

Greenwich & Bexley Community Hospice

GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

(A charitable company limited by guarantee)

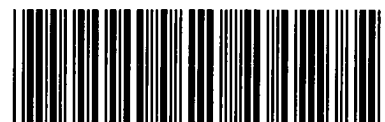
FINANCIAL STATEMENTS

FOR THE YEAR ENDED

31 MARCH 2020

Company Number: 2747475
Registered Charity Number: 1017406

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CONTENTS	Page
Reference and administrative details	1
Trustees' Report	2
Report of the Auditors	30
Consolidated Statement of Financial Activities	32
Consolidated Balance Sheet	33
Consolidated Cash Flow Statement	34
Notes to the Financial Statements	35

REFERENCE AND ADMINISTRATIVE DETAILS

Directors and Trustees

Mrs Ruth Russell: Chairperson¹ (from 9th October 2019), also Chair of Quality & Safety Committee
 Mr David Atterbury Thomas $\square\square$ Hon Treasurer/ Chair of Finance and Investment Committees: (from 8 May 2019)
 $\square\diamond\wp$
 Mr Gerald Peters: Company Secretary and Chair of Information Governance Committee $\diamond\diamond$
 Ms Paula Keats: Chair of Remuneration Committee $\bullet\square\wp$
 Mr Peter Sowden: Chair of Voluntary Income Generation Committee $\square\diamond\wp$
 Mr Tim Barnes QC $\diamond\bullet$
 Dr Mary-Clare Parker \bullet
 Mr Tim Gutteridge $\diamond\square$
 Mr Simon Di Marino $\diamond\square$
 Dr David Robson: Chairperson¹ until 9th October 2019 (resigned as a Trustee 9th October 2019)

Non Trustee Subcommittee Member/ Advisor

Mr Alan Powell \diamond

Members of Board Sub Committees

- \bullet Quality & Safety Committee
- \square Finance Committee
- \diamond Voluntary Income Generation Committee
- \diamond Investment Committee
- \diamond Information Governance Committee
- \wp Remuneration Committee

Chief Executive

Senior Management Team

Ms Kate Heaps
 Mr Justice Allotey
 Ms Wendy Lethem
 Mr Jon Devlin
 Dr Brendan O'Neill (employed by Lewisham & Greenwich NHS Trust)
 Ms Aneta Saunders
 Mrs Susan Smyth

Registered Manager

Ms Ellen Tumelty

Registered Office

185 Bostall Hill
 Abbey Wood
 London
 SE2 0GB

Bankers

National Westminster Bank Ltd
 1 Townley Road
 Bexleyheath
 Kent
 DA6 7JG

Auditors

haysmacintyre LLP
 10 Queen Street Place
 London
 EC4R 1AG

Registered Charity Number

1017406

Company Number

2747475

¹ The Chairperson attends all subcommittees where possible

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020

The Board of Trustees present their report and the consolidated financial statements of Greenwich & Bexley Community Hospice Limited (GBCH) for the year ended 31 March 2020.

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

STRATEGIC REPORT

OBJECTIVES AND ACTIVITIES

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

At Greenwich & Bexley Community Hospice we believe that every dying person in Greenwich and Bexley should have the best care, support and quality of life possible and we work to achieving our objects by leading the way in giving expert care, support and education to people with terminal illness, their families, friends and professional carers

Over the last 25 years, we have responded to the needs of our community to support people who have cancer and other incurable diseases such as heart failure, respiratory disease, neurological conditions and advanced dementia.

Our expanded range of services and support now extend outside of the Hospice inpatient unit and outpatient services, in patients' homes and in hospitals. Our staff and volunteers work in our own services and in partnership with other health and care organisations to help people maintain connections with their community and to maximise their quality of life.

Public Benefit

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

Our Strategy 2017-2020

Our 3 year strategy set out the organisation's direction and plans to ensure our Charity continued to respond to the growing and diverse needs of our community, adapted to opportunities and challenges and remained financially sustainable. The strategy had 3 cross cutting threads running through it:

- an open and supportive organisational culture;
- valuing diversity *and*
- quality care when it counts

As well as 4 core themes:

- building partnerships, networks and community;
- sustainability, efficiency and innovation;
- developing and retaining our workforce and
- generating sufficient income to safely meet demand and quality requirements

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
OBJECTIVES AND ACHIEVEMENTS (continued)

We made significant progress in a number of these areas throughout the year and had begun to develop our plans for the next 3 years; however in February 2020, the Coronavirus pandemic struck the nation and as a result, we had to review our plans. Over the last 2 months of 2019-20 and the first part of 2020-21 a lot changed in our organisation and at the time of writing, there remains an inevitable degree of uncertainty about what the future holds. This report shares progress against our 2017-20 plan as well as outlining our priorities for recovery and transformation for the next 12-15 months.

Hospice Services

Greenwich & Bexley Community Hospice offers a number of services based within and working from our main Hospice building. We were last inspected by the Care Quality Commission in 2016, when we achieved an overall rating of 'Good' and a rating of 'Outstanding' in the responsiveness domain.

Services in the Hospice building

- Our **inpatient unit**², caring for and supporting people who have symptom control needs, complex psychological support needs, respite needs or end of life care needs. The team also provide significant support to the families and friends of those who we care for.
- Our **Day Hospice**³ supports people who remain at home but benefit from social contact, rehabilitation, ambulatory treatments and outpatient review as well as complementary and creative therapies, also providing their carer with a break where this is needed.
- Our **Rehabilitation** team work with patients in all Hospice services to maintain or develop independence and develop strategies to manage symptoms such as fatigue and breathlessness.
- Our **Psychological support**⁴ team give emotional support and counselling to people with advanced illness and their families and friends before and after bereavement, face to face individually, in groups and over the telephone.
- The Hospice's **Chaplaincy** team provide spiritual support to patients across all settings when requested.

Services in the Community

- The Hospice's **Community Services** provide specialist palliative care across Greenwich and Bexley Boroughs. Clinical Nurse Specialists, Doctors and Allied Health Professionals visit people in their own homes, in care homes and in the local prisons; giving holistic care, advice and support to them and their network of informal support as well as to the other community staff (GPs, District Nurses etc.) involved in their care. In Greenwich, we also provide a fully integrated care coordination, personal care and nursing service, providing practical and personal care around the clock in patient's own homes. From January the Hospice funded a similar pilot service of Hospice delivered personal care to residents in Bexley.
- The Hospice **Social Worker** and volunteer Benefits Advisors work with patients to access benefits and grants as well as to try to resolve housing issues and get help with complex children and family needs or safeguarding concerns.
- Our network of community **volunteers** increasingly also supports people in their own homes, and includes volunteers who are trained to support people to plan for their future care needs as well as volunteers who provide compassion, companionship and practical support, these volunteers are called Compassionate Neighbours.

² Due to staffing and financial constraints, we reduced our service to 13 beds open throughout 2019/20.

³ Our Day Hospice and outpatient services were suspended in March 2020 due to the Coronavirus pandemic and Day Hospice remains closed at the time of publishing this report

⁴ During the pandemic this service reverted to virtual and telephone contact only

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
OBJECTIVES AND ACHIEVEMENTS (continued)

Services in the Hospital

- The Hospice Team at **Queen Elizabeth Hospital**, Woolwich, trains and advises hospital staff on end of life care and symptom control issues as well as supporting patients and their families directly, helping to ensure that their wishes for care are met and supporting patients to be discharged home, or to a care home or the Hospice where this is appropriate. In 2019 the Hospice expanded the hours of operation of this service from five to six days a week.

Education and Care Homes Support

- Our **practice development** team provides bespoke and programmed training to nurses, doctors and other health and social care professionals as well as providing support and facilitation to staff, patients and families in care homes. From July 2019, in order to maximise reach, impact and efficiency, we did much of this in partnership with St Christopher's Hospice forming a new partnership called HELP (Hospice Education and Learning Partnership).

Strategic Objective 1: Building partnerships, networks and community

Plan	Achievement
1.1 Compassionate Neighbours Project <ul style="list-style-type: none"> • Access funding to extend our Networks of Compassionate Neighbours in Royal Greenwich • Build strategic links with other community groups to share and grow the model to benefit as many people as need help • Continue to grow our network of Compassionate Neighbours, achieving a cumulative total of at least 100 and providing a match to 50 Community Members who are lonely, at risk of social isolation or approaching end of life as a result of old age and/or ill health 	<ul style="list-style-type: none"> • Whilst we did not attract significant funding to extend into Greenwich, we did receive a small grant to publicise the project better in Eltham. • At the beginning of the Coronavirus pandemic we built links with local Mutual Aid groups who began to support some Hospice patients who were shielding. We grew our relationship with Bexley's Community Connect throughout the year and made good links with volunteers at GP surgeries in areas within Bexley; in one practice in particular, we have several retired staff (including a GP) who are part of the project and we receive referrals regularly from a volunteer who supports the practice. • By the end of the year we had trained 132 people as Compassionate Neighbours and made 66 matches to Community Members who are lonely, at risk of social isolation or approaching the end of life as a result of old age and/or ill health.
1.2 Reaching Communities <ul style="list-style-type: none"> • Secure new grant funding to enable us to recruit a community development worker to build on our successes in building links with want to reach groups e.g. BAME groups, homeless people, LGBT community, people with learning disabilities and/or mental health problems • Evaluate the first year of our Heart Failure Project and look for additional funds to sustain the project in the future • Train clinical staff to better understand the needs of people with learning disabilities/ autism 	<ul style="list-style-type: none"> • We were successful in achieving 3-year grant funding from Big Lottery towards our community development work and appointed a Community Development Worker to the team in February 2020. This work is now underway, but we adjusted our priorities during the Coronavirus pandemic to focus on shielded patients across all of our services. • We completed the evaluation of our Heart Failure Project, which showed a near-doubling in referrals to community and Hospice based services for people with Heart Failure suggesting that our links with other healthcare providers encouraged joined up working that enabled patients to attend the Hospice. We estimate that at least 20 hospital admissions were avoided throughout the year because of this work. • We did not achieve our goal to train staff to better understand the needs of people with learning disabilities/ autism, but have now established links to enable this in 2020/21.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)

ACHIEVEMENTS AND PERFORMANCE (continued)

Strategic Objective 1: Building partnerships, networks and community (continued)

Plan	Achievement
<p>1.2 Reaching Communities</p> <ul style="list-style-type: none"> • Evaluate the first year of our 'old age' project and develop a plan for future years which links with the local frailty strategies • Explore opportunities to further develop our services to people with respiratory disease, a group which represented almost 9% of our patients in 2018/19 • As part of our 25th Anniversary Campaign, increase our reach through digital, written and verbal communications to ensure the whole community knows about the Hospice, how we can help and how they can help us 	<ul style="list-style-type: none"> • We evaluated the impact of our 'old age' project seeing an additional 53 patients over 80 years of age with a non-malignant disease. It also enabled greater understanding of the Hospice's services, especially what is available in the community and has increased the end of life education and training available for hospital doctors and nurses. Linking two related but different disciplines (geriatric medicine and palliative care) usually carried out in different institutions (the Hospice and the Hospital) has gone some way to understanding the difficulty in communication that exists between two separate care organisations. It has also helped understand how, to some extent, we can offset this for this particular group of patients. It has also allowed knowledge sharing which has improved the capability of the palliative care nurses to understand the many clinical problems that affect those slowly deteriorating with frailty. This project has emphasised the fact that access to palliative care expertise is needed in all settings – hospitals, Primary Care and care homes, and not only hospices. Also that palliative care staff can benefit by taking on and caring for older people with frailty by working side-by-side with an expert in geriatric medicine. • We were successful in receiving a grant to support development of our work with people with respiratory disease and will start this work in 2020/21. • On the back of our 25th Anniversary and under the leadership of our Director of Income Generation, we increased our communications in all mediums and will continue this work through the relevant recovery and transformation programme (RTP) priorities.
<p>1.3 Quality Assurance</p> <ul style="list-style-type: none"> • Continue our Trustee Assurance Programme, with a particular focus on patient and family feedback to the Board • Increase the use of outcome measures in routine clinical practice to help evaluate impact at an individual patient and service level 	<ul style="list-style-type: none"> • In 2019/20 we commenced our patient participation group, which was attended by the Chair of the Quality and Safety Committee. We also started using our online patient feedback tool iWantGreatCare. • The increase in use of outcome measures that we had planned in 2019/20 was not possible due to a mixture of maternity leave for our lead and the Coronavirus pandemic. We will revisit this as part of our service transformation priority in the RTP.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)

ACHIEVEMENTS AND PERFORMANCE (continued)

Strategic Objective 1: Building partnerships, networks and community (continued)

Plan	Achievement
<p>1.4 Partnership with St Christopher's Hospice (SCH)</p> <ul style="list-style-type: none"> Establish a new Hospice Education Partnership to enable us to train more people in end of life care Continue to work together to influence the SE London plan, to ensure that people with end of life and palliative care needs are appropriately considered and to influence the 2020/21 commissioning round 	<ul style="list-style-type: none"> We established HELP (the Hospice Education and Learning Partnership with St Christopher's Hospice and jointly delivered a wide range of training and education across south east London, including throughout the pandemic with education being delivered on line. We began some joint work to help us influence the SE London plan, however this work was stalled due to COVID19. Our Chief Executive has been instrumental in making sure that the needs of people with end of life and palliative care needs are appropriately considered in the system wide recovery plans and has been asked to Lead a specific piece of work on End of Life Care for the Sustainability and Transformation Partnership (STP).

Strategic Objective 2: Sustainability, efficiency and innovation

Plan	Achievement
<p>2.1 IT developments</p> <ul style="list-style-type: none"> Complete the implementation of a new clinical system and ensure mobile staff have the appropriate technology to support them in using the system remotely, freeing up precious time Roll out Project ECHO® to share knowledge and facilitate improvement in end of life care in care settings outside of the Hospice e.g. primary care, care homes, prisons Implement a new HR system to assist in meeting the regulations of GDPR and to improve our reporting 	<ul style="list-style-type: none"> We implemented SystmOne, our new electronic record system in May 2019 and introduced mobile technology to our clinical workforce, which proved particularly invaluable during the pandemic. We trained a number of staff in Project ECHO in the year and will roll out its use in 2020/21, prioritising care homes. We implemented CIPHR, our new electronic HR system in the year and have recently installed the recruitment module to make recruitment more efficient
<p>2.2 Service Reviews/ Changes</p> <ul style="list-style-type: none"> Complete the service reviews of psychological and social support, the assessment and coordination team and the triage role as well as agreeing a new model for medical support across teams Continue to develop our model of Day Hospice/ ambulatory support, to enable greater flexibility and choice for patients and to support new groups of service users e.g. people with dementia and their carers 	<ul style="list-style-type: none"> We reviewed the way of working in our psychological support service and moved their management into one department along with Social Work, work was done to improve our assessment and coordination team and triage role and we reviewed the medical staffing leading to some investment in senior and middle grade roles. We reviewed our Day Hospice model and began to make changes to provide greater flexibility and choice for patients and carers. This included a carers group for people with heart failure and a successful bid for funding for an activities coordinator. <p><i>Inevitably much of this will need to be looked at again in light of the Coronavirus pandemic and the new ways of working we have adopted during this time.</i></p>

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

Plan	Achievement
2.3 Patient and Carer Feedback <ul style="list-style-type: none"> Promote and embed iWantGreatCare as a routine way of gaining patient feedback and establish our patient forum to gather feedback and act as a sounding board for service improvement 	<ul style="list-style-type: none"> See comments at 1.4
2.4 Energy and Environment <ul style="list-style-type: none"> Carry out a review of our energy usage and environmental impact to enable development of a plan to reduce financial and environmental costs 	<ul style="list-style-type: none"> This objective was not achieved

Strategic Objective 3: Developing and Retaining our Workforce

Plan	Achievement
3.1 Invest in our Volunteers' Department to support expansion of our volunteer workforce <ul style="list-style-type: none"> Launch our young ward volunteer project in September 2019 with 14 volunteers in the first cohort Continue to actively recruit new volunteers to support our retail operation and ensure existing retail volunteers are fully engaged in the overall Hospice vision and values Roll out access to our e-learning system for volunteers and deliver regular in-house training/ engagement events for volunteers Review the way we communicate with our volunteers to ensure volunteers fully understand how they can support our work and encourage more interdepartmental volunteering 	<p>Following the successful recruitment of a new Volunteers Manager we achieved a great deal with regards Volunteering, including:</p> <ul style="list-style-type: none"> The launch and completion of our first young ward volunteers programme. New volunteers in our retail operation and improved engagement of volunteers through biannual volunteering training events, a newsletter and regular thank-yous Use of e-learning system for selected volunteers and in-house training events twice a year for all other volunteers Sharing of volunteers across departments, with existing volunteers having been trained as Compassionate Neighbours, the benefits of this were particularly seen during COVID19

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)

ACHIEVEMENTS AND PERFORMANCE (continued)

Strategic Objective 3: Developing and Retaining our Workforce (continued)

Plan	Achievement
<p>3.2 Developing and valuing the Hospice Staff Team</p> <ul style="list-style-type: none"> • Continue to closely monitor staffing to ensure the safety and quality of care is maintained and costs are kept within acceptable limits • Invest in developing our retail team to ensure they have the necessary skills to carry out their roles and are fully engaged in the Hospice's retail strategy • Continue to develop existing clinical staff in line with their own personal development plans and the needs of the service; including development of Nursing Associates, Staff Nurses and CNSs with advanced skills • Ensure that other areas of the Hospice also have equitable access to training and development including leadership and management training for junior managers • Continue to develop the Hospice's wellbeing strategy and work towards achieving the next level on the Healthy Workplace Charter • Review and promote our policy and procedures for whistleblowing and <i>freedom to speak up</i> with staff so that they feel safe reporting any concerns 	<ul style="list-style-type: none"> • We continued to closely monitor staffing through our Quality and Safety Committee and maintained our establishment within safe limits as well as staying within agreed expenditure limits. For another year we were able to keep our agency usage low by using flexible staffing on the Hospice bank. • We utilised expertise from another charity and retail consultancy to support the development of our retail operation and retail staff • We continued to develop our clinical staff, evidenced through courses completed and internal promotions and development. This included the successful completion of training for our first Nursing Associate. • We commissioned a management training programme which a number of retail, fundraising staff are attending • We continued our work to develop our wellbeing strategy with the introduction of a Hospice choir and Netball team, and continue to work towards a higher accreditation on the Healthy Workplace Charter. • We reviewed our whistleblowing and speak up procedures and commissioned a new portal <i>Work in Confidence</i> to enable staff to report concerns anonymously and the Hospice to conduct regular surveys.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)

ACHIEVEMENTS AND PERFORMANCE (continued)

Strategic Objective 3: Developing and Retaining our Workforce (continued)

Plan	Achievement
3.3 Develop external health and care professionals <ul style="list-style-type: none"> • Work with St Christopher's Hospice to develop our portfolio of training courses and continue to expand the number of student placements provided at the Hospice through the Hospice Education Partnership • Continue to maintain positive links with Health Education England and the SE London STP Workforce Group to enable access to resources (including additional apprenticeship levy) and opportunities to develop others as well as our own workforce 	<ul style="list-style-type: none"> • See 1.5 • We secured additional 'gifted' apprenticeship levy from Oxleas Foundation Trust which enabled even more staff development than originally planned.
3.4 Service changes <ul style="list-style-type: none"> • Recruit and train additional CNSs to our Hospital Team to enable the delivery of a seven-day a week operation on the Queen Elizabeth Hospital site. 	<ul style="list-style-type: none"> • We recruited additional staff to the Hospital team and had achieved a 6 day operation by October 2019. We anticipate moving to 7 days in October 2020.
3.5 Equality and Diversity <ul style="list-style-type: none"> • Work with our staff to establish a new equality and diversity development group, enabling us to ensure that all staff and volunteers feel valued and that our policies, operational practices and reporting properly supports the diverse workforce that we are privileged to have 	<ul style="list-style-type: none"> • Although this was not achieved in the year, we have identified a new EDI Lead within the HR team and have begun work to recruit a more diverse and representative board. The RTP has EDI as one of its seven priorities and this work will start in the autumn of 2020.

Strategic Objective 4: Generating Sufficient Income to Safely Meet Demand and Quality Requirements

Plan	Achievement
4.1 Statutory Income (existing services) <ul style="list-style-type: none"> • Work with St Christopher's Hospice and commissioners in SE London to secure a minimum 6.5% uplift on our contract sum for 2020/21 	<ul style="list-style-type: none"> • Achieved

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)

ACHIEVEMENTS AND PERFORMANCE (continued)

Strategic Objective 4: Generating Sufficient Income to Safely Meet Demand and Quality Requirements (continued)

Plan	Achievement
<p>4.2 Voluntary Income</p> <ul style="list-style-type: none"> • Embed the changes we have made in the fundraising team to enable sustained growth of existing income streams as well as to develop new ones • Launch our new recycling/ upcycling initiative and retail unit rePurpose at Nathan Way, Woolwich • Review our retail and logistics operation to ensure our processes are as efficient and cost effective as possible and that we reduce waste and maximise on opportunities to generate income towards our care • Raise the necessary funds and complete the extension of our dining room and patient accessible paths within the Hospice grounds • Explore opportunities for new income generation projects and launch at least one new project within the year • Review the way we communicate with our supporters and our thanking processes so that people fully understand the impact they make on the care we give 	<ul style="list-style-type: none"> • We continued to grow our voluntary income in fundraising in 2019/20, however we know that 2020 will be a challenging year to continue this growth given the Coronavirus pandemic and likely global economic implications • We launched our new recycling unit rePurpose in 2019 in partnership with Royal borough of Greenwich and Veolia • We reviewed our retail and logistics operation however some of the changes we planned were delayed. These changes will be implemented in 2020/21. • We completed our dining room refurbishment with the support of CRASH charity and their generous partners. Our pathways project was also delayed due to the pandemic. • We were not able to launch a new project in year, however we have recently launched our e-commerce project which will build throughout 2020/21 • We carried out a thorough review of our donor journey and have implemented new processes for thanking our donors as well as telling them about our work
<p>4.3 Service Development</p> <ul style="list-style-type: none"> • Continue to develop a range of business proposals to be used as opportunities arise for statutory or grant/ trust income to enable more efficient working, the necessary growth in services to meet increasing demand and sustain high quality services and to enable us to continue to develop our clinical services to respond to local need 	<ul style="list-style-type: none"> • We submitted a joint bid with health partners to Social Finance in February 2020 and although successful, we have agreed not to proceed at this time. • We worked with partners to explore a number of opportunities to upscale our Compassionate Neighbours programme and this work is ongoing in 2020/21.
<p>4.4 Risk Management</p> <ul style="list-style-type: none"> • Embed a more dispersed approach to risk management to ensure that all managers understand our risk appetite and approach to managing risk to ensure that risks are appropriately managed across the organisation 	<ul style="list-style-type: none"> • We reviewed our risk management framework and policy with Board and shared this with senior managers and departmental leads. This is now in regular use throughout the organisation
<p>4.5 Procurement</p> <ul style="list-style-type: none"> • Review contracts held with third parties to ensure that they represent the best value for money and quality of service for our patients 	<ul style="list-style-type: none"> • A number of contracts were reviewed, however this work remains ongoing.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

CARE ACTIVITY

Hospice Based Services

Inpatient Care

In 2019/20 we provided care for **282** patients within Woodlands, our Inpatient Unit (355 in 2018/19). We also saw an increase in the average length of stay for people admitted to the unit from 13 to **18 days** which resulted in an increase in our occupancy level from 78% to **88%** but also impacted the number of patients admitted. Patients are referred for inpatient care for pain and symptom control, terminal care, complex psychological support and respite care.

For some patients their symptoms become hard to manage and require specialist assessment, support and treatment. These patients will stay with us to enable the multi-disciplinary team to assess their condition and if necessary modify their medication in order to relieve pain and other symptoms before being discharged back home. Only **25%** of patients who stayed in the Hospice in 2019/20 were discharged home, representing a reduction of 8% when compared with 2018/19. Some people whose illness has reached the final stages choose to be admitted to us for terminal care: these patients are offered compassionate nursing and medical care so they can achieve the best quality of life during their final days.

To ensure the protection of patients on our inpatient unit, Woodlands was segregated from the rest of the Hospice on 11th March 2020. Since that time, our staff have been entering and exiting the unit through a separate route and taking their breaks on the unit. We have had a variety of visiting restrictions during this time, and have seen changes in referral patterns because of the pandemic.

The direct cost of providing care in the Inpatient Unit in 2019/20 was **£2,326,013** (2018/19 £2,345,646), costs were kept flat through changes to skill mix, as well as continued excellent management of agency costs through recruitment of bank staff.

Day Hospice

In 2019/20 Shornells, our Day Hospice offered day care for up to 25 patients a day, three days each week. During the course of the year **145** people were cared for (114 in 2018/19). We attribute the 30% increase in patients to the excellent leadership of the service under our Matron for Hospice based services, who redesigned the admission process for patients, enabling us to respond much more rapidly. The Day Hospice was available to those who require our support but not 24 hour care. People who attended the service had their needs assessed using a holistic needs assessment tool, which facilitated individualised care planning and referral to other Hospice services. The Day Hospice programme included a varied activities programme as a result of restricted gifts from a number of sources, including support from a local Charity, Andi's Gift, established in memory of a person cared for by Greenwich & Bexley Community Hospice.

The Day Hospice was closed for a brief period in September to enable all volunteers to be retrained, including their development as Compassionate Neighbours.

Due to the vulnerabilities of our Day Hospice patient group, the Hospice had to suspend Day Hospice at the end of the year to protect patients from any risk of the Coronavirus. Throughout the pandemic we sought new and innovative ways to provide support to shielding patients with stable symptoms, including telephone and video support provided by staff and trained volunteers and distribution of 'busy bags' to provide people with activities to keep them active and occupied.

Rehabilitation

The Hospice rehabilitation team, comprising an Occupational Therapist and 2 Physiotherapists, work with our nurses and doctors to enhance the skills of the multi-disciplinary team and encourage a rehabilitative approach across all of our services. Our team are working to develop this service, embedding a rehabilitative approach throughout all areas of the Hospice and working with a small number of rehabilitation volunteers who support their work.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

During the pandemic because our physiotherapists were not initially able to see patients face to face for rehabilitation, they were seconded to work on our inpatient unit which enabled the sharing of their knowledge and skills as well as bolstering the team. They are now back working in the gym and remotely using COVID-19 secure practices working 1-1 with patients.

Social, Psychological and Spiritual Care

The Hospice endeavours to meet all the needs of its patients whether they are physical, emotional or spiritual. Our counsellors, social worker, chaplains and volunteers help other members of the team to ensure that the holistic needs of patients and their families and friends are met.

During the course of this year we continued to offer counselling support via one to one support and through various support groups. Patients, relatives and carers are offered counselling and for relatives this is offered before and following bereavement. As the pandemic struck we moved to delivering all of our counselling work via the telephone and video and worked with a number of other bereavement providers to set up the Greenwich & Bexley Bereavement Help-point.

Our social worker continues to be extremely busy, supporting 182 patients this year with a variety of issues including complex family work, safeguarding issues, housing, benefits and asylum issues. She was supported this year by two Social Work students, having achieved her practice assessor qualification.

During the Coronavirus pandemic we were grateful for the support of many local businesses who provided food and comfort parcels for patients who are less fortunate or who were shielding, these were distributed by our Social Worker and our Volunteers' team.

Practice Development

The Advancing Practice Team work within the Hospice and externally to educate and support professionals, and to facilitate improvements in care for dying people. In 2019/20 we embedded our Care Homes Advancing Practice Nurse into our community team and her work in local care homes continued in Bexley with invitations to Greenwich homes to our link nurse meetings and education sessions. In addition to providing support to care home staff, the Advancing Practice Team also support Hospice staff to develop their skills and train other external health and social care staff in end of life care.

In July, we launched HELP, the Hospice Education and Learning Partnership in collaboration with St Christopher's Hospice. By working together we aim to reach more local health and care staff to enable them to support more people to achieve their goal of dying in their own home or care home focusing on promoting holistic care, dignity, independence and choice at the end of life as well as developing symptom management and communication skills. At the beginning of the pandemic, we worked to make all of our education and training on line and virtual, and were asked to develop resources for a number of new partners including the London Nightingale Hospital.

Community Based Services

The Hospice offers 24 hour care and support in the community across the London Boroughs of Greenwich and Bexley. In 2019/20 our community services supported 1,590 people in their own homes (1,277 in 2018/19, a 25% increase); 389 of these patients were supported at some point during their journey via our telephone support service. 46% of new patients had a non-cancer diagnosis (28% in 2018/19) and of the 890 people who died under their care, 57% were able to die at home or in their care home (the same as 2017/18), with another 16% dying in the Hospice. The direct cost of Specialist Community Care in 2019/20 was £1,383,654 this is 12% higher than the previous year (2018/19 £1,227,697) due to salary inflation and a number of vacancies having been filled in the team. Our community team adapted quickly to working on line and via the phone where possible at the beginning of the pandemic, necessitated by a wish to protect shielded patients as well as a significant increase in the caseload, this continues throughout the early part of 2020/21.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

The Greenwich Care Partnership continues to deliver an important element of Hospice community activity, led by the Hospice and delivered in partnership with Marie Curie Cancer Care and Oxleas NHS Foundation Trust. The total cost of the care provided by the Greenwich Care Partnership in 2018/19 was £873,679 (2018/19 **£815,063**). This additional cost includes investment made by the Hospice into a pilot project to provide personal care for Bexley residents at end of life from December 2019 to March 2020, which led to a greater understanding of the service and the need for some mechanism to enable emergency care to be provided at weekends, this element continues on an informal basis in 2020/21 funded by the CCG. We were also pleased to report continuation of our access to additional resource on a spot purchase basis where patients are cared for beyond the contracted 12 weeks, as well as providing a small amount of spot purchased care packages for Bexley residents, this amounted to £15,418 of earned income.

Hospice Outreach in Hospital

Our hospital support team based at Queen Elizabeth Hospital, Woolwich, plays an important role in educating and advising hospital professionals as well as supporting patients and their families in hospital. This year our small team made visits to **814** patients (750 in 2018/19 9% increase). This was made possible due to recruitment to the team as well as expansion of the service to 6 days a week. **43%** of these patients had a diagnosis other than cancer (39% in 2018/19) and **60%** of people supported by the Hospice in the hospital were discharged to another place of care. Our plans to provide a 7 day service, which will further increase equity of care and enable us to ensure that we can deliver the service when it is needed, were delayed due to shielding requirements of some staff and development of new team members during COVID19 however we anticipate beginning 7 day service in October 2020. The direct cost of Hospice Care in the Hospital in 2019/20 was **£546,831** (2018/19 £450,481, this increase was for additional staffing to enable the increase in service hours).

As well as providing a service at QEH, we strengthened our links with Darent Valley Hospital through a joint medical consultant post.

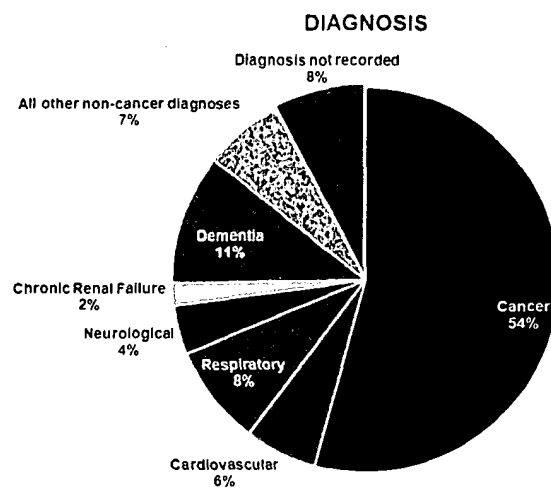
TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

REACHING ALL OF OUR COMMUNITY

Care beyond Cancer

The Hospice continues to strive to reach people with a diagnosis other than cancer, who nationally are often less likely to be referred and to access support from specialist palliative care services.

The overall number of people who were supported by the Hospice increased **15%** from 2,072 in 2018/19 to 2,394 in 2019/20. The overall proportion of cancer activity was **54%**, 59% in 2018/19. It is notable that the proportion of patients with a primary diagnosis of dementia was **11%**, an increase of 2% on the previous year and an increase from 6% in 2016/17, suggesting that the impact of our dementia specialist nurse has been sustained.

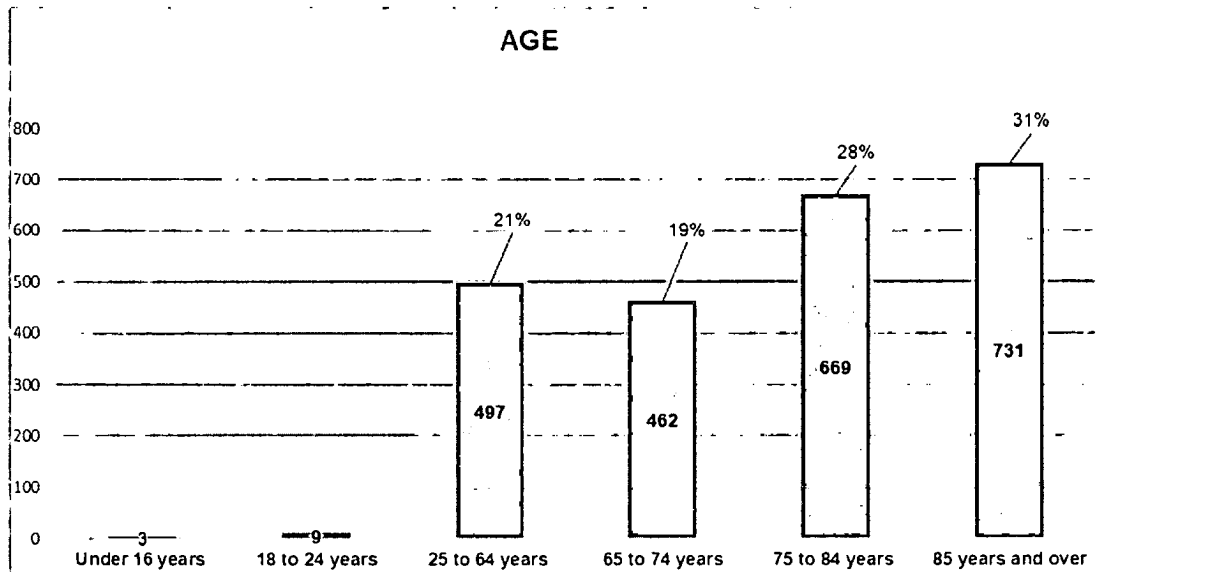


TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (Continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

Serving People of All Ages

The Hospice provides care to anyone with a life limiting illness living in the London Boroughs of Greenwich or Bexley who is over the age of 18⁵. The majority of people we care for are over 65. In 2019/20, **59%** of the people we cared for were over 75 (2018/19 (56%)) and **31%** were over 85 (2018/19 (27%)). This is likely to be as a result of our older age project, as well as an increase in activity in the hospital.

As predicted, we are seeing the need for care for the "older old" increasing and we expect this trend to continue over the next 10-20 years. This is already having an impact on the type of care we provide as people in the "85 years and over" category are more likely to have elderly carers or live alone, and may also be more likely to live in a setting such as a care home or supported housing scheme. In addition, older people are more likely to have multiple conditions, including dementia, and therefore live with increasing levels of frailty and with more complex needs. Our 'Older old' project has given us some useful learning in 2019/20 which we will consider as part of our service transformation priority in the RTP.



⁵ Additionally, children and young people who are family members or close friends of those we care for, receive support from staff, particularly psychological support and social work services.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (Continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

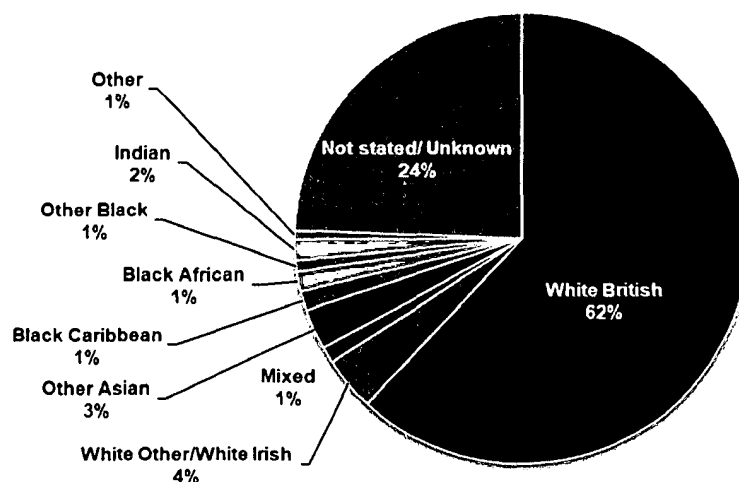
Black, Asian and Minority Ethnic Communities

The Hospice continues to focus on ensuring that all groups in our community are aware of our services and to break down the barriers to accessing our care and support. As part of this strategy, we spend time with community leaders and groups listening to them about their needs and talking about the Hospice to try to dispel any myths that may discourage people from accessing our services when they need them.

In 2019/20, there was a smaller number and proportion of people accessing our services who had an ethnicity of White British. There were increases in the number of people accessing our services of a Black Caribbean background; of other white ethnicity; mixed ethnicity; and of an "other Asian" background, a category which includes the large Nepalese and Turkish communities within our catchment area.

Disappointingly, there remains a large proportion of people for whom their ethnicity was not recorded, it is likely that a significant proportion of these people were transferred from the old Electronic Patient Record system. We hope that our data in 2020/21 will be more complete because of better recording as well as training and an ongoing focus on equality, diversity and inclusion (EDI). Our Recovery and Transformation Programme has EDI as a priority and our new community development worker has a specific remit to improve our reach to all of the communities we serve.

ETHNICITY



TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

INCIDENT MANAGEMENT/ COMPLAINTS/ HEALTH & SAFETY

Reporting of clinical incidents is embedded into the routine business of the Hospice Quality & Safety Committee through the clinical dashboard.

Our medicines incident rate was 134 for the whole year (138 2018/19). We were able to use Hospice UK's national annual benchmarking audit to compare ourselves against similar hospices. Incidents are graded level 0-6 with 0 being least severe, our errors ranged from level 0 to level 3 with eleven being categorised at level 2 (patient monitoring, no harm) and one being categorised at level 3 (some change, no harm). Our rate of "level 0" drug errors at Greenwich & Bexley Community Hospice is higher than the average for Hospices of a similar size (84 at GBCH, 4 National average per annum), though we strongly believe this to be due to the low threshold we have for reporting concerns. We have had no repeated incidents of concern and nursing staff undertake a regular medication assessment to assure the organisation of their competency.

Through this audit programme, we are also able to benchmark our performance in terms of the incidence of falls and of pressure ulcers. We reported a higher than average figure for falls of **15.2** per 1,000 overnight bed days (Audit average **10.8**). **100%** of falls were in the no harm/ low harm category. We continue to monitor this area carefully and are planning a collaborative audit to help us better understand why we appear to be an outlier for this domain. Hospice UK did not perform pressure ulcer benchmarking in 2019/20: there were 15 Hospice-acquired pressure ulcers in the year, all patients have regular pressure area review and suitable equipment to prevent and manage the development/ deterioration of their skin integrity however this is an indication of the frailty of our inpatient community.

We received **18** formal and **5** informal complaints in 2019/20 (2018/19, 13 formal, 11 informal complaints). An investigation is carried out for all complaints, regardless of whether they are formal or informal (e.g. verbal feedback or comments received on patient and family questionnaires) and where possible the complainant is invited to meet with members of the senior team to discuss their concerns and the outcome of any investigation.

Further information about incidents and complaints is available in our 2019/20 Quality Account which is available on the Hospice website.

We reviewed our Risk Management Framework in 2019/20 with the corporate risk register being broken down into several sections relating to the board and the relevant subcommittees. We review the Hospice's operational risk register as a standing item at the Quality & Safety Committee and issues escalated to the Board if appropriate. In 2019/20 the register continued to feature matters relating to Brexit; health and safety and the ongoing refurbishment of our shops; staffing and latterly, COVID-19.

In 2019/20 one incident was reported to the Charity Commission as a potentially serious incident. The Charity Commission confirmed that they were satisfied with the Hospice's investigation and response to the incident and no further action was required.

PATIENT AND FAMILY FEEDBACK

The Charity receives hundreds of thank you cards and letters from patients and bereaved families each year; in addition, there are a number of comments and suggestion boxes placed around the Hospice building and we continue to gather patient and family feedback in a more structured way through questionnaires. In 2019/20 we launched our online feedback portal **iWantGreatCare** to improve our collection of patient feedback, with targeted mailshots to certain service users, this has already shown benefits in receiving more feedback in a more timely fashion, with a greater proportion coming directly from patients as opposed to their bereaved relatives.

We also started our **Patient Forum** in 2019/20. Two meetings were held before the COVID-19 pandemic, and we plan to restart the Forum shortly.

Routine and regular structured feedback is reviewed at the Hospice Clinical Quality group and Quality & Safety Committee. This feeds into a quality improvement plan and helps shape our services in the future.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

'The carers came in just as mum had taken her last breath, they asked if there was anything they could do. I said no she had died what can be done? They said they could wash and dress her - she was in her night clothes. I am so glad that they did and knew what they were doing, so mum was able to be taken away dressed decently. I don't think I actually thanked them; if I did it wasn't enough.'

VOICES Feedback

'My palliative carer is the best, please look after her and don't let her go because she's been such blessing in very bad moments.'

iWantGreatCare

'I can honestly say that the team at Greenwich & Bexley Community Hospice have been the most helpful, most supportive and most understanding of all the health practitioners we have encountered over the past 5 years caring for my mother-in-law. You can actually get them on the phone when you need them, they listen to you and they give helpful pragmatic advice. I absolutely know that we are in great hands being under their care and I genuinely thank them for their support!'

iWantGreatCare

The Nurses were absolutely wonderful. They treated us with dignity and respect and we are so grateful for their support.

iWantGreatCare

'I have had so much support from the Palliative team, I don't know how I would have coped. From pain patches, fortisip/juice, simple support to complicated things getting me AA benefit. I would never have coped on my own I was almost at my wit's end and what a surprise. It's amazing, I am totally supported and found a lot more confidence to cope with life. It is difficult but with the support that is available - from the team - it's liveable. Thank you all.'

iWantGreatCare

'They took the time to listen to what I had to say, and what I was worried about, to help me put things in the right frame of mind and understand what was happening to me. They did not rush what they were doing or saying which also put me at ease, they were very helpful with forms that I had to fill in as well could not praise them enough.'

iWantGreatCare

SUPPORTING THE HOSPICE TO PROVIDE CARE

Volunteers

The Hospice continues to benefit from the support of a large number and diverse range of volunteers. Volunteers not only bring their time and expertise but also their personalities and life experiences, helping to create the special atmosphere that exists within the Charity.

Volunteers work in all areas of the Hospice. These include trustees, receptionists, gardeners, lottery helpers, clothes sorters in retail distribution, ward helpers, IT volunteers, counsellors and volunteers in our kitchen to mention a few. In excess of 459 volunteers were registered with the Charity at the end of 2019/20 and gave collectively over 64,000 hours of time during the year; additionally there were many corporate and community groups who provided volunteering support through their Corporate Social Responsibility Programmes.

In total this equates to 38 full time workers for a year, or a financial donation equivalent to approximately £800,000. Compared to 2018/19 this represents a drop in volunteer hours and this drop is likely to drop again in light of the demographic profile of many volunteers in the era of COVID-19.

Nonetheless, this is a considerable contribution, not only in time or money saved but in skills and expertise, adding real value to every aspect of our work. We are proud and greatly encouraged to have such a wide range of volunteers from teenagers to people in their late 80s offering their time to the Hospice. In 2019/20 our new Young Ward Volunteers Programme and our Compassionate Neighbours Programmes were real success stories for us to build on in future.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (Continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

Throughout the COVID19 pandemic we learned a lot about engagement with new volunteers and found new ways to enable people to give their time and skills. As a result, we have identified volunteering as a priority in our Recovery and Transformation Programme, the work-stream will include a focus on recruitment of new volunteers, development of new roles and training and support for new and existing volunteers.

Income Generation

With almost two thirds of operating costs covered by voluntary income, the Hospice exists only thanks to the generosity of our donors (groups, companies and individuals), customers and legators. We are very grateful to all who supported us.

Raising the money we need to be there for more people

In 2019/20, our aim was to increase our fundraising income, so we can provide even more care and support to terminally ill people and their families across Greenwich and Bexley.

Thanks to the efforts and generosity of our incredible supporters, we raised £3,227,825.70⁶ from fundraising activity. This was a 40% increase on 2018/19 overall and an 18% increase in general donations. Thanks to the large generosity of many people who included a gift to the Hospice in their Will which amounted to £1,681,290 in the year, this year we received our largest ever legacy.

Once again, our largest fundraising event of the year was our Mini Marathon which saw 1,800 children come together in Greenwich Royal Park to run, walk or jog 2.62 miles. Thanks to these incredible children, their parents/ carers and those who sponsored them, they raised a fantastic £75,000 towards patient care.

Case Study: Running 2.62 Miles in Memory of 'Nanny Gill'

When Gill was receiving Hospice care at home in 2018, she mentioned to her nurse, Anne, that she'd love a day out at the seaside with her family but that her illness meant that she could no longer do it as she couldn't travel by car.

Anne pulled out all the stops and got to work making arrangements, pulling in favours everywhere she could. The wonderful team at SELKent Ambulance Service took Gill to Whitstable and made sure that she had everything she needed to enjoy her day by the seaside. She even managed some traditional fish and chips!

Gill and her family had a most wonderful day, all together, making memories that they will cherish for a life-time.

Last year, Gill's grandchildren Zachary, Dolcie and Lillia took part in our Mini Marathon, raising money and running an incredible 2.62 miles in their Nanny's memory. They were all fantastic and raised over £1,000 towards our work meaning that we can be here for more people who need our care.

"We loved running the Mini Marathon, even though Dolcie found it a challenge we all managed to finish it. We kept thinking about who we were raising the money for and it gave us the push we needed. The day was so much fun and we all loved the fact that we got a medal at the end which we all took into school to show in assembly. We cannot wait to run again this year!"

"Thank you to Greenwich & Bexley Community Hospice for all that you do you really are all angels!" Love Zachary, Dolcie & Lillia.'

Case Study: Giving In Memory of Carole

Michelle Collins is a very special supporter. Originally from Plumstead and now living in Blackheath, she holds a coffee morning every year in memory of her beautiful mum, Carole Muckle, who sadly died at the Hospice very suddenly in July 2012.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (Continued)

⁶ Including lottery income and legacies

ACHIEVEMENTS AND PERFORMANCE (continued)

Every year, to remember her mum, Michelle fundraises for the Hospice by inviting friends and family to join her in the garden for coffee, home-made cakes, and Mum's favourite toasted sandwiches. *"That's one of my fondest memories of Mum. When we went on holiday we'd come in off the beach and have a cuppa and a cheese and ham toastie. We always have sunshine on the day of our coffee morning. Must be mum looking down on us and making it sunny."*

This year of course a large gathering wasn't going to be possible but Michelle's clever friend had the excellent idea of a delivery service and Carole's Deliveroo was born!

Michelle told us *"I baked for 3 weeks, neglecting the housework and my family. I was exhausted and going to bed at 2am and then up again at 6am. The orders just went a bit crazy! I wanted to do another of mum's favourites as we couldn't do cheese and ham toasties. She loved afternoon tea so we offered 'afternoon tea in a box' which was really popular. One of Mum's friends organised her social group to all have afternoon tea and I actually ran out so had to pop to the shops to get some extras, but they all still insisted on donating."*

"On the day my husband and sons were out all day delivering and I kept baking – covered head to toe in flour. Luckily, I had lots of eggs, flour and sugar as my Godson works at Sainsburys and kept me well-stocked."

Last year Michelle's coffee morning hit a new record of £1,300. But this year, with her ingenuity and tons of hard work, Michelle raised a phenomenal £2,032.26! *"Greenwich & Bexley Hospice were my Mum's guardian angels in her last week. I can never thank you enough for your kindness."*

The Hospice's weekly lottery membership grew by 856 regular players thanks to a successful door to door campaign in partnership with LFS (Lottery Fundraising Services). This was a new approach to fundraising for the Hospice and well received overall by those who chose to support us in this way. The Lottery contributed £70,123 towards Hospice care.

Special support in a special year

We celebrated 25 years of Hospice care in 2019 with An open air service at the Garrison Church, Tree planting at the Hospice, thank you events for our Hospice Heroes and a very special anniversary gala dinner which brought together many of our wonderful supporters. As well as raising vital income, this event offered an opportunity for us to engage with some of our most generous business and individual donors.

We are very grateful to all our corporate and charity partners, including the Mayor and Mayoress of Royal Greenwich borough who engaged their employees, customers and business contacts in fundraising activities or supported our work through company donations or sponsorship in 2019/20.

Thanks go to all the Trusts and Foundations who contributed to our work this year. CRASH charity and the Story of Christmas combined to give us a dining room extension, which opened up our dining space and the courtyard next to it. Also thanks to the National Lottery Community Fund we were able to start a three-year community engagement project to help us reach out to and support people from the diverse communities in our locality. Other Trust funding has helped increase our specialist staff team further: a two-year grant from the Mercer's Foundation will enable us to provide a wider range of activities for patients and the Greenwich Charitable Trust have funded a specialist lung health nurse to work with patients with chronic lung disease in their homes.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (Continued)
ACHIEVEMENTS AND PERFORMANCE (continued)

Case Study: Improving Access for the Local Nepali Community

The Hospice has built links with community leaders from the local Nepali community, initially driven by our Chaplain, Rev Herbert Aparanga and more recently by Sue Cumming, our Community Development Officer (funded by the National Lottery) and Clinical Nurse Specialist Renuka Guzadhur. As a result of this work the team have given a presentation to a Nepalese community group (approximately 60 people); are developing some training for young Nepalese heritage people to help them better support their elders using our Compassionate Neighbours model and including some health advocacy training and specific information about long term conditions; and our Clinical Nurse Specialist is providing support to community leaders in their role in supporting members of their community who are dying or bereaved. Following on from this initial community development work, the Hospice has recently supported two Nepalese patients in the community. In November 2019, our chaplain attended the London Faith and Belief Awards where he was recognised as an Inspiration Individual, particularly thanks to the work he'd undertaken to build links with the Nepalese Community.

Our approach to fundraising

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

In 2019/20 we continued to make sure all our fundraising activities were compliant with regulatory standards, and started a new project aimed at improving the experience of all Hospice supporters. This included an anniversary thank-athon, with staff and Trustees calling supporters to say a big unsolicited thank you. We continue to improve the effectiveness and efficiency of our fundraising activity, monitoring return on investment and planning ways to increase this. Looking ahead, we will continue to learn from our experiences and continue to improve supporter experience.

The Hospice is registered with the Fundraising Regulator and adheres to the code of Fundraising Practice; we received 4 informal fundraising related complaints in 2019/20 (see page 17).

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

Retail – preloved items making a difference

Our Hospice shops have always offered people the chance to pick some great bargains or find unique treasures – and through that helping our Hospice to provide care for more people in our community. Over the last year **280,474** sales were made across our shop network raising over £1,949,050 for our Hospice. We saved **17,966 tonnes** from landfill through our rePurpose project in partnership with Royal Borough of Greenwich and Veolia.

Whilst these are encouraging results, the net profit did not meet our budgeted ambitions – mainly due to the impact of COVID-19 on shopping behaviours in the early stages of the pandemic.

Under the leadership of our new Director of Income Generation, the retail team's focus was on setting very strong foundations and doing everything better. We reviewed all retail operations and introduced a set of minimum standards and new, more efficient ways of working. Equally important, we invested in creating a safe and comfortable environment for our staff, volunteers and customers. The work to address historic challenges across the retail estate was paused in March 2020 due to the Government announced COVID-19 restrictions but it remains high on our list of priorities for 2020/21.

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

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
FINANCIAL REVIEW - Strategic Report

The Consolidated Statement of Financial Activities for the year ended 31 March 2020 is set out on page 32. There is a surplus reported for the year of £932,564 (2019 - £278,954 deficit).

On the General Fund there was a surplus of £740,511 for the year before transfers (2019 £344,635 deficit). There was an unprecedented level of legacies reported for the year of £1,681,290 (2019 £1,017,208) and part of this (£735,291) has been allocated to the Legacy Equalisation Fund. £292,659 was received in restricted funds throughout the year.

We had budgeted for a deficit in 2019/20 however we were delighted that our final declared results are significantly better than we had anticipated. This was largely due to legacy income increasing by 65%, general donations were up 18% whilst retail sales fell by 2%. Lottery income rose by 24% and other income rose to £423,758 because of Grants from the Government's COVID-19 Retail, Hospitality and Leisure Grant Fund Scheme which is accounted for here. In total for the year ended 31st March 2020, expenditure rose by 4%.

The surplus reported for this year has provided a much needed boost to our unrestricted reserves following several years of deficit.

In light of our anticipated deficit, we agreed an above inflation increase in our statutory income from Greenwich and Bexley CCGs as well as a planned reduction in inpatient beds at the beginning of the year. We were also successful in securing additional income to support the expansion of our hospital palliative care team to a seven-day service. The overall impact of these changes on our statutory income was an increase of 13% (to £3,781,571). NHS income was 41% of income of the Charity in 2019/20. This leaves 59% which we must raise through the generous support of individuals, businesses, charitable trusts and foundations, and community groups and organisations.

Since 2012/13 several elements of service that the Hospice provides have been designated as a *Commissioner Requested Service (CRS)* by NHS Bexley Clinical Commissioning Group. This necessitates that the Hospice maintains a licence with NHS Improvement⁷ which brings an additional level of scrutiny and regulation for the Charity. The Hospice is one of only a few Hospices nationally who have been designated as CRS and we continue to work closely with NHS Improvement to ensure that this designation works to the benefit of our beneficiaries.

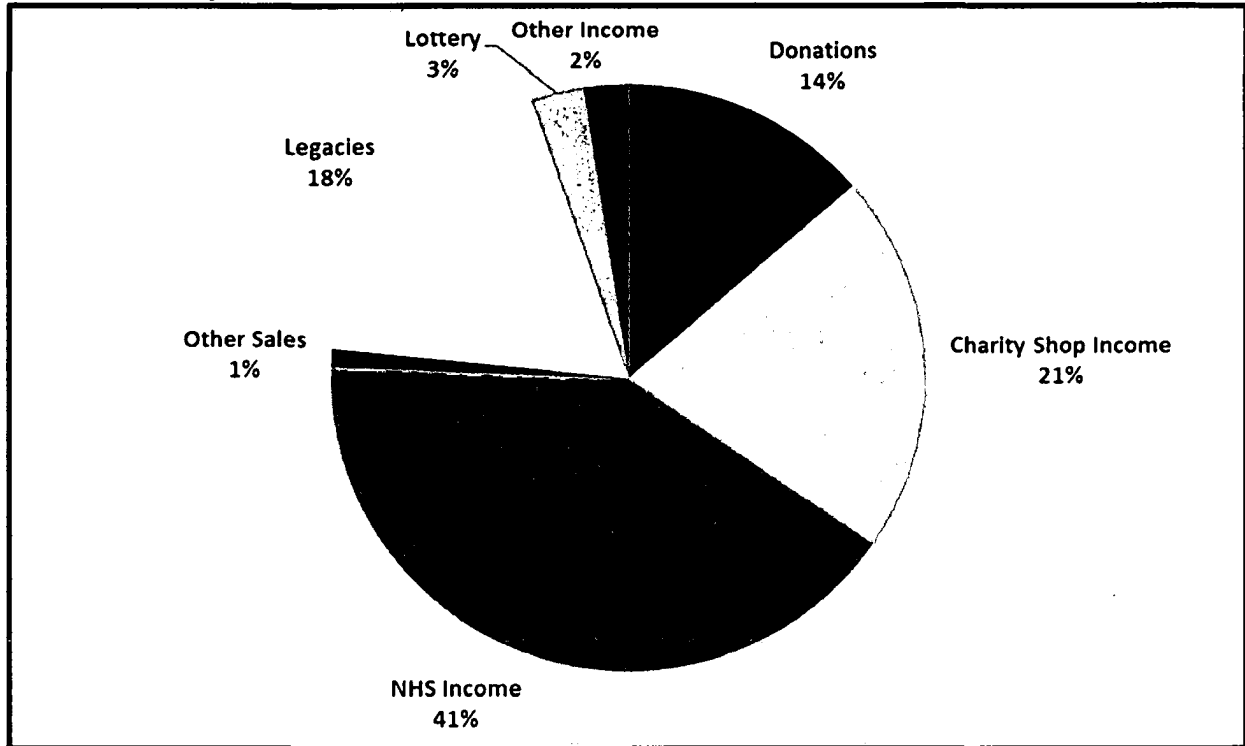
The difficult funding climate in health and social care generally, and palliative care funding in particular, continues. Despite the launch of a new currency model for specialist palliative care in 2016 and the government's response to this in 2017, minimal progress has been made towards a more realistic contribution to the costs of care for patients facing end of life. Our Greenwich contract includes a nominal activity collar, but has not led to any additional payments; we continue to report our challenges and the positive outcomes of our services/ activity volumes to Commissioners with the aim of securing additional statutory income in future.

In 2019/20 our CCGs prepared for merger across SE London and we worked with other system partners to form an integrated care system. At this stage, providers in Bexley are more open to including the Hospice in formal structures, but the COVID-19 pandemic has created more opportunities for improved collaboration in both boroughs which we look forward to for the benefit of patients. The local landscape continues to change and we are keen to work in partnership to lead the improvements needed for people facing the end of life in Greenwich & Bexley.

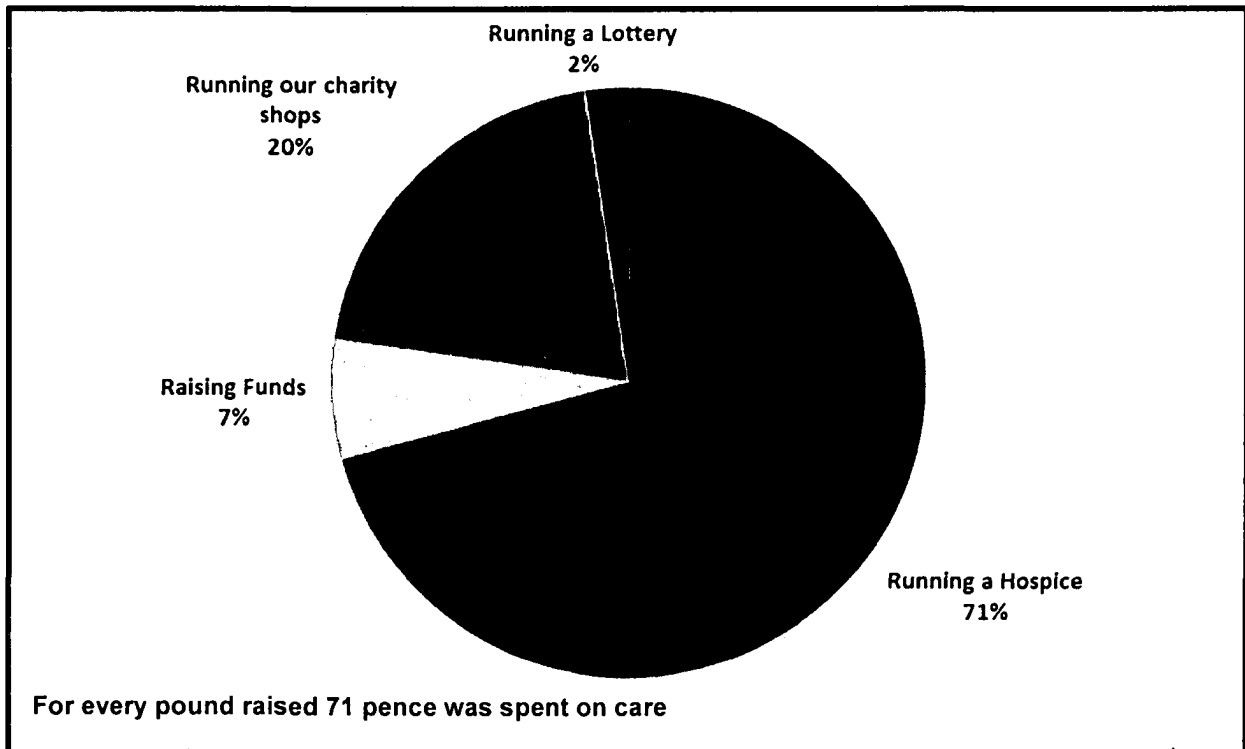
⁷ NHS Improvement (previously known as Monitor) is an executive non-departmental public body of the Department of Health. It is the sector regulator for health services in England.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (Continued)
FINANCIAL REVIEW - Strategic Report (continued)

Where our money came from in 2019/20



Where our money was spent in 2019/20



TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (Continued)
FINANCIAL REVIEW – Strategic Report (continued)

Reserves Policy

The Hospice holds reserves to create financial security and allow for the future operational development of the Hospice. The Trustees have agreed it is their intention to retain a level of free reserves (unrestricted funds not committed or invested in fixed assets) to enable the Hospice to cover its running costs for six months.

The Trustees have established a designated Fixed Assets Reserve, equivalent to the Net Book Value of Fixed Assets, in order to make the level of free reserves more transparent. As described in Note 18, the net book value of the land and buildings on which the Charity's main operations are located are included in a restricted fund. The Fixed Assets Reserve therefore represents the net book value of fixed assets other than land and buildings on which the Charity's main operations are located.

The Hospice's free reserves are represented in the accounts by the 'General Fund' and the 'Legacy Fund'. At 31 March 2020, they increased to £3,739,989 (2019 - £3,019,901), equivalent to running costs for 2019/20 of 5.3 months (2019 – 4.5 months). With the ongoing COVID-19 pandemic, the increase in reserves and operating months provides the Hospice with the financial resilience to face the future.

Our relatively healthy level of reserves have provided the charity with a degree of security as we face the financial uncertainty which has resulted from the current Coronavirus pandemic. As we plan for our future recovery and transformation (as outlined below) the Trustees will consider where it may be necessary to invest the charity's reserves in the medium term and how we might rebuild reserves to ensure our ongoing sustainability and impact.

Investment powers, policy and performance

The Investment Committee is in place to monitor the investments under the powers laid down in the Memorandum and Articles of Association. The primary objective of the investment policy is to provide financial security and stability for the operation of the Greenwich & Bexley Community Hospice. Our funds placed with Rathbones are now valued at £699,179 (2019 - £755,337) having been depressed at year end due to uncertainty in the markets resulting from the Coronavirus Pandemic, post year end the value of these investments has recovered somewhat to £755,692 at the time of signing the accounts (14th October 2020).

PLANS FOR THE FUTURE - Strategic Report

Having conducted a detailed exercise to plan for the next 3 years in 2019, we were about to finalise a new Hospice strategy and plan for a new governance structure. The Coronavirus Pandemic struck and we were faced with a level of uncertainty like never before. Overnight we had to make changes to our operations and our charitable income was slashed; the staff team and Board of Trustees worked together to maintain essential operations and to generate income from new sources.

As a result of the pandemic, we have seen unprecedented change in our own organisation, across the health and social care system and throughout society. Whilst this has had its challenges, there are some definite opportunities which the Hospice will capitalise on to sustain and strengthen our charity and the services we provide. It would be a missed opportunity to simply return to life as it was pre-COVID-19, and the Board have agreed that we should use this experience as a catalyst for positive change in our Hospice.

We continue to be uncertain about the future with regard to the Coronavirus pandemic and the prevalence of COVID-19. Although the Hospice and the wider system are planning for the recovery phase of the pandemic, almost everyone is also anticipating a second wave at some point. This likely future also includes an increased need for palliative and end of life care services with anticipated increases of cancer deaths in the future, because of delays in treatment and a reluctance of the public to attend hospital appointments.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
PLANS FOR THE FUTURE - Strategic Report (continued)

The local Greenwich and Bexley plan includes end of life as key to the COVID-19 pathway as well as end of life and bereavement being seen as everyone's responsibility in the post-COVID world, additional capacity is being maintained across the system with a focus on 'home first' and 'virtual by default'. The Hospice is ideally placed to take a leadership position to try to keep end of life care at the top of the agenda.

We agreed that a long term plan is not appropriate at present because of the uncertain future, and so instead we have developed a 12-15 month **Recovery and Transformation Programme** for the Hospice. This work will help us during a time of significant, residual uncertainty, to make progress towards achieving our vision, respond to opportunities and become more resilient to future threats. It will also help us to shape and develop our longer-term strategy. The programme focuses on seven priority areas, identified and crystallised through the COVID-19 experience and will begin in September 2020.

Through the priorities outlined below we aim to maintain and strengthen our corporate, financial and operational resilience to ensure that we remain effective and relevant within the post COVID-19 world. Once established, each priority work stream will clarify their detailed objectives, the outcomes they want to see and the timescales within which they anticipate delivering them.

Technology has enabled a number of significant changes to the way we work during the pandemic, and will therefore be key in our thinking to respond to our priorities. A number of work streams will need to look at technological opportunities and solutions and will need to involve specific expertise as they progress.

Our priorities are:

1. Service Transformation
2. Refreshing Volunteering
3. Staff Wellbeing and Development
4. Diversity and Inclusion
5. Retail and Commercial Development
6. Fundraising Development
7. Stakeholder Engagement

Operating under similar terms of reference for each group, each work stream will develop clear objectives and KPIs to report against.

The Recovery and Transformation Programme and the work streams above will be overseen by the **Recovery and Transformation Programme Board (RTPB)** which will act as a sub-committee of the Hospice Board for the next 15 months.

Each work stream will set transformation priorities, learning from the experience of the Coronavirus Pandemic and the changes that the Hospice should be planning now, regardless of the future path of the pandemic. This will include learning from reviews already conducted internally which have asked what we should **stop** doing, **keep** doing or **start** doing, from now on.

The remit of the RTPB will include reviewing and discussing the findings and recommendations of the sub-groups as well as identifying future oversight and assurance requirements to be incorporated in the new governance framework. The RTPB will scrutinise work stream proposals before making recommendations to other relevant sub-committees and/or the Hospice Board.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT

Greenwich & Bexley Community Hospice Limited is a company limited by guarantee and not having a share capital is governed by its Memorandum and Articles of Association dated 15th September 1992 and amended to meet the developing needs of the Charity on 15th January 1993, 8th January 2001, 10th July 2006 and 8th June 2012. The Members' liability is limited. Every Member of the Company undertakes to contribute up to £1 to the assets of the company in the event of it being wound up. It is a registered Charity with the Charity Commission (No 1017406). The number of Members of the Company is limited to 50, of whom Gerald Christopher Peters shall be entitled to life membership of the company. Present membership is 14. Every person desirous of becoming a Member must sign and deliver to the Company an application for membership. The sole right to membership is vested in the committee (Board of Management – see below) who may, without showing cause, refuse to admit any application to membership.

Board of Management

The business of the Charity is managed by a Board of Management (the Trustees) and its membership comes from within the Members of the Company. It is an objective to have members on the Board of Management whose skills and expertise complement the needs and aspirations of the workings of a Hospice and its business. Current membership of the Board of Management is 9 and the Articles of Association determine a minimum of four and a maximum of 12.

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

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

In February 2019, our new Chair conducted a Trustee skills audit with a view to recruiting 3 new Trustees. This recruitment was delayed due to COVID-19, but will be prioritised in 2020. It was agreed that as well as recruiting new Trustees to fill a number of skills gaps, the Hospice should actively seek to address the lack of diversity on our Board.

Trustee induction and ongoing training

New Trustees undergo an orientation to brief them on their role and the various aspects of the Hospice service and to brief them on their legal obligations under Charity and company law, the content of the Memorandum and Articles of Association, the committee and decision making process, the business plan and recent financial performance of the Charity.

Trustees are encouraged to attend appropriate external training events which will develop them to better undertake their role. In 2019/20 the following external training was attended by Trustees:

Hospice UK Annual Conference
Board Leadership Stage 1 – High Performing Boards
BVSC and 'Getting on Board'- How to Recruit Trustees for your Charity
Forum of Independent Hospice Chairs Group Meetings

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

Organisation

In 2019/20 the Board met monthly and had a number of sub-committees with specific responsibilities: Quality & Safety Committee, Finance Committee, Voluntary Income Generation Committee, Investment Committee, Information Governance Committee and Remuneration Committee.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

The Board, along with the senior management of the company have an "Away Day" to discuss future strategic developments of the Hospice and its services. The Chief Executive manages the day-to-day operations of the Hospice and leads its Strategic Development. To facilitate effective operations, the Chief Executive has delegated authority, within a scheme of delegation approved by the Trustees, for matters including finance, employment, fundraising and Care Quality Commission registration.

The Chair coordinated a review of governance in 2019/20 that recommended a number of changes; however these were delayed due to COVID-19.

At the start of the pandemic, we implemented an emergency governance structure. This continued monthly board and finance committee meetings, held virtually rather than face to face, more frequent written reports to board by the Chief Executive, weekly cash flow review meetings with the Chair, Treasurer, Chief Executive and Associate Director of Finance and standing down the other regular governance sub committees.

We established a twice-weekly pandemic group including operational and senior management leads and we kept a specific risk register for COVID-19; a detailed report was produced for the Emergency Board covering all areas of the Hospice.

Regulatory Framework

The Hospice is registered with the Care Quality Commission to enable it to operate as a Hospice. Ellen Tumelty, Modern Matron for Inpatient Services is currently the Registered Manager and Kate Heaps, is the Responsible Person. The Hospice maintains a schedule of compliance with the relevant Statutory Regulations and may be inspected by the Care Quality Commission twice annually, by announced and/or unannounced inspection. The Hospice was inspected in the autumn of 2016 and received an overall 'Good' rating, with 'Outstanding' for the Responsiveness domain. The Hospice produces a "Quality Account" for 2019/20; this will be submitted to NHS Improvement in October 2020⁸.

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

Related parties

The Hospice has close relationships with NHS Greenwich and NHS Bexley which both support the Charity's work including a significant financial contribution. Close working relationships exist with other health care providers within the community in particular, Lewisham & Greenwich NHS Trust, Oxleas NHS Foundation Trust, Marie Curie, St Christopher's Hospice and Darent Valley Hospital NHS Trust. The Hospice has a developing formal relationship with seven other charities in Bexley as a part of a consortium (Age UK Bexley, Bexley Carers, SE London Crossroads, Inspire Community Trust, Bexley Mencap, MIND in Bexley and Bexley Voluntary Services Council); the Hospice is also represented by the Chief Executive on the Local Care Network Programme Board in Bexley.

The Hospice has two wholly owned subsidiary companies – GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. Details of their activities are highlighted in note 11 of these accounts.

The Hospice has a Remuneration Committee which reviews and sets the remuneration of the Chief Executive and Senior Management Team (key management personnel) based on appropriate market rates and other parameters on at least an annual basis.

⁸ Available via the Hospice website www.communityhospice.org.uk

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Risk Management - Strategic Report

The Trustees implement a Risk Management Strategy which comprises of:

- A regular review of the Charity's Corporate Risk Register and Risk Management Framework (RMF)
- The establishment of systems and procedures to mitigate those risks identified in the register and RMF
- The implementation of procedures designed to minimise any potential impact on the Charity should those risks materialise

The Trustees review the financial accounts on a monthly basis and constantly review the level of reserves which it is felt prudent should be held.

The top 3 risks as identified by the Finance Committee are outlined in the table below:

Risk	Mitigation
1. Financial Uncertainty created by the COVID-19 Pandemic	The Board and Management Team invoked the Business Continuity Plan as well as introducing a schedule of regular meetings to focus on the emergency. We continue to closely monitor Income, Expenditure and Cash flow, reviewing our forecast on a monthly basis and have reworked our fundraising plan; retail network operational again post lockdown. We are negotiating with Commissioners about additional resources to support our work through COVID-19. We have developed a Recovery and Transformation Programme to plan for the future and implement further changes to respond to COVID-19.
2. Additional Workload and clinical risks created by the COVID-19 Pandemic	The Board and Management Team invoked the Business Continuity Plan as well as introducing a schedule of regular meetings to focus on the emergency. We continue to review activity and staffing, redeploying staff to the areas of greatest need and prioritising patients accordingly. We have recruited bank staff to provide flexibility and have identified new ways of working to enable us to meet increased need. Staff are regularly swab tested for COVID-19 and all necessary infection control procedures and social distancing is in place. We have developed a Recovery and Transformation Programme to plan for the future and implement further changes to respond to COVID-19.
3. Recruitment and Retention challenges in nursing and general clinical workforce	Investment in existing workforce to enable development and career progression within the organisation. Succession planning for staff approaching retirement/ being promoted. Competitive salary and terms and conditions of employment commensurate with NHS comparators. Increasing placement capacity and exposure to undergraduate nurses in training. Delivery of education to external organisations and good communication about Hospice opportunities.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2020 (continued)
TRUSTEES' RESPONSIBILITIES IN RELATION TO THE FINANCIAL STATEMENTS

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

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

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

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the Group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

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

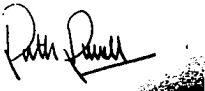
As the Directors of the company we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

Auditors

A resolution will be proposed at the Annual General Meeting that haysmacintyre be reappointed as auditors to the charity for the ensuing year.

By Order of the Trustees

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



.....
Mrs Ruth Russell
Chair

14th October 2020

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

Opinion

We have audited the financial statements of Greenwich & Bexley Community Hospice Limited for the year ended 31 March 2020 which comprise Consolidated Statement of Financial Activities, the Group and Parent Charitable Company 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 2020 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.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 29 the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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.

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the parent charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

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

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

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' Annual Report (which incorporates the strategic report and the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Trustees' Annual Report (which incorporates the strategic report and the directors' report) has 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' Annual 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 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.

Use of 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.



Anna Bennett (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP, Statutory Auditors
19 October 2020

10 Queen Street Place
London
EC4R 1AG

Greenwich & Bexley Community Hospice

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

	Notes	Unrestricted Funds General £	Designated £	Restricted Funds £	2020 £	2019 £
INCOME FROM:						
Donations and Legacies:	2					
Voluntary Income						
General donations		986,028		292,659	1,278,687	1,082,732
Charity shop donations		175,680			175,680	211,766
Legacies		1,681,290			1,681,290	1,017,208
Charitable activities:	3					
Operating a Hospice		3,781,571			3,781,571	3,351,338
Other trading activities:						
Charity shop income		1,773,370			1,773,370	1,779,616
Lottery income		267,837			267,837	215,192
Other sales income	4	100,011			100,011	97,300
Rental income		9,562			9,562	9,939
Investment:		29,757			29,757	6,831
Other income:		356,646			356,646	36,431
Total Income		<u>9,161,752</u>	<u>-</u>	<u>292,659</u>	<u>9,454,411</u>	<u>7,808,353</u>
EXPENDITURE ON:						
Raising funds:						
Fundraising and marketing costs		552,501			552,501	494,148
Charity shop expenditure		1,719,034			1,719,034	1,618,568
Lottery expenditure		197,714			197,714	162,528
Charitable activities:						
Operating a Hospice						
Clinical expenses		5,879,774		100,606	5,980,380	5,817,400
Total Expenditure	5	<u>8,349,023</u>	<u>-</u>	<u>100,606</u>	<u>8,449,629</u>	<u>8,092,644</u>
Net (losses)/gains on investments	10	<u>(72,218)</u>	<u>-</u>	<u>-</u>	<u>(72,218)</u>	<u>5,337</u>
Net income/(expenditure)		<u>740,511</u>	<u>-</u>	<u>192,053</u>	<u>932,564</u>	<u>(278,954)</u>
Transfers between funds	16	<u>(760,443)</u>	<u>771,482</u>	<u>(11,039)</u>	<u>-</u>	<u>-</u>
Net movement in funds		<u>(19,932)</u>	<u>771,482</u>	<u>181,014</u>	<u>932,564</u>	<u>(278,954)</u>
BALANCE BROUGHT FORWARD at 1/4/19		<u>2,069,152</u>	<u>1,180,235</u>	<u>6,012,678</u>	<u>9,262,065</u>	<u>9,541,019</u>
BALANCE CARRIED FORWARD at 31/3/20		<u>2,049,220</u>	<u>1,951,717</u>	<u>6,193,692</u>	<u>10,194,629</u>	<u>9,262,065</u>

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

The accompanying notes form part of these financial statements.

Full comparative figures for the year ended 31 March 2019 are shown in note 24.

Greenwich & Bexley Community Hospice

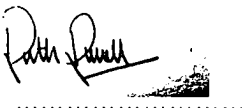
COMPANY NUMBER: 2747475

CONSOLIDATED AND CHARITY BALANCE SHEETS As at 31 March 2020

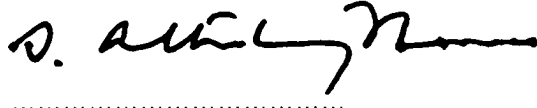
	Notes	The Group		The Charity	
		2020 £	2019 £	2020 £	2019 £
FIXED ASSETS					
Tangible assets	10	6,261,162	6,189,053	6,260,239	6,183,424
Investments	10	699,852	755,337	700,854	756,339
		<u>6,961,014</u>	<u>6,944,390</u>	<u>6,961,093</u>	<u>6,939,763</u>
CURRENT ASSETS					
Stocks	11	9,446	11,566	-	-
Debtors	12	2,449,198	1,016,052	2,614,163	1,168,309
Cash on deposit, at bank and in hand		1,444,403	1,858,261	1,184,559	1,617,258
		<u>3,903,047</u>	<u>2,885,879</u>	<u>3,798,722</u>	<u>2,785,567</u>
CURRENT LIABILITIES					
CREDITORS: Amounts falling due within one year	13	(669,432)	(568,204)	(565,186)	(463,265)
NET CURRENT ASSETS		<u>3,233,615</u>	<u>2,317,675</u>	<u>3,233,536</u>	<u>2,322,302</u>
NET ASSETS		<u>10,194,629</u>	<u>9,262,065</u>	<u>10,194,629</u>	<u>9,262,065</u>
FUNDS					
UNRESTRICTED FUNDS:					
General Fund		2,049,220	2,069,152	2,049,220	2,069,152
Designated Funds					
Fixed Assets Fund		260,048	223,857	260,048	223,858
Legacy Fund		1,691,669	956,378	1,691,669	956,377
RESTRICTED FUNDS:					
Property Fund		6,000,191	5,959,567	6,000,191	5,959,567
Others		193,501	53,111	193,501	53,111
	16	<u>10,194,629</u>	<u>9,262,065</u>	<u>10,194,629</u>	<u>9,262,065</u>

The financial statements were approved and authorised for issue by the Board of Directors on 14th October 2020 and were signed below on its behalf by:

Mrs Ruth Russell - Director



David Atterbury Thomas - Director



The accompanying notes form part of these financial statements.

The net income for the charity only for the year is £932,564 (2019: net expenditure of £278,954)

**CONSOLIDATED CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 MARCH 2020**

	Notes	2020 £	2019 £
CASH FLOWS FROM OPERATING ACTIVITIES	A	(175,846)	(63,759)
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received		5,979	6,831
Payments to acquire fixed assets		(243,991)	(151,976)
Disposal of fixed assets		-	2,000
Purchase of investments		-	(750,000)
CASH PROVIDED / (USED IN) INVESTING ACTIVITIES		(238,012)	(893,145)
INCREASE/ (DECREASE) IN CASH IN THE YEAR		(413,858)	(956,904)
Cash and cash equivalents at the beginning of the year		1,858,261	2,815,165
TOTAL CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR		1,444,403	1,858,261

NOTES TO THE CONSOLIDATED CASH FLOW STATEMENT

A. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES	2020 £	2019 £
Net income	932,564	(278,954)
Depreciation charge	171,882	153,330
Profit on disposal of fixed assets	-	(2,000)
Gains/ (Losses) on Investments	55,485	(5,337)
Decrease in stock	2,120	3,450
(Increase)/Decrease in debtors	(1,433,147)	176,424
(Decrease)/Increase in creditors	101,229	(103,841)
Interest received	(5,979)	(6,831)
Net cash used in operating activities	(175,846)	(63,759)

NOTES TO THE FINANCIAL STATEMENTS

1. ACCOUNTING POLICIES

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

Statement of compliance

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

General information

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

Preparation of accounts on a going concern basis

Impact of COVID-19 on our business

The COVID-19 in the UK is part of the worldwide pandemic which has generated an economic tsunami, demonstrating the inherent volatility to the revenue income, which is expected to have an impact on the results for the forthcoming year. However, the extent of this impact is currently unknown. On the 23rd March 2020, central government introduced restrictions and a lockdown.

Operational/ Financial Impact.

With the introduction of social distancing rules, a significant number of staff were required to work from home. The inpatient unit was segregated from the rest of the Hospice building. The Group furloughed 46 members of staff. There was an increase in the use of PPE and the purchase of cleaning materials.

On the 23rd March 2020, all our shops were closed which has impacted the retail revenue i.e. there was no significant income for 3 months. We lost approximately £500k in sales and were unable to take in donated goods. Many fundraising activities were either cancelled or postponed which also led to a loss in income to the tune of £117k.

In response to the above, the entity has in place or has taken the following actions:

- We successfully sought rent relief holidays from some of our shop landlords
- We applied for rates holiday from our local authorities (£27.5k)
- We moved our fundraising events to virtual and postponed some events to later in the year
- We launched an emergency appeal (raising more than £420k inclusive of Gift Aid to date and including significant funding from trusts and foundations)
- We have now reopened most of our shops and already they are making a significant contribution
- We applied to the Job retention scheme (£177k claimed to date)
- We claimed grants from the Retail, Leisure and Hospitality Grants Scheme (£310k reflected in 19/20 accounts)
- We claimed Hospice Emergency funding from NHs England (£612k)
- We launched an e-commerce initiative
- We claimed additional COVID-19 funding from the NHS
- We restricted unnecessary spend
- We accessed FOC PPE through NHS Supply chain
- The NHS is paying their invoices early to aid our cash flow

NOTES TO THE FINANCIAL STATEMENTS (continued)

1. ACCOUNTING POLICIES (continued)

In addition:

- We have free reserves of £3.7m and have liquid funds of more than £3.5m in our bank accounts
- We ascertained we are able to borrow money from our bank if we need additional cash for working capital
- We are able to liquidate the investment portfolio if necessary.
- The results for the latest I & E Forecast are not materially different from the budgeted position.

Based on the plans and measures described above, the Trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern. The review of our financial position, reserves levels and future plans gives Trustees confidence the charity remains a going concern for the foreseeable future.

Consolidation

The group financial statements consolidate the financial statements of the charitable company and its wholly owned subsidiaries, GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. A separate Statement of Financial Activities and Income and Expenditure Account for the charity has not been presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006. The surplus of the parent charity was £932,564 (2019: £278,954 deficit). The registered office for both GBCH Trading Limited and Greenwich & Bexley Community Hospice Limited is 185 Bostall Hill, London, SE2 0GB. Uniform accounting policies have been applied.

Income recognition

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

Donations and legacies

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

Gifts in kind

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

Grants

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

The group recognised £310,000 from the Retail, Hospitality and Leisure Grant Fund Scheme announced in March 2020 as part of the government's COVID-19 emergency response, having received the cash in April 2020. This income has been included in full in the 31 March 2020 financial statements as the charity met the three income criteria of entitlement, measurement and probability at this date.

Income from charitable activities

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

1. ACCOUNTING POLICIES (continued)

Other Income

Income received from Pension recovery, room hire, furlough refunds and grants from the retail, hospitality and leisure grant fund scheme are included in other income. In 2019/20 £310,000 was received from retail, hospitality and leisure grants.

Investment income

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

Expenditure

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

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

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

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

Allocation of costs

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

Fixed assets

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

Freehold buildings	1% straight line
Fixture, Fittings and equipment	33⅓% and 10% straight line
Motor vehicles	25% straight line

Donated assets are included at value on the date received.

Investments

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

Stocks

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

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

Financial instruments

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

1. ACCOUNTING POLICIES (continued)

Creditors and provisions

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

Debtors

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

Cash at bank and in hand

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

Operating leases

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

Funds

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

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

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

Estimates and judgements

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

Legacies are recognised when the following conditions are confirmed:

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

1. ACCOUNTING POLICIES (continued)

Employee benefits

Short term benefits

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

Employee termination benefits

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

Pension scheme

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

2. DONATIONS AND LEGACIES

	2020	2019
	Total	Total
	£	£
Donations	1,454,367	1,294,498
Legacies	1,681,290	1,017,208
	<u>3,135,657</u>	<u>2,311,706</u>

3. INCOME FROM CHARITABLE ACTIVITIES

Operating a Hospice - NHS income

£	£
<u>3,781,571</u>	<u>3,351,338</u>

4. OTHER SALES INCOME

	2020	2019
	£	£
Catering Income	25,842	25,250
Training Income	74,169	72,050
	<u>100,011</u>	<u>97,300</u>

NOTES TO THE FINANCIAL STATEMENTS (continued)

ANALYSIS OF GROUP EXPENDITURE
5a Direct and Support costs

	Direct costs £	Support costs £	Total 2020 £
Raising Funds			
Fundraising and marketing costs	482,584	69,917	552,501
Charity shop expenditure	1,684,528	34,506	1,719,034
Lottery expenditure	194,144	3,570	197,714
Charitable activities			
<i>Operating a Hospice</i>			
Clinical expenses	5,234,297	746,083	5,980,380
	<u>7,595,553</u>	<u>854,076</u>	<u>8,449,629</u>
Expenditure			

Direct and Support costs

	Direct costs £	Support costs £	Total 2019 £
Raising Funds			
Fundraising and marketing costs	425,002	69,146	494,148
Charity shop expenditure	1,607,024	11,544	1,618,568
Lottery expenditure	159,228	3,300	162,528
Charitable activities			
<i>Operating a Hospice</i>			
Clinical expenses	5,033,530	783,870	5,817,400
	<u>7,224,784</u>	<u>867,860</u>	<u>8,092,644</u>
Expenditure			

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

5b.

Support costs	Administration	Finance and IT	Office Costs	Governance	Total
	£	£	£	£	2020 £
Raising funds					
Fundraising and marketing costs	11,817	44,658	9,622	3,820	69,917
Charity shop expenditure	30,281	4,225			34,506
Lottery expenditure		3,570			3,570
 Clinical expenses	 138,383	 482,256	 98,436	 27,008	 745,083
	<u>180,481</u>	<u>534,709</u>	<u>108,058</u>	<u>30,828</u>	<u>854,076</u>

Support costs	Administration	Finance and IT	Office Costs	Governance	Total
	£	£	£	£	2019 £
Raising funds					
Fundraising and marketing costs	12,855	42,511	10,765	3,015	69,146
Charity shop expenditure	7,594	3,950			11,544
Lottery expenditure		3,300			3,300
 Clinical expenses	 155,619	 484,860	 117,550	 25,841	 783,870
	<u>176,068</u>	<u>534,621</u>	<u>128,315</u>	<u>28,856</u>	<u>867,860</u>

5c Governance costs include:

	2020 £	2019 £
Staff costs	30,828	28,856
Auditor's remuneration:		
- Audit work	10,000	9,000
- Other services	5,350	-
	<u>46,178</u>	<u>37,856</u>

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

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

6. Employees

	The Group		The Charity	
	2020	2019	2020	2019
	Number	Number	Number	Number
Average number of employees, excluding Directors	179	183	132	139
Full time equivalent figures	149	152	107	112
Staff costs consisted of:	2020	2019	2020	2019
	£	£	£	£
Salaries	4,788,908	4,680,298	3,807,388	3,817,573
Social security costs	459,749	440,928	383,652	373,218
Other pension costs	345,343	300,129	302,587	273,654
Redundancy payments	-	30,000	-	30,000
	<u>5,594,000</u>	<u>5,451,355</u>	<u>4,493,627</u>	<u>4,494,445</u>
Agency	64,101	62,915	62,151	62,915
Medical services	322,828	271,998	322,828	271,998
	<u>5,980,929</u>	<u>5,786,268</u>	<u>4,878,606</u>	<u>4,829,358</u>

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

	2020	2019
£60,000 - £69,999	1	3
£70,000 - £79,999	2	1
£90,000 - £99,999	1	1
	<u>4</u>	<u>5</u>

Of these, 4 employees are accruing pension contributions totalling £29,017 (2019: 5 employees, accruing £30,095).

The total employee benefits of the key management personnel of the Group were £427,790 (2019: £397,726). Of this, £400,718 (2019: £390,311) relates to the key management personnel of the charity.

7. TRUSTEES REMUNERATION AND EXPENSES

Expenses were reimbursed to no trustees in the current year. (2019: £Nil). No Trustee received remuneration in the current or prior year.

NOTES TO THE FINANCIAL STATEMENTS (continued)

8. NET INCOME

	2020 £	2019 £
The net income is stated after charging:		
Auditors remuneration (excluding VAT)		
- For audit	14,200	12,800
- For tax compliant services	4,800	4,550
Depreciation	171,882	153,330
	<u>171,882</u>	<u>153,330</u>

9. TANGIBLE ASSETS - GROUP

	Freehold Land & Buildings	Equipment Furniture & Fittings	Motor Vehicles	Charity Total	Subsidiary Furniture, Equipment & Vehicles	Group Total
	£	£	£	£	£	£
Cost or valuation						
At 1 April 2019	6,804,695	1,841,877	95,596	8,742,168	266,930	9,009,098
Additions	108,951	135,040	-	243,991	-	243,991
Disposals	-	-	-	-	(83,719)	(83,719)
At 31 March 2020	6,913,646	1,976,917	95,596	8,986,159	183,211	9,169,370
Depreciation						
At 1 April 2019	845,128	1,640,234	73,382	2,558,744	261,301	2,820,045
Provided for the year	68,327	91,701	7,148	167,176	4,706	171,882
Disposals	-	-	-	-	(83,719)	(83,719)
At 31 March 2020	913,455	1,731,935	80,530	2,725,920	182,288	2,908,208
Net Book Value						
At 31 March 2020	6,000,191	244,982	15,066	6,260,239	923	6,261,162
At 31 March 2019	5,959,567	201,643	22,214	6,183,424	5,629	6,189,053

NOTES TO THE FINANCIAL STATEMENTS (continued)

10. FIXED ASSET INVESTMENTS

	2020 £	2019 £
Charity:		
Shares in subsidiary companies at cost	1,002	1,002
Listed Investments	699,852	755,337
	<u>700,854</u>	<u>756,539</u>
At 31 March 2020	<u>700,854</u>	<u>756,539</u>

The historical cost of listed investments at 31 March 2020 was £750,000 (2019: £750,000).

	2020 £	2019 £
At 1 April 2019	755,337	750,000
Additions	-	-
Disposals	-	-
Gain/ (loss) on investment	(55,485)	5,337
	<u>699,852</u>	<u>755,337</u>
At 31 March 2020	<u>699,852</u>	<u>755,337</u>

	2020 £	2019 £
Investment in subsidiary undertakings		
Cost and Director's valuation		
GBCH Trading Limited	1,000	1,000
Greenwich & Bexley Community Hospice Lottery Ltd	2	2
	<u>1,002</u>	<u>1,002</u>
At 31 March 2020	<u>1,002</u>	<u>1,002</u>

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

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

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

10. FIXED ASSET INVESTMENTS (continued)

	2020 £	2019 £
GBCH Trading Limited		
Turnover	1,773,370	1,779,616
Cost of sales	(10,767)	(19,001)
	<u>1,762,603</u>	<u>1,760,615</u>
Gross profit	1,762,603	1,760,615
Administrative expenses	(1,708,268)	((1,599,568)
	<u>54,335</u>	<u>161,047</u>
Operating (loss)/profit	54,335	161,047
Other Income	13,751	1,478
	<u>68,086</u>	<u>162,525</u>
Corporation Tax	68,086	162,525
Distribution to Parent Charity	(13,505)	-
	<u>-</u>	<u>(162,525)</u>
Retained in subsidiary	<u>54,581</u>	<u>-</u>

The assets and liabilities of the subsidiary were:

Fixed assets	923	5,629
Current assets	469,674	426,161
Current liabilities	(415,016)	(430,790)
Total net assets	<u>55,481</u>	<u>1,000</u>
Aggregate share capital and reserves	<u>55,481</u>	<u>1,000</u>

The net assets of the subsidiary as at 31 March 2020 were £1,000 (2019: £1,000).

Greenwich & Bexley Community Hospice Lottery Limited

	2020 £	2019 £
Turnover	267,837	215,192
Cost of sales	(69,064)	(73,886)
	<u>198,773</u>	<u>141,306</u>
Gross profit	198,773	141,306
Administrative expenses	(128,650)	(88,642)
Operating profit	<u>70,123</u>	<u>52,664</u>
	<u>70,123</u>	<u>52,664</u>
Distribution to parent charity	(70,123)	(52,664)
	<u>-</u>	<u>-</u>
Retained in subsidiary	<u>-</u>	<u>-</u>
The current assets and liabilities of the subsidiary were:		
Current assets	108,026	83,628
Current liabilities	(108,024)	(83,626)
Total net assets	<u>2</u>	<u>2</u>
Aggregate share capital and reserves	<u>2</u>	<u>2</u>

The net assets of the subsidiary as at 31 March 2020 were £2 (2019: £2).

NOTES TO THE FINANCIAL STATEMENTS (continued)

11. STOCKS

	The Group		The Charity	
	2020	2019	2020	2019
	£	£	£	£
Materials	9,446	11,566	-	-

12. DEBTORS

	The Group		The Charity	
	2020	2019	2020	2019
	£	£	£	£
Trade debtors	105,019	53,230	104,877	52,917
Prepayments	227,466	210,770	82,668	60,164
Legacies	1,566,065	543,603	1,566,065	543,603
Other accrued income	164,451	138,679	15,385	33,533
Hospitality, Retail and Leisure Grants	310,000	-	310,000	-
Other debtors	76,197	69,770	61,955	68,770
Amounts due from subsidiaries	-	-	473,213	409,322
	<u>2,449,198</u>	<u>1,016,052</u>	<u>2,614,163</u>	<u>1,168,309</u>

13. CREDITORS: amounts falling due within one year

	The Group		The Charity	
	2020	2019	2020	2019
	£	£	£	£
Trade creditors	319,687	178,725	302,523	133,724
Other taxes and social security	119,423	114,525	119,423	114,525
Accruals	106,882	122,426	42,337	82,136
Other Creditors	49,198	42,100	49,198	41,957
Amounts due to subsidiaries	-	-	-	-
Deferred income (note 15).	74,242	110,428	51,705	90,923
	<u>669,432</u>	<u>568,204</u>	<u>565,186</u>	<u>463,265</u>

14. FINANCIAL INSTRUMENTS

	The Group		The Charity	
	2020	2019	2020	2019
	£	£	£	£
Financial assets at amortised cost (includes trade debtors, legacies, accrued income, other debtors and amounts due from subsidiaries).	<u>4,365,987</u>	<u>3,313,734</u>	<u>4,415,906</u>	<u>3,480,739</u>
Financial liabilities at amortised cost (includes trade creditors, other taxes and social security, other creditors and amounts due to the subsidiaries).	<u>439,110</u>	<u>293,249</u>	<u>421,947</u>	<u>248,249</u>

NOTES TO THE FINANCIAL STATEMENTS (continued)

15. ANALYSIS OF DEFERRED INCOME

	Group		Charity	
	2020	2019	2020	2019
	£	£	£	£
Deferred income at 1 April	110,428	140,488	90,923	122,377
Applied during the year	22,538	19,505	-	-
Released during the year	(58,724)	(49,565)	(39,218)	(31,454)
Deferred income at 31 March	<u>74,242</u>	<u>110,428</u>	<u>51,705</u>	<u>90,923</u>

**16. STATEMENT OF FUNDS
(2020)**

	At 1/4/19	Income	Expenditure	Transfers & Gains	At 31/3/20
	£	£	£	£	£
Unrestricted Funds					
General Fund	2,069,152	9,161,752	(8,349,023)	(832,661)	2,049,220
Designated:					
Fixed Assets Fund	223,857			36,191	260,048
Legacy Equalisation Fund	956,378			735,291	1,691,669
Restricted Funds					
Donations	53,111	292,659	(100,606)	(51,663)	193,501
Property Fund	5,959,567			40,624	6,000,191
Group Total	<u>9,262,065</u>	<u>9,454,411</u>	<u>(8,449,629)</u>	<u>(72,218)</u>	<u>10,194,629</u>

**STATEMENT OF FUNDS
(2019)**

	At 1/4/18	Income	Expenditure	Transfers	At 31/3/19
	£	£	£	£	£
Unrestricted Funds					
General Fund	2,469,548	5,641,480	(5,991,452)	(50,424)	2,069,152
Designated:					
Fixed Assets Fund	207,413	-	-	16,444	223,857
Legacy Equalisation Fund	809,169	-	-	147,209	956,378
Restricted Funds					
Donations	85,425	172,065	(106,384)	(97,995)	53,111
Property Fund	5,969,464	-	-	(9,897)	5,959,567
Charity Total	<u>9,541,019</u>	<u>5,813,545</u>	<u>(6,097,836)</u>	<u>5,337</u>	<u>9,262,065</u>
Subsidiaries reserves	-	1,994,808	(1,994,808)	-	-
Group Total	<u>9,541,019</u>	<u>7,808,353</u>	<u>(8,092,644)</u>	<u>5,337</u>	<u>9,262,065</u>

NOTES TO THE FINANCIAL STATEMENTS (continued)

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

Fixed Assets Fund

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

Legacy Equalisation Fund

In 2016/17 the Trustees created a Legacy Equalisation Fund taking advantage of the record legacy income in that year. The fund was established to be used to moderate the fluctuating nature of legacy income by allocating any annual excess of legacy income received over the ten year average legacy income to the Equalisation Fund and to release funds back to the General Fund in years where the legacy income falls below the ten year average. Due to above average income in 2019/20, £735,291 was transferred to the Legacy Equalisation Fund from the general fund.

The Charity has the following restricted funds:

Donations Fund

This represents funds received where the donor has declared where the gift should be spent. During the year, £51,663 was released into general reserves which had been spent on capital projects pertaining to the courtyard garden and kitchen refurbishment.

Property Fund

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

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

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

**17. ANALYSIS OF GROUP NET ASSETS
BETWEEN FUNDS AS AT 31/3/20**

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets	-	260,048	6,000,191	923	6,261,162
Investments	699,852				699,852
Current assets	1,440,177	1,691,669	193,501	577,700	3,903,047
Current liabilities	(90,809)			(578,623)	(669,432)
	<u>2,049,220</u>	<u>1,951,717</u>	<u>6,193,692</u>	<u>-</u>	<u>10,194,629</u>

**ANALYSIS OF GROUP NET ASSETS
BETWEEN FUNDS AS AT 31/3/19**

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets	-	223,857	5,959,567	5,629	6,189,053
Investments	755,337	-	-	-	755,337
Current assets	1,366,601	956,378	53,111	509,789	2,885,879
Current liabilities	(52,786)	-	-	(515,418)	(568,204)
	<u>2,069,152</u>	<u>1,180,235</u>	<u>6,012,678</u>	<u>-</u>	<u>9,262,065</u>

18. PENSIONS

The company contributes to the NHS and Stakeholder pension schemes in respect of eligible employees. The assets of the schemes are held separately from those of the company in independently administered funds. The pension cost represents contributions payable by the company to the pension scheme funds. The NHS scheme is a multi-employer deferred benefits scheme which is underwritten by the Treasury. The Charity's obligations are limited to its annual contributions. The scheme currently has an employee contribution of between 5% and 13.5% and an employer contribution of 14.3%. The Stakeholder Scheme has an employee contribution decided by the employee and the employer contribution is 1% above the employee's contributions up to a maximum of 7%. The total employers pensions contribution for the year amounted to £302,587 (2019: £273,654) and as at the balance sheet date the company held total contributions of £49,153 (2019: £41,912) that were payable to the pension schemes.

NOTES TO THE FINANCIAL STATEMENTS (continued)

19. OPERATING LEASE COMMITMENTS

	2020		2019	
	Land & Buildings £	Other £	Land & Buildings £	Other £
As at 31 March 2020, the charity had annual lease rental commitments totalling:				
Leases expiring within 1 year	233,422	4,265	260,021	2,394
Leases expiring within 1-5 years	630,083	12,195	524,793	5,062
Leases expiring after 5 years	97,987	-	149,737	106
	<u>961,492</u>	<u>16,460</u>	<u>934,551</u>	<u>7,562</u>

20. CAPITAL COMMITMENTS

	2020	2019
	£	£
Authorised	<u>8,000</u>	<u>65,000</u>

21. RELATED PARTY TRANSACTIONS

In 2020 the following transactions took place between the Charity and its wholly owned subsidiaries GBCH Trading Limited (company number: 05612068) and Greenwich & Bexley Community Hospice Lottery Limited (company number: 06483768).

Amounts due to the parent company at the year end was £473,213.

There are no other outstanding balances with related parties as at 31 March 2020 (2019: £nil). The total amount of donations received from the trustees in the year was £ 9,877 (2019: £18,497).

NOTES TO THE FINANCIAL STATEMENTS (continued)

22. COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (2019):

		Unrestricted Funds General £	Designated £	Restricted Funds £	2019 £
	Notes				
INCOME FROM:					
Donations and Legacies:	2				
Voluntary Income					
General donations		910,666	-	172,065	1,082,732
Charity shop donations		211,766	-	-	211,766
Legacies		1,017,208	-	-	1,017,208
Charitable activities:	3				
Operating a Hospice		3,351,339	-	-	3,351,338
Other trading activities:					
Charity shop income		1,779,616	-	-	1,779,616
Lottery income		215,192	-	-	215,192
Other sales income	4	97,300	-	-	97,300
Rental income		9,939	-	-	9,939
Investment:		6,831	-	-	6,831
Other income:		36,431	-	-	36,431
Total Income		<u>7,636,288</u>	<u>-</u>	<u>172,065</u>	<u>7,808,353</u>
EXPENDITURE ON:					
Raising funds:					
Fundraising and marketing costs		494,148	-	-	494,148
Charity shop expenditure		1,618,568	-	-	1,618,568
Lottery expenditure		162,528	-	-	162,528
Charitable activities:					
Operating a Hospice					
Clinical expenses		5,711,016	-	106,384	5,817,400
Total Expenditure	5	<u>7,986,260</u>	<u>-</u>	<u>106,384</u>	<u>8,092,644</u>
Net gains on investments	10	5,337	-	-	5,337
Net expenditure		<u>(344,635)</u>	<u>-</u>	<u>65,681</u>	<u>(278,954)</u>
Transfers between funds	16	(55,761)	163,653	(107,892)	-
Net movement in funds		<u>(400,396)</u>	<u>163,653</u>	<u>(42,211)</u>	<u>(278,954)</u>
BALANCE BROUGHT FORWARD at 1/4/18		<u>2,469,548</u>	<u>1,016,582</u>	<u>6,054,889</u>	<u>9,541,019</u>
BALANCE CARRIED FORWARD at 31/3/19		<u>2,069,152</u>	<u>1,180,235</u>	<u>6,012,678</u>	<u>9,262,065</u>