GREENWICH AND BEXLEY COMMUNITY HOSPICE LIMITED

England & Wales · Charity number 1017406

Details

Other names	GREENWICH AND BEXLEY COTTAGE HOSPICE LIMITED, GREENWICH AND BEXLEY COTTAGE HOSPICE
Status	Registered
Legal form	Charitable company
Company number	02747475
Registered	1993-02-25
Register	View on the Charity Commission register

Contact

Address	Greenwich & Bexley Community Hospic 185 Bostall Hill London SE2 0GB
Phone	02083122244
Email	info@gbch.org.uk
Website	communityhospice.org.uk

Activities

Objects: THE COMPANY IS ESTABLISHED FOR CHARITABLE PURPOSES, FOR THE RELIEF OF PAIN AND SUFFERING AMONG THE ILL, THE PROVISION, MANAGEMENT AND MAINTENANCE OF A HOSPICE AND ASSOCIATED COMMUNITY AND OUTREACH SERVICES FOR PEOPLE WITH LIFE LIMITING ILLNESS AND THEIR FAMILIES AND FRIENDS, THE PROTECTION AND PRESERVATION OF THE HEALTH OF THOSE AFFECTED BY BEREAVEMENT AND THE ADVANCEMENT OF EDUCATION OF PROFESSIONALS AND THE PUBLIC IN THE RELIEF OF PAIN AND SUFFERING.

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Classification

- **How:** Provides Human Resources, Provides Buildings/facilities/open Space, Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Other Charitable Activities
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives, Disability, Other Charitable Purposes
- **Who:** The General Public/mankind

Geography

- **Area of benefit:** LONDON BOROUGHS OF GREENWICH AND BEXLEY
- Bexley
- Greenwich

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£13,341,723	£13,322,990	£11,908,890	216
2024-03-31	£12,091,585	£13,150,107	£11,910,776	205
2023-03-31	£12,021,749	£11,023,223	£12,893,214	235
2022-03-31	£10,578,145	£9,728,018	£11,930,550	179
2021-03-31	£9,709,099	£8,979,549	£11,013,359	157

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Trustees

Name	Role	Appointed
Sarah Higgins	Chair	2023-11-09
Alison Roberts		2023-11-09
Claire Drury-Axford		2025-11-12
David Atterbury Thomas		2019-03-13
Estelle Kerridge		2020-10-14
Helen Rowntree		2025-11-12
Kate Sinead McGranaghan Chow		2021-11-10
Komal Whittaker-Axon		2020-11-11
Professor Francis Drobniewski MA FRCPath		2023-11-09
Rebecca Middleton		2020-11-11
Siobhan Phillipa Holmes		2025-11-12
Sylvia Osaji		2023-11-09
Timothy Green		2025-01-03

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GREENWICH AND BEXLEY COMMUNITY HOSPICE LIMITED

England & Wales - Charity number 1017406

Accounts

GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

(A CHARITABLE COMPANY LIMITED BY GUARANTEE)

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

COMMUNITY HOSPICE

For the people of Greenwich & Bexley

Company Number: 2747475
Registered Charity Number: 1017406

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Trustees' report for the year ended 31 March 2025

The Board of Trustees present their report and the consolidated financial statements of Greenwich & Bexley Community Hospice Limited (GBCH) for the year ended 31 March 2025.

The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

Chief Executive's summary

Thank you for taking the time to read the Annual Report and Accounts of Greenwich & Bexley Community Hospice – also referred to in this document as Community Hospice. This report offers the chance to reflect on the past year, celebrating achievements and sharing challenges. Together, we have supported 2,927 patients and their families across Greenwich and Bexley, with this care given in people's homes, in hospital, in prison, and at the hospice itself. Each person's story and needs were unique, and our staff and volunteers responded with skill, care and compassion.

The year saw our exciting rebrand, with a refreshed identity, a new name, look and tone of voice, and updated values shaped through conversations with staff, volunteers, patients, families and community members. This rebrand has already made it easier for people to recognise who we are, what we offer, and how to reach us and offered us the opportunity to listen to and engage with people in a way that is more meaningful to them.

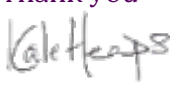
We have continued to expand and adapt our services. Our Virtual Ward, now well embedded, enabled 177 people to receive intensive support at home. Our rehabilitation team introduced new groups and services to help people remain independent, while our social work and counselling teams supported more than 294 people with practical and emotional challenges. Across all services, 63% of people we cared for were able to die outside of hospital.

Our role as a partner in the wider health and care system also grew. In September 2024 we were awarded a new five-year contract to lead the OneBexley partnership, strengthening our ability to reach people earlier in their illness, something that is crucial both in the care of patients, but also as part of the wider system as it ensures more personalised care for many people with additional support needs. We have also continued to champion equity of access, with focused work to engage communities who have been less well served by our hospice in the past.

None of this would have been possible without our people. Staff retention remained high at 97%, and volunteers contributed more than 72,000 hours across every part of the hospice, which is equivalent to almost £1m of donated time. Their commitment, alongside the generosity of our supporters, ensured we could continue to deliver outstanding care despite financial pressures.

As we look to the year ahead, we will continue to build on this progress, developing our hospice site to better support patients and families, strengthening our digital capability, and investing in our people, so that we can reach more people who need us, for generations to come. Thank you to everyone who has walked alongside us this year: staff, volunteers, partners and supporters. Your contribution ensures that our community has a hospice it can depend on, rooted in compassion, equity and hope.

Thank you



Kate Heaps

Strategic report

Objectives and activities

The Charity's public benefit as set out in the objects clause in its Articles of Association is, for the *relief of pain and suffering among the ill, the provision, management and maintenance of a hospice and associated community and outreach services for people with life-limiting illness and their families and friends, the protection and preservation of the health of those affected by bereavement and the advancement of education of professionals and the public in the relief of pain and suffering.*

Our organisational purpose is to **support people to live as well as they can for as long as they can**.

Our values

- **Direct:** We keep things simple and focus on what matters mos.
- **Uplifting:** We're warm, friendly and generous with our time
- **Proactive**: We do what we can to make things happen

At the Community Hospice, everything we do is completely led by our values and in making sure we support everyone who needs us, across the boroughs we serve. The values themselves were born from extensive research and conversations with teams across the hospice, as well as members of the community, to make sure that they were reflective of our organisation and all those who make it.

Public benefit

The Trustees have paid due regard to the guidance provided by the Charity Commission on Public Benefit. They are assured that the aims and objectives, along with the outcomes of the activities of the Charity have met the Public Benefit requirement and acknowledge the generosity of its supporters who have enabled the public to benefit from the Charity's activities. This Trustees report demonstrates how this was achieved.

Our strategy

Our five-year organisational strategy, approved in April 2022 is focused on three overarching priorities that make sure that our local community, patients and their loved ones are at the heart of all we do. Our skilled, compassionate and dedicated team of staff and volunteers, led by our Chief Executive and Senior Leadership Team are responsible for making sure we deliver the best possible care and support we can.

These priorities help make sure that we remain committed and focused, making the most of our resources so that we're as efficient and effective as possible, and provide meaningful and tailored care. This in turn supports our aim of remaining financially sustainable, so that we can invest in care and support long into the future and be the very best we can be.

1. **Listening:** Listening to all voices in our community, understanding their stories and challenging inequalities so that we develop support, which is responsive, compassionate and flexible to meet differing and individual needs
2. **Empowering Colleagues:** Growing and empowering our own staff, working to our strengths alongside system partners and developing others to give the best support they can to dying people and their families
3. **Maximising Digital:** Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income

To fulfil these aims we must at times take risks and be courageous in advocating for people who are most in need. This sometimes means prioritising resources and being innovative and open minded, making sure everyone in our wonderfully diverse community is able to approach death in the way that suits their values, beliefs and lifestyle.

Further information about our strategy is available at www.communityhospice.org.uk

The Trustees have also now approved more detailed three-year plans for the following key areas:

- Digital and Data
- People
- Service Transformation
- Trading
- Communications and Marketing
- Community Development and Engagement
- Fundraising

We continue to develop our plans for the Community Hospice estate and to reduce our environmental impact.

Investment from our Recovery and Transformation Fund and support from Trusts and Foundations and our NHS/ Local Authority partners continues to support the Community Hospice in driving change to improve our services and extend our reach.

Priority	Listening Listening to all voices in our community, understanding their stories and challenging inequalities so that we develop support which is responsive, compassionate and flexible to meet differing and individual needs
Objectives	• Developing mechanisms to encourage feedback from everyone using our services and acting on this to make life better for patients • Encouraging open discussions within the hospice team and with partners so that we learn from complaints, concerns and compliments • Embedding opportunities in our local area for people to find out about the hospice and talk to us about what would help them continue to live well until they die • Ensuring that this feedback is used to shape, develop and influence end of life care in Greenwich and Bexley
Progress	Our three-year Community Development and Engagement Strategy was approved by the Board in July 2023, further investment will be made in 2025/26 to accelerate this work. Our Community Development Manager has built strong links across our community, supporting the establishment of a Greenwich University Student's Union Hospice Society and Chai Shai, a group for People of South Asian Heritage based at the hospice. What we have heard through this work is influencing how we talk about our hospice, with a new brand and website launched in August 2024. Additionally, we have reviewed of our values and behaviours framework, also launched in August 2024. Our new incident and complaints management database supports robust review of themes to support quality and safety improvement across the hospice.
Key metrics	• All patients and families will be given the opportunity to feedback/ comment about the care they receive • We will hold at least 2 public events each year to listen to feedback and hear from local people to help shape our services and respond to their needs • By 2027 at least a third of patients and families will take up the opportunity to provide feedback through Views on Care/ iWantGreatCare (iWGC) and/or Voices • A sample of at least 20 patients/ family members each year will be invited to participate in a face-to-face discussion with us, so that we can listen to their views and hear how we can improve their care

Measurables	• 29 events attended and 20 arranged by our Community Development Manager to hear about local people's needs at the end of life/ perceptions of hospice care • Any feedback is shared with the clinical team, and where appropriate specific teaching sessions are arranged • We have designed and implemented a Hospice Ambassadors programme, to engage more staff with visits and understanding the learning from events • We received 81 iWGC reviews in 24/25 • We sent out 486 Voices surveys and 23% were returned completed • All patients/ family members who provided feedback about ways we could improve our care or where care did not meet expectations are invited to participate in a face to face or 'phone meeting • We rewrote and started using refreshed patient leaflets, in line with our new brand and tone ofvoice

Priority	Empowering Colleagues Growing and empowering our own staff, working to our strengths alongside system partners and developing others to give the best support they can to dying people and their families
Objectives	• Living our values, making our service to the community our motivation to continually learn and grow • Listening to staff through supervision, appraisal and developmental meetings and ensuring that this feedback is used to shape, develop and influence our 'People Plan' • Implementing our 'People Plan', which will help us to build our staffing capacity and support the resilience, recognition, health and well-being of all our people and help us to attract, retain and fully utilise staff and volunteers' knowledge and skills across the whole charity • Expanding and developing our education offer for external professionals and the public • Working effectively with our partners to deliver our shared 'Home First' vision, supported by strengthened and accessible hospice-provided inpatient and outpatient services • Improving our support for family carers before and after death
Progress	Our People Plan has four priorities: • Leadership and Organisational Development • Equality, Diversity and Inclusion • Staff Wellbeing • Staff Development and Talent Management Our Managers' Development Forum continued to support the development of all staff in management positions across the hospice, leading to improved feedback in this area in our staff survey. Our Senior Leadership Team meet monthly with our Hospice Leadership Team, to support good communication and transparency. We used this forum to support our managers to embed our values in their teams and they worked together to learn and share from their successes and challenges. Colleagues fed back improvements in this area, as well as in appraisal and ongoing management feedback through our annual staff survey. Regular, externally facilitated, clinical supervision is provided for all clinical staff. We reviewed our recruitment processes which has led to more timely processes and a more diversity in shortlisted candidates. We trained and introduced hospice Freedom to Speak Up Guardians, to complement our speaking up platform @Work in Confidence'. We upgraded our hospice on-line training platform to a more user-friendly system and integrated learning and development into the HR/People function. Continuing to work in partnership to deliver education and to support more people to die in their place of choice. E.g. through the use of ECHO in Care Homes.

Key metrics	• 20% improvement in completion of staff surveys by 2027 • Improvements in staff recruitment and retention • Demonstrable change in the demographic profile of our volunteer workforce to match the community • Annual publication of a report which captures the impact of our education for staff working in partner organisations • Annual reporting and analysis of the number and proportion of people dying at home and in hospice and system-wide action planning to identify and address challenges which prevent this
Measurables	• Staff survey completion was 64% • (59% in the 2024 survey) • Staff retention was 82.06% as at March 2025 (80.05% as at March 2024) • Our overall vacancy rate was 12% as at March 2025 (8.6% as at March 24) however this was due to an increase in establishment within retail at the beginning of the year • Although we did not publish a report capturing our education activity this year, this work continues. Much of our activity is embedded into service delivery, for example our hospital team train all new doctors joining Queen Elizabeth Hospital and we train all GP trainees across Bexley and Greenwich

Priority	Digital Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income
Objectives	• Implementing a digital strategy which focuses on long-term sustainability, development of accessible and responsive services and embeds effective governance • Developing a strategy which enables us to improve our use of information to demonstrate our impact and reach and to help us to understand performance/ inequalities • Harness digital technology in our income generation and communications to help us achieve a sustainable future
Progress	Implemented a new customer relationship management system to be utilised by Fundraising and the wider Team. Implementation of a new accident, incident and complaints database. Established a 'Virtual Ward' June 2023, incorporating the use of digital patient reported outcome measures which are integrated into our clinical systems to help with prioritisation and monitoring for those with more complex needs who wish to remain at home. Invested in the appointment of a Clinical Database manager to drive improvements in our patient record system functionality and recording. Invested in an e-commerce manager so that we could grow this area of trading. Developed a new website which went live August 2024.
Key metrics	• Develop and achieve our annual equalities targets • Proportion of people dying in G&B who have been supported by GBCH • Implementation of Outcomes and Complexity Collaborative Outcome Measures (OACC) and regular reporting to assess outcomes • 20% Growth in voluntary income
Measurables	2024/25, this is 10% higher than 2023/24. Data completeness for sexual orientation increased from 999 (43%) people in 2023/24 to 1344 (52%) in 2024/25 but ethnicity recording has reduced from 84% (all patients) to 74% of new referrals. For both areas, our target is 90% The proportion of people dying in Greenwich/ Bexley known to our hospice in 2024/25 ranged between 27-41% per month). Voluntary Income • £6,430,614 in 2023/24 • (£6,459,509 in 22/23)

Our care

Dying is part of life. But that doesn't mean it's easy to deal with, or easy to accept. We're here to help make people's journey as smooth as possible. Whether they need support in their own home, in hospital, or at our Community Hospice, we'll support people to have those difficult conversations, to make sure their paperwork is in order, to make tough decisions. All whilst helping them to manage their physical pain and supporting their emotional wellbeing. And we're here for their loved ones too, whether this is family, friends or carers.

We're here to support people to live as well as they can, for as long as they can. So that they can focus their time on doing what they love.

The Community Hospice offers services based within our main hospice building as well as in the community. End of life care covers everything from living and managing a terminal illness to helping our patients have a peaceful and pain-free death. This could mean they come and stay with us to get their symptoms under control before they go back home, that they see our rehabilitation team to help maintain their independence, or it could mean our team are visiting patients and caring for them in hospital or wherever they call home. What's consistent is that we take a holistic approach to care – providing support for patients' social, emotional and mental needs as well as their medical ones. Our main priority is to understand what's important to each person so we can tailor our care and support to get the best outcomes for them.

Working in partnership

Our values underline the importance of working in partnership to make sure that patients and their loved ones receive the best possible care. Patients at home, in care homes, in prison and the hospital are all supported by other people as well as hospice staff. We continue to actively participate in system wide working as a trusted partner and critical friend, being generous with our skills and expertise to ensure that as many people as need it benefit from our compassionate and person-centred approach. Our Chief Executive is a member of the Healthier Greenwich Partnership (HGP) and Bexley Wellbeing Partnership Integrated Care System Place-based Boards, and became Chair of HGP in May 2025, she also leads the Southeast London Integrated Care System's palliative and end of life care (PEoLC) work stream.

In 2020/21 we were awarded a contract by the London Borough of Bexley to provide assessment and review of social care needs for adults and their carers across the borough. Delivered by the hospice as the prime contractor, in partnership with seven other local charities, this was the first arrangement of its kind. The service has enabled us to engage with people earlier in their illness and to support more carers looking after loved ones at the end of life. The charities delivering this support alongside us are Bexley Voluntary Services Council, Age UK Bexley, Inspire Community Trust, MIND in Bexley, Carers' Support Bexley, SE London Crossroads Care and Bexley Mencap.

In September 2024, following a competitive tender process, we successfully bid for - and were awarded - a new five-year contract to continue leading this work. This achievement reflects the impact and value of our partnership model, and our important role in shaping the wider conversation in the local voluntary sector.

In 2025, our Chief Executive stood down as Chair of the Compassionate Neighbours Hospice Collaborative Programme Board but was delighted to hand this role over to our Director of Partnerships who has been a key member of the board throughout the programme's development. There are now 16 hospices involved in this Programme.

In addition, the hospice's Director of Partnerships was elected to chair METROGAVS' Steering Group, supporting the voluntary sector in Greenwich by providing constructive oversight to METROGAVS' role within the METRO Charity.

Care activity

In total, 2,927 unique patients were supported between 1st April 2024 and 31st March 2025.

Hospice based services

Inpatient care
Our inpatient unit, Woodlands, cares for people who need help with managing their symptoms, or who have complex psychological support needs or end of life care needs. The team also provide significant support to the families and friends of those we care for.

In 2024/25 we provided care for 375 patients within Woodlands (377 in 2023/24). For some patients their symptoms become hard to manage at home and require specialist assessment, support and treatment. These patients will stay with us so that the multi-disciplinary team can assess their condition and if necessary, make changes to their medication to help relieve their pain and other symptoms, making sure they are able to return home comfortably. Our average length of stay remained at 11 days. Some people whose illness has reached its final stages choose to come to the hospice for compassionate nursing and medical care in their final days.

The direct cost of providing care on Woodlands Ward in 2024/25 was £1,826,469 (2023/24 £1,738,993). This increase in costs is due to successful recruitment and wage inflation.

Outpatient services
Our outpatient services support people who stay living at home or in a care home and are able to travel to the hospice for rehabilitation, treatment or outpatient review as well as complementary and creative therapies.

Rehabilitation and wellbeing
Maximising quality of life and helping patients to keep doing the things they love for as long as possible is one of the main goals of our care. Whether it's making a cup of tea or managing breathlessness, rehabilitation is key in making sure patients keep living independently and well. In our well-equipped gym the rehabilitation team tailor each patient's rehabilitation plan to address their specific concerns and needs, helping them to live for as well as they can, for as long as they can.

The Community Hospice's rehabilitation and wellbeing team works with patients independently as well as within the multi-disciplinary team, encouraging a rehabilitative approach across all our services. This in turn provides the opportunity for patients to be introduced to the hospice earlier in their disease, making sure we can deliver the right care at the right time We continue to add to our programme of activities, including the introduction of a showering service, a fatigue management group, a breathlessness management group and a weekly 'tea and talk' drop-in. As a result of the work the team have done to build links with rehabilitation teams outside of the hospice, we were successful in receiving funding to expand our occupational therapy service for Greenwich residents. In total the team supported 378 new patients in the year, an increase of 35% compared to 2024/25 (280 patients). Unfortunately, due to system cost pressures and despite its success the additional occupational therapy support for Greenwich will not continue beyond July 2025.

Spirituality or faith can be a powerful support when someone is dying. Our chaplain is available to listen to, speak with and support patients and their loved ones through this time, whatever their beliefs. If people would prefer to speak to someone from their own faith or humanist group, we'll help arrange for them to visit. The hospice's chaplaincy service provides spiritual support to patients and their loved ones across all settings when requested.

CASE STUDY:

'Jim' is a 63-year-old man living with Interstitial Lung Disease (ILD) who faced significant challenges in his council property. An internal referral to the Occupational Therapist (OT) highlighted his goals: to be independent with lower limb washing and dressing, to increase access to the community, and to improve his ability to prepare snacks and meals.

During the home assessment, it became apparent that Jim's primary obstacle was his inability to leave his flat without assistance. The entrance and exit points both had steps, making it impossible for him to use his mobility scooter. Despite being known to the rehousing team, his needs were not yet met. Jim's aspirations included visiting Tottenham Hotspur Football ground and going fishing with his grandson.

Our OT, Beth provided some assistive devices: A sock aid and long-handled shoe horn to help Jim dress independently. Information on adaptive cutlery was provided and an Enable Access assessment for a ramp was completed. Beth referred Jim to the Local Authority to install a ramp for wheelchair access, this was then installed. Beth also contacted Tottenham Hotspur, securing match day tickets for box seats and a memorable experience.

As a result of Beth's relatively short intervention, Jim achieved independence in dressing which also reduced his dependency on his wife. The adaptations to his flat were completed, enabling wheelchair access to his flat. Jim attended a Tottenham Hotspur game with his family, fulfilling a long-held dream and this gave him the confidence to organise and enjoy a cherished family holiday, creating lasting memories.

Social, psychological and spiritual care

A terminal diagnosis comes with a lot of practical considerations and administration which can be hard to take in at such a difficult time. Patients and their loved ones might just want someone to talk to or they might be looking for more specific practical help. Whatever it is, our team which includes social workers, chaplain, counsellors and volunteers will support patients and their loved ones throughout their illness and after death.

Community Hospice social workers work with patients to access benefits and grants as well as to try to resolve housing issues and get help with complex children and family needs or safeguarding concerns.

The need for social work and counselling support continued in 2024/25, with the team supporting 181 people with a variety of issues including complex family work, safeguarding issues, housing, benefits and asylum issues. During the year we continued to offer one-to-one counselling support virtually via telephone and video. We offer counselling to patients, relatives and carers, as well as before and following bereavement for relatives. Where appropriate, we pass on referrals to other partners.

CASE STUDY:

'Brighid' is 72 years old and had 4 children, a son, a daughter who died as a baby and twin girls. She was divorced from her husband, after a difficult marriage, he has now died. Brighid was diagnosed with terminal breast cancer, experiencing vertigo and was extremely distressed, telling her hospice community nurse that she was feeling suicidal. The nurse referred Brighid to the hospice's social work team for psycho- social support.

Emotional support and counselling skills were used to support Brighid, giving her space to tell her life story, to talk about her regrets and traumatic experiences. After the first session, she said that she felt like a weight had lifted and was happy to have someone to talk to about all the things that were on her mind, she did not want to talk to her family about what she was thinking as she did not want to be a burden to them.

Brighid's vertigo and distress were significantly reduced, and they spoke about the impact emotional distress can have on the whole body. In subsequent sessions she was supported to think about what her goals were and what she wanted from life, her goal was to be able to walk to the local shops independently.

On the third week, Brighid was dressed and had been to the local shops and to the supermarket; she felt that she didn't need further support but was confident that she could make contact if she needed to in the future.

In addition to our specialist palliative care social work, we continued to lead the OneBexley Pathways programme, leading a consortium of seven other Bexley-based charities to support Bexley residents who may benefit from support from a statutory Care Act Assessment. In 2024/25, more than 2,150 Bexley residents received an assessment or a review through OneBexley, with many more receiving informal information, advice or guidance to support them with their needs.

Community based services

Hospice care isn't restricted to one place. We care for patients wherever they call home, or wherever is best for their needs.

The hospice's community services provide specialist palliative care across the boroughs of Royal Greenwich and Bexley. Clinical nurse specialists, doctors and the rest of the multi-professional team visit people across the community, giving holistic care, advice and support to patients and their loved ones as well as to GPs, district nurses and other community professionals involved in their care.

Our 'Virtual Ward' for those with the most unstable and challenging needs, grew in 2024/25 this service provides more intensive support either via telephone, video conferencing and patient activated apps or via face-to-face visits. In Greenwich, we also provide a fully integrated care coordination, Hospice@Home and nursing service, providing practical and personal care around the clock in patient's own homes.

Our services operate seven-days a week, day and night. In Greenwich we also provide overnight support in people's homes and a night-time rapid-response service, provided through contracts with Marie Curie and Oxleas NHS Foundation Trust, these services are directly commissioned in Bexley, through night- district nursing from Oxleas.

Our network of community volunteers increasingly also support people in their own homes and includes 'Compassionate Neighbours', volunteers who provide compassion, companionship and practical support.

In 2024/25 our specialist palliative care community team supported 1,592 new patients (1,266 in 2023/24), an increase of 26%. Of the people who died under the care of the hospice in the year (all services), 69% died out of hospital (63% in 2024/25).

The shift in the predominant diagnosis of people referred to our services was maintained with 40% of new referrals having a diagnosis of cancer, 13% having a diagnosis of chronic respiratory disease, 13% with dementia and 34% having another primary diagnosis. The remaining people either were not accepted and did not have a diagnosis recorded or were people accessing SW or counselling support where diagnosis was not relevant e.g. family members.

The direct cost of specialist community care in 2024/25 was £1,621,850 (2023/24 £1,187,857). The increase in costs was due to wage inflation, as well as success with recruitment in the year, most likely supported by our refreshed brand and values, and so we had significantly less vacancies. Overall costs rose by 37%. Our community team continue to use technology to assist them in their clinical practice, which is often more convenient for many patients and frees up valuable time for patients and staff alike.

The Hospice@Home service continues to deliver an important element of hospice community activity, led by the hospice and delivered in partnership with Marie Curie and Oxleas NHS Foundation Trust. The total cost of the care provided by the Greenwich Care Partnership in 2024/25 was £853,243 (2023/24).

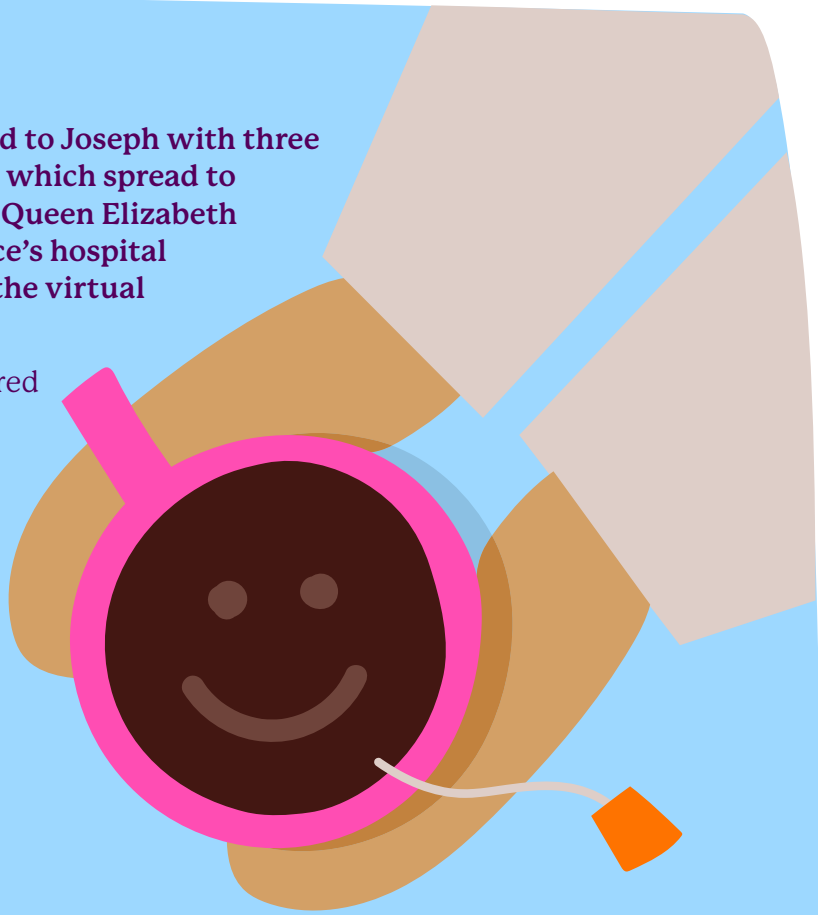
£857,794), costs remained relatively stable and reflect vacancies within the team. In 2024/25 the team supported a total of 284 new patients (285 in 2023/24) providing compassionate and dignified personal care up to three times a day.

Our 'Virtual Ward' launched in 2023 developed further and is now well embedded in our suite of community support. This service supports patients who are in an unstable or deteriorating condition, with needs which would ordinarily require admission to hospital or Woodlands. We were pleased to be able to support 168 people in the year (95 in 2023/24) with a range of support

including symptom control, practical support, emotional support, end of life care, and liaison with other services. The average length of time people spent receiving care through the Virtual Ward was 12 days, which is roughly in line with an admission to Woodlands, for the vast proportion this avoided an admission to any residential setting.

CASE STUDY:

'Abiola' was a 58-year-old woman, married to Joseph with three adult sons, she had gynaecological cancer which spread to her lungs and bowel. She was a patient at Queen Elizabeth Hospital when she was seen by the hospice's hospital palliative care team, they referred her to the virtual ward for support on discharge home.



Before she came home, Abiola was transferred to Guys Hospital for a 2nd opinion, as she wanted to access any treatment that might prolong her life. Sadly, the team at Guy's agreed that there was no further anti-cancer treatment options available, so she was discharged home.

Abiola came home with a continuous infusion of medicine to help her symptoms of pain, nausea and chesty secretions. She declined a hospital bed, which meant that the hospice carers were restricted in how they could move her when delivering care.

Abiola came home to her family who were extremely caring and all hoping that God would cure Abiola with a miracle. Family and friends played Gospel music and said prayers with Abiola at her bedside, which gave her peace and calmness.

Over a period of short weeks, Abiola became weaker, sleepier and was struggling to eat or drink. Joseph was certain that she was improving and repeated this over and over. The team sensitively communicated the reality of the situation as she declined with Joseph and their sons. The hospice social work team were involved and supported Abiola and Joseph with home visits for emotional support.

The virtual ward nurses visited most days and gradually supported Joseph in his understanding and acceptance of what was happening, including conversations about what to do and who to contact if and when Abiola dies at home. An (electronic and shareable) universal care plan was set up to communicate Abiola's care plan to other teams including the ambulance service, in case an ambulance was called.

Abiola died very peacefully at home in her own bed, with her husband and family around her, after 20 days on the virtual ward. There was no panic and her family knew who to contact and received support from social work team in applying for help with funeral costs. This may have been very difficult without our culturally sensitive care.

Education and care homes support

The Hospice Education and Learning Partnership (HELP) is a programme of learning curated by experts from St Christopher's Hospice and the Community Hospice. It is designed to support health and social care professionals to be able to care for people facing end of life, with confidence, skill and compassion. Our training focuses on promoting holistic care, dignity, independence and choice at the end of life as well as developing symptom management and communication skills.

Our community team provide additional support to residents and staff in care homes, including practical advice and education using the Project ECHO methodology.

CASE STUDY:

'John' is 78 years old and lives alone in a small flat in a supported living scheme. He has one son who visits when he can and carers visiting three times a day. John has Advanced chronic lung disease and a new lung cancer diagnosis. He was treated at Queen Elizabeth hospital and was seen by the hospice's hospital palliative care team, who referred him to the hospice virtual ward for support on discharge home and to prevent re-admission to hospital.

John gets very breathless and has pain in his chest, which results in him feeling frightened and anxious; this has previously resulted in him calling an ambulance to take him to the emergency department on numerous occasions.

The virtual ward team visited John on the day after he came home, and it was clear that he would need a lot of support to stay at home. John was confused and delirious intermittently (likely because of his condition) and this was affecting his safety at home, sometimes hallucinating and often unclear about which medication to take. The team visited daily to ensure his safety at home, give reassurance and monitor his medication for pain and breathlessness.

Despite the increased support and monitoring, John's carer called an ambulance over one weekend. Fortunately, an electronic, shareable Universal Care Plan (completed by the virtual ward) was in place. The ambulance crew were able to access information about his wishes, care plan and who to contact if John needed support, so did not take him to hospital.

It became apparent that John was not coping at home alone and he told the team that he wanted to be looked after in a care home as he did not feel safe.

The virtual ward team arranged for a hospice admission and the virtual ward nurse went to his flat early to help him get ready for the transport on the day of admission.

John came into the hospice and was discharged a short while later to a care home where the hospice care homes team continued to follow his care. He settled well into his new environment and died very peacefully some weeks later, well looked after, in the place he wanted to be. The support from the team avoided unnecessary admission to hospital and supported him to achieve his wishes.

Hospice outreach in hospital

The Community Hospice team at Queen Elizabeth Hospital, Woolwich, plays an important role in supporting, advising and developing hospital staff to ensure that patients approaching end-of-life and those with challenging symptoms receive the best care they can. The team also support patients and their families directly, helping to make sure that patients' wishes for care are met and supporting them to return to their home, care home or the hospice wherever is the best place for them to receive the care they need. The service operates seven days a week and this year our small team supported 907 new patients. The direct cost of hospice care in the hospital in 2024/25 was £491,803 (2023/24 £493,112). Costs remained flat due to unfilled vacancies in the year.

CASE STUDY:

Peter was an 87-year-old gentleman seen by the hospice's Hospital Palliative Care Team in the Emergency Department (ED) at Queen Elizabeth Hospital. He was admitted with worsening heart failure, a chest infection and dangerously low platelets[1], putting him at risk of a life-threatening bleed. He had declined any further medical interventions, including treatment of his low platelets. Despite this, he was recorded for being 'for full medical management and resuscitation'.

The Nurse-In-Charge of ED called the hospice's hospital team requesting urgent support for Peter to return home. Our discharge facilitator re-prioritised her workload and reviewed the patient within minutes of the call.

When the team went to review Peter, he was insightful and articulate about the severity of his illness. He was also very clear that he felt he was dying and that his wish was to die at home. He was so clear about his wish that he had started calling transport companies to come and take him home that day. He felt he was not being heard by ED staff and was prepared to leave the hospital without any clear plan or medication to support his death at home. It was also late in the afternoon, leaving the team a few hours to create a care plan, update community services and get Peter home as safely as they could.

The team telephoned colleagues in Peter's borough to expedite a package of care. This process often takes up to 24 hours, but they were able to get the care in place within hours. The team also gave clear direction to the ED doctors about the correct medication, treatment charts and plan of care for Peter to return home with. The team were also able to refer to local community services to enable district nursing, night sitting and hospice community palliative care for Peter at home.

From referral to discharge took less than 4 hours. A proactive patient-centred and collaborative approach enabled a rapid discharge home for Peter to be where he wanted, and where he died days later.

[1]Platelets are small, colourless cell fragments in the blood that play a crucial role in blood clotting. They are essential for stopping or slowing down bleeding from injuries by forming a plug at the site of damage.

Addressing inequalities

Our hospice serves a diverse population, with pockets of wealth and areas of significant deprivation. We have a wonderfully ethnically diverse community, and we have uniquely large and significant numbers of people with Nigerian, Vietnamese and Nepalese heritage. There are also significant other marginalised communities; for instance, Greenwich is the Local Authority with the 14th highest proportion of people identifying as being LGBTQ+ across the UK and we have three prisons in our area, including HMP Belmarsh, a category A prison with around 900 inmates. Parts of our community have changed substantially over the past ten years, and it is probable that external political and economic factors will drive similar change in future.

Historically, like much of the health service, hospice and palliative care services have not provided equitable care to all people within their community. It is well documented that younger people, people with a cancer diagnosis, women, cisgender people, heterosexual people, white people and those from higher socio-economic groups are more likely to die at home, and more likely to be admitted to a hospice if this is their wish. Our hospice is committed to working with our community to improve equity of access to all our services, so that everyone who needs our care gets it, to build trust and to improve outcomes for the most disadvantaged people facing end of life.

We built on the impact of our Community Development & Engagement Manager by appointing a Head of Community Development & Volunteering in October 2024, increasing our capacity in this area. The team's profile is growing beyond our boundaries, with a speaking slot to share our work at the Hospice UK 2024 National Conference and targeted work to better support communities historically underserved by hospice services.

Care beyond cancer

The hospice continues to strive to reach people with a diagnosis other than cancer. For some, this will mean a less clearly defined path, with diseases that are more difficult to predict, therefore making sure that the right care is in place is more challenging. As such, they are less likely to be referred and to access support from specialist palliative care services.

The proportion of patients with a cancer diagnosis was 35% (a reduction in the proportion from 52% in 2023/24), 9% had a diagnosis of dementia and 18% had a chronic respiratory condition (an increase from 10% in 2023/24. Working with partners in the Integrated Care System, we have been able to influence future models of care for people with three or more long term conditions to ensure that advance care planning is included at an early stage. We have also reviewed our model of community-based care to enable a more episodic approach, with patient-initiated-follow-up for patients who have been discharged from the service. We are looking forward to launching outpatient clinics at the Hospice and at Eltham Community Hospital in 2025/26 to further support this model of care.

Through our Palliative and End of Life Clinical leadership role in the Integrated Care System, we have begun some work to improve the confidence and skills of colleagues working with people with advanced kidney disease and are planning a widespread awareness and myth-busting campaign in 2025/26.

Serving people of all ages

The hospice provides care to anyone with a terminal illness living in the London Borough of Royal Greenwich or Bexley who is over the age of 18 . Most people we care for are over 65. In 2024/25, 68% of the people we cared for were over 75 (2023/24 66%) and 39% were over 85 (2023/24 35%).

People who are older are more likely to have elderly carers or live alone and may also be more likely to live in a care home or supported housing scheme. In addition, older people are more likely to have multiple conditions including dementia and therefore live with increasing levels of frailty and with more complex needs. Our work in care homes continues through a dedicated team, embedded in the larger community palliative care team.

We have worked with partners in our Integrated Care System to redefine the model of care for people experiencing frailty and as a result have embedded early advance care planning and palliative care across the whole model. We have also reviewed our referral criteria to be more inclusive of people experiencing frailty and expect to see an increase in this cohort of patients in future.

Sexuality and gender identity

Improving our data:
Historically our hospice has not routinely collected or reported on data relating to sexuality and gender identity. The 2021 census reported that the Royal Borough of Greenwich has a significantly large LGBTQ+ community and we are committed to ensuring that our services are truly inclusive and holistic for people who identify as LGBTQ+. This year we continued to improve our data in this area (1,334 people had it recorded as opposed to 999 the previous year).

Raising awareness:
Training on sexual orientation and gender identity continues, including a bespoke session delivered for Trustees in 2023. Our project funded by Hospice UK and the Masonic Charitable Foundation which worked with local charity METRO to create a video demonstrating the impact of discrimination at the end of life on the LGBTQ+ community and highlighting the importance of striving to do better. It has been shared with colleagues across the hospice, as well as the national hospice community and with the Royal Borough of Greenwich.

Our Community Development Manager has made great strides in building links with local community leaders and groups, and we will invest to expand this area of work in 2024/25. We also began a hospice rebrand project in November 2023, which is due to complete August 2024. As part of this we consulted widely to help inform our brand positioning so that we are accessible, welcoming and relevant for the whole of Royal Greenwich and Bexley.

Cultural and ethnic diversity

Unfortunately completeness of ethnicity reporting for new referrals declined (75% of new referrals compared to 84% of all patients the previous year). For the patients for whom ethnicity was recorded, 84% were recorded as white, 5% black/ black African/ Caribbean/ other, 5% Asian (Indian, Pakistani, Chinese, Bangladeshi, other Asian) and 5% as mixed. We have set a target of 90% of patients having ethnicity recorded in 2025/26.

Risk and incident management

Reporting of clinical incidents is very much embedded into the routine business of the hospice's quality & safety committee (QSC).

In 2024/25, the hospice introduced Vantage as its first fully integrated online system for recording, investigating and learning from incidents. This marked a significant shift from the previous paper-based system, with the goal of improving consistency, transparency and organisational learning across all services.

The full roll-out of Vantage has enabled the hospice to capture incidents from across all service areas in one central platform. Staff have adapted well to the new system, with most now engaging independently, and teams offering support to new starters to ensure confidence and consistency in reporting. Crucially, the use of Vantage has strengthened governance. Reports from the system are now routinely shared with relevant committees, giving senior leaders and trustees a clearer view of emerging issues and organisational learning. The ability to monitor incident themes across all services – from clinical teams to support functions – means the hospice is better placed to understand risks, take timely action, and track improvements. Work is underway to expand the use of Vantage beyond incident reporting. New modules are being explored to record compliments, complaints and on-call issues, bringing together feedback and concerns in a way that supports thematic analysis. This will enable a more rounded view of patient, family and staff experience – and help identify the changes needed to improve care and working conditions. In parallel, the hospice is linking insight from Vantage with other internal systems such as the IT Help Desk and Estates Help Desk, which capture non-clinical issues like network outages or repairs. This broader view helps highlight operational barriers that, while not always clinical in nature, may impact safety, staff wellbeing, or the quality of care provided.

The focus now is on embedding the system further, supporting shared understanding of what constitutes an incident, and encouraging thoughtful reflection as part of everyday learning. This includes improving the quality of incident narratives and strengthening the link between what is reported and how the hospice responds. By continuing to build a strong learning culture, the hospice aims to use Vantage not just for compliance, but as a driver of service redesign and a vital tool in demonstrating CQC readiness. With better data, deeper insight, and more joined-up governance, the organisation is better equipped to deliver safe, effective, and compassionate care across all its services.

iWantGreatCare

The hospice uses an online platform iWantGreatCare to collect feedback from patients and those close to them. The details are shared in patient literature and feedback is encouraged by clinical staff. We hope that we will be able to gather more feedback through this route in future.

Hospice UK benchmarking

Community Hospice share data with the following Hospice UK programmes:

- Hospice service activity and demographic data collection – to ensure our work contributes to national annual evidence of the work of the hospice sector
- Hospice UK Patient Safety Project – to inform quality improvement activities and to benchmark our safety against hospices nationally

A number of these offer us a benchmarking comparative between our own results and the Hospice UK national averages. These are a helpful tool to use in conjunction with our evolving data and quality work mentioned above.

The hospice uses a dedicated feedback platform to collect quantitative ratings and free-text comments from patients and carers in real time. Service leads review all compliments and complaints monthly, and summary reports are presented to the QSC. Formal complaints are managed in accordance with the hospice's Complaints Policy, with themes and lessons learned reported to the Board sub-committees.

How we manage risks

- **Corporate Risk Register**
  A high-level summary of the hospice's key strategic risks. Each entry records the risk description, its likelihood and impact ratings before and after mitigation, existing controls and planned actions, assigned risk owner, lines of assurance and most recent review date.
- **Operational Risk Register**
  A comprehensive log of identified risks across clinical and operational domains. Each entry records a description of the risk, its current rating, existing controls, planned mitigation actions, assigned owners and review dates.
- **Quality Improvement Plan**
  A prioritised programme of improvement projects aligned with strategic objectives and Care Quality Commission Key Lines of Enquiry. Each project entry specifies its aim, lead, timeline, success measures and current status.

Serious Incidents
The hospice board receives a report from the Chief Executive at every board meeting which confirms whether there have been any serious incidents that should be notified to the Charity Commission and/or Care Quality Commission. There were no serious incidents in 2024/25.

Further information about the quality of our care is available in our 2023/24 Quality Account.

Patient, family and stakeholder feedback

An email from a family friend to say

'My friend's daughter is in the hospice at the moment, and her mother is very grateful for the care and attention they are all receiving. You are an amazing bunch and we have so much to learn from you, in a world where 'outcomes' are reigning and we hear too often 'there is nothing more we can do for them', Thank you!'

An email from Mum of two children who participated in children's bereavement support group:

'We would all like to say a big, big thank you to you and all the team at the hospice and the holding on letting go team; Tuesday was amazing, the kids really enjoyed it and found it so helpful and it was a really noice space to just sit and talk with others going through the same thing'

A message from the daughter of a community patient:

'Mum had been really excited for this visit... she had thought she had been forgotten about and written off by healthcare professionals in the hospital'

Two messages from relatives of patients in the community demonstrate how small things can make a big difference:

'Thanks for pulling out all the stops to make things happen'
(a wheelchair and installation of a shower)

'Just wanted to let you know that the commode arrived on Saturday... she's so pleased, it's another game changer'

Community development and engagement

Alongside our work to address inequity in access to hospice care, the hospice continues to build relationships with people who want to contribute to the hospice through either working or volunteering with us. The hospice continues to benefit from the support of a large number and diverse range of volunteers; people who bring their time and expertise as well as their personalities and life experiences, helping to create the special atmosphere that exists within the charity.

Volunteers are in all areas of the Community Hospice; these include trustees, receptionists, gardeners, clothes sorters in retail distribution, IT volunteers, Compassionate Neighbours and volunteer fundraisers to mention a few. In 2024/25 350 people were active as volunteers, collectively giving over 72,000 hours of their time and skills. In total, this equates to over 40 full time workers for a year. Compared to 2023/24 this represents an increase in volunteer hours (68,000 hours).

Over the past year, our hospice has experienced a slight increase in volunteer hours, and the longer-term post-pandemic trends in volunteering are stabilising. While some long-standing volunteers have retired, we are not facing the same recruitment challenges as the wider sector. However, we have noticed that new volunteers generally offer less time than those they are replacing.

As well as a Head of Community Development & Volunteering, a new Volunteer Development Manager joined the hospice in October 2024. We have made a concerted effort to enhance the experience of our retail volunteers, ensuring that their role aligns more closely with the overall hospice environment. This focus on standardisation has been an important step in integrating our shop volunteers into the broader hospice community. We have also refreshed our volunteering events and are implementing clearer and more defined events to celebrate our volunteers, accompanied by a stronger marketing and communications campaign to raise the profile of our volunteer team.

In addition, we have concentrated on developing the skills of the managers who supervise volunteers on a day-to-day basis. By providing them with the tools and training needed to effectively manage and support our volunteers, we aim to maximise the contributions of our volunteer workforce.

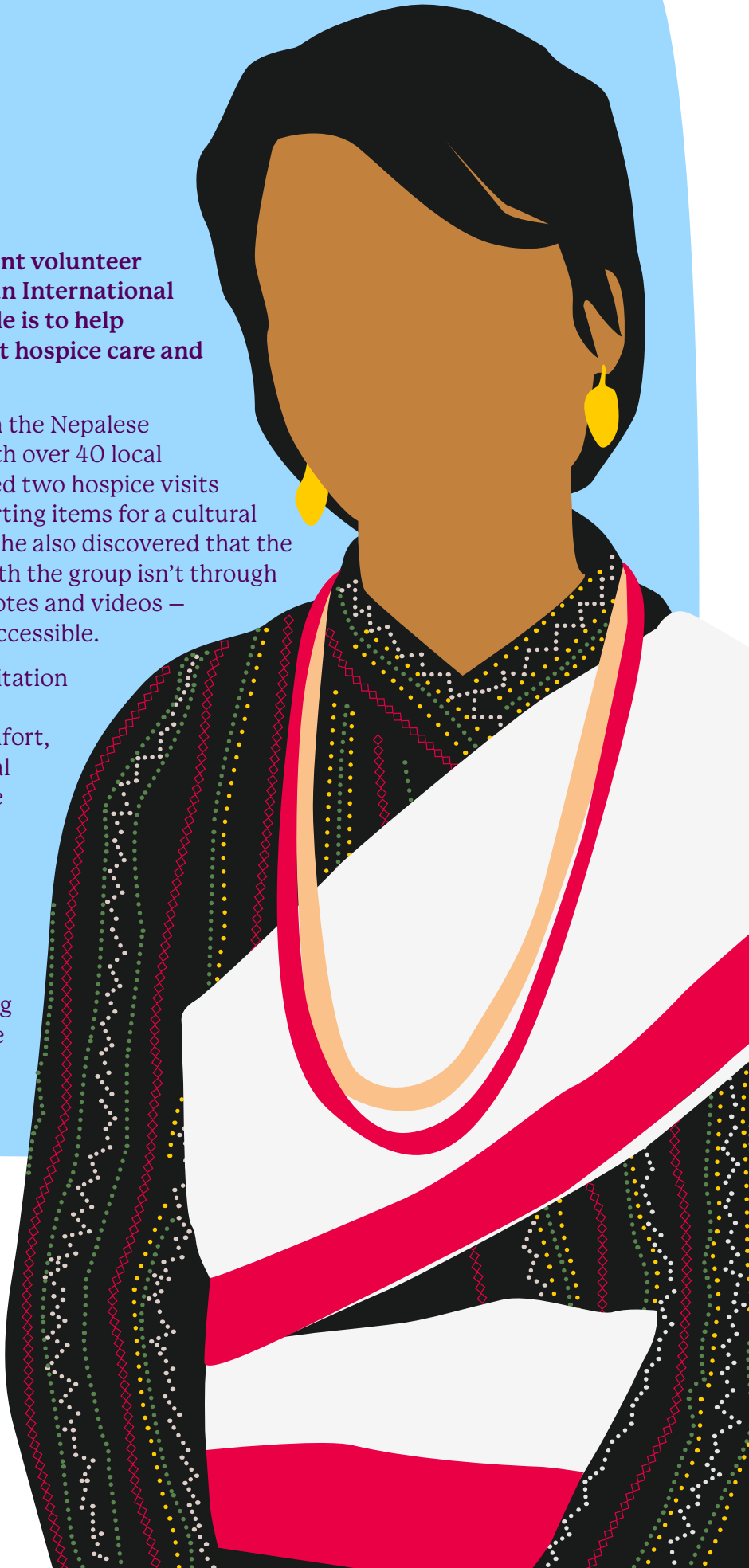
Progress on our new volunteering CRM system has been slower than anticipated, largely due to vacancies within the volunteering team for part of the year, however, now that the team is at establishment, we will be pressing ahead with this during 2025/26.

ALISA'S STORY COMMUNITY ENGAGEMENT VOLUNTEER

Alisa became a community engagement volunteer with the Hospice whilst studying as an International student from Nepal, the aim of her role is to help break down misunderstandings about hospice care and address hesitation to access services.

Much of Alisa's volunteering focuses on the Nepalese community, where she has engaged with over 40 local residents through workshops, supported two hospice visits by the group, and helped source comforting items for a cultural box that will sit on our Inpatient Unit. She also discovered that the most effective way to communicate with the group isn't through translated leaflets, but through voice notes and videos – making the information personal and accessible.

Alisa gently challenges the cultural hesitation about care provided by 'outsiders', by showing how the hospice provides comfort, dignity, and companionship in life's final stage. For Alisa, spending time with the local Nepalese community is deeply personal – it reminds her of being with her grandparents and gives her a sense of home in London. Her work reflects her belief that when hospices connect with all communities, they make their services accessible to everyone, building trust so that no one faces the end of life feeling unsupported or unseen.



"You've got to have a laugh" Sandie & John's Story

Sandie, 76, moved to Thamesmead with her husband in 1974, and has been in the same house ever since. "I can't complain," she laughs. "We've got everything here, shops, the library, the lake. When my kids were little, we'd walk to the paddling pool near the school, stop at the shop for sweets... everyone looked after each other's children. It's a nice little place."

Life has brought its share of challenges for Sandie: serious illness in the family, bereavements, and caring responsibilities. "I was quite lonely at times," she says. "Things got very hard, and I went to the doctor for advice."

That was four years ago, and things changed when she met John through the Compassionate Neighbours scheme. "Irene from the programme came round for a chat and said she'd look for a match. Within a week, John was at my door — and it was the best thing that happened. He's my best friend. He doesn't judge, he's so kind and caring. How lucky am I to have someone like that?"

Every Thursday morning, the pair meet for breakfast, sometimes avocado on toast, sometimes egg and chips, at one of two favourite Thamesmead cafés. "We have a laugh down there," says Sandie. "I never wanted to be old and shocked and not be able to swear or talk about things. You've got to have a laugh."

John, who first saw a Compassionate Neighbours poster on Plumstead Common after his dad died eight years ago, says volunteering has been just as meaningful for him. "When you say volunteering, people think it's work. But it's just an introduction, and a friendship blossoms. Sandie's been a big support for me too, especially when I lost my mum earlier this year. It's a two-way thing."

For John, Thamesmead has become part of the story. "I often run around the lake; they've put a lot of effort in improving the area. It's lovely, and the community's there. We're known in the cafés now too."

The friendship extends beyond breakfast. John has taken Sandie to hospital appointments, and Sandie has joined him for shows out. John gets on well with Sandie's family too. "There's so much humour in our friendship," says John. "We just clicked. She's a force of nature."

But for John, there's also a bigger message. "There's a lot of people in society who are struggling. We're out of touch with a part of life we all face, death, and we tend to sweep it under the carpet. The hospice and Compassionate Neighbours help bring that part of life into the light. Attitudes towards death need to change, and compassion plays a big part in that."

Both agree the scheme is about more than visits. "You don't know what people are going through," John reflects. "We can all be compassionate to anybody — and if you can be compassionate to others, you can be compassionate to yourself too. That's important."

"There needs to be more John's in the world." Sandy says.

Better communicating what we do and who we are

This year marked a significant milestone for Community Hospice as we completed a rebrand to better reflect who we are today and the communities we serve across the boroughs of Greenwich and Bexley. The process went beyond a new logo and visual identity, it was about repositioning ourselves for the future, with a renewed sense of purpose and clarity and making sure that the people we're there to support knew that we existed, for them.

We introduced a revised name, a fresh look and feel, and a new tone of voice designed to be more open, accessible, and inclusive. Our organisational values were also refreshed and were created off the back of lots of research, conversations and workshops with staff and volunteers, as well as supporters, patients, families and members of the public.

The rebrand has already strengthened our connection with local people, helping us to communicate more clearly and consistently about the services we provide and the difference we make. It has also given staff, volunteers, and supporters a shared sense of pride in being part of an organisation that continues to evolve while staying true to its compassionate roots. The hospice was founded in the community and remain for and with the community.

Income generation

Fundraising and lottery

At our hospice, relationships are at the heart of everything we do. We don't see fundraising as short-term transactions, but as long-term partnerships rooted in shared values and care. By listening to our supporters and understanding what matters most to them, we can build lasting connections with those who share our passion for helping people live as well as they can, for as long as they can.

Guided by this approach, our fundraising strategy has focused on laying strong foundations for the future. Thanks to the generosity of our community, fundraising contributed £1,524,792 towards the running of the hospice this year.

Our community remains at the very heart of our success. Once again, local people, groups, businesses, and schools came together to make a difference – whether through organising their own events or joining ours.

Nearly 2,000 people took part in our Mini Marathon and Colour Run, and generous hosts welcomed visitors into their gardens, raising almost **£30,000**. A heartfelt thank you to everyone who supported our much-loved Open Gardens, with special gratitude to Martha Oakes and Penny Matheson and the other

supporters who coordinated the event. Each year, this wonderful event brings people together and welcomes new friends into the hospice community.

A particular highlight was our first overseas trek challenge. When we launched the Sahara Trek, we hoped to recruit 10 participants – but were overwhelmed by the response. Two full groups of 30 trekkers took on the challenge including staff, volunteers and many people who had had loved ones die under our care, collectively they raised an incredible **£200,000** in total and many built new friendships. The feedback has been overwhelmingly positive, and we are already preparing for our next adventure: an overseas challenge to China in 2026.

This year also saw the launch of our corporate partnership programme, building meaningful, long-term collaborations with companies who care deeply about our mission.

Our supporters gave generously to our festive appeals too – **Lights of Love and the Christmas Appeal raised nearly £50,000**, while regular givers contributed over **£100,000** in 2024/25 through monthly donations.

We are also deeply grateful to the trusts and foundations whose vital support helps us meet the rising costs of care, and to those individuals who go above and beyond with their loyalty, generosity, and expertise. In particular, we recognise the generous support of The Julia Rausing Trust, The Albert Hunt Trust, R.U.B. White Charitable Trust, The James Tudor Foundation, Tim Barnes KC MBE and LandSecU+I.

For the first time, we joined Hospice UK and 142 other hospices in the national campaign *This is Hospice Care*. Legacy giving is vital, with 1 in 7 of our patients cared for thanks to gifts in wills. The campaign gave us the opportunity to highlight the wide range of support our hospice provides, to share inspiring stories, and to highlight our new brand. We are sincerely thankful to all who have remembered the hospice in their will, ensuring care for generations to come.

Looking ahead, and in line with our strategy, we will continue to nurture long-term relationships, diversify income, and ensure sustainable care for the future.

Lottery

Our hospice lottery generated £424,488 for patient care in 2024/25. We are so grateful to everyone who plays – your support provides a reliable source of income that makes a real difference, ensuring patients and families receive the care they need. Many of our lucky winners even choose to donate their prize money back to the hospice, an extraordinary gesture of generosity that increases the lottery's impact even further.

Our approach to fundraising

Our supporters and local community are central to everything we do, and we are committed to the highest standards in fundraising. In 2024/25, we ensured that all activities complied with regulatory standards and best practice guidance. We also continued to prioritise an excellent supporter experience across all areas, while reviewing and strengthening our data protection compliance.

The hospice is registered with the Fundraising Regulator and adheres to the Code of Fundraising Practice; no complaints were received via the Regulator in 2024/25.

Greenwich & Bexley Community Hospice Lottery is registered with and regulated by the Gambling Commission.

Trading

Total gross income from retail raised £2,419,358 (2034/24: £2,462,105). Our fourteen shops were down on budget by –8% and –2% on 2024 sales. High vacancies and absence levels had a substantial impact on overall performance. The decline in revenue from the rag market had a financial impact on performance from June onwards, over the year there were three drops in the price paid per kilo. The total net contribution from our shops was £629,475.

In line with our trading strategy, we continued to focus on two key priorities: people and stores, recognising the importance and value of our staff and volunteers. The welfare of the retail team remains of high importance, especially considering the sector wide increase of aggression towards shop staff. We continue to support our staff when working alone with CCTV cameras and have introduced a lone worker alarm system. In this challenging environment, our shop teams have consistently shown adaptability, and resilience and retained focus on offering the best customer and donor experience.

In September and December, we successfully launched two new shops in Bexleyheath and Sidcup respectively. Both locations feature our refreshed branding and updated fixtures, designed to enhance the customer experience and create a more accessible shopping environment. We're pleased to report that both shops have been warmly received by our community with fantastic quality of donations and plenty of people volunteering as well as customers popping in to grab a bargain.

Retail Gift Aid
It should be noted that for accounting purposes through the Gift Aid scheme for donated goods, a proportion of retail income, which is in effect a donation, is treated as income for the charity and not for the trading subsidiary. The trading subsidiary only accounts for the commission element of the sale value on donated goods. This is reflected in the results of the trading subsidiary, GBCH Trading Ltd which is included in note ten of these accounts.

We are incredibly grateful to all our customers, donors and volunteers who continue to support our stores and ultimately, our patients. Thank you.

Valuing our colleagues

Our staff and volunteers are our most precious asset, as well as being our greatest cost. It continues to be vital that colleagues are supported to do their best work, maintain their wellbeing and to develop in their roles. We were pleased with our 2024/25 staff survey which saw 64% of staff completing the survey (5% more than last year) and staff reporting improvements in many areas since the previous survey.

We were particularly pleased to see that when asked 'if a friend or relative needed treatment would you be happy with the standard of care provided by the hospice?' 91% of respondents stated yes (compared to the NHS London Trust benchmark of 66%).

Inevitably there are always areas for improvement, and we have worked with colleagues, especially our wellbeing champions, to develop an action plan for the next 12 months; we will report back to colleagues on progress against this plan through our regular 'time out to talk' sessions.

We participated in National Hospice workforce data collection as well as financial benchmarking, to help Hospice UK gain a better understanding of the national sector workforce, challenges and potential for improvement.

Financial review

The Consolidated Statement of Financial Activities for the year ended 31 March 2025 is set out on page 47. A deficit of £1,886 was reported for the year (2023/24: deficit of £982,438), representing a positive outcome compared to the budget. This improvement was primarily driven by legacy donations received during the year.

On the General Fund there was a surplus of £173,283 for the year before transfers (2023/24: deficit of £579,479). Legacies reported for the year were £2,522,516 (2023/24: £791,726). This includes a legacy left to the Hospice by Douglas Dunbar, which has been recognised in the accounts at £1.6 million. £110,399 was received in restricted funds throughout the year.

In total for the year ended 31st March 2025, income rose by 10% whilst expenditure rose by 1%.

The deficit reported for this year has impacted our reserves. We have agreed a plan to invest some of these to secure additional income sources in future years, to invest in our facilities and to expand our services to reach the increased need for our services that we continue to see (see page 33 for further information on our reserves policy).

We agreed a modest increase in our statutory income from SE London Integrated Care Board (SELICB), in line with the budget increases passed through from NHS England to our ICB. Some of the one-off tranches of NHS funding from which we have benefitted from in recent years were not made available in 24/25, so we secured a lower growth in our statutory income, though this remains favourable when compared with the national hospice picture. The overall impact of these changes on our statutory income was a decrease of 9% (to £6,122,028). NHS income was 46% of income of the Charity in 2024/25, leaving the remaining 54% which we must raise through the generous support of individuals, businesses, charitable trusts and foundations, and community groups and organisations.

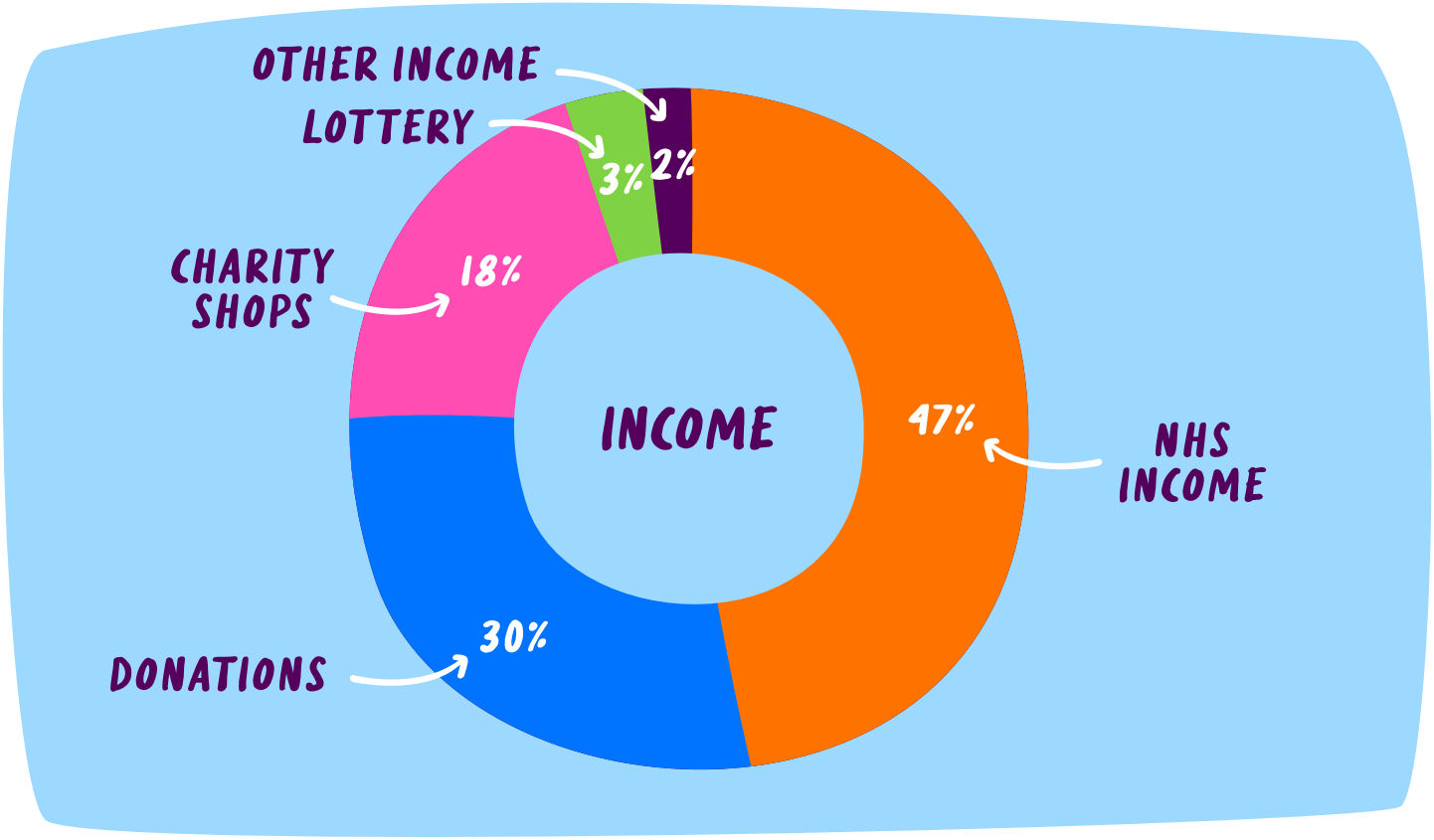
Department of Health Capital Grant

As a result of ongoing negotiations led by Hospice UK, we were allocated a capital grant of £231,143 by the Department of Health and Social Care (DHSC) in the year to 31st March 2025 with further allocation expected in the year to 31st March 2026. This will go a long way in supporting our capital investment and are grateful to the DHSC for this initiative.

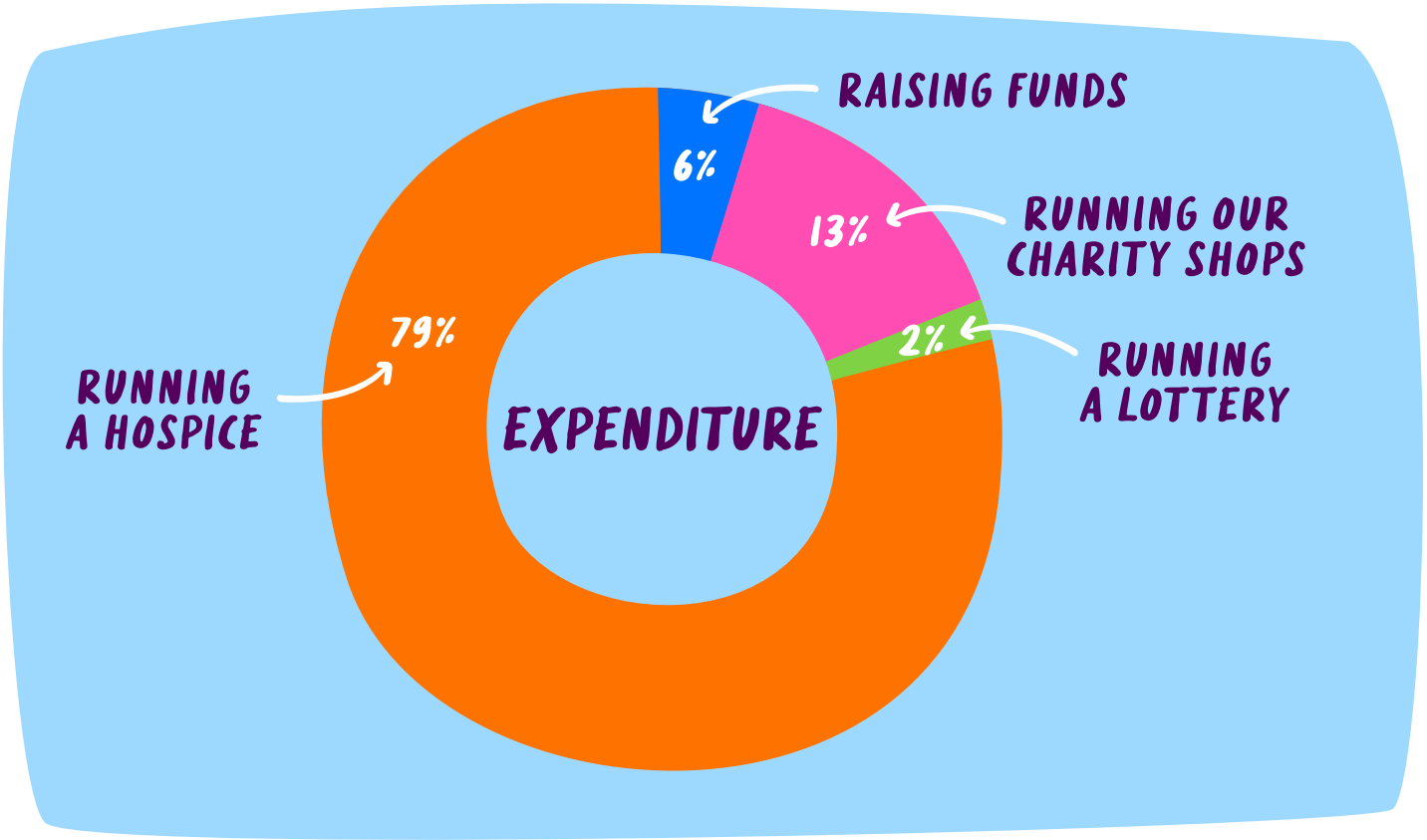
Commissioner Requested Service

The hospice has been designated as a Commissioner Requested Service (CRS) by SE London Integrated Care Board. This requires the hospice to maintain a licence with NHS Improvement, which brings an additional level of scrutiny and regulation for the Charity. The Community Hospice is one of only a few hospices nationally who have been designated as CRS and we continue to work closely with NHS Improvement to ensure that this designation works to benefit our beneficiaries.

Where our money came from in 2024/25



Where our money was spent in 2024/25



Reserves policy

The hospice holds reserves to create financial security and allow for investment in the future operational development of the hospice. The Trustees have agreed it is their intention to retain a level of free reserves (unrestricted funds not committed, designated or invested in fixed assets) of £6,247,361. This figure takes account of the following considerations:

- To fund shortfalls in income (whether statutory, retail, lottery, donations, legacies or other fundraising activities) when it does not reach expected levels. The charity is dependent on fundraised income as well as statutory funding. The fundraised income is subject to fluctuations economic conditions change and statutory funding could be affected by government policy and the financial position of NHS commissioners;
- To fund unexpected expenditure, for example, when projects over-run or unplanned events occur;
- To fund unexpected building maintenance costs and to provide a degree of flexibility for innovation; AND
- To fund working capital. The majority of hospice expenditure is fixed whereas both fundraised and statutory income fluctuates in terms of cash inflow over the year.

The 'General Fund' represents the hospice's free reserves in the accounts.

In addition, the hospice board has made the decision to hold three designated funds:

Recovery and Transformation Fund (RTF): The Trustees have invested free reserves into this fund to support the implementation of our strategy to help deliver a sustainable future for the hospice. In 2024/25

£457,225 was spent from the Recovery and Transformation Fund, leaving the end of year balance at

£80,882. The trustees have approved additional allocation to the fund of £119,118, bringing the year-end balance to £200,000.

Building Development Fund: This fund will be used to complement additional trust funding to support the development of the hospice building including investment in Woodlands, creating more single bedrooms to enable easier infection control and improvement of our staff changing and rest facilities to improve staff wellbeing. We are grateful to U+i, Coffey Architects and others for supporting our ongoing vision development for the hospice, in 2025 we held a stakeholder workshop to explore development options for the hospice site and will invest in improvements to Woodlands in the Autumn/ Winter of 2025/26.

One Bexley Adult Social Care Fund (ASCF): Community Hospice is working together with seven Bexley-based charities to deliver a contract awarded by the London Borough of Bexley. Together, we deliver social care assessments, reviews and carers' assessments to people with non-complex needs. Community Hospice is the prime contractor and manage the commissioning relationship for this work and subcontract most of the delivery to our partners. Our joint work is known as OneBexley, with most governance decisions being made in partnership.

We transferred our year-end surplus generated by the project into a new Adult Social Care designated fund to manage any risk of contract closure costs, if we were not awarded the contract we bid for in September 2024. As we were successfully awarded the contract, this designated fund is now planned to fund an evaluation of our work; invest in service transformation priorities within the programme of work; and act as an equalisation fund for future inflation.

Fixed Asset Fund: The Trustees have established a designated Fixed Assets Reserve, equivalent to the net book value of Fixed Assets, to make the level of free reserves more transparent. As

described in Note 16, the net book value of the land and buildings on which the Charity's main operations are located are included in a restricted fund. The Fixed Assets Reserve therefore represents the net book value of fixed assets other than land and buildings on which the Charity's main operations are located.

At 31 March 2025, General Reserves increased to £4,879,318 (2024 - £4,323,264). This is below our agreed reserves target of £6,247,361.

Investment powers, policy and performance

The Investment Committee is in place to monitor the investments under the powers laid down in the Memorandum and Articles of Association. The primary objective of the investment policy is to provide financial security and stability for the operation of the Community Hospice. Our funds placed with Rathbones are now valued at £1,096,485 (2024 - £1,092,309).

In March 2022 the Trustees approved a new five-year strategy for the hospice. It outlines our priorities which continue to centre around our patients, their families and friends and the needs that they encounter through their journey from diagnosis through to death and into bereavement.

Our skilled, compassionate and dedicated team of staff and volunteers, who always strive for the best in all that they do, are responsible for the delivery of this strategy. Together we are working with local people and our partners to understand and meet the evolving needs of our communities, working together to achieve the very best outcomes for patients.

The local Greenwich and Bexley NHS plans include aging well, frailty and people with multiple long-term conditions as a vital element of service, and capacity is being maintained across the system in 2024/25 with a focus on 'home first' and 'virtual wards'. The hospice remains instrumental in leading much of this work, keeping end of life care at the top of the agenda.

We welcomed the new NHS ten-year plan, published shortly after the year end and look forward to continuing to work with system partners to drive the three overarching priorities:

- Analogue to digital
- Hospital to home
- Treatment to prevention

Much of what is included in the plan is reflective of our hospice approach, greater personalisation of care, based as close to home as possible and recognising that people should have the right information to help them make the right choices for them about their treatment and care. We will be reviewing our organisational strategy in 2025/26 to assure ourselves that we maximise on the opportunities to improve care for people with terminal illness across our boroughs which are included in the plan.

Greenwich & Bexley Community Hospice Limited is a company limited by guarantee and not having a share capital is governed by its Memorandum and Articles of Association dated 15th September 1992 and amended to meet the developing needs of the Charity on 15th January 1993, 8th January 2001, 10th July 2006 and 8th June 2012. The Members' liability is limited. Every Member of the Company undertakes to contribute up to £1 to the assets of the company in the event of it being wound up. It is a registered Charity with the Charity Commission (No 1017406). The number of Members of the Company is limited to 50. Present membership is 22. Every person desirous of becoming a Member must sign and deliver to the Company an application for membership. The sole right to membership is vested in the committee (Board of Management – see below) who may, without showing cause, refuse to admit any application to membership.

Board of management

The business of the Charity is managed by a Board of Management (the Trustees) and its membership comes from within the Members of the Company. It is an objective to have members on the Board of Management whose skills, expertise and backgrounds complement the needs and aspirations of the workings of the hospice and its business. Current membership of the Board of Management is 13 and following a review in 2020, the Articles of Association determine a minimum of four and a maximum of 14.

At each Annual General Meeting, those Trustees who have served for a period of four years since their last appointment shall retire and be eligible for re-appointment, via election by Members, for a further four years term of office (maximum two terms). New Trustees are recruited as skill gaps are identified or to support succession planning through external advert and direct approach, with a robust interview process and the appropriate pre-volunteering checks.

Each Designated Officer (Chair, Deputy Chair, Treasurer and Company Secretary) is elected by and from within the Board of Management to serve a period of up to 4 years following which the position will become subject to re-election. We appointed Estelle Kerridge as Company Secretary in November 2022.

The hospice was delighted to appoint Gerald Peters as its first life-time President in November 2022 in recognition for his dedicated and lengthy service as a supporter, volunteer and retiring Trustee.

Trustee induction and ongoing training

New Trustees undergo an orientation and training to brief them on their role and the various aspects of the hospice service and to brief them on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the committee and decision-making process, the business plan and recent financial performance of the Charity. We also pair new Trustees up with a 'buddy' to support them in settling into their role.

Trustees attend appropriate internal and external training events which will develop them to better undertake their role. In 2024/25 Trustees attended equality training at the Board Away Day, as well as having discussions about the potential introduction of Assisted Dying via the End of Life (Terminally Ill Adults) Bill.

There is an annual review and appraisal of Trustees' individual roles within the organisation.

Organisation

The board meets every alternate month; the following sub-committees with specific responsibilities also meet:

- Quality & safety committee
- Finance, information governance and information technology committee
- Investment committee
- Nominations, remuneration and governance committee
- Equity, people and inclusion committee

A trading board and lottery board meet to conduct the business of relevant subsidiary companies.

The board, along with the senior leadership team of the company have an "away day" to discuss future strategic developments of the hospice and for trustee team-building and training. The Chief Executive manages the day-to-day operations of the hospice and leads its strategic development. To facilitate effective operations, the Chief Executive has delegated authority within a scheme of

delegation approved by the Trustees, for matters including finance, employment, fundraising and Care Quality Commission registration.

Regulatory framework

The hospice is registered with the Care Quality Commission to enable it to operate as a hospice. Ellen Tumelty, Modern Matron for Inpatient Services is the Registered Manager and Kate Heaps, is the Responsible Person. The hospice maintains a schedule of compliance with the relevant Statutory Regulations and may be inspected by the Care Quality Commission twice annually, by announced and/or unannounced inspection. We were inspected by the Care Quality Commission in 2022, when we achieved an overall rating of 'Good' and a rating of 'Outstanding' in the 'well led' domain.

'The hospice leadership team demonstrated outstanding practice in the way they prioritised patient needs and choices as well as their outward facing recovery and transformation following the pandemic. We saw evidence of a culture that invested in and developed staff who received high praise from stakeholders. Building on their COVID-19 recovery programme, the leadership team had recently introduced a new 5-year strategy that should bring significant benefit to the hospice and the community it serves. Aspects of the team's work with stakeholders had resulted in award nominations at national level.'

Care Quality Commission 2022

The Hospice produced a "Quality Account" for 2024/25, which is submitted to the CQC and to NHS Improvement.

The hospice is required to hold an NHS Improvement (Monitor) Issued Provider licence from April 2018; this requires regular reporting of financial plans, performance against these plans and assessment of financial risk.

Related parties

The hospice has close relationships with SE London Integrated Care System who supports the Charity's work including a significant financial contribution via a contract with SE London Integrated Care Board. Close working relationships exist with other health and care providers within the community in particular, Lewisham & Greenwich NHS Trust, Oxleas NHS Foundation Trust, London Borough of Bexley, Royal Borough of Greenwich, Marie Curie, St Christopher's Hospice and Darent Valley Hospital NHS Trust.

The hospice has contractual relationships with seven other charities in Bexley as a part of a consortium OneBexley (Age UK Bexley, Bexley Carers, SE London Crossroads, Inspire Community Trust, Bexley Mencap, MIND in Bexley and Bexley Voluntary Services Council); the hospice is also represented by the Chief Executive on the Bexley Wellbeing Partnership and Healthier Greenwich Partnership (Local Care Partnership Boards).

The hospice has two wholly owned subsidiary trading companies – GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. Details of their activities are highlighted in note ten of these accounts.

The hospice nominations, remuneration and governance committee which reviews and sets the remuneration of the Chief Executive and senior leadership team (key management personnel) based on appropriate market rates and other parameters on at least an annual basis.

Our approach to sustainability and the environment

The hospice is surrounded by large gardens and undeveloped grounds, some of which are covered by an environmental protection order. In 2022 we appointed a paid gardener to lead the maintenance and development of these grounds. Working with our dedicated team of volunteer gardeners, our estates team and corporate volunteering groups we are beginning to implement a long-term plan for our grounds, creating a beautiful environment for patients, families and staff and encouraging biodiversity.

Our retail operation continued to play an important role in response to the impact of fast fashion, having sold 396,570 pre-loved items through our shops and saving over 377,000 kilos of waste from going to landfill. We have considered the environmental impact of our recent shop refits, and our objective is to ensure we are sustainable as possible with the materials we use and reuse.

Our project to develop a long-term estates plan for the main hospice site did not complete in 2024/25 as anticipated, largely due to capacity issues, however we continue to work with partners to develop this, however we did commission a building energy cost reduction report which is now in the process of being implemented.

Social responsibility

As well as the Public Benefit outlined at page 3, the hospice aims to maximise any opportunities to invest in and strengthen our local area. As a local employer and business, we can bring economic and social capital to the area and make the lives of our staff, volunteers and the communities they live in better beyond our charitable purpose.

Our People Plan aims to create opportunities for new and existing staff and volunteers to live happy, healthy lives and be developed and rewarded in their work, this includes widening participation so that we ensure our whole community have equity of access to new and emerging roles and our Community Development and Engagement Strategy is enabling engagement with community groups that we haven't yet met, as well as setting out our intention of encouraging staff to get involved in their own communities through flexible working policies and a volunteering promise.

Risk management

The trustees implement a Risk Management Strategy which comprises of:

- A regular review of the charity's corporate risk register and risk management framework (RMF)
- The establishment of systems and procedures to mitigate those risks identified in the register and RMF
- The implementation of procedures designed to minimise any potential impact on the charity should those risks materialise

The trustees review the financial accounts on a bi-monthly basis which includes a review of the level of reserves against the level which it is felt prudent should be held.

The top three risks as identified by the finance, information governance and information technology committee are outlined in the table below:

Risk	Mitigation
1. Financial uncertainty due to rising inflation, increases in national Insurance and cost of living crisis.	The Board and Senior Leadership Team continue to monitor income, expenditure and cash flow closely, with regular review of forecast. We continue to negotiate with system partners and commissioners to secure additional resources to support our work. We are implementing our five-year strategy and are utilising our Recovery and Transformation Designated Fund to support us to grow our income, improve service efficiency and to implement digital technologies to maximise efficiency. We have sufficient reserves to support current levels of activity and are investing in activities to help reach our target.
2. Increased demand for our services/ recruitment and retention challenges in our clinical workforce particularly our Medical and Allied Health Professional roles.	We are working with system partners to prioritise resources to meet growing demand, working efficiently and effectively in an integrated way. We are embedding new ways of working to work more efficiently and developing extended roles for some professions to reduce pressure on others e.g. medicine. Our People Team are working with managers and colleagues to improve retention and staff wellbeing and we continue to develop existing staff into more senior roles. We have improved our recruitment processes to reduce bureaucracy and improve response times. Where possible, salaries are in line with NHS competitors. We are conducting a review of salaries and terms and conditions of employment to ensure they remain in line with our competitors. Our new brand and values have made the hospice more visible and communicated what a great organisation we are.
3. Long term challenges relating to predicted growth in need and a change to the demography of the local population.	Changes made through implementation of our Service Transformation and Community Development and Engagement Strategies will help us meet future demand and respond to the needs of our whole community. We are working with partners across our system to influence wider workforce planning, and training of all healthcare professionals to meet specialist and generalist workforce needs. We are working with our community to build resilience to better manage death and dying as a normal part of life. This is supported by our rebrand and development of a new website which was completed in August 2024.

Trustees' responsibilities in relation to the financial statements

The Trustees (who are also Directors of Greenwich & Bexley Community Hospice Limited for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company/group for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles of the Charities SORP
- Make sound judgements and estimates that are reasonable and prudent
- State whether applicable Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is appropriate to presume that the charity will not continue in business

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time of the financial position of the charitable 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 charitable company and the Group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In accordance with company law, as the company's directors, we certify that:

So far as we are aware, there is no relevant audit information of which the company's auditors are unaware.

As the Directors of the company we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

Auditors
A resolution will be proposed at the Annual General Meeting that Moore Kingston Smith be appointed as auditors to the charity for 2025-26.

By Order of the Trustees

In Approving the Trustees' Report, the Board are also approving the Strategic Report included herein their capacity as company directors.

....
Mrs Sarah Higgins, Chair 10 September 2025

Reference and administrative details

Directors and Trustees

Mrs Sarah Higgins
Chair and Chair of Nominations, Remuneration and Governance Committee

Mr David Atterbury-Thomas
Treasurer and Chair of Finance Information Governance and Information Technology Committee

Mr Tim Gutteridge
Deputy Chair and Chair of Trading Board (resigned 13 November 2024

Mrs Estelle Kerridge
Company Secretary, Board Safeguarding Champion

Dr Francis Drobniewski
Trustee

Mr Tim Green
Trustee (from November 2024)

Ms Kate McGranaghan-Chow
Chair of Lottery Board, Fundraising Link Trustee

Ms Rebecca Middleton
Trustee

Ms Sylvia Osaji
Trustee

Ms Alison Roberts
Trustee

Dr Mary-Clare Parker
Trustee (resigned 13 November 2024)

Mrs Manal Sadik
Chair of Equity, People and Inclusion Committee, Board Equity, Diversity and Inclusion Champion

Dr Tolu Timeyin
Trustee (from November 2024, resigned July 2025)

Mrs Komal Whittaker-Axon
Chair of Quality and Safety Committee

Mr Michael Williams
Marketing and Communications Link Trustee

Mr Simon Di Marino
Chair of Investment Committee

Membership of board committees

- Quality & Safety Committee
- Finance, Information Governance and Information Technology Committee
- Equity, People and Inclusion Committee (Previously Workforce Committee)
- Investment Committee
- Nominations, Remuneration and Governance Committee (from September 2022)
- Lottery Board
- Trading Board

Non-Trustee Advisors

Mr Mike Davis
Non-Executive Director for GBCH Trading

Mr Barry Dow
Non-Executive Director for GBCH Trading

Mr Ivan Izikowitz
Non-Executive Director for GBCH Trading

Mr Alan Powell

Chief Executive

Ms Kate Heaps

Senior leadership team

Dr Lesley Bull (from August 2024)

Mr Victor D'Arcy-Smith

Mr Jon Devlin

Ms Aneta Saunders

Mr Graham Turner

CQC Registered Manager Ms Ellen Tumelty

Registered Office 185 Bostall Hill Abbey Wood, London, SE2 0GB

Bankers National Westminster Bank Ltd, 12 High Street, Dartford, Kent, DA1 1DD

Auditors Moore Kingston Smith 6th Floor, 9 Appold Street, London, EC2A 2AP

Registered Charity Number 1017406

Company Number 2747475

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

Opinion

We have audited the financial statements of Greenwich & Bexley Community Hospice Limited (the 'company') for the year ended 31 March 2025 which comprise the Consolidated Statement of Financial Activities, the Charitable Company Statement of Financial Activities, the Consolidated and Charitable Company Balance Sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. 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.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

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

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Act 2011 require us to report to you if, in our opinion:

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 39, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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.

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the group and parent charitable company's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.

- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and parent charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group or parent charitable company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit report.

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

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council and UK taxation legislation.

- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.

- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.

- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.

- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and, in respect of the consolidated financial statements, to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters which 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 any party other than the charitable company, the charitable company's members, as a body, and the charity's trustees, as a body, for our audit work, for this report, or for the opinion we have formed.

Moore Kingston Smith LLP.

James Saunders (Senior Statutory Auditor)
for and on behalf of Moore Kingston Smith LLP, Statutory Auditor

9 Appold Street
London
EC2A 2AP

Date: 21/11/2025

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 MARCH 2025

		Unrestricted Funds		Restricted Funds	2025	2024
		General	Designated			
	Note	£	£	£	£	£
INCOME						
Donations and Legacies:	2					
Voluntary Income						
General donations		1,380,016	-	110,399	1,490,415	1,406,432
Charity shop donations		665,624	-	-	665,624	813,352
Legacies		2,522,516	-	-	2,522,516	791,726
Charitable activities:	3					
Operating a Hospice		6,122,028	-	-	6,122,028	6,718,744
Other trading activities:						
Charity shop income		1,826,555	-	-	1,826,555	1,712,857
Lottery income		424,488	-	-	424,488	418,256
Other sales income	4a	133,328	-	-	133,328	59,114
Rental income		20,055	-	-	20,055	10,704
Investmentl income		128,497	-	-	128,497	20,895
Other	4b	8,217	-	-	8,217	139,505
TOTAL INCOME		13,231,324	-	110,399	**13,341,723**	**12,091,585**
EXPENDITURE						
Raising funds:						
Fundraising and marketing costs		960,216	104,468	-	1,064,684	1,106,792
Charity shop expenditure		1,828,267	-	-	1,828,267	1,739,918
Lottery expenditure		227,625	-	-	227,625	238,053
Charitable activities:						
Operating a Hospice Clinical expenses		10,021,314	69,492	111,608	10,202,414	10,065,344
TOTAL EXPENDITURE	5a	13,037,422	173,960	111,608	**13,322,990**	**13,150,107**
Net gains/(losses) on investments	10	(20,619)	-	-	(20,619)	76,084
NET INCOME/(EXPENDITURE) FOR THE YEAR		173,283	(173,960)	(1,209)	**(1,886)**	**(982,438)**
Gross transfers between funds	14	382,771	(164,177)	(218,594)	-	-
NET MOVEMENT IN FUNDS		556,054	(338,137)	(219,803)	**(1,886)**	**(982,438)**
TOTAL FUNDS AT 1 APRIL 2024		4,323,264	1,557,441	6,030,071	**11,910,776**	**12,893,214**
TOTAL FUNDS AT 31 MARCH 2025	14	**4,879,318**	**1,219,304**	**5,810,268**	**11,908,890**	**11,910,776**

All recognised gains and losses are included in the consolidated statement of financial activities. All transactions are derived from continuing activities.
Full comparative figures for the year ended 31 March 2024 are shown in note 20.
The accompanying notes form part of these financial statements.

CONSOLIDATED AND CHARITY BALANCE SHEET FOR THE YEAR ENDED 31 MARCH 2025

		Group		Charity	
		2025	Restated 2024	2025	Restated 2024
	Note	£	£	£	£
FIXED ASSETS					
Tangible assets	9	6,218,905	6,092,893	6,218,905	6,092,893
Intangible assets	9	205,559	97,279	205,559	97,279
Investments	10	1,096,485	1,092,309	1,097,487	1,093,311
		7,520,949	**7,282,481**	**7,521,951**	**7,283,483**
CURRENT ASSETS					
Current investments		2,000,000	2,000,000	2,000,000	2,000,000
Debtors	11	3,191,466	1,718,699	4,208,707	3,733,373
Cash at bank and in hand		2,032,635	3,459,517	908,172	1,319,358
		7,224,102	**7,178,216**	**7,116,879**	**7,052,731**
CURRENT LIABILITIES					
Creditors: amounts falling due within one year	11	(2,836,161)	(2,549,921)	(2,696,562)	(2,392,059)
NET CURRENT ASSETS		**4,387,941**	**4,628,295**	**4,420,317**	**4,660,672**
NET ASSETS		**11,908,890**	**11,910,776**	**11,942,268**	**11,944,155**
FUNDS					
Unrestricted Funds:	**14**				
General fund		4,879,318	4,323,264	4,912,696	4,356,643
Designated Funds:					
Fixed assets fund		364,304	364,304	364,304	364,304
RTP fund		200,000	538,137	200,000	538,137
Building development fund		500,000	500,000	500,000	500,000
ASCF fund		155,000	155,000	155,000	155,000
Restricted Funds:					
Property fund		5,689,856	5,797,436	5,689,856	5,797,436
Others		120,412	232,635	120,412	232,635
		11,908,890	**11,910,776**	**11,942,268**	**11,944,155**

As permitted by Section 408 of the Companies Act 2006, the Statement of Financial Activities of the parent charity is not presented as part of these financial statements.

The Charity's deficit for the year before distribution from subsidiaries was £899,587 (2024: £1,795,790).

The financial statements were approved and authorised for issue by the Board of Directors on 10 September 2025 and were signed below on its behalf by:

Mrs Sarah Higgins - Director

David Atterbury Thomas - Director

The accompanying notes form part of these financial statements.

Company Number: 2747475

CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2025

	Note	2025 £	Restated 2024 £
CASH FLOWS FROM OPERATING ACTIVITIES:			
NET CASH (USED IN) / PROVIDED BY OPERATING ACTIVITIES		**(1,047,048)**	**83,666**
CASH FLOWS FROM INVESTING ACTIVITIES:			
Interest received		128,497	135,038
Payment to acquire fixed assets		(380,489)	(254,245)
Payment to acquire Intangible fixed assets		(143,024)	(97,279)
Proceeds of sale of fixed assets		1,801	83,326
Purchase of investments		(101,125)	(79,154)
Disposal of investments		114,507	-
Investment in cash deposits		-	(2,000,000)
NET CASH USED IN INVESTING ACTIVITIES		**(379,833)**	**(2,212,314)**
Change in cash and cash equivalents in the year		(1,426,881)	(2,128,648)
Cash and cash equivalents at the beginning of the year		3,459,517	5,588,165
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR		**2,032,635**	**3,459,517**

	Note	2025 £	2024 £
RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES			
Net expenditure as per the Statement of Financial Activities		(1,886)	(982,438)
Depreciation and amortisation charges		287,420	192,442
Gains/(losses) on investments		20,619	(76,024)
(Increase)/decrease in debtors		(1,472,767)	857,550
Increase in creditors		286,240	227,174
Interest received		(128,497)	(135,038)
Dividends received net of fees		(38,176)	-
NET CASH (USED IN) / PROVIDED BY OPERATING ACTIVITIES		**(1,047,048)**	**83,666**

Analysis of changes in net debt
The charity has no net debt and therefore no analysis is required

Notes to the financial statements

1 ACCOUNTING POLICIES

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

Statement of compliance

The financial statements have been prepared in accordance with Accounting and Reporting by Charities:Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2021), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Greenwich & Bexley Community Hospice Limited meets the definition of a public benefit entity under FRS102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

General information

The charity is a private company limited by guarantee, incorporated in England and Wales (company number: 2747475) and a charity registered in England and Wales (charity number: 1017406) the charity's registered office is shown in the reference and administration section. The charity is set up as a company limited by guarantee.

Preparation of accounts on a going concern basis

The trustees have a reasonable expectation that the charity will continue in operational existence for the foreseeable future. This expectation is based on several key factors, which are detailed below:

Financial Health and Reserves: The charity has maintained a strong financial position, evidenced by its healthy reserves and positive cash flow for the next 12 months. The current reserves policy ensures that the Charity has sufficient funds to cover operational costs and any unforeseen expenses.

- We have free reserves of £5.3m and £4.1m liquid fund in our bank accounts as at year-end
- We are able to liquidate the investment portfolio of £1m if necessary

Sustainable Revenue Streams: The charity has diversified and stable sources of income, including grants, donations, and fundraising activities. These revenue streams are regularly reviewed and are anticipated to continue providing adequate funding.

Support from Donors and Stakeholders: The charity has a strong base of loyal donors and supporters who are committed to its mission. Ongoing engagement with stakeholders ensures continuous support and collaboration, which are crucial for the charity's sustainability.

Future Plans and Strategies: The charity has a clear strategic plan for the future, with well-defined goals and objectives. The trustees regularly review and adapt these plans in response to changing

circumstances, ensuring the charity remains relevant and effective in fulfilling its mission.

Regulatory Compliance and Governance: The charity adheres to all regulatory requirements and follows best practices in governance. The Trustees are confident in the charity's governance framework, which provides oversight and accountability.

In conclusion, the trustees believe that the charity is well-positioned to continue operating as a going concern, thanks to its

strong financial health, diverse income sources, effective cost management, committed supporters, strategic planning, and robust governance.

Consolidation

The group financial statements consolidate the financial statements of the charitable company and its wholly owned subsidiaries, GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. It is the group's policy to transfer the profits of the subsidiaries to the charity under Gift Aid. A separate Statement of Financial Activities and Income and Expenditure Account for the charity has not been presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006. The deficit of the parent charity was £899,587 (2024: surplus of £1,795,790). The registered office for both GBCH Trading Limited and Greenwich & Bexley Community Hospice Limited is 185 Bostall Hill, London, SE2 0GB. Uniform accounting policies have been applied.

Income recognition

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

Donations and legacies

Donations and gifts and are included in full in the Statement of Financial Activities when there is entitlement, probability of receipt and the amount of income receivable can be measured reliably.

Gifts in kind

Gifts in kind represent assets donated for distribution or use by the charity. Assets given for distribution are recognised as income only when distributed. Assets given for use by the charity are recognised when receivable. Gifts in kind are valued at the amount actually realised from the disposal of the assets or at the price the charity would otherwise have paid for the assets.

Grants

Grants (including government grants) are recognised in full in the statement of financial activities in the year in which the charity has entitlement to the income, the amount of income receivable can be measured reliably and there is probability of receipt.

Income from charitable activities

Income from charitable activities is recognised as earned as the related services are provided. Income from other trading activities is recognised as earned as the related goods are provided.

Other income

Income received from pension recovery, salary recharges, Bexley adult social care contract, and NHS England are included in other income.

Investment income

Investment income is recognised on a receivable basis once the amounts can be measured reliably.

Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

Expenditure is classified under the following activity headings:

- cost of raising funds comprises fundraising and marketing, charity shop and lottery expenditure.
- Expenditure on charitable activites comprises hospice operating costs.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned based on staff time attributable to each activity.

Allocation of costs

Staff costs are allocated between direct charitable expenditure and support costs based on the time spent on these activities. Other costs are allocated directly to the relevant heading.

Depreciation is provided to write off the cost or valuation, less estimated residual values, of all fixed assets, except freehold land over their expected useful lives. It is calculated at the following rates:

Freehold buildings	1% straight line
Fixture, Fittings and equipment	33% and 10% straight line
Motor vehicles	25% straight line

Donated assets are included at value on the date received.

Investments

Investments are a form of basic financial instruments and are initially shown in the financial statements at market value. Movements in the market values of investments are shown as unrealised gains and losses in the Statement of Financial Activities.

Stocks

Stocks are valued at the lower of cost and net realisable value. Cost is based on the cost of purchase on a first in, first out

basis. Net realisable value is based on estimated selling price less additional costs to completion and disposal.

The trustees have concluded and agreed that the valuing of shops donated goods for resale on receipt is impractical due to the high volume of low value items, lack of stock system for recording

these items and the administrative cost involved. Instead the income is recognised in the accounts when these goods are sold.

Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments.

Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

Creditors and provisions

Trade and other debtors are recognised at the settlement amount due after any trade discount offered.

Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

Funds

Unrestricted funds are funds that can be used in accordance with the charitable objects at the discretion of the trustees.

Designated funds are unrestricted fiinds earmarked by the trustees for particular purposes.

Restricted funds comprise monies raised for, and their use restricted to a specific purpose or donations subject to donor-imposed conditions.

Operating leases

Rentals payable under operating leases are charged to the Statement of Financial Activities (SOFA) as incurred over the term of the lease.

Estimates and judgements

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Although these estimates are based on management's best knowledge of the amount, events or actions, actual results ultimately may differ from those estimates. The Trustees consider the estimation of useful life of fixed assets to be the area of judgement and estimation that have a significant effect on the financial statements. Further details on these judgements are provided above under tangible fixed assets.

Legacies are recognised when the following conditions are confirmed:

- there has been grant of probate by the end of the financial year
- the executors have established that there are sufficient funds to pay the legacy
- any conditions attached to the legacy are either within the control of the Charity or have been met

Employee benefits

Short term benefits
Short term benefits including holiday pay are recognised as an expense in the period in which the service Short term benefits including holiday pay are recognised as an expense received.

Employee termination benefits
Termination benefits are accounted for on an accrual basis and in line with FRS102.

Pension scheme
Contributions to the NHS and Stakeholder pension schemes in respect of eligible employees are charged to the income and expenditure account as they become payable. The Stakeholder scheme is a defined contribution scheme and the NHS a final salary scheme.

2 DONATIONS AND LEGACIES

	2025	2024
	£	£
Donations	2,156,039	2,219,784
Legacies	2,522,516	791,726
	4,678,555	**3,011,510**

3 INCOME FROM CHARITABLE ACTIVITIES

	2025	2024
	£	£
NHS Income	6,122,028	5,718,744
Adult Social Care	-	1,000,000
	6,122,028	**6,718,744**

4A OTHER SALES INCOME

	2025	2024
	£	£
Catering Income	26,392	22,834
Training Income	34,916	6,300
Miscellaneous Income	72,020	29,980
	133,328	**59,114**

4B OTHER INCOME

	2025	2024
	£	£
Medical Insurance Claims	8,217	-
Room hire	-	4,467
Others	-	135,038
	8,217	**139,505**

ANALYSIS OF GROUP EXPENDITURE

5A DIRECT AND SUPPORT COSTS

	Direct costs	Support costs	Total 2025
	£	£	£
RAISING FUNDS			
Fundraising and marketing costs	890,200	174,484	1,064,684
Charity shop expenditure	1,585,246	243,021	1,828,267
Lottery expenditure	211,622	16,003	227,625
CHARITABLE ACTIVITIES			
Clinical expenses	8,421,955	1,780,459	10,202,414
EXPENDITURE	**11,109,023**	**2,213,967**	**13,322,990**

	Direct costs	Support costs	Total 2024
	£	£	£
RAISING FUNDS			
Fundraising and marketing costs	923,307	183,485	1,106,792
Charity shop expenditure	1,484,360	255,558	1,739,918
Lottery expenditure	221,225	16,828	238,053
CHARITABLE ACTIVITIES			
Clinical expenses	8,193,036	1,872,308	10,065,344
EXPENDITURE	**10,821,928**	**2,328,179**	**13,150,107**

5B SUPPORT COSTS

	Administra-tion	Finance & IT	Office costs	Governance	Total 2025
			£	£	£
RAISING FUNDS					
Fundraising and marketing costs	70,294	82,753	21,436	-	174,483
Charity shop expenditure	135,281	56,698	51,042	-	243,021
Lottery expenditure	16,003	-	-	-	16,003
Clinical expenses	442,905	604,887	535,648	197,020	1,780,460
	664,483	**744,338**	**608,126**	**197,020**	**2,213,967**

	Administra-tion	Finance & IT	Office costs	Governance	Total 2024
			£	£	£
RAISING FUNDS					
Fundraising and marketing costs	73,921	87,022	22,542	-	183,485
Charity shop expenditure	142,260	59,623	53,675	-	255,558
Lottery expenditure	16,828	-	-	-	16,828
Clinical expenses	465,754	636,091	572,641	197,822	1,872,308
	698,763	**782,736**	**648,858**	**197,822**	**2,328,179**

5C GOVERNANCE COSTS

	2025	2024
	£	£
Staff costs	197,020	197,822
Auditor's remuneration :		
- Audit fees	32,400	33,100
- Other services	7,150	5,500
	236,570	**236,422**

Where support costs are not incurred specifically for an activity heading, they are allocated on the basis of the number and level of staff employed within the appropriate activity heading.

6 EMPLOYEES

	Group		Charity	
	2025	2024	2025	2024
	No.	No.	No.	No.
Average number of employees, excluding Directors	216	205	182	165
Full time equivalent figure	145	132	145	132

	2025	2024	2025	2024
	£	£	£	£
Staff costs consisted of:				
Salaries	7,284,776	6,577,145	6,282,620	5,601,619
Social security costs	746,344	691,448	661,948	605,082
Other pension costs	527,675	463,596	488,008	421,986
	8,558,795	7,732,189	7,432,576	6,628,687
Agency	700,153	8,195,785	694,302	553,217
Medical services	8,143	-	8,143	-
	8,837,578	**8,289,681**	**7,705,508**	**7,181,904**

The number of employees whose emoluments were £60,000 or above per annum were:

	2025	2024
£60,000 - £69,999	11	9
£70,000 - £79,999	6	-
£80,000 - £89,999	2	5
£90,000 - £99,999	2	1
£100,000 - £109,999	1	1
£120,000 - £129,999	1	-

Of these, 9 employees are accruing pension contributions totalling £59,181 (2024:8 employees, accruing £83,795).

The total employee benefits of the key management personnel of the Group were £1,346,715 (2024: £702,307). Of this, £1,305,923 (2024: £654,216) relates to the key management personnel of the charity.

7 TRUSTEES REMUNERATION AND EXPENSES

No expenses were reimbursed to trustees in the current year (2024: £Nil).

No Trustee received remuneration in the current or prior year.

8 NET INCOME

	2025	2024
	£	£
The net income is stated after charging: Auditors' remuneration (excluding VAT)		
- For audit	32,400	30,000
- For tax compliant services	2,500	3,100
- For accounting fees	7,150	5,500
Lease payments	465,678	345,729
Depreciation	252,675	192,442
Amortisation	34,745	89

9 TANGIBLE ASSETS GROUP

	Freehold Land & Building	Equip-ment, Furniture & Fitting	Motor Vehicles	Charity Total	Subsidiary Furniture, Equip-ment & Vehivles	Group Total
	£	£	£	£	£	£
COST OR VALUATION						
At 1 April 2024	6,918,444	2,538,239	51,606	9,508,289	-	9,508,289
Additions	31,852	348,637	-	380,489	-	380,489
Disposals	-	-	(21,350)	(21,350)	-	(21,350)
At 31 March 2025	**6,950,296**	**2,886,876**	**30,256**	**9,867,428**	**-**	**9,867,428**
DEPRECIATION						
At 1 April 2024	1,190,169	2,194,269	30,959	3,415,397	-	3,415,397
Provided for the year	70,271	172,847	9,557	252,675	-	252,675
Disposals	-	-	(19,549)	(19,549)	-	(19,549)
At 31 March 2025	**1,260,440**	**2,367,116**	**20,967**	**3,648,523**	**-**	**3,648,523**
NET BOOK VALUE						
At 31 March 2025	**5,689,856**	**519,760**	**9,289**	**6,218,905**	**-**	**6,218,905**
At 31 March 2024	5,728,275	343,971	20,647	6,092,893	-	6,092,893

10 INTANGIBLE FIXED ASSETS - GROUP

	2025
	£
COST OR VALUATION	
At 1 April 2024	97,368
Additions	143,024
At 31 March 2025	240,392
DEPRECIATION	
At 1 April 2024	89
Provided for the year	34,745
At 31 March 2025	34,834
NET BOOK VALUE	
At 31 March 2025	**205,559**
At 31 March 2024	97,279

FIXED ASSET INVESTMENTS

	2025	2024
	£	£
CHARITY:		
Shares in subsidiary companies at cost	1,002	1,002
Listed Investments	1,096,485	1,092,309
At 31 March 2025	**1,097,487**	**1,093,311**

	2025	2024
	£	£
At 1 April 2024	1,092,309	1,020,457
Additions	101,125	100,431
Disposals	(114,507)	(83,326
Gain/(loss) on investment	(20,619	39,212
Investment Income	48,000	24,619
Investment Fees	(9,823)	(9,084)
At 31 March 2025	**1,096,485**	**1,092,309**

	2025	2024
	£	£
Cost		
GBCH Trading Limited	1,000	1,000
Greenwich & Bexley Community Hospice Lottery Ltd	2	2
At 31 March 2025	**1,002**	**1,002**

The charitable company owns 100% of the share capital of GBCH Trading Limited being 1,000 Ordinary Shares of £1 each and 100% of the share capital of Greenwich & Bexley Community Hospice Lottery Limited being 2 Ordinary Shares of £1 each.

The subsidiaries are registered in the United Kingdom. The principal activity of GBCH Trading Limited (company registration number: 5612068) is the operation of charity shops. The principal activity of Greenwich & Bexley Community Hospice Lottery Ltd (company registration number: 06483768) is to generate funds for the parent company through the operation of a lottery. Where applicable, the total net taxable profits are distributed to the Parent by gift aid.

A summary of the results of the subsidiaries are shown on the next pages.

	2025	2024
	£	£
GBCH TRADING LIMITED		
Turnover	2,463,125	1,712,857
Cost of sales	(26,468)	(79,223)
Gross profit	2,436,657	1,633,634
Administrative expenses	(1,800,087)	(1,660,695)
Operating Profit/(Loss)	636,570	(27,061)
Other Income	29,054	27,061
	665,624	-
Distribution to parent charity	(665,624)	-
Net income for the year	-	-
The assets and liabilities of the subsidiary were:		
Current assets	718,984	2,189,376
Current liabilities	(751,363)	(2,221,755)
Total net assets	**(32,379)**	**(32,379)**
Aggregate share capital and reserves	**(32,379)**	**(32,379)**

	2025	2024
	£	£
GREENWICH & BEXLEY COMMUNITY HOSPICE LOTTERY LIMITED		
Turnover	424,488	417,751
Cost of sales	(75,782)	(75,528)
Gross profit	348,706	342,223
Administrative expenses	(151,844)	(1,660,695)
Operating Profit/(Loss)	196,862	179,698
Distribution to parent charity	(196,862)	(179,698)
Net income for the year	-	-
The assets and liabilities of the subsidiary were:		
Current assets	351,990	315,435
Current liabilities	(351,988)	(315,433)
Total net assets	**2**	**2**
Aggregate share capital and reserves	**2**	**2**

11 DEBTORS

	Group		Charity	
	2025	2024	2025	2024
	£	£	£	£
Trade debtors	163,934	36,765	163,934	36,765
Prepayments	335,186	382,744	153,584	153,081
Legacies due	2,456,126	1,018,185	2,456,126	1,018,185
Other accrued income	68,303	45,358	31,763	45,358
Other debtors	167,917	235,647	81,367	101,515
Amounts due from subsidiaries	-	-	1,321,933	2,378,469
	3,191,466	**1,718,699**	**4,208,707**	**3,733,373**

12 CREDITORS

Amounts falling due within one year

	Group		Charity	
	2025	2024	2025	2024
	£	£	£	£
Trade creditors	547,707	324,802	512,604	288,245
Other taxation and social security	301,239	167,883	301,124	167,883
Accruals	317,748	1,153,464	239,633	1,056,540
Other creditors	1,037,228	903,772	1,010,963	879,391
Deferred income (note 13)	632,238	-	632,238	-
	2,836,161	**2,549,921**	**2,696,562**	**2,392,059**

13 ANALYSIS OF DEFERRED INCOME

	Group		Charity	
	2025	2024	2025	2024
	£	£	£	£
Deferred income at 1 April	-	6,282	-	(18,163)
Applied during the year	632,238	-	632,238	-
Released during the year	-	(6,282)	-	(18,163)
	632,238	**-**	**632,238**	**-**

14 STATEMENT OF FUNDS - 2025

	Restated At 01/04/24	Income	Expenditure	Gains/ (Losses)	Transfers	At 31/03/ 2025
	£	£	£	£	£	£
UNRESTRICTED FUNDS						
General fund	4,323,264	13,231,324	(13,037,422)	(20,619)	382,771	4,879,318
Designated:						
Fixed assets fund	364,304	-	-	-	-	364,304
Recovery & transformation fund	538,137	-	(173,960)	-	(164,177)	200,000
Building development fund	500,000	-	-	-	-	500,000
One bexley adult social care fund	155,000	-	-	-	-	155,000
RESTRICTED FUNDS						
Donations	232,635	110,399	-	-	(222,622)	120,412
Property fund	5,797,436	-	(111,608)	-	4,028	5,689,856
GROUP TOTAL	**11,910,776**	**13,341,723**	**(13,322,990)**	**(20,619)**	**-**	**11,908,890**

14 STATEMENT OF FUNDS - 2024

	At 01/04/23	Income	Expenditure	Gains/ (Losses)	Transfers	Restated At 31/03/24
	£	£	£	£	£	£
UNRESTRICTED FUNDS						
General fund	4,902,743	10,992,084	(11,516,997)	76,084	(130,650)	4,323,264
Designated:						
Fixed assets fund	233,654	-	(461,863)	-	130,650	364,304
Recovery & transformation fund	1,000,000	-	-	-	-	538,137
Building development fund	500,000	-	-	-	-	500,000
One bexley adult social care fund	155,000	-	-	-	-	155,000
RESTRICTED FUNDS						
Donations	304,381	1,099,501	-	-	-	232,635
Property fund	5,797,436	-	(1,171,247)	-	-	5,797,436
GROUP TOTAL	**12,893,214**	**12,091,585**	**(13,150,107)**	**76,084**	**-**	**11,910,776**

The trustees have designated funds out of the unrestricted funds for specific purposes as follows:

Fixed Assets Fund
In order to fulfil its charitable objectives the charity needs its fixed assets. These assets, although unrestricted, cannot be realised without undermining the charity's work and the trustees therefore feel that it is appropriate to reflect the investment in fixed assets by means of a designated fund.

Recovery and Transformation Fund
This fund has been set up to invest in a number of projects to support the Recovery & Transformation Programme. Approved by the Board of Trustees at the end of 2021, this programme aims to drive transformation across seven key priority areas:

- Service transformation
- Refreshing volunteering
- Staff wellbeing and development
- Equality, diversity and inclusion
- Retail and commercial development
- Fundraising development
- Stakeholder engagement

Building Development Fund
This fund will be dedicated to enhancing the hospice building, including upgrades to our inpatient unit, adding more single bedrooms to improve infection control, and enhancing our staff changing and rest areas to support their wellbeing. It also facilitated a feasibility study to explore the options for improving our building in the post-pandemic environment.

One Bexley Adult Social Care Fund (ASCF)
The Community Hospice is working together with seven Bexley-based charities to deliver a contract awarded by the London Borough of Bexley. Together, we deliver social care assessments, reviews and carers' assessments to people with non-complex needs. The Community Hospice is the prime contractor and manage the commissioning relationship for this work and subcontract the majority of work to our partners. Our joint work is known as OneBexley, with most governance decisions being made in partnership with our seven voluntary sector partners.

The ASC contract comes to an end in October 2029, and if we do not secure the next contract, there are likely to be significant contract closure costs.

Given the year-end surplus generated by the project, it is proposed to create a new One Bexley Adult Social Care designated fund to the tune of £155,000 to cover the likely end-of-project expenditure across partners.

This is made up as follows:

- A significant external evaluation with a prestigious company to create learning which will influence all OB organisations (estimated £30K)
- Potential redundancy/contract closure cost (estimated at £85K)
- Potential band 6 role to fill a gap in quality and outreach (£40k)

The Charity has the following restricted funds:

Property Fund
The predecessor organisation to the hospice, an unincorporated charity, transferred the land and buildings on which the hospice's main operations are located, to the hospice on restrictive terms for the sum of £1.

The transfer documentation predates the SORP and Charities Act, but legal opinion clarified restrictive terms that the property is held on trust by Greenwich & Bexley Community Hospice Limited on behalf of the predecessor organisation. However, the charity has the legal right to register charges against the property and it could be indemnified out of the premises in respect of liabilities properly incurred in the charity's role of trustee.

Accordingly, the net book value of the land and buildings together with all improvements made to date on the premises are reported as a separate restricted fund.

Transfers between funds reflects the capital building project and movement in fixed assets.

Donations
Restricted donations are funds given to the charity for a specific purpose as designated by the donor.

The funds are held in restricted funds and can only be applied in line with the purposes specified by the donor. Any unspent balances at the year-end are carried forward within restricted funds to be used for those specified purposes in future periods.

15 ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS - 2025

	General Funds	Designated Funds	Restricted Funds	Subsidiary Funds	Total
	£	£	£	£	£
Fixed assets	370,304	364,304	5,689,856	-	6,424,464
Investments	1,096,485	-	-	-	1,096,485
Current assets	5,182,049	855,000	120,412	1,066,641	7,224,102
Current liabilities	(1,769,520)	-	-	(1,066,641)	(2,836,161)
	4,879,318	**1,219,304**	**5,810,268**	**-**	**11,908,890**

ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS - 2024 RESTATED

	General Funds	Designated Funds	Restricted Funds	Subsidiary Funds	Total
	£	£	£	£	£
Fixed assets	28,433	364,304	5,797,436	-	6,190,173
Investments	1,092,309	-	-	-	1,092,309
Current assets	3,132,913	1,655,000	232,634	2,157,668	7,178,215
Current liabilities	(392,253)	-	-	(2,157,668)	(2,549,921)
	4,323,264	**1,557,441**	**6,030,071**	**-**	**11,910,776**

16 PENSIONS

The company contributes to the NHS and Stakeholder pension schemes in respect of eligible employees. The assets of the schemes are held separately from those of the company in independently administered funds. The pension cost represents contributions payable by the company to the pension scheme funds. The NHS scheme is a multi-employer deferred benefits scheme which is underwritten by the Treasury. The Charity's obligations are limited to its annual contributions. The scheme currently has an employee contribution of between 5% and 13.5% and an employer contribution of 14.3%.
The Stakeholder Scheme has an employee contribution decided by the employee and the employer contribution is 1% above the employee's contributions up to a maximum of 7%. The total employer's pensions contribution for the year amounted to £488,008 (2024: £421,986) and as at the balance sheet date the company held total contributions of £50,753 (2024: £64,936) that were payable to the pension schemes. The charity does not have any further commitments under these pension schemes.

17 OPERATING LEASE COMMITMENTS

As at 31 March 2025, the charity had annual lease commitments totalling:

	2025		2024	
	Land & Building	Other	Land & Building	Other
	£	£	£	£
Leases expiring within 1 year	162,938	22,446	173,500	7,175
Leases expiring within 1-5 years	589,420	50,672	180,092	4,043
	752,358	**73,118**	**353,592**	**11,218**

18 CAPITAL COMMITMENTS

There were no capital commitments in the year ended 2025 (2024: Nil)

19 RELATED PARTY TRANSACTIONS

In 2025 the following transactions took place between the Charity and its wholly owned subsidiaries GBCH Trading Limited (company number: 05612068) and Greenwich & Bexley Community Hospice Lottery Limited (company number: 06483768)

Amounts due to the parent company at the year-end were £459,447.

There are no other outstanding balances with related parties as at 31 March 2025 (2024: £nil). The total amount of donations received from the trustees in the year was £1,324 (2024: £ 2,573).

There were no other related party transactions in the period under review.

20 COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (2024)

	Unrestricted Funds		Restricted Funds	Total 2024
	General	Designated		
	£	£	£	£
INCOME				
Donations and Legacies:				
Voluntary Income	1,238,104	-	168,328	1,406,432-
General donations	813,352	-	-	813,352
Charity shop donations	791,726	-	-	791,726
Legacies	-	-	-	-
Charitable activities:				
Operating a Hospice	5,787,571	-	931,173	6,718,744
Other trading activities:				
Charity shop income	1,712,857	-	-	1,712,857
Lottery income	418,256	-	-	418,256
Other sales income	59,114	-	-	59,114
Rental income	10,704	-	-	10,704
Investments	20,895	-	-	20,895
Other	139,505	-	-	139,505
TOTAL INCOME	10,992,084	-	1,099,501	**12,091,585**
EXPENDITURE				
Raising Funds:				
Fundraising and marketing costs	1,106,792	-	-	1,106,792
Charity shop expenditure	1,739,918	-	-	1,739,918
Lottery expenditure	238,053	-	-	238,053
Charitable activities:				
Operating a Hospice	-	-		-
Clinical expenses	8,432,234	461,863	1,171,247	10,065,344
TOTAL EXPENDITURE	11,516,997	461,863	1,171,247	**13,150,107**
Net gains/(losses) on investments	76,084	-	-	**76,084**
NET INCOME / (EXPENDITURE) FOR THE YEAR	(448,829)	(461,863)	(71,746)	**(982,438**
Gross transfers between funds	(130,650)	130,650	-	-
Net movements in funds	(579,479)	(331,213)	(71,746)	**(982,438)**
Total funds at 1 April 2023	4,902,743	1,888,654	6,101,817	**12,893,214**
TOTAL FUNDS AT 31 MARCH 2024	**4,323,265**	**1,557,441**	**6,030,071**	**11,910,776**

21 PRIOR YEAR RESTATEMENT

In the financial statements for the year ended 31 March 2024, elements of cash and cash equivalents were incorrectly recognised as cash. The maturity dates of deposits and other similar accounts exceeded 3 months and did not meet the classification criteria of cash and cash equivalent and should have been classified as current asset investments.

There is no impact on net assets or fund reserves held.

The comparative figure has been adjusted to reflect the correction of £1,319,358 (Group: £3,459,517).

	Group		Charity	
	As previously reported	As restated as 31 March 2025	As previously reported	As restated as 31 March 2025
	£	£	£	£
CURRENT ASSETS	-			
Current investments	-	2,000,000	-	2,000,000
Cash at bank and in hand	5,459,517	3,459,517	3,319,358	1,319,358
	5,459,517	**5,459,517**	**3,319,358**	**3,319,358**

COMMUNITY HOSPICE

For the people of
Greenwich & Bexley

GREENWICH AND BEXLEY COMMUNITY HOSPICE LIMITED

England & Wales - Charity number 1017406

Accounts

GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

(A charitable company limited by guarantee)

FINANCIAL STATEMENTS

FOR THE YEAR ENDED

31 MARCH 2024

Company Number: 2747475
Registered Charity Number: 1017406

COMMUNITY HOSPICE For the people of Greenwich & Bexley

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GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED
TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024

The Board of Trustees present their report and the consolidated financial statements of Greenwich & Bexley Community Hospice Limited (GBCH) for the year ended 31 March 2024.

The financial statements have been prepared in accordance with the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019), applicable law and the Charity's governing document.

CHIEF EXECUTIVE'S SUMMARY

Thank you for taking the time to read the Annual Report and Accounts of Greenwich & Bexley Community Hospice.

You'll see throughout that we often refer to ourselves as 'The Community Hospice'. This came off the back of an incredibly exciting rebranding project that began in the autumn of 2023. You may notice that we sound and look a bit different now too, and that's because we spoke to so many people: staff, volunteers, community members, patients, families and local organisations, to learn how we could raise awareness of our care, and support people better, in more meaningful ways. We learnt that lots of people didn't know we existed and therefore didn't know we were there for them and their loved ones, and many had misconceptions and fears of hospices. So, whilst our legal name hasn't changed, we're now the Community Hospice, here for the people of Greenwich and Bexley.

You will also notice that our previous Chair, Ruth Russell stood down in November 2023. I would like to take this opportunity to recognise the enormous contribution she has made to our charity, supporting me and the team through a time of change and challenge, in particular in our response to the COVID 19 pandemic. Ruth's leadership has supported a strengthening of our governance and diversification of our board, which have enabled a change in the way we operate, approach risk and ultimately in the support we can provide to our beneficiaries. We are all very grateful for the service she has given.

We ended the year with a consolidated deficit of (£982,438), much of this was anticipated as we made the decision to use our reserves to invest in several areas of our charity to transform our services and to secure a more sustainable future. But the past year has seen the charity face several challenges. We, like many health and care organisations across the country, have struggled with vacancies and recruitment of appropriately skilled staff. Inevitably this means we haven't been able to progress as quickly as we'd like on certain ambitions. We, like everyone else, have also felt the impact of the cost-of-living crisis, with overheads increasing and income not meeting the increases. But in the face of such challenges, I am very proud of the values, hard work and commitment of all those that make the hospice; as colleagues we came together to make sure we could continue to give high quality end of life care to those who needed our support. Our community have continued to give, and their generosity never fails to amaze me; without it, we simply wouldn't be here.

One of our strategic priorities is to listen, both to those in and outside of the organisation. We know how important this is so that we can continuously improve and evolve our care, and to be there for all people, of all backgrounds, religions, sexualities and ethnicities. As part of this work, we've developed a Community Development and Engagement Strategy, and have worked closely with local charities, faith leaders and community groups. We've had some remarkable conversations, and together have organised training and

workshops for our staff. We are committed to continuing to listen so that we increase our learning about our community and adapt our care in line with their needs.

Another of our priorities is to harness the power of digital to better support those who need us. Last year saw the introduction of our 'Virtual Ward' programme, which meant that more patients, including those with the most complex of needs were able to continue to get the care they needed at home and avoid unnecessary and unwanted hospital admissions. Our team worked with patients, their families and their GPs and community nurses, using digital platforms to monitor conditions and symptoms closely as well as visiting more frequently, giving the care needed, where they wanted to be cared for, and in a timely way.

We've also focused a lot on wellbeing, on supporting people to live as well as they can, for as long as they can. This has led to the introduction of a range of wellbeing and rehabilitative support, including social groups for members of the community, classes to support people to manage their symptoms, and a showering service so people can feel more like themselves again.

As we reach the halfway point of our five-year strategy, this feels like a good time to reflect on where we've got to and to reaffirm that we will continue to work together to be the best organisation we can be. Our commitment to the people of Greenwich and Bexley is unwavering and I look forward to what the next year brings.

Thank you,

STRATEGIC REPORT

OBJECTIVES AND ACTIVITIES

The Charity's public benefit as set out in the objects clause in its Articles of Association is, for the *relief of pain and suffering among the ill, the provision, management and maintenance of a hospice and associated community and outreach services for people with life-limiting illness and their families and friends, the protection and preservation of the health of those affected by bereavement and the advancement of education of professionals and the public in the relief of pain and suffering.*

Our organisational purpose is **to support people to live as well as they can for as long as they can**.

Our Values

- We keep things simple and focus on what matters most.
- We're warm, friendly and generous with our time.
- We do what we can to make things happen.

At the Community Hospice, everything we do is completely led by our values and in making sure we support everyone who needs us, across the boroughs we serve. The values themselves were born from extensive research and conversations with teams across the hospice, as well as members of the community, to make sure that they were reflective of our organisation and all those who make it.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
OBJECTIVES AND ACTIVITIES (continued)

Public Benefit

The Trustees have paid due regard to the guidance provided by the Charity Commission on Public Benefit. They are assured that the aims and objectives, along with the outcomes of the activities of the Charity have met the Public Benefit requirement and acknowledge the generosity of its supporters who have enabled the public to benefit from the Charity's activities. This Trustees report demonstrates how this was achieved.

Our Strategy

We are now halfway through our five-year organisational strategy, approved in April 2022. Our focus remains on three overarching priorities that make sure that our local community, patients and their loved ones are at the heart of all we do. Our skilled, compassionate and dedicated team of staff and volunteers, led by our Chief Executive and Senior Leadership Team are responsible for making sure we deliver the best possible care and support we can.

Our strategic priorities (below) help make sure that we remain committed and focused, making the most of our resources so that we're as efficient and effective as possible, and provide meaningful and tailored care. This in turn supports our aim of remaining financially sustainable, so that we can invest in care and support long into the future and be the very best we can be.

1. Listening to all voices in our community, understanding their stories and challenging inequalities so that we develop support, which is responsive, compassionate and flexible to meet differing and individual needs

2. Growing and empowering our own staff, working to our strengths alongside system partners and developing others to give the best support they can to dying people and their families

3. Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income.

To fulfil these aims we must at times take risks and be courageous in advocating for people who are most in need. This sometimes means prioritising resources and being innovative and open minded, making sure everyone in our wonderfully diverse community is able to approach death in the way that suits their values, beliefs and lifestyle.

Further information about our strategy is available at www.communityhospice.org.uk

The Trustees have also now approved more detailed three-year plans for the following key areas:

- Digital and Data
- People
- Service Transformation
- Trading
- Communications and Marketing
- Community Development and Engagement
- Fundraising

We continue to develop our plans for the Community Hospice estate and to reduce our environmental impact.

Investment from our Recovery and Transformation Fund and support from Trusts and Foundations and our NHS/ Local Authority partners continues to support the Community Hospice in driving change to improve our services and extend our reach.

The table beginning on page 8 gives an overview of the progress made against our Strategic objectives.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
OBJECTIVES AND ACTIVITIES (continued)

Priority	Objectives	Progress	Key metrics:	Measurables
Listening Listening to all voices in our community, understanding their stories and challenging inequalities so that we develop support which is responsive, compassionate and flexible to meet differing and individual needs	• Developing mechanisms to encourage feedback from everyone using our services and acting on this to make life better for patients • Encouraging open discussions within the hospice team and with partners so that we learn from complaints, concerns and compliments • Embedding opportunities in our local area for people to find out about the hospice and talk to us about what would help them continue to live well until they die • Ensuring that this feedback is used to shape, develop and influence end of life care in Greenwich and Bexley	Our three-year Community Development and Engagement Strategy was approved by the Board in July 2023, further investment will be made in 2024/25 to accelerate this work. Our Community Development Manager has built strong links across our community, supporting the establishment of a Greenwich University Student's Union Hospice Society and Chai Shai, a group for People of South Asian Heritage based at the hospice. What we have heard through this work is influencing how we talk about our hospice, with a new brand and website due to be launched in August 2024. Additionally, we have reviewed of our values and behaviours framework, which is also due to be launched in August 2024. Our new incident and complaints management database supports robust	• All patients and families will be given the opportunity to feedback/ comment about the care they receive • We will hold at least 2 public events each year to listen to feedback and hear from local people to help shape our services and respond to their needs • By 2027 at least a third of patients and families will take up the opportunity to provide feedback through Views on Care/ iWantGreatCare (iWGC) and/or Voices • A sample of at least 20 patients/ family members each year will be invited to participate in a face-to-face discussion with us, so that we can listen to their views and	• 26 events attended and 18 arranged by our Community Development Manager to hear about local people's needs at the end of life/ perceptions of hospice care. • Any feedback is shared with the clinical team, and where appropriate specific teaching sessions are arranged. • We received 129 iWGC reviews in 23/24 • We sent out 596 Voices surveys and 23% were returned completed

Priority	Objectives	Progress	Key metrics:	Measurables
		review of themes to support quality and safety improvement across the hospice.	hear how we can improve their care	• All patients/ family members who provided feedback about ways we could improve our care or where care did not meet expectations are invited to participate in a face to face or 'phone meeting. • Our patient literature has been reviewed and will be relaunched in August 2024.
Empowering Colleagues Growing and empowering our own staff, working to our strengths alongside system partners and	• Living our values, making our service to the community our motivation to continually learn and grow • Listening to staff through supervision, appraisal and developmental meetings and ensuring that this feedback is used to shape, develop and influence our 'People Plan'	Our People Plan has four priorities: • Leadership and Organisational Development • Equality, Diversity and Inclusion • Staff Wellbeing • Staff Development and Talent Management Our Managers' Development Forum continued to support the development of all staff in management positions	• 20% improvement in completion of staff surveys by 2027 • Improvements in staff recruitment and retention • Demonstrable change in the demographic profile of our volunteer workforce to match the community • Annual publication of a report which captures the impact of our	• Staff survey completion was 59% (52% in the 2022 survey) • Staff retention was 97% as at March 2024 (95% as at March 2023) • Our overall vacancy rate was 8.6% as at

Priority	Objectives	Progress	Key metrics:	Measurables
developing others to give the best support they can to dying people and their families	• Implementing our 'People Plan', which will help us to build our staffing capacity and support the resilience, recognition, health and well-being of all of our people and help us to attract, retain and fully utilise staff and volunteers' knowledge and skills across the whole charity • Expanding and developing our education offer for external professionals and the public • Working effectively with our partners to deliver our shared 'Home First' vision, supported by strengthened and accessible hospice-provided inpatient and outpatient services • Improving our support for family carers before and after death	across the hospice. Our Senior Leadership Team meet monthly with our Hospice Leadership Team, to improve communication and transparency. We rolled out regular, externally facilitated, clinical supervision to all clinical staff from the beginning of the year. This continues to be evaluated and the model reviewed to meet need. We reviewed our recruitment processes which has led to more timely processes and a more diversity in shortlisted candidates. We trained and introduced hospice Freedom to Speak Up Guardians, to complement our speaking up platform @Work in Confidence'. We upgraded our hospice on-line training platform to a more user friendly system and integrated learning and development into the HR/People function. Continuing to work in partnership to deliver education and to support more people to die in their place of choice.	education for staff working in partner organisations • Annual reporting and analysis of the number and proportion of people dying at home and in hospice and system-wide action planning to identify and address challenges which prevent this	march 2024 (5.9% as at March 23) • Although we did not publish a report capturing our education activity this year, this work continues. Much of our activity is embedded into service delivery, for example our hospital team train all new doctors joining Queen Elizabeth Hospital and we train all GP trainees across Bexley and Greenwich.

Priority	Objectives	Progress	Key metrics:	Measurables
		E.g. through the use of ECHO in Care Homes.		
Digital Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income	• Implementing a digital strategy which focuses on long-term sustainability, development of accessible and responsive services and embeds effective governance • Developing a strategy which enables us to improve our use of information to demonstrate our impact and reach and to help us to understand performance/ inequalities • Harness digital technology in our income generation and communications to help us achieve a sustainable future	Data and Digital Strategy approved by Board of Trustees April 2023 Implemented a new customer relationship management system to be utilised by Fundraising and the wider Team. Implementation of a new accident, incident and complaints database. Established a 'Virtual Ward' June 2023, incorporating the use of digital patient reported outcome measures which are integrated into our clinical systems to help with prioritisation and monitoring for those with more complex needs who wish to remain at home. Invested in the appointment of a Clinical Database manager to drive improvements in our patient record system functionality and recording. Invested in an e-commerce manager so that we could grow this area of trading.	• No of unique patients seen • Develop and achieve our annual equalities targets • Proportion of people dying in G&B who have been supported by GBCH • Implementation of Outcomes and Complexity Collaborative Outcome Measures (OACC) and regular reporting to assess outcomes • 20% Growth in voluntary income	2,337 unique patients were supported in 2023/24, this is a reduction of 20% on the previous year; we are working to understand to what extent this is because of changes in the way we record activity, and to what extent it is due to capacity challenges or a general reduction in deaths post the spike in 2021-23. Data completeness for sexual orientation increased from 268 people in 2022/23 to 999 (43%) people in 2023/24 (an increase of 370%) and ethnicity recording has improved from 77% to

Priority	Objectives	Progress	Key metrics:	Measurables
		Developed a new website (go live scheduled for August 2024).		84% of patients. For both areas, our target is 90%. The proportion of people dying in Greenwich and Bexley who were known to our hospice in 2023/24 was 38% (2022/23 - 36%). Voluntary Income £6,430,614 in 2023/24 (£6,459,509 in 22/23)

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
OBJECTIVES AND ACTIVITIES (continued)

Our Care

Dying is part of life. But that doesn't mean it's easy to deal with, or easy to accept. We're here to help make people's journey as smooth as possible. Whether they need support in their own home, in hospital, or at our Community Hospice, we'll support people to have those difficult conversations, to make sure their paperwork is in order, to make tough decisions. All whilst helping them to manage their physical pain and supporting their emotional wellbeing. And we're here for their loved ones too, whether this is family, friends or carers.

We're here to support people to live as well as they can, for as long as they can. So that they can focus their time on doing what they love.

The Community Hospice offers services based within our main hospice building as well as in the community. End of life care covers everything from living and managing a terminal illness to helping our patients have a peaceful and pain-free death. This could mean they come and stay with us to get their symptoms under control before they go back home, that they see our rehabilitation team to help maintain their independence, or it could mean our team are visiting patients and caring for them in hospital or wherever they call home. What's consistent is that we take a holistic approach to care – providing support for patients' social, emotional and mental needs as well as their medical ones. Our main priority is to understand what's important to each person so we can tailor our care and support to get the best outcomes for them.

Working in Partnership

Our values underline the importance of working in partnership to make sure that patients and their loved ones receive the best possible care. Patients at home, in care homes, in prison and the hospital are all supported by other people as well as hospice staff. We continue to actively participate in the Greenwich and Bexley 'System' wide group 'Resplendent' as well as in Greenwich and Bexley's 'Home First' programme. Our Chief Executive is a member of the Healthier Greenwich Partnership and Bexley Wellbeing Partnership Integrated Care System Place-based Boards, and she leads the Southeast London Integrated Care System's palliative and end of life care (PEoLC) work stream.

In 2020/21 we were awarded a contract by the London Borough of Bexley to provide assessment and review of social care needs for adults and their carers across the borough. This contract, which is the first of its kind, is delivered by the hospice as the prime contractor, in partnership with seven other local charities. This service is helping us to engage with people earlier in their disease as well as supporting more carers who are looking after loved ones facing the end of their lives. The charities that are working to deliver this support are the Community Hospice, Bexley Voluntary Services Council, Age UK Bexley, Inspire Community Trust, MIND in Bexley, Carers' Support Bexley, SE London Crossroads Care and Bexley Mencap. We also play an important role in shaping the wider conversation in the local voluntary sector, with the hospice's Director of Partnerships chairing the Bexley Voluntary Forum and the METROGAVS Steering Group.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
CARE ACTIVITY

Data in previous Trustee Reports was based on referrals received, including those who were discharged from the waiting list (died before seen or for another reason). As we improve our reporting and data quality, this year's report is based on all individual patients who received support from at least one service, between April 2023 and March 2024. In total, 2,337 unique patients were supported during this time.

Hospice Based Services
Inpatient Care
Our inpatient unit, the Woodlands Ward, cares for people who need help with managing their symptoms, or who have complex psychological support needs or end of life care needs. The team also provide significant support to the families and friends of those we care for.

In 2023/24 we provided care for **297 patients** within the Woodlands Ward (298 in 2022/23). For some patients their symptoms become hard to manage at home and require specialist assessment, support and treatment. These patients will stay with us so that the multi-disciplinary team can assess their condition and if necessary, make changes to their medication to help relieve their pain and other symptoms, making sure they are able to return home comfortably. Our average length of stay reduced from 12 days to **11 days, and** as COVID visitor restrictions relaxed, we saw an increase in the number of stays that saw people return home afterwards (21% from 17%). Some people whose illness has reached its final stages choose to come to the hospice for compassionate nursing and medical care in their final days.

The direct cost of providing care on our Woodlands Ward in 2023/24 was £1,738,993 (2022/23 £1,518,033). This increase in costs is due to successful recruitment and wage inflation.

Outpatient Services
Our outpatient services support people who stay living at home or in a care home and are able to travel to the hospice for rehabilitation, treatment or outpatient review as well as complementary and creative therapies.

Rehabilitation and Wellbeing
Maximising quality of life and helping patients to keep doing the things they love for as long as possible is one of the main goals of our care. Whether it's making a cup of tea or managing breathlessness, rehabilitation is a key way to make sure patients keep living independently and well. In our well-equipped gym the rehabilitation team will tailor each patient's rehabilitation plan to address their specific concerns and needs, helping them to live for as well as they can, for as long as they can.

The Community Hospice's rehabilitation and wellbeing team works with patients independently as well as within the multi-disciplinary team, encouraging a rehabilitative approach across all our services. This in turn provides the opportunity for patients to be introduced to the hospice earlier in their disease, making sure we can deliver the right care at the right time We continue to add to our programme of activities, including the introduction of a showering service, a fatigue management group, a breathlessness management group and a weekly 'tea and talk' drop-in. As a result of the work the team have done to build links with rehabilitation teams outside of the hospice, we were successful in receiving funding to expand our occupational therapy team for Greenwich residents. In total the team supported 231 new patients in the year, an increase of 4% compared to 2022/23.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
CARE ACTIVITY (continued)

Spirituality or faith can be a powerful support when someone is dying. Our chaplain is available to listen to, speak with and support patients and their loved ones through this time, whatever their beliefs. If people would prefer to speak to someone from their own faith or humanist group, we'll help arrange for them to visit. The hospice's chaplaincy service provides spiritual support to patients and their loved ones across all settings when requested.

Case Study:
'Herbert' is 76 and living with Pulmonary Fibrosis. He originally came to the hospice because he was experiencing limiting breathlessness for which he required 24-hour oxygen. He was referred to our showering service by the Oxleas' community nursing team because he was finding it difficult to use his bath at home. An initial showering assessment identified that Herbert was concerned about forgetfulness, had been struggling with headaches, morning dizziness, fatigue and breathlessness.

It might just seem like a simple shower that was Herbert's challenge, but as a result of one assessment by the hospice team, Herbert was reviewed by the home oxygen team who reduced his oxygen levels which in turn improved how he was feeling, a home visit was completed by an occupational therapist, we signposted him to a taxi card to help him get around, he was referred to the local authority for home based rehabilitation and help with washing and dressing and he is now attending our Virtual Living Well programme, to help him manage his fatigue and breathlessness. Herbert attended for two more showers before getting his wet room installed at home, which has helped him to be more independent and feel more like himself again.

Social, Psychological and Spiritual Care
A terminal diagnosis comes with a lot of practical considerations and administration which can be hard to take in at such a difficult time. Patients and their loved ones might just want someone to talk to or they might be looking for more specific practical help. Whatever it is, our team which includes social workers, chaplain, counsellors and volunteers will support patients and their loved ones throughout their illness and after death.

Community Hospice social workers work with patients to access benefits and grants as well as to try to resolve housing issues and get help with complex children and family needs or safeguarding concerns.

The need for social work and counselling support continued in 2023/24, with the team supporting 329 people with a variety of issues including complex family work, safeguarding issues, housing, benefits and asylum issues. During the year we continued to offer one-to-one counselling support virtually via telephone and video. We offer counselling to patients, relatives and carers, as well as before and following bereavement for relatives. Where appropriate, we pass on referrals to other partners.

Case Study:
Jeanine, one of our palliative care social workers had the pleasure of working with a family: mum, dad and their four children aging from 12-19 years. All children are neurodiverse/have additional needs. Over a period of weeks Jeanine visited 'Jim' (the patient) and his wife, 'Carol', and talked to them about their hopes and fears. Although all the children were aware of Jim's illness and prognosis, both parents had noticed some changes in their behaviour, in them wanting to spend less time with their dad.

Jim had made memory boxes for the children and both parents recognised the importance of keeping to routine as much as possible. They asked Jeanine to visit and talk to the children individually so as to learn about their hopes and fears. Each child raised different issues. She talked with them about their dad, their fun times, their sad times, their understanding of death and what they felt it would mean for them and their family. She also explored whether they wanted to be present (if possible) during the last moments of their dad's life and if not and how would they like to say goodbye.

Following these meetings, both parents said how they had helped with the children who had been a little distant from Jim feeling able to talk openly about how they felt, and they started to spend more time with him, enabling the family to have important conversations.

Jim eventually came into the hospice as this was his preference. Carol said she felt supported there and she was able to talk over her feelings, particularly when it came to caring for her husband while he was on the Woodlands Ward. As a professional carer and his beloved wife, she wanted to show him how good she was at her job, as she knew how good he was at his. Jim had asked her to let the nurses take care of him and initially she felt that this was a rejection. Jeanine helped Carol to see that it was also Jim's way of caring for her, enabling them to spend quality time together as a couple in his last days.

After Jim died their eldest child needed more support, and Jeanine supported them with their grief, contacting colleagues in other agencies to make sure that they received the care they needed in a timely way and giving them space to reflect on their changing life and sexuality. She was also there when they had questions about their dad, listening to them as they talked fondly about their family.

In addition to our specialist palliative care social work, we continued to lead the OneBexley Pathways programme, leading a consortium of seven other Bexley-based charities to support Bexley residents who may benefit from support from a statutory Care Act Assessment. In 2023/24, more than 2,000 Bexley residents received an assessment or a review through OneBexley, with many more receiving informal information, advice or guidance to support them with their needs.

Community Based Services

Hospice care isn't restricted to one place. We care for patients wherever they call home, or wherever is best for their needs.

The hospice's community services provide specialist palliative care across the boroughs of Royal Greenwich and Bexley. Clinical nurse specialists, doctors and the rest of the multi-professional team visit people across the community, giving holistic care, advice and support to patients and their loved ones as well as to GPs, district nurses and other community professionals involved in their care.

In 2023 we launched our new 'Virtual Ward' for those with the most unstable and challenging needs, this service provides more intensive support either via telephone, video conferencing and patient activated apps or via face-to-face visits. In Greenwich, we also provide a fully integrated care coordination, Hospice@Home and nursing service, providing practical and personal care around the clock in patient's own homes. The hospice also delivers personal care to residents in Bexley through a patient-by-patient arrangement.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
CARE ACTIVITY (Continued)

Our services operate seven-days a week, day and night. In Greenwich we also provide overnight support in people's homes and a night-time rapid-response service, provided through contracts with Marie Curie and Oxleas NHS Foundation Trust, these services are directly commissioned in Bexley, through night-district nursing from Oxleas.

Our network of community volunteers increasingly also support people in their own homes and includes 'Compassionate Neighbours', volunteers who provide compassion, companionship and practical support.

In 2023/24 our specialist palliative care community team supported **1,001 new patients** (1,416 in 2022/23). We discontinued our 'telephone support' service during the year, discharging those who no longer needed our support and moving others onto our specialist community caseload or our rehabilitation caseload to make sure they got the support they needed. Of the **1,483** people who died under the care of the hospice (all services), **85%** were supported to die in their preferred place of care and **61%** died out of hospital (63% in 2022/23).

There was, once again, a reduction in patients with a cancer diagnosis (reduction of **230 or 15%**), and this year, a reduction in patients with dementia (reduction of 89 or 20%).

The direct cost of specialist community care in 2023/24 was £1,187,857 (2022/23 £1,050,145). Challenges in recruitment and vacancies continued and largely as a result of wage inflation, costs rose by 12%. Our community team continue to use technology to assist them in their clinical practice, which is often more convenient for many patients and frees up valuable time for patients and staff alike.

The Hospice@Home service continues to deliver an important element of hospice community activity, led by the hospice and delivered in partnership with Marie Curie and Oxleas NHS Foundation Trust. The total cost of the care provided by the Greenwich Care Partnership in 2023/24 was £857,794 (2022/23 £810,513), the increased costs mainly relate to wage inflation and some agency cots to fill vacancies. We were delighted to be able to continue to provide support to some Bexley residents as well as those we normally support in Greenwich through our Hospice@Home team and in 2023/24 the team supported a total of 170 new patients (207 in 2022/23).

In June 2023, the hospice launched the 'Virtual Ward', a new level of community-based support. This service is intended to support patients who are in an unstable or deteriorating condition, with needs which would ordinarily require admission to hospital or the hospice's Woodlands Ward. We were pleased to be able to support 95 people between June 2023 and March 2024 with a range of support including symptom control, practical support (equipment; emotional support; liaison with community services), end of life care, and referral for additional nursing home or home-based packages of care. The average amount of time people spent receiving care through the Virtual Ward was 10 days, which is in line with an admission to our own inpatient service and only 12 people ultimately required a hospital admission. In addition to the 95 people 'admitted' to our virtual ward, the team provided one-off urgent visits to patients on the specialist palliative care team caseload, supporting an additional 114 people with urgent care.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
CARE ACTIVITY (Continued)

Education and Care Homes Support
Experts from the Community Hospice and St Christopher's Hospice have joined together, with the aim of providing high quality training in end-of-life care for health and social care professionals across a wide range of sectors. The Hospice Education and Learning Partnership (HELP) is a programme of learning curated by experts from St Christopher's Hospice and the Community Hospice.

It is designed to support health and social care professionals to be able to care for people facing end of life, with confidence, skill and compassion. Our training focuses on promoting holistic care, dignity, independence and choice at the end of life as well as developing symptom management and communication skills.

Our community team provide additional support to residents and staff in care homes, including practical advice and education using the Project ECHO methodology.

Case Study:
'Raymond' was a 57-year-old man who lived with his wife 'Hyacinth' and their 2 sons (aged 9 and 7) as well as a 21-year-old son from a previous marriage. Ray had a strong Catholic faith. He had been diagnosed with head and neck cancer and having chosen to be at home, needed intensive support as he was unable to swallow or breathe for himself. When he met the virtual ward team, there were several aspects of life that Ray and his family needed help with. His physical needs were complicated, as he was using a ventilator to breathe and was eating and drinking via a feeding tube. Additionally, it was inevitably an emotional time, and Ray knew it was important that the whole family felt involved in any decisions he made about withdrawal of treatment when he was ready.

The virtual ward team had many conversations with hospital doctors about how to best care for Ray whilst he was on a ventilator. It is very unusual to be able to provide such care at home, as most people who need a ventilator to help them breathe remain in hospital. Following conversations with the hospital team, the hospice virtual ward team discussed options around withdrawal of ventilation with Ray, Hyacinth and the family. They did not want the ventilator switched off until after Ray had died as they felt they were 'playing God'. The team supported the family in this decision and educated them on the signs of death to look out for (particularly as due to Ray's ventilator, they would be different to the more commonly seen signs). The team also liaised with the GP, district nurses, hospital respiratory consultant and other hospice colleagues, so that they were all aware of the plan. As Ray deteriorated, the team visited twice a day to reassure the family and the carers who were there 24 hours a day. Ray lost consciousness and the family expressed concern that remaining on the ventilator was causing more distress than benefit for Ray. The team supported the family once more and they said their goodbyes and felt at peace, and when they were ready, the ventilator was switched off. Raymond died very peacefully within 15 minutes and the team stayed to support the family until they were ready to be left alone. The hospice team was able to support this blended family through the many medical, social and spiritual complexities that were layered together in this very unusual case, meaning that Ray died in his home with his family, as per his wishes. We provided options for Ray's medical care but never enforced anything and acted on decisions when Ray and his family were ready.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
CARE ACTIVITY (Continued)

Hospice Outreach in Hospital

The Community Hospice team at Queen Elizabeth Hospital, Woolwich, play an important role in educating and advising hospital staff on end-of-life care and symptom control issues, as well as supporting patients and their families directly. They help to make sure that patients' wishes for care are met and support them to return to their home, care home or the hospice where this is the best place for them to receive the care they need. This service operates seven days a week. This year our small team made visits to **1,054** patients (2022/23 1,112 patients, a 5% decrease). Our activity was impacted by staff vacancies and sickness throughout much of the year. The direct cost of hospice care in the hospital in 2023/24 was £493,112 (2022/23 £438,700). The increase in cost is largely due to wage inflation.

Case Study:

'Mr Adebayo' was a 63-year-old Nigerian man with advanced metastatic prostate cancer. He had no family in the UK as they lived back in his home country, Nigeria. He was admitted to Queen Elizabeth Hospital Woolwich and shortly after was referred to the hospital palliative care team for pain management and discharge planning. Mr Adebayo was seen by the team and changes made to his pain medications which meant that his pain was better controlled, however his overall health deteriorated due to progression of his disease. The palliative care nurse discussed his wishes for the future, and particularly his wish to return home to Nigeria, however, he was too unwell to fly. As he was also unable to be discharged to his usual shared accommodation, it was agreed that the team would help arrange for him to move to a nursing home where his care needs would be met. He continued to receive support in the nursing home from the community palliative care clinical nurse specialist.

The hospice social worker also visited to help him and his family with visa applications so that they would be able to visit him in the UK. Unfortunately, due to delays in the process at the embassy, he died in the nursing home before his family arrived. His family asked for help in arranging his funeral, which the hospice team provided. Despite his family being disappointed not to visit Mr Adebayo in his final days, they expressed profound gratitude to the whole hospice team for the support we had given.

ADDRESSING INEQUALITIES

Our hospice serves a diverse population, with pockets of wealth and areas of significant deprivation. We have a wonderfully ethnically diverse community, and we have uniquely large and significant numbers of people with Nigerian, Vietnamese and Nepalese heritage. There are also significant other marginalised communities; for instance, Greenwich is the Local Authority with the 14th highest proportion of people identifying as being LGBTQ+ across the UK and we have three prisons in our area, including HMP Belmarsh, a category A prison with around 900 inmates. Parts of our community have changed substantially over the past ten years and it is probable that external political and economic factors will drive similar change in future.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
ADDRESSING INEQUALITIES (continued)

Historically, like much of the health service, hospice and palliative care services have not provided equitable care to all people within their community. It is well documented that younger people, people with a cancer diagnosis, women, cisgender people, heterosexual people, white people and those from higher socio-economic groups are more likely to die at home, and more likely to be admitted to a hospice if this is their wish. Our hospice is committed to working with our community to improve equity of access to all of our services, so that everyone who needs our care gets it, to build trust and to improve outcomes for the most disadvantaged people facing end of life.

Care beyond cancer

The hospice continues to strive to reach people with a diagnosis other than cancer. For some, this will mean a less clearly defined path, with diseases that are more difficult to predict, therefore making sure that the right care is in place is more challenging. As such, they are less likely to be referred and to access support from specialist palliative care services.

The proportion of patients with a cancer diagnosis was 52% (an increase from 48% in 2022/23), 15% had a diagnosis of dementia and 10% had a chronic respiratory condition.

Serving people of all ages

The hospice provides care to anyone with a terminal illness living in the London Borough of Royal Greenwich or Bexley who is over the age of 18[1]. Most people we care for are over 65. In 2023/24, **66%** of the people we cared for were over 75 (2022/23 74%) and **35%** were over 85 (2022/23 41%).

People who are older are more likely to have elderly carers or live alone and may also be more likely to live in a setting such as a care home or supported housing scheme. In addition, older people are more likely to have multiple conditions including dementia, and therefore live with increasing levels of frailty and with more complex needs. Our work in care homes continues through a dedicated team, embedded in the larger community palliative care team.

Sexuality and Gender Identity

Improving our data:

Historically our hospice has not routinely collected or reported on data relating to sexuality and gender identity. The 2021 census reported that the Royal Borough of Greenwich has a significantly large LGBTQ+ community and we are committed to ensuring that our services are truly inclusive and holistic for people who identify as LGBTQ+. This year we continued to improve our data in this area (999 people had it recorded as opposed to 268 the previous year).

[1] Additionally, children and young people who are family members or close friends of those we care for, receive support from staff, particularly psychological support and social work services.

Raising awareness:
Training on sexual orientation and gender identity continues, including a bespoke session delivered for Trustees in 2023. Our project funded by Hospice UK and the Masonic Charitable Foundation which worked with local charity METRO to create a video demonstrating the impact of discrimination at the end of life on the LGBTQ+ community and highlighting the importance of striving to do better. It has been shared with colleagues across the hospice, as well as the national hospice community and with the Royal Borough of Greenwich.

Our Community Development Manager has made great strides in building links with local community leaders and groups, and we will invest to expand this area of work in 2024/25. We also began a hospice rebrand project in November 2023, which is due to complete August 2024. As part of this we consulted widely to help inform our brand positioning so that we are accessible, welcoming and relevant for the whole of Royal Greenwich and Bexley.

Cultural and ethnic diversity
We are pleased to see further improvement in ethnicity reporting (84% compared to 77% the previous year). For the patients for whom ethnicity was recorded, 81% were recorded as white British, 5% white Irish/other, 5% black/ black African/ Caribbean/ other, 6% Asian (Indian, Pakistani, Chinese, Bangladeshi, other Asian), 1% mixed and 3% other. We have set a target of 90% of patients having ethnicity recorded in 2024/25.

INCIDENT MANAGEMENT/ HEALTH & SAFETY

Reporting of clinical incidents is very much embedded into the routine business of the hospice's quality & safety committee.

Our medicines incident rate was **69** for the whole year (65 2022/23), a slight increase, however, we saw a downward turn towards the end of the year following the introduction of our e-prescribing software. We were able to use Hospice UK's national annual benchmarking audit to compare ourselves against similar hospices; incidents are graded level 0-6 with 0 being the least severe. Our errors ranged from level 0 to level 3. Our rate of 'level 0' (error prevented) drug errors at the Community Hospice is higher than the average for hospices of a similar size (46% at the Community Hospice, 31% national average per annum), however, the overall number of incidents reported is higher, which we strongly believe is due to the low threshold we have for reporting concerns, no matter how minor. We had no repeated incidents of concern and nursing staff undertake a regular medication assessment to assure the organisation of their competency.

Through the national audit programme, we are also able to benchmark our performance in terms of the incidence of falls. We reported a lower-than-average figure for falls of 7.3 per 1,000 overnight bed days (a measure of occupancy and activity) (Audit average 9.1). 97% of falls were in the no harm/ low harm category whilst the remaining 2 falls were recorded as moderate harm.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
INCIDENT MANAGEMENT/ HEALTH & SAFETY (continued)

We received 17 care and 15 non-care complaints in 2023/24 (2022/23, 15 care, 16 non-care complaints). All complaints were fully investigated, whether they were informal such as direct feedback or comments received on patient and family feedback questionnaires, or formally written complaints. Nine of the seventeen care complaints related to services provided by partner organisations who responded directly themselves.

An investigation is carried out for all complaints and where possible the complainant is invited to meet with members of the senior team to discuss their concerns and the outcome of any investigation. Complaints are seen as an opportunity to learn and improve and findings are shared widely with our own team, and partners where applicable.

We review the hospice's operational risk register as a standing item at the quality & safety committee and issues are escalated to the board if appropriate. In 2022/23 the register mainly featured matters relating to staffing.

Serious Incidents
The hospice board receives a report from the Chief Executive at every board meeting which confirms whether there have been any serious incidents that should be notified to the Charity Commission and/or Care Quality Commission. We reported one incident to the Charity Commission in 2023/24 and they were satisfied that the charity had dealt with it appropriately.

Further information about incidents and complaints is available in our 2023/24 Quality Account.

PATIENT, FAMILY AND STAKEHOLDER FEEDBACK

The charity receives hundreds of thank you cards and letters from patients and bereaved families each year as well as a number of comments and suggestions placed in boxes around the hospice building. We also continue to gather patient and family feedback in a more structured way through questionnaires and to use our online feedback portal **iWantGreatCare** to collect patient feedback, in addition to targeted mailshots to certain service users.

'Your team arrived, and I cannot praise them enough. Not only for the care of my husband but my care also. I just felt the stress leave me, at last I had help. Wonderful help all round.'

Wife of patient cared for at home.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
PATIENT, FAMILY AND STAKEHOLDER FEEDBACK (continued)

'I *just wanted to say how much our family appreciated the help we received from the hospice in the last 2 months of (John's) life, when up until that time he had lived totally independently (as he wished), albeit he and we were aware of his life limiting diagnosis and recommendation by his GP for palliative care, which was just getting started. We were particularly impressed by the speed of reaction of the community team on one particular day when John was unable to breathe properly and was very distressed. Due to their timely intervention and understanding, he was quickly admitted to QE hospital and his symptoms were managed. During his time there, the hospital team visited him and helped the family to obtain the information they needed when doctors were not available, which was really helpful. He did, however, deteriorate considerably during those few weeks (which was not unexpected) and needed continuous nursing care. After about 6 weeks in hospital he was transferred to (nursing home), the hospice community nurses also visited him there, where he received good end of life care with their guidance and support, before he died. We'd therefore like to say a big thank you to all those concerned for the help we received during John's final weeks and to acknowledge how well all the teams co-ordinated with each other to provide the care needed.'*

Relative of patient cared for at home, hospital and in a care home.

'I can't begin to say thank you to you and the team for making his last wish come true, dad loved Greenwich, and it holds so many memories for us all going back many generations. I think dad's smile says it all really and I will never forget seeing him feeling the sun on his face again when we were getting ready to leave. You all should feel so proud of yourselves for helping us get him out safely and allowing us to have this memory as a family with him, I know how hard you all rallied round to make this happen. There are no words, only thank you for taking such good care of not only dad but us as a family. Nothing was too much trouble and the love, care and dedication you all showed was second to none, and we will never forget you all.'

Daughter of patient cared for in hospital.

'I was able to spend a very short time in the hospice with my daughter. Unfortunately, these were (Greta's) last days, perhaps she no longer sensed her surroundings. Yet they cared for her with such love, attention, patience and expertise that it is simply touching and amazing. I would like to express our gratitude for their humanity and help, with which they tried to make our daughter's last days as bearable as possible.'

Mother of patient cared for at the hospice.

'I am so lucky to have had your support in this difficult time. I wouldn't have been able to use my car if you hadn't helped me through the process. Really appreciated!'

Patient supported by the social work team.

'I have heard very positive feedback from family members of our patients about the service and excellent support given by the palliative care virtual ward. Thank you for all you are doing for our patients.'

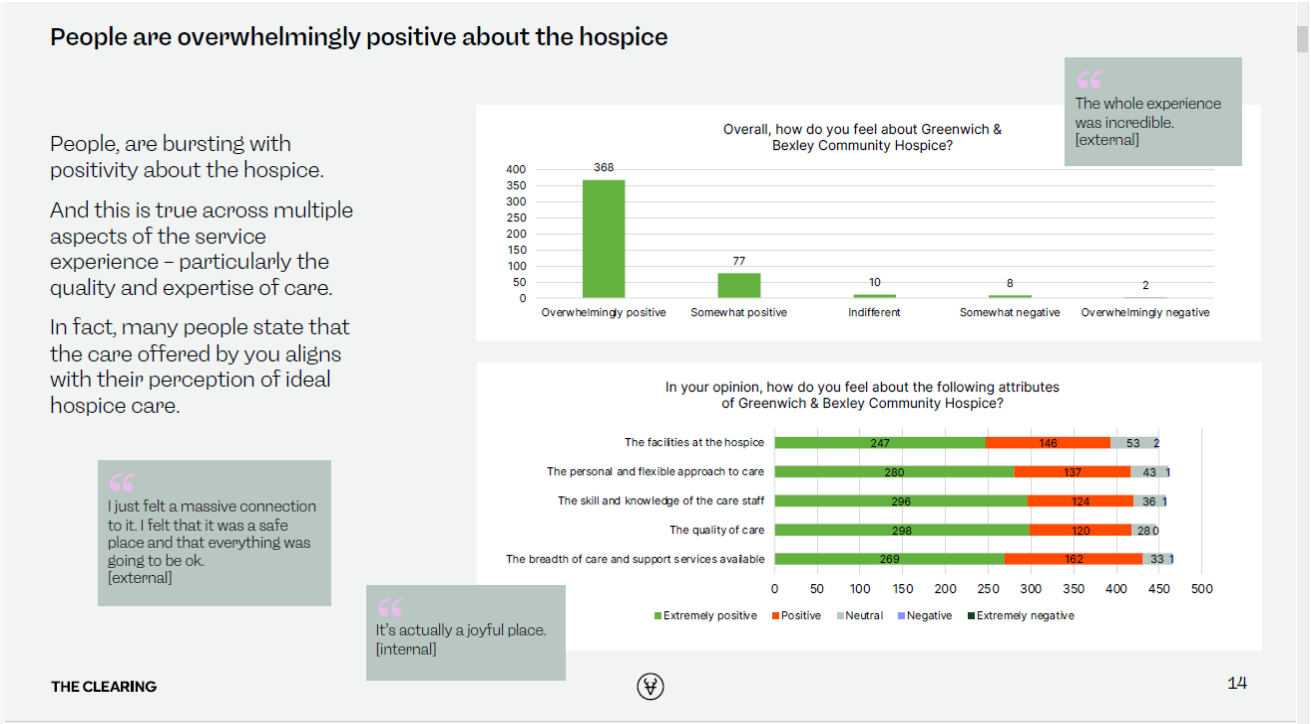
Local GP.

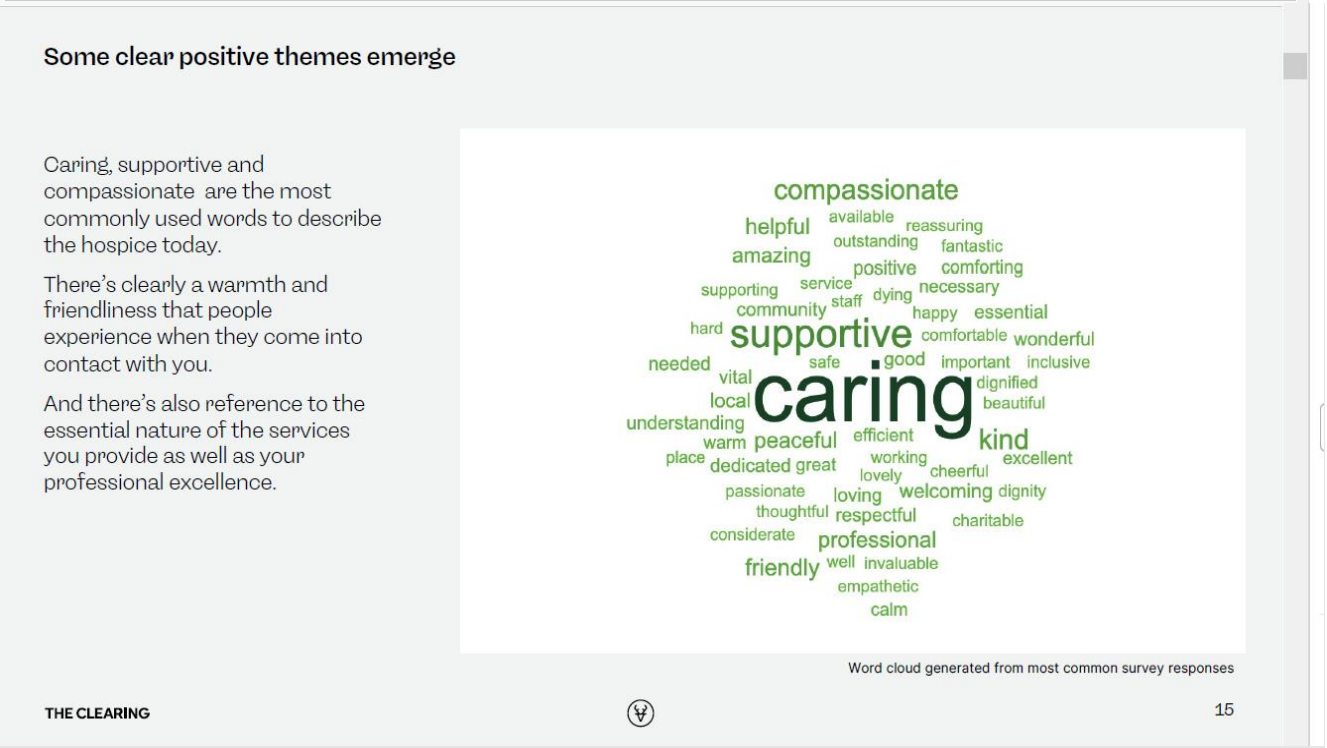
Ronald was asked how he felt about being at the hospice, he replied that he feels like his "life has been renewed." He is "shocked and in awe" to be here, his family cannot believe it. Ronald said he usually gets the "shitty end of the stick, but being here is a nice bit of luck which is funny thing to say as I am dying." He said before coming to the hospice he was 100% going to take some pills to end his life because he could not see a way out of it. A hospice nurse at the hospital talked to him about options after he was discharged; he thought the idea of hospice care was too good to be true and had not heard of the hospice before, he said "this place is amazing, the staff, food, garden all amazing." He went on to say, "this is a service within a service that is better than all the rest of them." Ron is so grateful to be under the hospice's care, he said he "keeps pinching himself every time someone is kind. People just cannot do enough for me. "

Direct patient feedback to a member of our team.

Patient and community voice

We held extensive consultation with patients and the community as part of our hospice brand research. The following images show a few snapshots of what people said about the hospice.





TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
PATIENT AND COMMUNITY VOICE (Continued)

This feedback has been incredibly helpful in guiding our brand development, as well as the development of our new website and patient information leaflets.

COMMUNITY DEVELOPMENT AND ENGAGEMENT

Alongside our work to address inequity in access to hospice care, the hospice continues to build relationships with people who want to contribute to the hospice through either working or volunteering with us. The hospice continues to benefit from the support of a large number and diverse range of volunteers; people who bring their time and expertise as well as their personalities and life experiences, helping to create the special atmosphere that exists within the charity.

Volunteers are in all areas of the Community Hospice; these include trustees, receptionists, gardeners, clothes sorters in retail distribution, IT volunteers, Compassionate Neighbours and volunteer fundraisers to mention a few. In 2023/24 330 people were active as volunteers, collectively giving over 68,000 hours of their time and skills. In total, this equates to over 38 full time workers for a year, or a financial donation equivalent to approximately £902,000. Compared to 2022/23 this represents a reduction in volunteer hours (73,000 hours).

Over the past year, our hospice has experienced a slight reduction in volunteer hours, although the number of volunteers has stabilised. While some long-standing volunteers have retired, we have not faced the same recruitment challenges as the wider sector. However, we have noticed that new volunteers generally offer less time than those they are replacing.

We launched our Community Development & Volunteering Strategy in July 2023 and have made some good progress against our objectives, particularly in terms of starting to get high-level volunteering information together and working well towards our volunteer communications objectives.

We have made a concerted effort to enhance the experience of our retail volunteers, ensuring that their role aligns more closely with the overall hospice environment. This focus on standardisation has been an important step in integrating our shop volunteers into the broader hospice community.

In addition, we have concentrated on developing the skills of the managers who supervise volunteers on a day-to-day basis. By providing them with the tools and training needed to effectively manage and support our volunteers, we aim to maximize the contributions of our volunteer workforce.

Progress on our new volunteering CRM system has been slower than anticipated, largely due to vacancies within the volunteering team. However, we are planning to address this in 2024 by recruiting for key roles, including a new Head of Volunteering and Community Development. This will give us the capacity to implement strong foundational systems that support our volunteer program.

Case Study:
In late 2023, Brandon began his volunteering journey with us after receiving an adult diagnosis of autism. Eager to understand how this diagnosis would impact his life, he expressed a strong interest in volunteering at one of our shops. Our updated volunteer interview procedures allowed us to take the time to ensure the role was a good fit for him and to identify any necessary adjustments that would enable him to contribute effectively.

Brandon was placed at his local hospice shop, where he now volunteers a few mornings each week. His responsibilities include serving customers and sorting and pricing donations. Through his volunteering, Brandon is gradually regaining his confidence and is beginning to explore the possibility of returning to paid employment.

INCOME GENERATION

Fundraising and Lottery

Fundraising generated a contribution of £1,492,065 net income in 2023/24. Reflecting on the year, there's so much to celebrate. The fundraising team achieved a huge amount through their usual income generation activities as well as delivering the additional key project to introduce a new database, necessitating a review of routine processes and ultimately enabling new ways of working.

Despite challenging times for so many, we were overwhelmed by support at our fundraising events. We celebrated 10 years of our Mini Marathon with nearly 1,000 children taking part, almost 800 people ran our Colour Run and our Santa's grottos in Greenwich Market and Danson House hosted more than 1,000visits. We also launched our first overseas challenge event and sold out with 30 people registered to trek Sahara in 2024, celebrating 30 years of care at the hospice.

Individual supporters generously donated to Lights of Love and our Christmas appeal, and regular givers who donate typically with a monthly direct debit, gave almost £90,000 in 23/24.

Reminding us that our community is at the very heart of all we do, local groups, businesses, schools and people planning their own fundraisers for the hospice, donated more than £170,000. A special thanks go to everyone who opened their gates as part of the community-own 'Open Gardens' event, coordinated by Penny Matheson and Martha Gowans. Your continued support to deliver this much-loved annual fundraiser brings our community together and introduces the hospice to wider audiences.

In his role as Mayor of Greenwich, Cllr Leo Fletcher generously supported the hospice not only fundraising but connecting us with local people and businesses who will continue to support for years to come. Notably, Cllr Fletcher teamed up with property developers, Berkeley to host a charity abseil raising over £20,000 for the hospice.

Another particular highlight of the year was receiving a grant of £150,000 from the Julia and Hans Rausing Trust, and pledged support of further grants for the following two years. In challenging times, support like this serves as a real morale boost and will make a huge difference in meeting our significantly increased day-to-day costs at a time when the demand for our services has never been greater. Sadly, Julia died in April 2024, making this generous support feel even more meaningful. She leaves behind an incredible legacy across many charities, and we are incredibly grateful to be one of them.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
INCOME GENERATION (continued)

Having introduced 'funding our future' conversations internally and with a new Trusts and Foundations Manager in post, we are in a strong position to grow income over the coming year – better understanding the grant funding opportunities available and the projects we are delivering/planning.

Legacies continue to be hugely important in our income generation activity, and we acknowledge with sincere thanks, everyone who has been thoughtful and generous enough to consider the hospice when writing their Will, to secure hospice care for the future.

The board approved a new fundraising strategy in 23/24, which continues to prioritise excellent engagement and supporter care. The strategy outlines plans to diversify our income to ensure sustainability for years to come.

Looking to the year ahead, and in line with the new strategy, we will focus on developing legacy, grant and philanthropic income streams. Continued support from the designated investment fund will provide tools to ensure we can deliver fundraising activity to achieve substantial and increasing profit over the next three years.

The team will also support key brand and website projects, which while a significant investment of time, will no doubt lead to improved engagement and increased giving.

The hospice's weekly lottery generated £418,256 towards hospice care in 23/24. Despite being without lottery fundraising canvassers for most of the year, we managed to maintain membership levels and only saw a slight decrease. Having resumed community activity in 2024, membership is now growing.

Our approach to fundraising

At the Community Hospice, our supporters and the local community are incredibly important to us and we always endeavour to deliver the highest possible standards when fundraising.

In 2023/24 we continued to make sure all our fundraising activities were compliant with regulatory standards and best practice guidance. We continued to prioritise excellent supporter experience across all areas of fundraising and continued to review our data protection compliance and best practise.

The hospice is registered with the Fundraising Regulator and adheres to the code of Fundraising Practice; we received no complaints via the Regulator in 2023/24. Greenwich & Bexley Community Hospice Lottery is registered with and regulated by the Gambling Commission.

Trading

Total gross income from retail raised £2,462,105. Our fourteen shops were down on budget by –3.87% but delivered growth of +3.8% on 2023 sales. High vacancies and absence levels had a substantial impact on overall performance, but we have seen improvement towards the end of the financial year.

The total net contribution from our shops was £677,685.

In line with our trading strategy, we continued to focus on two key priorities: people and stores, recognising the importance and value of our staff and volunteers. The welfare of the retail team remains of high importance, especially in light of the sector wide increase of aggression towards shop staff. With this in mind and to support our staff when working alone, we made significant investment into CCTV cameras, a lone worker alarm system and we provided conflict resolution training to all staff.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
INCOME GENERATION (continued)

We also progressed on improving our shops in line with our operational plans and priorities. Three shops had a refit which also included significant improvements to staff and volunteers' areas and which uplifted the customer experience.

Retail Gift Aid
It should be noted that for accounting purposes through the Gift Aid scheme for donated goods, a proportion of retail income, which is in effect a donation, is treated as income for the charity and not for the trading subsidiary. The trading subsidiary only accounts for the commission element of the sale value on donated goods. This is reflected in the results of the trading subsidiary, GBCH Trading Ltd which is included in note 10 of these accounts.

We are incredibly grateful to all our customers, donors and volunteers who continue to support our stores and ultimately, our patients. Thank you.

FINANCIAL REVIEW

The Consolidated Statement of Financial Activities for the year ended 31 March 2024 is set out on page 36. There is a deficit reported for the year of £982,436; (2022/23: surplus of £962,664), in line with what we had budgeted for the year.

On the General Fund there was a deficit of £579,479 for the year before transfers (2022/23: surplus of £902,867). Legacies reported for the year were £791,726 (2022/23: £1,504,036). £1,099,184 was received in restricted funds throughout the year.
In total for the year ended 31st March 2024, income rose by 1% whilst expenditure rose by 19%.

The deficit reported for this year has impacted our reserves. We have agreed a plan to invest some of these to secure additional income sources in future years, to invest in our facilities and to expand our services to reach the increased need for our services that we continue to see (see page 19 for further information on our reserves policy).

We agreed a modest increase in our statutory income from SE London Integrated Care Board (SELICB) at the beginning of the year. We were also successful in securing additional income as part of the *home first* initiative. The overall impact of these changes on our statutory income was an increase of 7% (to £5,711,945). NHS income was 47% of income of the Charity in 2023/24, leaving the remaining 53% which we must raise through the generous support of individuals, businesses, charitable trusts and foundations, and community groups and organisations.

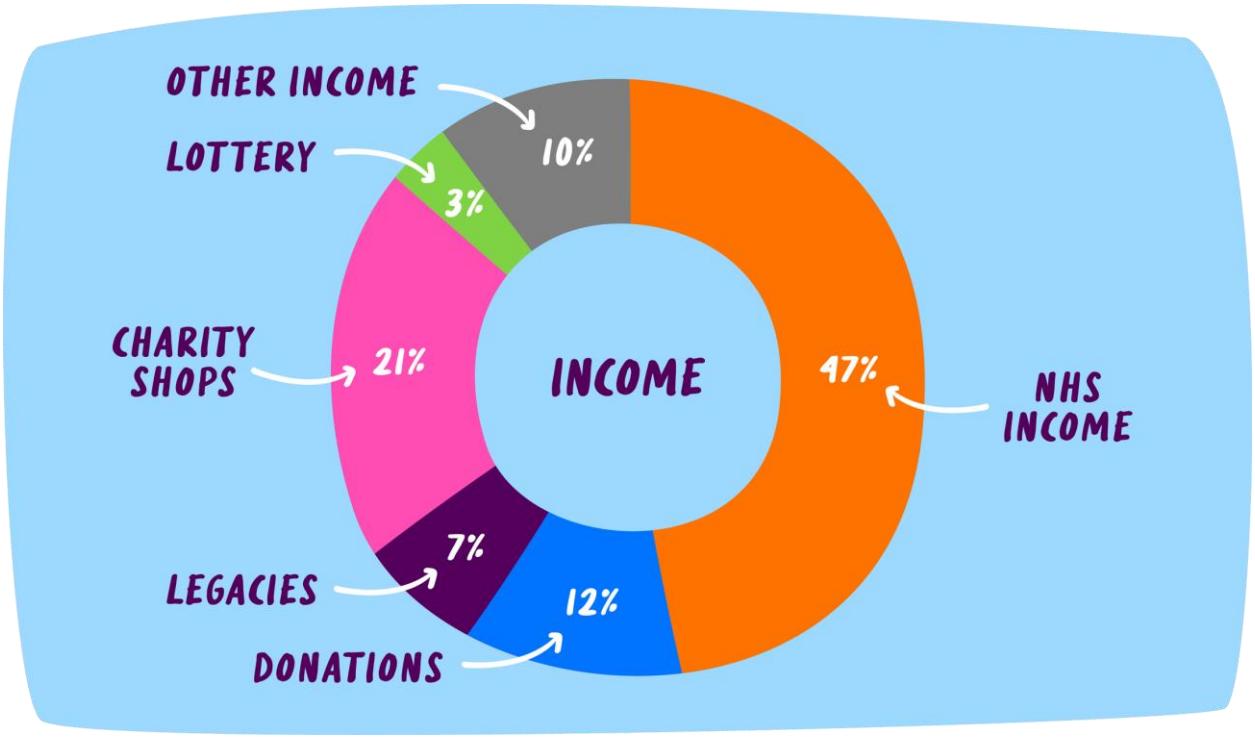
Several elements of hospice service have been designated as a *Commissioner Requested Service* (CRS) by SE London Integrated Care Board. This requires the hospice to maintain a licence with NHS Improvement[2], which brings an additional level of scrutiny and regulation for the Charity. The Community Hospice is

[2] **NHS Improvement** is an executive non-departmental public body of the Department of Health. It is the sector regulator for health services in England.

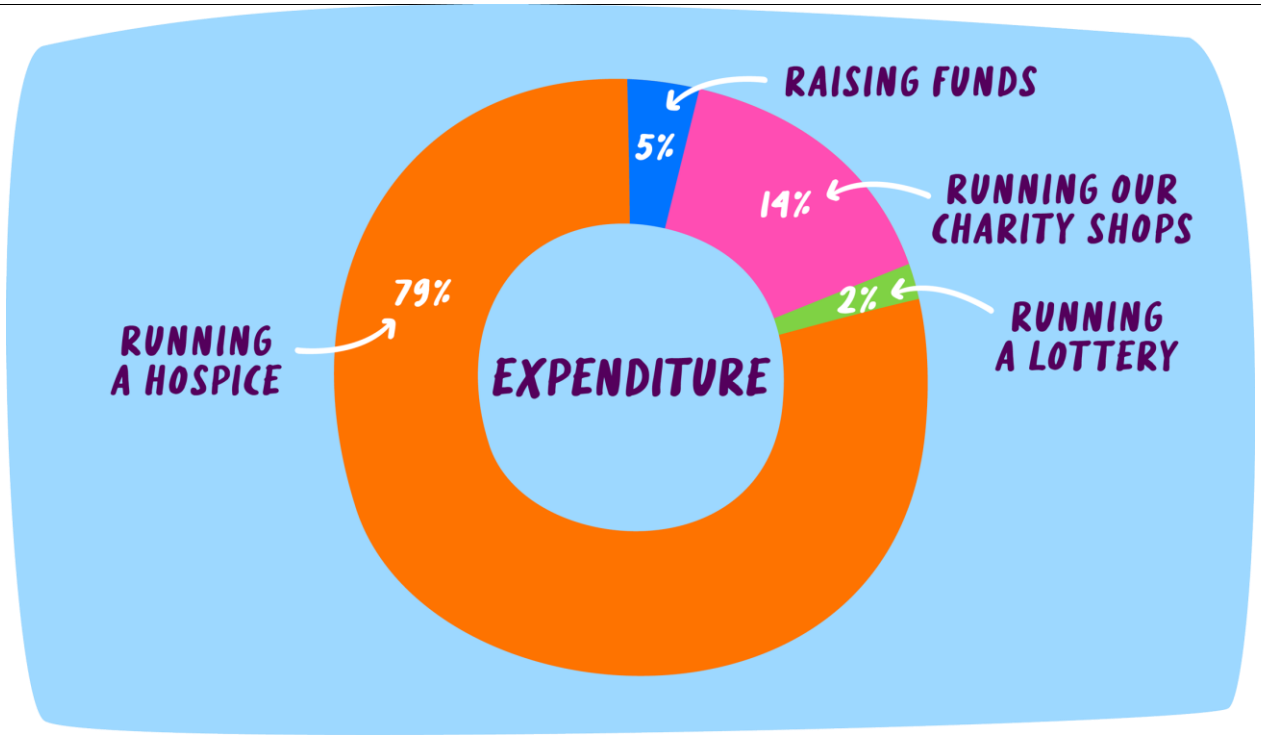
one of only a few hospices nationally who have been designated as CRS and we continue to work closely with NHS Improvement to ensure that this designation works to benefit our beneficiaries.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
FINANCIAL REVIEW (continued)

Where our money came from in 2023/24



Where our money was spent in 2023/24



TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
FINANCIAL REVIEW (continued)

Reserves Policy
The hospice holds reserves to create financial security and allow for investment in the future operational development of the hospice. The Trustees have agreed it is their intention to retain a level of free reserves (unrestricted funds not committed, designated or invested in fixed assets) of £6,247,361. This figure takes account of the following considerations:

- To fund shortfalls in income (whether statutory, retail, lottery, donations, legacies or other fundraising activities) when it does not reach expected levels. The charity is dependent on fundraised income as well as statutory funding. The fundraised income is subject to fluctuationas economic conditions change and statutory funding could be affected by government policy and the financial position of NHS commissioners;
- To fund unexpected expenditure, for example, when projects over-run or unplanned events occur;
- To fund unexpected building maintenance costs and to provide a degree of flexibility for innovation; AND
- To fund working capital. The majority of hospice expenditure is fixed whereas both fundraised and statutory income fluctuates in terms of cash inflowover the year.

The 'General Fund' represents the hospice's free reserves in the accounts.

In addition, the hospice board has made the decision to hold three designated funds:

Recovery and Transformation Fund (RTF): The Trustees have invested free reserves into this fund to support the implementation of our strategy to help deliver a sustainable future for the hospice. In 2023/24

£461,863 was spent from the Recovery and Transformation Fund, leaving the end of year balance at £538,137.

Building Development Fund

This fund will be used to complement additional trust funding to support the development of the hospice building including investment in our inpatient unit, creating more single bedrooms to enable easier infection control and improvement of our staff changing and rest facilities to improve staff wellbeing. We are grateful to U+i, Coffey Architects and others for supporting our ongoing vision development for the hospice, this work led to us pausing on our initial plans with a view to developing a longer-term strategy for the hospice site in 2024/25.

One Bexley Adult Social Care Fund (ASCF)

The Community Hospice is working together with seven Bexley-based charities to deliver a contract awarded by the London Borough of Bexley. Together, we deliver social care assessments, reviews and carers' assessments to people with non-complex needs. The Community Hospice is the prime contractor and manage the commissioning relationship for this work and subcontract the majority of work to our partners. Our joint work is known as OneBexley, with most governance decisions being made in partnership.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
FINANCIAL REVIEW (continued)

The ASC contract comes to an end in September, and if we do not secure the next contract, there are likely to be significant contract closure costs across partners. Given the year-end surplus generated by the project, we have created a new Adult Social Care designated fund to the tune of £155,000 to manage this risk and to cover any end-of-project expenditure across partners.

Fixed Asset Fund
The Trustees have established a designated Fixed Assets Reserve, equivalent to the net book value of Fixed Assets, to make the level of free reserves more transparent. As described in Note 16, the net book value of the land and buildings on which the Charity's main operations are located are included in a restricted fund. The Fixed Assets Reserve therefore represents the net book value of fixed assets other than land and buildings on which the Charity's main operations are located.

At 31 March 2024, General Reserves decreased to £4,323,264 (2023 - £4,902,743). This is below our agreed reserves target of **£6,247,361**. This reduction is in part due to the decision made by trustees to use reserves to invest in a number of initiatives to support transformation of our services and the long term sustainability of our hospice.

Investment powers, policy and performance
The Investment Committee is in place to monitor the investments under the powers laid down in the Memorandum and Articles of Association. The primary objective of the investment policy is to provide financial security and stability for the operation of the Community Hospice. Our funds placed with Rathbones are now valued at £1,092,309 (2023 - £1,020,457).
In March 2022 the Trustees approved a new five-year strategy for the hospice. It outlines our priorities which continue to centre around our patients, their families and friends and the needs that they encounter through their journey from diagnosis through to death and into bereavement.

Our skilled, compassionate and dedicated team of staff and volunteers, who always strive for the best in all that they do, are responsible for the delivery of this strategy. Together we are working with local people and our partners to understand and meet the evolving needs of our communities, working together to achieve the very best outcomes for patients.

The local Greenwich and Bexley NHS plans include aging well, end of life care and bereavement as a vital element of service, and capacity is being maintained across the system in 2023/24 with a focus on 'home first' and 'virtual wards'. The hospice remains instrumental in leading much of this work, keeping end of life care at the top of the agenda.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT

Greenwich & Bexley Community Hospice Limited is a company limited by guarantee and not having a share capital is governed by its Memorandum and Articles of Association dated 15th September 1992 and amended to meet the developing needs of the Charity on 15th January 1993, 8th January 2001, 10th July 2006 and 8th June 2012. The Members' liability is limited. Every Member of the Company undertakes to contribute up to £1 to the assets of the company in the event of it being wound up. It is a registered Charity with the Charity Commission (No 1017406). The number of Members of the Company is limited to 50. Present membership is 18. Every person desirous of becoming a Member must sign and deliver to the Company an application for membership. The sole right to membership is vested in the committee (Board of Management – see below) who may, without showing cause, refuse to admit any application to membership.

Board of Management

The business of the Charity is managed by a Board of Management (the Trustees) and its membership comes from within the Members of the Company. It is an objective to have members on the Board of Management whose skills, expertise and backgrounds complement the needs and aspirations of the workings of the hospice and its business. Current membership of the Board of Management is 14 and following a review in 2020, the Articles of Association determine a minimum of four and a maximum of 14.

At each Annual General Meeting, those Trustees who have served for a period of four years since their last appointment shall retire and be eligible for re-appointment, via election by Members, for a further four years term of office (maximum two terms). New Trustees are recruited as skill gaps are identified or to support succession planning through external advert and direct approach, with a robust interview process and the appropriate pre-volunteering checks.

Each Designated Officer (Chair, Deputy Chair, Treasurer and Company Secretary) is elected by and from within the Board of Management to serve a period of up to 4 years following which the position will become subject to re-election. We appointed Estelle Kerridge as Company Secretary in November 2022.

The hospice was delighted to appoint Gerald Peters as its first life-time President in November 2022 in recognition for his dedicated and lengthy service as a supporter, volunteer and retiring Trustee.

Trustee induction and ongoing training

New Trustees undergo an orientation and training to brief them on their role and the various aspects of the hospice service and to brief them on their legal obligations under charity and company law, the content of the Memorandum and Articles of Association, the committee and decision-making process, the business plan and recent financial performance of the Charity. We also pair new Trustees up with a 'buddy' to support them in settling into their role.

Trustees attend appropriate internal and external training events which will develop them to better undertake their role. In 2023/24 all Trustees attended Sexuality and Gender Identity Internal at the Board Away Day.

There is an annual review and appraisal of Trustees' individual roles within the organisation.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (Continued)

Organisation
The board meets every alternate month; the following sub-committees with specific responsibilities also meet: quality & safety committee; finance, information governance and information technology committee; investment committee; nominations, remuneration and governance committee; and the equity, people and inclusion committee. A trading board and lottery board meet to conduct the business of relevant subsidiary companies).

The board, along with the senior leadership team of the company have an "Away Day" to discuss future strategic developments of the hospice and for trustee team-building and training. The Chief Executive manages the day-to-day operations of the hospice and leads its strategic development. To facilitate effective operations, the Chief Executive has delegated authority within a scheme of delegation approved by the Trustees, for matters including finance, employment, fundraising and Care Quality Commission registration.

Regulatory Framework
The hospice is registered with the Care Quality Commission to enable it to operate as a hospice. Ellen Tumelty, Modern Matron for Inpatient Services is the Registered Manager and Kate Heaps, is the Responsible Person. The hospice maintains a schedule of compliance with the relevant Statutory Regulations and may be inspected by the Care Quality Commission twice annually, by announced and/or unannounced inspection. We were inspected by the Care Quality Commission in 2022, when we achieved an overall rating of 'Good' and a rating of 'Outstanding' in the 'well led' domain.

'The hospice leadership team demonstrated outstanding practice in the way they prioritised patient needs and choices as well as their outward facing recovery and transformation following the pandemic. We saw evidence of a culture that invested in and developed staff who received high praise from stakeholders. Building on their COVID-19 recovery programme, the leadership team had recently introduced a new 5-year strategy that should bring significant benefit to the hospice and the community it serves. Aspects of the team's work with stakeholders had resulted in award nominations at national level.'

Care Quality Commission 2022

The Hospice produced a "Quality Account" for 2023/24, which is submitted to the CQC and to NHS Improvement[3].

The hospice is required to hold an NHS Improvement (Monitor) Issued Provider licence from April 2018; this requires regular reporting of financial plans, performance against these plans and assessment of financial risk.

[3] Available via the Hospice website www.communityhospice.org.uk

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Related parties

The hospice has close relationships with SE London Integrated Care System who supports the Charity's work including a significant financial contribution via a contract with SE London Integrated Care Board. Close working relationships exist with other health and care providers within the community in particular, Lewisham & Greenwich NHS Trust, Oxleas NHS Foundation Trust, London Borough of Bexley, Royal Borough of Greenwich, Marie Curie, St Christopher's Hospice and Darent Valley Hospital NHS Trust.

The hospice has contractual relationships with seven other charities in Bexley as a part of a consortium OneBexley (Age UK Bexley, Bexley Carers, SE London Crossroads, Inspire Community Trust, Bexley Mencap, MIND in Bexley and Bexley Voluntary Services Council); the hospice is also represented by the Chief Executive on the Bexley Wellbeing Partnership and Healthier Greenwich Partnership (Local Care Partnership Boards).

The hospice has two wholly owned subsidiary trading companies – GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. Details of their activities are highlighted in note 10 of these accounts.

The hospice nominations, remuneration and governance committee which reviews and sets the remuneration of the Chief Executive and senior leadership team (key management personnel) based on appropriate market rates and other parameters on at least an annual basis.

Our approach to Sustainability and the Environment

The hospice is surrounded by large gardens and undeveloped grounds, some of which are covered by an environmental protection order. In 2022 we appointed a paid gardener to lead the maintenance and development of these grounds. Working with our dedicated team of volunteer gardeners, our estates team and corporate volunteering groups we are beginning to implement a long-term plan for our grounds, creating a beautiful environment for patients, families and staff and encouraging biodiversity.

Our retail operation continued to play an important role in response to the impact of fast fashion, having sold 797,290 pre-loved items through 253,118 transactions across our network of shops and saving over 424,000 tonnes of waste from going to landfill. We have considered the environmental impact of our recent shop refits, and our objective is to ensure we are sustainable as possible with the materials we use and reuse.

Sustainability and environmental impact remain our high priority in Trading and having closed our operation on the Nathan Way site in Greenwich, we are planning to expand the concept across all our locations in both boroughs, maximising the potential and learning from the RePurpose project and focusing on higher volumes of upcycling and recycling.

Our project to develop a 10-year estates plan for the main hospice site did not complete in 2023/24 as anticipated, largely due to capacity issues, however we continue to work with partners to develop this, including commissioning a building energy cost reduction report.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Social Responsibility

As well as the Public Benefit outlined at page 3, the hospice wants to be an organisation that maximises any opportunities to strengthen our local area. As a local employer and business, we can bring economic and social capital to the area and make the lives of our staff, volunteers and the communities they live in better beyond our charitable purpose.

Our People Plan aims to create opportunities for new and existing staff and volunteers to live happy, healthy lives and be developed and rewarded in their work, this includes widening participation so that we ensure our whole community have equity of access to new and emerging roles and our Community Development and Engagement Strategy is enabling engagement with community groups that we haven't yet met, as well as setting out our intention of encouraging staff to get involved in their own communities through flexible working policies and a volunteering promise.

Risk Management

The trustees implement a Risk Management Strategy which comprises of:

- A regular review of the charity's corporate risk register and risk management framework (RMF)
- The establishment of systems and procedures to mitigate those risks identified in the register and RMF
- The implementation of procedures designed to minimise any potential impact on the charity should those risks materialise.

The trustees review the financial accounts on a bi-monthly basis which includes a review of the level of reserves against the level which it is felt prudent should be held.

The top 3 risks as identified by the Finance, Information Governance and Information Technology Committee are outlined in the table below:

Risk	Mitigation
1. Financial uncertainty as a result of rising inflation and cost of living crisis.	The Board and Senior Leadership Team continue to monitor income, expenditure and cash flow closely, with regular review of forecast. We continue to negotiate with system partners and commissioners about additional resources to support our work. We are implementing our five-year strategy and have established an Investment Fund to support us to grow our income, and to implement digital technologies to maximise efficiency. We have sufficient reserves to support current levels of activity and are investing in activities to help reach our target.

Risk	Mitigation
2. Increased demand for our services/ recruitment and retention challenges in our clinical workforce	We are working with system partners to prioritise resources to meet growing demand, working efficiently and effectively in an integrated way. We continue to recruit bank staff to provide additional capacity and are embedding new ways of working to work more efficiently. Our People Plan includes a focus on retention which includes investment in staff wellbeing and development of existing staff into more senior roles. Where possible, salaries are in line with NHS competitors. Our rebranding exercise will make the hospice more visible – therefore helping with recruitment, and promote our values – helping with retention
3. Long term challenges relating to predicted growth in need and the supply and demand of experienced clinical staff	Implementation of our Service Transformation Strategy will enable redesign of services to meet future demand and respond to the needs of our whole community. Our People Plan will support us to recruit, retain and develop the workforce we need to meet this need. We are working with partners across our system to influence wider workforce planning, and training of all healthcare professionals to meet specialist and generalist workforce needs We are planning a review of salaries and terms and conditions of employment to ensure they remain in line with our competitors. We are working with our community to build resilience to better manage death and dying as a normal part of life. This is supported by our rebrand and development of a new website to be completed in August 2024.

TRUSTEES' RESPONSIBILITIES IN RELATION TO THE FINANCIAL STATEMENTS

The Trustees (who are also Directors of Greenwich & Bexley Community Hospice Limited for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company/group for that period. In preparing these financial statements, the Trustees are required to:

- *Select suitable accounting policies and then apply them consistently;*
- *Observe the methods and principles of the Charities SORP;*
- *Make sound judgements and estimates that are reasonable and prudent;*
- *State whether applicable Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;*
- *Prepare the financial statements on the going concern basis unless it is appropriate to presume that the charity will not continue in business.*

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time of the financial position of the charitable 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 charitable company and the Group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In accordance with company law, as the company's directors, we certify that:

So far as we are aware, there is no relevant audit information of which the company's auditors are unaware.

As the Directors of the company we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

Auditors
A resolution will be proposed at the Annual General Meeting that Moore Kingston Smith be appointed as auditors to the charity for 2024-25.

By Order of the Trustees

In Approving the Trustees' Report, the Board are also approving the Strategic Report included herein their capacity as company directors.

11th September 2024

Mrs Sarah Higgins
Chair

REFERENCE AND ADMINISTRATIVE DETAILS

Directors and Trustees

Mrs Ruth Russell	●£□ ✦⌘	Chair and Chair of Nominations, Remuneration and Governance Committee (until November 2023)
Mrs Sarah Higgins	⌘	Chair and Chair of nominations, Remuneration and Governance Committee (from December 2023)
Mr Tim Gutteridge	£⌘♣	Deputy Chair and Chair of Trading Board
Mr David Atterbury-Thomas	£□ ✦⌘♪	Treasurer and Chair of Finance Information Governance and Information Technology Committee
Mrs Estelle Kerridge	●⌘	Company Secretary, Board Safeguarding Champion
Dr Francis Drobniewski	£	Trustee (from November 2023)
Ms Paula Keats	●⌘	Trustee (until May 2023)
Ms Kate McGranaghan-Chow	♪£	Chair of Lottery Board, Fundraising Link Trustee
Ms Rebecca Middleton	£♣	Trustee
Mrs Mairead O'Reilly		Trustee (until November 2023)
Ms Sylvia Osaji	□	Trustee (from November 2023)
Dr Mary-Clare Parker	●	Trustee
Ms Alison Roberts	●	Trustee (from November 2023)
Mrs Manal Sadik	□ ⌘	Chair of Equity, People and Inclusion Committee, Board Equity, Diversity and Inclusion Champion
Mrs Komal Whittaker-Axon	●	Chair of Quality and Safety Committee
Mr Michael Williams	□ ♪	Marketing and Communications Link Trustee
Mr Simon Di Marino	✦£	Chair of Investment Committee

Membership of Board Committees

● Quality & Safety Committee
£ Finance, Information Governance and Information Technology Committee
□ Equity, People and Inclusion Committee (Previously Workforce Committee)
✦ Investment Committee
⌘ Nominations, Remuneration and Governance Committee (from September 2022)
♪ Lottery Board
♣ Trading Board

Non-Trustee Advisors

Mr Mike Davis ♣	Non-Executive Director for GBCH Trading
Mr Barry Dow ♣	Non-Executive Director for GBCH Trading
Mr Ivan Izikowitz ♣	Non-Executive Director for GBCH Trading
Mr Alan Powell ✦	

Chief Executive Ms Kate Heaps

Senior Leadership Team

Mr Victor D'Arcy-Smith
Mr Jon Devlin
Ms Wendy Lethem (resigned February 2024)
Ms Aneta Saunders
Dr Ruth Miles (resigned January 2024)
Mr Graham Turner

REFERENCE AND ADMINISTRATIVE DETAILS

CQC Registered Manager	Ms Ellen Tumelty
Registered Office	185 Bostall Hill Abbey Wood London SE2 0GB
Bankers	National Westminster Bank Ltd 12 High Street Dartford Kent DA1 1DD
Auditors	Haysmacintyre LLP 10 Queen Street Place London EC4R 1AG
Registered Charity Number	1017406
Company Number	2747475

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

Opinion

We have audited the financial statements of Greenwich and Bexley Community Hospice Limited for the year ended 31 March 2024 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company Balance Sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2024 and of the group's and parent charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' 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.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED (continued)

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006
In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Report (which includes the strategic report and the directors' report prepared for the purposes of company law) 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 included within the Trustees' Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception
In the light of the knowledge and understanding of the group and the parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report (which incorporates the strategic report and the directors' report).

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

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

Responsibilities of trustees for the financial statements
As explained more fully in the trustees' responsibilities statement set out on page 32, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate

the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

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

Based on our understanding of the group and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to compliance with regulatory requirements of the Care Quality
Commission, Charity Commission, employment law and health and safety regulations, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such the Companies Act 2006, the Charities Act 2011, the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019), payroll taxes and VAT.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to recognition of income and management bias in certain accounting estimates. Audit procedures performed by the engagement team included:

- Inspecting trustees' meeting minutes;
- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted at the year-end or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

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

Use of our report

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

Siobhan Holmes (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP
Statutory Auditors
10 Queen Street
London
EC4R 1AG

Date: 5 November 2024

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES
(Incorporating INCOME AND EXPENDITURE ACCOUNT)

	Notes	Unrestricted Funds General £	Unrestricted Funds Designated £	Restricted Funds £	2024 £	2023 £
INCOME FROM:						
Donations and Legacies:	2					
Voluntary Income						
General donations		1,238,104	-	168,328	1,406,432	1,261,635
Charity shop donations		813,352	-	-	813,352	497,000
Legacies		791,726	-	-	791,726	1,504,036
Charitable activities:	3					
Operating a Hospice		5,787,571	-	931,173	6,718,744	5,837,041
Other trading activities:						
Charity shop income		1,712,857	-	-	1,712,857	1,950,210
Lottery income		418,256	-	-	418,256	474,439
Other sales income	4a	59,114	-	-	59,114	245,590
Rental income		10,704	-	-	10,704	8,927
Investments		20,895	-	-	20,895	40,357
Other	4b	139,505	-	-	139,505	202,515
Total Income		10.992,084	-	1,099,501	12,091,585	12,021,750
EXPENDITURE ON:						
Raising funds:						
Fundraising and marketing costs		1,106,792	-	-	1,106,792	624,404
Charity shop expenditure		1,739,918	-	-	1,739,918	1,771,752
Lottery expenditure		238,053	-	-	238,053	178,412
Charitable activities:						
Operating a Hospice						
Clinical expenses		8,432,234	461,863	1,171,247	10,065,344	8,448,655
Total Expenditure	5a	11,516,997	461,863	1,171,247	13,150,107	11,023,223
Net gains/(losses) on investments	10	76,084	-	-	76,084	(35,863)
Net expenditure		(448,829)	(461,863)	(71,746)	(982,438)	962,664
Transfers between funds	14	(130,650)	130,650	-	-	-
Net movement in funds		(579,479)	(331,213)	(71,746)	(982,438)	962,664
BALANCE BROUGHT FORWARD at 1/4/23		4,902,743	1,888,654	6,101,817	12,893,214	11,930,550
BALANCE CARRIED FORWARD at 31/3/24	14	4,323,264	1,557,441	6,030,071	11,910,776	12,893,214

All recognised gains and losses are included in the consolidated statement of financial activities.
All transactions are derived from continuing activities.

The accompanying notes form part of these financial statements.
Full comparative figures for the year ended 31 March 2023 are shown in note 20.

CONSOLIDATED AND CHARITY BALANCE SHEETS **COMPANY NUMBER: 2747475**
As at 31 March 2024

	Notes	The Group 2024 £	The Group 2023 £	The Charity 2024 £	The Charity 2023 £
FIXED ASSETS					
Tangible assets	9	6,092,893	6,031,090	6,092,893	6,031,090
Intangible assets		97,279	-	97,279	-
Investments	10	1,092,309	1,020,457	1,093,311	1,021,459
		7,282,481	7,051,547	7,283,483	7,052,549
CURRENT ASSETS					
Debtors	11	1,718,699	2,576,249	3,733,373	3,878,052
Cash on deposit, at bank and in hand		5,459,517	5,588,165	3,319,358	4,130,887
		7,178,216	8,164,414	7,052,731	8,008,939
CURRENT LIABILITIES					
CREDITORS:					
Amounts falling due within one year	12	(2,549,921)	(2,322,747)	(2,392,059)	(2,134,894)
NET CURRENT ASSETS		4,628,295	5,841,667	4,660,672	5,874,045
NET ASSETS		11,910,776	12,893,214	11,944,155	12,926,594
FUNDS	14				
UNRESTRICTED FUNDS:					
General Fund		4,323,264	4,902,743	4,356,643	4,936,123
Designated Funds					
Fixed Assets Fund		364,304	233,654	364,304	233,654
RTP Fund		538,137	1,000,000	538,137	1,000,000
Building Development Fund		500,000	500,000	500,000	500,000
ASCF Fund		155,000	155,000	155,000	155,000
RESTRICTED FUNDS:					
Property Fund		5,797,436	5,797,436	5,797,436	5,797,436
Others		232,635	304,381	232,635	304,381
	15	11,910,776	12,893,214	11,944,155	12,926,594

The financial statements were approved and authorised for issue by the Board of Directors on 11th September 2024 and were signed below on its behalf by:

Mrs Sarah Higgins - Director

David Atterbury Thomas - Director

The accompanying notes form part of these financial statements.

The net loss for the charity only for the year is £1,795,790 (2023: surplus of £676,702).

CONSOLIDATED CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 MARCH 2024

	Notes	2024 £	2023 £
CASH FLOWS FROM OPERATING ACTIVITIES	A	83,666	1,012,114
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received		135,038	41,355
Payments to acquire fixed assets		(254,245)	(125,082)
Payments to acquire Intangible fixed assets		(97,279)	-
Proceeds of sale of investments		83,326	152,857
Purchase of investments		(79,154)	(318,607)
CASH PROVIDED / (USED IN) INVESTING ACTIVITIES		(212,314)	(249,477)
(DECREASE)/ INCREASE IN CASH IN THE YEAR		(128,648)	762,637
Cash and cash equivalents at the beginning of the year		5,588,165	4,825,528
TOTAL CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR		5,459,517	5,588,165

NOTES TO THE CONSOLIDATED CASH FLOW STATEMENT

A. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2024 £	2023 £
Net (expenditure)/income (as per the Statement of Financial Activities)	(982,438)	962,664
Depreciation charge	192,442	183,755
(Gains)/losses on investments	(76,024)	35,862
Decrease/(increase) in debtors	857,550	132,089
(Decrease) Increase in creditors	227,174	(261,899)
Interest received	(135,038)	(40,357)
Net cash used in operating activities	83,666	1,012,114

B. ANALYSIS OF NET DEBT

The charity has no net debt and therefore no analysis is required

NOTES TO THE FINANCIAL STATEMENTS
1. ACCOUNTING POLICIES

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

Statement of compliance
The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2021), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Greenwich & Bexley Community Hospice Limited meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

General information
The charity is a private company limited by guarantee, incorporated in England and Wales (company number: 2747475) and a charity registered in England and Wales (charity number: 1017406) the charity's registered office is shown in the reference and administration section. The charity is set up as a company limited by guarantee.

Preparation of accounts on a going concern basis
The trustees have a reasonable expectation that the charity will continue in operational existence for the foreseeable future. This expectation is based on several key factors, which are detailed below:

Financial Health and Reserves: The charity has maintained a strong financial position, evidenced by its healthy reserves and positive cash flow for the next 12 months. The current reserves policy ensures that the Charity has sufficient funds to cover operational costs and any unforeseen expenses.

- We have free reserves of £4.3m and £5.5m liquid fund in our bank accounts as at year-end.
- We are able to liquidate the investment portfolio of £1m if necessary

Sustainable Revenue Streams: The charity has diversified and stable sources of income, including grants, donations, and fundraising activities. These revenue streams are regularly reviewed and are anticipated to continue providing adequate funding.

Effective Cost Management: The trustees have implemented robust financial controls and cost management strategies to ensure efficient use of resources. Regular budget reviews and financial forecasting help to identify and mitigate potential risks.

Support from Donors and Stakeholders: The charity has a strong base of loyal donors and supporters who are committed to its mission. Ongoing engagement with stakeholders ensures continuous support and collaboration, which are crucial for the charity's sustainability.

Future Plans and Strategies: The charity has a clear strategic plan for the future, with well-defined goals and objectives. The trustees regularly review and adapt these plans in response to changing circumstances, ensuring the charity remains relevant and effective in fulfilling its mission.

NOTES TO THE FINANCIAL STATEMENTS (continued)
1. ACCOUNTING POLICIES (continued)

Regulatory Compliance and Governance: The charity adheres to all regulatory requirements and follows best practices in governance. The Trustees are confident in the charity's governance framework, which provides oversight and accountability.

In conclusion, the trustees believe that the charity is well-positioned to continue operating as a going concern, thanks to its strong financial health, diverse income sources, effective cost management, committed supporters, strategic planning, and robust governance.

Consolidation
The group financial statements consolidate the financial statements of the charitable company and its wholly owned subsidiaries, GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. It is the group's policy to transfer the profits of the subsidiaries to the charity under Gift Aid. A separate Statement of Financial Activities and Income and Expenditure Account for the charity has not been presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006. The deficit of the parent charity was £1,795,790 (2023: surplus of £779,817). The registered office for both GBCH Trading Limited and Greenwich & Bexley Community Hospice Limited is 185 Bostall Hill, London, SE2 0GB. Uniform accounting policies have been applied.

Income recognition
All income, including government grants, is recognised once the charity has entitlement to income, it is probable that income will be received and the amount of income receivable can be measured reliably.

Donations and legacies
Donations and gifts and are included in full in the Statement of Financial Activities when there is entitlement, probability of receipt and the amount of income receivable can be measured reliably.

Gifts in kind
Gifts in kind represent assets donated for distribution or use by the charity. Assets given for distribution are recognised as income only when distributed. Assets given for use by the charity are recognised when receivable. Gifts in kind are valued at the amount actually realised from the disposal of the assets or at the price the charity would otherwise have paid for the assets.

Grants
Grants (including government grants) are recognised in full in the statement of financial activities in the year in which the charity has entitlement to the income, the amount of income receivable can be measured reliably and there is probability of receipt.

Income from charitable activities
Income from charitable activities is recognised as earned as the related services are provided. Income from other trading activities is recognised as earned as the related goods are provided.

Other Income
Income received from pension recovery, salary recharges, Bexley adult social care contract, and NHS England are included in other income.

NOTES TO THE FINANCIAL STATEMENTS (continued)
1. ACCOUNTING POLICIES (continued)

Investment income
Investment income is recognised on a receivable basis once the amounts can be measured reliably.

Expenditure
Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds comprises; fundraising and marketing, charity shop and lottery expenditure.
- Expenditure on charitable activities comprises Hospice operating costs.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned based on staff time attributable to each activity.

Allocation of costs
Staff costs are allocated between direct charitable expenditure and support costs based on the time spent on these activities. Other costs are allocated directly to the relevant heading.

Fixed assets
Depreciation is provided to write off the cost or valuation, less estimated residual values, of all fixed assets, except freehold land over their expected useful lives. It is calculated at the following rates:

Freehold buildings	1% straight line
Fixture, Fittings and equipment	$33^{1}/_{3}$% and 10% straight line
Motor vehicles	25% straight line

Donated assets are included at value on the date received.

Investments
Investments are a form of basic financial instruments and are initially shown in the financial statements at market value. Movements in the market values of investments are shown as unrealised gains and losses in the Statement of Financial Activities.

Stocks
Stocks are valued at the lower of cost and net realisable value. Cost is based on the cost of purchase on a first in, first out basis. Net realisable value is based on estimated selling price less additional costs to completion and disposal.

The trustees have concluded and agreed that the valuing of shops donated goods for resale on receipt is impractical due to the high volume of low value items, lack of stock system for recording these items and the administrative cost involved. Instead the income is recognised in the accounts when these goods are sold.

NOTES TO THE FINANCIAL STATEMENTS (continued)
1. ACCOUNTING POLICIES (continued)

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

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

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

Cash at bank and in hand
Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

Operating leases
Rentals payable under operating leases are charged to the Statement of Financial Activities (SOFA) as incurred over the term of the lease.

Funds
Unrestricted funds are funds that can be used in accordance with the charitable objects at the discretion of the trustees.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Restricted funds comprise monies raised for, and their use restricted to a specific purpose or donations subject to donor-imposed conditions.

Estimates and judgements
Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Although these estimates are based on management's best knowledge of the amount, events or actions, actual results ultimately may differ from those estimates. The Trustees consider the estimation of useful life of fixed assets to be the area of judgement and estimation that have a significant effect on the financial statements. Further details on these judgements are provided above under tangible fixed assets.

Legacies are recognised when the following conditions are confirmed:
- there has been grant of probate by the end of the financial year
- the executors have established that there are sufficient funds to pay the legacy

- any conditions attached to the legacy are either within the control of the Charity or have been met

Employee benefits

Short term benefits

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

Employee termination benefits

Termination benefits are accounted for on an accrual basis and in line with FRS 102.

Pension scheme

Contributions to the NHS and Stakeholder pension schemes in respect of eligible employees are charged to the income and expenditure account as they become payable. The Stakeholder scheme is a defined contribution scheme and the NHS a final salary scheme.

2.	**DONATIONS AND LEGACIES**	**2024 Total**	**2023 Total**
		£	**£**
	Donations	2,219,784	1,758,635
	Legacies	791,726	1,504,036
		3,011,510	3,262,671

3.	**INCOME FROM CHARITABLE ACTIVITIES**	**£**	**£**
	NHS Income	5,718,744	4,966,461
	Adult Social Care	1,000,000	870,580
		6,718,744	5,020,881

4a.	**OTHER SALES INCOME**	**2024**	**2023**
		£	**£**
	Catering Income	22,834	18,629
	Training Income	6,300	226,961
	Miscellaneous	29,980	-
		59,114	245,590

4b. OTHER INCOME

	2024	2023
	£	£
Medical Insurance Claims	-	6,192
Kickstart Rebates	-	59,693
Salary Recharge secondment	-	30,412
Room hire	4,467	1,493
Others	135,038	104,725
	139,505	202,515

ANALYSIS OF GROUP EXPENDITURE

5a Direct and Support costs

	Direct costs	Support costs	Total 2024
	£	£	£
Raising Funds			
Fundraising and marketing costs	923,307	183,485	1,106,792
Charity shop expenditure	1,484,360	255,558	1,739,918
Lottery expenditure	221,225	16,828	238,053
Charitable activities			
Operating a Hospice			
Clinical expenses	8,193,036	1,872,308	10,065,344
Expenditure	10,821,928	2,328,179	13,150,107

Direct and Support costs	Direct costs	Support costs	Total 2023
	£	£	£
Raising Funds			
Fundraising and marketing costs	488,999	135,405	624,404
Charity shop expenditure	1,571,654	200,098	1,771,752
Lottery expenditure	163,800	14,612	178,412
Charitable activities			
Operating a Hospice			
Clinical expenses	7,162,561	1,286,094	8,448,655
Expenditure	9,387,014	1,636,209	11,023,223

NOTES TO THE FINANCIAL STATEMENTS (continued)
ANALYSIS OF GROUP EXPENDITURE (continued)

5b.

Support costs	Administration	Finance and IT	Office Costs	Governance	Total 2024
	£	£	£	£	£
Raising funds					
Fundraising and marketing costs	73,921	87,022	22,542	-	183,485
Charity shop expenditure	142,260	59,623	53,675	-	255,558
Lottery expenditure	16,828	-	-	-	16,828
Clinical expenses	465,754	636,091	572,641	197,822	1,872,308
	698,763	782,736	648,858	197,822	2,328,179

Support costs	Administration	Finance and IT	Office Costs	Governance	Total 2023
	£	£	£	£	£
Raising funds					
Fundraising and marketing costs	64,185	54,841	16,379	-	135,405
Charity shop expenditure	123,524	37,574	39,000	-	200,098
Lottery expenditure	14,612	-	-	-	14,612
Clinical expenses	404,413	400,862	416,077	64,742	1,286,094
	606,734	493,277	471,456	64,742	1,636,209

5c Governance costs include:

	2024	2023
	£	£
Staff costs	197,822	64,742
Auditor's remuneration:		
- Audit work	33,100	30,500
- Other services	5,500	6,600
	236,422	**101,842**

Where support costs are not incurred specifically for an activity heading, they are allocated on the basis of the number and level of staff employed within the appropriate activity heading.

6. Employees

	The Group		The Charity	
	2024 Number	2023 Number	2024 Number	2023 Number
Average number of employees, excluding Directors	205	235	165	193
Full time equivalent figures	132	146	132	115

Staff costs consisted of:	2024 £	2023 £	2024 £	2023 £
Salaries	6,577,145	6,176,025	5,601,619	5,168,818
Social security costs	691,448	617,803	605,082	533,410
Other pension costs	463,596	407,769	421,986	367,425
	7,732,189	7,201,597	6,628,687	6,069,653
Agency	557,492	239,665	553,217	236,252
Medical services	-	234,334	-	234,334
	8,289,681	7,675,596	7,181,904	6,540,239

The number of employees whose emoluments were £60,000 or above per annum were:

	2024	2023
£60,000 - £69,999	9	1
£70,000 - £79,999	-	4
£80,000 - £89,999	5	1
£90,000 - £99,999	0	1
£100,000 - £109,999	1	1

Of these, 8 employees are accruing pension contributions totalling £83,795 (2023:8 employees, accruing £61,921).

The total employee benefits of the key management personnel of the Group were £702,307 (2023: £706,566). Of this, £654,216 (2023: £654,216) relates to the key management personnel of the charity.

7. TRUSTEES REMUNERATION AND EXPENSES

No expenses were reimbursed to trustees in the current year (2023: £Nil). No Trustee received remuneration in the current or prior year.

8. NET INCOME

	2024	2023
	£	£
The net income is stated after charging:		
Auditors' remuneration (excluding VAT)		
- For audit	30,000	30,500
- For tax compliant services	3,100	3,100
- For accounting fees	5,500	4,500
Lease payments	345,729	343,147
Depreciation	192,442	183,756

9. TANGIBLE ASSETS - GROUP

	Freehold Land & Buildings	Equipment Furniture & Fittings	Motor Vehicles	Charity Total	Subsidiary Furniture, Equipment & Vehicles	Group Total
	£	£	£	£	£	£
Cost or valuation						
At 1 April 2023	6,918,444	2,301,790	50,114	9,270,348	-	9,270,348
Additions	-	236,450	17,795	254,245	-	254,245
Disposals	-	-	(16,303)	(16,303)	-	(16,303)
At 31 March 2024	6,918,444	2,538,240	51,606	9,508,290	-	9,508,290
Depreciation						
At 1 April 2023	1,121,007	2,079,015	39,236	3,239,258	-	3,239,258
Provided for the year	69,162	115,254	8,026	192,442	-	192,442
Disposals	-	-	(16,303)	(16,303)	-	(16,303)
At 31 March 2024	1,190,169	2,194,269	30,959	3,415,397	-	3,415,397
Net Book Value						
At 31 March 2024	5,728,275	343,971	20,647	6,092,893	-	6,092,893
At 31 March 2023	5,797,437	222,775	10,878	6,031,090	-	6,031,090

NOTES TO THE FINANCIAL STATEMENTS (continued)
INTANGIBLE ASSETS – GROUP

	Intangible Fixed Assets
	£
Cost or valuation	
At 1 April 2023	-
Additions	97,368
At 31 March 2024	97,368
Depreciation	
At 1 April 2023	-
Provided for the year	89
At 31 March 2024	89
Net Book Value	
At 31 March 2024	97,279

10. FIXED ASSET INVESTMENTS

	2024	2023
	£	£
Charity:		
Shares in subsidiary companies at cost	1,002	1,002
Listed Investments	1,092,309	1,020,457
At 31 March 2024	1,093,311	1,021,459

	2024	2023
	£	£
At 1 April 2023	1,020,457	891,566
Additions	100,431	298,315
Disposals	(83,326)	(152,857)
Gain/(loss) on investment	39,212	(31,657)
Investment Income	24,619	22,990
Investment Fees	(9,084)	(7,900)
At 31 March 2024	1,092,309	1,020,457

NOTES TO THE FINANCIAL STATEMENTS (continued)

10. INVESTMENTS (continued)

	2024	2023
	£	£
Investment in subsidiary undertakings		
Cost		
GBCH Trading Limited	1,000	1,000
Greenwich & Bexley Community Hospice Lottery Ltd	2	2
At 31 March 2024	1,002	1,002

The charitable company owns 100% of the share capital of GBCH Trading Limited being 1,000 Ordinary Shares of £1 each and 100% of the share capital of Greenwich & Bexley Community Hospice Lottery Limited being 2 Ordinary Shares of £1 each.

The subsidiaries are registered in the United Kingdom. The principal activity of GBCH Trading Limited (company registration number: 5612068) is the operation of charity shops. The principal activity of Greenwich & Bexley Community Hospice Lottery Ltd (company registration number: 06483768) is to generate funds for the parent company through the operation of a lottery. Where applicable, the total net taxable profits are distributed to the Charity by gift aid.

A summary of the results of the subsidiaries are shown on the next page.

10. INVESTMENTS (continued)

	2024 £	2023 £
GBCH Trading Limited		
Turnover	1,712,857	1,950,443
Cost of sales	(79,223)	(2,401)
Gross profit	1,633,634	1,948,042
Administrative expenses	(1,660,695)	(1,771,752)
Operating (loss)/profit	(27,061)	176,290
Other Income	27,061	6,558
	-	182,848
Corporation Tax	-	-
Profit for the year	-	182,848
(Loss)/Profit brought forward	(33,379)	(215,227)
(Loss)/Profit carried forward	(33,379)	(33,379)

The assets and liabilities of the subsidiary were:

Fixed assets		-
Current assets	2,189,376	1,471,856
Current liabilities	(2,221,755)	(1,504,235)
Total net assets	(32,379)	(32,379)
Aggregate share capital and reserves	(32,379)	(32,379)

The net assets/(liabilities) of the subsidiary as at 31 March 2024 were (£32,379) (2023: (£ 32,379).

10. INVESTMENTS (continued)

Greenwich & Bexley Community Hospice Lottery Limited

	2024	2023
	£	
Turnover	417,751	474,206
Cost of sales	(75,528)	(74,315)
Gross profit	342,223	399,891
Administrative expenses	(162,525)	(224,300)
Operating profit	179,698	175,591
	179,698	175,591
Distribution to parent charity	(179,698)	(175,591)
Retained in subsidiary	-	-

The current assets and liabilities of the subsidiary were:

Current assets	315,435	241,538
Current liabilities	(315,433)	(241,536)
Total net assets	2	2
Aggregate share capital and reserves	2	2

The net assets of the subsidiary as at 31 March 2024 were £2 (2023: £2).

11. DEBTORS

	The Group		The Charity	
	2024	2023	2024	2023
	£	£	£	£
Trade debtors	36,765	737,496	36,765	737,496
Prepayments	382,744	313,547	153,081	81,295
Legacies due	1,018,185	1,454,172	1,018,185	1,454,172
Other accrued income	45,358	-	45,358	-
Other debtors	235,647	71,034	101,515	62,215
Amounts due from subsidiaries	-	-	2,378,469	1,542,874
	1,718,699	2,576,249	3,733,373	3,878,052

12. CREDITORS: amounts falling due within one year

	The Group		The Charity	
	2024	2023	2024	2023
	£	£	£	£
Trade creditors	324,802	534,747	288,245	504,074
Other taxes and social security	167,883	141,096	167,883	149,674
Accruals	1,153,464	767,096	1,056,540	625,783
Other Creditors	903,772	873,526	879,391	873,526
Deferred income (note 13).	-	6,282	-	(18,163)
	2,549,921	2,322,747	2,392,059	2,134,894

13. ANALYSIS OF DEFERRED INCOME

	Group		Charity	
	2024	2023	2024	2023
	£	£	£	£
Deferred income at 1 April	6,282	260,850	(18,163)	228,305
Applied during the year	(6,282)	6,282	-	(18,163)
Released during the year	-	(260,850)	(18,163)	(228,305)
Deferred income at 31 March	-	6,282	-	(18,163)

NOTES TO THE FINANCIAL STATEMENTS (continued)

14. STATEMENT OF FUNDS (2024)

	At 1/4/23	Income	Expenditure	Transfers & Gains	At 31/3/24
	£	£	£	£	£
Unrestricted Funds					
General Fund	4,902,743	10,992,084	(11,647,647)	(54,566)	4,323,264
Designated:					
Fixed Assets Fund	233,654	-	-	130,650	364,619
Recovery & Transformation Fund	1,000,000	-	(461,863)	-	538,137
Building Development Fund	500,000	-	-	-	500,000
One Bexley Adult Social Care Fund	155,000	-	-	-	155,000
Restricted Funds					
Donations	304,381	1,099, 501	(1,171,247)	-	232,635
Property Fund	5,797,436	-	-	-	5,728,274
Group Total	12,893,214	12,091,585	(13,150,107)	76,084	11,910,776

14. STATEMENT OF FUNDS (2023)

	At 1/4/22	Income	Expenditure	Transfers & Gains	31/3/23
	£	£	£	£	£
Unrestricted Funds					
General Fund	4,696,202	11,683,933	(10,781,066)	(696,326)	4,902,743
Designated:					
Fixed Assets Fund	223,143	-	-	10,511	233,654
Recovery & Transformation Fund	600,000	-	-	400,000	1,000,000
Building Development Fund	300,000	-	-	200,000	500,000
One Bexley Adult Social care Fund	-	-	-	155,000	155,000
Restricted Funds					
Donations	244,584	301,954	(242,157)	-	304,381
Property Fund	5,866,621	-		(69,185)	5,797,436
Group Total	11,930,550	11,985,887	(11,023,223)	-	12,893,214

The trustees have designated funds out of the unrestricted funds for specific purposes as follows:

Fixed Assets Fund
In order to fulfil its charitable objectives the charity needs its fixed assets. These assets, although unrestricted, cannot be realised without undermining the charity's work and the trustees therefore feel that it is appropriate to reflect the investment in fixed assets by means of a designated fund.

Recovery and Transformation Fund
This fund has been set up to invest in a number of projects to support the Recovery & Transformation Programme. Approved by the Board of Trustees at the end of 2021, this programme aims to drive transformation across seven key priority areas:

- Service Transformation
- Refreshing Volunteering
- Staff Wellbeing and Development
- Equality, Diversity and Inclusion
- Retail and Commercial Development
- Fundraising Development
- Stakeholder Engagement

Building Development Fund
This fund will be dedicated to enhancing the hospice building, including upgrades to our inpatient unit, adding more single bedrooms to improve infection control, and enhancing our staff changing and rest areas to support their wellbeing. It also facilitated a feasibility study to explore the options for improving our building in the post-pandemic environment.

One Bexley Adult Social Care Fund (ASCF)
The Community Hospice is working together with seven Bexley-based charities to deliver a contract awarded by the London Borough of Bexley. Together, we deliver social care assessments, reviews and carers' assessments to people with non-complex needs. The Community Hospice is the prime contractor and manage the commissioning relationship for this work and subcontract the majority of work to our partners. Our joint work is known as OneBexley, with most governance decisions being made in partnership.

The ASC contract comes to an end in September 2024, and if we do not secure the next contract, there are likely to be significant contract closure costs.

Given the year-end surplus generated by the project, it is proposed to create a new One Bexley Adult Social Care designated fund to the tune of £155,000 to cover the likely end-of-project expenditure across partners.

This is made up as follows:

- A significant external evaluation with a prestigious company to create learning which will influence all OB organisations (estimated £30K)
- Potential redundancy/contract closure cost (estimated at £85K)
- Potential band 6 role to fill a gap in quality and outreach (£40k).

The Charity has the following restricted funds:

Property Fund

The predecessor organisation to the hospice, an unincorporated charity, transferred the land and buildings on which the hospice's main operations are located, to the hospice on restrictive terms for the sum of £1. The transfer documentation predates the SORP and Charities Act, but legal opinion clarified restrictive terms that the property is held on trust by Greenwich & Bexley Community Hospice Limited on behalf of the predecessor organisation. However, the charity has the legal right to register charges against the property and it could be indemnified out of the premises in respect of liabilities properly incurred in the charity's role of trustee.

Accordingly, the net book value of the land and buildings together with all improvements made to date on the premises are reported as a separate restricted fund.

Transfers between funds reflects the capital building project and movement in fixed assets.

15 ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS AT 31/3/2024

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets	28,433	364,304	5,797,436	-	6,190,173
Investments	1,092,309	-	-	-	1,092,309
Current assets	3,132,913	1,655,000	232,634	2,157,668	7,178,215
Current liabilities	(392,253)	-	-	(2,157,668)	(2,549,921)
	4,323,264	1,557,441	6,030,071	-	11,910,776

ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS AS AT 31/3/2023

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets	-	233,654	5,797,436	-	6,031,090
Investments	1,020,457	-	-	-	1,020,457
Current assets	4,402,993	1,655,000	304,381	1,802,040	8,164,414
Current liabilities	(488,327)	-	-	(1,834,420)	(2,322,747)
	4,935,123	1,888,654	6,101,817	(32,380)	12,893,214

16. PENSIONS

The company contributes to the NHS and Stakeholder pension schemes in respect of eligible employees. The assets of the schemes are held separately from those of the company in independently administered funds. The pension cost represents contributions payable by the company to the pension scheme funds. The NHS scheme is a multi-employer deferred benefits scheme which is underwritten by the Treasury. The Charity's obligations are limited to its annual contributions. The scheme currently has an employee contribution of between 5% and 13.5% and an employer contribution of 14.3%. The Stakeholder Scheme has an employee contribution decided by the employee and the employer contribution is 1% above the employee's contributions up to a maximum of 7%. The total employer's pensions contribution for the year amounted to £421,986 (2023: £367,425) and as at the balance sheet date the company held total contributions of £64,936 (2023: £34,488) that were payable to the pension schemes. The charity does not have any further commitments under these pension schemes.

17. OPERATING LEASE COMMITMENTS

As at 31 March 2024, the charity had annual lease rental commitments totalling:

	2024		2023	
	Land & Buildings £	Other £	Land & Buildings £	Other £
Leases expiring within 1 year	173,500	7,175	182,716	9,405
Leases expiring within 1-5 years	180,092	4,043	370,327	12,975
	353,592	11,218	553,043	22,380

18. CAPITAL COMMITMENTS

	2024 £	2023 £
Authorised	-	5,000

19. RELATED PARTY TRANSACTIONS

In 2024 the following transactions took place between the Charity and its wholly owned subsidiaries GBCH Trading Limited (company number: 05612068) and Greenwich & Bexley Community Hospice Lottery Limited (company number: 06483768):

Amounts due to the parent company at the year-end were £2,380,326. There are no other outstanding balances with related parties as at 31 March 2024 (2023: £nil). The total amount of donations received from the trustees in the year was £2,573 (2023: £ 9,663).

NOTES TO THE FINANCIAL STATEMENTS (continued)

20. COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (2023):

	Unrestricted Funds		Restricted	
	General	Designated	Funds	2023
	£	£	£	£
INCOME FROM:				
Donations and Legacies:				
Voluntary Income				
General donations	959,681	-	301,954	1,261,635
Charity shop donations	497,000	-		497,000
Legacies	1,504,036	-	-	1,504,036
Charitable activities:				
Operating a Hospice	5,837,041	-	-	5,837,041
Other trading activities:				
Charity shop income	1,950,210	-	-	1,950,210
Lottery income	474,438	-	-	474,438
Other sales income	245,590	-	-	245,590
Rental income	8,927	-	-	8,927
Investment:	40,357	-	-	40,357
Other income:	202,515	-	-	202,515
Total Income	11,719,795	-	301,954	12,021,749
EXPENDITURE ON:				
Raising funds:				
Fundraising and marketing Costs	624,404	-	-	624,404
Charity shop expenditure	1,771,752	-	-	1,771,752
Lottery expenditure	178,412	-	-	178,412
Charitable activities:				
Operating a Hospice Clinical expenses	8,206,498	-	242,157	8,448,655
Total Expenditure	10,781,066	-	242,157	11,023,223
Net (losses)/gains on	(35,862)	-	-	(35,862)
Net income/(expenditure)	902,867	-	59,797	962,664
Transfers between funds	(696,326)	765,511	(69,185)	-
Net movement in funds	206,541	765,511	(9,388)	962,664
BALANCE BROUGHT FORWARD at 1/4/2023	4,696,202	1,123,143	6,111,205	11,930,550
BALANCE CARRIED FORWARD at 31/3/2022	4,902,743	1,888,654	6,101,817	12,893,214

GREENWICH AND BEXLEY COMMUNITY HOSPICE LIMITED

England & Wales - Charity number 1017406

Accounts

GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

(A charitable company limited by guarantee)

FINANCIAL STATEMENTS

FOR THE YEAR ENDED

31 MARCH 2023

Company Number: 2747475
Registered Charity Number: 1017406

Greenwich & Bexley
Community Hospice

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Greenwich & Bexley
Community Hospice

REFERENCE AND ADMINISTRATIVE DETAILS

Directors and Trustees

Mrs Ruth Russell	●£□✦⌘	Chair and Chair of Nominations, Remuneration and Governance Committee
Mr Tim Gutteridge	£⌘♣	Deputy Chair and Chair of Trading Board
Mr David Atterbury-Thomas	£□✦⌘♪	Treasurer and Chair of Finance Information Governance and Information Technology Committee
Mr Gerald Peters	♪	Company Secretary and Chair of Lottery Board (resigned November 2022)
Mrs Estelle Kerridge	●⌘	Company Secretary from November 2022, Board Safeguarding Champion
Simon Di Marino	£✦	
Ms Paula Keats	●⌘	
Ms Kate McGranaghan-Chow	£♪	Chair of Lottery Board from November 2022, Fundraising Link Trustee
Ms Rebecca Middleton	♣	Trustee
Mrs Mairead O'Reilly		Trustee
Dr Mary-Clare Parker	●	Trustee
Mrs Manal Sadik	□⌘	Chair of Equity, People and Inclusion Committee, Board Equity, Diversity and Inclusion Champion
Mrs Komal Whittaker-Axon	●	Chair of Quality and Safety Committee
Mr Michael Williams	□♪	Marketing and Communications Link Trustee

Membership of Board Committees

● Quality & Safety Committee
£ Finance, Information Governance and Information Technology Committee
□ Equity, People and Inclusion Committee (Previously Workforce Committee)
✦ Investment Committee
⌘ Nominations, Remuneration and Governance Committee (from September 2022)
♪ Lottery Board
♣ Trading Board

Non-Trustee Advisors

Mr Mike Davis ♣ Non-Executive Director for GBCH Trading
Mr Barry Dow ♣ Non-Executive Director for GBCH Trading
Mr Ivan Izikotwitz ♣ Non-Executive Director for GBCH Trading
Mr Alan Powell ✦

Chief Executive Ms Kate Heaps

Senior Leadership Team
Mr Victor D'Arcy-Smith
Mr Jon Devlin
Ms Wendy Lethem
Ms Aneta Saunders
Dr Ruth Miles (appointed March 2023)
Mr Graham Turner

Registered Manager Ms Ellen Tumelty

Registered Office
185 Bostall Hill
Abbey Wood
London
SE2 0GB

Greenwich & Bexley
Community Hospice

REFERENCE AND ADMINISTRATIVE DETAILS (continued)

Bankers	National Westminster Bank Ltd 12 High Street Dartford Kent DA1 1DD
Auditors	Haysmacintyre LLP 10 Queen Street Place London EC4R 1AG
Registered Charity Number	1017406
Company Number	2747475

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023

The Board of Trustees present their report and the consolidated financial statements of Greenwich & Bexley Community Hospice Limited (GBCH) for the year ended 31 March 2023.

The financial statements have been prepared in accordance with the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019), applicable law and the Charity's governing document.

STRATEGIC REPORT

OBJECTIVES AND ACTIVITIES

The Charity's public benefit as set out in the objects clause in its Articles of Association is, for the *relief of pain and suffering among the ill, the provision, management and maintenance of a hospice and associated community and outreach services for people with life-limiting illness and their families and friends, the protection and preservation of the health of those affected by bereavement and the advancement of education of professionals and the public in the relief of pain and suffering.*

At Greenwich & Bexley Community Hospice, we believe that every person facing death should have the best quality of life possible, experience dignity, peace and comfort and be supported to make the choices that are right for them.

Our organisational purpose is to support and care for people facing death and those close to them, their families and professional carers, acting as a system and community leader and connector, supporting others and delivering expert care to achieve our vision. As we strengthen our relationships across the community and health and care system, we are generous with our skills and expertise to increase the profile of end of life issues and hospice care, improving access and extending reach.

Our staff work within our own services and in partnership with others to help patients maintain connections with their community and maximise their quality of life. We continue to be creative in our approach to care, reimagining support at home and for families, all the time responding to diverse needs and the challenges our patients and communities face.

We actively listen and respond to everyone who needs our care and at times, this requires us to lobby those in power to ensure that the necessary resources are available and that we can address barriers/challenges.

We recognise that our people are our greatest asset; we recruit, develop and retain the best people, creating opportunities and an environment for all of our staff so that they can be themselves and perform at their best.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023
OBJECTIVES AND ACTIVITIES (continued)

Our Values

Public Benefit
The Trustees have paid due regard to the guidance provided by the Charity Commission on Public Benefit. They are assured that the aims and objectives, along with the outcomes of the activities of the Charity have met the Public Benefit requirement and acknowledge the generosity of its supporters who have enabled the public to benefit from the Charity's activities. This Trustees report demonstrates how this was achieved.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
OBJECTIVES AND ACTIVITIES (continued)

Our Strategy

Following a comprehensive and inclusive development process, we approved our organisational strategy at the beginning of FY 22/23. This new strategy built on our learning from the pandemic, our previous recovery and transformation plan and insights from internal and external stakeholders. It set out our overarching priorities for the next five years and under this umbrella we have developed more detailed plans in several key areas. Our plan reemphasises our commitment to ensuring that our patients, their families and friends and the needs that they encounter through their journey from diagnosis through to death and into bereavement, remain at the heart of all we do. Our skilled, compassionate and dedicated team of staff and volunteers, led by our Chief Executive and Senior Leadership Team are responsible for operational delivery. Together, we are working with local people and our partners to meet the evolving needs of our communities, working together to achieve the very best outcomes for patients.

Focusing on our three strategic priorities will help ensure that we utilise our resources as efficiently and effectively as possible, so that care and support is available where and when needed, delivered by the most appropriate person or service. It is also helping to deliver our aim of remaining financially sustainable, so that we can invest in care and support long into the future and be the very best we can be.

1. Listening to all voices in our community, understanding their stories and challenging inequalities so that we develop support, which is responsive, compassionate and flexible to meet differing and individual needs

2. Growing and empowering our own staff, working to our strengths alongside system partners and developing others to give the best support they can to dying people and their families

3. Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income

We recognise that our charitable purpose sometimes requires us to take risks, to be courageous in advocating for those whom are most in need and sometimes, to prioritise resources. We continue to be innovative in our approach and focus on our priorities; to help ensure that we achieve our vision of the best quality of life possible for all people facing death in our community.

Further information about our new strategy is available at www.communityhospice.org.uk

The Trustees have also now approved more detailed three-year plans for the following key areas:

- Digital and Data
- People
- Service Transformation
- Trading;

and are developing further detailed plans for:

- Communications and Marketing
- Community Development and Engagement
- Estates and Environmental
- Fundraising

These plans include some areas of significant investment to help drive change, efficiency and service improvement and these will be funded by new income streams largely from Trusts and Foundations and our NHS/ Local Authority partners as well as from our Recovery and Transformation Designated Fund.

We are working closely with our system partners across health and social care to ensure that end of life care features high on the SE London strategic agenda. The SE London plan and local Greenwich and Bexley plans include aging well, end of life care and bereavement as a priority with a focus on 'home first' and 'virtual wards'. The Hospice remains instrumental in leading much of this work, demonstrating how we are succeeding in keeping end of life care at the top of the agenda.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
OBJECTIVES AND ACTIVITIES (continued)
The table below gives an overview of the progress made against our Strategic objectives:

Priority	Objectives	Progress	Key metrics:	Measurables
Listening Listening to all voices in our community, understanding their stories and challenging inequalities so that we develop support which is responsive, compassionate and flexible to meet differing and individual needs	• Developing mechanisms to encourage feedback from everyone using our services and acting on this to make life better for patients • Encouraging open discussions within the hospice team and with partners so that we learn from complaints, concerns and compliments • Embedding opportunities in our local area for people to find out about the hospice and talk to us about what would help them continue to live well until they die • Ensuring that this feedback is used to shape, develop and influence end of life care in Greenwich and Bexley	Our service transformation strategy was approved by the Board of Trustees in 2022; this sets out more detail about our 'listening' priority and how we are already using patient, staff and partner feedback to shape our organisation. We have systematised active invitations to provide feedback on our services through iWantGreatCare and seen an increase in reviews as a result. We are also implementing new outcome measures across our services, initially in our inpatient service and virtual ward. These outcome measures include iPOS (integrated palliative outcomes scale) and Views on Care, a patient reported outcome measure which assesses whether patients are benefitting from hospice support. In November 2022 we appointed a new Community Development Manager; through her work we have been building networks with groups within our community to better understand their needs relating to End of Life. We have reviewed the 2021 census data to better understand the groups that make up the diverse communities of Greenwich and Bexley and this data will be used to inform our emerging Community Development and Engagement Strategy (CDES), to be approved by Board in July 2023.	• All patients and families will be given the opportunity to feedback/ comment about the care they receive • We will hold at least 2 public events each year to listen to feedback and hear from local people to help shape our services and respond to their needs • By 2027 at least a third of patients and families will take up the opportunity to provide feedback through Views on Care/ iWantGreatCare (iWGC) and/or Voices • A sample of at least 20 patients/ family members each year will be invited to participate in a face-to-face discussion with us, so that we can listen to their views and hear how we can improve their care	• A Pentecostal summit was held in March 23 and a listening event in summer 2022. • The hospice will attend a number of large community events in summer 2023. • The number of iWGC reviews increased from 53 reviews in 21/22 to 157 reviews in 22/23. • All patients/ family members who provided feedback about ways we could improve our care or where care did not meet expectations were invited to participate in a face to face or 'phone meeting and a small number of interviews were filmed to be shared with staff and trustees.

Priority	Objectives	Progress	Key metrics:	Measurables
Empowering Colleagues Growing and empowering our own staff, working to our strengths alongside system partners and developing others to give the best support they can to dying people and their families	• Living our values, making our service to the community our motivation to continually learn and grow • Listening to staff through supervision, appraisal and developmental meetings and ensuring that this feedback is used to shape, develop and influence our 'People Plan' • Implementing our 'People Plan', which will help us to build our staffing capacity and support the resilience, recognition, health and well-being of all of our people and help us to attract, retain and fully utilise staff and volunteers' knowledge and skills across the whole charity • Expanding and developing our education offer for external professionals and the public • Working effectively with our partners to deliver our shared 'Home First' vision, supported by strengthened and accessible hospice-provided inpatient and outpatient services • Improving our support for family carers before and after death	Our People Plan was approved by the Board in 2022. This document sets out four key priorities: • Leadership and Organisational Development • Equality, Diversity and Inclusion • Staff Wellbeing • Staff Development and Talent Management We have invested in a new Head of People to join our Chief Executive in leading much of the work in this sub-strategy and our Workforce Committee (now called our Equity, People and Inclusion Committee) was established in July 2022 to oversee the implementation of the People Plan and our Community Development and Engagement Strategy which includes the development of Volunteers. In response to staff survey feedback, we established a new Managers' Development Forum and Hospice Leadership Team group in the year and these for a are being used to improve communication and accountability and to develop Managers in their roles. We have further developed our wellbeing activities for staff, training more Mental Health First Aiders and appointing a number of Wellbeing Champions across the hospice. In November 22 – May 23 we worked with St Christopher's Hospice to provide End of Life Training to almost 500 community based professionals through our Hospice Education and Learning Partnership (HELP).	• 20% improvement in completion of staff surveys by 2027 • Improvements in staff recruitment and retention • Demonstrable change in the demographic profile of our volunteer workforce to match the community • Annual publication of a report which captures the impact of our education for staff working in partner organisations • Annual reporting and analysis of the number and proportion of people dying at home and in hospice and system-wide action planning to identify and address challenges which prevent this	• Staff survey completion was 52% in the 2022 survey • Staff retention was 95% as at March 2023 • Our overall vacancy rate was 5.9% as at March 23 • HELP report published and shared with SELICS People Board • Service data captured and shared with partners to help shape investment and action plans across the system (see page 11)

Priority	Objectives	Progress	Key metrics:	Measurables
Digital Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income	• Implementing a digital strategy which focuses on long-term sustainability, development of accessible and responsive services and embeds effective governance • Developing a strategy which enables us to improve our use of information to demonstrate our impact and reach and to help us to understand performance/ inequalities • Harness digital technology in our income generation and communications to help us achieve a sustainable future	Data and Digital Strategy approved by Board of Trustees April 2023 Implementation of new Finance System to improve efficiency and effectiveness across the hospice Commissioned a new Customer Relationship Management System to be utilised by Fundraising and the wider Team – expected completion date by August 2024 Implementation of a new accident, incident and complaints/ feedback database – completed September 23. We are planning a 'Virtual Ward' to be established in 23/24, incorporating the use of digital patient reported outcome measures integrated into our clinical systems to help with prioritisation and monitoring for those with more complex needs who wish to remain at home. We worked with our system partners to fully integrate the Universal Care Plan for London into our clinical work, replacing the old system, Coordinate My Care. In addition, we further integrated our use of the London Care Record into routine clinical practice and record sharing.	• No of unique patients seen • Develop and achieve our annual equalities targets • Proportion of people dying in G&B who have been supported by GBCH • Implementation of Outcomes and Complexity Collaborative Outcome Measures (OACC) and regular reporting to assess outcomes • 20% Growth in voluntary income	2,907 unique patients were supported in 2022/23 an increase of 7% on the previous year. Our annual equalities targets for 23/24 have been agreed (see page 14) The proportion of people dying in Greenwich and Bexley who were known to our hospice in 2022/23 was 36% OACC measures are being introduced initially in our IPU, hospital team and Virtual Wards. Voluntary Income £6,459,509 in 22/23

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
OBJECTIVES AND ACTIVITIES (continued)

'Greenwich & Bexley Community Hospice continue to provide insight and leadership to the whole system in service of the delivery of excellent end of life care. Hospice colleagues consistently advocate for the needs of the local population and find innovative ways to connect with, understand and overcome drivers of inequality at a community and neighbourhood level within the borough. It is always a pleasure to work in partnership with the team and their contribution continues to drive us forward in new and positive ways
Gemma O'Neill
Deputy Director, System Development, Bexley and Greenwich, SELICB

Hospice Services
Greenwich & Bexley Community Hospice offers a number of services based within and working from our main Hospice building. We were inspected by the Care Quality Commission in 2022, when we achieved an overall rating of 'Good' and a rating of 'Outstanding' in the 'well led' domain.

'The hospice leadership team demonstrated outstanding practice in the way they prioritised patient needs and choices as well as their outward facing recovery and transformation following the pandemic. We saw evidence of a culture that invested in and developed staff who received high praise from stakeholders. Building on their COVID-19 recovery programme, the leadership team had recently introduced a new 5-year strategy that should bring significant benefit to the hospice and the community it serves. Aspects of the team's work with stakeholders had resulted in award nominations at national level.'
Care Quality Commission 2022

Services in the Hospice building
- Our **inpatient** unit, caring for and supporting people who have symptom control needs, complex psychological support needs, respite needs or end of life care needs. The team also provide significant support to the families and friends of those who we care for.
- Our **outpatient services** support people who remain at home but are able to travel to the hospice for rehabilitation, ambulatory treatments and outpatient review as well as complementary and creative therapies.
- Our **rehabilitation** team works with patients in all Hospice services to maintain or develop independence and develop strategies to manage symptoms such as fatigue and breathlessness.
- Our **bereavement and counselling** service gives emotional support and counselling to people with advanced illness and their families and friends before and after bereavement, face to face individually, in groups and over the telephone.
- The Hospice's **chaplaincy** service provides spiritual support to patients across all settings when requested.

Services in the Hospital
- The Hospice Team at **Queen Elizabeth Hospital**, Woolwich, trains and advises hospital staff on end of life care and symptom control issues as well as supporting patients and their families directly, helping to ensure that their wishes for care are met and supporting patients to be discharged home, or to a care home or the Hospice where this is appropriate. This service operates seven days a week.

Services in the Community
- The hospice's **Community Services** provide specialist palliative care across Greenwich and Bexley Boroughs. Clinical Nurse Specialists, Doctors and Allied Health Professionals visit people in their own homes, in care homes and in the local prisons; giving holistic care, advice and support to them and their network of informal support as well as to the other community staff (GPs, District Nurses etc.) involved in their care. In Greenwich, we also provide a fully integrated care coordination, hospice@home and nursing service, providing practical and personal care around the clock in patient's own homes. Since the beginning of the Coronavirus pandemic, the hospice has also delivered personal care to residents in Bexley through a spot-purchase arrangement. These services operate seven-days a week as well as providing on call advice around the clock. In Greenwich we also provide night sitting and a night time rapid-response service, provided through a contract with Marie Curie and Oxleas NHS Foundation Trust.
- The Hospice **Social Workers** work with patients to access benefits and grants as well as to try to resolve housing issues and get help with complex children and family needs or safeguarding concerns.

- Our network of community **volunteers** increasingly also supports people in their own homes, and includes volunteers who provide compassion, companionship and practical support, these volunteers are called **Compassionate Neighbours**.

Education and Care Homes Support

- Through our involvement in the **Hospice Education and Learning Partnership (HELP),** our team provides bespoke and programmed training to nurses, doctors and other health and social care

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
OBJECTIVES AND ACTIVITIES (continued)

- professionals as well as providing support and facilitation to staff, patients and families in care homes. HELP is a partnership between our own hospice and St Christopher's Hospice.

OneBexley

- In 2020/21 we were awarded a contract by London Borough of Bexley to provide assessment and review of social care needs for adults and their carers across the borough. This contract, which is the first of its kind, is delivered by the hospice as prime contractor with a partnership of seven other local charities. As the service develops we hope that it will help us engage with people earlier in their disease as well as supporting more carers who are looking after loved ones facing the end of their lives. Due to the success of the short-term pilot, which demonstrated better outcomes and more personalised care, we have been awarded a three-year contract.

Working in Partnership

Our Vision and Values underline the importance of working in partnership in everything we do. Patients at home, in care homes and prisons and in the hospital are all supported by other people as well as hospice staff. We continue to actively participate in the Greenwich and Bexley 'System' wide group 'Resplendent' as well as in Greenwich and Bexley's 'Home First' boards and operational groups. Our Chief Executive is also leading the southeast London palliative and end of life care (PEoLC) work stream and we were pleased to see the approval of PEoLC as a specific priority within the Integrated Care System's five year forward plan.

We maintained our partnership with St Christopher's, and although the joint Occupational Therapist post came to an end in June 2022, our Hospice Education and Learning Partnership continued to deliver face to face and virtual learning to colleagues across the NHS and independent care home sector, a particular highlight was our joint delivery of education to almost 500 community staff over the course of six months from November 22. This project was funded by SE London Integrated Care System (SELICS).

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
OBJECTIVES AND ACTIVITIES (continued)

CARE ACTIVITY

This includes 690 'ongoing' patients who were already receiving our care before the start of this reporting period. People are often supported by more than one hospice service, so the number of individual referrals is greater than the number of unique people we cared for.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
CARE ACTIVITY (continued)

Hospice Based Services

Inpatient Care
In 2022/23 we provided care for **297 patients** within Woodlands, our Inpatient Unit (299 in 2021/22). For some patients their symptoms become hard to manage and require specialist assessment, support and treatment. These patients will stay with us to enable the multi-disciplinary team to assess their condition and if necessary, modify their medication to help relieve pain and other symptoms, before discharge back home. Occupancy rose to 72% (2021/22 63%) because our average length of stay increased from 10 days to **12 days,** as visitor restrictions were relaxed, we saw a significant reduction in stays ending in discharge (17% from 28%). Some people whose illness has reached the final stages choose to come to the hospice for terminal care: these patients are offered compassionate nursing and medical care so they can achieve the best quality of life during their final days.

There was unfortunately an increase in the number of referrals who were not admitted (for a variety of reasons), 87 people (34 in 2021/22) who were referred did not get admitted. Patients are referred for inpatient care for pain and symptom control, terminal care, complex psychological support and respite care.

The direct cost of providing care in the Inpatient Unit in 2022/23 was £1,518,033 (2021/22 £1,439,814), the increase in costs was due to successful recruitment and wage inflation.

Outpatient Services

Rehabilitation and Wellbeing
The hospice Rehabilitation and Wellbeing Team works with patients independently as well as within the multi-disciplinary team, encouraging a rehabilitative approach across all of our services, which will in turn provide opportunity to be introduced to the hospice earlier in their disease. Under the leadership of a new Team Lead, we have continued to develop our offer with an increasing range of virtual and in person one to one and group interventions at home, at the hospice and off site. As a result of the work the team have done to build links with Oxleas NHS Foundation Trust community rehabilitation teams and with Guy's and St Thomas's interstitial lung disease team, we continued to see an increase in patients with non-COVID-19 respiratory conditions. In total the team supported 222 new patients in the year, an increase of 10% (201) compared to 2021/22.

Case Study:
'Des' came to the inpatient unit for symptom management of his breathlessness following two admissions to Queen Elizabeth Hospital. Des said "when you hear hospice, you feel frightened". His wife, 'Donna', had sleepless nights thinking about him coming to the hospice. On speaking to Des and Donna today, where we are planning his discharge home for a few days' time, they reflected that coming to the hospice had been an overwhelmingly positive experience.

When he came to hospice, Des hadn't been out of bed for a while. Over his stay, Des has learned ways to control his breathing, and has been motivated to frequently take part in physiotherapy. This week he spent over an hour on an exercise bike and managed to climb 18 stairs with the support of Fiona, the physiotherapist. Des wanted to be able to sleep in his own bed and that goal will be achieved when he goes home.

Speaking of his experience of the inpatient unit, Des and his family said "When you're around people who are happy-go-lucky and always have a smile on their face, it lifts you". "The team here are like a family." "The care is consistent, which means that any slight changes are noticed and dealt with straight away." "Nothing is too much trouble." "You could check into the Hilton and you wouldn't get this level of care and service."

Social, Psychological and Spiritual Care
The Hospice endeavours to meet all the needs of its patients whether they are physical, emotional or spiritual. Our social workers, bereavement support team, chaplain and volunteers help other members of the team to ensure that we meet the holistic needs of patients and their families and friends.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
CARE ACTIVITY (continued)

The need for social work support continued to increase in 2022/23, supporting 299 new patients this year (112 in 2021/22) with a variety of issues including complex family work, safeguarding issues, housing, benefits and asylum issues. Following the expansion of the team in 2021/22 we developed a new support group for children pre and post bereavement 'holding on, letting go'.

During the year we continued to offer one to one counselling support virtually via telephone and video. We offer counselling to patients, relatives and carers, before and following bereavement for relatives. Where appropriate, we pass on referrals to other partners.

Case Study:
'Fiona' came along to our *Walk and Talk*, a weekly group that meets on Bostall Heath. Her husband had been diagnosed with Stage 4 cancer and was struggling significantly with pain management. Fiona also had significant carer stress. She spoke with our Wellbeing Support Worker, Louise, and it was found that Fiona and 'Mark' were not known to Greenwich & Bexley Community Hospice. Through this chance encounter - Fiona had seen the walk advertised and had decided she would attend for a break from caring - Louise was able to talk about the services that the hospice offers and whether this would be something that might benefit them both. Mark is now under the care of our Community Palliative Care team.

Education
We continued to work through HELP, the Hospice Education and Learning Partnership in collaboration with St Christopher's Hospice. By working together we reached more local health and care staff, enabling them to support more people to achieve their goal of dying in their own home or care home focusing on promoting holistic care, dignity, independence and choice at the end of life as well as developing symptom management and communication skills.

Community Based Services
The Hospice offers 24 hour care and support in the community across the London Boroughs of Greenwich and Bexley. In 2022/23 our specialist palliative care community team supported **1,416 new patients** (1,489 in 2021/22, **a 5%** reduction); **134** of these patients were supported at some point during their journey via our telephone support service (196 in 2021/22). Of the **1,515** people who died under the care of the hospice (all services), **70%** were able to die out of hospital (69% in 2021/22).

There was, once again, a slight reduction in patients with a cancer diagnosis (reduction of **70 or 5%**), the most notable growth in activity was in people with dementia and those experiencing frailty/ old age. The team supported an additional **95** people with dementia and an additional **94** people experiencing frailty/ old age.

The direct cost of Specialist Community Care in 2022/23 was £1,050,145 (2021/22 £959,011), challenges in recruitment and vacancies continued, however we did manage to grow the team overall and largely as a result of wage inflation, costs rose by 10%. Our community team continue to use technology to assist them in their clinical practice, more convenient for many patients and freeing up valuable travelling time.

The Hospice@Home service continues to deliver an important element of Hospice community activity, led by the Hospice and delivered in partnership with Marie Curie and Oxleas NHS Foundation Trust. The total cost of the care provided by the Greenwich Care Partnership in 2022/23 was £810,513 (2021/22 £772,546). We were delighted to be able to continue to provide support to some Bexley residents as well as those we normally support in Greenwich through our Hospice@Home team, the increased costs mainly relate to these additional services. In 2022/23 the Hospice@Home team supported a total of 207 new patients (250 in 2021/22).

Case Study:
'Jennifer' was a 62 year old woman with advanced cancer. She was referred to the Community Palliative Care Team for support at home. The team were called for an urgent visit due to Jennifer experiencing worsening pain and high levels of anxiety in the family. Admission to the hospice was discussed and agreed during the visit and she was admitted to the hospice on the next day.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
CARE ACTIVITY (continued)

Following a week's stay in the hospice during which her pain relief was optimised, Jennifer was discharged home. The community team visited her and she told them that she had felt very anxious since leaving the hospice and had struggled with symptoms of constipation, breathlessness and pain. Jennifer had ongoing support via telephone regarding her symptom management and was eventually referred again for admission, only 13 days after the previous discharge.

At this point the community team offered a package of 'enhanced care' while Jennifer waited for a bed to come available; additional equipment was ordered including a chair for her shower and a commode to enable her to be safe and more independent at home. The nurses gave psychological support to Jennifer who wanted to discuss prognosis away from her family.

The visiting nurse spent a significant amount of time supporting the patient's family in answering their questions, offering them support. Offering practical support to get 'just in case' medications from a local pharmacy. Following this visit, Jennifer and her husband were supported via a daily telephone call, which they both found reassuring. The nurse was able to remind Jennifer how to take her medications to manage her symptoms. Jennifer felt better able to manage at home and decided she did not want to be admitted to the hospice at that time. She and her husband stated that admission might be required for Jennifer when she reached the end of her life but stated "we aren't there yet".

A week later, Jennifer's condition deteriorated, the nurse visited and recognised that Jennifer was approaching the end of her life. It had been her goal to stay at home for as long as possible, which she felt that she had achieved with the recent daily support that she had been given. She was now asking to be admitted to the hospice for her last days. Jennifer died 48hrs after admission at the hospice as was her wish, the family voiced how grateful they were that she had that extra time at home.

Hospice Outreach in Hospital
Our hospital support team based at Queen Elizabeth Hospital, Woolwich, plays an important role in educating and advising hospital professionals as well as supporting patients and their families in hospital. This year our small team made visits to **1,112** patients over 1,288 referrals (941 patients and 1,075 in 2021/22 **18%** increase). This demonstrates sustained growth following initial investment in the team in 2020. The direct cost of Hospice Care in the Hospital in 2022/23 was £438,700 (2021/22 £393,569). The increase in cost is largely due to a full complement of staff and wage inflation.

Case Study:
Bringing holistic palliative care into an acute hospital setting is a very important part of the Hospital Palliative Care Team's role and is a shared goal we are highly committed to.

We understand that not all health care professionals have a comprehensive understanding of palliative care and all it encompasses. We use advanced communication skills, patience and empathy and have the skills and ability to assist, support and explain in a manner that maintains healthy, open working, therapeutic relationships that ultimately benefit patients and families.

Some situations have highlighted the benefit of such care and have proved to be inspiring as well as educational to many members of the Multi-Disciplinary Team within the hospital; one such case involved a gentleman with complex care needs who was becoming increasingly unwell. He was told by his medical Consultant that his disease had progressed significantly and unfortunately there were no further treatment options available to him. He was also experiencing physical symptoms which would likely lead to rapid decline. His last wish was to go to Greenwich Park with his family one last time. He had expressed a wish to remain in hospital until the end.

To enable a trip to Greenwich Park, time was of the essence; the family wished to hire a private ambulance and medic to escort him, in case he had any difficulties whilst on the trip. They did this and the Clinical Nurse Specialist involved in this gentleman's care was able to discuss his situation with the team and a plan of care was completed that covered all eventualities. All required paperwork, equipment and medications were arranged and the gentleman and his family were able to fulfil his last wish. He returned to Queen Elizabeth Hospital that afternoon after having a wonderful time with his family. They all felt safe

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
CARE ACTIVITY (continued)

and supported. He died soon afterwards in the hospital, but the family have wonderful photographs and memories of their visit to Greenwich Park.

OneBexley Consortium
One Bexley is a consortium of eight charities who have agreed to work together for mutual benefit as well as to improve the lives of Bexley citizens. The consortium includes the Hospice, Bexley Voluntary Services Council, Age UK Bexley, Inspire Community Trust, MIND in Bexley, Carers' Support Bexley, SE London Crossroads Care and Bexley Mencap.

In April 2020, OneBexley was awarded a contract to deliver and transform the way that adult social care is delivered. The consortium is working with the council and partners to ensure that the most vulnerable people in Bexley get the right kind of care and support.

Through the contract, we are aiming for people to:

a. Have care and support that enables them to live as they want to
b. Be in control of planning their own care and support with additional help as required by those who know and care about them
c. Have needs met effectively, efficiently and quickly
d. Facilitate proactive and preventative care support rather than reactive and crisis care[1].

Greenwich & Bexley Community Hospice is the prime contractor for the OneBexley Pathways Contract and our Chief Executive chairs the One Bexley Programme Board. Through this mechanism the Hospice is working to extend reach, build and utilise community assets and deliver value for money and quality benefits to the Hospice, the wider system and the Bexley population.

We were pleased to appoint our own Trusted Assessor in 2022/23 to help to improve the lives of people facing end of life and their carers where they meet the criteria for social care support.

[1] Taken from LBB pathways contract service specification (2020)

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
CARE ACTIVITY (continued)

Case Study:
Following a discussion with the community palliative care team, our Trusted Assessor (TA) was asked to meet with a patient and her husband, her main carer, to determine what services might be available to support him. During the home visit, the TA could see that he was very stressed, unwell with his own health issues, was experiencing disturbed sleep and was feeling exhausted.

Following a statutory carers assessment, it was established that the carer was eligible for support to be provided by the Local Authority. The goals of the support were to avoid the carers physical and mental health deteriorating further and to enable him to join in recreational activities, which he was not presently ale to do due to his current caring role.

As a result of the assessment and successful application, the carer received information, access to carer specific counselling support and referral to a sitting service. A taxi-Card application was completed and a referral was made for a carers' benefit check. An application for funding from LB Bexley through a direct payment to support the gentleman to purchase 3 hours of care a week, this will enable him to go shopping every week, as he was previously unable to leave his wife alone.

This has been very positive for the carer as well as the hospice patient as he has been able to have a break from his caring role.

ADDRESSING INEQUALITIES
Our hospice serves a diverse population, with pockets of wealth and areas of significant deprivation. We have a large number of people from different ethnic groups, though these communities tend to be larger in number and proportion in Greenwich and are generally slightly younger than the overall population. Greenwich and Bexley have communities within our boroughs who are uniquely large and significant. The Royal Borough of Greenwich has the largest Nigerian, Vietnamese and Nepalese communities in the whole of the United Kingdom. There are also significant communities amongst other protected characteristics; for instance, Greenwich is the Local Authority with the 14th highest proportion of people identifying as being LGBTQ+. We also have three prisons in our area, including HMP Belmarsh, a category A prison with around 900 inmates. Parts of our community have changed substantially over the past ten years – and it is probable that external political and economic factors will drive similar change in future.

Historically, like much of the health service, hospice and palliative care services have not provided equitable care to all people within their community. It is well documented that younger people, people with a cancer diagnosis, women, cisgender people, heterosexual people, white people and those from higher socio-economic groups are more likely to die at home, and more likely to be admitted to a hospice if this is their wish. Our hospice is committed to working with local people to improve equity of access to all of our services, so that everyone who needs our care gets it, to build trust and to improve outcomes for the most disadvantaged people facing end of life in our communities.

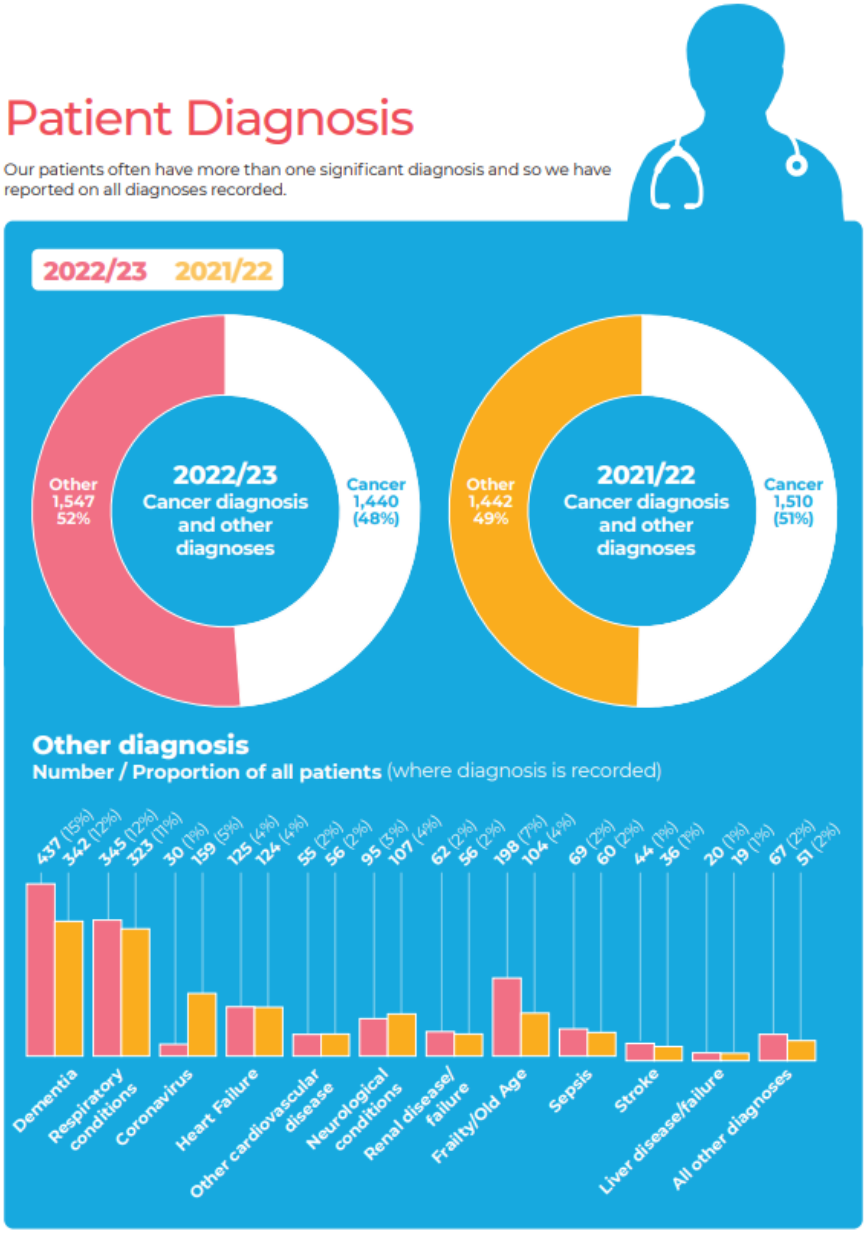
We have several specific roles to support this aim, including our community development manager, a GP with a special interest in inclusion palliative medicine, Clinical Nurse Specialists with special interests in dementia, heart failure, learning disabilities and prison healthcare and a growing social work team.

Care beyond Cancer
The Hospice continues to strive to reach people with a diagnosis other than cancer, who may have a less clearly defined disease trajectory, making prognostication more challenging, and are often less likely to be referred and to access support from specialist palliative care services.

Many of our patients have extremely complex needs and many have more than one significant diagnosis. Referrals between April 2022 and March 2023 also included 66 people referred to our counselling/social work service only; we have excluded these clients for the purposes of diagnosis reporting, as many of these will be carers or bereaved family members.

The proportion of patients with a cancer diagnosis was 48%.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
ADDRESSING INEQUALITIES (continued)



Serving People of All Ages

The Hospice provides care to anyone with a life limiting illness living in the London Boroughs of Greenwich or Bexley who is over the age of 18[2]. The majority of people we care for are over 65. In 2022/23, **74%** of the people we cared for were over 75 (2021/22 65%) and **41%** were over 85 (2021/22 36%).

As predicted, we have seen a significant increase in the age profile of our patients, and we expect this trend to continue. This is already having an impact on the type of care we provide as people in the "85 years and over" category are more likely to have elderly carers or live alone and may also be more likely to live in a setting such as a care home or supported housing scheme. In addition, older people are more likely to have multiple conditions, including dementia, and therefore live with increasing levels of frailty and with more complex needs. Our work in care homes continues through a dedicated team, embedded in the larger community palliative care team.

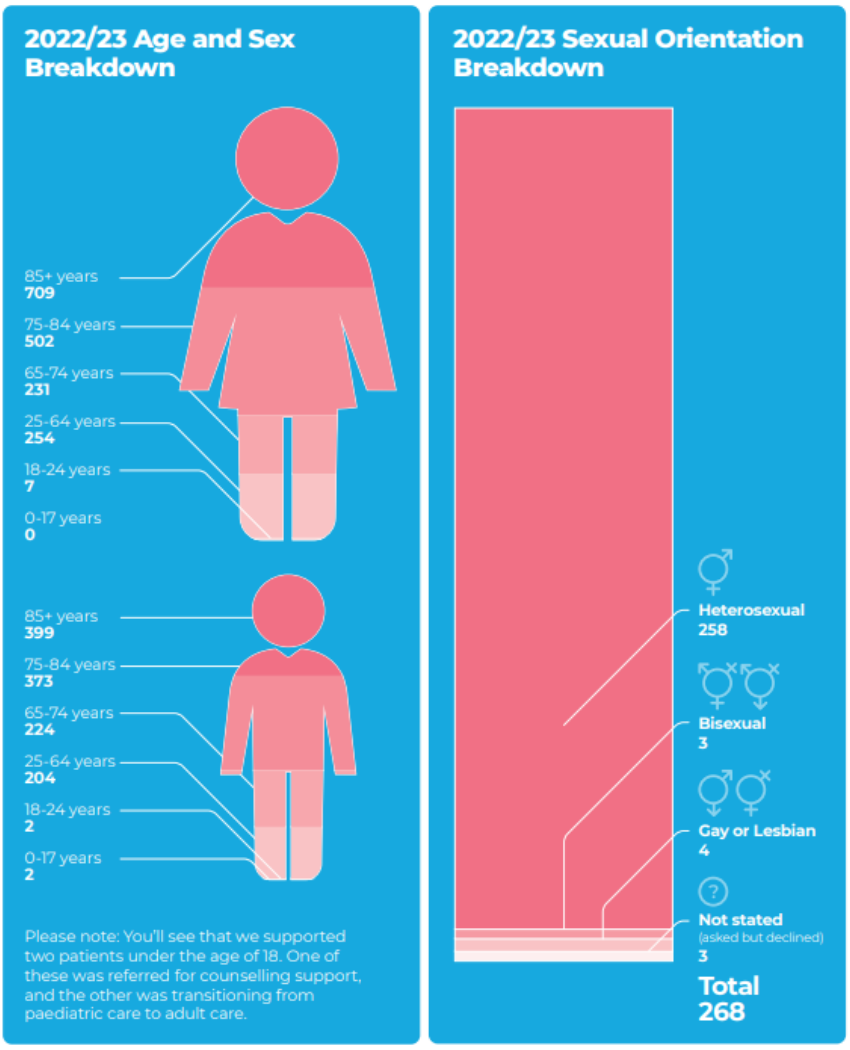
[2] Additionally, children and young people who are family members or close friends of those we care for, receive support from staff, particularly psychological support and social work services.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
ADDRESSING INEQUALITIES (continued)

Improving our data on Sexuality and Gender Identity

Historically our hospice has not routinely collected or reported on data relating to sexuality and gender identity. The 2021 census reported that the Royal Borough of Greenwich has a significantly large LGBTQ+ community and we are committed to ensuring that our services are truly inclusive and holistic for people who identify as LGBTQ+. This year we have updated our patient database, SystmOne to ensure that the correct data can be collected and provided specific sexual orientation and gender identity training for all of our clinical and patient facing staff (75 people attended). This training will continue as a regular feature on our mandatory training programme in future years. We have also commissioned local charity METRO to create a video to help highlight the importance of holistic palliative care for this group. Though our data is not yet complete, we have included what we have as a benchmark for future years.

Age/Sex



Cultural and Ethnic Diversity

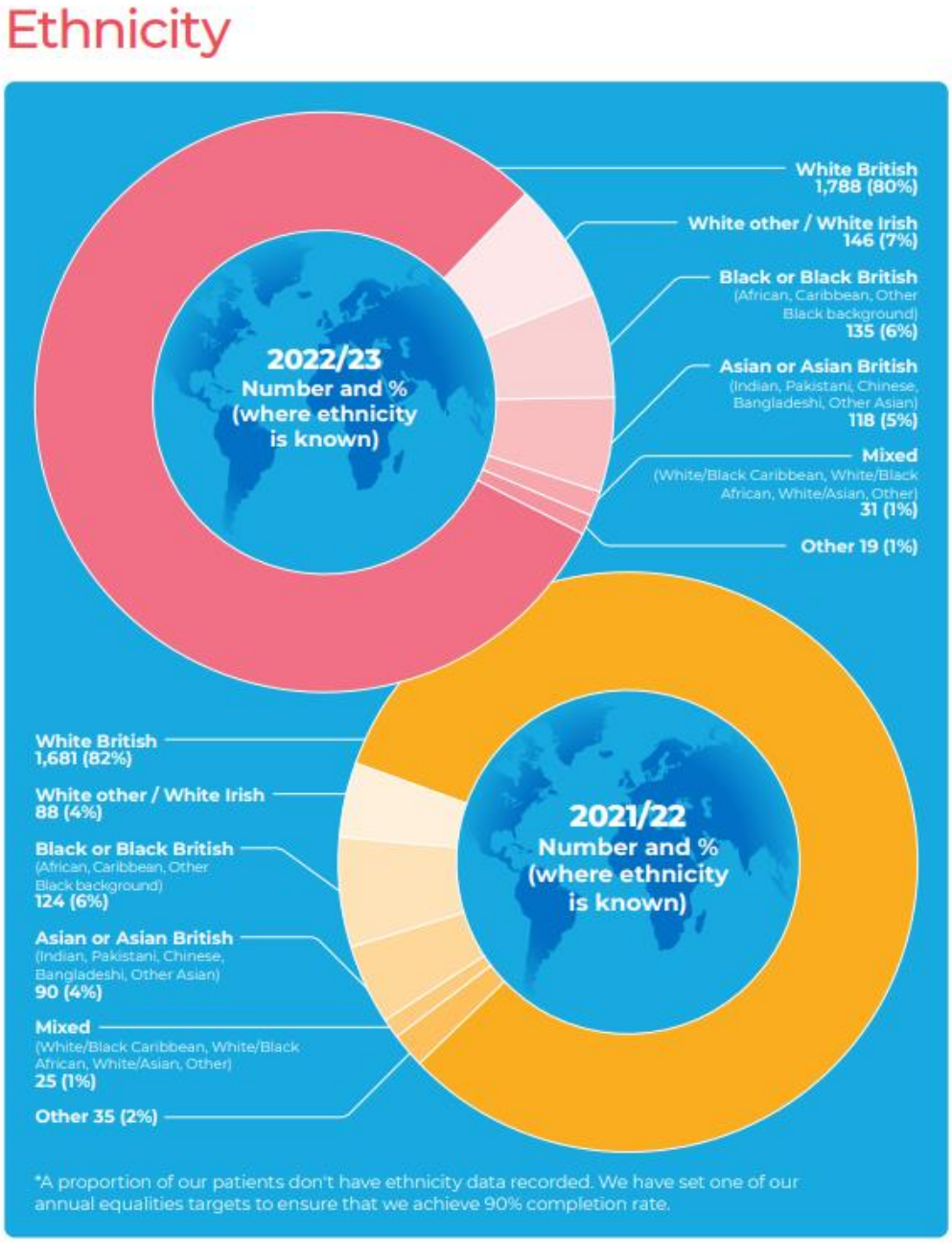
The Hospice continues to focus on building relationships with groups across our community, so that everyone is aware of our services and we break down the barriers to accessing our care and support. Our Community Development Manager, appointed in 2022 is linking with community leaders and groups to listen to them about their needs and sharing her findings with the wider Hospice so that we can ensure we develop our services to better serve local diverse communities and enable more people to access our care when they need it.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
ADDRESSING INEQUALITIES (continued)

Although we have made some progress with our ethnicity monitoring (25% of patients in 2021/22 did not have their ethnicity recorded), disappointingly in 2022/23 this issue remained for 670 people or 23%. For the remaining patients for whom ethnicity was recorded, there was a larger number of people in the non-White British group (24% year on year increase) whereas the White British group only increased by 6%. We saw the largest growth in the 'Asian or Asian British and White other/ White Irish' categories.

We were delighted to contribute to an important national training resource developed by Dr Sabrina Bajwah which aims to address inequity in accessing palliative care related to race, the film can be accessed here.

We continue to have a clear focus on data quality in all areas, but are particularly focussing on this area as part of our Equality, Diversity and Inclusion Work which will be monitored through the Equity, People and Inclusion Committee.



TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
INCIDENT MANAGEMENT/ HEALTH & SAFETY

Reporting of clinical incidents is embedded into the routine business of the Hospice Quality & Safety Committee.

Our medicines incident rate was **65** for the whole year (56 2021/22), a slight increase possibly in the context of a higher occupancy rate. We were able to use Hospice UK's national annual benchmarking audit to compare ourselves against similar hospices; incidents are graded level 0-6 with 0 being least severe, our errors ranged from level 0 to level 3. Our rate of "level 0" (error prevented) drug errors at Greenwich & Bexley Community Hospice is higher than the average for Hospices of a similar size (57% at GBCH, 29% National average per annum), however the overall number of incidents reported is higher, which we strongly believe is due to the low threshold we have for reporting concerns, no matter how minor. We had no repeated incidents of concern and nursing staff undertake a regular medication assessment to assure the organisation of their competency.

Through the National audit programme, we are also able to benchmark our performance in terms of the incidence of falls. We reported a lower than average figure for falls of **5.8** per 1,000 overnight bed days (Audit average 9), we also reduced our overall rate by 20% from 25 falls in 2021/22 to 20 falls in 2022/23. 95**%** of falls were in the no harm/ low harm category, the remaining 1 fall was recorded as moderate harm.

We received 15 care and 16 non-care complaints in 2022/23 (2021/22, 17 care, 16 non-care complaints), all complaints were fully investigated, whether they are informal complaints such as direct feedback or comments received on patient and family feedback questionnaires or formal written complaints.

An investigation is carried out for all complaints and where possible the complainant is invited to meet with members of the senior team to discuss their concerns and the outcome of any investigation. Complaints are seen as an opportunity to learn and improve and findings are shared widely with our own team, and partners where applicable.

We review the Hospice's operational risk register as a standing item at the Quality & Safety Committee and issues are escalated to the Board if appropriate. In 2021/22 the register mainly featured matters relating to staffing and IT reliability whilst we upgrade our network.

Serious Incidents
The Hospice Board receives a report from the Chief Executive at every Board meeting which confirms whether there have been any serious incidents that should be notified to the Charity Commission and/or Care Quality Commission. We did not report any incidents to the Charity Commission in 2022/23.

Further information about incidents and complaints is available in our 2022/23 Quality Account.

PATIENT AND FAMILY FEEDBACK

The Charity receives hundreds of thank you cards and letters from patients and bereaved families each year; in addition, there are a number of comments and suggestion boxes placed around the Hospice building and we continue to gather patient and family feedback in a more structured way through questionnaires. We continue to use our online feedback portal **iWantGreatCare** to collect patient feedback, with targeted mailshots to certain service users.

Patient Voice
We held two events in 2022/23 to engage with the hospice community and learn from our patients.
In June 2022 we held a 'Listening Event' to which all patients received an invitation.

The key themes emerging from the conversation were:

- Our care makes a difference, though things do not always move as quickly or smoothly elsewhere in the health and social care system.
- We could be doing more to share information about our range of services and helping people to understand how we're able to support them

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
ADDRESSING INEQUALITIES (continued)

- We should be sharing our messages more widely and more loudly – particularly in terms of highlighting that the majority of our services are delivered in the community and that they rely on charitable funding
- The reduction in ambulatory care and outpatient services as a result of the pandemic is something which some patients feel has reduced opportunities for social contact with other people in a similar position
- Our teams could be more diverse

In March 2023 we invited local Faith Leaders to a Pentecostal Summit, inviting Pastors from local Pentecostal churches to a face-to-face session at a local church. This is the first in a series of targeted interactions with various prominent groups and communities in our local area, designed to listen and learn about how we can better integrate and truly understand the needs of the local population. The meeting sought to build relationships with them, as well as explore where synergies already exist between the hospice ethos and the churches' teachings.

The key themes emerging from the conversation were:

- Local Faith Leaders felt engaged and interested in the work of the hospice and were keen to learn more, so as to be able to support their parishioners who may be coming to the end of their lives
- The need for education, both in terms of educating faith groups about the work of the hospice, as well as thinking about education needs for hospice staff to understand more about the local community
- The importance of faith to individuals' lives who hold such beliefs

When received, feedback is reviewed at the Hospice's regular clinical leads meeting and governance committees. This feeds into our ongoing strategic work on inclusion and service transformation, our internal staff training and our quality improvement plan.

*'Thank you, all of you, for your unstinting understanding and care during the last days of ** life and following his death. There is no doubt, with everything I was having to cope with, you lightened the load and I will always be grateful for that.'*

Feedback on community service from bereaved relative

'We were very grateful that you were able to take our dad for the last few days of his life. He transferred from hospital to your care and as soon as he was put in his room he was visibly happier and more relaxed. You were very flexible which meant our whole family could be with him when he passed. This would not have been possible if he had stayed in hospital. Your staff are amazing and so professional in the way they conduct themselves around both patients and their families. I can't thank you enough for the work that you do for our community'

Thank you letter, relative, inpatient unit

'I am so grateful you held things so professionally and well done to you as well because you were just at the right time at the right place. I believe this is a service which is so difficult to measure but is huge and changes lives'

Thank you letter, patient, wellbeing service

'Please accept my sincere thanks for the care you gave my husband whilst at the hospice. My family and I are so thankful for you and your team for helping my husband keep his dignity and their outstanding care; you are all exceptional people. (Doctor) thank you for being honest with my husband which I know he appreciated'

Thank you letter, relative, inpatient unit

The palliative care nurse visited me twice while I was in hospital, she sorted out new pain relief for me and increased it when I needed it. She also contacted me at home. I found her very helpful.

Thank you letter, patient, hospital service

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
PATIENT AND FAMILY FEEDBACK (continued)

COMMUNITY DEVELOPMENT AND ENGAGEMENT

Alongside our work to address inequity in access to hospice care, the hospice has a number of activities to build relationships with people who wish to participate in the work of the hospice through paid employment or volunteering. The Hospice continues to benefit from the support of a large number and diverse range of volunteers. Volunteers not only bring their time and expertise but also their personalities and life experiences, helping to create the special atmosphere that exists within the Charity.

Volunteers work in all areas of the Hospice; these include trustees, receptionists, gardeners, clothes sorters in retail distribution, IT volunteers, compassionate neighbours and volunteer fundraisers to mention a few. In 2022/23 330 people were active as volunteers, collectively giving over 73,000 hours of their time and skills.

In total, this equates to over 44 full time workers for a year, or a financial donation equivalent to approximately £807,400. Compared to 2021/22 this represents a reduction in volunteer hours (83,000 hours). We have been working to migrate our volunteer records onto a new database, a project which will be completed in 2023. This migration has enabled us to 'clean' our data and hence we think our absolute numbers of active volunteers are now more accurate. As part of this project, volunteers have been allocated to one of six volunteering 'families', based on the volunteering role, time commitment and their motivation to volunteer. This model will help direct induction, training and ongoing communication and support so that we attract and retain volunteers to make a valuable contribution across the whole hospice.

The skills and expertise that volunteers add to every aspect of our work is one of the aspects that makes Hospice care so special. We are proud and greatly encouraged to have such a wide range of volunteers from teenagers to people in their late 80s offering their time to the Hospice.

We are increasingly looking to develop more entry level paid positions to support our 'widening participation' agenda and were pleased to welcome 10 people into our team on six month paid placements through the government 'Kickstart' programme. Of those who came on the programme, we have offered 4 people permanent or bank roles in our team, 2 in retail, one in fundraising and another individual who has moved on to complete her training to become a registered nurse and is working for the hospice in an administrative role on a bank basis in the holidays.

Volunteering is an important part of our 'Empowering Colleagues' priority in our strategy and we will set out a more detailed strategic plan for volunteering as part of our Community Development and Engagement Strategy to be finalised early in 2023/24.

Case Study:

Stacey joined the Kickstart scheme after a long process of trying to find a job after being made redundant at the start of the first COVID lockdown, just like many others across the country. Before joining the hospice she worked in retail and she wanted to branch out and try something new. She saw the Kickstart programme as an opportunity for her to challenge herself and learn new skills to enhance her CV to find longer term employment.

Stacey now has a long term role as a Fundraising Assistant at the Hospice. She's learned new skills and has developed in confidence. She says 'the role includes making up event packs to go out to the community and local schools, and pushing myself to call up the schools, which was a big fear of mine. I have always struggled to talk on the phone to literally anyone but I have pushed myself to try this. I've also developed my IT skills; 3 months ago I had no idea how to input information but now I am able to do this on my own and make my own spreadsheets and create reports.'

Stacey goes on to say 'If I hadn't decided to take this position, I don't know where I would be now or if I would even have a job. So I am glad I have pushed myself to try something new and it has helped me meet some lovely new people.'

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
COMMUNITY DEVELOPMENT AND ENGAGEMENT (continued)

We are grateful to the team at EmployabilityUK, who supported our 10 Kickstarters to develop their skills and confidence whilst they were at the hospice, and we are particularly proud to have given four people longer term opportunities.

INCOME GENERATION

Fundraising and Lottery
Throughout 2022/23 across all areas of fundraising, our priority has remained to focus on excellent engagement with local people to maintain and grow support for future years.

Fundraising income exceeded budget in 22/23 by £189,338 net and total income was £363,435 (33%) above 21/22 figures. Expenditure fell short of budget by £31,225 mainly due to vacancies throughout the year.

Despite the cost-of-living crisis, we continued to be overwhelmed by the support from our community. We couldn't do what we do without those who take part, fundraise, volunteer and donate. Your unwavering support through such difficult times, feels so incredibly special. Thank you.

It was great to see people returning to our Hospice events last year, with almost 800 people at both our Mini Marathon and Colour Run. A special mention and thanks go to all the local groups, businesses and volunteers who sponsor and donate their time to make these events possible. Throughout 2022/23 supporters donated generously to hospice appeals (including the Christmas appeal raising more than £50,000), through their own fundraising and alongside their community groups and businesses. The much-loved annual community-own 'Open Gardens' event raised more than £27,000 and we would like to thank Penny Matheson, Martha Gowans and all the garden hosts for their continued support.

Grants from charitable Trusts and Foundations support all areas of our work and often make it possible to deliver new projects. A special thank you goes to The Peter and Teresa Harris Charitable Trust for funding education for our nurses in 2022, the National Lottery Community Fund supporting our community development work and long-standing support from the R.U.B White Charitable Trust, the Albert Hunt Trust and the Hospital Saturday Fund.

With the recruitment of a new Philanthropy Manager to our fundraising team, the hospice major donor and patrons' programmes were established. We were especially pleased that Abena Oppong-Asare MP agreed to become a patron for the hospice for as long as she is the parliamentary representative for Erith and Thamesmead, the constituency where the hospice building sits. There is huge potential to engage support, raise the hospice profile, network and generate income alongside philanthropic individuals. Over the coming year, we look forward to connecting with more people interested in supporting the work of the hospice.

Legacies continue to be hugely important in our income generation activity, with the care of 1 in 6 of our patients made possible thanks to gifts left in Wills. We acknowledge with sincere thanks, everyone who has been thoughtful and generous enough to consider the Hospice when writing their Will, to secure hospice care for the future.

The Hospice's weekly lottery generated £474,206 towards hospice care in 22/23 and membership grew by 1,254 players. The team also introduced a 'keep the change' initiative, inviting members to round up their monthly payment and increasing lottery donations in the year to £13,771.

Looking to the year ahead, the team will develop a detailed Fundraising strategy, identifying opportunities and priorities to ensure significant growth over the coming years and sustainable sources of income to fund the work of the hospice.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)

INCOME GENERATION (continued)

Our approach to fundraising
At Greenwich & Bexley Community Hospice, our supporters and the local community are incredibly important to us and we always endeavour to deliver the highest possible standards when fundraising.

In 2022/23 we continued to make sure all our fundraising activities were compliant with regulatory standards and best practice guidance. We continued to prioritise excellent supporter experience across all areas of fundraising and continued to review our data protection compliance and best practise.

The Hospice is registered with the Fundraising Regulator and adheres to the code of Fundraising Practice; we received no complaints via the Regulator in 2022/23. Greenwich & Bexley Community Hospice Lottery is registered with and regulated by the Gambling Commission.

Trading

We were delighted to have our first uninterrupted year of trading since the start of the pandemic in 2020. Total gross income from retail outperformed our budget and raised £2,447,443. Our stores delivered +15% on 2022 sales. The total net contribution from our stores was £182,847, (2021/2022 £305,500).

Our Trading Strategy was approved by the Trading Board in June 2022 and adopted by the Hospice Board in July 2022. We also welcomed two new Non-Executive Directors to our Trading Board in June 2022.

The Trading Strategy sets out four priorities:

- People
- Stores
- E-commerce and Digital
- Innovation and Partnerships

In line with these priorities we have begun to made significant progress in many areas, in particular in the 'People' and 'Stores' priorities.

Similar to many other areas of the hospice, our biggest challenge remains long-term vacancies in the team and challenges around recruitment of skilled staff. Despite excellent results for the year compared to previous years, the level of lost hours has had a direct impact on our profitability as well as staff wellbeing and morale.

Retail Gift Aid
It should be noted that for accounting purposes through the Gift Aid scheme for donated goods, a proportion of retail income, which is in effect a donation, is treated as income for the charity and not for the trading subsidiary. The trading subsidiary only accounts for the commission element of the sale value on donated goods. This is reflected in the results of the trading subsidiary, GBCH Trading Ltd which is included in note 10 of these accounts.

We are incredibly grateful to all our customers, donors and volunteers who continue to support our stores and ultimately, our patients. Thank you.

The Consolidated Statement of Financial Activities for the year ended 31 March 2023 is set out on page 36. There is a surplus reported for the year of £962,664 (2021/22: £917,191).

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)

FINANCIAL REVIEW

On the General Fund there was a surplus of £902,867 for the year before transfers (2021/22 £996,109). Legacies reported for the year were £1,504,036 (2021/22: £969,279). £334,982 was received in restricted funds throughout the year.

We had budgeted for a deficit in 2022/23 however we were delighted that our final declared results are significantly better than we had anticipated. This was largely due to better than budgeted retail and legacy performance and underspend due to significant recruitment challenges. In total for the year ended 31st March 2023, expenditure rose by 13%.

The surplus reported for this year has provided a boost to our reserves and we have agreed a plan to invest some of these to secure additional income sources in future years, to invest in our facilities and to expand our services to reach the increased need for our services that we continue to see (see page 27 for further information on our reserves policy).

We agreed a modest increase in our statutory income from SE London Integrated Care Board (SELICB) at the beginning of the year. We were also successful in securing additional income as part of the *winter pressures* and *home first* initiatives. The overall impact of these changes on our statutory income was an increase of 19% (to £5,337,249). NHS income was 39% of income of the Charity in 2022/23, leaving the remaining 61% which we must raise through the generous support of individuals, businesses, charitable trusts and foundations, and community groups and organisations.

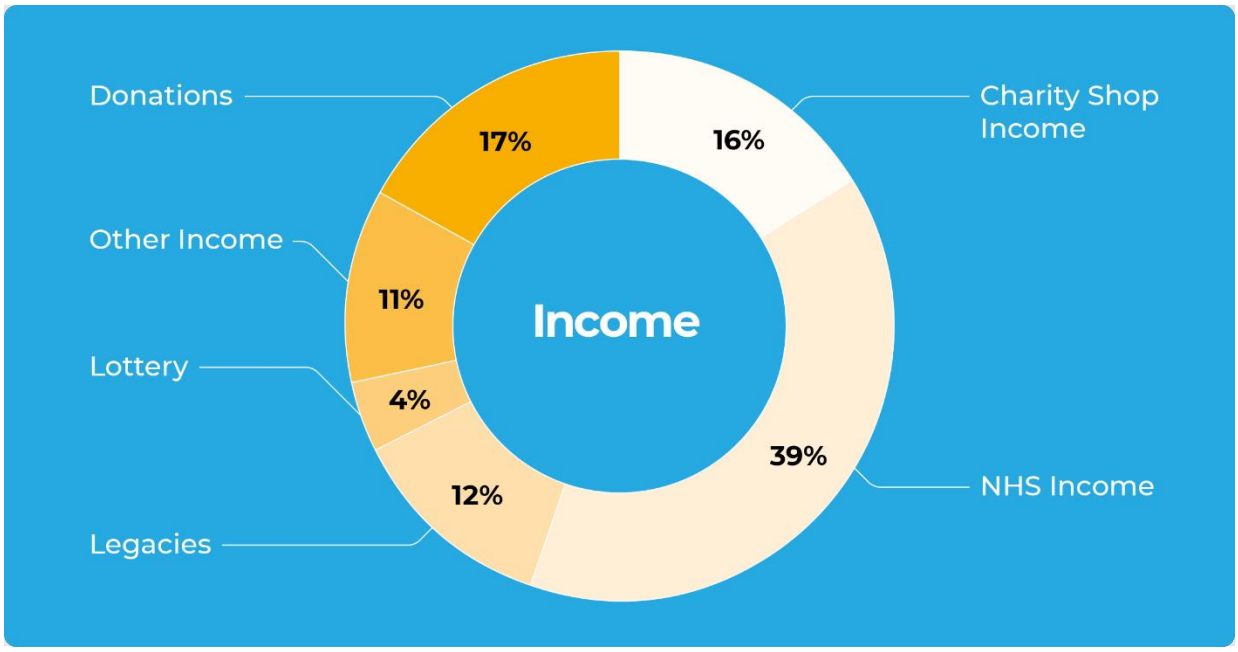
Several elements of service that the Hospice provides have been designated as a *Commissioner Requested Service* (CRS) by SE London Integrated Care Board. This necessitates that the Hospice maintains a licence with NHS Improvement[3], which brings an additional level of scrutiny and regulation for the Charity. The Hospice is one of only a few Hospices nationally who have been designated as CRS and we continue to work closely with NHS Improvement to ensure that this designation works to benefit our beneficiaries.

Throughout 2022/23 we maintained our strong system-wide partnerships. Our role in the Greenwich and Bexley system locally, as well as our influencing role across south east London has influenced the system wide five year plan which we hope will ensure that people facing end of life are cared for in the appropriate place and that staff in all settings have the necessary training, confidence and skills to care for people at end of life.

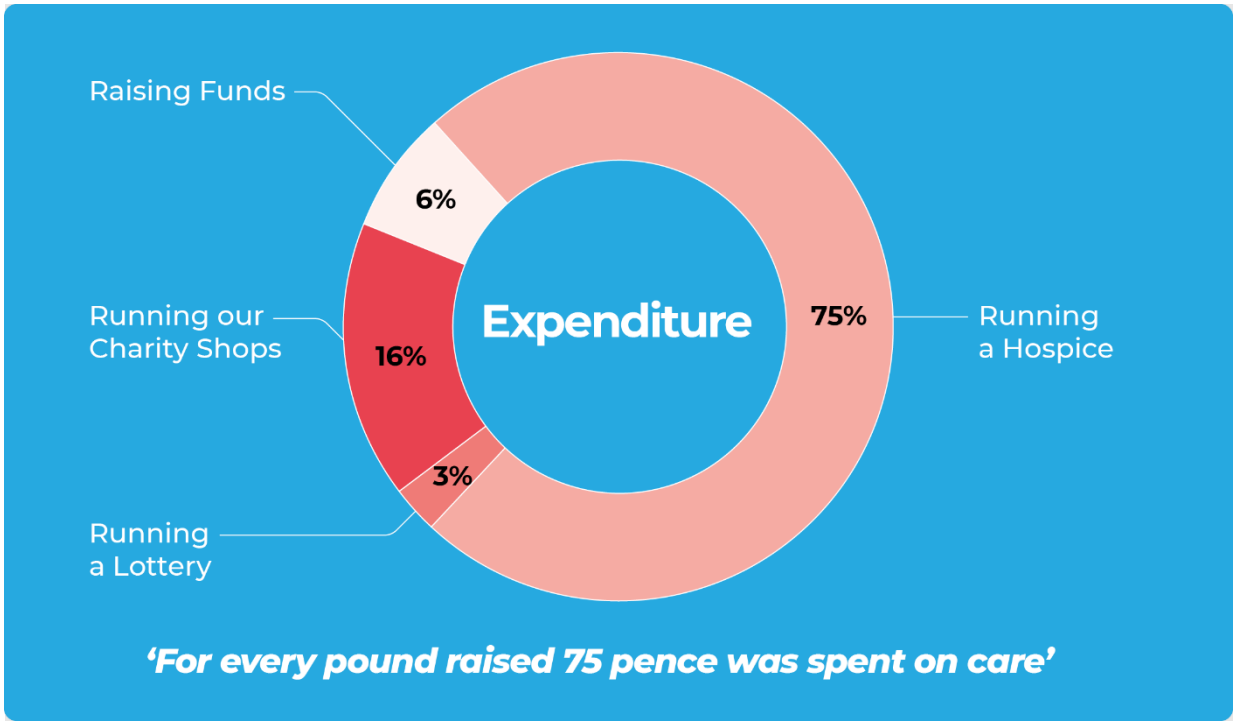
[3] **NHS Improvement** is an executive non-departmental public body of the Department of Health. It is the sector regulator for health services in England.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
FINANCIAL REVIEW (continued)

Where our money came from in 2022/23



Where our money was spent in 2022/23



TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
FINANCIAL REVIEW (continued)

Reserves Policy

As part of a risk-based approach to setting a reserves policy, we have reviewed the reliability of future income streams, the commitment to future expenditure and risks faced as a charity.
The Hospice holds reserves to create financial security and allow for investment in the future operational development of the Hospice. The Trustees have agreed it is their intention to retain a level of free reserves (unrestricted funds not committed or designated or invested in fixed assets) of £6,247,361. This figure takes account of the following considerations:

- To fund shortfalls in income (whether statutory, retail, lottery, donations, legacies or other fundraising activities) when it does not reach expected levels. The charity is dependent on fundraised income as well as statutory funding. The fundraised income is subject to fluctuation as economic conditions change and statutory funding could be affected by government policy and the financial position of NHS commissioners;
- To fund unexpected expenditure, for example, when projects over-run or unplanned events occur;
- To fund unexpected building maintenance costs and to provide a degree of flexibility for innovation; and
- To fund working capital. The majority of hospice expenditure is fixed whereas both fundraised and statutory income fluctuates in terms of cash inflow over the year.

The Hospice's free reserves are represented in the accounts by the 'General Fund'.

In addition, the hospice board has made the decision to hold two designated funds:

Recovery and Transformation Fund (RTF):
The Trustees have invested an amount of free reserves into areas which will enable the charity to recover from the pandemic and support the implementation of our strategy to help deliver a sustainable future for the hospice. In 2022/23 £186,117 was spent from the Recovery and Transformation Fund, which has now been reduced to £413,883 with further designation of free reserves into this fund proposed. The new strategy sets out a number of new initiatives which we plan to fund in 23/24 onwards and so it is proposed that the RTF is 'topped up' to the value of £1,000,000 with further designation of free reserves into this fund.

Building Development Fund (BDF)
This fund will be used to complement additional trust funding to support the development of the hospice building including investment in our inpatient unit, creating more single bedrooms to enable easier infection control and improvement of our staff changing and rest facilities to improve staff wellbeing. We also have plans to expand this project in phases to take account of new ways of working in other areas of the hospice. We are grateful to CRASH Charity and Jessop and Cook Architects for supporting our initial feasibility study for the inpatient unit and to U+i, Coffey Architects and others for supporting our ongoing vision development and design; phase one of which we are aiming to implement early in 2024. Given the above, it is proposed that the BDF is increased to £500,000 with further designation of free reserves into this fund.

One Bexley Adult Social Care Fund (ASCF)
GBCH is working together with seven Bexley-based charities to deliver a contract awarded by the London Borough of Bexley. Together, we deliver social care assessments, reviews and carers' assessments to people with non-complex needs. GBCH are the prime contractor and manage the commissioning relationship for this work and subcontract the majority of work to our partners. Our joint work is known as OneBexley, with most governance decisions being made in partnership.

The ASC contract comes to an end in September, and if we do not secure the next contract, there are likely to be significant contract closure costs across partners. Given the year-end surplus generated by the project, we have created a new Adult Social Care designated fund to the tune of £155,000 to manage this risk and to cover any end-of-project expenditure across partners.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
FINANCIAL REVIEW (continued)

Fixed Asset Fund:
The Trustees have established a designated Fixed Assets Reserve, equivalent to the net book value of Fixed Assets, in order to make the level of free reserves more transparent. As described in Note 16, the net book value of the land and buildings on which the Charity's main operations are located are included in a restricted fund. The Fixed Assets Reserve therefore represents the net book value of fixed assets other than land and buildings on which the Charity's main operations are located.

At 31 March 2023, General Reserves increased to £4,902,743 (2022 - £4,696,402). This is below our proposed reserves target of £6,247,361.

Investment powers, policy and performance
The Investment Committee is in place to monitor the investments under the powers laid down in the Memorandum and Articles of Association. The primary objective of the investment policy is to provide financial security and stability for the operation of the Greenwich & Bexley Community Hospice. Our funds placed with Rathbones are now valued at £1,020,457 (2022 - £891,566).

STRUCTURE, GOVERNANCE AND MANAGEMENT

Greenwich & Bexley Community Hospice Limited is a company limited by guarantee and not having a share capital is governed by its Memorandum and Articles of Association dated 15th September 1992 and amended to meet the developing needs of the Charity on 15th January 1993, 8th January 2001, 10th July 2006 and 8th June 2012. The Members' liability is limited. Every Member of the Company undertakes to contribute up to £1 to the assets of the company in the event of it being wound up. It is a registered Charity with the Charity Commission (No 1017406). The number of Members of the Company is limited to 50. Present membership is 18. Every person desirous of becoming a Member must sign and deliver to the Company an application for membership. The sole right to membership is vested in the committee (Board of Management – see below) who may, without showing cause, refuse to admit any application to membership.

Board of Management
The business of the Charity is managed by a Board of Management (the Trustees) and its membership comes from within the Members of the Company. It is an objective to have members on the Board of Management whose skills, expertise and backgrounds complement the needs and aspirations of the workings of the Hospice and its business. Current membership of the Board of Management is 14 and following a review in 2020, the Articles of Association determine a minimum of four and a maximum of 14.

At each Annual General Meeting, those Trustees who have served for a period of four years since their last appointment shall retire and be eligible for re-appointment, via election by Members, for a further four years term of office (maximum two terms). New Trustees are recruited as skill gaps are identified or to support succession planning through external advert and direct approach, with a robust interview process and the appropriate pre-volunteering checks.

Each Designated Officer (Chair, Deputy Chair, Treasurer and Company Secretary) is elected by and from within the Board of Management to serve a period of up to 4 years following which the position will become subject to re-election. We appointed Estelle Kerridge as Company Secretary in November 2022.

The Hospice was delighted to appoint Gerald Peters as its first life-time President in November 2022 in recognition for his dedicated and lengthy service as a supporter, volunteer and retiring Trustee.

Trustee induction and ongoing training
New Trustees undergo an orientation and training to brief them on their role and the various aspects of the Hospice service and to brief them on their legal obligations under Charity and company law, the content of the Memorandum and Articles of Association, the committee and decision making process, the business plan and recent financial performance of the Charity. We also pair new Trustees up with a 'buddy' to support them in settling into their role.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Trustees attend appropriate external training events which will develop them to better undertake their role. In 2022/23 Trustees attended the following training:

Safeguarding – Internal training for all trustees – Board Away Day
Data protection - Internal training for all trustees – Board Away Day
Charities: The role of the Company Secretary – UK Charities
Understanding Governance Stage 1 - Civil Society
Introduction to Anti-racism in Charities – Civil Society

There is an annual review and appraisal of Trustees' individual roles within the organisation.

Organisation
The Board meets every alternate month; in 2022/23 there were a number of sub-committees with specific responsibilities: Quality & Safety Committee, Finance, Information Governance and Information Technology Committee, Investment Committee, Nominations, Remuneration and Governance Committee (formerly Remuneration Committee), and the Equity, People and Inclusion Committee (Formerly Workforce Committee). A Trading Board and Lottery Board meet to conduct the business of relevant subsidiary companies).

The Board, along with the senior leadership team of the company have an "Away Day" to discuss future strategic developments of the Hospice and for Trustee team-building and training. The Chief Executive manages the day-to-day operations of the Hospice and leads its Strategic Development. To facilitate effective operations, the Chief Executive has delegated authority within a scheme of delegation approved by the Trustees, for matters including finance, employment, fundraising and Care Quality Commission registration.

Regulatory Framework
The Hospice is registered with the Care Quality Commission to enable it to operate as a Hospice. Ellen Tumelty, Modern Matron for Inpatient Services is the Registered Manager and Kate Heaps, is the Responsible Person. The Hospice maintains a schedule of compliance with the relevant Statutory Regulations and may be inspected by the Care Quality Commission twice annually, by announced and/or unannounced inspection. The Hospice was inspected in September 2022 and received an overall 'Good' rating, with 'Outstanding' for the Well-led domain. The Hospice produced a "Quality Account" for 2022/23, which is submitted to the CQC and to NHS Improvement[4].

The Hospice is required to hold an NHS Improvement (Monitor) Issued Provider licence from April 2018; this requires regular reporting of financial plans, performance against these plans and assessment of financial risk.

Related parties
The Hospice has close relationships with SE London Integrated Care System who supports the Charity's work including a significant financial contribution via a contract with SE London Integrated Care Board. Close working relationships exist with other health and care providers within the community in particular, Lewisham & Greenwich NHS Trust, Oxleas NHS Foundation Trust, London Borough of Bexley, Royal Borough of Greenwich, Marie Curie, St Christopher's Hospice and Darent Valley Hospital NHS Trust.

The Hospice has a contractual relationship with seven other charities in Bexley as a part of a consortium OneBexley (Age UK Bexley, Bexley Carers, SE London Crossroads, Inspire Community Trust, Bexley Mencap, MIND in Bexley and Bexley Voluntary Services Council); the Hospice is also represented by the Chief Executive on the Bexley Wellbeing Partnership (Local Care Partnership Board).

[4] Available via the Hospice website www.communityhospice.org.uk

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

The Hospice has two wholly owned subsidiary trading companies – GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. Details of their activities are highlighted in note 10 of these accounts.

The Hospice Nominations, Remuneration and Governance Committee which reviews and sets the remuneration of the Chief Executive and Senior Leadership Team (key management personnel) based on appropriate market rates and other parameters on at least an annual basis.

Our approach to Sustainability and the Environment
The Hospice is surrounded by large gardens and undeveloped grounds, some of which are covered by an environmental protection order. In 2022 we appointed a paid gardener to lead the maintenance and development of these grounds. Working with our dedicated team of volunteer gardeners, our estates team and corporate volunteering groups we are beginning to implement a long-term plan for our grounds, creating a beautiful environment for patients, families and staff and encouraging biodiversity. In 2022 we were visited by HRH Duchess of Gloucester who planted a pear tree as part of the Queen's Canopy Project. We hope that this will be the start of a developing orchard in our lower, less accessible, grounds.

We continued our partnership with Veolia and the Royal Borough of Greenwich at our RePurpose unit this year and along with our shops we are remove tonnes of waste from the waste chain through salvage, upcycle and resale. Although we contribute significantly to the reuse, repurpose, recycle agenda through all our shops, we know there is more we can do to reduce waste across our operation. We are looking forward to receiving the outcome of the environmental review conducted by Royal Borough of Greenwich greener business team on our behalf (commissioned in 2022).

Our project to develop a 10-year estates plan for the main hospice site is underway and we will use the findings from the environmental review, as well as pro bono expertise from U+i and their partners, to ensure that our plans include opportunities to reduce our impact on the environment and increase sustainability across the whole business. This 10-year plan will be presented to the Board for approval in 2023/24.

Social Responsibility
As well as the Public Benefit outlined at page 4, the hospice wants to be an organisation that maximises any opportunities to strengthen our local area. As a local employer and business, we have the ability to bring economic and social capital to the area and make the lives of our staff, volunteers and the communities they live in better beyond our charitable purpose.

Our People Plan aims to create opportunities for new and existing staff and volunteers to live happy, healthy lives and be developed and rewarded in their work, this includes widening participation so that we ensure our whole community have equity of access to new and emerging roles and our Community Development and Engagement Strategy will encourage engagement with community groups that we haven't yet met, as well as setting out our intention of encouraging staff to get involved in their own communities through flexible working policies and a volunteering promise.

Risk Management
The Trustees implement a Risk Management Strategy which comprises of:

- A regular review of the Charity's Corporate Risk Register and Risk Management Framework (RMF)
- The establishment of systems and procedures to mitigate those risks identified in the register and RMF
- The implementation of procedures designed to minimise any potential impact on the Charity should those risks materialise

The Trustees review the financial accounts on a monthly basis and constantly review the level of reserves which it is felt prudent should be held.

The top 3 risks as identified by the Finance, Information Governance and Information Technology Committee are outlined in the table on page 31.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Risk	Mitigation
1. Financial uncertainty as a result of rising inflation and cost of living crisis.	The Board and Senior Leadership Team continue to monitor income, expenditure and cash flow closely, with monthly review of forecast. We continue to negotiate with system partners and commissioners about additional resources to support our work. We are implementing our five-year strategy and have established an Investment Fund to support us to grow our income, and to implement digital technologies to maximise efficiency. We have a healthy level of reserves.
2. Current increased demand for our services/ recruitment and retention challenges in our clinical workforce	We are working with system partners to prioritise resources to meet growing demand, working efficiently and effectively in an integrated way. We continue to recruit bank staff to provide additional capacity and are embedding new ways of working to work more efficiently. Our People Plan includes a focus on retention which includes investment in staff wellbeing and development of existing staff into more senior roles. Salaries have been increased in line with NHS competitors As we implement our Service Transformation Strategy, we are developing new roles to support existing roles in nursing and medicine.
3. Long term challenges relating to predicted growth in need and the supply and demand of experienced clinical staff	Our Service Transformation Strategy aims to redesign services to meet future demand and respond to the needs of our whole community. Our People Plan will support us to recruit, retain and develop the workforce we need to meet this need. We are working with partners across our system to influence wider workforce planning, and training of all healthcare professionals to meet specialist and generalist workforce needs We are planning a review of salaries and terms and conditions of employment to ensure they remain in line with our competitors. We are working with our community to build resilience to better manage death and dying as a normal part of life.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)
TRUSTEES' RESPONSIBILITIES IN RELATION TO THE FINANCIAL STATEMENTS

The Trustees (who are also Directors of Greenwich & Bexley Community Hospice Limited for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company/group for that period. In preparing these financial statements, the Trustees are required to:

- *Select suitable accounting policies and then apply them consistently;*
- *Observe the methods and principles of the Charities SORP;*
- *Make sound judgements and estimates that are reasonable and prudent;*
- *State whether applicable Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;*
- *Prepare the financial statements on the going concern basis unless it is appropriate to presume that the charity will not continue in business.*

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time of the financial position of the charitable 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 charitable company and the Group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In accordance with company law, as the company's directors, we certify that:

So far as we are aware, there is no relevant audit information of which the company's auditors are unaware.

As the Directors of the company we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

Auditors
A resolution will be proposed at the Annual General Meeting that haysmacintyre be reappointed as auditors to the charity for the ensuing year.

By Order of the Trustees

In Approving the Trustees' Report, the Board are also approving the Strategic Report included herein their capacity as company directors.

19th October 2023

Mrs Ruth Russell
Chair

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

Opinion
We have audited the financial statements of Greenwich and Bexley Community Hospice Limited for the year ended 31 March 2023 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company Balance Sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2022 and of the group's and parent charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

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

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

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

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

Other information
The trustees are responsible for the other information. The other information comprises the information included in the Trustees' 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.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006
In our opinion, based on the work undertaken in the course of the audit:

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED (continued)

- the information given in the Trustees' Report (which includes the strategic report and the directors' report prepared for the purposes of company law) 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 included within the Trustees' Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception
In the light of the knowledge and understanding of the group and the parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report (which incorporates the strategic report and the directors' report).

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

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

Responsibilities of trustees for the financial statements
As explained more fully in the trustees' responsibilities statement set out on page 32, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

Based on our understanding of the group and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to compliance with regulatory requirements of the Care Quality Commission, Charity Commission, employment law and health and safety regulations, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such the Companies Act 2006, the Charities Act 2011, the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019), payroll taxes and VAT.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED (continued)

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related

to recognition of income and management bias in certain accounting estimates. Audit procedures performed by the engagement team included:

- Inspecting trustees' meeting minutes;
- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted at the year-end or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

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

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

Richard Weaver (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP
Statutory Auditors
10 Queen Street
London
EC4R 1AG

Date: 21 December 2023

Greenwich & Bexley
Community Hospice

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES
(Incorporating INCOME AND EXPENDITURE ACCOUNT)

	Notes	Unrestricted Funds General £	Unrestricted Funds Designated £	Restricted Funds £	2023 £	2022 £
INCOME FROM:						
Donations and Legacies:	2					
Voluntary Income						
General donations		959,681	-	301,954	1,261,635	1,094,490
Charity shop donations		497,000	-	-	497,000	229.602
Legacies		1,504,036	-	-	1,504.036	969,279
Charitable activities:	3					
Operating a Hospice		5,837,041	-	-	5,837,041	5,727,304
Other trading activities:						
Charity shop income		1,950,210	-	-	1,950,210	1,882,365
Lottery income		474,439	-	-	474,439	417,442
Other sales income	4a	245,590	-	-	245,590	38,482
Rental income		8,927	-	-	8,927	10,311
Investment:		40,357	-	-	40,357	21,923
Other income:	4b	202,515	-	-	202,515	186,947
Total Income		11,719,795	-	301,954	12,021,749	10,578,145
EXPENDITURE ON:						
Raising funds:						
Fundraising and marketing costs		624,404	-	-	624,404	629,424
Charity shop expenditure		1,771,752	-	-	1,771,752	1,587,580
Lottery expenditure		178,412	-	-	178,412	255,591
Charitable activities:						
Operating a Hospice						
Clinical expenses		8,206,498	-	242,157	8,448,655	7,255,423
Total Expenditure	5	10,781,066	-	242,157	11,023,223	9,728,018
Net (losses)/gains on investments	10	(35,862)	-	-	(35,862)	67,064
Net income/(expenditure)		902,867	-	59,797	962,664	917,191
Transfers between funds	16	(696,326)	765,511	(69,185)	-	-
Net movement in funds		206,541	765,511	(9,388)	962,664	917,191
BALANCE BROUGHT FORWARD at 1/4/22		4,696,202	1,123,143	6,111,205	11,930,550	11,013,359
BALANCE CARRIED FORWARD at 31/3/23		4,902,743	1,888,654	6,101,817	12,893,214	11,930,550

All recognised gains and losses are included in the consolidated statement of financial activities.
All transactions are derived from continuing activities.

The accompanying notes form part of these financial statements.

Full comparative figures for the year ended 31 March 2023 are shown in note 22.

Greenwich & Bexley
Community Hospice

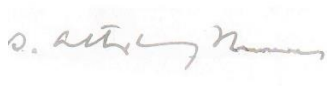
CONSOLIDATED AND CHARITY BALANCE SHEETS **COMPANY NUMBER: 2747475**
As at 31 March 2023

	Notes	The Group 2023	The Group 2022	The Charity 2023	The Charity 2022
		£	£	£	£
FIXED ASSETS					
Tangible assets	9	6,031,090	6,089,764	6,031,090	6,089,764
Investments	10	1,020,457	891,566	1,021,459	892,568
		7,051,547	6,981,330	7,052,549	6,982,332
CURRENT ASSETS					
Stocks	11	-	-		
Debtors	12	2,576,249	2,708,338	3,878,052	3,160,586
Cash on deposit, at bank and in hand		5,588,165	4,825,528	4,130,887	4,338,029
		8,164,414	7,533,866	8,008,939	7,498,615
CURRENT LIABILITIES					
CREDITORS:					
Amounts falling due within one year	13	(2,322,747)	(2,584,646)	(2,134,894)	(2.334.170)
NET CURRENT ASSETS		5,840,667	4,949,330	5,874,045	5,164,445
NET ASSETS		12,893,214	11,930,550	12,926,594	12,146,777
FUNDS					
UNRESTRICTED FUNDS:					
General Fund		4,902,743	4,696,202	4,936,123	4,912,429
Designated Funds					
Fixed Assets Fund		233,654	223,143	233,654	223,143
RTP Fund		1,000,000	600,000	1,000,000	600,000
Building Development Fund		500,000	300,000	500,000	300,000
ASCF Fund		155,000	-	155,000	-
RESTRICTED FUNDS:					
Property Fund		5,797,436	5,886,621	5,797,436	5,866,621
Others		304,381	244,584	304,381	244,584
	16	12,893,214	11,930,550	12,926,594	12,146,777

The financial statements were approved and authorised for issue by the Board of Directors on 19 October 2023 and were signed below on its behalf by:

Mrs Ruth Russell - Director

David Atterbury Thomas - Director



The accompanying notes form part of these financial statements.

The net income for the charity only for the year is £779,817 (2021/22:£611,691)

Greenwich & Bexley
Community Hospice

CONSOLIDATED CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 MARCH 2023

	Notes	2023 £	2022 £
CASH FLOWS FROM OPERATING ACTIVITIES	A	700,906	1,842,590
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received		41,355	1,166
Payments to acquire fixed assets		(125,082)	(81,977)
Proceeds of sale of investments		(152,857)	-
Purchase of investments		298,315	-
CASH PROVIDED / (USED IN) INVESTING ACTIVITIES		762,637	1,619,346
INCREASE/ (DECREASE) IN CASH IN THE YEAR		762,637	1,619,346
Cash and cash equivalents at the beginning of the year		4,825,528	3,063,749
TOTAL CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR		5,588,165	4,825,528

NOTES TO THE CONSOLIDATED CASH FLOW STATEMENT

A. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2023 £	2022 £
Net income (as per the Statement of Financial Activities)	962,665	917,191
Depreciation charge	183,756	202,698
Profit on disposal of fixed assets	-	-
(Loss)/Gains on Investments	(35,862)	(80,223)
Decrease in stock	-	5,457
(Increase)/decrease in debtors	(132,088)	(971,882)
Increase in creditors	(261,899)	1.770,515
Interest received	(15,666)	(1,166)
Net cash used in operating activities	700,906	1,842,590

B. ANALYSIS OF NET DEBT

The charity has no net debt and therefore no analysis is required.

NOTES TO THE FINANCIAL STATEMENTS

1. ACCOUNTING POLICIES

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

Statement of compliance

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2021), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Greenwich & Bexley Community Hospice Limited meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

General information

The charity is a private company limited by guarantee, incorporated in England and Wales (company number: 2747475) and a charity registered in England and Wales (charity number: 1017406) the charity's registered office is shown in the reference and administration section. The charity is set up as a company limited by guarantee.

Preparation of accounts on a going concern basis

Impact of economic factors on our business

In the light of the conflict in Ukraine and the rising cost of living, we continue to operate in incredibly uncertain times, demonstrating the inherent volatility in revenue income. Our community remains understandably cautious and, as a result, it is difficult to predict how people will shop, donate and volunteer their time into 2023/24.

The Trustees have reviewed the forecast for the next 12 months, based on our budget for 2023/24 and reviewed the assumptions made for the FY 24/25.

In addition:

- We have free reserves of £4.9m and have liquid funds of over £5.5m in our bank accounts as at the year-end
- We are able to liquidate the investment portfolio if necessary.

Based on the plans and measures described above, the Trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern. The review of our financial position, reserves levels and future plans gives Trustees confidence the charity remains a going concern for the foreseeable future.

Consolidation

The group financial statements consolidate the financial statements of the charitable company and its wholly owned subsidiaries, GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. It is the group's policy to transfer the profits of the subsidiaries to the charity under Gift Aid. A separate Statement of Financial Activities and Income and Expenditure Account for the charity has not been presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006. The surplus of the parent charity was £910,655 (2022: £917,191). The registered office for both GBCH Trading Limited and Greenwich & Bexley Community Hospice Limited is 185 Bostall Hill, London, SE2 0GB. Uniform accounting policies have been applied.

NOTES TO THE FINANCIAL STATEMENTS (continued)

1. ACCOUNTING POLICIES (continued)

Income recognition

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

Donations and legacies

Donations and gifts and are included in full in the Statement of Financial Activities when there is entitlement, probability of receipt and the amount of income receivable can be measured reliably.

Gifts in kind

Gifts in kind represent assets donated for distribution or use by the Charity. Assets given for distribution are recognised as income only when distributed. Assets given for use by the charity are recognised when receivable. Gifts in kind are valued at the amount actually realised from the disposal of the assets or at the price the charity would otherwise have paid for the assets.

Grants

Grants (including government grants) are recognised in full in the statement of financial activities in the year in which the charity has entitlement to the income, the amount of income receivable can be measured reliably and there is probability of receipt.

Income from charitable activities

Income from charitable activities is recognised as earned as the related services are provided. Income from other trading activities is recognised as earned as the related goods are provided.

Other Income

Income received from pension recovery, salary recharges, Bexley adult social care contract, and NHS England are included in other income.

Investment income

Investment income is recognised on a receivable basis once the amounts can be measured reliably.

Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds comprises; fundraising and marketing, charity shop and lottery expenditure.
- Expenditure on charitable activities comprises Hospice operating costs.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned based on staff time attributable to each activity.

Allocation of costs

Staff costs are allocated between direct charitable expenditure and support costs based on the time spent on these activities. Other costs are allocated directly to the relevant heading.

NOTES TO THE FINANCIAL STATEMENTS (continued)
1. ACCOUNTING POLICIES (continued)

Fixed assets
Depreciation is provided to write off the cost or valuation, less estimated residual values, of all fixed assets, except freehold land over their expected useful lives. It is calculated at the following rates:

Freehold buildings	1% straight line
Fixture, Fittings and equipment	33 1/3% and 10% straight line
Motor vehicles	25% straight line

Donated assets are included at value on the date received.

Investments
Investments are a form of basic financial instruments and are initially shown in the financial statements at market value. Movements in the market values of investments are shown as unrealised gains and losses in the Statement of Financial Activities.

Stocks
Stocks are valued at the lower of cost and net realisable value. Cost is based on the cost of purchase on a first in, first out basis. Net realisable value is based on estimated selling price less additional costs to completion and disposal.

The Trustees have concluded and agreed that the valuing of shops donated goods for resale on receipt is impractical due to the high volume of low value items, lack of stock system for recording these items and the administrative cost involved. Instead the income is recognised in the accounts when these goods are sold.

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

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

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

Cash at bank and in hand
Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

Operating leases
Rentals payable under operating leases are charged to the Statement of Financial Activities (SOFA) as incurred over the term of the lease.

NOTES TO THE FINANCIAL STATEMENTS (continued)

1. ACCOUNTING POLICIES (continued)

Funds

Unrestricted funds are funds that can be used in accordance with the charitable objects at the discretion of the trustees.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Restricted funds comprise monies raised for, and their use restricted to a specific purpose or donations subject to donor-imposed conditions.

Estimates and judgements

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Although these estimates are based on management's best knowledge of the amount, events or actions, actual results ultimately may differ from those estimates. The Trustees consider the estimation of useful life of fixed assets to be the area of judgement and estimation that have a significant effect on the financial statements. Further details on these judgements are provided above under tangible fixed assets.

Legacies are recognised when the following conditions are confirmed:

- there has been grant of probate by the end of the financial year
- the executors have established that there are sufficient funds to pay the legacy
- any conditions attached to the legacy are either within the control of the Charity or have been met

Employee benefits

Short term benefits

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

Employee termination benefits

Termination benefits are accounted for on an accrual basis and in line with FRS 102.

Pension scheme

Contributions to the NHS and Stakeholder pension schemes in respect of eligible employees are charged to the income and expenditure account as they become payable. The Stakeholder scheme is a defined contribution scheme and the NHS a final salary scheme.

NOTES TO THE FINANCIAL STATEMENTS (continued)

2.	**DONATIONS AND LEGACIES**	**2023 Total £**	**2022 Total £**
	Donations	1,758,635	1,329,092
	Legacies	1,504,036	969,279
		3,262,671	2,298,371

3.	**INCOME FROM CHARITABLE ACTIVITIES**	**£**	**£**
	Specialist Palliative Care	1,751,314	3,670,270
	Greenwich Care Partnership	3,215,147	811,066
	Adult Social Care	870,580	539,545
		5,837,041	5,020,881

4a.	**OTHER SALES INCOME**	**2023 £**	**2022 £**
	Catering Income	18,629	5,184
	Training Income	226,961	33,298
		245,590	38,482

4b.	**OTHER INCOME**	**2023 £**	**2022 £**
	Pension Recovery	-	22,528
	Medical Insurance Claims	6,192	4,463
	Kickstart Rebates	59,693	12,000
	Covid Testing charges	-	32,562
	Lease Extension	-	21,660
	Salary Recharge secondment	30,412	30,605
	Retail, Hospitality and Leisure Grant	-	52,002
	Furlough Refund including Trading	-	10,446
	Room hire	1,493	-
	Others	104,725	681
		202,515	186,947

NOTES TO THE FINANCIAL STATEMENTS (continued)

5a ANALYSIS OF GROUP EXPENDITURE

Direct and Support costs	**Direct costs**	**Support costs**	**Total 2023**
	£	**£**	**£**
Raising Funds			
Fundraising and marketing costs	488,999	135,405	624,404
Charity shop expenditure	1,571,654	200,098	1,771,752
Lottery expenditure	163,800	14,612	178,412
Charitable activities			
Operating a Hospice			
Clinical expenses	7,162,561	1,286,094	8,448,655
Expenditure	9,387,014	1,636,209	11,023,223

Direct and Support costs	**Direct costs**	**Support costs**	**Total 2022**
	£	**£**	**£**
Raising Funds			
Fundraising and marketing costs	491,838	137,586	629,424
Charity shop expenditure	1,549,753	37,827	1,587,580
Lottery expenditure	251,391	4,200	255,591
Charitable activities			
Operating a Hospice			
Clinical expenses	5,835,296	1,420,127	7,255,423
Expenditure	8,128,278	1,599,740	9,728,018

NOTES TO THE FINANCIAL STATEMENTS (continued)
ANALYSIS OF GROUP EXPENDITURE (continued)

5b.

Support costs	Administration	Finance and IT	Office Costs	Governance	Total
					2023
	£	£	£	£	£
Raising funds					
Fundraising and marketing costs	64,185	54,841	16,379	-	135,405
Charity shop expenditure	123,524	37,574	39,000	-	200,098
Lottery expenditure	14,612	-	-	-	14,612
Clinical expenses	404,413	400,862	416,077	64,742	1,286,094
	606,734	493,277	471,456	64,742	1,636,209

Support costs	Administration	Finance and IT	Office Costs	Governance	Total
					2022
	£	£	£	£	£
Raising funds					
Fundraising and marketing costs	65,463	57,270	9,771	5,082	137,586
Charity shop expenditure	33,287	4,540	-	-	37,827
Lottery expenditure	-	4,200	-	-	4,200
Clinical expenses	660,713	615,974	100,532	42,908	1,420,127
	759,463	681,984	110,303	47,990	1,599,740

5c Governance costs include:

	2023	2022
	£	£
Staff costs	64,742	47,990
Auditor's remuneration:		
- Audit work	30,500	16,700
- Other services	6,600	2,900
	101,842	**67,590**

Where support costs are not incurred specifically for an activity heading, they are allocated on the basis of the number and level of staff employed within the appropriate activity heading.

NOTES TO THE FINANCIAL STATEMENTS (continued)
ANALYSIS OF GROUP EXPENDITURE (continued)

6. Employees

	The Group		The Charity	
	2023 Number	**2022 Number**	**2023 Number**	**2022 Number**
Average number of employees, excluding Directors	235	179	193	143
Full time equivalent figures	146	156	115	122
Staff costs consisted of:	**2023 £**	**2022 £**	**2023 £**	**2022 £**
Salaries	6,176,025	5,350,454	5,168,818	4,435,247
Social security costs	617,803	540,939	533,410	465,838
Other pension costs	407,769	369,276	367,425	332,792
Redundancy payments	-	-	-	-
	7,201,597	6,260,671	6,069,253	5,233,877
Agency	239,665	175,719	236,252	169,416
Medical services	234,334	222,163	234,334	222,163
	7,675,596	6,658,553	6,539,839	5,625,456

The number of employees whose emoluments were £60,000 or above per annum were:

	2023	**2022**
£60,000 - £69,999	1	1
£70,000 - £79,999	4	4
£80,000 - £89,999	1	2
£90,000 - £99,999	1	-
£100,000 - £109,999	1	1

Of these, 8 employees are accruing pension contributions totalling £61,921 (2022:8 employees, accruing £55,796).

The total employee benefits of the key management personnel of the Group were £706,566 (2022: £524,915). Of this, £654,216 (2022: £491,732) relates to the key management personnel of the charity.

7. TRUSTEES REMUNERATION AND EXPENSES

No expenses were reimbursed to trustees in the current year. (2022: £Nil). No Trustee received remuneration in the current or prior year.

NOTES TO THE FINANCIAL STATEMENTS (continued)

8. NET INCOME

	2023	2022
	£	£
The net income is stated after charging:		
Auditors' remuneration (excluding VAT)		
- For audit	30,500	16,700
- For tax compliant services	3,100	2,900
- For accounting fees	4,500	-
Lease payments	343,147	343,297
Depreciation	183,756	202,698

9. TANGIBLE ASSETS - GROUP

	Freehold Land & Buildings	Equipment Furniture & Fittings	Motor Vehicles	Charity Total	Subsidiary Furniture, Equipment & Vehicles	Group Total
	£	£	£	£	£	£
Cost or valuation						
At 1 April 2022	6,918,444	2,176,708	50,114	9,145,266	-	9,145,266
Additions	-	125,082	-	125,082	-	125,082
Disposals	-	-	-	-	-	-
At 31 March 2023	6,918,444	2,301,790	50,114	9,270,348	-	9,270,348
Depreciation						
At 1 April 2022	1,051,823	1,972,458	31,222	3,055,503	-	3,055,503
Provided for the year	69,184	106,557	8,014	183,755	-	183,755
Disposals	-	-	-	-	-	-
At 31 March 2023	1,121,007	2,079,015	39,236	3,239,258	-	3,239,258
Net Book Value						
At 31 March 2023	5,797,437	222,775	10,878	6,031,090	-	6,031,090
At 31 March 2022	5,866,621	204,251	18,892	6,089,764	-	6,089,764

NOTES TO THE FINANCIAL STATEMENTS (continued)

10. FIXED ASSET INVESTMENTS

	2023 £	2022 £
Charity:		
Shares in subsidiary companies at cost	1,002	1,002
Listed Investments	1,020,457	891,566
At 31 March 2023	1,021,459	892,568

The historical cost of listed investments at 31 March 2023 was £750,000 (2022: £750,000).

	2023 £	2022 £
At 1 April 2022	891,566	811,342
Additions	298,315	-
Disposals	(152,857)	-
Gain/ (loss) on investment	(31,657)	66,871
Investment Income	22,990	20,952
Investment Fees	(7,900)	(7,599)
At 31 March 2023	1,020,457	891,566

	2023 £	2022 £
Investment in subsidiary undertakings		
Cost		
GBCH Trading Limited	1,000	1,000
Greenwich & Bexley Community Hospice Lottery Ltd	2	2
At 31 March 2023	1,002	1,002

The charitable company owns 100% of the share capital of GBCH Trading Limited being 1,000 Ordinary Shares of £1 each and 100% of the share capital of Greenwich & Bexley Community Hospice Lottery Limited being 2 Ordinary Shares of **£1** each.

The subsidiaries are registered in the United Kingdom. The principal activity of GBCH Trading Limited (company registration number: 5612068) is the operation of charity shops. The principal activity of Greenwich & Bexley Community Hospice Lottery Ltd (company registration number: 06483768) is to generate funds for the parent company through the operation of a lottery. Where applicable, the total net taxable profits are distributed to the Charity by gift aid.

A summary of the results of the subsidiaries are shown on the next page.

NOTES TO THE FINANCIAL STATEMENTS (continued)

10. FIXED ASSET INVESTMENTS (continued)

	2023 £	2022 £
GBCH Trading Limited		
Turnover	1,948,042	1,882,365
Cost of sales	(2,401)	(11,694)
Gross profit	1,948,042	1,879,761
Administrative expenses	(1,771,753)	(1,575,977)
Operating (loss)/profit	176,289	294,784
Other Income	6,558	10,716
	182,847	305,500
Corporation Tax	-	-
(Loss)/Profit for the year	182,847	305,500
(Loss)/Profit brought forward	(216,227)	(521,727)
(Loss)/Profit carried forward	(33,380)	(216,227)

The assets and liabilities of the subsidiary were:

Fixed assets		-
Current assets	1,456,924	583,422
Current liabilities	(1,489,304)	(798,649)
Total net assets	(32,380)	(215,227)
Aggregate share capital and reserves	(32,380)	(215,227)

The net (liabilities)/assets of the subsidiary as at 31 March 2023 were £ (32,380) (2021//22: £ 215,227).

Greenwich & Bexley Community Hospice Lottery Limited

	2023 £	2022
Turnover	474,206	417,442
Cost of sales	(74,315)	(71,912)
Gross profit	399,891	345,530
Administrative expenses	(224,300)	(183,679)
Operating profit	175,591	161,851
	175,591	161,851
Distribution to parent charity	(175,591)	(161,851)
Retained in subsidiary	-	-

NOTES TO THE FINANCIAL STATEMENTS (continued)

10. FIXED ASSET INVESTMENTS (continued)

The current assets and liabilities of the subsidiary were:

Current assets	241,538	223,148
Current liabilities	(241,536)	(223,146)
Total net assets	2	2
Aggregate share capital and reserves	2	2

The net assets of the subsidiary as at 31 March 2023 were £2 (2022: £2).

11. DEBTORS

	The Group		The Charity	
	2023	**2022**	**2023**	**2022**
	£	**£**	**£**	**£**
Trade debtors	737,496	689,226	737,496	686,351
Prepayments	313,547	349,053	81,295	71,693
Legacies	1,454,172	878,116	1,454,172	878,116
Other accrued income	-	54,811	-	39,000
NHS England grant	-	644,089	-	644,089
Other debtors	71,034	94,043	62,215	70,060
Amounts due from subsidiaries	-	-	1,542,874	771,277
	2,576,249	2,708,338	3,878,052	3,160,586

12. CREDITORS: amounts falling due within one year

	The Group		The Charity	
	2023	**2022**	**2023**	**2022**
	£	**£**	**£**	**£**
Trade creditors	534,747	489,798	504,074	446,571
Other taxes and social security	141,096	132,693	149,674	132,094
Accruals	767,096	804,218	625,783	630,113
Other Creditors	873,526	897,087	873,526	897,563
Deferred income (note 15).	6,282	260,850	(18,163)	228,305
	2,322,747	2,584,646	2,134,894	2,334,646

NOTES TO THE FINANCIAL STATEMENTS (continued)

13. ANALYSIS OF DEFERRED INCOME

	Group		Charity	
	2023	2022	2023	2022
	£	£	£	£
Deferred income at 1 April	260,850	80,392	228,305	51,705
Applied during the year	6,282	211,546	(18,163)	179,000
Released during the year	(260,850)	(31,088)	(228,305)	(2,400)
Deferred income at 31 March	6,282	260,850	(18,163)	228,305

14. STATEMENT OF FUNDS (2023)

	At 1/4/22	Income	Expenditure	Transfers & Gains	At 31/3/23
	£	£	£	£	£
Unrestricted Funds					
General Fund	4,696,202	11,683,933	(10,781,066)	(696,326)	4,902,743
Designated:					
Fixed Assets Fund	223,143	-	-	10,511	233,654
Recovery & Transformation Fund	600,000	-	-	400,000	1,000,000
Building Development Fund	300,000	-	-	200,000	500,000
One Bexley Adult Social Care Fund	-	-	-	155,000	155,000
Restricted Funds					
Donations	244,584	301,954	(242,157)	-	304,381
Property Fund	5,866,621	-		(69,185)	5,797,436
Group Total	11,930,550	11,985,887	(11,023,223)	-	12,893,214

NOTES TO THE FINANCIAL STATEMENTS (continued)

STATEMENT OF FUNDS (2022)

	At 1/4/21 £	Income £	Expenditure £	Transfers £	At 31/3/22 £
Unrestricted Funds					
General Fund	2,777,702	9,731,797	(8,802,752)	989,455	4,696,202
Designated:					
Fixed Assets Fund	274,680	-	-	(51,537)	223,143
Legacy Equalisation Fund	1,191,669	-	-	(1,191,669)	-
Recovery & Transformation Fund	500,000	-	(42,208)	142,208	600,000
Restricted Funds					
Donations	333,503	846,348	(925,266)	(10,001)	244,584
Property Fund	5,935,805	-	-	(69,184)	5,866,621
Group Total	11,013,359	10,578,145	(9,770,226)	109,272	11,903,550

The Trustees have designated funds out of the unrestricted funds for specific purposes as follows:-

Fixed Assets Fund
In order to fulfil its charitable objectives the Charity needs its fixed assets. These assets, although unrestricted, cannot be realised without undermining the Charity's work and the Trustees therefore feel that it is appropriate to reflect the investment in fixed assets by means of a designated fund.

Recovery and Transformation Fund
The Trustees have invested an amount of free reserves into areas which will enable the charity to recover from the pandemic and support the implementation of our strategy to help deliver a sustainable future for the hospice. In 2022/23 £186,117 was spent from the Recovery and Transformation Fund, which has now been reduced to £413,883 with further designation of free reserves into this fund proposed. The new strategy sets out a number of new initiatives which we plan to fund in 23/24 onwards and so it is proposed that the RTF is 'topped up' to the value of £1,000,000 with further designation of free reserves into this fund.

Building Development Fund
This fund will be used to complement additional trust funding to support the development of the hospice building including investment in our inpatient unit, creating more single bedrooms to enable easier infection control and improvement of our staff changing and rest facilities to improve staff wellbeing. We also have plans to expand this project in phases to take account of new ways of working in other areas of the hospice. We are grateful to CRASH Charity and Jessop and Cook Architects for supporting our initial feasibility study for the inpatient unit and to U+i, Coffey Architects and others for supporting our ongoing vision development and design; phase one of which we are aiming to implement early in 2024.

Given the above, it is proposed that the BDF is increased to £500,000 with further designation of free reserves into this fund.

One Bexley Adult Social Care Fund (ASCF)
GBCH is working together with seven Bexley-based charities to deliver a contract awarded by the London Borough of Bexley. Together, we deliver social care assessments, reviews and carers' assessments to people with non-complex needs. GBCH are the prime contractor and manage the commissioning relationship for this work and subcontract the majority of work to our partners. Our joint work is known as OneBexley, with most governance decisions being made in partnership.

NOTES TO THE FINANCIAL STATEMENTS (continued)
STATEMENT OF FUNDS (continued)

The ASC contract comes to an end in September, and if we do not secure the next contract, there are likely to be significant contract closure costs.

Given the year-end surplus generated by the project, it is proposed to create a new One Bexley Adult Social Care designated fund to the tune of £155,000 to cover the likely end-of-project expenditure across partners.

This is made up as follows:

- A significant external evaluation with a prestigious company to create learning which will influence all OB organisations (estimated £30K)
- Potential redundancy/contract closure cost (estimated at £85K)
- Potential band 6 role to fill an gap in quality and outreach (£40k)

The Charity has the following restricted funds:

Property Fund

The predecessor organisation to the Hospice, an unincorporated charity, transferred the land and buildings on which the Hospice's main operations are located, to the Hospice on restrictive terms for the sum of £1. The transfer documentation predates the SORP and Charities Act, but legal opinion clarified restrictive terms that the property is held on trust by Greenwich & Bexley Community Hospice Limited on behalf of the predecessor organisation. However, the Charity has the legal right to register charges against the property and it could be indemnified out of the premises in respect of liabilities properly incurred in the Charity's role of Trustee.

Accordingly, the net book value of the land and buildings together with all improvements made to date on the premises are reported as a separate restricted fund.

Transfers between funds reflects the capital building project and movement in fixed assets.

NOTES TO THE FINANCIAL STATEMENTS (continued)

15. ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS AS AT 31/3/2023

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets	-	233,654	5,797,436	-	6,031,090
Investments	1,020,457	-	-	-	1,020,457
Current assets	4,402,993	1,655,000	304,381	1,802,040	8,164,414
Current liabilities	(488,327)	-	-	(1,834,420)	(2,322,747)
	4,935,123	1,888,654	6,101,817	(32,380)	12,893,214

ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS AS AT 31/3/2022

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets	-	223,143	5,866,621	-	6,089,764
Investments	891,566	-	-	-	891,566
Current assets	5,582,712	900,000	244,584	806,570	7,533,866
Current liabilities	(1,561,849)	-	-	(1,022,797	(2,584,646)
	4,912,429	1,123,143	6,111,205	(216,227)	11,930,550

16. PENSIONS

The company contributes to the NHS and Stakeholder pension schemes in respect of eligible employees. The assets of the schemes are held separately from those of the company in independently administered funds. The pension cost represents contributions payable by the company to the pension scheme funds. The NHS scheme is a multi-employer deferred benefits scheme which is underwritten by the Treasury. The Charity's obligations are limited to its annual contributions. The scheme currently has an employee contribution of between 5% and 13.5% and an employer contribution of 14.3%. The Stakeholder Scheme has an employee contribution decided by the employee and the employer contribution is 1% above the employee's contributions up to a maximum of 7%. The total employers pensions contribution for the year amounted to £367,425 (2022: £332,792) and as at the balance sheet date the company held total contributions of £34,488 (2022: £53,207) that were payable to the pension schemes. The charity does not have any further commitments under these pension schemes.

NOTES TO THE FINANCIAL STATEMENTS (continued)

17. OPERATING LEASE COMMITMENTS

	2023		2022	
	Land & Buildings £	**Other £**	**Land & Buildings £**	**Other** £
As at 31 March 2023, the charity had annual lease rental commitments totalling:				
Leases expiring within 1 year	182,716	9,405	208,897	6,884
Leases expiring within 1-5 years	370,327	12,975	511,699	8,658
	553,043	22,380	720,596	15,542

18. CAPITAL COMMITMENTS

	2023 £	**2022 £**
Authorised	5,000	5,000

19. RELATED PARTY TRANSACTIONS

In 2023 the following transactions took place between the Charity and its wholly owned subsidiaries GBCH Trading Limited (company number: 05612068) and Greenwich & Bexley Community Hospice Lottery Limited (company number: 06483768):

Amounts due to the parent company at the year end was £1,542,987.

There are no other outstanding balances with related parties as at 31 March 2023 (2022: £nil). The total amount of donations received from the trustees in the year was £9,663 (2022: £ 9,155).

NOTES TO THE FINANCIAL STATEMENTS (continued)

20. COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (2022):

	Unrestricted Funds		Restricted	
	General	Designated	Funds	2022
	£	£	£	£
INCOME FROM:				
Donations and Legacies:				
Voluntary Income				
General donations	954,565	-	139,625	1,094,602
Charity shop donations	229,602	-	-	229,602
Legacies	969,279	-	-	969,279
Charitable activities:				
Operating a Hospice	5,020,881	-	706,423	5,727,304
Other trading activities:				
Charity shop income	1,882,465	-	-	1,882,365
Lottery income	417,442	-	-	417,442
Other sales income	38,542	-	-	38,542
Rental income	10,311	-	-	10,311
Investment:	21,923	-	-	21,923
Other income:	186,947	-	-	186,947
Total Income	9,731,797	-	846,348	10,578,145
EXPENDITURE ON:				
Raising funds:				
Fundraising and marketing costs	629,424	-	-	629,424
Charity shop expenditure	1,587,580	-	-	1,587,580
Lottery expenditure	255,591	-	-	255,591
Charitable activities:				
Operating a Hospice				
Clinical expenses	46,330,157		925,266	7,255,423
Total Expenditure	6,802,752		925,266	9,728,018
Net (losses)/gains on investments	67,064	-	-	67,064
Net income/(expenditure)	996,109	-	(78,918)	917,191
Transfers between funds	922,391	(843,206)	(79,185)	-
Net movement in funds	1,918,500	(843,206)	(158,103)	917,191
BALANCE BROUGHT FORWARD at 1/4/2021	2,777,702	1,966,349	6,269,308	11,013,359
BALANCE CARRIED FORWARD at 31/3/2022	4,696,202	1,123,143	6,111,205	11,930,550

GREENWICH AND BEXLEY COMMUNITY HOSPICE LIMITED

England & Wales - Charity number 1017406

Accounts

Greenwich & Bexley
Community Hospice

GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

(A charitable company limited by guarantee)

FINANCIAL STATEMENTS

FOR THE YEAR ENDED

31 MARCH 2022

Company Number: 2747475
Registered Charity Number: 1017406

Greenwich & Bexley
Community Hospice

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Greenwich & Bexley
Community Hospice

REFERENCE AND ADMINISTRATIVE DETAILS

Directors and Trustees

Mrs Ruth Russell	Chair (also Chair of Quality & Safety Committee to March 2022)
Mr Tim Gutteridge	Deputy Chair and Chair of Trading Board
Mr David Atterbury Thomas	Treasurer and Chair of Finance Information Governance and Information Technology Committee
Mr Gerald Peters	Company Secretary and Chair of Lottery Board
Ms Lekshmi Babarujan (resigned 21 July 2021)	
Mr Simon Di Marino	Chair of Investment Committee
Ms Paula Keats	Chair of Remuneration Committee
Mrs Estelle Kerridge	Board Safeguarding Champion
Ms Kate McGranaghan (appointed 10 November 2021)	Fundraising Link Trustee
Ms Rebecca Middleton	
Mrs Mairead O'Reilly	
Dr Mary-Clare Parker	
Mrs Manal Sadik (appointed 10 November 2021)	Board Equity, Diversity and Inclusion Champion
Mrs Komal Whittaker-Axon	Chair of Quality and Safety Committee
Mr Michael Williams (appointed 10 November 2021)	Marketing and Communications Link Trustee

Membership of Board Committees
Quality & Safety Committee
Finance, Information Governance and Information Technology Committee
Investment Committee
Remuneration Committee
Lottery Board
Trading Board (from August 2021)
Recovery and Transformation Programme Board (until November 2021)

Non-Trustee Advisors	Mr Mike Davis	Non-Executive Director for GBCH Trading
	Mr Barry Dow	Non-Executive Director for GBCH Trading
	Mr Ivan Izikotwitz	Non-Executive Director for GBCH Trading
	Mr Alan Powell	
Chief Executive	Ms Kate Heaps	
Senior Leadership Team	Mr Victor D'Arcy-Smith	
	Mr Jon Devlin	
	Ms Wendy Lethem	
	Ms Aneta Saunders	
	Mrs Susan Smyth (resigned May 2021)	
	Mr Graham Turner (appointed Sept 2021)	
Registered Manager	Ms Ellen Tumelty	
Registered Office	185 Bostall Hill Abbey Wood London SE2 0GB	
Bankers	National Westminster Bank Ltd 1 Townley Road Bexleyheath Kent DA6 7JG	

Greenwich & Bexley
Community Hospice

REFERENCE AND ADMINISTRATIVE DETAILS

Auditors	Haysmacintyre LLP 10 Queen Street Place London EC4R 1AG
Registered Charity Number	1017406
Company Number	2747475

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022

The Board of Trustees present their report and the consolidated financial statements of Greenwich & Bexley Community Hospice Limited (GBCH) for the year ended 31 March 2022.

The financial statements have been prepared in accordance with the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019), applicable law and the Charity's governing document.

STRATEGIC REPORT

OBJECTIVES AND ACTIVITIES

The Charity's public benefit as set out in the objects clause in its Articles of Association is, for the *relief of pain and suffering among the ill, the provision, management and maintenance of a hospice and associated community and outreach services for people with life-limiting illness and their families and friends, the protection and preservation of the health of those affected by bereavement and the advancement of education of professionals and the public in the relief of pain and suffering.*

At Greenwich & Bexley Community Hospice, we believe that every person facing death should have the best quality of life possible, experience dignity, peace and comfort and be supported to make the choices that are right for them.

Our organisational purpose is to support and care for people facing death and those close to them, their families and professional carers, acting as a system and community leader and connector, supporting others and delivering expert care to achieve our vision. As we strengthen our relationships across the community and health and care system, we will be generous with our skill and expertise to increase the profile of end of life issues and hospice care, improving access and extending reach.

Our staff work within our own services and in partnership with others to help patients maintain connections with their community and maximise their quality of life. We continue to be creative in our approach to care, reimagining support at home and for families, all the time responding to diverse needs and the challenges our patients and communities face.

We actively listen and respond to everyone who needs our care and at times, this requires us to lobby those in power to ensure that the necessary resources are available and that we can address barriers/challenges.

We recognise that our people are our greatest asset; we recruit, develop and retain the best people, creating opportunities and an environment for all of our staff so that they can be themselves and perform at their best.

Our Values

Public Benefit

The Trustees have paid due regard to the guidance provided by the Charity Commission on Public Benefit. They are assured that the aims and objectives, along with the outcomes of the activities of the Charity have met the Public Benefit requirement and acknowledge the generosity of its supporters who have enabled the public to benefit from the Charity's activities. This Trustees report demonstrates how this was achieved.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
OBJECTIVES AND ACTIVITIES (continued)

Our Strategy

The last year has been full of challenges and triumphs; when we first entered the Coronavirus Pandemic, none of us expected it to last a year, let alone two; but unfortunately, it has been what has coloured much of our lives in 2021/22 as well as the previous year.

Across the hospice, colleagues have learned to adapt to ensure that whatever their role they are still able to deliver; whether that is in our income generation team, in our back offices and support functions or in our frontline clinical services. Our multi-professional team has adapted their practise, testing themselves regularly to keep our patients and their colleagues safe; becoming proficient at communication over video or behind a mask and adapting their knowledge and skills to respond to fresh challenges to ensure that we maintain the best service we can for everyone who needs our care.

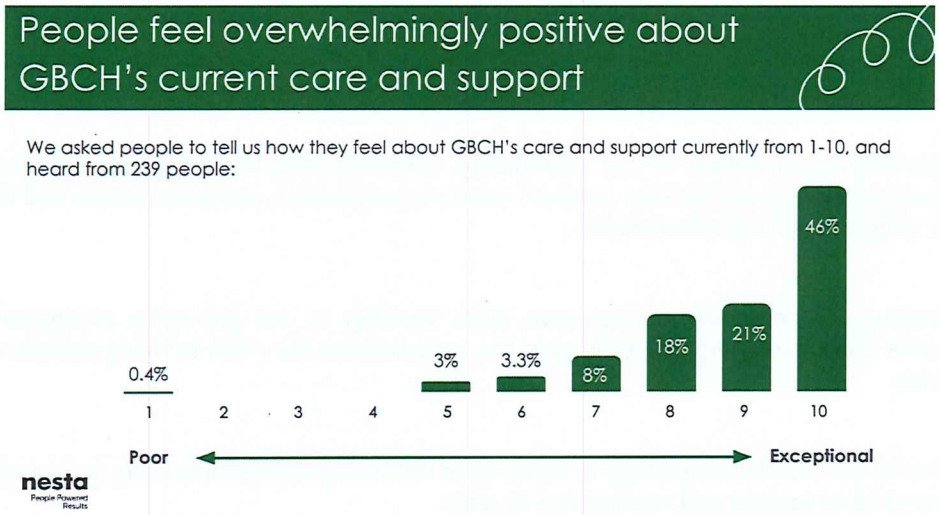
This virus has in some way impacted the lives and wellbeing of everyone in society, and at the hospice we have not only had to respond to greater need in our community, but we've had to take even greater care of one another. Colleagues have themselves been impacted by the virus, many have lost loved ones themselves or been very sick and some impacted by the protracted effects of long COVID. Nonetheless, those who were able have worked tirelessly to keep shifts covered and patients cared for.

Throughout 2021/22, we continued to use our Recovery and Transformation Programme (RTP) to set our direction, ensure we maintained operations and to develop our hospice. The programme focused on seven priority areas, identified and crystallised by the COVID-19 experience.

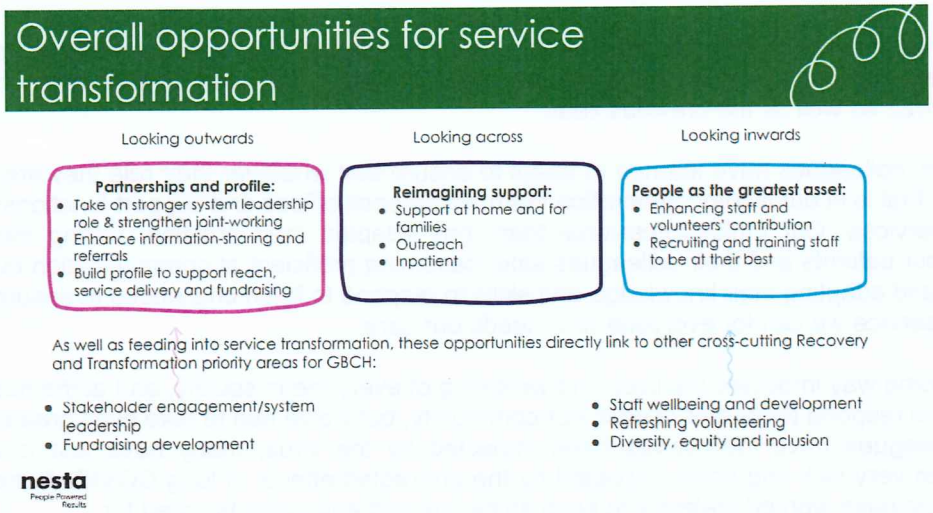
1. Service Transformation
2. Refreshing Volunteering
3. Staff Wellbeing and Development
4. Equity, Diversity and Inclusion
5. Retail and Commercial Development
6. Fundraising Development
7. Stakeholder Engagement

The programme has helped us during a time of significant uncertainty and change to make progress towards achieving our vision, respond to opportunities and become more resilient to future threats. Through the RTP, and working with Nesta and Julie Dodd, a digital transformation consultant, we were able to build on what we've learned and begin to put the last two years behind us with our new strategy, approved by the Board of Trustees in March 2022.

Some headlines from engagement conducted by Nesta on behalf of the hospice are outlined below:



TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
OBJECTIVES AND ACTIVITIES (continued)



Our new strategy outlines our priorities for the next five years. We will continue to ensure that our patients, their families and friends and the needs that they encounter through their journey from diagnosis through to death and into bereavement remain at the heart of all we do. Our skilled, compassionate and dedicated team of staff and volunteers, who always strive for the best in all that they do, will be responsible for the delivery of our strategy. Together we will work with local people and our partners to understand and meet the evolving needs of our communities, working together to achieve the very best outcomes for patients. The new strategy continues to take account of the accelerated change and adaptation we have seen through the challenges of 2020 and 2021 and seeks to build on what is positive about this change and leave behind that which is negative.

Our strategic priorities will help ensure that we utilise our resources as efficiently and effectively as possible so that care and support is available where and when needed, delivered by the most appropriate person or service. It also supports our aim to ensure that we remain financially sustainable, so that we can continue to provide care and support long into the future.

We recognise that our purpose will sometimes require us to take risks, to be courageous in advocating for those whom are most in need and sometimes to prioritise resources. We will continue to be innovative in our approach and focus on our priorities; this will help ensure that we achieve our vision of the best quality of life possible for people facing death in our community.

Our three strategic priorities will ensure that we continue to look forward to be the very best we can be:

1. Listening to all voices in our community, understanding their stories and challenging inequalities so that we develop support, which is responsive, compassionate and flexible to meet differing and individual needs

2. Growing and empowering our own staff, working to our strengths alongside system partners and developing others to give the best support they can to dying people and their families

3. Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income

Further information about our new strategy is available at www.communityhospice.org.uk

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
OBJECTIVES AND ACTIVITIES (continued)

The table below gives an overview of the progress made against our Recovery and Transformation Programme objectives:

Work stream	Progress
Service Transformation	• Appointment of New Director of Care and Service Transformation • Reopened our rehab gym and began a hybrid model of service delivery • Mapping of local opportunities for local wellbeing support already provided by partners • Commencement of 1-1 wellbeing support provided by Wellbeing Support worker • Evaluation of ongoing secondment of Physiotherapists to Oxleas' Lung Health team • Appointment of shared Occupational Therapist post with St Christopher's Hospice • Sessional Counsellors recruited for re-modelled bereavement service • Continuation of our involvement in system-wide 'Home First' model including 7 day Care Coordination service and further expansion of Social Work Team • Evaluation of Hospital End of Life Discharge Coordinator role • Further development of Care Homes Team including introduction of Care Homes ECHO webinars • Appointment of Board Safeguarding Champion • Completion of work by Nesta to inform new strategy • Completion of digital maturity assessment and horizon scan of opportunities to support service transformation • Worked with CRASH charity to commission options appraisal to inform clinical estates strategy
Refreshing Volunteering	• Reintroduction of face to face volunteering within hospice and community • Continued growth of Compassionate Neighbours scheme • Recruitment to new roles including for Kickstart Programme and reintroduction of Young Ward Volunteers
Staff Wellbeing and Development	• Staff wellbeing month took place in partnership with St Christopher's Hospice funded by SELCCG • Ongoing use of SE London Wellbeing portal and contribution to its development • Wellbeing sessions ad hoc/ via external supporters • Ongoing training and development available for all staff • Continuation of free meals for hospice based staff • HELP programme continues – including reintroduction of face to face training • Re-Introduction of Schwartz Rounds
Equality, Diversity and Inclusion	• Progress towards implementation of our E,D&I vision[1] and action plan • Introduction of new recruitment procedures • Further roll out of Unconscious bias training • Continued engagement with SE London People board E,D&I work • Appointment of Board E,D&I Champion • Commisioned METRO Charity to review support for LGBTQ+ people • Establishment of new Shadow Workforce Committee • Ongoing Community Development work

[1] The Hospice aims to develop a culture which values its staff and patients/ clients and its local community and to have a system in place which proactively promotes inclusion and equality for all as well as embracing diversity. We aim to integrate equality, diversity and inclusion in everything that we do, so that it is embedded in our daily practice.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
OBJECTIVES AND ACTIVITIES (continued)

Retail and Commercial Development	• Completion of retail review to advise future structure and strategy • Refurbishment of 2 retail units • Commissioned Box-move for hospice retail logistics • New Head of Retail in role • Established a Trading Board and recruited a new Trading Non-Executive Director
Fundraising Development	• Investment in fundraising to grow income, particularly individual giving, lottery and community fundraising • Reintroduction of some face to face fundraising events and continuation of virtual • Commenced project to replace our current Finance System • Appointment of new Database Manager and agreement to invest in new Customer Relationship Management System (CRM) • Appointment of a Fundraising Trustee Champion
Stakeholder Engagement	• Regular 'time to talk' meetings embedded across the organisation • Appointment of new Marketing and Communications Manager and review of regular communications, including further development of electronic communications Recruitment of Head of Communications and Marketing • Further development of brand and review of patient information resources • Appointment of a Communications and Marketing Trustee Champion

During the height of the pandemic, we made some changes to our governance structure to ensure continued board oversight and assurance, as well as to provide support to the Chief Executive and her senior leadership team. We have now reviewed the structure for 'business a s usual' and will continue to implement our planned changes throughout 2021/22.

Hospice Services
Greenwich & Bexley Community Hospice offers a number of services based within and working from our main Hospice building. We were last inspected by the Care Quality Commission in 2016, when we achieved an overall rating of 'Good' and a rating of 'Outstanding' in the responsiveness domain.

Services in the Hospice building
- Our **inpatient** unit, caring for and supporting people who have symptom control needs, complex psychological support needs, respite needs or end of life care needs. The team also provide significant support to the families and friends of those who we care for.
- Our **outpatient services** support people who remain at home but are able to travel to the hospice for rehabilitation, ambulatory treatments and outpatient review as well as complementary and creative therapies.
- Our **rehabilitation** team work with patients in all Hospice services to maintain or develop independence and develop strategies to manage symptoms such as fatigue and breathlessness.
- Our **bereavement and counselling** service gives emotional support and counselling to people with advanced illness and their families and friends before and after bereavement, face to face individually, in groups and over the telephone.
- The Hospice's **chaplaincy** service provides spiritual support to patients across all settings when requested.

Services in the Hospital
- The Hospice Team at **Queen Elizabeth Hospital**, Woolwich, trains and advises hospital staff on end of life care and symptom control issues as well as supporting patients and their families directly, helping to ensure that their wishes for care are met and supporting patients to be discharged home, or to a care home or the Hospice where this is appropriate. This service operates seven days a week.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
OBJECTIVES AND ACHIEVEMENTS (continued)

Services in the Community

- The hospice's **Community Services** provide specialist palliative care across Greenwich and Bexley Boroughs. Clinical Nurse Specialists, Doctors and Allied Health Professionals visit people in their own homes, in care homes and in the local prisons; giving holistic care, advice and support to them and their network of informal support as well as to the other community staff (GPs, District Nurses etc.) involved in their care. In Greenwich, we also provide a fully integrated care coordination, hospice@home and nursing service, providing practical and personal care around the clock in patient's own homes. Since the beginning of the Coronavirus pandemic, the hospice has also delivered personal care to residents in Bexley through a spot-purchase arrangement. These services operate seven-days a week as well as providing on call advice around the clock. In Greenwich we also provide night sitting and a night time rapid-response service, provided through a contract with Marie Curie and Oxleas NHS Foundation Trust.
- The Hospice **Social Workers** work with patients to access benefits and grants as well as to try to resolve housing issues and get help with complex children and family needs or safeguarding concerns.
- Our network of community **volunteers** increasingly also supports people in their own homes, and includes volunteers who provide compassion, companionship and practical support, these volunteers are called **Compassionate Neighbours**.

Education and Care Homes Support

- Through our involvement in the **Hospice Education and Learning Partnership (HELP),** our team provides bespoke and programmed training to nurses, doctors and other health and social care professionals as well as providing support and facilitation to staff, patients and families in care homes. HELP is a partnership between our own hospice and St Christopher's Hospice.

OneBexley

- In 2020/21 we were awarded a contract by London Borough of Bexley to provide assessment and review of social care needs for adults and their carers across the borough. This contract, which is the first of its kind, is delivered by the hospice as prime contractor with a partnership of seven other local charities. As the service develops we hope that it will help us engage with people earlier in their disease as well as supporting more carers who are looking after loved ones facing the end of their lives. Due to the success of the short-term pilot, which demonstrated better outcomes and more personalised care, we have been awarded a three-year contract.

Progress on Hospice Strategy and Priorities for Improvement during the Coronavirus Pandemic

Despite the challenges that continued because of the Coronavirus Pandemic, our Hospice achieved a huge amount in 2021/22. Much of what we achieved focused on us maintaining business continuity throughout our services as opposed to explicitly about meeting our strategic priorities, but where the situation presented challenges, we viewed them as opportunities to improve and in doing so were able to achieve a number of strategic goals.

Business Continuity and Infection Prevention

We were able to continue to protect our 'mission critical' services and support more people than ever before. Our hospice-wide pandemic planning group continued to meet regularly, to respond to new legislation and guidance, this has now become a regular group which meets to discuss operational challenges as they arise. The outcome of our governance review continued to be implemented, moving to bi-monthly board meetings and our new Workforce Committee was established in 'shadow' form. Operational managers continued to focus on maintaining our service and supporting staff and continued to assure the Board around our financial stability, workforce wellbeing and resilience, response to the pandemic and quality and safety of our services. Our Chair and Chief Executive continued with their weekly meetings and liaised with other Board members as necessary, we have reviewed our deputising structure for board members to ensure business continuity for governance and assurance.

In the early part of the year we continued to reduce face-to-face contact between staff and between staff and patients where this was appropriate. Many patients remain reluctant to have home visits and for some staff, work life balance has been enhanced by working from home, so hybrid working has remained in place where appropriate/ possible.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
OBJECTIVES AND ACHIEVEMENTS (continued)

Our Registered Manager/ Infection Prevention Lead led on all aspects of infection risk management with support from the pandemic planning group, our HR department and Estates Team. As the benefit of wide scale vaccination began to enable restrictions to be lifted in wider society, we were able to bring more staff, outpatients and visitors were welcomed back into the building, however we continue to maintain strict controls with mask wearing, social distancing and regular lateral flow device testing for hospice based/ clinical staff. We were pleased to be able to welcome our inpatient team back into the rest of the hospice as we opened the inpatient unit front doors once more. We remain diligent with barrier nursing for new inpatient admissions and patients suspected with COVID and we have had no COVID outbreaks in the hospice in the year because of our continued caution.

Partnership working

We remain grateful to our own staff who showed flexibility working in other areas of the hospice at times of peak demand/ staffing difficulty. In particular, our physiotherapists continue to be seconded on a part time basis to the respiratory team at Oxleas NHS Foundation Trust, working in the team to support patients who could benefit from a palliative approach.

Our partnership approach continued throughout the year with regular participation in the Greenwich and Bexley 'System' wide group 'Resplendent'. Through this group, we have proactively participated in problem solving across organisations, as well as getting support when the Hospice needs it from partners. We accessed winter funding once more which enabled us to invest in our community services.

Our Greenwich and Bexley End of Life group convened at the beginning of the pandemic now continues as a system wide group, chaired by our Director of Care and Service Transformation. The plans for this group link with the SE London Integrated Care System Palliative and End of Life Care Network which is lead by our Chief Executive and supported by a Project Manager seconded from the hospice.

We maintained our partnership with St Christopher's, including a joint Occupational Therapist post; however the Senior Medical support to our inpatient unit and collaboration on our second on call rota ceased due to changes in their medical staffing. An independent Medical Consultant supports the team instead and are working with Supportive Care UK to help sustain our second on call rota. Our Hospice Education and Learning Partnership continued to deliver face to face and virtual learning to colleagues across the NHS and independent care home sector, embedding virtual meetings called Project ECHO with our local care homes. We were sorry to see the joint Chief Executives from St Christopher's moving on to new roles at the end of the year and hope that our collaboration will continue under the new leadership.

Staff Wellbeing

The cumulative impact of two extremely difficult years has been significant across our whole staff team. Changes to practice with less face to face interaction and less opportunity for informal support, long hours and the reality and fear of COVID impacting on staffing levels and the health of ourselves and our loved ones, means that we all bear the scars of the pandemic. The unrelenting nature of these challenges has made it difficult to maintain morale at times. Our very special hospice team have supported one another to get through this last year and together we have achieved so much under tremendous adversity, the board are incredibly grateful for the continued commitment and dedication shown by every member of staff.

The conflict in Ukraine and the cost of living crisis has also added additional worry and pressure for people across the whole of society, our staff are no different and so we will continue to be mindful of both these issues in our wellbeing support.

We maintained regular 'time to talk' sessions for colleagues to share worries and anxieties as well as good news. We also held a staff wellbeing month in partnership with St Christopher's Hospice in May. The month included pamper days, wellbeing checks as well as a programme of virtual health and wellbeing focused sessions. The funding received from SE London Integrated Care System for the month also funded refurbishment of our staff 'wobble room' and the ladies' changing rooms. We were pleased to be able to reintroduce Schwartz rounds, which we also opened up to colleagues from Oxleas NHS Foundation Trust and were evaluated well. Staff began to use our 'Speak Up' platform *Work In Confidence,* albeit in small numbers, and continued to access Clinical Supervision, our Employee Assistance Programme and the South East London Wellbeing portal.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
OBJECTIVES AND ACHIEVEMENTS (continued)

We're planning a review of Clinical Supervision in 2022/23 which will inform our strategy to support clinical staff; we're also planning a hospice-wide staff survey at the beginning of 2022/23 and willuse the findings of this to inform our People Strategy. We'll also continue to link with our staff wellbeing group formed as part of the RTP, to develop more wellbeing initiatives.

'What was best for me was the wellbeing check, which thankfully I have followed up with my GP. If I didn't do this I don't think I would have spoken to my GP and now receiving treatment. So very well done'

'Thank you for putting these sessions on - it was really good to take some time to do mindfulness or to get a massage, as this is not something I would do regularly. It would be great to see initiatives like this spread across the year to encourage staff to remember to prioritise their own health and wellbeing. Thanks again, great idea!'

Feedback from staff following our joint hospice wellbeing month

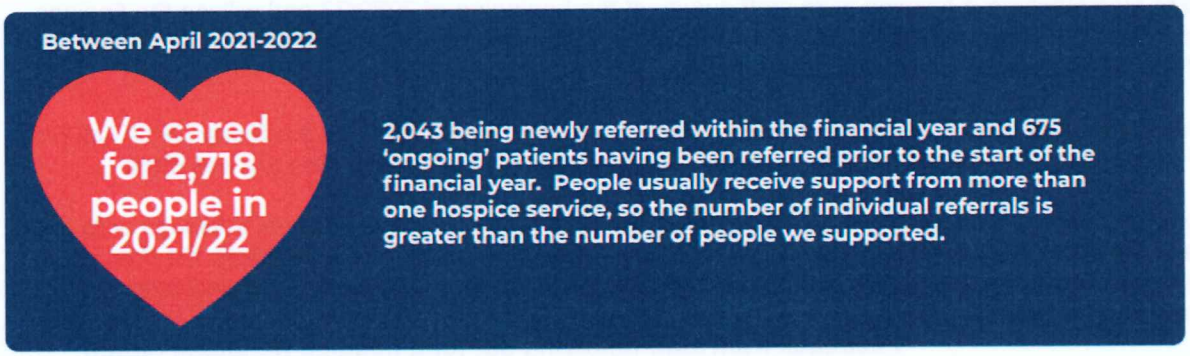
'It's nice to be able to connect with colleagues that we wouldn't normally see. Having an insight into each other's working lives is interesting and often very impactful.'

Feedback from staff member following a Schwartz round

Investment in Information Technology
Following the significant investment in IT in the previous year, we continued our network upgrade and moved our server infrastructure into the 'cloud'. We also commenced a project to move our finance system onto a new platform, the project will complete in the autumn of 2022, closely followed by a planned upgrade to a new Customer Relationship Management System.

Financial Sustainability
Although budgeting and income from our usual sources of income were still impacted by the pandemic, we faced immense uncertainty and so we adapted and developed our plans accordingly. Detail on retail and fundraising income is provided later in this report. We were extremely grateful for the continuation of the Hospice grant from NHS England, which gave us an ability to plan and develop in response to increased need.

CARE ACTIVITY



Hospice Based Services

Inpatient Care

In 2021/22 we provided care for 295 patients within Woodlands, our Inpatient Unit (257 in 2020/21). Despite this, occupancy remained at only **63%** (2020/21 63%) because our average length of stay reduced from 13 days to **10 days**, as many patients chose to remain at home surrounded by family, rather than attending the hospice which had restrictions on visitors for parts of the year. Patients are referred for inpatient care for pain and symptom control, terminal care, complex psychological support and respite care.

For some patients their symptoms become hard to manage and require specialist assessment, support and treatment. These patients will stay with us to enable the multi-disciplinary team to assess their condition and if necessary, modify their medication in order to relieve pain and other symptoms, before discharge back home. There was a slight increase in patients being discharged at the end of their stay with **28%** of patients who stayed in the Hospice in 2021/22 being discharged home (2020/21 26%). Some people whose illness has reached the final stages choose to come to the hospice for terminal care: these patients are offered compassionate nursing and medical care so they can achieve the best quality of life during their final days.

The direct cost of providing care in the Inpatient Unit in 2021/22 was £1,439,814 (2020/21 £1,445,115), costs remained flat, mainly due to a high vacancy rate in our inpatient team.

Outpatient Services

Rehabilitation

The Hospice rehabilitation team, comprising 2 Physiotherapists and an Occupational Therapist, work with our nurses and doctors to enhance the skills of the multi-disciplinary team and encourage a rehabilitative approach across all of our services. Our team continued to develop this service, embedding a rehabilitative approach throughout all areas of the Hospice and working with a small number of rehabilitation volunteers who support their work.

The team worked in the inpatient unit, our rehabilitation gym and virtually to support patients with a small amount of home visiting taking place, mainly by our Occupational Therapist. Our physiotherapists continued to be seconded to the Oxleas NHS Foundation Trust lung health team on a part-time basis and following positive evaluation we are now seeking funding to continue and expand this service. IN total the team supported 201 new patients in the year, compared to 116 in 2020/21.

Our Wellbeing Support Worker spent time with individual patients as well as mapping services provided by others in our community. She is now in the process of developing a number of opportunities for virtual and face-to-face wellbeing groups and these will increase when we appoint to a new Allied Health Professional/ Wellbeing Lead post, planned for 2022/23.

Case Study:
After a stay in hospital, Tracy chose to spend her final weeks in our inpatient unit. She was unsure what to expect as she was unaware of the hospice and the support and care available. Initially she had found it a little scary, but was quickly put at ease by the compassion shown to her by the team who looked after her and the bonds that quickly formed. She recalled that on her second day, Nurse Louise had painted her nails and later washed her hair and how happy and lifted that had made her feel.

Tracy was amazed by the level of the personalised and compassionate care that she received and the positive impact that had on her and her visiting family, and she wanted to shout about the great work that the hospice is doing in the community "Many years ago, when you'd say the word 'hospice', you'd think actually its end of life care, but it's so much more. They are doing so much more for me, it's not all about just one thing and they've got the facilities to help you live your life the way you need to live it, no matter how long you've got to live it."

Social, Psychological and Spiritual Care
The Hospice endeavours to meet all the needs of its patients whether they are physical, emotional or spiritual. Our social workers, bereavement support team, chaplain and volunteers help other members of the team to ensure that we meet the holistic needs of patients and their families and friends.

The need for social work support continued to increase in 2021/22, supporting 112 new patients this year (114 in 2020/21) with a variety of issues including complex family work, safeguarding issues, housing, benefits and asylum issues. We were successful in our plans to expand our Social Work service in the year, which helped to meet this challenging workload. We hope that in 2022/23 we will be able to expand our pre and post-bereavement support for children as we continue to see more parents of children as children.

During the course of this year, we continued to offer one to one counselling support virtually via telephone and video. We offer counselling to patients, relatives and carers, before and following bereavement for relatives. Where appropriate, we pass on referrals to other partners through our newly established Greenwich & Bexley Bereavement HelpPoint. In total in 2021/22 our counselling service supported 503 people, provided by paid and volunteer sessional counsellors as well as our Bereavement Coordinator.

Practice Development
We continued to work through HELP, the Hospice Education and Learning Partnership in collaboration with St Christopher's Hospice. By working together we reached more local health and care staff, enabling them to support more people to achieve their goal of dying in their own home or care home focusing on promoting holistic care, dignity, independence and choice at the end of life as well as developing symptom management and communication skills.

Community Based Services
The Hospice offers 24 hour care and support in the community across the London Boroughs of Greenwich and Bexley. In 2021/22 our specialist palliative care community team supported **1,489 new patients** (1,331 in 2020/21, **a 12%** increase); **196** of these patients were supported at some point during their journey via our telephone support service (263 in 2020/21). Of the **1,546** people who died under the care of the hospice (all services), **69%** were able to die out of hospital (67% in 2020/21).

Whilst there was a slight reduction in patients with a cancer diagnosis (reduction of **58 or 4%**, following a significant increase in 2020/21), the most notable growth in activity was in people experiencing frailty/ old age and those with respiratory conditions. The team supported an additional **50** people experiencing frailty/ old age in 2021/22, an increase of **100%** and **49** people with a respiratory condition, an increase of **20%**.

The direct cost of Specialist Community Care in 2021/22 was £959,011 (2020/21 £949,956), challenges in recruitment and vacancies were responsible for costs remaining relatively flat. Our community team continued to use technology to assist them in their clinical practice, protecting shielded patients as well as freeing up valuable travelling time.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

The Hospice@Home service continues to deliver an important element of Hospice community activity, led by the Hospice and delivered in partnership with Marie Curie and Oxleas NHS Foundation Trust. The total cost of the care provided by the Greenwich Care Partnership in 2021/22 was £772,546 (2020/21 £724,457). Throughout 2020/21 our team took a leading role in managing the discharge process for those facing end of life in Queen Elizabeth Hospital and we were delighted to be able to support Bexley residents as well as those we normally support in Greenwich through our Hospice@Home team, the increased costs mainly relate to these additional services. In 2021/22 the Hospice@Home team supported a total of 250 new patients (275 in 2020/21).

Case Study:
The Community team are currently supporting a young man of 26 years old who lives with his mum and young sister. He was diagnosed with a rare brain tumour when he was 18 years old, just as he was ready to start university. Despite life changing immeasurably for him, he went onto graduate from university, set up a social enterprise to educate and support people affected by cancer and brain tumours, particularly those in Black and Minority Ethnic communities and he started a company which sells merchandise to support the social enterprise – Rare & Loved.

Since then, he has undergone a number of surgeries and treatments, each having some residual effect on him in some way. The team have been involved since Summer 2020 with practical issues such as benefits, securing a family break, advocacy, symptom management, emotional support and referring his younger sister to Young Carers. The disease has progressed further and there are no further treatment options, we continue to support the patient and family on this difficult journey. The patient has recently had a book published, detailing the challenges that he has encountered and how he has coped with them.

Hospice Outreach in Hospital
Our hospital support team based at Queen Elizabeth Hospital, Woolwich, plays an important role in educating and advising hospital professionals as well as supporting patients and their families in hospital. This year our small team made visits to **941** patients over 1075 referrals (918 patients and 1062 in 2020/21 **2%** increase). This demonstrates sustained growth following investment in the team the previous year. The direct cost of Hospice Care in the Hospital in 2021/22 was £393,569 (2020/21 £345,008).

Case Study:
It's always good to apply our hospice approach to care in the hospital setting; the hospice's hospital support team recently cared for a patient who was approaching the end of her life who had complex care needs most suitably catered for in a hospital environment. After struggling with this reality, the team had emotional and honest conversations with her about where she would preferred to end her days, and having discussed that a hospice stay was not going to be possible, they ascertained that what was most important to her. She wanted her husband to be able to stay with her and to spend time outside, seeing the birds, the greenery and the blue sky. The hospital team leader and senior doctor took time out of their rounds to take her in a wheelchair away from the busy hospital ward into the fresh air where she could see the trees and sky outside the hospital. The team leader later commented 'It was a most honourable and beautiful moment that we were able to share with the patient and her husband- the patient who could not verbally communicate shed tears and smiled - the husband was so grateful.... it was one of the most beautiful moments of end of life care in my experience and one both myself and colleagues will remember forever.'

OneBexley Consortium
One Bexley is a consortium of eight charities who have agreed to work together for mutual benefit as well as to improve the lives of Bexley citizens. The consortium includes the Hospice, Bexley Voluntary Services Council, Age UK Bexley, Inspire Community Trust, MIND in Bexley, Carers' Support Bexley, SE London Crossroads Care and Bexley Mencap.

In April 2020, OneBexley was awarded a contract to deliver and transform the way that adult social care is delivered. The consortium is working with the council and partners to ensure that the most vulnerable people in Bexley get the right kind of care and support.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

Through the contract, we are aiming for people to:

a. Have care and support that enables them to live as they want to
b. Be in control of planning their own care and support with additional help as required by those who know and care about them
c. Have needs met effectively, efficiently and quickly
d. Facilitate proactive and preventative care support rather than reactive and crisis care[2].

Greenwich & Bexley Community Hospice is the prime contractor for the OneBexley Pathways Contract and our Chief Executive chairs the One Bexley Programme Board. Through this mechanism the Hospice is working to extend reach, build and utilise community assets and deliver value for money and quality benefits to the Hospice, the wider system and the Bexley population.

Following the success of the pilot phase, we were pleased to be able to secure a new three-year contract for OneBexley in March 2022.

REACHING ALL OF OUR COMMUNITY

Care beyond Cancer

The Hospice continues to strive to reach people with a diagnosis other than cancer, who nationally are often less likely to be referred and to access support from specialist palliative care services.

In previous years we have only reported on one primary diagnosis for each patient, however many of our patients have complex needs and more than one significant diagnosis. Referrals between April 2021 and March 2022 included 125 people referred to our counselling/social work service only; we have excluded these clients for the purposes of diagnosis reporting, as many of these will be carers or bereaved family members. This leaves 2,593 people with at least one recorded diagnosis.

The proportion of patients with a cancer diagnosis was 52%.

Serving People of All Ages

The Hospice provides care to anyone with a life limiting illness living in the London Boroughs of Greenwich or Bexley who is over the age of 18[3]. The majority of people we care for are over 65. In 2021/22, **65%** of the people we cared for were over 75 (2020/21 62%) and **36%** were over 85 (2020/21 33%).

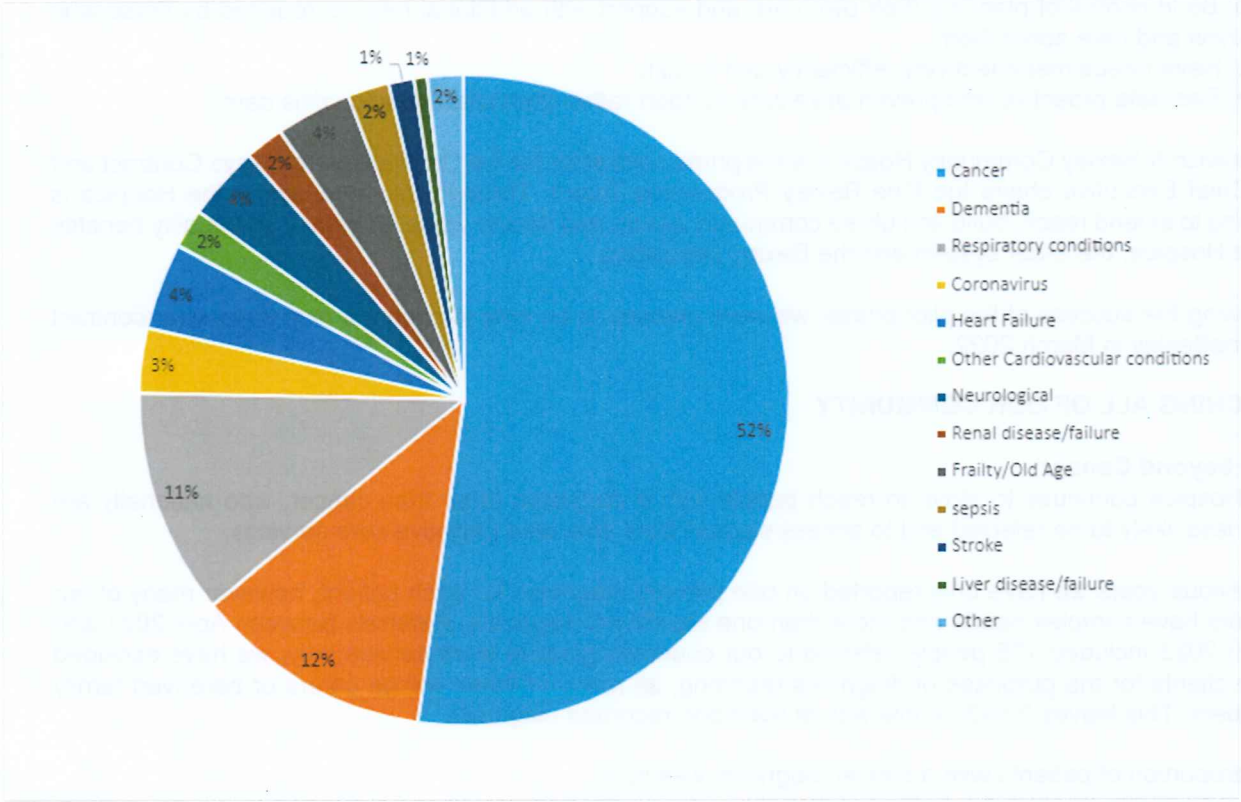
As predicted, we are seeing the need for care for the "older old" increasing and we expect this trend to continue over the next 10-20 years. This is already having an impact on the type of care we provide as people in the "85 years and over" category are more likely to have elderly carers or live alone, and may also be more likely to live in a setting such as a care home or supported housing scheme. In addition, older people are more likely to have multiple conditions, including dementia, and therefore live with increasing levels of frailty and with more complex needs. We continued to invest in our work in care homes in 2021/22 and will continue to develop this support as part of the new strategy.

[2] Taken from LBB pathways contract service specification (2020)

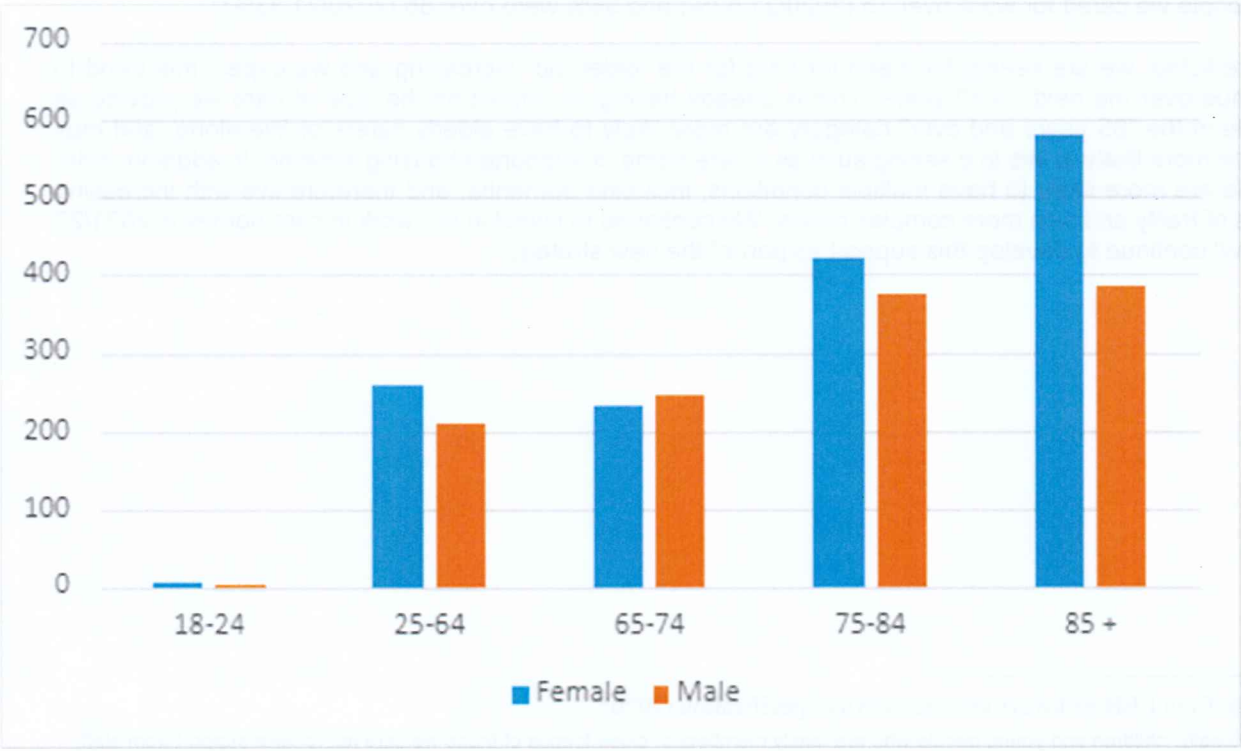
[3] Additionally, children and young people who are family members or close friends of those we care for, receive support from staff, particularly psychological support and social work services.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

Patient Diagnosis



Patient Age/ Gender



TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

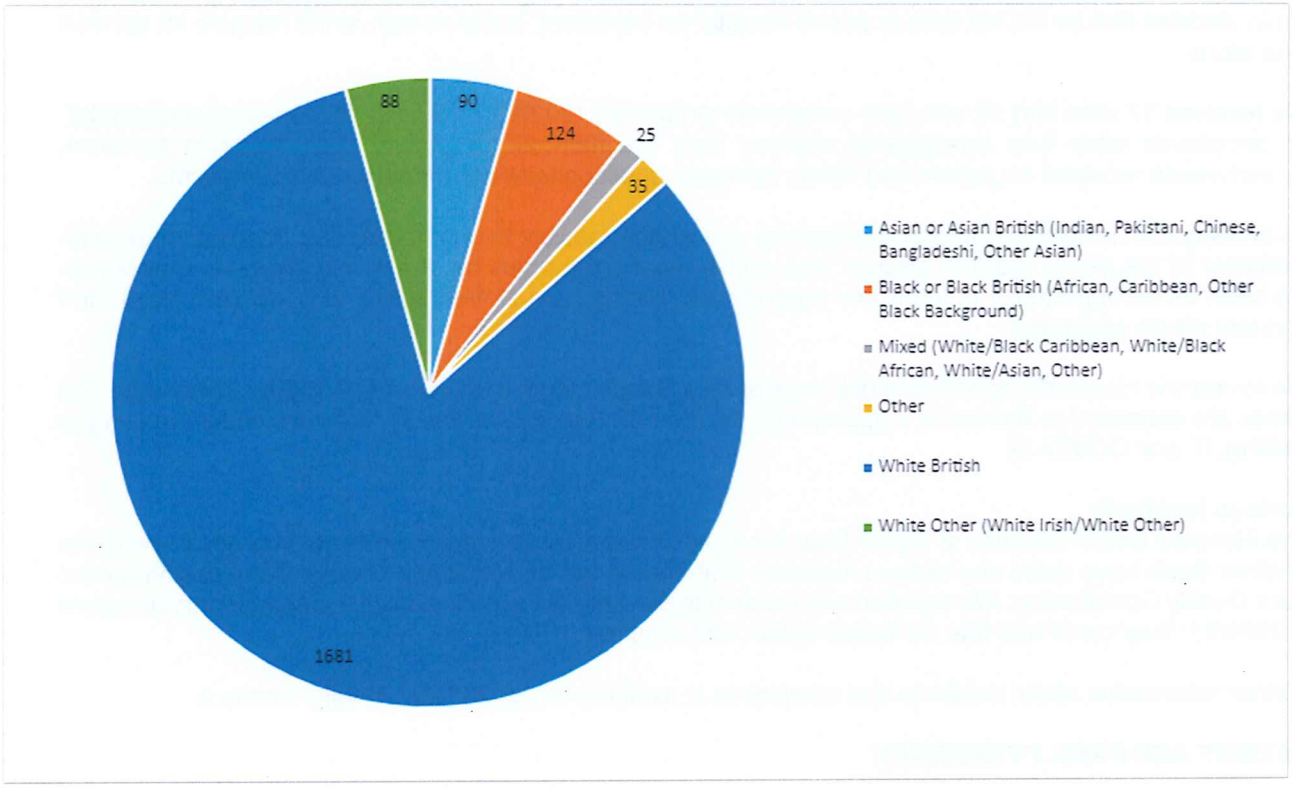
Cultural Diversity

The Hospice continues to focus on ensuring that all groups in our community are aware of our services and to break down the barriers to accessing our care and support. As part of this strategy, we spend time with community leaders and groups listening to them about their needs and talking about the Hospice to try to dispel any myths that may discourage people from accessing our services when they need them. At the end of 2019/20 we received a grant from the National Lottery to help us accelerate this work, however the pandemic forced us to scale back our plans to focus on maintaining business continuity.

Although we have made some progress with our ethnicity monitoring (838 or 29% of patients in 2020/21 did not have their ethnicity recorded), disappointingly in 2021/22 this issue remained for 675 people or 25%. For the remaining patients for whom ethnicity was recorded, there was a larger number of people in the non-White British group (27% year on year increase) whereas the White British group stayed the same. We saw the largest growth in the 'Black or Black British' and 'Other' categories.

We continue have a clear focus on data quality in all areas, but are particularly focussing on this area as part of our Equality, Diversity and Inclusion Work which will be monitored through the Quality and Safety Committee.

Cultural Heritage



TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

INCIDENT MANAGEMENT/ HEALTH & SAFETY

Reporting of clinical incidents is embedded into the routine business of the Hospice Quality & Safety Committee through the clinical dashboard.

Our medicines incident rate was **56** for the whole year (74 2020/21) a further reduction on the previous year and a welcome downward trend. We were able to use Hospice UK's national annual benchmarking audit to compare ourselves against similar hospices; incidents are graded level 0-6 with 0 being least severe, our errors ranged from level 0 to level 2, also an improvement on the previous year. Our rate of "level 0" (error prevented) drug errors at Greenwich & Bexley Community Hospice is higher than the average for Hospices of a similar size (45% at GBCH, 29% National average per annum),however the overall number of incidents reported is higher, which we strongly believe is due to the low threshold we have for reporting concerns, no matter how minor. We had no repeated incidents of concern and nursing staff undertake a regular medication assessment to assure the organisation of their competency.

Through the National audit programme, we are also able to benchmark our performance in terms of the incidence of falls. We reported a lower than average figure for falls of **8.2** per 1,000 overnight bed days (Audit average 9.9), we also reduced our overall rate by 50% from 16.7 in 2020/21. 96**%** of falls were in the no harm/ low harm category, sadly the remaining 1 fall was recorded as severe harm, this related to a gentleman who had sustained a suspected hip fracture whilst trying to mobilise independently. He and his family decided that he did not wish to attend hospital for treatment, but to remain at the hospice for comfort care alone.

We received 17 care and 16 non-care complaints in 2021/22 (2020/21, 15 care, 15 non-care complaints), all complaints were fully investigated, whether they are informal complaints such as direct feedback or comments received on patient and family feedback questionnaires or formal written complaints.

An investigation is carried out for all complaints and where possible the complainant is invited to meet with members of the senior team to discuss their concerns and the outcome of any investigation. Complaints are seen as an opportunity to learn and improve and findings are shared widely with our own team, and partners where applicable.

We review the Hospice's operational risk register as a standing item at the Quality & Safety Committee and issues are escalated to the Board if appropriate. In 2021/22 the register mainly featured matters relating to staffing, IT and COVID-19.

Serious Incidents

The Hospice Board receives a report from the Chief Executive at every Board meeting which confirms whether there have been any serious incidents that should be notified to the Charity Commission and/or Care Quality Commission. We reported one incident to the Charity Commission as a precautionary measure in 2020/21; they confirmed that no further action was required.

Further information about incidents and complaints is available in our 2021/22 Quality Account.

PATIENT AND FAMILY FEEDBACK

The Charity receives hundreds of thank you cards and letters from patients and bereaved families each year; in addition, there are a number of comments and suggestion boxes placed around the Hospice building and we continue to gather patient and family feedback in a more structured way through questionnaires. We continue to use our online feedback portal **iWantGreatCare** to collect patient feedback, with targeted mailshots to certain service users.

Our **Patient Forum** unfortunately remained on hold throughout 2021/22 due to staff capacity and social distancing; however, we will be pleased to see this restart early in 2022/23.

When received, feedback is reviewed at the Hospice's regular clinical leads meeting and Quality & Safety Committee. This feeds into a quality improvement plan and helps shape our services in the future.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

'In the most dire circumstances we found the support of the entire team exceptional, warm caring and positive. We couldn't have asked for more. We were rewarded with 10 months at home together despite the prognosis of only days to live after the initial admission - thank you'

Feedback on community service from bereaved relative

'I feel I must thank you and our team for admitting yesterday my dear brother in law into your inpatient unit, which has saved the day after a struggle at home, complicated by my sisters advanced dementia and her having to be admitted to a nursing home. My nieces report such amazing care already received from the clinical team.....I must admit I did burst into tears just now reading my niece's text from her dad's bedside describing your excellent care for her dad'

Thank you letter, Inpatient Unit

'(She) only stayed 4 days in your hospice. Having herself trained and served as a nurse in the NHS for 41 years. When (she) said to every family member her sincere satisfaction about the wonderful care and attention she received from all your staff, that was a first'

Thank you letter, Inpatient Unit

'I don't even know where to begin in saying how massively thankful we are for the care and love you gave. You were so incredibly kind to both him and our family and you made a sad and hard situation much easier for all of us and most importantly you made (him) comfortable and put a smile on his face every time you walked through the door.'

Feedback on Hospice@Home service from bereaved relative

'I would like to thank you for all the help my husband and I have received from the hospice at this very difficult time. Thanks to (community nurse) for helping him come to terms with his cancer and accepting his condition. To (the inpatient drs and nurses) who looked after him and lastly (bereavement coordinator) for helping me cope throughout'
Feedback from bereaved relative on Inpatient Unit, Community Service and Counselling Support

SUPPORTING THE HOSPICE TO PROVIDE CARE

Volunteers

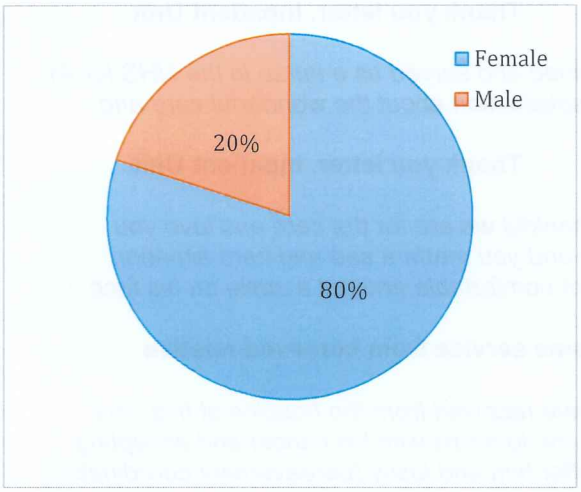
The Hospice continues to benefit from the support of a large number and diverse range of volunteers. Volunteers not only bring their time and expertise but also their personalities and life experiences, helping to create the special atmosphere that exists within the Charity.

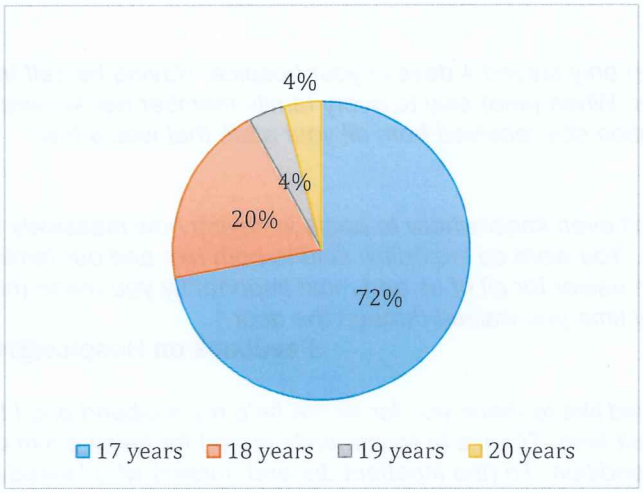
Volunteers work in all areas of the Hospice; these include trustees, receptionists, gardeners, clothes sorters in retail distribution, IT volunteers, compassionate neighbours and volunteer fundraisers to mention a few. In 2021/22 528 people were active as volunteers, collectively giving over 83,000 hours of their time and skills.

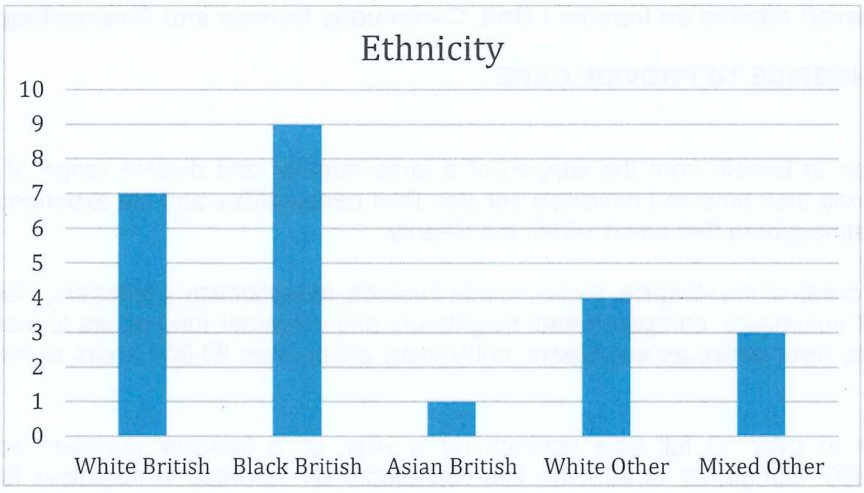
In total, this equates to over 50 full time workers for a year, or a financial donation equivalent to approximately £917,500. Compared to 2020/21 this represents an increase in volunteer hours as we reopened our shops and safely opened our building back up to volunteers. We were excited to welcome volunteers back across all of our services, as they are a key part of the fabric of the organisation, representative of our whole community and embedding the ethos and values of charity in their work. We are indebted to all of our volunteers, new and established, who step up to take on new roles and established positions to support our staff team and our patients.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

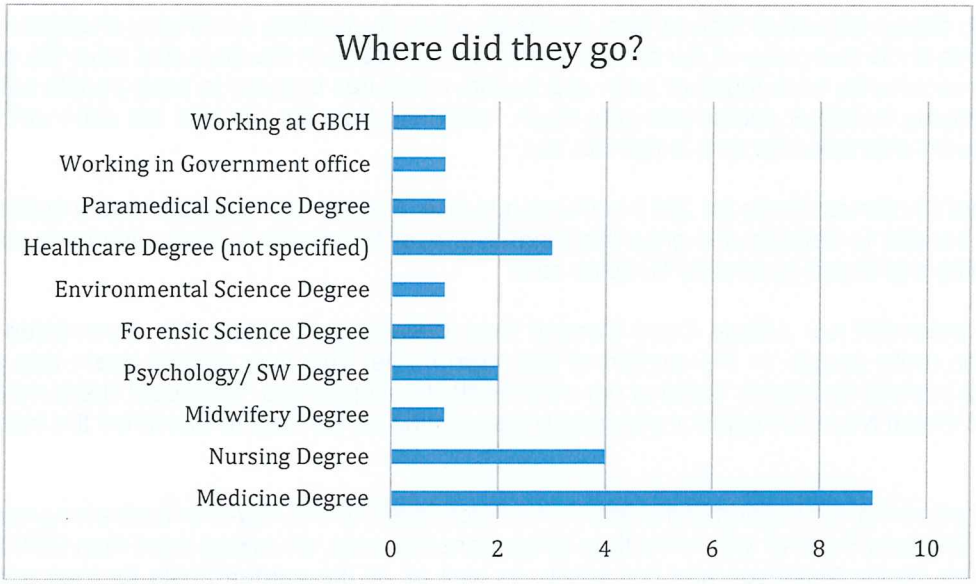
The skills and expertise that volunteers add to every aspect of our work is one of the aspects that makes Hospice care so special. We are proud and greatly encouraged to have such a wide range of volunteers from teenagers to people in their late 80s offering their time to the Hospice. We have identified volunteering as a priority in our new strategy which will focus on recruitment of new volunteers, development of new roles and training and support for new and existing volunteers as well as those staff who manage volunteers. We also hope that we can encourage people to volunteer for the hospice as a way to widen participation in the community, in health and care generally and to improve their wellbeing and life and career chances in future. Our Young Ward Volunteers Programme is one such example of this, over the first two cohorts we have had 25 volunteers from a range of backgrounds, many of whom who have gone on to use their learning to support their studies/ work in healthcare.







Case Study:
Nineteen year old student Sophie's ambition was to become a nurse and she was studying Health and Social Work Level 2 when she applied to join our Young Ward Volunteer Programme. In September 2021, she began her six-month volunteering placement, which consists of extensive training via weekly four-hour shifts on our Inpatient Unit supporting our clinical team, whilst simultaneously working towards a non-accredited Care Certificate. Sophie gained valuable healthcare experience through the programme and enjoyed it so much so that she has become a Healthcare Assistant and a valued member of the hospice staff team.



Income Generation

Fundraising and Lottery

Throughout 2021/22 we continued to face many of the same challenges as the year before however, we are now much more comfortable with applying a flexible approach and are more adept at learning from our peers and proactively listening to our supporters. The team has also become expert at responding to changing circumstances and taking a creative approach to raising much needed funds. This year, across all areas of fundraising, our priority has remained a focus on excellent engagement with local people to build solid foundations for future years.

Despite another challenging and uncertain year for our organisation and recognising that local people also face significant challenges, we continued to be overwhelmed by the support from our community. We couldn't do what we do without those who take part, fundraise, volunteer and donate. Your unwavering support through such difficult times, feels so incredibly special. Thank you.

Fundraising income fell short of budget in 21/22 by £108,000 however it is worth noting that total income of £1,173,000 demonstrates an 8% growth on 19/20 (pre-pandemic) income generated. With excellent budgetary control and due to a number of vacancies throughout the year, expenditure fell short of budget by £76,000, making for a net contribution £32,000 short of budget.

Events Fundraising struggled with continued uncertainty around COVID-19 infections and cautious supporter behaviour. The team were creative and determined in their approach to try new things; we utilised a new online platform and ran our first virtual challenge event with more than 100 people taking part, 80% of whom fundraised (compared to a general average of 30% participants raising sponsorship). Across the events calendar, the team focussed on tailored communications for supporters, to see smaller groups fundraising more on average.

We were delighted to see the return of our first in-person event for two years, hosting the Mini Marathon in Royal Greenwich Park in September. Despite much lower levels of registration than in previous years, thoughtful communications meant that 45% of new supporters and 35% of returning supporters, raised sponsorship to support the work of the Hospice. It was a wonderful morale boost for the team and many of our dedicated volunteers to return to in-person events and there was an uplifting 'community spirit' atmosphere bringing people back together for such a fun event. A special mention must go to our fantastic event sponsors, JLL and groups that volunteered en-masse to make the event possible - Lewisham & Greenwich Police Cadets, the 97 (Woolwich) Detachment Army Cadets and Greenwich GoodGym.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

We decided to go ahead with other face-to-face events as a way to prioritise continuing engagement with our community. We know that many of our annual events are key dates in the diary and have the potential to help bring our community back together (with appropriate measures in place to keep people safe). Our message in continuing to deliver events was very much, 'we're still here for you' and 'we can't wait for you to join us at an event whenever the time is right for you.'

We opened a new Christmas Grotto for 2021 in Danson House, Bexley. Our first year was a success and we hope we will be able to develop and grow this fundraiser over the next few years, engaging with local families to generate significant income for Hospice care.

In 2021 we live streamed our Annual Carol Concert from Greenwich, bringing this much-loved festive fundraiser to even more people, in the comfort of their own home. This very special event was also an opportunity for us to invite and thank some of our most dedicated supporters. We would like to extend our thanks to the Old Royal Naval College for generously discounting venue fees to maximise the income we raised.

In Community Fundraising, we supported the return of a much-loved community-own fundraising event, our in-person 'Open Gardens Festival' with more than 30 gardens featured; we raised more than £20,000. We would like to thank Penny Matheson and her family, as well as all the garden hosts for their support in running and hosting the festival.

Local people demonstrated their unwavering support once again through individual giving; with a new Individual Giving Manager now in place, we are refining processes and our offer to grow this income stream and our weekly lottery further over the coming years.

We continued to run a door-to-door and venue canvassing campaign in partnership with LFS (Lottery Fundraising Services) and saw the Hospice's weekly lottery membership grow by 1,904 players. The team returned to face-to-face activity on 12th April 2021 and the signup numbers for April and May totalled 798 compared to a budget of 140. These fundraisers are also raising awareness of the Hospice generally and signposting local people to find out more, or support in others ways if playing our lottery is not right for them. The Lottery contributed £163,610 towards Hospice care and lottery players also made donations back to the Hospice totalling £17,000 in 2021/22.

Striving for the highest standards

We commissioned a database consultant to report on the quality of our data and processes, as well as an external data protection audit. Both exercises highlighted areas for improvement and resulted in an action plan to ensure the highest standards of practise, these have all now been made. Along with wider conversations around our vision for Fundraising operations, this piece of work resulted in the Senior Leadership Team championing a project to replace our Fundraising database. This is incredibly exciting and will transform the way that we work and enable a culture of data-led decision making which is vital for great relationship management, supporter care and income growth.

The impact of vacancies

The level of vacancies in our team has affected our ability to deliver against planned activity and generate income; at no point in the year has the team been at full strength and so there has been an added burden for the whole team to cover the workload of vacant posts. The recruitment landscape has changed significantly in the last two years and remains incredibly challenging across all areas of the business; adapting our recruitment processes has been essential to ensure we engage the best fundraising candidates.

It is vital to have the right people in the right roles, so despite the challenging landscape, we have been sure to wait for the right people. That did mean that for more than 7 months of the year we were without an Individual Giving Manager and a Trusts Manager. For 6 months of the year we were without support in our fundamental donation processing function, which a number of the team covered by picking up additional responsibilities. We were also unable to progress our major donor/philanthropy fundraising plans, as we struggled to recruit to this new post for the whole year.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

Our approach to fundraising
At Greenwich & Bexley Community Hospice, our supporters and the local community are incredibly important to us and we always endeavour to deliver the highest possible standards when fundraising. The trustees are aware of best practice and trustee duties as contained in the Charity Commission publication CC20 "Charity Fundraising: a Guide to Trustee Duties".

In 2021/22 we continued to make sure all our fundraising activities were compliant with regulatory standards as well as including additional levels of risk management and provisions in line with government guidance. We continued to prioritise excellent supporter experience across all areas of fundraising and continued to review our data protection compliance and best practise.

The Hospice is registered with the Fundraising Regulator and adheres to the code of Fundraising Practice; we received no complaints via the Regulator in 2021/22. Greenwich & Bexley Community Hospice Lottery is registered with and regulated by the Gambling Commission.

Trading
The government restrictions relating to the COVID-19 pandemic were lifted in the middle of April allowing our stores to operate throughout the rest of the year without any closures. We originally anticipated three months of lockdown and budgeted accordingly hence our total gross income from Retail significantly outperformed our budget and raised £2,111,967 (2020/21: £704,583). Our stores traded for 50 weeks and delivered +15% on 2019 sales. The total net contribution from our stores was £305,500 (2020/21: loss of £576,308). The pre-pandemic contribution (2019/20) was £243,766.

We appointed a new Head of Retail at the beginning of the year and this has enabled us to focus on improving our internal processes and sharing business knowledge across the whole trading team. Similar to fundraising, our biggest challenge remains long-term vacancies in the team and challenges around recruitment of skilled staff. Despite excellent results for the year compared to previous years, the level of lost hours has had a direct impact on our profitability as well as staff wellbeing and morale.

Trading Board and strategy
The pandemic has accelerated changes within the retail sector across the UK and while there are some clear challenges, we also recognise that there is great potential for modernisation in our Trading operation (retail stores, e-commerce and other commercial activities). We need to be able to capitalise on these opportunities, which means having the right expertise at a strategic and operational level. As part of the governance review, we identified that the establishment of a Trading Board to support the development of our retail and commercial activities and capitalise on all potential opportunities in this uncertain climate.

The purpose of the Trading Board is to be forward looking and strategic and we have already seen that it:

- brings retail related expertise and experience to assist our strategic planning
- supports challenge, innovation and development in Trading as well as helping us to while manage risks and operate efficiently
- helps to ensure that all legal and regulatory compliance requirements are met

The Trading Board had its first meeting in August 2021 and in December we welcomed Barry Dow as our first Non Executive Director of the GBCH Trading Ltd. We are aiming to recruit other new Directors with relevant expertise in 2022/23.

The Trading Board had supported the Director of Income Generation with the development of our new Trading Strategy, which will be finalised in 2022/23. The Trading Strategy builds on our overarching strategy and has four key priorities: People, Stores, Ecommerce and Digital and Innovation and Partnerships.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

Retail Gift Aid
It should be noted that for accounting purposes through the Gift Aid scheme for donated goods, a proportion of retail income, which is in effect a donation, is treated as income for the charity and not for the trading subsidiary. The trading subsidiary only accounts for the commission element of the sale value on donated goods. This is reflected in the results of the trading subsidiary, GBCH Trading Ltd which is included in note 10 of these accounts.

Acknowledgment
We are incredibly grateful to all our customers, donors and volunteers who continue to support our stores and ultimately, our patients. Thank you.

FINANCIAL REVIEW - Strategic Report

The Consolidated Statement of Financial Activities for the year ended 31 March 2022 is set out on page 36. There is a surplus reported for the year of £917,191 (2020/21 £818,730).

On the General Fund there was a surplus of £996,109 for the year before transfers (2020/21 £649,140). Legacies reported for the year were £969,279 (2020/21 £682,237). £846,348 was received in restricted funds throughout the year.

We had budgeted for a deficit in 2021/22 however we were delighted that our final declared results are significantly better than we had anticipated. This was largely due to the shops being open for almost 12 months of the year and additional support from NHS England. In total for the year ended 31st March 2022, expenditure rose by 8%.

The surplus reported for this year has provided a boost to our reserves and we have agreed a plan to invest some of these to secure additional income sources in future years and to expand our services to reach the increased need for our services that we continue to see (see page 26 for further information on our reserves policy).

We agreed a modest increase in our statutory income from SE London CCG (now SE London ICS) at the beginning of the year. We were also successful in securing additional income as part of the *winter pressures* and *home first* initiatives. The overall impact of these changes on our statutory income was an increase of 9% (to £4,481,335). NHS income was 42% of income of the Charity in 2021/22, another 7% (£706,423) was provided through support from the NHS England via Hospice UK leaving the remaining 51% which we must raise through the generous support of individuals, businesses, charitable trusts and foundations, and community groups and organisations[4].

Several elements of service that the Hospice provides have been designated as a *Commissioner Requested Service* (CRS) by SE London Clinical Commissioning Group. This necessitates that the Hospice maintains a licence with NHS Improvement[5], which brings an additional level of scrutiny and regulation for the Charity. The Hospice is one of only a few Hospices nationally who have been designated as CRS and we continue to work closely with NHS Improvement to ensure that this designation works to benefit our beneficiaries.

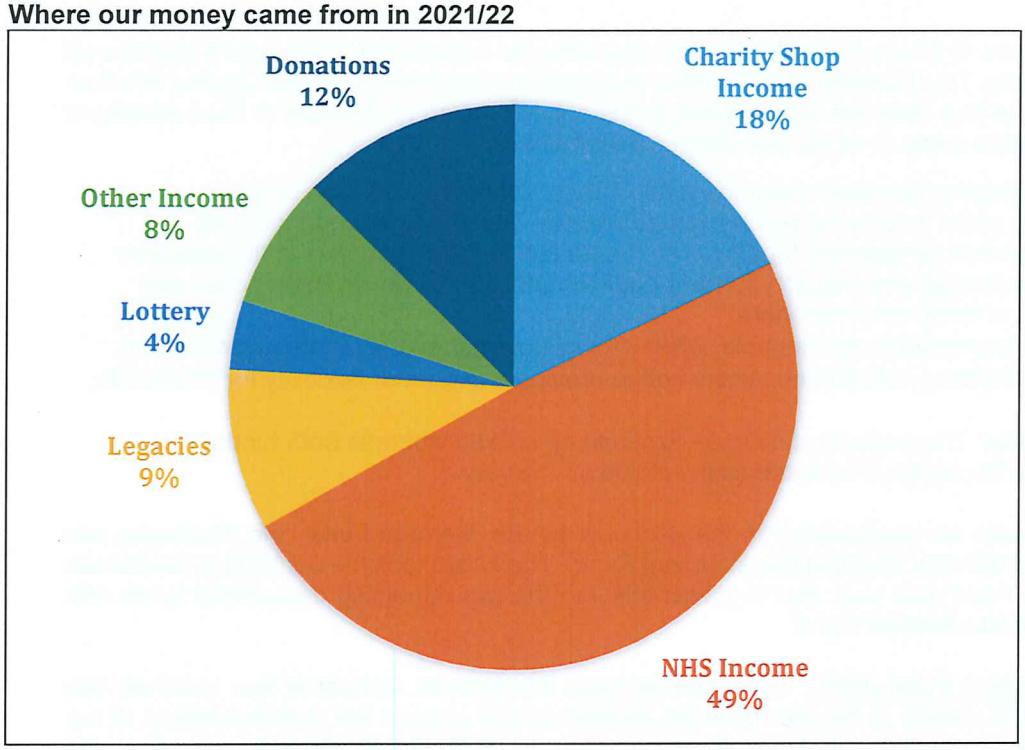
Throughout 2021/22 we continued to build on our close system-wide partnerships forged during the pandemic. Our role in the Greenwich and Bexley silver command group 'Resplendent' was pivotal in ensuring that people facing end of life were cared for in the appropriate place and that staff in all settings were supported with additional training to care for people at end of life.

Our involvement helped solve problems including vaccination for staff and has led to additional resources being made available through the COVID response funding and the 'Home First' Programme. The local landscape continues to change and we are keen to continue working in partnership to lead the improvements needed for people facing the end of life in Greenwich & Bexley.

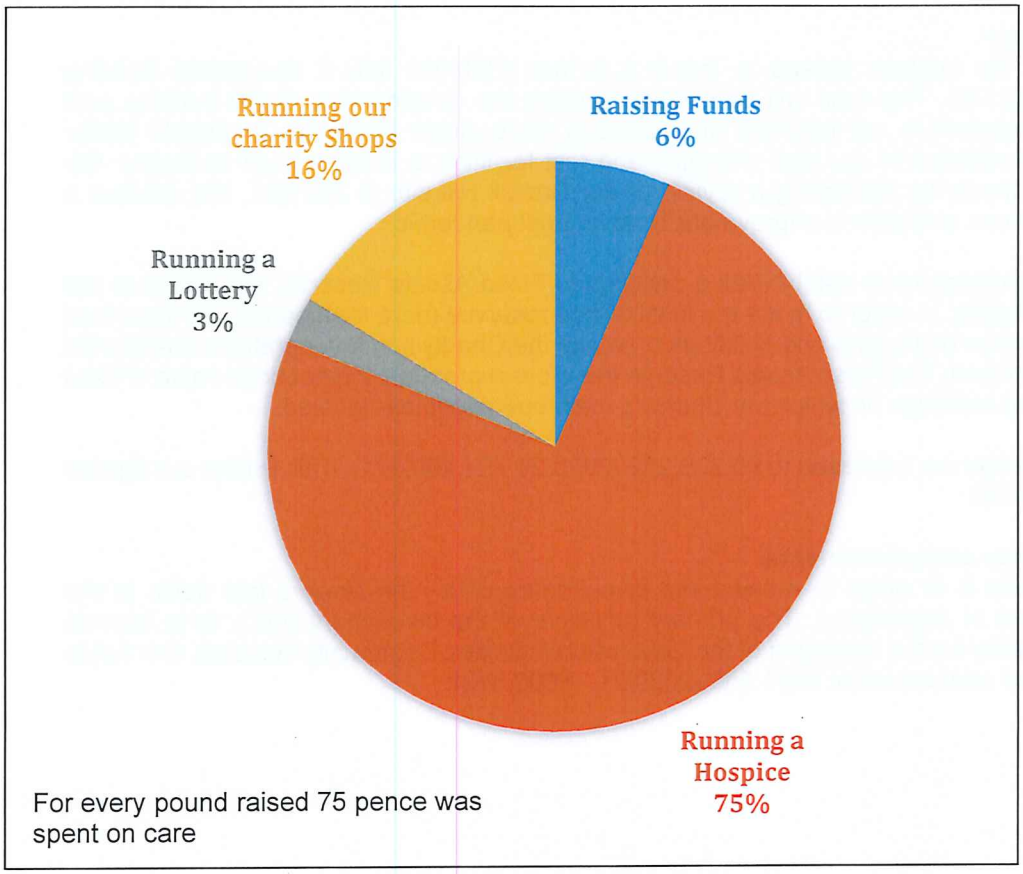
[4] In any other year the statutory contribution is approximately 40% of income.
[5] **NHS Improvement** is an executive non-departmental public body of the Department of Health. It is the sector regulator for health services in England.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
FINANCIAL REVIEW - Strategic Report (continued)

Where our money came from in 2021/22



Where our money was spent in 2021/22



TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
FINANCIAL REVIEW – Strategic Report (continued)

Reserves Policy
The Hospice holds reserves to create financial security and allow for investment in the future operational development of the Hospice. The Trustees have recently reviewed our reserves policy and agreed it is their intention to retain a level of free reserves (unrestricted funds not committed or invested in fixed assets) of £4,883,229. This figure takes account of the following considerations:

- To fund shortfalls in income (whether statutory, retail, lottery, donations, legacies or other fundraising activities) when it does not reach expected levels. The charity is dependent on fundraised income as well as statutory funding. The fundraised income is subject to fluctuationas economic conditions change and statutory funding could be affected by government policy and the financial position of NHS commissioners;
- To fund unexpected expenditure, for example, when projects overrun or unplanned events occur;
- To fund unexpected building maintenance costs and to provide a degree of flexibility for innovation; and
- To fund working capital. The majority of hospice expenditure is fixed whereas both fundraised and statutory income fluctuates in terms of cash inflowover the year.

The Hospice's free reserves are represented in the accounts by the 'General Fund', the 'Recovery and Transformation Fund' and the new 'Building Development Fund'. The Board took the decision to wind down the 'Legacy Equalisation Fund' this year, and to invest this into the two remaining designated funds with the balance transferred to the General Fund .

Recovery and Transformation Fund (RTF): The Trustees have invested an amount of free reserves into areas which will enable the charity to recover from the pandemic and support the implementation of our new strategy to help deliver a sustainable future for the hospice. In 2021/22 £42,208 was spent from the Recovery and Transformation Fund, which has now been 'topped up' to the value of £600,000 with further designation of free reserves into this fund.

Building Development Fund
In addition to the RTF, the trustees agreed to invest a further £300,000 into a designated Building Development Fund in 2021/22. This fund will be used to support the development of the building post pandemic, including investment in our inpatient unit, creating more single bedrooms to enable easier infection control and improvement of our staff changing and rest facilities to improve staff wellbeing. We are grateful to CRASH Charity for facilitating a review of our Bostall Hill site in 2021/22, this created a feasibility study of the options available to improve our building post pandemic.

Fixed Asset Fund: The Trustees have established a designated Fixed Assets Reserve, equivalent to the net book value of Fixed Assets, in order to make the level of free reserves more transparent. As described in Note 16, the net book value of the land and buildings on which the Charity's main operations are located are included in a restricted fund. The Fixed Assets Reserve therefore represents the net book value of fixed assets other than land and buildings on which the Charity's main operations are located.

At 31 March 2022, Free Reserves increased to £5,596,202 (2020/21 - £4,469,371). This is over our agreed reserves target of £4,883,229.

Investment powers, policy and performance
The Investment Committee is in place to monitor the investments under the powers laid down in the Memorandum and Articles of Association. The primary objective of the investment policy is to provide financial security and stability for the operation of the Greenwich & Bexley Community Hospice. Our funds placed with Rathbones are now valued at £891,566 (2020/21 - £800,312).

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
PLANS FOR THE FUTURE – Strategic Report

In March 2022 the Trustees approved a new five year strategy for the hospice. It outlines our priorities which continue to centre around our patients, their families and friends and the needs that they encounter through their journey from diagnosis through to death and into bereavement.

Our skilled, compassionate and dedicated team of staff and volunteers, who always strive for the best in all that they do, will be responsible for the delivery of this strategy. Together we will work with local people and our partners to understand and meet the evolving needs of our communities, working together to achieve the very best outcomes for patients.

The strategy takes account of the accelerated change and adaptation we have seen through the challenges of 2020 and 2021 and seeks to build on what is positive about this change and leave behind that which is negative.

The local Greenwich and Bexley plan includes end of life care and bereavement as a vital element of service in the post-COVID world, additional capacity is being maintained across the system in 2022/23 with a focus on 'home first' and 'virtual wards'. The Hospice remains ideally placed to take the lead in keeping end of life care at the top of the agenda.

Our Strategic Priorities
Our priorities aim to utilise our resources as efficiently and effectively as possible so that care and support is available where and when needed, delivered by the most appropriate person/ service. They also aim to ensure that we remain sustainable, so that we can continue to provide care and support long into the future.

Our purpose will sometimes require us to take risks, to be courageous in advocating for those whom are most in need and sometimes to prioritise resources. We will need to continue to be innovative in our approach and focussed on our priorities. This will give us the direction to ensure that we achieve our vision of the best quality of life possible for people facing death in our community. Our priorities will ensure that we continue to look forward to be the very best we can be.

1. Listening to all voices in our community, understanding their stories and challenging inequalities so that we develop support which is responsive, compassionate and flexible to meet differing and individual needs

2. Growing and empowering our own staff, working to our strengths alongside system partners and developing others to give the best support they can to dying people and their families

3. Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income

Now that the five-year direction has been approved, we are developing detailed plans which we will begin operationalising in 2022/23; these are in the following areas:

- Service Transformation Strategy
- People Plan (incorporating equity, diversity and inclusion and wellbeing)
- Community Development Strategy (incorporating volunteering)
- Environmental Strategy
- Estates Plan
- Digital Strategy
- Fundraising Strategy
- Trading Strategy
- Communications and Marketing Strategy

Further Information regarding our five-year strategy can be found at: communityhospice.org.uk.

'I've seen a change in perspective for the hospice, looking beyond service specs and challenging the system on what's best for the patient…. Flexibility on how staff and resources are used has really been a breath of fresh air and pushed us all as organisations.'
Stakeholder Interview: Shaping the future of Greenwich & Bexley Community Hospice – Insights report – Nesta 2021

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT

'The Hospice was a key partner in our local COVID response and remains alongside us as we continue to support our care homes and develop our local Home First schemes. Your Quality Account shows that you are a learning organisation continually holding yourselves to account and challenging yourselves to find new ways to support our residents and their families at the most sensitive time. Through your engagement in the system locally you challenge and support us all to do the same.'
Partner, NHS Bexley

Greenwich & Bexley Community Hospice Limited is a company limited by guarantee and not having a share capital is governed by its Memorandum and Articles of Association dated 15th September 1992 and amended to meet the developing needs of the Charity on 15th January 1993, 8th January 2001, 10th July 2006 and 8th June 2012. The Members' liability is limited. Every Member of the Company undertakes to contribute up to £1 to the assets of the company in the event of it being wound up. It is a registered Charity with the Charity Commission (No 1017406). The number of Members of the Company is limited to 50. Present membership is 18. Every person desirous of becoming a Member must sign and deliver to the Company an application for membership. The sole right to membership is vested in the committee (Board of Management – see below) who may, without showing cause, refuse to admit any application to membership.

Board of Management
The business of the Charity is managed by a Board of Management (the Trustees) and its membership comes from within the Members of the Company. It is an objective to have members on the Board of Management whose skills, expertise and backgrounds complement the needs and aspirations of the workings of the Hospice and its business. Current membership of the Board of Management is 14 and following a review in 2020, the Articles of Association determine a minimum of four and a maximum of 14.

At each Annual General Meeting, those Trustees who have served for a period of four years since their last appointment shall retire and be eligible for re-appointment, via election by Members, for a further four-year term of office. New Trustees are recruited as skill gaps are identified or to support succession planning through external advert and direct approach, with a robust interview process and the appropriate pre-volunteering checks.

Each Designated Officer (Chair, Deputy Chair, Treasurer and Company Secretary) is elected by and from within the Board of Management to serve a period of up to 4 years following which the position will become subject to re-election.

The Board went out to open recruitment in August 2021 and was successful in appointing three new Trustees. This resulted in filling a number of identified skills gaps as well as improving the diversity on our Board. Any future recruitment will continue to take this open approach, targeting skills and increasing Board diversity. The charity holds indemnity insurance in respect of trustees.

Trustee induction and ongoing training
New Trustees undergo an orientation and training to brief them on their role and the various aspects of the Hospice service and to brief them on their legal obligations under Charity and company law, the content of the Memorandum and Articles of Association, the committee and decision making process, the business plan and recent financial performance of the Charity. We also pair new Trustees up with a 'buddy' to support them in settling into their role.

Trustees attend appropriate external training events which will develop them to better undertake their role. In 2021/22 Trustees attended the following training:

Compliance and Culture - Civil Society
Raising the Bar for Charity Governance - Civil Society
The Charity trustee induction and refresher - NCVO
Safeguarding Essentials - NCVO
Understanding the numbers: financial intelligence for trustees training - NCVO

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

There is an annual review and appraisal of Trustees' individual roles within the organisation. Our Chair participated in a 360° degree appraisal this year, facilitated by the NHS Leadership Academy.

Organisation
The Board meets every alternate month; in 2021/22 there were a number of sub-committees with specific responsibilities: Quality & Safety Committee, Finance, Information Governance and Information Technology Committee, Investment Committee, Remuneration Committee and the Recovery and Transformation Programme Board. As a result of the previous governance review and the work undertaken by the RTPB, a Trading Board was established in 2021/22 and a Workforce Committee was established in 'shadow' form, to become a full sub-committee of the board in 2022/23, the RTPB was wound up in November 2021 in anticipation of our new strategy.

The Board, along with the senior leadership team of the company have an "Away Day" to discuss future strategic developments of the Hospice and its services. The Chief Executive manages the day-to-day operations of the Hospice and leads its Strategic Development. To facilitate effective operations, the Chief Executive has delegated authority, within a scheme of delegation approved by the Trustees, for matters including finance, employment, fundraising and Care Quality Commission registration.

Regulatory Framework
The Hospice is registered with the Care Quality Commission to enable it to operate as a Hospice. Ellen Tumelty, Modern Matron for Inpatient Services is the Registered Manager and Kate Heaps, is the Responsible Person. The Hospice maintains a schedule of compliance with the relevant Statutory Regulations and may be inspected by the Care Quality Commission twice annually, by announced and/or unannounced inspection. The Hospice was inspected in the autumn of 2016 and received an overall 'Good' rating, with 'Outstanding' for the Responsiveness domain. The Hospice produced a "Quality Account" for 2021/22, which is submitted to the CQC and to NHS Improvement[6].

The Hospice was required to hold an NHS Improvement (Monitor) Issued Provider licence from April 2018; this requires regular reporting of financial plans, performance against these plans and assessment of financial risk.

Related parties
The Hospice has close relationships with NHS SE London who supports the Charity's work including a significant financial contribution. Close working relationships exist with other health and care providers within the community in particular, Lewisham & Greenwich NHS Trust, Oxleas NHS Foundation Trust, London Borough of Bexley, Royal Borough of Greenwich, Marie Curie, St Christopher's Hospice and Darent Valley Hospital NHS Trust.

The Hospice has a contractual relationship with seven other charities in Bexley as a part of a consortium OneBexley (Age UK Bexley, Bexley Carers, SE London Crossroads, Inspire Community Trust, Bexley Mencap, MIND in Bexley and Bexley Voluntary Services Council); the Hospice is also represented by the Chief Executive on the Local Care Programme Board in Bexley.

The Hospice has two wholly owned subsidiary trading companies – GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. Details of their activities are highlighted in note 10 of these accounts.

The Hospice has a Remuneration Committee which reviews and sets the remuneration of the Chief Executive and Senior Leadership Team (key management personnel) based on appropriate market rates and other parameters on at least an annual basis.

[6] Available via the Hospice website www.communityhospice.org.uk

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Our approach to Sustainability and the Environment
The Hospice is surrounded by large gardens and undeveloped grounds, some of which are covered by an environmental protection order. We look forward to recruiting a paid gardener to lead our dedicated team of volunteer gardeners in 2022/23 so that we can develop a long-term plan for our grounds, which will create a beautiful environment for patients, families and staff and encourage biodiversity.

We continued our partnership with Veolia and the Royal Borough of Greenwich at our RePurpose unit this year, removing tonnes of waste from the waste chain through salvage, upcycle and resale. Although we contribute significantly to the reuse, repurpose, recycle agenda through all our shops, we know there is more we can do to reduce waste across our operation. We have commissioned an environmental review from Royal Borough of Greenwich greener business team and in 2022/23 we will use this report to help develop a more detailed environmental strategy to guide our vision to play a greater role in the increasingly important green agenda.

We are mindful of the increasing cost of fuel and the impact it also has on the environment, we have invested in an electric vehicle this year as well as investing in electric car charging points on site. We plan to increase the size of the electric fleet going forwards and to reduce our carbon footprint through energy efficiencies and other forms of green travel.

Social Responsibility
As well as the Public Benefit outlined at page 4, the hospice wants to be an organisation that maximises any opportunities to strengthen our local area. As a local employer and business, we have the ability to bring economic and social capital to the area and make the lives of our staff, volunteers and the communities they live in better beyond our charitable purpose.

Our People Plan will create opportunities for new and existing staff and volunteers to live happy, healthy lives and be developed and rewarded in their work, this includes widening participation so that we ensure our whole community have equity of access to new and emerging roles and our Community Development Strategy will not only encourage engagement with community groups that we haven't yet met, but also explore how we encourage staff to get involved in their own communities through flexible working policies and a volunteering promise.

Risk Management
The Trustees implement a Risk Management Strategy which comprises of:

- A regular review of the Charity's Corporate Risk Register and Risk Management Framework (RMF)
- The establishment of systems and procedures to mitigate those risks identified in the register and RMF
- The implementation of procedures designed to minimise any potential impact on the Charity should those risks materialise

The Trustees review the financial accounts on a monthly basis and constantly review the level of reserves which it is felt prudent should be held.

The top 3 risks as identified by the Finance, Information Governance and Information Technology Committee are outlined in the table below:

Risk	Mitigation
1. Financial uncertainty as we emerge from the COVID-19 Pandemic and related to the War in Ukraine and the Rising Cost of Living.	The Board and Senior Leadership Team continue to monitor income, expenditure and cash flow closely, with monthly review of forecast. We continue to negotiate with system partners and commissioners about additional resources to support our work. We have developed a new five-year strategy and established an Investment Fund to support us to grow our income, and to implement digital technologies to maximise efficiency. We have a healthy level of reserves.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2022 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Risk	Mitigation
2. Additional workload created by the effects of the COVID-19 Pandemic and the aging population/ Recruitment and retention challenges in our clinical workforce	We are working with system partners to manage existing and plan for future increased demand. We continue to recruit bank staff to provide flexibility and have identified new ways of working to enable us to meet increased need. We are developing our detailed Service Transformation Strategy and People Plan to be approved October 2022, this will set out our plans for how we plan to meet future demand and how we will recruit, retain and develop our workforce. We are planning a review of salaries and terms and conditions of employment to ensure they remain in line with our competitors. Delivery of education to external organisations and good communication about Hospice opportunities. Development of new roles to fill gaps that are difficult to fill (e.g. traditional nursing roles) Increased use of digital
3. Data Protection risks due to increased prevalence of cyberattacks.	We upgraded our hardware in 2021. We carry out regular network penetration tests and have a third party agreement with a company who monitor our network for potential threats. We have cybersecurity insurance in place. All staff are trained on an annual basis around data protection and cyber security. Staff are only able to access GBCH systems when on site or with 2 factor authentication. The majority of personally identifiable information is securely held on the cloud (Raiser's Edge and SystmOne) Clinical staff use NHS mail to communicate about individual patient care. Contract with Data Protection people for advice and guidance Robust incident management

TRUSTEES' RESPONSIBILITIES IN RELATION TO THE FINANCIAL STATEMENTS

The Trustees (who are also Directors of Greenwich & Bexley Community Hospice Limited for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company/group for that period. In preparing these financial statements, the Trustees are required to:

- *Select suitable accounting policies and then apply them consistently;*
- *Observe the methods and principles of the Charities SORP;*
- *Make sound judgements and estimates that are reasonable and prudent;*
- *State whether applicable Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;*
- *Prepare the financial statements on the going concern basis unless it is appropriate to presume that the charity will not continue in business.*

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time of the financial position of the charitable 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 charitable company and the Group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In accordance with company law, as the company's directors, we certify that:

So far as we are aware, there is no relevant audit information of which the company's auditors are unaware.

As the Directors of the company we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

Auditors
A resolution will be proposed at the Annual General Meeting that Haysmacintyre LLP be reappointed as auditors to the charity for the ensuing year.

By Order of the Trustees

In Approving the Trustees' Report, the Board are also approving the Strategic Report included herein their capacity as company directors.

.... 21st October 2022

Mrs Ruth Russell
Chair

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

Opinion

We have audited the financial statements of Greenwich and Bexley Community Hospice Limited for the year ended 31 March 2022 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company Balance Sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2022 and of the group's and parent charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' 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.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' Report (which includes the strategic report and the directors' report prepared for the purposes of company law) 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 included within the Trustees' Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception
In the light of the knowledge and understanding of the group and the parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report (which incorporates the strategic report and the directors' report).

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

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

Responsibilities of trustees for the financial statements
As explained more fully in the trustees' responsibilities statement set out on page 32, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

Based on our understanding of the group and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to compliance with regulatory requirements of the Care Quality Commission, Charity Commission, employment law and health and safety regulations, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such the Companies Act 2006, the Charities Act 2011, the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019), payroll taxes and VAT.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED (continued)

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related

to recognition of income and management bias in certain accounting estimates. Audit procedures performed by the engagement team included:

- Inspecting trustees' meeting minutes;
- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted at the year-end or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

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

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

Siobhan Holmes (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP
Statutory Auditors
10 Queen Street
London
EC4R 1AG

Date:

Greenwich & Bexley
Community Hospice

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES
(Incorporating INCOME AND EXPENDITURE ACCOUNT)

	Notes	Unrestricted Funds General £	Unrestricted Funds Designated £	Restricted Funds £	2022 £	2021 £
INCOME FROM:						
Donations and Legacies:	2					
Voluntary Income						
General donations		954,565	-	139,925	1,094,490	1,562,094
Charity shop donations		229,602	-	-	229,602	42,093
Legacies		969,279	-	-	969,279	682,327
Charitable activities:	3					
Operating a Hospice		4,481,335	-	-	4,481,335	4,121,839
Other trading activities:						
Charity shop income		1,882,365	-	-	1,882,365	662,490
Lottery income		417,442	-	-	417,442	282,685
Other sales income	4a	38,482	-	-	38,482	57,926
Rental income		10,311	-	-	10,311	9,410
Investment:		21,923	-	-	21,923	20,222
Other income:	4b	726,493	-	706,423	1,432,916	2,268,013
Total Income		9,731,797	-	846,348	10,578,145	9,709,099
EXPENDITURE ON:						
Raising funds:						
Fundraising and marketing costs		629,424	-	-	629,424	591,095
Charity shop expenditure		1,587,580	-	-	1,587,580	1,642,466
Lottery expenditure		255,591	-	-	255,591	215,212
Charitable activities:						
Operating a Hospice						
Clinical expenses		6,330,157	-	925,266	7,255,423	6,530,776
Total Expenditure	5	8,802,752	-	925,266	9,728,018	8,979,549
Net (losses)/gains on investments	10	67,064	-	-	67,064	89,180
Net income/(expenditure)		996,109	-	(78,918)	917,191	818,730
Transfers between funds	16	922,391	(843,206)	(79,185)	-	-
Net movement in funds		1,918,500	(843,206)	(158,103)	917.191	818,730
BALANCE BROUGHT FORWARD at 1/4/21		2,777,702	1,966,349	6,269,308	11.013.359	10,194,629
BALANCE CARRIED FORWARD at 31/3/22		4,696,202	1,123,143	6,111,205	11,930,550	11,013,359

All recognised gains and losses are included in the consolidated statement of financial activities.
All transactions are derived from continuing activities.

The accompanying notes form part of these financial statements.

Full comparative figures for the year ended 31 March 2022 are shown in note 21.

Greenwich & Bexley
Community Hospice

CONSOLIDATED AND CHARITY BALANCE SHEETS **COMPANY NUMBER: 2747475**
As at 31 March 2022

	Notes	The Group 2022 £	The Group 2021 £	The Charity 2022 £	The Charity 2021 £
FIXED ASSETS					
Tangible assets	9	6,089,764	6,210,485	6,089,764	6,210,485
Investments	10	891,566	811,342	892,568	812,344
		6,981,330	7,021,827	6,982,332	7,022,829
CURRENT ASSETS					
Stocks	11	-	5,457		
Debtors	12	2,708,338	1,736,456	3,160,586	2,257,589
Cash on deposit, at bank and in hand		4,825,528	3,063,749	4,338,029	2,911,964
		7,533,866	4,805,662	7,498,615	5,169,553
CURRENT LIABILITIES					
CREDITORS: Amounts falling due within one year	13	(2,584,646)	(814,130)	(2,334,170)	(657,296)
NET CURRENT ASSETS		4,949,220	3,991,532	5,164,445	4,512,257
NET ASSETS		11,930,550	11,013,359	12,146,777	11,535,086
FUNDS					
UNRESTRICTED FUNDS:					
General Fund		4,696,202	2,777,702	4,912,429	3,299,429
Designated Funds					
Fixed Assets Fund		223,143	274,680	223,143	274,680
Legacy Fund		-	1,191,669	-	1,191,669
RTP Fund		600,000	500,000	600,000	500,000
Building Development Fund		300,000	-	300,000	-
RESTRICTED FUNDS:					
Property Fund		5,866,621	5,935,805	5,866,621	5,935,805
Others		244,584	333,503	244,584	333,503
	16	11,930,550	11,013,359	12,146,777	11,535,086

The financial statements were approved and authorised for issue by the Board of Directors on 21st October 2022 and were signed below on its behalf by:

Mrs Ruth Russell - Director

.....

David Atterbury Thomas - Director

.....

The accompanying notes form part of these financial statements.

The net income for the charity only for the year is £611,691 (2020/21:£1,340,457)

CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

	Notes	2022 £	2021 £
CASH FLOWS FROM OPERATING ACTIVITIES	A	1,842,590	1,762,349
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received		1,166	2,240
Payments to acquire fixed assets		(81,977)	(143,963)
Disposal of fixed assets		-	9,750
Purchase of investments		-	(11,030)
CASH PROVIDED / (USED IN) INVESTING ACTIVITIES		1,761,779	1,619,346
INCREASE/ (DECREASE) IN CASH IN THE YEAR		1,761,779	1,619,346
Cash and cash equivalents at the beginning of the year		3,063,749	1,444,403
TOTAL CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR		4,825,528	3,063,749

NOTES TO THE CONSOLIDATED CASH FLOW STATEMENT

A. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2022 £	2021 £
Net income (as per the Statement of Financial Activities)	917,191	818,730
Depreciation charge	202,698	194,640
Profit on disposal of fixed assets	-	(9,750)
Gainson Investments	(80,223)	(100,460)
Decrease in stock	5,457	3,989
(Increase)/decrease in debtors	(971,882)	712,743
Increase in creditors	1,770,515	144,697
Interest received	(1,166)	(2,240)
Net cash used in operating activities	1,842,590	1,762,349

B. ANALYSIS OF NET DEBT

The charity has no net debt and therefore no analysis is required.

NOTES TO THE FINANCIAL STATEMENTS
1. ACCOUNTING POLICIES

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

Statement of compliance
The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2021), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Greenwich & Bexley Community Hospice Limited meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

General information
The charity is a private company limited by guarantee, incorporated in England and Wales (company number: 2747475) and a charity registered in England and Wales (charity number: 1017406) the charity's registered office is shown in the reference and administration section. The charity is set up as a company limited by guarantee.

Preparation of accounts on a going concern basis

Impact of economic factors on our business
The COVID-19 worldwide pandemic has generated an economic tsunami, demonstrating the inherent volatility to revenue income, coupled with the conflict in Ukraine and the rising cost of living, we continue to operate in incredibly uncertain times. We were pleased to see the lifting of many lockdown measures in April 2021, but our community remains understandably cautious and, as a result, it is difficult to predict how people will shop, donate and volunteer their time into 2022/23.

Following the instigation of our business continuity plan the previous year, many changes remained in place for significant parts of the year. Most notably, we continued to rely on more remote video and telephone consultation, although we were glad to bring outpatients back into the building and gradually relax some of our visiting arrangements for our inpatient unit. We have continued to see an increased need for care in the community, and the demand for Inpatient and hospital support is also above pre-pandemic levels. We welcomed more volunteers back into all areas of our operation; it was refreshing to see their generosity and commitment which has been the lifeblood of the hospice for so long.

We designed our fundraising plans to be flexible and adaptable to accommodate supporter behaviour and we were excited to open our shops earlier than we had budgeted for, gaining an additional three months' worth of income.

We were glad to be able to benefit from an additional £706,423 Hospice Emergency funding from NHS England, and were supported by an additional £299,000 of COVID-19 funding from the local NHS.

The cost of living crisis has seen a significant increase in inflation instigated by high energy prices. The company will benefit from the various measures that the government is putting in place to support companies through this crisis.

NOTES TO THE FINANCIAL STATEMENTS (continued)

1. ACCOUNTING POLICIES (continued)

In addition:

- We have free reserves of £5.6m and have liquid funds of £4.8m in our bank accounts as at the year-end
- We are able to liquidate the investment portfolio if necessary.

Based on the plans and measures described above, the Trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern. The review of our financial position, reserves levels and future plans gives Trustees confidence the charity remains a going concern for the foreseeable future.

Consolidation

The group financial statements consolidate the financial statements of the charitable company and its wholly owned subsidiaries, GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. It is the group's policy to transfer the profits of the subsidiaries to the charity under Gift Aid. A separate Statement of Financial Activities and Income and Expenditure Account for the charity has not been presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006. The surplus of the parent charity was £917,191 (2021: £818,730). The registered office for both GBCH Trading Limited and Greenwich & Bexley Community Hospice Limited is 185 Bostall Hill, London, SE2 0GB. Uniform accounting policies have been applied.

Income recognition

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

Donations and legacies

Donations and gifts and are included in full in the Statement of Financial Activities when there is entitlement, probability of receipt and the amount of income receivable can be measured reliably.

Gifts in kind

Gifts in kind represent assets donated for distribution or use by the Charity. Assets given for distribution are recognised as income only when distributed. Assets given for use by the charity are recognised when receivable. Gifts in kind are valued at the amount actually realised from the disposal of the assets or at the price the charity would otherwise have paid for the assets.

Personal Protective Equipment (PPE)

The group received donated PPE during the year, organised by Hospice UK.

Grants

Grants (including government grants) are recognised in full in the statement of financial activities in the year in which the charity has entitlement to the income, the amount of income receivable can be measured reliably and there is probability of receipt.

Income from charitable activities

Income from charitable activities is recognised as earned as the related services are provided. Income from other trading activities is recognised as earned as the related goods are provided.

Other Income

Income received from pension recovery, salary recharges, Bexley adult social care contract, and NHS England are included in other income.

Investment income

Investment income is recognised on a receivable basis once the amounts can be measured reliably

NOTES TO THE FINANCIAL STATEMENTS (continued)

1. ACCOUNTING POLICIES (continued)

Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds comprises; fundraising and marketing, charity shop and lottery expenditure.
- Expenditure on charitable activities comprises Hospice operating costs.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned based on staff time attributable to each activity.

Allocation of costs

Staff costs are allocated between direct charitable expenditure and support costs based on the time spent on these activities. Other costs are allocated directly to the relevant heading.

Fixed assets

Depreciation is provided to write off the cost or valuation, less estimated residual values, of all fixed assets, except freehold land over their expected useful lives. It is calculated at the following rates:

Freehold buildings	1% straight line
Fixture, Fittings and equipment	33⅓% and 10% straight line
Motor vehicles	25% straight line

Donated assets are included at value on the date received.

Investments

Investments are a form of basic financial instruments and are initially shown in the financial statements at market value. Movements in the market values of investments are shown as unrealised gains and losses in the Statement of Financial Activities.

Stocks

Stocks are valued at the lower of cost and net realisable value. Cost is based on the cost of purchase on a first in, first out basis. Net realisable value is based on estimated selling price less additional costs to completion and disposal.

The Trustees have concluded and agreed that the valuing of shops donated goods for resale on receipt is impractical due to the high volume of low value items, lack of stock system for recording these items and the administrative cost involved. Instead the income is recognised in the accounts when these goods are sold.

Financial instruments

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

1. ACCOUNTING POLICIES (continued)

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

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

Cash at bank and in hand
Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

Operating leases
Rentals payable under operating leases are charged to the Statement of Financial Activities (SOFA) as incurred over the term of the lease.

Funds
Unrestricted funds are funds that can be used in accordance with the charitable objects at the discretion of the trustees.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Restricted funds comprise monies raised for, and their use restricted to a specific purpose or donations subject to donor-imposed conditions.

Estimates and judgements
Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Although these estimates are based on management's best knowledge of the amount, events or actions, actual results ultimately may differ from those estimates. The Trustees consider the estimation of useful life of fixed assets to be the area of judgement and estimation that have a significant effect on the financial statements. Further details on these judgements are provided above under tangible fixed assets.

Legacies are recognised when the following conditions are confirmed:
- there has been grant of probate by the end of the financial year
- the executors have established that there are sufficient funds to pay the legacy
- any conditions attached to the legacy are either within the control of the Charity or have been met

Employee benefits
Short term benefits
Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

Employee termination benefits
Termination benefits are accounted for on an accrual basis and in line with FRS 102.

Pension scheme
Contributions to the NHS and Stakeholder pension schemes in respect of eligible employees are charged to the income and expenditure account as they become payable. The Stakeholder scheme is a defined contribution scheme and the NHS a final salary scheme.

NOTES TO THE FINANCIAL STATEMENTS (continued)

2. DONATIONS AND LEGACIES	2022 Total £	2021 Total £
Donations	1,329,092	1,604,187
Legacies	969,279	682,327
	2,298,371	2,286,514

3. INCOME FROM CHARITABLE ACTIVITIES	£	£
Operating a Hospice - NHS income	4,481,335	4,121,839

4a. OTHER SALES INCOME	2022 £	2021 £
Catering Income	5,184	2,072
Training Income	33,298	55,854
	38,482	57,926

4b. OTHER INCOME	2022 £	2021 £
Pension Recovery	22,528	22,528
Medical Insurance Claims	4,463	55,854
Landlord Contribution to shop repairs	-	2,055
Kickstart Rebates	12,000	-
Covid Testing charges	32,562	-
Lease Extension	21,660	-
Salary Recharge secondment	30,605	29,707
Retail, Hospitality and Leisure Grant	52,002	198,732
Furlough Refund including Trading	10,446	414,537
NHS England Support	706,423	1,386,599
Adult social Care Contract	539,546	210,000
Charge for provision of medical notes	-	50
Others	681	-
	1,432,916	2,268,013

NOTES TO THE FINANCIAL STATEMENTS (continued)

5a ANALYSIS OF GROUP EXPENDITURE

Direct and Support costs

	Direct costs £	Support costs £	Total 2022 £
Raising Funds			
Fundraising and marketing costs	491,838	137,586	629,424
Charity shop expenditure	1,549,753	37,827	1,587,580
Lottery expenditure	251,391	4,200	255,591
Charitable activities			
Operating a Hospice			
Clinical expenses	5,835,296	1,420,127	7,255,423
Expenditure	8,128,278	1,599,740	9,728,018

Direct and Support costs

	Direct costs £	Support costs £	Total 2021 £
Raising Funds			
Fundraising and marketing costs	495,074	96,021	591,095
Charity shop expenditure	1,606,183	36,283	1,642,466
Lottery expenditure	211,372	3,840	215,212
Charitable activities			
Operating a Hospice			
Clinical expenses	5,548,610	982,166	6,530,776
Expenditure	7,861,239	1,118,310	8,979,549

NOTES TO THE FINANCIAL STATEMENTS (continued)
ANALYSIS OF GROUP EXPENDITURE (continued)

5b.

Support costs	Administration	Finance and IT	Office Costs	Governance	Total 2022
	£	£	£	£	£
Raising funds					
Fundraising and marketing costs	65,463	57,270	9,771	5,082	137,586
Charity shop expenditure	33,287	4,540	-	-	37,827
Lottery expenditure	-	4,200	-	-	4,200
Clinical expenses	660,713	615,974	100,532	42,908	1,420,127
	759,463	681,984	110,303	47,990	1,599,740

Support costs	Administration	Finance and IT	Office Costs	Governance	Total 2021
	£	£	£	£	£
Raising funds					
Fundraising and marketing costs	34,666	48,501	9,054	3,800	96,021
Charity shop expenditure	31,683	4,600	-	-	36,283
Lottery expenditure	-	3,840	-	-	3,840
Clinical expenses	359,792	502,655	89,395	30,324	982,166
	426,141	559,596	98,449	34,124	1,118,310

5c **Governance costs include:**

	2022 £	2021 £
Staff costs	47,990	34,124
Auditor's remuneration:		
- Audit work	13,900	10,900
- Other services	-	(200)
	61,890	**44,824**

Where support costs are not incurred specifically for an activity heading, they are allocated on the basis of the number and level of staff employed within the appropriate activity heading.

NOTES TO THE FINANCIAL STATEMENTS (continued)
ANALYSIS OF GROUP EXPENDITURE (continued)

6. Employees

	The Group		The Charity	
	2022 Number	2021 Number	2022 Number	2021 Number
Average number of employees, excluding Directors	179	178	143	134
Full time equivalent figures	156	157	122	118
Staff costs consisted of:	**2022 £**	**2021 £**	**2022 £**	**2021 £**
Salaries	5,350,454	5,192,777	4,435,247	4,190,992
Social security costs	540,939	499,901	465,838	422,939
Other pension costs	369,278	368,642	332,792	326.220
Redundancy payments	-	20,062	-	20,062
	6,260,671	6,081,382	5,233,877	4,960,213
Agency	175,719	29,422	169,416	29,422
Medical services	222,163	283,955	222,163	283,955
	6,658,553	6,394,759	5,625,456	5,273,590

The number of employees whose emoluments were £60,000 or above per annum were:

	2022	2021
£60,000 - £69,999	1	2
£70,000 - £79,999	4	4
£80,000-£89,999	2	-
£100,000 - £109,999	1	1

Of these, 8 employees are accruing pension contributions totalling £55,796 (2021:7 employees, accruing £44,105).

The total employee benefits of the key management personnel of the Group were £524,915 (2021: £448,572). Of this, £491,732 (2021: £416,889) relates to the key management personnel of the charity.

7. TRUSTEES REMUNERATION AND EXPENSES

No expenses were reimbursed to trustees in the current year. (2021: £Nil). No Trustee received remuneration in the current or prior year.

NOTES TO THE FINANCIAL STATEMENTS (continued)

8. NET INCOME

	2022 £	2021 £
The net income is stated after charging:		
Auditors' remuneration (excluding VAT)		
- For audit	16,700	15,500
- For tax compliant services	5,940	3,640
Lease payments	343,297	333,750
Depreciation	202,698	194,640

9. TANGIBLE ASSETS - GROUP

	Freehold Land & Buildings	Equipment Furniture & Fittings	Motor Vehicles	Charity Total	Subsidiary Furniture, Equipment & Vehicles	Group Total
	£	£	£	£	£	£
Cost or valuation						
At 1 April 2021	6,918,444	2,116,082	69,650	9,104,176	127,801	9,231,977
Additions	-	60,627	21,350	81,977	-	81,977
Disposals	-	-	(40,886)	(40,886)	(127,801)	(168,687)
At 31 March 2022	6,918,444	2,176,709	50,114	9,145,267	-	9,145,267
Depreciation						
At 1 April 2021	982,639	1,849,320	61,732	2,893,691	127,801	3,021,492
Provided for the year	69,184	123,138	10,376	202,698	-	202,698
Disposals	-	-	(40,886)	(40,886)	(127,801)	(168,687)
At 31 March 2022	1,051,823	1,972,458	31,222	3,055,503	-	3,055,503
Net Book Value						
At 31 March 2022	5,866,621	204,251	18,892	6,089,764	-	6,089,764
At 31 March 2021	5,935,805	266,762	7,918	6,210,485	-	6,210,485

NOTES TO THE FINANCIAL STATEMENTS (continued)

10. FIXED ASSET INVESTMENTS

	2022 £	2021 £
Charity:		
Shares in subsidiary companies at cost	1,002	1,002
Listed Investments	891,566	811,342
At 31 March 2022	892,568	812,344

The historical cost of listed investments at 31 March 2022 was £750,000 (2021: £750,000).

	2022 £	2021 £
At 1 April 2021	811,342	699,852
Additions	-	11,030
Disposals	-	-
Gain/ (loss) on investment	66,871	100,460
Investment Income	20,952	17,983
Investment Fees	(7,599)	(6,703)
At 31 March 2022	891,566	811,342

	2022 £	2021 £
Investment in subsidiary undertakings		
Cost		
GBCH Trading Limited	1,000	1,000
Greenwich & Bexley Community Hospice Lottery Ltd	2	2
At 31 March 2022	1,002	1,002

The charitable company owns 100% of the share capital of GBCH Trading Limited being 1,000 Ordinary Shares of £1 each and 100% of the share capital of Greenwich & Bexley Community Hospice Lottery Limited being 2 Ordinary Shares of **£1** each.

The subsidiaries are registered in the United Kingdom. The principal activity of GBCH Trading Limited (company registration number: 5612068) is the operation of charity shops. The principal activity of Greenwich & Bexley Community Hospice Lottery Ltd (company registration number: 06483768) is to generate funds for the parent company through the operation of a lottery. Where applicable, the total net taxable profits are distributed to the Charity by gift aid.

A summary of the results of the subsidiaries are shown on the next page.

NOTES TO THE FINANCIAL STATEMENTS (continued)

10. FIXED ASSET INVESTMENTS (continued)

	2022 £	2021 £
GBCH Trading Limited		
Turnover	1,882,365	662,490
Cost of sales	(11,604)	(6,239)
Gross profit	1,870,761	656,251
Administrative expenses	(1,575,977)	(1,636,227)
Operating (loss)/profit	294,784	(979,976)
Other Income	10,716	390,163
	305,500	(589,813)
Corporation Tax	-	13,505
Profit/(Loss) for the year	305,500	(576,308)
Profit/(Loss) brought forward	(521,727)	54,581
Profit/(Loss) carried forward	(216,227)	(521,727)

The assets and liabilities of the subsidiary were:

Fixed assets		-
Current assets	583,422	257,214
Current liabilities	(798,649)	(777,941)
Total net assets	(215,227)	(520,727)
Aggregate share capital and reserves	(215,227)	(520,727)

The net (liabilities)/assets of the subsidiary as at 31 March 2022 were £ (215,227) (2020/21: £ (520,727).

Greenwich & Bexley Community Hospice Lottery Limited

	2022 £	2021 £
Turnover	417,442	282,685
Cost of sales	(71,912)	(67,600)
Gross profit	345,530	215,085
Administrative expenses	(183,679)	(147,612)
Operating profit	161,851	67,473
	161,851	67,473
Distribution to parent charity	(161,851)	(67,473)
Retained in subsidiary	-	-

NOTES TO THE FINANCIAL STATEMENTS (continued)

10. FIXED ASSET INVESTMENTS (continued)

The current assets and liabilities of the subsidiary were:

Current assets	223,148	112,853
Current liabilities	(223,146)	(112,821)
Total net assets	2	2
Aggregate share capital and reserves	2	2

The net assets of the subsidiary as at 31 March 2022 were £2 (2021: £2).

11. STOCKS

	The Group		The Charity	
	2022 £	2021 £	2022 £	2021 £
Materials	-	5,457	-	-

12. DEBTORS

	The Group		The Charity	
	2022 £	2021 £	2022 £	2021 £
Trade debtors	689,226	96,284	686,351	86,443
Prepayments	349,053	225,536	71,693	58,482
Legacies	878,116	923,559	878,116	923,559
Other accrued income	54,811	58,311	39,000	42,500
NHS England grant	644,089	318,120	644,089	318,120
Other debtors	93,043	114,646	70,060	94,527
Amounts due from subsidiaries	-	-	771,277	733,958
	2,708,338	1,736,456	3,160,586	2,257,589

13. CREDITORS: amounts falling due within one year

	The Group		The Charity	
	2022 £	2021 £	2022 £	2021 £
Trade creditors	489,798	239,858	446,571	222,122
Other taxes and social security	132,693	127,599	132,094	127,599
Accruals	804,218	316,381	630,113	205,984
Other Creditors	897,087	49,900	897,087	49,886
Deferred income (note 15).	260,850	80,392	228,305	51,705
	2,584,646	814,130	2,334,170	657,296

NOTES TO THE FINANCIAL STATEMENTS (continued)

14. ANALYSIS OF DEFERRED INCOME

	Group		Charity	
	2022	2021	2022	2021
	£	£	£	£
Deferred income at 1 April	80,392	74,242	51,705	51,705
Applied during the year	211,546	28,687	179,000	-
Released during the year	(31,088)	(22,537)	(2,400)	-
Deferred income at 31 March	260,850	80,392	228,305	51,705

15. STATEMENT OF FUNDS (2022)

	At 1/4/21	Income	Expenditure	Transfers & Gains	At 31/3/22
	£	£	£	£	£
Unrestricted Funds					
General Fund	2,777,702	9,731,797	(8,802,752)	989,455	4,696,202
Designated:					
Fixed Assets Fund	274,680	-	-	(51,537)	223,143
Legacy Equalisation Fund	1,191,669	-	-	(1,191,669)	-
Recovery & Transformation Fund	500,000	-	(42,208)	142,208	600,000
Building Development Fund	-	-	-	300,000	300,000
Restricted Funds					
Donations	333,503	846,348	(925,266)	(10,001)	244,584
Property Fund	5,935,805	-	-	(69,184)	5,866,621
Group Total	11,013,359	10,578,145	(9,770,226)	109,272	11,930,550

NOTES TO THE FINANCIAL STATEMENTS (continued)

STATEMENT OF FUNDS (2021)

	At 1/4/20 £	Income £	Expenditure £	Transfers £	At 31/3/21 £
Unrestricted Funds					
General Fund	2,049,220	8,003,163	(7,443,203)	168,522	2,777,702
Designated:					
Fixed Assets Fund	260,048	-	-	14,632	274,680
Legacy Equalisation Fund	1,691,669	-	-	(500,000)	1,191,669
Recovery & Transformation Fund	-			500,000	500,000
Restricted Funds					
Donations	193,501	1,705,936	(1,536,346)	(29,588)	333,503
Property Fund	6,000,191	1,705,936	-	(64,386)	5,935,805
Group Total	10,194,629	9,709,099	(8,979,549)	89,180	11,013,359

The Trustees have designated funds out of the unrestricted funds for specific purposes as follows:-

Fixed Assets Fund
In order to fulfil its charitable objectives the Charity needs its fixed assets. These assets, although unrestricted, cannot be realised without undermining the Charity's work and the Trustees therefore feel that it is appropriate to reflect the investment in fixed assets by means of a designated fund.

Legacy Equalisation Fund
In 2016/17 the Trustees created a Legacy Equalisation Fund taking advantage of the record legacy income in that year. The fund was established to be used to moderate the fluctuating nature of legacy income by allocating any annual excess of legacy income received over the ten year average legacy income to the Equalisation Fund and to release funds back to the General Fund in years where the legacy income falls below the ten year average. Due to above average income in 2021/20, £735,291 was transferred to the Legacy Equalisation Fund from the general fund. The Board took the decision to wind down the 'Legacy Equalisation Fund' this year, and to invest this into the two remaining designated funds with the balance transferred to the General Fund .

Recovery and Transformation Fund
This fund has been set up to invest in a number of projects to support the Recovery & Transformation Programme. The Hospice Recovery and Transformation Programme was approved by the Board of Trustees at the end of 2021. The purpose of the programme is to help us recover from the effects of the pandemic and to support transformation in seven priority areas, identified and crystallised by the COVID-19 experience:

- Service Transformation
- Refreshing Volunteering
- Staff Wellbeing and Development
- Equality, Diversity and Inclusion
- Retail and Commercial Development
- Fundraising Development
- Stakeholder Engagement

Building Development Fund
This fund will be used to support the development of the building post pandemic, including investment in our inpatient unit, creating more single bedrooms to enable easier infection control and improvement of our staff changing and rest facilities to improve staff wellbeing. We are grateful to CRASH Charity for facilitating a review of our Bostall Hill site in 2021/22. This created a feasibility study of the options available to improve our building post pandemic.

NOTES TO THE FINANCIAL STATEMENTS (continued)

The Charity has the following restricted funds:

Donations Fund
This represents funds received where the donor has declared where the gift should be spent. During the year, £228,843 was released into general reserves.

Property Fund

The predecessor organisation to the Hospice, an unincorporated charity, transferred the land and buildings on which the Hospice's main operations are located, to the Hospice on restrictive terms for the sum of £1. The transfer documentation predates the SORP and Charities Act, but legal opinion clarified restrictive terms that the property is held on trust by Greenwich & Bexley Community Hospice Limited on behalf of the predecessor organisation. However, the Charity has the legal right to register charges against the property and it could be indemnified out of the premises in respect of liabilities properly incurred in the Charity's role of Trustee.

Accordingly, the net book value of the land and buildings together with all improvements made to date on the premises are reported as a separate restricted fund.

Transfers between funds reflects the capital building project and movement in fixed assets.

NOTES TO THE FINANCIAL STATEMENTS (continued)

16. ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS AS AT 31/3/22

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets	-	223,143	5,866,621	-	6,089,764
Investments	891,566	-	-	-	891,566
Current assets	5,582,712	900,000	244,584	806,570	7,533,866
Current liabilities	(1,561,849)	-	-	(1,022,797)	(2,584,646)
	4,912,429	1,123,143	6,111,205	(216,227)	11,930,550

ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS AS AT 31/3/21

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets	-	274,680	5,935,805	-	6,210,485
Investments	811,342	-	-	-	811,342
Current assets	2,410,423	1,691,669	333,503	370,067	4,805,662
Current liabilities	77,664	-	-	(891,794)	(814,130)
	3,299,429	1,966,349	6,269,308	(521,727)	11,013,359

17. PENSIONS

The company contributes to the NHS and Stakeholder pension schemes in respect of eligible employees. The assets of the schemes are held separately from those of the company in independently administered funds. The pension cost represents contributions payable by the company to the pension scheme funds. The NHS scheme is a multi-employer deferred benefits scheme which is underwritten by the Treasury. The Charity's obligations are limited to its annual contributions. The scheme currently has an employee contribution of between 5% and 13.5% and an employer contribution of 14.3%. The Stakeholder Scheme has an employee contribution decided by the employee and the employer contribution is 1% above the employee's contributions up to a maximum of 7%. The total employers pensions contribution for the year amounted to £332,792 (2021: £326,220) and as at the balance sheet date the company held total contributions of £53,207 (2021: £49,841) that were payable to the pension schemes. The charity does not have any further commitments under these pension schemes.

NOTES TO THE FINANCIAL STATEMENTS (continued)

18. OPERATING LEASE COMMITMENTS

	2022		2021	
	Land & Buildings £	Other £	Land & Buildings £	Other £
As at 31 March 2022, the charity had annual lease rental commitments totalling:				
Leases expiring within 1 year	208,897	6,884	193,049	4,065
Leases expiring within 1-5 years	511,699	8,658	490,998	8,073
Leases expiring after 5 years	5,151	-	18,332	-
	725,747	15,542	702,379	12,138

19. CAPITAL COMMITMENTS

	2022 £	2021 £
Authorised	5,000	-

20. RELATED PARTY TRANSACTIONS

In 2022 the following transactions took place between the Charity and its wholly owned subsidiaries GBCH Trading Limited (company number: 05612068) and Greenwich & Bexley Community Hospice Lottery Limited (company number: 06483768):

- Amounts due to the parent company at the year-end was £771,277.

There are no other outstanding balances with related parties as at 31 March 2022 (2021: £nil). The total amount of donations received from the trustees in the year was £9,155 (2021: £ 31,113).

NOTES TO THE FINANCIAL STATEMENTS (continued)

21. COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (2021):

	Notes	Unrestricted Funds General £	Unrestricted Funds Designated £	Restricted Funds £	2021 £
INCOME FROM:					
Donations and Legacies:	2				
Voluntary Income					
General donations		1,242,757	-	319,337	1,562,094
Charity shop donations		42,093	-	-	42,093
Legacies		682,327	-	-	682,327
Charitable activities:	3				
Operating a Hospice		4,121,839	-	-	4,121,839
Other trading activities:					
Charity shop income		662,490	-	-	662,490
Lottery income		282,685	-	-	282,685
Other sales income	4a	57,926	-	-	57,926
Rental income		9,410	-	-	9,410
Investment:		20,222	-	-	20,222
Other income:	4b	881,414	-	1,386,599	2,268,013
Total Income		8,003,163	-	1,705,936	9,709,099
EXPENDITURE ON:					
Raising funds:					
Fundraising and marketing costs		591,095	-	-	591,095
Charity shop expenditure		1,642,466	-	-	1,642,466
Lottery expenditure		215,212	-	-	215,212
Charitable activities:					
Operating a Hospice					
Clinical expenses		4,994,430		1,536,346	6,530,776
Total Expenditure	5	7,443,203		1,536,346	8,979,549
Net (losses)/gains on investments	10	89,180	-	-	89,180
Net income/(expenditure)		649,140	-	169,590	818,730
Transfers between funds	16	79,342	14,632	(93,974)	-
Net movement in funds		728,482	14,632	75.616	818,730
BALANCE BROUGHT FORWARD at 1/4/20		2,049,220	1,951,717	6,193,692	10,194,629
BALANCE CARRIED FORWARD at 31/3/21		2,777,702	1,966,349	6,269,308	11,013,359

GREENWICH AND BEXLEY COMMUNITY HOSPICE LIMITED

England & Wales - Charity number 1017406

Accounts

Greenwich & Bexley
Community Hospice

GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

(A charitable company limited by guarantee)

FINANCIAL STATEMENTS

FOR THE YEAR ENDED

31 MARCH 2021

Company Number: 2747475
Registered Charity Number: 1017406

Greenwich & Bexley
Community Hospice

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Greenwich & Bexley
Community Hospice

REFERENCE AND ADMINISTRATIVE DETAILS

Directors and Trustees

Mrs Ruth Russell: Chair, also Chair of Quality & Safety Committee ●□✦ ∞
Mr Tim Gutteridge: Deputy Chair □⌘
Mr David Atterbury Thomas□□Hon Treasurer/ Chair of Finance and Investment Committees: □✦⌘∞
Mr Gerald Peters: Company Secretary
Ms Lekshmi Babarujan (appointed November 2020)
Mr Tim Barnes QC ● (resigned November 2020)
Mr Simon Di Marino ✦ □
Ms Paula Keats: Chair of Remuneration Committee ●□⌘
Mrs Estelle Kerridge ● (appointed November 2020)
Mrs Mairead O'Reilly (appointed November 2020)
Ms Rebecca Middleton (appointed November 2020)
Dr Mary-Clare Parker ●
Mr Peter Sowden □⌘□ (resigned November 2020)
Mrs Komal Whittaker-Axon ● (appointed November 2020)

Non Trustee Subcommittee Member/ Advisor

Mr Alan Powell ✦

Members of Board Sub Committees
● Quality & Safety Committee
□ Finance Committee
✦ Investment Committee
⌘ Remuneration Committee
∞ Recovery and Transformation Programme Board

Chief Executive	Ms Kate Heaps: Chair, Recovery and Transformation Programme Board
Senior Leadership Team	Mr Justice Allotey (resigned September 2020)
	Mr Victor D'Arcy-Smith (appointed November 2020)
	Ms Wendy Lethem
	Mr Jon Devlin
	Dr Brendan O'Neill (resigned November 2020)
	Ms Aneta Saunders
	Mrs Susan Smyth
Registered Manager	Ms Ellen Tumelty
Registered Office	185 Bostall Hill Abbey Wood London SE2 0GB
Bankers	National Westminster Bank Ltd 1 Townley Road Bexleyheath Kent DA6 7JG
Auditors	Haysmacintyre LLP 10 Queen Street Place London EC4R 1AG
Registered Charity Number	1017406
Company Number	2747475

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021

The Board of Trustees present their report and the consolidated financial statements of Greenwich & Bexley Community Hospice Limited (GBCH) for the year ended 31 March 2021.

The financial statements have been prepared in accordance with the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019), applicable law and the Charity's governing document.

STRATEGIC REPORT

OBJECTIVES AND ACTIVITIES

The Charity's public benefit as set out in the objects clause in its Articles of Association is for the *relief of pain and suffering among the ill, the provision, management and maintenance of a hospice and associated community and outreach services for people with life limiting illness and their families and friends, the protection and preservation of the health of those affected by bereavement and the advancement of education of professionals and the public in the relief of pain and suffering.*

At Greenwich & Bexley Community Hospice, we believe that every dying person in Greenwich and Bexley should have the best care, support and quality of life possible and that our role is to lead the way by giving expert care, support and education to people with terminal illness, their families, friends and professional carers

We do this by responding to the needs of our community, supporting people who have incurable diseases such as cancer, heart failure, respiratory disease, neurological conditions and advanced dementia.

Our services and support extend outside of the Hospice inpatient unit and outpatient services, in patients' homes, care homes, prisons and in hospital. Our staff work in our own services and in partnership with other health and care organisations to help people maintain connections with their community and to maximise their quality of life.

Public Benefit
The Trustees have paid due regard to the guidance provided by the Charity Commission on Public Benefit. They are assured that the aims and objectives, along with the outcomes of the activities of the Charity have met the Public Benefit requirement and acknowledge the generosity of its supporters who have enabled the public to benefit from the Charity's activities. This Trustees report demonstrates how this was achieved.

The Coronavirus Pandemic
At the beginning of 2020/21, the Coronavirus pandemic was only just starting to develop, and nobody had a real understanding of how much influence it would have globally.

As the nation began to prepare for a national lockdown, the hospice invoked its pandemic policy and our business continuity plan was implemented.

All aspects of our charity were significantly impacted by the pandemic with our hospice services providing care and support to those who were directly and indirectly impacted by COVID-19 and our support services and income generation activities having to adapt to respond to the challenges of lockdown and remote working. The board and hospice staff have worked together to maintain operations throughout the last year and due to hard work in fundraising and the government rescue packages available, our hospice remains in a reasonable financial position.

Not only have we survived, but we have seen unprecedented change in our own organisation, across health and social care and throughout society. Whilst this has had its challenges, there have been definite opportunities which we are capitalising on to sustain and strengthen our charity and the services we provide to our community. It would have been a missed opportunity to return to life as it was pre COVID-19, and instead we are using the experience of the pandemic as a catalyst for positive change. Although the future remains quite uncertain with regard COVID-19, the progress made through vaccine roll-out gives us some cause for optimism and we are now planning for the recovery phase of the pandemic, with a cautious eye on possible future waves of infection and potential lockdowns. Our future planning includes a scenario

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
OBJECTIVES AND ACTIVITIES (continued)

where there remains an increased need for palliative and end of life services, with anticipated increases of deaths from cancer as a result of delays in presentation and treatment over the last 12 months. One positive is that end of life and bereavement issues are now being seen as everyone's responsibility in the post-COVID world and we are working with system partners to maintain additional community capacity, focussing on 'home-first' and 'virtual by default' in service design.

As a result of the uncertainty presented by the developing pandemic, we chose not to develop a new long term strategy but instead to develop a shorter term, *Recovery and Transformation Programme* for the next 18 months. Further information about this programme is presented below.

Our Strategy (Recovery and Transformation Programme)
Our previous three-year strategy set out the organisation's direction and plans to ensure our Charity continued to respond to the growing and diverse needs of our community, adapted to opportunities and challenges and remained financially sustainable. The strategy had 3 cross cutting threads running through it:

- an open and supportive organisational culture;
- valuing diversity *and*
- quality care when it counts

As well as 4 core themes:

- building partnerships, networks and community;
- sustainability, efficiency and innovation;
- developing and retaining our workforce and
- generating sufficient income to safely meet demand and quality requirements

Our new Recovery and Transformation Programme (RTP) focuses on seven priority areas, identified and crystallised by the COVID-19 experience.

1. Service Transformation
2. Refreshing Volunteering
3. Staff Wellbeing and Development
4. Equality, Diversity and Inclusion
5. Retail and Commercial Development
6. Fundraising Development
7. Stakeholder Engagement

The programme will help us during this time of significant residual uncertainty to make progress towards achieving our vision, respond to opportunities and become more resilient to future threats. It aims to help us develop our longer-term strategy.

The table below gives an overview of some of the progress made to date:

Work stream	Progress
Service Transformation	• Agreed to close current model of Day Hospice permanently • Recruitment of Wellbeing Support Worker • Review of Counselling Service – development of Bereavement HelpPoint and new model of sessional Counsellors • Development of Hospice's role in System 'Home First Model' • Expansion of Social Work Team • Development of Nursing Associate Role in IPU • Discharge Coordinator recruitment in Hospice Hospital Team • Continuation of 7 day Care Coordination service • Investment in Care Homes Team • Secondment of Physiotherapists to Oxleas' Lung team • Shared Senior Medical support with St Christopher's Hospice • Appointed Nesta to support development of long term vision and strategy • Appointed digital consultant to support digital elements of service transformation

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
OBJECTIVES AND ACTIVITIES (continued)

Refreshing Volunteering	• Review of all volunteer roles across the Hospice • Review of motivation of existing and potential volunteers • Development of six volunteering 'families' • Review of training for volunteers and managers of volunteers • Expansion of Compassionate Neighbours scheme • Review of volunteering database • Review of support and communication with volunteers
Staff Wellbeing and Development	• Staff survey – post phase 1 of pandemic, specifically re wellbeing and post wellbeing month • Staff wellbeing month planned with St Christopher's Hospice funded by SELCCG • Launch of Work In Confidence – whistleblowing platform • Link to SE London Wellbeing portal • Review of Staff awards programme • Wellbeing sessions ad hoc/ via external supporters • Ongoing training and development available for all staff • Continuation of free meals for hospice based staff
Equality, Diversity and Inclusion	• Development of E,D&I vision[1] and action plan • Review of recruitment procedures – blind recruitment through CIPHR HR platform • Unconscious bias training across 50% hospice (plan to provide to all staff) • Link with SE London People board E,D&I work • Celebration for specific festivals including Black History Month and Pride Month • Ongoing Community Development work
Retail and Commercial Development	• Appointed retail consultant to advise future structure and strategy • Review of leases across retail network • H&S audit of network • Implementation of H&S action plan • Refurbishment of 2 retail units • Restructure of warehouse and logistics operation • Review of GDPR compliance and Gift Aid Processes • Expansion of e-commerce operations • Recruitment of Head of Retail • Review of regular retail communications • Agreement to establish a Trading Board and recruitment of two Trading Non-Executive Directors
Fundraising Development	• Launch of emergency appeal • Development of virtual events programme • Review of individual giving and supporter journey • Investment in community fundraising • Review of GDPR compliance • Review and development of use of Fundraising database

[1] The Hospice aims to develop a culture which values its staff and patients/ clients and its local community and to have a system in place which proactively promotes inclusion and equality for all as well as embracing diversity. We aim to integrate equality, diversity and inclusion in everything that we do, so that it is embedded in our daily practice.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
OBJECTIVES AND ACTIVITIES (continued)

Stakeholder Engagement	• Establishment of regular face to face and virtual 'time to talk' meetings • Recruitment of Head of Communications and Marketing • Development of brand • Commissioned digital marketing agency to increase/ improve digital marketing • Review of internal communications • Large scale stakeholder survey conducted by Nesta to inform strategy

During the height of the pandemic, we made some changes to our governance structure to ensure continued board oversight and assurance, as well as to provide support to the Chief Executive and her senior leadership team.

As we move back to 'business as usual', we have reviewed the structure again and will continue to implement our planned changes throughout 2021/22.

Hospice Services
Greenwich & Bexley Community Hospice offers a number of services based within and working from our main Hospice building. We were last inspected by the Care Quality Commission in 2016, when we achieved an overall rating of 'Good' and a rating of 'Outstanding' in the responsiveness domain.

Services in the Hospice building
- Our **inpatient** unit, caring for and supporting people who have symptom control needs, complex psychological support needs, respite needs or end of life care needs. The team also provide significant support to the families and friends of those who we care for.
- Our **outpatient services**[2] support people who remain at home but are able to travel to the hospice for rehabilitation, ambulatory treatments and outpatient review as well as complementary and creative therapies.
- Our **rehabilitation** team work with patients in all Hospice services to maintain or develop independence and develop strategies to manage symptoms such as fatigue and breathlessness.
- Our **bereavement and counselling**[3] service gives emotional support and counselling to people with advanced illness and their families and friends before and after bereavement, face to face individually, in groups and over the telephone.
- The Hospice's **chaplaincy** service provides spiritual support to patients across all settings when requested.

Services in the Community
- The hospice's **Community Services** provide specialist palliative care across Greenwich and Bexley Boroughs. Clinical Nurse Specialists, Doctors and Allied Health Professionals visit people in their own homes, in care homes and in the local prisons; giving holistic care, advice and support to them and their network of informal support as well as to the other community staff (GPs, District Nurses etc.) involved in their care. In Greenwich, we also provide a fully integrated care coordination, Hospice@Home and nursing service, providing practical and personal care around the clock in patient's own homes. Since the beginning of the Coronavirus pandemic, the hospice has also delivered personal care to residents in Bexley through a spot purchased arrangement.
- The Hospice **Social Worker** and volunteer Benefits Advisors work with patients to access benefits and grants as well as to try to resolve housing issues and get help with complex children and family needs or safeguarding concerns.
  Our network of community **volunteers** increasingly also supports people in their own homes, and includes volunteers who are trained to support people to plan for their future care needs as well as volunteers who provide compassion, companionship and practical support, these volunteers are called **Compassionate Neighbours**.

[2] Our outpatient services were suspended in March 2020 due to the Coronavirus pandemic
[3] During the pandemic this service reverted to virtual and telephone contact only

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
OBJECTIVES AND ACHIEVEMENTS (continued)

Services in the Hospital

- The Hospice Team at **Queen Elizabeth Hospital**, Woolwich, trains and advises hospital staff on end of life care and symptom control issues as well as supporting patients and their families directly, helping to ensure that their wishes for care are met and supporting patients to be discharged home, or to a care home or the Hospice where this is appropriate. In 2020 the Hospice expanded the hours of operation of this service from six to seven days a week.

Education and Care Homes Support

- Through our involvement in the **Hospice Education and Learning Partnership (HELP),** our team provides bespoke and programmed training to nurses, doctors and other health and social care professionals as well as providing support and facilitation to staff, patients and families in care homes. HELP is a partnership between our own hospice and St Christopher's Hospice.

Progress on Hospice Strategy and Priorities for Improvement during the Coronavirus Pandemic

Despite the challenges presented by the Coronavirus Pandemic, our Hospice achieved a huge amount in 2020/21. Much of what we achieved was related to maintaining business continuity throughout our services as opposed to explicitly about meeting our strategic priorities but where the situation presented challenges, we viewed them as opportunities to improve and in doing so were able to achieve a number of strategic goals.

Business Continuity and Infection Prevention

We tested our business continuity plan and pandemic preparedness to the extreme at the beginning of the pandemic, but with the changes we made we were able to protect our 'mission critical' services and support more people than ever before. We established a Hospice-wide pandemic planning group who met regularly, responding to new legislation and guidance on an almost daily basis at first. Our clinical leads established a seven-day a week working rota to supplement our manager on call rota, enabling management support in person in the building throughout the whole week. This was reassuring for staff and enabled timely decision-making. We reviewed our Board and subcommittee timetable and established a Pandemic Crisis Board and Finance Meeting, standing down all other committees for the first half of the year. This enabled operational managers to focus on maintaining our service and supporting staff and continued to assure the Board around our financial stability, workforce wellbeing and resilience, response to the pandemic and quality and safety of our services. Our Chair and Chief Executive had meetings at least weekly and liaised with other Board members as necessary, this included establishing a deputising structure for board members to ensure business continuity for governance and assurance.

We worked to reduce face-to-face contact between staff and between staff and patients where this was appropriate. Many patients were shielding and reluctant to have home visits, so adaptation was required to enable consistent support (see below).

Our outpatient services were closed for much of the year as we felt they presented an unnecessary risk to patients and staff and having closed our day hospice in March 2020, we have made the decision not to reopen it in its current format. As we begin to build our outpatient services back, developing a new wellbeing offer with smaller focused groups and multidisciplinary clinics.

Our Registered Manager/ Infection Prevention Lead led on all aspects of infection risk management with support from the pandemic planning group, our HR department and Estates Team. This led to complete segregation of our inpatient unit and staff from the rest of the hospice, community staff forming 'bubbles' to be in the office or work from home and complete assessment of the rest of the hospice workforce to enable a COVID-secure environment with a large proportion of support staff working from home for much of the year. We ceased the use of any agency staff completely at the beginning of the pandemic and asked for assurances from any bank staff that they were not working in any other environments.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
OBJECTIVES AND ACHIEVEMENTS (continued)

We have been diligent with barrier nursing for new admissions and patients suspected with COVID, but only managed to get testing for our inpatients in May 2020, closely followed by staff PCR testing from July. Testing in the community came later which resulted in a number of patients we were nursing with presumed COVID with the appropriate infection control measures in place. Unfortunately, this was later than we would have liked and may have caused some staff to have to self-isolate for longer than necessary or for them to be at work asymptomatic with COVID. Our vaccination programme for staff began in December 2020, unfortunately, too late for the highly infectious Kent variant and this resulted in 25% of staff being off sick/ self-isolating over Christmas and New Year. We had a short closure of our inpatient unit during this time and worked with St Christopher's Hospice to support anyone who needed an admission in these few days. We implemented national guidance to restrict visitors to our inpatient unit during this time and inevitably, this influenced the number of patients who chose to come to an inpatient facility as opposed to remaining at home. Restricting visitors is very much in opposition to the Hospice ethos of home from home and holistic patient and family care. This placed a burden on patients and staff alike, our team worked hard to maintain family bonds through use of FaceTime and Skype as well as using keepsakes such as knitted hearts to share with relatives who could not be with their loved ones in their final days. We were extremely relieved when lateral flow device testing for visitors became available and have been gradually able to reduce restrictions in line with guidance. At first, this was challenging due to the workforce burden of conducting tests on up to 30 visitors a day, but this has eased significantly with the public availability of tests.

We continue to carry out individual risk assessments for all staff and have supported staff during shielding to work from home where possible. Particular attention has been paid to ensuring those who were thought to be at greater risk due to their ethnicity were completely comfortable with their face-to-face work, using a greater level of protection than guidelines suggest (e.g. FFP3 masks) if necessary.

At the beginning of the pandemic, it was impossible to access adequate PPE for staff through the usual channels, and we are extremely grateful for donated PPE. Our community, supporters, friends and neighbours made scrubs for staff to work in and schools, vets and beauty parlours donated goggles, gloves, masks and aprons. When a national hospice supply became possible from the government, GBCH stepped up and became a PPE distribution hub for London and Kent hospices. This supply has been vital whilst the supply chain for PPE has continued to be a challenge and has also been a significant contribution in financial terms (see note 1). The supply has continued throughout and we were fortunate to have support from volunteers and staff to ensure that not only were PPE orders prepared, but that they were delivered to 17 other hospices up until December 2020.

Partnership working

We were grateful to our own redeployed staff who showed flexibility working in other areas of the hospice at times of peak demand/ staffing difficulty. We are also grateful to Demelza Hospice who enabled a staff member to join the Hospice@Home team for several weeks at the beginning of the pandemic. Through these secondments, staff learned from one another and gained a better understanding of the patient pathway. For example, our physiotherapists were redeployed for several months to support with staffing our inpatient unit and at the end of the year; they were seconded on a part time basis to the respiratory team at Oxleas NHS Foundation Trust, working in the team to support patients who could benefit from a palliative approach. We were also able to negotiate an extension into Bexley for our subcontracted rapid response service, to support night District Nursing in Bexley (Oxleas NHSFT) at times of peak demand/staffing challenges.

Our partnership approach continued throughout the year with at least twice weekly participation in the Greenwich and Bexley 'System' wide COVID operational group 'Resplendent'. Through this group, we proactively participated in problem solving across organisations, as well as getting support when the Hospice needed it from partners. We have collaboratively worked with partners to draft plans for additional COVID and winter funding, ensuring that we considered the needs of people approaching the end of their lives in these plans.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
OBJECTIVES AND ACHIEVEMENTS (continued)

At the beginning of the pandemic, we convened a Greenwich and Bexley 'Bronze' level End of Life group with all partners, chaired by our Chief Executive. This group now has CCG programme management support and is embedded in system development governance structures. In July 2020 we launched a new collaborative project the Greenwich and Bexley Bereavement HelpPoint http://gbbereavement.org/ working with other local bereavement charities, the NHS and local authorities to ensure that those who were bereaved during the pandemic had responsive access to a wide range of responsive support. At the end of the year, we were busy planning for a system wide approach to dying matters week, as well as focusing on improving uptake of advance care planning and exploring how the group can improve lack of access to services from some groups.

Our partnership with St Christopher's has grown throughout this last year, we continue to develop our rehabilitation service and now have a joint appointment for an Occupational Therapist; following the relocation of one of our Medical Consultants they are now providing Senior Medical support to our inpatient unit and collaborating on our second on call rota. We have also provided mutual aid during closures in our respective inpatient facilities.

We developed our role in the Bexley voluntary sector consortium 'OneBexley' during the year and as prime contractor were successful in securing a 6-month contract (later extended) to provide adult social care assessment and reviews for Bexley residents. This has helped develop mutual understanding of our services across the partnership and we are beginning to see benefits for those who are approaching end of life through referrals coming direct from partners.

Others looked to our hospice to provide guidance, especially in the early stages of the pandemic. We worked with the CCG and other psychological support services to produce guidance and advice for staff working in care homes and have been funded for a care homes nurse in Greenwich to supplement our Bexley resource. We worked with SE London palliative and primary care colleagues to develop symptom control guidance for a new, unknown disease, responding to evidence as soon as it became available.

New ways of working

Clinical staff adapted to working from home where appropriate, inevitably bringing a great deal of sadness into their personal space through interactions with patients being supported on the phone. Our team adapted to remote and virtual consultations where necessary to protect staff and patients with the majority of those who had been under our outpatient and day hospice services moving onto telephone/video support, we began to use a video tool, which is integrated into our electronic patient management system. We now have a much greater idea of the potential for using technology with a cohort (over 25%) of patients and this learning will be used as we develop new services and we explore the potential for digital to improve our quality, reach and responsiveness. This adaptation was only possible because of the hard work of our IT team who worked with our partners ITRM to roll out new hardware to all IT users at the beginning of the year.

There was significant change in our hospital-based team too, with a greater emphasis on discharge from hospital, our team were asked to conduct all assessments for patients eligible for fast-track care. This change was perhaps easier for GBCH staff than for other hospital specialist palliative care teams as we have the experience of our Greenwich Care Partnership service, however it was a significant increase in workload. The team also worked remotely for much of the time, advising ward staff about symptom management and developing bite size training packages. We are pleased to report that following investment from our CCGs and successful recruitment to the team, we now have a seven-day service in our hospital team. Our care management service (the front door of the Greenwich Care Partnership service) also operated seven days a week throughout much of the year to respond to the increased need for Hospice@Home care.

Following a successful pilot in 2019/20, we were able to apply our learning to continue providing Hospice@Home support for residents of Bexley (funded on a spot purchase basis). This has accounted for a large part of the increase in patients cared for by this team and we are hopeful that this option will continue on an ongoing basis.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
OBJECTIVES AND ACHIEVEMENTS (continued)

In November, we began a staff consultation, which focussed mainly on our income generation activities, but in our clinical services, it resulted in permanent redeployment of day hospice staff to our community team and a reduction in the number of paid substantive counsellors. Because of the learning from our partnership with other bereavement services, we have invested in a team leader role and will be recruiting to paid and voluntary positions, which provide more flexible hours of operation.

It was not just our staff who adapted through the pandemic, our volunteering team had to work differently too. As we invoked the business continuity plan, we effectively 'furloughed' 95% of volunteers from their normal roles. A large number retrained and were redeployed, they were joined by a group of new volunteers who trained as compassionate neighbours and set about supporting patients at home virtually or in person as well as carrying out practical tasks such as doing shopping and collecting prescriptions.

Education
Through our partnership with St Christopher's Hospice, the Hospice Education and Learning Partnership provided a significant amount of training in response to the pandemic through 2020/21. This included a series of freely available webinars, as well as some targeted training for GPs, community nurses, hospital staff, local care homes and the NHS Nightingale Hospital (London).

We began a programme of Project ECHO sessions for Greenwich and Bexley Care Homes, which routinely attract 30 attendees to the live session, with opportunity for playback for those unable to attend.

Staff Wellbeing
There is no doubt that 2020/21 has put a huge amount of stress on our whole staff team. They have learned new ways of working, worked long hours and been fearful of protecting their own health as well as the health of their own loved ones. There is no way to repay this to the team and it is difficult for our many thankyous not just to sound like a platitude. What is clear is that the whole team has grown because of the pandemic; we are clearer than ever before of our role in the healthcare system and of why and how our charitable purpose is so important and makes such a difference to the lives of local people. The community stepped up with incredible support, donating to our emergency appeal and giving comfort packs to staff. This provided a much need morale boost on many difficult days.

We established weekly face to face and video linked 'time to talk' sessions, held in the grounds of the hospice and via Zoom for staff working from home or who were furloughed. These sessions provided space to share worries and anxieties as well as good news, and boosted morale on many occasions.

We awarded the team small tokens of gratitude including additional leave and the Chief Executive and Chair wrote letters of thanks to staff and their families.

Following investment from SELCCG we are planning a joint staff wellbeing month with St Christopher's Hospice.

'I have worked at the Hospice for the last four and a half years ..... I have always felt privileged to be part of the team, and thoroughly enjoy doing the work that we do. The last year has been incredibly challenging at times, and very worrying not just for ourselves but for our colleagues and our families.

I read your card out to my 88-year-old Mum, who is shielding. She is very frail, blind and has numerous health issues. I am not in my Mums bubble due to the nature of the work I do, and because my brother stepped up for that role, but I speak to her regularly and have on occasion been able to meet her at a distance outside.

I just wanted to let you know her reaction to the lovely card you sent. Mum has worried continuously about myself and other members of my family during this pandemic and at times has been quite overwhelmed. This time she was overwhelmed because of the kindness of your comments. It's not always easy explaining to an 88-year-old lady why she can't see her daughter. I think she sees things a bit clearer now. So thank you again.'

Thank you email from member of staff

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
OBJECTIVES AND ACHIEVEMENTS (continued)

It is not possible to look back at 2020/21 without reflecting on the global impact of George Floyd's murder. We took time out to reflect on how the Hospice approached equality, diversity and inclusion (EDI) and provided a forum for staff to share their experiences. This work is helping to inform the work of our EDI work stream of the recovery and transformation programme.

Though not scheduled for the year, we decided to conduct a spot survey of staff after the first phase of the pandemic. The findings were largely positive recognising that although it had been a challenging time, the Hospice and its leadership team had done all it could to support staff wellbeing.

We installed a new whistleblowing platform WorkInConfidence during the year and this will enable us to continue to run spot surveys as well as an annual staff survey. We plan to use spot surveys to support our recovery and transformation programme.

Investment in Information Technology
The Hospice upgraded almost all of its IT hardware in 2020/21 to bring its equipment up to date and to enable a move from obsolete Windows applications to Microsoft 365. This went some way towards improving our resilience to potential cyber-attacks and the greater functionality and portability supported staff who were working from home as well as supporting our increased use of digital technology in our care and support functions. We are planning to work with our IT partner ITRM to upgrade any remaining hardware in 2021/22, including moving on premises servers into the 'cloud'.

Financial Sustainability
The pandemic and accompanying lockdowns brought particular challenges to our hospice finances. Throughout the year, we faced immense uncertainty and we adapted and developed our plans accordingly.

The most significant negative impact was on our trading income, our shops were closed by a large part of the year which inevitably reduced sales. We used the opportunity of our shops being closed to carry out much needed refurbishments and updates to retail strategy. Most retail staff were furloughed and the hospice Board agreed to 'top up' these staff's salaries to 100%. Retail costs were for the large part, covered by Hospitality, Retail and Leisure Grants from our local authorities and furlough payments from HMRC.

Our fundraising plans were also significantly disrupted in the year. Unlike many charities, we made the decision not to furlough our fundraising team and instead they worked flexibly to support other areas of the hospice operation, as well as adapting their plans to take the majority of fundraising

More detail on these areas is provided later in the report.

CARE ACTIVITY

Between April 2020 and March 2021, 2269 people were referred to the Hospice and 653 patients had their care ongoing, leading to a total 2,922 unique patients cared for in 2020/21. People usually receive services from more than one Hospice service.

Hospice Based Services

Inpatient Care
In 2020/21 we provided care for 257 patients within Woodlands, our Inpatient Unit (282 in 2019/20). Overall our occupancy level was only **63%** (2019/20 88%) this change is largely due to COVID-19 which impacted the number of patients admitted and overall length of stay, as many patients chose to remain at home surrounded by family, rather than attending the hospice which had necessary restrictions on visitors. Patients are referred for inpatient care for pain and symptom control, terminal care, complex psychological support and respite care.

For some patients their symptoms become hard to manage and require specialist assessment, support and treatment. These patients will stay with us to enable the multi-disciplinary team to assess their condition and if necessary, modify their medication in order to relieve pain and other symptoms, before discharge back home. The trend for less patients being discharged at the end of their stay continued with only **26%** of patients who stayed in the Hospice in 2020/21 being discharged home (2019/20 25%). Some people whose illness has reached the final stages choose to come to the hospice for terminal care: these patients are offered compassionate nursing and medical care so they can achieve the best quality of life during their final days.

To ensure the protection of patients on our inpatient unit, Woodlands remained segregated from the rest of the Hospice throughout the year. As a result, our inpatient staff have been entering and exiting the unit through a separate route and taking their breaks on the unit. We have had a variety of visiting restrictions during this time, and have seen changes in referral patterns because of the pandemic.

The direct cost of providing care in the Inpatient Unit in 2020/21 was £1,445,115 (2019/20 £1,411,850). The reason for this 2% increase was due to annual salary increases for staff on the unit.

Case Study:
One woman the Hospice was caring for became very ill at home and was urgently taken to hospital. Sadly, her health suddenly deteriorated but because the hospital was in full lockdown, she could not have any visitors. She was alone without any family, and most tragically – without her husband.

Hospice consultant, Brendan, worked closely with hospital doctors so that she could be moved to the Hospice, where her husband could be with her. This meant she could hold her husband's hand, they could tell one another how much they loved each other, and make precious memories in their final days together. More importantly, they were able to say goodbye.

Every patient we cared for at the Hospice or at home, meant one potentially life-saving bed free for a person with COVID-19.

Outpatient Services
Due to the vulnerabilities of our Day Hospice patient group, the Hospice had to suspend Day Hospice at the end of the year to protect patients from any risk of the Coronavirus. Throughout the pandemic we sought new and innovative ways to provide support to shielding patients with stable symptoms, including telephone and video support provided by staff and trained volunteers and distribution of 'busy bags' to provide people with activities to keep them active and occupied.

Rehabilitation
The Hospice rehabilitation team, comprising 2 Physiotherapists and an Occupational Therapist, work with our nurses and doctors to enhance the skills of the multi-disciplinary team and encourage a rehabilitative approach across all of our services. Our team are working to develop this service, embedding a rehabilitative approach throughout all areas of the Hospice and working with a small number of rehabilitation volunteers who support their work.

During the pandemic because our therapists were not initially able to see patients face to face for rehabilitation, they were seconded to work on our inpatient unit, which enabled the sharing of their knowledge and skills as well as bolstering the team. They are now back working in the gym and remotely using COVID-19 secure practices working 1-1 with patients.

We have made the decision through our Service Transformation work that we will not reintroduce Shornells Day Hospice in its previous format. Instead, the team are in the process of developing a number of outpatient clinics and drop in wellbeing activities, which we will start when COVID-19 allows. Staff who were formally employed in this have been redeployed to work in our community services.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

Social, Psychological and Spiritual Care
The Hospice endeavours to meet all the needs of its patients whether they are physical, emotional or spiritual. Our counsellors, social worker, chaplains and volunteers help other members of the team to ensure that we meet the holistic needs of patients and their families and friends.

During the course of this year, we continued to offer one to one counselling support virtually via telephone and video. We offer counselling to patients, relatives and carers, before and following bereavement for relatives. Where appropriate, we pass on referrals to other partners through our newly established Greenwich & Bexley Bereavement HelpPoint. In total in 2020/21, our counselling team carried out 2,516 activities. In December 2020, we made some structural changes to the way that we manage the counselling service and appointed to a new role of a Bereavement and Counselling Coordinator. Going forward we plan to have paid and volunteer counsellors on a sessional basis to provide a more flexible service and help meet the diverse range of needs of our patients.

Our social worker continues to be extremely busy, supporting 152 patients this year with a variety of issues including complex family work, safeguarding issues, housing, benefits and asylum issues. We are hopeful that we will be able to invest to develop our Social Work service in 2021/22. During the Coronavirus pandemic, we were grateful for the support of many local businesses who provided food and comfort parcels for patients who are less fortunate or who were shielding, these were distributed by our Social Worker and our volunteers team.

Practice Development
We continued to work through HELP, the Hospice Education and Learning Partnership in collaboration with St Christopher's Hospice. By working together we aim to reach more local health and care staff to enable them to support more people to achieve their goal of dying in their own home or care home focusing on promoting holistic care, dignity, independence and choice at the end of life as well as developing symptom management and communication skills. At the beginning of the pandemic, we worked to make all of our education and training on line and virtual, and were asked to develop resources for a number of new partners including the London Nightingale Hospital.

Community Based Services
The Hospice offers 24-hour care and support in the community across the London Boroughs of Greenwich and Bexley. In 2020/21 our specialist palliative care community team received **1,594** new referrals (1,079 in 2019/20, **a 48%** increase); **263** of these patients were supported at some point during their journey via our telephone support service. Of the **1,415** people who died under the care of the hospice (all services), **67%** were able to die out of hospital (61% in 2019/20).

The most notable growth in activity was in our cancer caseload, the team supported an additional 382 people with a cancer diagnosis in 2020/21, an increase of 32%.

The direct cost of Specialist Community Care in 2020/21 was £949,956 (2019/20 £894,614) the reason for this 6% increase was due to expansion of the team to meet additional demand and annual salary increases for our staff. Our community team adapted quickly to working on line and via the phone where possible at the beginning of the pandemic, necessitated by a wish to protect shielded patients as well as a significant increase in the caseload. We continue to evaluate and develop this model of support where appropriate as we develop our services for the future.

The Greenwich Care Partnership continues to deliver an important element of Hospice community activity, led by the Hospice and delivered in partnership with Marie Curie Cancer Care and Oxleas NHS Foundation Trust. The total cost of the care provided by the Greenwich Care Partnership in 2020/21 was £724,547 (2019/20 £702,846). Throughout 2020/21 our team took a leading role in managing the discharge process for those facing end of life in Queen Elizabeth Hospital and we were delighted to be able to support Bexley residents as well as those we normally support in Greenwich through our Hospice@Home team. In 2020/21 the Hospice@Home team supported a total of 292 patients, an increase of 50% on the previous year. The value of spot purchased packages for Bexley residents, amounted to £15,418 of earned income.

Case Study:
Often, it is the little things that mean the world to someone we care for. One older lady was discharged from hospital and living on her own. Carers from the Hospice visited three times a day to help her with her meals, getting changed and anything else she needed. She had a very small appetite and hadn't been enjoying her food. One day she mentioned in passing that she would really love fish and chips.

The next day on their way to visit this lady, our carers stopped to pick up some fish and chips as a surprise for her – paying with their own money. They knew that because of how frail she was, she wouldn't manage to eat much, but just the smell and the taste of one chip was enough to fulfil that craving and give her the pleasure of eating something she enjoyed.

Hospice Outreach in Hospital
Our hospital support team based at Queen Elizabeth Hospital, Woolwich, plays an important role in educating and advising hospital professionals as well as supporting patients and their families in hospital. This year our small team made visits to **1,062** patients (912 in 2019/20 **16%** increase). This was made possible due to recruitment to the team as well as expansion of the service to 7 days a week in October 2020. The direct cost of Hospice Care in the Hospital in 2020/21 was £345,008 (2019/20 £298,600) this increase was for additional staffing to enable the increase in service hours.

OneBexley Consortium
One Bexley is a consortium of eight charities who have agreed to work together for mutual benefit as well as to improve the lives of Bexley citizens. The consortium includes the Hospice, Bexley Voluntary Services Council, Age UK Bexley, Inspire Community Trust, MIND in Bexley, Carers' Support Bexley, SE London Crossroads Care and Bexley Mencap.

In April 2020, OneBexley was awarded a contract to deliver and transform the way that adult social care is delivered. The consortium is working with the council and partners to ensure that the most vulnerable people in Bexley get the right kind of care and support.

Through the contract, we are aiming for people to:
a. Have care and support that enables them to live as they want to
b. Be in control of planning their own care and support with additional help as required by those who know and care about them
c. Have needs met effectively, efficiently and quickly
d. Facilitate proactive and preventative care support rather than reactive and crisis care[4].

Greenwich & Bexley Community Hospice is the prime contractor for the OneBexley Pathways Contract and our Chief Executive chairs the One Bexley Programme Board. Through this mechanism the Hospice is hoping that it will be a vehicle to extend reach, build and utilise community assets and deliver value for money and quality benefits to the Hospice, the wider system and the Bexley population.

REACHING ALL OF OUR COMMUNITY

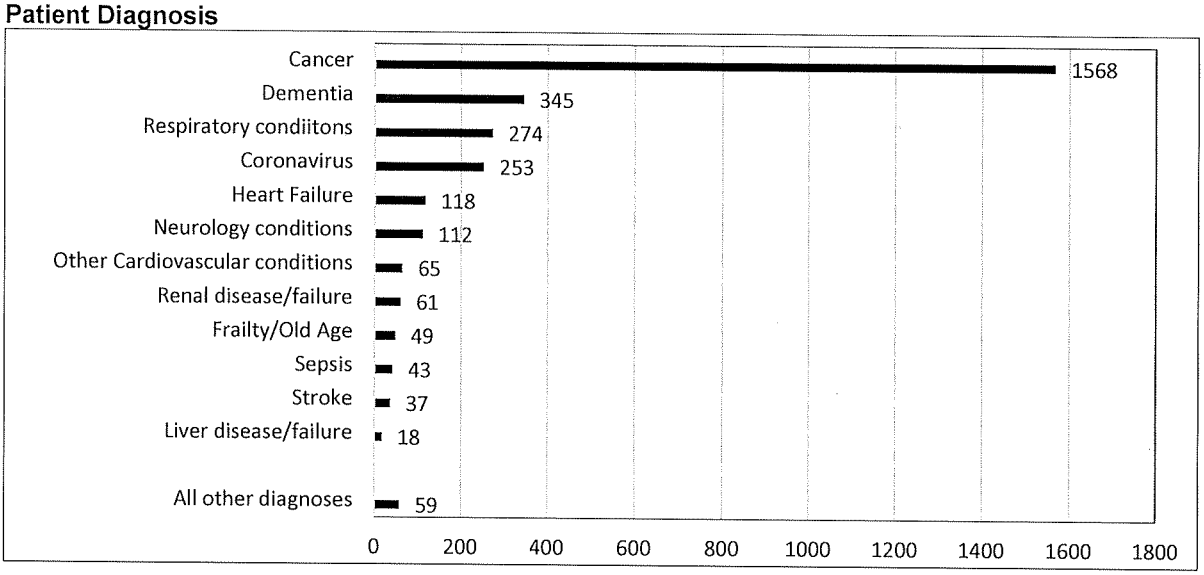
Care beyond Cancer
The Hospice continues to strive to reach people with a diagnosis other than cancer, who nationally are often less likely to be referred and to access support from specialist palliative care services.

In previous years we have only reported on one primary diagnosis for each patient, however many of our patients have complex needs and more than one significant diagnosis. Referrals between April 2020 and March 2021 included 109 people referred to our counselling/social work service only; we have excluded these clients for the purposes of diagnosis reporting, as many of these will be carers or bereaved family members. Of the remaining patients, 114 did not have a diagnosis recorded, leaving 2,669 people with at least one recorded diagnosis.

[4] Taken from LBB pathways contract service specification (2020)

The proportion of patients with a cancer diagnosis was 53%, 8% of patients had a diagnosis of Coronavirus.

Patient Diagnosis

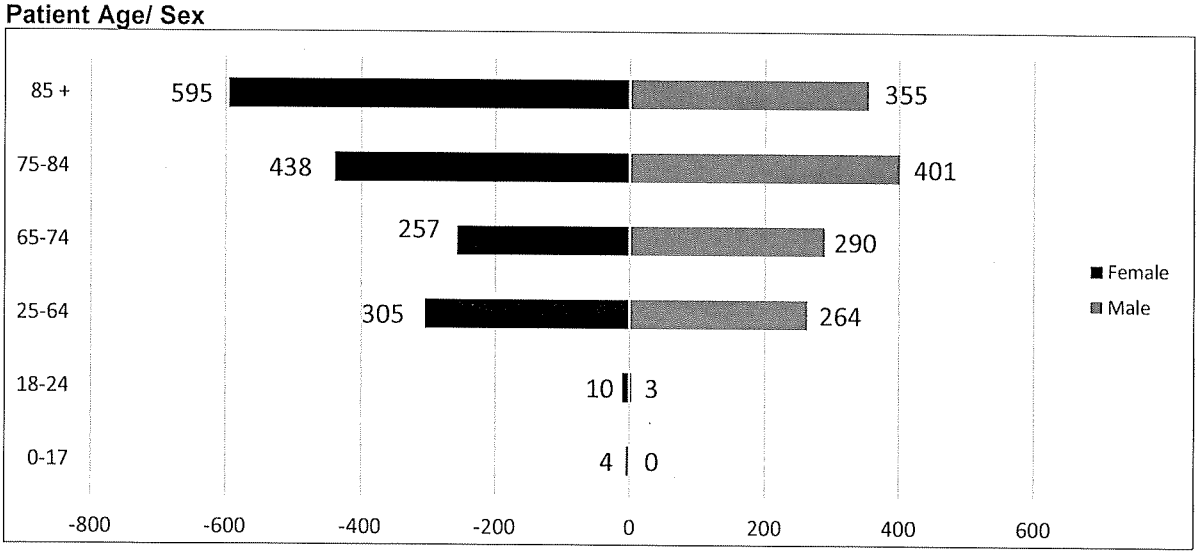


Serving People of All Ages

The Hospice provides care to anyone with a life limiting illness living in the London Boroughs of Greenwich or Bexley who is over the age of 18[5]. The majority of people we care for are over 65. In 2020/21, **62%** of the people we cared for were over 75 (2019/20 59%) and **33%** were over 85 (2019/20 (31%)).

As predicted, we are seeing the need for care for the "older old" increasing and we expect this trend to continue over the next 10-20 years. This is already having an impact on the type of care we provide as people in the "85 years and over" category are more likely to have elderly carers or live alone, and may also be more likely to live in a setting such as a care home or supported housing scheme. In addition, older people are more likely to have multiple conditions, including dementia, and therefore live with increasing levels of frailty and with more complex needs. We invested in our work in care homes in 2020/21 and will continue to develop this support as part of the RTP.

Patient Age/ Sex



[5] Additionally, children and young people who are family members or close friends of those we care for, receive support from staff, particularly psychological support and social work services.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

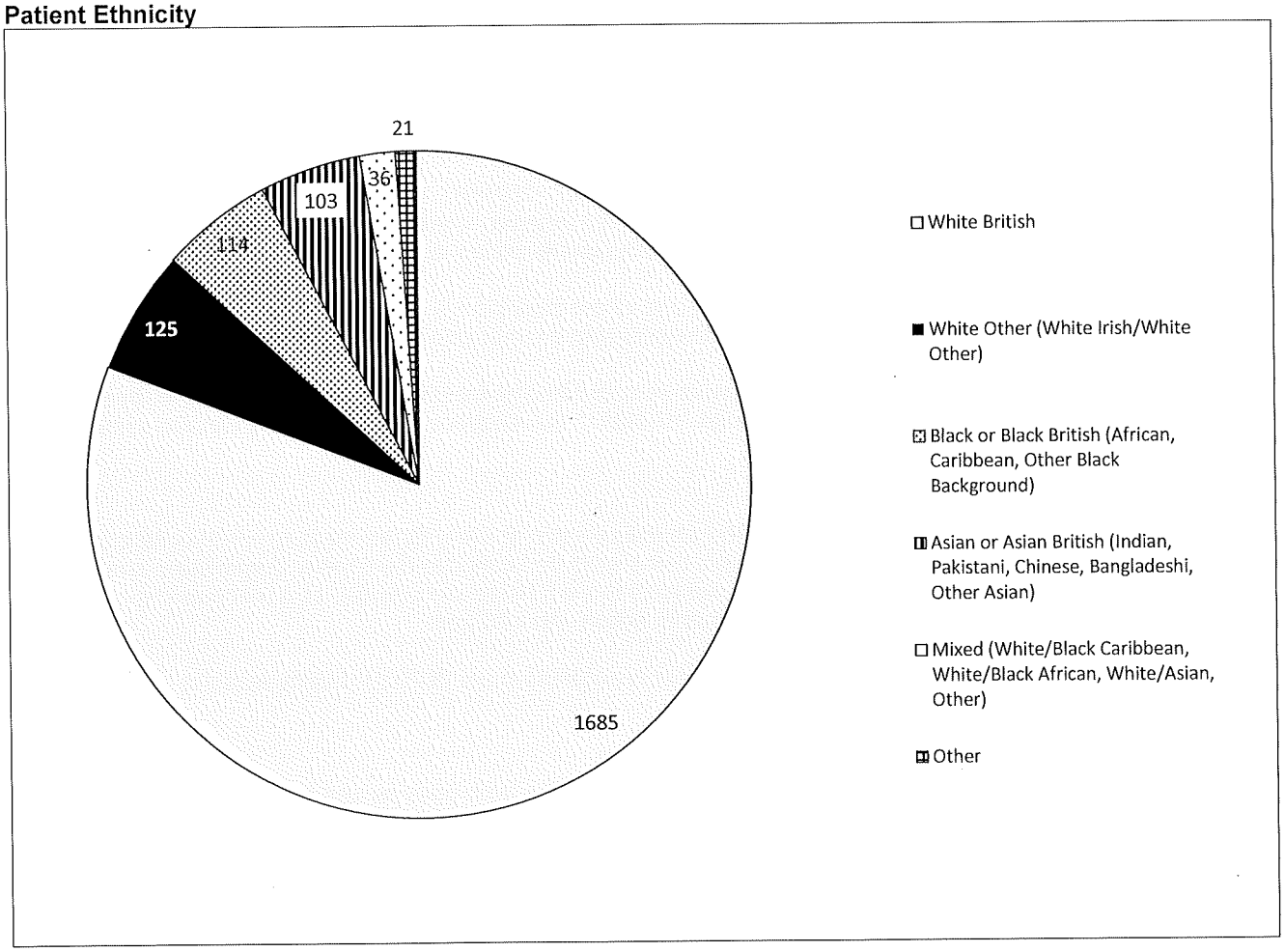
Black, Asian and Minority Ethnic Communities

The Hospice continues to focus on ensuring that all groups in our community are aware of our services and to break down the barriers to accessing our care and support. As part of this strategy, we spend time with community leaders and groups listening to them about their needs and talking about the Hospice to try to dispel any myths that may discourage people from accessing our services when they need them. At the end of 2019/20 we received a grant from the National Lottery to help us accelerate this work, however the pandemic forced us to scale back our plans to focus on maintaining business continuity.

In 2020/21, the numbers of people accessing our services from all communities increased from 2,145 to 2,922 (by 36%). Disappointingly, there remains a large number of people for whom their ethnicity was not recorded (838 or 29%). For the remaining patients for whom ethnicity was recorded, there is a larger growth in the non White British group (39% growth year on year) compared to the White British group (29% growth). We saw the largest growth in the 'White Irish/ White other' and 'Black African, Black Caribbean, Other Black or Black British' categories.

We continue have a clear focus on data quality in all areas, but are particularly focussing on this area as part of our Equality, Diversity and Inclusion work stream of the Recovery and Transformation Programme.

Patient Ethnicity



TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

INCIDENT MANAGEMENT/ HEALTH & SAFETY

Reporting of clinical incidents is embedded into the routine business of the Hospice Quality & Safety Committee through the clinical dashboard.

Our medicines incident rate was 74 for the whole year (138 2019/20), it is likely that this reduction was in part due to having less temporary staff during the year and a lower level of occupancy. We were able to use Hospice UK's national annual benchmarking audit to compare ourselves against similar hospices. Incidents are graded level 0-6 with 0 being least severe, our errors ranged from level 0 to level 3 with eight being categorised at level 2 (patient monitoring, no harm) and five being categorised at level 3 (some change, no harm). Our rate of "level 0" drug errors at Greenwich & Bexley Community Hospice is higher than the average for Hospices of a similar size (47 at GBCH, 3.4 National average per annum), though we strongly believe this to be due to the low threshold we have for reporting concerns. We have had no repeated incidents of concern and nursing staff undertake a regular medication assessment to assure the organisation of their competency.

Through this audit programme, we are also able to benchmark our performance in terms of the incidence of falls. We reported a higher than average figure for falls of **16.4** per 1,000 overnight bed days (Audit average 11.7). 97% of falls were in the no harm/ low harm category, the remaining 1 fall was recorded as severe harm as the patient died within 24 hours of the fall. The patient was receiving end of life care and had been quite confused prior to the fall. The case was referred to the coroner at the time and there were no concerns raised by the coroner or the patient's family about the care the patient received pre or post-fall.

We received 15 care and 15 non-care complaints in 2020/21 (2019/20, 14 care, 9 non-care complaints), all complaints were fully investigated, whether they are informal complaints such as direct feedback or comments received on patient and family feedback questionnaires or formal written complaints.

An investigation is carried out for all complaints and where possible the complainant is invited to meet with members of the senior team to discuss their concerns and the outcome of any investigation.

We review the Hospice's operational risk register as a standing item at the Quality & Safety Committee and issues are escalated to the Board if appropriate. In 2020/21 the register continued to feature matters relating to Brexit; staffing and COVID-19.

Serious Incidents
The Hospice Board receives a report from the Chief Executive at every Board meeting which confirms whether there have been any serious incidents that should be notified to the Charity Commission and/or Care Quality Commission. We reported two incidents to the Charity Commission as a precautionary measure in 2020/21, they confirmed that no further action was required.

Further information about incidents and complaints is available in our 2020/21 Quality Account.

PATIENT AND FAMILY FEEDBACK

The Charity receives hundreds of thank you cards and letters from patients and bereaved families each year; in addition, there are a number of comments and suggestion boxes placed around the Hospice building and we continue to gather patient and family feedback in a more structured way through questionnaires. We continue to use our online feedback portal **iWantGreatCare** to collect patient feedback, with targeted mailshots to certain service users.

Our **Patient Forum** unfortunately remained on hold throughout 2020/21 due to staff capacity and social distancing.

When received, feedback is reviewed at the Hospice's regular clinical leads meeting and Quality & Safety Committee. This feeds into a quality improvement plan and helps shape our services in the future.

'I cannot thank your kindness and support enough during this time. From when my mum was diagnosed the care we received was above and beyond, the nursing staff were absolutely fantastic'

Feedback on community service from bereaved relative – VOICES questionnaire

'I would just like to say Thank you to all the staff from Greenwich & Bexley Community Hospice, we lost my brother on Boxing Day, the community nurse was such a great help to us as a family as we looked after my brother at home, with all the help from (nurse), the lovely carers that visited my brother 3 times a day, always cheerful, put a smile on my brother's face and ours, so nice to see him clean sitting up in bed. Without the help from (the team), we wouldn't of been so lucky to keep him at home until the end of his life. I just want them all to know from our family that we are really grateful for all the care they gave my brother, and the support they gave us. Thank you from the bottom of our hearts.'

Thank you card - Community/GCP/Social Work

'A huge thank you for getting my husband better and well enough to come home. Your care and kindness is exceptional'

Thank you letter, Inpatient Unit

'I was overwhelmed by the fact I was losing my eldest daughter to stomach cancer while I was caring for my youngest daughter who has a progressive condition and who was plagued by infections. The counselling I received gave me a point of sanity where I could say how I felt and work my way through the things that were happening.'

Feedback from Counselling client

SUPPORTING THE HOSPICE TO PROVIDE CARE

Volunteers

The Hospice continues to benefit from the support of a large number and diverse range of volunteers. Volunteers not only bring their time and expertise but also their personalities and life experiences, helping to create the special atmosphere that exists within the Charity.

Volunteers work in all areas of the Hospice. These include trustees, receptionists, gardeners, clothes sorters in retail distribution, IT volunteers, compassionate neighbours and volunteer fundraisers to mention a few. In excess of 459 volunteers were registered with the Charity at the end of 2020/21 and gave collectively over 64,000 hours of time during the year.

In total this equates to 38 full time workers for a year, or a financial donation equivalent to approximately £800,000. Compared to 2019/20 this represents a drop in volunteer hours as we reduced footfall in our building to support business continuity and social distancing. However we were able to grow some areas of our volunteering programme, supporting those patients who were shielding on the telephone or through visits on the driveway, helping our clinical team with practical tasks such as collecting prescriptions and delivering COVID tests to the hospital, delivering PPE to the network of London Hospices. We remain grateful to those volunteers, new and established, who were able to step up to take on these responsibilities to support our staff and patients.

The skills and expertise that volunteers add to every aspect of our work is one of the aspects that makes Hospice care so special. We are proud and greatly encouraged to have such a wide range of volunteers from teenagers to people in their late 80s offering their time to the Hospice. We have identified volunteering as a priority in our Recovery and Transformation Programme, the work-stream will include a focus on recruitment of new volunteers, development of new roles and training and support for new and existing volunteers as well as those staff who manage volunteers.

Income Generation
In any normal year, almost two thirds of operating costs are funded by voluntary income and the Hospice exists only thanks to the generosity of our donors (groups, companies and individuals), customers and legators. Despite the considerable additional support from the government in 2020/21, it was a year when local support couldn't have been more important to ensure continued Hospice services, we want to share a heartfelt thank you to every person, company, Trust – to everyone who stood with us and supported our work. Our charitable income remained vital in maintaining our viability.

In response to the COVID-19 pandemic, our priority was to protect the financial position of the Hospice, maximising any opportunities to generate income. We chose not to furlough our fundraisers at any time. We applied an agile decision-making process and flexibly utilised our resources, re-allocating team time to wherever the need was greatest. This included whole-team support for the emergency appeal, covering Hospice reception duties, securing PPE when none was available through our usual channels and supporting clinical teams with testing for visitors to our inpatient unit.

The impact of restrictions
For the entire year, fundraising activity was significantly impacted by national lockdown and the restrictions imposed in response to the COVID-19 pandemic. People were to stay at home meaning traditional face-to-face fundraising and events were not possible and staff were also required to work from home, both of which necessitated new ways of working across the team.

Restrictions meant that events, challenges and all areas of community fundraising were significantly limited and fell short of budgeted income. The team were however quick to launch an emergency appeal and were bold in their messaging to supporters. We were overwhelmed by the support from our local community and Individual Giving, In Memory and Regular Giving income streams all surpassed budgeted income, with the emergency appeal generating £340,496. We embraced digital channels and saw a huge increase in engagement online across all income areas.

Despite the challenges, an almost complete calendar of events was delivered including virtual mass participation challenges and a Christmas Santa's grotto. The team prioritised continued engagement with supporters and made efforts to raise the profile of Hospice events, at a time that events were otherwise largely 'cancelled.' A significant proportion of grotto visitors were new supporters of the Hospice – perhaps explained by being one of the only local grotto experiences still going ahead.

Events pivoted online included a virtual 'Carol Concert at home' (viewed 824 times, compared to 300 attendees in 2019) and a virtual Lights of Love service (previously, Light up a Life). The number of online donations for the Lights of Love service was more than three times that of 2019, and generated £7,000 compared to £1,500 in the previous year. Both events will be planned with a pre-recorded/ video element going forward to widen the reach and improve accessibility for supporters who are unable to attend in person.

Case Study:
Emma was a young woman we supported in the community last year. She had cancer and was unlikely to live until Christmas. How do you establish hope for a woman with two small children? How do you make memories so the kids don't just remember the sad times but have loving and happy memories with their mum too?

Lisa, one of our community nurses, suggested bringing Christmas forward. She teamed up with Glyn, our Social Worker and they organised a box of Christmas treats with decorations and food to be delivered to the house. Thanks to the hospice team, Emma and her family were able to have a very special family Christmas in November.

Despite the team demonstrating a relentless can-do attitude and creativity in approaching our activities, not everything was successful. We delivered a new virtual festival event, which fell short of engagement and income expectations. However, arguably just as valuable, was the subsequent learning from having run such a complex digital event and the development within the team culture to take measured risks and try new ways to raise hospice funds.

The Hospice's weekly lottery membership grew by 1,861 players thanks to a successful door-to-door campaign run in partnership with LFS (Lottery Fundraising Services). This is still a relatively new approach to fundraising for the Hospice, but when easing of restrictions allowed for canvassing activity to be resumed between periods of lockdown, public feedback was positive and welcoming of the engagement, and sign-up numbers surpassed budget. The Lottery contributed £67,473 towards Hospice care.

Thinking creatively, remaining agile and contingency planning – necessitated by the pandemic, have become routine for the team. During this time, the team also laid foundations for development of key income streams beyond 2020/21, reviewing team processes to ensure maximum efficiency, investing in improvements to our fundraising database and scoping and planning for potential new streams of income.

Our approach to fundraising

At Greenwich & Bexley Community Hospice, our supporters and the local community are incredibly important to us and we always endeavour to deliver the highest possible standards when fundraising.

In 2020/21 we continued to make sure all our fundraising activities were complaint with regulatory standards as well as including additional levels of risk management and provisions in line with government guidance. We continued to prioritise excellent supporter experience across all areas of fundraising and carried out a review of our data protection compliance.

The Hospice is registered with the Fundraising Regulator and adheres to the code of Fundraising Practice; we received no complaints via the Regulator in 2020/21. Greenwich & Bexley Community Hospice Lottery is registered with and regulated by the Gambling Commission.

Retail – transforming trading in pandemic

The government restrictions relating to the COVID-19 pandemic significantly impacted on our retail operation. Our shops closed for most of the year and the majority of our retail team were placed on furlough. This had a direct impact on our trading results: gross sales accounted for £662,490 bringing a net loss of £576,308. However, we received furlough and retails grants totalling £613k, which helped in offsetting the loss.

While we had to apply a responsive and flexible approach to the ever-changing external environment, our focus continued on the following priorities:

1. Ensuring the safety of our staff, volunteers and customers
COVID prevention has been our top priority throughout a year; we invested heavily in PPE and safety measures for our staff, volunteers and customers, implemented government guidelines as they were published and changed the way our shops operated to prevent the spread of Coronavirus. This continues to be our focus through 21/22.

2. Staff and volunteer wellbeing
The pandemic had an undeniably significant impact on the mental health of all Hospice based staff. It has also been also an anxious and stressful time for the retail team, especially during the early stages of the pandemic. We implemented regular keep-in-touch sessions during furlough, as well as wellbeing initiatives once the shops re-opened and offered counselling support when needed. This continues to be our focus as we move forward.

3. Building on ensuring health and safety/ refurbishments across our retail estate
Throughout the pandemic, we completed outstanding work from the previous year to address challenges across the retail estate. This has ensured full regulatory compliance and enabled us to set up an ongoing retail estates maintenance program.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

4. Maximising opportunities
While dealing with large-scale operational challenges, we have made our decisions based on a strategic approach, constantly re-evaluating the long-term potential for our retail operation. We invested in establishing an e-commerce function, redeveloped our distribution centre and refitted two key shops; we reviewed the logistics function and restructured our retail management, culminating in the appointment of a Head of Retail in March 2021.

5. Sustainability
Over the last year we have prevented 129.27 tonnes of waste from ending up in landfill through the sale and recycling of stock in our retail network and 14.35 tonnes have been prevented from reaching landfill as a result of being rescued, reused and repurposed through our RePurpose project (run in partnership with Royal Borough of Greenwich and Veolia).

Our objective through the year was primarily to maintain a strategic focus, ensuring we achieve strong results long term by investing smartly.

We are incredibly grateful to our customers for helping us to survive such a challenging year and supporting – ultimately – our patients. We want to also acknowledge three landlords who kindly gave us discounts on rent and our volunteers who have played such a fundamental role in the successful reopening of our shops.

It should be noted that for accounting purposes through the Gift Aid scheme for donated goods, a proportion of retail income, which is in effect a donation, is treated as income for the charity and not for the trading subsidiary. The trading subsidiary only accounts for the commission element of the sale value on donated goods. This is reflected in the results of the trading subsidiary, GBCH Trading Ltd which is included in note 10 of these accounts.

FINANCIAL REVIEW - Strategic Report

The Consolidated Statement of Financial Activities for the year ended 31 March 2021 is set out on page 34. There is a surplus reported for the year of £818,730 (2020 - 932,564).

On the General Fund there was a surplus of £649,140 for the year before transfers (2020 £740,511). Legacies reported for the year were £682,327, this was significantly lower than the previous year but remains a very important strand of voluntary income (2020 £1,681,290). £319,337 was received in restricted funds throughout the year.

We had budgeted for a deficit in 2020/21 however we were delighted that our final declared results are significantly better than we had anticipated. This was largely due to the success of our COVID-19 emergency appeal (£340,496) and significant support from the government (£1,999,868). In total for the year ended 31st March 2021, income rose by 3% and expenditure rose by 6%. The surplus reported for this year has provided a boost to our unrestricted reserves.

We agreed an above inflation increase in our statutory income from Greenwich and Bexley CCGs at the beginning of the year. We were also successful in securing additional income to support the expansion of our hospital palliative care team to a seven-day service. The overall impact of these changes on our statutory income was an increase of 9% (to £4,121,839). Contracted NHS income was 42% of income of the Charity in 2020/21, another 14% (£1,386,599) was provided through support from the NHS England via Hospice UK leaving the remaining 44% which we must raise through the generous support of individuals, businesses, charitable trusts and foundations, and community groups and organisations[6].

[6] In any other year the statutory contribution is approximately 40% of income.

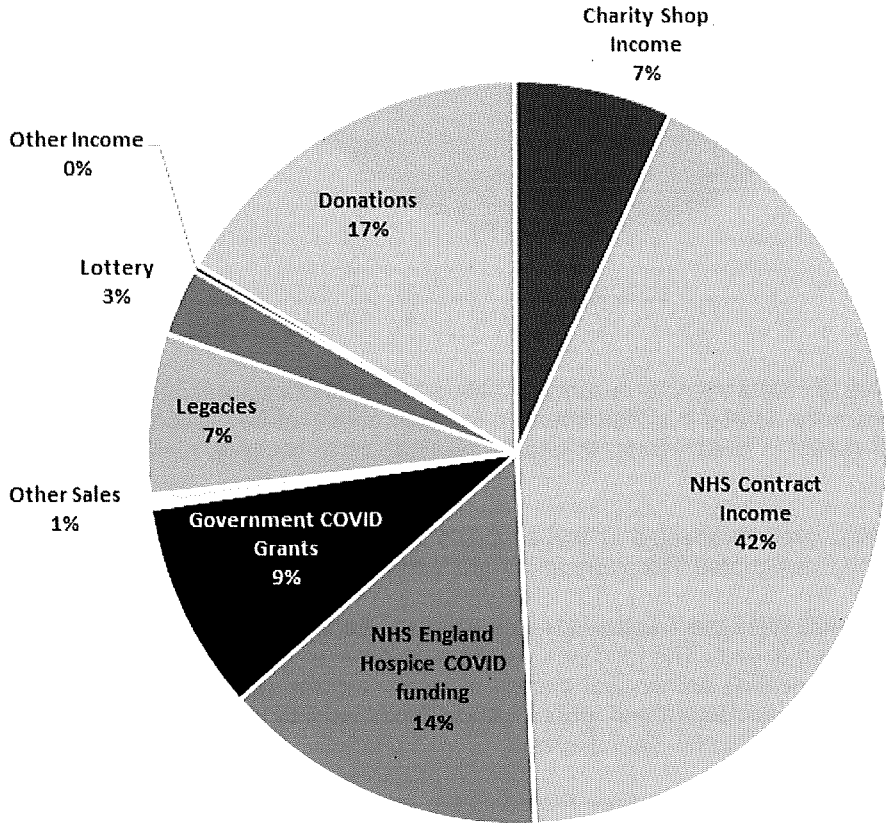
TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
FINANCIAL REVIEW - Strategic Report (continued)

Since 2012/13 several elements of service that the Hospice provides have been designated as a *Commissioner Requested Service* (CRS) by NHS Bexley Clinical Commissioning Group. This necessitates that the Hospice maintains a licence with NHS Improvement[7], which brings an additional level of scrutiny and regulation for the Charity; in 2020/21 this designation was extended to include Greenwich. The Hospice is one of only a few Hospices nationally who have been designated as CRS and we continue to work closely with NHS Improvement to ensure that this designation works to benefit our beneficiaries.

Throughout 2020/21 we worked more closely than ever before with other system partners across the integrated care system. Our role in the Greenwich and Bexley silver command group 'Resplendent' was pivotal in ensuring that people facing end of life were cared for in the appropriate place and that staff in all settings were supported with additional training to care for people at end of life.

Our involvement helped solve problems including access to PPE, testing and vaccination for staff and has led to additional resources being made available through the COVID response funding and the 'Home First' Programme. The local landscape continues to change and we are keen to continue working in partnership to lead the improvements needed for people facing the end of life in Greenwich & Bexley.

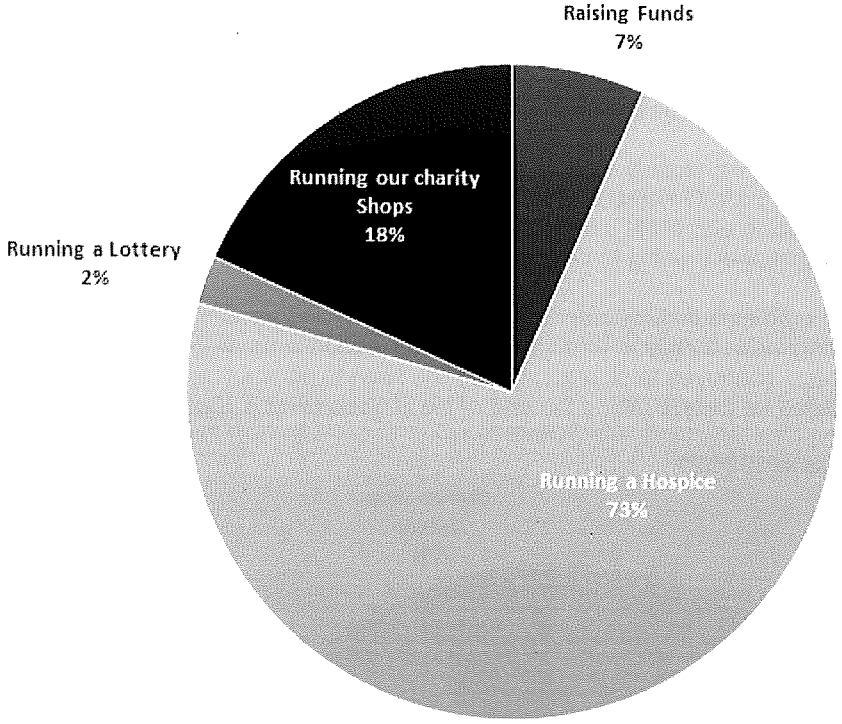
Where our money came from in 2020/21



[7] **NHS Improvement (previously known as Monitor)** is an executive non-departmental public body of the Department of Health. It is the sector regulator for health services in England.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
FINANCIAL REVIEW – Strategic Report (continued)

Where our money was spent in 2020/21 - 73p in every pound was spent on providing hospice care.



Reserves Policy
The Hospice holds reserves to create financial security and allow for the future operational development of the Hospice. The Trustees have agreed it is their intention to retain a level of free reserves (unrestricted funds not committed or invested in fixed assets) to enable the Hospice to cover its running costs for six months.

The Hospice's free reserves are represented in the accounts by the 'General Fund' and the 'Legacy Equalisation Fund' and a new designated 'Recovery and Transformation Fund'.

Legacy Equalisation Fund: In 2016/17 the Trustees created a Legacy Equalisation Fund taking advantage of the record legacy income in that year. The fund was established to be used to moderate the fluctuating nature of legacy income by allocating any annual excess of legacy income received over the ten-year average legacy income to the Equalisation Fund and to release funds back to the General Fund in years where the legacy income falls below the ten year average.

Recovery and Transformation Fund: Although Free Reserves are currently below the target agreed by the Trustees, our relatively healthy level of reserves have provided the charity with a degree of security during the current Coronavirus pandemic. In light of the changing and challenging environment in which we currently operate, the trustees believe that now is the time to increase investment of free reserves into areas, which will enable the charity to recover and transform. The trustees have therefore agreed to create, and invest a proportion of free reserves into, a designated Recovery and Transformation Fund.

Fixed Asset Fund: The Trustees have established a designated Fixed Assets Reserve, equivalent to the Net Book Value of Fixed Assets, in order to make the level of free reserves more transparent. As described in Note 16, the net book value of the land and buildings on which the Charity's main operations are located are included in a restricted fund. The Fixed Assets Reserve therefore represents the net book value of fixed assets other than land and buildings on which the Charity's main operations are located.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
FINANCIAL REVIEW – Strategic Report (continued)

At 31 March 2021, Free Reserves increased to £4,469,371 (2020 - £3,739,989), equivalent to running costs for 2020/21 of 6.0 months (2020 – 5.3 months).

The hospice has successfully managed the pandemic with current Free Reserves. However, the Trustees will be reviewing Free Reserves target level as the Hospice's next strategy develops in the coming months to ensure that reserves balance short term financial risk and the need for strategic investment.

In the meantime, Trustee's recognise Free Reserves will fall even further below the agreed target level as Recovery and Transformation Fund investments are made, but consider the investment in the longer-term future of the charity to be a higher priority than the immediate short-term financials risks at this time.

Investment powers, policy and performance
The Investment Committee is in place to monitor the investments under the powers laid down in the Memorandum and Articles of Association. The primary objective of the investment policy is to provide financial security and stability for the operation of the Greenwich & Bexley Community Hospice. Our funds placed with Rathbones are now valued at £800,312 (2020 - £699,179).

PLANS FOR THE FUTURE - Strategic Report

Because of the pandemic, we have seen unprecedented change in our own organisation, across the health and social care system and throughout society. Whilst this has had its challenges, there are some definite opportunities which the Hospice has capitalised on to sustain and strengthen our charity and the services we provide. It is neither possible nor appropriate to return to life as it was pre-COVID-19, and the Board have agreed that we should use this experience as a catalyst for positive change in our Hospice.

We continue to be uncertain about the future with regard to the Coronavirus pandemic and the prevalence of COVID-19. Although the Hospice and the wider system are planning for recovery, we know that the autumn and winter of 2021 is likely to bring fresh challenges.

We are already experiencing an increased need for palliative and end of life care services particularly in advanced cancer caused by delays in treatment and the reluctance of the public to attend healthcare settings for check-ups or concerning symptoms.

The local Greenwich and Bexley plan includes end of life care and bereavement as a vital element of service in the post-COVID world, additional capacity is being maintained across the system in 2021/22 with a focus on 'home first' and 'virtual by default'. The Hospice is ideally placed to take the lead in keeping end of life care at the top of the agenda.

Because of the uncertain future brought about by the pandemic we have developed a 12-18 month **Recovery and Transformation Programme** (RTP) for the Hospice; this programme will help us shape our future strategy during a time of significant change and residual uncertainty, to make progress towards achieving our vision, respond to opportunities and become more resilient to future threats.

The programme focuses on seven priority areas, identified and crystallised through the COVID-19 experience and began in September 2020.

Through the priorities outlined below, we aim to maintain and strengthen our corporate, financial and operational resilience to ensure that we remain effective and relevant within the post COVID-19 world and that we are able to meet the growing demand for excellent palliative and end of life care.

Throughout the period Sept 2020 – March 2021, each priority work stream began to develop their objectives, the outcomes they want to see and the timescales which they anticipate delivering them in. Inevitably, some of the work streams are more complex and wider reaching, and their progress was hampered by the second wave of COVID-19 in December 2020/ January 2021. The work to progress them is now underway again and we are content that we will still be able to develop our longer-term strategy in time for FY2022/23.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
PLANS FOR THE FUTURE – Strategic Report (continued)

Technology has enabled a number of significant changes to the way we work during the pandemic and will therefore be key in our thinking to respond to our priorities. A number of work streams are exploring technological opportunities and solutions and we are involving external specific expertise to support this work.

The priorities are:

1. Service Transformation
2. Refreshing Volunteering
3. Staff Wellbeing and Development
4. Equality, Diversity and Inclusion
5. Retail and Commercial Development
6. Fundraising Development
7. Stakeholder Engagement

Each group has one or two leads and operates under similar terms of reference. The Recovery and Transformation Programme Board (RTPB) oversee the work of these groups, this is a temporary sub-committee of the Hospice Board.

In recognition of the significant transformation agenda for our Hospice, the Trustees have created a designated Recovery and Transformation Programme Fund to help drive the work (see page 51).

The RTPB is reviewing and discussing the findings and recommendations of the sub-groups as they emerge and identifying future oversight and assurance requirements to be incorporated in our governance framework. Where appropriate, the RTPB scrutinises work stream proposals before making recommendations to other relevant sub-committees and/or the Hospice Board.

This development phase will continue for the next 9-12 months, planned to complete by March 2022

STRUCTURE, GOVERNANCE AND MANAGEMENT

Greenwich & Bexley Community Hospice Limited is a company limited by guarantee and not having a share capital is governed by its Memorandum and Articles of Association dated 15th September 1992 and amended to meet the developing needs of the Charity on 15th January 1993, 8th January 2001, 10th July 2006, 8th June 2012 and 11th November 2020. The Members' liability is limited. Every Member of the Company undertakes to contribute up to £1 to the assets of the company in the event of it being wound up. It is a registered Charity with the Charity Commission (No 1017406). The number of Members of the Company is limited to 50. Present membership is 18. Every person desirous of becoming a Member must sign and deliver to the Company an application for membership. The sole right to membership is vested in the committee (Board of Management – see below) who may, without showing cause, refuse to admit any application to membership.

Board of Management
The business of the Charity is managed by a Board of Management (the Trustees) and its membership comes from within the Members of the Company. It is an objective to have members on the Board of Management whose skills and expertise complement the needs and aspirations of the workings of a Hospice and its business. Current membership of the Board of Management is 12 and following a review in 2020, the Articles of Association determine a minimum of four and a maximum of 14.

At each Annual General Meeting, those Trustees who have served for a period of four years since their last appointment shall retire and be eligible for re-appointment, via election by Members, for a further four years term of office. New Trustees are recruited as skill gaps are identified or to support succession planning through external advert and direct approach, with a robust interview process and the appropriate pre-volunteering checks.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Each Designated Officer (Chair, Deputy Chair, Treasurer and Company Secretary) is elected by and from within the Board of Management to serve a period of up to 4 years following which the position will become subject to re-election.

Following the Trustee skills audit completed in February 2019, the Board went out to open recruitment in August 2020 and was successful in appointing five new Trustees. This resulted in filling a number of skills gaps as well as improving the diversity on our Board. Any future recruitment will continue to take this open approach, targeting skills and increasing Board diversity.

Trustee induction and ongoing training
New Trustees undergo an orientation to brief them on their role and the various aspects of the Hospice service and to brief them on their legal obligations under Charity and company law, the content of the Memorandum and Articles of Association, the committee and decision making process, the business plan and recent financial performance of the Charity. This year, we also paired each new Trustee up with a 'buddy' to support them in settling into their role.

Trustees attend appropriate external training events which will develop them to better undertake their role. In 2020/21 Trustees attended the following training:

Hospice UK Virtual Conference
Hospice UK Business Continuity ECHO
Unconscious Bias Training
In house – update on the refreshed Charity Governance Code
Forum of Independent Hospice Chairs Group Meetings
NCVO Role and Duties of Trustees
haysmacintyre Trustee training: introduction to charity finance and reporting
haysmacintyre Trustee training: What every Trustee should know
In house - digital transformation for hospices

There is an annual review and appraisal of Trustees' individual roles within the organisation.

Organisation
The Board now meets every alternate month as agreed in the previous year's governance review. The Board also has a number of sub-committees with specific responsibilities: Quality & Safety Committee, Finance Committee, Investment Committee, Remuneration Committee and the Recovery and Transformation Programme Board. As a result of the previous governance review and the work undertaken by the RTPB, two new committees planned for 2021: A Workforce Committee and a Trading board.

The Board, along with the senior leadership team of the company have an "Away Day" to discuss future strategic developments of the Hospice and its services. The Chief Executive manages the day-to-day operations of the Hospice and leads its Strategic Development. To facilitate effective operations, the Chief Executive has delegated authority, within a scheme of delegation approved by the Trustees, for matters including finance, employment, fundraising and Care Quality Commission registration.

The emergency governance structure implemented at the end of 2019/20 continued for the first part of 2020/21 with monthly board and finance committee meetings, held virtually rather than face to face, frequent written reports to Board by the Chief Executive, regular cash flow review meetings with the Chair, Treasurer, Chief Executive and Finance Lead and standing down the other regular governance sub committees. By November 2020, we reinstated our normal governance structure.

We established a twice-weekly pandemic group including operational leads and senior leadership team and we kept a specific risk register for COVID-19; detailed reports were produced for Board covering all areas of the Hospice.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Regulatory Framework
The Hospice is registered with the Care Quality Commission to enable it to operate as a Hospice. Ellen Tumelty, Modern Matron for Inpatient Services is the Registered Manager and Kate Heaps, is the Responsible Person. The Hospice maintains a schedule of compliance with the relevant Statutory Regulations and may be inspected by the Care Quality Commission twice annually, by announced and/or unannounced inspection. The Hospice was inspected in the autumn of 2016 and received an overall 'Good' rating, with 'Outstanding' for the Responsiveness domain. The Hospice produced a "Quality Account" for 2020/21, which is submitted to NHS Improvement[8].

The Hospice was required to hold an NHS Improvement (Monitor) Issued Provider licence from April 2018; this requires regular reporting of financial plans, performance against these plans and assessment of financial risk.

Related parties
The Hospice has close relationships with NHS SE London who supports the Charity's work including a significant financial contribution. Close working relationships exist with other health and care providers within the community in particular, Lewisham & Greenwich NHS Trust, Oxleas NHS Foundation Trust, London Borough of Bexley, Royal Borough of Greenwich, Marie Curie, St Christopher's Hospice and Darent Valley Hospital NHS Trust.

The Hospice has a contractual relationship with seven other charities in Bexley as a part of a consortium OneBexley (Age UK Bexley, Bexley Carers, SE London Crossroads, Inspire Community Trust, Bexley Mencap, MIND in Bexley and Bexley Voluntary Services Council); the Hospice is also represented by the Chief Executive on the Local Care Programme Board in Bexley.

The Hospice has two wholly owned subsidiary trading companies – GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. Details of their activities are highlighted in note 11 of these accounts.

The Hospice has a Remuneration Committee which reviews and sets the remuneration of the Chief Executive and Senior Leadership Team (key management personnel) based on appropriate market rates and other parameters on at least an annual basis.

Risk Management
The Trustees implement a Risk Management Strategy which comprises of:

- A regular review of the Charity's Corporate Risk Register and Risk Management Framework (RMF)
- The establishment of systems and procedures to mitigate those risks identified in the register and RMF
- The implementation of procedures designed to minimise any potential impact on the Charity should those risks materialise

The Trustees review the financial accounts on a monthly basis and constantly review the level of reserves which it is felt prudent should be held.

Our approach to Sustainability and the Environment
The Hospice is surrounded by large gardens and undeveloped grounds, some of which are covered by an environmental protection order. We are mindful that there is more that we can do to ensure we play our part in encouraging biodiversity in the local area. Although we contribute significantly to the reuse, repurpose, recycle agenda through our shops, we know there is also more we can do to reduce waste from our main site and to reduce our carbon footprint through energy efficiencies and green travel. In 2021/22 we will develop an environmental strategy to help us play our part in the increasingly important green agenda.

[8] Available via the Hospice website www.communityhospice.org.uk

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)
RISK MANAGEMENT – Strategic report (continued)

The top 3 risks as identified by the Finance Committee are outlined in the table below:

Risk	Mitigation
1. Financial Uncertainty as we emerge from the COVID-19 Pandemic and related to the developing SE London Integrated Care System and related commissioning structures.	The Board and Management Team continue to monitor Income, Expenditure and Cash flow closely, with monthly review of forecast. We continue to negotiate with system partners and commissioners about additional resources to support our work. We have developed a Recovery and Transformation Programme to plan for the future and grow our income, this includes a designated fund to invest in this development.
2. Additional Workload created by the effects of the COVID-19 Pandemic/ Recruitment and retention challenges in nursing and general clinical workforce	We are working with system partners to manage existing and plan for future increased demand. We continue to recruit bank staff to provide flexibility and have identified new ways of working to enable us to meet increased need. Working with Nesta on Recovery and Transformation Programme (service transformation) to plan for the future and implement further changes to enable us to meet future demand. Recruitment of Director of Care and Service Transformation to support additional leadership capacity. Investment in existing workforce to enable development and career progression within the organisation. Succession planning for staff approaching retirement/ being promoted. Competitive salary and terms and conditions of employment commensurate with NHS comparators. Increasing placement capacity and exposure to undergraduate nurses in training. Delivery of education to external organisations and good communication about Hospice opportunities. Development of new roles to fill gaps that are difficult to fill (e.g. traditional nursing roles) Increased use of digital
3. Data Protection risks due to increased prevalence of cyberattacks and increase in working from home.	We upgraded all our client devices with new hardware and software including latest operating system and anti-Virus software in 2020 and currently in the process of upgrading our backend infrastructure to cloud platform We carry out regular network penetration tests and have a third party agreement with a company who monitor our network for potential threats. We have cybersecurity insurance in place. All staff are trained on an annual basis around data protection and cyber security. Staff are only able to access GBCH systems when on site or through our VPN with multifactor authentication. The majority of personally identifiable information is securely held on the cloud (Raiser's Edge and SystmOne) Clinical staff use NHS mail to communicate about individual patient care. Our cloud platform offers Disaster recovery solution with backup snapshots taken throughout the day and kept at different sites. Contract with Data Protection people for advice and guidance Robust incident management

TRUSTEES' RESPONSIBILITIES IN RELATION TO THE FINANCIAL STATEMENTS

The Trustees (who are also Directors of Greenwich & Bexley Community Hospice Limited for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company/group for that period. In preparing these financial statements, the Trustees are required to:

- *Select suitable accounting policies and then apply them consistently;*
- *Observe the methods and principles of the Charities SORP;*
- *Make sound judgements and estimates that are reasonable and prudent;*
- *State whether applicable Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;*
- *Prepare the financial statements on the going concern basis unless it is appropriate to presume that the charity will not continue in business.*

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time of the financial position of the charitable 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 charitable company and the Group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In accordance with company law, as the company's directors, we certify that:

So far as we are aware, there is no relevant audit information of which the company's auditors are unaware.

As the Directors of the company we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

Auditors
A resolution will be proposed at the Annual General Meeting that Haysmacintyre be reappointed as auditors to the charity for the ensuing year.

By Order of the Trustees

In Approving the Trustees' Report, the Board are also approving the Strategic Report included herein their capacity as company directors.

.....

Mrs Ruth Russell
Chair

.....8TH..... **September 2021**

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

Opinion

We have audited the financial statements of Greenwich and Bexley Community Hospice Limited for the year ended 31 March 2021 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company Balance Sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2021 and of the group's and parent charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' 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.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' Report (which includes the strategic report and the directors' report prepared for the purposes of company law) 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 included within the Trustees' Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception
In the light of the knowledge and understanding of the group and the parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report (which incorporates the strategic report and the directors' report).

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

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

Responsibilities of trustees for the financial statements
As explained more fully in the trustees' responsibilities statement set out on page 32, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

Based on our understanding of the group and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to compliance with regulatory requirements of the Care Quality Commission, Charity Commission, employment law and health and safety regulations, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such the Companies Act 2006, the Charities Act 2011, the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019), payroll taxes and VAT.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related

to recognition of income and management bias in certain accounting estimates. Audit procedures performed by the engagement team included:

- Inspecting trustees' meeting minutes;
- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

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

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

Siobhan Holmes (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP
Statutory Auditors
10 Queen Street
London
EC4R 1AG

Date: 05 November 2021

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES
(Incorporating INCOME AND EXPENDITURE ACCOUNT)

	Notes	Unrestricted Funds General £	Unrestricted Funds Designated £	Restricted Funds £	2021 £	2020 £
INCOME FROM:						
Donations and Legacies:	2					
Voluntary Income						
General donations		1,242,757		319,337	1,562,094	1,278,687
Charity shop donations		42,093			42,093	175,680
Legacies		682,327			682,327	1,681,290
Charitable activities:	3					
Operating a Hospice		4,121,839			4,121,839	3,781,571
Other trading activities:						
Charity shop income		662,490			662,490	1,773,370
Lottery income		282,685			282,685	267,837
Other sales income	4a	57,926			57,926	100,011
Rental income		9,410			9,410	9,562
Investment:		20,222			20,222	29,757
Other income:	4b	881,414		1,386,599	2,268,013	356,646
Total Income		8,003,163	-	1,705,936	9,709,099	9,454,411
EXPENDITURE ON:						
Raising funds:						
Fundraising and marketing costs		591,095			591,095	552,501
Charity shop expenditure		1,642,466			1,642,466	1,719,034
Lottery expenditure		215,212			215,212	197,714
Charitable activities:						
Operating a Hospice						
Clinical expenses		4,994,430		1,536,346	6,530,776	5,980,380
Total Expenditure	5	7,443,203	-	1,536,346	8,979,549	8,449,629
Net (losses)/gains on investments	10	89,180	-	-	89,180	(72,218)
Net income/(expenditure)		649,140	-	169,590	818,730	932,564
Transfers between funds	16	79,342	14,632	(93,974)	-	-
Net movement in funds		728,482	14,632	75.616	818,730	932,564
BALANCE BROUGHT FORWARD at 1/4/20		2,049,220	1,951,717	6,193,692	10,194,629	9,262,065
BALANCE CARRIED FORWARD at 31/3/21		2,777,702	1,966,349	6,269,308	11,013,359	10,194,629

All recognised gains and losses are included in the consolidated statement of financial activities.
All transactions are derived from continuing activities.

The accompanying notes form part of these financial statements.

Full comparative figures for the year ended 31 March 2020 are shown in note 22.

Greenwich & Bexley
Community Hospice

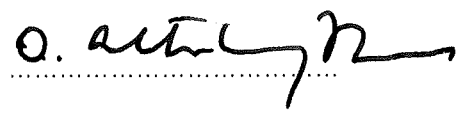
CONSOLIDATED AND CHARITY BALANCE SHEETS **COMPANY NUMBER: 2747475**
As at 31 March 2021

	Notes	The Group 2021 £	The Group 2020 £	The Charity 2021 £	The Charity 2020 £
FIXED ASSETS					
Tangible assets	9	6,210,485	6,261,162	6,210,485	6,260,239
Investments	10	811,342	699,852	812,344	700,854
		7,021,827	6,961,014	7,022,829	6,961,093
CURRENT ASSETS					
Stocks	11	5,457	9,446	-	-
Debtors	12	1,736,456	2,449,198	2,257,589	2,614,163
Cash on deposit, at bank and in hand		3,063,749	1,444,403	2,911,964	1,184,559
		4,805,662	3,903,047	5,169,553	3,798,722
CURRENT LIABILITIES					
CREDITORS: Amounts falling due within one year	13	(814,130)	(669,432)	(657,296)	(565,186)
NET CURRENT ASSETS		3,991,532	3,233,615	4,512.257	3,233,536
NET ASSETS		11,013,359	10,194,629	11,535.086	10,194,629
FUNDS					
UNRESTRICTED FUNDS:					
General Fund		2,777,702	2,049,220	3,299,429	2,049,220
Designated Funds					
Fixed Assets Fund		274,680	260,048	274,680	260,048
Legacy Fund		1,191.669	1,691,669	1,191,669	1,691,669
Recovery & Transformation Fund		500,000	-	500,000	-
RESTRICTED FUNDS:					
Property Fund		5,935,805	6,000,191	5,935,805	6,000,191
Others		333,503	193,501	333,503	193,501
		11,013,359	10,194,629	11,535,086	10,194,629

The financial statements were approved and authorised for issue by the Board of Directors on 8th September 2021 and were signed below on its behalf by:

Mrs Ruth Russell - Director

David Atterbury Thomas - Director



The accompanying notes form part of these financial statements.

The net income for the charity only for the year is £818,730 (2020:£932,564)

Greenwich & Bexley
Community Hospice

CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

	Notes	2021 £	2020 £
CASH FLOWS FROM OPERATING ACTIVITIES	A	1,762,349	(175,846)
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received		2,240	5,979
Payments to acquire fixed assets		(143,963)	(243,991)
Disposal of fixed assets		9,750	-
Purchase of investments		(11,030)	-
CASH PROVIDED / (USED IN) INVESTING ACTIVITIES		1,619,346	(238,012)
INCREASE/ (DECREASE) IN CASH IN THE YEAR		1,619,346	(413,858)
Cash and cash equivalents at the beginning of the year		1,444,403	1,858,261
TOTAL CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR		3,063.749	1,444,403

NOTES TO THE CONSOLIDATED CASH FLOW STATEMENT

A. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2021 £	2020 £
Net income	818,730	932,564
Depreciation charge	194,640	171,882
Profit on disposal of fixed assets	(9,750)	-
Gains/ (Losses) on Investments	(100,460)	55,485
Decrease in stock	3,989	2,120
(Increase)/Decrease in debtors	712,743	(1,433,147)
(Decrease)/Increase in creditors	144,697	101,229
Interest received	(2,240)	(5,979)
Net cash used in operating activities	1,762,349	(175,846)

NOTES TO THE FINANCIAL STATEMENTS
1. ACCOUNTING POLICIES

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

Statement of compliance
The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2020), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Greenwich & Bexley Community Hospice Limited meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

General information
The charity is a private company limited by guarantee, incorporated in England and Wales (company number: 2747475) and a charity registered in England and Wales (charity number: 1017406) the charity's registered office is shown in the reference and administration section.

Preparation of accounts on a going concern basis

Impact of COVID-19 on our business
The COVID-19 worldwide pandemic has generated an economic tsunami, demonstrating the inherent volatility to revenue income which is expected to continue to have an impact on the results for the forthcoming year. However, the extent of this impact is currently unknown. On the 23rd March 2020, central government introduced restrictions and a lockdown. This was followed by several relaxing and tightening of measures throughout 2020/21 with shops remaining closed at the end of the year into 2021/22.

At the beginning of the pandemic the Hospice instigated our business continuity plan and this has resulted in many changes to services. Our inpatient unit was segregated from the rest of the Hospice for most of the year; our Day Hospice and outpatient services closed, and Day Hospice remains closed for the foreseeable future; our community and hospital services adapted to protect vulnerable patients and our staff and our regular volunteering programme was stood down, with new volunteering roles being developed for those who had the time and physical resilience to support the Hospice. Throughout we have continued to support patients and families wherever they need help, with more support being delivered on the telephone or via video call as well as continued face to face input. We have seen demand for care increase in the community, but a reduction in demand for IPU and hospital. Our support services all continued and in income generation, our shops were closed and fundraising had to adapt their plans to more remote and virtual offerings.

As well as reviewing all of our fundraising plans to protect whichever planned income streams we could, our fundraising team launched an emergency appeal which raised £340,496 and we have been proactive and successfully applied for a number of additional grants from Trusts. Our lottery is almost at budget.

Our shops were closed for several months and therefore took a significant hit, however they are now reopened and are recovering well. An additional £198,732 of government income has been received through the Retail, Hospitality and Leisure grant scheme (Business Interruption Grant). We have also claimed £414,537.00 of furlough grant from the government.

NOTES TO THE FINANCIAL STATEMENTS (continued)
1. ACCOUNTING POLICIES (continued)

In response to the above, the entity took the following actions:

- We successfully sought rent relief holidays from some of our shop landlords
- We applied for rates holiday from our local authorities (£27,540)
- We moved our fundraising events to virtual and postponed/ downscaled other events
- We launched an emergency appeal (raising more than £420,000 inclusive of Gift Aid and including significant funding from trusts and foundations)
- We have now reopened most of our shops and already they are making a significant contribution
- We applied to the Job retention scheme (£414,537 claimed to date)
- We claimed grants from the Retail, Leisure and Hospitality Grants Scheme (£198,732)
- We claimed Hospice Emergency funding from NHS England (£1,386,599)
- We launched an e-commerce initiative
- We claimed additional COVID-19 funding from the NHS
- We restricted unnecessary spend
- We accessed FOC PPE through NHS Supply chain

In addition:

- We have free reserves of £4.5m and have liquid funds of more than £3.5m in our bank accounts
- We ascertained we are able to borrow money from our bank if we need additional cash for working capital
- We are able to liquidate the investment portfolio if necessary.
- The results for the latest Income & Expenditure Forecast show a favourable variance compared to the budgeted position.

Based on the plans and measures described above, the Trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern. The review of our financial position, reserves levels and future plans gives Trustees confidence the charity remains a going concern for the foreseeable future.

Consolidation
The group financial statements consolidate the financial statements of the charitable company and its wholly owned subsidiaries, GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. A separate Statement of Financial Activities and Income and Expenditure Account for the charity has not been presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006. The surplus of the parent charity was £818,730 (2020: £932,564). The registered office for both GBCH Trading Limited and Greenwich & Bexley Community Hospice Limited is 185 Bostall Hill, London, SE2 0GB. Uniform accounting policies have been applied.

Income recognition
All income, including government grants, is recognised once the charity has entitlement to income, it is probable that income will be received and the amount of income receivable can be measured reliably.

Donations and legacies
Donations and gifts and are included in full in the Statement of Financial Activities when there is entitlement, probability of receipt and the amount of income receivable can be measured reliably.

Gifts in kind
Gifts in kind represent assets donated for distribution or use by the Charity. Assets given for distribution are recognised as income only when distributed. Assets given for use by the charity are recognised when receivable. Gifts in kind are valued at the amount actually realised from the disposal of the assets or at the price the charity would otherwise have paid for the assets.

Personal Protective Equipment (PPE)
The group received donated PPE to the value of £571,171 during the year, organised by Hospice UK

NOTES TO THE FINANCIAL STATEMENTS (continued)

1. ACCOUNTING POLICIES (continued)

Grants

Grants are recognised in full in the statement of financial activities in the year in which the charity has entitlement to the income, the amount of income receivable can be measured reliably and there is probability of receipt.

The group recognised £198,732 from the Retail, Hospitality and Leisure Grant Fund Scheme and £1,386,599 from NHS England as part of the government's COVID-19 emergency response. This income has been included in full in the 31 March 2021 financial statements as the charity met the three income criteria of entitlement, measurement and probability at this date.

Income from charitable activities

Income from charitable activities is recognised as earned as the related services are provided. Income from other trading activities is recognised as earned as the related goods are provided.

Other Income (see note 4b)

Income received from pension recovery, salary recharges, Bexley adult social care contract, furlough refunds and grants from the retail, hospitality and leisure grant fund scheme and NHS England are included in other income.

Investment income

Investment income is recognised on a receivable basis once the amounts can be measured reliably

Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds comprises; fundraising and marketing, charity shop and lottery expenditure.
- Expenditure on charitable activities comprises Hospice operating costs.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned based on staff time attributable to each activity.

Allocation of costs

Staff costs are allocated between direct charitable expenditure and support costs based on the time spent on these activities. Other costs are allocated directly to the relevant heading.

Fixed assets

Depreciation is provided to write off the cost or valuation, less estimated residual values, of all fixed assets, except freehold land over their expected useful lives. It is calculated at the following rates:

Freehold buildings	1% straight line
Fixture, Fittings and equipment	33⅓% and 10% straight line
Motor vehicles	25% straight line

Donated assets are included at value on the date received.

Investments

Investments are a form of basic financial instruments and are initially shown in the financial statements at market value. Movements in the market values of investments are shown as unrealised gains and losses in the Statement of Financial Activities.

NOTES TO THE FINANCIAL STATEMENTS (continued)

1. ACCOUNTING POLICIES (continued)

Stocks

Stocks are valued at the lower of cost and net realisable value. Cost is based on the cost of purchase on a first in, first out basis. Net realisable value is based on estimated selling price less additional costs to completion and disposal.

The Trustees have concluded and agreed that the valuing of shops donated goods for resale on receipt is impractical due to the high volume of low value items, lack of stock system for recording these items and the administrative cost involved. Instead the income is recognised in the accounts when these goods are sold.

Financial instruments

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

Creditors and provisions

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

Debtors

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

Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

Operating leases

Rentals payable under operating leases are charged to the Statement of Financial Activities (SOFA) as incurred over the term of the lease.

Funds

Unrestricted funds are funds that can be used in accordance with the charitable objects at the discretion of the trustees.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Restricted funds comprise monies raised for, and their use restricted to a specific purpose or donations subject to donor-imposed conditions.

Estimates and judgements

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Although these estimates are based on management's best knowledge of the amount, events or actions, actual results ultimately may differ from those estimates. The Trustees consider the estimation of useful life of fixed assets to be the area of judgement and estimation that have a significant effect on the financial statements. Further details on these judgements are provided above under tangible fixed assets.

NOTES TO THE FINANCIAL STATEMENTS (continued)

1. ACCOUNTING POLICIES (continued)

Legacies are recognised when the following conditions are confirmed:
- there has been grant of probate by the end of the financial year
- the executors have established that there are sufficient funds to pay the legacy
- any conditions attached to the legacy are either within the control of the Charity or have been met

Employee benefits

Short term benefits
Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

Employee termination benefits
Termination benefits are accounted for on an accrual basis and in line with FRS 102.

Pension scheme
Contributions to the NHS and Stakeholder pension schemes in respect of eligible employees are charged to the income and expenditure account as they become payable. The Stakeholder scheme is a defined contribution scheme and the NHS a final salary scheme.

2. DONATIONS AND LEGACIES

	2021 Total £	2020 Total £
Donations	1,604,187	1,454,367
Legacies	682.327	1,681,290
	2,286,514	3,135,657

3. INCOME FROM CHARITABLE ACTIVITIES

	£	£
Operating a Hospice - NHS income	4,121,839	3,781,571

4a. OTHER SALES INCOME

	2021 £	2020 £
Catering Income	2,072	25,842
Training Income	55,854	74,169
	57,826	100,011

NOTES TO THE FINANCIAL STATEMENTS (continued)
ANALYSIS OF GROUP EXPENDITURE

4b. OTHER INCOME

	2021	2020
	£	£
Pension Recovery	22,528	22,528
Medical Insurance Claims	55,854	268
Landlord Contribution to shop repairs	2,055	750
Charge to landlord for clearance of Knotweed at shop	0	323
Room Hire/Catering	0	9,313
Scrap proceeds of donated car	0	126
Salary Recharge secondment	29,707	0
Retail, Hospitality and Leisure Grant	198,732	310,000
Furlough Refund including Trading	414,537	13,243
NHS England Support	1,386,599	0
Adult social Care Contract	210,000	0
Charge for provision of medical notes	50	0
Others	0	95
	2,268,013	356,646

5a. **Direct and Support costs**

	Direct costs	Support costs	Total 2021
	£	£	£
Raising Funds			
Fundraising and marketing costs	495,074	96,021	591,095
Charity shop expenditure	1,606,183	36,283	1,642,466
Lottery expenditure	211,372	3,840	215,212
Charitable activities			
Operating a Hospice			
Clinical expenses	5,548,610	982,166	6,530,776
	7,861,239	1,118,310	8,979,549
Expenditure			

Direct and Support costs

	Direct costs	Support costs	Total 2020
	£	£	£
Raising Funds			
Fundraising and marketing costs	482,584	69,917	552,501
Charity shop expenditure	1,684,528	34,506	1,719,034
Lottery expenditure	194,144	3,570	197,714
Charitable activities			
Operating a Hospice			
Clinical expenses	5,234,297	746,083	5,980,380
Expenditure	7,595,553	854,076	8,449,629

NOTES TO THE FINANCIAL STATEMENTS (continued)
ANALYSIS OF GROUP EXPENDITURE (continued)

5b.

Support costs	Administration	Finance and IT	Office Costs	Governance	Total 2021
	£	£	£	£	£
Raising funds					
Fundraising and marketing costs	34,666	48,501	9,054	3,800	96,021
Charity shop expenditure	31,683	4,600			36,283
Lottery expenditure		3,840			3,840
Clinical expenses	359,792	502,655	89,395	30,324	982,166
	426,141	559,596	98,449	34,124	1,118,310

Support costs	Administration	Finance and IT	Office Costs	Governance	Total 2020
	£	£	£	£	£
Raising funds					
Fundraising and marketing costs	11,817	44,658	9,622	3,820	69,917
Charity shop expenditure	30,281	4,225			34,506
Lottery expenditure		3,570			3,570
Clinical expenses	138,383	482,256	98,436	27,008	745,083
	180,481	534,709	108,058	30,828	854,076

5c **Governance costs include:**

	2021 £	2020 £
Staff costs	34,124	30,828
Auditor's remuneration:		
- Audit work	10,900	10,000
- Other services	(200)	5,350
	44,824	46,178

Where support costs are not incurred specifically for an activity heading, they are allocated on the basis of the number and level of staff employed within the appropriate activity heading.

NOTES TO THE FINANCIAL STATEMENTS (continued)
ANALYSIS OF GROUP EXPENDITURE (continued)

6. Employees

	The Group		The Charity	
	2021 Number	2020 Number	2021 Number	2020 Number
Average number of employees, excluding Directors	178	179	134	132
Full time equivalent figures	157	149	118	107
Staff costs consisted of:	**2021 £**	**2020 £**	**2021 £**	**2020 £**
Salaries	5,192,777	4,788,908	4,190,992	3,807,388
Social security costs	499,901	459,749	422,939	383,652
Other pension costs	368,642	345,343	326.220	302,587
Redundancy payments	20,062	-	20,062	-
	6,081,382	5,594,000	4,960,213	4,493,627
Agency	29,422	64,101	29,422	62,151
Medical services	283,955	322,828	283,955	322,828
	6,394,759	5,980,929	5,273,590	4,878,606

The number of employees whose emoluments were £60,000 or above per annum were:

	2021	2020
£60,000 - £69,999	2	1
£70,000 - £79,999	4	2
£100,000 - £109,999	1	1

Of these, 7 employees are accruing pension contributions totalling £44,105 (2020: 4 employees, accruing £29,017).

The total employee benefits of the key management personnel of the Group were £448,572 (2020: £427,790). Of this, £416,889 (2020: £400,718) relates to the key management personnel of the charity.

7. TRUSTEES REMUNERATION AND EXPENSES

Expenses were reimbursed to no trustees in the current year. (2020: £Nil). No Trustee received remuneration in the current or prior year.

NOTES TO THE FINANCIAL STATEMENTS (continued)

8. NET INCOME

	2021 £	2020 £
The net income is stated after charging:		
Auditors' remuneration (excluding VAT)		
- For audit	15,500	14,200
- For tax compliant services	3,640	4,800
Depreciation	194,640	171,882

9. TANGIBLE ASSETS - GROUP

	Freehold Land & Buildings	Equipment Furniture & Fittings	Motor Vehicles	Charity Total	Subsidiary Furniture, Equipment & Vehicles	Group Total
	£	£	£	£	£	£
Cost or valuation						
At 1 April 2020	6,913,646	1,976,917	95,596	8,986,159	183,211	9,169,370
Additions	4,798	139,165	-	143,963	-	143,963
Disposals	-	-	(25,946)	(25,946)	(55,410)	(81,356)
At 31 March 2021	6,918,444	2,116,082	69,650	9,104,176	127,801	9,231,977
Depreciation						
At 1 April 2020	913,455	1,731,935	80,530	2,725,920	182,288	2,908,208
Provided for the year	69,184	117,385	7,148	193,717	923	194,640
Disposals	-	-	(25,946)	(25,946)	(55,410)	(81,356)
At 31 March 2021	982,639	1,849,320	61,732	2,893,691	127,801	3,021,492
Net Book Value						
At 31 March 2021	5,935,805	266,762	7,918	6,210,485	-	6,210,485
At 31 March 2020	6,000,191	244,982	15,066	6,260,239	923	6,261,162

NOTES TO THE FINANCIAL STATEMENTS (continued)

10. FIXED ASSET INVESTMENTS

	2021 £	2020 £
Charity:		
Shares in subsidiary companies at cost	1,002	1,002
Listed Investments	811,342	699,852
At 31 March 2021	812,344	700,854

The historical cost of listed investments at 31 March 2021 was £750,000 (2020: £750,000).

	2021 £	2020 £
At 1 April 2020	699,852	755,337
Additions	11,030	-
Disposals	-	-
Gain/ (loss) on investment	89,180	(72,218)
Investment Income	17,983	23,778
Investment Fees	(6,703)	(7,045)
At 31 March 2021	811,342	699,852

	2021 £	2020 £
Investment in subsidiary undertakings		
Cost and Director's valuation		
GBCH Trading Limited	1,000	1,000
Greenwich & Bexley Community Hospice Lottery Ltd	2	2
At 31 March 2021	1,002	1,002

The charitable company owns 100% of the share capital of GBCH Trading Limited being 1,000 Ordinary Shares of £1 each and 100% of the share capital of Greenwich & Bexley Community Hospice Lottery Limited being 2 Ordinary Shares of £1 each.

The subsidiaries are registered in the United Kingdom. The principal activity of GBCH Trading Limited (company registration number: 5612068) is the operation of charity shops. The principal activity of Greenwich & Bexley Community Hospice Lottery Ltd (company registration number: 06483768) is to generate funds for the parent company through the operation of a lottery. Where applicable, the total net taxable profits are distributed to the Charity by gift aid.

A summary of the results of the subsidiaries are shown on the next page.

NOTES TO THE FINANCIAL STATEMENTS (continued)

10. FIXED ASSET INVESTMENTS (continued)

	2021 £	2020 £
GBCH Trading Limited		
Turnover	662,490	1,773,370
Cost of sales	(6,239)	(10,767)
Gross profit	656,251	1,762,603
Administrative expenses	(1,636,227)	(1,708,268)
Operating (loss)/profit	(979,976)	54,335
Other Income	390,163	13,751
	(589,813)	68,086
Corporation Tax	13,505	(13,505)
(Loss)/Profit for the year	(576,308)	54,581
Profit brought forward	54,581	-
(Loss)/Profit carried forward	(521,727)	54,581

The assets and liabilities of the subsidiary were:

Fixed assets	-	923
Current assets	257,214	469,674
Current liabilities	(777,941)	(469,59)
Total net assets	(520,727)	1,000
Aggregate share capital and reserves	(520,727)	1,000

The net (liabilities)/assets of the subsidiary as at 31 March 2021 were £ (520,727) (2020: £1,000).

Greenwich & Bexley Community Hospice Lottery Limited

	2021 £	2020 £
Turnover	282,685	267,837
Cost of sales	(67,600)	(69,064)
Gross profit	215,085	198,773
Administrative expenses	(147,612)	(128,650)
Operating profit	67,473	70,123
	67,473	70,123
Distribution to parent charity	(67,473)	(70,123)
Retained in subsidiary	-	-

NOTES TO THE FINANCIAL STATEMENTS (continued)

The current assets and liabilities of the subsidiary were:

Current assets	112,853	108,026
Current liabilities	(112,821)	(108,024)
Total net assets	2	2
Aggregate share capital and reserves	2	2

The net assets of the subsidiary as at 31 March 2021 were £2 (2020: £2).

11. STOCKS

	The Group		The Charity	
	2021 £	2020 £	2021 £	2020 £
Materials	5,457	9,446	-	-

12. DEBTORS

	The Group		The Charity	
	2021 £	2020 £	2021 £	2020 £
Trade debtors	96,284	105,019	86,443	104,877
Prepayments	225,536	227,466	58,482	82,668
Legacies	923,559	1,566,065	923,559	1,566,065
Other accrued income	58,311	164,451	42,500	15,385
Hospitality, Retail and Leisure Grants	-	310,000	-	310,000
NHS England grant	318,120	-	318,120	-
Other debtors	114,646	-	94,527	61,955
Amounts due from subsidiaries	-	-	733,958	473,213
	1,736,456	2,449,198	2,257,589	2,614,163

13. CREDITORS: amounts falling due within one year

	The Group		The Charity	
	2021 £	2020 £	2021 £	2020 £
Trade creditors	239,858	319,687	222,122	302,523
Other taxes and social security	127,599	119,423	127,599	119,423
Accruals	316,381	106,882	205,984	42,337
Other Creditors	49,900	49,198	49,886	49,198
Deferred income (note 15).	80,392	74,242	51,705	51,705
	814,130	669,432	657,296	565,186

NOTES TO THE FINANCIAL STATEMENTS (continued)

14. FINANCIAL INSTRUMENTS

	The Group		The Charity	
	2021 £	2020 £	2021 £	2020 £
Financial assets at amortised cost (includes trade debtors, legacies, accrued income, other debtors and amounts due from subsidiaries).	5,386,011	4,365,987	5,922,415	4,415,906
Financial liabilities at amortised cost (includes trade creditors, other taxes and social security, other creditors and amounts due to the subsidiaries).	367,457	439,110	349,721	421,947

15. ANALYSIS OF DEFERRED INCOME

	Group		Charity	
	2021 £	2020 £	2021 £	2020 £
Deferred income at 1 April	74,242	110,428	51,705	90,923
Applied during the year	28,68	22,538	-	-
Released during the year	(22,537)	(58,724)	-	(39,218)
Deferred income at 31 March	80,392	74,242	51,705	51,705

16. STATEMENT OF FUNDS (2021)

	At 1/4/20 £	Income £	Expenditure £	Transfers & Gains £	At 31/3/21 £
Unrestricted Funds					
General Fund	2,049,220	8,003,163	(7,443,203)	168,522	2.777,702
Designated:					
Fixed Assets Fund	260,048	-	-	14,632	274,680
Legacy Equalisation Fund	1,691,669	-	-	(500,000)	1,191,669
Recovery & Transformation Fund	-			500,000	500,000
Restricted Funds					
Donations	193,501	1,705,936	(1,536,346)	(29,588)	333,503
Property Fund	6,000,191	-	-	(64,386)	5,935,805
Group Total	10,194,629	9,709,099	(8,979,549)	89,180	11,013,359

STATEMENT OF FUNDS (2020)

	At 1/4/19 £	Income £	Expenditure £	Transfers £	At 31/3/20 £
Unrestricted Funds					
General Fund	2,069,152	9,161,752	(8,349,023)	(832,661)	2,049,220
Designated:					
Fixed Assets Fund	223,857	-	-	36,191	260,048
Legacy Equalisation Fund	956,378	-	-	735,291	1,691,669
Restricted Funds					
Donations	53,111	292,659	(100,606)	(51,663)	193,501
Property Fund	5,959,567	-	-	40,624	6,000,191
Group Total	9,262,065	9,454,411	(8,449,629)	(72,218)	10,194,629

NOTES TO THE FINANCIAL STATEMENTS (continued)

The Trustees have designated funds out of the unrestricted funds for specific purposes as follows:-

Fixed Assets Fund
In order to fulfil its charitable objectives the Charity needs its fixed assets. These assets, although unrestricted, cannot be realised without undermining the Charity's work and the Trustees therefore feel that it is appropriate to reflect the investment in fixed assets by means of a designated fund.

Legacy Equalisation Fund
In 2016/17 the Trustees created a Legacy Equalisation Fund taking advantage of the record legacy income in that year. The fund was established to be used to moderate the fluctuating nature of legacy income by allocating any annual excess of legacy income received over the ten year average legacy income to the Equalisation Fund and to release funds back to the General Fund in years where the legacy income falls below the ten year average. Due to above average income in 2020/20, £735,291 was transferred to the Legacy Equalisation Fund from the general fund.

Recovery and Transformation Fund
This fund has been set up to invest in a number of projects to support the Recovery & Transformation Programme. The Hospice Recovery and Transformation Programme was approved by the Board of Trustees at the end of 2020. The purpose of the programme is to help us recover from the effects of the pandemic and to support transformation in seven priority areas, identified and crystallised by the COVID-19 experience:

- Service Transformation
- Refreshing Volunteering
- Staff Wellbeing and Development
- Equality, Diversity and Inclusion
- Retail and Commercial Development
- Fundraising Development
- Stakeholder Engagement

The Charity has the following restricted funds:

Donations Fund
This represents funds received where the donor has declared where the gift should be spent. During the year, £29,5883 was released into general reserves which had been spent on capital projects pertaining to the kitchen refurbishment.

Property Fund
The predecessor organisation to the Hospice, an unincorporated charity, transferred the land and buildings on which the Hospice's main operations are located, to the Hospice on restrictive terms for the sum of £1. The transfer documentation predates the SORP and Charities Act, but legal opinion clarified restrictive terms that the property is held on trust by Greenwich & Bexley Community Hospice Limited on behalf of the predecessor organisation. However, the Charity has the legal right to register charges against the property and it could be indemnified out of the premises in respect of liabilities properly incurred in the Charity's role of Trustee.

Accordingly, the net book value of the land and buildings together with all improvements made to date on the premises are reported as a separate restricted fund.

Transfers between funds reflects the capital building project and movement in fixed assets.

NOTES TO THE FINANCIAL STATEMENTS (continued)

17. ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS AS AT 31/3/21

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets		274,680	5,935,805	-	6,210,485
Investments	811,342	-	-	-	811,342
Current assets	2,410,423	1,691,669	333,503	370,067	4,805,662
Current liabilities	77,664			(891,794)	(814,130)
	3,299,429	1,966,349	6,269,308	(521,727)	11,013,359

ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS AS AT 31/3/20

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets	-	260,048	6,000,191	923	6,261,162
Investments	699,852	-	-	-	699,852
Current assets	1,440,177	1,691,669	193,501	577,700	3,903,047
Current liabilities	(90,809)	-	-	(578,623)	(669,432)
	2,049,220	1,951,717	6,193,692	-	10,194,629

18. PENSIONS

The company contributes to the NHS and Stakeholder pension schemes in respect of eligible employees. The assets of the schemes are held separately from those of the company in independently administered funds. The pension cost represents contributions payable by the company to the pension scheme funds. The NHS scheme is a multi-employer deferred benefits scheme which is underwritten by the Treasury. The Charity's obligations are limited to its annual contributions. The scheme currently has an employee contribution of between 5% and 13.5% and an employer contribution of 14.3%. The Stakeholder Scheme has an employee contribution decided by the employee and the employer contribution is 1% above the employee's contributions up to a maximum of 7%. The total employers pensions contribution for the year amounted to £326,220 (2020: £302,587) and as at the balance sheet date the company held total contributions of £49,841 (2020: £49,153) that were payable to the pension schemes.

NOTES TO THE FINANCIAL STATEMENTS (continued)

19. OPERATING LEASE COMMITMENTS

As at 31 March 2021, the charity had annual lease rental commitments totalling:

	2021		2020	
	Land & Buildings £	Other £	Land & Buildings £	Other £
Leases expiring within 1 year	193,049	4,065	233,422	4,265
Leases expiring within 1-5 years	490,998	8,073	630,083	12,195
Leases expiring after 5 years	18,332	-	97,987	-
	702,379	12,138	961,492	16,460

20. CAPITAL COMMITMENTS

	2021 £	2020 £
Authorised	0	8,000

21. RELATED PARTY TRANSACTIONS

In the year ended 31st March 2021 the following transactions took place between the Charity and its wholly owned subsidiaries: GBCH Trading Limited (company number: 05612068) and Greenwich & Bexley Community Hospice Lottery Limited (company number: 06483768):

- Amounts due to the parent company at the year-end was £733,958.

There are no other outstanding balances with related parties as at 31 March 2021 (2020: £nil).

The total amount of donations received from the trustees in the year was £ 31,113 (2020: £ 9,877).

NOTES TO THE FINANCIAL STATEMENTS (continued)

22. COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (2020):

	Notes	Unrestricted Funds General £	Unrestricted Funds Designated £	Restricted Funds £	2020 £
INCOME FROM:					
Donations and Legacies:	2				
Voluntary Income					
General donations		986,028	-	292,659	1,278,687
Charity shop donations		175,680	-	-	175,680
Legacies		1,681,290	-	-	1,681,290
Charitable activities:	3				
Operating a Hospice		3,781,571	-	-	3,781,571
Other trading activities:					
Charity shop income		1,773,370	-	-	1,773,370
Lottery income		267,837	-	-	267,837
Other sales income	4	100,011	-	-	100,011
Rental income		9,562	-	-	9,562
Investment:		29,757	-	-	29,757
Other income:		356,646	-	-	356,646
Total Income		9,161,752	-	292,659	9,454,411
EXPENDITURE ON:					
Raising funds:					
Fundraising and marketing costs		552,501	-	-	552,501
Charity shop expenditure		1,719,034	-	-	1,719,034
Lottery expenditure		197,714	-	-	197,714
Charitable activities:					
Operating a Hospice		-	-	-	-
Clinical expenses		5,879,774	-	100,606	5,980,380
Total Expenditure	5	8,349,023	-	100,606	8,449,629
Net (losses)/gains on investments	10	(72,218)	-	-	(72,218)
Net income/(expenditure)		740,511	-	192,053	932,564
Transfers between funds	16	(760,443)	771,482	(11,039)	-
Net movement in funds		(19,932)	771,482	181,014	932,564
BALANCE BROUGHT FORWARD at 1/4/19		2,069,152	1,180,235	6,012,678	9,262,065
BALANCE CARRIED FORWARD at 31/3/20		2,049,220	1,951,717	6,193,692	10,194,629