

# Greenwich & Bexley Community Hospice

## GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED

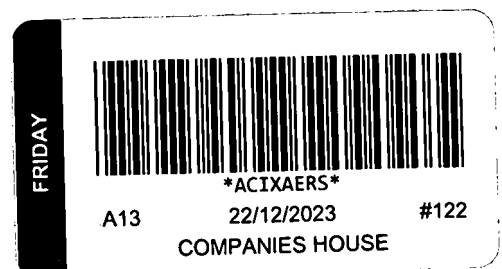
(A charitable company limited by guarantee)

### FINANCIAL STATEMENTS

FOR THE YEAR ENDED

31 MARCH 2023

Company Number: 2747475  
Registered Charity Number: 1017406



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## REFERENCE AND ADMINISTRATIVE DETAILS

### Directors and Trustees

Mrs Ruth Russell	•£□♦⌘	Chair and Chair of Nominations, Remuneration and Governance Committee
Mr Tim Gutteridge	£⌘♣	Deputy Chair and Chair of Trading Board
Mr David Atterbury-Thomas	£□♦⌘♠	Treasurer and Chair of Finance Information Governance and Information Technology Committee
Mr Gerald Peters	♠	Company Secretary and Chair of Lottery Board (resigned November 2022)
Mrs Estelle Kerridge	•⌘	Company Secretary from November 2022, Board Safeguarding Champion
Simon Di Marino	£♦	
Ms Paula Keats	•⌘	
Ms Kate McGranaghan-Chow	£♠	Chair of Lottery Board from November 2022, Fundraising Link Trustee
Ms Rebecca Middleton	♣	Trustee
Mrs Mairead O'Reilly		Trustee
Dr Mary-Clare Parker	•	Trustee
Mrs Manal Sadik	□⌘	Chair of Equity, People and Inclusion Committee, Board Equity, Diversity and Inclusion Champion
Mrs Komal Whittaker-Axon	•	Chair of Quality and Safety Committee
Mr Michael Williams	□♠	Marketing and Communications Link Trustee

### Membership of Board Committees

- Quality & Safety Committee
- £ Finance, Information Governance and Information Technology Committee
- Equity, People and Inclusion Committee (Previously Workforce Committee)
- ♦ Investment Committee
- ⌘ Nominations, Remuneration and Governance Committee (from September 2022)
- ♠ Lottery Board
- ♣ Trading Board

### Non-Trustee Advisors

Mr Mike Davis ♣	Non-Executive Director for GBCH Trading
Mr Barry Dow ♣	Non-Executive Director for GBCH Trading
Mr Ivan Izikotwitz ♣	Non-Executive Director for GBCH Trading
Mr Alan Powell ♦	

**Chief Executive** Ms Kate Heaps

**Senior Leadership Team**

Mr Victor D'Arcy-Smith  
Mr Jon Devlin  
Ms Wendy Lethem  
Ms Aneta Saunders  
Dr Ruth Miles (appointed March 2023)  
Mr Graham Turner

**Registered Manager** Ms Ellen Tumelty

**Registered Office**

185 Bostall Hill  
Abbey Wood  
London  
SE2 0GB

**REFERENCE AND ADMINISTRATIVE DETAILS (continued)**

**Bankers** National Westminster Bank Ltd  
12 High Street  
Dartford  
Kent  
DA1 1DD

**Auditors** Haysmacintyre LLP  
10 Queen Street Place  
London  
EC4R 1AG

**Registered Charity Number** 1017406

**Company Number** 2747475

## TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023

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 2023.

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 person facing death should have the best quality of life possible, experience dignity, peace and comfort and be supported to make the choices that are right for them.

Our organisational purpose is to support and care for people facing death and those close to them, their families and professional carers, acting as a system and community leader and connector, supporting others and delivering expert care to achieve our vision. As we strengthen our relationships across the community and health and care system, we are generous with our skills and expertise to increase the profile of end of life issues and hospice care, improving access and extending reach.

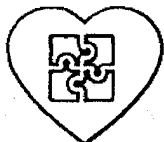
Our staff work within our own services and in partnership with others to help patients maintain connections with their community and maximise their quality of life. We continue to be creative in our approach to care, reimagining support at home and for families, all the time responding to diverse needs and the challenges our patients and communities face.

We actively listen and respond to everyone who needs our care and at times, this requires us to lobby those in power to ensure that the necessary resources are available and that we can address barriers/challenges.

We recognise that our people are our greatest asset; we recruit, develop and retain the best people, creating opportunities and an environment for all of our staff so that they can be themselves and perform at their best.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023**  
**OBJECTIVES AND ACTIVITIES (continued)**

## Our Values



## Working together

The Hospice will never be able to achieve our vision if we try to do it alone. We have much more impact when we work together across teams and disciplines, with partner organisations, the community, our patients and their families to make sure that we focus on the right things and make the biggest and best impact we can.



## Caring for and supporting one another

If we care for one another then our patients and their families will feel reassured that we will care for them when they need it too. The work we do can be difficult, so supporting one another, acknowledging our differences, our strengths and weaknesses will help us give the best we can, and help us work as a team which is kind to one another, listens, challenges, is empowered to find solutions to problems and feels valued regardless of role.



## Respect and professionalism

By being a diverse organisation we can include people with a range of knowledge and skills to achieve our vision. If we engage with this diversity, acknowledging that everyone contributes to achieving our goal and if we act professionally and treat others as we would like to be treated, we will learn from others and instil confidence in the Hospice so that when local people need our care they are less anxious and fearful about approaching us.



**Striving for the best and  
being forward thinking**

[illegible]

## 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.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**OBJECTIVES AND ACTIVITIES (continued)**

**Our Strategy**

Following a comprehensive and inclusive development process, we approved our organisational strategy at the beginning of FY 22/23. This new strategy built on our learning from the pandemic, our previous recovery and transformation plan and insights from internal and external stakeholders. It set out our overarching priorities for the next five years and under this umbrella we have developed more detailed plans in several key areas. Our plan reemphasises our commitment to ensuring that our patients, their families and friends and the needs that they encounter through their journey from diagnosis through to death and into bereavement, remain at the heart of all we do. Our skilled, compassionate and dedicated team of staff and volunteers, led by our Chief Executive and Senior Leadership Team are responsible for operational delivery. Together, we are working with local people and our partners to meet the evolving needs of our communities, working together to achieve the very best outcomes for patients.

Focusing on our three strategic priorities will help ensure that we utilise our resources as efficiently and effectively as possible, so that care and support is available where and when needed, delivered by the most appropriate person or service. It is also helping to deliver our aim of remaining financially sustainable, so that we can invest in care and support long into the future and be the very best we can be.



1. Listening to all voices in our community, understanding their stories and challenging inequalities so that we develop support, which is responsive, compassionate and flexible to meet differing and individual needs



2. Growing and empowering our own staff, working to our strengths alongside system partners and developing others to give the best support they can to dying people and their families



3. Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income

We recognise that our charitable purpose sometimes requires us to take risks, to be courageous in advocating for those whom are most in need and sometimes, to prioritise resources. We continue to be innovative in our approach and focus on our priorities; to help ensure that we achieve our vision of the best quality of life possible for all people facing death in our community.

Further information about our new strategy is available at [www.communityhospice.org.uk](http://www.communityhospice.org.uk)

The Trustees have also now approved more detailed three-year plans for the following key areas:

- Digital and Data
- People
- Service Transformation
- Trading;

and are developing further detailed plans for:

- Communications and Marketing
- Community Development and Engagement
- Estates and Environmental
- Fundraising

These plans include some areas of significant investment to help drive change, efficiency and service improvement and these will be funded by new income streams largely from Trusts and Foundations and our NHS/ Local Authority partners as well as from our Recovery and Transformation Designated Fund.

We are working closely with our system partners across health and social care to ensure that end of life care features high on the SE London strategic agenda. The SE London plan and local Greenwich and Bexley plans include aging well, end of life care and bereavement as a priority with a focus on 'home first' and 'virtual wards'. The Hospice remains instrumental in leading much of this work, demonstrating how we are succeeding in keeping end of life care at the top of the agenda.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)

OBJECTIVES AND ACTIVITIES (continued)

The table below gives an overview of the progress made against our Strategic objectives:

Priority	Objectives	Progress	Key metrics:	Measurables
<b>Listening</b>  Listening to all voices in our community, understanding their stories and challenging inequalities so that we develop support which is responsive, compassionate and flexible to meet differing and individual needs	<ul style="list-style-type: none"> <li>Developing mechanisms to encourage feedback from everyone using our services and acting on this to make life better for patients</li> <li>Encouraging open discussions within the hospice team and with partners so that we learn from complaints, concerns and compliments</li> <li>Embedding opportunities in our local area for people to find out about the hospice and talk to us about what would help them continue to live well until they die</li> <li>Ensuring that this feedback is used to shape, develop and influence end of life care in Greenwich and Bexley</li> </ul>	<p>Our service transformation strategy was approved by the Board of Trustees in 2022; this sets out more detail about our 'listening' priority and how we are already using patient, staff and partner feedback to shape our organisation.</p> <p>We have systematised active invitations to provide feedback on our services through iWantGreatCare and seen an increase in reviews as a result.</p> <p>We are also implementing new outcome measures across our services, initially in our inpatient service and virtual ward. These outcome measures include iPOS (integrated palliative outcomes scale) and Views on Care, a patient reported outcome measure which assesses whether patients are benefitting from hospice support.</p> <p>In November 2022 we appointed a new Community Development Manager; through her work we have been building networks with groups within our community to better understand their needs relating to End of Life.</p> <p>We have reviewed the 2021 census data to better understand the groups that make up the diverse communities of Greenwich and Bexley and this data will be used to inform our emerging Community Development and Engagement Strategy (CDES), to be approved by Board in July 2023.</p>	<ul style="list-style-type: none"> <li>All patients and families will be given the opportunity to feedback/ comment about the care they receive</li> <li>We will hold at least 2 public events each year to listen to feedback and hear from local people to help shape our services and respond to their needs</li> <li>By 2027 at least a third of patients and families will take up the opportunity to provide feedback through Views on Care/ iWantGreatCare (iWGC) and/or Voices</li> <li>A sample of at least 20 patients/ family members each year will be invited to participate in a face-to-face discussion with us, so that we can listen to their views and hear how we can improve their care</li> </ul>	<ul style="list-style-type: none"> <li>A Pentecostal summit was held in March 23 and a listening event in summer 2022.</li> <li>The hospice will attend a number of large community events in summer 2023.</li> <li>The number of iWGC reviews increased from 53 reviews in 21/22 to 157 reviews in 22/23.</li> <li>All patients/ family members who provided feedback about ways we could improve our care or where care did not meet expectations were invited to participate in a face to face or 'phone meeting and a small number of interviews were filmed to be shared with staff and trustees.</li> </ul>



## Greenwich & Bexley Community Hospice

Priority	Objectives	Progress	Key metrics:	Measurables
<b>Empowering Colleagues</b>  Growing and empowering our own staff, working to our strengths alongside system partners and developing others to give the best support they can to dying people and their families	<ul style="list-style-type: none"> <li>Living our values, making our service to the community our motivation to continually learn and grow</li> <li>Listening to staff through supervision, appraisal and developmental meetings and ensuring that this feedback is used to shape, develop and influence our 'People Plan'</li> <li>Implementing our 'People Plan', which will help us to build our staffing capacity and support the resilience, recognition, health and well-being of all of our people and help us to attract, retain and fully utilise staff and volunteers' knowledge and skills across the whole charity</li> <li>Expanding and developing our education offer for external professionals and the public</li> <li>Working effectively with our partners to deliver our shared 'Home First' vision, supported by strengthened and accessible hospice-provided inpatient and outpatient services</li> <li>Improving our support for family carers before and after death</li> </ul>	<p>Our People Plan was approved by the Board in 2022. This document sets out four key priorities:</p> <ul style="list-style-type: none"> <li>Leadership and Organisational Development</li> <li>Equality, Diversity and Inclusion</li> <li>Staff Wellbeing</li> <li>Staff Development and Talent Management</li> </ul> <p>We have invested in a new Head of People to join our Chief Executive in leading much of the work in this sub-strategy and our Workforce Committee (now called our Equity, People and Inclusion Committee) was established in July 2022 to oversee the implementation of the People Plan and our Community Development and Engagement Strategy which includes the development of Volunteers.</p> <p>In response to staff survey feedback, we established a new Managers' Development Forum and Hospice Leadership Team group in the year and these for a are being used to improve communication and accountability and to develop Managers in their roles.</p> <p>We have further developed our wellbeing activities for staff, training more Mental Health First Aiders and appointing a number of Wellbeing Champions across the hospice.</p> <p>In November 22 – May 23 we worked with St Christopher's Hospice to provide End of Life Training to almost 500 community based professionals through our Hospice Education and Learning Partnership (HELP).</p>	<ul style="list-style-type: none"> <li>20% improvement in completion of staff surveys by 2027</li> <li>Improvements in staff recruitment and retention</li> <li>Demonstrable change in the demographic profile of our volunteer workforce to match the community</li> <li>Annual publication of a report which captures the impact of our education for staff working in partner organisations</li> <li>Annual reporting and analysis of the number and proportion of people dying at home and in hospice and system-wide action planning to identify and address challenges which prevent this</li> </ul>	<ul style="list-style-type: none"> <li>Staff survey completion was 52% in the 2022 survey</li> <li>Staff retention was 95% as at March 2023</li> <li>Our overall vacancy rate was 5.9% as at March 23</li> <li>HELP report published and shared with SELICS People Board</li> <li>Service data captured and shared with partners to help shape investment and action plans across the system (see page 11)</li> </ul>

## Greenwich & Bexley Community Hospice

Priority	Objectives	Progress	Key metrics:	Measurables
<b>Digital</b>  Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income	<ul style="list-style-type: none"> <li>Implementing a digital strategy which focuses on long-term sustainability, development of accessible and responsive services and embeds effective governance</li> <li>Developing a strategy which enables us to improve our use of information to demonstrate our impact and reach and to help us to understand performance/inequalities</li> <li>Harness digital technology in our income generation and communications to help us achieve a sustainable future</li> </ul>	Data and Digital Strategy approved by Board of Trustees April 2023 Implementation of new Finance System to improve efficiency and effectiveness across the hospice Commissioned a new Customer Relationship Management System to be utilised by Fundraising and the wider Team – expected completion date by August 2024 Implementation of a new accident, incident and complaints/ feedback database – completed September 23. We are planning a 'Virtual Ward' to be established in 23/24, incorporating the use of digital patient reported outcome measures integrated into our clinical systems to help with prioritisation and monitoring for those with more complex needs who wish to remain at home. We worked with our system partners to fully integrate the Universal Care Plan for London into our clinical work, replacing the old system, Coordinate My Care. In addition, we further integrated our use of the London Care Record into routine clinical practice and record sharing.	<ul style="list-style-type: none"> <li>No of unique patients seen</li> <li>Develop and achieve our annual equalities targets</li> <li>Proportion of people dying in G&amp;B who have been supported by GBCH</li> <li>Implementation of Outcomes and Complexity Collaborative Outcome Measures (OACC) and regular reporting to assess outcomes</li> <li>20% Growth in voluntary income</li> </ul>	2,907 unique patients were supported in 2022/23 an increase of 7% on the previous year. Our annual equalities targets for 23/24 have been agreed (see page 14) The proportion of people dying in Greenwich and Bexley who were known to our hospice in 2022/23 was 36% OACC measures are being introduced initially in our IPU, hospital team and Virtual Wards. Voluntary Income £6,459,509 in 22/23

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**OBJECTIVES AND ACTIVITIES (continued)**

*'Greenwich & Bexley Community Hospice continue to provide insight and leadership to the whole system in service of the delivery of excellent end of life care. Hospice colleagues consistently advocate for the needs of the local population and find innovative ways to connect with, understand and overcome drivers of inequality at a community and neighbourhood level within the borough. It is always a pleasure to work in partnership with the team and their contribution continues to drive us forward in new and positive ways'*  
**Gemma O'Neill**

**Deputy Director, System Development, Bexley and Greenwich, SELICB**

**Hospice Services**

Greenwich & Bexley Community Hospice offers a number of services based within and working from our main Hospice building. We were inspected by the Care Quality Commission in 2022, when we achieved an overall rating of 'Good' and a rating of 'Outstanding' in the 'well led' domain.

*'The hospice leadership team demonstrated outstanding practice in the way they prioritised patient needs and choices as well as their outward facing recovery and transformation following the pandemic. We saw evidence of a culture that invested in and developed staff who received high praise from stakeholders. Building on their COVID-19 recovery programme, the leadership team had recently introduced a new 5-year strategy that should bring significant benefit to the hospice and the community it serves. Aspects of the team's work with stakeholders had resulted in award nominations at national level.'*

Care Quality Commission 2022

**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** 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 works 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** 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 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. This service operates seven days a week.

**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-purchase arrangement. These services operate seven-days a week as well as providing on call advice around the clock. In Greenwich we also provide night sitting and a night time rapid-response service, provided through a contract with Marie Curie and Oxleas NHS Foundation Trust.
- The Hospice **Social Workers** 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 provide compassion, companionship and practical support, these volunteers are called **Compassionate Neighbours**.

#### **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

#### **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)** **OBJECTIVES AND ACTIVITIES (continued)**

- 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.

#### **OneBexley**

- In 2020/21 we were awarded a contract by London Borough of Bexley to provide assessment and review of social care needs for adults and their carers across the borough. This contract, which is the first of its kind, is delivered by the hospice as prime contractor with a partnership of seven other local charities. As the service develops we hope that it will help us engage with people earlier in their disease as well as supporting more carers who are looking after loved ones facing the end of their lives. Due to the success of the short-term pilot, which demonstrated better outcomes and more personalised care, we have been awarded a three-year contract.

#### **Working in Partnership**

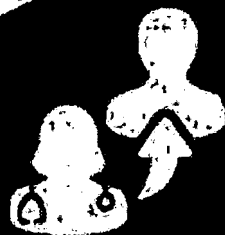
Our Vision and Values underline the importance of working in partnership in everything we do. Patients at home, in care homes and prisons and in the hospital are all supported by other people as well as hospice staff. We continue to actively participate in the Greenwich and Bexley 'System' wide group 'Resplendent' as well as in Greenwich and Bexley's 'Home First' boards and operational groups. Our Chief Executive is also leading the southeast London palliative and end of life care (PEoLC) work stream and we were pleased to see the approval of PEoLC as a specific priority within the Integrated Care System's five year forward plan.

We maintained our partnership with St Christopher's, and although the joint Occupational Therapist post came to an end in June 2022, our Hospice Education and Learning Partnership continued to deliver face to face and virtual learning to colleagues across the NHS and independent care home sector, a particular highlight was our joint delivery of education to almost 500 community staff over the course of six months from November 22. This project was funded by SE London Integrated Care System (SELICS).

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)  
OBJECTIVES AND ACTIVITIES (continued)

CARE ACTIVITY

## An overview of our patients Between April 2022/23



We received referrals for

**2,907**

people in 2022/23,

an increase of  
**+7%**  
on the previous  
year

This includes 690 'ongoing' patients who were already receiving our care before the start of this reporting period. People are often supported by more than one hospice service, so the number of individual referrals is greater than the number of unique people we cared for.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**CARE ACTIVITY (continued)**

**Hospice Based Services**

**Inpatient Care**

In 2022/23 we provided care for **297 patients** within Woodlands, our Inpatient Unit (299 in 2021/22). 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 to help relieve pain and other symptoms, before discharge back home. Occupancy rose to 72% (2021/22 63%) because our average length of stay increased from 10 days to **12 days**, as visitor restrictions were relaxed, we saw a significant reduction in stays ending in discharge (17% from 28%). 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.

There was unfortunately an increase in the number of referrals who were not admitted (for a variety of reasons), 87 people (34 in 2021/22) who were referred did not get admitted. Patients are referred for inpatient care for pain and symptom control, terminal care, complex psychological support and respite care.

The direct cost of providing care in the Inpatient Unit in 2022/23 was £1,518,033 (2021/22 £1,439,814), the increase in costs was due to successful recruitment and wage inflation.

**Outpatient Services**

**Rehabilitation and Wellbeing**

The hospice Rehabilitation and Wellbeing Team works with patients independently as well as within the multi-disciplinary team, encouraging a rehabilitative approach across all of our services, which will in turn provide opportunity to be introduced to the hospice earlier in their disease. Under the leadership of a new Team Lead, we have continued to develop our offer with an increasing range of virtual and in person one to one and group interventions at home, at the hospice and off site. As a result of the work the team have done to build links with Oxleas NHS Foundation Trust community rehabilitation teams and with Guy's and St Thomas's interstitial lung disease team, we continued to see an increase in patients with non-COVID-19 respiratory conditions. In total the team supported 222 new patients in the year, an increase of 10% (201) compared to 2021/22.

**Case Study:**

'Des' came to the inpatient unit for symptom management of his breathlessness following two admissions to Queen Elizabeth Hospital. Des said "when you hear hospice, you feel frightened". His wife, 'Donna', had sleepless nights thinking about him coming to the hospice. On speaking to Des and Donna today, where we are planning his discharge home for a few days' time, they reflected that coming to the hospice had been an overwhelmingly positive experience.

When he came to hospice, Des hadn't been out of bed for a while. Over his stay, Des has learned ways to control his breathing, and has been motivated to frequently take part in physiotherapy. This week he spent over an hour on an exercise bike and managed to climb 18 stairs with the support of Fiona, the physiotherapist. Des wanted to be able to sleep in his own bed and that goal will be achieved when he goes home.

Speaking of his experience of the inpatient unit, Des and his family said "When you're around people who are happy-go-lucky and always have a smile on their face, it lifts you". "The team here are like a family." "The care is consistent, which means that any slight changes are noticed and dealt with straight away." "Nothing is too much trouble." "You could check into the Hilton and you wouldn't get this level of care and service."

**Social, Psychological and Spiritual Care**

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

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**CARE ACTIVITY (continued)**

The need for social work support continued to increase in 2022/23, supporting 299 new patients this year (112 in 2021/22) with a variety of issues including complex family work, safeguarding issues, housing, benefits and asylum issues. Following the expansion of the team in 2021/22 we developed a new support group for children pre and post bereavement 'holding on, letting go'.

During the 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.

**Case Study:**

'Fiona' came along to our *Walk and Talk*, a weekly group that meets on Bostall Heath. Her husband had been diagnosed with Stage 4 cancer and was struggling significantly with pain management. Fiona also had significant carer stress. She spoke with our Wellbeing Support Worker, Louise, and it was found that Fiona and 'Mark' were not known to Greenwich & Bexley Community Hospice. Through this chance encounter - Fiona had seen the walk advertised and had decided she would attend for a break from caring - Louise was able to talk about the services that the hospice offers and whether this would be something that might benefit them both. Mark is now under the care of our Community Palliative Care team.

**Education**

We continued to work through HELP, the Hospice Education and Learning Partnership in collaboration with St Christopher's Hospice. By working together we reached more local health and care staff, enabling 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.

**Community Based Services**

The Hospice offers 24 hour care and support in the community across the London Boroughs of Greenwich and Bexley. In 2022/23 our specialist palliative care community team supported **1,416 new patients** (1,489 in 2021/22, a **5%** reduction); **134** of these patients were supported at some point during their journey via our telephone support service (196 in 2021/22). Of the **1,515** people who died under the care of the hospice (all services), **70%** were able to die out of hospital (69% in 2021/22).

There was, once again, a slight reduction in patients with a cancer diagnosis (reduction of **70 or 5%**), the most notable growth in activity was in people with dementia and those experiencing frailty/ old age. The team supported an additional **95** people with dementia and an additional **94** people experiencing frailty/ old age.

The direct cost of Specialist Community Care in 2022/23 was £1,050,145 (2021/22 £959,011), challenges in recruitment and vacancies continued, however we did manage to grow the team overall and largely as a result of wage inflation, costs rose by 10%. Our community team continue to use technology to assist them in their clinical practice, more convenient for many patients and freeing up valuable travelling time.

The Hospice@Home service continues to deliver an important element of Hospice community activity, led by the Hospice and delivered in partnership with Marie Curie and Oxleas NHS Foundation Trust. The total cost of the care provided by the Greenwich Care Partnership in 2022/23 was £810,513 (2021/22 £772,546). We were delighted to be able to continue to provide support to some Bexley residents as well as those we normally support in Greenwich through our Hospice@Home team, the increased costs mainly relate to these additional services. In 2022/23 the Hospice@Home team supported a total of 207 new patients (250 in 2021/22).

**Case Study:**

'Jennifer' was a 62 year old woman with advanced cancer. She was referred to the Community Palliative Care Team for support at home. The team were called for an urgent visit due to Jennifer experiencing worsening pain and high levels of anxiety in the family. Admission to the hospice was discussed and agreed during the visit and she was admitted to the hospice on the next day.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**CARE ACTIVITY (continued)**

Following a week's stay in the hospice during which her pain relief was optimised, Jennifer was discharged home. The community team visited her and she told them that she had felt very anxious since leaving the hospice and had struggled with symptoms of constipation, breathlessness and pain. Jennifer had ongoing support via telephone regarding her symptom management and was eventually referred again for admission, only 13 days after the previous discharge.

At this point the community team offered a package of 'enhanced care' while Jennifer waited for a bed to come available; additional equipment was ordered including a chair for her shower and a commode to enable her to be safe and more independent at home. The nurses gave psychological support to Jennifer who wanted to discuss prognosis away from her family.

The visiting nurse spent a significant amount of time supporting the patient's family in answering their questions, offering them support. Offering practical support to get 'just in case' medications from a local pharmacy. Following this visit, Jennifer and her husband were supported via a daily telephone call, which they both found reassuring. The nurse was able to remind Jennifer how to take her medications to manage her symptoms. Jennifer felt better able to manage at home and decided she did not want to be admitted to the hospice at that time. She and her husband stated that admission might be required for Jennifer when she reached the end of her life but stated "we aren't there yet".

A week later, Jennifer's condition deteriorated, the nurse visited and recognised that Jennifer was approaching the end of her life. It had been her goal to stay at home for as long as possible, which she felt that she had achieved with the recent daily support that she had been given. She was now asking to be admitted to the hospice for her last days. Jennifer died 48hrs after admission at the hospice as was her wish, the family voiced how grateful they were that she had that extra time at home.

**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 1,112 patients over 1,288 referrals (941 patients and 1,075 in 2021/22 18% increase). This demonstrates sustained growth following initial investment in the team in 2020. The direct cost of Hospice Care in the Hospital in 2022/23 was £438,700 (2021/22 £393,569). The increase in cost is largely due to a full complement of staff and wage inflation.

**Case Study:**

Bringing holistic palliative care into an acute hospital setting is a very important part of the Hospital Palliative Care Team's role and is a shared goal we are highly committed to.

We understand that not all health care professionals have a comprehensive understanding of palliative care and all it encompasses. We use advanced communication skills, patience and empathy and have the skills and ability to assist, support and explain in a manner that maintains healthy, open working, therapeutic relationships that ultimately benefit patients and families.

Some situations have highlighted the benefit of such care and have proved to be inspiring as well as educational to many members of the Multi-Disciplinary Team within the hospital; one such case involved a gentleman with complex care needs who was becoming increasingly unwell. He was told by his medical Consultant that his disease had progressed significantly and unfortunately there were no further treatment options available to him. He was also experiencing physical symptoms which would likely lead to rapid decline. His last wish was to go to Greenwich Park with his family one last time. He had expressed a wish to remain in hospital until the end.

To enable a trip to Greenwich Park, time was of the essence; the family wished to hire a private ambulance and medic to escort him, in case he had any difficulties whilst on the trip. They did this and the Clinical Nurse Specialist involved in this gentleman's care was able to discuss his situation with the team and a plan of care was completed that covered all eventualities. All required paperwork, equipment and medications were arranged and the gentleman and his family were able to fulfil his last wish. He returned to Queen Elizabeth Hospital that afternoon after having a wonderful time with his family. They all felt safe



**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**CARE ACTIVITY (continued)**

and supported. He died soon afterwards in the hospital, but the family have wonderful photographs and memories of their visit to Greenwich Park.

**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>1</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 working 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.

We were pleased to appoint our own Trusted Assessor in 2022/23 to help to improve the lives of people facing end of life and their carers where they meet the criteria for social care support.

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<sup>1</sup> Taken from LBB pathways contract service specification (2020)

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**CARE ACTIVITY (continued)**

**Case Study:**

Following a discussion with the community palliative care team, our Trusted Assessor (TA) was asked to meet with a patient and her husband, her main carer, to determine what services might be available to support him. During the home visit, the TA could see that he was very stressed, unwell with his own health issues, was experiencing disturbed sleep and was feeling exhausted.

Following a statutory carers assessment, it was established that the carer was eligible for support to be provided by the Local Authority. The goals of the support were to avoid the carers physical and mental health deteriorating further and to enable him to join in recreational activities, which he was not presently able to do due to his current caring role.

As a result of the assessment and successful application, the carer received information, access to carer specific counselling support and referral to a sitting service. A taxi-Card application was completed and a referral was made for a carers' benefit check. An application for funding from LB Bexley through a direct payment to support the gentleman to purchase 3 hours of care a week, this will enable him to go shopping every week, as he was previously unable to leave his wife alone.

This has been very positive for the carer as well as the hospice patient as he has been able to have a break from his caring role.

**ADDRESSING INEQUALITIES**

Our hospice serves a diverse population, with pockets of wealth and areas of significant deprivation. We have a large number of people from different ethnic groups, though these communities tend to be larger in number and proportion in Greenwich and are generally slightly younger than the overall population. Greenwich and Bexley have communities within our boroughs who are uniquely large and significant. The Royal Borough of Greenwich has the largest Nigerian, Vietnamese and Nepalese communities in the whole of the United Kingdom. There are also significant communities amongst other protected characteristics; for instance, Greenwich is the Local Authority with the 14<sup>th</sup> highest proportion of people identifying as being LGBTQ+. We also have three prisons in our area, including HMP Belmarsh, a category A prison with around 900 inmates. Parts of our community have changed substantially over the past ten years – and it is probable that external political and economic factors will drive similar change in future.

Historically, like much of the health service, hospice and palliative care services have not provided equitable care to all people within their community. It is well documented that younger people, people with a cancer diagnosis, women, cisgender people, heterosexual people, white people and those from higher socio-economic groups are more likely to die at home, and more likely to be admitted to a hospice if this is their wish. Our hospice is committed to working with local people to improve equity of access to all of our services, so that everyone who needs our care gets it, to build trust and to improve outcomes for the most disadvantaged people facing end of life in our communities.

We have several specific roles to support this aim, including our community development manager, a GP with a special interest in inclusion palliative medicine, Clinical Nurse Specialists with special interests in dementia, heart failure, learning disabilities and prison healthcare and a growing social work team.

**Care beyond Cancer**

The Hospice continues to strive to reach people with a diagnosis other than cancer, who may have a less clearly defined disease trajectory, making prognostication more challenging, and are often less likely to be referred and to access support from specialist palliative care services.

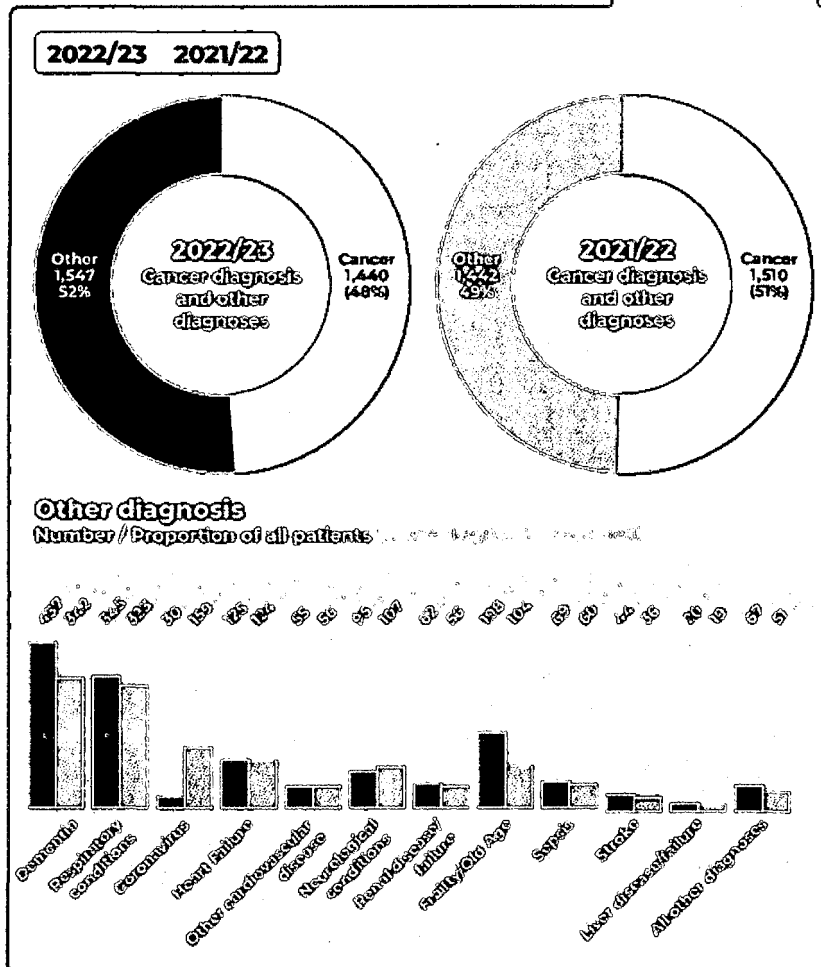
Many of our patients have extremely complex needs and many have more than one significant diagnosis. Referrals between April 2022 and March 2023 also included 66 people referred to our counselling/social work service only; we have excluded these clients for the purposes of diagnosis reporting, as many of these will be carers or bereaved family members.

The proportion of patients with a cancer diagnosis was 48%.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)  
ADDRESSING INEQUALITIES (continued)

## Patient Diagnosis

Our patients often have more than one significant diagnosis and so we have reported on all diagnoses recorded.



### 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>2</sup>. The majority of people we care for are over 65. In 2022/23, 74% of the people we cared for were over 75 (2021/22 65%) and 41% were over 85 (2021/22 36%).

As predicted, we have seen a significant increase in the age profile of our patients, and we expect this trend to continue. This is already having an impact on the type of care we provide as people in the "85 years and over" category are more likely to have elderly carers or live alone and may also be more likely to live in a setting such as a care home or supported housing scheme. In addition, older people are more likely to have multiple conditions, including dementia, and therefore live with increasing levels of frailty and with more complex needs. Our work in care homes continues through a dedicated team, embedded in the larger community palliative care team.

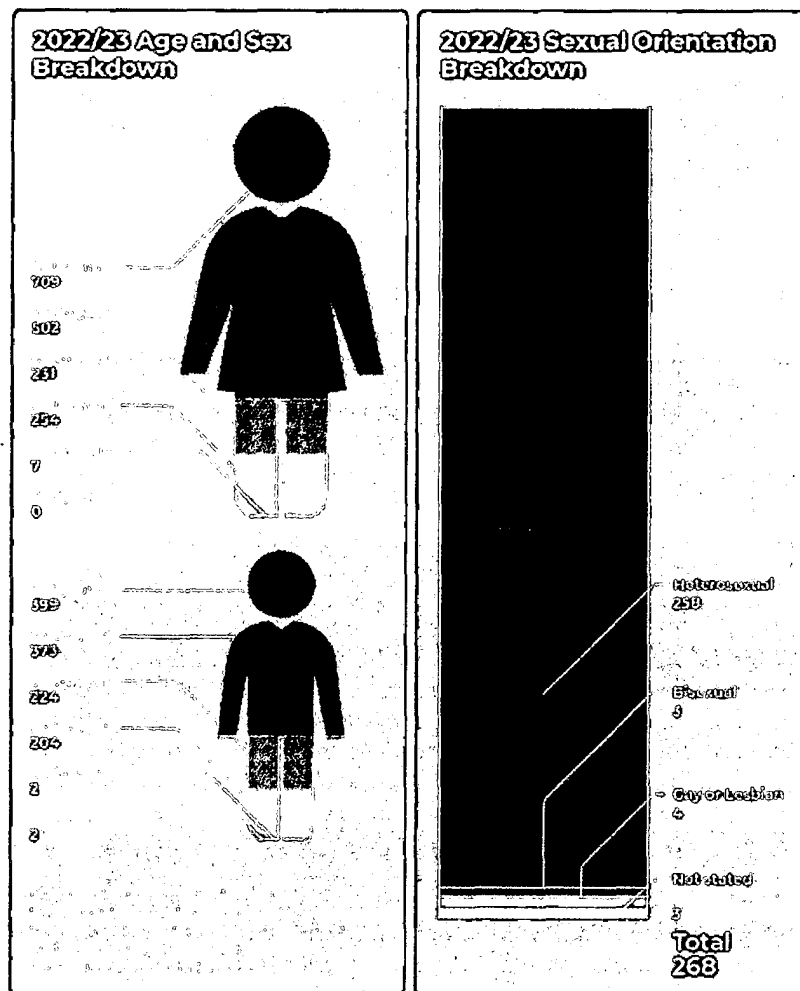
<sup>2</sup> Additionally, children and young people who are family members or close friends of those we care for, receive support from staff, particularly psychological support and social work services.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**ADDRESSING INEQUALITIES (continued)**

**Improving our data on Sexuality and Gender Identity**

Historically our hospice has not routinely collected or reported on data relating to sexuality and gender identity. The 2021 census reported that the Royal Borough of Greenwich has a significantly large LGBTQ+ community and we are committed to ensuring that our services are truly inclusive and holistic for people who identify as LGBTQ+. This year we have updated our patient database, SystmOne to ensure that the correct data can be collected and provided specific sexual orientation and gender identity training for all of our clinical and patient facing staff (75 people attended). This training will continue as a regular feature on our mandatory training programme in future years. We have also commissioned local charity METRO to create a video to help highlight the importance of holistic palliative care for this group. Though our data is not yet complete, we have included what we have as a benchmark for future years.

**Age/Sex**



**Cultural and Ethnic Diversity**

The Hospice continues to focus on building relationships with groups across our community, so that everyone is aware of our services and we break down the barriers to accessing our care and support. Our Community Development Manager, appointed in 2022 is linking with community leaders and groups to listen to them about their needs and sharing her findings with the wider Hospice so that we can ensure we develop our services to better serve local diverse communities and enable more people to access our care when they need it.

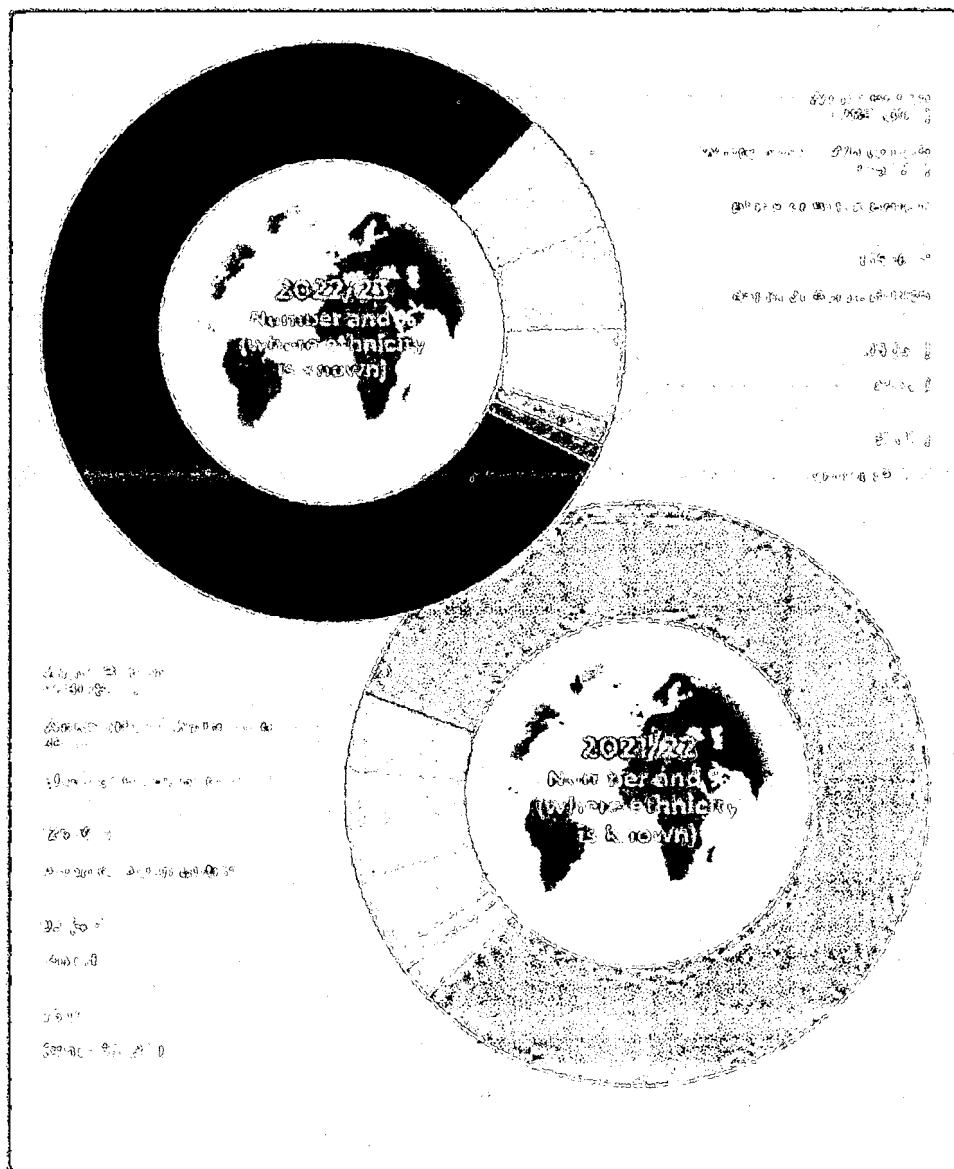
**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**ADDRESSING INEQUALITIES (continued)**

Although we have made some progress with our ethnicity monitoring (25% of patients in 2021/22 did not have their ethnicity recorded), disappointingly in 2022/23 this issue remained for 670 people or 23%. For the remaining patients for whom ethnicity was recorded, there was a larger number of people in the non-White British group (24% year on year increase) whereas the White British group only increased by 6%. We saw the largest growth in the 'Asian or Asian British and White other/ White Irish' categories.

We were delighted to contribute to an important national training resource developed by Dr Sabrina Bajwah which aims to address inequity in accessing palliative care related to race, the film can be accessed [here](#).

We continue to 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 which will be monitored through the Equity, People and Inclusion Committee.

## Ethnicity



**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**INCIDENT MANAGEMENT/ HEALTH & SAFETY**

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

Our medicines incident rate was **65** for the whole year (56 2021/22), a slight increase possibly in the context of a higher occupancy rate. 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. Our rate of "level 0" (error prevented) drug errors at Greenwich & Bexley Community Hospice is higher than the average for Hospices of a similar size (57% at GBCH, 29% National average per annum), however the overall number of incidents reported is higher, which we strongly believe is due to the low threshold we have for reporting concerns, no matter how minor. We had no repeated incidents of concern and nursing staff undertake a regular medication assessment to assure the organisation of their competency.

Through the National audit programme, we are also able to benchmark our performance in terms of the incidence of falls. We reported a lower than average figure for falls of **5.8** per 1,000 overnight bed days (Audit average 9), we also reduced our overall rate by 20% from 25 falls in 2021/22 to 20 falls in 2022/23. 95% of falls were in the no harm/ low harm category, the remaining 1 fall was recorded as moderate harm.

We received 15 care and 16 non-care complaints in 2022/23 (2021/22, 17 care, 16 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. Complaints are seen as an opportunity to learn and improve and findings are shared widely with our own team, and partners where applicable.

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 2021/22 the register mainly featured matters relating to staffing and IT reliability whilst we upgrade our network.

**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 did not report any incidents to the Charity Commission in 2022/23.

Further information about incidents and complaints is available in our 2022/23 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.

**Patient Voice**

We held two events in 2022/23 to engage with the hospice community and learn from our patients. In June 2022 we held a 'Listening Event' to which all patients received an invitation.

The key themes emerging from the conversation were:

- Our care makes a difference, though things do not always move as quickly or smoothly elsewhere in the health and social care system.
- We could be doing more to share information about our range of services and helping people to understand how we're able to support them.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**ADDRESSING INEQUALITIES (continued)**

- We should be sharing our messages more widely and more loudly – particularly in terms of highlighting that the majority of our services are delivered in the community and that they rely on charitable funding
- The reduction in ambulatory care and outpatient services as a result of the pandemic is something which some patients feel has reduced opportunities for social contact with other people in a similar position
- Our teams could be more diverse

In March 2023 we invited local Faith Leaders to a Pentecostal Summit, inviting Pastors from local Pentecostal churches to a face-to-face session at a local church. This is the first in a series of targeted interactions with various prominent groups and communities in our local area, designed to listen and learn about how we can better integrate and truly understand the needs of the local population. The meeting sought to build relationships with them, as well as explore where synergies already exist between the hospice ethos and the churches' teachings.

The key themes emerging from the conversation were:

- Local Faith Leaders felt engaged and interested in the work of the hospice and were keen to learn more, so as to be able to support their parishioners who may be coming to the end of their lives
- The need for education, both in terms of educating faith groups about the work of the hospice, as well as thinking about education needs for hospice staff to understand more about the local community
- The importance of faith to individuals' lives who hold such beliefs

When received, feedback is reviewed at the Hospice's regular clinical leads meeting and governance committees. This feeds into our ongoing strategic work on inclusion and service transformation, our internal staff training and our quality improvement plan.

*'Thank you, all of you, for your unstinting understanding and care during the last days of \*\* life and following his death. There is no doubt, with everything I was having to cope with, you lightened the load and I will always be grateful for that.'*

**Feedback on community service from bereaved relative**

*'We were very grateful that you were able to take our dad for the last few days of his life. He transferred from hospital to your care and as soon as he was put in his room he was visibly happier and more relaxed. You were very flexible which meant our whole family could be with him when he passed. This would not have been possible if he had stayed in hospital. Your staff are amazing and so professional in the way they conduct themselves around both patients and their families. I can't thank you enough for the work that you do for our community'*

**Thank you letter, relative, inpatient unit**

*'I am so grateful you held things so professionally and well done to you as well because you were just at the right time at the right place. I believe this is a service which is so difficult to measure but is huge and changes lives'*

**Thank you letter, patient, wellbeing service**

*'Please accept my sincere thanks for the care you gave my husband whilst at the hospice. My family and I are so thankful for you and your team for helping my husband keep his dignity and their outstanding care; you are all exceptional people. (Doctor) thank you for being honest with my husband which I know he appreciated'*

**Thank you letter, relative, inpatient unit**

*The palliative care nurse visited me twice while I was in hospital, she sorted out new pain relief for me and increased it when I needed it. She also contacted me at home. I found her very helpful.*

**Thank you letter, patient, hospital service**

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**PATIENT AND FAMILY FEEDBACK (continued)**

**COMMUNITY DEVELOPMENT AND ENGAGEMENT**

Alongside our work to address inequity in access to hospice care, the hospice has a number of activities to build relationships with people who wish to participate in the work of the hospice through paid employment or volunteering. 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 2022/23 330 people were active as volunteers, collectively giving over 73,000 hours of their time and skills.

In total, this equates to over 44 full time workers for a year, or a financial donation equivalent to approximately £807,400. Compared to 2021/22 this represents a reduction in volunteer hours (83,000 hours). We have been working to migrate our volunteer records onto a new database, a project which will be completed in 2023. This migration has enabled us to 'clean' our data and hence we think our absolute numbers of active volunteers are now more accurate. As part of this project, volunteers have been allocated to one of six volunteering 'families', based on the volunteering role, time commitment and their motivation to volunteer. This model will help direct induction, training and ongoing communication and support so that we attract and retain volunteers to make a valuable contribution across the whole hospice.

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 are increasingly looking to develop more entry level paid positions to support our 'widening participation' agenda and were pleased to welcome 10 people into our team on six month paid placements through the government 'Kickstart' programme. Of those who came on the programme, we have offered 4 people permanent or bank roles in our team, 2 in retail, one in fundraising and another individual who has moved on to complete her training to become a registered nurse and is working for the hospice in an administrative role on a bank basis in the holidays.

Volunteering is an important part of our 'Empowering Colleagues' priority in our strategy and we will set out a more detailed strategic plan for volunteering as part of our Community Development and Engagement Strategy to be finalised early in 2023/24.

**Case Study:**

Stacey joined the Kickstart scheme after a long process of trying to find a job after being made redundant at the start of the first COVID lockdown, just like many others across the country. Before joining the hospice she worked in retail and she wanted to branch out and try something new. She saw the Kickstart programme as an opportunity for her to challenge herself and learn new skills to enhance her CV to find longer term employment.

Stacey now has a long term role as a Fundraising Assistant at the Hospice. She's learned new skills and has developed in confidence. She says 'the role includes making up event packs to go out to the community and local schools, and pushing myself to call up the schools, which was a big fear of mine. I have always struggled to talk on the phone to literally anyone but I have pushed myself to try this. I've also developed my IT skills; 3 months ago I had no idea how to input information but now I am able to do this on my own and make my own spreadsheets and create reports.'

Stacey goes on to say 'If I hadn't decided to take this position, I don't know where I would be now or if I would even have a job. So I am glad I have pushed myself to try something new and it has helped me meet some lovely new people.'



**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**COMMUNITY DEVELOPMENT AND ENGAGEMENT (continued)**

We are grateful to the team at EmployabilityUK, who supported our 10 Kickstarters to develop their skills and confidence whilst they were at the hospice, and we are particularly proud to have given four people longer term opportunities.

**INCOME GENERATION**

**Fundraising and Lottery**

Throughout 2022/23 across all areas of fundraising, our priority has remained to focus on excellent engagement with local people to maintain and grow support for future years.

Fundraising income exceeded budget in 22/23 by £189,338 net and total income was £363,435 (33%) above 21/22 figures. Expenditure fell short of budget by £31,225 mainly due to vacancies throughout the year.

Despite the cost-of-living crisis, we continued to be overwhelmed by the support from our community. We couldn't do what we do without those who take part, fundraise, volunteer and donate. Your unwavering support through such difficult times, feels so incredibly special. Thank you.

It was great to see people returning to our Hospice events last year, with almost 800 people at both our Mini Marathon and Colour Run. A special mention and thanks go to all the local groups, businesses and volunteers who sponsor and donate their time to make these events possible. Throughout 2022/23 supporters donated generously to hospice appeals (including the Christmas appeal raising more than £50,000), through their own fundraising and alongside their community groups and businesses. The much-loved annual community-own 'Open Gardens' event raised more than £27,000 and we would like to thank Penny Matheson, Martha Gowans and all the garden hosts for their continued support.

Grants from charitable Trusts and Foundations support all areas of our work and often make it possible to deliver new projects. A special thank you goes to The Peter and Teresa Harris Charitable Trust for funding education for our nurses in 2022, the National Lottery Community Fund supporting our community development work and long-standing support from the R.U.B White Charitable Trust, the Albert Hunt Trust and the Hospital Saturday Fund.

With the recruitment of a new Philanthropy Manager to our fundraising team, the hospice major donor and patrons' programmes were established. We were especially pleased that Abena Oppong-Asare MP agreed to become a patron for the hospice for as long as she is the parliamentary representative for Erith and Thamesmead, the constituency where the hospice building sits. There is huge potential to engage support, raise the hospice profile, network and generate income alongside philanthropic individuals. Over the coming year, we look forward to connecting with more people interested in supporting the work of the hospice.

Legacies continue to be hugely important in our income generation activity, with the care of 1 in 6 of our patients made possible thanks to gifts left in Wills. We acknowledge with sincere thanks, everyone who has been thoughtful and generous enough to consider the Hospice when writing their Will, to secure hospice care for the future.

The Hospice's weekly lottery generated £474,206 towards hospice care in 22/23 and membership grew by 1,254 players. The team also introduced a 'keep the change' initiative, inviting members to round up their monthly payment and increasing lottery donations in the year to £13,771.

Looking to the year ahead, the team will develop a detailed Fundraising strategy, identifying opportunities and priorities to ensure significant growth over the coming years and sustainable sources of income to fund the work of the hospice.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**

**INCOME GENERATION (continued)**

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 2022/23 we continued to make sure all our fundraising activities were compliant with regulatory standards and best practice guidance. We continued to prioritise excellent supporter experience across all areas of fundraising and continued to review our data protection compliance and best practise.

The Hospice is registered with the Fundraising Regulator and adheres to the code of Fundraising Practice; we received no complaints via the Regulator in 2022/23. Greenwich & Bexley Community Hospice Lottery is registered with and regulated by the Gambling Commission.

**Trading**

We were delighted to have our first uninterrupted year of trading since the start of the pandemic in 2020. Total gross income from retail outperformed our budget and raised £2,447,443. Our stores delivered +15% on 2022 sales. The total net contribution from our stores was £182,847, (2021/2022 £305,500).

Our Trading Strategy was approved by the Trading Board in June 2022 and adopted by the Hospice Board in July 2022. We also welcomed two new Non-Executive Directors to our Trading Board in June 2022.

The Trading Strategy sets out four priorities:

- People
- Stores
- E-commerce and Digital
- Innovation and Partnerships

In line with these priorities we have begun to make significant progress in many areas, in particular in the 'People' and 'Stores' priorities.

Similar to many other areas of the hospice, our biggest challenge remains long-term vacancies in the team and challenges around recruitment of skilled staff. Despite excellent results for the year compared to previous years, the level of lost hours has had a direct impact on our profitability as well as staff wellbeing and morale.

Retail Gift Aid

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.

We are incredibly grateful to all our customers, donors and volunteers who continue to support our stores and ultimately, our patients. Thank you.

The Consolidated Statement of Financial Activities for the year ended 31 March 2023 is set out on page 36. There is a surplus reported for the year of £962,664 (2021/22: £917,191).

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**

**FINANCIAL REVIEW**

On the General Fund there was a surplus of £902,867 for the year before transfers (2021/22 £996,109). Legacies reported for the year were £1,504,036 (2021/22: £969,279). £334,982 was received in restricted funds throughout the year.

We had budgeted for a deficit in 2022/23 however we were delighted that our final declared results are significantly better than we had anticipated. This was largely due to better than budgeted retail and legacy performance and underspend due to significant recruitment challenges. In total for the year ended 31<sup>st</sup> March 2023, expenditure rose by 13%.

The surplus reported for this year has provided a boost to our reserves and we have agreed a plan to invest some of these to secure additional income sources in future years, to invest in our facilities and to expand our services to reach the increased need for our services that we continue to see (see page 27 for further information on our reserves policy).

We agreed a modest increase in our statutory income from SE London Integrated Care Board (SELICB) at the beginning of the year. We were also successful in securing additional income as part of the *winter pressures* and *home first* initiatives. The overall impact of these changes on our statutory income was an increase of 19% (to £5,337,249). NHS income was 39% of income of the Charity in 2022/23, leaving the remaining 61% which we must raise through the generous support of individuals, businesses, charitable trusts and foundations, and community groups and organisations.

Several elements of service that the Hospice provides have been designated as a *Commissioner Requested Service* (CRS) by SE London Integrated Care Board. This necessitates that the Hospice maintains a licence with NHS Improvement<sup>3</sup>, which brings an additional level of scrutiny and regulation for the Charity. The Hospice is one of only a few Hospices nationally who have been designated as CRS and we continue to work closely with NHS Improvement to ensure that this designation works to benefit our beneficiaries.

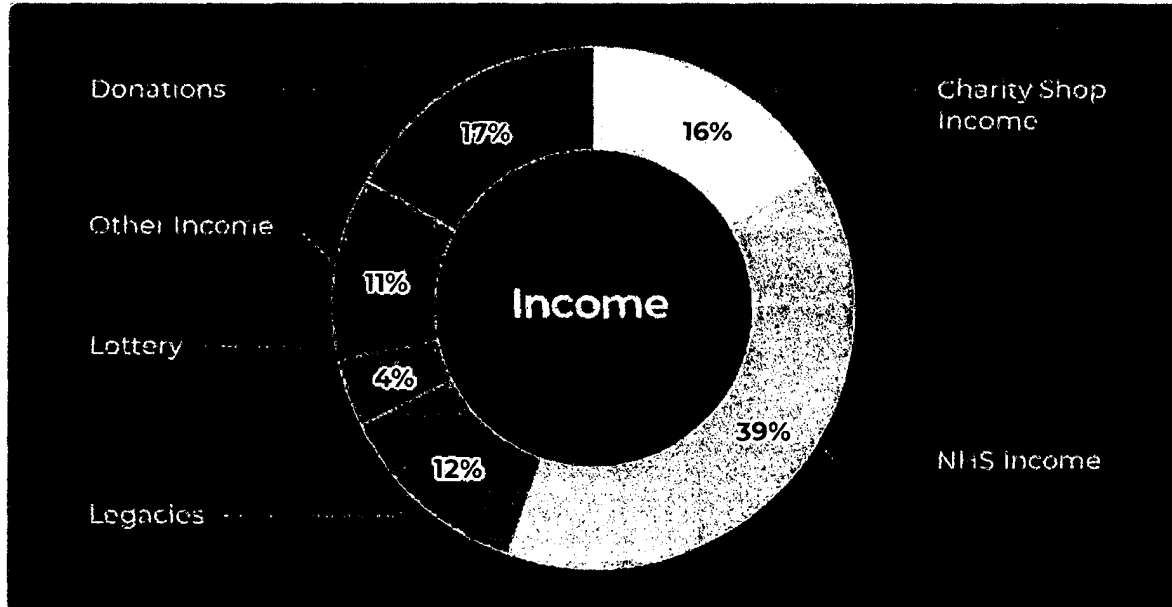
Throughout 2022/23 we maintained our strong system-wide partnerships. Our role in the Greenwich and Bexley system locally, as well as our influencing role across south east London has influenced the system wide five year plan which we hope will ensure that people facing end of life are cared for in the appropriate place and that staff in all settings have the necessary training, confidence and skills to care for people at end of life.

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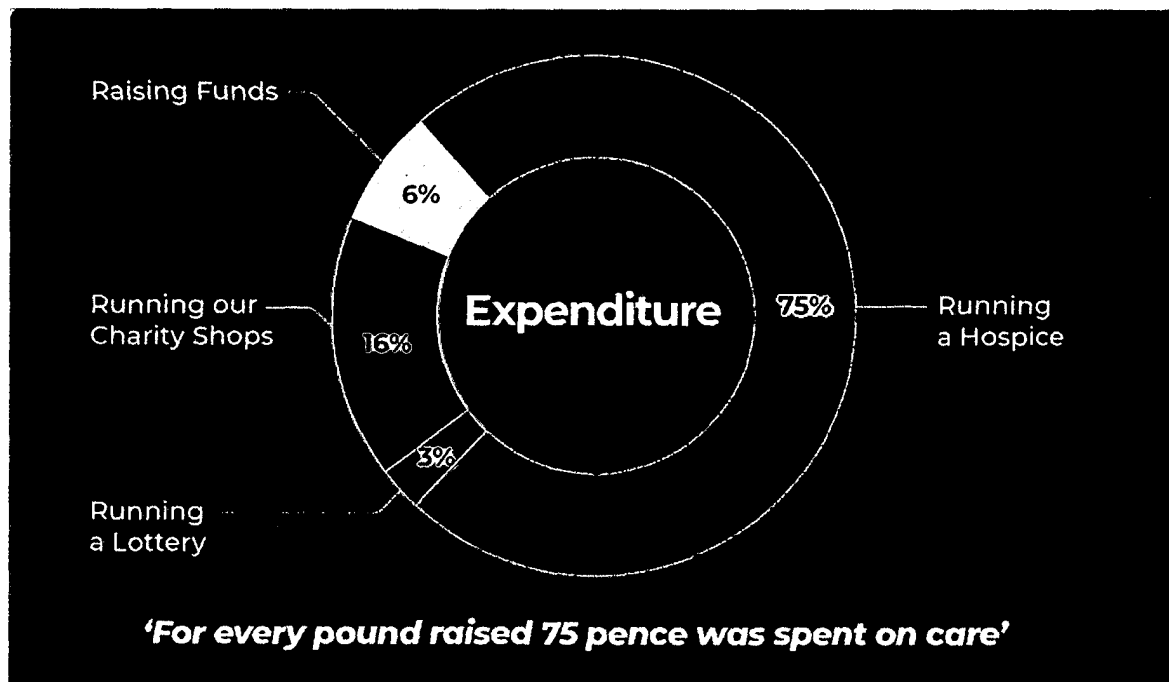
<sup>3</sup> NHS Improvement is an executive non-departmental public body of the Department of Health. It is the sector regulator for health services in England.

TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)  
FINANCIAL REVIEW (continued)

Where our money came from in 2022/23



Where our money was spent in 2022/23



**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**FINANCIAL REVIEW (continued)**

**Reserves Policy**

As part of a risk-based approach to setting a reserves policy, we have reviewed the reliability of future income streams, the commitment to future expenditure and risks faced as a charity.

The Hospice holds reserves to create financial security and allow for investment in 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 designated or invested in fixed assets) of £6,247,361. This figure takes account of the following considerations:

- To fund shortfalls in income (whether statutory, retail, lottery, donations, legacies or other fundraising activities) when it does not reach expected levels. The charity is dependent on fundraised income as well as statutory funding. The fundraised income is subject to fluctuation as economic conditions change and statutory funding could be affected by government policy and the financial position of NHS commissioners;
- To fund unexpected expenditure, for example, when projects over-run or unplanned events occur;
- To fund unexpected building maintenance costs and to provide a degree of flexibility for innovation; and
- To fund working capital. The majority of hospice expenditure is fixed whereas both fundraised and statutory income fluctuates in terms of cash inflow over the year.

The Hospice's free reserves are represented in the accounts by the 'General Fund'.

In addition, the hospice board has made the decision to hold two designated funds:

**Recovery and Transformation Fund (RTF):**

The Trustees have invested an amount of free reserves into areas which will enable the charity to recover from the pandemic and support the implementation of our strategy to help deliver a sustainable future for the hospice. In 2022/23 £186,117 was spent from the Recovery and Transformation Fund, which has now been reduced to £413,883 with further designation of free reserves into this fund proposed. The new strategy sets out a number of new initiatives which we plan to fund in 23/24 onwards and so it is proposed that the RTF is 'topped up' to the value of £1,000,000 with further designation of free reserves into this fund.

**Building Development Fund (BDF)**

This fund will be used to complement additional trust funding to support the development of the hospice building including investment in our inpatient unit, creating more single bedrooms to enable easier infection control and improvement of our staff changing and rest facilities to improve staff wellbeing. We also have plans to expand this project in phases to take account of new ways of working in other areas of the hospice. We are grateful to CRASH Charity and Jessop and Cook Architects for supporting our initial feasibility study for the inpatient unit and to U+i, Coffey Architects and others for supporting our ongoing vision development and design; phase one of which we are aiming to implement early in 2024. Given the above, it is proposed that the BDF is increased to £500,000 with further designation of free reserves into this fund.

**One Bexley Adult Social Care Fund (ASCF)**

GBCH is working together with seven Bexley-based charities to deliver a contract awarded by the London Borough of Bexley. Together, we deliver social care assessments, reviews and carers' assessments to people with non-complex needs. GBCH are the prime contractor and manage the commissioning relationship for this work and subcontract the majority of work to our partners. Our joint work is known as OneBexley, with most governance decisions being made in partnership.

The ASC contract comes to an end in September, and if we do not secure the next contract, there are likely to be significant contract closure costs across partners. Given the year-end surplus generated by the project, we have created a new Adult Social Care designated fund to the tune of £155,000 to manage this risk and to cover any end-of-project expenditure across partners.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**FINANCIAL REVIEW (continued)**

**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.

At 31 March 2023, General Reserves increased to £4,902,743 (2022 - £4,696,402). This is below our proposed reserves target of £6,247,361.

**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 £1,020,457 (2022 - £891,566).

**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 and 8<sup>th</sup> June 2012. The Members' liability is limited. Every Member of the Company undertakes to contribute up to £1 to the assets of the company in the event of it being wound up. It is a registered Charity with the Charity Commission (No 1017406). The number of Members of the Company is limited to 50. 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, expertise and backgrounds complement the needs and aspirations of the workings of the Hospice and its business. Current membership of the Board of Management is 14 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 (maximum two terms). New Trustees are recruited as skill gaps are identified or to support succession planning through external advert and direct approach, with a robust interview process and the appropriate pre-volunteering checks.

Each Designated Officer (Chair, Deputy Chair, Treasurer and Company Secretary) is elected by and from within the Board of Management to serve a period of up to 4 years following which the position will become subject to re-election. We appointed Estelle Kerridge as Company Secretary in November 2022.

The Hospice was delighted to appoint Gerald Peters as its first life-time President in November 2022 in recognition for his dedicated and lengthy service as a supporter, volunteer and retiring Trustee.

**Trustee induction and ongoing training**

New Trustees undergo an orientation and training 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. We also pair new Trustees up with a 'buddy' to support them in settling into their role.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)**

Trustees attend appropriate external training events which will develop them to better undertake their role. In 2022/23 Trustees attended the following training:

Safeguarding – Internal training for all trustees – Board Away Day  
Data protection - Internal training for all trustees – Board Away Day  
Charities: The role of the Company Secretary – UK Charities  
Understanding Governance Stage 1 - Civil Society  
Introduction to Anti-racism in Charities – Civil Society

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

**Organisation**

The Board meets every alternate month; in 2022/23 there were a number of sub-committees with specific responsibilities: Quality & Safety Committee, Finance, Information Governance and Information Technology Committee, Investment Committee, Nominations, Remuneration and Governance Committee (formerly Remuneration Committee), and the Equity, People and Inclusion Committee (Formerly Workforce Committee). A Trading Board and Lottery Board meet to conduct the business of relevant subsidiary companies).

The Board, along with the senior leadership team of the company have an "Away Day" to discuss future strategic developments of the Hospice and for Trustee team-building and training. 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.

**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 September 2022 and received an overall 'Good' rating, with 'Outstanding' for the Well-led domain. The Hospice produced a "Quality Account" for 2022/23, which is submitted to the CQC and to NHS Improvement<sup>4</sup>.

The Hospice is 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 SE London Integrated Care System who supports the Charity's work including a significant financial contribution via a contract with SE London Integrated Care Board. 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 Bexley Wellbeing Partnership (Local Care Partnership Board).

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<sup>4</sup> Available via the Hospice website [www.communityhospice.org.uk](http://www.communityhospice.org.uk)

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)**

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 10 of these accounts.

The Hospice Nominations, Remuneration and Governance 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.

**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. In 2022 we appointed a paid gardener to lead the maintenance and development of these grounds. Working with our dedicated team of volunteer gardeners, our estates team and corporate volunteering groups we are beginning to implement a long-term plan for our grounds, creating a beautiful environment for patients, families and staff and encouraging biodiversity. In 2022 we were visited by HRH Duchess of Gloucester who planted a pear tree as part of the Queen's Canopy Project. We hope that this will be the start of a developing orchard in our lower, less accessible, grounds.

We continued our partnership with Veolia and the Royal Borough of Greenwich at our RePurpose unit this year and along with our shops we are remove tonnes of waste from the waste chain through salvage, upcycle and resale. Although we contribute significantly to the reuse, repurpose, recycle agenda through all our shops, we know there is more we can do to reduce waste across our operation. We are looking forward to receiving the outcome of the environmental review conducted by Royal Borough of Greenwich greener business team on our behalf (commissioned in 2022).

Our project to develop a 10-year estates plan for the main hospice site is underway and we will use the findings from the environmental review, as well as pro bono expertise from U+i and their partners, to ensure that our plans include opportunities to reduce our impact on the environment and increase sustainability across the whole business. This 10-year plan will be presented to the Board for approval in 2023/24.

**Social Responsibility**

As well as the Public Benefit outlined at page 4, the hospice wants to be an organisation that maximises any opportunities to strengthen our local area. As a local employer and business, we have the ability to bring economic and social capital to the area and make the lives of our staff, volunteers and the communities they live in better beyond our charitable purpose.

Our People Plan aims to create opportunities for new and existing staff and volunteers to live happy, healthy lives and be developed and rewarded in their work, this includes widening participation so that we ensure our whole community have equity of access to new and emerging roles and our Community Development and Engagement Strategy will encourage engagement with community groups that we haven't yet met, as well as setting out our intention of encouraging staff to get involved in their own communities through flexible working policies and a volunteering promise.

**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.

The top 3 risks as identified by the Finance, Information Governance and Information Technology Committee are outlined in the table on page 31.



**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)**

Risk	Mitigation
1. Financial uncertainty as a result of rising inflation and cost of living crisis.	<p>The Board and Senior Leadership Team continue to monitor income, expenditure and cash flow closely, with monthly review of forecast.</p> <p>We continue to negotiate with system partners and commissioners about additional resources to support our work.</p> <p>We are implementing our five-year strategy and have established an Investment Fund to support us to grow our income, and to implement digital technologies to maximise efficiency.</p> <p>We have a healthy level of reserves.</p>
2. Current increased demand for our services/ recruitment and retention challenges in our clinical workforce	<p>We are working with system partners to prioritise resources to meet growing demand, working efficiently and effectively in an integrated way.</p> <p>We continue to recruit bank staff to provide additional capacity and are embedding new ways of working to work more efficiently.</p> <p>Our People Plan includes a focus on retention which includes investment in staff wellbeing and development of existing staff into more senior roles.</p> <p>Salaries have been increased in line with NHS competitors</p> <p>As we implement our Service Transformation Strategy, we are developing new roles to support existing roles in nursing and medicine.</p>
3. Long term challenges relating to predicted growth in need and the supply and demand of experienced clinical staff	<p>Our Service Transformation Strategy aims to redesign services to meet future demand and respond to the needs of our whole community.</p> <p>Our People Plan will support us to recruit, retain and develop the workforce we need to meet this need.</p> <p>We are working with partners across our system to influence wider workforce planning, and training of all healthcare professionals to meet specialist and generalist workforce needs</p> <p>We are planning a review of salaries and terms and conditions of employment to ensure they remain in line with our competitors.</p> <p>We are working with our community to build resilience to better manage death and dying as a normal part of life.</p>

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2023 (continued)**  
**TRUSTEES' RESPONSIBILITIES IN RELATION TO THE FINANCIAL STATEMENTS**

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

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

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

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time 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

19<sup>th</sup> October 2023

**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 2023 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 2022 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:

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

- 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:

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

**Responsibilities of trustees for the financial statements**

As explained more fully in the trustees' responsibilities statement set out on 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.

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

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

to 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 at the year-end or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

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

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



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

Date: 21 December 2023

# Greenwich & Bexley Community Hospice

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

		Unrestricted Funds General £	Designated £	Restricted Funds £	2023 £	2022 £
	Notes					
<b>INCOME FROM:</b>						
<b><i>Donations and Legacies:</i></b>	2					
Voluntary Income						
General donations		959,681	-	301,954	1,261,635	1,094,490
Charity shop donations		497,000	-	-	497,000	229,602
Legacies		1,504,036	-	-	1,504,036	969,279
<b><i>Charitable activities:</i></b>	3					
Operating a Hospice		5,837,041	-	-	5,837,041	5,727,304
<b><i>Other trading activities:</i></b>						
Charity shop income		1,950,210	-	-	1,950,210	1,882,365
Lottery income		474,439	-	-	474,439	417,442
Other sales income	4a	245,590	-	-	245,590	38,482
Rental income		8,927	-	-	8,927	10,311
<b><i>Investment:</i></b>						
<b><i>Other income:</i></b>	4b	202,515	-	-	202,515	186,947
<b>Total Income</b>		<b>11,719,795</b>	<b>-</b>	<b>301,954</b>	<b>12,021,749</b>	<b>10,578,145</b>
<b>EXPENDITURE ON:</b>						
<b><i>Raising funds:</i></b>						
Fundraising and marketing costs		624,404	-	-	624,404	629,424
Charity shop expenditure		1,771,752	-	-	1,771,752	1,587,580
Lottery expenditure		178,412	-	-	178,412	255,591
<b><i>Charitable activities:</i></b>						
Operating a Hospice						
Clinical expenses		8,206,498	-	242,157	8,448,655	7,255,423
<b>Total Expenditure</b>	5	<b>10,781,066</b>	<b>-</b>	<b>242,157</b>	<b>11,023,223</b>	<b>9,728,018</b>
Net (losses)/gains on investments	10	(35,862)	-	-	(35,862)	67,064
<b>Net income/(expenditure)</b>		<b>902,867</b>	<b>-</b>	<b>59,797</b>	<b>962,664</b>	<b>917,191</b>
Transfers between funds	16	(696,326)	765,511	(69,185)	-	-
<b>Net movement in funds</b>		<b>206,541</b>	<b>765,511</b>	<b>(9,388)</b>	<b>962,664</b>	<b>917,191</b>
<b>BALANCE BROUGHT FORWARD at 1/4/22</b>		<b>4,696,202</b>	<b>1,123,143</b>	<b>6,111,205</b>	<b>11,930,550</b>	<b>11,013,359</b>
<b>BALANCE CARRIED FORWARD at 31/3/23</b>		<b>4,902,743</b>	<b>1,888,654</b>	<b>6,101,817</b>	<b>12,893,214</b>	<b>11,930,550</b>

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 2023 are shown in note 22.

# Greenwich & Bexley Community Hospice

COMPANY NUMBER: 2747475

## CONSOLIDATED AND CHARITY BALANCE SHEETS As at 31 March 2023

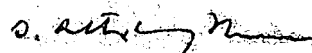
	Note	The Group		The Charity	
	s	2023	2022	2023	2022
		£	£	£	£
<b>FIXED ASSETS</b>					
Tangible assets	9	6,031,090	6,089,764	6,031,090	6,089,764
Investments	10	1,020,457	891,566	1,021,459	892,568
		<u>7,051,547</u>	<u>6,981,330</u>	<u>7,052,549</u>	<u>6,982,332</u>
<b>CURRENT ASSETS</b>					
Stocks	11	-	-	-	-
Debtors	12	2,576,249	2,708,338	3,878,052	3,160,586
Cash on deposit, at bank and in hand		5,588,165	4,825,528	4,130,887	4,338,029
		<u>8,164,414</u>	<u>7,533,866</u>	<u>8,008,939</u>	<u>7,498,615</u>
<b>CURRENT LIABILITIES</b>					
<b>CREDITORS:</b>					
Amounts falling due within one year	13	(2,322,747)	(2,584,646)	(2,134,894)	(2,334,170)
		<u>5,840,667</u>	<u>4,949,330</u>	<u>5,874,045</u>	<u>5,164,445</u>
<b>NET CURRENT ASSETS</b>					
<b>NET ASSETS</b>		<u>12,893,214</u>	<u>11,930,550</u>	<u>12,926,594</u>	<u>12,146,777</u>
<b>FUNDS</b>					
<b>UNRESTRICTED FUNDS:</b>					
General Fund		4,902,743	4,696,202	4,936,123	4,912,429
<b>Designated Funds</b>					
Fixed Assets Fund		233,654	223,143	233,654	223,143
RTP Fund		1,000,000	600,000	1,000,000	600,000
Building Development Fund		500,000	300,000	500,000	300,000
ASCF Fund		155,000	-	155,000	-
<b>RESTRICTED FUNDS:</b>					
Property Fund		5,797,436	5,886,621	5,797,436	5,866,621
Others		304,381	244,584	304,381	244,584
	16	<u>12,893,214</u>	<u>11,930,550</u>	<u>12,926,594</u>	<u>12,146,777</u>

The financial statements were approved and authorised for issue by the Board of Directors on 19 October 2023 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 £779,817 (2021/22:£611,691)

**CONSOLIDATED CASH FLOW STATEMENT  
FOR THE YEAR ENDED 31 MARCH 2023**

	Notes	2023 £	2022 £
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>	A	700,906	1,842,590
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Interest received		41,355	1,166
Payments to acquire fixed assets		(125,082)	(81,977)
Proceeds of sale of investments		(152,857)	-
Purchase of investments		298,315	-
<b>CASH PROVIDED / (USED IN) INVESTING ACTIVITIES</b>		<u>762,637</u>	<u>1,619,346</u>
<b>INCREASE/ (DECREASE) IN CASH IN THE YEAR</b>		<u>762,637</u>	<u>1,619,346</u>
 Cash and cash equivalents at the beginning of the year		 <u>4,825,528</u>	 <u>3,063,749</u>
 <b>TOTAL CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>		 <u>5,588,165</u>	 <u>4,825,528</u>

**NOTES TO THE CONSOLIDATED CASH FLOW STATEMENT**

<b>A. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES</b>	<b>2023 £</b>	<b>2022 £</b>
Net income (as per the Statement of Financial Activities)	962,665	917,191
Depreciation charge	183,756	202,698
Profit on disposal of fixed assets	-	-
(Loss)/Gains on Investments	(35,862)	(80,223)
Decrease in stock	-	5,457
(Increase)/decrease in debtors	(132,088)	(971,882)
Increase in creditors	(261,899)	1,770,515
Interest received	(15,666)	(1,166)
 Net cash used in operating activities	 <u>700,906</u>	 <u>1,842,590</u>

**B. ANALYSIS OF NET DEBT**

The charity has no net debt and therefore no analysis is required.



## 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 2021), 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. The charity is set up as a company limited by guarantee.

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

##### Impact of economic factors on our business

In the light of the conflict in Ukraine and the rising cost of living, we continue to operate in incredibly uncertain times, demonstrating the inherent volatility in revenue income. Our community remains understandably cautious and, as a result, it is difficult to predict how people will shop, donate and volunteer their time into 2023/24.

The Trustees have reviewed the forecast for the next 12 months, based on our budget for 2023/24 and reviewed the assumptions made for the FY 24/25.

In addition:

- We have free reserves of £4.9m and have liquid funds of over £5.5m in our bank accounts as at the year-end
- We are able to liquidate the investment portfolio if necessary.

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. It is the group's policy to transfer the profits of the subsidiaries to the charity under Gift Aid. 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 £910,655 (2022: £917,191). 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.

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

**1. ACCOUNTING POLICIES (continued)**

**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.

**Grants**

Grants (including government 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.

**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**

Income received from pension recovery, salary recharges, Bexley adult social care contract, 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.

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

**1. ACCOUNTING POLICIES (continued)**

**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 <sup>1</sup> / <sub>3</sub> % and 10% straight line
Motor vehicles	25% straight line

Donated assets are included at value on the date received.

**Investments**

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

**Stocks**

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

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

**Financial instruments**

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

**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.

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

**1. ACCOUNTING POLICIES (continued)**

**Funds**

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

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

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

**Estimates and judgements**

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

Legacies are recognised when the following conditions are confirmed:

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

**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.

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 2. DONATIONS AND LEGACIES

	2023 Total £	2022 Total £
Donations	1,758,635	1,329,092
Legacies	1,504,036	969,279
	<u>3,262,671</u>	<u>2,298,371</u>

### 3. INCOME FROM CHARITABLE ACTIVITIES

	£	£
Specialist Palliative Care	1,751,314	3,670,270
Greenwich Care Partnership	3,215,147	811,066
Adult Social Care	870,580	539,545
	<u>5,837,041</u>	<u>5,020,881</u>

### 4a. OTHER SALES INCOME

	2023 £	2022 £
Catering Income	18,629	5,184
Training Income	226,961	33,298
	<u>245,590</u>	<u>38,482</u>

### 4b. OTHER INCOME

	2023 £	2022 £
Pension Recovery	-	22,528
Medical Insurance Claims	6,192	4,463
Kickstart Rebates	59,693	12,000
Covid Testing charges	-	32,562
Lease Extension	-	21,660
Salary Recharge secondment	30,412	30,605
Retail, Hospitality and Leisure Grant	-	52,002
Furlough Refund including Trading	-	10,446
Room hire	1,493	-
Others	104,725	681
	<u>202,515</u>	<u>186,947</u>

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

**ANALYSIS OF GROUP EXPENDITURE**  
**5a Direct and Support costs**

	Direct costs £	Support costs £	Total 2023 £
<b>Raising Funds</b>			
Fundraising and marketing costs	488,999	135,405	624,404
Charity shop expenditure	1,571,654	200,098	1,771,752
Lottery expenditure	163,800	14,612	178,412
<b>Charitable activities</b>			
<b>Operating a Hospice</b>			
Clinical expenses	7,162,561	1,286,094	8,448,655
<b>Expenditure</b>	<u>9,387,014</u>	<u>1,636,209</u>	<u>11,023,223</u>

**Direct and Support costs**

	Direct costs £	Support costs £	Total 2022 £
<b>Raising Funds</b>			
Fundraising and marketing costs	491,838	137,586	629,424
Charity shop expenditure	1,549,753	37,827	1,587,580
Lottery expenditure	251,391	4,200	255,591
<b>Charitable activities</b>			
<b>Operating a Hospice</b>			
Clinical expenses	5,835,296	1,420,127	7,255,423
<b>Expenditure</b>	<u>8,128,278</u>	<u>1,599,740</u>	<u>9,728,018</u>

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

**5b.**

Support costs	Administration	Finance and IT	Office Costs	Governance	Total
	£	£	£	£	2023 £
<b>Raising funds</b>					
Fundraising and marketing costs	64,185	54,841	16,379	-	135,405
Charity shop expenditure	123,524	37,574	39,000	-	200,098
Lottery expenditure	14,612	-	-	-	14,612
 Clinical expenses	 404,413	 400,862	 416,077	 64,742	 1,286,094
	<u>606,734</u>	<u>493,277</u>	<u>471,456</u>	<u>64,742</u>	<u>1,636,209</u>

Support costs	Administration	Finance and IT	Office Costs	Governance	Total
	£	£	£	£	2022 £
<b>Raising funds</b>					
Fundraising and marketing costs	65,463	57,270	9,771	5,082	137,586
Charity shop expenditure	33,287	4,540	-	-	37,827
Lottery expenditure	-	4,200	-	-	4,200
 Clinical expenses	 660,713	 615,974	 100,532	 42,908	 1,420,127
	<u>759,463</u>	<u>681,984</u>	<u>110,303</u>	<u>47,990</u>	<u>1,599,740</u>

**5c Governance costs include:**

	2023 £	2022 £
Staff costs	64,742	47,990
Auditor's remuneration:		
- Audit work	30,500	16,700
- Other services	6,600	2,900
	<u>101,842</u>	<u>67,590</u>

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

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

6. Employees

	The Group		The Charity	
	2023	2022	2023	2022
	Number	Number	Number	Number
Average number of employees, excluding Directors	235	179	193	143
Full time equivalent figures	146	156	115	122
	<u>2023</u>	<u>2022</u>	<u>2023</u>	<u>2022</u>
<b>Staff costs consisted of:</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Salaries	6,176,025	5,350,454	5,168,818	4,435,247
Social security costs	617,803	540,939	533,410	465,838
Other pension costs	407,769	369,276	367,425	332,792
Redundancy payments	-	-	-	-
	<u>7,201,597</u>	<u>6,260,671</u>	<u>6,069,253</u>	<u>5,233,877</u>
Agency	239,665	175,719	236,252	169,416
Medical services	234,334	222,163	234,334	222,163
	<u>7,675,596</u>	<u>6,658,553</u>	<u>6,539,839</u>	<u>5,625,456</u>

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

	2023	2022
£60,000 - £69,999	1	1
£70,000 - £79,999	4	4
£80,000 - £89,999	1	2
£90,000 - £99,999	1	-
£100,000 - £109,999	1	1
	<u>1</u>	<u>1</u>

Of these, 8 employees are accruing pension contributions totalling £61,921 (2022: 8 employees, accruing £55,796).

The total employee benefits of the key management personnel of the Group were £706,566 (2022: £524,915). Of this, £654,216 (2022: £491,732) relates to the key management personnel of the charity.

7. TRUSTEES REMUNERATION AND EXPENSES

No expenses were reimbursed to trustees in the current year. (2022: £Nil). No Trustee received remuneration in the current or prior year.



# Greenwich & Bexley Community Hospice

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 8. NET INCOME

	2023 £	2022 £
The net income is stated after charging:		
Auditors' remuneration (excluding VAT)		
- For audit	30,500	16,700
- For tax compliant services	3,100	2,900
- For accounting fees	4,500	-
Lease payments	343,147	343,297
Depreciation	183,756	202,698

### 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 2022	6,918,444	2,176,708	50,114	9,145,266	-	9,145,266
Additions	-	125,082	-	125,082	-	125,082
Disposals	-	-	-	-	-	-
At 31 March 2023	6,918,444	2,301,790	50,114	9,270,348	-	9,270,348
<b>Depreciation</b>						
At 1 April 2022	1,051,823	1,972,458	31,222	3,055,503	-	3,055,503
Provided for the year	69,184	106,557	8,014	183,755	-	183,755
Disposals	-	-	-	-	-	-
At 31 March 2023	1,121,007	2,079,015	39,236	3,239,258	-	3,239,258
<b>Net Book Value</b>						
At 31 March 2023	5,797,437	222,775	10,878	6,031,090	-	6,031,090
At 31 March 2022	5,866,621	204,251	18,892	6,089,764	-	6,089,764

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

<b>10. FIXED ASSET INVESTMENTS</b>	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
<b>Charity:</b>		
Shares in subsidiary companies at cost	1,002	1,002
Listed Investments	1,020,457	891,566
	<u>1,021,459</u>	<u>892,568</u>
At 31 March 2023	<u>1,021,459</u>	<u>892,568</u>

The historical cost of listed investments at 31 March 2023 was £750,000 (2022: £750,000).

	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
At 1 April 2022	891,566	811,342
Additions	298,315	-
Disposals	(152,857)	-
Gain/ (loss) on investment	(31,657)	66,871
Investment Income	22,990	20,952
Investment Fees	(7,900)	(7,599)
	<u>1,020,457</u>	<u>891,566</u>
At 31 March 2023	<u>1,020,457</u>	<u>891,566</u>

	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
<b>Investment in subsidiary undertakings</b>		
<b>Cost</b>		
GBCH Trading Limited	1,000	1,000
Greenwich & Bexley Community Hospice Lottery Ltd	2	2
	<u>1,002</u>	<u>1,002</u>
At 31 March 2023	<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)**

	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
<b>GBCH Trading Limited</b>		
Turnover	1,948,042	1,882,365
Cost of sales	(2,401)	(11,694)
	<u>1,948,042</u>	<u>1,870,671</u>
Gross profit	1,948,042	1,879,761
Administrative expenses	(1,771,753)	(1,575,977)
	<u>176,289</u>	<u>294,784</u>
Operating (loss)/profit	176,289	294,784
Other Income	6,558	10,716
	<u>182,847</u>	<u>305,500</u>
Corporation Tax	-	-
	<u>182,847</u>	<u>305,500</u>
(Loss)/Profit for the year	182,847	305,500
(Loss)/Profit brought forward	(216,227)	(521,727)
(Loss)/Profit carried forward	<u>(33,380)</u>	<u>(216,227)</u>

The assets and liabilities of the subsidiary were:

Fixed assets		-
Current assets	1,456,924	583,422
Current liabilities	(1,489,304)	(798,649)
	<u>(32,380)</u>	<u>(215,227)</u>
Total net assets	(32,380)	(215,227)
Aggregate share capital and reserves	<u>(32,380)</u>	<u>(215,227)</u>

The net (liabilities)/assets of the subsidiary as at 31 March 2023 were £ (32,380) (2021//22: £ 215,227).

**Greenwich & Bexley Community Hospice Lottery Limited**

	<b>2023</b>	<b>2022</b>
	<b>£</b>	
Turnover	474,206	417,442
Cost of sales	(74,315)	(71,912)
	<u>399,891</u>	<u>345,530</u>
Gross profit	399,891	345,530
Administrative expenses	(224,300)	(183,679)
	<u>175,591</u>	<u>161,851</u>
Operating profit	175,591	161,851
	<u>175,591</u>	<u>161,851</u>
Distribution to parent charity	(175,591)	(161,851)
	<u>-</u>	<u>-</u>
Retained in subsidiary	-	-

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

**10. FIXED ASSET INVESTMENTS (continued)**

The current assets and liabilities of the subsidiary were:

Current assets	241,538	223,148
Current liabilities	(241,536)	(223,146)
	<u>2</u>	<u>2</u>
Total net assets	2	2
	<u>2</u>	<u>2</u>
Aggregate share capital and reserves	<u>2</u>	<u>2</u>

The net assets of the subsidiary as at 31 March 2023 were £2 (2022: £2).

**11. DEBTORS**

	<b>The Group</b>		<b>The Charity</b>	
	<b>2023</b>	<b>2022</b>	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Trade debtors	737,496	689,226	737,496	686,351
Prepayments	313,547	349,053	81,295	71,693
Legacies	1,454,172	878,116	1,454,172	878,116
Other accrued income	-	54,811	-	39,000
NHS England grant	-	644,089	-	644,089
Other debtors	71,034	94,043	62,215	70,060
Amounts due from subsidiaries	-	-	1,542,874	771,277
	<u>2,576,249</u>	<u>2,708,338</u>	<u>3,878,052</u>	<u>3,160,586</u>

**12. CREDITORS: amounts falling due within one year**

	<b>The Group</b>		<b>The Charity</b>	
	<b>2023</b>	<b>2022</b>	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Trade creditors	534,747	489,798	504,074	446,571
Other taxes and social security	141,096	132,693	149,674	132,094
Accruals	767,096	804,218	625,783	630,113
Other Creditors	873,526	897,087	873,526	897,563
Deferred income (note 15).	6,282	260,850	(18,163)	228,305
	<u>2,322,747</u>	<u>2,584,646</u>	<u>2,134,894</u>	<u>2,334,646</u>

# Greenwich & Bexley Community Hospice

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 13. ANALYSIS OF DEFERRED INCOME

	Group		Charity	
	2023	2022	2023	2022
	£	£	£	£
Deferred income at 1 April	260,850	80,392	228,305	51,705
Applied during the year	6,282	211,546	(18,163)	179,000
Released during the year	(260,850)	(31,088)	(228,305)	(2,400)
Deferred income at 31 March	<u>6,282</u>	<u>260,850</u>	<u>(18,163)</u>	<u>228,305</u>

### 14. STATEMENT OF FUNDS (2023)

	At 1/4/22	Income	Expenditure	Transfers & Gains	At 31/3/23
	£	£	£	£	£
<b>Unrestricted Funds</b>					
General Fund	4,696,202	11,683,933	(10,781,066)	(696,326)	4,902,743
<b>Designated:</b>					
Fixed Assets Fund	223,143	-	-	10,511	233,654
Recovery & Transformation Fund	600,000	-	-	400,000	1,000,000
Building Development Fund	300,000	-	-	200,000	500,000
One Bexley Adult Social Care Fund	-	-	-	155,000	155,000
<b>Restricted Funds</b>					
Donations	244,584	301,954	(242,157)	-	304,381
Property Fund	5,866,621	-	-	(69,185)	5,797,436
<b>Group Total</b>	<u>11,930,550</u>	<u>11,985,887</u>	<u>(11,023,223)</u>	<u>-</u>	<u>12,893,214</u>

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

**STATEMENT OF FUNDS (2022)**

	At 1/4/21 £	Income £	Expenditure £	Transfers £	At 31/3/22 £
<b>Unrestricted Funds</b>					
General Fund	2,777,702	9,731,797	(8,802,752)	989,455	4,696,202
<b>Designated:</b>					
Fixed Assets Fund	274,680	-	-	(51,537)	223,143
Legacy Equalisation Fund	1,191,669	-	-	(1,191,669)	-
Recovery & Transformation Fund	500,000	-	(42,208)	142,208	600,000
<b>Restricted Funds</b>					
Donations	333,503	846,348	(925,266)	(10,001)	244,584
Property Fund	5,935,805	-	-	(69,184)	5,866,621
<b>Group Total</b>	<b>11,013,359</b>	<b>10,578,145</b>	<b>(9,770,226)</b>	<b>109,272</b>	<b>11,903,550</b>

*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.

**Recovery and Transformation Fund**

The Trustees have invested an amount of free reserves into areas which will enable the charity to recover from the pandemic and support the implementation of our strategy to help deliver a sustainable future for the hospice. In 2022/23 £186,117 was spent from the Recovery and Transformation Fund, which has now been reduced to £413,883 with further designation of free reserves into this fund proposed. The new strategy sets out a number of new initiatives which we plan to fund in 23/24 onwards and so it is proposed that the RTF is 'topped up' to the value of £1,000,000 with further designation of free reserves into this fund.

**Building Development Fund**

This fund will be used to complement additional trust funding to support the development of the hospice building including investment in our inpatient unit, creating more single bedrooms to enable easier infection control and improvement of our staff changing and rest facilities to improve staff wellbeing. We also have plans to expand this project in phases to take account of new ways of working in other areas of the hospice. We are grateful to CRASH Charity and Jessop and Cook Architects for supporting our initial feasibility study for the inpatient unit and to U+i, Coffey Architects and others for supporting our ongoing vision development and design; phase one of which we are aiming to implement early in 2024.

Given the above, it is proposed that the BDF is increased to £500,000 with further designation of free reserves into this fund.

**One Bexley Adult Social Care Fund (ASCF)**

GBCH is working together with seven Bexley-based charities to deliver a contract awarded by the London Borough of Bexley. Together, we deliver social care assessments, reviews and carers' assessments to people with non-complex needs. GBCH are the prime contractor and manage the commissioning relationship for this work and subcontract the majority of work to our partners. Our joint work is known as OneBexley, with most governance decisions being made in partnership.

**NOTES TO THE FINANCIAL STATEMENTS (continued)**  
**STATEMENT OF FUNDS (continued)**

The ASC contract comes to an end in September, and if we do not secure the next contract, there are likely to be significant contract closure costs.

Given the year-end surplus generated by the project, it is proposed to create a new One Bexley Adult Social Care designated fund to the tune of £155,000 to cover the likely end-of-project expenditure across partners.

This is made up as follows:

- A significant external evaluation with a prestigious company to create learning which will influence all OB organisations (estimated £30K )
- Potential redundancy/contract closure cost (estimated at £85K)
- Potential band 6 role to fill an gap in quality and outreach (£40k)

***The Charity has the following restricted funds:***

**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)**

**15. ANALYSIS OF GROUP NET ASSETS  
BETWEEN FUNDS AS AT 31/3/2023**

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets	-	233,654	5,797,436	-	6,031,090
Investments	1,020,457	-	-	-	1,020,457
Current assets	4,402,993	1,655,000	304,381	1,802,040	8,164,414
Current liabilities	(488,327)	-	-	(1,834,420)	(2,322,747)
	<u>4,935,123</u>	<u>1,888,654</u>	<u>6,101,817</u>	<u>(32,380)</u>	<u>12,893,214</u>

**ANALYSIS OF GROUP NET ASSETS  
BETWEEN FUNDS AS AT 31/3/2022**

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets	-	223,143	5,866,621	-	6,089,764
Investments	891,566	-	-	-	891,566
Current assets	5,582,712	900,000	244,584	806,570	7,533,866
Current liabilities	(1,561,849)	-	-	(1,022,797)	(2,584,646)
	<u>4,912,429</u>	<u>1,123,143</u>	<u>6,111,205</u>	<u>(216,227)</u>	<u>11,930,550</u>

**16. 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 £367,425 (2022: £332,792) and as at the balance sheet date the company held total contributions of £34,488 (2022: £53,207) that were payable to the pension schemes. The charity does not have any further commitments under these pension schemes.



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

**17. OPERATING LEASE  
COMMITMENTS**

	<b>2023</b>		<b>2022</b>	
	<b>Land &amp; Buildings £</b>	<b>Other £</b>	<b>Land &amp; Buildings £</b>	<b>Other £</b>
As at 31 March 2023, the charity had annual lease rental commitments totalling:				
Leases expiring within 1 year	182,716	9,405	208,897	6,884
Leases expiring within 1-5 years	370,327	12,975	511,699	8,658
	<u>553,043</u>	<u>22,380</u>	<u>720,596</u>	<u>15,542</u>

**18. CAPITAL COMMITMENTS**

	<b>2023 £</b>	<b>2022 £</b>
Authorised	<u>5,000</u>	<u>5,000</u>

**19. RELATED PARTY TRANSACTIONS**

In 2023 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 £1,542,987.

There are no other outstanding balances with related parties as at 31 March 2023 (2022: £nil). The total amount of donations received from the trustees in the year was £9,663 (2022: £ 9,155).

NOTES TO THE FINANCIAL STATEMENTS (continued)

20. COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (2022):

	Unrestricted Funds General £	Designated £	Restricted Funds £	2022 £
<b>INCOME FROM:</b>				
<i>Donations and Legacies:</i>				
Voluntary Income				
General donations	954,565	-	139,625	1,094,602
Charity shop donations	229,602	-	-	229,602
Legacies	969,279	-	-	969,279
<i>Charitable activities:</i>				
Operating a Hospice	5,020,881	-	706,423	5,727,304
<i>Other trading activities:</i>				
Charity shop income	1,882,465	-	-	1,882,365
Lottery income	417,442	-	-	417,442
Other sales income	38,542	-	-	38,542
Rental income	10,311	-	-	10,311
<i>Investment:</i>	21,923	-	-	21,923
<i>Other income:</i>	186,947	-	-	186,947
<b>Total Income</b>	<b>9,731,797</b>	<b>-</b>	<b>846,348</b>	<b>10,578,145</b>
<b>EXPENDITURE ON:</b>				
<i>Raising funds:</i>				
Fundraising and marketing costs	629,424	-	-	629,424
Charity shop expenditure	1,587,580	-	-	1,587,580
Lottery expenditure	255,591	-	-	255,591
<i>Charitable activities:</i>				
Operating a Hospice				
Clinical expenses	46,330,157		925,266	7,255,423
<b>Total Expenditure</b>	<b>6,802,752</b>	<b>-</b>	<b>925,266</b>	<b>9,728,018</b>
Net (losses)/gains on investments	67,064	-	-	67,064
<b>Net income/(expenditure)</b>	<b>996,109</b>	<b>-</b>	<b>(78,918)</b>	<b>917,191</b>
Transfers between funds	922,391	(843,206)	(79,185)	-
<b>Net movement in funds</b>	<b>1,918,500</b>	<b>(843,206)</b>	<b>(158,103)</b>	<b>917,191</b>
<b>BALANCE BROUGHT FORWARD at 1/4/2021</b>	<b>2,777,702</b>	<b>1,966,349</b>	<b>6,269,308</b>	<b>11,013,359</b>
<b>BALANCE CARRIED FORWARD at 31/3/2022</b>	<b>4,696,202</b>	<b>1,123,143</b>	<b>6,111,205</b>	<b>11,930,550</b>