

Garden House Hospice Care

England & Wales · Charity number 295257

Details

Other names	NORTH HERTS HOSPICE CARE ASSOCIATION, GARDEN HOUSE HOSPICE
Status	Registered
Legal form	Charitable company
Company number	02040989
Registered	1986-09-23
Register	View on the Charity Commission register

Contact

Address	Garden House Hospice Gillison Close Letchworth Garden City SG6 1QU
Phone	0146267940
Email	enquiries@ghhospicecare.org.uk
Website	www.ghhospicecare.org.uk

Activities

Objects: 4. THE OBJECTS ARE THE RELIEF OF SICKNESS AND THE RELIEF OF THOSE IN NEED BY REASON OF AGE, ILL-HEALTH OR DISABILITY IN SUCH WAYS AS THE COMPANY SHALL FROM TIME TO TIME THINK FIT AND IN PARTICULAR (BUT WITHOUT PREJUDICE TO THE GENERALITY OF THE FOREGOING) BY:4.1 ESTABLISHING, MAINTAINING AND OPERATING HOSPICES AND RESIDENTIAL NURSING HOMES FOR THE RECEPTION AND CARE AND TREATMENT OF PERSONS SUFFERING FROM ANY ILLNESS (IN PARTICULAR, ANY LIFE-LIMITING ILLNESS), DISABILITY OR INFIRMITY;4.2 ESTABLISHING, MAINTAINING AND OPERATING CENTRES AND/OR OTHER PREMISES FOR THE PROVISION ON A NON-RESIDENTIAL BASIS OF MEDICAL CARE OR OTHER TREATMENT, CARE AND ADVICE FOR ANY SUCH PERSONS;4.3 PROVIDING MEDICAL CARE OR OTHER TREATMENTS, CARE, SUPPORT AND ADVICE (INCLUDING THE PROVISION OF PASTORAL SUPPORT, ASSISTANCE TO COMBAT LONELINESS AND SOCIAL ISOLATION, AND DOMICILIARY CARE SERVICES) FOR ANY SUCH PERSONS IN THEIR OWN HOME SETTINGS AND/OR BY TELEPHONE, VIDEO OR OTHER ELECTRONIC MEANS;4.4 PROVIDING RELATED SUPPORT AND/OR ADVICE TO THE RELATIVES AND CLOSE FRIENDS OF SUCH PERSONS;4.5 CONDUCTING OR PROMOTING RESEARCH INTO THE CARE AND TREATMENT OF ANY SUCH PERSONS AND OF THEIR RELATIVES AND CLOSE FRIENDS AND TO PUBLISH THE RESULTS OF SUCH RESEARCH FOR THE PUBLIC BENEFIT; AND4.6 PROMOTING OR ASSISTING IN THE TEACHING OR TRAINING OF DOCTORS, NURSES, PHYSIOTHERAPISTS AND OTHER HEALTH CARE PROFESSIONALS AND IN THE TEACHING OR TRAINING OF STUDENTS IN ANY FIELD OF HEALTHCARE.

Activities: To provide a wide range of services for patients, their carers and families facing life limiting illness through: the Hospice Inpatient Unit; Hawthorne Centre providing day services; Hospice at Home and Continuing Health Care team caring for patients in their own homes; Family Support Services providing support and counselling; 24/7 advice line for patients, families and healthcare professionals.

Classification

- **How:** Provides Human Resources, Provides Buildings/facilities/open Space, Provides Services
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** Elderly/old People, People With Disabilities

Geography

- Central Bedfordshire
- Hertfordshire

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£8,412,428	£10,532,622	£8,263,857	225
2024-03-31	£7,841,556	£8,545,161	£10,313,945	226
2023-03-31	£6,524,253	£7,269,714	£10,938,602	223
2022-03-31	£6,970,309	£6,401,451	£11,792,275	203
2021-03-31	£7,692,829	£5,465,815	£11,181,765	207

Trustees

Name	Role	Appointed
Charles Medley		2025-02-11
Dr Pauline Margaret Williams		2021-10-04
Dr Simon Chatfield		2021-07-26
Inderjit Sunner		2024-08-21
Jennifer Susan Mattin		2022-06-07
Joanna Sarah McFarlane		2024-03-26
Richard Dearden		2021-07-26
Tamsyn Gillan		2025-10-28

Accounts

GARDEN HOUSE HOSPICE CARE
(A company limited by guarantee and not having a share capital)
TRUSTEES' ANNUAL REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

Garden House Hospice Care
Company Limited by Guarantee No. 2040989
Registered Charity No. 295257

Registered Office:
Garden House Hospice,
Gillison Close,
Letchworth Garden City
Herts SG6 1QU

GARDEN HOUSE HOSPICE CARE
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2025

CONTENTS	Page
Administrative information	1 - 2
Chairman's Report	3 - 4
Trustees' Report (incorporating the Strategic Report)	5 - 30
Independent Auditor's Report	31 - 33
Consolidated Statement of Financial Activities	34
Charity and Consolidated Balance Sheets	35
Consolidated Statement of Cash Flows	36
Notes to the Financial Statements	37-52

GARDEN HOUSE HOSPICE CARE

ADMINISTRATIVE INFORMATION

FOR THE YEAR ENDED 31 MARCH 2025

PATRONS

Sir Simon Bowes Lyon KCVO
Mr Paul Cherry
Lord and Lady Fellowes
Mrs Sarah Harrison
Sir Oliver Heald QC, MP
MP for Stevenage (Steven McPartland)
MP for Hitchin and Harpenden (Bim Afolamai)
Mrs Diana Laing
The Chairman of North Herts District Council
The Mayor of Royston
The Mayor of Stevenage
The Bishop of St Albans
Mr Richard Whitmore
Mrs Boo Williams

HONORARY VICE PRESIDENTS

Dr Frances Aldridge, Mrs Sally Alford, Mr Ivor Barber,
Mr Trevor Bentham, Mrs Mary Blaksley, Mrs Trudy Bunday,
Mr Bernard Davies, Mr Andrew Egerton-Smith MBE,
Mrs Janet Hill, Mrs Anne Houghton, Mr Anthony Isaacs,
Dr Viv Lucas, Mr Roger Manning, Mrs Janet Nevitt, Dr Catherine Offer,
Mrs M Guernier, Mr J Bush, Mr John Procter.

TRUSTEES

Mr Stephen Mellish^{1,2,3} (Chairman)
Dr Simon Chatfield¹
Mr Richard Dearden^{2,3} (Chairman) (Elected 23.10.2025)
Mrs Melanie Flynn² (Resigned 04.11.2024)
Professor Shahid Khan¹ (Resigned 19.04.2024)
Mrs Gemma Manning³ (Resigned 25.02.2025)
Mrs Rhona Seviour² (Retired 23.10.2025)
Mrs Jennie Mattin¹
Dr Pauline Williams^{1,3}
Mr Christopher Dare² (Resigned 23.07.2025)
Mrs Joanna McFarlane²
Ms Inderjit Sunner¹ (Appointed 21.08.2024)
Mr Charles Medley² (Appointed 11.02.2025)
Mr Jamie Sinclair² (Appointed 11.02.2025)
Mrs Tamsyn Gillian^{1,2} (Appointed 28/10/2025)

SECRETARY

Ms Edith Yembra

SENIOR LEADERSHIP TEAM (KEY MANAGEMENT PERSONNEL)

Mrs Lisa Hunt (Chief Executive Officer))
Dr Sarah Bell (Medical Director)
Mrs Elizabeth Kennedy (Director of Patient Services)
Ms Edith Yembra (Director of Finance & Resources)
Mrs Carla Pilsworth (Director of Income Generation)
Mr Derek Turnbull (Director of People & Culture)
Mr Steven Collins (Director of Operations)

GARDEN HOUSE HOSPICE CARE**ADMINISTRATIVE INFORMATION (continued)****FOR THE YEAR ENDED 31 MARCH 2025**

REGISTERED AUDITORS	HaysMac LLP 10 Queen Street Place London EC4R 1AG	
BANKERS	Virgin Money 7 Gold Street Northampton Northamptonshire	Lloyds Bank Plc 1 Bancroft Hitchin Hertfordshire
	The Charities Aid Foundation Kings Hill West Malling Kent	NatWest Bank Station Place Letchworth Garden City Hertfordshire
HONORARY CHARTERED BUILDING	Robert Lombardelli Partnership	
SURVEYORS	St Luke's House 5 Walsworth Road Hitchin Hertfordshire, SG6 1QU	
REGISTERED OFFICE	Garden House Hospice Care Gillison Close Letchworth Garden City Hertfordshire SG6 1QU	
COMPANY NUMBER	02040989	
CHARITY NUMBER	295257	
OPERATING NAME	Garden House Hospice Care	
TRADING COMPANY	Garden House Hospice Trading Limited (Company no. 02671267)	

CHAIRMAN'S REPORT 2024-25

This is my final 'Chairman's Report' as I will stand down as Chairman and Trustee of Garden House Hospice Care at the AGM on 22nd January 2026 after 9½ years' service. Whilst the original AGM held on 22nd October 2025 had to be adjourned, all the activities that have taken place over the subsequent 3 months will be detailed in the AGM report that covers the 2025/26 financial year. It's been a real privilege to be a Trustee of this organisation that includes 4½ years as Chairman of the Trading Company and 4½ years as Chairman of the Charity. It has been quite a journey with a range of highs and one or two, not insurmountable, lows including the challenges brought about by the Covid 19 pandemic.

To start, I would like to reflect on the financial year just gone, 2024-25. We went into the third and final year of our 2022-25 strategy on a real high. The new frailty service was going from strength to strength following the confirmed ICB funding of the annual costs of £760k for 4 years. The new frailty service has elevated the profile of Garden House Hospice Care on a national level, winning two awards in the first half of the year. It is also worth highlighting the winning of the Enhanced Nursing Home Care contract, which continues our drive to expand and grow and complements future aspirations in the delivery of a wider frailty service. The service provision was all set up and launched successfully on April 1st, 2025.

We remain committed to our three-year plan to deliver a sustainable, break-even financial position. While the previous year reflected a controlled deficit in line with budget, the 2024/25 financial year presented increased financial pressures, resulting in a net operating loss of £2.05M. Through prudent financial stewardship, £1.81M was appropriately released from our Designated Funds to offset operational costs. This action significantly reduced the underlying deficit to £239K and ensured the Group remained well within its year two controlled deficit target of £559K. This outcome reflects both the resilience of the organisation and the effectiveness of the financial strategy implemented by management and Trustees. Compassionate Neighbours also continued to grow from strength to strength and was an award winner in its own right! All in all, we came out of the last financial year full of confidence and enthusiasm.

During the last year we also spent a great amount of time and effort in developing and launching our new ten-year strategy. This is a highly ambitious and somewhat groundbreaking strategy. Its aim is to not only continue our 'expand and grow' approach to service provision but also provide national leadership and influence in what hospice care could and should provide in the future. This is especially relevant with the well-known fact that we continue to see the significant growth in an aging population. Another key goal is to remove the challenges and uncertainties of the current financial model. In changing the 30/70 ratio of NHS commissioning against self-funding, we aim to reverse that to a 70/30 model. That will enable us to be financially sustainable and remove the current situation of vulnerability from external decision-making that we cannot influence.

Our new vision of "Every Person Matters" is a strong statement of intent but it sends a clear message that we intend to make sure that nobody is denied the ability to benefit from our award-winning services when they need it most. I have to highlight the amazing work that our CEO, Lisa Hunt and the Executive Team put into developing the new strategy in conjunction with the Board of Trustees. The successful completion of the 2022-25 strategy and the launch of our new ten-year strategy have been real highlights for me! I thank everyone across the whole organisation for all the hard work and effort that has been put into making Garden House Hospice Care so well loved, respected and appreciated by many.

In regard to the Trading Company, there are two things I would like to highlight. Firstly, we have taken steps to separate the Trading Company staff from the charity. A major benefit from doing this is that it frees the Trading Company up to develop, acquire or launch new commercial companies. This will enable more diversification in ways to generate more sustainable income that will be invested in the clinical services that Garden House Hospice Care provides now and in the future. Secondly, whilst trading conditions in retail have continued

GARDEN HOUSE HOSPICE CARE

CHAIRMAN'S REPORT

FOR THE YEAR ENDED 31 MARCH 2025

to be even more challenging, the staff and volunteers have been steadfast in their efforts and commitment to doing as much as possible to make our customers remain loyal to our brand and cause. Therefore, I would like to personally thank everyone for their continued efforts to manage the current challenges and look forward to better times on the high street.

The Board of Trustees saw several changes this past year. Melanie Flynn did not seek a second term after last year's AGM. Gemma Manning, Chris Dare, Prof. Shahid Khan, resigned during the year. Acknowledging that the role of being a Trustee is not only a highly responsible position to have but it is also a significant commitment that takes up an awful lot of time and energy. I feel that this can be easily overlooked and so I thank them all for their service to the Board and the Hospice.

We welcomed Jamie Sinclair, Charlie Medley, Indie Sunner and recently Tamsyn Gillan to the Board, and they are already contributing well. Despite all these changes, our team remains strong and our core responsibilities are unaffected.

So, before I close off this report for the final time, I feel disappointed and frustrated that even with all that has been achieved over the past few years that we find ourselves, just like most other hospices across the country, in difficult financial times. A culmination of increased running costs, inflation, a decline in donations, legacies and other income streams along with a significant reduction in NHS funding has been a real challenge to come to terms with and address. Having said all of that, I am incredibly proud of how the Executive Team and Board of Trustees have worked together to tackle the problem 'head on'. It has not been easy, and it means the progress made over the past 2-3 years will inevitably need to slow down until the external environment is more stable. However, the organisation's resilience has never been higher and much of the investment made over the last 12-18 months means that when the tide turns, and it will, Garden House Hospice Care will be primed and ready to bounce back even stronger and that is why the current situation does not change anything in a ten-year strategy.

I am delighted to be handing over the reins to Richard Dearden who has been a Trustee since 2021 and Chair of the Trading Board for the past 4½ years. Richard will be ably supported as I have been by the Vice Chair Pauline Williams. A special mention has to be made to Rhona Seviour who has also been a Trustee for the past 9 years and is also retiring at the AGM. Rhona was not only my Vice Chair for 3 years but has always been there for me as a sounding board, supporter, challenger and a real friend. I thank her for everything she has done to help me but most importantly for working so hard to enable the Hospice and Trading Company to be the very best it can be.

And finally, my sincere and heartfelt thanks to all the Trustees, Executives, Staff and Volunteers, past and present, and of course our supporters for making my Garden House Hospice Care journey one of the most memorable and rewarding experiences in my professional life. Arguably, the role I am most proud of. Garden House Hospice Care will continue to grow and develop. Changing and expanding palliative and end of life care, so that more people than ever before can access and benefit from our innovative and award-winning services – Because Every Person Matters.



Steve Mellish
Chairman

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Garden House Hospice Care (GHHC), being a company limited by guarantee and a registered charity, has adopted the practice that the Directors (Council Members) be called Trustees and the Board of Directors (Council of Management) be known as the Board of Trustees.

Objectives and Activities

GHHC exists to provide specialist palliative care for adults living in Stevenage, North Hertfordshire, and adjoining parts of Mid Bedfordshire with advanced cancer, motor neurone disease or other terminal illness.

GHHC also provides support and care to the families and friends of patients.

GHHC provides:

1. Inpatient Care: The eight bed In-patient Unit provides consultant led specialist palliative care (the bed numbers had temporarily dropped to six, secondary to the effects of the Covid-19 pandemic and staffing levels).
2. Home Care: Hospice at Home team of Nurses and Health Care Assistants provide care and support to patients and families at home to support wishes and preferences of those who wish to remain at home for end-of-life care support at home. The service also supports discharges from Hospital and Hospice. We also have 10 commissioned fast track Continuing Healthcare beds that the team support with up to 4 visits per day dependant on needs.
3. Hawthorne Centre: Specialist Day services, palliative rehabilitation, living well, outpatient care and drop-in services provided through a variety of face to face and virtual sessions.
4. Family Support: A range of services including psychological support, bereavement counselling, carer support, spiritual care, social work support and advice for patients' families. Children's and Young Person's Bereavement Service.
5. Education: GHHC provides an education programme including mandatory training for all staff and volunteers. It provides a range of specialist education sessions that are open to all health and social care professionals. The organisation supports placements and training for junior staff in all relevant fields. Individual staff members contribute to the training of student nurses, medical students, GP trainees, specialist registrars and other professionals undertaking training in other fields e.g., paramedics.
Volunteers all complete an induction course and mandatory training appropriate to their area of work.
6. Telephone Advice: A specialist palliative care 24/7 telephone advice line.
7. Community Engagement: Volunteers support all areas of the hospice; Compassionate Neighbours - community volunteers offer friendship through 1-1 matches or via Wellbeing Hubs and schools and colleges outreach to engage with young people about palliative and end of life care and the work of the Hospice.
8. Frailty Clinical Nurse specialist support to Care homes. This is a commissioned service of 3 WTE Nurses who assess and support all residents in our locality with individualised care planning and ongoing support, working closely with the care home staff and GP for each home.
9. Garden House Hospice Care Admiral Nurse: Employed by GHHC and works with families and people living with dementia at end of life in North Hertfordshire, to ensure they have the best possible care and support at the end of their life. This post also delivers a wide range of education provision for Dementia awareness and support to both healthcare professionals and families and carers.
10. We have a commissioned Care Home Educator dedicated to support end of life education in our local care and nursing homes.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

GHHC's objectives are to:

- Ensure that all activities are carried out within an appropriate legal, financial, ethical, and administrative framework.
- Provide appropriate resources, staff, buildings, and equipment to fulfil GHHC's mission.
- Ensure that the appropriate monetary resources are available from contracts, direct fundraising, and trading by the Trading Company to meet the care needs of GHHC's patients and their families.
- Encourage community support.
- Ensure that the resources of the organisation are managed and maintained providently.
- Maintain strategic and operational plans in accordance with GHHC's charitable status.

The principal activities of the Trading Company are as general merchants and traders. The Trading Company provides an essential revenue stream for GHHC. Their directors have set out a strategy that aims to increase the Company's contribution to GHHC year-on-year. This strategy is articulated in the Company's annual report.

During the year, GHHC:

- Submitted its fourteenth 'Quality Account' to the NHS. The Quality Account measures quality by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback. It is a major piece of work and may be viewed on the Garden House Hospice Care website by going to the following address:

<https://www.ghhospicecare.org.uk/about-us/our-reports>

A statement on quality from the Chief Executive Officer

Welcome to our Quality Account 2024/2025. We consider it to be an important publication as it is part of our accountability to the many individuals and groups within in the work of Garden House Hospice Care (GHHC).

The year as a whole

As we reflect on 2024/2025, I am proud to present this year's Quality Account - a testament to the compassion, dedication, and innovation that continue to define Garden House Hospice Care.

At the heart of everything we do is a deep commitment to the people we serve. Whether it's through our expanding network of Compassionate Neighbours, the growing number of Wellbeing Hubs, or the dedicated staff and volunteers who walk alongside patients and families every day, we are unwavering in our mission to provide care that is personal, inclusive, and excellent.

This year, we have made measurable strides across our strategic objectives. We have strengthened our clinical services - embedding the frailty and enhanced care home pathways as core to our offer - and expanded our reach into new communities. We have continued to grow our community-facing work, with over 900 active hospice volunteers and increasing engagement through our shops, fundraising events, and educational partnerships with local schools.

Our integrated governance work has also matured, ensuring we are safe, compliant, and forward-looking in how we operate. From launching a new digital governance platform to investing in leadership training and new clinical infrastructure, our organisation is building the resilience and capability needed for the future.

We know that quality care is not just about systems and outcomes - it's about people. I am deeply grateful to our incredible staff, volunteers, supporters, and partners. It is your kindness, energy and commitment that enable us to respond to the changing needs of our community with compassion and confidence.

Looking ahead, we remain focused on deepening our reach, broadening access, and continuing to innovate to ensure our care is available for all who need it. Thank you for being part of our journey.

With gratitude

Lisa Hunt

Chief Executive Officer
Garden House Hospice Care

Our services at Garden House Hospice Care

Garden House Hospice Care (GHHHC) is a registered charity providing a range of services to support the needs of our community. We need £8,000,000 each year to provide our services.

We receive only 35% income from our NHS funding stream. Therefore, our Fundraising and Trading teams work tirelessly to raise the 65% / £5.5 million pounds each year to ensure our essential services for our community are maintained.

Within our Inpatient Unit (IPU) - Palliative and reablement services

These services are provided by our multidisciplinary team who work together to ensure that each person, their families and carers have access to the support they require at the time they require it. The team work to ensure that care and support is individualised and that people, and those nominated by them, are always involved in the care plan and decision-making process where it is possible and practicable to do so.

Led by our Medical Director, the team includes:

- Medical team
- Nurses and Healthcare Assistants
- Physiotherapist
- Occupational Therapist
- Rehab and Wellbeing Assistant
- Pharmacist
- Family Support Team psychological support
- A multifaith and spiritual support chaplaincy team service.

We provide access to a Palliative Care 24-hour advice line via our Inpatient Unit.

Within patients' homes (Community team)

We provide care and support at home through a variety of service provisions:

- Nursing care and support at home is provided through our Hospice at Home service (H@H) and Continuing Health Care (CHC) Fast Track 10-bed capacity community service for those requiring palliative and care and support at end of life
- Community support at home for those in our community with frailty identified through our dedicated service.

The team includes:

- Nurses
- Healthcare Assistants
- Occupational Therapists
- Physiotherapists.

Dementia support

Those living with dementia at the end of life and their carers receive support to those at home and in care homes. This is provided by our dedicated Admiral Nurse Dementia Clinical Nurse Specialist (CNS).

Access to those living with dementia and their carers is provided through referral by a healthcare professional, access to our dementia café, attendance at training events and at carers support groups.

Medical assessment and review

This is delivered through a blend of domiciliary and outpatient medical reviews.

These are provided face-to-face at home, within the Hospice or through telephone review and support.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

For those who live in care homes

Those living in care homes are supported through our Enhanced Nursing Care Home (ENCH) team. The team work alongside the care home providers and GP teams to support the delivery of end-of-life care.

Until April 2025 our ENCH team comprised four Frailty Nurses. From April 2025 there was a significant change to our current service when Garden House Hospice Care successfully commenced delivery of the newly awarded Enhanced Nursing Care Homes (ENCH) contract across the East and North Herts patch.

This has significantly expanded our reach across approximately 450 square miles with an increase of support to over 3,900 nursing and residential care home beds. This growth was supported by the transfer of seven senior staff members joining our established team.

This expansion provides an important enhancement in collaboration with the 12 Primary Care Networks (PCNs) in the area and will improve continuity of care for all service users who require palliative and end of life care support.

Rehab and Wellbeing outpatient services

Our Rehab and Wellbeing team provide support to patients in our Inpatient Unit and within the community setting in their own homes. Rehab and Wellbeing forms part of the multidisciplinary team in the planning and provision of care needs. This includes supportive discharge assessment and advice when required.

The team also support outpatients through access to assessment, and the provision of both individual and group activities.

The team includes:

- Occupational Therapists
- Physiotherapists
- Rehab and Wellbeing Assistants.

In-reach Frailty Nursing team

People identified with frailty in acute settings at East and North Hertfordshire Trust are assessed and offered, when in line with criteria and their wishes, to access GHHC services on discharge through our Inpatient Unit and/or at home. This is a short-term service provision.

The team includes:

- Two senior nurses based within the Lister Hospital who provide a weekday service, working alongside the East and North Hertfordshire Trust teams.

Through our provision of psychological support

Our Family Support Services team works across our Inpatient and Community teams providing support to all patients admitted to our Inpatient Unit, families and carers.

The service offers pre- and post-bereavement support, face-to-face and virtually, individually or in a group environment.

The team includes:

- Senior counsellors and psychological therapists.

Within our Community Hubs and Compassionate Neighbours

Our voluntary services support our community through access to our Community Hubs and Compassionate Neighbours service.

Compassionate Neighbours support individuals at home and at our 15 Wellbeing Hubs situated in Letchworth Garden City, Hitchin, Stevenage, Royston, Ashwell and Weston, enabling an average weekly attendance of

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

711 people. Both services help promote wellbeing and reduce loneliness and isolation. This includes special events such as Christmas lunch provision.

We have an active caseload of 910 community members, which means they are either being visited by a Compassionate Neighbour every week or attending a Wellbeing Hub every week.

The team includes:

- Compassionate Neighbours Project Manager
- Volunteers.

Training provision at Garden House Hospice Care

GHHC is part a rotational training placement for GP trainees and two regional universities which access training placements for student nurses and allied health care professionals. Placements take place across our Inpatient and Community services.

Regulation and inspection

Garden House Hospice Care is regulated by the Care Quality Commission and was last inspected in May 2022, receiving a continued rating of 'Good' for all five key lines of enquiry.

Strategy

Within this year's Quality Account, we have worked to achieve our objectives in line with our 2022/2025 strategy. The year 2024/2025 has been a period of review and preparation for the future as our current strategy ended.

To achieve this new strategy and vision for the future we have completed stakeholder engagement events with our internal teams and external partners through interactive face-to-face workshops and engagement events.

Following the stakeholder engagement events and feedback, as an organisation we are embracing development and change for the future and our new strategy launched in April 2025 reflects our new vision, mission and values that we aspire to achieve.

We are excited to announce our innovative new 10-year strategy.

Underpinning our new vision, mission and values of every person matters and our financial goal of every penny counts.

Garden House Hospice Care Strategic Objectives 2024 /2025



Vision

Our vision is to help provide the very highest care to the growing numbers of people that will need our services over the next 20 years.

Mission statement

Garden House Hospice Care provides specialist palliative care for patients, families and carers facing life limiting illnesses to enable them to have the best possible quality of life by providing care and support in the setting of their choice, without discrimination.

How we demonstrate our achievements 2024/2025

Strategic objective 'Our community': Sit at the heart of our community and local networks.

How we can demonstrate achievement

Our fundraising events and activities continue to inspire and engage the local community, encouraging people to be part of our mission.

This year's Sunset Starlight Walk brought together more than 300 participants for a powerful evening of memory and reflection, as we honoured loved ones who have been cared for through our services. Thanks to the generosity and spirit of those taking part in the seven-mile walk, the event raised over £40,000 to support our work.

We've also grown our Wildflowers In-Memory and Lights of Life events, welcoming people into our Hospice garden to celebrate the lives of those no longer with us. These meaningful moments offer time for reflection and connection, with continued support from our compassionate teams.

Our 12 shops across the local area not only generate essential funds but also offer valuable employment and volunteering opportunities. They help us stay visible and engaged with the community, maintaining a strong presence on the high street.

We've also expanded our Connect Business Club, providing local businesses with the chance to support our cause while becoming part of a dynamic networking group. With over 20 regular members, the club fosters meaningful connections and helps members grow their networks across the region.

We have 930 active Hospice volunteers with 444 new volunteers onboarded this year.

We have recruited 76 new Compassionate Neighbours and received 450 Compassionate Neighbours referrals from 41 different local organisations.

We have increased access to our Wellbeing Hubs situated in Letchworth Garden City, Hitchin, Stevenage, Royston, Ashwell and Weston, bringing our total to 15. These have an average weekly attendance of 711 people.

We have an active caseload of 910 community members, which means they are either being visited by a Compassionate Neighbour every week or attending a Wellbeing Hub every week.

We have active partnerships with 66 local schools engaging in a variety of projects including the Hawthorne Schools Project, Young Entrepreneurs and Christmas Tractor Rally, plus a range of sessions in school assemblies and lessons.

Strategic objective 'Our services': Provide high quality services that meet the needs of the whole community.

How we can demonstrate achievement 2024/2025

The organisation has made notable progress in delivering against its key performance indicators and strategic objectives. One of our most significant achievements has been the successful over-delivery on our activity plan, particularly through maintaining the End of Life (EoL) and palliative care pathways while expanding the Frailty pathway.

This dual focus has allowed us to increase the proportion of non-cancer patients we support, thereby helping us address longstanding inequalities in access. Against our set target of 50% non-cancer patient engagement, we achieved 55% — a positive indicator of the breadth of our services. The average length of stay (LOS) has remained below our operational threshold of 14 days throughout the year.

In April 2025 our current Enhanced Nursing Care Home service (ENCH) successfully commenced the delivery of a newly awarded contract to include the service provision for the East and North Herts patch, significantly expanding our reach. The new service covers 450 square miles and increases the support provision to over 3,900 residential and nursing care home beds. This provides important collaboration with 12 Primary Care Networks (PCNs) in the provision of continuity of care across the care homes.

In our Inpatient Unit our occupancy rate has been managed effectively at an annualised 74.8%, below the maximum operational threshold of 85%. This residual capacity has proven essential in facilitating timely admissions, reducing wait times, and ensuring smooth patient flow through the organisation and across the system.

We have implemented a new acuity tool in our Inpatient Unit to ensure we have the correct establishment and skill mix for safe and effective care. This is monitored daily within our multidisciplinary daily capacity morning meeting identifying actions required in line with the agreed parameters.

Our Frailty in-reach service was secured in Q2 following a successful pilot. Over the year we have surpassed commissioned targets. We recorded a total activity of 431 against a target of 360, with 266 successful transfers from Emergency Departments compared to a target of 206.

Our Wellbeing Hubs have a 100% positive approval rating with an average score of 9.4 out of 10.

- 86% of attendees report a reduction in loneliness and social isolation
- 98% of attendees report feeling more informed about local services
- 100% of attendees report feeling involved in the activities and sessions.

Across our 1-1 matches, we have a reduced social isolation by an average of 19.6% and loneliness by an average of 19.3%. 89% say their match is either fantastic (48%) or good (41%).

We have made 798 trips with our community minibus service, supporting 150 community members with a team of 25 volunteers.

We have embedded a programme of Integrated Governance improvement. We proactively engaged two independent consultants to assess our compliance with Health and Safety standards and clinical services provision.

A Health and Safety specialist was engaged through a consultancy firm to review the health and safety culture, systems and processes. Five key observations were made within the report across the organisation including our trading company. These were implemented through an action plan. Following this, a second review was completed by the consultant firm. The results were highly positive.

As part of this improvement the Health and Safety Committee was re-established with new terms of reference, group membership and responsibilities, and new reporting templates and system implemented. Thirteen members of the committee completed the Institute of Occupational Safety and Health (IOSH) Managing Safely three-day course with written assessments completed.

We have developed and agreed a new integrated governance framework finalised at Trustee Board in April 2025. This will be implemented for 2025/2026. To support the integrated governance framework, we have reviewed our structure and expanded our management models of care and the Integrated Governance team. The new process aims to ensure we have the expertise required with robust support across the organisation to implement the safety and governance culture and any identified improvements.

In 2024 we commissioned a new Data Protection Officer (DPO) support role through an external expert consultancy. The service provides assurance and advice monthly as required ensuring we have skilled and up-to-date advice and support across the organisation.

We have continued to strengthen our safeguarding awareness and support through expansion of our safeguarding group, training and awareness. We have nominated leads, champions, links and trustee for safeguarding with allied agreed role profiles. Safeguarding supervision is in place, and we have strong links in place between our safeguarding lead and nominated trustee lead.

Our trained two Freedom to Speak Up Guardians (FTSU) have provided support, and we have nominated a trustee lead for FTSU in place.

The national Guardians Speak up month in October 2024 theme was Listen Up. This focussed on the power of listening, and the important part which listening plays in encouraging people to speak up.

At GHHC we embraced this theme. Through our safeguarding group and under the leadership of one of our FTSU guardians in collaboration with the marketing and communications team, there was information shared throughout the week with teams via our intranet. A drop-in coffee morning for all staff to raise awareness had the support and attendance of our nominated FTSU trustee and was well attended. The feedback was excellent and raised the profile and understanding of the role.

In response to the NHS implementation of Oliver McGowan training, we have supported staff across the organisation to attend and experience the training according to their role. All clinical staff are attending tier two training.

We have implemented a new governance and safety intranet page to enable easy access to information and support for all staff in regard to:

- Risks and incident management
- Safeguarding
- Health and Safety
- GDPR
- Infection prevention
- PSIRF
- Audits and feedback.

We have embedded our new risk register. This has enabled all teams to have access and accountability to raise and review risks when identified. These risks are reviewed weekly and reported monthly to our Hospice Management Board with agreed escalation processes in place.

We have continued to develop our organisational weekly multidisciplinary incident review meeting to include a weekly review of incidents in progress, reported and closed within one week, plus risks and policies under review.

Our annual Infection Prevention Audit and training was completed by East & North Herts Trust in January 2025 with good results and feedback received. We appointed a new infection control link nurse, enabled attendance at accredited external training and have reintroduced infection control group meetings.

We welcomed our Herts & West Essex Integrated Care Board Governance team assurance visit in March 2025, receiving comprehensive and thorough written feedback. This positive feedback was shared through our internal reporting system with the Hospice Management Board and the Clinical Governance trustee committee.

A review of the Inpatient Unit multidisciplinary team meeting (MDT) has been undertaken to include - alongside the review of all palliative and end of life patients - specific review of our reablement patients admitted, with presentation led by the Rehab and Wellbeing team. A review of key topics is presented by each multidisciplinary team member to ensure the most relevant areas for patient safety, safeguarding and outcome are considered.

We have recognised the need for continuous improvement and investment in our clinical equipment and requirements for delivery of care. We invested in eight new Inpatient Unit beds, essential clinical equipment for symptom management as well as in environment and treatment room and medication storage facilities.

With funder support, we have been able to create and launch a new facility for families and carers to enable them to remain close and stay overnight onsite in a comfortable and supportive environment in our new dedicated ensuite bedroom.

We have increasingly recognised the importance of technology in shaping future service delivery. In this year, we have begun laying the foundations for greater digital maturity and will include this area more explicitly in our 2025/26 objectives.

Strategic objective ‘Our people’: Grow a strong, capable, resilient, highly skilled and motivated organisation.

How we can demonstrate achievement 2024/2025

In recognition of our continuing drive for excellence across the organisation, and in response to feedback received, we have developed and launched a new code of positive behaviour for all staff. This was reviewed and agreed through our Staff Forum prior to launch.

We have reviewed and relaunched the Staff Forum with increased attendance to ensure representation from all areas and departments and a new digital feedback suggestion box.

Our most recent staff survey showed an engagement level of 80%.

Yearly roadshows for all staff and volunteers to attend continue and were held in May 2025. These are an opportunity for all to hear the reflection of the year, and also to look forward together and embrace the new annual plan for the coming financial year. It is also an opportunity for questions across the room. Attendance and participation were excellent with positive feedback received. Those unable to attend can keep involved and informed through the recordings shared via our intranet and through our open-door policy of all our executive team and team line managers.

We have completed an external review of all job roles and responsibilities to ensure that we have pay and responsibilities aligned to national expectations. We have reviewed the skill mix in clinical areas, resulting in our nursing banding and ratios being uplifted in response to responsibility and skills. Aligning clinical pay banding with NHS equivalents has enabled us to compete more effectively in the local workforce market. As a result, recruitment has improved, turnover is stabilising and staff engagement is rising.

Investment across all teams this year has been completed, enabling all areas to have the capacity to achieve delivery of care to patients and carers, aiming to enhance experiences and enable the best care and support possible. This includes our non-patient facing functions as we recognise the value and essential roles that are required to support our clinical service delivery across the organisation.

We have used training needs analysis to guide our clinical training programme through our Learning and Development team.

Key developments include the introduction of a competency-based framework, initiation of ILM management training for managers, and starting rollout of a devolved Business Unit Structure. These initiatives are supported by strengthened back-office functions, and an expanded Clinical Governance team.

We have reviewed and updated our appraisal process, ensuring that all staff access and have timely appraisal in completed.

In response to, and in line with, the recommendations in the updated Safeguarding Intercollegiate document, we have implemented and enabled increased training levels for all our registered health care professionals to level 3. We have also increased the number of team members completing safeguarding level 4 training to five providing additional access to support and advice across the organisation.

Weekly 'Lunch and Learn' meetings are run by the medical team with two topics relevant to our patient group being discussed at each meeting, which include occasional invited outside speakers.

Ongoing review of our GP trainee induction has been completed to ensure induction is relevant, effective, and addresses the key aspects of ensuring safe, quality patient care.

Following consistently positive feedback from GP trainees on training placements at GHHC, it has been confirmed that the number of full-time GP placements allocated will be increased by 25% in 2025.

Our volunteers receive robust training that is compliant and relevant to their role. 99% of Compassionate Neighbours say their induction has been good (29%) or excellent (70%).

We have improved our volunteer communications in response to their feedback provided via a volunteer survey which highlighted:

- 91% feel informed and receive sufficient communication from the Hospice
- 88% volunteers feel valued and empowered in their role
- 94% understand how their volunteering contributes to the Hospice mission.

Strategic objective 'Our funding': Secure the future of the Hospice through sustainable funding
How we can demonstrate achievement 2024/2025

We are committed to making ‘Every Penny Count’ while exploring innovative revenue opportunities.

Our fundraising efforts continue to generate vital income for the organisation, with this year’s support from the local community expected to raise over £2.7 million.

This incredible figure reflects donations from individual fundraisers, in-memory gifts, legacies and contributions from local groups, organisations and trusts. These funds have enabled us to expand and enhance the essential services we provide to people living in our community.

We have seen a notable increase in donations made in memory of loved ones, especially from friends and families who have experienced the care we offer. This deep connection to our work reinforces the importance of what we do.

Our Big Give Match Funding Appeal had its most successful year yet, raising over £100,000 to support individuals and families through the winter — an incredible milestone made possible by the generosity of our supporters.

In addition, we’ve continued to grow our legacy income and future pipeline, helping to secure the long-term sustainability of our organisation for generations to come.

We receive regular donations from our Wellbeing Hub attendees and community members involved in Compassionate Neighbours. We have received funding for both Wellbeing Hubs and Compassionate Neighbours.

Many of our partner schools have organised fundraising events and campaigns in support of the Hospice.

In recognition of our ongoing requirements and commitment to sustainable funding for the future we have formed a new Trading company. The company has a new management structure and new strategy in line with Garden House Hospice Care. It remains part of Garden House Hospice Care portfolio.

Summary of strategic objectives and priorities 2024/2025

Priority 1:

Expand our Compassionate Neighbours and increase Wellbeing Hubs aligned to pathways into and out of clinical services, becoming an integral partner in Integrated Neighbourhood Teams across PLACE.

We will increase and train our number of Compassionate Neighbour volunteers by 100, enabling increased provision for our community members and new referrals to our service in 2024/2025.

We will maintain attendance levels at current hubs and open six new Wellbeing Hubs, linked to Neighbourhood Team locations. This will increase the total number of hubs to widen our community’s access to our services.

Looking back

Our Compassionate Neighbours programme has exceeded expectations. Against a target of 300 referrals, we received 450 and exceeded our plan with 15 Wellbeing Hubs now fully operational. Attendees report feeling more informed about local services.

We have continued to expand our Compassionate Neighbours services, with 450 new referrals received and an active caseload of 910 people.

We have trained 76 new Compassionate Neighbours and made 354 new matches of Community Members to either a Compassionate Neighbours or a Wellbeing Hub.

We have opened nine new Wellbeing Hubs, taking our weekly provision to 15 Wellbeing Hubs with a regular attendance of 721 people.

- 89% of community members would describe their match as good or excellent
- 100% of people enjoy the Wellbeing Hubs, with an approval rate of 9.4 out of 10
- 86% of community members report a reduction in loneliness and social isolation.

We have reduced feelings of loneliness and social isolation by an average of 19.5%.

Priority 2:

As part of our ongoing provision of care to those with frailty and those in need of palliative symptom control, we will commence ambulatory care services within our Inpatient Unit in partnership with our Community Trust.

We will undertake a scoping exercise to investigate and identify the difference and need of a Hospice ambulatory care service to support our local care provider and patient care. This will ensure equality in access to care and provide a care setting of patient choice that is appropriate to each individual.

We will complete a Quality Impact Assessment and Equality Impact Assessment to ensure high quality provision.

Within our implementation plan, we will equip our staff with the skills and training to expand and grow the service.

We will evaluate patient pathways, experience and impact of those referred to and accessing the service.

Looking back

We looked at the implementation plan for this. The decision in line with the outcome was that we would focus on the embedding of the frailty in-reach and enhanced care home provision as a key priority.

We have consolidated the Frailty service as a core element of our clinical offer, and it is now fully embedded within our business-as-usual operations.

Although our ambition to develop services was not realised in 2024/2025, we remain committed to the implementation of this and have included this in our annual plan priorities for 2025/2026.

Priority 3:

In our ongoing annual improvement plan, we will invest in our staff in 2024/2025.

We will build resilience and expertise in our teams, investing in training programmes across all levels to enable us to deliver high quality services within our current and future key priorities.

We will value our teams, investing in them and empowering them to be involved in the decisions, direction and implementation of our transformation plans for 2024/2025 as we strive for improvement in our service delivery and staff, patient and carer satisfaction.

Looking back

We have made investments in all teams, enabling all areas to have the capacity to deliver our patients' and carers' experiences and enable the best care and support possible. This includes our non-patient facing functions as we recognise the value and essential roles that are required to support our clinical service delivery across the organisation.

We have completed our annual staff survey and a yearly review of the Staff Forum, refocusing the priorities and aims and effectiveness of the group.

We have used training needs analyses to guide our clinical training programme through our Learning and Development team.

We have reviewed and updated our appraisal process, ensuring that all staff access and have timely appraisal.

Introduction of a competency-based framework, initiation of International Leadership programme (ILS) management training for frontline managers has commenced.

We have started rollout of a devolved Business Unit Structure.

Priority 4:

We plan to investigate the development of a response team to provide telephone advice and urgent domiciliary support to palliative patients on the ambulance stack.

We will work with other providers within our Integrated Care Board in the support to development of palliative care support to the ambulance service to ensure equal access across the Herts and West Essex Integrated Care Board.

We will explore further opportunities for partnership working with other providers across the Integrated Care Board to support the avoidance of unwanted and unnecessary admissions to the acute trust. This will enable patients to remain in their own homes, if this is their wish, with the appropriate plan of care.

Looking back

While we were unable to achieve our objective of rolling out Integrated Neighbourhood Teams (INTs) due to system-wide delays, we remain committed to this ambition.

We have however made significant progress in establishing local relationships and pathways that will support our role in the first INT pilot across two Primary Care Networks in Q1 2025/26.

Garden House Hospice Care activity data

The figures below provide one measure of Garden House Hospice Care's activity during the period 2024/2025.

	2024/2025
Total number of patients, carers and community members cared for across all GHHC services	3,718
Inpatient Unit	
Number of admissions	275
Average length of stay (days)	9.4 days
% of patients discharged to home / care home / hospital	52%
Number of advice line calls	164
Hospice at Home	
Number of referrals	219
Number of visits to patients	2,580
Continuing Health Care Service	
Number of referrals	98
Number of visits to patients	7,987
Rehab and Wellbeing	
Number of referrals	240
Number of activities	3,232
Frailty Service	
Number of patients	431
Care Home Frailty Team	
Number of referrals	428
Number of patients reviewed and support calls	3,763
Dementia Clinical Nurse Specialist	
Number of referrals	43
Number of interventions	1,089
Outpatients	
Number of unique patients attending	33
Number of medical appointments	95
Family Support Services	
Number of referrals	534
Bereavement individual counselling sessions	839
Number of interventions	2,693
Compassionate Neighbours	
Number of Community Members Supported	1,259

Feedback from patients and families on services

Patient and family feedback is very important to Garden House Hospice Care. Feedback is received via surveys, comment cards, emails, letters, cards and social media posts and logged to enable teams to learn from service users' experiences. Below are some examples of feedback received during 2024/2025.

What do you think has been of particular benefit to you?

"To know there is help [counselling] available. I don't have to struggle unsupported."

"Knowing I could get the support through the Hospice was very helpful. With the timeframe at the doctors these days, it was nice to get started sooner than later. I'm very thankful of the help and support I received."

"We had lots of questions as we have no experience of this and everyone was brutally honest (which we needed). Answered all our questions as best as possible. Sorted out all mum's problems with minimal fuss."

"Physiotherapy has been good and helped get me walking again."

"Without exception, all the home carers are cheerful and helpful and respectful."

"The help and information we have received has been excellent. We can only thank you so much."

What do you think Garden House Hospice Care can improve on?

More permanent staff for consistency.

Personally I think I would have benefitted by having the counselling much earlier.

Would have useful to understand timeframes better, but we appreciate everyone is different, so hard to say.

More time to sit and chat.

The NHS Friends and Family Test

2024/2025 percentages calculated from 145 responses to the Friends and Family Test question on real time patient and carer surveys, Family Support surveys and comment cards.

Thinking about Garden House Hospice Care, overall how was your experience of the service?

	2023/2024	2024/2025
Very Good	91.2%	86.2%
Good	8.8%	13.1%
Neither Good nor Poor	0%	0.7%
Poor	0%	0%
Very Poor	0%	0%
Don't know	0%	0%

Feedback from our Compassionate Neighbours service

"Oh my gosh, I absolutely love 'her' coming to see me every week, we have so much in common, she has set me up on the computer to do an online water colour painting class, I look forward to her coming every week, thank you so much."

Community member

"I just love my gentleman, he is so sweet and charming, we knew the very first week we were going to be best friends, it's a privilege to be part of this project and know that I am making a difference to someone."

Compassionate Neighbour

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Ethical fundraising at Garden House Hospice Care – our promise

GHHC exists to provide specialist palliative care. Delivering our vital care to those living with cancer and other life-limiting illnesses in Stevenage, North Hertfordshire and adjoining areas of Mid Bedfordshire is only possible because of the generosity and enthusiasm of our supporters.

Our promise to our supporters is to fundraise and communicate in an honest and transparent way. We aim to ensure that everyone who chooses to offer their support to GHHC - whether by making a donation or by giving their time to take part in events, online and digital actions or to simply share our message - has a positive and rewarding experience with us and understands that their support is very much valued.

In order for us to raise the funds needed to provide vital end of life care in Stevenage, North Hertfordshire and adjoining areas of Mid Bedfordshire, fundraising is carried out by our staff, volunteers and third-party supporters. In the case of the lottery only, we use a company "Local Hospice Lottery" to generate additional income through lottery sales.

We do not solicit donations by 'cold calling' by telephone or door-to-door collections, and we do not share personal information with any third-party organisations. We do not pressure supporters to make donations and we will always take care to avoid contacting and asking vulnerable people for donations.

We will not solicit or accept donations from companies or individuals who participate in activities which could cause detriment to the charity's reputation or work.

In any case where we may have contractual arrangements in place with agents, we take care to set the standards and obligations that must be met when fundraising on behalf of GHHC. We work closely with these partners to maintain the high standards that we, and the public, expect. This means ensuring that practices and policies are in place and closely adhered to.

GHHC is a member of the Institute of Fundraising and complies with the Fundraising Regulator. Alongside our high standards, we follow their and our own codes of practice to ensure that our fundraising meets the highest standards and supporters have the best possible experience. GHHC complies with the Data Protection Act and the Information Commissioners' guides and codes. Last year (as in the previous year), we did not receive any complaints with regards to fundraising.

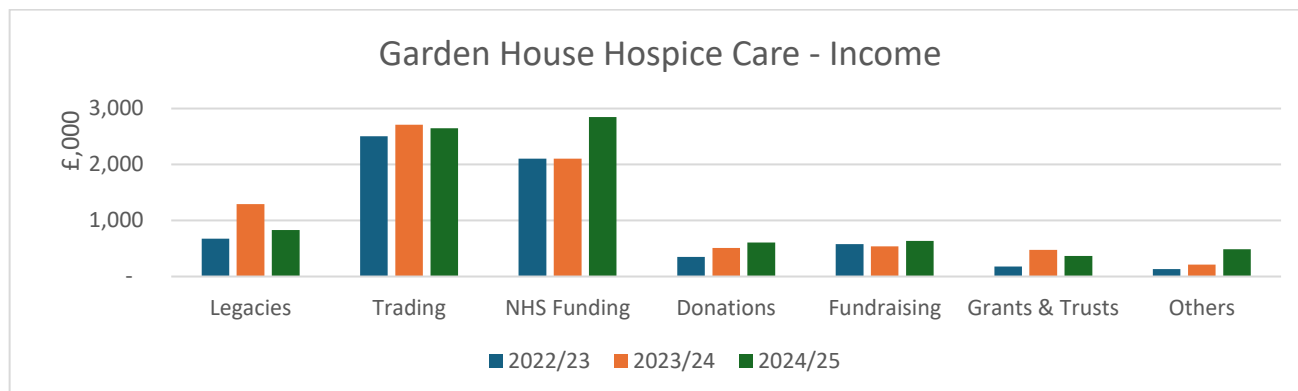
GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Financial Review

Income was received from the following sources:



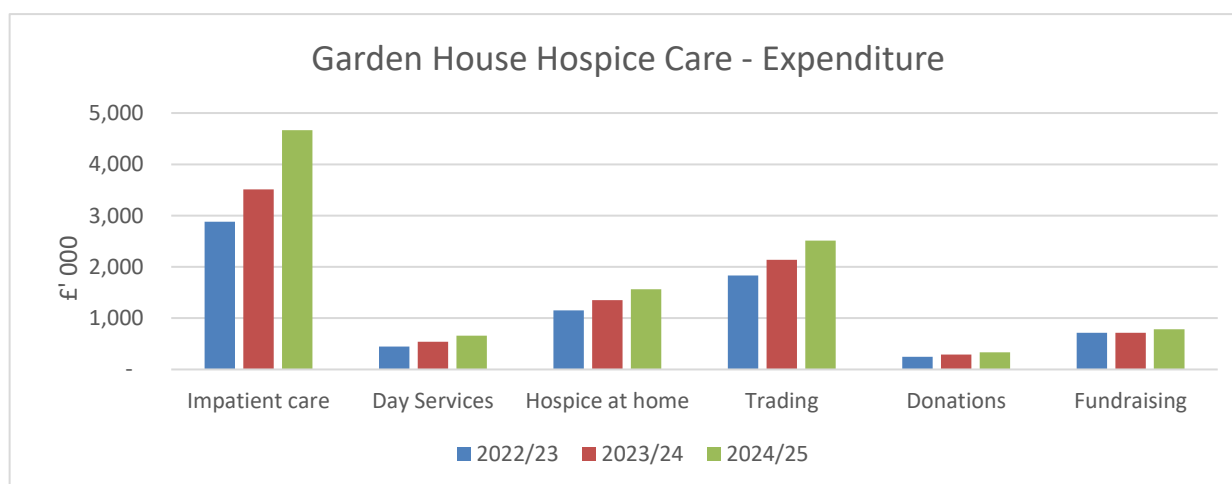
For the year ended 31 March 2025, total income increased by 7.4% to £8.41 million. Total Income from NHS funding experienced a significant increase of 35% amounting to £2.85 million.

Despite the continuing financial challenges faced by the public their generous support continued, through legacies, donations, and sales in the Trading company's shops, resulting in increased giving. NHS East & North Hertfordshire and NHS Bedfordshire, Luton & Milton Keynes collectively contributed 35% of the funding required by GHHC.

Legacy income experienced a significant decline of 35% ending the financial at £0.8 million compared to £1.3 million in 2023/24.

Expenditure shown analysed by activity comprises:

Total expenditure increased by 23% to £10.5m this year: charitable activities saw a significant increase of 27%. (see note under reserves). Additionally, spending on income generation increased by 10%.



GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

The net result for the year was a deficit of £2M, however, mitigating actions were taken during the year, including the utilisation of £1.8M from reserves to support operating expenditure which has decreased the reserves by this amount. GHHC continues to need the help of our supporters to provide services in the medium to long-term otherwise the charity will have insufficient income to cover its ongoing costs.

GHHC does not have medium or long-term pension liabilities arising from obligations to a defined benefit pension scheme.

Reserves Policy

All charities are required to consider their level of reserves to ensure sustainability. Garden House Hospice Care provides a range of critical health services upon which our local community depends. These services are funded by fluctuating income streams; the existence of reserves ensures that services can be delivered continuously in the event of a short-term reduction in income.

During the financial year, the charity Trustees adjusted its reserves policy as they felt that the actual level of free reserves as at 31 March 2025 was at the target level. The Risk Management Reserves have been reduced from £670,303 to £166,581. With further reduction of the Strategic Development and Asset Management Reserves from £2,944,166 to £1,131,270. This reduction is in furtherance of the charity's objects. GHHC's reserves policy requires that free reserves should not be less than 3 months' operating costs, excluding costs relating to retail activities. Where the reserves fall below the 3 months' target, this will be built up to the three months' target level. The free reserves comprise of the aggregate of the Operating, Legacy Equalisation / Risk Management, Asset Management, Designated Fixed Asset and Strategic Development Reserves, as this assures the charity of considerable financial stability.

The Charity Commission does not make a specific recommendation on the level of reserves to be held by an individual charity but require, as minimum good practice, that Trustees:

- Keep the Reserves Policy under review.
- Monitor the level of reserves held throughout the year.
- Consider any action that may be needed to replenish or spend reserves.
- Implement a process of ongoing review of the reserves level, target, and policy.

In line with recommendations from the Charity Commission, the Board of Trustees have agreed that the Hospice should provide reliable and consistent services to its beneficiaries beyond the immediate future. The Hospice needs to be able to meet unexpected expenses, absorb setbacks and take advantage of change and opportunities for development when they arise. Taking all these factors into consideration, the Trustees approved a new Reserves Policy at its Board meeting on 26 July 2024 as details below.

Operating reserves

The key risk Garden House Hospice Care faces is the challenge of financial sustainability because of a temporary or longer-term fall in its resources, granted or earned income. Approximately 66% of the charity's income comes from public funding, Fundraising, Trusts and Grants, Lottery, Trading Profits, with a heavy dependence upon general donations and legacy income, which can be unpredictable within a defined period. The Trustees consider it prudent and desirable to ensure that the risks and challenges to income in the short and medium term can be met without significant disruption to services. The Trustees consider that an operating reserve of 3 months of full running costs is appropriate to mitigate this risk, with an aim to keep the reserve at the top end of this range.

Legacy Equalisation / Risk Management Reserve

This reserve will be to smooth out any year-on-year fluctuations against perceived risks to fundraising and legacy income. Legacies are an important income stream for the hospice, generally comprising around 10% to 25% of total income, but volatile. The charity therefore needs to include legacy income in its cost budgeting, so this reserve is an added contingency to avoid any disruption to day-to-day activity in the event of low legacy receipts in a given year. Funds would be taken from the reserve to make good any shortfall in legacies against the annual budget, unless compensated for by other income streams.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Asset Management Reserve

An asset management survey has been planned, which would identify potential upgrading and repair work which will be required going forward to the hospice and Ernest Gardiner buildings and plant. The Trustees have agreed therefore to set aside a minimum of 5% of surplus funds in any given year for future work.

Strategic Development Reserve

The Trustees recognise their responsibility to ensure that monies given to the charity are used to further the charity's objects and meet the needs of its beneficiaries. Any funds surplus to those required for the other designated reserve funds are held in a strategic development reserve. The strategic development reserve is earmarked to contribute to the funding of the charity's strategic aims, whether for revenue or capital expenditure. Some of this reserve was drawn on last year to support the exceptional item of expenditure. Part of the strategic development reserve is held in investment with Evelyn Partners yielding an income.

Restricted Reserve

Some funds are given to the charity to use for specific purposes and where this is the case they are held on trust in a restricted reserve and drawn on as the funds are required for the purposes for which they were given. Where a capital asset is bought with the funds, the reserve is drawn down in line with the depreciation of the asset rather than in totality at the time of purchase.

Designated Fixed Asset Reserve

This represents the net book value of the hospice's amount of the total reserves that are tied up in tangible fixed assets that cannot be realised easily, mainly the hospice buildings, plant and equipment, and Furniture and Fittings. It has been setup to assist in identifying funds which are not free funds, as Garden House Hospice Care are not able to draw down on this reserve, which represents the value of its fixed assets as shown on the balance sheet.

As of 31 March 2025, the charity had a total reserve of £8.26m (2023-2024: £10.31m), represented as follows:

Funds	2025 £	2024 £	Description
Designated Reserves	6,645,257	6,442,176	The designated fixed asset fund represents the net book value of Garden House Hospice Care. <i>These are tangible fixed assets which are not free funds.</i>

Reserves excluding fixed asset funds in both years £6,645,256 (24/25) & £6,442,176 (23/24)

Restricted Reserves	320,749	257,302	These are restricted for specific projects.
Strategic Development and Asset Management Reserves	1,131,270	2,944,166	This covers our planned and preventative maintenance programme. <i>This is held in stocks and shares with Evelyn Partners.</i>
Risk Management Reserves	166,581	670,301	General purposes - this is against perceived risks to income.
Total	8,263,857	10,313,945	

For the financial year ended 31 March 2025. The Board of Trustees approved the use of £1.5M of reserves to support the 2024/25 deficit budget to enable the organisation to continue to provide the much-needed services to the community. However, a total reserve of £1.81M was spent, resulting in an overspend of £300k to ensure the non-commissioned services were provided to the communities we serve.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Investment policy

GHHC invests the funds held in its free and restricted reserves accounts to gain a financial return. GHHC appointed an investment manager, Evelyn Partners with the aim of generating an absolute return above the consumer price index.

The investment policy differentiates between:

- short term reserves, to be held in bank accounts, to provide financial security against fluctuating income streams and expenditure patterns; and
- medium and long-term reserves to be held in a portfolio based on a strategic asset allocation. Investments will be substantially held in index tracker funds.

The allocation of assets for investment is determined in relation to the Hospice's cash flow projections.

During the year, the charity made gain on its investments of £70,106 (2024: gain of £78,948).

Principal Risks and Uncertainties

GHHC has a formal risk management process through which the Senior Leadership Team identifies the major risks to which the organisation may be exposed and has ranked these by likelihood and impact, culminating in risk control documents which are updated on a regular basis.

All significant risks, together with current mitigation actions, are reviewed regularly throughout the year by the Board of Trustees and committees of the Board. The Trustees are satisfied that systems have been developed and are in place to mitigate identified risks to an acceptable level.

All staff and volunteers are required to train to ensure that they are familiar with the operating systems of the Hospice and the risks of the activities in which they are involved.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

The principal risks and uncertainties identified by the charity are as follows:

Risk identified	Action taken to mitigate the risk.
A significant fall in voluntary income	Income is monitored closely. Comprehensive management accounts and updated cash flow are presented to the People, Finance & Performance Committee four times a year and then to each meeting of the Board of Trustees (at least 4 meetings per calendar year) with monthly and year-to-date figures. Similar considerations apply in the case of the Trading Company where management accounts and updated cash flow are offered to each meeting of the Board of the Trading Company (also at least 4 meetings per year). The progress of key fundraising events is reported by the Director of Income Generation to Trustees on a regular basis. Close control of expenditure in both GHHC and the Trading Company is the other side of the equation. The importance of an adequate level of reserves is crucial, and the reserves policy is noted elsewhere.
Unsafe or poor clinical practice	There are policies in place to ensure the recording and investigation of incidents in clinical areas. All clinical incidents are reviewed at the Health & Safety Meeting with monthly reporting and review of quality metrics at the Clinical Team Leaders meeting. Incidents which require a change of practice are presented at the Hospice Clinical Governance Committee. This is supplemented by having an education and learning programme in place.
Adequate clinical staff to ensure safe clinical practice	Close monitoring of patient dependency and staff skills mix, and regular review of the Hospice case load are in place. There is flexibility with bank staff who cover during periods of holiday or sickness.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Governing Document

Garden House Hospice Care is a company limited by guarantee incorporated on 25th July 1986 (Company Number 02040989, Registered Office Gillison Close, Letchworth Garden City, Herts SG6 1QU) and registered as a charity on 23rd September 1986 (Charity Number 295257). Its Memorandum and Articles of Association govern GHHC. In the event of GHHC being wound up, the members are required to contribute an amount of £1 each.

The Trustees comply with the objects of, and work within the scope of the powers set out in, the Memorandum of Association. The Trustees follow the seven principles of good governance as set out in the 2017 Good Governance Code for larger charities.

Public Benefit

The Trustees have paid due regard to the Charity Commission's Public Benefit Guidance and complied with section 17 of the Charities Act 2011 in exercising their powers and duties.

They note that were it not for GHHC and its work, adult hospice care would not be available in Stevenage and North Hertfordshire.

At the time GHHC was established in 1986, its two founding principles were that all treatment and care would be offered to the public without discrimination – that is without regard for age, race, colour, religion, gender, sexual orientation, or financial means of the patient – and that all treatment and care would be supplied free of charge.

The Trustees are proud to confirm that GHHC has not deviated from those principles.

Recruitment and Appointment of Trustees

Trustees are recruited by a professional interview process. The Board considers candidates for appointment as Trustees after being duly proposed usually by existing Trustees, associated professionals, or staff; or following advertisement. Trustees must be members of GHHC. The Trustees seek to ensure that all proposed Trustees enhance the existing committed and diverse body of Trustees, come from a variety of backgrounds with experience relevant to the work and management of GHHC, and can provide the necessary commitment before being elected.

Trustees' Induction and Training

All potential Trustees undergo a period of induction during which they are shown all aspects of GHHC's work, attend relevant meetings and identify with their area of particular interest or expertise.

Trustees must prove their eligibility for trusteeship (Fit and Proper Person Test), sign a formal declaration to that effect, and have a Disclosure and Barring Service check.

All existing and potential Trustees are expected to familiarise themselves with the Charity Commission Guidance CC3 "The Essential Trustee" and Companies House's document "Life of a Company part 1; Annual requirements". They have access to national training opportunities specifically for Trustees. Links with

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Trustees from other hospices are fostered and opportunities for training within the wider hospice movement can be accessed as appropriate. All Trustees have easy access to all policy and report documents relating to the GHHC's activities. Personal copies of key documents such as the Memorandum and Articles of Association are provided.

Organisational Structure

The Trustees meet for Board meetings at least four times throughout the year. There are also a similar number of meetings of two committees: People, Finance & Performance, Clinical Governance, Remuneration sub-committees and the Trading Board. The CEO and members of the Senior Leadership Team attend and provide reports for all meetings. Additional meetings are scheduled if/when necessary. Minutes of the previous meeting together with the agenda and relevant papers for the forthcoming meeting are circulated in advance. The Trustees individually represent the Board on several internal forums and are, increasingly linked to specific areas of the Hospice's work. Two of the Trustees are also Directors of the Trading Company, Garden House Hospice Trading Limited.

A programme of announced visits by two Trustees to a particular area of GHHC's work results in improved communication between the Board of Trustees and volunteers and staff. Each visit gives rise to an action plan which is discussed and monitored by the Board.

The Trustees establish the strategic plan and approve relevant policies. A scheme of delegation is in place whereby senior managers are responsible for the overall day-to-day management of the organisation and for ensuring that policies are adhered to, and plans brought to fruition.

The Chief Executive is Lisa Hunt. The Senior Leadership Team members at 31 March 2025 were:

Medical Director:	Dr Sarah Bell
Director of Patient Services:	Elizabeth Kennedy
Director of Income Generation:	Carla Pilsworth
Director of Finance & Resources:	Edith Yembra
Director of People & Culture:	Derek Turnbull
Director of Operations:	Steven Collins

The members of the Senior Leadership Team attend the Trustees' meetings but do not have voting rights. From time-to-time other members of staff, independent advisers, or experts in various fields are invited to attend meetings for specific purposes to support or facilitate the Trustees' decisions.

The Senior Leadership team support 225 staff and up to 1,438 volunteers whose contribution is crucial to the success of the charitable work and fundraising. Donated services, in the form of voluntary help, are not reflected in the Statement of Financial Activities.

Volunteers support the work of GHHC by providing assistance as receptionists, serving light refreshments to patients and visitors, flower arranging, undertaking administrative tasks, working as Compassionate Neighbours, working within the Day Services and In-patient Unit, gardening, and providing transport for patients and fundraising. Volunteers also make a considerable contribution towards the work of the Trading Company as shop assistants and helping with the sorting and delivering of donations from the Distribution Centre.

GHHC is an equal opportunities employer.

GHHC is a member of Hospice UK which is an umbrella organisation. However, it does not impact on the operating policies of GHHC.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Pay Policy for senior staff

The Trustees consider that the Board of Trustees and the Senior Leadership Team comprise the key management personnel of the charity in charge of directing and controlling, running, and operating the Charity on a day-to-day basis. All Trustees give of their time freely and no Trustee received remuneration in the year.

Details of Trustees' expenses and related transactions and Senior Leadership Team salaries are disclosed in note 6 to the accounts. The pay of the Chief Executive and members of the Senior Leadership Team and all staff are reviewed annually and normally increased in accordance with average earnings to reflect a cost-of-living adjustment. In view of the nature of the charity, the Trustees benchmark remuneration against pay levels in other charities and non-profit organisations. The remuneration benchmark is the mid-point of the range paid for similar roles in similar charities of similar size.

Trustees

The Trustees who served during the year were:

Mr Stephen Mellish^{1,2,3} (Chairman)
Dr Simon Chatfield¹
Mr Richard Dearden^{2,3} (Chairman) (Appointed 23.10.2025)
Mrs Melanie Flynn² (Resigned 04.11.2024)
Professor Shahid Khan¹ (Resigned 19.04.2024)
Mrs Gemma Manning³ (Resigned 25.02.2025)
Mrs Rhona Seviour² (Retires 23.10.2025)
Mrs Jennie Mattin¹
Dr Pauline Williams^{1,3}
Mr Christopher Dare² (Resigned 23.07.2025)
Mrs Joanna McFarlane²
Ms Inderjit Sunner¹ (Appointed 21.08.2024)
Mr Charles Medley² (Appointed 11.02.2025)
Mr Jamie Sinclair² (Appointed 11.02.2025)
Mrs Tamsyn Gillan^{1,2} (Appointed 28.10.2025)

Committees

1. Clinical Governance.
2. People, Finance & Performance.
3. Remuneration.

In accordance with Article 39 of the Hospice Articles of Association there are two Trustees retiring by rotation at the Annual General Meeting:

Trustees' Interest in the Shares of the Hospice

GHHC is a company limited by guarantee and not having a share capital, therefore the Trustees have no financial interest other than the extent of the limited guarantee as denoted in the Memorandum of Association of the Hospice.

Trustees' Responsibilities

The Trustees (who are also the directors of GHHC for the purposes of company law) are responsible for preparing the Trustees' Annual Report and Accounts in accordance with applicable law and regulations.

Company law requires the Trustees to prepare accounts for each financial year. Under that law the Trustees have elected to prepare the accounts in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law).

Under company law, the Trustees must not approve the accounts unless satisfied that they give a true and fair view of the state of affairs of the charity and of the group and the incoming resources and application of resources, including the net income or expenditure of the group for the year.

In preparing those accounts, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP.
- Make judgments and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts.
- Prepare the accounts on a going concern basis unless it is inappropriate to presume that the charity will continue in operation.

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

In so far as the Trustees are aware:

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

Looking forward 2025/2026 Our new strategy

Every person matters. 2025-2035 STRATEGY

Our vision is simple

Our mission is clear
Embracing, empowering and enriching lives every day. Rebalancing and refocusing our services to enhance quality of life based on the needs of our communities.

Our values
Inclusiveness
Integrity
Innovation

Our reach

- We will develop an outcomes-based population health model for all people in their end phase of life, designing services to address local need.
- We will develop agile partnerships models addressing inequality in access for everyone including Family, Mental Health and Dementia.
- We will focus our practice care to ensure better outcomes.
- We will collaborate with health and social care partners for seamless, person-centred integrated care.
- We will grow our services to address the current need by doubling our provision over the next 10 years.

Our people

- We will focus on recruitment, retention and talent management at an individual and team level, working in partnership to secure our future workforce.
- We will invest in our health and wellbeing offering to ensure our colleagues are healthy, happy and that our workplace is safe.
- We will create an organisational culture that is welcoming, inclusive and celebrates diversity and provides a sense of belonging and trust.
- We will create agile workforce models, digital enablement and innovative roles that embrace new ways of working.
- We will work closely with system partners and education providers to optimise funding and training that enables workforce transformation.

Our foundations

- We will be commercially disciplined and enterprising.
- We will build a 70/30 diverse funding model.
- We will cultivate collaborations where we can access additional funding opportunities and expand our financial resources.
- We will extend our pipeline of commercial opportunities to include new businesses, acquisitions, franchises, partnerships and public sector contracts that fit with our vision, mission and values.
- We will ensure our digital infrastructure is designed to meet our ongoing needs and requirements, the will include the development of a digital transformation strategy to include use of AI.
- We will grow our fundraising, legacy and retail income through new and creative approaches.

Our impact

- We will remove the "hospice" title from our name to help improve access by reducing the stigma and misconceptions associated with it.
- We will invest in research as a powerful tool for influencing change, providing evidence-based insights and data, driving improvements and innovations that enhance patient care and support.
- We will influence policy using research findings to advocate changes that support better palliative care services.
- We will become an innovation hub and learning academy providing education and training to reform healthcare professionals about the latest, best practices and advancements in palliative care.
- We will share knowledge: Organise conferences, workshops and seminars to share best practices.
- We will co-author papers and articles to publish in reputable journals, ensuring our research reaches a wide audience.
- We will build collaborative networks: Partner with other organisations and institutions to amplify our message and reach a broader audience.

Our partners

- We will work in collaboration with our strategic partners and develop collaborative care models where our strategic goals align.
- We will form partnerships with corporate partners, trusts, foundations and other organisations that share our vision, mission and values to support our growth.
- We will co-produce our future models with those who use our services.
- We will work as an equal partner within the health and social care landscape with equal responsibility to deliver seamless, cost-effective, excellent care.

Our planet

- We will responsibly reduce our environmental impact.
- We will ensure sustainable standards are in place for our estates.
- We will raise awareness, train and empower our staff to drive the change that is needed.

Garden House Hospice Care

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Our priorities

In 2025/2026 we will continue to build on our quality improvement journey which will focus on the three healthcare Pillars of Quality:

- Patient safety
- Clinical effectiveness
- Patient experience.

We will use these Pillars of Quality to lead our priorities:

Priority 1: Patient safety

We will continue to grow and develop our safety culture through our ongoing development of an effective Governance team and process reviews.

We will embed our risk identification and management systems to ensure we are both proactive and responsive to support the safe delivery of care across the organisation.

We will underpin our patient safety through our new clinical audit programme, recognising the needs to flex and add to this as needs may arise.

Priority 2: Clinical effectiveness

We will ensure our new integrated governance framework and reporting structure is implemented. Through review of our current patient acuity/safe staffing tool, we will develop and implement a tool for our community teams.

We will look to improve our clinical effectiveness through a review of our communication methods, handovers, MDTs, meetings and documentation to ensure we are accurately reporting, maximizing and releasing time to effectively to support our patients' outcomes.

Priority 3: Patient experience

Building on information from our effective communications, we will work to review and identify any improvements in our communications with our patients and communities.

This will include a review of patient and carer satisfaction feedback methods and development of agreed systems to receive patient and carer feedback and monitor patient information provision

We will involve service users through the setting up of a new patient carer user forum. Through this identified group we will be able to share and receive feedback on service reviews and developments - for example, to review our current patient, carer and public information.

We will ensure our new complaints policy and procedure is embedded across the organisation and use feedback to gain learning to develop when identified.

Mandatory statements of assurance

The following are statements that all providers must include in their Quality Accounts. Many of these statements are not directly applicable to specialist palliative care providers. An explanation of these statements and why they do not apply to Garden House Hospice Care has been included, where appropriate.

Review of services

During 2024/2025, Garden House Hospice Care received some NHS funding for its services. The income received from the NHS in 2024/2025 represents 35% of the overall running costs of Garden House Hospice Care. The remainder of running costs are funded through voluntary income generation, donations, legacies, lottery activity, investment income and shop trading.

Participation in clinical audit

As a provider of specialist palliative care, Garden House Hospice Care was not eligible to participate in any national clinical audits or national confidential enquiries.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Local clinical audits

Garden House Hospice Care has an annual programme of clinical audits. A summary of audit results and action plans are reported to the Board of Trustees via the Clinical Governance Committee, a sub-committee of the Board of Trustees.

We have reviewed our clinical audit plan for 2025 /2026 in line with our annual plan.

National audit

FAMCARE

FAMCARE is a service evaluation of bereaved relatives' satisfaction with palliative care services, carried out by the Association of Palliative Medicine of Great Britain and Ireland (APM).

Garden House Hospice Care took part in the national FAMCARE audit for the first time in 2018 for both the Inpatient Unit (IPU) and Hospice at Home (H@H)/ Continuing Health Care (CHC) Services. GHHC took part again in 2024. Nationally, specialist palliative care team participation in 2024 was as follows:

Location	No. of Teams Participating	No. of Questionnaires Returned
Hospice Inpatient Units	22	380
Home Care Teams	21	637
Hospital Support Teams	0	0

The service evaluation questionnaire was sent to the next of kin of patients who died between 1st June and 30th August 2024, with a prepaid envelope for completed forms to be returned directly to the APM.

Garden House Hospice Care sent out 42 questionnaires; 7 IPU surveys and 7 H@H/CHC surveys were returned. There was a 33% return rate.

The APM collated the results and provided each participating specialist palliative care team with graphs comparing their results with the national results for equivalent services.

The national FAMCARE 2024 report states that responses to the surveys have been decreasing year on year, as have the number of participating centres. The APM are going to be looking into alternative ways that relatives can participate, such as providing an option to take the survey online.

As part of our annual plan 2025/2026, we will be reviewing our internal feedback processes to include and promote user involvement in both our reviews of care and our service development through the development of a service user forum.

In approving this Trustees' Report, the Trustees are also approving the Strategic Report of the company, in their capacity as company directors.

Approved by the Trustees on 21st January 2026 and signed on their behalf by:



Mr Stephen Mellish
Chairman of Trustees

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

Opinion

We have audited the financial statements of Garden House Hospice Care for the year ended 31 March 2025 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Charity Balance Sheets, the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including 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 2025 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 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 Chairman's Report and in the Trustees' 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.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

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 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company; 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 pages 27 and 28, 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 groups 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 health and social care and charity and company law applicable in England and Wales, 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 as the Companies Act 2006 and the Charities Act 2011 and consider other factors such as sales tax and payroll tax.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

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 the improper recognition of revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- 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;
- Reviewing the cut-off of income recognised to consider whether income had been recognised in the correct accounting period; 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.



Lee Stokes (Senior Statutory Auditor)
For and on behalf of HaysMac LLP
Statutory Auditors

10 Queen Street Place
London
EC4R 1AG

Date: 26 January

2026

GARDEN HOUSE HOSPICE CARE

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (Incorporating an income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2025

	Note	Unrestricted Funds £	Restricted Funds £	Total 2025 £	Total 2024 £
Income from:					
Donations and legacies					
Donations, legacies, and grants	2	1,535,211	273,364	1,808,575	2,274,327
Charitable activities					
NHS funding	3	2,845,818	-	2,845,818	2,103,416
Other trading activities					
Shop income and fundraising	7	2,640,948	-	2,640,948	2,708,958
Fundraising events		633,455	-	633,455	539,944
Investments	4	252,224	-	252,224	76,996
Other income		231,408	-	231,408	137,915
Total income		8,139,064	273,364	8,412,428	7,841,556
Expenditure on:					
Raising funds					
Trading activities	5	2,511,061	-	2,511,061	2,137,669
Donations and grants	5	344,126	-	344,126	288,286
Fundraising	5	784,862	-	784,862	712,120
Charitable activities	5	6,682,657	209,916	6,892,573	5,407,086
Total expenditure		10,322,706	209,916	10,532,622	8,545,161
Net operating surplus/(loss)		(2,183,642)	63,448	(2,120,194)	(703,605)
Net gains / (losses) on investments	10	70,106	-	70,106	78,948
Net (expenditure) / income		(2,113,536)	63,448	(2,050,088)	(624,657)
Net movement in funds		(2,113,536)	63,448	(2,050,088)	(624,657)
Total funds brought forward		10,056,644	257,301	10,313,945	10,938,602
Total funds carried forward	20	7,943,108	320,749	8,263,857	10,313,945

The notes on pages 37 to 53 form part of these financial statements.

The Statement of Financial Activities includes all gains and losses in the year. All income and expenditure derive from continuing activities.

Full comparative figures for the year ended 31 March 2024 are shown in note 23.

CHARITY AND CONSOLIDATED BALANCE SHEETS

AS AT 31 MARCH 2025

		Group		Charity	
	Note	2025 £	2024 £	2025 £	2024 £
FIXED ASSETS					
Tangible assets	9	6,645,257	6,442,176	6,181,793	6,117,578
Investments	10	1,131,270	2,944,066	1,131,370	2,944,166
		<u>7,776,527</u>	<u>9,386,242</u>	<u>7,313,163</u>	<u>9,061,744</u>
CURRENT ASSETS					
Stock	11	1,505	2,678	-	-
Debtors	12	1,413,052	1,252,875	1,483,591	1,513,805
Cash at bank and in hand		556,551	1,062,862	212,889	769,704
		<u>1,971,108</u>	<u>2,318,415</u>	<u>1,696,480</u>	<u>2,283,509</u>
CREDITORS: amounts falling due within one year	13	(1,483,778)	(1,390,712)	(745,786)	(1,031,308)
NET CURRENT ASSETS		<u>487,330</u>	<u>927,703</u>	<u>950,694</u>	<u>1,252,201</u>
NET ASSETS	22	<u>8,263,857</u>	<u>10,313,945</u>	<u>8,263,857</u>	<u>10,313,945</u>
FUNDS OF THE CHARITY					
Unrestricted funds					
General		1,297,852	3,614,468	1,761,315	3,939,066
Designated		6,645,256	6,442,176	6,181,793	6,117,578
		<u>7,943,108</u>	<u>10,056,644</u>	<u>7,943,108</u>	<u>10,056,644</u>
Restricted funds		320,749	257,301	320,749	257,301
	20	<u>8,263,857</u>	<u>10,313,945</u>	<u>8,263,857</u>	<u>10,313,945</u>

The unconsolidated deficit of GHHC was £2,050,088 (2024: deficit £624,657).

The financial statements were approved and authorised for issue by the Board of Trustees on 21st January 2026 and were signed below on its behalf by:



Mr. Stephen Mellish
Chairman of Trustees

The notes on pages 37 to 53 form part of these financial statements.

CONSOLIDATED STATEMENT OF CASH FLOWS

	Note	2025 £	2024 £
CASH PROVIDED BY / (USED IN) OPERATING ACTIVITIES	17	(2,250,774)	(318,335)
CASH FLOWS FROM INVESTING ACTIVITIES:			
Dividends, interest, and rents from investments		252,224	21,456
Investment Additions		(270,635)	(625,928)
Investment Disposals		1,879,272	216,446
Movement in investment cash		274,265	295,498
Purchase of property, plant, and equipment		(390,664)	(308,023)
CASH PROVIDED BY / (USED IN) INVESTING ACTIVITIES		1,744,462	(400,551)
(DECREASE) / INCREASE IN CASH AND CASH EQUIVALENTS		(506,311)	(718,886)
Cash and cash equivalents at the beginning of the year		1,062,862	1,781,748
Cash and cash equivalents at the end of the year	18	556,551	1,062,862

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:

Basis of preparation

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

Garden House Hospice Care 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).

Preparation of accounts on a going concern basis

The trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern. The funding uncertainty may have an impact on future revenue and costs but continual review of our financial position, reserves levels and future plans give Trustees confidence the charity remains a going concern for the foreseeable future (being a period of at least twelve months from the date of approving these financial statements).

Critical accounting judgements and estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the charities accounting policies and the reported assets, liabilities, income and expenditure and the disclosures made in the financial statements. 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. Specific judgements taken are included elsewhere within this note, including those over the depreciation rates utilised and the non-depreciation of the Garden House Hospice premises.

Group financial statements

The financial statements consolidate the results of the charity and its wholly owned subsidiary Garden House Hospice Trading on a line-by-line basis. 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.

Income recognition

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

Donations and legacies

Receipt of a legacy must be recognised when it is probable that it will be received. Receipt is normally probable when: There has been grant of probate, the executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy, and any conditions attached to the legacy are either within the control of the charity or have been met.

Grants

Clinical commission groups' grants are credited to the Statement of Financial Activities in the year in which they are receivable. Grants related to specific deliverables are included once the performance has been considered completed. Where income is received in advance of performance its recognition is deferred and included in creditors. Where entitlement occurs before income is received the income is accrued.

Shop income, fund-raising sales and lottery income

Income from the commercial activities of operating shops (mainly selling donated goods), fund-raising sales and lottery are included in the year in which the group is entitled to receipt.

Investment income and rental income

Income from investments and from rental is included in the Statement of Financial Activities in the year in which it is receivable.

Fundraising

Income from fundraising events is included in the year during which the event took place.

Expenditure recognition

Expenditure, including any irrecoverable VAT, is included in the financial statements on an accruals basis and is recognised when there is a legal or constructive obligation to make payment to a third party.

Expenditure is allocated to the particular activity where the cost relates directly to that activity. Other costs are apportioned to areas of activity based on the staff time or usage attributable to each area.

Fixed assets

Fixed assets are stated at cost less accumulated depreciation and impairment losses. Depreciation is calculated to write off costs on a straight-line basis as follows:

Furniture and fittings	- Over five or ten years
Office equipment	- Over five years
Motor vehicle	- Over five years

The buildings are maintained as a matter of policy, by a programme of repair such that the residual values of the buildings taken as a whole are at least equal to the book value. This policy is regularly reviewed by the trustees who are satisfied it remains appropriate given the rebuild costs which would be required and taking into account the service potential of the building (i.e., it continues to be used for charitable activities and therefore brings significant benefit). Having regard to this it is the opinion of the Trustees that depreciation of any such property as required by the Companies Act 2006 and the accounting standards would be immaterial to the financial statements especially as there is a very long lease in place. Any permanent diminution in value of such buildings would be charged to the Statement of Financial Activities as appropriate.

Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments, including trade and other debtors and creditors are initially recognised at transaction value and subsequently measured at their settlement value.

Investments

Investment in subsidiary

The investment in the subsidiary is stated at cost, less any provision for any permanent diminution in value.

Other investments

Investments are shown in the financial statements at market value, taken to be the bid price ruling at the balance sheet date. Gains and losses arising on disposals of investments are recognised in the Statement of Financial Activities. Unrealised gains and losses, upon restating investments to market values at the balance sheet date, are recognised in the Statement of Financial Activities.

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.

Stock

Stock is stated at the lower of cost and net realisable value. Items donated for resale are included in the financial statements when they are sold. The Trustees consider that the time and cost involved in valuing the donated goods at the time of donation and including them as stock at the year end, outweigh the benefit to the user of the accounts.

Pensions

The Charity operates and contributes to the following pension schemes:

- National Health Service Superannuation Pension Scheme (a multi-employer defined benefit scheme accounted for as a defined contribution scheme); and
- A Group Personal Pension Plan scheme managed by Standard Life (a defined contribution scheme)

Employees entitled to join the National Health Service Superannuation Pension Scheme are required to contribute a percentage of salary according to the scheme's rules. Employees who join the Standard Life Pension Scheme are required to contribute a minimum of 3% of salary.

Other 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.

Leasing commitments

Rentals paid under operating leases are charged to income on a straight-line basis over the lease term.

Gifts in Kind

The Hospice receives donated services in the form of voluntary help. In line with section 6 of the Charities SORP (FRS 102) this is not reflected in the Statement of Financial Activities as the financial value of the contribution of volunteers is not quantifiable.

Fund accounting

Funds held by the Charity are:

Unrestricted general funds

These are funds which can be used in accordance with the charitable objects at the discretion of the Trustees.

Designated funds-

These are funds set aside by the Trustees out of unrestricted general funds for specific future purposes or projects together with funds transferred from restricted funds when no restrictions are considered to remain.

Restricted funds

These are funds that can only be used for particular restricted purposes within the objects of GHHC. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanations of the nature and purpose of each fund is included in Note 19.

GARDEN HOUSE HOSPICE CARE**NOTES TO THE FINANCIAL STATEMENTS****FOR THE YEAR ENDED 31 MARCH 2025**

2. DONATIONS AND LEGACIES

	2025	2024
	£	£
Donations	610,001	508,426
Legacies	832,909	1,291,508
Charitable foundations	365,665	474,393
	1,808,575	2,274,327

3. INCOME FROM CHARITABLE ACTIVITIES

	2025	2024
	£	£
NHS East and North Hertfordshire	2,782,889	2,016,889
NHS Beds, Luton & Milton Keynes	62,929	86,527
	2,845,818	2,103,416

4. INVESTMENT INCOME

	2025	2024
	£	£
Bank interest received	29,470	21,456
Investment income	222,754	55,540
	252,224	76,996

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

5. TOTAL EXPENDITURE 2025

	Commercial activities	Donations & Grants	Fundraising	Hospice Charitable Activities			Total
				Inpatient Care	Day Services	Hospice at Home	
Costs directly allocated to activities:							
Staff costs	1,296,278	298,094	578,354	3,714,076	583,282	1,344,851	7,814,935
Cost of sales & services	203,883	6,331	114,496	403,718	28	718	729,174
Travel	18,918	-	1,465	12,929	404	38,434	72,150
Audit & accountancy	6,259	403	918	5,465	772	1,831	15,648
Support costs allocated to activities:							
Hire of land, buildings & equipment	447,698	2,170	4,949	29,443	4,161	9,865	498,286
Premises costs	189,604	26,605	60,680	361,005	51,014	120,955	809,863
Communication	25,479	3,166	7,220	42,956	6,070	14,392	99,283
Legal & professional fees	190,762	2,129	4,855	28,887	4,082	9,678	240,393
Audit & accountancy	6,259	403	918	5,465	772	1,831	15,648
Depreciation	102,948	3,724	8,493	50,529	7,140	16,930	189,764
Bank charges	22,971	304	693	2,760	764	1,381	28,873
Other	2	797	1,821	10,828	1,530	3,627	18,605
	2,511,061	344,126	784,862	4,668,061	660,019	1,564,493	10,532,622

TOTAL EXPENDITURE 2024

Costs directly allocated to activities:							
Staff costs	1,149,229	242,476	513,470	2,831,606	473,512	1,144,809	6,355,102
Cost of sales & services	184,952	9,018	106,573	224,857	85	333	525,818
Travel	17,506	-	1,195	6,342	396	35,688	61,126
Audit & accountancy	4,002	376	928	4,577	708	1,764	12,355
Support costs allocated to activities:							
Hire of land, buildings & equipment	400,210	2,874	7,100	35,002	5,417	13,495	464,098
Premises costs	201,697	22,465	55,494	273,593	42,341	105,481	701,071
Communication	17,980	2,972	7,342	36,197	5,602	13,955	84,048
Legal & professional fees	50,782	5,445	13,451	66,317	10,263	25,568	171,826
Audit & accountancy	4,002	376	928	4,577	708	1,764	12,355
Depreciation	82,012	3,034	7,493	36,944	5,717	14,243	149,443
Bank charges	25,297	279	688	3,393	525	1,308	31,490
Other	-	(1,029)	(2,542)	(13,199)	(1,940)	(4,862)	(23,572)
	2,137,669	288,286	712,120	3,510,206	543,334	1,353,546	8,545,161

Support costs include governance costs of £31,296 (2024: £24,710).

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

5. TOTAL EXPENDITURE (continued)	2025 £	2024 £
Included in total expenditure:		
Depreciation – owned assets	187,582	147,251
Auditor's remuneration:		
Audit fees	18,750	16,250
Operating lease charges:		
Hire of equipment	50,514	62,150
Hire of land and buildings	447,698	400,210
	<u> </u>	<u> </u>

6. STAFF COSTS AND NUMBERS

	2025 £	2024 £
Salaries and wages	6,960,781	5,583,580
Social security costs	465,716	432,050
Pension costs	348,218	339,472
	<u> </u>	<u> </u>
	<u>7,774,715</u>	<u>6,355,102</u>

Included in the above are termination/ex-gratia payment of £12,076 (2024: £0).

	Number	Number
Charity and group:		
The average number of employees analysed by function:		
Income generation	14	14
Retail	58	64
Clinical	91	91
Administration and other activities	62	57
	<u> </u>	<u> </u>
	<u>225</u>	<u>226</u>
	<u> </u>	<u> </u>
The number of employees whose emoluments as defined for taxation purposes amounted to over £60,000 in the year were as follows:		
£60,001 - £70,000	-	1
£70,001 - £80,000	-	-
£80,001 - £90,000	-	3
£90,001 - £100,000	5	-
£100,001 - £110,000	-	1
£110,001 - £120,000	-	1
£120,001 - £130,000	1	-
£130,001 - £140,000	1	-
	<u> </u>	<u> </u>
	<u>7</u>	<u>6</u>
	<u> </u>	<u> </u>

The key management personnel of the group are the Executives listed on page 1. The total employee benefits of the key management personnel of the Group were £738,695 (2024: £566,563).

The Trustees provide their services voluntarily and are not included in the above analysis. During the year, one trustee received travel expenses of £0 (2024: £0). The directors of the subsidiary undertaking provide their services voluntarily and

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

are not included in the above analysis. The directors of the subsidiary undertaking had no expenses paid to them throughout the current or previous year.

7. SHOP INCOME, FUNDRAISING SALES, LOTTERY INCOME AND RELATED EXPENDITURE

	GHC	Charitable Trading	Total 2025	GHC	Charitable Trading	Total 2024
	£	£	£	£	£	£
Shops and fundraising sales						
Turnover from donated goods	-	2,376,859	2,454,043	-	2,438,839	2,438,839
Retail gift aid	-	55,406	55,406	-	50,259	50,259
Turnover from purchased goods	-	21,777	21,777	-	22,160	22,160
Shop and fundraising sales income	-	2,454,042	2,454,042	-	2,511,258	2,511,258
Cost of sales	-	203,883	203,883	-	184,952	184,952
Management and admin expenses	-	2,307,178	2,307,178	-	1,952,717	1,952,717
Shop expenditure	-	2,511,061	2,511,061	-	2,137,669	2,137,669
Lottery						
Income from lottery	186,906	-	186,906	197,700	-	197,700
Operating expenses						
Management and admin expenses	-	-	-	-	-	-
Lottery expenditure	-	-	-	-	-	-
Net income from shops and fundraising sales	-	167,830	167,830	-	273,071	273,071
Net income from lottery	186,906	-	186,906	197,700	-	197,700
Net income from trading	186,906	167,830	354,736	197,700	273,071	470,771

The charitable income from the sale of donated and purchased goods is through shops at various town locations throughout North Hertfordshire. The charitable income from the lottery was generated through a weekly lottery operated by Local Hospice Lottery Ltd.

8. RELATED PARTY TRANSACTIONS

Transactions between the parent charity and its subsidiary comprised:

- Interest charged by the charity on the loan agreement in place of £19,424 (2024: £8,628).
- Donations collected by the subsidiary on behalf of the charity were £8,645 (2024: £2,321).
- Salary and other costs recharged by the charity to the trading subsidiary of £1,266,407 (2024: £1,246,261)

Donations received from Trustees during the year were £2,923 (2024: £3,681).

As set out in note 6, no Trustee received remuneration.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

9. TANGIBLE FIXED ASSETS					
Group	Land & buildings Long Leasehold £	Furniture, Fixtures & Fittings £	Equipment £	Motor Vehicles £	Total £
Cost					
At 1 April 2024	5,908,436	817,608	350,093	39,000	7,115,137
Additions	-	250,140	102,506	38,018	390,664
Disposals	-	(397,818)	(60,771)	(7,000)	(465,589)
At 31 March 2025	5,908,436	669,930	391,828	70,018	7,040,212
Depreciation					
At 1 April 2024	-	493,128	150,309	29,525	672,962
Charge for year	-	108,779	69,546	9,257	187,582
Disposals	-	(397,818)	(60,771)	(7,000)	(465,589)
At 31 March 2025	-	204,089	159,084	31,782	394,955
NBV					
At 31 March 2025	5,908,436	465,841	232,744	38,236	6,645,257
At 31 March 2024	5,908,436	324,480	199,784	9,475	6,442,176
Charity					
Cost					
At 31 March 2024	5,908,437	337,191	232,660	-	6,478,288
Additions	-	68,966	81,937	-	150,903
Disposals	-	(236,564)	(30,954)	-	(267,518)
At 31 March 2025	5,908,437	169,593	283,643	-	6,361,673
Depreciation					
At 31 March 2024	-	258,925	101,785	-	360,710
Charge for year	-	35,764	50,924	-	86,688
Disposals	-	(236,564)	(30,954)	-	(267,518)
At 31 March 2025	-	58,125	121,755	-	179,880
Net Book Value					
At 31 March 2025	5,908,437	111,468	161,888	-	6,181,793
At 31 March 2024	5,908,437	78,267	130,875	-	6,117,578

The long leasehold buildings represent the capitalised costs of converting the Letchworth Hospital into the Garden House Hospice Care, together with extensions and improvements carried out in later years.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

10. FIXED ASSET INVESTMENTS	Group		Charity	
	2025 £	2024 £	2025 £	2024 £
Investment in subsidiary undertaking	-	-	100	100
Equities and pooled funds	1,131,270	2,944,066	1,131,270	2,944,066
	<u>1,131,270</u>	<u>2,944,066</u>	<u>1,131,370</u>	<u>2,944,166</u>

The wholly owned trading subsidiary, Garden House Hospice Trading Limited, which is incorporated in the United Kingdom, pays all its profits to the charity annually by gift aid.

The principal activities of Garden House Hospice Trading Limited are general merchants and traders.

The charity owns the entire issued share capital of 100 Ordinary Shares of £1 each.

	2025 £	2024 £
Summary of investment		
Shares at cost	<u>100</u>	<u>100</u>
Extracts from the accounts of the subsidiary undertaking		
Summary profit and loss account		
Turnover	2,454,043	2,511,258
Cost of sales and administrative expenses	(2,511,061)	(2,137,670)
Interest receivable less interest payable	(12,718)	(2,555)
Profit on ordinary activities before taxation	<u>(69,736)</u>	<u>371,033</u>
Tax on profit of ordinary activities	-	-
Profit for the financial year	<u>(69,736)</u>	<u>371,033</u>
Amount covenanted to the Charity	<u>(69,736)</u>	<u>371,033</u>
The assets and liabilities of the subsidiary undertaking were as follows:		
Fixed assets	<u>463,463</u>	<u>324,598</u>
Current assets	598,222	494,753
Creditors amounts falling due within one year	(1,131,321)	(819,251)
Net current assets / (liabilities)	<u>(533,099)</u>	<u>(324,498)</u>
Creditors amounts falling due after one year	-	-
Net assets	<u>(69,636)</u>	<u>100</u>
Aggregate share capital and reserves	<u>(69,636)</u>	<u>100</u>

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

10.	FIXED ASSET INVESTMENTS (continued)	2025 £	2024 £
	Investments		
	Market Value 1 April 2024	2,944,066	2,751,135
	Capital Introduced	270,635	625,928
	Capital Withdrawn	(1,879,272)	(216,446)
	Net Movement in Cash account	(274,265)	(295,499)
	Net Gain / (Loss) on Investments	70,106	78,948
	Market Value at 31 March 2025	<u>1,131,270</u>	<u>2,944,066</u>
	Historic cost 31 March 2025	<u>965,446</u>	<u>2,563,851</u>

The investments comprise a portfolio held with Evelyn Partners consisting of a mix of investment types.

11.	STOCK	Group		Charity	
		2025 £	2024 £	2025 £	2024 £
	Goods for resale	<u>1,505</u>	<u>2,678</u>	<u>-</u>	<u>-</u>

12.	DEBTORS	Group		Charity	
		2025 £	2024 £	2025 £	2024 £
	Trade debtors	540,213	808,617	492,550	765,535
	Profit due from subsidiary under Gift Aid	-	-	-	372,852
	Other amounts due from subsidiary	-	-	400,998	80,000
	Other debtors	11,349	19,652	-	-
	Prepayments and accrued income	680,051	243,382	484,466	145,749
	VAT recoverable	181,439	181,224	105,577	149,669
		<u>1,413,052</u>	<u>1,252,875</u>	<u>1,483,591</u>	<u>1,513,805</u>

The amounts owed by the subsidiary undertaking include loans of £380,000 (2024: £80,000) which are unsecured and repayable on demand. Interest was charged on the amount at 5% above Base Rate.

Subsidiary profits are payable under Gift Aid. A deed of covenant is in place which requires the payment to be made.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

13. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR	Group		Charity	
	2025 £	2024 £	2025 £	2024 £
Trade creditors	691,402	502,359	371,489	177,005
Accruals and deferred income	173,540	658,447	122,131	617,398
Other creditors	618,836	229,906	252,166	236,905
	<u>1,483,778</u>	<u>1,390,712</u>	<u>745,786</u>	<u>1,031,308</u>

14. CAPITAL COMMITMENTS

The Trustees maintain a policy of continually enhancing the facilities offered to patients, families, and their guests. There were no capital commitments in the current or prior year.

15. PENSION COMMITMENTS

Garden House Hospice Care

GHHC operates and contributes to the following Pension Schemes:

- To the National Health Service Superannuation Pension Scheme on behalf of those employees who are members of the Scheme.
- To a defined contribution Scheme managed by Standard Life in respect of those employees who are not entitled to be members of the National Health Superannuation Pension Scheme.

The assets of the schemes are held separately from those of GHHC in independently administered funds.

Employees entitled to join the National Health Service Superannuation Pension Scheme are required to contribute as specified by the scheme rules. The annual commitment by GHHC under this scheme is for contributions of 14.38% of gross salary of those employees who are members of this scheme.

All other employees join the Standard Life Pension Scheme and contribute a minimum of 3% of salary. The annual commitment by GHHC under this scheme is for contributions of 5% of gross salary.

Subsidiary

The subsidiary undertaking operates and contributes to a defined contribution pension scheme for those employees who wish to participate. The assets of the scheme are held separately from those of the Company in an independently administered fund. All employees join the scheme and contribute a minimum of 3% of salary.

The estimated GHHC and Subsidiary commitment for contributions to both pension schemes in 2025/2026 is £477,604 (2024/2025: £297,350).

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

16. OTHER FINANCIAL COMMITMENTS

At 31 March GHHC and its subsidiary undertaking had minimum total commitments under non-cancellable operating leases as set out below:

	GHHC		Subsidiary Undertaking	
	2025	2024	2025	2024
	£	£	£	£
Operating leases which expire:				
Within one year	5,893	15,529	2,518,125	2,578,040
Within two to five years	14,993	22,178	279,582	73,481
After more than five years	-	-	-	-
	<u>20,886</u>	<u>37,707</u>	<u>2,797,707</u>	<u>2,651,521</u>

The Garden House Hospice Care premises are provided at a peppercorn rent. The lease on the premises expires in 2138.

17. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FROM OPERATING ACTIVITIES

	2025	2024
	£	£
Net movement in funds for the year	(2,050,088)	(624,657)
Depreciation	187,582	147,251
Net (gains) / losses on investments	(70,106)	(78,948)
Interest and dividends receivable	(252,224)	(21,456)
(Increase)/decrease in stock	1,173	1,091
increase/(decrease) in debtors	(160,177)	(495,973)
(Decrease)/increase in creditors	93,066	754,357
Net cash from operating activities	<u>(2,250,774)</u>	<u>(318,335)</u>

18. ANALYSIS OF THE BALANCES OF CASH AND CASH EQUIVALENTS AS SHOWN IN THE BALANCE SHEET

	2025	2024
	£	£
Cash at bank and in hand	<u>556,551</u>	<u>1,062,862</u>

19. FUNDS

UNRESTRICTED FUNDS

General

General unrestricted funds comprise the accumulated surpluses arising from the objectives of GHHC which may be used for its charitable purpose at the discretion of the Trustees.

Designated

Designated funds comprise accumulated surpluses where the GHHC trustees have decided to reserve funds for specific purposes. These sums are for fixed assets which benefit the charity.

19. FUNDS (CONTINUED)**RESTRICTED FUNDS**

Restricted funds comprise the value of donations where the donor has requested a specific use for their donation, and where at the date of reporting, the sums have not yet been expended.

At 31 March 2025, restricted funds comprise sums restricted to pay for:

	2025 £	2024 £
Community Engagement Project	60,000	-
Heritage Foundation	32,250	-
The Hospice befriending project	-	7,252
Education	-	50
Valiant Charitable Trust	228,499	250,000
	<u>320,749</u>	<u>257,302</u>

20. ANALYSIS OF MOVEMENT IN GROUP FUNDS

	Balance 1 April 2024 £	Movement in Resources			Unrealised Investment Gains £	Balance 31 March 2025 £
		Income £	Expenditure £	Transfer £		
Unrestricted funds						
General	3,614,468	8,139,064	(10,322,706)	(203,081)	70,106	1,297,851
Designated	6,442,176	-	-	203,081	-	6,645,257
	<u>10,056,644</u>	<u>8,139,064</u>	<u>(10,322,706)</u>	<u>-</u>	<u>70,106</u>	<u>7,943,108</u>
Restricted funds						
Education	50	-	(50)	-	-	-
League of Friends	-	118,000	(58,000)	-	-	60,000
Befriending	7,252	18,375	(25,627)	-	-	-
Heritage Foundation	-	43,000	(10,750)	-	-	32,250
Other	249,999	93,989	(115,489)	-	-	228,499
	<u>257,301</u>	<u>273,364</u>	<u>(209,916)</u>	<u>-</u>	<u>-</u>	<u>320,749</u>
Total	<u>10,313,945</u>	<u>8,412,428</u>	<u>(10,532,622)</u>	<u>-</u>	<u>70,106</u>	<u>8,263,857</u>

Transfers between funds reflect additional spend over that available in designated funds.

21. ANALYSIS OF MOVEMENT IN GROUP FUNDS - YEAR ENDED 31 MARCH 2024

	Balance 1 April 2023 £	Movement in Resources			Unrealised Investment Gains £	Balance 31 March 2024 £
		Income £	Expenditure £	Transfer £		
Unrestricted funds	4,625,532	7,484,879	(8,414,119)	(160,773)	78,948	3,614,468
General	6,281,403	-	-	160,773	-	6,442,176
Designated						
	10,906,935	7,484,879	(8,414,119)	-	78,948	10,056,644
Restricted funds						
Fixed assets	-	-	-	-	-	-
Patient services	22,017	118	(22,135)	-	-	-
Befriending	-	35,597	(28,345)	-	-	7,252
Education	3,139	2,985	(6,074)	-	-	50
Other	6,511	250,000	(6,511)	-	-	249,999
Frailty Services - IPU	-	67,977	(67,977)	-	-	-
	31,667	356,677	(131,042)	-	-	257,301
Total						
	10,938,602	7,841,556	(8,545,161)	-	78,948	10,313,945

Transfers between funds reflect additional spend over that available in designated funds.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

22. NET ASSETS BETWEEN FUNDS	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Total 2025 £	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Total 2024 £
FIXED ASSETS								
Long leasehold land and buildings	-	5,908,436	-	5,908,436	-	5,908,437	-	5,908,437
Furniture, fixtures and fittings	-	465,841	-	465,841	-	324,480	-	324,480
Equipment	-	232,744	-	232,744	-	199,784	-	199,784
Motor vehicles	-	38,236	-	38,236	-	9,475	-	9,475
Investments	1,131,270	-	-	1,131,270	2,944,066	-	-	2,944,066
	<u>1,131,270</u>	<u>6,645,257</u>	<u>-</u>	<u>7,776,527</u>	<u>2,944,066</u>	<u>6,442,176</u>	<u>-</u>	<u>9,386,242</u>
CURRENT ASSETS								
Stocks	1,505	-	-	1,505	2,678	-	-	2,678
Debtors	1,413,052	-	-	1,413,052	1,252,875	-	-	1,252,875
Cash at bank and in hand	235,802	-	320,749	556,551	805,560	-	257,302	1,062,862
	<u>1,650,359</u>	<u>-</u>	<u>320,749</u>	<u>1,971,108</u>	<u>2,061,113</u>	<u>-</u>	<u>257,302</u>	<u>2,318,415</u>
CREDITORS								
Amounts falling due within one year	(1,483,778)	-	-	(1,483,778)	(1,390,712)	-	-	(1,390,712)
NET CURRENT ASSETS	<u>166,581</u>	<u>-</u>	<u>320,749</u>	<u>487,330</u>	<u>670,401</u>	<u>-</u>	<u>257,302</u>	<u>927,703</u>
TOTAL ASSETS LESS CURRENT LIABILITIES AT 31 MARCH	<u><u>1,297,851</u></u>	<u><u>6,645,257</u></u>	<u><u>320,749</u></u>	<u><u>8,263,857</u></u>	<u><u>3,614,467</u></u>	<u><u>6,442,176</u></u>	<u><u>257,302</u></u>	<u><u>10,313,945</u></u>

23. COMPARATIVE GROUP STATEMENT OF FINANCIAL ACTIVITIES - 31 MARCH 2024

	Note	Unrestricted Funds £	Restricted Funds £	Total 2024 £
Income from:				
Donations and legacies				
Donations, legacies, and grants	2	1,917,650	356,677	2,274,327
Charitable activities				
NHS funding	3	2,107,416	-	2,103,416
Other trading activities				
Shop income and fundraising	7	2,708,958	-	2,708,958
Fundraising events		539,944	-	539,944
Investments	4	76,996	-	76,996
Other income		137,915		137,915
Total income		<u>7,484,879</u>	<u>356,677</u>	<u>7,841,556</u>
Expenditure on:				
Raising funds				
Trading activities	5	2,137,669	-	2,137,669
Donations and grants	5	288,286	-	288,286
Fundraising	5	712,120	-	712,120
Charitable activities	5	5,276,044	131,042	5,407,086
Total expenditure		<u>8,414,119</u>	<u>131,042</u>	<u>8,545,161</u>
Net operating surplus/(loss)		(929,240)	225,635	(703,605)
Net gains / (losses) on investments	10	78,948	-	78,948
Net income / (expenditure)		(850,292)	225,635	(624,657)
Transfers between funds		-	-	-
Net movement in funds		(850,292)	225,635	(624,657)
Total funds brought forward		<u>10,906,935</u>	<u>31,667</u>	<u>10,938,602</u>
Total funds carried forward	20	<u>10,056,643</u>	<u>257,302</u>	<u>10,313,945</u>

Accounts

GARDEN HOUSE HOSPICE CARE
(A company limited by guarantee and not having a share capital)
TRUSTEES' ANNUAL REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2024

Garden House Hospice Care
Company Limited by Guarantee No. 2040989
Registered Charity No. 295257

Registered Office:
Garden House Hospice,
Gillison Close,
Letchworth Garden City
Herts SG6 1QU

GARDEN HOUSE HOSPICE CARE
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2024

CONTENTS	Page
Administrative information	1 - 2
Chairman's Report	3 - 4
Trustees' Report (incorporating the Strategic Report)	5 - 31
Independent Auditor's Report	32 - 34
Consolidated Statement of Financial Activities	35
Charity and Consolidated Balance Sheets	36
Consolidated Cash Flow Statement	37
Notes to the Financial Statements	38-54

GARDEN HOUSE HOSPICE CARE

ADMINISTRATIVE INFORMATION

FOR THE YEAR ENDED 31 MARCH 2024

PATRONS

Sir Simon Bowes Lyon KCVO
Mr Paul Cherry
Lord and Lady Fellowes
Mrs Sarah Harrison
Sir Oliver Heald QC, MP
MP for Stevenage (Steven McPartland)
MP for Hitchin and Harpenden (Bim Afolamai)
Mrs Diana Laing
The Chairman of North Herts District Council
The Mayor of Royston
The Mayor of Stevenage
The Bishop of St Albans
Mr Richard Whitmore
Mrs Boo Williams

HONORARY VICE PRESIDENTS

Dr Frances Aldridge, Mrs Sally Alford, Mr Ivor Barber, Mr Trevor Bentham, Mrs Mary Blaksley, Mrs Trudy Bunday, Mr Bernard Davies, Mr Andrew Egerton-Smith MBE, Mrs Janet Hill, Mrs Anne Houghton, Mr Anthony Isaacs, Dr Viv Lucas, Mr Roger Manning, Mrs Janet Nevitt, Dr Catherine Offer, Mrs M Guernier, Mr J Bush, Mr John Procter.

TRUSTEES

Mr Stephen Mellish^{1,2,3} (Chairman)
Dr Simon Chatfield¹
Mr Richard Dearden²
Mrs Melanie Flynn²
Mr Roger Gochin², (Retired 29.11.23)
Professor Shahid Khan¹ (Resigned 19.04.24)
Mrs Gemma Manning³
Mrs Rhona Seviour³
Mr James Silsby² (Resigned 29.02.24)
Mrs Jennie Mattin¹
Dr Pauline Williams³
Mr Christopher Dare² (Appointed 29.11.23)
Mrs Joanna Heneker (Appointed 26.03.24)

SECRETARY

Ms Edith Yembra

TREASURER

Mr Roger Gochin (Resigned 29.11.23)

SENIOR LEADERSHIP TEAM (KEY MANAGEMENT PERSONNEL)

Mrs Lisa Hunt (Chief Executive Officer)
Dr Sarah Bell (Medical Director)
Mrs Elizabeth Kennedy (Director of Patient Services)
Ms Edith Yembra (Director of Finance & Resources)
Mrs Carla Pilsworth (Director of Income Generation)
Mr Derek Turnbull (Director of People)

GARDEN HOUSE HOSPICE CARE

ADMINISTRATIVE INFORMATION (continued)

FOR THE YEAR ENDED 31 MARCH 2024

REGISTERED AUDITORS	Haysmacintyre LLP 10 Queen Street Place London EC4R 1AG	
BANKERS	Virgin Money 7 Gold Street Northampton Northamptonshire	Lloyds Bank Plc 1 Bancroft Hitchin Hertfordshire
	The Charities Aid Foundation Kings Hill West Malling Kent	NatWest Bank Station Place Letchworth Garden City Hertfordshire
HONORARY CHARTERED BUILDING SURVEYORS	Robert Lombardelli Partnership St Luke's House 5 Walsworth Road Hitchin Hertfordshire, SG6 1QU	
REGISTERED OFFICE	Garden House Hospice Care Gillison Close Letchworth Garden City Hertfordshire SG6 1QU	
COMPANY NUMBER	02040989	
CHARITY NUMBER	295257	
OPERATING NAME	Garden House Hospice Care	
TRADING COMPANY	Garden House Hospice Trading Limited (Company no. 02671267)	

GARDEN HOUSE HOSPICE CARE

CHAIRMAN'S REPORT

FOR THE YEAR ENDED 31 MARCH 2024

The 2023-2024 financial year will go down in our history as a landmark year for Garden House Hospice Care. As we go into the third and final year of our current strategy, I'm convinced that the foundations being put in place will provide the platform for Garden House Hospice Care to go on and make a significant difference in what hospice care can really provide in the future, nationally!

The Board of Trustees and the Executive Team, under the leadership of Lisa Hunt, have truly worked as 'One Team' this past 12 months. It certainly hasn't been without its challenges but when you set out on a journey that requires significant change then a laser focus on organisational culture is paramount.

Our CEO, Lisa Hunt has strengthened the Executive Team with the appointment of Edith Yembra as Finance Director and Steve Collins as Director of Operations. The relationship between the Board and the Executive Team has never been stronger. There is a real and genuine feeling of being 'one team with a shared vision' and this has been proven with all that has been achieved over the past 12 months.

In regard to implementing the Hospice strategy, the Annual Delivery Plan for 2023/24 contained clear and measurable deliverables, supported by KPI's that were agreed by the board in advance and linked to the budget and staff performance objectives. The main objectives for the second year of our strategy were that of consolidation, more effective use of all of our resources and preparing for growth. I can report that excellent progress was made, which is testament to the leadership and drive of Lisa and the team and everyone across the organisation.

As you may recall from my report last year, we set a 3-year plan to be cost neutral. Our year one control total deficit of £700,000 was more than achieved, coming in at £624,657. This was an astounding achievement, and my thanks go to our Finance Director, Edith Yembra who kept a very tight rein on spend across the whole organisation. We go into the new financial year with an agreed control total deficit of £559,000 and remain confident that we will break even in the 2025/26 financial year as planned.

One of the main highlights of the year was the successful launch of our new Frailty Service, which aims to address and improve the challenges of patients suffering from moderate and severe frailty. By addressing this we also aim to alleviate the pressures on the acute system, specifically East & North Hertfordshire Hospital. To prove it would work the ICB (Integrated Care Board) set out a challenging and comprehensive set of targets covering 3 months. It was more than achieved and I must acknowledge all the hard work put in over the course of the year by Lisa, the Executive Team and everyone else involved.

We are of course indebted to all those supporters who donated a total of £300,000 to fund the initial 3 months of the Frailty Service. Their kind donations were crucial in the launch of the pilot, helping us prove that the Frailty Service makes the positive difference we knew it could make. However, to maintain this service going forward we needed a funding commitment from the ICB for the long-term.

At the time of writing this report (in August), I am delighted to confirm that we have received confirmation of the funding required to continue the Frailty Service with a commitment to fund it for the next 5 years. This is the best news that we could have possibly hoped for and is just reward for all the hard work put in by all involved.

There has been no shortage of changes on the Board of Trustees over the past 12 months with James Silsby and Dr Shahid Khan resigning after 7 and 2 years' service respectively. Roger Gochin retired after 10 years' service as a Trustee. I would like to thank James and Shahid for their respective contributions during their time on the board. They were great people to have on the team and to work with.

Roger Gochin retired as a trustee after ten years' service. In that time Roger had been Chair of the Trading Company, Treasurer and Chair of the Finance & General Purposes Committee. From a personal perspective Roger was the trustee who introduced me to the world of Garden House Hospice Care and certainly encouraged me to achieve more than I had imagined when I first joined! Roger shared his knowledge, experience and enthusiasm with many and his presence will be missed.

GARDEN HOUSE HOSPICE CARE

CHAIRMAN'S REPORT

FOR THE YEAR ENDED 31 MARCH 2024

We were able to welcome two new trustees in Chris Dare and Jo Heneker. Jo had been an advisor to the board for the past couple of years. As a result of her advice, guidance and support we were able to launch a new sustainability strategy - 'Our Planet'. This is new for us, and we understand and accept that we still have much to learn and much to do but we are fully committed in making Garden House Hospice Care as considerate and responsible as possible in protecting the environment for future generations.

Sadly, we were made aware of the passing of former General Manager of the Hospice, Jenny Lupton. Jenny served the hospice for 25 years up to her retirement in 2015.

So, we go into the new financial year with increased ambition and determination to grow further our range of services, making a profound difference to even more people across our community with a life limiting illness.

We will soon commence work developing our new ten-year strategy that will be launched in the Spring of 2025. We have ambition and determination to establish GHHC as an agent for change in how hospices across the UK can develop new services of care that not only better support patients but also makes a positive impact in reducing the pressures on the acute system.

As always, I end my annual report with heartfelt thanks and appreciation to all staff and volunteers who make this organisation so amazing. I'd also like to thank all those people and organisations, from across our community, who continue to support our work. On behalf of the Board of Trustees I would like to thank you all once again and look forward to your continued support and commitment in the years ahead.



Steve Mellish
Chairman

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

Garden House Hospice Care (GHHC), being a company limited by guarantee and a registered charity, has adopted the practice that the Directors (Council Members) be called Trustees and the Board of Directors (Council of Management) be known as the Board of Trustees.

Objectives and Activities

GHHC exists to provide specialist palliative care for adults living in Stevenage, North Hertfordshire, and adjoining parts of Mid Bedfordshire with advanced cancer, motor neurone disease or other terminal illness.

GHHC also provides support and care to the families and friends of patients.

GHHC provides:

1. Inpatient Care: The eight bed In-patient Unit provides consultant led specialist palliative care (the bed numbers had temporarily dropped to six, secondary to the effects of the Covid-19 pandemic and staffing levels).
2. Home Care: Hospice at Home team of Nurses and Health Care Assistants provide care and support to patients and families at home to support wishes and preferences of those who wish to remain at home for end-of-life care support at home. The service also supports discharges from Hospital and Hospice. We also have 10 commissioned fast track Continuing Healthcare beds that the team support with up to 4 visits per day dependant on needs.
3. Hawthorne Centre: Specialist Day services, palliative rehabilitation, living well, outpatient care and drop-in services provided through a variety of face to face and virtual sessions.
4. Family Support: A range of services including psychological support, bereavement counselling, carer support, spiritual care, social work support and advice for patients' families. Children's and Young Person's Bereavement Service.
5. Education: GHHC provides an education programme including mandatory training for all staff and volunteers. It provides a range of specialist education sessions that are open to all health and social care professionals. The organisation supports placements and training for junior staff in all relevant fields. Individual staff members contribute to the training of student nurses, medical students, GP trainees, specialist registrars and other professionals undertaking training in other fields e.g., paramedics. Volunteers all complete an induction course and mandatory training appropriate to their area of work.
6. Telephone Advice: A specialist palliative care 24/7 telephone advice line.
7. Community Engagement: Volunteers support all areas of the hospice; Compassionate Neighbours - community volunteers offer friendship through 1-1 matches or via Wellbeing Hubs and schools and colleges outreach to engage with young people about palliative and end of life care and the work of the Hospice.
8. Frailty Clinical Nurse specialist support to Care homes. This is a commissioned service of 3 WTE Nurses who assess and support all residents in our locality with individualised care planning and ongoing support, working closely with the care home staff and GP for each home.
9. Garden House Hospice Care Admiral Nurse: Employed by GHHC and works with families and people living with dementia at end of life in North Hertfordshire, to ensure they have the best possible care and support. at the end of their life. This post also delivers a wide range of education provision for Dementia awareness. and support to both healthcare professionals and families and carers.
10. We have a commissioned Care Home Educator dedicated to support end of life education in our local care and nursing homes.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

GHHC's objectives are to:

- Ensure that all activities are carried out within an appropriate legal, financial, ethical, and administrative framework.
- Provide appropriate resources, staff, buildings, and equipment to fulfil GHHC's mission.
- Ensure that the appropriate monetary resources are available from contracts, direct fundraising, and trading by the Trading Company to meet the care needs of GHHC's patients and their families.
- Encourage community support.
- Ensure that the resources of the organisation are managed and maintained providently.
- Maintain strategic and operational plans in accordance with GHHC's charitable status.

The principal activities of the Trading Company are as general merchants and traders. The Trading Company provides an essential revenue stream for GHHC. Their directors have set out a strategy that aims to increase the Company's contribution to GHHC year-on-year. This strategy is articulated in the Company's annual report.

During the year, GHHC:

- Submitted its thirteenth 'Quality Account' to the NHS. The Quality Account measures quality by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback. It is a major piece of work and may be viewed on the Garden House Hospice Care website by going to the following address:

<https://www.ghhospicecare.org.uk/about-us/our-reports>

About Garden House Hospice Care

Mission statement

Garden House Hospice Care provides compassionate and holistic specialist palliative care to those in our community with life-limiting conditions, to enable them to live as well and as fully as possible. We share our knowledge and expertise to enable wider access to the best end of life care.

Vision

Support all people in our community living with life-limiting conditions and their families and carers, to live as well as possible and according to their own wishes.
Caring today, tomorrow

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

- Garden House Hospice Care (GHHC) provides a range of palliative and rehabilitative services within the Hospice Inpatient Unit (IPU), in patients' homes, at the Ernest Gardiner Treatment Centre and in our Community Hubs
- From January 2024 we have commenced provision of reablement service in our IPU and community services to support those identified with moderate /severe frailty with two or more long term conditions who have been presented to or have been admitted to Lister Hospital
- Our Family Support Services support patients, families, and carers with pre- and post-bereavement, face-to-face and virtually
- We provide access to a Palliative Care 24/7 Advice Line via our IPU
- We supported the provision of Collaborative Care Home Education end of life programmes
- Recruitment and training of Compassionate Neighbours
- We provide dementia support to those living with dementia at the end of life and their carers through our dedicated "Admiral Nurse" dementia Clinical Nurse Specialist (CNS)
- Medical supervision, advice and guidance is provided to the HCT Specialist Palliative Care CNS team
- Provision of Frailty Clinical Nurse Specialists (CNS) in North Herts nursing and residential homes
- IPU providing admissions for symptom control or last days of life care for patients and support for their families
- Hospice at Home service (H@H)
- Continuing Health Care (CHC) Fast Track 10 bed capacity community service
- Domiciliary and outpatient medical reviews, using a blend of face-to-face and virtual support
- Training placements for GP trainees and Palliative Medicine Specialist Trainees
- Provision of a learning and supportive environment for placements from local Universities providing training for Student Nurses and Allied Health Care professionals as well as placements for Cambridge University Medical Students.

Regulation and inspection

Garden House Hospice Care is regulated by the Care Quality Commission and was last inspected in May 2022, receiving a continued rating of 'Good' for all five key lines of enquiry.

Our Strategy



Garden House Hospice Care's strategic objectives for 2023/2024

Our community: Sit at the heart of our community and local networks.

How we can demonstrate achievement

GHHC is committed to ensuring that we have the right people, with the right skills, in the right role, at the right time. This will enable GHHC to provide high quality services to our community.

We are committed to the upskilling of our community by way of our education programme which visits local schools. We are also committed, by way of our EDI strategy to having our people, supporters and patients reflecting the community that we represent.

- Our Compassionate Neighbours service continues to grow and provide a service and support and companionship to those in our community, receiving 276 new referrals. Of these 47% were self-referrals
- Through this work, a case load of 891 community members were supported in 2023/2024
- We have developed an annual plan for 2024/2025 to enable the service to grow with demand and integrate effectively with the evolving Integrated Neighbourhood Teams
- 175 community members accessing our services were discharged - 17% being supported at the end of life and when required others signposted to other, more suitable services
- Our Community Hubs have continued to grow and provide access to more people in our community working in partnership with our community providers including local churches. Through this we have 9 weekly hubs with 381 regular attendees. We have two weekly hubs in Stevenage, one in Royston and one in Hitchin. We will be opening five additional hub locations in 2024/2025
- Our Dementia CNS has broadened her scope and support service into our hubs model. This is a different model from other GHHC Community Hubs with the benefit of clinician availability. Part of further Community Hub expansion for 2024/2025, includes a programme of support for carers within the hub model
- We have active partnerships with 55 schools in our locality to raise awareness of hospice services with children and young people as well as encourage end of life conversations with young people and their teachers and parents
- In 2023/2024 we engaged with 70 different schools to deliver training and awareness of the range of services and how we support our community. This work involved 3,744 students, 204 teachers/staff and 1,006 parents.

Our services: Provide high quality services that meet the needs of the whole community.

How we can demonstrate achievement

- We have delivered our 2023/2024 Annual Plan and reported progress quarterly to our internal Hospice Management Board and our Board of Trustees
- This year has seen the introduction of a Frailty Service designed to address local health inequalities in accessing palliative care services. Our ambition is to provide support and care for all who need us - increasing care to any adult with a life-limiting illness
- As part of the launch of the service, we appointed a Frailty in-reach nurse to work within East and North Herts NHS Trust, identifying patients with life-limiting illness resulting in moderate to severe frailty early in their admission who would benefit from palliative enablement approach either as an inpatient or within the community. The service is designed to prevent admissions and to support and facilitate earlier discharge
- We achieved our goal and in the first quarter we transferred 93 patients into our palliative care services here at Garden House Hospice Care
- Our IPU increased its bed capacity to 12 beds in January 2024 to ensure we had adequate capacity to be responsive. We integrated our Allied Health Care services to increase our enablement and therapy provision

- Our community team have also supported the identified cohort of patients with frailty who have been discharged home. This has enabled the provision of palliative rehabilitation approach provided by GHHC therapy services at home and the opportunity for patients to be linked into GHHC Community Hubs and Compassionate Neighbours. In total we increased our provision of care in the community by over 200%
- We have reviewed and embedded our social worker support across our clinical areas, to enhance discharge planning
- We have implemented the Patient Safety Incident Reporting framework (PSIRF) in line with national requirements
- We have continued our regular Safeguarding Group throughout the year, extending the membership and training to include non-clinical representatives from across all areas of the Hospice
- We have strengthened our psychological support services resulting in an increase of 75% contacts, introduced a new Spiritual Care model in 2024 with the commencement of a service level agreement with East and North Herts Trust Chaplaincy service. This multifaith team provides support to patients, relatives, carers and staff of all faiths and none
- We have fully implemented and achieved the National Cleaning Standards framework across the organisation, exceeding the national standards in all areas
- Our Annual Infection Prevention Audit and training was completed by East and North Herts Trust in October receiving the following results:
 - Hand Hygiene Observational - 80%
 - IPCT Environment - 100%
 - IPCT Safe Handling and Disposal of Sharps - 100 %
 - IPCT Isolation Precautions audit - 94 %
 - IPCT Urinary Catheter Care audit - 100%
 - Commode Spot Check Audit - 90%
- We have continued to adhere to Covid-19 GOV.UK guidance, updating and sharing our Living with Covid Guidance throughout the year.
- The Safeguarding Lead and Nominated Safeguarding Trustee completed a robust Trustee Safeguarding assurance audit in 2023. A clear action plan was created, updated, monitored and delivered providing assurance to the Trustee Board
- We have strengthened our governance through the implementation of new role profiles for Safeguarding link, champion roles, and nominated Trustee roles
- We have strengthened our incident and safety reviews, embedded within our weekly patient safety meetings, to review and agree actions from all reported incidents and ensure feedback is given to teams, taking into consideration the PSIRF
- We have continued to use the Health Information Exchange (HIE) to support the delivery of our clinical care
- A significant increase in referrals to our Family Support Services team of 75% in the year was recorded. In response to this, we have invested in the team for 2024/2025 to ensure our services are able to meet the demand and ensure waiting times for those referred are reduced
- This will also enable the team to provide a range of contact methods, through supportive calls, telephone assessments and face-to-face formal counselling sessions for all
- We have delivered Continuing Health Care support at home/ Hospice at Home in line with the agreed service model
- Provided Medical Specialist Palliative Care support to community patients, working collaboratively with HCT SPC CNS team and the East and North Herts NHS Trust
- Continued provision of Frailty Clinical Nurse Specialist (CNS) support to our nursing and residential homes in North Hertfordshire
- Embedded the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) document within our practice.

Our people: Grow a strong, capable, resilient, highly skilled and motivated organisation.

How we can demonstrate achievement

- We have invested in the People and Culture team as follows:
- We have increased our Employee Relations support and adopted a business partner model. This has ensured both the clinical and non-clinical cohort receive in the moment ER support. This has been to prevent rather than cure ER issues
- We have increased the Recruitment team to ensure we recruit in a timely and efficient manner
- We have a dedicated payroll officer who also looks after our business intelligence and HRIS
- We appointed an interim People and Culture projects manager to drive our business plan forward thus adding value strategically
- We have appointed a Learning and Development Manager to drive this area forward. The Learning and Development Manager is developing a competency framework that will add value across all areas of our organisation
- We will continue to invest in our people by increasing the Learning and Development team and developing staff competency across all staff groups
- We now monitor and review our EDI intelligence to ensure that we are fair and competitive
- We have invested more in our Employee voice. This includes carrying out employee engagement surveys, exit interviews as well as the newly implemented employee forum
- We continue to review and improve the appraisal process.

Our funding: Secure the future of the Hospice through sustainable funding

How we can demonstrate achievement

Our Fundraising team has continuously developed initiatives, events, and campaigns within the community, resulting in an impressive fundraising total exceeding £3 million. This past year was exceptional for legacy donations, contributing over £1 million to our overall fundraising efforts.

- The fundraising appeal launched to support our new Frailty Service garnered over £300,000, enabling us to initiate and sustain the service from January through to April
- Our Trading team diligently evaluated our retail shops, resulting in the closure of two underperforming locations. Despite this, our shops collectively generated an income of £2.5 million, an increase of 8% in sales income compared to the previous year. Furthermore, an expected profits of £370,000 would be gifted to Garden House Hospice Care
- Garden House Hospice Care's trading division made significant investments in our operations by inaugurating a new Depot. This establishment offers an upgraded workspace for both staff and volunteers, along with enhanced distribution and storage capabilities
- Our website underwent improvements, enhancing our external communications with the local community. This has provided a more user-friendly and accessible platform for updates and garnering support for our services
- Our website has improved our external communications with the local community, offering an easier and more accessible way to be updated and gain support from our services
- Ensured compliance with all relevant legislation, including VAT, Gift Aid, Companies House, Pension Regulators, and Charity Commission
- We upgraded our accounts system from (Sage 200 Standard to Sage 200 Professional) which has improved real-time reporting information and timescales
- The use of resources is limited by the funds available. The use of funds is monitored by the Finance department
- Management and reporting on income and expenditure is shared monthly with the Finance and General Purposes Committee and ultimately with the Board of Trustees on a quarterly basis. This ensures available resources are used effectively, efficiently, and innovatively

- Professional auditors complete independent auditing of the use of funds annually. This provides additional reassurance regarding the expected standards of governance
- Robust annual budgeting and reforecasting process in place
- The income received from the NHS in 2023/2024 represents 33% of the overall running costs of Garden House Hospice Care
- The remainder of running costs are funded through voluntary income generation, donations, legacies, lottery activity, investment income, shop trading.
- Donations and Legacies amounted to 23% of total income
- Shop profit equaled 7% of the income.

Summary of Priorities 2023/2024

Priority 1:

Increase the reach of all our services into our local neighbourhoods and grow by developing innovative models of care for the moderate to severely frail who would benefit from Palliative and end of life care.

During 2023, we worked in partnership across our Integrated Care System, to codesign and develop an innovative new model of care to support those with non-cancer life-limiting conditions and identified as living with moderate to severe frailty. This was to address inequalities in Palliative Care provision identified in our local community by using Public Health information.

Through adherence and quarterly monitoring and reporting of our progress against our Annual Plan, we developed KPIs to monitor the effectiveness of the service.

These KPIs were monitored through monthly reporting to our Hospice Management Board. Quarterly progress assurance was reported to our Clinical Governance Committee.

Priority 2:

Working within our budget allocation, make every penny count and where opportunities exist, increase our NHS contract potential, and reduce the risk of funding care and future service developments.

We reviewed our budget and adhered to monthly reviews, identifying areas for improvement or change. Through this, and a demand and capacity review completed through our transformation programme, we were able to make efficiencies within our 2023/2024 budget allocation, delivering 200% more patient facing activities within budget.

We focussed in all areas of the Hospice on our departmental budgets, reviewing monthly and reporting through our Hospice Management Board and Trustee Board against agreed KPIs.

We delivered on our new model of care with our Frailty Service in Priority 1 within budget.

Priority 3:

Invest in our staff and strengthen our resilience, to enable our organisation to become more agile and responsive to future opportunities.

We set up a work force group across all areas of the Hospice focusing on areas that required strengthening and resilience in their workforces. As part of this, our recruitment and retention models were reviewed alongside recruitment campaigns and benefits of employment. We will be completing a job evaluation in 2024/2025.

We commenced a staff forum because we believe our staff can identify risks, issues or concerns and because we empower all to work together, to find and implement the solutions.

We have trained two new Freedom to Speak Up Guardians and raised the profile and awareness of this across the organisation.

We reviewed the working environment of all staff on site through a dedicated working group. This enabled our clinical teams to be relocated to work alongside each other and has improved communications and collaborative working. This has enhanced the patient experience through timely support for our patients and carers through informed and seamless transfer of care as required.

Priority 4:

Ensure that Garden House Hospice Care is recognised as an efficient and thriving organisation worthy of future investment and known as 'Great' at what it does.

Through our Transformation Board review of demand and capacity and working practices we were able to increase our productivity and streamline our pathways across our clinical service provision.

We introduced mobile working for our whole community team, investing in the equipment required for them to be able to access and deliver the care in a responsive and agile way, resulting in an increase of 200% patient contacts in the community with reduced waiting times.

Looking Forward 2024/2025: Our strategic objectives 2024/2025

As we continue our Quality improvement journey in the next 12 months we will focus on the three Healthcare Pillars of Quality, using these to underpin our priorities:

- Patient safety
- Clinical effectiveness
- Patient experience

We will continue to work with our Integrated Care Board and be part of the Herts and West Essex Quality Improvement Network to monitor and develop.

Priority 1:

Expand our Compassionate Neighbours and increase Wellbeing Hubs aligned to pathways into and out of clinical services, becoming an integral partner in Integrated Neighbourhood Teams across PLACE.

We will increase and train our number of Compassionate Neighbour volunteers by 100 enabling increased provision for our community members and new referrals to our service in 2024/2025.

We will maintain attendance levels at current hubs and open six new hubs, linked to Neighbourhood Team locations.

This will increase the total number of Hubs to 12 to widen access to those in our community to our services.

Priority 2:

As part of our ongoing provision of care to those with frailty and those in need of palliative symptom control, we will commence ambulatory care services within our Inpatient Unit in partnership with our Community Trust.

We will undertake a scoping exercise to investigate and identify the difference and need of a Hospice ambulatory care service to support our local care provider and patient care. This will ensure equality in access to care and to provide a care setting of patient choice that is appropriate to each individual.

We will complete a Quality Impact Assessment and Equality Impact Assessment to ensure high quality provision.

Within our implementation plan, we will equip our staff with the skills and training to expand and grow the service.

We will evaluate patient pathways and experience and impact of those referred to and accessing the service.

Priority 3:

In our ongoing annual improvement plan, we will invest in our staff in 2024/2025.

We will build resilience and expertise in our teams, investing in training programmes across all levels to enable us to deliver high quality services within our current and future key priorities.

We will value our teams, investing in them and empowering them to be involved in the decisions, direction and implementation of our transformation plans for 2024/2025 as we strive for improvement in our service delivery and staff, patient and carer satisfaction.

Priority 4:

We plan to investigate the development of a response team to provide telephone advice and urgent domiciliary support to palliative patients on the ambulance stack.

We will work with other providers within our Integrated Care Board in the support to development of palliative care support to the Ambulance service to ensure equal access across the Herts and West Essex Integrated Care Board.

We will explore further opportunities for partnership working with other providers across the Integrated Care Board to support the avoidance of unwanted and unnecessary admissions to the acute trust. This will enable patients to remain in their own homes if this is their wish with the appropriate plan of care.

Mandatory statements of assurance

The following are statements that all providers must include in their Quality Accounts. Many of these statements are not directly applicable to specialist palliative care providers. An explanation of these statements and why they do not apply to Garden House Hospice Care has been included, where appropriate.

Review of services

During 2023/2024, Garden House Hospice Care received some NHS funding for its services. The income received from the NHS in 2023/2024 represents 25% of the overall running costs of Garden House Hospice Care.

The remainder of running costs are funded through voluntary income generation, donations, legacies, lottery activity, investment income, shop trading.

Participation in clinical audit

As a provider of specialist palliative care, Garden House Hospice Care was not eligible to participate in any national clinical audits or national confidential enquiries.

Local clinical audits

Garden House Hospice Care has an annual programme of clinical audits.

A summary of audit results and action plans are reported to the Board of Trustees via the Clinical Governance Committee, a sub-committee of the Board of Trustees.

Research

The number of patients receiving NHS services provided or sub-contracted by Garden House Hospice Care in 2023/2024 who were recruited by the Hospice during the period to participate in research approved by a research ethics committee was NIL.

Use of the CQUIN payment framework

A proportion of an organisation's income can be conditional on achieving quality improvement and innovation goals, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

In 2023/2024, Garden House Hospice Care has not been subject to payments under the CQUIN payment framework from NHS Hertfordshire or NHS Bedfordshire.

Garden House Hospice Care will not be subject to CQUIN payments in 2024/2025.

Statement from the Care Quality Commission

Garden House Hospice Care is required to register with the Care Quality Commission and its current registration status is unconditional. Garden House Hospice Care has no conditions on registration.

The Care Quality Commission has not taken enforcement action against Garden House Hospice Care in 2023/2024.

Garden House Hospice Care has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Data quality

Garden House Hospice Care did not submit records during 2023/2024 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This is because the Hospice is not eligible to participate in this scheme.

Data Security and Protection Toolkit attainment levels

Garden House Hospice Care has the status 'Standards Met' for the Data Security and Protection Toolkit.

Learning from deaths

Providers are expected to report their progress in using learning from deaths to inform their quality improvement plans as part of the Quality Improvement toolkit. Garden House Hospice Care is not subject to the Quality Improvement toolkit.

Review of quality performance

Garden House Hospice Care explanation

During 2023/2024 there has been a formal review of the way that incidents are reported, Risk rated, investigated and reviewed. Part of this process was driven by the introduction of the PSIRF methodology and part by GHHC's desire to continue to improve the way it informs itself of the incidents which form part of daily life within all aspects of the service.

Incident reporting is through a standardised model (Radar) and all staff are trained in how and what to report. We consider an incident is described as anything which could compromise our expectation that our

patients, staff, volunteers and visitors are within an environment that is Safe, Secure, Sustainable and Supportive. This message is constantly reinforced through learning and development in each of the departments.

Every incident that is reported is reviewed by a member of the Integrated Governance team on a daily basis for accuracy, risk level and assigning the appropriate level of investigation.

There is a weekly Incident review meeting which all managers attend where each incident, or cluster of incidents, is discussed and remediation plans are constructed and put into place. This may include an extra level of investigation. Feedback from this meeting is the responsibility of the manager to the staff.

Where there is a deeper level of investigation required, the investigator is assisted and supported to carry this out.

There is a monthly review of all incidents reported which is submitted to the Hospice management Board and its members which identifies trends in reporting, risk and incident types this is in Patient Facing, Non-Patient facing and Trading aspects of the organisation.

There are monthly meetings to discuss and analyse specific types of incidents which are more prevalent in our clinical setting. This includes a Falls Committee, A Medication Committee, a Pressure Ulcer Committee and a Risk assessment and management group.

We have introduced a new and active and dynamic corporate risk register which is reviewed, amended and updated daily by the governance team and Risk Owners.

This is a comprehensive register and covers Patient Facing, Non-Patient facing and Trading parts of the organisation.

Risks are managed within the organisation, when they arise, by the Governance team and comply with the process and timescales that are expected.

A considerable amount of time has been expended over the last 12 months reviewing the 5 years' worth of data that we hold to ensure that it is accurate and reliable. This will support future participation on Benchmarking.

The organisation now has the ability to identify trends and accurate risk ratings, to support the setting of Key Performance Indicators and control and tolerance levels.

We have appointed a new Data Protection Officer and conducted a full review of our GDPR compliance. To complement our online training, we have introduced mandatory face to face training support for all staff, and training for new champions that will be commencing during 2024/2025.

We are undertaking a full Health and Safety review in 2024/2025 to include additional training and recruitment.

Garden House Hospice Care activity data

The figures below provide one measure of Garden House Hospice Care's activity during the period 2023/2024.

	2023/2024
Total number of patients, carers and community members cared for across all GHHC services	2,895
Inpatient Unit	
Number of admissions	234
Average length of stay (days)	8.4 days
% of patients discharged to home / care home / hospital	43%
Number of advice line calls	256
Hospice at Home	
Number of referrals	173
Number of visits to patients	1,509
Continuing Health Care Service	
Number of referrals	63
Number of visits to patients	6,977
Rehab & Wellbeing	
Number of referrals	236
Number of activities	2,808
Frailty Team	
Number of referrals	384
Number of patients reviewed & support calls	3,657
Dementia Clinical Nurse Specialist	
Number of referrals	37
Number of interventions	541
Outpatients	
Number of unique patients attending	35
Number of medical appointments	105
Family Support Services	
Number of referrals	444
Pre & Post Bereavement individual counselling sessions	682
Number of interventions	2,819
Compassionate Neighbours	
Number of Community Members Supported	891

Patient Accidents, Incidents and Near Misses

All patient incidents are investigated lessons learnt, and concerns added to the risk register.

Garden House Hospice Care reports incidents quarterly to the East and North Herts Clinical Commissioning Group, BLMK Clinical Commissioning Group and the Care Quality Commission when required.

Serious Incidents Requiring Investigation

In 2023/2024, there were no Serious Incidents Requiring Investigation (SIRI) which Garden House Hospice Care are required to report to the Care Quality Commission and East and North Herts Clinical Commissioning Group.

Duty of Candour

Candour is defined in the Francis Report (2013) as:

“The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.”

Garden House Hospice Care is committed to the Duty of Candour and expects every healthcare professional to be open and honest with all patients and service users and their family and carers. During 2023/2024, there have been no Duty of Candour breaches at Garden House Hospice Care.

All Clinical and non-clinical patient-facing staff and volunteers receive annual mandatory training on safeguarding, mental capacity and deprivation of liberty safeguards.

SAFEGUARDING LEAD:

Director of Patient Services

SAFEGUARDING TRUSTEE:

Named responsible Trustee

ADULT SAFEGUARDING CHAMPION: Social Worker

Safeguarding adults at risk of abuse or neglect is everybody's business. Garden House Hospice Care's policy is in line with the Hertfordshire Safeguarding Adults Board's multi-agency policy and procedure for working with adults at risk of abuse or neglect. GHHC's Safeguarding of Adults at Risk policy was last updated in April 2024.

The Care Act 2014 and supporting statutory guidance describes safeguarding as protecting an adult's right to live safely, free from abuse and neglect.

When abuse or neglect occurs, or is suspected, it needs to be responded to swiftly, effectively and proportionately to enable the adult in need of safeguarding to remain in control of their life as much as possible.

The Safeguarding information on how to raise a concern is displayed on the Safeguarding information boards and in team areas for hospice team members. Safeguarding posters are displayed, and leaflets are available for patients, family, friends and carers.

19 Adult Safeguarding concerns were raised in 2023/2024.

CHILD SAFEGUARDING CHAMPION: Social Worker

Garden House Hospice Care is committed to protecting and promoting the welfare of children who may come into contact with our services at all times.

The Safeguarding Children policy is to be read in conjunction with the Hertfordshire Safeguarding Children Partnership (HSCP) Manual. Garden House Hospice Care's Safeguarding Children policy was last updated in April 2024.

The Safeguarding information on how to raise a concern is displayed on the Safeguarding information boards and in team areas for hospice team members. Safeguarding posters are displayed, and leaflets are available for patients, family, friends and carers.

No children Safeguarding concerns were raised in 2023/2024.

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

Ethical fundraising at Garden House Hospice Care - our promise

GHHC exists to provide specialist palliative care. Delivering our vital care to those living with cancer and other life-limiting illnesses in Stevenage, North Hertfordshire and adjoining areas of Mid Bedfordshire is only possible because of the generosity and enthusiasm of our supporters.

Our promise to our supporters is to fundraise and communicate in an honest and transparent way. We aim to ensure that everyone who chooses to offer their support to GHHC - whether by making a donation or by giving their time to take part in events, online and digital actions or to simply share our message - has a positive and rewarding experience with us and understands that their support is very much valued.

In order for us to raise the funds needed to provide vital end of life care in Stevenage, North Hertfordshire and adjoining areas of Mid Bedfordshire fundraising is carried out by our staff, volunteers and third-party supporters. In the case of the lottery only, we use a company "Local Hospice Lottery" to generate additional income through lottery sales.

We do not solicit donations by 'cold calling' by telephone or door-to-door collections, and we do not share personal information with any third-party organisations. We do not pressure supporters to make donations and we will always take care to avoid contacting and asking vulnerable people for donations.

We will not solicit or accept donations from companies or individuals who participate in activities which could cause detriment to the charity's reputation or work.

In any case where we may have contractual arrangements in place with agents, we take care to set the standards and obligations that must be met when fundraising on behalf of GHHC. We work closely with these partners to maintain the high standards that we, and the public, expect. This means ensuring that practices and policies are in place and closely adhered to.

GHHC is a member of the Institute of Fundraising and complies with the Fundraising Regulator. Alongside our high standards, we follow their and our own codes of practice to ensure that our fundraising meets the highest standards and supporters have the best possible experience. GHHC complies with the Data Protection Act and the Information Commissioners' guides and codes. Last year (as in the previous year), we did not receive any complaints with regards to fundraising.

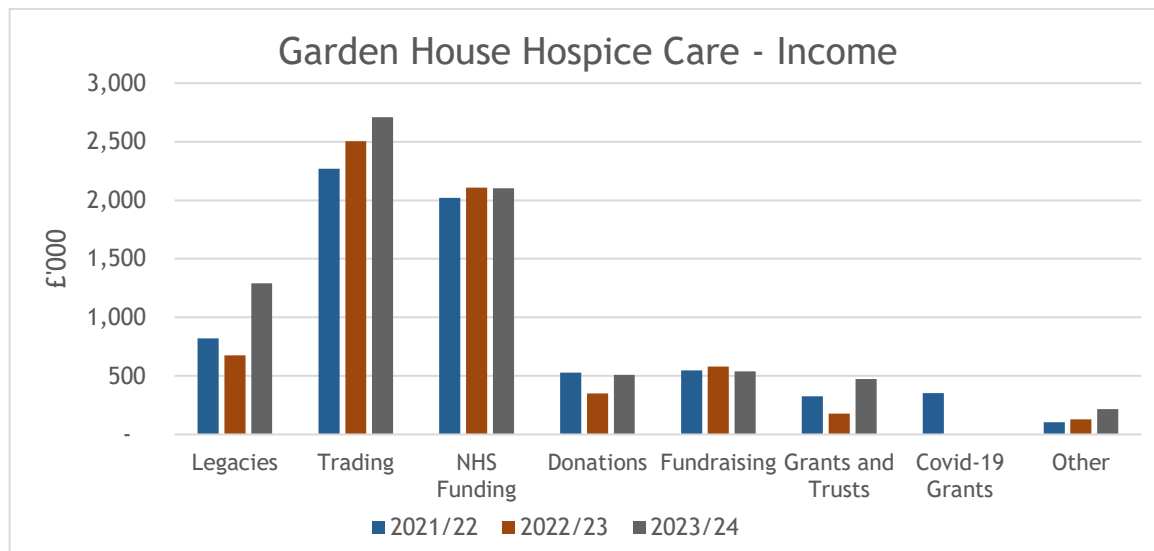
GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

Financial Review

Income was received from the following sources:

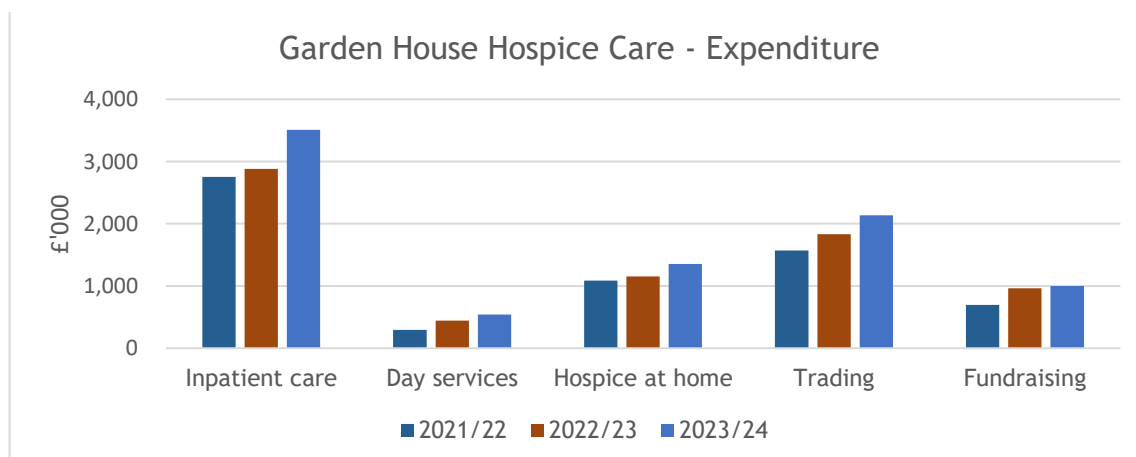


For the year ended 31 March 2024, total income increased by 20% to £7.84 million. Total Income from NHS funding was similar to 2022/23 at £2.10 million.

Despite the continuing financial challenges faced by the public their generous support continued, through legacies, donations, and sales in the Trading company's shops, resulting in increased giving. NHS East & North Hertfordshire and NHS Bedfordshire, Luton & Milton Keynes provided 28% of the funding required by GHHC. Legacy income was at its highest and more than the previous year at £1.29 million.

Expenditure shown analysed by activity comprises:

Total expenditure increased by 17.6% to £8.55m this year: spending on charitable activities increased by 17.8% and spending on income generation increased by 11%.



GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

The net result for the year was a deficit of **£624,657**, compared to a deficit of £853,673 in the previous year. GHHC continues to need the help of our supporters to provide services in the medium to long-term otherwise the charity will have insufficient income to cover its ongoing costs.

GHHC does not have medium or long-term pension liabilities arising from obligations to a defined benefit pension scheme.

Reserves Policy

All charities are required to consider their level of reserves to ensure sustainability. Garden House Hospice Care provides a range of critical health services upon which our local community depends. These services are funded by fluctuating income streams; the existence of reserves ensures that services can be delivered continuously in the event of a short-term reduction in income.

During the financial year, the charity Trustees adjusted its reserves policy as they felt that the actual level of free reserves as at 31 March 2024 was higher than the target level. The Risk Management Reserves have been reduced from £1,874,397 to £670,303. However, a further reduction for 2024/25 has been approved by the Trustees to reduce the target level of the reserves held by £1.5m. This reduction is in furtherance of the charity's objects. GHHC's reserves policy requires that free reserves should not be less than 6 months' operating costs, excluding costs relating to retail activities. The free reserves comprise of the aggregate of the Operating, Legacy Equalisation / Risk Management, Asset Management, Designated Fixed Asset and Strategic Development Reserves, as this assures the charity of considerable financial stability.

The Charity Commission does not make a specific recommendation on the level of reserves to be held by an individual charity but require, as minimum good practice, that Trustees:

- Keep the Reserves Policy under review.
- Monitor the level of reserves held throughout the year.
- Consider any action that may be needed to replenish or spend reserves.
- Implement a process of ongoing review of the reserves level, target, and policy.

In line with recommendations from the Charity Commission, the Board of Trustees have agreed that the Hospice should provide reliable and consistent services to its beneficiaries beyond the immediate future. The Hospice needs to be able to meet unexpected expenses, absorb setbacks and take advantage of change and opportunities for development when they arise. Taking all these factors into consideration, the Trustees approved a new Reserves Policy at its Board meeting on 26 July 2023 as details below.

Operating reserves

The key risk Garden House Hospice Care faces is the challenge of financial sustainability because of a temporary or longer-term fall in its resources, granted or earned income. Approximately 69% of the charity's income comes from public funding, Fundraising, Trusts and Grants, Lottery, Trading Profits, with a heavy dependence upon general donations and legacy income, which can be unpredictable within a defined period. The Trustees consider it prudent and desirable to ensure that the risks and challenges to income in the short and medium term can be met without significant disruption to services. The Trustees consider that an operating reserve of 6 months of full running costs is appropriate to mitigate this risk, with an aim to keep the reserve at the top end of this range.

Legacy Equalisation / Risk Management Reserve

This reserve will be to smooth out any year-on-year fluctuations against perceived risks to fundraising and legacy income. Legacies are an important income stream for the hospice, generally comprising around a 25% of total income, but volatile. The charity therefore needs to include legacy income in its cost budgeting, so this reserve is an added contingency to avoid any disruption to day-to-day activity in the event of low legacy receipts in a given year. Funds would be taken from the reserve to make good any shortfall in legacies against the annual budget, unless compensated for by other income streams.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

Asset Management Reserve

An asset management survey has been planned, which would identify potential upgrading and repair work which will be required going forward to the hospice and Ernest Gardiner buildings and plant. The Trustees have agreed therefore to set aside a minimum of 5% of surplus funds in any given year for future work.

Strategic Development Reserve

The Trustees recognise their responsibility to ensure that monies given to the charity are used to further the charity's objects and meet the needs of its beneficiaries. Any funds surplus to those required for the other designated reserve funds are held in a strategic development reserve. The strategic development reserve is earmarked to contribute to the funding of the charity's strategic aims, whether for revenue or capital expenditure. Some of this reserve was drawn on last year to support the exceptional item of expenditure. Part of the strategic development reserve is held in investment with Evelyn Partners yielding an income.

Restricted Reserve

Some funds are given to the charity to use for specific purposes and where this is the case they are held on trust in a restricted reserve and drawn on as the funds are required for the purposes for which they were given. Where a capital asset is bought with the funds, the reserve is drawn down in line with the depreciation of the asset rather than in totality at the time of purchase.

Designated Fixed Asset Reserve

This represents the net book value of the hospice's amount of the total reserves that are tied up in tangible fixed assets that cannot be realised easily, mainly the hospice buildings, plant and equipment, and Furniture and Fittings. It has been setup to assist in identifying funds which are not free funds, as Garden House Hospice Care are not able to draw down on this reserve, which represents the value of its fixed assets as shown on the balance sheet.

As of 31 March 2024, the charity had a total reserve of £10.31m (2022-2023: £10.98m), represented as follows:

Funds	2024 £	2023 £	Description
Designated Reserves	6,442,176	6,281,403	The designated fixed asset fund represents the net book value of Garden House Hospice Care. <i>These are tangible fixed assets which are not free funds.</i>

Reserves excluding fixed asset funds.

Restricted Reserves	257,302	31,667	These are restricted for specific projects.
Strategic Development and Asset Management Reserves	2,944,166	2,751,135	This covers our planned and preventative maintenance programme.
Risk Management Reserves	670,301	1,874,397	General purposes - this is against perceived risks to income.
Total	10,313,945	10,938,602	

For the financial year ending 31 March 2025. The Board of Trustees approved the sum of £1,461,765 of expenditure from our Reserves. The use of reserves is to support the 2024/25 deficit budget to enable the organisation to continue to provide the much-needed services to the community.

Investment policy

GHHC invests the funds held in its free and restricted reserves accounts to gain a financial return. GHHC appointed an investment manager, Evelyn Partners with the aim of generating an absolute return above the consumer price index.

The investment policy differentiates between:

- short term reserves, to be held in bank accounts, to provide financial security against fluctuating income streams and expenditure patterns; and
- medium and long-term reserves to be held in a portfolio based on a strategic asset allocation. Investments will be substantially held in index tracker funds.

The allocation of assets for investment is determined in relation to the Hospice's cash flow projections.

During the year, the charity made gains on its investments of £78,948 (2023: losses of £108,212).

Principal Risks and Uncertainties

GHHC has a formal risk management process through which the Senior Leadership Team identifies the major risks to which the organisation may be exposed and has ranked these by likelihood and impact, culminating in risk control documents which are updated on a regular basis.

All significant risks, together with current mitigation actions, are reviewed regularly throughout the year by the Board of Trustees and committees of the Board. The Trustees are satisfied that systems have been developed and are in place to mitigate identified risks to an acceptable level.

All staff and volunteers are required to train to ensure that they are familiar with the operating systems of the Hospice and the risks of the activities in which they are involved.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

The principal risks and uncertainties identified by the charity are as follows:

Risk identified	Action taken to mitigate the risk.
A significant fall in voluntary income	Income is monitored closely. Comprehensive management accounts are presented to the Finance and General Purposes Committee six times a year and then to each meeting of the Board of Trustees (at least 6 meetings per calendar year) with monthly and year-to-date figures. Similar considerations apply in the case of the Trading Company where management accounts are offered to each meeting of the Board of the Trading Company (also at least 6 meetings per year). The progress of key fundraising events is reported by the Director of Income Generation to Trustees on a regular basis. Close control of expenditure in both GHHC and the Trading Company is the other side of the equation. The importance of an adequate level of reserves is crucial and the reserves policy is noted elsewhere.
Unsafe or poor clinical practice	There are policies in place to ensure the recording and investigation of incidents in clinical areas. All clinical incidents are reviewed at the Health & Safety Meeting with monthly reporting and review of quality metrics at the Clinical Team Leaders meeting. Incidents which require a change of practice are presented at the Hospice Clinical Governance Committee. This is supplemented by having an education and learning programme in place.
Adequate clinical staff to ensure safe clinical practice	Close monitoring of patient dependency and staff skills mix, and regular review of the Hospice case load are in place. There is flexibility with bank staff who cover during periods of holiday or sickness.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

Governing Document

Garden House Hospice Care is a company limited by guarantee incorporated on 25th July 1986 (Company Number 02040989, Registered Office Gillison Close, Letchworth Garden City, Herts SG6 1QU) and registered as a charity on 23rd September 1986 (Charity Number 295257). Its Memorandum and Articles of Association govern GHHC. In the event of GHHC being wound up, the members are required to contribute an amount of £1 each.

The Trustees comply with the objects of, and work within the scope of the powers set out in, the Memorandum of Association. The Trustees follow the seven principles of good governance as set out in the 2017 Good Governance Code for larger charities.

Public Benefit

The Trustees have paid due regard to the Charity Commission's Public Benefit Guidance and complied with section 17 of the Charities Act 2011 in exercising their powers and duties.

They note that were it not for GHHC and its work, adult hospice care would not be available in Stevenage and North Hertfordshire.

At the time GHHC was established in 1986, its two founding principles were that all treatment and care would be offered to the public without discrimination - that is without regard for age, race, colour, religion, gender, sexual orientation, or financial means of the patient - and that all treatment and care would be supplied free of charge.

The Trustees are proud to confirm that GHHC has not deviated from those principles.

Recruitment and Appointment of Trustees

Trustees are recruited by a professional interview process. The Board considers candidates for appointment as Trustees after being duly proposed usually by existing Trustees, associated professionals, or staff; or following advertisement. Trustees must be members of GHHC. The Trustees seek to ensure that all proposed Trustees enhance the existing committed and diverse body of Trustees, come from a variety of backgrounds with experience relevant to the work and management of GHHC, and can provide the necessary commitment before being elected.

Trustees' Induction and Training

All potential Trustees undergo a period of induction during which they are shown all aspects of GHHC's work, attend relevant meetings and identify with their area of particular interest or expertise.

Trustees must prove their eligibility for trusteeship (Fit and Proper Person Test), sign a formal declaration to that effect, and have a Disclosure and Barring Service check.

All existing and potential Trustees are expected to familiarise themselves with the Charity Commission Guidance CC3 "The Essential Trustee" and Companies House's document "Life of a Company part 1; Annual requirements". They have access to national training opportunities specifically for Trustees. Links with

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

Trustees from other hospices are fostered and opportunities for training within the wider hospice movement can be accessed as appropriate. All Trustees have easy access to all policy and report documents relating to the GHHC's activities. Personal copies of key documents such as the Memorandum and Articles of Association are provided.

Organisational Structure

The Trustees meet for Board meetings at least six times throughout the year. There are also a similar number of meetings of two committees: Finance and General Purposes, Hospice Care and Clinical Governance; a sub-committee; and the Trading Board. The CEO and members of the Senior Leadership Team attend and provide reports for all meetings. Additional meetings are scheduled if/when necessary. Minutes of the previous meeting together with the agenda and relevant papers for the forthcoming meeting are circulated in advance. The Trustees individually represent the Board on several internal forums and are, increasingly linked to specific areas of the Hospice's work. Three of the Trustees are also Directors of the Trading Company, Garden House Hospice Trading Limited.

A programme of announced visits by two Trustees to a particular area of GHHC's work results in improved communication between the Board of Trustees and volunteers and staff. Each visit gives rise to an action plan which is discussed and monitored by the Board.

The Trustees establish the strategic plan and approve relevant policies. A scheme of delegation is in place whereby senior managers are responsible for the overall day-to-day management of the organisation and for ensuring that policies are adhered to, and plans brought to fruition.

The Chief Executive is Lisa Hunt. The Senior Leadership Team members at 31 March 2024 were:

Medical Director:	Dr Sarah Bell
Director of Patient Services:	Elizabeth Kennedy
Director of Income Generation:	Carla Pilsworth
Director of Finance & Resources:	Edith Yembra
Director of People:	Derek Turnbull

The members of the Senior Leadership Team attend the Trustees' meetings but do not have voting rights. From time-to-time other members of staff, independent advisers, or experts in various fields are invited to attend meetings for specific purposes to support or facilitate the Trustees' decisions.

The Senior Leadership team support 226 staff and up to 1,422 volunteers whose contribution is crucial to the success of the charitable work and fundraising. Donated services, in the form of voluntary help, are not reflected in the Statement of Financial Activities.

Volunteers support the work of GHHC by providing assistance as receptionists, serving light refreshments to patients and visitors, flower arranging, undertaking administrative tasks, working as Compassionate Neighbours, working within the Day Services and In-patient Unit, gardening, and providing transport for patients and fundraising. Volunteers also make a considerable contribution towards the work of the Trading Company as shop assistants and helping with the sorting and delivering of donations from the Distribution Centre.

GHHC is an equal opportunities employer.

GHHC is a member of Hospice UK which is an umbrella organisation. However, it does not impact on the operating policies of GHHC.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

Pay Policy for senior staff.

The Trustees consider that the Board of Trustees and the Senior Leadership Team comprise the key management personnel of the charity in charge of directing and controlling, running, and operating the Charity on a day-to-day basis. All Trustees give of their time freely and no Trustee received remuneration in the year.

Details of Trustees' expenses and related transactions and Senior Leadership Team salaries are disclosed in note 6 to the accounts. The pay of the Chief Executive and members of the Senior Leadership Team and all staff are reviewed annually and normally increased in accordance with average earnings to reflect a cost-of-living adjustment. In view of the nature of the charity, the Trustees benchmark remuneration against pay levels in other charities. The remuneration benchmark is the mid-point of the range paid for similar roles in similar charities of similar size.

Trustees

The Trustees who served during the year were:

Mr Stephen Mellish^{1,2,3} (Chairman)
Dr Simon Chatfield¹
Mr Richard Dearden²
Mrs Melanie Flynn²
Mr Roger Gochin², (Retired 29.11.23)
Professor Shahid Khan¹ (Resigned 19.04.24)
Mrs Gemma Manning³
Mrs Rhona Seviour³
Mr James Silsby² (Resigned 29.02.24)
Mrs Jennie Mattin¹
Dr Pauline Williams³
Mr Christopher Dare² (Appointed 29.11.23)
Mrs Joanna Heneker (Appointed 26.03.24)

Committees

1. Clinical Governance.
2. Finance and General-Purpose.
3. People and Culture.

In accordance with Article 39 of the Hospice Articles of Association there are no Trustees retiring by rotation at the Annual General Meeting:

Trustees' Interest in the Shares of the Hospice

GHHC is a company limited by guarantee and not having a share capital, therefore the Trustees have no financial interest other than the extent of the limited guarantee as denoted in the Memorandum of Association of the Hospice.

Trustees' Responsibilities

The Trustees (who are also the directors of GHHC for the purposes of company law) are responsible for preparing the Trustees' Annual Report and Accounts in accordance with applicable law and regulations. Company law requires the Trustees to prepare accounts for each financial year. Under that law the Trustees have elected to prepare the accounts in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law).

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

Under company law, the Trustees must not approve the accounts unless satisfied that they give a true and fair view of the state of affairs of the charity and of the group and the incoming resources and application of resources, including the net income or expenditure of the group for the year.

In preparing those accounts, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP.
- Make judgments and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts.
- Prepare the accounts on a going concern basis unless it is inappropriate to presume that the charity will continue in operation.

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

In so far as the Trustees are aware:

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

Annual Delivery Plan 2024/2025

Strategic roadmap

Last year we developed the operating model to deliver on Garden House Hospice Care's strategic goals. This two-year plan set out the emerging clinical models to expand our clinical reach whilst recognising the economic challenges that lay ahead.



During 2023/2024 our improvement journey commenced. Improving our responsiveness, our productivity and value for money - whilst developing and implementing innovative care models to address future need.

For the coming year 2024/2025 our focus will be: —

- To complete the roll out of the patient pathways, embedding the new models of care into business as usual.
- Maintain a 'can do' continuous improvement culture, improving our outcomes and financial stability

Our annual priorities 2024/2025

The five annual priorities for 2024/2025 are to:

1. Increase the reach of all our services into our local neighbourhoods by continuing the roll out of our Frailty Service for the moderate to severely frail who benefit from palliative and end of life care.

It is important that we build on the progress made during 2023/2024 to complete the roll out of the Frailty model across the whole patient pathway, ensuring equity of service provision for all patients requiring palliative and end of life care. We will achieve this by: —

- Developing links into the emerging Integrated Neighbourhood Teams across Place by November 2024 - enabling early identification and intervention of all people who require our services. —
- Expand Compassionate Neighbours and increase Wellbeing Hubs aligned to pathways into and out of clinical services. —
- Commence ambulatory care services within IPU. —
- Develop rapid access services from the emergency stack held with Ambulance Control to prevent admissions. Enhance the 24hr Advice Line ensuring links to advice, review, and admission. —
- Fully integrate our clinical services - aligning capacity to demand.

2. Working within our budget allocation, make every penny count. Maximise the income generated from our Fundraising team and Trading Company, constantly horizon scanning for potential new income streams.

Last year we set ourselves a challenging 3-year improvement trajectory to break even.

At the end of 2023/2024 we improved our financial position, reducing our deficit to -£700,000. Our control target for 2024/2025 is £559,000.

To achieve this financial position, we need: —

- To make in-year return on investment of 24% within our Trading company and 70% ROI across all other areas of Income Generation. —
- To deliver continued reduction in run rate overspends, delivering new activity with minimal extra cost.
- To look for potential efficiencies through procurement and clinical productivity gains together with generating further efficiencies from our Transformation Programme. —
- To focus on delivering improved efficiencies within the Trading Company maximising our return on investment and securing our income target for 2024/2025.

The financial plan is largely funded from £2,753,220 charity contributions, £452,000 trading profit, £181,300 income from training and conferences and NHS income based on outturn plus a 3% uplift on the 2023/2024 contract value. Within the plan we have budgeted for:

1. Capital expenditure of £115,354 schemes across Estates, IT and clinical equipment.
2. Resource funding of c£300,000 required to expand our clinical services.
3. A contingency of £75,000 to complete on our commitment to align pay to NHS pay scales and maintain our competitiveness within the market.
4. Pay increases of 3% on top of the living wage uplift.

3. Invest in our staff and strengthen our resilience to enable our organisation to become more agile and responsive to future opportunities.

Our workforce is the driving force behind what we deliver as an organisation, for our patients and our community.

It is vital that we develop our relationships and support our people in becoming the best at what they do. When our staff perform at their best, we deliver the highest quality of care and patient experience, this makes staff proud to work for our organisation and act as positive advocates for us as a provider of palliative and end of life care and an employer of choice.

People performing at their best requires sustained effort and contribution on their part, together with a working environment that encourages and supports excellence all of the time.

The following planned actions are reflective of these goals: —

- Develop a competency-based framework approach to reward and recognition.
- Using the competency-based framework to undertake a review of roles and pay aligning where possible to NHS pay scales. In doing so, we will remain competitive in the workforce market.
- Develop our staff - each member of staff will have a training programme aligned to their objectives. Provide our people with the knowledge and resources to enable them to integrate EDI into our daily work, ensuring EDI is at the heart of our processes and decision making, developing a culture where everyone feels they belong. —
- Succession planning for the future.

4.Ensure that Garden House Hospice Care is recognised as an efficient and thriving organisation worthy of future investment and known as ‘great’ at what it does.

Patient experience, patient safety and clinical effectiveness are the three aspects of quality in health care provision, and a high-quality service exhibits all three.

We are known to be a ‘good’ provider of palliative and end of life services, but we aim to be ‘great’. To achieve this, we need to benchmark in the upper quartile across all aspects of the business if we are to provide every patient who needs our services with a high quality, personalised experience, at every contact - every time.

In the coming year we will: —

- Roll out the Integrated Governance improvement programme. —
- Develop a quality improvement and audit programme linked to outcomes, feedback and thematic reviews.

5.Ensure that Garden House Hospice Care is recognised as an organisation that is championing positive change to protect our planet.



During 2023/2024 we developed our sustainability strategy ‘Our Planet’ and supporting objectives.

Our sustainability programme of work is realistic and achievable. Our focus over the next 12 months will be to build sturdy foundations within our organisation and harness a culture that champions positive change.

We will achieve this through training our people and embedding sustainability into their roles. When we work in partnership or procure services, we will actively work to ensure our sustainable goals align.

We will develop standards that deliver on our goals across our estate, making informed decisions on environmental impact.

Transformation programme 2023/2025 - 'From Good to Great'

We will continue to evaluate our services, our support functions and processes across all areas within the organisation during 2024/2025 and apply a programme management approach to design and delivery.

Our focussed programmes for the coming year will be:

1. Our Estate

- Continue to improve our inpatient facilities including completion of the Ambulatory Care model.
- Maintain the space review programme - aligning our space to our operating plan.
- Address any health and safety issues associated with our estate portfolio and ensure they are fit for purpose, promoting a good working environment for our staff.
- Create the right facilities to support our aspiration to offer conference facilities and training.

2. Digital

Maximising the benefits from our Digital platform, continuing our ambition to digitise, connect and transform services safely and securely.

Ensuring smart foundations and fit for purpose IT platforms enable us to be:

- Well-led
- Safe
- Empowered
- Improves care

3. Quality and governance improvement programmes

During the year we have completed an in-depth review against the CQC key lines of enquiry. We have a good understanding of where we are and the improvements that we need to make this year. Task and finish project groups have been established and a programme management approach applied.

4. Clinical models

We will continue to review our demand and capacity, further driving up productivity and improving pathways, processes and system alignment. Developing the next phase of the Frailty model will become essential to delivering on our commitment to cover the whole patient journey.

In approving this Trustees' Report, the Trustees are also approving the Strategic Report of the company, in their capacity as company directors.

Approved by the Trustees on 23rd October 2024 and signed on their behalf by:



Mr Stephen Mellish
Chairman of Trustees

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

Opinion

We have audited the financial statements of Garden House Hospice Care for the year ended 31 March 2024 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Charity Balance Sheets, the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including 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 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 Chairman's Report and in the Trustees' 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.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

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 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company; 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 pages 27 and 28, 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 groups 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 health and social care and charity and company law applicable in England and Wales, 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

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

a direct impact on the preparation of the financial statements such as the Companies Act 2006 and the Charities Act 2011 and consider other factors such as sales tax and payroll tax.

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 the improper recognition of revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- 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;
- Reviewing the cut-off of income recognised to consider whether income had been recognised in the correct accounting period; 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.



Lee Stokes (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP,
Statutory Auditors

10 Queen Street Place
London
EC4R 1AG

Date: 23 October 2024

GARDEN HOUSE HOSPICE CARE

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (Incorporating an income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2024

	Note	Unrestricted Funds £	Restricted Funds £	Total 2024 £	Total 2023 £
Income from:					
Donations and legacies					
Donations, legacies, and grants	2	1,917,650	356,677	2,274,327	1,202,848
Charitable activities					
NHS funding	3	2,103,416	-	2,103,416	2,107,627
Other trading activities					
Shop income and fundraising	7	2,708,958	-	2,708,958	2,502,662
Fundraising events		539,944	-	539,944	579,732
Investments	4	76,996	-	76,996	63,184
Other income		137,915	-	137,915	68,200
Total income		<u>7,484,879</u>	<u>356,677</u>	<u>7,841,556</u>	<u>6,524,253</u>
Expenditure on:					
Raising funds					
Trading activities	5	2,137,669	-	2,137,669	1,831,465
Donations and grants	5	288,286	-	288,286	248,069
Fundraising	5	712,120	-	712,120	714,778
Charitable activities	5	5,276,044	131,042	5,407,086	4,475,402
Total expenditure		<u>8,414,119</u>	<u>131,042</u>	<u>8,545,161</u>	<u>7,269,714</u>
Net operating surplus/(loss)		(929,240)	225,635	(703,605)	(745,461)
Net gains / (losses) on investments	10	78,948	-	78,948	(108,212)
Net (expenditure) / income		(850,292)	225,635	(624,657)	(853,673)
Transfers between funds		-	-	-	-
Net movement in funds		(850,292)	225,635	(624,657)	(853,673)
Total funds brought forward		10,906,935	31,667	10,938,602	10,938,602
Total funds carried forward	20	<u>10,056,643</u>	<u>257,302</u>	<u>10,313,945</u>	<u>10,938,602</u>

The notes on pages 38 to 54 form part of these financial statements.

The Statement of Financial Activities includes all gains and losses in the year. All income and expenditure derive from continuing activities.

Full comparative figures for the year ended 31 March 2023 are shown in note 23.

CHARITY AND CONSOLIDATED BALANCE SHEETS

AS AT 31 MARCH 2024

		Group		Charity	
	Note	2024 £	2023 £	2024 £	2023 £
FIXED ASSETS					
Tangible assets	9	6,442,176	6,281,403	6,117,578	6,098,448
Investments	10	2,944,066	2,751,135	2,944,166	2,751,235
		<u>9,386,242</u>	<u>9,032,538</u>	<u>9,061,744</u>	<u>8,849,683</u>
CURRENT ASSETS					
Stock	11	2,678	3,769	-	-
Debtors	12	1,252,875	756,902	1,513,805	1,130,474
Cash at bank and in hand		1,062,862	1,781,748	769,704	1,381,824
		<u>2,318,415</u>	<u>2,542,419</u>	<u>2,283,509</u>	<u>2,512,298</u>
CREDITORS: amounts falling due within one year	13	<u>(1,390,712)</u>	<u>(636,355)</u>	<u>(1,031,308)</u>	<u>(423,379)</u>
NET CURRENT ASSETS		<u>927,703</u>	<u>1,906,064</u>	<u>1,252,201</u>	<u>2,088,919</u>
NET ASSETS	22	<u><u>10,313,945</u></u>	<u><u>10,938,602</u></u>	<u><u>10,313,945</u></u>	<u><u>10,938,602</u></u>
FUNDS OF THE CHARITY					
Unrestricted funds					
General		3,614,467	4,625,532	3,939,065	4,808,487
Designated		6,442,176	6,281,403	6,117,578	6,098,448
		<u>10,056,643</u>	<u>10,906,935</u>	<u>10,056,643</u>	<u>10,906,935</u>
Restricted funds		257,302	31,667	257,302	31,667
	20	<u><u>10,313,945</u></u>	<u><u>10,938,602</u></u>	<u><u>10,313,945</u></u>	<u><u>10,938,602</u></u>

The unconsolidated deficit of GHHC was £624,657 (2023: deficit £853,673).

The financial statements were approved and authorised for issue by the Board of Trustees on 23rd October 2024 and were signed below on its behalf by:



Mr. Stephen Mellish
Chairman of Trustees

The notes on pages 38 to 54 form part of these financial statements.

CONSOLIDATED STATEMENT OF CASH FLOWS

	Note	2024 £	2023 £
CASH PROVIDED BY / (USED IN) OPERATING ACTIVITIES	17	<u>(318,335)</u>	<u>150,756</u>
CASH FLOWS FROM INVESTING ACTIVITIES:			
Dividends, interest, and rents from investments		21,456	12,550
Investment Additions		(625,928)	(1,363,108)
Investment Disposals		216,446	587,547
Movement in investment cash		295,498	(262,045)
Purchase of property, plant, and equipment		<u>(308,023)</u>	<u>(191,904)</u>
CASH PROVIDED BY / (USED IN) INVESTING ACTIVITIES		<u>(400,551)</u>	<u>(1,216,960)</u>
(DECREASE) / INCREASE IN CASH AND CASH EQUIVALENTS		(718,886)	(1,066,204)
Cash and cash equivalents at the beginning of the year		<u>1,781,748</u>	<u>2,847,952</u>
Cash and cash equivalents at the end of the year	18	<u><u>1,062,862</u></u>	<u><u>1,781,748</u></u>

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:

Basis of preparation

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

Garden House Hospice Care 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).

Preparation of accounts on a going concern basis

The trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern. The funding uncertainty may have an impact on future revenue and costs but continual review of our financial position, reserves levels and future plans gives Trustees confidence the charity remains a going concern for the foreseeable future (being a period of at least twelve months from the date of approving these financial statements).

Critical accounting judgements and estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the charities accounting policies and the reported assets, liabilities, income and expenditure and the disclosures made in the financial statements. 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. Specific judgements taken are included elsewhere within this note, including those over the depreciation rates utilised and the non-depreciation of the Garden House Hospice premises.

Group financial statements

The financial statements consolidate the results of the charity and its wholly owned subsidiary Garden House Hospice Trading on a line-by-line basis. 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.

Income recognition

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

Donations and legacies

Receipt of a legacy must be recognised when it is probable that it will be received. Receipt is normally probable when:

There has been grant of probate, the executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy, and any conditions attached to the legacy are either within the control of the charity or have been met.

Grants

Clinical commission groups' grants are credited to the Statement of Financial Activities in the year in which they are receivable. Grants related to specific deliverables are included once the performance has been considered completed. Where income is received in advance of performance its recognition is deferred and included in creditors. Where entitlement occurs before income is received the income is accrued.

Shop income, fund-raising sales and lottery income

Income from the commercial activities of operating shops (mainly selling donated goods), fund-raising sales and lottery are included in the year in which the group is entitled to receipt.

Investment income and rental income

Income from investments and from rental is included in the Statement of Financial Activities in the year in which it is receivable.

Fundraising

Income from fundraising events is included in the year during which the event took place.

Expenditure recognition

Expenditure, including any irrecoverable VAT, is included in the financial statements on an accruals basis and is recognised when there is a legal or constructive obligation to make payment to a third party.

Expenditure is allocated to the particular activity where the cost relates directly to that activity. Other costs are apportioned to areas of activity based on the staff time or usage attributable to each area.

Fixed assets

Fixed assets are stated at cost less accumulated depreciation and impairment losses. Depreciation is calculated to write off costs on a straight-line basis as follows:

Furniture and fittings	- Over five or ten years
Office equipment	- Over five years
Motor vehicle	- Over five years

The buildings are maintained as a matter of policy, by a programme of repair such that the residual values of the buildings taken as a whole are at least equal to the book value. This policy is regularly reviewed by the trustees who are satisfied it remains appropriate given the rebuild costs which would be required and taking into account the service potential of the building (i.e., it continues to be used for charitable activities and therefore brings significant benefit). Having regard to this it is the opinion of the Trustees that depreciation of any such property as required by the Companies Act 2006 and the accounting standards would be immaterial to the financial statements especially as there is a very long lease in place. Any permanent diminution in value of such buildings would be charged to the Statement of Financial Activities as appropriate.

Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments, including trade and other debtors and creditors are initially recognised at transaction value and subsequently measured at their settlement value.

Investments

Investment in subsidiary

The investment in the subsidiary is stated at cost, less any provision for any permanent diminution in value.

Other investments

Investments are shown in the financial statements at market value, taken to be the bid price ruling at the balance sheet date. Gains and losses arising on disposals of investments are recognised in the Statement of Financial Activities. Unrealised gains and losses, upon restating investments to market values at the balance sheet date, are recognised in the Statement of Financial Activities.

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.

Stock

Stock is stated at the lower of cost and net realisable value. Items donated for resale are included in the financial statements when they are sold. The Trustees consider that the time and cost involved in valuing the donated goods at the time of donation and including them as stock at the year end, outweigh the benefit to the user of the accounts.

Pensions

The Charity operates and contributes to the following pension schemes:

- National Health Service Superannuation Pension Scheme (a multi-employer defined benefit scheme accounted for as a defined contribution scheme); and
- A Group Personal Pension Plan scheme managed by Standard Life (a defined contribution scheme)

Employees entitled to join the National Health Service Superannuation Pension Scheme are required to contribute a percentage of salary according to the scheme's rules. Employees who join the Standard Life Pension Scheme are required to contribute a minimum of 3% of salary.

Other 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.

Leasing commitments

Rentals paid under operating leases are charged to income on a straight-line basis over the lease term.

Gifts in Kind

The Hospice receives donated services in the form of voluntary help. In line with section 6 of the Charities SORP (FRS 102) this is not reflected in the Statement of Financial Activities as the financial value of the contribution of volunteers is not quantifiable.

Fund accounting

Funds held by the Charity are:

Unrestricted general funds

These are funds which can be used in accordance with the charitable objects at the discretion of the Trustees.

Designated funds

These are funds set aside by the Trustees out of unrestricted general funds for specific future purposes or projects together with funds transferred from restricted funds when no restrictions are considered to remain.

Restricted funds

These are funds that can only be used for particular restricted purposes within the objects of GHHC. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanations of the nature and purpose of each fund is included in Note 19.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2024

2. DONATIONS AND LEGACIES

	2024 £	2023 £
Donations	508,426	349,499
Legacies	1,291,508	674,699
Charitable foundations	474,393	178,650
	<u>2,274,327</u>	<u>1,202,848</u>

3. INCOME FROM CHARITABLE ACTIVITIES

	2024 £	2023 £
NHS East and North Hertfordshire	2,016,889	2,029,871
NHS Beds, Luton & Milton Keynes	86,527	77,756
	<u>2,103,416</u>	<u>2,107,627</u>

4. INVESTMENT INCOME

	2024 £	2023 £
Bank interest received	21,456	12,550
Investment income	55,540	50,634
	<u>76,996</u>	<u>63,184</u>

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2024

5. TOTAL EXPENDITURE 2024	Hospice Charitable Activities						Total
	Commercial activities	Donations & Grants	Fundraising	Inpatient Care	Day Services	Hospice at Home	
Costs directly allocated to activities:							
Staff costs	1,149,229	242,476	513,470	2,831,606	473,512	1,144,809	6,355,102
Cost of sales & services	184,952	9,018	106,573	224,857	85	333	525,818
Travel	17,506	-	1,195	6,342	396	35,688	61,126
Audit & accountancy	4,002	376	928	4,577	708	1,764	12,355
Support costs allocated to activities:							
Hire of land, buildings & equipment	400,210	2,874	7,100	35,002	5,417	13,495	464,098
Premises costs	201,697	22,465	55,494	273,593	42,341	105,481	701,071
Communication	17,980	2,972	7,342	36,197	5,602	13,955	84,048
Legal & professional fees	50,782	5,445	13,451	66,317	10,263	25,568	171,826
Audit & accountancy	4,002	376	928	4,577	708	1,764	12,355
Depreciation	82,012	3,034	7,493	36,944	5,717	14,243	149,443
Bank charges	25,297	279	688	3,393	525	1,308	31,490
Other	-	(1,029)	(2,542)	(13,199)	(1,940)	(4,862)	(23,572)
	2,137,669	288,286	712,120	3,510,206	543,334	1,353,546	8,545,161
TOTAL EXPENDITURE 2023							
Costs directly allocated to activities:							
Staff costs	1,013,898	211,057	479,896	2,311,880	382,221	1,022,405	5,421,357
Cost of sales & services	189,477	9,868	155,551	232,113	9,008	1,010	597,027
Travel	16,827	-	1,122	21,959	3,828	1,285	45,021
Audit & accountancy	2,245	315	907	3,658	563	1,460	9,148
Support costs allocated to activities:							
Hire of land, buildings & equipment	312,805	1,375	3,964	15,980	2,460	6,381	342,965
Premises costs	141,217	18,168	52,349	211,015	32,488	84,268	539,505
Communication	29,329	2,828	8,150	32,852	5,058	13,119	91,336
Legal & professional fees	23,233	2,684	7,732	31,169	4,799	12,447	82,064
Audit & accountancy	2,245	315	907	3,657	563	1,460	9,147
Depreciation	74,183	2,665	7,678	30,948	4,765	12,359	132,598
Bank charges	26,006	273	786	3,167	488	1,265	31,985
Other	-	(1,479)	(4,263)	(17,189)	(2,645)	(6,863)	(32,439)
	1,831,465	248,069	714,779	2,881,209	443,596	1,150,596	7,269,714

Support costs include governance costs of £24,254 (2023: £18,290)

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2024

5. TOTAL EXPENDITURE (continued)	2024 £	2023 £
Included in total expenditure:		
Depreciation - owned assets	147,251	132,485
Auditor's remuneration:		
Audit fees	16,250	13,800
Operating lease charges:		
Hire of equipment	62,150	30,161
Hire of land and buildings	400,210	312,805
	<u>6,355,102</u>	<u>5,421,357</u>

6. STAFF COSTS AND NUMBERS.

	2024 £	2023 £
Salaries and wages	5,583,580	4,825,566
Social security costs	432,050	336,312
Pension costs	339,472	259,479
	<u>6,355,102</u>	<u>5,421,357</u>

Included in the above are termination/ex-gratia payment of £0 (2023: £23,500).

	Number	Number
Charity and group:		
The average number of employees analysed by function:		
Income generation	14	14
Retail	64	68
Clinical	91	88
Administration and other activities	57	53
	<u>226</u>	<u>223</u>
The number of employees whose emoluments as defined for taxation purposes amounted to over £60,000 in the year were as follows:		
£60,001 - £70,000	1	-
£70,001 - £80,000	-	-
£80,001 - £90,000	3	2
£90,001 - £100,000	-	1
£100,001 - £110,000	1	-
£110,001 - £120,000	1	-
	<u>6</u>	<u>3</u>

The key management personnel of the group are considered to be the Senior Leadership Team listed on page 1. The total employee benefits of the key management personnel of the Group were £566,563 (2023: £535,927).

The Trustees provide their services voluntarily and are not included in the above analysis. During the year, one trustee received travel expenses of £0 (2023: £89). The directors of the subsidiary undertaking provide their services voluntarily and are not included in the above analysis. The directors of the subsidiary undertaking had no expenses paid to them throughout the current or previous year.

7. SHOP INCOME, FUNDRAISING SALES, LOTTERY INCOME AND RELATED EXPENDITURE

	GHHC	Charitable	Total	GHHC	Charitable	Total
	£	Trading	2024	£	Trading	2023
		£	£		£	£
Shops and fundraising sales						
Turnover from donated goods	-	2,438,839	2,438,839	-	2,238,852	2,238,852
Retail gift aid	-	50,259	50,259	-	62,518	62,518
Turnover from purchased goods	-	22,160	22,160	-	30,169	30,169
Shop and fundraising sales income	-	2,511,258	2,511,258	-	2,331,539	2,331,539
Cost of sales	-	184,952	184,952	-	189,478	189,478
Management and admin expenses	-	1,952,717	1,952,717	-	1,641,987	1,641,987
Shop expenditure	-	2,137,669	2,137,669	-	1,831,465	1,831,465
Lottery						
Income from lottery	197,700	-	197,700	171,123	-	171,123
Operating expenses						
Management and admin expenses	-	-	-	-	-	-
Lottery expenditure	-	-	-	-	-	-
Net income from shops and fundraising sales	-	273,071	273,071	-	500,074	500,074
Net income from lottery	197,700	-	197,700	171,123	-	171,123
Net income from trading	197,700	273,071	470,771	171,123	500,074	671,197

The charitable income from the sale of donated and purchased goods is through shops at various town locations throughout North Hertfordshire. The charitable income from the lottery was generated through a weekly lottery operated by Local Hospice Lottery Ltd.

8. RELATED PARTY TRANSACTIONS

Transactions between the parent charity and its subsidiary comprised:

- Interest charged by the charity on the loan agreement in place of £8,628 (2023: £5,873)
- Donations collected by the subsidiary on behalf of the charity were £2,321 (2023: £1,023)
- Salary and other costs recharged by the charity to the trading subsidiary of £1,246,261 (2023: £1,013,530)

Donations received from Trustees during the year were £3,681 (2023: £2,875).

As set out in note 6, no Trustee received remuneration.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2024

9. TANGIBLE FIXED ASSETS		Land & buildings Long Leasehold £	Furniture, Fixtures & Fittings £	Equipment £	Motor Vehicles £	Total £
Group						
Cost						
At 31 March 2023		5,908,437	599,008	260,670	39,000	6,807,115
Additions		-	218,600	89,423	-	308,023
At 31 March 2024		5,908,437	817,608	350,093	39,000	7,115,138
Depreciation						
At 31 March 2023		-	406,145	96,441	23,125	525,711
Provided during the year		-	86,983	53,868	6,400	147,251
At 31 March 2024		-	493,128	150,309	29,525	672,962
Net Book Value						
At 31 March 2024		5,908,437	324,480	199,784	9,475	6,442,176
At 31 March 2023		5,908,437	192,863	164,228	15,875	6,281,403
Charity						
Cost						
At 31 March 2023		5,908,437	301,265	184,323	-	6,394,025
Additions		-	35,926	48,337	-	84,263
At 31 March 2024		5,908,437	337,191	232,660	-	6,478,288
Depreciation						
At 31 March 2023		-	229,886	65,690	-	295,576
Provided during the year		-	29,039	36,095	-	65,134
At 31 March 2024		-	258,925	101,785	-	360,710
Net Book Value						
At 31 March 2024		5,908,437	78,266	130,875	-	6,117,578
At 31 March 2023		5,908,437	71,379	118,633	-	6,098,448

The long leasehold buildings represent the capitalised costs of converting the Letchworth Hospital into the Garden House Hospice, together with extensions and improvements carried out in later years.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2024

10. FIXED ASSET INVESTMENTS	Group		Charity	
	2024 £	2023 £	2024 £	2023 £
Investment in subsidiary undertaking	-	-	100	100
Equities and pooled funds	2,944,066	2,751,135	2,944,066	2,751,135
	<u>2,944,066</u>	<u>2,751,135</u>	<u>2,944,166</u>	<u>2,751,235</u>

The wholly owned trading subsidiary, Garden House Hospice Trading Limited, which is incorporated in the United Kingdom, pays all its profits to the charity annually by gift aid.

The principal activities of Garden House Hospice Trading Limited are general merchants and traders.

The charity owns the entire issued share capital of 100 Ordinary Shares of £1 each.

	2024 £	2023 £
Summary of investment		
Shares at cost	<u>100</u>	<u>100</u>
Extracts from the accounts of the subsidiary undertaking		
Summary profit and loss account		
Turnover	2,511,258	2,331,539
Cost of sales and administrative expenses	(2,137,670)	(1,831,465)
Interest receivable less interest payable	(2,555)	(4,284)
Profit on ordinary activities before taxation	<u>371,033</u>	<u>495,790</u>
Tax on profit of ordinary activities	-	-
Profit for the financial year	<u>371,033</u>	<u>495,790</u>
Amount covenanted to the Charity	<u>371,033</u>	<u>495,790</u>
The assets and liabilities of the subsidiary undertaking were as follows:		
Fixed assets	<u>324,598</u>	<u>182,956</u>
Current assets	494,754	633,584
Creditors amounts falling due within one year	(819,252)	(816,439)
Net current assets / (liabilities)	<u>(324,498)</u>	<u>(182,855)</u>
Creditors amounts falling due after one year	-	-
Net assets	<u>100</u>	<u>100</u>
Aggregate share capital and reserves	<u>100</u>	<u>100</u>

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2024

10. FIXED ASSET INVESTMENTS (continued)	2024 £	2023 £
Investments		
Market Value 1 April	2,751,135	1,821,741
Additions during the year	625,928	1,363,108
Disposals	(216,446)	(587,547)
Unrealised investment (losses) / gains	78,948	(108,212)
Movement in cash investment	(295,499)	262,045
Market Value at 31 March 2024	<u>2,944,066</u>	<u>2,751,135</u>
Historic cost 31 March 2024	<u>2,563,851</u>	<u>2,254,434</u>

The investments comprise a portfolio held with Evelyn Partners consisting of a mix of investment types.

11. STOCK	Group		Charity	
	2024 £	2023 £	2024 £	2023 £
Goods for resale	<u>2,678</u>	<u>3,769</u>	<u>-</u>	<u>-</u>

12. DEBTORS	Group		Charity	
	2024 £	2023 £	2024 £	2023 £
Trade debtors	808,617	459,474	765,535	424,943
Profit due from subsidiary under Gift Aid	-	-	372,852	442,976
Other amounts due from subsidiary	-	-	80,000	80,000
Other debtors	19,652	14,527	-	-
Prepayments and accrued income	243,382	207,592	145,749	136,387
VAT recoverable	181,224	75,309	149,669	46,168
	<u>1,252,875</u>	<u>756,902</u>	<u>1,513,805</u>	<u>1,130,474</u>

The amounts owed by the subsidiary undertaking include loans of £80,000 (2023: £80,000) which are unsecured and repayable on demand. Interest was charged on the amount at 5% above Base Rate.

Subsidiary profits are payable under Gift Aid. A deed of covenant is in place which requires the payment to be made.

13. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR	Group		Charity	
	2024 £	2023 £	2024 £	2023 £
Trade creditors	502,359	445,446	177,005	182,762
Accruals and deferred income	658,447	71,160	617,398	40,380
Other creditors	229,906	119,749	236,905	200,237
	<u>1,390,712</u>	<u>636,355</u>	<u>1,031,308</u>	<u>423,379</u>

14. CAPITAL COMMITMENTS

The Trustees maintain a policy of continually enhancing the facilities offered to patients, families, and their guests. There were no capital commitments in the current or prior year.

15. PENSION COMMITMENTS

Garden House Hospice Care

GHHC operates and contributes to the following Pension Schemes:

- To the National Health Service Superannuation Pension Scheme on behalf of those employees who are members of the Scheme.
- To a defined contribution Scheme managed by Standard Life in respect of those employees who are not entitled to be members of the National Health Superannuation Pension Scheme.

The assets of the schemes are held separately from those of GHHC in independently administered funds.

Employees entitled to join the National Health Service Superannuation Pension Scheme are required to contribute as specified by the scheme rules. The annual commitment by GHHC under this scheme is for contributions of 14.3% of gross salary of those employees who are members of this scheme.

All other employees join the Standard Life Pension Scheme and contribute a minimum of 3% of salary. The annual commitment by GHHC under this scheme is for contributions of 5% of gross salary.

Subsidiary

The subsidiary undertaking operates and contributes to a defined contribution pension scheme for those employees who wish to participate. The assets of the scheme are held separately from those of the Company in an independently administered fund. All employees join the scheme and contribute a minimum of 3% of salary.

The estimated GHHC and Subsidiary commitment for contributions to both pension schemes in 2024/2025 is £297,350 (2023/2024: £293,650).

16. OTHER FINANCIAL COMMITMENTS

At 31 March GHHC and its subsidiary undertaking had minimum total commitments under non-cancellable operating leases as set out below:

	GHHC		Subsidiary Undertaking	
	2024	2023	2024	2023
	£	£	£	£
Operating leases which expire:				
Within one year	15,529	16,066	2,578,040	820,695
Within two to five years	22,178	38,508	73,481	444,795
After more than five years	-	-	-	-
	<u>37,707</u>	<u>54,574</u>	<u>2,651,521</u>	<u>1,265,490</u>

The Garden House Hospice Care premises are provided at a peppercorn rent. The lease on the premises expires in 2138.

17. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FROM OPERATING ACTIVITIES

	2024	2023
	£	£
Net movement in funds for the year	(624,657)	(853,673)
Depreciation	147,251	132,485
Net (gains) / losses on investments	(78,948)	108,212
Interest and dividends receivable	(21,456)	(12,550)
(Increase)/decrease in stock	1,091	(926)
increase/(decrease) in debtors	(495,973)	708,420
(Decrease)/increase in creditors	754,357	68,788
Net cash from operating activities	<u>(318,335)</u>	<u>150,756</u>

18. ANALYSIS OF THE BALANCES OF CASH AND CASH EQUIVALENTS AS SHOWN IN THE BALANCE SHEET

	2024	2023
	£	£
Cash at bank and in hand	<u>1,062,862</u>	<u>1,781,748</u>

19. FUNDS**UNRESTRICTED FUNDS****General**

General unrestricted funds comprise the accumulated surpluses arising from the objectives of GHHC which may be used for its charitable purpose at the discretion of the Trustees.

Designated

Designated funds comprise accumulated surpluses where the GHHC trustees have decided to reserve funds for specific purposes. These sums are for fixed assets which benefit the charity.

19. FUNDS (CONTINUED)**RESTRICTED FUNDS**

Restricted funds comprise the value of donations where the donor has requested a specific use for their donation, and where at the date of reporting, the sums have not yet been expended.

At 31 March 2024, restricted funds comprise sums restricted to pay for:

	2024 £	2023 £
Assets for Patients' use	-	-
Patient Services	-	22,017
The Hospice befriending project	7,252	-
Education	50	3,139
Other	250,000	6,511
	<u>257,302</u>	<u>31,667</u>

20. ANALYSIS OF MOVEMENT IN GROUP FUNDS

	Balance 1 April 2023 £	Movement in Resources			Unrealised Investment Gains £	Balance 31 March 2024 £
		Income £	Expenditure £	Transfer £		
Unrestricted funds						
General	4,625,532	7,484,879	(8,414,119)	(160,773)	78,948	3,614,467
Designated	6,281,403	-	-	160,773	-	6,442,176
	<u>10,906,935</u>	<u>7,484,879</u>	<u>(8,414,119)</u>	<u>-</u>	<u>78,948</u>	<u>10,056,643</u>
Restricted funds						
Fixed assets	-	-	-	-	-	-
Patient services	22,017	118	(22,135)	-	-	-
Befriending	-	35,597	(28,345)	-	-	7,252
Education	3,139	2,985	(6,074)	-	-	50
Other	6,511	250,000	(6,511)	-	-	250,000
Frailty Services - IPU	-	67,977	(67,977)	-	-	-
	<u>31,667</u>	<u>356,677</u>	<u>(131,042)</u>	<u>-</u>	<u>-</u>	<u>257,302</u>
Total	<u>10,938,602</u>	<u>7,841,556</u>	<u>(8,545,161)</u>	<u>-</u>	<u>78,948</u>	<u>10,313,945</u>

Transfers between funds reflect additional spend over that available in designated funds.

21. ANALYSIS OF MOVEMENT IN GROUP FUNDS - YEAR ENDED 31 MARCH 2023

	Balance 1 April 2022 £	Movement in Resources			Unrealised Investment Gains £	Balance 31 March 2023 £
		Income £	Expenditure £	Transfer £		
Unrestricted funds	5,369,598	6,430,831	(7,007,266)	(59,419)	(108,212)	4,625,532
General	6,221,984	-	-	59,419	-	6,281,403
Designated						
	<u>11,591,582</u>	<u>6,430,831</u>	<u>(7,007,266)</u>	<u>-</u>	<u>(108,212)</u>	<u>10,906,935</u>
Restricted funds						
Fixed assets	4,441	-	(4,441)	-	-	-
Patient services	48,441	75,078	(101,502)	-	-	22,017
Befriending	94,596	18,256	(112,852)	-	-	-
Education	31,360	-	(28,221)	-	-	3,139
Other	21,855	88	(15,432)	-	-	6,511
Hospice UK Covid-19 Government Grant	-	-	-	-	-	-
	<u>200,693</u>	<u>93,422</u>	<u>(262,448)</u>	<u>-</u>	<u>-</u>	<u>31,667</u>
Total						
	<u>11,792,275</u>	<u>6,524,253</u>	<u>(7,269,714)</u>	<u>-</u>	<u>(108,212)</u>	<u>10,938,602</u>

Transfers between funds reflect additional spend over that available in designated funds.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2024

22. NET ASSETS BETWEEN FUNDS	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Total 2024 £	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Total 2023 £
FIXED ASSETS								
Long leasehold land and buildings	-	5,908,437	-	5,908,437	-	5,908,437	-	5,908,437
Furniture, fixtures and fittings	-	324,480	-	324,480	-	192,863	-	192,863
Equipment	-	199,784	-	199,784	-	164,228	-	164,228
Motor vehicles	-	9,475	-	9,475	-	15,875	-	15,875
Investments	2,944,066	-	-	2,944,066	2,751,135	-	-	2,751,135
	<u>2,944,066</u>	<u>6,442,176</u>	<u>-</u>	<u>9,386,242</u>	<u>2,751,135</u>	<u>6,281,403</u>	<u>-</u>	<u>9,032,538</u>
CURRENT ASSETS								
Stocks	2,678	-	-	2,678	3,769	-	-	3,769
Debtors	1,252,875	-	-	1,252,875	756,902	-	-	756,902
Cash at bank and in hand	805,560	-	257,302	1,062,862	1,750,081	-	31,667	1,781,748
	<u>2,061,113</u>	<u>-</u>	<u>257,302</u>	<u>2,318,415</u>	<u>2,510,752</u>	<u>-</u>	<u>31,667</u>	<u>2,542,419</u>
CREDITORS								
Amounts falling due within one year	(1,390,712)	-	-	(1,390,712)	(636,355)	-	-	(636,355)
NET CURRENT ASSETS	<u>670,401</u>	<u>-</u>	<u>257,302</u>	<u>927,703</u>	<u>1,874,397</u>	<u>-</u>	<u>31,667</u>	<u>1,906,064</u>
TOTAL ASSETS LESS CURRENT LIABILITIES AT 31 MARCH	<u>3,614,467</u>	<u>6,442,176</u>	<u>257,302</u>	<u>10,313,945</u>	<u>4,625,532</u>	<u>6,281,403</u>	<u>31,667</u>	<u>10,938,602</u>

23. COMPARATIVE GROUP STATEMENT OF FINANCIAL ACTIVITIES - 31 MARCH 2023

	Note	Unrestricted Funds £	Restricted Funds £	Total 2023 £
Income from:				
Donations and legacies				
Donations, legacies, and grants	2	1,109,596	93,252	1,202,848
Charitable activities				
NHS funding	3	2,107,627	-	2,107,627
Other trading activities				
Shop income and fundraising	7	2,502,662	-	2,502,662
Fundraising events		579,732	-	579,732
Investments	4	63,184	-	63,184
Other income		68,030	170	68,200
Total income		<u>6,430,831</u>	<u>93,422</u>	<u>6,524,253</u>
Expenditure on:				
Raising funds				
Trading activities	5	1,831,465	-	1,831,465
Donations and grants	5	248,069	-	248,069
Fundraising	5	714,778	-	714,778
Charitable activities	5	4,212,954	262,448	4,475,402
Total expenditure		<u>7,007,266</u>	<u>262,448</u>	<u>7,269,714</u>
Net operating surplus/(loss)		(576,435)	(169,026)	(745,461)
Net gains / (losses) on investments		(108,212)	-	(108,212)
Net income / (expenditure)		(684,647)	(169,026)	(853,673)
Transfers between funds		-	-	-
Net movement in funds		(684,647)	(169,026)	(853,673)
Total funds brought forward		<u>11,591,582</u>	<u>200,693</u>	<u>11,792,275</u>
Total funds carried forward	20	<u>10,906,935</u>	<u>31,667</u>	<u>10,938,602</u>

Accounts

GARDEN HOUSE HOSPICE CARE
(A company limited by guarantee and not having a share capital)
TRUSTEES' ANNUAL REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023

Garden House Hospice Care
Company Limited by Guarantee No. 2040989
Registered Charity No. 295257

Registered Office:
Garden House Hospice,
Gillison Close,
Letchworth Garden City
Herts SG6 1QU

GARDEN HOUSE HOSPICE CARE
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023

CONTENTS	Page
Administrative information	1 - 2
Chairman's Report	3 - 4
Trustees' Report (incorporating the Strategic Report)	5 - 25
Independent Auditor's Report	26 - 28
Consolidated Statement of Financial Activities	29
Charity and Consolidated Balance Sheets	30
Consolidated Cash Flow Statement	31
Notes to the Financial Statements	32 - 48

**GARDEN HOUSE HOSPICE CARE
ADMINISTRATIVE INFORMATION
FOR THE YEAR ENDED 31 MARCH 2023**

PATRONS

Sir Simon Bowes Lyon KCVO
Mr Paul Cherry
Lord and Lady Fellowes
Mrs Sarah Harrison
Sir Oliver Heald QC, MP
MP for Stevenage (Steven McPartland)
MP for Hitchin and Harpenden (Bim Afolamai)
Mrs Diana Laing
The Chairman of North Herts District Council
The Mayor of Royston
The Mayor of Stevenage
The Bishop of St Albans
Mr Richard Whitmore
Mrs Boo Williams

HONORARY VICE PRESIDENTS

Dr Frances Aldridge, Mrs Sally Alford, Mr Ivor Barber, Mr Trevor Bentham, Mrs Mary Blaksley, Mrs Trudy Bunday, Mr Bernard Davies, Mr Andrew Egerton-Smith MBE, Mrs Janet Hill, Mrs Anne Houghton, Mr Anthony Isaacs, Dr Viv Lucas, Mrs Jenny Lupton, Mr Roger Manning, Mrs Janet Nevitt, Dr Catherine Offer, Mr Peter Willmott, Mrs M Guernier, Mr J Bush, Mr John Procter.

TRUSTEES

Mr Stephen Mellish^{1,2,3} (Chairman)
Dr Simon Chatfield¹
Mr Richard Dearden²
Mrs Melanie Flynn²
Mr Roger Gochin²,
Professor Shahid Khan¹ (Co-opted 30.03.22)
Mrs Gemma Manning³ (Co-opted 30.11.22)
Mrs Rhona Seviour³
Mr James Silsby²
Mrs Jennie Mattin¹ (Co-opted 07.06.22)
Dr Pauline Williams³
Sir Tim Wilson DL² (Resigned 31.12.22)

SECRETARY

Mrs Jillian Graves

TREASURER

Mr Roger Gochin

**SENIOR LEADERSHIP TEAM
(KEY MANAGEMENT PERSONNEL)**

Mrs Sue Plummer (Chief Executive Officer) (Resigned 31.10.22)
Mrs Lisa Hunt (Chief Executive Officer) (Appointed 01.01.23)
Dr Sarah Bell (Medical Director)
Mrs Elizabeth Kennedy (Director of Patient Services)
Mr Philip Mahan (Director of Finance - (Resigned 31.10.22)
Ms Edith Yembra (Interim Director of Finance - (Appointed 07.11.2022)
Mrs Carla Pilsworth (Director of Income Generation)
Mr Derek Turnbull (Director of People)

GARDEN HOUSE HOSPICE CARE

ADMINISTRATIVE INFORMATION (continued)

FOR THE YEAR ENDED 31 MARCH 2023

REGISTERED AUDITORS	Haysmacintyre LLP 10 Queen Street Place London EC4R 1AG	
BANKERS	Virgin Money 7 Gold Street Northampton Northamptonshire	Lloyds Bank Plc 1 Bancroft Hitchin Hertfordshire
	The Charities Aid Foundation Kings Hill West Malling Kent	NatWest Bank Station Place Letchworth Garden City Hertfordshire
HONORARY CHARTERED BUILDING SURVEYORS	Robert Lombardelli Partnership St Luke's House 5 Walsworth Road Hitchin Hertfordshire, SG6 1QU	
REGISTERED OFFICE	Garden House Hospice Care Gillison Close Letchworth Garden City Hertfordshire SG6 1QU	
COMPANY NUMBER	02040989	
CHARITY NUMBER	295257	
OPERATING NAME	Garden House Hospice Care	
TRADING COMPANY	Garden House Hospice Trading Limited (Company no. 02671267)	

GARDEN HOUSE HOSPICE CARE

CHAIRMAN'S REPORT

FOR THE YEAR ENDED 31 MARCH 2023

This past financial year has certainly proved, once again, challenging in more ways than one. Having navigated the two years of pandemic and the 'merger that never happened' we then faced the consequences of the worst financial crisis in years.

Implementation of our new 3-year strategy commenced in April 2022. The first year has been more challenging than was foreseen. The main area of contention was the cost-of-living crisis that has impacted everyone. For example, our daily running costs have gone up from £18k per day in 2021 to £20k in just twelve months later. As we all know, there are global events taking place that have created these unfortunate conditions. However, everyone pulled together, and it was admirable that our staff and volunteers did not allow this to in any way, shape or form impact our quality of care to our beneficiaries. Indeed, following an unannounced visit from the CQC we were proud to receive a rating of "Good". Again, testament to all of the hard work and commitment given day in, day out by everyone at Garden House Hospice Care.

We remain committed to developing and implementing a long-term strategy that will ensure we can minimise our impact on the environment, protecting our planet for future generations. To that end we spent more time this year on working towards a new strategy, which we intend to launch in 2023. We are indebted to Jo Henniker, our Advisor to the Board for sustainability, for her generous giving of her time and expertise. This is a new area for us, and we want to get it right.

The year ended with £854k over budget which, for a number of reasons, is unacceptable and unsustainable. Going into the new financial year, and under the leadership and guidance of our new Finance Director, much has been changed in how we set budgets along with how they are reported on and monitored. Although we have agreed to a 'controlled' deficit budget of £700k in the 2023/24 financial year, the plan is to be cost neutral in 3 years. It should be noted that not many hospices in the UK currently run with cost neutral budgets.

The year also saw a number of changes at senior executive and Board of Trustee level. Our CEO of more than seven years, Sue Plummer left in October 2022 as did Finance Director Philip Mahon.

In her time as CEO, Sue provided progressive and dynamic leadership by growing the organisation through expansion of our provisions of care. Her work in leading the hospice through the pandemic was another significant achievement.

With Sue's resignation we then embarked on finding a replacement. I am indebted to the Appointments Committee, led by Pauline Williams for the successful recruitment of our new CEO, Lisa Hunt. Lisa joined in January 2023 and brings with her a wealth of knowledge, skills and experience that spans many areas of the NHS as well as palliative and end of life care.

We have also made two new appointments within the Senior Leadership Team with Liz Kennedy, promoted to the position of Director of Patient Services and Edith Yembra joining the hospice as our Finance Director.

I have full confidence in Lisa and her leadership team in successfully delivering our ambitious 3-year strategy.

Sir Tim Wilson retired from the Board of Trustees at the end of 2022 after eleven years' service. Tim made a real difference to the Board and hospice over that time with his extensive knowledge, skills, and experience. We welcomed both Jennie Mattin and Gemma Manning to the Board. Jennie and Gemma bring a wealth of knowledge, skills, and experience from the worlds of clinical and people and culture respectively.

We continue to assess how and where we can improve our governance. We revised our Articles of Association to reflect how the charity now operates compared to when it was created in the late 1980's, early 1990's. We also introduced a new Board sub-committee that has full focus on our people and our culture. This is such a critical area to spend more time and effort on as it is fundamental in successfully delivering our 3-year strategy.

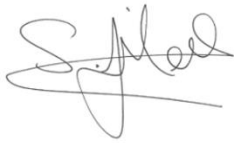
GARDEN HOUSE HOSPICE CARE

CHAIRMAN'S REPORT

FOR THE YEAR ENDED 31 MARCH 2023

It is also with sadness that we were made aware of the passing of former Chair of the Board of trustees, Sheila Ball. Sheila was instrumental in the hospice being established in the first place.

And finally, I couldn't end my report without the customary but sincere thanks and appreciation to all staff and volunteers who make this organisation what it is. The people and organisations from across our community who support our work are invaluable and on behalf of the Board of Trustees I would like to thank you all once again and look forward to your continued support in the years ahead.

A handwritten signature in black ink, appearing to read 'Steve Mellish', with a stylized flourish at the end.

Steve Mellish
Chairman

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

Garden House Hospice Care (GHHC), being a company limited by guarantee and a registered charity, has adopted the practice that the Directors (Council Members) be called Trustees and the Board of Directors (Council of Management) be known as the Board of Trustees.

Objectives and Activities

GHHC exists to provide specialist palliative care for adults living in Stevenage, North Hertfordshire, and adjoining parts of Mid Bedfordshire with advanced cancer, motor neurone disease or other terminal illness.

GHHC also provides support and care to the families and friends of patients.

GHHC provides:

1. Inpatient Care: The eight bed In-patient Unit provides consultant led specialist palliative care (the bed numbers had temporarily dropped to six, secondary to the effects of the Covid-19 pandemic and staffing levels).
2. Home Care: Hospice at Home team of Nurses and Health Care Assistants provide care and support to patients and families at home to support wishes and preferences of those who wish to remain at home for end-of-life care support at home. The service also supports discharges from Hospital and Hospice. We also have 10 commissioned fast track Continuing Healthcare beds that the team support with up to 4 visits per day dependant on needs.
3. Hawthorne Centre: Specialist Day services, palliative rehabilitation, living well, outpatient care and drop-in services provided through a variety of face to face and virtual sessions.
4. Family Support: A range of services including psychological support, bereavement counselling, carer support, spiritual care, social work support and advice for patients' families. Children's and Young Person's Bereavement Service.
5. Education: GHHC provides an education programme including mandatory training for all staff and volunteers. It provides a range of specialist education sessions that are open to all health and social care professionals. The organisation supports placements and training for junior staff in all relevant fields. Individual staff members contribute to the training of student nurses, medical students, GP trainees, specialist registrars and other professionals undertaking training in other fields e.g., paramedics. Volunteers all complete an induction course and mandatory training appropriate to their area of work.
6. Telephone Advice: A specialist palliative care 24/7 telephone advice line.
7. Community Engagement: Volunteers support all areas of the hospice; Compassionate Neighbours - community volunteers offer friendship through 1-1 matches or via Wellbeing Hubs and schools and colleges outreach to engage with young people about palliative and end of life care and the work of the Hospice.
8. Frailty Clinical Nurse specialist support to Care homes. This is a commissioned service of 3 WTE Nurses who assess and support all residents in our locality with individualised care planning and ongoing support, working closely with the care home staff and GP for each home.
9. Garden House Hospice Care Admiral Nurse: Employed by GHHC and works with families and people living with dementia at end of life in North Hertfordshire, to ensure they have the best possible care and support. at the end of their life. This post also delivers a wide range of education provision for Dementia awareness. and support to both healthcare professionals and families and carers.
10. We have a commissioned Care Home Educator dedicated to support end of life education in our local care and nursing homes.

Our vision

Supporting all people in our community living with life-limiting conditions and their families and carers, to live as well as possible and according to their own wishes. Caring today, tomorrow and in the future.

Our mission

Garden House Hospice Care provides compassionate and holistic specialist palliative care to those in our community with life-limiting conditions, to enable them to live as well and as fully as possible. We share our knowledge and expertise to enable wider access to the best end of life care.

GHHC's objectives are to:

- Ensure that all activities are carried out within an appropriate legal, financial, ethical, and administrative framework.
- Provide appropriate resources, staff, buildings, and equipment to fulfil GHHC's mission.
- Ensure that the appropriate monetary resources are available from contracts, direct fundraising, and trading by the Trading Company to meet the care needs of GHHC's patients and their families.
- Encourage community support.
- Ensure that the resources of the organisation are managed and maintained providently.
- Maintain strategic and operational plans in accordance with GHHC's charitable status.

The principal activities of the Trading Company are as general merchants and traders. The Trading Company provides an essential revenue stream for GHHC. Their directors have set out a strategy that aims to increase the Company's contribution to GHHC year-on-year. This strategy is articulated in the Company's annual report.

During the year, GHHC:

- Submitted its twelfth 'Quality Account' to the NHS. The Quality Account measures quality by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback. It is a major piece of work and may be viewed on the Garden House Hospice Care website by going to the following address:
<https://www.ghhospicecare.org.uk/about-us/our-reports>
- Our focus remained on ensuring that people who would benefit from our care and support could access our services safely when they needed it, and, as the data in this report demonstrates, we have continued to enhance our services during the year following the expansion of our Compassionate Neighbours model and Community Hubs. We are also delighted to see many more people self-referring.
- We have increased our therapy support following bereavement and worked hard to reach our younger community through our excellent schools' project.
- Throughout the year, we remained focused on improving our clinical effectiveness, patient safety, and patient experience. We built improvements on audit and survey results whilst benchmarking with other hospices, applying scrutiny of our outcomes through a strengthened clinical governance framework aimed at continually improving all elements of patient care.
- Maintained its normal pattern of regular meetings of Trustees with members of the Senior Leadership Team, and, as part of the annual cycle of reporting, received detailed reports on all aspects of GHHC's activities covering Health & Safety; Quality; Education; Patient Services; Safeguarding; Budget; Fundraising; Accounts; Human Resources and Volunteer Services.
- Ensured that its established policy of staff development and training continued.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

- Maintained its policy of safeguarding GHHC's resources, using them as carefully and as fully as reasonably possible and ensuring that the rolling programme of maintenance, repair and replacement of GHHC's physical assets was continued.
- Continued to foster links with Clinical Commissioning Groups, Primary Care Networks, local Community and Hospital Trusts, local GPs and other health and social care providers.

Garden House Hospice Care Clinical Activity

- 2,271 unique patients, carers and community members were cared for across all services with many patients accessing more than one service.
- The Inpatient Unit supported 167 admissions.
- The Family Support Service Team made 2,467 direct contacts with patients and family members.
- The Hospice at Home team supported 115 patients in their homes making a total of 1,096 visits.
- The Continuing Health Care Service supported 87 patients in their homes making a total of 5,614 visits.
- The Frailty team conducted 3,558 reviews and support calls to patients in care homes.
- Compassionate Neighbours received 264 new referrals and had an active caseload of 381 people being supported.

The Trustees know that Garden House Hospice Care is respected both for the quality and nature of the care that it delivers and the fair and honest trading of the Trading Company through its shops. The following comments from patients' families affirms for us that we can be justly proud of the work of all involved:

***"I feel much more confident now and I am definitely getting stronger.
It really doesn't take a lot to knock your confidence when you're always ill.***

"I was able to walk to the doctors by myself recently - It's not far and it took me 20 minutes, but I would never have been able to do that if it wasn't for the help the hospice has given me."

The clinical work of GHHC, the quality of the services it delivers, and the professional competence and capability of staff are measured and monitored in several ways:

1. By the Care Quality Commission (CQC) through its system of unannounced inspections and the publication of the results of such inspections.
2. By the Clinical Commissioning Groups (CCG) with whom GHHC has contracts through the contracts system as well as periodic quality inspection.
3. Through the revalidation process for doctors and nurses and compulsory continuing professional education and training for professional staff.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

4. By the Hospice Care and Clinical Governance Committee continuing to monitor the clinical work of GHHC.
5. By undertaking clinical audits using national audit tools designed specifically for hospices by Hospice UK.
6. Through incident reporting, monitoring and shared learning.
7. By the Trustees making announced visits to service providers in GHHC, with the outcome of such visits being formally reported to the full Board.
8. By the Trustees receiving regular Patient Services Reports covering all aspects of patient care.
9. By GHHC preparing an annual Quality Account, for publication on the NHS Choices website.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of Garden House Hospice Care for 2022/2023.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on the Garden House Hospice Care (GHHC) Quality Account for 2022/23. The ICB would like to thank the hospice for preparing this Quality Account, developing future quality assurance priorities, and acknowledging the importance of quality at a time when GHHC continues to deliver services during ongoing challenging periods. We recognise the dedication, commitment and resilience of staff and volunteers, and we would like to thank them for this.

HWE ICB is responsible for the commissioning of health services from Garden House Hospice Care. During the year the ICB has been working closely with the hospice gaining assurance on the quality of care provided to ensure it is safe, effective, and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the GHHC Quality Account has been reviewed and checked against data sources, where this is available, and confirm this to be accurate and fairly interpreted to the best of our knowledge.

When reviewing the progress highlighted against priorities that were set out for 2022/23 clear improvements are evidenced. Along with system partners, GHHC have delivered education programmes to support carers. The ICB is pleased to see the progress made with the introduction of the electronic rostering system which will support planning skill mix and capacity. It is recognised that some priorities were impacted due to a number of factors and the continued focus on these areas in the upcoming year is appreciated.

Looking forward to 2023/24, the ICB supports the hospice's quality priorities and are pleased to see the focus on increasing the reach of services and management of any identified inequalities. We encourage the effort towards potential efficiency savings, building resilience, and investment in staff. The planned transformation programme to achieve the 'From Good to Great' aspiration will further develop collaborative working with system partners.

The ICB recognises the challenges experienced by the hospice in 2022/23, and we look forward to a continued collaborative working relationship as well as building on existing successes and collectively taking forward needed improvements to deliver high-quality services for this year and thereafter.

Mary Emson
Deputy Director of Nursing & Quality, Hertfordshire, and West Essex IC
July 2023

Progress Report against the Strategic Business Plan 2022-23

For 2022/23 we set the following strategic objectives and the progress we have made is as follows.

Our community: Sit at the heart of our community and local networks.

- Representation at local, regional, and national meetings has been maintained.
- We have developed links with our new ICS.
- We have continued to work in partnership with Herts Community Trust (HCT) and Integrated Care Board (ICB) to provide the North Herts Palliative Referral Centre (NPCRC) and to support the development of the Single Point of Access (SPA) to enable referrals to be made and triaged in a timely manner.
- Self-referrals continue, with an increase of referrals to our Rehab and Wellbeing team by 45% in this past year.
- Our Family Support Services team have completed a total of 2,467 interventions including the delivery of regular supportive calls to those identified.
- In 2022, our Family support team designed, developed, and launched a new Bereavement Therapy Group 6 session model for bereaved carers.
- During 2022/2023, we continually raised awareness of our Compassionate Neighbours service, receiving 264 referrals, including 30% as self-referrals. Overall, we support a case load of 381 community members.
- 210 people accessing our Compassionate Neighbours services were signposted onwards and discharged in the last year, with 20% being supported at the end of life.
- We increased community outreach and support with a total of 8 weekly Community Wellbeing Hubs across our locality in Royston, Hitchin, Stevenage (2) and Letchworth (4)
- Across these Hubs, we held 235 sessions, with 207 community members on our case load and a total of 4,334 individual attendances.
- We trained 84 new Compassionate Neighbours and onboarded 262 new volunteers, making our current volunteer workforce a total of 843 people.
- We have worked with 38 different schools in our locality across a range of projects designed to raise awareness of hospice services and encourage conversations around death, dying, grief and loss.
- We have engaged with 184 teachers and support staff, 3,412 children and 182 parents.

Our services: Provide high quality services that meet the needs of the whole community.

- We have launched our new three-year strategy and developed an Annual Plan in line with this, so we are able to maintain, respond and adapt services to ensure that our patients and their families are at the heart of everything we do.
- We have successfully implemented the use of the Health Information Exchange (HIE) to support the delivery of our clinical care.
- We have commenced the work for the introduction of the Patient Safety Incident Reporting framework (PSIRF) in line with national requirements.
- We have strengthened our safeguarding procedure with a new Safeguarding Group. This group has a designated safeguarding Trustee, meeting regularly to review governance through terms of reference and a detailed workplan.
- Within our annual audit plan, we have identified appropriate audit standards and areas for quality improvement secondary to audit outcomes.
- We have strengthened our patient safety reviews, embedded within our weekly patient safety meetings, to review and agree actions from all reported incidents and ensure feedback is given to teams.

- Sustained compliance of staff and volunteers attending mandatory training with strengthened monitoring of compliance with our Learning and Development team
- Reviewed our Quality lead structure and responsibilities and amended this to allow for increase focus on quality and safety for 2023.
- Ongoing process for review and updating of policies across the whole organisation with updated policies communicated to staff through our internal intranet news page.
- Systems have remained in place to manage and monitor the prevention and control of infection (IP&C) in line with Covid-19 GOV.UK guidance, remaining responsive to the needs of patients, adapting services for patients and carers to ensure access to services.
- Regular reviews and updates to visitor guidance in 2022/2023 have enabled safe visiting for patients on the IPU, to our Rehab and Wellbeing services and to the Garden House Hospice Care site have identified the areas for implementation of the National Cleaning Standards with our baseline audit completed May 2023 achieving a five-star rating and an agreed ongoing audit plan in place.
- East and North Herts Trust IP&C audit conducted March 2023 with the five results as follows:
 1. Hand Hygiene observational Audit - 100%
 2. IPCT Isolation Precautions Audit - 100%
 3. Commode Spot Check Audit - 100%
 4. IPCT Safe Handling and Disposal of Sharps - 96%
 5. IPCT Environmental Improvement Audit - 92%
- We identified, reported, and safely managed covid outbreaks within our teams completing and complying with external reporting requirements, containing these. During these times we updated staff, patients of any changes practice or requirements in particular us of PPE.
- We regularly update our Living with covid plan and visitor guidance in line with Government policy and local assessed needs of our services.
- Quality Assurance visit completed by the Integrated Care Board receiving good feedback.
- Maintained high quality relationships with care home staff and primary care teams.
- Continued to support and implement individualised plan of care through advanced care planning discussions for all new residents in our allocated care homes to ensure their wishes and preferences are met, including hospital admission avoidance if appropriate.
- Embedded the use of National Early Warning System 2 (NEWS2) on the Inpatient Unit, supported by an associated ceiling of care document.
- Established the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) document for advance care planning decisions in place of the Hertfordshire Do Not Attempt Resuscitation document, as part of the ICB working group introducing the ReSPECT document
- Continued to utilise the NICE endorsed Establishment Genie tool to support review of staffing and plan for the future models of care.
- Engaged with 9 external research programmes during 2022/2023
- 5 staff members attended the Hospice UK Annual Conference with GHHC poster presentations.
- Family Support Services have improved standard & quality of external supervision to volunteer counsellors through new Supervisor Access Plan
- Face to face family therapy continues prioritising patients, their careers and any children and young people (CYP) directly affected by a patient's condition or death.
- Following patient discharge from IPU, support from spiritual care, supportive calls, or formal counselling sessions is continued as required.
- We have received 254 referrals to our Family Support Services team.
- We have provided spiritual care, supportive calls and formal counselling sessions as required.
- GHHC has continued to provide a blended model of access with remote and virtual support to patients and carers when needed.
- Complementary Therapy and support for staff was provided alongside the service for patients, families, and carers.
- We have delivered Continuing Health Care support at home / Hospice at Home in line with the agreed service model.
- Provided Medical Specialist Palliative Care support to community patients, working collaboratively with HCT SPC CNS team and the East & North Herts NHS Trust
- Continued provision of Frailty Clinical Nurse Specialist (CNS) support to our nursing and residential homes in North Hertfordshire

- During a period of parental leave for our Admiral Nurse dementia CNS, we maintained a reduced capacity service by securing cover from an alternate experienced Admiral Nurse. This has ensured an education element of the role has been maintained alongside enabling direct patient care work to continue.
- In 2022/2023, the GHHC dementia CNS received, accepted, and registered 24 referrals and provided telephone support and advice to 75 non-registered individuals who have made contact.

Our people: Grow a strong, capable, resilient, highly skilled, and motivated organisation.

- Active positive recruitment of staff across all clinical services resulting in key senior posts being successfully filled.
- Increased our recruitment to Student Counsellors on placement to support face to face counselling opportunities.
- Recruited successfully into positions and expanded the breadth of our Board of Trustees
- Continued regular 1:1 support for staff and new yearly appraisal completion programme underway.
- Continued to actively promote confidential access to the employee assistance programme available to all staff.
- Staff and volunteers have accessed sessions run by our Complementary Therapy service to enhance their wellbeing.
- Weekly meditation sessions are now open for volunteers to access.
- With the introduction of the 2023 Annual Plan, there is to be a significant investment in our People and Culture to make GHHC an Employer of Choice. To support these, HR is currently undergoing a recruitment drive to increase capacity and skillsets.

A forward facing, strategic approach to our People and Culture with GHHC being an 'Employer of Choice' has commenced. We will achieve this by developing, rewarding, engaging, and empowering our people.

Our funding: Secure the future of the Hospice through sustainable funding.

- Our Trading team reviewed our shops, identifying actions for those not reaching their potential. Overall, our shops exceeded their income target by £91k. We continue to look to develop our offering and have committed in growing our portfolio.
- We have outgrown our trading warehouse and have identified a new space to move into in the next financial year, this will allow us to grow and improve our services even more.
- Our Fundraising team continued to develop events and initiatives in the community and raised over £2m.
- We have developed and launched 'Connect' which supports local businesses and organisations with networking, education, and team building.
- The launch of our new website has allowed us to reach more people across digital platforms to offer a better experience for those using our website.
- We have supported our Learning and Development strategy and have introduced new apprentice roles, recruiting two apprentices into our Marketing and Communications team.
- Ensured compliance with all relevant legislation, including VAT, Gift Aid and Charity Commission
- We introduced a new accounts system (Sage 200) which has improved reporting information and timescales.
- The use of resources is limited by the funds available.
- The use of funds is monitored by the Finance department.
- Management and reporting on income and expenditure is shared bimonthly with the Finance and General Purposes Committee and ultimately the Board of Trustees on a quarterly basis. This ensures available resources are used effectively, efficiently, and innovatively.
- Professional auditors complete independent checking of the use of funds annually. This provides additional reassurance regarding the expected standards of governance.
- Robust annual budgeting and forecasting process in place.
- The income received from the NHS in 2022/2023 represents 38% of the overall running costs of Garden House Hospice Care
- The remainder of running costs are funded through voluntary income generation, donations, legacies, lottery activity, investment income, shop trading. Legacies amounted to 16% of total income and shop profit equalled 10% of income.

Ethical fundraising at Garden House Hospice Care - our promise

GHHC exists to provide specialist palliative care. Delivering our vital care to those living with cancer and other life-limiting illnesses in Stevenage, North Hertfordshire and adjoining areas of Mid Bedfordshire is only possible because of the generosity and enthusiasm of our supporters.

Our promise to our supporters is to fundraise and communicate in an honest and transparent way. We aim to ensure that everyone who chooses to offer their support to GHHC - whether by making a donation or by giving their time to take part in events, online and digital actions or to simply share our message - has a positive and rewarding experience with us and understands that their support is very much valued.

In order for us to raise the funds needed to provide vital end of life care in Stevenage, North Hertfordshire and adjoining areas of Mid Bedfordshire fundraising is carried out by our staff, volunteers and third-party supporters. In the case of the lottery only, we use a company "Local Hospice Lottery" to generate additional income through lottery sales.

We do not solicit donations by 'cold calling' by telephone or door-to-door collections, and we do not share personal information with any third-party organisations. We do not pressure supporters to make donations and we will always take care to avoid contacting and asking vulnerable people for donations.

We will not solicit or accept donations from companies or individuals who participate in activities which could cause detriment to the charity's reputation or work.

In any case where we may have contractual arrangements in place with agents, we take care to set the standards and obligations that must be met when fundraising on behalf of GHHC. We work closely with these partners to maintain the high standards that we, and the public, expect. This means ensuring that practices and policies are in place and closely adhered to.

GHHC is a member of the Institute of Fundraising and complies with the Fundraising Regulator. Alongside our high standards, we follow their and our own codes of practice to ensure that our fundraising meets the highest standards and supporters have the best possible experience. GHHC complies with the Data Protection Act and the Information Commissioners' guides and codes. Last year (as in the previous year), we did not receive any complaints with regards to fundraising.

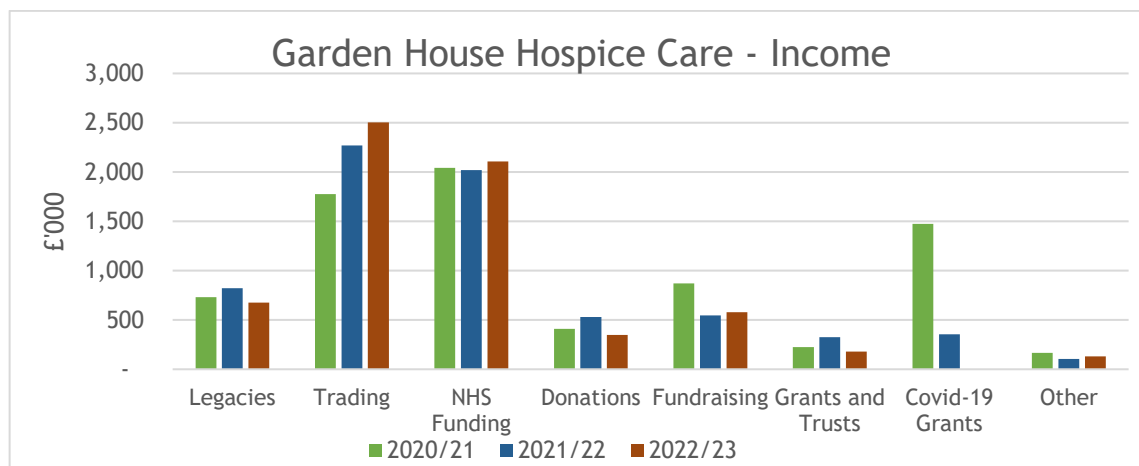
GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

Financial Review

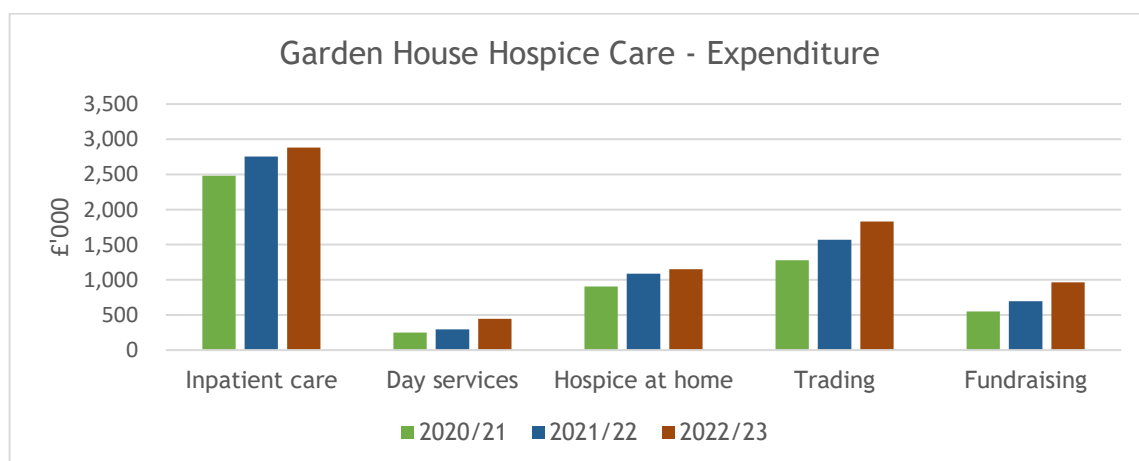
Income was received from the following sources:



For the year ended 31 March 2023, total income decreased by 6% to £6.52 million. Total Income from NHS funding was similar to 2021/22 at £2.11 million.

Despite the continuing financial challenges faced by the public their generous support continued, through legacies, donations, and sales in the trading company's shops, resulting in increased giving. NHS East & North Hertfordshire and NHS Bedfordshire, Luton & Milton Keynes provided 32% of the funding required by GHHC. Legacy income was lower than in the previous year at £0.68 million.

Expenditure shown analysed by activity comprises:



Total expenditure decreased by 14% to £7.27m this year: spending on charitable activities increased by 8% and spending on income generation increased by 40%.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

The net result for the year was a deficit of £853,673, compared to a surplus of £610,510 in the previous year. GHHC continues to need the help of our supporters to provide services in the medium to long-term otherwise the charity will have insufficient income to cover its ongoing costs.

GHHC does not have medium or long-term pension liabilities arising from obligations to a defined benefit pension scheme.

Reserves Policy

All charities are required to consider their level of reserves to ensure sustainability. Garden House Hospice Care provides a range of critical health services upon which our local community depends. These services are funded by fluctuating income streams; the existence of reserves ensures that services can be delivered continuously in the event of a short-term reduction in income.

During the financial year, the charity Trustees adjusted its reserves policy considering the volatility of fundraising income, continuing uncertainty about the economy following the Covid-19 pandemic and global world economy. GHHC's reserves policy requires that free reserves should not be less than 6 months' operating costs, excluding costs relating to retail activities. As of 31 March 2023, 6 months' operating costs, excluding trading costs, represented £2,719,125. The free reserves comprise of the aggregate of the Operating, Legacy Equalisation / Risk Management, Asset Management, Designated Fixed Asset and Strategic Development Reserves, as this assures the charity of considerable financial stability.

The Charity Commission does not make a specific recommendation on the level of reserves to be held by an individual charity but require, as minimum good practice, that Trustees:

- Keep the Reserves Policy under review.
- Monitor the level of reserves held throughout the year.
- Consider any action that may be needed to replenish or spend reserves.
- Implement a process of ongoing review of the reserves level, target, and policy.

In line with recommendations from the Charity Commission, the Board of Trustees have agreed that the Hospice should provide reliable and consistent services to its beneficiaries beyond the immediate future. The Hospice needs to be able to meet unexpected expenses, absorb setbacks and take advantage of change and opportunities for development when they arise. Taking all these factors into consideration, the Trustees approved a new Reserves Policy at its Board meeting on 26 July 2023 as details below.

Operating reserves

The key risk Garden House Hospice Care faces is the challenge of financial sustainability because of a temporary or longer-term fall in its resources, granted or earned income. Approximately 59% of the charity's income comes from public funding, Fundraising, Trusts and Grants, Lottery, Trading Profits, with a heavy dependence upon general donations and legacy income, which can be unpredictable within a defined period. The Trustees consider it prudent and desirable to ensure that the risks and challenges to income in the short and medium term can be met without significant disruption to services. The Trustees consider that an operating reserve of 6 months of full running costs is appropriate to mitigate this risk, with an aim to keep the reserve at the top end of this range.

Legacy Equalisation / Risk Management Reserve

This reserve will be to smooth out any year-on-year fluctuations against perceived risks to fundraising and legacy income. Legacies are an important income stream for the hospice, generally comprising around a 17% of total income, but volatile. The charity therefore needs to include legacy income in its cost budgeting, so this reserve is an added contingency to avoid any disruption to day-to-day activity in the event of low legacy receipts in a given year. Funds would be taken from the reserve to make good any shortfall in legacies against the annual budget, unless compensated for by other income streams.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

Asset Management Reserve

An asset management survey has been planned, which would identify potential upgrading and repair work which will be required going forward to the hospice and Ernest Gardiner buildings and plant. The Trustees have agreed therefore to set aside a minimum of 5% of surplus funds in any given year for future work.

Strategic Development Reserve

The Trustees recognise their responsibility to ensure that monies given to the charity are used to further the charity's objects and meet the needs of its beneficiaries. Any funds surplus to those required for the other designated reserve funds are held in a strategic development reserve. The strategic development reserve is earmarked to contribute to the funding of the charity's strategic aims, whether for revenue or capital expenditure. Some of this reserve was drawn on last year to support the exceptional item of expenditure. Part of the strategic development reserve is held in investment with Evelyn Partners yielding an income.

Restricted Reserve

Some funds are given to the charity to use for specific purposes and where this is the case they are held on trust in a restricted reserve and drawn on as the funds are required for the purposes for which they were given. Where a capital asset is bought with the funds, the reserve is drawn down in line with the depreciation of the asset rather than in totality at the time of purchase.

Designated Fixed Asset Reserve

This represents the net book value of the hospice's amount of the total reserves that are tied up in tangible fixed assets that cannot be realised easily, mainly the hospice buildings, plant and equipment, and Furniture and Fittings. It has been setup to assist in identifying funds which are not free funds, as Garden House Hospice Care are not able to draw down on this reserve, which represents the value of its fixed assets as shown on the balance sheet.

As of 31 March 2023, the charity had a total reserve of £10.98m (2021-2022: £11.79m), represented as follows:

Funds	2023 £	2022 £	Description
Designated Reserves	6,281,403	6,221,984	The designated fixed asset fund represents the net book value of Garden House Hospice Care. These are tangible fixed assets which are not free funds.

Reserves excluding fixed asset funds.

Restricted Reserves	31,667	200,693	These are restricted for specific projects.
Strategic Development and Asset Management Reserves	2,751,135	1,821,741	This covers our planned and preventative maintenance programme.
Risk Management Reserves	1,874,397	3,547,857	General purposes - this is against perceived risks to income.
Total	10,938,602	11,792,275	

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

Investment policy

GHHC invests the funds held in its free and restricted reserves accounts to gain a financial return. GHHC appointed an investment manager, Evelyn Partners with the aim of generating an absolute return above the consumer price index.

The investment policy differentiates between:

- short term reserves, to be held in bank accounts, to provide financial security against fluctuating income streams and expenditure patterns; and
- medium and long-term reserves to be held in a portfolio based on a strategic asset allocation. Investments will be substantially held in index tracker funds.

The allocation of assets for investment is determined in relation to the Hospice's cash flow projections.

During the year, the charity made losses on its investments of £108,212 (2022: gains of £41,652).

Principal Risks and Uncertainties

GHHC has a formal risk management process through which the Senior Leadership Team identifies the major risks to which the organisation may be exposed and has ranked these by likelihood and impact, culminating in risk control documents which are updated on a regular basis.

All significant risks, together with current mitigation actions, are reviewed regularly throughout the year by the Board of Trustees and committees of the Board. The Trustees are satisfied that systems have been developed and are in place to mitigate identified risks to an acceptable level.

All staff and volunteers are required to train to ensure that they are familiar with the operating systems of the Hospice and the risks of the activities in which they are involved.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

The principal risks and uncertainties identified by the charity are as follows:

Risk identified	Action taken to mitigate the risk.
A significant fall in voluntary income	Income is monitored closely. Comprehensive management accounts are presented to the Finance and General Purposes Committee six times a year and then to each meeting of the Board of Trustees (at least 6 meetings per calendar year) with monthly and year-to-date figures. Similar considerations apply in the case of the Trading Company where management accounts are offered to each meeting of the Board of the Trading Company (also at least 6 meetings per year). The progress of key fundraising events is reported by the Director of Income Generation to Trustees on a regular basis. Close control of expenditure in both GHHC and the Trading Company is the other side of the equation. The importance of an adequate level of reserves is crucial and the reserves policy is noted elsewhere.
Unsafe or poor clinical practice	There are policies in place to ensure the recording and investigation of incidents in clinical areas. All clinical incidents are reviewed at the Health & Safety Meeting with monthly reporting and review of quality metrics at the Clinical Team Leaders meeting. Incidents which require a change of practice are presented at the Hospice Clinical Governance Committee. This is supplemented by having an education and learning programme in place.
Adequate clinical staff to ensure safe clinical practice	Close monitoring of patient dependency and staff skills mix, and regular review of the Hospice case load are in place. There is flexibility with bank staff who cover during periods of holiday or sickness.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

Governing Document

Garden House Hospice Care is a company limited by guarantee incorporated on 25th July 1986 (Company Number 02040989, Registered Office Gillison Close, Letchworth Garden City, Herts SG6 1QU) and registered as a charity on 23rd September 1986 (Charity Number 295257). Its Memorandum and Articles of Association govern GHHC. In the event of GHHC being wound up, the members are required to contribute an amount of £1 each.

The Trustees comply with the objects of, and work within the scope of the powers set out in, the Memorandum of Association. The Trustees follow the seven principles of good governance as set out in the 2017 Good Governance Code for larger charities.

Public Benefit

The Trustees have paid due regard to the Charity Commission's Public Benefit Guidance and complied with section 17 of the Charities Act 2011 in exercising their powers and duties.

They note that were it not for GHHC and its work, adult hospice care would not be available in Stevenage and North Hertfordshire.

At the time GHHC was established in 1986, its two founding principles were that all treatment and care would be offered to the public without discrimination - that is without regard for age, race, colour, religion, gender, sexual orientation, or financial means of the patient - and that all treatment and care would be supplied free of charge.

The Trustees are proud to confirm that GHHC has not deviated from those principles.

Recruitment and Appointment of Trustees

Trustees are recruited by a professional interview process. The Board considers candidates for appointment as Trustees after being duly proposed usually by existing Trustees, associated professionals, or staff; or following advertisement. Trustees must be members of GHHC. The Trustees seek to ensure that all proposed Trustees enhance the existing committed and diverse body of Trustees, come from a variety of backgrounds with experience relevant to the work and management of GHHC, and can provide the necessary commitment before being elected.

New Trustees may be appointed (co-opted) by the existing Trustees, but this must be approved by GHHC membership at the first Annual General Meeting (AGM) following their initial appointment. Trustees seeking election at an AGM must be formally proposed and seconded by Members of GHHC.

The Articles of Association stipulate that one third of the Trustees must retire annually by rotation beginning with those Trustees who have been longest in office. Trustees retiring by rotation may offer themselves for re-election at the AGM.

Trustees' Induction and Training

All potential Trustees undergo a period of induction during which they are shown all aspects of GHHC's work, attend relevant meetings and identify with their area of particular interest or expertise.

Trustees must prove their eligibility for trusteeship (Fit and Proper Person Test), sign a formal declaration to that effect, and have a Disclosure and Barring Service check.

All existing and potential Trustees are expected to familiarise themselves with the Charity Commission Guidance CC3 "The Essential Trustee" and Companies House's document "Life of a Company part 1; Annual requirements". They have access to national training opportunities specifically for Trustees. Links with

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

Trustees from other hospices are fostered and opportunities for training within the wider hospice movement can be accessed as appropriate. All Trustees have easy access to all policy and report documents relating to the GHHC's activities. Personal copies of key documents such as the Memorandum and Articles of Association are provided.

Organisational Structure

The Trustees meet for Board meetings at least six times throughout the year. There are also a similar number of meetings of two committees: Finance and General Purposes, Hospice Care and Clinical Governance; a sub-committee: Investment; and the Trading Board. The CEO and members of the Senior Leadership Team attend and provide reports for all meetings. Additional meetings are scheduled if/when necessary. Minutes of the previous meeting together with the agenda and relevant papers for the forthcoming meeting are circulated in advance. The Trustees individually represent the Board on several internal forums and are, increasingly linked to specific areas of the Hospice's work. Three of the Trustees are also Directors of the Trading Company, Garden House Hospice Trading Limited.

A programme of announced visits by two Trustees to a particular area of GHHC's work results in improved communication between the Board of Trustees and volunteers and staff. Each visit gives rise to an action plan which is discussed and monitored by the Board.

The Trustees establish the strategic plan and approve relevant policies. A scheme of delegation is in place whereby senior managers are responsible for the overall day-to-day management of the organisation and for ensuring that policies are adhered to, and plans brought to fruition.

The Chief Executive is Lisa Hunt. The Senior Leadership Team members at 31 March 2023 were:

Medical Director:	Dr Sarah Bell
Director of Patient Services:	Elizabeth Kennedy
Director of Income Generation:	Carla Pilsworth
Director of Finance: (Interim)	Edith Yembra
Director of People:	Derek Turnbull

The members of the Senior Leadership Team attend the Trustees' meetings but do not have voting rights. From time-to-time other members of staff, independent advisers, or experts in various fields are invited to attend meetings for specific purposes to support or facilitate the Trustees' decisions.

The Senior Leadership team support 223 staff and up to 750 volunteers whose contribution is crucial to the success of the charitable work and fundraising. Donated services, in the form of voluntary help, are not reflected in the Statement of Financial Activities.

Volunteers support the work of GHHC by providing assistance as receptionists, serving light refreshments to patients and visitors, flower arranging, undertaking administrative tasks, working as Compassionate Neighbours, working within the Day Services and In-patient Unit, gardening, and providing transport for patients and fundraising. Volunteers also make a considerable contribution towards the work of the Trading Company as shop assistants and helping with the sorting and delivering of donations from the Distribution Centre.

GHHC is an equal opportunities employer.

GHHC is a member of Hospice UK which is an umbrella organisation. However, it does not impact on the operating policies of GHHC.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

Pay Policy for senior staff.

The Trustees consider that the Board of Trustees and the Senior Leadership Team comprise the key management personnel of the charity in charge of directing and controlling, running, and operating the Charity on a day-to-day basis. All Trustees give of their time freely and no Trustee received remuneration in the year.

Details of Trustees' expenses and related transactions and Senior Leadership Team salaries are disclosed in note 6 to the accounts. The pay of the Chief Executive and members of the Senior Leadership Team and all staff are reviewed annually and normally increased in accordance with average earnings to reflect a cost-of-living adjustment. In view of the nature of the charity, the Trustees benchmark remuneration against pay levels in other charities. The remuneration benchmark is the mid-point of the range paid for similar roles in similar charities of similar size.

Trustees

The Trustees who served during the year were:

Mr Stephen Mellish^{1,2,3} (Chairman)
Dr Simon Chatfield¹
Mr Richard Dearden²
Mrs Melanie Flynn²
Mr Roger Gochin²,
Professor Shahid Khan¹ (Co-opted 30.03.22)
Mrs Gemma Manning³ (Co-opted 30.11.22)
Mrs Rhona Seviour³
Mr James Silsby²
Mrs Jennie Mattin¹ (Co-opted 07.06.22)
Dr Pauline Williams³
Sir Tim Wilson DL² (Resigned 31.12.22)

Committees

1. Clinical Governance.
2. Finance and General-Purpose.
3. People and Culture.

In accordance with Article 39 of the Hospice Articles of Association there are no Trustees retiring by rotation at the Annual General Meeting:

Mr R Gochin is expected to retire at the Annual General Meeting.

Trustees' Interest in the Shares of the Hospice

GHHC is a company limited by guarantee and not having a share capital, therefore the Trustees have no financial interest other than the extent of the limited guarantee as denoted in the Memorandum of Association of the Hospice.

Trustees' Responsibilities

The Trustees (who are also the directors of GHHC for the purposes of company law) are responsible for preparing the Trustees' Annual Report and Accounts in accordance with applicable law and regulations. Company law requires the Trustees to prepare accounts for each financial year. Under that law the Trustees have elected to prepare the accounts in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law).

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

Under company law, the Trustees must not approve the accounts unless satisfied that they give a true and fair view of the state of affairs of the charity and of the group and the incoming resources and application of resources, including the net income or expenditure of the group for the year.

In preparing those accounts, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP.
- Make judgments and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts.
- Prepare the accounts on a going concern basis unless it is inappropriate. to presume that the charity will continue in operation.

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

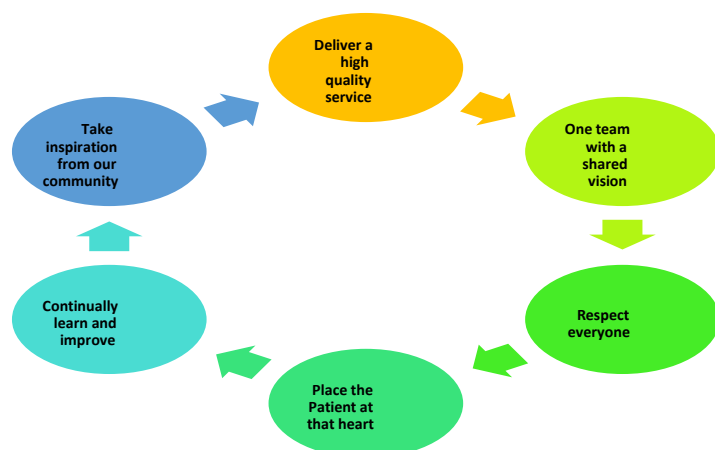
In so far as the Trustees are aware:

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

Strategic Objectives for 2023-2024

The Board of Trustees have agreed the following strategic objectives for 2023-24

Delivering Outstanding Care delivered through a values-based Culture Our Values



GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

At Garden House Hospice Care we are proud of what we have already achieved and everyone at the hospice plays their part in enabling our specialist care to continue - whether that is directly providing care and support for patients, raising or processing funds needed, shouting about what we do, or ensuring our buildings, systems and processes remain fit for purpose.

What we stand for, how we behave and how we deliver our care is incredibly important. We can only be there now and in the future by ensuring our hospice values and the associated behaviours remain at the heart of everything we do. They underpin our culture and are central to our work.

We are proud of our heritage, created by our community for the community and are privileged to have the support of our local community. We are proud to be part of the Integrated Care System locally as an independent charity, able to determine our own future and make our own decisions. Our patients and those closest to them are at the heart of everything we do. Our hardworking and loyal employees and volunteers enable us to continue our work and we recognise our reputation is key to our continued success.

As a local charity, supporting local people these values and behaviours are important to all of us and should be practiced by everyone in the organisation, whatever their role and whoever they are. This is pivotal to our future success and ability to achieve our strategic aims.

Our annual plan for 2023/2024 will enable us to improve access to our services, and to explore opportunities so everyone has an equal right to care and support when they need it most. Our aspiration to be a leading provider of outstanding evidence-based care can only be achieved as we work together as one team.

By doing so Garden House Hospice Care will remain an organisation of choice for all, a great place to work and somewhere that provides outstanding care to those who need it at a difficult time in their lives.

Strategic roadmap

This year we have mapped our journey from where we are now through to the end of our current Strategy. With our staff groups we have built a roadmap that outlines a multiyear plan to achieve our vision and the deliverables that will make progress towards an expansion of our clinical model.

We recognise the economic challenges that lay ahead, the risks to future funding and the importance of positioning ourselves strategically at the heart of our community- building our services around our population and supporting the ICS in achieving equality across the neighbourhoods.

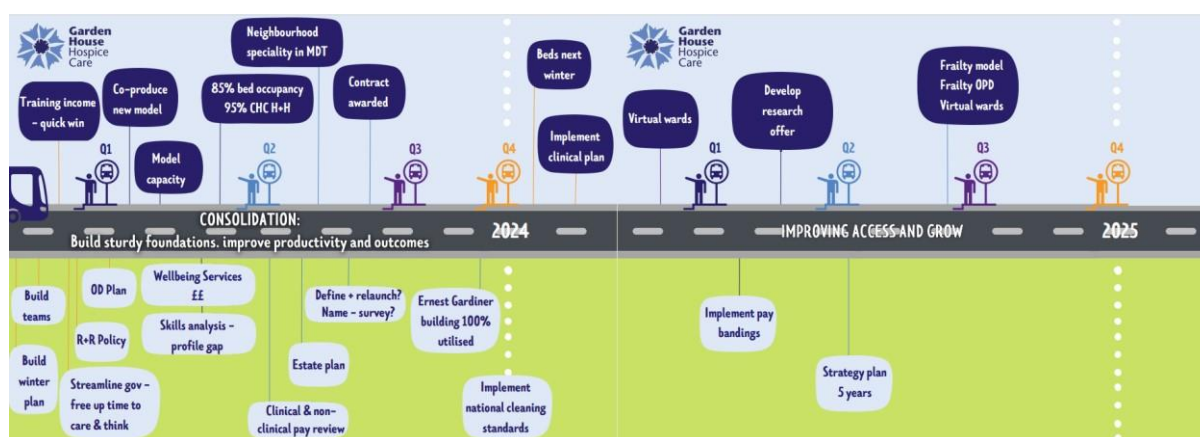
Our focus therefore over the next two years will be: -

- **2023- 2024** - A year of Consolidation and Improvement - building the foundations for the future.
- **2024-2025** - Implement the new models of care- resulting in greater reach and growth, continued improvement on outcomes and greater financial stability.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023



It should be noted that the strategic roadmap is a live document and is subject to change. Most notably service reconfigurations are subject to major service change guidance and consultation.

Our annual priorities 2023/2024

The four annual priorities for 2023/24 are to:

1. Increase the reach of all our services into our local neighbourhoods and grow by developing innovative models of care for the moderate to severely frail who would benefit from Palliative and End of life care

It is important that we keep pace with the changes in health needs so that we continue to provide the highest quality care to our patients. This can be by growing our services, providing new services, or changing the way in which we provide existing services. It is of particular importance that, following the development of the Hertfordshire and West Essex ICS we take a proactive role within our Place.

2. Working within our budget allocation, make Every Penny Count and where opportunities exist, increase our NHS contract potential, and reduce the risk of funding care and future service developments. The organisation continues to face a financial challenge in 2023/24, with underlying pressures carried forward from 2022/23 along with in-year inflation and funding challenges.

We have set ourselves the Control Total for 2023/2024 at a £700k deficit budget.

To achieve this financial position, we need:

- To make in-year return on investment of 25%.
- To deliver continued reduction in run rate overspends, delivering new activity with minimal extra cost.
- To look for potential efficiencies through procurement and clinical productivity gains together with generating further efficiencies from our Transformation programme.

All plans will undergo a robust Quality Impact Assessment process to ensure that they do not have any detrimental impact on quality of care, and financial performance, and achievement of these delivery programmes will be monitored on a regular basis at executive level, through the Accountability & Oversight Framework and at the Board subcommittees which oversees and scrutinises the achievement of the overall Financial Plan.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

The organisation plans to spend c£55k on capital expenditure in 2023/24, which includes schemes across Estates, IM&T and clinical equipment. The programme is largely funded from £2.4m charity contributions, £670k trading income. We have assumed a contract value for the NHS income based on outturn plus a 3.8% uplift on 2022/2023 contract value. Plans to commence charging for external training and the commissioning of winter frailty step down beds for the medium to severely frail are also accounted for and included in our financial plan.

3. Invest in our staff and strengthen our resilience, to enable our organisation to become more agile and responsive to future opportunities

With almost 203 paid staff and >700 volunteers, our workforce is the driving force behind what we deliver as an organisation, our patients, and our community. It is vital that we develop our relationships and support our people in becoming the best at what they do. When our staff perform at their best, we deliver the highest quality of care and patient experience, and this makes staff proud to work for our organisation and act as positive advocates for us as a provider of palliative and end of life care and an employer of choice.

People performing at their best requires sustained effort and contribution on their part, together with a working environment that encourages and supports excellence all of the time. Our planned actions detailed in our annual plan are reflective of these goals. In addition, whilst building our workforce plan for next year we have stress tested our resilience and capacity to deliver on this strategy - addressing any gaps or risks of failure.

4. Ensure that Garden House Hospice Care recognised as an efficient and thriving organisation worthy of future investment and known as 'Great' at what it does.

Patient experience, patient safety and clinical effectiveness are the three aspects of quality in health care provision, and a high-quality service exhibits all three. We know we are known to be a 'Good' provider of palliative and end of life services, but we aim to be great. To achieve this, we need to benchmark in the upper quartile across all aspects of the business if we are to provide every patient who needs our services with a high quality, personalised experience, at every contact - every time.

Transformation programme 2023/2025 - 'From Good to Great'

We will develop our transformation programme - 'From Good to Great' - evaluating our services, our support functions, and our internal governance against the best, then develop the improvement programmes that will deliver on our aspirations and the governance framework to safeguard delivery.

Our Approach

By embarking on our Transformation Programme during 2023/2024, Garden House Hospice Care is at the beginning of its journey to Continuous Quality Improvement. We will train our staff in QI and LEAN methodology to support the creation of our projects and apply a robust programme management approach to delivery.

We want to support all our leaders to be part of this Quality Improvement Programme and actively encourage our staff to bring their improvement ideas to life, which align to our vision, ambitions, and priorities.

This will be supported by and led by the CEO and a newly created programme team using change management methodologies and a range of QI tools.

This improvement approach will support the design and delivery of the new care models detailed within our Annual Delivery Plan and will increase our learning and experience of delivering an improvement, working as 'one team' across departments and organisational boundaries.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2023

The proof will be demonstrated through positive staff and patient experience feedback and improved outcomes.

How this links to our Annual Delivery Plan

- We will improve our productivity and maximise the use of all our resources so we can support more with what we have.
- We will reach into our partner provider organisations and evaluate the need, to understand what is required to prevent delays in accessing our care, developing responsive care models that prevent patients dying in hospitals.
- We will design efficient pathways across the community and offer alternative care models in the patients' home, developing a directory of services that bridges across providers.
- We will increase our inpatient capacity to treat more Moderate to Severely frail patients, discharging them to our own reablement services in the community to maintain flow through our beds.
- We will develop service specifications for all our clinical services, building in flexibility to enable timely care.
- The approach to quality improvement will also support our OD Strategy and development of our Leadership Programme with many financial benefits to be realised through the application of QI, which will generate more efficient and effective ways of working and eliminate waste.

In approving this Trustees' Report, the Trustees are also approving the Strategic Report of the company, in their capacity as company directors.

Approved by the Trustees on 30th October 2023 and signed on their behalf by:



Mr Stephen Mellish
Chairman of Trustees

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

Opinion

We have audited the financial statements of Garden House Hospice Care for the year ended 31 March 2023 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Charity Balance Sheets, the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including 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 2023 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 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 Chairman's Report and in the Trustees' 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.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

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 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company; 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 pages 20 and 21, 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 groups 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 health and social care and charity and company law applicable in England and Wales, 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

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

a direct impact on the preparation of the financial statements such as the Companies Act 2006 and the Charities Act 2011 and consider other factors such as sales tax and payroll tax.

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 the improper recognition of revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- 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;
- Reviewing the cut-off of income recognised to consider whether income had been recognised in the correct accounting period; 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.



Lee Stokes (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP,
Statutory Auditors

10 Queen Street Place
London
EC4R 1AG

Date: 31 October 2023

GARDEN HOUSE HOSPICE CARE

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES
(Incorporating an income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2023

	Note	Unrestricted Funds £	Restricted Funds £	Total 2023 £	Total 2022 £
Income from:					
Donations and legacies					
Donations, legacies, and grants	2	1,109,596	93,252	1,202,848	1,676,676
Charitable activities					
NHS funding	3	2,107,627	-	2,107,627	2,019,538
Other trading activities					
Shop income and fundraising	7	2,502,662	-	2,502,662	2,268,863
Fundraising events		579,732	-	579,732	547,574
Investments	4	63,184	-	63,184	45,464
Other income		68,030	170	68,200	412,194
Total income		<u>6,430,831</u>	<u>93,422</u>	<u>6,524,253</u>	<u>6,970,309</u>
Expenditure on:					
Raising funds					
Trading activities	5	1,831,465	-	1,831,465	1,570,139
Donations and grants	5	248,069	-	248,069	184,530
Fundraising	5	714,778	-	714,778	509,050
Charitable activities	5	4,212,954	262,448	4,475,402	4,137,732
Total expenditure		<u>7,007,266</u>	<u>262,448</u>	<u>7,269,714</u>	<u>6,401,451</u>
Net operating surplus/(loss)		(576,435)	(169,026)	(745,461)	568,858
Net (losses)/gains on investments		(108,212)	-	(108,212)	41,652
Net (expenditure) / income		(684,647)	(169,026)	(853,673)	610,510
Transfers between funds		-	-	-	-
Net movement in funds		(684,647)	(169,026)	(853,673)	610,510
Total funds brought forward		<u>11,591,582</u>	<u>200,693</u>	<u>11,792,275</u>	<u>11,181,765</u>
Total funds carried forward	20	<u><u>10,906,935</u></u>	<u><u>31,667</u></u>	<u><u>10,938,602</u></u>	<u><u>11,792,275</u></u>

The notes on pages 32 to 48 form part of these financial statements.

The Statement of Financial Activities includes all gains and losses in the year. All income and expenditure derive from continuing activities.

Full comparative figures for the year ended 31 March 2022 are shown in note 23.

CHARITY AND CONSOLIDATED BALANCE SHEETS

AS AT 31 MARCH 2023

		2023	Group	2022	Charity	2022
	Note	£		£	£	£
FIXED ASSETS						
Tangible assets	9	6,281,403		6,221,984	6,098,448	6,060,816
Investments	10	2,751,135		1,821,741	2,751,235	1,821,841
		<u>9,032,538</u>		<u>8,043,725</u>	<u>8,849,683</u>	<u>7,882,657</u>
CURRENT ASSETS						
Stock	11	3,769		2,843	-	-
Debtors	12	756,902		1,465,322	1,130,474	1,852,968
Cash at bank and in hand		1,781,748		2,847,952	1,381,824	2,436,495
		<u>2,542,419</u>		<u>4,316,117</u>	<u>2,512,298</u>	<u>4,289,463</u>
CREDITORS: amounts falling due within one year	13	<u>(636,355)</u>		<u>(567,567)</u>	<u>(423,379)</u>	<u>(379,845)</u>
NET CURRENT ASSETS		<u>1,906,064</u>		<u>3,748,550</u>	<u>2,088,919</u>	<u>3,909,618</u>
NET ASSETS	22	<u>10,938,602</u>		<u>11,792,275</u>	<u>10,938,602</u>	<u>11,792,275</u>
FUNDS OF THE CHARITY						
Unrestricted funds						
General		4,625,532		5,369,598	4,808,487	5,530,764
Designated		6,281,403		6,221,984	6,098,448	6,060,818
		<u>10,906,935</u>		<u>11,591,582</u>	<u>10,906,935</u>	<u>11,591,582</u>
Restricted funds		31,667		200,693	31,667	200,693
	20	<u>10,938,602</u>		<u>11,792,275</u>	<u>10,938,602</u>	<u>11,792,275</u>

The unconsolidated deficit of GHHC was £853,673 (2022: surplus £610,510).

The financial statements were approved and authorised for issue by the Board of Trustees on 30th October 2023 and were signed below on its behalf by:



Mr. Stephen Mellish
Chairman of Trustees

The notes on pages 32 to 48 form part of these financial statements.

CONSOLIDATED STATEMENT OF CASH FLOWS

	Note	2023 £	2022 £
CASH PROVIDED BY / (USED IN) OPERATING ACTIVITIES	17	150,756	310,262
CASH FLOWS FROM INVESTING ACTIVITIES:			
Dividends, interest, and rents from investments		12,550	229
Investment Additions		(1,363,108)	-
Investment Disposals		587,547	-
Movement in investment cash		(262,045)	
Purchase of property, plant, and equipment		(191,904)	(155,566)
CASH PROVIDED BY / (USED IN) INVESTING ACTIVITIES		(1,216,960)	(155,337)
(DECREASE) / INCREASE IN CASH AND CASH EQUIVALENTS		(1,066,204)	154,925
Cash and cash equivalents at the beginning of the year		2,847,952	2,693,027
Cash and cash equivalents at the end of the year	18	1,781,748	2,847,952

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:

Basis of preparation

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

Garden House Hospice Care 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).

Preparation of accounts on a going concern basis

The trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern. The global economic uncertainty may have an impact on future revenue and costs but continual review of our financial position, reserves levels and future plans gives Trustees confidence the charity remains a going concern for the foreseeable future (being a period of at least twelve months from the date of approving these financial statements).

Critical accounting judgements and estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the charities accounting policies and the reported assets, liabilities, income and expenditure and the disclosures made in the financial statements. 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. Specific judgements taken are included elsewhere within this note, including those over the depreciation rates utilised and the non-depreciation of the Garden House Hospice premises.

Group financial statements

The financial statements consolidate the results of the charity and its wholly owned subsidiary Garden House Hospice Trading on a line-by-line basis. 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.

Income recognition

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

Donations and legacies

Receipt of a legacy must be recognised when it is probable that it will be received. Receipt is normally probable when:

There has been grant of probate, the executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy, and any conditions attached to the legacy are either within the control of the charity or have been met.

Grants

Clinical commission groups' grants are credited to the Statement of Financial Activities in the year in which they are receivable. Grants related to specific deliverables are included once the performance has been considered completed. Where income is received in advance of performance its recognition is deferred and included in creditors. Where entitlement occurs before income is received the income is accrued.

Shop income, fund-raising sales and lottery income

Income from the commercial activities of operating shops (mainly selling donated goods), fund-raising sales and lottery are included in the year in which the group is entitled to receipt.

Investment income and rental income

Income from investments and from rental is included in the Statement of Financial Activities in the year in which it is receivable.

Fundraising

Income from fundraising events is included in the year during which the event took place.

Expenditure recognition

Expenditure, including any irrecoverable VAT, is included in the financial statements on an accruals basis and is recognised when there is a legal or constructive obligation to make payment to a third party.

Expenditure is allocated to the particular activity where the cost relates directly to that activity. Other costs are apportioned to areas of activity based on the staff time or usage attributable to each area.

Fixed assets

Fixed assets are stated at cost less accumulated depreciation and impairment losses. Depreciation is calculated to write off costs on a straight-line basis as follows:

Furniture and fittings	- Over five or ten years
Office equipment	- Over five years
Motor vehicle	- Over five years

The buildings are maintained as a matter of policy, by a programme of repair such that the residual values of the buildings taken as a whole are at least equal to the book value. This policy is regularly reviewed by the trustees who are satisfied it remains appropriate given the rebuild costs which would be required and taking into account the service potential of the building (i.e., it continues to be used for charitable activities and therefore brings significant benefit). Having regard to this it is the opinion of the Trustees that depreciation of any such property as required by the Companies Act 2006 and the accounting standards would be immaterial to the financial statements especially as there is a very long lease in place. Any permanent diminution in value of such buildings would be charged to the Statement of Financial Activities as appropriate.

Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments, including trade and other debtors and creditors are initially recognised at transaction value and subsequently measured at their settlement value.

Investments

Investment in subsidiary

The investment in the subsidiary is stated at cost, less any provision for any permanent diminution in value.

Other investments

Investments are shown in the financial statements at market value, taken to be the bid price ruling at the balance sheet date. Gains and losses arising on disposals of investments are recognised in the Statement of Financial Activities. Unrealised gains and losses, upon restating investments to market values at the balance sheet date, are recognised in the Statement of Financial Activities.

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.

Stock

Stock is stated at the lower of cost and net realisable value. Items donated for resale are included in the financial statements when they are sold. The Trustees consider that the time and cost involved in valuing the donated goods at the time of donation and including them as stock at the year end, outweigh the benefit to the user of the accounts.

Pensions

The Charity operates and contributes to the following pension schemes:

- National Health Service Superannuation Pension Scheme (a multi-employer defined benefit scheme accounted for as a defined contribution scheme); and
- A Group Personal Pension Plan scheme managed by Standard Life (a defined contribution scheme)

Employees entitled to join the National Health Service Superannuation Pension Scheme are required to contribute a percentage of salary according to the scheme's rules. Employees who join the Standard Life Pension Scheme are required to contribute a minimum of 3% of salary.

Other 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.

Leasing commitments

Rentals paid under operating leases are charged to income on a straight-line basis over the lease term.

Gifts in Kind

The Hospice receives donated services in the form of voluntary help. In line with section 6 of the Charities SORP (FRS 102) this is not reflected in the Statement of Financial Activities as the financial value of the contribution of volunteers is not quantifiable.

Fund accounting

Funds held by the Charity are:

Unrestricted general funds

These are funds which can be used in accordance with the charitable objects at the discretion of the Trustees.

Designated funds

These are funds set aside by the Trustees out of unrestricted general funds for specific future purposes or projects together with funds transferred from restricted funds when no restrictions are considered to remain.

Restricted funds

These are funds that can only be used for particular restricted purposes within the objects of GHHC. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanations of the nature and purpose of each fund is included in Note 19.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2023

2. DONATIONS AND LEGACIES

	2023 £	2022 £
Donations	349,499	528,919
Legacies	674,699	821,214
Charitable foundations	178,650	326,543
	<u>1,202,848</u>	<u>1,676,676</u>

3. INCOME FROM CHARITABLE ACTIVITIES

	2023 £	2022 £
NHS East and North Hertfordshire	2,029,871	1,954,691
NHS Beds, Luton & Milton Keynes	77,756	55,822
NHS	-	9,025
	<u>2,107,627</u>	<u>2,019,538</u>

4. INVESTMENT INCOME

	2023 £	2022 £
Bank interest received	12,550	3,772
Investment income	50,634	41,692
	<u>63,184</u>	<u>45,464</u>

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2023

5. TOTAL EXPENDITURE 2023	Hospice Charitable Activities						Total
	Commercial activities	Donations & Grants	Fundraising	Inpatient Care	Day Services	Hospice at Home	
Costs directly allocated to activities:							
Staff costs	1,013,898	211,057	479,896	2,311,880	382,221	1,022,405	5,421,357
Cost of sales & services	189,477	9,868	155,551	232,113	9,008	1,010	597,027
Travel	16,827	-	1,122	21,959	3,828	1,285	45,021
Audit & accountancy	2,245	315	907	3,658	563	1,460	9,148
Support costs allocated to activities:							
Hire of land, buildings & equipment	312,805	1,375	3,964	15,980	2,460	6,381	342,965
Premises costs	141,217	18,168	52,349	211,015	32,488	84,268	539,505
Communication	29,329	2,828	8,150	32,852	5,058	13,119	91,336
Legal & professional fees	23,233	2,684	7,732	31,169	4,799	12,447	82,064
Audit & accountancy	2,245	315	907	3,657	563	1,460	9,147
Depreciation	74,183	2,665	7,678	30,948	4,765	12,359	132,598
Bank charges	26,006	273	786	3,167	488	1,265	31,985
Other	-	(1,479)	(4,263)	(17,189)	(2,645)	(6,863)	(32,439)
	1,831,465	248,069	714,779	2,881,209	443,596	1,150,596	7,269,714
TOTAL EXPENDITURE 2022							
Costs directly allocated to activities:							
Staff costs	878,083	149,093	381,632	2,255,901	231,226	909,962	4,805,897
Cost of sales & services	81,246	9,865	55,798	116,095	19,652	97	282,753
Travel	23,729	-	1,076	1,531	4,200	25,667	56,203
Audit & accountancy	1,420	236	651	3,522	378	1,388	7,595
Support costs allocated to activities:							
Hire of land, buildings & equipment	331,957	1,701	4,694	25,406	2,730	10,016	376,504
Premises costs	134,779	14,124	38,962	210,895	22,664	83,142	504,566
Communication	29,706	2,095	5,778	31,275	3,361	12,330	84,545
Legal & professional fees	11,312	3,511	9,687	52,433	5,635	20,671	103,249
Audit & accountancy	1,420	236	651	3,522	378	1,388	7,595
Depreciation	56,217	2,246	6,195	33,530	3,603	13,219	115,010
Bank charges	20,270	163	449	2,432	261	959	24,534
Other	-	1,260	3,477	18,820	2,023	7,420	33,000
	1,570,139	184,530	509,050	2,755,362	296,111	1,086,259	6,401,451

Support costs include governance costs of £18,290 (2022: £15,066)

5. TOTAL EXPENDITURE (continued)	2023 £	2022 £
Included in total expenditure:		
Depreciation - owned assets	132,485	116,036
Auditor's remuneration:		
Audit fees	13,800	12,350
Operating lease charges:		
Hire of equipment	30,161	44,547
Hire of land and buildings	312,805	331,957
	<u>312,805</u>	<u>331,957</u>
6. STAFF COSTS AND NUMBERS.		
	2023 £	2022 £
Salaries and wages	4,825,566	4,196,737
Social security costs	336,312	333,657
Pension costs	259,479	275,503
	<u>5,421,357</u>	<u>4,805,897</u>

Included in the above are termination/ex-gratia payment of £23,500 (2022: £10,000).

	Number	Number
Charity and group:		
The average number of employees analysed by function:		
Income generation	14	15
Retail	68	60
Clinical	88	80
Administration and other activities	53	48
	<u>223</u>	<u>203</u>
The number of employees whose emoluments as defined for taxation purposes amounted to over £60,000 in the year were as follows:		
£60,001 - £70,000	-	1
£70,001 - £80,000	-	2
£80,001 - £90,000	2	-
£90,001 - £100,000	1	1
£100,001 - £110,000	-	1
	<u>3</u>	<u>5</u>

The key management personnel of the group are considered to be the Senior Leadership Team listed on page 1. The total employee benefits of the key management personnel of the Group were £535,927 (2022: £580,925).

The Trustees provide their services voluntarily and are not included in the above analysis. During the year, one trustee received travel expenses of £89 (2022: £96). The directors of the subsidiary undertaking provide their services voluntarily and are not included in the above analysis. The directors of the subsidiary undertaking had no expenses paid to them throughout the current or previous year.

7. SHOP INCOME, FUNDRAISING SALES, LOTTERY INCOME AND RELATED EXPENDITURE

	GHHC	Charitable	Total	GHHC	Charitable	Total
	£	Trading	2023	£	Trading	2022
		£	£		£	£
Shops and fundraising sales						
Turnover from donated goods	-	2,238,852	2,238,852	-	2,028,145	2,028,145
Retail gift aid	-	62,518	62,518	-	57,293	57,293
Turnover from purchased goods	-	30,169	30,169	-	25,413	25,413
Shop and fundraising sales income	-	2,331,539	2,331,539	-	2,110,851	2,110,851
 Cost of sales	-	189,478	189,478	-	81,246	81,246
Management and admin expenses	-	1,641,987	1,641,987	-	1,488,893	1,488,893
Shop expenditure	-	1,831,465	1,831,465	-	1,570,139	1,570,139
Lottery						
Income from lottery	171,123	-	171,123	158,012	-	158,012
 Operating expenses						
Management and admin expenses	-	-	-	-	-	-
Lottery expenditure	-	-	-	-	-	-
 Net income from shops and fundraising sales	-	500,074	500,074	-	540,712	540,712
Net income from lottery	171,123	-	171,123	158,012	-	158,012
Net income from trading	171,123	500,074	671,197	158,012	540,712	698,724

The charitable income from the sale of donated and purchased goods is through shops at various town locations throughout North Hertfordshire. The charitable income from the lottery was generated through a weekly lottery operated by Local Hospice Lottery Ltd.

8. RELATED PARTY TRANSACTIONS

Transactions between the parent charity and its subsidiary comprised:

- Interest charged by the charity on the loan agreement in place of £5,873 (2022: £3,595)
- Donations collected by the subsidiary on behalf of the charity were £1,023 (2022: £9,553)
- Salary and other costs recharged by the charity to the trading subsidiary of £1,013,530 (2022: £937,770)

Donations received from Trustees during the year were £2,875 (2022: £4,442).
As set out in note 6, no Trustee received remuneration.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2023

9. TANGIBLE FIXED ASSETS		Land & buildings	Furniture, Fixtures & Fittings	Equipment	Motor Vehicles	Total
Group	Leasehold	Long	£	£	£	£
Cost						
At 31 March 2022	5,908,437		524,934	142,840	39,000	6,615,211
Additions	-		74,074	117,830	-	191,904
At 31 March 2023	5,908,437		599,008	260,670	39,000	6,807,115
Depreciation						
At 31 March 2022	-		314,927	62,258	16,042	393,227
Provided during the year	-		91,218	34,184	7,083	132,485
At 31 March 2023	-		406,145	96,442	23,125	525,712
Net Book Value						
At 31 March 2023	5,908,437		192,863	164,228	15,875	6,281,403
At 31 March 2022	5,908,437		210,007	80,582	22,958	6,221,984
Charity						
Cost						
At 31 March 2022	5,908,436		282,679	106,863	-	6,297,978
Additions	-		18,586	77,460	-	96,046
At 31 March 2023	5,908,436		301,265	184,323	-	6,394,024
Depreciation						
At 31 March 2022	-		200,113	37,049	-	237,162
Provided during the year	-		29,773	28,641	-	58,414
At 31 March 2023	-		229,886	65,690	-	295,576
Net Book Value						
At 31 March 2023	5,908,436		71,379	118,633	-	6,098,448
At 31 March 2022	5,908,436		82,566	69,814	-	6,060,816

The long leasehold buildings represent the capitalised costs of converting the Letchworth Hospital into the Garden House Hospice, together with extensions and improvements carried out in later years.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2023

10. FIXED ASSET INVESTMENTS	Group		Charity	
	2023 £	2022 £	2023 £	2022 £
Investment in subsidiary undertaking	-	-	100	100
Equities and pooled funds	2,751,135	1,821,741	2,751,135	1,821,741
	<u>2,751,135</u>	<u>1,821,741</u>	<u>2,751,235</u>	<u>1,821,841</u>

The wholly owned trading subsidiary, Garden House Hospice Trading Limited, which is incorporated in the United Kingdom, pays all its profits to the charity annually by gift aid.

The principal activities of Garden House Hospice Trading Limited are general merchants and traders.

The charity owns the entire issued share capital of 100 Ordinary Shares of £1 each.

	2023 £	2022 £
Summary of investment		
Shares at cost	<u>100</u>	<u>100</u>
Extracts from the accounts of the subsidiary undertaking		
Summary profit and loss account		
Turnover	2,331,539	2,110,851
Cost of sales and administrative expenses	(1,831,465)	(1,570,139)
Interest receivable less interest payable	(4,284)	(3,558)
Profit on ordinary activities before taxation	<u>495,790</u>	<u>537,154</u>
Tax on profit of ordinary activities	-	-
Profit for the financial year	<u>495,790</u>	<u>537,154</u>
Amount covenanted to the Charity	<u>495,790</u>	<u>537,154</u>
The assets and liabilities of the subsidiary undertaking were as follows:		
Fixed assets	<u>182,956</u>	<u>161,168</u>
Current assets	633,584	663,226
Creditors amounts falling due within one year	(816,439)	(824,294)
Net current assets / (liabilities)	<u>(182,855)</u>	<u>(161,068)</u>
Creditors amounts falling due after one year	-	-
Net assets	<u>100</u>	<u>100</u>
Aggregate share capital and reserves	<u>100</u>	<u>100</u>

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2023

10. FIXED ASSET INVESTMENTS (continued)	2023 £	2022 £
Investments		
Market Value 1 April	1,821,741	1,751,593
Additions during the year	1,363,108	-
Disposals	(587,547)	28,496
Unrealised investment (losses) / gains	(108,212)	41,652
 Movement in cash investment	 262,045	 -
 Market Value at 31 March 2023	 <u>2,751,135</u>	 <u>1,821,741</u>
 Historic cost 31 March 2023	 <u>2,254,434</u>	 <u>1,538,969</u>

The investments comprise a portfolio held with Evelyn Partners consisting of a mix of investment types.

11. STOCK	Group		Charity	
	2023 £	2022 £	2023 £	2022 £
Goods for resale	<u>3,769</u>	<u>2,843</u>	<u>-</u>	<u>-</u>

12. DEBTORS	Group		Charity	
	2023 £	2022 £	2023 £	2022 £
Trade debtors	459,474	302,713	424,943	266,741
Profit due from subsidiary under Gift Aid	-	-	442,976	537,154
Other amounts due from subsidiary	-	-	80,000	99,419
Other debtors	14,527	90,581	-	1,136
Prepayments and accrued income	207,592	1,000,477	136,387	904,220
VAT recoverable	75,309	71,551	46,168	44,298
	<u>756,902</u>	<u>1,465,322</u>	<u>1,130,474</u>	<u>1,852,968</u>

The amounts owed by the subsidiary undertaking include loans of £80,000 (2022: £80,000) which are unsecured and repayable on demand. Interest was charged on the amount at 5% above Base Rate.

Subsidiary profits are payable under Gift Aid. A deed of covenant is in place which requires the payment to be made.

13. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR	Group		Charity	
	2023 £	2022 £	2023 £	2022 £
Trade creditors	445,446	311,658	182,762	148,971
Accruals and deferred income	71,160	63,249	40,380	38,214
Other creditors	119,749	192,660	200,237	192,660
	<u>636,355</u>	<u>567,567</u>	<u>423,379</u>	<u>379,845</u>

14. CAPITAL COMMITMENTS

The Trustees maintain a policy of continually enhancing the facilities offered to patients, families, and their guests.

At 31 March 2023 capital commitments comprised:

Contracted £Nil (2022: £Nil)

Authorised but not committed £Nil (2022: £Nil)

15. PENSION COMMITMENTS

Garden House Hospice Care

GHHC operates and contributes to the following Pension Schemes:

- To the National Health Service Superannuation Pension Scheme on behalf of those employees who are members of the Scheme.
- To a defined contribution Scheme managed by Standard Life in respect of those employees who are not entitled to be members of the National Health Superannuation Pension Scheme.

The assets of the schemes are held separately from those of GHHC in independently administered funds.

Employees entitled to join the National Health Service Superannuation Pension Scheme are required to contribute as specified by the scheme rules. The annual commitment by GHHC under this scheme is for contributions of 14.3% of gross salary of those employees who are members of this scheme.

All other employees join the Standard Life Pension Scheme and contribute a minimum of 3% of salary. The annual commitment by GHHC under this scheme is for contributions of 5% of gross salary.

Subsidiary

The subsidiary undertaking operates and contributes to a defined contribution pension scheme for those employees who wish to participate. The assets of the scheme are held separately from those of the Company in an independently administered fund. All employees join the scheme and contribute a minimum of 3% of salary.

The estimated GHHC and Subsidiary commitment for contributions to both pension schemes in 2023/2024 is £293,650 (2022/2023: £290,000).

16. OTHER FINANCIAL COMMITMENTS

At 31 March GHHC and its subsidiary undertaking had minimum total commitments under non-cancellable operating leases as set out below:

	GHHC		Subsidiary Undertaking	
	2023	2022	2023	2022
	£	£	£	£
Operating leases which expire:				
Within one year	16,066	16,602	820,695	179,790
Within two to five years	38,508	54,793	444,795	134,526
After more than five years	-	-	-	-
	<u>54,574</u>	<u>71,395</u>	<u>1,265,490</u>	<u>314,316</u>

The Garden House Hospice Care premises are provided at a peppercorn rent. The lease on the premises expires in 2138.

17. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FROM OPERATING ACTIVITIES

	2023	2022
	£	£
Net movement in funds for the year	(853,673)	610,510
Depreciation	132,485	116,036
Net losses/(gains) on investments	108,212	(41,652)
Interest and dividends receivable	(12,550)	(229)
(Increase)/decrease in stock	(926)	329
Decrease/(increase) in debtors	708,420	(483,500)
(Decrease)/increase in creditors	68,788	137,263
Net cash from operating activities	<u>150,756</u>	<u>310,262</u>

18. ANALYSIS OF THE BALANCES OF CASH AND CASH EQUIVALENTS AS SHOWN IN THE BALANCE SHEET

	2023	2022
	£	£
Cash at bank and in hand	<u>1,781,748</u>	<u>2,847,952</u>

19. FUNDS**UNRESTRICTED FUNDS****General**

General unrestricted funds comprise the accumulated surpluses arising from the objectives of GHHC which may be used for its charitable purpose at the discretion of the Trustees.

Designated

Designated funds comprise accumulated surpluses where the GHHC trustees have decided to reserve funds for specific purposes. These sums are for fixed assets which benefit the charity.

19. FUNDS (CONTINUED)**RESTRICTED FUNDS**

Restricted funds comprise the value of donations where the donor has requested a specific use for their donation, and where at the date of reporting, the sums have not yet been expended.

At 31 March 2023, restricted funds comprise sums restricted to pay for:

	2023 £	2022 £
Assets for Patients' use	-	4,441
Patient Services	22,017	48,441
The Hospice befriending project	-	94,596
Education	3,139	31,360
Other	6,511	21,855
Hospice UK Covid-19 Government Grant	-	-
	<u>31,667</u>	<u>200,693</u>

20. ANALYSIS OF MOVEMENT IN GROUP FUNDS

	Balance 1 April 2022 £	Movement in Resources			Unrealised Investment Gains £	Balance 31 March 20223 £
		Income £	Expenditure £	Transfer £		
Unrestricted funds						
General	5,369,598	6,430,831	(7,007,266)	(59,419)	(108,212)	4,625,532
Designated	6,221,984	-	-	59,419	-	6,281,403
	<u>11,591,582</u>	<u>6,430,831</u>	<u>(7,007,266)</u>	<u>-</u>	<u>(108,212)</u>	<u>10,906,935</u>
Restricted funds						
Fixed assets	4,441	-	(4,441)	-	-	-
Patient services	48,441	75,078	(101,502)	-	-	22,017
Befriending	94,596	18,256	(112,852)	-	-	-
Education	31,360	-	(28,221)	-	-	3,139
Other	21,855	88	(15,432)	-	-	6,511
Hospice UK Covid-19 Government Grant	-	-	-	-	-	-
	<u>200,693</u>	<u>93,422</u>	<u>(262,448)</u>	<u>-</u>	<u>-</u>	<u>31,667</u>
Total	<u>11,792,275</u>	<u>6,524,253</u>	<u>(7,269,714)</u>	<u>-</u>	<u>(108,212)</u>	<u>10,938,602</u>

Transfers between funds reflect additional spend over that available in designated funds.

21. ANALYSIS OF MOVEMENT IN GROUP FUNDS - YEAR ENDED 31 MARCH 2022

	Balance 1 April 2021 £	Movement in Resources			Unrealised Investment Gains £	Balance 31 March 2022 £
		Income £	Expenditure £	Transfer £		
Unrestricted funds						
General	4,825,698	6,386,073	(5,844,296)	(39,529)	41,652	5,369,598
Designated	6,182,455	-	-	39,529	-	6,221,984
	<u>11,008,153</u>	<u>6,386,073</u>	<u>(5,844,296)</u>	<u>-</u>	<u>41,652</u>	<u>11,591,582</u>
Restricted funds						
Fixed assets	4,441	-	-	-	-	4,441
Patient services	31,859	83,956	(67,374)	-	-	48,441
Befriending	86,285	122,997	(114,686)	-	-	94,596
Education	27,780	5,640	(2,060)	-	-	31,360
Other	6,521	18,361	(3,027)	-	-	21,855
Hospice UK Covid-19 Government Grant	16,726	353,282	(370,008)	-	-	-
	<u>173,612</u>	<u>584,236</u>	<u>(557,155)</u>	<u>-</u>	<u>-</u>	<u>200,693</u>
Total	<u>11,181,765</u>	<u>6,970,309</u>	<u>(6,401,451)</u>	<u>-</u>	<u>41,652</u>	<u>11,792,275</u>

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2023

22. NET ASSETS BETWEEN FUNDS	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Total 2023 £	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Total 2022 £
FIXED ASSETS								
Long leasehold land and buildings	-	5,908,437	-	5,908,437	-	5,908,436	-	5,908,436
Furniture, fixtures and fittings	-	192,863	-	192,863	-	210,007	-	210,007
Equipment	-	164,228	-	164,228	-	80,583	-	80,583
Motor vehicles	-	15,875	-	15,875	-	22,958	-	22,958
Investments	2,751,135	-	-	2,751,135	1,821,741	-	-	1,821,741
	<u>2,751,135</u>	<u>6,281,403</u>	<u>-</u>	<u>9,032,538</u>	<u>1,821,741</u>	<u>6,221,984</u>	<u>-</u>	<u>8,043,725</u>
CURRENT ASSETS								
Stocks	3,769	-	-	3,769	2,843	-	-	2,843
Debtors	756,902	-	-	756,902	1,465,322	-	-	1,465,322
Cash at bank and in hand	1,750,081	-	31,667	1,781,748	2,647,259	-	200,693	2,847,952
	<u>2,510,752</u>	<u>-</u>	<u>31,667</u>	<u>2,542,419</u>	<u>4,115,424</u>	<u>-</u>	<u>200,693</u>	<u>4,316,117</u>
CREDITORS								
Amounts falling due within one year	(636,355)	-	-	(636,355)	(567,567)	-	-	(567,567)
NET CURRENT ASSETS	<u>1,874,397</u>	<u>-</u>	<u>31,667</u>	<u>1,906,064</u>	<u>3,547,857</u>	<u>-</u>	<u>200,693</u>	<u>3,748,550</u>
TOTAL ASSETS LESS CURRENT LIABILITIES AT 31 MARCH	<u>4,625,532</u>	<u>6,281,403</u>	<u>31,667</u>	<u>10,938,602</u>	<u>5,369,598</u>	<u>6,221,984</u>	<u>200,693</u>	<u>11,792,275</u>

23. COMPARATIVE GROUP STATEMENT OF FINANCIAL ACTIVITIES - 31 MARCH 2022

	Note	Unrestricted Funds £	Restricted Funds £	Total 2022 £
Income from:				
Donations and legacies				
Donations, legacies, and grants	2	1,445,722	230,954	1,676,676
Charitable activities				
NHS funding	3	2,019,538	-	2,019,538
Other trading activities				
Shop income and fundraising	7	2,268,863	-	2,268,863
Fundraising events		547,574	-	547,574
Investments	4	45,464	-	45,464
Other income		58,912	353,282	412,194
Total income		<u>6,386,073</u>	<u>584,236</u>	<u>6,970,309</u>
Expenditure on:				
Raising funds				
Trading activities	5	1,570,139	-	1,570,139
Donations and grants	5	184,530	-	184,530
Fundraising	5	509,050	-	509,050
Charitable activities	5	3,580,577	557,155	4,137,732
Total expenditure		<u>5,844,296</u>	<u>557,155</u>	<u>6,401,451</u>
Net operating surplus/(loss)		541,777	27,081	568,858
Net gains / (losses) on investments		41,652	-	41,652
Net income / (expenditure)		<u>583,429</u>	<u>27,081</u>	<u>610,510</u>
Transfers between funds		-	-	-
Net movement in funds		<u>583,429</u>	<u>27,081</u>	<u>610,510</u>
Total funds brought forward		<u>11,008,153</u>	<u>173,612</u>	<u>11,181,765</u>
Total funds carried forward	20	<u><u>11,591,582</u></u>	<u><u>200,693</u></u>	<u><u>11,792,275</u></u>

Accounts

GARDEN HOUSE HOSPICE CARE
(A company limited by guarantee and not having a share capital)
TRUSTEES' ANNUAL REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2022

Garden House Hospice Care
Company Limited by Guarantee No. 2040989
Registered Charity No. 295257

Registered Office:
Garden House Hospice,
Gillison Close,
Letchworth Garden City
Herts SG6 1QU

GARDEN HOUSE HOSPICE CARE
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2022

CONTENTS	Page
Administrative information	1 - 2
Chairman's Report	3 - 4
Trustees' Report (incorporating the Strategic Report)	5 - 21
Independent Auditor's Report	22 - 24
Consolidated Statement of Financial Activities	25
Charity and Consolidated Balance Sheets	26
Consolidated Cash Flow Statement	27
Notes to the Financial Statements	28 - 44

**GARDEN HOUSE HOSPICE CARE
ADMINISTRATIVE INFORMATION
FOR THE YEAR ENDED 31 MARCH 2022**

PATRONS

Sir Simon Bowes Lyon KCVO
Mr Paul Cherry
Mrs Diana Laing
Lord and Lady Fellowes
Mrs Sarah Harrison
Sir Oliver Heald QC, MP
MP for Stevenage (Steven McPartland)
MP for Hitchin and Harpenden (Bim Afolamai)
The Chairman of North Herts District Council
The Mayor of Royston
The Mayor of Stevenage
The Bishop of St Albans
Mr Richard Whitmore
Mrs Boo Williams

HONORARY VICE PRESIDENTS

Dr Frances Aldridge, Mrs Sally Alford, Mrs Sheila Ball, Mr Ivor Barber, Mr Trevor Bentham, Mrs Mary Blaksley, Mrs Trudy Bunday, Mr Bernard Davies, Mr Andrew Egerton-Smith MBE, Mrs Rosemary Gillham, Sir A Graham, Mr Peter Harkness, Mr David Heymans, Mrs Janet Hill, Mrs Anne Houghton, Mr Anthony Isaacs, Dr Viv Lucas, Mrs Jenny Lupton, Mr Roger Manning, Mrs Janet Nevitt, Dr Catherine Offer, Mr Peter Willmott, Mrs M Guernier, Mr J Bush, Mr John Procter

TRUSTEES

Mr Stephen Mellish² (Chairman)
Dr Simon Chatfield
Mr Richard Dearden^{2,3}
Mrs Helen Dodd ¹(Resigned 31.08.21)
Professor Ken Farrington¹ (Resigned 31.12.21)
Mrs Melanie Flynn²
Mr Roger Gochin^{2,3}
Dr John Machen¹(Resigned 31.12.21)
Mr John Procter^{2,3} (Resigned 31.12.21)
Mrs Rhona Seviour (Vice Chair) ^{1,2}
Mr James Silsby²
Sir Tim Wilson DL^{2,3}
Dr Pauline Williams¹
Prof Shahid Khan

SECRETARY

Mrs Jillian Graves

TREASURER

Mr Roger Gochin

**SENIOR LEADERSHIP TEAM
(KEY MANAGEMENT PERSONNEL)**

Mrs Sue Plummer (Chief Executive Officer)
Dr Sarah Bell (Medical Director)
Mrs Helen Clark (Head of Operations)
Mrs Elizabeth Kennedy (Interim Director of Patient Services)
Mr Philip Mahan (Director of Finance)
Mrs Carla Pilsworth (Director of Income Generation)
Mr Derek Turnbull (People Director)

GARDEN HOUSE HOSPICE CARE

ADMINISTRATIVE INFORMATION (continued)

FOR THE YEAR ENDED 31 MARCH 2022

REGISTERED AUDITORS	Haysmacintyre LLP 10 Queen Street Place London EC4R 1AG	
BANKERS	Virgin Money 7 Gold Street Northampton Northamptonshire	Lloyds Bank Plc 1 Bancroft Hitchin Hertfordshire
	The Charities Aid Foundation Kings Hill West Malling Kent	NatWest Bank Station Place Letchworth Garden City Hertfordshire
HONORARY CHARTERED BUILDING SURVEYORS	Robert Lombardelli Partnership St Luke's House 5 Walsworth Road Hitchin Hertfordshire, SG6 1QU	
REGISTERED OFFICE	Garden House Hospice Care Gillison Close Letchworth Garden City Hertfordshire SG6 1QU	
COMPANY NUMBER	02040989	
CHARITY NUMBER	295257	
OPERATING NAME	Garden House Hospice Care	
TRADING COMPANY	Garden House Hospice Trading Limited (Company no. 02671267)	

GARDEN HOUSE HOSPICE CARE

CHAIRMAN'S REPORT

FOR THE YEAR ENDED 31 MARCH 2022

Following John Procter's resignation as chairman in February 2021, and before I took over as the new chairman at the end of June, the vice chair Rhona Seviour stepped up as interim chair and did a fantastic job. It was important after the decision not to merge with Isabel Hospice that we maintained as much stability as possible. The merger discussions and ultimate decision 'not to merge' had taken its toll. However, it was the right decision and we have moved on.

Following four and a half years as chairman of the trading company I am honoured and privileged to have been appointed chairman of Garden House Hospice Care (GHHC).

Since taking over, we have been taking steps to future-proof the growth and development of GHHC following great challenges, including the coronavirus pandemic. The fallout from the pandemic and many other external factors, all of which have been extensively covered in local, national, and international media, means that we have a range of new, as well as the existing long-standing, challenges to deal with in the short, medium, and long-term.

We entered the final year of our three-year strategy (2019-22) determined to achieve as much as possible despite the effects of the pandemic and all the time and energy we had devoted to a potential merger from 2019 onwards. Although the 2021-22 financial year began with all of these challenges, I am proud to report that with the hard work and commitment of Sue Plummer, our CEO, and her leadership team, and also of our staff, volunteers, and supporters, I believe we have ended the year positively in many ways.

Staff recruitment and retention and building the resilience of the hospice's finances have been key priorities for the Board. Thanks to the enormous efforts of our staff and volunteers, our in-patient unit, day and family services, Hospice at Home, Compassionate Neighbours, and support for care homes and those with dementia have not only continued to operate but have developed further in order to meet a wider range of needs. We were pleased to see the return of our school liaison work which is so vital in helping younger people understand the breadth of work we undertake across the community and also as a means of informing them about future careers options within the health service.

We ended the year in a strong financial position, helped in no small part by government grants, income from legacies and generous donations from our incredibly supportive community. However, we know that in future we cannot rely on continued government support and, particularly, the level of income we had this year from legacies. For this reason, a priority is to ensure that our financial position is sustainable by having balanced budgets.

In terms of governance, we began the process of conducting an extensive review of our Memorandum & Articles of Association, which had seen little change since they were created in the mid-1980s. We also started work on creating a new three-year strategy (2022-25) at an earlier stage than in previous years. We said thank you and farewell to a number of trustees as well as welcoming new ones.

My predecessor, John Procter, retired from the board in December 2021 after more than twenty-five years as a trustee, the last five as chairman. John continues his dedication and commitment to GHHC through his volunteering in the trading company where he uses his vast knowledge and passion for books at the distribution centre. I would also like to thank Helen Dodd, Dr John Machen and Professor Ken Farrington who retired as trustees last year. They all made significant contributions in their time on the board using their specialist skills and knowledge to make GHHC even better than when they first joined.

At the start of 2020 there were twelve trustees and by the end of the year no less than seven had departed. That required some serious recruitment! I am therefore delighted to confirm that we added five new trustees between August and the end of the financial year. Richard Dearden, who was a director of our trading company, not only took over from me as chairman of the trading company but was also appointed a trustee. Dr Simon Chatfield, Melanie Flynn, Dr Pauline Williams CBE, and Professor Shahid Khan joined him. They all bring with them a wealth of knowledge, skills, and experience from the world of medicine and business that GHHC will benefit from in the years to come. We continue to recruit more trustees in the new financial year.

GARDEN HOUSE HOSPICE CARE

CHAIRMAN'S REPORT

FOR THE YEAR ENDED 31 MARCH 2022

We are close to 'signing off' the new three-year strategy. With the four main pillars of 'Caring Services', 'People and Culture', 'Community Engagement' and 'Sustainable Funding' we are determined to build on the last three years with new and ambitious plans. We also know that although the Coronavirus pandemic appears to have passed its peak, there are many new challenges in the months and years ahead. We will need to fully understand what changes may come about from the new Integrated Care Systems (ICS) that will replace the Clinical Commissioning Groups (CCG). We will also be embarking on a new Sustainability strategy by the end of 2022 that will set out our journey to be a better contributor in protecting resources, reducing our environmental impact, and ensuring a future for generations to come.

This past year has seen a massive change in membership of the board of trustees and the Senior Leadership Team. We have all worked tirelessly, ensuring the continuation of, as well as the reintroduction of, services in the wake of the Coronavirus pandemic where Jayne Dingemans, our Director of Patient Services, played an outstanding role. Jayne retired in May 2021, and I wish to acknowledge her outstanding contribution to GHHC. Over the year, we have put in more effort than ever before in setting out an ambitious three-year strategy. I am confident that we have the strategy, plans and, most importantly, the people to deliver and achieve success from those plans.

One thing that does not change, however, is the tremendous appreciation we have for our staff, volunteers, and the wide range of supporters in our communities for your ongoing commitment and contribution to Garden House Hospice Care. We simply could not do all of this without you, and it is not taken for granted; it is appreciated and for that I say thank you.



Steve Mellish
Chairman

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

Garden House Hospice Care (GHC), being a company limited by guarantee and a registered charity, has adopted the practice that the Directors (Council Members) be called Trustees and the Board of Directors (Council of Management) be known as the Board of Trustees.

Objectives and Activities

GHC exists to provide specialist palliative care for adults living in Stevenage, North Hertfordshire and adjoining parts of Mid Bedfordshire with advanced cancer, motor neurone disease or other terminal illness.

GHC also provides support and care to the families and friends of patients.

GHC provides:

1. Inpatient Care: The eight bed In-patient Unit provides consultant led specialist palliative care (the bed numbers had temporarily dropped to six, secondary to the effects of the Covid-19 pandemic and staffing levels).
2. Home Care: Hospice at Home team of Nurses and Health Care Assistants provide care and support to patients and families at home to support wishes and preferences of those who wish to remain at home for end-of-life care support at home. The service also supports discharges from Hospital and Hospice. We also have 10 commissioned fast track Continuing Healthcare beds that the team support with up to 4 visits per day dependant on needs.
3. Hawthorne Centre: Specialist day services, palliative rehabilitation, living well, outpatient care and drop-in services provided through a variety of face to face and virtual sessions.
4. Family Support: A range of services including psychological support, bereavement counselling, carer support, spiritual care, social work support and advice for patients' families. Children's and Young Person's Bereavement Service.
5. Education: GHC provides an education programme including mandatory training for all staff and volunteers. It provides a range of specialist education sessions that are open to all health and social care professionals. The organisation supports placements and training for junior staff in all relevant fields. Individual staff members contribute to the training of student nurses, medical students, GP trainees, specialist registrars and other professionals undertaking training in other fields e.g., paramedics. Volunteers all complete an induction course and mandatory training appropriate to their area of work.
6. Telephone Advice: A specialist palliative care 24/7 telephone advice line.
7. Community Engagement: Volunteers support all areas of the hospice; Compassionate Neighbours - community volunteers offer friendship through 1-1 matches or via Wellbeing Hubs and schools and colleges outreach to engage with young people about palliative and end of life care and the work of the Hospice.
8. Frailty Clinical Nurse specialist support to Care homes. This is a commissioned service of 3 WTE Nurses who assess and support all residents in our locality with individualised care planning and ongoing support, working closely with the care home staff and GP for each home.
9. Garden House Hospice Care Admiral Nurse: Employed by GHC and works with families and people living with dementia at end of life in North Hertfordshire, to ensure they have the best possible care and support at the end of their life. This post also delivers a wide range of education provision for Dementia awareness and support to both healthcare professionals and families and carers.
10. We have a commissioned Care Home Educator dedicated to support end of life education in our local care and nursing homes.

Our vision

Supporting all people in our community living with life-limiting conditions and their families and carers, to live as well as possible and according to their own wishes. Caring today, tomorrow and in the future.

Our mission

Garden House Hospice Care provides compassionate and holistic specialist palliative care to those in our community with life-limiting conditions, to enable them to live as well and as fully as possible. We share our knowledge and expertise to enable wider access to the best end of life care.

GHHC's objectives are to:

- Ensure that all activities are carried out within an appropriate legal, financial, ethical and administrative framework.
- Provide appropriate resources, staff, buildings and equipment to fulfil GHHC's mission.
- Ensure that the appropriate monetary resources are available from contracts, direct fundraising and trading by the Trading Company to meet the care needs of GHHC's patients and their families.
- Encourage community support.
- Ensure that the resources of the organisation are managed and maintained providently.
- Maintain strategic and operational plans in accordance with GHHC's charitable status.

The principal activities of the Trading Company are as general merchants and traders. The Trading Company provides an essential revenue stream for GHHC. Their directors have set out a strategy that aims to increase the Company's contribution to GHHC year-on-year. This strategy is articulated in the Company's annual report.

During the year, GHHC:

- Submitted its eleventh 'Quality Account' to the NHS. The Quality Account measures quality by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback. It is a major piece of work and may be viewed on the Garden House Hospice Care website by going to the following address:

<https://www.ghhospicecare.org.uk/about-us/our-reports>
- Responded to the challenges of the Coronavirus pandemic and worked according to government criteria. While many clinical services were maintained, including our Inpatient Unit, despite significant challenges in doing so, some services were adapted, in line with government criteria. In all responses to the pandemic, GHHC responded and adapted quickly, to ensure that patients and their families were at the heart of everything that the Hospice did.
- Maintained its normal pattern of regular meetings of Trustees with members of the Senior Leadership Team, and, as part of the annual cycle of reporting, received detailed reports on all aspects of GHHC's activities covering Health & Safety; Quality; Education; Patient Services; Safeguarding; Budget; Fundraising; Accounts; Human Resources and Volunteer Services.
- Ensured that its established policy of staff development and training continued.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

- Maintained its policy of safeguarding GHHC's resources, using them as carefully and as fully as reasonably possible and ensuring that the rolling programme of maintenance, repair and replacement of GHHC's physical assets was continued.
- Continued to foster links with Clinical Commissioning Groups, Primary Care Networks, local Community and Hospital Trusts, local GPs and other health and social care providers.

Garden House Hospice Care Clinical Activity

- 1,989 unique patients, carers and community members were cared for across all services with many patients accessing more than one service.
- The Inpatient Unit supported 157 admissions and Day Services conducted 3,816 activities over the last year.
- The Family Support Service Team made 2,532 direct contacts with patients and family members.
- The Hospice at Home team supported 125 patients in their homes making a total of 915 visits.
- The Continuing Health Care Service supported 110 patients in their homes making a total of 8,287 visits.
- The Frailty team conducted 2,789 reviews and support calls to patients in care homes.
- Compassionate Neighbours received 254 new referrals and had an active caseload of 330 people being supported.

The Trustees know that Garden House Hospice Care is respected both for the quality and nature of the care that it delivers and the fair and honest trading of the Trading Company through its shops. The following comments from patients' families affirms for us that we can be justly proud of the work of all involved:

My wife's time at Garden House gave her the dignity, level of care and comfort that was second to none. Our family were also treated with compassion and were kept well informed and comforted. We thank all those at Garden House from the bottom of our hearts and I will do all I can to support in the future. The regular online seated exercise via Zoom have been a real lifesaver both physically and emotionally.

We both enjoyed our visit mainly due to the welcoming attitude of the staff. We found it easy to discuss matters relating to my wife's illness. Plus, the fact of discussing how it affected myself and family. The personal care my husband received during his last days with Palliative care was so good, all carers were caring, kind and very understanding of his needs. I could not have managed on my own towards the end of his life without their help. I cannot praise them enough. I feel very lucky that they entered our lives when most needed. It's a wonderful service provided to all who need them.

The clinical work of GHHC, the quality of the services it delivers, and the professional competence and capability of staff are measured and monitored in several ways:

1. By the Care Quality Commission (CQC) through its system of unannounced inspections and the publication of the results of such inspections.
2. By the Clinical Commissioning Groups (CCG) with whom GHHC has contracts through the contracts system as well as periodic quality inspection.
3. Through the revalidation process for doctors and nurses and compulsory continuing professional education and training for professional staff.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

4. By the Hospice Care and Clinical Governance Committee continuing to monitor the clinical work of GHHC.
5. By undertaking clinical audits using national audit tools designed specifically for hospices by Hospice UK.
6. Through incident reporting, monitoring and shared learning.
7. By the Trustees making announced visits to service providers in GHHC, with the outcome of such visits being formally reported to the full Board.
8. By the Trustees receiving regular Patient Services Reports covering all aspects of patient care.
9. By GHHC preparing an annual Quality Account, for publication on the NHS Choices website.

East and North Herts Clinical Commissioning Group's Response to the Quality Account provided by Garden House Hospice Care, Hertfordshire

Thank you for sharing the Quality Account for 2021/22. The CCG values the work of the Hospice and is grateful for the commitment and hard work of all the staff and volunteers who provided high-quality care during the pandemic in challenging circumstances.

It is recognised that priorities were impacted by other issues, and the information provided within this account presents a balanced report of the quality of services that Hospice provided and is, to the best of our knowledge, accurate, easy to read and well interpreted. The progress that has been made with your key priorities demonstrates your commitment to delivery of high-quality services with notable use of CIF and MDT, education of staff in palliative medicine, recruitment of a pharmacist to drive this work and the support provided through zoom video consultations.

Ongoing partnership working with HCT (Hertfordshire Community Trust), North Herts Palliative Referral Centre and the CCG has continued throughout the pandemic. Support between the two local hospices to provide care during outbreaks of Covid-19 has been paramount to ensure the residents of East and North Hertfordshire continued to receive the care they required. We would like to see this collaborative working pursued with other multi agencies including Acute organisation.

The priorities set out for 2022/23 notably, broadening access and support to carers; rolling out digital technology to the community teams; improving access to information and implementing electronic rosters for efficiency and safety will release time to care. The digital transformation for staff working in the Community Support to have access to patient's records is welcomed with potential benefit for both patients and staff wellbeing. Promotion of research and creating a post to support this is valuable innovation that will bring further improvements in the delivery of care to our residents.

During 2022/23 the CCG/Hertfordshire West Essex Integrated Care Board looks forward to building on the positive relationships already developed with the Hospice to ensure open dialogue and continued quality improvement for the population of Hertfordshire.

Mary Emson
Assistant Director of Nursing and Quality
East and North Herts CCG
June 2022

Progress Report against the Strategic Business Plan 2021-22

For 2021/22 we set the following strategic objectives and the progress we have made is as follows.

Everybody

- **Equity of access to care**
- **Care coordination**
- **Giving everyone a voice in the shaping of Garden House Hospice Care**

- Remained responsive to the needs of patients, considering the needs brought through the Covid-19 pandemic, adapting services for patients and carers to ensure access to services
- We have raised awareness of our Compassionate Neighbours service, receiving 254 referrals, including over 30% as self-referrals
- In line with Covid-19 GOV.UK guidance, GHHC continued remote and virtual support to patients and carers when needed
- We have continued to work in partnership with Herts Community Trust (HCT) and Clinical Commissioning Group (CCG) to provide the North Herts Palliative Referral Centre (NPCRC) and to support the development of the Single Point of Access (SPA)
- Delivered Hospice at Home in line with the agreed service model
- Medical Specialist Palliative Care support to community patients, working collaboratively with HCT SPC CNS team and the East & North Herts NHS Trust
- Continued professional Palliative Care Consultant support to Isabel Hospice through weekly inpatient ward round and remote support to medical team
- Provision of Frailty Clinical Nurse Specialist (CNS) support to our nursing and residential homes in North Hertfordshire
- Dementia CNS service
- Increased support to our communities through our Compassionate Neighbours project at our five weekly Community Wellbeing Hubs taking place across our locality in Royston, Stevenage (2), Hitchin and Letchworth
- We successfully launched a new website and intranet site resulting in improved communications internally and externally. This has resulted in increased self-referrals to our clinical services and better communication internally and externally
- We have received 302 referrals to our Family Support Services team - an increase of 21% in 2021 - 2022
- Herts Bereavement Support. We have completed new work alongside Herts County Council to deliver emotional and practical support to those directly affected by a Covid-19 death
- Enabled more clients to be supported with available resources - staff and volunteer counsellors delivering sessions via telephone or remotely
- Continuation of support, face-to-face sessions for counselling in the Hospice, prioritised for patients on IPU and community patients who cannot access services remotely
- We have provided spiritual care, supportive calls or formal counselling sessions as required
- In 2021 - 2022 the GHHC Dementia CNS received, accepted and registered 36 referrals and provided telephone support and advice to 76 non-registered individuals who have made contact
- Complementary Therapy and support for staff has been implemented alongside the service for patients, families and carers
- Photographs from a community photograph competition, led by the Dementia CNS, are displayed around the Hospice providing a welcoming, comfortable and reassuring environment for our patients, their families, our visitors and our staff

- Familiar and friendly photographs now help create a positive and comforting environment and provide distraction and relief of anxiety during difficult times for our patients and relatives visiting the Hospice, particularly for those living with dementia
- Worked with Haven First to provide palliative care support to those who identify as homeless
- Whilst staff were Furloughed during the pandemic, we continued to provide support, education and wellbeing facilities to all
- Our fundraising team developed our events programme to provide a range of events and activities suitable for a range of audiences
- We opened a new shop in Letchworth Town Centre and expanded our trading operation to include house clearances.

Excellence

- **Safe, effective, caring, responsive and well-led services**
- **Effective, efficient and innovative use of resources**
- **High standards of governance reflected in good strategic and operational decision making**

- We have continued to respond and adapt services to ensure that our patients and their families are at the heart of everything we do
- Systems are in place to manage and monitor the prevention and control of infection (IP&C) in line with Covid-19 GOV.UK guidance. East and North Herts Trust IP&C audit conducted March 2022
- Staff have been updated in the use of personal protective equipment via training and written updates
- Regular reviews and updates to visitor guidance enable safe visiting for patients on the IPU, to our Hawthorne services, and to the Garden House Hospice Care site
- Embedded our weekly incident management review meetings to review and agree actions from all reported incidents ensuring feedback is given to teams
- Active positive recruitment of staff across all clinical services resulting in key posts being successfully filled
- Maintained Covid-19 staff testing programme in line with GOV.UK guidelines
- Sustained compliance of staff and volunteers attending mandatory training
- Continued to utilise the NICE endorsed Establishment Genie tool to support review of staffing
- Engagement with 12 external research programmes during 2021 - 2022 and presentation of four posters at Hospice UK Annual Conference, as part of being a Hospice UK defined Research Engaged and Generating Hospice
- Our Trading team opened new shops and concepts on the high street including a second shop in Letchworth Garden City and development of our Upcycling Department
- Our Trading team exceeded their income budget and brought income from sales of more than £2.1m
- We have provided and facilitated training for 228 Compassionate Neighbours supporting the Hospice work, an increase on last year
- Access to seated exercise and social activities at our Hubs supported by our Day Hospice team, taking place in Royston, Stevenage (2), Hitchin and Letchworth - regularly attended by 141 people
- Our Family Support Services team have completed a total of 2,532 interventions
- We have enabled our spiritual care volunteers to return to the IPU in line with GOV.UK guidelines as soon as allowed
- We have provided spiritual care support when identified for patients discharged from our IPU
- Undertaken audits identified in the audit calendar with evidence of quality improvement and learning
- Policies reviewed and updates communicated to all staff through our internal intranet news page
- We launched team building events to engage with local corporate companies
- We exceeded our fundraising and trading income budgets.

Empower

- **Reach and support patients and their families/carers earlier**
- **Enable people to live fully**
- **A community who is supported and prepared to care**

- Our Community Engagement team and Fundraising team have carried out joint and bespoke events to ensure that we are able to engage with hard-to-reach audiences including ethnically diverse individuals (EDI) and lesbian, gay, bisexual, and transgender (LGBT) individuals
- We have successfully set up a stakeholder engagement group including a number of people from across the community who will be involved in driving our Community Engagement strategy forward
- Promoted awareness and access to our Family Support Services through introduction of contact information cards internally and externally
- Provided ongoing telephone support for parents and children, through our Family Support Services team working in a variety of ways
- Re-introduced face-to-face work and visits by our Children and Young People's service in schools as soon as Covid-19 restrictions allowed
- Carers' practical care course/support provided virtually and planned to recommence in 2022 face-to-face
- Joined virtual GSF GP practice meetings, highlighting the breadth of our services, encouraging referrals especially from hard-to-reach groups and patients with non-malignant diseases, as well as those earlier in their disease trajectory
- We received an increased number of referrals for our Compassionate Neighbours project with an active caseload of 330 community members
- Supported and implemented individualised plan of care through advanced care planning discussions for all new residents in our allocated care homes
- Received an increase in our self-referrals to our Day Services team via our new website
- Strengthened support to staff through review of HR posts and skills, plus recruitment into posts
- Our Marketing and Communications team engaged with the local and national media to reach new audiences and increase awareness of our services.
- The fundraising team continued to engage with the local community through a series of virtual and face to face events throughout the pandemic
- Our new website was launched given people easier access to our services.

Educate

- **Deliver the training and development strategy**
- **Equal access to training and development opportunities**
- **Staff and volunteers prepared to care**

- Delivered, through collaboration with Isabel Hospice, a shared education/training service across both hospices
- Ensured access to, and attendance at, induction, mandatory training and in-service training/competency programmes
- Provided access to clinical supervision and reflective case studies
- Provided spiritual care support with training internally, and externally with health and social care staff and schools, including grief and bereavement, resilience and working with children
- Supported staff to extend their role and skills through access to internal and external training
- Delivered education to medical students both through clinical placements and in the classroom setting, as a Cambridge University-ratified Training Hospice
- Participated in a Hospice collaborative management development programme
- Provided clinical support and training to care home staff on end-of-life care and Covid-19 Infection Prevention and Control
- Delivered the competency-based programme to inform and upskill staff in all areas of palliative and end-of-life education
- Developed and delivered training and support for carers and professionals in dementia care
- We have continued to provide a blend of training opportunities including remote and virtual training to external providers
- Introduced a new electronic mandatory training system and programme for all staff
- Invested in a new Learning and Development Manager and restructured to ensure training provision is planned for all clinical and non-clinical staff
- Regular training and support sessions offered virtually to all volunteers and Compassionate Neighbours

- Development of a new curriculum of training to be implemented in 2022 - 2023. Fundraising and trading teams took part in a series of virtual educational events to continue their professional development.

Strategic Objectives for 2022-2023

The Board of Trustees have agreed the following strategic objectives for 2022-23

Develop an innovative and aspirational environment to attract and retain staff
Provide expert palliative care services that meet the evolving needs of the local community
Continuously strengthen our capability, resilience and organisational culture by ensuring we have the right people with the right skills and the right values and embed equality, diversity, dignity and respect in all we do.
Develop and engaged, innovative, sustainable and productive organisational culture to attract and retain good people.
To be the retailer of choice for sustainable fashion and goods through Garden House Hospice Trading company.
Engage with more people.
Partner with more organisations and groups.
Educate, inform and learn from our communities.
Raise awareness of our services.
To develop and grow outstanding relationships in our community to drive income and support Garden House Hospice Care.

Ethical fundraising at Garden House Hospice Care - our promise

GHHC exists to provide specialist palliative care. Delivering our vital care to those living with cancer and other life-limiting illnesses in Stevenage, North Hertfordshire and adjoining areas of Mid Bedfordshire is only possible because of the generosity and enthusiasm of our supporters.

Our promise to our supporters is to fundraise and communicate in an honest and transparent way. We aim to ensure that everyone who chooses to offer their support to GHHC - whether by making a donation or by giving their time to take part in events, online and digital actions or to simply share our message - has a positive and rewarding experience with us and understands that their support is very much valued.

In order for us to raise the funds needed to provide vital end of life care in Stevenage, North Hertfordshire and adjoining areas of Mid Bedfordshire fundraising is carried out by our staff, volunteers and third-party supporters. In the case of the lottery only, we use a company "Local Hospice Lottery" to generate additional income through lottery sales.

We do not solicit donations by 'cold calling' by telephone or door-to-door collections, and we do not share personal information with any third-party organisations. We do not pressure supporters to make donations and we will always take care to avoid contacting and asking vulnerable people for donations.

We will not solicit or accept donations from companies or individuals who participate in activities which could cause detriment to the charity's reputation or work.

In any cases where we may have contractual arrangements in place with agents, we take care to set the standards and obligations that must be met when fundraising on behalf of GHHC. We work closely with these partners to maintain the high standards that we, and the public, expect. This means ensuring that practices and policies are in place and closely adhered to.

GHHC is a member of the Institute of Fundraising and complies with the Fundraising Regulator. Alongside our high standards, we follow their and our own codes of practice to ensure that our fundraising meets the highest standards and supporters have the best possible experience. GHHC complies with the Data Protection Act and the Information Commissioners' guides and codes. Last year (as in the previous year), we did not receive any complaints with regards to fundraising.

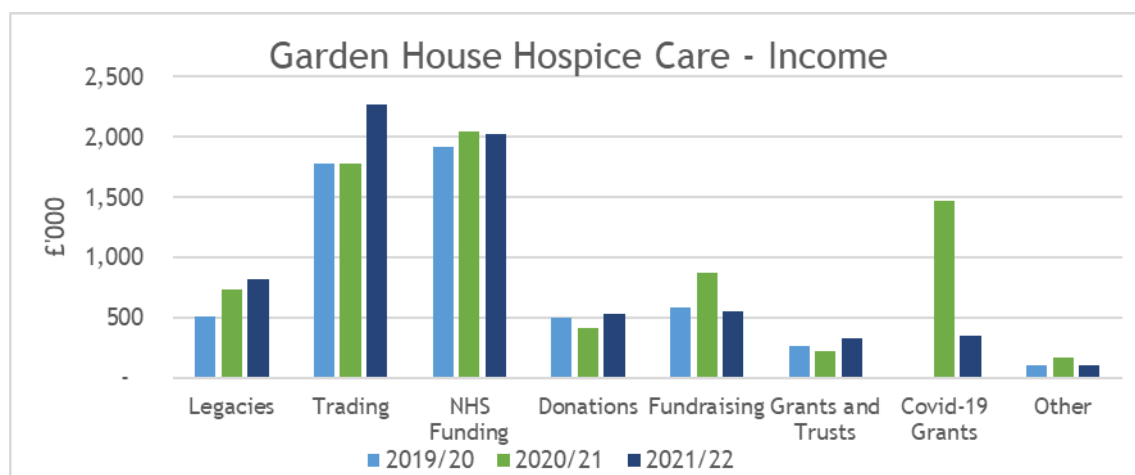
GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

Financial Review

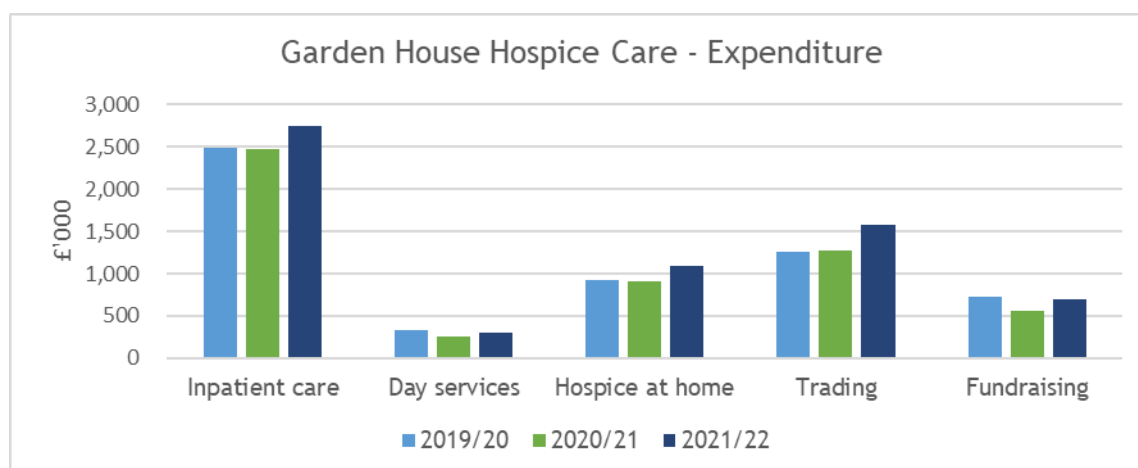
Income was received from the following sources:



For the year ended 31 March 2022, total income decreased by 9% to £6.97 million. Income from NHS funding was similar to 2020/21 at £2.02 million whilst NHSE funding of £0.353 million was provided to allow the hospice to make available bed capacity and community support from December 2021 to March 2022 to provide support to people with complex needs in the context of the COVID-19 situation.

Despite the continuing financial challenges faced by the public their generous support continued, through legacies, donations, and sales in the trading company's shops, resulting in increased giving. NHS East & North Hertfordshire and NHS Bedfordshire, Luton & Milton Keynes provided 29% of the funding required by GHHC. Legacy income was higher than in the previous year at £0.82 million.

Expenditure shown analysed by activity comprises:



Total expenditure increased by 17% this year: spending on charitable activities increased by 14% and spending on income generation rose by 24%, due to more fundraising events being held and the shops being open for almost the full financial year.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

The net result for the year was a surplus of £610,510, compared to a surplus of £2,496,772 in the previous year. This surplus was due to the receipt of Covid-19 government grants for the provision of additional bed capacity during the pandemic, and from increased trading profit.

GHHC continues to need the help of our supporters to provide services in the medium to long-term otherwise the charity will have insufficient income to cover its ongoing costs.

GHHC does not have medium or long-term pension liabilities arising from obligations to a defined benefit pension scheme.

Reserves

All charities are required to consider their level of reserves to ensure sustainability. GHHC provides a range of critical health services upon which our local community depends. These services are funded by fluctuating income streams; the existence of reserves ensures that services can be delivered continuously in the event of a short-term reduction in income.

The Charity Commission does not make a specific recommendation on the level of reserves to be held by an individual charity but requires, as minimum good practice, that Trustees:

- Keep the Reserves Policy under review
- Monitor the level of reserves held throughout the year
- Consider any action that may be needed to replenish or spend reserves
- Implement a process of ongoing review of the reserves level, target and policy.

GHHC has defined its reserves policy with reference to:

- Strategic planning
- Cash flow analysis
- Risk analysis
- Examination of past trends
- Benchmarking with other hospices.

The analysis resulted in the decision of the Board of Trustees that a minimum of 6 months of operating costs must be held in reserves to ensure the sustainable operation of services.

The required level of reserves is reviewed annually when considering budgets for the following year. The Finance and General Purposes Committee considers whether an additional amount, in percentage terms, will need to be held over and above the 6 months minimum and recommends this to the Board as part of agreeing the budget.

In certain circumstances, the Board may decide to hold funds that have been designated for a particular purpose by the Trustees. This is reviewed on an annual basis by the Board of Trustees. Any designation of funds for specific purposes or income generation is done in conjunction with GHHC's investment policy.

At 31 March, reserves held by Garden House Hospice Care were:

	2022	2021
	£	£
Restricted reserves	200,693	173,612
Designated reserves	6,221,984	6,182,455
Free reserves	<u>5,369,598</u>	<u>4,825,698</u>
Total reserves	<u>11,792,275</u>	<u>11,181,765</u>

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

Restricted reserves represent the sums donated to GHHC in respect of specific projects or spending plans. Designated reserves represent the value of GHHC's buildings and contents. Only free reserves are available for use at the discretion of the GHHC's Board of Trustees.

GHHC's reserves policy requires that free reserves should not fall to less than 6 months' operating costs, excluding costs relating to retail activities. At 31 March 2022, 6 months of operating costs, excluding trading costs, represented £2,415,655. GHHC's reserves represent 13 months operating costs. Much of this is due to receiving government grants to ensure beds were available during the pandemic. The charity is using some of these reserves to carry on funding projects such as improving digital strategy and piloting services in the Ernest Gardner Treatment Centre adjacent to the hospice. It continues to look for new projects to fund which will further enhance the services that benefit the local community.

Investment policy

GHHC invests the funds held in its free and restricted reserves accounts to gain a financial return. GHHC has appointed an investment manager, Evelyn Partners (the new name of Smith and Williamson Investment Management Ltd), with the aim of generating an absolute return above the consumer price index.

The investment policy differentiates between:

- short term reserves, to be held in bank accounts, to provide financial security against fluctuating income streams and expenditure patterns; and
- medium and long-term reserves to be held in a portfolio based on a strategic asset allocation. Investments will be substantially held in index tracker funds.

The allocation of assets for investment is determined in relation to the Hospice's cash flow projections.

During the year, the charity made gains on its investments of £41,652 (2021: gains of £269,758).

Principal Risks and Uncertainties

GHHC has a formal risk management process through which the Senior Leadership Team identifies the major risks to which the organisation may be exposed and has ranked these by likelihood and impact, culminating in risk control documents which are updated on a regular basis.

All significant risks, together with current mitigation actions, are reviewed regularly throughout the year by the Board of Trustees and committees of the Board. The Trustees are satisfied that systems have been developed and are in place to mitigate identified risks to an acceptable level.

All staff and volunteers are required to train to ensure that they are familiar with the operating systems of the Hospice and the risks of the activities in which they are involved.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

The principal risks and uncertainties identified by the charity are as follows:

Risk identified	Action taken to mitigate the risk
A significant fall in voluntary income	Income is monitored closely. Comprehensive management accounts are presented to Finance and General Purposes Committee six times a year and then to each meeting of the Board of Trustees (at least 6 meetings per calendar year) with monthly and year-to-date figures. Similar considerations apply in the case of the Trading Company where management accounts are offered to each meeting of the Board of the Trading Company (also at least 6 meetings per year). Progress of key fundraising events is reported by the Director of Income Generation to Trustees on a regular basis. Close control of expenditure in both GHHC and the Trading Company is the other side of the equation. The importance of an adequate level of reserves is crucial and the reserves policy is noted elsewhere.
Unsafe or poor clinical practice	There are policies in place to ensure the recording and investigation of incidents in clinical areas. All clinical incidents are reviewed at the Health & Safety Meeting with monthly reporting and review of quality metrics at the Clinical Team Leaders meeting. Incidents which require a change of practice are presented at the Hospice Clinical Governance Committee. This is supplemented by having an education and learning programme in place.
Adequate clinical staff to ensure safe clinical practice	Close monitoring of patient dependency and staff skills mix, and regular review of the Hospice case load are in place. There is flexibility with bank staff who cover during periods of holiday or sickness.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

Governing Document

Garden House Hospice Care is a company limited by guarantee incorporated on 25th July 1986 (Company Number 02040989, Registered Office Gillison Close, Letchworth Garden City, Herts SG6 1QU) and registered as a charity on 23rd September 1986 (Charity Number 295257). Its Memorandum and Articles of Association govern GHHC. In the event of GHHC being wound up, the members are required to contribute an amount of £1 each.

The Trustees comply with the objects of, and work within the scope of the powers set out in, the Memorandum of Association. The Trustees follow the seven principles of good governance as set out in the 2017 Good Governance Code for larger charities.

Public Benefit

The Trustees have paid due regard to the Charity Commission's Public Benefit Guidance and complied with section 17 of the Charities Act 2011 in exercising their powers and duties.

They note that were it not for GHHC and its work, adult hospice care would not be available in Stevenage and North Hertfordshire.

At the time GHHC was established in 1986, its two founding principles were that all treatment and care would be offered to the public without discrimination - that is without regard for age, race, colour, religion, gender, sexual orientation or financial means of the patient - and that all treatment and care would be supplied free of charge.

The Trustees are proud to confirm that GHHC has not deviated from those principles.

Recruitment and Appointment of Trustees

Trustees are recruited by a professional interview process. The Board considers candidates for appointment as Trustees after being duly proposed usually by existing Trustees, associated professionals, or staff; or following advertisement. Trustees must be members of GHHC. The Trustees seek to ensure that all proposed Trustees enhance the existing committed and diverse body of Trustees, come from a variety of backgrounds with experience relevant to the work and management of GHHC, and can provide the necessary commitment before being elected.

New Trustees may be appointed (co-opted) by the existing Trustees, but this must be approved by GHHC membership at the first Annual General Meeting (AGM) following their initial appointment. Trustees seeking election at an AGM must be formally proposed and seconded by Members of GHHC.

The Articles of Association stipulate that one third of the Trustees must retire annually by rotation beginning with those Trustees who have been longest in office. Trustees retiring by rotation may offer themselves for re-election at the AGM.

Trustees' Induction and Training

All potential Trustees undergo a period of induction during which they are shown all aspects of GHHC's work, attend relevant meetings and identify with their area of particular interest or expertise.

Trustees must prove their eligibility for trusteeship (Fit and Proper Person Test), sign a formal declaration to that effect, and have a Disclosure and Barring Service check.

All existing and potential Trustees are expected to familiarise themselves with the Charity Commission Guidance CC3 "The Essential Trustee" and Companies House's document "Life of a Company part 1; Annual requirements". They have access to national training opportunities specifically for Trustees. Links with

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

Trustees from other hospices are fostered and opportunities for training within the wider hospice movement can be accessed as appropriate. All Trustees have easy access to all policy and report documents relating to the GHHC's activities. Personal copies of key documents such as the Memorandum and Articles of Association are provided.

Organisational Structure

The Trustees meet for Board meetings at least six times throughout the year. There are also a similar number of meetings of two committees: Finance and General Purposes, Hospice Care and Clinical Governance; a sub-committee: Investment; and the Trading Board. The CEO and members of the Senior Leadership Team attend and provide reports for all meetings. Additional meetings are scheduled if/when necessary. Minutes of the previous meeting together with the agenda and relevant papers for the forthcoming meeting are circulated in advance. The Trustees individually represent the Board on several internal forums and are, increasingly linked to specific areas of the Hospice's work. Three of the Trustees are also Directors of the Trading Company, Garden House Hospice Trading Limited.

A programme of announced visits by two Trustees to a particular area of GHHC's work results in improved communication between the Board of Trustees and volunteers and staff. Each visit gives rise to an action plan which is discussed and monitored by the Board.

The Trustees establish the strategic plan and approve relevant policies. A scheme of delegation is in place whereby senior managers are responsible for the overall day-to-day management of the organisation and for ensuring that policies are adhered to, and plans brought to fruition.

The Chief Executive is Susan Plummer. The Senior Leadership Team members at 31 March 2022 were:

Medical Director:	Dr Sarah Bell
Director of Patient Services (Interim):	Elizabeth Kennedy
Director of Income Generation:	Carla Pilsworth
Director of Finance:	Philip Mahan
People Director:	Derek Turnbull

The members of the Senior Leadership Team attend the Trustees' meetings but do not have voting rights. From time-to-time other members of staff, independent advisers, or experts in various fields are invited to attend meetings for specific purposes to support or facilitate the Trustees' decisions.

The Senior Leadership team support 203 staff and up to 750 volunteers whose contribution is crucial to the success of the charitable work and fundraising. Donated services, in the form of voluntary help, are not reflected in the Statement of Financial Activities.

Volunteers support the work of GHHC by providing assistance as receptionists, serving light refreshments to patients and visitors, flower arranging, undertaking administrative tasks, working as Compassionate Neighbours, working within the Day Services and In-patient Unit, gardening, and providing transport for patients and fundraising. Volunteers also make a considerable contribution towards the work of the Trading Company as shop assistants and helping with the sorting and delivering of donations from the Distribution Centre.

GHHC is an equal opportunities employer.

GHHC is a member of Hospice UK which is an umbrella organisation. However, it does not impact on the operating policies of GHHC.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

Pay Policy for senior staff

The Trustees consider that the Board of Trustees and the Senior Leadership Team comprise the key management personnel of the charity in charge of directing and controlling, running and operating the Charity on a day-to-day basis. All Trustees give of their time freely and no Trustee received remuneration in the year.

Details of Trustees' expenses and related transactions and Senior Leadership Team salaries are disclosed in note 6 to the accounts. The pay of the Chief Executive and members of the Senior Leadership Team and all staff are reviewed annually and normally increased in accordance with average earnings to reflect a cost-of-living adjustment. In view of the nature of the charity, the Trustees benchmark remuneration against pay levels in other charities. The remuneration benchmark is the mid-point of the range paid for similar roles in similar charities of similar size.

Trustees

The Trustees who served during the year were:

Mr Stephen Mellish² (Chairman)
Dr Simon Chatfield
Mr Richard Dearden^{2,3}
Mrs Helen Dodd ¹(Resigned 31.08.21)
Professor Ken Farrington¹ (Resigned 31.12.21)
Mrs Melanie Flynn²
Mr Roger Gochin^{2,3}
Dr John Machen¹(Resigned 31.12.21)
Mr John Procter^{2,3} (Resigned 31.12.21)
Mrs Rhona Seviour (Vice Chair) ^{1,2}
Mr James Silsby²
Sir Tim Wilson DL^{2,3}
Dr Pauline Williams¹
Prof Shahid Khan

In accordance with Article 39 of the Hospice Articles of Association the following retire by rotation at the Annual General Meeting:

Mrs Rhona Seviour
Mr James Silsby
Mr Roger Gochin

Mrs R Seviour, Mr J Silsby and Mr R Gochin being eligible offer themselves for re-election.

Trustees' Interest in the Shares of the Hospice

GHHC is a company limited by guarantee and not having a share capital, therefore the Trustees have no financial interest other than the extent of the limited guarantee as denoted in the Memorandum of Association of the Hospice.

Trustees' Responsibilities

The Trustees (who are also the directors of GHHC for the purposes of company law) are responsible for preparing the Trustees' Annual Report and Accounts in accordance with applicable law and regulations. Company law requires the Trustees to prepare accounts for each financial year. Under that law the Trustees have elected to prepare the accounts in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law).

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

Under company law, the Trustees must not approve the accounts unless satisfied that they give a true and fair view of the state of affairs of the charity and of the group and the incoming resources and application of resources, including the net income or expenditure of the group for the year.

In preparing those accounts, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Charities SORP
- Make judgments and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts
- Prepare the accounts on a going concern basis unless it is inappropriate to presume that the charity will continue in operation.

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

In so far as the Trustees are aware:

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

Auditor

Haysmacintyre LLP, 10 Queen Street Place, London EC4R 1AG
Appointed under section 487(2) of the Companies Act 2006

In approving this Trustees' Report, the Trustees are also approving the Strategic Report of the company, in their capacity as company directors.

Approved by the Trustees on 30th November 2022 and signed on their behalf by:



Mr Stephen Mellish
Chairman of Trustees

Opinion

We have audited the financial statements of Garden House Hospice Care for the year ended 31 March 2022 which comprise the Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets, the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including 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 groups 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 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 Chairman's Report and in the Trustees' 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 AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

- 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 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 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company; 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.
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the groups or the parent charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on pages 20 and 21, 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 groups 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 health and social care and charity and company law applicable in England and Wales, 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 as the Companies Act 2006 and the Charities Act 2011 and consider other factors such as sales tax and payroll tax.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

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 the improper recognition of revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

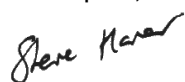
- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions;
- Reviewing the cut-off of income recognised to consider whether income had been recognised in the correct accounting period; 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.



Steven Harper (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP,
Statutory Auditors

10 Queen Street Place
London
EC4R 1AG

Date: 6 December 2022

GARDEN HOUSE HOSPICE CARE

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES
(Incorporating an income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2022

	Note	Unrestricted Funds £	Restricted funds £	Total 2022 £	Total 2021 £
Income from:					
Donations and legacies					
Donations, legacies and grants	2	1,445,722	230,954	1,676,676	1,364,105
Charitable activities					
NHS funding	3	2,019,538	-	2,019,538	2,041,479
Other trading activities					
Shop income and fundraising	7	2,268,863	-	2,268,863	1,775,860
Fundraising events		547,574	-	547,574	872,040
Investments	4	45,464	-	45,464	45,949
Other income		58,912	353,282	412,194	1,593,396
Total income		<u>6,386,073</u>	<u>584,236</u>	<u>6,970,309</u>	<u>7,692,829</u>
Expenditure on:					
Raising funds					
Trading activities	5	1,570,139		1,570,139	1,277,026
Donations and grants	5	184,530		184,530	157,424
Fundraising	5	509,050		509,050	393,492
Charitable activities	5	3,580,577	557,155	4,137,732	3,637,873
Total expenditure		<u>5,844,296</u>	<u>557,155</u>	<u>6,401,451</u>	<u>5,465,815</u>
Net operating surplus/(loss)		541,777	27,081	568,858	2,227,014
Net gains/(losses) on investments		41,652	-	41,652	269,758
Net income/(expenditure)		<u>583,429</u>	<u>27,081</u>	<u>610,510</u>	<u>2,496,772</u>
Transfers between funds		-	-	-	-
Net movement in funds		<u>583,429</u>	<u>27,081</u>	<u>610,510</u>	<u>2,496,772</u>
Total funds brought forward		11,008,153	173,612	11,181,765	8,684,993
Total funds carried forward	20	<u><u>11,591,582</u></u>	<u><u>200,693</u></u>	<u><u>11,792,275</u></u>	<u><u>11,181,765</u></u>

The notes on pages 28 to 43 form part of these financial statements.

The Statement of Financial Activities includes all gains and losses in the year. All income and expenditure derive from continuing activities.

Full comparative figures for the year ended 31 March 2021 are shown in note 23.

CHARITY AND CONSOLIDATED BALANCE SHEETS

AS AT 31 MARCH 2022

		Group		Charity	
	Note	2022 £	2021 £	2022 £	2021 £
FIXED ASSETS					
Tangible assets	9	6,221,984	6,182,455	6,060,816	6,039,350
Investments	10	1,821,741	1,751,593	1,821,841	1,751,693
		<u>8,043,725</u>	<u>7,934,048</u>	<u>7,882,657</u>	<u>7,791,043</u>
CURRENT ASSETS					
Stock	11	2,843	3,172	-	-
Debtors	12	1,465,322	981,822	1,852,968	1,275,551
Cash at bank and in hand		2,847,952	2,693,027	2,436,495	2,338,467
		<u>4,316,117</u>	<u>3,678,021</u>	<u>4,289,463</u>	<u>3,614,018</u>
CREDITORS: amounts falling due within one year	13	<u>(567,567)</u>	<u>(430,304)</u>	<u>(379,845)</u>	<u>(223,296)</u>
NET CURRENT ASSETS		<u>3,748,550</u>	<u>3,247,717</u>	<u>3,909,618</u>	<u>3,390,722</u>
NET ASSETS	22	<u>11,792,275</u>	<u>11,181,765</u>	<u>11,792,275</u>	<u>11,181,765</u>
FUNDS OF THE CHARITY					
Unrestricted funds					
General		5,369,598	4,825,698	5,530,764	4,968,803
Designated		6,221,984	6,182,455	6,060,818	6,039,350
		<u>11,591,582</u>	<u>11,008,153</u>	<u>11,591,582</u>	<u>11,008,153</u>
Restricted funds		200,693	173,612	200,693	173,612
	20	<u>11,792,275</u>	<u>11,181,765</u>	<u>11,792,275</u>	<u>11,181,765</u>

The unconsolidated surplus of GHHC was £610,510 (2021: £2,496,772).

The financial statements were approved and authorised for issue by the Board of Trustees on 30th November 2022 and were signed below on its behalf by:



Mr. Stephen Mellish
Chairman of Trustees

The notes on pages 28 to 43 form part of these financial statements.

GARDEN HOUSE HOSPICE CARE

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2022

	Note	2022 £	2021 £
CASH PROVIDED BY / (USED IN) OPERATING ACTIVITIES	17	310,262	1,803,206
CASH FLOWS FROM INVESTING ACTIVITIES:			
Dividends, interest and rents from investments		229	370
Purchase of property, plant and equipment		(155,566)	(185,355)
CASH PROVIDED BY / (USED IN) INVESTING ACTIVITIES		(155,337)	(184,985)
INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS		154,925	1,618,221
Cash and cash equivalents at the beginning of the year		2,693,027	1,074,806
Cash and cash equivalents at the end of the year	18	2,847,952	2,693,027

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:

Basis of preparation

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

Garden House Hospice Care 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).

Preparation of accounts on a going concern basis

The trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern. The global economic uncertainty may have an impact on future revenue and costs but continual review of our financial position, reserves levels and future plans gives Trustees confidence the charity remains a going concern for the foreseeable future (being a period of at least twelve months from the date of approving these financial statements).

Critical accounting judgements and estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the charities accounting policies and the reported assets, liabilities, income and expenditure and the disclosures made in the financial statements. 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. Specific judgements taken are included elsewhere within this note, including those over the depreciation rates utilised and the non-depreciation of the Garden House Hospice premises.

Group financial statements

The financial statements consolidate the results of the charity and its wholly owned subsidiary Garden House Hospice Trading on a line-by-line basis. 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.

Income recognition

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

Donations and legacies

Donations and legacies are included in the Statement of Financial Activities when there is entitlement, probability of receipt and the amount of income receivable can be measured reliably. Income tax recoverable on individual gifts and donations is included as part of the gift or donation.

Grants

Clinical commission groups' grants are credited to the Statement of Financial Activities in the year in which they are receivable. Grants related to specific deliverables are included once the performance has been considered completed. Where income is received in advance of performance its recognition is deferred and included in creditors. Where entitlement occurs before income is received the income is accrued.

Shop income, fund-raising sales and lottery income

Income from the commercial activities of operating shops (mainly selling donated goods), fund-raising sales and lottery are included in the year in which the group is entitled to receipt.

Investment income and rental income

Income from investments and from rental is included in the Statement of Financial Activities in the year in which it is receivable.

Fundraising

Income from fundraising events is included in the year during which the event took place.

Expenditure recognition

Expenditure, including any irrecoverable VAT, is included in the financial statements on an accruals basis and is recognised when there is a legal or constructive obligation to make payment to a third party.

Expenditure is allocated to the particular activity where the cost relates directly to that activity. Other costs are apportioned to areas of activity based on the staff time or usage attributable to each area.

Fixed assets

Fixed assets are stated at cost less accumulated depreciation and impairment losses. Depreciation is calculated to write off costs on a straight-line basis as follows:

Furniture and fittings	- Over five or ten years
Office equipment	- Over five years
Motor vehicle	- Over five years

The buildings are maintained as a matter of policy, by a programme of repair such that the residual values of the buildings taken as a whole are at least equal to the book value. This policy is regularly reviewed by the trustees who are satisfied it remains appropriate given the rebuild costs which would be required and taking into account the service potential of the building (i.e., it continues to be used for charitable activities and therefore brings significant benefit). Having regard to this it is the opinion of the Trustees that depreciation of any such property as required by the Companies Act 2006 and the accounting standards would be immaterial to the financial statements especially as there is a very long lease in place. Any permanent diminution in value of such buildings would be charged to the Statement of Financial Activities as appropriate.

Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments, including trade and other debtors and creditors are initially recognised at transaction value and subsequently measured at their settlement value.

Investments

Investment in subsidiary

The investment in the subsidiary is stated at cost, less any provision for any permanent diminution in value.

Other investments

Investments are shown in the financial statements at market value, taken to be the bid price ruling at the balance sheet date. Gains and losses arising on disposals of investments are recognised in the Statement of Financial Activities. Unrealised gains and losses, upon restating investments to market values at the balance sheet date, are recognised in the Statement of Financial Activities.

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.

Stock

Stock is stated at the lower of cost and net realisable value. Items donated for resale are included in the financial statements when they are sold. The Trustees consider that the time and cost involved in valuing the donated goods at the time of donation and including them as stock at the year end, outweigh the benefit to the user of the accounts.

Pensions

The Charity operates and contributes to the following pension schemes:

- National Health Service Superannuation Pension Scheme (a multi-employer defined benefit scheme accounted for as a defined contribution scheme); and
- A Group Personal Pension Plan scheme managed by Standard Life (a defined contribution scheme)

Employees entitled to join the National Health Service Superannuation Pension Scheme are required to contribute a percentage of salary according to the scheme's rules. Employees who join the Standard Life Pension Scheme are required to contribute a minimum of 3% of salary.

Other 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.

Leasing commitments

Rentals paid under operating leases are charged to income on a straight-line basis over the lease term.

Gifts in Kind

The Hospice receives donated services in the form of voluntary help. In line with section 6 of the Charities SORP (FRS 102) this is not reflected in the Statement of Financial Activities as the financial value of the contribution of volunteers is not quantifiable.

Fund accounting

Funds held by the Charity are:

Unrestricted general funds

These are funds which can be used in accordance with the charitable objects at the discretion of the Trustees.

Designated funds

These are funds set aside by the Trustees out of unrestricted general funds for specific future purposes or projects together with funds transferred from restricted funds when no restrictions are considered to remain.

Restricted funds

These are funds that can only be used for particular restricted purposes within the objects of GHHC. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanations of the nature and purpose of each fund is included in Note 19.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

2. DONATIONS AND LEGACIES

	2022 £	2021 £
Donations	528,919	408,713
Legacies	821,214	729,779
Charitable foundations	326,543	225,613
	<u>1,676,676</u>	<u>1,364,105</u>

3. INCOME FROM CHARITABLE ACTIVITIES

	2022 £	2021 £
NHS East and North Hertfordshire	1,954,691	1,976,859
NHS Beds, Luton & Milton Keynes	55,822	64,620
NHS	9,025	-
	<u>2,019,538</u>	<u>2,041,479</u>

4. INVESTMENT INCOME

	2022 £	2021 £
Bank interest received	3,772	370
Investment income	41,692	45,579
Dividends	-	-
	<u>45,464</u>	<u>45,949</u>

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

5. TOTAL EXPENDITURE 2022

Hospice Charitable Activities

Total

	Commercial activities	Donations & Grants	Fundraising	Inpatient Care	Day Services	Hospice at Home	
Costs directly allocated to activities:							
Staff costs	878,083	149,093	381,632	2,255,901	231,226	909,962	4,805,897
Cost of sales & services	81,246	9,865	55,798	116,095	19,652	97	282,753
Travel	23,729	-	1,076	1,531	4,200	25,667	56,203
Audit & accountancy	1,420	236	651	3,522	378	1,388	7,595
Support costs allocated to activities:							
Hire of land, buildings & equipment	331,957	1,701	4,694	25,406	2,730	10,016	376,504
Premises costs	134,779	14,124	38,962	210,895	22,664	83,142	504,566
Communication	29,706	2,095	5,778	31,275	3,361	12,330	84,545
Legal & professional fees	11,312	3,511	9,687	52,433	5,635	20,671	103,249
Audit & accountancy	1,420	236	651	3,522	378	1,388	7,595
Depreciation	56,217	2,246	6,195	33,530	3,603	13,219	115,010
Bank charges	20,270	163	449	2,432	261	959	24,534
Other	-	1,260	3,477	18,820	2,023	7,420	33,000
	1,570,139	184,530	509,050	2,755,362	296,111	1,086,259	6,401,451

TOTAL EXPENDITURE 2021

Costs directly allocated to activities:							
Staff costs	762,795	126,605	317,443	2,087,280	213,480	787,337	4,294,940
Cost of sales & services	60,856	14,506	34,405	136,323	7,768	(899)	252,959
Travel	15,696	-	868	182	4,166	25,257	46,169
Audit & accountancy	1,650	547	1,366	8,614	873	3,144	16,194
Support costs allocated to activities:							
Hire of land, buildings & equipment	279,144	485	1,211	7,637	774	2,788	292,039
Premises costs	74,306	8,147	20,366	128,399	13,016	46,867	291,101
Communication	20,420	1,791	4,478	28,231	2,862	10,304	68,086
Legal & professional fees	13,133	2,936	7,339	46,267	4,690	16,888	91,253
Audit & accountancy	1,650	547	1,366	8,614	873	3,144	16,194
Depreciation	38,082	1,702	4,255	26,827	2,719	9,792	83,377
Bank charges	9,294	158	395	2,493	253	910	13,503
	1,277,026	157,424	393,492	2,480,867	251,474	905,532	5,465,815

Support costs include governance costs of £15,066 (2021: £20,272)

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

5. TOTAL EXPENDITURE (continued)	2022 £	2021 £
Included in total expenditure:		
Depreciation - owned assets	116,036	83,379
Auditor's remuneration:		
Audit fees	12,350	13,245
Accountancy, taxation and other services	-	15,845
Operating lease charges:		
Hire of equipment	44,547	12,895
Hire of land and buildings	331,957	279,144
	<u>331,957</u>	<u>279,144</u>

6. STAFF COSTS AND NUMBERS

	2022 £	2021 £
Salaries and wages	4,089,477	3,751,688
Social security costs	333,657	284,568
Pension costs	275,503	250,977
	<u>4,698,637</u>	<u>4,287,233</u>

Included in the above are termination payments of £10,000 (2021: £Nil)

	Number	Number
Charity and group:		
The average number of employees analysed by function:		
Income generation	15	14
Retail	60	52
Clinical	80	91
Administration and other activities	48	50
	<u>203</u>	<u>207</u>
The number of employees whose emoluments as defined for taxation purposes amounted to over £60,000 in the year were as follows:		
£60,001 - £70,000	1	2
£70,001 - £80,000	2	1
£80,001 - £90,000	-	2
£90,001 - £100,000	1	-
£100,001 - £110,000	1	1
	<u>5</u>	<u>6</u>

The key management personnel of the group are considered to be the Senior Leadership Team listed on page 1. The total employee benefits of the key management personnel of the Group were £580,925 (2021: £574,794).

The Trustees provide their services voluntarily and are not included in the above analysis. During the year, one trustee received travel expenses of £96 (2021: £Nil). The directors of the subsidiary undertaking provide their services voluntarily and are not included in the above analysis. The directors of the subsidiary undertaking had no expenses paid to them throughout the current or previous year.

7. SHOP INCOME, FUNDRAISING SALES, LOTTERY INCOME AND RELATED EXPENDITURE

	GHC	Charitable	Total	GHC	Charitable	Total
	£	Trading	2022	£	Trading	2021
		£	£		£	£
Shops and fundraising sales						
Turnover from donated goods	-	2,028,145	2,028,145	-	1,575,093	1,575,093
Retail gift aid	-	57,293	57,293	-	31,279	31,279
Turnover from purchased goods	-	25,413	25,413	-	24,290	24,290
Shop and fundraising sales income	-	2,110,851	2,110,851	-	1,630,662	1,630,662
 Cost of sales	-	81,246	81,246	-	60,856	60,856
Management and admin expenses	-	1,488,893	1,488,893	-	1,216,102	1,216,102
Shop expenditure	-	1,570,139	1,570,139	-	1,276,958	1,276,958
Lottery						
Income from lottery	158,012	-	158,012	144,192	1,006	145,198
 Operating expenses						
Management and admin expenses	-	-	-	-	68	68
Lottery expenditure	-	-	-	-	68	68
 Net income from shops and fundraising sales	-	540,712	540,712	-	353,704	353,704
Net income from lottery	158,012	-	158,012	144,192	938	145,130
Net income from trading	158,012	540,712	698,724	144,192	354,642	498,834

The charitable income from the sale of donated and purchased goods is through shops at various town locations throughout North Hertfordshire. The charitable income from the lottery was generated through a weekly lottery operated by Local Hospice Lottery Ltd.

8. RELATED PARTY TRANSACTIONS

Transactions between the parent charity and its subsidiary comprised:

- Interest charged by the charity on the loan agreement in place of £3,595 (2021: £4,600)
- Donations collected by the subsidiary on behalf of the charity were £9,553 (2021: £5,084)
- Salary and other costs recharged by the charity to the trading subsidiary of £937,770 (2021: £659,411)

Donations received from Trustees during the year were £4,442 (2021: £4,813).

As set out in note 6, no Trustee received remuneration.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

9. TANGIBLE FIXED ASSETS	Land & buildings Long Leasehold £	Furniture, Fixtures & fittings £	Equipment £	Motor vehicles £	Total £
Group					
Cost					
At 31 March 2021	5,903,619	418,075	98,951	39,000	6,459,645
Additions	4,818	106,859	43,889	-	155,566
Disposals	-	-	-	-	-
At 31 March 2022	5,908,437	524,934	142,840	39,000	6,615,211
Depreciation					
At 31 March 2021	-	233,236	35,713	8,242	277,191
Provided during the year	-	81,691	26,545	7,800	116,036
On disposals	-	-	-	-	-
At 31 March 2022	-	314,927	62,258	16,042	393,227
Net Book Value					
At 31 March 2022	5,908,437	210,007	80,582	22,958	6,221,984
At 31 March 2021	5,903,619	184,839	63,238	30,758	6,182,454
Charity					
Cost					
At 31 March 2021	5,903,619	246,343	67,757	-	6,217,719
Additions	4,817	36,336	39,106	-	80,259
Disposals	-	-	-	-	-
At 31 March 2022	5,908,436	282,679	106,863	-	6,297,978
Depreciation					
At 31 March 2021	-	160,409	17,961	-	178,370
Provided during the year	-	39,704	19,088	-	58,792
Disposals	-	-	-	-	-
At 31 March 2022	-	200,113	37,049	-	237,162
Net Book Value					
At 31 March 2022	5,908,436	82,566	69,814	-	6,060,816
At 31 March 2021	5,903,619	85,934	49,797	-	6,039,350

The long leasehold buildings represent the capitalised costs of converting the Letchworth Hospital into the Garden House Hospice, together with extensions and improvements carried out in later years.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

10. FIXED ASSET INVESTMENTS	Group		Charity	
	2022 £	2021 £	2022 £	2021 £
Investment in subsidiary undertaking	-	-	100	100
Equities and pooled funds	1,821,741	1,751,593	1,821,741	1,751,593
	<u>1,821,741</u>	<u>1,751,593</u>	<u>1,821,841</u>	<u>1,751,693</u>

The wholly owned trading subsidiary, Garden House Hospice Trading Limited, which is incorporated in the United Kingdom, pays all its profits to the charity annually by gift aid.

The principal activities of Garden House Hospice Trading Limited are general merchants and traders.

The charity owns the entire issued share capital of 100 Ordinary Shares of £1 each.

	2022 £	2021 £
Summary of investment		
Shares at cost	<u>100</u>	<u>100</u>
Extracts from the accounts of the subsidiary undertaking		
Summary profit and loss account		
Turnover	2,110,851	1,631,668
Cost of sales and administrative expenses	(1,570,139)	(1,276,958)
Interest receivable less interest payable	(3,558)	(4,648)
Profit on ordinary activities before taxation	<u>537,154</u>	<u>350,062</u>
Tax on profit of ordinary activities	-	-
Profit for the financial year	<u>537,154</u>	<u>350,062</u>
Amount covenanted to the Charity	<u>537,154</u>	<u>350,062</u>
The assets and liabilities of the subsidiary undertaking were as follows:		
Fixed assets	<u>161,168</u>	<u>143,105</u>
Current assets	663,226	513,148
Creditors amounts falling due within one year	(824,294)	(656,153)
Net current assets / (liabilities)	<u>(161,068)</u>	<u>(143,005)</u>
Creditors amounts falling due after one year	-	-
Net assets	<u>100</u>	<u>100</u>
Aggregate share capital and reserves	<u>100</u>	<u>100</u>

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

10.	FIXED ASSET INVESTMENTS (continued)	2022 £	2021 £
	Investments		
	Market Value 1 April	1,751,593	1,447,191
	Additions during the year	-	-
	Net income reinvested	28,496	34,644
	Unrealised investment gains / (losses)	41,652	269,758
	Market Value at 31 March 2022	<u>1,821,741</u>	<u>1,751,593</u>
	Historic cost 31 March 2022	<u>1,538,969</u>	<u>1,507,142</u>

The investments comprise a portfolio held with Evelyn Partners consisting of a mix of investment types.

Net income reinvested totals £28,496 consisting of income of £27,909, deduction of management fees of £(13,196), and realised gains of £13,783. In the previous year realised gains were £10,863.

11.	STOCK	Group		Charity	
		2022 £	2021 £	2022 £	2021 £
	Goods for resale	<u>2,843</u>	<u>3,172</u>	<u>-</u>	<u>-</u>

12.	DEBTORS	Group		Charity	
		2022 £	2021 £	2022 £	2021 £
	Trade debtors	302,713	285,082	266,741	277,048
	Profit due from subsidiary under Gift Aid	-	-	537,154	350,062
	Other amounts due from subsidiary	-	-	99,419	99,083
	Other debtors	90,581	40,910	1,136	2,440
	Prepayments and accrued income	1,000,477	609,814	904,220	517,941
	VAT recoverable	71,551	46,016	44,298	28,977
		<u>1,465,322</u>	<u>981,822</u>	<u>1,852,968</u>	<u>1,275,551</u>

The amounts owed by the subsidiary undertaking include loans of £80,000 (2021: £80,000) which are unsecured and repayable on demand. Interest was charged on the amount at 5% above Base Rate.

Subsidiary profits are payable under Gift Aid. A deed of covenant is in place which requires the payment to be made.

13. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR	Group		Charity	
	2022 £	2021 £	2022 £	2021 £
Trade creditors	311,658	218,126	148,971	53,159
Accruals and deferred income	63,249	113,932	38,214	71,891
Other creditors	192,660	98,246	192,660	98,246
Corporation tax creditor	-	-	-	-
	<u>567,567</u>	<u>430,304</u>	<u>379,845</u>	<u>223,296</u>

14. CAPITAL COMMITMENTS

The Trustees maintain a policy of continually enhancing the facilities offered to patients, families and their guests.

At 31 March 2022 capital commitments comprised:

Contracted £Nil (2021: £Nil)

Authorised but not committed £Nil (2021: £22,513)

15. PENSION COMMITMENTS

Garden House Hospice Care

GHHC operates and contributes to the following Pension Schemes:

- To the National Health Service Superannuation Pension Scheme on behalf of those employees who are members of the Scheme.
- To a defined contribution Scheme managed by Standard Life in respect of those employees who are not entitled to be members of the National Health Superannuation Pension Scheme.

The assets of the schemes are held separately from those of GHHC in independently administered funds.

Employees entitled to join the National Health Service Superannuation Pension Scheme are required to contribute as specified by the scheme rules. The annual commitment by GHHC under this scheme is for contributions of 14.3% of gross salary of those employees who are members of this scheme.

All other employees join the Standard Life Pension Scheme and contribute a minimum of 3% of salary. The annual commitment by GHHC under this scheme is for contributions of 5% of gross salary.

Subsidiary

The subsidiary undertaking operates and contributes to a defined contribution pension scheme for those employees who wish to participate. The assets of the scheme are held separately from those of the Company in an independently administered fund. All employees join the scheme and contribute a minimum of 3% of salary.

The estimated GHHC and Subsidiary commitment for contributions to both pension schemes in 2022/2023 is £290,000 (2021/2022: £270,000).

16. OTHER FINANCIAL COMMITMENTS

At 31 March GHHC and its subsidiary undertaking had minimum total commitments under non-cancellable operating leases as set out below:

	GHHC		Subsidiary Undertaking	
	2022	2021	2022	2021
	£	£	£	£
Operating leases which expire:				
Within one year	16,602	12,104	179,790	277,457
Within two to five years	54,793	23,097	134,526	198,223
After more than five years	-	-	-	-
	<u>71,395</u>	<u>35,201</u>	<u>314,316</u>	<u>475,680</u>

The Garden House Hospice Care premises are provided at a peppercorn rent. The lease on the premises expires in 2138.

17. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FROM OPERATING ACTIVITIES

	2022	2021
	£	£
Net movement in funds for the year	610,510	2,496,772
Depreciation	116,036	83,864
Realised (gain)/loss on investments	(13,783)	(10,863)
Unrealised loss/(gain) on investments	(41,652)	(269,758)
Interest and dividends receivable	(229)	(370)
Investment income net of management fees	(14,712)	(23,780)
(Increase)/decrease in stock	329	4,402
Decrease/(increase) in debtors	(483,500)	(568,665)
(Decrease)/increase in creditors	137,263	91,604
Net cash from operating activities	<u>310,262</u>	<u>1,803,206</u>

18. ANALYSIS OF THE BALANCES OF CASH AND CASH EQUIVALENTS AS SHOWN IN THE BALANCE SHEET

	2022	2021
	£	£
Cash at bank and in hand	<u>2,847,952</u>	<u>2,693,027</u>

19. FUNDS**UNRESTRICTED FUNDS****General**

General unrestricted funds comprise the accumulated surpluses arising from the objectives of GHHC which may be used for its charitable purpose at the discretion of the Trustees.

Designated

Designated funds comprise accumulated surpluses where the GHHC trustees have decided to reserve funds for specific purposes. These sums are for fixed assets which benefit the charity.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

19. FUNDS (CONTINUED)**RESTRICTED FUNDS**

Restricted funds comprise the value of donations where the donor has requested a specific use for their donation, and where at the date of reporting, the sums have not yet been expended.

At 31 March 2022, restricted funds comprise sums restricted to pay for:

	2022 £	2021 £
Assets for Patients' use	4,441	4,441
Patient Services	48,441	31,859
The Hospice befriending project	94,596	86,285
Education	31,360	27,780
Other	21,855	6,521
Hospice UK Covid-19 Government Grant	-	16,726
	<u>200,693</u>	<u>173,612</u>

20. ANALYSIS OF MOVEMENT IN GROUP FUNDS

	Balance 1 April 2021 £	Movement in Resources			Unrealised Investment Gains £	Balance 31 March 2022 £
		Income £	Expenditure £	Transfer £		
Unrestricted funds						
General	4,825,698	6,386,073	(5,844,296)	(39,529)	41,652	5,369,598
Designated	6,182,455	-	-	39,529	-	6,221,984
	<u>11,008,153</u>	<u>6,386,073</u>	<u>(5,844,296)</u>	<u>-</u>	<u>41,652</u>	<u>11,591,582</u>
Restricted funds						
Fixed assets	4,441	-	-	-	-	4,441
Patient services	31,859	83,956	(67,374)	-	-	48,441
Befriending	86,285	122,997	(114,686)	-	-	94,596
Education	27,780	5,640	(2,060)	-	-	31,360
Other	6,521	18,361	(3,027)	-	-	21,855
Hospice UK Covid-19 Government Grant	16,726	353,282	(370,008)	-	-	-
	<u>173,612</u>	<u>584,236</u>	<u>(557,155)</u>	<u>-</u>	<u>-</u>	<u>200,693</u>
Total	<u>11,181,765</u>	<u>6,970,309</u>	<u>(6,401,451)</u>	<u>-</u>	<u>41,652</u>	<u>11,792,275</u>

Transfers between funds reflect additional spend over that available in designated funds.

21. ANALYSIS OF MOVEMENT IN GROUP FUNDS - YEAR ENDED 31 MARCH 2021

	Balance 1 April 2020 £	Movement in Resources			Unrealised Investment Gains £	Balance 31 March 2021 £
		Income £	Expenditure £	Transfer £		
Unrestricted funds						
General	2,456,662	6,078,365	(3,866,285)	(112,802)	269,758	4,825,698
Designated	6,080,962	-	-	101,493	-	6,182,455
	<u>8,537,624</u>	<u>6,078,365</u>	<u>(3,866,285)</u>	<u>(11,309)</u>	<u>269,758</u>	<u>11,008,153</u>
Restricted funds						
Fixed assets	3,853	31,554	(31,051)	85	-	4,441
Patient services	53,451	39,725	(72,541)	11,224	-	31,859
Befriending	57,620	139,613	(110,948)	-	-	86,285
Education	31,279	750	(4,249)	-	-	27,780
Other	1,165	6,024	(668)	-	-	6,521
Hospice UK Covid-19 Government Grant	-	1,396,799	(1,380,073)	-	-	16,726
	<u>147,368</u>	<u>1,614,465</u>	<u>(1,599,530)</u>	<u>11,309</u>	<u>-</u>	<u>173,612</u>
Total	<u>8,684,992</u>	<u>7,692,830</u>	<u>(5,465,815)</u>	<u>-</u>	<u>269,758</u>	<u>11,181,765</u>

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

22. NET ASSETS BETWEEN FUNDS	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Total 2022 £	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Total 2021 £
FIXED ASSETS								
Long leasehold land and buildings	-	5,908,436	-	5,908,436	-	5,903,619	-	5,903,619
Furniture, fixtures and fittings	-	210,007	-	210,007	-	184,839	-	184,839
Equipment	-	80,583	-	80,583	-	63,239	-	63,239
Motor vehicles	-	22,958	-	22,958	-	30,758	-	30,758
Investments	1,821,741	-	-	1,821,741	1,751,593	-	-	1,751,593
	<u>1,821,741</u>	<u>6,221,984</u>	<u>-</u>	<u>8,043,725</u>	<u>1,751,593</u>	<u>6,182,455</u>	<u>-</u>	<u>7,934,048</u>
CURRENT ASSETS								
Stocks	2,843	-	-	2,843	3,172	-	-	3,172
Debtors	1,465,322	-	-	1,465,322	981,822	-	-	981,822
Cash at bank and in hand	2,647,259	-	200,693	2,847,952	2,519,415	-	173,612	2,693,027
	<u>4,115,424</u>	<u>-</u>	<u>200,693</u>	<u>4,316,117</u>	<u>3,504,409</u>	<u>-</u>	<u>173,612</u>	<u>3,678,021</u>
CREDITORS								
Amounts falling due within one year	567,567	-	-	567,567	430,304	-	-	430,304
NET CURRENT ASSETS	<u>3,547,857</u>	<u>-</u>	<u>200,693</u>	<u>3,748,550</u>	<u>3,074,105</u>	<u>-</u>	<u>173,612</u>	<u>3,247,717</u>
TOTAL ASSETS LESS CURRENT LIABILITIES AT 31 MARCH	<u>5,369,598</u>	<u>6,221,984</u>	<u>200,693</u>	<u>11,792,275</u>	<u>4,825,698</u>	<u>6,182,455</u>	<u>173,612</u>	<u>11,181,765</u>

23. COMPARATIVE GROUP STATEMENT OF FINANCIAL ACTIVITIES - 31 MARCH 2021

	Note	Unrestricted Funds £	Restricted funds £	Total 2021 £
Income from:				
Donations and legacies				
Donations, legacies and grants	2	1,146,440	217,665	1,364,105
Charitable activities				
NHS funding	3	2,041,479	-	2,041,479
Other trading activities				
Shop income and fundraising	7	1,775,860	-	1,775,860
Fundraising events		872,040	-	872,040
Investments	4	45,949	-	45,949
Other income		196,597	1,396,799	1,593,396
Total income		<u>6,078,365</u>	<u>1,614,464</u>	<u>7,692,829</u>
Expenditure on:				
Raising funds				
Trading activities	5	1,277,026	-	1,277,026
Donations and grants	5	157,424	-	157,424
Fundraising	5	393,492	-	393,492
Charitable activities	5	2,038,343	1,599,530	3,637,873
Total expenditure		<u>3,866,285</u>	<u>1,599,530</u>	<u>5,465,815</u>
Net operating surplus/(loss)		2,212,080	14,934	2,227,014
Net (losses)/gains on investments		269,758	-	269,758
Net (expenditure) / income		2,481,838	14,934	2,496,772
Transfers between funds		(11,309)	11,309	-
Net movement in funds		<u>2,470,529</u>	<u>26,243</u>	<u>2,496,772</u>
Total funds brought forward		<u>8,537,624</u>	<u>147,369</u>	<u>8,684,993</u>
Total funds carried forward	20	<u><u>11,008,153</u></u>	<u><u>173,612</u></u>	<u><u>11,181,765</u></u>

Accounts

GARDEN HOUSE HOSPICE CARE
(A company limited by guarantee and not having a share capital)
TRUSTEES' ANNUAL REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2021

Garden House Hospice Care
Company Limited by Guarantee No. 2040989
Registered Charity No. 295257

Registered Office:
Garden House Hospice,
Gillison Close,
Letchworth Garden City
Herts SG6 1QU

GARDEN HOUSE HOSPICE CARE
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2021

CONTENTS	Page
Administrative information	1 - 2
Chairman's Report	3 - 4
Trustees' Report (incorporating the Strategic Report)	5 - 21
Independent Auditor's Report	22 - 25
Consolidated Statement of Financial Activities	26
Charity and Consolidated Balance Sheets	27
Consolidated Cash Flow Statement	28
Notes to the Financial Statements	29 - 44

**GARDEN HOUSE HOSPICE CARE
ADMINISTRATIVE INFORMATION
FOR THE YEAR ENDED 31 MARCH 2021**

PATRONS

Sir Simon Bowes Lyon KCVO
Mr Paul Cherry
Mrs Krystyna Duffy
Lord and Lady Fellowes
Mrs Sarah Harrison
Sir Oliver Heald QC, MP
Dr Tim Hunt
Mrs Diana Laing
The Chairman of North Herts District Council
The Mayor of Royston
The Mayor of Stevenage
The Bishop of St Albans
Mr Richard Whitmore
Mrs Boo Williams

HONORARY VICE PRESIDENTS

Dr Frances Aldridge, Mrs Sally Alford, Mrs Sheila Ball, Mr Ivor Barber, Mr Trevor Bentham, Mrs Mary Blaksley, Mrs Trudy Bunday, Mr John Bush, Mr Bernard Davies, Mr Andrew Egerton-Smith MBE, Mrs Rosemary Gillham, Mrs Mary Guernier, Mr Peter Harkness, Mr David Heymans, Mrs Janet Hill, Mrs Anne Houghton, Mr Anthony Isaacs, Dr Viv Lucas, Mrs Jenny Lupton, Mr Roger Manning, Mrs Janet Nevitt, Dr Catherine Offer, Mr John Penasa, Mr Peter Willmott.

TRUSTEES

Mr John Procter (Chairman)
Mrs Eleanor Cooke^{2,3} RIP (Resigned 22.02.21)
Mrs Helen Dodd¹
Professor Ken Farrington¹
Mr Roger Gochin^{2,3}
Mrs Susan Greenbank^{2,3} (Resigned 15.02.21)
Dr John Machen¹
Mr Stephen Mellish^{2,3}
Mrs Dawn Morrish¹ (Resigned 01.03.21)
Mrs Rhona Seviour (Vice Chair)^{1,2}
Mr James Silsby²
Sir Tim Wilson DL^{2,3}

SECRETARY

Sir Tim Wilson DL

TREASURER

Mr Roger Gochin

**SENIOR LEADERSHIP TEAM
(KEY MANAGEMENT PERSONNEL)**

Mrs Sue Plummer (Chief Executive Officer)
Dr Sarah Bell (Medical Director)
Mrs Helen Clark (Head of Operations)
Mrs Jayne Dingemans (Director of Patient Services)
Mr Philip Mahan (Interim Director of Finance)
Mrs Carla Pilsworth (Director of Income Generation)
Mrs Becky Turner (People Director)

¹ Hospice Care and Clinical Governance Committee

² Finance and General Purposes Committee

³ Director of Trading Company

GARDEN HOUSE HOSPICE CARE

ADMINISTRATIVE INFORMATION (continued)

FOR THE YEAR ENDED 31 MARCH 2021

REGISTERED AUDITORS	Haysmacintyre LLP 10 Queen Street Place London EC4R 1AG	
BANKERS	Yorkshire Bank Plc 2/4 George Street Luton Bedfordshire	Lloyds Bank Plc 1 Bancroft Hitchin Hertfordshire
	The Charities Aid Foundation Kings Hill West Malling Kent	NatWest Bank Station Place Letchworth Garden City Hertfordshire
HONORARY CHARTERED BUILDING SURVEYORS	Robert Lombardelli Partnership St Luke's House 5 Walsworth Road Hitchin Hertfordshire, SG6 1QU	
REGISTERED OFFICE	Garden House Hospice Care Gillison Close Letchworth Garden City Hertfordshire SG6 1QU	
COMPANY NUMBER	02040989	
CHARITY NUMBER	295257	
OPERATING NAME	Garden House Hospice Care	
TRADING COMPANY	Garden House Hospice Trading Limited (Company no. 02671267)	

GARDEN HOUSE HOSPICE CARE

CHAIRMAN'S REPORT

FOR THE YEAR ENDED 31 MARCH 2021

The 2020/2021 financial year covers a period of significant adjustment to the work of Garden House Hospice Care (GHHC) and the activities of the Trading Company and the testing of the resilience of staff, volunteers, the Senior Leadership Team and Trustees in keeping both organisations moving forwards during unprecedented times. We were delighted that Jayne Dingemans, who recently retired from her post of Director of Patient Services, was awarded the British Empire Medal for her services to end of life care during the pandemic.

Nationally, lockdown measures introduced in late March 2020, closed our shops and the work of the Distribution Centre until July. A second lockdown came into force in November to be replaced by a tiered system of restrictions. This meant our shops and the Distribution Centre closed for a second time from late December only to reopen in April 2021.

In parallel with these major interruptions to our trading activity, fund raising opportunities were also severely curtailed. However, to reduce the shortfall in income against our target for the year of £1.3 million an emergency fundraising appeal was launched and, thanks to the huge effort of many, this had secured £600 thousand by the end of the financial year. National and local government grants also eased the financial pressure on the Trading Company and the Hospice considerably during this period and totalled some £2.05 million by the end of March.

This set of accounts confirms that overall GHHC income exceeded its expenditure by £2.497 million for the year (including the gain on investments of £270 thousand). However, we must remember once again that legacies are unpredictable and provided 12% of our total income. Also, the negative effects of the Coronavirus on our fundraising and trading activities will be felt throughout the current financial year and, likely, beyond. Government grants, too, will be significantly reduced this year.

The way in which we managed our activities and the way we communicated with one another and with our patients, relatives and health professionals changed radically as part of our response to the Coronavirus and the need to keep moving forward positively. Zoom meetings became the norm and the frequency of meetings of Trustees and senior staff was increased for a period to ensure that the governance of our activities kept pace with the rapidly changing internal and external environments. For example, we very successfully used online technology to support and stay in touch through the Hawthorne Centre (including medical outpatients), Family Support Services, the medical team and Compassionate Neighbours. The Education Team and Frailty Specialist Nurses also found the use of technology invaluable as a way of providing support and education to local nursing homes at a time when these were under huge pressure.

For some years, we have collaborated with Isabel Hospice, and other hospices, in providing some of our services. The decision, taken by the Board in April 2020, to explore possible merger with Isabel Hospice was a key priority during 2020/21 and rightly merited the expenditure of a vast amount of time and effort by Trustees and senior staff of both hospices. Extensive research, frequent meetings and close attention to due diligence were necessary to enable us to assess the potential benefits of merger to our patients and their families and of achieving our ambition of reaching more people whilst providing better value for money. I am grateful for the serious and dedicated way in which Trustees and senior staff contributed to this work which, in the end, led to a decision not to pursue merger at the present time. I should also like to thank the Clinical Commissioning Group (CCG) for supporting our exploration of merger. This experience has confirmed our view that collaborative and partnership working is essential in helping us increase and improve our patient services and end-of-life care for the wider community and this will be a key feature of our strategy for 2022-25.

Safeguarding remained a key focus for Trustees and senior staff with improvements in the year to the wellbeing support for staff and volunteers and developments in their supervision and training, as well as policy development including the appointment of a Freedom to Speak Up Champion.

Dawn Morrish, Susan Greenbank and Eleanor Cook resigned as Trustees, and we thank them for all their support and contributions to the work of the Board and the Hospice. We also thank Susan and Eleanor for their contribution as Directors of the Trading Company.

GARDEN HOUSE HOSPICE CARE

CHAIRMAN'S REPORT

FOR THE YEAR ENDED 31 MARCH 2021

It was with great sadness that the Board learned that Eleanor Cooke, a Trustee for the last six years, died in late March 2021 in our in-patient unit. Eleanor had been associated with Garden House for many years as a volunteer, as well as a Trustee and a Director of the Trading Company. We will miss her greatly.

We look to the future with huge optimism. We know that our services are vital and needed now more than ever before, particularly given the increased demands on our hospitals and GPs. We remain determined to do all we can to learn from the challenges of the last 12 months and adapt our services to the 'new normality' mindful, of course, that the pandemic has not disappeared. We know that our biggest challenge is the national shortage of clinical staff and, in response to this, have developed a workforce strategy which includes extending our provision for training nurses and other health professionals. This includes offering nursing apprenticeships and traineeships as well our continued training in palliative care for GPs, specialist palliative care registrars and medical students. Alongside our provision of in-patient, day and community-based provision, we are keen to build the resilience of our community to respond to a wide range of life-limiting illnesses; the recent YouTube video made by our two consultants, Dr Sarah and Dr Ros, on Advanced Care Planning is an excellent example of this. Similarly, the Compassionate Neighbours scheme continues to play a very significant role in combatting loneliness. These and other innovative activities will underpin our strategy for the next three years as will our recruitment of new trustees, a greater focus on inclusion, equality and diversity and, importantly, placing more emphasis on sustainability in all areas of the organisation including the Trading Company. Our care for our precious environment must have the same attention as our care for our patients and their families and our care for each other.

At the end of the financial year, I stood down after six years as Chairman of the Board of Trustees and am delighted to be able to continue as a Trustee. It has been a great honour to be associated with Garden House Hospice Care and I should like to end by thanking all our volunteers and staff for the part they have played in sustaining Garden House Hospice Care during 2020/21. Your dedication, hard-work and skill have ensured that Garden House, which was started by the community, continues to serve it in many different ways. My thanks to each of you!

John Procter
Chairman of Trustees

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2021

Garden House Hospice Care (GHHC), being a company limited by guarantee and a registered charity, has adopted the practice that the Directors (Council Members) be called Trustees and the Board of Directors (Council of Management) be known as the Board of Trustees.

Objectives and Activities

GHHC exists to provide specialist palliative care for adults living in Stevenage, North Hertfordshire and adjoining parts of Mid Bedfordshire with advanced cancer, motor neurone disease or other terminal illness.

GHHC also provides support and care to the families and friends of patients.

GHHC provides:

1. Inpatient Care: The ten bedded Inpatient Unit provides consultant led specialist palliative care (the bed numbers have temporarily dropped to six, secondary to the effects of the Covid-19 pandemic and staffing levels).
2. Home Care: Hospice at Home nurses provide hands-on care in the patient's home. Ten Continuing Health Care fast track Community beds.
3. Hawthorne Centre: Specialist day services, palliative rehabilitation, living well, outpatient care and drop-in services.
4. Family Support: A range of services including psychological support, bereavement counselling, carer support, spiritual care and advice for patients' families. Children's and Young Person's Bereavement Service.
5. Education: GHHC provides an education programme including mandatory training for all staff and volunteers. It provides a range of specialist education sessions that are open to all health and social care professionals. The organisation supports placements and training for junior staff in all relevant fields. Individual staff members contribute to the training of student nurses, medical students, GP trainees, specialist registrars and other professionals undertaking training in other fields e.g. paramedics. Volunteers all complete an induction course and mandatory training appropriate to their area of work.
6. Telephone Advice: A specialist palliative care 24/7 telephone advice line.
7. Community Engagement: Volunteers support all areas of the hospice; Compassionate Neighbours - community volunteers offer friendship through 1-1 matches or via Wellbeing Hubs and schools and colleges outreach to engage with young people about palliative and end of life care and the work of the Hospice.

Our vision

Our **vision** is for everyone in our community with life-limiting illnesses to have equal access to excellent specialist palliative and end of life care.

Our mission

Across the communities of Stevenage, North Herts and the surrounding towns and villages of Bedfordshire and Cambridgeshire, Garden House Hospice Care supports personalised and compassionate palliative and end of life care for those in need following a diagnosis of life limiting illness.

GHC's objectives are to:

- Ensure that all activities are carried out within an appropriate legal, financial, ethical and administrative framework.
- Provide appropriate resources, staff, buildings and equipment to fulfil GHC's mission.
- Ensure that the appropriate monetary resources are available from contracts, direct fundraising and trading by the Trading Company to meet the care needs of GHC's patients and their families.
- Encourage community support.
- Ensure that the resources of the organisation are managed and maintained providently.
- Maintain strategic and operational plans in accordance with GHC's charitable status.

The principal activities of the Trading Company are as general merchants and traders. The Trading Company provides an essential revenue stream for GHC. Their Directors have set out a strategy that aims to increase the Company's contribution to GHC year-on-year. This strategy is articulated in the Company's annual report.

During the year, GHC:

- Submitted its tenth 'Quality Account' to the NHS. The Quality Account measures quality by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback. It is a major piece of work and may be viewed on the NHS website by going to the following address and following the links to Garden House Hospice Care:

<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/>

- Responded to the challenges of the Coronavirus pandemic, requiring a number of services to be suspended during the first wave, in line with government criteria. GHC responded and adapted quickly, to ensure that patients and their families were at the heart of everything that the Hospice did.
- Maintained its normal pattern of regular meetings of Trustees with members of the Senior Leadership Team, and, as part of the annual cycle of reporting, received detailed reports on all aspects of GHC's activities covering Health & Safety; Quality; Education; Patient Services; Safeguarding; Budget; Fundraising; Accounts; Human Resources and Volunteer Services.
- Ensured that its established policy of staff development and training continues.
- Maintained its policy of safeguarding GHC's resources, using them as carefully and as fully as reasonably possible and ensuring that the rolling programme of maintenance, repair and replacement of GHC's physical assets was continued.
- Continued to foster links with Clinical Commissioning Groups, Primary Care Networks, local Community and Hospital Trusts, local GPs and other health and social care providers.

Garden House Hospice Care Clinical Activity

- 757 unique patients and carers were cared for across the clinical services with many patients accessing more than one service.
- The Inpatient Unit supported 224 admissions and Day Services conducted 5,300 activities including COVID-19 telephone support calls over the last year.
- The Family Support Service Team made over 2,232 direct contacts with patients and family members.
- The Hospice at Home team supported 120 patients in their homes making a total of 558 visits.
- The Continuing Health Care Service supported 116 patients in their homes making a total of 7,852 visits.
- The Frailty team supported 1,327 patients in care homes with face to face visits and telephone calls.
- Compassionate Neighbours received 102 new referrals and had an active caseload of 231 people being supported.

The Trustees know that Garden House Hospice Care is respected both for the quality and nature of the care that it delivers and the fair and honest trading of the Trading Company through its shops. The following comments from patients' families affirms for us that we can be justly proud of the work of all involved:

The Hawthorne centre offered a safe and caring opportunity to socialise and partake in a much loved hobby. The short stay in the inpatient unit finally gave mum the pain relief she so badly needed and the reassurance I needed. Thank you.

The personal care my husband received during his last days with Palliative care was so good, all carers were caring, kind and very understanding of his needs. I could not have managed on my own towards the end of his life without their help. I cannot praise them enough. I feel very lucky that they entered our lives when most needed. It's a wonderful service provided to all who need them.

The clinical work of GHHC, the quality of the services it delivers, and the professional competence and capability of staff are measured and monitored in several ways:

1. By the Care Quality Commission (CQC) through its system of unannounced inspections and the publication of the results of such inspections.
2. By the Clinical Commissioning Groups (CCG) with whom GHHC has contracts through the contracts system as well as periodic quality inspection.
3. Through the revalidation process for doctors and nurses and compulsory continuing professional education and training for professional staff.
4. By the Hospice Care and Clinical Governance Committee continuing to monitor the clinical work of GHHC.
5. By undertaking clinical audits using national audit tools designed specifically for hospices by Hospice UK.
6. Through incident reporting, monitoring and shared learning.
7. By the Trustees making announced visits to service providers in GHHC, with the outcome of such visits being formally reported to the full Board.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2021

8. By the Trustees receiving regular Patient Services Reports covering all aspects of patient care.
9. By GHHC preparing an annual Quality Account, for publication on the NHS Choices website.

East and North Herts Clinical Commissioning Group's Response to the Quality Account provided by Garden House Hospice Care, Hertfordshire

East and North Herts CCG (ENHCCG) has reviewed the information provided by Garden House Hospice Care (GHHC) and we believe this is a true reflection of performance during 2020/21 based on the information submitted during the year as part of the on-going quality monitoring process.

The Quality Priorities set for 2021/22 continue to focus on the 3 year strategy launched in 2019 - Everybody; Excellence; Empower and Educate. This is the final year of the strategy.

The Quality Account sets out achievement for 2020/21. This year saw the Hospice working under challenging and difficult circumstances due to the ongoing Covid -19 Pandemic. The hospice worked hard to ensure that services were adapted to meet the needs of our residents. This included 3 frailty nurse posts to ensure that residents in care homes that required expert, palliative care had their needs met. The educational team also assisted with ensuring the staff had the tools to cope with the emotional and practical needs of the residents in care homes as well as the wider community. They continue to provide debriefing sessions to staff that have been affected by the Pandemic. The hospice increased the number of available beds in the Inpatient Unit and community services during both waves 1 and 2 enabling more of the residents of Hertfordshire to benefit from their care.

An increased focus on incident management enables the Hospice to be proactive rather than reactive to trends and themes noted. The collaboration between Isabel and Garden House Hospice during the Pandemic has also been of great benefit to our community. Several of the priorities for the next year are building on the previous 2 years' work of the 3-year strategy. This includes a focus on sepsis and other early warning signs, blood tests for anaemia management, and introducing GAS - Goal Attainment Scales on the IPU. All these innovations will benefit the patients that use the service.

The Hospice is also undertaking work to evaluate the support given to patients and families during the Covid-19 Pandemic to see what worked well. This includes a survey of the Virtual Support methods utilised. The Hospice will work with their patients and families to review their experiences and move the service forward. During 2021/22 the CCG looks forward to building on the positive relationships already developed with the hospice to ensure open dialogue and continued quality improvement for the population of Hertfordshire as well as supporting the continued sharing of good practice and innovation with partners involved in End of Life Care provision.

Sharn Elton
Managing Director
East and North Herts CCG
May 2021

Progress Report against the Strategic Business Plan 2019 - 2022

For 2020/21 we set the following strategic objectives and the progress we have made is as follows.

Everybody

- **Equity of access to care**
- **Care coordination**
- **Giving everyone a voice in the shaping of Garden House Hospice Care**

- Fast response to the Covid-19 pandemic, adapted services for patients and carers to ensure access to services.
- In line with Covid-19 Gov.UK guidance GHHC ensured remote and virtual support to patients and carers.
- Worked in partnership with HCT and CCG to provide the North Herts Palliative Referral Centre (NPCRC).
- Actively applied for Trust funds to support the children and Young Adults Service (out of funding Dec 2020).
- Worked in partnership with the Trust Fund Manager to develop core service and new project trust fund business cases. Successful Big Lottery Grant to support Physiotherapy assessment in Patient's homes Oct 20 - end of March 21. Awarded HCC grant to support clinically extremely vulnerable patients during lockdown from Jan 21 - March 21. HCC funding to support bereavement counselling during Covid-19 extended to September 2021.
- Worked in partnership with Primary Care Services, Residential & Nursing Homes & HCT to support frail patients.
- Delivered Hospice @ Home in line with the agreed service model.
- Medical specialist palliative care support to community patients and patients at the Acute Hospital Trust. Palliative Care Consultant support to Isabel Hospice providing a weekly in patient ward round and remote support to medical team.
- Frailty Service - GHHC hosted three full-time frailty clinical nurse specialist (CNS) posts for the North Herts locality, covering nursing and residential homes in North Hertfordshire.
- Supported Acute Trust bed capacity, increasing bed capacity on IPU & in the community during the first wave of the pandemic.
- Senior Nurse and medical supported the acute trust face to face and remotely during peak of Covid-19 second wave.
- Growth of Compassionate Neighbours project and Wellbeing Hubs.
- Growth of schools and colleges outreach programme.
- Whilst staff were Furloughed during the pandemic, we continued to provide support, education and wellbeing facilities to all.
- We delivered a series of events suitable for everyone during Covid lockdowns.

Excellence

- **Safe, effective, caring, responsive and well-led services**
- **Effective, efficient and innovative use of resources**
- **High standards of governance reflected in good strategic and operational decision making**

- Responded and adapted services, to ensure that our patients and their families are at the heart of everything we do.
- Systems are in place to manage and monitor the prevention and control of infection (IP&C). IP&C policies reviewed and updated in line with Government UK Covid-19 guidance. ENH Trust IP&C Senior Nurse audit January 2021. Covid-19 Clinical services Action plan.
- Secured supply and training of staff in the use of personal protective equipment.
- Provided CQC evidence of compliance with CQC Hospice Transition Regulation Framework.
- Safely sustained restricted visiting of loved ones to patients on the IPU.

- Developed RADAR - incident management system to include revised incident reporting and investigation templates, compliments and policy review alerts.
- Active positive recruitment of volunteers with right skills to support services and implement Covid-19 Lateral Flow Testing of all visitors to GHHC.
- Implemented Covid-19 weekly staff testing and vaccination program.
- Sustained compliance of staff and volunteers attending mandatory training and essential clinical skills training programmes.
- Further developed the SBAR' (Situation, Background, Assessment and Response) Tool to ensure safe handover on the Inpatient unit, between shifts for nursing and medical staff and between multidisciplinary teams.
- Data Security and protection standards and tool kit implemented across services.
- Continued to utilise the Nice endorsed Establishment Genie tool to support six monthly review of staffing.
- Continued to utilise 'Safe Staffing Patient Acuity Tool' daily on IPU.
- Continued to develop a clear-evidenced practice-based competency programme for clinical staff.
- Annual Trustee safeguarding governance review, recommendations and action plan carried out.
- Undertaken all audit identified in the audit calendar with evidence of quality improvement and learning.
- Policies reviewed in line with review dates, best practice and changes in legislation.
- Ensured systems are in place, that enables the evaluation of interventions and evidence the impact they have on patient and carer well-being, including evaluation of remote and virtual support to patients and carers.
- Achieved a balanced patient service budget for 2020 /2021.
- Virtual Representation at local, regional & national meetings.
- Appraised staff annually with 6-month reviews.
- Health & Wellbeing: Actively promoted the use of the employee assistance programme, including counselling and occupational health
- Strategic Collaboration with Isabel Hospice in delivering Shared Peoples' service across both Hospices.
- Consistently raised the profile of staff support mechanisms.
- Launched an emergency fundraising appeal that raised £610k in response to Covid-19 pandemic
- Had our staff recognised as part of the Lord Lieutenant's Hero or Hertfordshire Awards
- Maintained contact and engagement with all volunteers and Compassionate Neighbours (a workforce of 1000 people), ensuring Covid restrictions were circulated, adhered to and safe return to work protocols followed.
- Building project completed during lockdown following building company liquidation which came in under budget

Empower

- **Reach and support patients and their families/carers earlier**
- **Enable people to live fully**
- **A community who is supported and prepared to care**

- Worked to inform/ increase awareness of clinical services provided by GHHC. Raised awareness among referrers around availability of Family Support Service (FSS) support to patients & carers living with a life limiting illness who are not known to hospice.
- Marketed self-referral and triage to Hawthorne Centre services.
- Community Engagement Strategy agreed and Internal Stakeholder Group established.
- Delivered on the HCC 6-month contract 'The provision of short term practical Covid-19 bereavement support'. Extended to September 2021.
- Introduced Goal Attainment Scaling-light goals for Community.
- Protected time for Occupational Therapist to work with community team.
- Focused on the wellbeing of staff and volunteers, including the provision of resilience training.
- Carers' practical care course/ support provided virtually.
- Hospice rehabilitation strategy benchmarking score increased from 45 to 70/111 showing significant improvement in rehabilitative palliative care provision and practices across the Hospice.
- Joined virtual Gold Standards Framework GP practice meetings, highlighting the breadth of our services: encouraging referrals especially from hard to reach groups and patients with non-malignant diseases, as well as those earlier in their disease trajectory.

- Compassionate Neighbours project worked with the Hospice and community teams to embrace diversity within the Hospice and volunteering community: with 102 referrals, 201 trained Compassionate Neighbours and an active caseload of 231.
- Our Marketing and Communications team engaged with the local and national media to reach new audiences and increase awareness of our services.
- The fundraising team continued to engage with the local community through a series of virtual and face to face events throughout the pandemic.

Educate

- **Deliver the training and development strategy**
- **Equal access to training and development opportunities**
- **Staff and volunteers prepared to care**

- Strategic Collaboration with Isabel Hospice in delivering a shared education/training service across both Hospices.
- Ensured access to, and attendance at mandatory training, in service training/competency programs, clinical supervision, and reflective case studies.
- Focused on the wellbeing of staff and volunteers, including the provision of resilience training.
- Supported staff to extend their role and skills with a clear practice-based competency programme. Single Nurse Administration of Controlled Drugs competency training implemented September 2020.
- Delivered education to medical students from Cambridge University.
- Utilising Cascade to support the administration of internal and external training.
- Delivered a comprehensive training program and clinical support to care home staff on End of life care and Covid-19 Infection Prevention and Control.
- Active Member of Herts and Beds Palliative/EOLC Education consortium delivering on key areas of education.
- Delivered the competency-based programme to inform and upskill staff in all areas of palliative and end-of-life education.
- Annual Training needs analysis for staff.
- Utilising remote and virtual training increased the provision of education to external health care professionals.
- Fundraising and trading teams took part in a series of virtual educational events to continue their professional development.
- Regular training and support sessions offered virtually to all volunteers and Compassionate Neighbours.

Strategic Objectives for 2021-2022

The Board of Trustees have agreed the following strategic objectives for 2021-22

Everybody

- Equity of access to care
- Care coordination
- Giving everyone a voice in the shaping of Garden House Hospice Care

- To have a team of staff and volunteers whose members are engaged with the purpose of GHHC, enjoy their work and have the opportunity to shape GHHC for the future.
- To reward and recognise those within GHHC and community for the benefit they provide to the organisation.
- To work in partnership with Herts Community Trust to provide the North Herts Palliative Care Referral Centre.
- To identify activities specifically focused on helping people from 'hard to reach' groups to access our services.
- To continue to explore and identify activities that can be delivered to patients virtually.
- To develop a GHHC Community Engagement Strategy.
- To deliver an education-focused 'Enterprise Initiative' targeted at Secondary School students.
- To develop and implement stewardship plans and supporter journeys for all fundraising audiences.

Excellence

- Safe, effective, caring, responsive and well-led services
- Effective, efficient and innovative use of resources
- High standards of governance reflected in good strategic and operational decision making

- To have a strong Human Resource and Education and Training offer for GHHC.
- To have a Community Engagement team who deliver for the community.
- To have the best team of staff and volunteers to serve GHHC's community.
- To collaborate with the Clinical Commissioning Group and providers to support the Integrated Care System.
- To further develop the financial budgeting and forecasting process to make it more robust.
- To improve and increase the use of GHHC's brand and align messages and communications.
- To ensure that in its work the Board is guided by the principles, key outcomes and recommended practices within the Charity Governance Code.

Empower

- Reach and support patients and their families / carers earlier
- Enable people to live fully
- A community who is supported and prepared to care

- To continue to increase public awareness of the full range of clinical services provided by GHHC.
- To promote the wellbeing of staff and volunteers.
- To implement self-referral and triage to Hawthorne Centre Services.
- To ensure access to person-centred assessment for carers.
- To evaluate the impact of the GHHC's Equality and Diversity policy and strive to develop a Board which is representative of the diverse community GHHC serves.

Educate

- Deliver the training and development strategy
 - Equal access to training and development opportunities
 - Staff and volunteers prepared to care
- To give equal access to education, regardless of role, so that those working at GHHC have the skills needed to perform effectively and have enhanced career development opportunities.
 - To have highly skilled staff and volunteers that understand the strategic vision of GHHC with the desire to be part of the achievement.
 - To deliver a range of assemblies/talks for schools linked to the Primary and Secondary National Curriculum.
 - To deliver a comprehensive external training programme to health and social care staff.
 - To further develop clinical advice to residential and nursing homes.
 - To develop an Income Generation Strategy to reach a wider spectrum of potential donors and fundraisers.
 - To improve internal and external marketing and communications.
 - To continue to deliver the non-cancer message and dispel myths around death and dying.
 - To ensure that the members of the Board receive the training and development they need to perform their roles effectively.

Ethical fundraising at Garden House Hospice Care - our promise

GHHC exists to provide specialist palliative care. Delivering our vital care to those living with cancer and other life-limiting illnesses in Stevenage, North Hertfordshire and adjoining areas of Mid Bedfordshire is only possible because of the generosity and enthusiasm of our supporters.

Our promise to our supporters is to fundraise and communicate in an honest and transparent way. We aim to ensure that everyone who chooses to offer their support to GHHC - whether by making a donation or by giving their time to take part in events, online and digital actions or to simply share our message - has a positive and rewarding experience with us and understands that their support is very much valued.

In order for us to raise the funds needed to provide vital end of life care in Stevenage, North Hertfordshire and adjoining areas of Mid Bedfordshire fundraising is carried out by our staff, volunteers and third-party supporters. In the case of the lottery only, we use a company "Local Hospice Lottery" to generate additional income through lottery sales.

We do not solicit donations by 'cold calling' by telephone or door-to-door collections, and we do not share personal information with any third-party organisations. We do not pressure supporters to make donations and we will always take care to avoid contacting and asking vulnerable people for donations.

We will not solicit or accept donations from companies or individuals who participate in activities which could cause detriment to the charity's reputation or work.

In any cases where we may have contractual arrangements in place with agents, we take care to set the standards and obligations that must be met when fundraising on behalf of GHHC. We work closely with these partners to maintain the high standards that we, and the public, expect. This means ensuring that practices and policies are in place and closely adhered to.

GHHC is a member of the Institute of Fundraising and complies with the Fundraising Regulator. Alongside our high standards, we follow their and our own codes of practice to ensure that our fundraising meets the highest standards and supporters have the best possible experience. GHHC complies with the Data Protection Act and the Information Commissioners' guides and codes. Last year, we did not receive any complaints to the Fundraising Department.

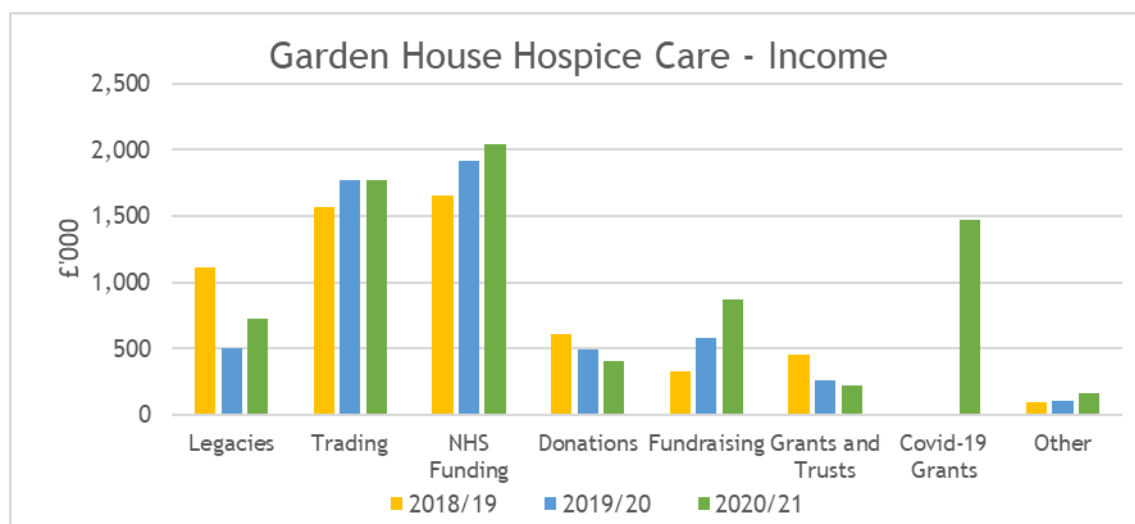
GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2021

Financial Review

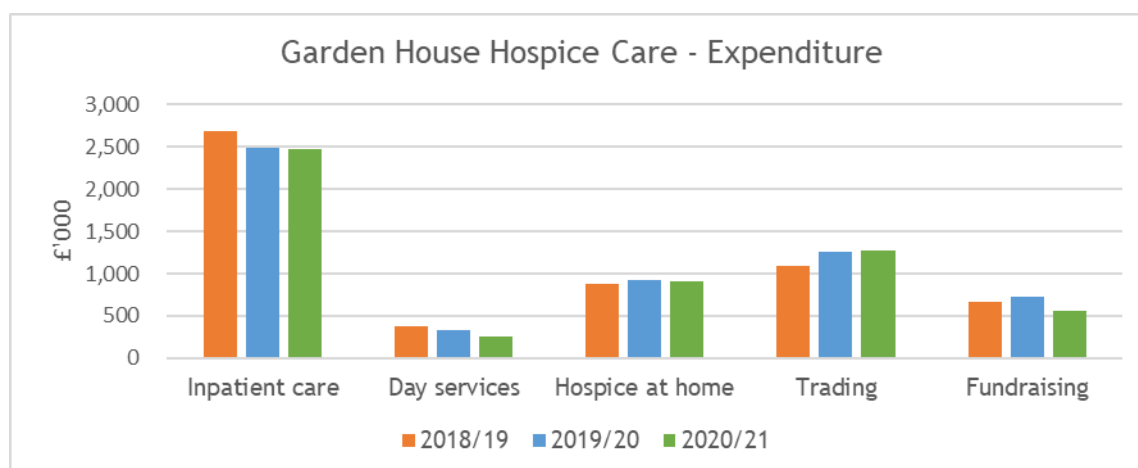
Income was received from the following sources:



For the year ended 31 March 2021, total income increased by 36% to £7.69 million. Income from NHS funding increased during the year to £2.04 million due to additional work undertaken during the pandemic. NHSE funding of £1.47 million was made to allow the hospice to make available bed capacity and community support from April 2020 to July 2020, to provide support to people with complex needs in the context of the COVID-19 situation, and to provide bed capacity and community support from November 2020 to March 2021 for the same purpose.

Despite the challenges faced by the public during the pandemic, their generous support continued, through legacies, donations, and sales in the trading company's shops, resulting in increased giving. NHS East & North Hertfordshire and NHS Bedfordshire provided 27% of the funding required by GHHC. Legacy income was higher than in the previous year at £0.73 million.

Expenditure shown analysed by activity comprises:



Total expenditure decreased by 5% this year: spending on charitable activities fell by 3% and spending on income generation fell by 8% due to very few fundraising events being held.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2021

The net result for the year was a surplus of £2,496,772, compared to a deficit of £(194,561) in the previous year. This surplus was due to the receipt of Covid-19 government grants for the provision of additional bed capacity during the pandemic, and to a net gain on investments caused by the stock market recovery following the crash in March 2020. It must be remembered that investment values can fluctuate and cannot be depended on to fund the activities of GHHC.

GHHC continues to need the help of our supporters to provide services in the medium to long-term otherwise the charity will have insufficient income to cover its ongoing costs.

GHHC does not have medium or long-term pension liabilities arising from obligations to a defined benefit pension scheme.

Reserves

All charities are required to consider their level of reserves to ensure sustainability. GHHC provides a range of critical health services upon which our local community depends. These services are funded by fluctuating income streams; the existence of reserves ensures that services can be delivered continuously in the event of a short-term reduction in income.

The Charity Commission does not make a specific recommendation on the level of reserves to be held by an individual charity but requires, as minimum good practice, that Trustees:

- Keep the Reserves Policy under review
- Monitor the level of reserves held throughout the year
- Consider any action that may be needed to replenish or spend reserves
- Implement a process of ongoing review of the reserves level, target and policy

GHHC has defined its reserves policy with reference to:

- Strategic planning
- Cash flow analysis
- Risk analysis
- Examination of past trends
- Benchmarking with other hospices

The analysis resulted in the decision of the Board of Trustees that a minimum of 6 months of operating costs must be held in reserves to ensure the sustainable operation of services.

The required level of reserves is reviewed annually when considering budgets for the following year. The Finance and General Purposes Committee considers whether an additional amount, in percentage terms, will need to be held over and above the 6 months minimum and recommends this to the Board as part of agreeing the budget.

In certain circumstances, the Board may decide to hold funds that have been designated for a particular purpose by the Trustees. This is reviewed on an annual basis by the Board of Trustees. Any designation of funds for specific purposes or income generation is done in conjunction with GHHC's investment policy.

At 31 March, reserves held by Garden House Hospice Care were:

	2021	2020
	£	£
Restricted reserves	173,612	147,368
Designated reserves	6,182,455	6,080,964
Free reserves	<u>4,825,698</u>	<u>2,456,661</u>
Total reserves	<u>11,181,765</u>	<u>8,684,993</u>

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2021

Restricted reserves represent the sums donated to GHHC in respect of specific projects or spending plans. Designated reserves represent the value of GHHC's buildings and contents. Only free reserves are available for use at the discretion of the GHHC's Board of Trustees.

GHHC's reserves policy requires that free reserves should not fall to less than 6 months' operating costs, excluding costs relating to retail activities. At 31 March 2021, 6 months of operating costs, excluding trading costs, represented £2,096,083. GHHC's reserves represent just under 14 months of operating costs. This increase in free reserves compared with 2020 was mainly due to Covid-19 grants received from government. The charity will use some of these reserves to fund one off projects such as improving digital strategy and piloting services in the Ernest Gardner Treatment Centre adjacent to the hospice.

Investment policy

GHHC invests the funds held in its free and restricted reserves accounts to gain a financial return. GHHC has appointed an investment manager, Smith and Williamson Investment Management Ltd, with the aim of generating an absolute return above the consumer price index.

The investment policy differentiates between:

- short term reserves, to be held in bank accounts, to provide financial security against fluctuating income streams and expenditure patterns; and
- medium and long-term reserves to be held in a portfolio based on a strategic asset allocation. Investments will be substantially held in index tracker funds.

The allocation of assets for investment is determined in relation to the Hospice's cash flow projections.

During the year, the charity made gains on its investments of £269,758 (2020: losses of £93,976). This was due to the stock market recovery following the crash at the start of the Covid-19 pandemic in March 2020.

Principal Risks and Uncertainties

GHHC has a formal risk management process through which the Senior Leadership Team identifies the major risks to which the organisation may be exposed and has ranked these by likelihood and impact, culminating in risk control documents which are updated on a regular basis.

All significant risks, together with current mitigation actions, are reviewed regularly throughout the year by the Board of Trustees and committees of the Board. The Trustees are satisfied that systems have been developed and are in place to mitigate identified risks to an acceptable level.

All staff and volunteers are required to train to ensure that they are familiar with the operating systems of the Hospice and the risks of the activities in which they are involved.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2021

The principal risks and uncertainties identified by the charity are as follows:

Risk identified	Action taken to mitigate the risk
A significant fall in voluntary income	Income is monitored closely. Comprehensive management accounts are presented to Finance and General Purposes Committee six times a year and then to each meeting of the Board of Trustees (at least 6 meetings per calendar year) with monthly and year-to-date figures. Similar considerations apply in the case of the Trading Company where management accounts are offered to each meeting of the Board of the Trading Company (also at least 6 meetings per year). Progress of key fundraising events is reported by the Director of Income Generation to Trustees on a regular basis. Close control of expenditure in both GHHC and the Trading Company is the other side of the equation. The importance of an adequate level of reserves is crucial and the reserves policy is noted elsewhere.
Future Covid-19 restrictions reducing income	Based on extensive experience during the 2020/21 financial year, cashflow forecasts will be produced to reflect various scenarios, which may arise should the Government reintroduce any further restrictions due to the Coronavirus pandemic. These forecasts will be closely monitored by the Finance & General Purposes Committee.
Unsafe or poor clinical practice	There are policies in place to ensure the recording and investigation of incidents in clinical areas. All clinical incidents are reviewed at the Health & Safety Meeting with monthly reporting and review of quality metrics at the Clinical Team Leaders meeting. Incidents which require a change of practice are presented at the Hospice Care and Clinical Governance Committee. This is supplemented by having an education and learning programme in place.
Adequate clinical staff to ensure safe clinical practice	Close monitoring of patient dependency and staff skills mix, and regular review of the Hospice case load are in place. There is flexibility with bank staff who cover during periods of holiday or sickness.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2021

Governing Document

Garden House Hospice Care is a company limited by guarantee incorporated on 25th July 1986 (Company Number 02040989, Registered Office Gillison Close, Letchworth Garden City, Herts SG6 1QU) and registered as a charity on 23rd September 1986 (Charity Number 295257). Its Memorandum and Articles of Association govern GHHC. In the event of GHHC being wound up, the members are required to contribute an amount of £1 each.

The Trustees comply with the objects of, and work within the scope of the powers set out in, the Memorandum of Association. The Trustees follow the seven principles of good governance as set out in the 2017 Good Governance Code for larger charities.

Public Benefit

The Trustees have paid due regard to the Charity Commission's Public Benefit Guidance and complied with section 17 of the Charities Act 2011 in exercising their powers and duties.

They note that were it not for GHHC and its work, adult hospice care would not be available in Stevenage and North Hertfordshire.

At the time GHHC was established in 1986, its two founding principles were that all treatment and care would be offered to the public without discrimination - that is without regard for age, race, colour, religion, gender, sexual orientation or financial means of the patient - and that all treatment and care would be supplied free of charge.

The Trustees are proud to confirm that GHHC has not deviated from those principles.

Recruitment and Appointment of Trustees

Trustees are recruited by a professional interview process. The Board considers candidates for appointment as Trustees after being duly proposed usually by existing Trustees, associated professionals, or staff; or following advertisement. Trustees must be members of GHHC. The Trustees seek to ensure that all proposed Trustees enhance the existing committed and diverse body of Trustees, come from a variety of backgrounds with experience relevant to the work and management of GHHC, and can provide the necessary commitment before being elected.

New Trustees may be appointed (co-opted) by the existing Trustees, but this must be approved by GHHC membership at the first Annual General Meeting (AGM) following their initial appointment. Trustees seeking election at an AGM must be formally proposed and seconded by Members of GHHC.

The Articles of Association stipulate that one third of the Trustees must retire annually by rotation beginning with those Trustees who have been longest in office. Trustees retiring by rotation may offer themselves for re-election at the AGM.

Trustees' Induction and Training

All potential Trustees undergo a period of induction during which they are shown all aspects of GHHC's work, attend relevant meetings and identify with their area of particular interest or expertise.

Trustees must prove their eligibility for trusteeship (Fit and Proper Person Test), sign a formal declaration to that effect, and have a Disclosure and Barring Service check.

All existing and potential Trustees are expected to familiarise themselves with the Charity Commission Guidance CC3 "The Essential Trustee" and Companies House's document "Life of a Company part 1; Annual requirements". They have access to national training opportunities specifically for Trustees. Links with

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2021

Trustees from other hospices are fostered and opportunities for training within the wider hospice movement can be accessed as appropriate. All Trustees have easy access to all policy and report documents relating to the GHHC's activities. Personal copies of key documents such as the Memorandum and Articles of Association are provided.

Organisational Structure

The Trustees meet for Board meetings at least six times throughout the year. There are also a similar number of meetings of two committees: Finance and General Purposes, Hospice Care and Clinical Governance; a sub-committee: Investment; and the Trading Board. The CEO and members of the Senior Leadership Team attend and provide reports for all meetings. Additional meetings are scheduled if/when necessary. Minutes of the previous meeting together with the agenda and relevant papers for the forthcoming meeting are circulated in advance. The Trustees individually represent the Board on several internal forums and are, increasingly linked to specific areas of the Hospice's work. Three of the Trustees are also Directors of the Trading Company, Garden House Hospice Trading Limited.

A programme of announced visits by two Trustees to a particular area of GHHC's work results in improved communication between the Board of Trustees and volunteers and staff. Each visit gives rise to an action plan which is discussed and monitored by the Board.

The Trustees establish the strategic plan and approve relevant policies. A scheme of delegation is in place whereby senior managers are responsible for the overall day-to-day management of the organisation and for ensuring that policies are adhered to and plans brought to fruition.

The Chief Executive is Susan Plummer. The Senior Leadership Team members at 31 March 2021 were:

Medical Director:	Dr Sarah Bell
Director of Patient Services:	Jayne Dingemans
Director of Income Generation:	Carla Pilsworth
Director of Finance (Interim):	Philip Mahan
People Director:	Becky Turner
Head of Operations:	Helen Clark

The members of the Senior Leadership Team attend the Trustees' meetings but do not have voting rights. From time to time other members of staff, independent advisers, or experts in various fields are invited to attend meetings for specific purposes to support or facilitate the Trustees' decisions.

The Senior Leadership team support 207 staff and up to 759 volunteers whose contribution is crucial to the success of the charitable work and fundraising. Donated services, in the form of voluntary help, are not reflected in the Statement of Financial Activities.

In normal times the volunteers support the work of GHHC by providing assistance as receptionists, serving light refreshments to patients and visitors, flower arranging, undertaking administrative tasks, working as Compassionate Neighbours, working within the Day Services and In-patient Unit, gardening, and providing transport for patients and fundraising. Volunteers also make a considerable contribution towards the work of the Trading Company as shop assistants and helping with the sorting and delivering of donations from the Distribution Centre.

GHHC is an equal opportunities employer.

GHHC is a member of Hospice UK which is an umbrella organisation. However, it does not impact on the operating policies of GHHC.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2021

Pay Policy for senior staff

The Trustees consider that the Board of Trustees and the Senior Leadership Team comprise the key management personnel of the charity in charge of directing and controlling, running and operating the Charity on a day-to-day basis. All Trustees give of their time freely and no Trustee received remuneration in the year.

Details of Trustees' expenses and related transactions and Senior Leadership Team salaries are disclosed in note 6 to the accounts. The pay of the Chief Executive and members of the Senior Leadership Team and all staff are reviewed annually and normally increased in accordance with average earnings to reflect a cost of living adjustment. In view of the nature of the charity, the Trustees benchmark remuneration against pay levels in other charities. The remuneration benchmark is the mid-point of the range paid for similar roles in similar charities of similar size.

Trustees

The Trustees who served during the year were:

Mr J Procter (Chairman)
Mrs E C Cooke RIP (resigned 22nd February 2021)
Mrs H Dodd
Prof K Farrington
Mr R Gochin (Treasurer)
Mrs S Greenbank (resigned 15th February 2021)
Dr J Machen
Mrs D Morrish (resigned 1st March 2021)
Mr S Mellish
Mrs R Seviour (Vice Chair)
Mr J D Silsby
Sir T Wilson DL (Secretary)

In accordance with Article 39 of the Hospice Articles of Association the following retire by rotation at the Annual General Meeting:

Mr S Mellish
Dr J Machen
Sir T Wilson

Mr S Mellish, Dr J Machen and Sir T Wilson being eligible offer themselves for re-election.

Trustees' Interest in the Shares of the Hospice

GHHC is a company limited by guarantee and not having a share capital, therefore the Trustees have no financial interest other than the extent of the limited guarantee as denoted in the Memorandum of Association of the Hospice.

Trustees' Responsibilities

The Trustees (who are also the directors of GHHC for the purposes of company law) are responsible for preparing the Trustees' Annual Report and Accounts in accordance with applicable law and regulations. Company law requires the Trustees to prepare accounts for each financial year. Under that law the Trustees have elected to prepare the accounts in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law).

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2021

Under company law, the Trustees must not approve the accounts unless satisfied that they give a true and fair view of the state of affairs of the charity and of the group and the incoming resources and application of resources, including the net income or expenditure of the group for the year.

In preparing those accounts, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Charities SORP
- Make judgments and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts
- Prepare the accounts on a going concern basis unless it is inappropriate to presume that the charity will continue in operation.

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

In so far as the Trustees are aware:

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

Auditor

Haysmacintyre LLP, 10 Queen Street Place, London EC4R 1AG
Appointed under section 487(2) of the Companies Act 2006

In approving this Trustees' Report, the Trustees are also approving the Strategic Report of the company, in their capacity as company directors.

Approved by the Trustees on 8th November 2021 and signed on their behalf by:



Mr John Procter
Chairman of Trustees

Opinion

We have audited the financial statements of Garden House Hospice Care for the year ended 31 March 2021 which comprise the Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets, the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including 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 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 Chairman's Report and in the Trustees' 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 AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

- 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 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 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company; 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.
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the parent charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

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

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

- 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 pages 20 and 21, 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 health and social care and charity and company law applicable in England and Wales, 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 as the Companies Act 2006 and the Charities Act 2011, and consider other factors such as sales tax and payroll tax.

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 the improper recognition of revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- 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;
- Reviewing the cut-off of income recognised to consider whether income had been recognised in the correct accounting period; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

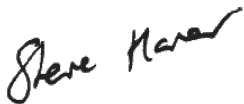
A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

GARDEN HOUSE HOSPICE CARE

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GARDEN HOUSE HOSPICE CARE

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.



Steven Harper (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP,
Statutory Auditors
11 November 2021

10 Queen Street Place
London
EC4R 1AG

GARDEN HOUSE HOSPICE CARE

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES
(Incorporating an income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2021

	Note	Unrestricted Funds £	Restricted funds £	Total 2021 £	Total 2020 £
Income from:					
Donations and legacies					
Donations, legacies and grants	2	1,146,440	217,665	1,364,105	1,263,002
Charitable activities					
NHS funding	3	2,041,479	-	2,041,479	1,914,705
Other trading activities					
Shop income and fundraising	7	1,775,860	-	1,775,860	1,775,821
Fundraising events		872,040	-	872,040	584,255
Investments	4	45,949	-	45,949	4,569
Other income		196,597	1,396,799	1,593,396	99,380
Total income		<u>6,078,365</u>	<u>1,614,464</u>	<u>7,692,829</u>	<u>5,641,732</u>
Expenditure on:					
Raising funds					
Trading activities	5	1,277,026	-	1,277,026	1,262,453
Donations and grants	5	157,424	-	157,424	175,136
Fundraising	5	393,492	-	393,492	554,569
Charitable activities	5	2,038,343	1,599,530	3,637,873	3,750,159
Total expenditure		<u>3,866,285</u>	<u>1,599,530</u>	<u>5,465,815</u>	<u>5,742,317</u>
Net operating surplus/(loss)		2,212,080	14,934	2,227,014	(100,585)
Net gains/(losses) on investments		269,758	-	269,758	(93,976)
Net income/(expenditure)		2,481,838	14,934	2,496,772	(194,561)
Transfers between funds		(11,309)	11,309	-	-
Net movement in funds		2,470,529	26,243	2,496,772	(194,561)
Total funds brought forward		<u>8,537,624</u>	<u>147,369</u>	<u>8,684,993</u>	<u>8,879,554</u>
Total funds carried forward	20	<u><u>11,008,153</u></u>	<u><u>173,612</u></u>	<u><u>11,181,765</u></u>	<u><u>8,684,993</u></u>

The notes on pages 29 to 44 form part of these financial statements.

The Statement of Financial Activities includes all gains and losses in the year. All income and expenditure derive from continuing activities.

Full comparative figures for the year ended 31 March 2020 are shown in note 23.

CHARITY AND CONSOLIDATED BALANCE SHEETS

AS AT 31 MARCH 2021

		Group		Charity	
	Note	2021 £	2020 £	2021 £	2020 £
FIXED ASSETS					
Tangible assets	9	6,182,455	6,080,964	6,039,350	5,942,277
Investments	10	1,751,593	1,447,191	1,751,693	1,447,291
		<u>7,934,048</u>	<u>7,528,155</u>	<u>7,791,043</u>	<u>7,389,568</u>
CURRENT ASSETS					
Stock	11	3,172	7,575	-	-
Debtors	12	981,822	413,157	1,275,551	593,062
Cash at bank and in hand		2,693,027	1,074,806	2,338,467	926,391
		<u>3,678,021</u>	<u>1,495,538</u>	<u>3,614,018</u>	<u>1,519,453</u>
CREDITORS: amounts falling due within one year	13	<u>(430,304)</u>	<u>(338,700)</u>	<u>(223,296)</u>	<u>(224,028)</u>
NET CURRENT ASSETS		<u>3,247,717</u>	<u>1,156,838</u>	<u>3,390,722</u>	<u>1,295,425</u>
NET ASSETS	22	<u>11,181,765</u>	<u>8,684,993</u>	<u>11,181,765</u>	<u>8,684,993</u>
FUNDS OF THE CHARITY					
Unrestricted funds					
General		4,825,698	2,456,661	4,968,803	2,595,348
Designated		6,182,455	6,080,964	6,039,350	5,942,277
		<u>11,008,153</u>	<u>8,537,625</u>	<u>11,008,153</u>	<u>8,537,625</u>
Restricted funds		<u>173,612</u>	<u>147,368</u>	<u>173,612</u>	<u>147,368</u>
	20	<u>11,181,765</u>	<u>8,684,993</u>	<u>11,181,765</u>	<u>8,684,993</u>

The unconsolidated surplus of GHHC was £2,496,772 (2020: £(194,561)).

The financial statements were approved and authorised for issue by the Board of Trustees on 8 November 2021 and were signed below on its behalf by:



Mr. John Procter
Chairman of Trustees

The notes on pages 29 to 44 form part of these financial statements.

GARDEN HOUSE HOSPICE CARE

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2021

	Note	2021 £	2020 £
CASH PROVIDED BY / (USED IN) OPERATING ACTIVITIES	17	1,803,206	(56,817)
CASH FLOWS FROM INVESTING ACTIVITIES:			
Dividends, interest and rents from investments		370	1,982
Purchase of property, plant and equipment		(185,355)	(825,631)
CASH PROVIDED BY / (USED IN) INVESTING ACTIVITIES		(184,985)	(823,649)
INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS		1,618,221	(880,466)
Cash and cash equivalents at the beginning of the year		1,074,806	1,955,272
Cash and cash equivalents at the end of the year	18	2,693,027	1,074,806

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:

Basis of preparation

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

Garden House Hospice Care 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).

Preparation of accounts on a going concern basis

The trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern. Whilst Covid-19 may have an impact on future revenue, continual review of our financial position, reserves levels and future plans gives Trustees confidence the charity remains a going concern for the foreseeable future (being a period of at least twelve months from the date of approving these financial statements).

Critical accounting judgements and estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the charities accounting policies and the reported assets, liabilities, income and expenditure and the disclosures made in the financial statements. 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. Specific judgements taken are included elsewhere within this note, including those over the depreciation rates utilised and the non-depreciation of the Garden House Hospice premises.

Group financial statements

The financial statements consolidate the results of the charity and its wholly owned subsidiary Garden House Hospice Trading on a line-by-line basis. 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.

Income recognition

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

Donations and legacies

Donations and legacies are included in the Statement of Financial Activities when there is entitlement, probability of receipt and the amount of income receivable can be measured reliably. Income tax recoverable on individual gifts and donations is included as part of the gift or donation.

Grants

Clinical commission groups' grants are credited to the Statement of Financial Activities in the year in which they are receivable. Grants related to specific deliverables are included once the performance has been considered completed. Where income is received in advance of performance its recognition is deferred and included in creditors. Where entitlement occurs before income is received the income is accrued.

Shop income, fund-raising sales and lottery income

Income from the commercial activities of operating shops, fund-raising sales and lottery are included in the year in which the group is entitled to receipt.

Investment income and rental income

Income from investments and from rental is included in the Statement of Financial Activities in the year in which it is receivable.

Fundraising

Income from fundraising events is included in the year during which the event took place.

Expenditure recognition

Expenditure, including any irrecoverable VAT, is included in the financial statements on an accruals basis and is recognised when there is a legal or constructive obligation to make payment to a third party.

Expenditure is allocated to the particular activity where the cost relates directly to that activity. Other costs are apportioned to areas of activity based on the staff time or usage attributable to each area.

Fixed assets

Fixed assets are stated at cost less accumulated depreciation and impairment losses. Depreciation is calculated to write off costs on a straight line basis as follows:

Furniture and fittings	- Over five or ten years
Office equipment	- Over five years
Motor vehicle	- Over five years

The buildings are maintained as a matter of policy, by a programme of repair such that the residual values of the buildings taken as a whole are at least equal to the book value. This policy is regularly reviewed by the trustees who are satisfied it remains appropriate given the rebuild costs which would be required, and taking into account the service potential of the building (i.e. it continues to be used for charitable activities and therefore brings significant benefit). Having regard to this it is the opinion of the Trustees that depreciation of any such property as required by the Companies Act 2006 and the accounting standards would be immaterial to the financial statements. Any permanent diminution in value of such buildings would be charged to the Statement of Financial Activities as appropriate.

Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments, including trade and other debtors and creditors are initially recognised at transaction value and subsequently measured at their settlement value.

Investments

Investment in subsidiary

The investment in the subsidiary is stated at cost, less any provision for any permanent diminution in value.

Other investments

Investments are shown in the financial statements at market value, taken to be the bid price ruling at the balance sheet date. Gains and losses arising on disposals of investments are recognised in the Statement of Financial Activities. Unrealised gains and losses, upon restating investments to market values at the balance sheet date, are recognised in the Statement of Financial Activities.

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.

Stock

Stock is stated at the lower of cost and net realisable value. Items donated for resale are included in the financial statements when they are sold. The Trustees consider that the time and cost involved in valuing the donated goods at the time of donation and including them as stock at the year end, outweigh the benefit to the user of the accounts.

Pensions

The Charity operates and contributes to the following pension schemes:

- National Health Service Superannuation Pension Scheme; and
- A Group Personal Pension Plan scheme managed by Standard Life

Employees entitled to join the National Health Service Superannuation Pension Scheme are required to contribute a percentage of salary according to the scheme's rules. Employees who join the Standard Life Pension Scheme are required to contribute a minimum of 3% of salary.

Other 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.

Leasing commitments

Rentals paid under operating leases are charged to income on a straight-line basis over the lease term.

Gifts in Kind

The Hospice receives donated services in the form of voluntary help. In line with section 6 of the Charities SORP (FRS 102) this is not reflected in the Statement of Financial Activities as the financial value of the contribution of volunteers is not quantifiable.

Fund accounting

Funds held by the Charity are:

Unrestricted general funds

These are funds which can be used in accordance with the charitable objects at the discretion of the Trustees.

Designated funds

These are funds set aside by the Trustees out of unrestricted general funds for specific future purposes or projects together with funds transferred from restricted funds when no restrictions are considered to remain.

Restricted funds

These are funds that can only be used for particular restricted purposes within the objects of GHHC. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanations of the nature and purpose of each fund is included in Note 19.

2. DONATIONS AND LEGACIES

	2021 £	2020 £
Donations	408,713	495,698
Legacies	729,779	507,027
Charitable foundations	225,613	260,277
	<u>1,364,105</u>	<u>1,263,002</u>

3. INCOME FROM CHARITABLE ACTIVITIES

	2021 £	2020 £
NHS East and North Hertfordshire	1,976,859	1,857,795
NHS Bedfordshire	64,620	53,392
NHS Luton		3,518
	<u>2,041,479</u>	<u>1,914,705</u>

4. INVESTMENT INCOME

	2021 £	2020 £
Bank interest received	370	1,982
Investment income	45,579	2,587
Dividends	-	-
	<u>45,949</u>	<u>4,569</u>

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2021

5. TOTAL EXPENDITURE 2021

	Hospice Charitable Activities						Total
	Commercial activities	Donations & Grants	Fundraising	Inpatient Care	Day Services	Hospice at Home	
Costs directly allocated to activities:							
Staff costs	762,795	126,605	317,443	2,087,280	213,480	787,337	4,294,940
Cost of sales & services	60,856	14,506	34,405	136,323	7,768	(899)	252,959
Travel	15,696	-	868	182	4,166	25,257	46,169
Audit & accountancy	1,650	547	1,366	8,614	873	3,144	16,194
Support costs allocated to activities:							
Hire of land, buildings & equipment	279,144	485	1,211	7,637	774	2,788	292,039
Premises costs	74,306	8,147	20,366	128,399	13,016	46,867	291,101
Communication	20,420	1,791	4,478	28,231	2,862	10,304	68,086
Legal & professional fees	13,133	2,936	7,339	46,267	4,690	16,888	91,253
Audit & accountancy	1,650	547	1,366	8,614	873	3,144	16,194
Depreciation	38,082	1,702	4,255	26,827	2,719	9,792	83,377
Bank charges	9,294	158	395	2,493	253	910	13,503
	1,277,026	157,424	393,492	2,480,867	251,474	905,532	5,465,815
TOTAL EXPENDITURE 2020							
Costs directly allocated to activities:							
Staff costs	700,943	138,394	353,213	2,134,288	269,350	817,389	4,413,577
Cost of sales & services	76,083	20,691	148,676	123,521	20,022	-	388,993
Travel	21,833	-	1,854	748	17,021	24,117	65,573
Audit & accountancy	975	189	597	2,678	363	998	5,800
Support costs allocated to activities:							
Hire of land, buildings & equipment	313,269	696	2,206	9,888	1,342	3,684	331,085
Premises costs	83,111	8,413	26,641	119,448	16,204	44,505	298,322
Communication	18,291	2,627	8,318	37,296	5,060	13,896	85,488
Legal & professional fees	8,479	2,120	6,712	30,092	4,082	11,212	62,697
Audit & accountancy	975	189	597	2,678	363	998	5,800
Depreciation	30,154	1,704	5,396	24,192	3,282	9,014	73,742
Bank charges	8,340	113	359	1,610	218	600	11,240
	1,262,453	175,136	554,569	2,486,439	337,307	926,413	5,742,317

Support costs include governance costs of £20,272 (2020: £11,195)

5. TOTAL EXPENDITURE (continued)	2021 £	2020 £
Included in total expenditure:		
Depreciation - owned assets	83,379	73,742
Auditor's remuneration:		
Audit fees	13,245	11,600
Accountancy, taxation and other services	15,845	-
Operating lease charges:		
Hire of equipment	12,895	17,816
Hire of land and buildings	279,144	313,269
	<u>279,144</u>	<u>313,269</u>

6. STAFF COSTS AND NUMBERS

	2021 £	2020 £
Salaries and wages	3,751,688	3,774,522
Social security costs	284,568	303,604
Pension costs	250,977	267,736
	<u>4,287,233</u>	<u>4,345,862</u>

Included in the above are termination payments of £0 (2020: £10,000)

	Number	Number
Charity and group:		
The average number of employees analysed by function:		
Income generation	14	15
Retail	52	50
Clinical	91	93
Administration and other activities	50	49
	<u>207</u>	<u>207</u>
The number of employees whose emoluments as defined for taxation purposes amounted to over £60,000 in the year were as follows:		
£60,001 - £70,000	2	1
£70,001 - £80,000	1	-
£80,001 - £90,000	2	2
£90,001 - £100,000	-	1
£100,001 - £110,000	1	-
	<u>6</u>	<u>4</u>

The key management personnel of the group are considered to be the Senior Leadership Team listed on page 1. The total employee benefits of the key management personnel of the Group were £574,794 (2020: £503,284).

The Trustees provide their services voluntarily and are not included in the above analysis. During the year, Trustees received expenses of £0 (2020: £644). The directors of the subsidiary undertaking provide their services voluntarily and are not included in the above analysis. The directors of the subsidiary undertaking had no expenses paid to them throughout the current or previous year.

7. SHOP INCOME, FUNDRAISING SALES, LOTTERY INCOME AND RELATED EXPENDITURE

	GHC	Charitable	Total	GHC	Charitable	Total
	£	Trading	2021	£	Trading	2020
		£	£		£	£
Shops and fundraising sales						
Turnover from donated goods	-	1,575,093	1,575,093	-	1,556,019	1,556,019
Retail gift aid	-	31,279	31,279	-	71,363	71,363
Turnover from purchased goods	-	24,290	24,290	-	42,756	42,756
Shop and fundraising sales income	-	1,630,662	1,630,662	-	1,670,138	1,670,138
 Cost of sales	-	60,856	60,856	-	76,083	76,083
Management and admin expenses	-	1,216,102	1,216,102	-	1,186,370	1,186,370
Shop expenditure	-	1,276,958	1,276,958	-	1,262,453	1,262,453
Lottery						
Income from lottery	144,192	1,006	145,198	104,533	1,150	105,683
 Operating expenses	-	-	-	-	-	-
Management and admin expenses	-	68	68	-	-	-
Lottery expenditure	-	68	68	-	-	-
 Net income from shops and fundraising sales	-	353,704	353,704	-	407,684	407,684
Net income from lottery	144,192	938	145,130	104,533	1,150	105,683
Net income from trading	144,192	354,642	498,834	104,533	408,834	513,367

The charitable income from the sale of donated and purchased goods is through shops at various town locations throughout North Hertfordshire. The charitable income from the lottery was generated through a weekly lottery operated by Local Hospice Lottery Ltd.

8. RELATED PARTY TRANSACTIONS

Transactions between the parent charity and its subsidiary comprised:

- Interest charged by the charity on the loan agreement in place of £4,600 (2020: £4,693)
- Donations collected by the subsidiary on behalf of the charity were £5,084 (2020: £86,099)
- Salary and other costs recharged by the charity to the trading subsidiary of £659,411 (2020: £629,481)

Donations received from Trustees during the year were £4,813 (2020: £15,727).

As set out in note 6, no Trustee received remuneration.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2021

9. TANGIBLE FIXED ASSETS	Land & buildings Long Leasehold £	Furniture, Fixtures & fittings £	Equipment £	Motor vehicles £	Total £
Group					
Cost					
At 31 March 2020	5,804,172	383,046	65,823	45,618	6,298,659
Additions	99,447	35,029	33,128	17,750	185,354
Disposals	-	-	-	(24,368)	(24,368)
At 31 March 2021	5,903,619	418,075	98,951	39,000	6,459,645
Depreciation					
At 31 March 2020	-	167,474	22,157	28,064	217,695
Provided during the year	-	65,762	13,556	4,546	83,864
On disposals	-	-	-	(24,368)	(24,368)
At 31 March 2021	-	233,236	35,713	8,242	277,191
Net Book Value					
At 31 March 2021	5,903,619	184,839	63,238	30,758	6,182,454
At 31 March 2020	5,804,172	215,572	43,667	17,554	6,080,965
Charity					
Cost					
At 31 March 2020	5,804,172	236,564	34,616	9,593	6,084,945
Additions	99,447	9,779	33,141	-	142,367
Disposals	-	-	-	(9,593)	(9,593)
At 31 March 2021	5,903,619	246,343	67,757	-	6,217,719
Depreciation					
At 31 March 2020	-	124,489	8,586	9,593	142,668
Provided during the year	-	35,920	9,375	-	45,295
Disposals	-	-	-	(9,593)	(9,593)
At 31 March 2021	-	160,409	17,961	-	178,370
Net Book Value					
At 31 March 2021	5,903,619	85,934	49,797	-	6,039,350
At 31 March 2020	5,804,172	112,075	26,030	-	5,942,277

The long leasehold buildings represent the capitalised costs of converting the Letchworth Hospital into the Garden House Hospice, together with extensions and improvements carried out in later years.

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2021

10. FIXED ASSET INVESTMENTS	Group		Charity	
	2021 £	2020 £	2021 £	2020 £
Investment in subsidiary undertaking	-	-	100	100
Equities and pooled funds	1,751,593	1,447,191	1,751,593	1,447,191
	<u>1,751,593</u>	<u>1,447,191</u>	<u>1,751,693</u>	<u>1,447,291</u>

The wholly owned trading subsidiary, Garden House Hospice Trading Limited, which is incorporated in the United Kingdom, pays all its profits to the charity annually by gift aid.

The principal activities of Garden House Hospice Trading Limited are general merchants and traders.

The charity owns the entire issued share capital of 100 Ordinary Shares of £1 each.

	2021 £	2020 £
Summary of investment		
Shares at cost	<u>100</u>	<u>100</u>
Extracts from the accounts of the subsidiary undertaking		
Summary profit and loss account		
Turnover	1,631,668	1,671,287
Cost of sales and administrative expenses	(1,276,958)	(1,262,453)
Interest receivable less interest payable	(4,648)	(4,594)
Profit on ordinary activities before taxation	<u>350,062</u>	<u>404,240</u>
Tax on profit of ordinary activities	-	-
Profit for the financial year	<u>350,062</u>	<u>404,240</u>
Amount covenanted to the Charity	<u>350,062</u>	<u>404,240</u>
The assets and liabilities of the subsidiary undertaking were as follows:		
Fixed assets	<u>143,105</u>	<u>138,687</u>
Current assets	513,148	375,519
Creditors amounts falling due within one year	(656,153)	(414,106)
Net current assets / (liabilities)	<u>(143,005)</u>	<u>(138,587)</u>
Creditors amounts falling due after one year	-	-
Net assets	<u>100</u>	<u>100</u>
Aggregate share capital and reserves	<u>100</u>	<u>100</u>

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2021

10.	FIXED ASSET INVESTMENTS (continued)	2021 £	2020 £
	Investments		
	Market Value 1 April	1,447,191	1,550,038
	Additions during the year	-	-
	Net income reinvested	34,644	(8,871)
	Unrealised investment gains / (losses)	269,758	(93,976)
	Market Value at 31 March 2021	<u>1,751,593</u>	<u>1,447,191</u>
	Historic cost 31 March 2021	<u>1,507,142</u>	<u>1,484,255</u>

As a result of the Covid-19 pandemic, there was a fall in the global investment markets towards the end of the 2019/20 financial year which was followed by a substantial rebound during the 2020/21 financial year. This resulted in an unrealised gain of £269,758 in 2020/21. Post-year end the investment markets continued to perform well.

The investments comprise a portfolio held with Smith & Williamson consisting of a mix of investment types.

Net income reinvested includes income of £34,715, from which management fees of £10,935 have been directly deducted; it also includes realised gains of £10,863. In the previous year £35,001 was incurred in realised losses.

11.	STOCK	Group		Charity	
		2021 £	2020 £	2021 £	2020 £
	Goods for resale	<u>3,172</u>	<u>7,575</u>	<u>-</u>	<u>-</u>

12.	DEBTORS	Group		Charity	
		2021 £	2020 £	2021 £	2020 £
	Trade debtors	285,082	190,706	277,048	187,588
	Amounts due from subsidiary undertaking	-	-	449,145	299,433
	Other debtors	40,910	35,944	2,440	-
	Prepayments and accrued legacy income	609,814	147,373	517,941	81,633
	VAT recoverable	46,016	39,134	28,977	24,408
		<u>981,822</u>	<u>413,157</u>	<u>1,275,551</u>	<u>593,062</u>

The amounts owed by the subsidiary undertaking include loans of £80,000 (2020: £80,000) which are unsecured and repayable on demand. Interest was charged on the amount at 5% above Base Rate from 1 February 2021, prior to that date interest was charged at 2% above Base Rate.

Amounts due from the subsidiary undertaking also include profits to be payable under Gift Aid. A deed of covenant is in place which requires the payment to be made.

13. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR	Group		Charity	
	2021 £	2020 £	2021 £	2020 £
Trade creditors	218,126	163,440	53,159	54,718
Accruals and deferred income	113,932	31,685	71,891	25,734
Other creditors	98,246	143,575	98,246	143,576
Corporation tax creditor	-	-	-	-
	<u>430,304</u>	<u>338,700</u>	<u>223,296</u>	<u>224,028</u>

14. CAPITAL COMMITMENTS

The Trustees maintain a policy of continually enhancing the facilities offered to patients, families and their guests.

At 31 March 2021 capital commitments comprised:

Contracted £0 (2020: £202,500)

Authorised but not committed £22,513 (2020: £17,692).

15. PENSION COMMITMENTS

Garden House Hospice Care

GHHC operates and contributes to the following Pension Schemes:

- To the National Health Service Superannuation Pension Scheme on behalf of those employees who are members of the Scheme.
- To a defined contribution Scheme managed by Standard Life in respect of those employees who are not entitled to be members of the National Health Superannuation Pension Scheme.

The assets of the schemes are held separately from those of GHHC in independently administered funds.

Employees entitled to join the National Health Service Superannuation Pension Scheme are required to contribute as specified by the scheme rules. The annual commitment by GHHC under this scheme is for contributions of 14.3% of gross salary of those employees who are members of this scheme.

All other employees join the Standard Life Pension Scheme and contribute a minimum of 3% of salary. The annual commitment by GHHC under this scheme is for contributions of 5% of gross salary.

Subsidiary

The subsidiary undertaking operates and contributes to a defined contribution pension scheme for those employees who wish to participate. The assets of the scheme are held separately from those of the Company in an independently administered fund. All employees join the scheme and contribute a minimum of 3% of salary.

The estimated GHHC and Subsidiary commitment for contributions to both pension schemes in 2021/2022 is £270,000 (2020/2021: £270,000).

16. OTHER FINANCIAL COMMITMENTS

At 31 March GHHC and its subsidiary undertaking had minimum total commitments under non-cancellable operating leases as set out below:

	GHHC		Subsidiary Undertaking	
	2021	2020	2021	2020
	£	£	£	£
Operating leases which expire:				
Within one year	12,104	11,819	277,457	276,044
Within two to five years	23,097	34,700	198,223	515,140
After more than five years	-	215	-	2,849
	<u>35,201</u>	<u>46,734</u>	<u>475,680</u>	<u>794,033</u>

The Garden House Hospice Care premises are provided at a peppercorn rent. The lease on the premises expires in 2138.

17. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FROM OPERATING ACTIVITIES

	2021	2020
	£	£
Net movement in funds for the year	2,496,772	(194,561)
Depreciation	83,864	73,742
Realised (gain)/loss on investments	(10,863)	35,001
Unrealised loss/(gain) on investments	(269,758)	93,976
Interest and dividends receivable	(370)	(1,982)
Investment income net of management fees	(23,780)	(26,130)
(Increase)/decrease in stock	4,403	(6,385)
Decrease/(increase) in debtors	(568,665)	616,474
(Decrease)/increase in creditors	91,604	(646,952)
Net cash from operating activities	<u>1,803,206</u>	<u>(56,817)</u>

18. ANALYSIS OF THE BALANCES OF CASH AND CASH EQUIVALENTS AS SHOWN IN THE BALANCE SHEET

	2021	2020
	£	£
Cash at bank and in hand	<u>2,693,027</u>	<u>1,074,806</u>

19. FUNDS**UNRESTRICTED FUNDS****General**

General unrestricted funds comprise the accumulated surpluses arising from the objectives of GHHC which may be used for its charitable purpose at the discretion of the Trustees.

Designated

Designated funds comprise accumulated surpluses where the GHHC trustees have decided to reserve funds for specific purposes. These sums are for fixed assets which benefit the charity.

19. FUNDS (CONTINUED)**RESTRICTED FUNDS**

Restricted funds comprise the value of donations where the donor has requested a specific use for their donation, and where at the date of reporting, the sums have not yet been expended.

At 31 March 2021, restricted funds comprise sums restricted to pay for:

	2021 £	2020 £
Assets for Patients' use	4,442	3,853
Patient Services	31,860	53,451
The Hospice befriending project	86,285	57,620
Education	27,780	31,279
Other	6,519	1,165
Hospice UK Covid-19 Government Grant	16,725	-
	<u>173,611</u>	<u>147,367</u>

20. ANALYSIS OF MOVEMENT IN GROUP FUNDS

	Balance 1 April 2020 £	Movement in Resources			Unrealised Investment Gains £	Balance 31 March 2021 £
		Income £	Expenditure £	Transfer £		
Unrestricted funds						
General	2,456,662	6,078,365	(3,866,285)	(112,802)	269,758	4,825,698
Designated	6,080,962	-	-	101,493	-	6,182,455
	<u>8,537,624</u>	<u>6,078,365</u>	<u>(3,866,285)</u>	<u>(11,309)</u>	<u>269,758</u>	<u>11,008,153</u>
Restricted funds						
Fixed assets	3,853	31,554	(31,051)	85	-	4,441
Patient services	53,451	39,725	(72,541)	11,224	-	31,859
Befriending	57,620	139,613	(110,948)	-	-	86,285
Education	31,279	750	(4,249)	-	-	27,780
Other	1,165	6,024	(668)	-	-	6,521
Hospice UK Covid-19 Government Grant	-	1,396,799	(1,380,073)	-	-	16,726
	<u>147,368</u>	<u>1,614,465</u>	<u>(1,599,530)</u>	<u>11,309</u>	<u>-</u>	<u>173,612</u>
Total	<u>8,684,992</u>	<u>7,692,830</u>	<u>(5,465,815)</u>	<u>-</u>	<u>269,758</u>	<u>11,181,765</u>

Transfers between funds predominantly reflect fixed assets purchased with designated funds where the restriction is extinguished on purchase of the asset. The asset is therefore an unrestricted asset.

21. ANALYSIS OF MOVEMENT IN GROUP FUNDS - YEAR ENDED 31 MARCH 2020

	Balance 1 April 2019 £	Movement in Resources			Unrealised Investment Gains £	Balance 31 March 2020 £
		Income £	Expenditure £	Transfer £		
Unrestricted funds						
General	3,129,634	5,348,392	(5,119,550)	(807,838)	(93,976)	2,456,662
Designated	5,329,074	-	-	751,888	-	6,080,962
	<u>8,458,708</u>	<u>5,348,392</u>	<u>(5,119,550)</u>	<u>(55,950)</u>	<u>(93,976)</u>	<u>8,537,624</u>
Restricted funds						
Fixed assets	287,156	109,400	(392,703)	-	-	3,853
Patient services	93,568	64,997	(107,299)	2,185	-	53,451
Befriending	1,000	108,501	(80,087)	28,206	-	57,620
Education	38,050	5,500	(37,707)	25,436	-	31,279
Other	1,071	4,942	(4,971)	123	-	1,165
	<u>420,845</u>	<u>293,340</u>	<u>(622,767)</u>	<u>55,950</u>	<u>-</u>	<u>147,368</u>
Total	<u>8,879,553</u>	<u>5,641,732</u>	<u>(5,742,317)</u>	<u>-</u>	<u>(93,976)</u>	<u>8,684,992</u>

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2021

22. NET ASSETS BETWEEN FUNDS	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Total 2021 £	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Total 2020 £
FIXED ASSETS								
Long leasehold land and buildings	-	5,903,619	-	5,903,619	-	5,804,172	-	5,804,172
Furniture, fixtures and fittings	-	184,839	-	187,839	-	215,571	-	215,571
Equipment	-	63,239	-	63,239	-	43,666	-	43,666
Motor vehicles	-	30,758	-	30,758	-	17,554	-	17,554
Investments	1,751,593	-	-	1,751,593	1,447,191	-	-	1,447,191
	<u>1,751,593</u>	<u>6,182,455</u>	<u>-</u>	<u>7,934,048</u>	<u>1,447,191</u>	<u>6,080,963</u>	<u>-</u>	<u>7,528,154</u>
CURRENT ASSETS								
Stocks	3,172	-	-	3,172	7,575	-	-	7,575
Debtors	981,822	-	-	981,822	413,157	-	-	413,157
Cash at bank and in hand	2,519,415	-	173,612	2,693,027	927,438	-	147,368	1,074,806
	<u>3,504,409</u>	<u>-</u>	<u>173,612</u>	<u>3,678,021</u>	<u>1,348,170</u>	<u>-</u>	<u>147,368</u>	<u>1,495,538</u>
CREDITORS								
Amounts falling due within one year	430,304	-	-	430,304	338,700	-	-	338,700
NET CURRENT ASSETS	<u>3,074,105</u>	<u>-</u>	<u>173,612</u>	<u>3,247,717</u>	<u>1,009,470</u>	<u>-</u>	<u>147,368</u>	<u>1,156,838</u>
TOTAL ASSETS LESS CURRENT LIABILITIES AT 31 MARCH	<u>4,825,698</u>	<u>6,182,455</u>	<u>173,612</u>	<u>11,181,765</u>	<u>2,456,661</u>	<u>6,080,963</u>	<u>147,638</u>	<u>8,684,992</u>

23. COMPARATIVE GROUP STATEMENT OF FINANCIAL ACTIVITIES - 31 MARCH 2020

	Note	Unrestricted Funds £	Restricted funds £	Total 2020 £
Income from:				
Donations and legacies				
Donations, legacies and grants	2	969,662	293,340	1,263,002
Charitable activities				
NHS funding	3	1,914,705	-	1,914,705
Other trading activities				
Shop income and fundraising	7	1,775,821	-	1,775,821
Fundraising events		584,255	-	584,255
Investments	4	4,569	-	4,569
Other income		99,380	-	99,380
Total income		<u>5,348,392</u>	<u>293,340</u>	<u>5,641,732</u>
Expenditure on:				
Raising funds				
Trading activities	5	1,262,453	-	1,262,453
Donations and grants	5	175,136	-	175,136
Fundraising	5	554,569	-	554,569
Charitable activities	5	3,127,392	622,767	3,750,159
Total expenditure		<u>5,119,550</u>	<u>622,767</u>	<u>5,742,317</u>
Net operating (loss)/surplus		228,842	(329,427)	(100,585)
Net (losses)/gains on investments		(93,976)	-	(93,976)
Net (expenditure) / income		134,866	(329,427)	(194,561)
Transfers between funds		(55,950)	55,950	-
Net movement in funds		78,916	(273,477)	(194,561)
Total funds brought forward		8,458,708	420,846	8,879,554
Total funds carried forward	20	<u>8,537,624</u>	<u>147,368</u>	<u>8,684,992</u>