

# Greenwich & Bexley Community Hospice

## GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

(A charitable company limited by guarantee)

### FINANCIAL STATEMENTS

FOR THE YEAR ENDED

31 MARCH 2021

Company Number: 2747475  
Registered Charity Number: 1017406



<b>CONTENTS</b>	<b>Page</b>
Reference and administrative details	1
Trustees' Report	2
Report of the Auditors	29
Consolidated Statement of Financial Activities	32
Consolidated Balance Sheet	33
Consolidated Cash Flow Statement	34
Notes to the Financial Statements	35

# Greenwich & Bexley Community Hospice

## REFERENCE AND ADMINISTRATIVE DETAILS

### Directors and Trustees

Mrs Ruth Russell: Chair, also Chair of Quality & Safety Committee • □ ♦ ∞  
 Mr Tim Gutteridge: Deputy Chair □ ☼  
 Mr David Atterbury Thomas □ □ Hon Treasurer/ Chair of Finance and Investment Committees: □ ♦ ☼ ∞  
 Mr Gerald Peters: Company Secretary  
 Ms Lekshmi Babarujan (appointed November 2020)  
 Mr Tim Barnes QC • (resigned November 2020)  
 Mr Simon Di Marino ♦ □  
 Ms Paula Keats: Chair of Remuneration Committee • □ ☼  
 Mrs Estelle Kerridge • (appointed November 2020)  
 Mrs Mairead O'Reilly (appointed November 2020)  
 Ms Rebecca Middleton (appointed November 2020)  
 Dr Mary-Clare Parker •  
 Mr Peter Sowden □ ☼ □ (resigned November 2020)  
 Mrs Komal Whittaker-Axon • (appointed November 2020)

### Non Trustee Subcommittee Member/ Advisor

Mr Alan Powell ♦

### Members of Board Sub Committees

- Quality & Safety Committee
- Finance Committee
- ♦ Investment Committee
- ☼ Remuneration Committee
- ∞ Recovery and Transformation Programme Board

### Chief Executive

#### Senior Leadership Team

Ms Kate Heaps: Chair, Recovery and Transformation Programme Board  
 Mr Justice Allotey (resigned September 2020)  
 Mr Victor D'Arcy-Smith (appointed November 2020)  
 Ms Wendy Lethem  
 Mr Jon Devlin  
 Dr Brendan O'Neill (resigned November 2020)  
 Ms Aneta Saunders  
 Mrs Susan Smyth

### Registered Manager

Ms Ellen Tumelty

### Registered Office

185 Bostall Hill  
 Abbey Wood  
 London  
 SE2 0GB

### Bankers

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

### Auditors

Haysmacintyre LLP  
 10 Queen Street Place  
 London  
 EC4R 1AG

Registered Charity Number  
 Company Number

1017406  
 2747475

## TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021

The Board of Trustees present their report and the consolidated financial statements of Greenwich & Bexley Community Hospice Limited (GBCH) for the year ended 31 March 2021.

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

### STRATEGIC REPORT

#### OBJECTIVES AND ACTIVITIES

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

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

We do this by responding to the needs of our community, supporting people who have incurable diseases such as cancer, heart failure, respiratory disease, neurological conditions and advanced dementia.

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

#### Public Benefit

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

#### The Coronavirus Pandemic

At the beginning of 2020/21, the Coronavirus pandemic was only just starting to develop, and nobody had a real understanding of how much influence it would have globally.

As the nation began to prepare for a national lockdown, the hospice invoked its pandemic policy and our business continuity plan was implemented.

All aspects of our charity were significantly impacted by the pandemic with our hospice services providing care and support to those who were directly and indirectly impacted by COVID-19 and our support services and income generation activities having to adapt to respond to the challenges of lockdown and remote working. The board and hospice staff have worked together to maintain operations throughout the last year and due to hard work in fundraising and the government rescue packages available, our hospice remains in a reasonable financial position.

Not only have we survived, but we have seen unprecedented change in our own organisation, across health and social care and throughout society. Whilst this has had its challenges, there have been definite opportunities which we are capitalising on to sustain and strengthen our charity and the services we provide to our community. It would have been a missed opportunity to return to life as it was pre COVID-19, and instead we are using the experience of the pandemic as a catalyst for positive change. Although the future remains quite uncertain with regard COVID-19, the progress made through vaccine roll-out gives us some cause for optimism and we are now planning for the recovery phase of the pandemic, with a cautious eye on possible future waves of infection and potential lockdowns. Our future planning includes a scenario

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**OBJECTIVES AND ACTIVITIES (continued)**

where there remains an increased need for palliative and end of life services, with anticipated increases of deaths from cancer as a result of delays in presentation and treatment over the last 12 months. One positive is that end of life and bereavement issues are now being seen as everyone's responsibility in the post-COVID world and we are working with system partners to maintain additional community capacity, focussing on 'home-first' and 'virtual by default' in service design.

As a result of the uncertainty presented by the developing pandemic, we chose not to develop a new long term strategy but instead to develop a shorter term, *Recovery and Transformation Programme* for the next 18 months. Further information about this programme is presented below.

**Our Strategy (Recovery and Transformation Programme)**

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

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

As well as 4 core themes:

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

Our new Recovery and Transformation Programme (RTP) focuses on seven priority areas, identified and crystallised by the COVID-19 experience.

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

The programme will help us during this time of significant residual uncertainty to make progress towards achieving our vision, respond to opportunities and become more resilient to future threats. It aims to help us develop our longer-term strategy.

The table below gives an overview of some of the progress made to date:

Work stream	Progress
Service Transformation	<ul style="list-style-type: none"> <li>• Agreed to close current model of Day Hospice permanently</li> <li>• Recruitment of Wellbeing Support Worker</li> <li>• Review of Counselling Service – development of Bereavement HelpPoint and new model of sessional Counsellors</li> <li>• Development of Hospice's role in System 'Home First Model'</li> <li>• Expansion of Social Work Team</li> <li>• Development of Nursing Associate Role in IPU</li> <li>• Discharge Coordinator recruitment in Hospice Hospital Team</li> <li>• Continuation of 7 day Care Coordination service</li> <li>• Investment in Care Homes Team</li> <li>• Secondment of Physiotherapists to Oxleas' Lung team</li> <li>• Shared Senior Medical support with St Christopher's Hospice</li> <li>• Appointed Nesta to support development of long term vision and strategy</li> <li>• Appointed digital consultant to support digital elements of service transformation</li> </ul>

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**OBJECTIVES AND ACTIVITIES (continued)**

Refreshing Volunteering	<ul style="list-style-type: none"> <li>• Review of all volunteer roles across the Hospice</li> <li>• Review of motivation of existing and potential volunteers</li> <li>• Development of six volunteering 'families'</li> <li>• Review of training for volunteers and managers of volunteers</li> <li>• Expansion of Compassionate Neighbours scheme</li> <li>• Review of volunteering database</li> <li>• Review of support and communication with volunteers</li> </ul>
Staff Wellbeing and Development	<ul style="list-style-type: none"> <li>• Staff survey – post phase 1 of pandemic, specifically re wellbeing and post wellbeing month</li> <li>• Staff wellbeing month planned with St Christopher's Hospice funded by SELCCG</li> <li>• Launch of Work In Confidence – whistleblowing platform</li> <li>• Link to SE London Wellbeing portal</li> <li>• Review of Staff awards programme</li> <li>• Wellbeing sessions ad hoc/ via external supporters</li> <li>• Ongoing training and development available for all staff</li> <li>• Continuation of free meals for hospice based staff</li> </ul>
Equality, Diversity and Inclusion	<ul style="list-style-type: none"> <li>• Development of E,D&amp;I vision<sup>1</sup> and action plan</li> <li>• Review of recruitment procedures – blind recruitment through CIPHR HR platform</li> <li>• Unconscious bias training across 50% hospice (plan to provide to all staff)</li> <li>• Link with SE London People board E,D&amp;I work</li> <li>• Celebration for specific festivals including Black History Month and Pride Month</li> <li>• Ongoing Community Development work</li> </ul>
Retail and Commercial Development	<ul style="list-style-type: none"> <li>• Appointed retail consultant to advise future structure and strategy</li> <li>• Review of leases across retail network</li> <li>• H&amp;S audit of network</li> <li>• Implementation of H&amp;S action plan</li> <li>• Refurbishment of 2 retail units</li> <li>• Restructure of warehouse and logistics operation</li> <li>• Review of GDPR compliance and Gift Aid Processes</li> <li>• Expansion of e-commerce operations</li> <li>• Recruitment of Head of Retail</li> <li>• Review of regular retail communications</li> <li>• Agreement to establish a Trading Board and recruitment of two Trading Non-Executive Directors</li> </ul>
Fundraising Development	<ul style="list-style-type: none"> <li>• Launch of emergency appeal</li> <li>• Development of virtual events programme</li> <li>• Review of individual giving and supporter journey</li> <li>• Investment in community fundraising</li> <li>• Review of GDPR compliance</li> <li>• Review and development of use of Fundraising database</li> </ul>

<sup>1</sup> The Hospice aims to develop a culture which values its staff and patients/ clients and its local community and to have a system in place which proactively promotes inclusion and equality for all as well as embracing diversity. We aim to integrate equality, diversity and inclusion in everything that we do, so that it is embedded in our daily practice.

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

Stakeholder Engagement	<ul style="list-style-type: none"> <li>• Establishment of regular face to face and virtual 'time to talk' meetings</li> <li>• Recruitment of Head of Communications and Marketing</li> <li>• Development of brand</li> <li>• Commissioned digital marketing agency to increase/ improve digital marketing</li> <li>• Review of internal communications</li> <li>• Large scale stakeholder survey conducted by Nesta to inform strategy</li> </ul>
------------------------	---

During the height of the pandemic, we made some changes to our governance structure to ensure continued board oversight and assurance, as well as to provide support to the Chief Executive and her senior leadership team.

As we move back to 'business as usual', we have reviewed the structure again and will continue to implement our planned changes throughout 2021/22.

**Hospice Services**

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

**Services in the Hospice building**

- Our **inpatient** unit, caring for and supporting people who have symptom control needs, complex psychological support needs, respite needs or end of life care needs. The team also provide significant support to the families and friends of those who we care for.
- Our **outpatient services**<sup>2</sup> support people who remain at home but are able to travel to the hospice for rehabilitation, ambulatory treatments and outpatient review as well as complementary and creative therapies.
- Our **rehabilitation** team work with patients in all Hospice services to maintain or develop independence and develop strategies to manage symptoms such as fatigue and breathlessness.
- Our **bereavement and counselling**<sup>3</sup> service gives emotional support and counselling to people with advanced illness and their families and friends before and after bereavement, face to face individually, in groups and over the telephone.
- The Hospice's **chaplaincy** service provides spiritual support to patients across all settings when requested.

**Services in the Community**

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

<sup>2</sup> Our outpatient services were suspended in March 2020 due to the Coronavirus pandemic

<sup>3</sup> During the pandemic this service reverted to virtual and telephone contact only

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**OBJECTIVES AND ACHIEVEMENTS (continued)**

**Services in the Hospital**

- The Hospice Team at **Queen Elizabeth Hospital**, Woolwich, trains and advises hospital staff on end of life care and symptom control issues as well as supporting patients and their families directly, helping to ensure that their wishes for care are met and supporting patients to be discharged home, or to a care home or the Hospice where this is appropriate. In 2020 the Hospice expanded the hours of operation of this service from six to seven days a week.

**Education and Care Homes Support**

- Through our involvement in the **Hospice Education and Learning Partnership (HELP)**, our team provides bespoke and programmed training to nurses, doctors and other health and social care professionals as well as providing support and facilitation to staff, patients and families in care homes. HELP is a partnership between our own hospice and St Christopher's Hospice.

**Progress on Hospice Strategy and Priorities for Improvement during the Coronavirus Pandemic**

Despite the challenges presented by the Coronavirus Pandemic, our Hospice achieved a huge amount in 2020/21. Much of what we achieved was related to maintaining business continuity throughout our services as opposed to explicitly about meeting our strategic priorities but where the situation presented challenges, we viewed them as opportunities to improve and in doing so were able to achieve a number of strategic goals.

**Business Continuity and Infection Prevention**

We tested our business continuity plan and pandemic preparedness to the extreme at the beginning of the pandemic, but with the changes we made we were able to protect our 'mission critical' services and support more people than ever before. We established a Hospice-wide pandemic planning group who met regularly, responding to new legislation and guidance on an almost daily basis at first. Our clinical leads established a seven-day a week working rota to supplement our manager on call rota, enabling management support in person in the building throughout the whole week. This was reassuring for staff and enabled timely decision-making. We reviewed our Board and subcommittee timetable and established a Pandemic Crisis Board and Finance Meeting, standing down all other committees for the first half of the year. This enabled operational managers to focus on maintaining our service and supporting staff and continued to assure the Board around our financial stability, workforce wellbeing and resilience, response to the pandemic and quality and safety of our services. Our Chair and Chief Executive had meetings at least weekly and liaised with other Board members as necessary, this included establishing a deputising structure for board members to ensure business continuity for governance and assurance.

We worked to reduce face-to-face contact between staff and between staff and patients where this was appropriate. Many patients were shielding and reluctant to have home visits, so adaptation was required to enable consistent support (see below).

Our outpatient services were closed for much of the year as we felt they presented an unnecessary risk to patients and staff and having closed our day hospice in March 2020, we have made the decision not to reopen it in its current format. As we begin to build our outpatient services back, developing a new wellbeing offer with smaller focused groups and multidisciplinary clinics.

Our Registered Manager/ Infection Prevention Lead led on all aspects of infection risk management with support from the pandemic planning group, our HR department and Estates Team. This led to complete segregation of our inpatient unit and staff from the rest of the hospice, community staff forming 'bubbles' to be in the office or work from home and complete assessment of the rest of the hospice workforce to enable a COVID-secure environment with a large proportion of support staff working from home for much of the year. We ceased the use of any agency staff completely at the beginning of the pandemic and asked for assurances from any bank staff that they were not working in any other environments.



**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**OBJECTIVES AND ACHIEVEMENTS (continued)**

We have been diligent with barrier nursing for new admissions and patients suspected with COVID, but only managed to get testing for our inpatients in May 2020, closely followed by staff PCR testing from July. Testing in the community came later which resulted in a number of patients we were nursing with presumed COVID with the appropriate infection control measures in place. Unfortunately, this was later than we would have liked and may have caused some staff to have to self-isolate for longer than necessary or for them to be at work asymptomatic with COVID. Our vaccination programme for staff began in December 2020, unfortunately, too late for the highly infectious Kent variant and this resulted in 25% of staff being off sick/ self-isolating over Christmas and New Year. We had a short closure of our inpatient unit during this time and worked with St Christopher's Hospice to support anyone who needed an admission in these few days. We implemented national guidance to restrict visitors to our inpatient unit during this time and inevitably, this influenced the number of patients who chose to come to an inpatient facility as opposed to remaining at home. Restricting visitors is very much in opposition to the Hospice ethos of home from home and holistic patient and family care. This placed a burden on patients and staff alike, our team worked hard to maintain family bonds through use of FaceTime and Skype as well as using keepsakes such as knitted hearts to share with relatives who could not be with their loved ones in their final days. We were extremely relieved when lateral flow device testing for visitors became available and have been gradually able to reduce restrictions in line with guidance. At first, this was challenging due to the workforce burden of conducting tests on up to 30 visitors a day, but this has eased significantly with the public availability of tests.

We continue to carry out individual risk assessments for all staff and have supported staff during shielding to work from home where possible. Particular attention has been paid to ensuring those who were thought to be at greater risk due to their ethnicity were completely comfortable with their face-to-face work, using a greater level of protection than guidelines suggest (e.g. FFP3 masks) if necessary.

At the beginning of the pandemic, it was impossible to access adequate PPE for staff through the usual channels, and we are extremely grateful for donated PPE. Our community, supporters, friends and neighbours made scrubs for staff to work in and schools, vets and beauty parlours donated goggles, gloves, masks and aprons. When a national hospice supply became possible from the government, GBCH stepped up and became a PPE distribution hub for London and Kent hospices. This supply has been vital whilst the supply chain for PPE has continued to be a challenge and has also been a significant contribution in financial terms (see note 1). The supply has continued throughout and we were fortunate to have support from volunteers and staff to ensure that not only were PPE orders prepared, but that they were delivered to 17 other hospices up until December 2020.

Partnership working

We were grateful to our own redeployed staff who showed flexibility working in other areas of the hospice at times of peak demand/ staffing difficulty. We are also grateful to Demelza Hospice who enabled a staff member to join the Hospice@Home team for several weeks at the beginning of the pandemic. Through these secondments, staff learned from one another and gained a better understanding of the patient pathway. For example, our physiotherapists were redeployed for several months to support with staffing our inpatient unit and at the end of the year; they were seconded on a part time basis to the respiratory team at Oxleas NHS Foundation Trust, working in the team to support patients who could benefit from a palliative approach. We were also able to negotiate an extension into Bexley for our subcontracted rapid response service, to support night District Nursing in Bexley (Oxleas NHSFT) at times of peak demand/staffing challenges.

Our partnership approach continued throughout the year with at least twice weekly participation in the Greenwich and Bexley 'System' wide COVID operational group 'Resplendent'. Through this group, we proactively participated in problem solving across organisations, as well as getting support when the Hospice needed it from partners. We have collaboratively worked with partners to draft plans for additional COVID and winter funding, ensuring that we considered the needs of people approaching the end of their lives in these plans.

# Greenwich & Bexley Community Hospice

## TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued) OBJECTIVES AND ACHIEVEMENTS (continued)

At the beginning of the pandemic, we convened a Greenwich and Bexley 'Bronze' level End of Life group with all partners, chaired by our Chief Executive. This group now has CCG programme management support and is embedded in system development governance structures. In July 2020 we launched a new collaborative project the Greenwich and Bexley Bereavement HelpPoint <http://gbbereavement.org/> working with other local bereavement charities, the NHS and local authorities to ensure that those who were bereaved during the pandemic had responsive access to a wide range of responsive support. At the end of the year, we were busy planning for a system wide approach to dying matters week, as well as focusing on improving uptake of advance care planning and exploring how the group can improve lack of access to services from some groups.

Our partnership with St Christopher's has grown throughout this last year, we continue to develop our rehabilitation service and now have a joint appointment for an Occupational Therapist; following the relocation of one of our Medical Consultants they are now providing Senior Medical support to our inpatient unit and collaborating on our second on call rota. We have also provided mutual aid during closures in our respective inpatient facilities.

We developed our role in the Bexley voluntary sector consortium 'OneBexley' during the year and as prime contractor were successful in securing a 6-month contract (later extended) to provide adult social care assessment and reviews for Bexley residents. This has helped develop mutual understanding of our services across the partnership and we are beginning to see benefits for those who are approaching end of life through referrals coming direct from partners.

Others looked to our hospice to provide guidance, especially in the early stages of the pandemic. We worked with the CCG and other psychological support services to produce guidance and advice for staff working in care homes and have been funded for a care homes nurse in Greenwich to supplement our Bexley resource. We worked with SE London palliative and primary care colleagues to develop symptom control guidance for a new, unknown disease, responding to evidence as soon as it became available.

### New ways of working

Clinical staff adapted to working from home where appropriate, inevitably bringing a great deal of sadness into their personal space through interactions with patients being supported on the phone. Our team adapted to remote and virtual consultations where necessary to protect staff and patients with the majority of those who had been under our outpatient and day hospice services moving onto telephone/video support, we began to use a video tool, which is integrated into our electronic patient management system. We now have a much greater idea of the potential for using technology with a cohort (over 25%) of patients and this learning will be used as we develop new services and we explore the potential for digital to improve our quality, reach and responsiveness. This adaptation was only possible because of the hard work of our IT team who worked with our partners ITRM to roll out new hardware to all IT users at the beginning of the year.

There was significant change in our hospital-based team too, with a greater emphasis on discharge from hospital, our team were asked to conduct all assessments for patients eligible for fast-track care. This change was perhaps easier for GBCH staff than for other hospital specialist palliative care teams as we have the experience of our Greenwich Care Partnership service, however it was a significant increase in workload. The team also worked remotely for much of the time, advising ward staff about symptom management and developing bite size training packages. We are pleased to report that following investment from our CCGs and successful recruitment to the team, we now have a seven-day service in our hospital team. Our care management service (the front door of the Greenwich Care Partnership service) also operated seven days a week throughout much of the year to respond to the increased need for Hospice@Home care.

Following a successful pilot in 2019/20, we were able to apply our learning to continue providing Hospice@Home support for residents of Bexley (funded on a spot purchase basis). This has accounted for a large part of the increase in patients cared for by this team and we are hopeful that this option will continue on an ongoing basis.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)  
OBJECTIVES AND ACHIEVEMENTS (continued)

In November, we began a staff consultation, which focussed mainly on our income generation activities, but in our clinical services, it resulted in permanent redeployment of day hospice staff to our community team and a reduction in the number of paid substantive counsellors. Because of the learning from our partnership with other bereavement services, we have invested in a team leader role and will be recruiting to paid and voluntary positions, which provide more flexible hours of operation.

It was not just our staff who adapted through the pandemic, our volunteering team had to work differently too. As we invoked the business continuity plan, we effectively 'furloughed' 95% of volunteers from their normal roles. A large number retrained and were redeployed, they were joined by a group of new volunteers who trained as compassionate neighbours and set about supporting patients at home virtually or in person as well as carrying out practical tasks such as doing shopping and collecting prescriptions.

Education

Through our partnership with St Christopher's Hospice, the Hospice Education and Learning Partnership provided a significant amount of training in response to the pandemic through 2020/21. This included a series of freely available webinars, as well as some targeted training for GPs, community nurses, hospital staff, local care homes and the NHS Nightingale Hospital (London).

We began a programme of Project ECHO sessions for Greenwich and Bexley Care Homes, which routinely attract 30 attendees to the live session, with opportunity for playback for those unable to attend.

Staff Wellbeing

There is no doubt that 2020/21 has put a huge amount of stress on our whole staff team. They have learned new ways of working, worked long hours and been fearful of protecting their own health as well as the health of their own loved ones. There is no way to repay this to the team and it is difficult for our many thank-yous not just to sound like a platitude. What is clear is that the whole team has grown because of the pandemic; we are clearer than ever before of our role in the healthcare system and of why and how our charitable purpose is so important and makes such a difference to the lives of local people. The community stepped up with incredible support, donating to our emergency appeal and giving comfort packs to staff. This provided a much needed morale boost on many difficult days.

We established weekly face to face and video linked 'time to talk' sessions, held in the grounds of the hospice and via Zoom for staff working from home or who were furloughed. These sessions provided space to share worries and anxieties as well as good news, and boosted morale on many occasions.

We awarded the team small tokens of gratitude including additional leave and the Chief Executive and Chair wrote letters of thanks to staff and their families.

Following investment from SELCCG we are planning a joint staff wellbeing month with St Christopher's Hospice.

*'I have worked at the Hospice for the last four and a half years ..... I have always felt privileged to be part of the team, and thoroughly enjoy doing the work that we do. The last year has been incredibly challenging at times, and very worrying not just for ourselves but for our colleagues and our families.*

*I read your card out to my 88-year-old Mum, who is shielding. She is very frail, blind and has numerous health issues. I am not in my Mums bubble due to the nature of the work I do, and because my brother stepped up for that role, but I speak to her regularly and have on occasion been able to meet her at a distance outside.*

*I just wanted to let you know her reaction to the lovely card you sent. Mum has worried continuously about myself and other members of my family during this pandemic and at times has been quite overwhelmed. This time she was overwhelmed because of the kindness of your comments. It's not always easy explaining to an 88-year-old lady why she can't see her daughter. I think she sees things a bit clearer now. So thank you again.'*

Thank you email from member of staff

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**OBJECTIVES AND ACHIEVEMENTS (continued)**

It is not possible to look back at 2020/21 without reflecting on the global impact of George Floyd's murder. We took time out to reflect on how the Hospice approached equality, diversity and inclusion (EDI) and provided a forum for staff to share their experiences. This work is helping to inform the work of our EDI work stream of the recovery and transformation programme.

Though not scheduled for the year, we decided to conduct a spot survey of staff after the first phase of the pandemic. The findings were largely positive recognising that although it had been a challenging time, the Hospice and its leadership team had done all it could to support staff wellbeing.

We installed a new whistleblowing platform WorkInConfidence during the year and this will enable us to continue to run spot surveys as well as an annual staff survey. We plan to use spot surveys to support our recovery and transformation programme.

Investment in Information Technology

The Hospice upgraded almost all of its IT hardware in 2020/21 to bring its equipment up to date and to enable a move from obsolete Windows applications to Microsoft 365. This went some way towards improving our resilience to potential cyber-attacks and the greater functionality and portability supported staff who were working from home as well as supporting our increased use of digital technology in our care and support functions. We are planning to work with our IT partner ITRM to upgrade any remaining hardware in 2021/22, including moving on premises servers into the 'cloud'.

Financial Sustainability

The pandemic and accompanying lockdowns brought particular challenges to our hospice finances. Throughout the year, we faced immense uncertainty and we adapted and developed our plans accordingly.

The most significant negative impact was on our trading income, our shops were closed by a large part of the year which inevitably reduced sales. We used the opportunity of our shops being closed to carry out much needed refurbishments and updates to retail strategy. Most retail staff were furloughed and the hospice Board agreed to 'top up' these staff's salaries to 100%. Retail costs were for the large part, covered by Hospitality, Retail and Leisure Grants from our local authorities and furlough payments from HMRC.

Our fundraising plans were also significantly disrupted in the year. Unlike many charities, we made the decision not to furlough our fundraising team and instead they worked flexibly to support other areas of the hospice operation, as well as adapting their plans to take the majority of fundraising

More detail on these areas is provided later in the report.

**CARE ACTIVITY**

Between April 2020 and March 2021, 2269 people were referred to the Hospice and 653 patients had their care ongoing, leading to a total 2,922 unique patients cared for in 2020/21. People usually receive services from more than one Hospice service.

**Hospice Based Services**

**Inpatient Care**

In 2020/21 we provided care for 257 patients within Woodlands, our Inpatient Unit (282 in 2019/20). Overall our occupancy level was only 63% (2019/20 88%) this change is largely due to COVID-19 which impacted the number of patients admitted and overall length of stay, as many patients chose to remain at home surrounded by family, rather than attending the hospice which had necessary restrictions on visitors. Patients are referred for inpatient care for pain and symptom control, terminal care, complex psychological support and respite care.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**OBJECTIVES AND ACHIEVEMENTS (continued)**

For some patients their symptoms become hard to manage and require specialist assessment, support and treatment. These patients will stay with us to enable the multi-disciplinary team to assess their condition and if necessary, modify their medication in order to relieve pain and other symptoms, before discharge back home. The trend for less patients being discharged at the end of their stay continued with only 26% of patients who stayed in the Hospice in 2020/21 being discharged home (2019/20 25%). Some people whose illness has reached the final stages choose to come to the hospice for terminal care: these patients are offered compassionate nursing and medical care so they can achieve the best quality of life during their final days.

To ensure the protection of patients on our inpatient unit, Woodlands remained segregated from the rest of the Hospice throughout the year. As a result, our inpatient staff have been entering and exiting the unit through a separate route and taking their breaks on the unit. We have had a variety of visiting restrictions during this time, and have seen changes in referral patterns because of the pandemic.

The direct cost of providing care in the Inpatient Unit in 2020/21 was £1,445,115 (2019/20 £1,411,850). The reason for this 2% increase was due to annual salary increases for staff on the unit.

**Case Study:**

*One woman the Hospice was caring for became very ill at home and was urgently taken to hospital. Sadly, her health suddenly deteriorated but because the hospital was in full lockdown, she could not have any visitors. She was alone without any family, and most tragically – without her husband.*

*Hospice consultant, Brendan, worked closely with hospital doctors so that she could be moved to the Hospice, where her husband could be with her. This meant she could hold her husband's hand, they could tell one another how much they loved each other, and make precious memories in their final days together. More importantly, they were able to say goodbye.*

*Every patient we cared for at the Hospice or at home, meant one potentially life-saving bed free for a person with COVID-19.*

**Outpatient Services**

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

**Rehabilitation**

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

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

We have made the decision through our Service Transformation work that we will not reintroduce Shornells Day Hospice in its previous format. Instead, the team are in the process of developing a number of outpatient clinics and drop in wellbeing activities, which we will start when COVID-19 allows. Staff who were formally employed in this have been redeployed to work in our community services.

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

**Social, Psychological and Spiritual Care**

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

During the course of this year, we continued to offer one to one counselling support virtually via telephone and video. We offer counselling to patients, relatives and carers, before and following bereavement for relatives. Where appropriate, we pass on referrals to other partners through our newly established Greenwich & Bexley Bereavement HelpPoint. In total in 2020/21, our counselling team carried out 2,516 activities. In December 2020, we made some structural changes to the way that we manage the counselling service and appointed to a new role of a Bereavement and Counselling Coordinator. Going forward we plan to have paid and volunteer counsellors on a sessional basis to provide a more flexible service and help meet the diverse range of needs of our patients.

Our social worker continues to be extremely busy, supporting 152 patients this year with a variety of issues including complex family work, safeguarding issues, housing, benefits and asylum issues. We are hopeful that we will be able to invest to develop our Social Work service in 2021/22. During the Coronavirus pandemic, we were grateful for the support of many local businesses who provided food and comfort parcels for patients who are less fortunate or who were shielding, these were distributed by our Social Worker and our volunteers team.

**Practice Development**

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

**Community Based Services**

The Hospice offers 24-hour care and support in the community across the London Boroughs of Greenwich and Bexley. In 2020/21 our specialist palliative care community team received 1,594 new referrals (1,079 in 2019/20, a 48% increase); 263 of these patients were supported at some point during their journey via our telephone support service. Of the 1,415 people who died under the care of the hospice (all services), 67% were able to die out of hospital (61% in 2019/20).

The most notable growth in activity was in our cancer caseload, the team supported an additional 382 people with a cancer diagnosis in 2020/21, an increase of 32%.

The direct cost of Specialist Community Care in 2020/21 was £949,956 (2019/20 £894,614) the reason for this 6% increase was due to expansion of the team to meet additional demand and annual salary increases for our staff. Our community team adapted quickly to working on line and via the phone where possible at the beginning of the pandemic, necessitated by a wish to protect shielded patients as well as a significant increase in the caseload. We continue to evaluate and develop this model of support where appropriate as we develop our services for the future.

The Greenwich Care Partnership continues to deliver an important element of Hospice community activity, led by the Hospice and delivered in partnership with Marie Curie Cancer Care and Oxleas NHS Foundation Trust. The total cost of the care provided by the Greenwich Care Partnership in 2020/21 was £724,547 (2019/20 £702,846). Throughout 2020/21 our team took a leading role in managing the discharge process for those facing end of life in Queen Elizabeth Hospital and we were delighted to be able to support Bexley residents as well as those we normally support in Greenwich through our Hospice@Home team. In 2020/21 the Hospice@Home team supported a total of 292 patients, an increase of 50% on the previous year. The value of spot purchased packages for Bexley residents, amounted to £15,418 of earned income.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**ACHIEVEMENTS AND PERFORMANCE (continued)**

**Case Study:**

*Often, it is the little things that mean the world to someone we care for. One older lady was discharged from hospital and living on her own. Carers from the Hospice visited three times a day to help her with her meals, getting changed and anything else she needed. She had a very small appetite and hadn't been enjoying her food. One day she mentioned in passing that she would really love fish and chips.*

*The next day on their way to visit this lady, our carers stopped to pick up some fish and chips as a surprise for her – paying with their own money. They knew that because of how frail she was, she wouldn't manage to eat much, but just the smell and the taste of one chip was enough to fulfil that craving and give her the pleasure of eating something she enjoyed.*

**Hospice Outreach in Hospital**

Our hospital support team based at Queen Elizabeth Hospital, Woolwich, plays an important role in educating and advising hospital professionals as well as supporting patients and their families in hospital. This year our small team made visits to **1,062** patients (912 in 2019/20 **16%** increase). This was made possible due to recruitment to the team as well as expansion of the service to 7 days a week in October 2020. The direct cost of Hospice Care in the Hospital in 2020/21 was £345,008 (2019/20 £298,600) this increase was for additional staffing to enable the increase in service hours.

**OneBexley Consortium**

One Bexley is a consortium of eight charities who have agreed to work together for mutual benefit as well as to improve the lives of Bexley citizens. The consortium includes the Hospice, Bexley Voluntary Services Council, Age UK Bexley, Inspire Community Trust, MIND in Bexley, Carers' Support Bexley, SE London Crossroads Care and Bexley Mencap.

In April 2020, OneBexley was awarded a contract to deliver and transform the way that adult social care is delivered. The consortium is working with the council and partners to ensure that the most vulnerable people in Bexley get the right kind of care and support.

Through the contract, we are aiming for people to:

- a. Have care and support that enables them to live as they want to
- b. Be in control of planning their own care and support with additional help as required by those who know and care about them
- c. Have needs met effectively, efficiently and quickly
- d. Facilitate proactive and preventative care support rather than reactive and crisis care<sup>4</sup>.

Greenwich & Bexley Community Hospice is the prime contractor for the OneBexley Pathways Contract and our Chief Executive chairs the One Bexley Programme Board. Through this mechanism the Hospice is hoping that it will be a vehicle to extend reach, build and utilise community assets and deliver value for money and quality benefits to the Hospice, the wider system and the Bexley population.

**REACHING ALL OF OUR COMMUNITY**

**Care beyond Cancer**

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

In previous years we have only reported on one primary diagnosis for each patient, however many of our patients have complex needs and more than one significant diagnosis. Referrals between April 2020 and March 2021 included 109 people referred to our counselling/social work service only; we have excluded these clients for the purposes of diagnosis reporting, as many of these will be carers or bereaved family members. Of the remaining patients, 114 did not have a diagnosis recorded, leaving 2,669 people with at least one recorded diagnosis.

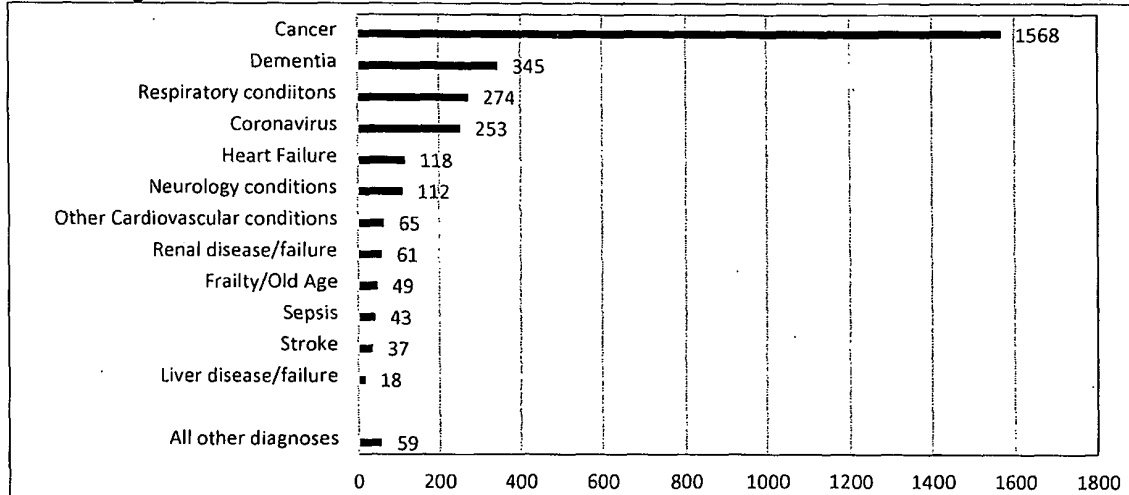
---

<sup>4</sup> Taken from LBB pathways contract service specification (2020)

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)  
ACHIEVEMENTS AND PERFORMANCE (continued)

The proportion of patients with a cancer diagnosis was 53%, 8% of patients had a diagnosis of Coronavirus.

Patient Diagnosis

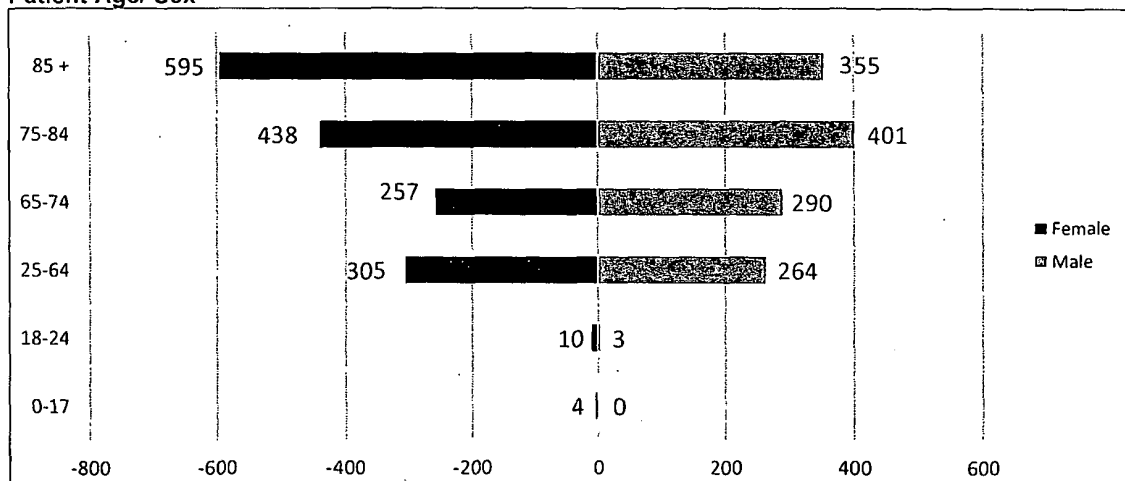


Serving People of All Ages

The Hospice provides care to anyone with a life limiting illness living in the London Boroughs of Greenwich or Bexley who is over the age of 18<sup>5</sup>. The majority of people we care for are over 65. In 2020/21, 62% of the people we cared for were over 75 (2019/20 59%) and 33% were over 85 (2019/20 (31%)).

As predicted, we are seeing the need for care for the "older old" increasing and we expect this trend to continue over the next 10-20 years. This is already having an impact on the type of care we provide as people in the "85 years and over" category are more likely to have elderly carers or live alone, and may also be more likely to live in a setting such as a care home or supported housing scheme. In addition, older people are more likely to have multiple conditions, including dementia, and therefore live with increasing levels of frailty and with more complex needs. We invested in our work in care homes in 2020/21 and will continue to develop this support as part of the RTP.

Patient Age/ Sex



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



## TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued) ACHIEVEMENTS AND PERFORMANCE (continued)

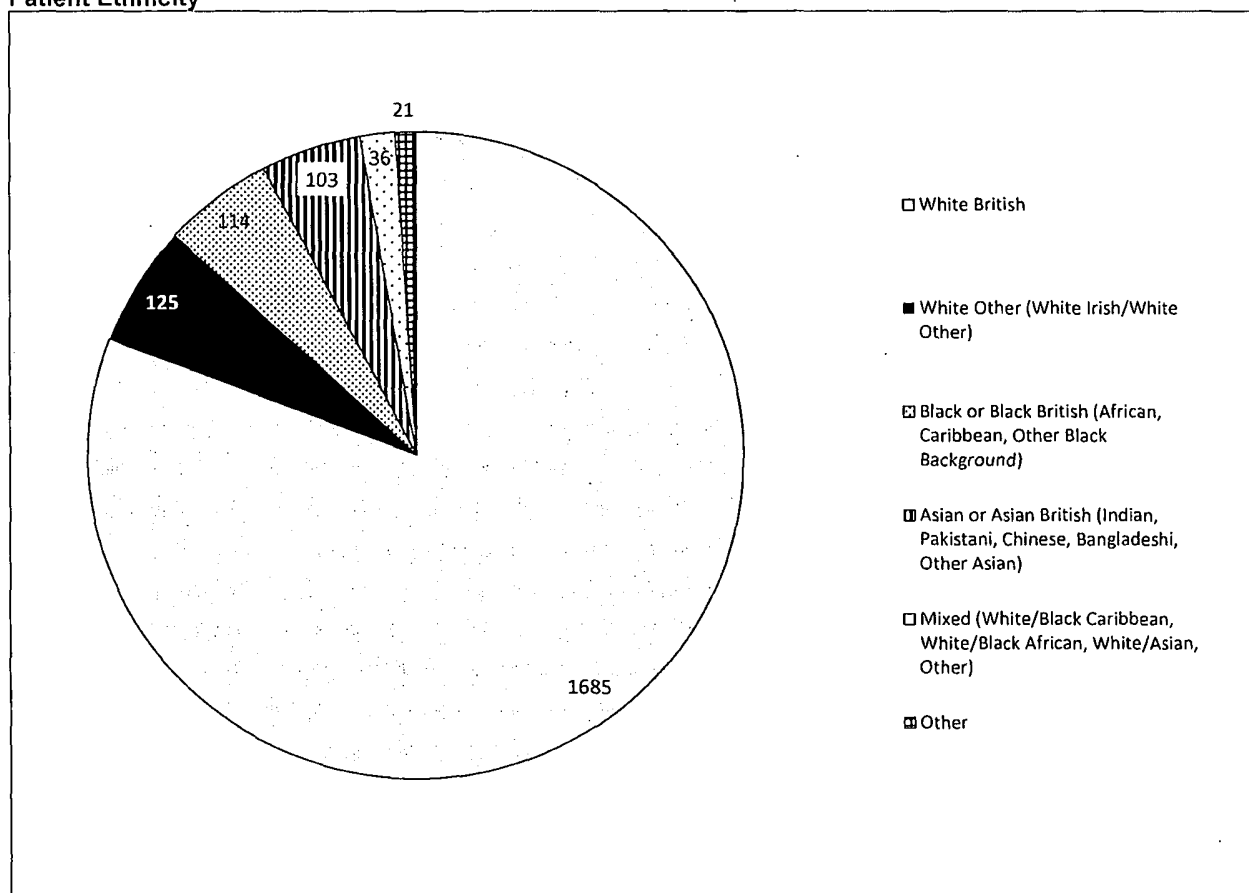
### Black, Asian and Minority Ethnic Communities

The Hospice continues to focus on ensuring that all groups in our community are aware of our services and to break down the barriers to accessing our care and support. As part of this strategy, we spend time with community leaders and groups listening to them about their needs and talking about the Hospice to try to dispel any myths that may discourage people from accessing our services when they need them. At the end of 2019/20 we received a grant from the National Lottery to help us accelerate this work, however the pandemic forced us to scale back our plans to focus on maintaining business continuity.

In 2020/21, the numbers of people accessing our services from all communities increased from 2,145 to 2,922 (by 36%). Disappointingly, there remains a large number of people for whom their ethnicity was not recorded (838 or 29%). For the remaining patients for whom ethnicity was recorded, there is a larger growth in the non White British group (39% growth year on year) compared to the White British group (29% growth). We saw the largest growth in the 'White Irish/ White other' and 'Black African, Black Caribbean, Other Black or Black British' categories.

We continue have a clear focus on data quality in all areas, but are particularly focussing on this area as part of our Equality, Diversity and Inclusion work stream of the Recovery and Transformation Programme.

### Patient Ethnicity



**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**ACHIEVEMENTS AND PERFORMANCE (continued)**

**INCIDENT MANAGEMENT/ HEALTH & SAFETY**

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

Our medicines incident rate was 74 for the whole year (138 2019/20), it is likely that this reduction was in part due to having less temporary staff during the year and a lower level of occupancy. We were able to use Hospice UK's national annual benchmarking audit to compare ourselves against similar hospices. Incidents are graded level 0-6 with 0 being least severe, our errors ranged from level 0 to level 3 with eight being categorised at level 2 (patient monitoring, no harm) and five being categorised at level 3 (some change, no harm). Our rate of "level 0" drug errors at Greenwich & Bexley Community Hospice is higher than the average for Hospices of a similar size (47 at GBCH, 3.4 National average per annum), though we strongly believe this to be due to the low threshold we have for reporting concerns. We have had no repeated incidents of concern and nursing staff undertake a regular medication assessment to assure the organisation of their competency.

Through this audit programme, we are also able to benchmark our performance in terms of the incidence of falls. We reported a higher than average figure for falls of 16.4 per 1,000 overnight bed days (Audit average 11.7). 97% of falls were in the no harm/ low harm category, the remaining 1 fall was recorded as severe harm as the patient died within 24 hours of the fall. The patient was receiving end of life care and had been quite confused prior to the fall. The case was referred to the coroner at the time and there were no concerns raised by the coroner or the patient's family about the care the patient received pre or post-fall.

We received 15 care and 15 non-care complaints in 2020/21 (2019/20, 14 care, 9 non-care complaints), all complaints were fully investigated, whether they are informal complaints such as direct feedback or comments received on patient and family feedback questionnaires or formal written complaints.

An investigation is carried out for all complaints and where possible the complainant is invited to meet with members of the senior team to discuss their concerns and the outcome of any investigation.

We review the Hospice's operational risk register as a standing item at the Quality & Safety Committee and issues are escalated to the Board if appropriate. In 2020/21 the register continued to feature matters relating to Brexit, staffing and COVID-19.

**Serious Incidents**

The Hospice Board receives a report from the Chief Executive at every Board meeting which confirms whether there have been any serious incidents that should be notified to the Charity Commission and/or Care Quality Commission. We reported two incidents to the Charity Commission as a precautionary measure in 2020/21, they confirmed that no further action was required.

Further information about incidents and complaints is available in our 2020/21 Quality Account.

**PATIENT AND FAMILY FEEDBACK**

The Charity receives hundreds of thank you cards and letters from patients and bereaved families each year; in addition, there are a number of comments and suggestion boxes placed around the Hospice building and we continue to gather patient and family feedback in a more structured way through questionnaires. We continue to use our online feedback portal iWantGreatCare to collect patient feedback, with targeted mailshots to certain service users.

Our Patient Forum unfortunately remained on hold throughout 2020/21 due to staff capacity and social distancing.

When received, feedback is reviewed at the Hospice's regular clinical leads meeting and Quality & Safety Committee. This feeds into a quality improvement plan and helps shape our services in the future.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**ACHIEVEMENTS AND PERFORMANCE (continued)**

*'I cannot thank your kindness and support enough during this time. From when my mum was diagnosed the care we received was above and beyond, the nursing staff were absolutely fantastic'*

**Feedback on community service from bereaved relative – VOICES questionnaire**

*'I would just like to say Thank you to all the staff from Greenwich & Bexley Community Hospice, we lost my brother on Boxing Day, the community nurse was such a great help to us as a family as we looked after my brother at home, with all the help from (nurse), the lovely carers that visited my brother 3 times a day, always cheerful, put a smile on my brother's face and ours, so nice to see him clean sitting up in bed. Without the help from (the team), we wouldn't of been so lucky to keep him at home until the end of his life. I just want them all to know from our family that we are really grateful for all the care they gave my brother, and the support they gave us. Thank you from the bottom of our hearts.'*

**Thank you card - Community/GCP/Social Work**

*'A huge thank you for getting my husband better and well enough to come home. Your care and kindness is exceptional'*

**Thank you letter, Inpatient Unit**

*'I was overwhelmed by the fact I was losing my eldest daughter to stomach cancer while I was caring for my youngest daughter who has a progressive condition and who was plagued by infections. The counselling I received gave me a point of sanity where I could say how I felt and work my way through the things that were happening.'*

**Feedback from Counselling client**

**SUPPORTING THE HOSPICE TO PROVIDE CARE**

**Volunteers**

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

Volunteers work in all areas of the Hospice. These include trustees, receptionists, gardeners, clothes sorters in retail distribution, IT volunteers, compassionate neighbours and volunteer fundraisers to mention a few. In excess of 459 volunteers were registered with the Charity at the end of 2020/21 and gave collectively over 64,000 hours of time during the year.

In total this equates to 38 full time workers for a year, or a financial donation equivalent to approximately £800,000. Compared to 2019/20 this represents a drop in volunteer hours as we reduced footfall in our building to support business continuity and social distancing. However we were able to grow some areas of our volunteering programme, supporting those patients who were shielding on the telephone or through visits on the driveway, helping our clinical team with practical tasks such as collecting prescriptions and delivering COVID tests to the hospital, delivering PPE to the network of London Hospices. We remain grateful to those volunteers, new and established, who were able to step up to take on these responsibilities to support our staff and patients.

The skills and expertise that volunteers add to every aspect of our work is one of the aspects that makes Hospice care so special. We are proud and greatly encouraged to have such a wide range of volunteers from teenagers to people in their late 80s offering their time to the Hospice. We have identified volunteering as a priority in our Recovery and Transformation Programme, the work-stream will include a focus on recruitment of new volunteers, development of new roles and training and support for new and existing volunteers as well as those staff who manage volunteers.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**ACHIEVEMENTS AND PERFORMANCE (continued)**

**Income Generation**

In any normal year, almost two thirds of operating costs are funded by voluntary income and the Hospice exists only thanks to the generosity of our donors (groups, companies and individuals), customers and legators. Despite the considerable additional support from the government in 2020/21, it was a year when local support couldn't have been more important to ensure continued Hospice services, we want to share a heartfelt thank you to every person, company, Trust – to everyone who stood with us and supported our work. Our charitable income remained vital in maintaining our viability.

In response to the COVID-19 pandemic, our priority was to protect the financial position of the Hospice, maximising any opportunities to generate income. We chose not to furlough our fundraisers at any time. We applied an agile decision-making process and flexibly utilised our resources, re-allocating team time to wherever the need was greatest. This included whole-team support for the emergency appeal, covering Hospice reception duties, securing PPE when none was available through our usual channels and supporting clinical teams with testing for visitors to our inpatient unit.

**The impact of restrictions**

For the entire year, fundraising activity was significantly impacted by national lockdown and the restrictions imposed in response to the COVID-19 pandemic. People were to stay at home meaning traditional face-to-face fundraising and events were not possible and staff were also required to work from home, both of which necessitated new ways of working across the team.

Restrictions meant that events, challenges and all areas of community fundraising were significantly limited and fell short of budgeted income. The team were however quick to launch an emergency appeal and were bold in their messaging to supporters. We were overwhelmed by the support from our local community and Individual Giving, In Memory and Regular Giving income streams all surpassed budgeted income, with the emergency appeal generating £340,496. We embraced digital channels and saw a huge increase in engagement online across all income areas.

Despite the challenges, an almost complete calendar of events was delivered including virtual mass participation challenges and a Christmas Santa's grotto. The team prioritised continued engagement with supporters and made efforts to raise the profile of Hospice events, at a time that events were otherwise largely 'cancelled.' A significant proportion of grotto visitors were new supporters of the Hospice – perhaps explained by being one of the only local grotto experiences still going ahead.

Events pivoted online included a virtual 'Carol Concert at home' (viewed 824 times, compared to 300 attendees in 2019) and a virtual Lights of Love service (previously, Light up a Life). The number of online donations for the Lights of Love service was more than three times that of 2019, and generated £7,000 compared to £1,500 in the previous year. Both events will be planned with a pre-recorded/ video element going forward to widen the reach and improve accessibility for supporters who are unable to attend in person.

**Case Study:**

*Emma was a young woman we supported in the community last year. She had cancer and was unlikely to live until Christmas. How do you establish hope for a woman with two small children? How do you make memories so the kids don't just remember the sad times but have loving and happy memories with their mum too?*

*Lisa, one of our community nurses, suggested bringing Christmas forward. She teamed up with Glyn, our Social Worker and they organised a box of Christmas treats with decorations and food to be delivered to the house. Thanks to the hospice team, Emma and her family were able to have a very special family Christmas in November.*

Despite the team demonstrating a relentless can-do attitude and creativity in approaching our activities, not everything was successful. We delivered a new virtual festival event, which fell short of engagement and income expectations. However, arguably just as valuable, was the subsequent learning from having run such a complex digital event and the development within the team culture to take measured risks and try new ways to raise hospice funds.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**ACHIEVEMENTS AND PERFORMANCE (continued)**

The Hospice's weekly lottery membership grew by 1,861 players thanks to a successful door-to-door campaign run in partnership with LFS (Lottery Fundraising Services). This is still a relatively new approach to fundraising for the Hospice, but when easing of restrictions allowed for canvassing activity to be resumed between periods of lockdown, public feedback was positive and welcoming of the engagement, and sign-up numbers surpassed budget. The Lottery contributed £67,473 towards Hospice care.

Thinking creatively, remaining agile and contingency planning – necessitated by the pandemic, have become routine for the team. During this time, the team also laid foundations for development of key income streams beyond 2020/21, reviewing team processes to ensure maximum efficiency, investing in improvements to our fundraising database and scoping and planning for potential new streams of income.

**Our approach to fundraising**

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

In 2020/21 we continued to make sure all our fundraising activities were compliant with regulatory standards as well as including additional levels of risk management and provisions in line with government guidance. We continued to prioritise excellent supporter experience across all areas of fundraising and carried out a review of our data protection compliance.

The Hospice is registered with the Fundraising Regulator and adheres to the code of Fundraising Practice; we received no complaints via the Regulator in 2020/21. Greenwich & Bexley Community Hospice Lottery is registered with and regulated by the Gambling Commission.

**Retail – transforming trading in pandemic**

The government restrictions relating to the COVID-19 pandemic significantly impacted on our retail operation. Our shops closed for most of the year and the majority of our retail team were placed on furlough. This had a direct impact on our trading results: gross sales accounted for £662,490 bringing a net loss of £576,308. However, we received furlough and retail grants totalling £613k, which helped in offsetting the loss.

While we had to apply a responsive and flexible approach to the ever-changing external environment, our focus continued on the following priorities:

**1. Ensuring the safety of our staff, volunteers and customers**

COVID prevention has been our top priority throughout a year; we invested heavily in PPE and safety measures for our staff, volunteers and customers, implemented government guidelines as they were published and changed the way our shops operated to prevent the spread of Coronavirus. This continues to be our focus through 21/22.

**2. Staff and volunteer wellbeing**

The pandemic had an undeniably significant impact on the mental health of all Hospice based staff. It has also been an anxious and stressful time for the retail team, especially during the early stages of the pandemic. We implemented regular keep-in-touch sessions during furlough, as well as wellbeing initiatives once the shops re-opened and offered counselling support when needed. This continues to be our focus as we move forward.

**3. Building on ensuring health and safety/ refurbishments across our retail estate**

Throughout the pandemic, we completed outstanding work from the previous year to address challenges across the retail estate. This has ensured full regulatory compliance and enabled us to set up an ongoing retail estates maintenance program.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**ACHIEVEMENTS AND PERFORMANCE (continued)**

**4. Maximising opportunities**

While dealing with large-scale operational challenges, we have made our decisions based on a strategic approach, constantly re-evaluating the long-term potential for our retail operation. We invested in establishing an e-commerce function, redeveloped our distribution centre and refitted two key shops; we reviewed the logistics function and restructured our retail management, culminating in the appointment of a Head of Retail in March 2021.

**5. Sustainability**

Over the last year we have prevented 129.27 tonnes of waste from ending up in landfill through the sale and recycling of stock in our retail network and 14.35 tonnes have been prevented from reaching landfill as a result of being rescued, reused and repurposed through our RePurpose project (run in partnership with Royal Borough of Greenwich and Veolia).

Our objective through the year was primarily to maintain a strategic focus, ensuring we achieve strong results long term by investing smartly.

We are incredibly grateful to our customers for helping us to survive such a challenging year and supporting – ultimately – our patients. We want to also acknowledge three landlords who kindly gave us discounts on rent and our volunteers who have played such a fundamental role in the successful reopening of our shops.

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

**FINANCIAL REVIEW - Strategic Report**

The Consolidated Statement of Financial Activities for the year ended 31 March 2021 is set out on page 34. There is a surplus reported for the year of £818,730 (2020 - 932,564).

On the General Fund there was a surplus of £649,140 for the year before transfers (2020 £740,511). Legacies reported for the year were £682,327, this was significantly lower than the previous year but remains a very important strand of voluntary income (2020 £1,681,290). £319,337 was received in restricted funds throughout the year.

We had budgeted for a deficit in 2020/21 however we were delighted that our final declared results are significantly better than we had anticipated. This was largely due to the success of our COVID-19 emergency appeal (£340,496) and significant support from the government (£1,999,868). In total for the year ended 31<sup>st</sup> March 2021, income rose by 3% and expenditure rose by 6%. The surplus reported for this year has provided a boost to our unrestricted reserves.

We agreed an above inflation increase in our statutory income from Greenwich and Bexley CCGs at the beginning of the year. We were also successful in securing additional income to support the expansion of our hospital palliative care team to a seven-day service. The overall impact of these changes on our statutory income was an increase of 9% (to £4,121,839). Contracted NHS income was 42% of income of the Charity in 2020/21, another 14% (£1,386,599) was provided through support from the NHS England via Hospice UK leaving the remaining 44% which we must raise through the generous support of individuals, businesses, charitable trusts and foundations, and community groups and organisations<sup>6</sup>.

<sup>6</sup> In any other year the statutory contribution is approximately 40% of income.

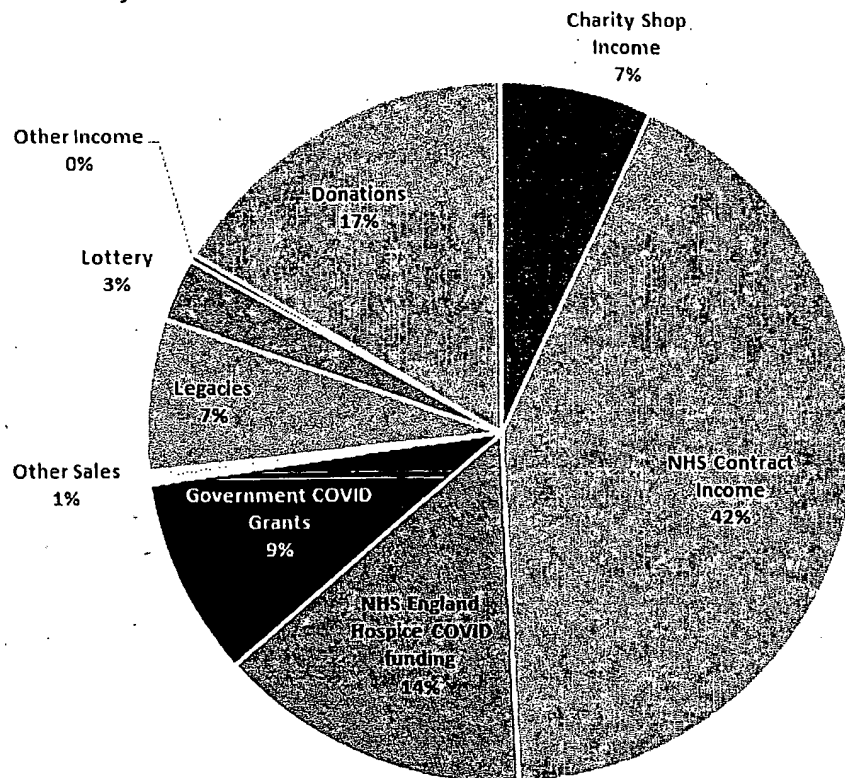
## TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued) FINANCIAL REVIEW - Strategic Report (continued)

Since 2012/13 several elements of service that the Hospice provides have been designated as a *Commissioner Requested Service* (CRS) by NHS Bexley Clinical Commissioning Group. This necessitates that the Hospice maintains a licence with NHS Improvement<sup>7</sup>, which brings an additional level of scrutiny and regulation for the Charity; in 2020/21 this designation was extended to include Greenwich. The Hospice is one of only a few Hospices nationally who have been designated as CRS and we continue to work closely with NHS Improvement to ensure that this designation works to benefit our beneficiaries.

Throughout 2020/21 we worked more closely than ever before with other system partners across the integrated care system. Our role in the Greenwich and Bexley silver command group 'Resplendent' was pivotal in ensuring that people facing end of life were cared for in the appropriate place and that staff in all settings were supported with additional training to care for people at end of life.

Our involvement helped solve problems including access to PPE, testing and vaccination for staff and has led to additional resources being made available through the COVID response funding and the 'Home First' Programme. The local landscape continues to change and we are keen to continue working in partnership to lead the improvements needed for people facing the end of life in Greenwich & Bexley.

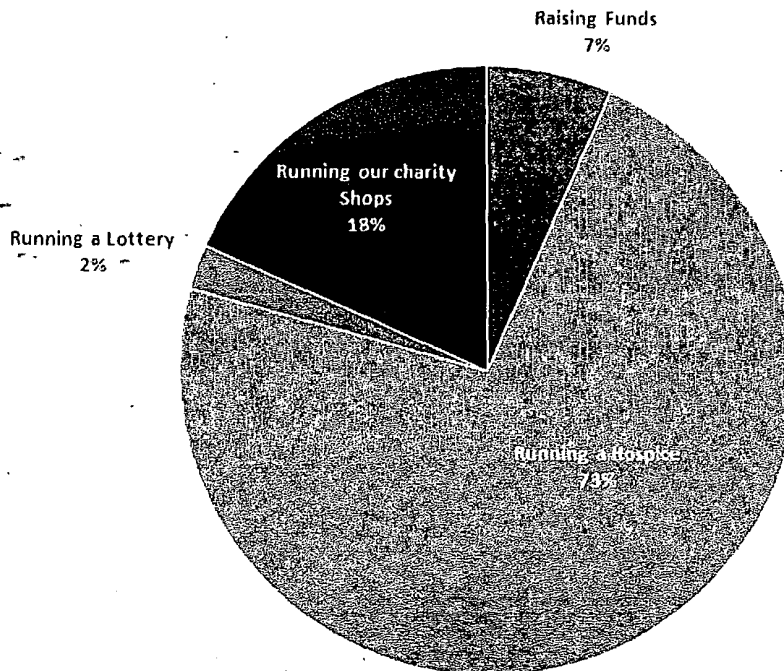
### Where our money came from in 2020/21



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

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)  
FINANCIAL REVIEW – Strategic Report (continued)

Where our money was spent in 2020/21 - 73p in every pound was spent on providing hospice care.



#### Reserves Policy

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

The Hospice's free reserves are represented in the accounts by the 'General Fund' and the 'Legacy Equalisation Fund' and a new designated 'Recovery and Transformation Fund'.

**Legacy Equalisation Fund:** In 2016/17 the Trustees created a Legacy Equalisation Fund taking advantage of the record legacy income in that year. The fund was established to be used to moderate the fluctuating nature of legacy income by allocating any annual excess of legacy income received over the ten-year average legacy income to the Equalisation Fund and to release funds back to the General Fund in years where the legacy income falls below the ten year average.

**Recovery and Transformation Fund:** Although Free Reserves are currently below the target agreed by the Trustees, our relatively healthy level of reserves have provided the charity with a degree of security during the current Coronavirus pandemic. In light of the changing and challenging environment in which we currently operate, the trustees believe that now is the time to increase investment of free reserves into areas, which will enable the charity to recover and transform. The trustees have therefore agreed to create, and invest a proportion of free reserves into, a designated Recovery and Transformation Fund.

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



**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**FINANCIAL REVIEW – Strategic Report (continued)**

At 31 March 2021, Free Reserves increased to £4,469,371 (2020 - £3,739,989), equivalent to running costs for 2020/21 of 6.0 months (2020 – 5.3 months).

The hospice has successfully managed the pandemic with current Free Reserves. However, the Trustees will be reviewing Free Reserves target level as the Hospice's next strategy develops in the coming months to ensure that reserves balance short term financial risk and the need for strategic investment.

In the meantime, Trustees recognise Free Reserves will fall even further below the agreed target level as Recovery and Transformation Fund investments are made, but consider the investment in the longer-term future of the charity to be a higher priority than the immediate short-term financial risks at this time.

**Investment powers, policy and performance**

The Investment Committee is in place to monitor the investments under the powers laid down in the Memorandum and Articles of Association. The primary objective of the investment policy is to provide financial security and stability for the operation of the Greenwich & Bexley Community Hospice. Our funds placed with Rathbones are now valued at £800,312 (2020 - £699,179).

**PLANS FOR THE FUTURE - Strategic Report**

Because of the pandemic, we have seen unprecedented change in our own organisation, across the health and social care system and throughout society. Whilst this has had its challenges, there are some definite opportunities which the Hospice has capitalised on to sustain and strengthen our charity and the services we provide. It is neither possible nor appropriate to return to life as it was pre-COVID-19, and the Board have agreed that we should use this experience as a catalyst for positive change in our Hospice.

We continue to be uncertain about the future with regard to the Coronavirus pandemic and the prevalence of COVID-19. Although the Hospice and the wider system are planning for recovery, we know that the autumn and winter of 2021 is likely to bring fresh challenges.

We are already experiencing an increased need for palliative and end of life care services particularly in advanced cancer caused by delays in treatment and the reluctance of the public to attend healthcare settings for check-ups or concerning symptoms.

The local Greenwich and Bexley plan includes end of life care and bereavement as a vital element of service in the post-COVID world, additional capacity is being maintained across the system in 2021/22 with a focus on 'home first' and 'virtual by default'. The Hospice is ideally placed to take the lead in keeping end of life care at the top of the agenda.

Because of the uncertain future brought about by the pandemic we have developed a 12-18 month **Recovery and Transformation Programme (RTP)** for the Hospice; this programme will help us shape our future strategy during a time of significant change and residual uncertainty, to make progress towards achieving our vision, respond to opportunities and become more resilient to future threats.

The programme focuses on seven priority areas, identified and crystallised through the COVID-19 experience and began in September 2020.

Through the priorities outlined below, we aim to maintain and strengthen our corporate, financial and operational resilience to ensure that we remain effective and relevant within the post COVID-19 world and that we are able to meet the growing demand for excellent palliative and end of life care.

Throughout the period Sept 2020 – March 2021, each priority work stream began to develop their objectives, the outcomes they want to see and the timescales which they anticipate delivering them in. Inevitably, some of the work streams are more complex and wider reaching, and their progress was hampered by the second wave of COVID-19 in December 2020/ January 2021. The work to progress them is now underway again and we are content that we will still be able to develop our longer-term strategy in time for FY2022/23.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**PLANS FOR THE FUTURE – Strategic Report (continued)**

Technology has enabled a number of significant changes to the way we work during the pandemic and will therefore be key in our thinking to respond to our priorities. A number of work streams are exploring technological opportunities and solutions and we are involving external specific expertise to support this work.

The priorities are:

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

Each group has one or two leads and operates under similar terms of reference. The Recovery and Transformation Programme Board (RTPB) oversee the work of these groups, this is a temporary sub-committee of the Hospice Board.

In recognition of the significant transformation agenda for our Hospice, the Trustees have created a designated Recovery and Transformation Programme Fund to help drive the work (see page 51).

The RTPB is reviewing and discussing the findings and recommendations of the sub-groups as they emerge and identifying future oversight and assurance requirements to be incorporated in our governance framework. Where appropriate, the RTPB scrutinises work stream proposals before making recommendations to other relevant sub-committees and/or the Hospice Board.

This development phase will continue for the next 9-12 months, planned to complete by March 2022

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

Greenwich & Bexley Community Hospice Limited is a company limited by guarantee and not having a share capital is governed by its Memorandum and Articles of Association dated 15<sup>th</sup> September 1992 and amended to meet the developing needs of the Charity on 15<sup>th</sup> January 1993, 8<sup>th</sup> January 2001, 10<sup>th</sup> July 2006, 8<sup>th</sup> June 2012 and 11<sup>th</sup> November 2020. The Members' liability is limited. Every Member of the Company undertakes to contribute up to £1 to the assets of the company in the event of it being wound up. It is a registered Charity with the Charity Commission (No 1017406). The number of Members of the Company is limited to 50. Present membership is 18. Every person desirous of becoming a Member must sign and deliver to the Company an application for membership. The sole right to membership is vested in the committee (Board of Management – see below) who may, without showing cause, refuse to admit any application to membership.

**Board of Management**

The business of the Charity is managed by a Board of Management (the Trustees) and its membership comes from within the Members of the Company. It is an objective to have members on the Board of Management whose skills and expertise complement the needs and aspirations of the workings of a Hospice and its business. Current membership of the Board of Management is 12 and following a review in 2020, the Articles of Association determine a minimum of four and a maximum of 14.

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

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)**

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

Following the Trustee skills audit completed in February 2019, the Board went out to open recruitment in August 2020 and was successful in appointing five new Trustees. This resulted in filling a number of skills gaps as well as improving the diversity on our Board. Any future recruitment will continue to take this open approach, targeting skills and increasing Board diversity.

**Trustee induction and ongoing training**

New Trustees undergo an orientation to brief them on their role and the various aspects of the Hospice service and to brief them on their legal obligations under Charity and company law, the content of the Memorandum and Articles of Association, the committee and decision making process, the business plan and recent financial performance of the Charity. This year, we also paired each new Trustee up with a 'buddy' to support them in settling into their role.

Trustees attend appropriate external training events which will develop them to better undertake their role. In 2020/21 Trustees attended the following training:

Hospice UK Virtual Conference  
Hospice UK Business Continuity ECHO  
Unconscious Bias Training  
In house – update on the refreshed Charity Governance Code  
Forum of Independent Hospice Chairs Group Meetings  
NCVO Role and Duties of Trustees  
haysmacintyre Trustee training: introduction to charity finance and reporting  
haysmacintyre Trustee training: What every Trustee should know  
In house - digital transformation for hospices

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

**Organisation**

The Board now meets every alternate month as agreed in the previous year's governance review. The Board also has a number of sub-committees with specific responsibilities: Quality & Safety Committee, Finance Committee, Investment Committee, Remuneration Committee and the Recovery and Transformation Programme Board. As a result of the previous governance review and the work undertaken by the RTPB, two new committees planned for 2021: A Workforce Committee and a Trading board.

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

The emergency governance structure implemented at the end of 2019/20 continued for the first part of 2020/21 with monthly board and finance committee meetings, held virtually rather than face to face, frequent written reports to Board by the Chief Executive, regular cash flow review meetings with the Chair, Treasurer, Chief Executive and Finance Lead and standing down the other regular governance sub committees. By November 2020, we reinstated our normal governance structure.

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

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)**

**Regulatory Framework**

The Hospice is registered with the Care Quality Commission to enable it to operate as a Hospice. Ellen Tumelty, Modern Matron for Inpatient Services is the Registered Manager and Kate Heaps, is the Responsible Person. The Hospice maintains a schedule of compliance with the relevant Statutory Regulations and may be inspected by the Care Quality Commission twice annually, by announced and/or unannounced inspection. The Hospice was inspected in the autumn of 2016 and received an overall 'Good' rating, with 'Outstanding' for the Responsiveness domain. The Hospice produced a "Quality Account" for 2020/21, which is submitted to NHS Improvement<sup>8</sup>.

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

**Related parties**

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

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

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

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

**Risk Management**

The Trustees implement a Risk Management Strategy which comprises of:

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

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

**Our approach to Sustainability and the Environment**

The Hospice is surrounded by large gardens and undeveloped grounds, some of which are covered by an environmental protection order. We are mindful that there is more that we can do to ensure we play our part in encouraging biodiversity in the local area. Although we contribute significantly to the reuse, repurpose, recycle agenda through our shops, we know there is also more we can do to reduce waste from our main site and to reduce our carbon footprint through energy efficiencies and green travel. In 2021/22 we will develop an environmental strategy to help us play our part in the increasingly important green agenda.

---

<sup>8</sup> Available via the Hospice website [www.communityhospice.org.uk](http://www.communityhospice.org.uk)

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021 (continued)**  
**RISK MANAGEMENT – Strategic report (continued)**

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

Risk	Mitigation
1. Financial Uncertainty as we emerge from the COVID-19 Pandemic and related to the developing SE London Integrated Care System and related commissioning structures.	The Board and Management Team continue to monitor Income, Expenditure and Cash flow closely, with monthly review of forecast. We continue to negotiate with system partners and commissioners about additional resources to support our work. We have developed a Recovery and Transformation Programme to plan for the future and grow our income, this includes a designated fund to invest in this development.
2. Additional Workload created by the effects of the COVID-19 Pandemic/ Recruitment and retention challenges in nursing and general clinical workforce	We are working with system partners to manage existing and plan for future increased demand. We continue to recruit bank staff to provide flexibility and have identified new ways of working to enable us to meet increased need. Working with Nesta on Recovery and Transformation Programme (service transformation) to plan for the future and implement further changes to enable us to meet future demand. Recruitment of Director of Care and Service Transformation to support additional leadership capacity. Investment in existing workforce to enable development and career progression within the organisation. Succession planning for staff approaching retirement/ being promoted. Competitive salary and terms and conditions of employment commensurate with NHS comparators. Increasing placement capacity and exposure to undergraduate nurses in training. Delivery of education to external organisations and good communication about Hospice opportunities. Development of new roles to fill gaps that are difficult to fill (e.g. traditional nursing roles) Increased use of digital
3. Data Protection risks due to increased prevalence of cyberattacks and increase in working from home.	We upgraded all our client devices with new hardware and software including latest operating system and anti-Virus software in 2020 and currently in the process of upgrading our backend infrastructure to cloud platform We carry out regular network penetration tests and have a third party agreement with a company who monitor our network for potential threats. We have cybersecurity insurance in place. All staff are trained on an annual basis around data protection and cyber security. Staff are only able to access GBCH systems when on site or through our VPN with multifactor authentication. The majority of personally identifiable information is securely held on the cloud (Raiser's Edge and SystmOne) Clinical staff use NHS mail to communicate about individual patient care. Our cloud platform offers Disaster recovery solution with backup snapshots taken throughout the day and kept at different sites. Contract with Data Protection people for advice and guidance Robust incident management

# Greenwich & Bexley Community Hospice

## TRUSTEES' RESPONSIBILITIES IN RELATION TO THE FINANCIAL STATEMENTS

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

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

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

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

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

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

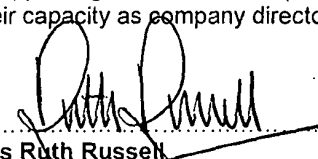
As the Directors of the company we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

### Auditors

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

By Order of the Trustees

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

  
Mrs Ruth Russell  
Chair

8TH September 2021

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

**Opinion**

We have audited the financial statements of Greenwich and Bexley Community Hospice Limited for the year ended 31 March 2021 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company Balance Sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2021 and of the group's and parent charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

**Basis for opinion**

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

**Conclusions relating to going concern**

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

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

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

**Other information**

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

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

We have nothing to report in this regard.

**Opinions on other matters prescribed by the Companies Act 2006**

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

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

**Matters on which we are required to report by exception**

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

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

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

**Responsibilities of trustees for the financial statements**

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

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

**Auditor's responsibilities for the audit of the financial statements**

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

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

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

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related



## Greenwich & Bexley Community Hospice

to recognition of income and management bias in certain accounting estimates. Audit procedures performed by the engagement team included:

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

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

### Use of our report

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



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

Date: 05 November 2021

# Greenwich & Bexley Community Hospice

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

	Notes	Unrestricted Funds General £	Designated £	Restricted Funds £	2021 £	2020 £
<b>INCOME FROM:</b>						
<b>Donations and Legacies:</b>	2					
Voluntary Income						
General donations		1,242,757		319,337	1,562,094	1,278,687
Charity shop donations		42,093			42,093	175,680
Legacies		682,327			682,327	1,681,290
<b>Charitable activities:</b>	3					
Operating a Hospice		4,121,839			4,121,839	3,781,571
<b>Other trading activities:</b>						
Charity shop income		662,490			662,490	1,773,370
Lottery income		282,685			282,685	267,837
Other sales income	4a	57,926			57,926	100,011
Rental income		9,410			9,410	9,562
<b>Investment:</b>		20,222			20,222	29,757
<b>Other income:</b>	4b	881,414		1,386,599	2,268,013	356,646
<b>Total Income</b>		<u>8,003,163</u>	<u>-</u>	<u>1,705,936</u>	<u>9,709,099</u>	<u>9,454,411</u>
<b>EXPENDITURE ON:</b>						
<b>Raising funds:</b>						
Fundraising and marketing costs		591,095			591,095	552,501
Charity shop expenditure		1,642,466			1,642,466	1,719,034
Lottery expenditure		215,212			215,212	197,714
<b>Charitable activities:</b>						
Operating a Hospice						
Clinical expenses		4,994,430		1,536,346	6,530,776	5,980,380
<b>Total Expenditure</b>	5	<u>7,443,203</u>	<u>-</u>	<u>1,536,346</u>	<u>8,979,549</u>	<u>8,449,629</u>
Net (losses)/gains on investments	10	<u>89,180</u>	<u>-</u>	<u>-</u>	<u>89,180</u>	<u>(72,218)</u>
<b>Net income/(expenditure)</b>		<u>649,140</u>	<u>-</u>	<u>169,590</u>	<u>818,730</u>	<u>932,564</u>
Transfers between funds	16	<u>79,342</u>	<u>14,632</u>	<u>(93,974)</u>	<u>-</u>	<u>-</u>
<b>Net movement in funds</b>		<u>728,482</u>	<u>14,632</u>	<u>75,616</u>	<u>818,730</u>	<u>932,564</u>
<b>BALANCE BROUGHT FORWARD at 1/4/20</b>		<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>
<b>BALANCE CARRIED FORWARD at 31/3/21</b>		<u>2,777,702</u>	<u>1,966,349</u>	<u>6,269,308</u>	<u>11,013,359</u>	<u>10,194,629</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 2020 are shown in note 22.

# Greenwich & Bexley Community Hospice

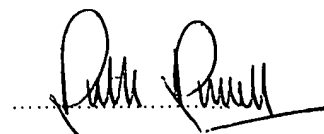
COMPANY NUMBER: 2747475

## CONSOLIDATED AND CHARITY BALANCE SHEETS As at 31 March 2021

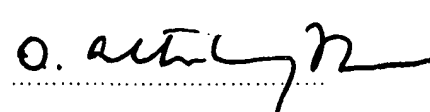
	Notes	The Group		The Charity	
		2021 £	2020 £	2021 £	2020 £
<b>FIXED ASSETS</b>					
Tangible assets	9	6,210,485	6,261,162	6,210,485	6,260,239
Investments	10	811,342	699,852	812,344	700,854
		<u>7,021,827</u>	<u>6,961,014</u>	<u>7,022,829</u>	<u>6,961,093</u>
<b>CURRENT ASSETS</b>					
Stocks	11	5,457	9,446	-	-
Debtors	12	1,736,456	2,449,198	2,257,589	2,614,163
Cash on deposit, at bank and in hand		3,063,749	1,444,403	2,911,964	1,184,559
		<u>4,805,662</u>	<u>3,903,047</u>	<u>5,169,553</u>	<u>3,798,722</u>
<b>CURRENT LIABILITIES</b>					
CREDITORS: Amounts falling due within one year	13	(814,130)	(669,432)	(657,296)	(565,186)
<b>NET CURRENT ASSETS</b>		<u>3,991,532</u>	<u>3,233,615</u>	<u>4,512,257</u>	<u>3,233,536</u>
<b>NET ASSETS</b>		<u>11,013,359</u>	<u>10,194,629</u>	<u>11,535,086</u>	<u>10,194,629</u>
<b>FUNDS</b>					
<b>UNRESTRICTED FUNDS:</b>					
General Fund		2,777,702	2,049,220	3,299,429	2,049,220
<b>Designated Funds</b>					
Fixed Assets Fund		274,680	260,048	274,680	260,048
Legacy Fund		1,191,669	1,691,669	1,191,669	1,691,669
Recovery & Transformation Fund		500,000	-	500,000	-
<b>RESTRICTED FUNDS:</b>					
Property Fund		5,935,805	6,000,191	5,935,805	6,000,191
Others		333,503	193,501	333,503	193,501
		<u>11,013,359</u>	<u>10,194,629</u>	<u>11,535,086</u>	<u>10,194,629</u>

The financial statements were approved and authorised for issue by the Board of Directors on 8<sup>th</sup> September 2021 and were signed below on its behalf by:

Mrs Ruth Russell - Director



David Atterbury Thomas - Director



The accompanying notes form part of these financial statements.

The net income for the charity only for the year is £818,730 (2020:£932,564)

# Greenwich & Bexley Community Hospice

## CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

	Notes	2021 £	2020 £
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>	A	1,762,349	(175,846)
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Interest received		2,240	5,979
Payments to acquire fixed assets		(143,963)	(243,991)
Disposal of fixed assets		9,750	-
Purchase of investments		(11,030)	-
<b>CASH PROVIDED / (USED IN) INVESTING ACTIVITIES</b>		<u>1,619,346</u>	<u>(238,012)</u>
<b>INCREASE/ (DECREASE) IN CASH IN THE YEAR</b>		<u>1,619,346</u>	<u>(413,858)</u>
 Cash and cash equivalents at the beginning of the year		 <u>1,444,403</u>	 <u>1,858,261</u>
 <b>TOTAL CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>		 <u>3,063,749</u>	 <u>1,444,403</u>

## NOTES TO THE CONSOLIDATED CASH FLOW STATEMENT

<b>A. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES</b>	<b>2021 £</b>	<b>2020 £</b>
Net income	818,730	932,564
Depreciation charge	194,640	171,882
Profit on disposal of fixed assets	(9,750)	-
Gains/ (Losses) on Investments	(100,460)	55,485
Decrease in stock	3,989	2,120
(Increase)/Decrease in debtors	712,743	(1,433,147)
(Decrease)/Increase in creditors	144,697	101,229
Interest received	(2,240)	(5,979)
 Net cash used in operating activities	 <u>1,762,349</u>	 <u>(175,846)</u>

## NOTES TO THE FINANCIAL STATEMENTS

### 1. ACCOUNTING POLICIES

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

#### Statement of compliance

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2020), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

#### General information

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

#### Preparation of accounts on a going concern basis

##### Impact of COVID-19 on our business

The COVID-19 worldwide pandemic has generated an economic tsunami, demonstrating the inherent volatility to revenue income which is expected to continue to have an impact on the results for the forthcoming year. However, the extent of this impact is currently unknown. On the 23rd March 2020, central government introduced restrictions and a lockdown. This was followed by several relaxing and tightening of measures throughout 2020/21 with shops remaining closed at the end of the year into 2021/22.

At the beginning of the pandemic the Hospice instigated our business continuity plan and this has resulted in many changes to services. Our inpatient unit was segregated from the rest of the Hospice for most of the year; our Day Hospice and outpatient services closed, and Day Hospice remains closed for the foreseeable future; our community and hospital services adapted to protect vulnerable patients and our staff and our regular volunteering programme was stood down, with new volunteering roles being developed for those who had the time and physical resilience to support the Hospice. Throughout we have continued to support patients and families wherever they need help, with more support being delivered on the telephone or via video call as well as continued face to face input. We have seen demand for care increase in the community, but a reduction in demand for IPU and hospital. Our support services all continued and in income generation, our shops were closed and fundraising had to adapt their plans to more remote and virtual offerings.

As well as reviewing all of our fundraising plans to protect whichever planned income streams we could, our fundraising team launched an emergency appeal which raised £340,496 and we have been proactive and successfully applied for a number of additional grants from Trusts. Our lottery is almost at budget.

Our shops were closed for several months and therefore took a significant hit, however they are now reopened and are recovering well. An additional £198,732 of government income has been received through the Retail, Hospitality and Leisure grant scheme (Business Interruption Grant). We have also claimed £414,537.00 of furlough grant from the government.

**NOTES TO THE FINANCIAL STATEMENTS (continued)**

**1. ACCOUNTING POLICIES (continued)**

In response to the above, the entity took the following actions:

- We successfully sought rent relief holidays from some of our shop landlords
- We applied for rates holiday from our local authorities (£27,540)
- We moved our fundraising events to virtual and postponed/ downscaled other events
- We launched an emergency appeal (raising more than £420,000 inclusive of Gift Aid and including significant funding from trusts and foundations)
- We have now reopened most of our shops and already they are making a significant contribution
- We applied to the Job retention scheme (£414,537 claimed to date)
- We claimed grants from the Retail, Leisure and Hospitality Grants Scheme (£198,732)
- We claimed Hospice Emergency funding from NHS England (£1,386,599)
- We launched an e-commerce initiative
- We claimed additional COVID-19 funding from the NHS
- We restricted unnecessary spend
- We accessed FOC PPE through NHS Supply chain

In addition:

- We have free reserves of £4.5m and have liquid funds of more than £3.5m in our bank accounts
- We ascertained we are able to borrow money from our bank if we need additional cash for working capital
- We are able to liquidate the investment portfolio if necessary.
- The results for the latest Income & Expenditure Forecast show a favourable variance compared to the budgeted position.

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

**Consolidation**

The group financial statements consolidate the financial statements of the charitable company and its wholly owned subsidiaries, GBCH Trading Limited and Greenwich & Bexley Community Hospice Lottery Limited. A separate Statement of Financial Activities and Income and Expenditure Account for the charity has not been presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006. The surplus of the parent charity was £818,730 (2020: £932,564). The registered office for both GBCH Trading Limited and Greenwich & Bexley Community Hospice Limited is 185 Bostall Hill, London, SE2 0GB. Uniform accounting policies have been applied.

**Income recognition**

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

**Donations and legacies**

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

**Gifts in kind**

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

**Personal Protective Equipment (PPE)**

The group received donated PPE to the value of £571,171 during the year, organised by Hospice UK

**NOTES TO THE FINANCIAL STATEMENTS (continued)**

**1. ACCOUNTING POLICIES (continued)**

**Grants**

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

The group recognised £198,732 from the Retail, Hospitality and Leisure Grant Fund Scheme and £1,386,599 from NHS England as part of the government's COVID-19 emergency response. This income has been included in full in the 31 March 2021 financial statements as the charity met the three income criteria of entitlement, measurement and probability at this date.

**Income from charitable activities**

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

**Other Income (see note 4b)**

Income received from pension recovery, salary recharges, Bexley adult social care contract, furlough refunds and grants from the retail, hospitality and leisure grant fund scheme and NHS England are included in other income.

**Investment income**

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

**Expenditure**

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

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

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

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

**Allocation of costs**

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

**Fixed assets**

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

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

Donated assets are included at value on the date received.

**Investments**

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

**NOTES TO THE FINANCIAL STATEMENTS (continued)**

**1. ACCOUNTING POLICIES (continued)**

**Stocks**

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

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

**Financial instruments**

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

**Creditors and provisions**

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

**Debtors**

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

**Cash at bank and in hand**

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

**Operating leases**

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

**Funds**

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

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

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

**Estimates and judgements**

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



**NOTES TO THE FINANCIAL STATEMENTS (continued)**

**1. ACCOUNTING POLICIES (continued)**

Legacies are recognised when the following conditions are confirmed:

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

**Employee benefits**

*Short term benefits*

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

*Employee termination benefits*

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

*Pension scheme*

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

<b>2. DONATIONS AND LEGACIES</b>		<b>2021</b>	<b>2020</b>
		<b>Total £</b>	<b>Total £</b>
Donations		1,604,187	1,454,367
Legacies		682,327	1,681,290
		<u>2,286,514</u>	<u>3,135,657</u>
<b>3. INCOME FROM CHARITABLE ACTIVITIES</b>		<b>£</b>	<b>£</b>
Operating a Hospice - NHS income		<u>4,121,839</u>	<u>3,781,571</u>
<b>4a. OTHER SALES INCOME</b>		<b>2021</b>	<b>2020</b>
		<b>£</b>	<b>£</b>
Catering Income		2,072	25,842
Training Income		55,854	74,169
		<u>57,826</u>	<u>100,011</u>

# Greenwich & Bexley Community Hospice

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

4b. OTHER INCOME	2021 £	2020 £
Pension Recovery	22,528	22,528
Medical Insurance Claims	55,854	268
Landlord Contribution to shop repairs	2,055	750
Charge to landlord for clearance of Knotweed at shop	0	323
Room Hire/Catering	0	9,313
Scrap proceeds of donated car	0	126
Salary Recharge secondment	29,707	0
Retail, Hospitality and Leisure Grant	198,732	310,000
Furlough Refund including Trading	414,537	13,243
NHS England Support	1,386,599	0
Adult social Care Contract	210,000	0
Charge for provision of medical notes	50	0
Others	0	95
	<u>2,268,013</u>	<u>356,646</u>

5a. Direct and Support costs	Direct costs £	Support costs £	Total 2021 £
<b>Raising Funds</b>			
Fundraising and marketing costs	495,074	96,021	591,095
Charity shop expenditure	1,606,183	36,283	1,642,466
Lottery expenditure	211,372	3,840	215,212
<b>Charitable activities</b>			
<i>Operating a Hospice</i>			
Clinical expenses	5,548,610	982,166	6,530,776
	<u>7,861,239</u>	<u>1,118,310</u>	<u>8,979,549</u>
Expenditure			
<b>Direct and Support costs</b>	<b>Direct costs</b>	<b>Support costs</b>	<b>Total</b>
	<b>£</b>	<b>£</b>	<b>2020 £</b>
<b>Raising Funds</b>			
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
<b>Charitable activities</b>			
<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			

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

5b.

Support costs	Administration	Finance and IT	Office Costs	Governance	Total
	£	£	£	£	2021 £
<b>Raising funds</b>					
Fundraising and marketing costs	34,666	48,501	9,054	3,800	96,021
Charity shop expenditure	31,683	4,600			36,283
Lottery expenditure		3,840			3,840
Clinical expenses	359,792	502,655	89,395	30,324	982,166
	<u>426,141</u>	<u>559,596</u>	<u>98,449</u>	<u>34,124</u>	<u>1,118,310</u>

Support costs	Administration	Finance and IT	Office Costs	Governance	Total
	£	£	£	£	2020 £
<b>Raising funds</b>					
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>

5c Governance costs include:

	2021 £	2020 £
Staff costs	34,124	30,828
Auditor's remuneration:		
- Audit work	10,900	10,000
- Other services	(200)	5,350
	<u>44,824</u>	<u>46,178</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.

# Greenwich & Bexley Community Hospice

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

### 6. Employees

	The Group		The Charity	
	2021 Number	2020 Number	2021 Number	2020 Number
Average number of employees, excluding Directors	178	179	134	132
Full time equivalent figures	157	149	118	107
<b>Staff costs consisted of:</b>	<b>2021</b>	<b>2020</b>	<b>2021</b>	<b>2020</b>
	£	£	£	£
Salaries	5,192,777	4,788,908	4,190,992	3,807,388
Social security costs	499,901	459,749	422,939	383,652
Other pension costs	368,642	345,343	326,220	302,587
Redundancy payments	20,062	-	20,062	-
	<u>6,081,382</u>	<u>5,594,000</u>	<u>4,960,213</u>	<u>4,493,627</u>
Agency	29,422	64,101	29,422	62,151
Medical services	283,955	322,828	283,955	322,828
	<u>6,394,759</u>	<u>5,980,929</u>	<u>5,273,590</u>	<u>4,878,606</u>

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

	2021	2020
£60,000 - £69,999	2	1
£70,000 - £79,999	4	2
£100,000 - £109,999	1	1

Of these, 7 employees are accruing pension contributions totalling £44,105 (2020: 4 employees, accruing £29,017).

The total employee benefits of the key management personnel of the Group were £448,572 (2020: £427,790). Of this, £416,889 (2020: £400,718) relates to the key management personnel of the charity.

### 7. TRUSTEES REMUNERATION AND EXPENSES

Expenses were reimbursed to no trustees in the current year. (2020: £Nil). No Trustee received remuneration in the current or prior year.

# Greenwich & Bexley Community Hospice

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 8. NET INCOME

	2021 £	2020 £
The net income is stated after charging:		
Auditors' remuneration (excluding VAT)		
- For audit	15,500	14,200
- For tax compliant services	3,640	4,800
Depreciation	<u>194,640</u>	<u>171,882</u>

### 9. TANGIBLE ASSETS - GROUP

	Freehold Land & Buildings	Equipment Furniture & Fittings	Motor Vehicles	Charity Total	Subsidiary Furniture, Equipment & Vehicles	Group Total
	£	£	£	£	£	£
<b>Cost or valuation</b>						
At 1 April 2020	6,913,646	1,976,917	95,596	8,986,159	183,211	9,169,370
Additions	4,798	139,165	-	143,963	-	143,963
Disposals	-	-	(25,946)	(25,946)	(55,410)	(81,356)
At 31 March 2021	<u>6,918,444</u>	<u>2,116,082</u>	<u>69,650</u>	<u>9,104,176</u>	<u>127,801</u>	<u>9,231,977</u>
<b>Depreciation</b>						
At 1 April 2020	913,455	1,731,935	80,530	2,725,920	182,288	2,908,208
Provided for the year	69,184	117,385	7,148	193,717	923	194,640
Disposals	-	-	(25,946)	(25,946)	(55,410)	(81,356)
At 31 March 2021	<u>982,639</u>	<u>1,849,320</u>	<u>61,732</u>	<u>2,893,691</u>	<u>127,801</u>	<u>3,021,492</u>
<b>Net Book Value</b>						
At 31 March 2021	<u>5,935,805</u>	<u>266,762</u>	<u>7,918</u>	<u>6,210,485</u>	<u>-</u>	<u>6,210,485</u>
At 31 March 2020	<u>6,000,191</u>	<u>244,982</u>	<u>15,066</u>	<u>6,260,239</u>	<u>923</u>	<u>6,261,162</u>

# Greenwich & Bexley Community Hospice

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 10. FIXED ASSET INVESTMENTS

	2021 £	2020 £
<b>Charity:</b>		
Shares in subsidiary companies at cost	1,002	1,002
Listed Investments	811,342	699,852
At 31 March 2021	<u>812,344</u>	<u>700,854</u>

The historical cost of listed investments at 31 March 2021 was £750,000 (2020: £750,000).

	2021 £	2020 £
At 1 April 2020	699,852	755,337
Additions	11,030	-
Disposals	-	-
Gain/ (loss) on investment	89,180	(72,218)
Investment Income	17,983	23,778
Investment Fees	(6,703)	(7,045)
At 31 March 2021	<u>811,342</u>	<u>699,852</u>

	2021 £	2020 £
<b>Investment in subsidiary undertakings</b>		
Cost and Director's valuation		
GBCH Trading Limited	1,000	1,000
Greenwich & Bexley Community Hospice Lottery Ltd	2	2
At 31 March 2021	<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)

	2021 £	2020 £
<b>GBCH Trading Limited</b>		
Turnover	662,490	1,773,370
Cost of sales	(6,239)	(10,767)
Gross profit	656,251	1,762,603
Administrative expenses	(1,636,227)	(1,708,268)
Operating (loss)/profit	(979,976)	54,335
Other Income	390,163	13,751
Corporation Tax	(589,813)	68,086
	13,505	(13,505)
(Loss)/Profit for the year	(576,308)	54,581
Profit brought forward	54,581	-
(Loss)/Profit carried forward	(521,727)	54,581

The assets and liabilities of the subsidiary were:

Fixed assets	-	923
Current assets	257,214	469,674
Current liabilities	(777,941)	(469,59)
Total net assets	(520,727)	1,000
Aggregate share capital and reserves	(520,727)	1,000

The net (liabilities)/assets of the subsidiary as at 31 March 2021 were £ (520,727) (2020: £1,000).

**Greenwich & Bexley Community Hospice Lottery Limited**

	2021 £	2020 £
Turnover	282,685	267,837
Cost of sales	(67,600)	(69,064)
Gross profit	215,085	198,773
Administrative expenses	(147,612)	(128,650)
Operating profit	67,473	70,123
Distribution to parent charity	67,473	70,123
	(67,473)	(70,123)
Retained in subsidiary	-	-

# Greenwich & Bexley Community Hospice

## NOTES TO THE FINANCIAL STATEMENTS (continued)

The current assets and liabilities of the subsidiary were:

Current assets	112,853	108,026
Current liabilities	(112,821)	(108,024)
Total net assets	2	2
Aggregate share capital and reserves	2	2

The net assets of the subsidiary as at 31 March 2021 were £2 (2020: £2).

### 11. STOCKS

	The Group		The Charity	
	2021	2020	2021	2020
	£	£	£	£
Materials	5,457	9,446	-	-

### 12. DEBTORS

	The Group		The Charity	
	2021	2020	2021	2020
	£	£	£	£
Trade debtors	96,284	105,019	86,443	104,877
Prepayments	225,536	227,466	58,482	82,668
Legacies	923,559	1,566,065	923,559	1,566,065
Other accrued income	58,311	164,451	42,500	15,385
Hospitality, Retail and Leisure Grants	-	310,000	-	310,000
NHS England grant	318,120	-	318,120	-
Other debtors	114,646	-	94,527	61,955
Amounts due from subsidiaries	-	-	733,958	473,213
	1,736,456	2,449,198	2,257,589	2,614,163

### 13. CREDITORS: amounts falling due within one year

	The Group		The Charity	
	2021	2020	2021	2020
	£	£	£	£
Trade creditors	239,858	319,687	222,122	302,523
Other taxes and social security	127,599	119,423	127,599	119,423
Accruals	316,381	106,882	205,984	42,337
Other Creditors	49,900	49,198	49,886	49,198
Deferred income (note 15).	80,392	74,242	51,705	51,705
	814,130	669,432	657,296	565,186



NOTES TO THE FINANCIAL STATEMENTS (continued)

14. FINANCIAL INSTRUMENTS

	The Group		The Charity	
	2021	2020	2021	2020
	£	£	£	£
Financial assets at amortised cost (includes trade debtors, legacies, accrued income, other debtors and amounts due from subsidiaries).	5,386,011	4,365,987	5,922,415	4,415,906
Financial liabilities at amortised cost (includes trade creditors, other taxes and social security, other creditors and amounts due to the subsidiaries).	367,457	439,110	349,721	421,947

15. ANALYSIS OF DEFERRED INCOME

	Group		Charity	
	2021	2020	2021	2020
	£	£	£	£
Deferred income at 1 April	74,242	110,428	51,705	90,923
Applied during the year	28,68	22,538	-	-
Released during the year	(22,537)	(58,724)	-	(39,218)
Deferred income at 31 March	80,392	74,242	51,705	51,705

16. STATEMENT OF FUNDS (2021)

	At 1/4/20	Income	Expenditure	Transfers & Gains	At 31/3/21
	£	£	£	£	£
<b>Unrestricted Funds</b>					
General Fund	2,049,220	8,003,163	(7,443,203)	168,522	2,777,702
<b>Designated:</b>					
Fixed Assets Fund	260,048	-	-	14,632	274,680
Legacy Equalisation Fund	1,691,669	-	-	(500,000)	1,191,669
Recovery & Transformation Fund	-	-	-	500,000	500,000
<b>Restricted Funds</b>					
Donations	193,501	1,705,936	(1,536,346)	(29,588)	333,503
Property Fund	6,000,191	-	-	(64,386)	5,935,805
<b>Group Total</b>	<b>10,194,629</b>	<b>9,709,099</b>	<b>(8,979,549)</b>	<b>89,180</b>	<b>11,013,359</b>

STATEMENT OF FUNDS (2020)

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

**NOTES TO THE FINANCIAL STATEMENTS (continued)**

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

**Fixed Assets Fund**

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

**Legacy Equalisation Fund**

In 2016/17 the Trustees created a Legacy Equalisation Fund taking advantage of the record legacy income in that year. The fund was established to be used to moderate the fluctuating nature of legacy income by allocating any annual excess of legacy income received over the ten year average legacy income to the Equalisation Fund and to release funds back to the General Fund in years where the legacy income falls below the ten year average. Due to above average income in 2020/20, £735,291 was transferred to the Legacy Equalisation Fund from the general fund.

**Recovery and Transformation Fund**

This fund has been set up to invest in a number of projects to support the Recovery & Transformation Programme. The Hospice Recovery and Transformation Programme was approved by the Board of Trustees at the end of 2020. The purpose of the programme is to help us recover from the effects of the pandemic and to support transformation in seven priority areas, identified and crystallised by the COVID-19 experience:

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

*The Charity has the following restricted funds:*

**Donations Fund**

This represents funds received where the donor has declared where the gift should be spent. During the year, £29,5883 was released into general reserves which had been spent on capital projects pertaining to the kitchen refurbishment.

**Property Fund**

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

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

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

17. ANALYSIS OF GROUP NET ASSETS  
BETWEEN FUNDS AS AT 31/3/21

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets		274,680	5,935,805	-	6,210,485
Investments	811,342	-	-	-	811,342
Current assets	2,410,423	1,691,669	333,503	370,067	4,805,662
Current liabilities	77,664			(891,794)	(814,130)
	<u>3,299,429</u>	<u>1,966,349</u>	<u>6,269,308</u>	<u>(521,727)</u>	<u>11,013,359</u>

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>

18. PENSIONS

The company contributes to the NHS and Stakeholder pension schemes in respect of eligible employees. The assets of the schemes are held separately from those of the company in independently administered funds. The pension cost represents contributions payable by the company to the pension scheme funds. The NHS scheme is a multi-employer deferred benefits scheme which is underwritten by the Treasury. The Charity's obligations are limited to its annual contributions. The scheme currently has an employee contribution of between 5% and 13.5% and an employer contribution of 14.3%. The Stakeholder Scheme has an employee contribution decided by the employee and the employer contribution is 1% above the employee's contributions up to a maximum of 7%. The total employers pensions contribution for the year amounted to £326,220 (2020: £302,587) and as at the balance sheet date the company held total contributions of £49,841 (2020: £49,153) that were payable to the pension schemes.

NOTES TO THE FINANCIAL STATEMENTS (continued)

19. OPERATING LEASE  
COMMITMENTS

	2021		2020	
	Land & Buildings £	Other £	Land & Buildings £	Other £
As at 31 March 2021, the charity had annual lease rental commitments totalling:				
Leases expiring within 1 year	193,049	4,065	233,422	4,265
Leases expiring within 1-5 years	490,998	8,073	630,083	12,195
Leases expiring after 5 years	18,332	-	97,987	-
	<u>702,379</u>	<u>12,138</u>	<u>961,492</u>	<u>16,460</u>

20. CAPITAL COMMITMENTS

	2021 £	2020 £
Authorised	<u>0</u>	<u>8,000</u>

21. RELATED PARTY TRANSACTIONS

In the year ended 31<sup>st</sup> March 2021 the following transactions took place between the Charity and its wholly owned subsidiaries: GBCH Trading Limited (company number: 05612068) and Greenwich & Bexley Community Hospice Lottery Limited (company number: 06483768):

- Amounts due to the parent company at the year-end was £733,958.

There are no other outstanding balances with related parties as at 31 March 2021 (2020: £nil).

The total amount of donations received from the trustees in the year was £ 31,113 (2020: £ 9,877).

NOTES TO THE FINANCIAL STATEMENTS (continued)

22. COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (2020):

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