned by:

 Martin Riley
Managing Director

Statement of directors' responsibilities

for the year ended 31 March 2025

The directors are responsible for preparing the Strategic Report, the Directors' Report and the Financial Statements in accordance with applicable law and regulations.

Company law requires the directors to prepare financial statements for each financial year. Under that law the directors have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'. Under company law the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Company and of the profit or loss of the Company for that period. In preparing these financial statements, the directors are required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Company will continue in business.

The directors are responsible for keeping adequate accounting records that:

- Are sufficient to show and explain the Company's transactions and disclose with reasonable accuracy at any time the financial position of the Company; and
- Enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the Company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Independent auditors' report

to the members of Medway Community Healthcare CIC.

Opinion

We have audited the financial statements of Medway Community Healthcare C.I.C. (the 'company') for the year ended 31 March 2025 which comprise the Statement of Comprehensive Income, the Statement of Changes in Equity, the Statement of Financial Position, the Statement of Cash Flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in the preparation of the company's financial statements is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Company's affairs as at 31 March 2025 and of the Company's loss for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Material uncertainty related to going concern

We draw attention to note 1.1 Going Concern in the financial statements, which explains that the Company is exploring a potential merger with Kent Community Health Foundation Trust, which if the transaction is approved, would likely see the staff, services, assets and liabilities transferred to Kent Community Health Foundation Trust. As stated in note 1.1, these events or conditions need approval of both Boards, Kent and Medway ICB and NHS England for the transaction to go ahead. While this has not yet been obtained, a material uncertainty exists that may cast significant doubt on the Company's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

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

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

Other information

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the strategic report and the directors' report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

In the light of the knowledge and understanding of the Company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report.

Matters on which we are required to report by exception

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

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

Responsibilities of directors

As explained more fully in the directors' responsibilities statement, the directors 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 directors 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 directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor 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 on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

The specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management, those charged with governance around actual and potential litigation and claims;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias;
- Reviewing minutes of meetings of those charged with governance;
- Reviewing internal audit reports;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations.

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

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

Use of our report

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

Signed by:

Duncan Cochrane-Dyet

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Duncan Cochrane-Dyet BSc BFP FCA

(Senior Statutory Auditor)

MHA

Statutory Auditor

Maidstone, United Kingdom

Date: 16th October 2025

MHA is the trading name of MHA Audit Services LLP, a limited liability partnership in England and Wales (registered number OC455542)

Statement of comprehensive income

for the year ended 31 March 2025

	Note	2025 £000	2024 £000
INCOME	2	78,005	77,416
Cost of services		(67,320)	(66,567)
GROSS PROFIT		10,685	10,849
Administrative expenses		(14,112)	(12,924)
Impairment on building		(111)	-
Reversal of impairment on building		-	79
Impairment of investment		(15)	(75)
Other operating income		3,060	2,588
OPERATING (LOSS)/PROFIT	3	(493)	517
Interest receivable		607	389
Interest payable		(1)	(4)
PROFIT ON ORDINARY ACTIVITIES BEFORE TAX		113	902
Tax on profit on ordinary activities	6	-	-
PROFIT FOR THE FINANCIAL YEAR		113	902
OTHER COMPREHENSIVE INCOME			
Actuarial gains on defined benefit pension schemes	16	-	-
Revaluation of buildings		(290)	239
TOTAL COMPREHENSIVE (LOSS)/INCOME FOR THE YEAR		(177)	1,141

All amounts relate to continuing operations

The notes on page 48 to 80 form part of these financial statements.

Statement of changes in equity

for the year ended 31 March 2025

	Profit and loss account £000	Called up share capital £000	Pension reserve £000	Revaluation reserve £000	Total equity £000
At 1 April 2024	2,923	2	-	515	3,440
Profit for the year	113	-	-	-	113
Revaluation	-	-	-	(290)	(290)
AT 31 MARCH 2025	3,036	2	-	225	3,263

	Profit and loss account £000	Called up share capital £000	Pension reserve £000	Revaluation reserve £000	Total equity £000
At 1 April 2023	2,021	2	-	276	2,299
Profit for the year	902	-	-	-	902
Revaluation	-	-	-	239	239
AT 31 MARCH 2024	2,923	2	-	515	3,440

The notes on page 48 to 80 form part of these financial statements.

Statement of financial position as at 31 March 2025

		2025		2024	
	Note	£000	£000	£000	£000
FIXED ASSETS					
Intangible assets	8		1,559		1,310
Tangible assets	7		4,813		5,701
Investments	20		-		-
			6,372		7,011
CURRENT ASSETS					
Debtors: amounts falling due within one year	9	8,127		6,268	
Cash at bank and in hand	15	10,948		8,907	
		19,075		15,175	
CREDITORS: amounts falling due within one year	10	(16,831)		(14,423)	
NET CURRENT ASSETS			2,244		752
TOTAL ASSETS LESS CURRENT LIABILITIES			8,616		7,763
Creditors: amount falling due after one year	10	(3,746)		(2,571)	
Provisions for liabilities	11	(1,607)		(1,752)	
Defined benefit pension liability	16	-		-	
NET ASSETS			3,263		3,440
CAPITAL AND RESERVES					
Called up share capital	13		2		2
Profit and loss account			3,036		2,923
Revaluation reserve			225		515
Pension scheme	16		-		-
SHAREHOLDERS'S FUNDS			3,263		3,440

The financial statements of Medway Community Healthcare CIC, registered number 07275637, were approved and authorised for issue by the Board on 1st October 2025. Approved and authorised for issue by the Board and signed on its behalf by

Martin Riley
DocuSigned by:
Martin Riley
0997B453EDCA4B0...
 Managing Director

Statement of cash flows

for the year ended 31 March 2025

	Note	2025 £000	2024 £000
OPERATING ACTIVITIES			
Net cash flow from operating activities	14	2,333	1,669
Investing activities			
Interest received		607	389
Payments to acquire tangible fixed assets		(203)	(360)
Payments to acquire intangible fixed assets		(572)	(640)
Net cash flow used in investing activities		(168)	(611)
FINANCING ACTIVITIES			
Payments in respect of the capital element of finance leases		(123)	(205)
Interest paid on finance lease liabilities		(1)	(4)
Net cash flow used in financing activities		(124)	(209)
Increase in cash in the year		2,041	849
Cash and cash equivalents at 1 April		8,907	8,058
Cash and cash equivalents at 31 March		10,948	8,907

The notes on page 48 to 80 form part of these financial statements.

Notes to the financial statements

for the year ended 31 March 2025

1. Accounting policies

1.1 Basis of preparation financial statements

Medway Community Healthcare C.I.C is a Public Benefit Entity limited by shares incorporated in England and Wales under the Companies Act 2006. The address of the registered office is given on the company information page and the nature of the company's operations and its principal activities are set out in the strategic report.

The financial statements have been prepared on a going concern basis, under the historical cost convention unless otherwise specified within these accounting policies and in accordance with FRS 102, the Financial Reporting Standard applicable in the UK, and the Companies Act 2006.

The financial statements are presented in Pound Sterling which the functional currency of the Company and amounts are rounded to the nearest thousand Pounds Sterling.

Consolidation

The Company has taken advantage of the exemption allowed under FRS 102 paragraph 9.9A (Companies Act 2006 s402) and has not consolidated its subsidiary company on the basis that it is not material for the purpose of giving a true and fair view. The associated undertaking is also not consolidated on the basis that the Company does not hold more than 50% of the allotted shares in the entity.

Going Concern

The Company, Medway Community Healthcare C.I.C, and Kent Community Health Foundation Trust are exploring ways to come together as one organisation. To go ahead with this transaction, the decision will need approval of both Boards, Kent and Medway ICB, and NHS England. It is anticipated that, if approved, this transaction would take place during 2026/27. Through a commercial transaction, the staff, services, assets and liabilities would likely be transferred to Kent Community Health Foundation Trust and the expectation is that the Company might then be dissolved. Consequently, there is a material uncertainty which may cast significant doubt as to whether the Company will continue as a going concern in the event that this transaction is completed.

The accounts are prepared on a going concern basis subject to any decision being made

1.2 Income

Income comprises revenue recognised by the company in respect of goods and services supplied, exclusive of Value Added Tax and trade discounts.

Income in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable, with the exception of income to the Information Governance Department where reports are not issued until the customer has paid.

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

When income has been received for a specific activity to be delivered in the following financial year, that income will be deferred.

Revenue from NHS contracts

The main source of income comes from contracts with commissioners for healthcare services. For both financial years ending 31 March 2025 and 31 March 2026 the majority of the company's income from NHS commissioners was in the form of block contract arrangements. The related performance obligation is the delivery of healthcare and related services during the period, with the company's entitlement to consideration not varying based on the levels of activity performed.

Revenue from Non NHS contracts

The majority of non-NHS income comes from contracts agreed with the Local Authority acting as commissioner for health and social care services. A performance obligation relating to delivery of a spell of health or social care is generally satisfied over time as health or social care is received and consumed simultaneously by the customer as the company performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. In the year ending 31 March 2025 the majority of income was in the form of a block contract arrangements. The related performance obligation is the delivery of healthcare and related services during the period, with the company's entitlement to consideration not varying based on the levels of activity performed.

In addition, revenue is received from private patients and for prescription costs. This income is recognised as the provision is given.

1.3 Other operating income

Other operating income comprises of income recognised by the company in respect of training, contributions from charities, pay award, ICB and research funding and other miscellaneous income, this is recognised exclusive of Value Added Tax.

Other operating income is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

When revenue has been received for a specific activity to be delivered in the following financial year, that income will be deferred.



Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

1.4 Intangible assets

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the company's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the company, where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Subsequent to initial recognition, intangible assets are stated at cost less accumulated amortisation and accumulated impairment. Intangible assets are amortised on a straight line basis over their estimated useful life. If a reliable estimate of the estimated useful life cannot be made the life should not exceed 5 years. The carrying value of intangible assets is reviewed for impairment if events or changes in circumstances indicate the carrying value may not be recoverable.

If there are indicators that the residual or useful life of an intangible asset has changed since the most recent annual reporting period previous estimates shall be reviewed and, if appropriate the residual value, amortisation or useful life shall be amended. Changes in the expected useful life or the expected pattern of consumption of benefit shall be accounted for as a change in accounting estimate.

Internally-generated assets are recognised only if all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development

Computer software licences are amortised on a straight line basis over the period of the licence.

1.5 Property, plant and equipment

Property, plant and equipment are stated at cost or valuation less accumulated depreciation and accumulated impairment losses. Such cost includes costs directly attributable to making the asset capable of operating as intended.

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the company;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually has a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Depreciation is provided on all property, plant and equipment, at rates calculated to write off the cost or valuation, less estimated residual value, of each asset on a systematic basis over its expected useful life as follows:

Fixtures and Fittings - over 4-10 years straight line

Medical equipment - over 5 years straight line

IT Equipment - over 5-10 years straight line

Vehicles - over 4-7 years straight line

Buildings - over 5-29 years straight line (based upon advice from a professional valuer)

Estimated useful lives and residual values are reviewed each year. Freehold land is considered to have an infinite life and is not depreciated. Assets in the course of construction are not depreciated until the asset is brought into use.

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings are subsequently remeasured at a market valuation, which is performed periodically by a chartered surveyor, to ensure that the carrying amount does not differ materially from that which would be determined using fair value at the end of the reporting period.

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Property is subsequently revalued at each year end on a depreciated replacement cost basis, and any revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

Impairment of assets

At each reporting date fixed assets are reviewed to determine whether there is any indication that those assets have suffered an impairment loss. If there is an indication of possible impairment, the recoverable amount of any affected asset is estimated and compared with its carrying amount. If estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount, and an impairment loss is recognised immediately in profit or loss.

If an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but not in excess of the amount that would have been determined had no impairment loss been recognised for the asset in prior years. A reversal of an impairment loss is recognised immediately in profit or loss.

1.6 Provisions for liabilities

Provisions are recognised when a present legal or constructive obligation has arisen as a result of a past event, it is probable that it will be necessary to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties

A provision has been recognised in relation to dilapidations with respect to leased buildings. Further detail is provided at Note 11.

1.7 Deferred tax

Full provision is made for deferred tax assets and liabilities arising from all timing differences between the recognition of gains and losses in the financial statements and recognition in the tax computation.

A net deferred tax asset is recognised only if it can be regarded as more likely than not that there will be suitable taxable profits from which the future reversal of the underlying timing differences can be deducted.

Deferred tax assets and liabilities are calculated at the tax rates expected to be effective at the time the timing differences are expected to reverse.

1.8 Cash and cash equivalents

Cash and cash equivalents in the Statement of Financial Position comprise cash at banks and in hand and short term deposits with banks where maturity occurs within 3 months of the year end. For the purpose of the statement of cash flows, cash and cash equivalents consist of cash and cash equivalents as defined above.

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

1.9 Leasing and hire purchase commitments

Finance Leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the company, the asset is recorded as a fixed asset and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as a fixed asset.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating Leases

Rentals payable under operating leases are charged in the profit and loss account on a straight line basis over the lease term. Lease incentives are recognised over the lease term on a straight line basis.

1.10 Pensions

NHS Pension Scheme

Employees who transferred into the company on 1 April 2011 are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable employing bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the employer of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements, other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the organisation commits itself to the retirement, regardless of the method of payment. This scheme is now open to all eligible staff.

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

Scottish Widows Pension Scheme

Employees who joined the company after 1 April 2011 can choose to participate in the NHS Pension Scheme (if they are eligible) or in the Scottish Widows Pension Scheme. The latter scheme is a defined contribution scheme and the pension charge represents the amounts payable by the company to the fund in respect of the year.

Local Government Pension Scheme

The Local Government Pension Scheme is accounted for as a defined benefits scheme:

The liabilities of the Kent pension fund attributable to Medway Community Healthcare C.I.C. are included in the Statement of Financial Position on an actuarial basis using the projected unit method – i.e. an assessment of the future payments that will be made in relation to retirement benefits earned to date by employees, based on assumptions about mortality rates, employee turnover rates, etc, and projections of projected earnings for current employees.

The assets of the Kent pension fund attributable to Medway Community Healthcare C.I.C. are included in the Statement of Financial Position at their fair value:

Quoted securities – current bid price
 Unquoted securities – professional estimate
 Unitised securities – current bid price
 Property – market value

The change in the net pension liability is analysed into 5 components:

Service cost – the increase in liabilities as a result of years of service earned this year – allocated in the Statement of Comprehensive Income to the services for which the employee worked.

Net interest cost – this is made up of the interest income on the assets and interest expense on the defined benefit obligation, both are calculated with reference to the discount rate – debited to financial charges in the Statement of Comprehensive Income.

Remeasurement of net assets/defined liability. – this is made up of the impact of the change in financial assumptions that arise because events have not coincided with assumptions made at the last actuarial valuation or because the actuaries have updated their assumptions and the return on fund assets in excess of interest – debited/credited to the Pensions Reserve.

Contributions paid to the Kent pension fund – cash paid as employer's contributions to the pension fund in settlement of liabilities; not accounted for as an expense.

Administration expenses – debited to the Statement of Comprehensive Income.

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

1.11 Financial instruments

Financial assets

Financial assets, other than investments and derivatives, are initially measured at transaction price (including transaction costs) and subsequently held at cost, less any impairment.

Financial liabilities and equity

Financial liabilities and equity are classified according to the substance of the financial instrument's contractual obligations, rather than the financial instrument's legal form. Financial liabilities are initially measured at transaction price (including transaction costs) and subsequently held at amortised cost.

1.12 Judgements in applying accounting policies and key sources of estimation uncertainty

In the application of the Company's accounting policies, which are described in Note 1, the Directors are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources.

The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of revision and future periods if the revision affects the current and future periods.

In the view of the Directors, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the Balance Sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year. In arriving at this conclusion, the Directors have considered factors such as depreciation, bad debt provisions, dilapidations and fixed asset valuations.

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

Dilapidations

The company has obligations under certain property leases to restore buildings to a reasonable standard at the end of the lease. The directors have estimated therefore a provision for dilapidations by reference to expected costs per square metre of £903, based on past experience of similar works and with reference to general advice provided by a chartered surveyor. An uplift of £500 per square metre has been added when the area has been previously adapted by the company for clinical purposes on the basis that the restitution cost will be higher. This premium is based on experience of similar works done on leased properties, and is calculated by an estimate of the proportionate area of the clinical space to the total area. Whilst an estimate, the directors judge that the overall provision as shown in Note 11 is materially accurate. A further area of judgment is the point at which the past event arises that crystallises the obligation, which is assessed to be the point at which a decision was made not to renew the lease. For MCH House, the larger part of the provision, this occurred in the current year.

Valuations

Property as a class of tangible fixed assets is held at valuation. As such properties used by the company have a very specific application, a fair value methodology on market-based evidence is not appropriate. Therefore they are valued periodically by Harrisons Chartered Surveyors at depreciated replacement cost, inclusive of irrecoverable VAT.

2. Turnover

	2025 £000	2024 £000
NHS Revenue	67,659	67,451
Non NHS Revenue	10,346	9,965
	78,005	77,416

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

3. Operating profit

	2025 £000	2024 £000
The operating profit is stated after charging/(crediting):		
Auditors' remuneration - audit services	64	60
Auditors' remuneration - tax computation and compliance services	5	5
Internal audit and counter fraud services	40	45
Depreciation and amortisation	1,243	1,190
Release of deferred grant income against depreciation	(285)	(245)
Profit on disposal of fixed assets	(8)	-
Loss on disposal of fixed assets	17	-
Reversal of impairment of building	-	(79)
Impairment of building	111	-
Operating lease payments - see note 17	3,099	3,687

Amortisation of intangible assets is charged to administration expenses.

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

4. Employees

Staff costs, including directors' remuneration, were as follows:

	2025 £000	2024 £000
Wages and salaries	48,333	44,356
Apprenticeship Levy	226	222
Social security costs	4,790	4,677
Other pension costs - see note 16	5,901	5,570
	59,250	54,825

The average monthly number of employees, including the directors, during the year was as follows:

	2025 No.	2024 No.
Clinical and Administration	1,609	1,637
Non-Executive Directors	5	4
	1,614	1,641

This includes employees with zero hours' contracts, where hours are worked based on the needs of the business and payment is made accordingly, rather than at a set level.

The total compensation of key management personnel for the year was £1,742k (2023/24: £1,821k).

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

5. Directors' remuneration

	2025 £000	2024 £000
Emoluments	672	806
Company pension contribution to defined benefit pension schemes	67	55

During the year retirement benefits were accruing to 3 directors (2023/24: 0) in respect of defined contribution pension schemes and 3 (2023/24: 6) in respect of defined benefit pension schemes.

The highest paid director received total remuneration of £251k split as follows:
£239k emoluments (2023/24: £227k) and £12k company pension contribution (2023/24: £11k).

6. Taxation

The tax charge is made up as follows:

	2025 £000	2024 £000
Current tax		
UK corporation tax charge on profit/(loss) for the year	-	-
Adjustments in respect of prior periods	-	-
Deferred tax		
Origination and reversal of timing differences	-	-
Adjustment in respect of prior periods	-	-
Total tax charge/(credit) recognised in the income statement for the year	-	-

Factors affecting tax charge for the year

The tax assessed for the year is lower than (2023/24 - lower than) the standard rate of corporation tax in the UK of 25% (2023/24 - 25%).

The differences are explained on the next page:

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

	2025 £000	2024 £000
Profit on ordinary activities before tax	113	902
Profit on ordinary activities multiplied by standard rate of corporation tax in the UK of 25% (2023/24: 25%)	28	226
Effects of:		
Fixed asset differences	34	34
Expenses not deductible for tax purposes	78	19
Income not taxable for tax purposes	(71)	(82)
Adjustments to tax charge in respect of prior periods	-	(592)
Movement in deferred tax not recognised	(69)	395
Current tax charge/(credit) for the year	-	-

The company has recognised a deferred tax liability of £0k (2023/24: £0k) in respect of short term timing differences.

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

7. Tangible fixed assets

	Fixtures and fittings £000	Medical equipment £000	IT equipment £000	Vehicles £000	Building £000	Land £000	Total £000
Cost or valuation							
At 1 April 2024	304	763	1,672	129	3,715	840	7,423
Additions	18	15	175	3	-	-	211
Disposals	-	(55)	(3)	-	-	-	(58)
Revaluation	-	-	-	-	(261)	(140)	(401)
At 31 March 2025	322	723	1,844	132	3,454	700	7,175

Depreciation

At 1 April 2024	(135)	(389)	(1,104)	(94)	-	-	(1,722)
Charge for the year	(60)	(123)	(284)	(11)	(220)	-	(698)
Disposals	-	55	3	-	-	-	58
Revaluation	-	-	-	-	-	-	-
At 31 March 2025	(195)	(457)	(1,385)	(105)	(220)	-	(2,362)

Net book value

At 31 March 2025	127	266	459	27	3,234	700	4,813
At 31 March 2024	169	374	568	35	3,715	840	5,701

Finance Leases

The net book value of IT equipment includes an amount of £286k (2023/24: £151k) in respect of assets held under finance leases.

Such assets are classified as finance leases as the rental period amounts to the estimated useful economic life of the assets concerned and the assets revert to the Medway Community Healthcare C.I.C. at the end of the contract term with no further payment required.

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

8. Intangible fixed assets

	Computer software £000
Cost	
At 1 April 2024	2,553
Additions	813
Disposals	(32)
At 31 March 2025	3,334
Amortisation	
At 1 April 2024	(1,243)
Charge for the year	(545)
Disposals	13
At 31 March 2025	(1,775)
Net book value	
At 31 March 2025	1,559
At 31 March 2024	1,310

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

9. Debtors

Current

	2025 £000	2024 £000
NHS trade debtors	3,773	1,503
Non NHS trade debtors	750	258
Prepayments and accrued income	3,548	4,443
Provision for bad debts	(45)	(29)
Other debtors	101	93
	8,127	6,268

10. Creditors

	2025 £000	2024 £000
Amounts falling due within one year		
NHS trade creditors	3,866	2,811
Non NHS trade creditors	1,694	1,551
Accruals and deferred income	9,502	8,813
Amounts due to subsidiary undertakings	-	2
Other taxes and social security	1,188	1,082
Obligations under finance leases	556	157
Other creditors	25	7
	16,831	14,423

Amounts falling due after one year

Accruals and deferred income	3,350	2,571
Obligations under finance leases	396	-
	3,746	2,571

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

	2025	2025	2025	2024
	Deferred income - current	Deferred income - non-current	Total	Total
	£	£	£	£
At 1 April	3,330	2,571	5,901	6,092
Additions	1,824	8	1,832	1,832
Utilised during the year	(1,698)	(246)	(1,944)	(1,944)
Reversed during the year	-	(79)	(79)	(79)
At 31 March	3,456	2,254	5,710	5,901

	2025 £000	2024 £000
Total of company's future minimum lease payments under finance leases:		
Not later than one year	556	157
Later than one year and not later than five years	396	-
Later than five years	-	-

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

11. Provisions

	2025 General provisions	2025 Dilapidations provisions	2025 Deferred tax	2025 Total	2024 Total
	£	£	£	£	£
At 1 April	125	1,627	-	1,752	508
Additions	-	-	-	-	1,508
Utilised during the year	-	(116)	-	(116)	(174)
Reversed during the year	-	(29)	-	(29)	(90)
At 31 March 2025	125	1,482	-	1,607	1,752

General provisions relate to anticipated legal fees in ongoing medical and employee legal claims. There are a number of various medical and employment claims at different stages of the process and with a variety of expected outcomes.

The dilapidations provisions of £1,482k relates to the lease on MCH House (2023/24: £1,498k). The new lease on MCH House expires in 2035. There is a requirement to reinstate the building to its original non-clinical state at the end of the lease.

Deferred tax liability:

	2025 £000	2024 £000
Fixed asset timing differences	584	630
Short term timing differences	(4)	-
Losses and other deductions	580	(630)
	-	-

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

12. Contingent liabilities

There are no known contingent liabilities (2023/24: nil).

13. Share capital

	2025 £000	2024 £000
Fixed asset timing differences		
Short term timing differences	2	2

At 31 March 2025 the company had 1,756 allotted and issued ordinary shares (2023/24: 1,681)

No dividends can be paid in respect of the above shares.

In May 2024 MCH allotted an additional 75 shares in the Company.

14. Net cash flow from operating activities

	2025 £000	2024 £000
Operating (loss)/profit	(493)	517
(Increase)/decrease in debtors	(1,856)	323
Increase/(decrease) in creditors	3,735	(1,352)
(Decrease)/increase in provisions	(146)	1,245
Depreciation and amortisation	1,243	1,190
Release of deferred grant income against depreciation	(285)	(245)
(Loss)/gain on tangible fixed assets	111	(79)
Impairment of investments	15	70
Profit on disposal of tangible fixed assets	(8)	-
Loss on disposal of tangible fixed assets	17	-
Cash flow from operating activities	2,333	1,669

15. Analysis of changes in net funds

	1 April 2024 £000	Finance leases £000	Cash flow £000	31 March 2025 £000
Obligations under finance leases	(157)	(795)	-	(952)
Cash at bank and in hand	8,907	-	2,041	10,948
Net funds	8,750	(795)	2,041	9,996

The cash figure includes a £212k Bond held for the benefit of Kent County Council (2023/24: £212k).

Lloyds Bank PIC hold a fixed charge over cash balances.

16. Pension commitments

Medway Community Healthcare C.I.C. participates in two defined benefit pension schemes and one defined contribution scheme. From 1 May 2014 all new employees and existing employees (who did not previously TUPE) were able to choose between the NHS Pension scheme (if they are eligible) or the Scottish Widows scheme.

NHS Pension Scheme

The total pension charge for the year was £5,780k (2024/25: £5,447k) for the NHS Pension Scheme.

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period. Medway Community Healthcare C.I.C has no liability for other employer’s obligations for the multi-employer scheme.

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

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2019, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVCs run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

Scottish Widows Pension Scheme

The total pension charge for the year was £105k (2023/24: £114k) for the Scottish Widows Pension Scheme.

The Scottish Widows scheme is a defined contribution scheme and the pension charge represents the amounts payable by the company to the fund in respect of the year.

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

Local Government Pension Scheme

In 2013/2014 staff transferred to Medway Community Healthcare C.I.C. from Medway Council. The transferred employees are entitled to continue their participation in the Local Government Pension Scheme. This is a defined benefit pension scheme. The total pension charge for the year was £16k (2023/24: £15k).

This is a defined benefit statutory scheme administered in accordance with the Local Government Pension Regulations 2013/14.

Contributions are set every 3 years as a result of the actuarial valuation of the Fund required by the regulations. The last actuarial valuation of the Fund was carried out as at 31 March 2022 and set contributions for the period 1 April 2023 to 31 March 2026.

An asset arising at the balance sheet date representing a surplus of assets allocated to the scheme versus allocated scheme liabilities, has been derecognised. This is because the directors have concluded the asset will not be realised in the form of a rebate or reduced contributions, and therefore the recognition criteria have not been met.

The following information is taken from the actuarial report commissioned by the Administering Authority.

	2025 £000	2024 £000
Reconciliation of opening to closing defined benefit pension scheme asset/(liability)		
Present Value of Funded Obligation	(2,497)	(2,735)
Fair Value of Scheme Assets (bid value)	3,647	3,637
Derecognition of pension scheme asset	(1,150)	(902)
Net liability in balance sheet	-	-

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

2025
£000
2024
£000

The amounts recognised in the profit and loss statement are:

Service cost	17	16
Net interest on the defined liability	(1)	-
Administration expenses	3	3
Total	19	19

2025
£000
2024
£000

Reconciliation of opening and closing balances of the present value of the defined benefit obligation

Opening defined benefit obligation	2,735	2,727
Current service cost	17	16
Interest cost	130	130
Change in financial assumptions	(251)	(15)
Change in demographic assumptions	(6)	(36)
Experience loss on defined benefit obligation	(6)	8
Estimated benefits paid net of transfers in	(125)	(98)
Contribution by scheme participants	3	3
Closing defined benefit obligation	2,497	2,735

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

	2025 £000	2024 £000
Reconciliation of opening and closing balances of the fair value of scheme assets		
Opening fair value of scheme assets	3,637	3,586
Interest of assets	174	171
Return on assets less interest	(55)	(37)
Administration expenses	(3)	(3)
Contribution by employer including unfunded	16	15
Contribution by scheme participants	3	3
Estimated benefits paid net of transfers in	(125)	(98)
Closing defined benefit obligation	3,647	3,637

	2025 £000	2024 £000
Reconciliation of opening and closing surplus/(deficit) at 1 April	902	859
Current service cost	(17)	(16)
Interest cost	(130)	(130)
Employer contributions	16	15
Interest on assets	174	171
Return on assets less interest	(55)	(37)
Change in financial assumptions	251	15
Change in demographic assumptions	6	36
Experience loss on defined benefit obligation	6	(8)
Administration expenses	(3)	(3)
Derecognition of pension asset	(1,150)	(902)
Surplus/(Deficit) at 31 March	-	-

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

	2025 £000	%	2024 £000	%
Assets				
Employer asset share - bid value				
Equities	2,076	56.9	2,115	58.2
Gilts	216	5.9	267	7.3
Other bonds	542	14.9	524	14.4
Property	298	8.2	326	9.0
Cash	145	4.0	58	1.6
Absolute return portfolio	187	5.1	184	5.1
Infrastructure	183	5.0	163	4.5
Total	3,647	100	3,637	100

		2025	2024
		Years	Years
Principal actuarial assumptions			
life expectancy from 65 (years)			
Retiring today	Males	20.7	20.8
	Females	23.3	23.3
Retiring in 20 years	Males	22.0	22.0
	Females	24.7	24.7

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

Financial assumptions		
	2025 %pa	2024 %pa
Main scheme		
RPI increases	3.3	3.3
CPI increases	3.0	2.9
Salary increases	4.0	3.9
Pension increases	3.0	2.9
Discount rate	5.7	4.9
Drivers scheme		
RPI increases	3.4	3.3
CPI increases	3.0	2.9
Salary increases	4.0	3.9
Pension increases	3.0	2.9
Discount rate	5.7	4.9

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

Sensitivity analysis	£000	£000	£000	£000	£000
Adjustment to discount rate	+0.5%	+0.1%	0.0%	-0.1%	-0.5%
Present value of total obligation	2,360	2,468	2,497	2,525	2,647
Projected service cost	14	14	15	15	16
Adjust to long term salary increase	+0.5%	+0.1%	0.0%	-0.1%	-0.5%
Present value of total obligation	2,500	2,498	2,496	2,496	2,493
Projected service cost	15	15	15	14	14
Adjustment to pension increases and deferred revaluation	+0.5%	+0.1%	0.0%	-0.1%	-0.5%
Present value of total obligation	2,647	2,525	2,497	2,468	2,359
Projected service cost	16	15	15	14	14
Adjustment to life expectancy assumptions		+1 year	None	-1 year	
Present value of total obligation		2,580	2,497	2,417	
Projected service cost		16	15	14	

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

	2025 £000	2024 £000
Amounts recognised in other comprehensive income are:		
Return on assets less interest	(55)	(37)
Other actuarial gains	-	-
Change in financial assumptions	251	15
Change in demographic assumptions	6	36
Experience loss on defined benefit obligation	6	(8)
Derecognition of pension scheme asset	(208)	(6)
Remeasurement of the net assets/(defined liability)	-	-
Movements in other comprehensive income	-	-

17. Operating leases

At 31 March 2025 the company incurred the following rental charges:

Buildings 2025 £000	Lease cars 2025 £000	Equipment 2025 £000	Total 2025 £000	Total 2024 £000
2,903	17	179	3,099	3,687

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

Arrangements containing an operating lease

	2025 £000	2024 £000
Future minimum lease payments due:		
On building leases:		
Not later than one year	2,885	2,896
Later than one year and not later than five years	162	602
Later than five years	-	-
On plant and machinery leases:		
Not later than one year	177	177
Later than one year and not later than five years	181	525
Later than five years	-	-
On other leases:		
Not later than one year	3	14
Later than one year and not later than five years	-	-
Later than five years	-	-
Total	3,408	4,214

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

18. Related party transactions

Medway Cares is a wholly owned subsidiary of the Company and a charity set up to promote and protect the physical and mental health of the public through the provision of financial assistance, support, education and practical advice; and to relieve poverty and other charitable need. Medway Community Healthcare C.I.C had a creditor balance of £0k relating to Medway Cares at year-end (2023/24: £2k).

Members of the Board are considered to be key management, their total remuneration is £692k (including employers NIC contributions), (2023/24: £835k) details are shown in note 5.

Lisa Riley, the wife of Martin Riley, is Deputy CEO of Vitalhub UK Ltd, a company providing technology solutions to Medway Community Healthcare C.I.C. In 2024/25, £458k of expenditure was incurred with Vitalhub UK Ltd (2023/24: £188k).

Lisa Riley (resigned 8 February 2024) and Louise Parker (resigned 17 February 2024) served as trustees of the Council for Voluntary Service (Medway) operating as Medway Voluntary Action during the prior financial year. Medway Voluntary Action delivers voluntary and community projects for Medway Community Healthcare C.I.C. In 2024/25 £424k of expenditure was incurred with Medway Voluntary Action (2023/24: £559k).

Chris Wright is on the board of directors for Albion Outlook Ltd, a joint venture established by a group of three social enterprises during 2014/15. During 23/24 the investment in Albion Outlook Ltd was written down from £70k to £nil. An investment in Albion Outlook Ltd of £15k during 24/25 was also written down to £nil so the investment value as at 31st March 2025 was £0k (2023/24 value: £0k). No loans were made to Albion Outlook Ltd by Medway Community Healthcare C.I.C. during 2024/25 (2023/24: £40k). The total loan amount owed to Medway Community Healthcare C.I.C. at the financial year end is £72k (2023/24: £65k). £7k of loans previously written off were reinstated during 24/25.

Bruce Potter (Chairman) is a partner at Blake Morgan LLP, a law firm which has provided legal services to Medway Community Healthcare C.I.C. In 2024/25 £92k (2023/24: £65k) of expenditure has been incurred. Creditors outstanding at year end were £0k (2023/24: £0k)

The contract for providing dental services is signed in a personal capacity by Dr Simon Collins (Medical Director) and subcontracted to Medway Community Healthcare C.I.C. This is due to the need for the dental contracts to be signed by a qualified clinician. The contractual relationship is such that Dr Simon Collins does not profit personally from the transactions. The dental contract income generated by Medway Community Healthcare in the period was £4,883k (2023/24: £4,582k).

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

19. Subsidiary undertakings

The following Company is a wholly owned subsidiaries of Medway Community Healthcare C.I.C.:

- Medway Cares, a company limited by guarantee without share capital and registered charity incorporated in the UK

The registered office of Medway Cares Limited is MCH House, Bailey Drive, Gillingham Business Park, Gillingham, Kent, ME8 0PZ

The following Company is an associated undertaking of Medway Community Healthcare C.I.C.:

- Albion Outlook Limited, incorporated in the UK. Medway Community Healthcare C.I.C. owns 168,367 £1 ordinary shares in the company which represents a 33% holding. Albion Outlook Limited is a joint venture with two other Community Interest Companies. In 2018/19 our investment in Albion Outlook Limited was impaired to £50,000 as a result of voluntary liquidation of some of it's investments, following additional investment in 2019/20 the value of the investment was £69,965 but this was impaired to £nil in 23/24. A further investment during 24/25 of £15k was also impaired to £nil.

These financial statements present information about the Company as an individual entity, not about its group. Medway Community Healthcare C.I.C. has opted to exercise the exemption afforded under FRS 102 paragraph 9.9A (Companies Act 2006 s402) to exclude the subsidiaries from consolidation on the basis that they are not material for the purpose of giving a true and fair view.

20. Investments

	2025 £000	2024 £000
At start of the year	-	70
Additions	15	-
Impairment of investments	(15)	(70)
	-	-

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

21. Financial Instruments

Financial instruments may be analysed as follows:

	2025 £000	2024 £000
Financial assets		
Financial assets that are debt instruments measured at amortised cost	16,295	13,863
Financial liabilities		
Financial liabilities measured at amortised cost	12,459	9,974

Financial assets measured at amortised cost comprise cash, trade debtors, other debtors, amounts owed by joint ventures and associated undertakings.

Financial liabilities measured at amortised cost comprise convertible loan stock, irredeemable preference shares, bank loans and overdrafts, trade creditors, other creditors and accruals.

Credit risk

Credit risk is the risk of financial loss if a customer or counterparty to a financial instrument fails to meet its contractual obligations. As the majority of the income comes from contracts with other public sector bodies Medway Community Healthcare C.I.C has relatively low exposure to credit risk.

Credit risk also arises from cash and cash equivalents and deposits with banks and financial institutions. For banks and financial institutions, only independently rated parties with minimum rating "A" are accepted.

Liquidity risk

Liquidity risk arises from the management of working capital. It is the risk that we will encounter difficulty in meeting our financial obligations as they fall due.

The Board receives information on cash balances on a monthly basis along with a forecast for the remainder of the financial year.

Currency risk

Medway Community Healthcare C.I.C is predominantly a domestic organisation with the great majority of transactions being in the UK and sterling based, therefore, there is low exposure to currency rate fluctuations.

Interest rate risk

Most of the financial assets and liabilities of Medway Community Healthcare C.I.C carry nil or fixed rates of interest and so we have limited interest rate risk.

Notes to the financial statements

for the year ended 31 March 2025 (cont'd)

22. Post Balance Sheet Events

In May 2024 MCH allotted an additional 75 shares in the Company.

Community Services Re-procurement

During the 2024-25 Financial year, Kent and Medway ICB issued an invitation to tender for a range of community services for adults and children across Kent and Medway. MCH partnered with HCRG Care Group and Kent Community Health Foundation Trust (KCHFT) to bid for services in Medway and Swale. Following a successful outcome, the contract for these services was been awarded to KCHFT, with sub-contracts being agreed between KCHFT and HRCG and KCHFT and MCH respectively for the services they provide. The new contracts will be effective for five years from 26th October 2025 with an annual £26.7m of adult services and £9.1m of Children's services being sub-contracted from KCHFT (£11.5m and £3.9m respectively for the 2025-26 financial year). The remaining services from ICB contracts will continue to be contracted by Kent and Medway ICB.

Joining with KCHFT

Following the successful Community Services Re-procurement, MCH and KCHFT Boards are exploring ways to come together as one organisation. To go ahead with this transaction, the decision will need approval of both Boards, Kent and Medway ICB, and NHS England. It is anticipated that, if approved, this transaction will take place during 2026-2027. Through a commercial transaction, MCH's staff, services, assets and liabilities will be transferred to KCHFT.

Detailed income statement

for the year ended 31 March 2025

	2025 £000	2024 £000
TURNOVER	78,005	77,416
Cost of services	(67,320)	(66,567)
GROSS PROFIT	10,685	10,849
Gross profit %	14%	14%
Other operating income	3,060	2,588
LESS: OVERHEADS		
Administrative expenses	(14,112)	(12,924)
Impairment on building	(111)	-
Reversal of impairment on building	-	79
Impairment on investments	(15)	(75)
OPERATING (LOSS)/PROFIT	(493)	517
Interest receivable	607	389
Interest payable	(1)	(4)
PROFIT FOR YEAR BEFORE TAX	113	902

Schedule to the detailed accounts

for the year ended 31 March 2025

Turnover

	2025 £000	2024 £000
NHS Revenue	67,659	67,451
Non NHS Revenue	10,346	9,965
	78,005	77,416

Cost of services

	2025 £000	2024 £000
Planned services	15,389	15,623
Local Care	16,490	16,095
Urgent and Intermediate Care	14,602	13,075
Children and Young People Services	9,140	8,624
Covid-19 costs	-	11
Care Coordination Centre (CCC)	3,166	2,936
Estates	8,533	10,203
	67,320	66,567

Other operating income

	2025 £000	2024 £000
Training income	606	626
Contributions from charities	740	794
Other	1,714	1,168
	3,060	2,588

Schedule to the detailed accounts (cont'd)

Administration express

	2025 £000	2024 £000
Corporate Management	854	834
Clinical Quality	971	786
Safeguarding	643	549
CQUINS	13	37
Finance, Resources, IT and Infrastructure	3,832	3,599
Contracts, Strategy and Assurance	1,002	1,033
Business Intelligence and Project Management	506	449
Depreciation	1,243	1,190
Release of deferred grant income against depreciation	(285)	(245)
Payroll	154	154
HR and Comms	1,904	1,782
ICB/HaCP	2,753	2,748
Reserves and other	522	8
	14,112	12,924

Interest receivable

	2025 £000	2024 £000
Bank interest receivable	607	389
	607	389

Interest payable

	2025 £000	2024 £000
Interest of finance lease	(1)	(4)
	(1)	(4)

