

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

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

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

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

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GARDEN HOUSE HOSPICE CARE

ADMINISTRATIVE INFORMATION

FOR THE YEAR ENDED 31 MARCH 2025

PATRONS

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

HONORARY VICE PRESIDENTS

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

TRUSTEES

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

SECRETARY

Ms Edith Yembra

SENIOR LEADERSHIP TEAM (KEY MANAGEMENT PERSONNEL)

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

GARDEN HOUSE HOSPICE CARE

ADMINISTRATIVE INFORMATION (continued)

FOR THE YEAR ENDED 31 MARCH 2025

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

GARDEN HOUSE HOSPICE CARE

CHAIRMAN'S REPORT

FOR THE YEAR ENDED 31 MARCH 2025

CHAIRMAN'S REPORT 2024-25

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

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

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

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

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

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

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CHAIRMAN'S REPORT

FOR THE YEAR ENDED 31 MARCH 2025

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

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

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

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

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

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



Steve Mellish
Chairman

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

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

Objectives and Activities

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

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

GHHC provides:

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

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TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

GHHC's objectives are to:

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

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

During the year, GHHC:

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

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

A statement on quality from the Chief Executive Officer

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

The year as a whole

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

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

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

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

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

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

With gratitude

Lisa Hunt

Chief Executive Officer
Garden House Hospice Care

Our services at Garden House Hospice Care

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

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

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

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

Led by our Medical Director, the team includes:

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

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

Within patients' homes (Community team)

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

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

The team includes:

- Nurses
- Healthcare Assistants
- Occupational Therapists
- Physiotherapists.

Dementia support

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

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

Medical assessment and review

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

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

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FOR THE YEAR ENDED 31 MARCH 2025

For those who live in care homes

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

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

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

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

Rehab and Wellbeing outpatient services

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

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

The team includes:

- Occupational Therapists
- Physiotherapists
- Rehab and Wellbeing Assistants.

In-reach Frailty Nursing team

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

The team includes:

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

Through our provision of psychological support

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

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

The team includes:

- Senior counsellors and psychological therapists.

Within our Community Hubs and Compassionate Neighbours

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

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

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TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

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

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

The team includes:

- Compassionate Neighbours Project Manager
- Volunteers.

Training provision at Garden House Hospice Care

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

Regulation and inspection

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

Strategy

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

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

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

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

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

Garden House Hospice Care Strategic Objectives 2024 /2025



Vision

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

Mission statement

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

How we demonstrate our achievements 2024/2025

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

How we can demonstrate achievement

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

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

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

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

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

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

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

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

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

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

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

How we can demonstrate achievement 2024/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How we can demonstrate achievement 2024/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Summary of strategic objectives and priorities 2024/2025

Priority 1:

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

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

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

Looking back

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

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

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

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

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

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

Priority 2:

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

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

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

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

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

Looking back

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

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

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

Priority 3:

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

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

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

Looking back

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

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

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

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

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

We have started rollout of a devolved Business Unit Structure.

Priority 4:

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

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

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

Looking back

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

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

Garden House Hospice Care activity data

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

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

Feedback from patients and families on services

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

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

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

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

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

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

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

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

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

More permanent staff for consistency.

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

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

More time to sit and chat.

The NHS Friends and Family Test

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

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

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

Feedback from our Compassionate Neighbours service

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

Community member

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

Compassionate Neighbour

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Ethical fundraising at Garden House Hospice Care – our promise

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

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

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

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

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

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

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

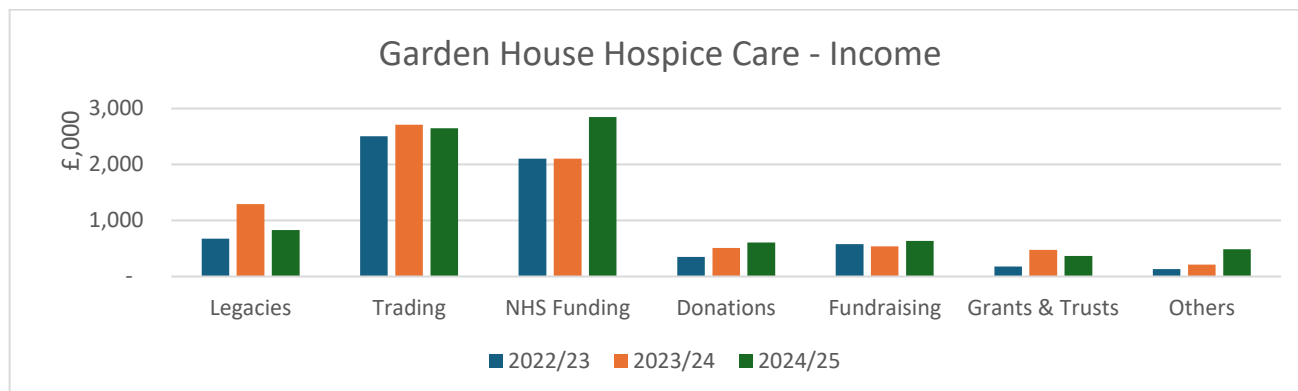
GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Financial Review

Income was received from the following sources:



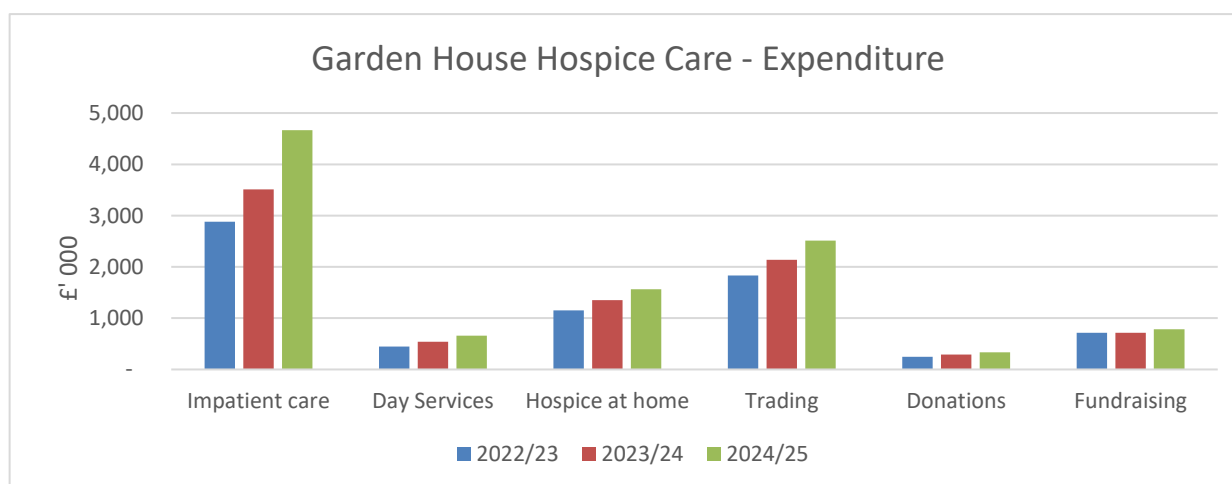
For the year ended 31 March 2025, total income increased by 7.4% to £8.41 million. Total Income from NHS funding experienced a significant increase of 35% amounting to £2.85 million.

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

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

Expenditure shown analysed by activity comprises:

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



GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

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

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

Reserves Policy

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

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

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

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

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

Operating reserves

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

Legacy Equalisation / Risk Management Reserve

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

GARDEN HOUSE HOSPICE CARE

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FOR THE YEAR ENDED 31 MARCH 2025

Asset Management Reserve

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

Strategic Development Reserve

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

Restricted Reserve

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

Designated Fixed Asset Reserve

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

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

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

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

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

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

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Investment policy

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

The investment policy differentiates between:

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

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

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

Principal Risks and Uncertainties

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

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

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

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FOR THE YEAR ENDED 31 MARCH 2025

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

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

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Governing Document

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

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

Public Benefit

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

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

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

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

Recruitment and Appointment of Trustees

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

Trustees' Induction and Training

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

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

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

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

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

Organisational Structure

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

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

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

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

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

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

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

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

GHHC is an equal opportunities employer.

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

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Pay Policy for senior staff

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

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

Trustees

The Trustees who served during the year were:

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

Committees

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

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

Trustees' Interest in the Shares of the Hospice

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

Trustees' Responsibilities

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

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

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

In preparing those accounts, the Trustees are required to:

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

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

In so far as the Trustees are aware:

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

Looking forward 2025/2026 Our new strategy

Every person matters. 2025-2035 STRATEGY

Our vision is simple

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

Our values
Inclusiveness
Integrity
Innovation

Our reach

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

Our people

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

Our foundations

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

Our impact

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

Our partners

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

Our planet

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

Garden House Hospice Care

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Our priorities

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

- Patient safety
- Clinical effectiveness
- Patient experience.

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

Priority 1: Patient safety

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

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

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

Priority 2: Clinical effectiveness

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

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

Priority 3: Patient experience

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

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

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

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

Mandatory statements of assurance

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

Review of services

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

Participation in clinical audit

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

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

Local clinical audits

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

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

National audit

FAMCARE

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

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

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

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

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

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

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

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

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

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



Mr Stephen Mellish
Chairman of Trustees

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

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

Opinion

We have audited the financial statements of Garden House Hospice Care for the year ended 31 March 2025 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Charity Balance Sheets, the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Chairman's Report and in the Trustees' Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

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

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on pages 27 and 28, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

Based on our understanding of the group and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to health and social care and charity and company law applicable in England and Wales, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006 and the Charities Act 2011 and consider other factors such as sales tax and payroll tax.

GARDEN HOUSE HOSPICE CARE

TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

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

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

- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals;
- Reviewing the cut-off of income recognised to consider whether income had been recognised in the correct accounting period; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

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

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

Use of our report

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



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

10 Queen Street Place
London
EC4R 1AG

Date: 26 January

2026

GARDEN HOUSE HOSPICE CARE

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

FOR THE YEAR ENDED 31 MARCH 2025

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

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

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

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

CHARITY AND CONSOLIDATED BALANCE SHEETS

AS AT 31 MARCH 2025

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

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

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



Mr. Stephen Mellish
Chairman of Trustees

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

CONSOLIDATED STATEMENT OF CASH FLOWS

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

1. ACCOUNTING POLICIES

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

Basis of preparation

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

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

Preparation of accounts on a going concern basis

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

Critical accounting judgements and estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the charities accounting policies and the reported assets, liabilities, income and expenditure and the disclosures made in the financial statements. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Specific judgements taken are included elsewhere within this note, including those over the depreciation rates utilised and the non-depreciation of the Garden House Hospice premises.

Group financial statements

The financial statements consolidate the results of the charity and its wholly owned subsidiary Garden House Hospice Trading on a line-by-line basis. A separate Statement of Financial Activities and Income and Expenditure Account for the charity has not been presented because the charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006.

Income recognition

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

Donations and legacies

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

Grants

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

Shop income, fund-raising sales and lottery income

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

Investment income and rental income

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

Fundraising

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

Expenditure recognition

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

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

Fixed assets

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

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

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

Financial instruments

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

Investments

Investment in subsidiary

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

Other investments

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

Creditors and provisions

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

Stock

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

Pensions

The Charity operates and contributes to the following pension schemes:

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

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

Other employee benefits

Short term benefits

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

Employee termination benefits

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

Leasing commitments

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

Gifts in Kind

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

Fund accounting

Funds held by the Charity are:

Unrestricted general funds

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

Designated funds-

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

Restricted funds

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

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

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

2. DONATIONS AND LEGACIES

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

3. INCOME FROM CHARITABLE ACTIVITIES

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

4. INVESTMENT INCOME

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

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

5. TOTAL EXPENDITURE 2025

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

TOTAL EXPENDITURE 2024

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

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

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

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

6. STAFF COSTS AND NUMBERS

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

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

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

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

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

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

8. RELATED PARTY TRANSACTIONS

Transactions between the parent charity and its subsidiary comprised:

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

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

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

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

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

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

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

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

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

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

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

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

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

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

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

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

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

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

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

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

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

14. CAPITAL COMMITMENTS

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

15. PENSION COMMITMENTS

Garden House Hospice Care

GHHC operates and contributes to the following Pension Schemes:

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

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

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

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

Subsidiary

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

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

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

16. OTHER FINANCIAL COMMITMENTS

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

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

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

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

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

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

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

19. FUNDS

UNRESTRICTED FUNDS

General

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

Designated

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

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

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

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

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

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

20. ANALYSIS OF MOVEMENT IN GROUP FUNDS

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

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

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

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

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

GARDEN HOUSE HOSPICE CARE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

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

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

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