

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

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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.

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.

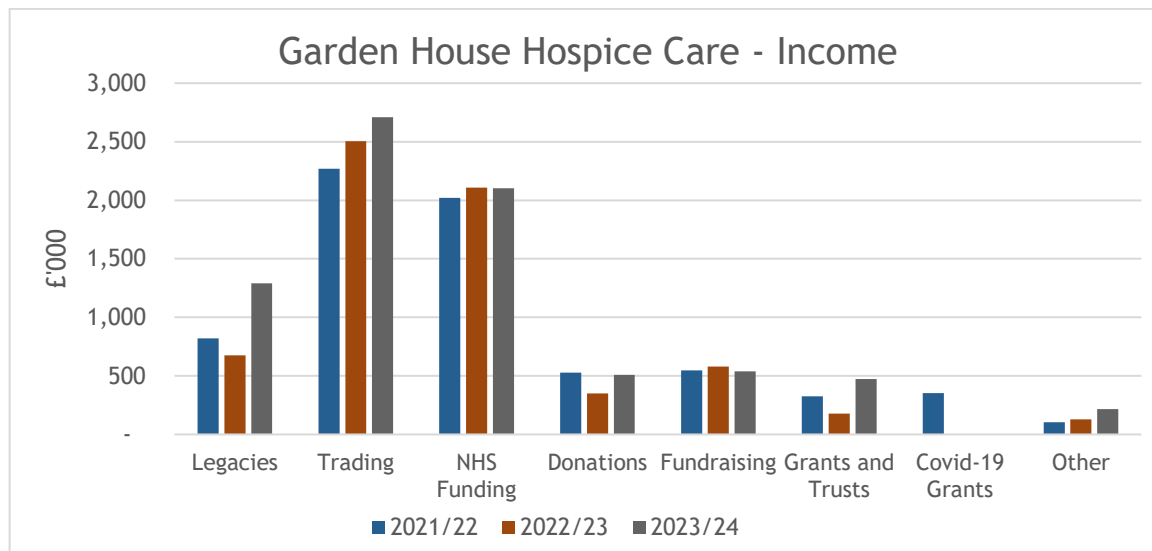
GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2024

Financial Review

Income was received from the following sources:

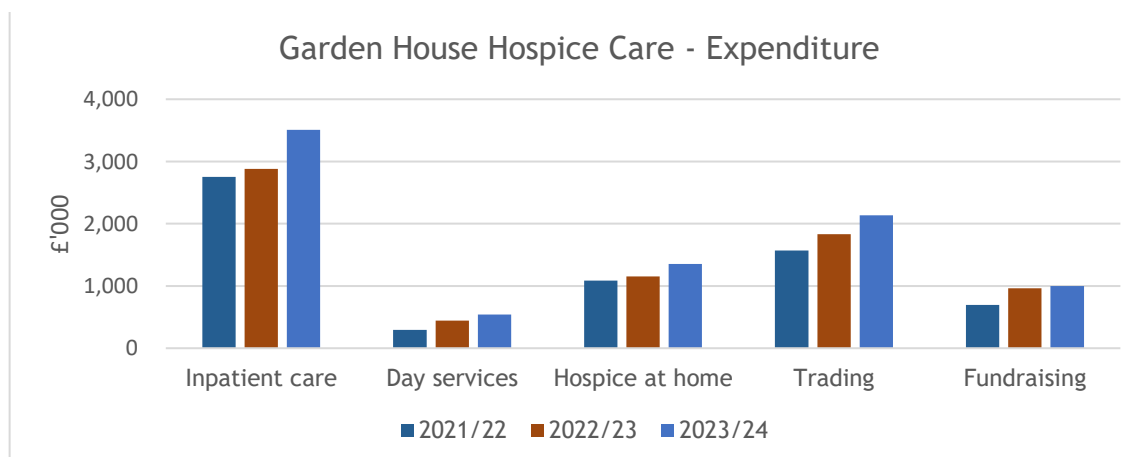


For the year ended 31 March 2024, total income increased by 20% to £7.84 million. Total Income from NHS funding was similar to 2022/23 at £2.10 million.

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		<u>(850,292)</u>	<u>225,635</u>	<u>(624,657)</u>	<u>(853,673)</u>
Total funds brought forward		<u>10,906,935</u>	<u>31,667</u>	<u>10,938,602</u>	<u>10,938,602</u>
Total funds carried forward	20	<u><u>10,056,643</u></u>	<u><u>257,302</u></u>	<u><u>10,313,945</u></u>	<u><u>10,938,602</u></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		<u>(718,886)</u>	<u>(1,066,204)</u>
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>1,062,862</u>	<u>1,781,748</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>628,661</u>	<u>519,251</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

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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>