



**GREENWICH & BEXLEY  
COMMUNITY HOSPICE LIMITED**

**(A charitable company limited by guarantee)**

**FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED**

**31 MARCH 2024**

Company Number: 2747475  
Registered Charity Number: 1017406

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## **GREENWICH & BEXLEY COMMUNITY HOSPICE LIMITED TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024**

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 2024.

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.

### **CHIEF EXECUTIVE'S SUMMARY**

Thank you for taking the time to read the Annual Report and Accounts of Greenwich & Bexley Community Hospice.

You'll see throughout that we often refer to ourselves as 'The Community Hospice'. This came off the back of an incredibly exciting rebranding project that began in the autumn of 2023. You may notice that we sound and look a bit different now too, and that's because we spoke to so many people: staff, volunteers, community members, patients, families and local organisations, to learn how we could raise awareness of our care, and support people better, in more meaningful ways. We learnt that lots of people didn't know we existed and therefore didn't know we were there for them and their loved ones, and many had misconceptions and fears of hospices. So, whilst our legal name hasn't changed, we're now the Community Hospice, here for the people of Greenwich and Bexley.

You will also notice that our previous Chair, Ruth Russell stood down in November 2023. I would like to take this opportunity to recognise the enormous contribution she has made to our charity, supporting me and the team through a time of change and challenge, in particular in our response to the COVID 19 pandemic. Ruth's leadership has supported a strengthening of our governance and diversification of our board, which have enabled a change in the way we operate, approach risk and ultimately in the support we can provide to our beneficiaries. We are all very grateful for the service she has given.

We ended the year with a consolidated deficit of (£982,438), much of this was anticipated as we made the decision to use our reserves to invest in several areas of our charity to transform our services and to secure a more sustainable future. But the past year has seen the charity face several challenges. We, like many health and care organisations across the country, have struggled with vacancies and recruitment of appropriately skilled staff. Inevitably this means we haven't been able to progress as quickly as we'd like on certain ambitions. We, like everyone else, have also felt the impact of the cost-of-living crisis, with overheads increasing and income not meeting the increases. But in the face of such challenges, I am very proud of the values, hard work and commitment of all those that make the hospice; as colleagues we came together to make sure we could continue to give high quality end of life care to those who needed our support. Our community have continued to give, and their generosity never fails to amaze me; without it, we simply wouldn't be here.

One of our strategic priorities is to listen, both to those in and outside of the organisation. We know how important this is so that we can continuously improve and evolve our care, and to be there for all people, of all backgrounds, religions, sexualities and ethnicities. As part of this work, we've developed a Community Development and Engagement Strategy, and have worked closely with local charities, faith leaders and community groups. We've had some remarkable conversations, and together have organised training and

workshops for our staff. We are committed to continuing to listen so that we increase our learning about our community and adapt our care in line with their needs.

Another of our priorities is to harness the power of digital to better support those who need us. Last year saw the introduction of our 'Virtual Ward' programme, which meant that more patients, including those with the most complex of needs were able to continue to get the care they needed at home and avoid unnecessary and unwanted hospital admissions. Our team worked with patients, their families and their GPs and community nurses, using digital platforms to monitor conditions and symptoms closely as well as visiting more frequently, giving the care needed, where they wanted to be cared for, and in a timely way.

We've also focused a lot on wellbeing, on supporting people to live as well as they can, for as long as they can. This has led to the introduction of a range of wellbeing and rehabilitative support, including social groups for members of the community, classes to support people to manage their symptoms, and a showering service so people can feel more like themselves again.

As we reach the halfway point of our five-year strategy, this feels like a good time to reflect on where we've got to and to reaffirm that we will continue to work together to be the best organisation we can be. Our commitment to the people of Greenwich and Bexley is unwavering and I look forward to what the next year brings.

Thank you,

A handwritten signature in black ink that reads "Kale". The signature is written in a cursive, slightly slanted style. The name "Kale" is followed by a period.

## 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.*

Our organisational purpose is **to support people to live as well as they can for as long as they can.**

#### Our Values

- We keep things simple and focus on what matters most.
- We're warm, friendly and generous with our time.
- We do what we can to make things happen.

At the Community Hospice, everything we do is completely led by our values and in making sure we support everyone who needs us, across the boroughs we serve. The values themselves were born from extensive research and conversations with teams across the hospice, as well as members of the community, to make sure that they were reflective of our organisation and all those who make it.



## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **OBJECTIVES AND ACTIVITIES (continued)**

#### **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.

#### **Our Strategy**

We are now halfway through our five-year organisational strategy, approved in April 2022. Our focus remains on three overarching priorities that make sure that our local community, patients and their loved ones are 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 making sure we deliver the best possible care and support we can.

Our strategic priorities (below) help make sure that we remain committed and focused, making the most of our resources so that we're as efficient and effective as possible, and provide meaningful and tailored care. This in turn supports 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.

To fulfil these aims we must at times take risks and be courageous in advocating for people who are most in need. This sometimes means prioritising resources and being innovative and open minded, making sure everyone in our wonderfully diverse community is able to approach death in the way that suits their values, beliefs and lifestyle.

Further information about our 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
- Communications and Marketing
- Community Development and Engagement
- Fundraising

We continue to develop our plans for the Community Hospice estate and to reduce our environmental impact.

Investment from our Recovery and Transformation Fund and support from Trusts and Foundations and our NHS/ Local Authority partners continues to support the Community Hospice in driving change to improve our services and extend our reach.

The table beginning on page 8 gives an overview of the progress made against our Strategic objectives.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**  
**OBJECTIVES AND ACTIVITIES (continued)**

Priority	Objectives	Progress	Key metrics:	Measurables
<p><b>Listening</b></p> <p>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</p>	<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 three-year Community Development and Engagement Strategy was approved by the Board in July 2023, further investment will be made in 2024/25 to accelerate this work. Our Community Development Manager has built strong links across our community, supporting the establishment of a Greenwich University Student's Union Hospice Society and Chai Shai, a group for People of South Asian Heritage based at the hospice. What we have heard through this work is influencing how we talk about our hospice, with a new brand and website due to be launched in August 2024. Additionally, we have reviewed our values and behaviours framework, which is also due to be launched in August 2024. Our new incident and complaints management database supports robust</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</li> </ul>	<ul style="list-style-type: none"> <li>• 26 events attended and 18 arranged by our Community Development Manager to hear about local people's needs at the end of life/ perceptions of hospice care.</li> <li>• Any feedback is shared with the clinical team, and where appropriate specific teaching sessions are arranged.</li> <li>• We received 129 iWGC reviews in 23/24</li> <li>• We sent out 596 Voices surveys and 23% were returned completed</li> </ul>

Priority	Objectives	Progress	Key metrics:	Measurables
		review of themes to support quality and safety improvement across the hospice.	hear how we can improve their care	<ul style="list-style-type: none"> <li>All patients/ family members who provided feedback about ways we could improve our care or where care did not meet expectations are invited to participate in a face to face or 'phone meeting.</li> <li>Our patient literature has been reviewed and will be relaunched in August 2024.</li> </ul>
<p><b>Empowering Colleagues</b></p> <p>Growing and empowering our own staff, working to our strengths alongside system partners and</p>	<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> </ul>	<p>Our People Plan has four 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>Our Managers' Development Forum continued to support the development of all staff in management positions</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</li> </ul>	<ul style="list-style-type: none"> <li>Staff survey completion was 59% (52% in the 2022 survey)</li> <li>Staff retention was 97% as at March 2024 (95% as at March 2023)</li> <li>Our overall vacancy rate was 8.6% as at</li> </ul>

Priority	Objectives	Progress	Key metrics:	Measurables
<p>developing others to give the best support they can to dying people and their families</p>	<ul style="list-style-type: none"> <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>across the hospice. Our Senior Leadership Team meet monthly with our Hospice Leadership Team, to improve communication and transparency. We rolled out regular, externally facilitated, clinical supervision to all clinical staff from the beginning of the year. This continues to be evaluated and the model reviewed to meet need. We reviewed our recruitment processes which has led to more timely processes and a more diversity in shortlisted candidates. We trained and introduced hospice Freedom to Speak Up Guardians, to complement our speaking up platform '@Work in Confidence'. We upgraded our hospice on-line training platform to a more user friendly system and integrated learning and development into the HR/People function. Continuing to work in partnership to deliver education and to support more people to die in their place of choice.</p>	<p>education for staff working in partner organisations</p> <ul style="list-style-type: none"> <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>	<p>march 2024 (5.9% as at March 23)</p> <ul style="list-style-type: none"> <li>• Although we did not publish a report capturing our education activity this year, this work continues. Much of our activity is embedded into service delivery, for example our hospital team train all new doctors joining Queen Elizabeth Hospital and we train all GP trainees across Bexley and Greenwich.</li> </ul>

Priority	Objectives	Progress	Key metrics:	Measurables
		E.g. through the use of ECHO in Care Homes.		
<p><b>Digital</b> Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income</p>	<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>	<p>Data and Digital Strategy approved by Board of Trustees April 2023 Implemented a new customer relationship management system to be utilised by Fundraising and the wider Team. Implementation of a new accident, incident and complaints database. Established a 'Virtual Ward' June 2023, incorporating the use of digital patient reported outcome measures which are integrated into our clinical systems to help with prioritisation and monitoring for those with more complex needs who wish to remain at home. Invested in the appointment of a Clinical Database manager to drive improvements in our patient record system functionality and recording. Invested in an e-commerce manager so that we could grow this area of trading.</p>	<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>	<p>2,337 unique patients were supported in 2023/24, this is a reduction of 20% on the previous year; we are working to understand to what extent this is because of changes in the way we record activity, and to what extent it is due to capacity challenges or a general reduction in deaths post the spike in 2021-23. Data completeness for sexual orientation increased from 268 people in 2022/23 to 999 (43%) people in 2023/24 (an increase of 370%) and ethnicity recording has improved from 77% to</p>

Priority	Objectives	Progress	Key metrics:	Measurables
		Developed a new website (go live scheduled for August 2024).		<p>84% of patients. For both areas, our target is 90%. The proportion of people dying in Greenwich and Bexley who were known to our hospice in 2023/24 was 38% (2022/23 - 36%).</p> <p>Voluntary Income            £6,430,614 in 2023/24            (£6,459,509 in 22/23)</p>

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **OBJECTIVES AND ACTIVITIES (continued)**

#### **Our Care**

Dying is part of life. But that doesn't mean it's easy to deal with, or easy to accept. We're here to help make people's journey as smooth as possible. Whether they need support in their own home, in hospital, or at our Community Hospice, we'll support people to have those difficult conversations, to make sure their paperwork is in order, to make tough decisions. All whilst helping them to manage their physical pain and supporting their emotional wellbeing. And we're here for their loved ones too, whether this is family, friends or carers.

We're here to support people to live as well as they can, for as long as they can. So that they can focus their time on doing what they love.

The Community Hospice offers services based within our main hospice building as well as in the community. End of life care covers everything from living and managing a terminal illness to helping our patients have a peaceful and pain-free death. This could mean they come and stay with us to get their symptoms under control before they go back home, that they see our rehabilitation team to help maintain their independence, or it could mean our team are visiting patients and caring for them in hospital or wherever they call home. What's consistent is that we take a holistic approach to care – providing support for patients' social, emotional and mental needs as well as their medical ones. Our main priority is to understand what's important to each person so we can tailor our care and support to get the best outcomes for them.

#### **Working in Partnership**

Our values underline the importance of working in partnership to make sure that patients and their loved ones receive the best possible care. Patients at home, in care homes, in prison and 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' programme. Our Chief Executive is a member of the Healthier Greenwich Partnership and Bexley Wellbeing Partnership Integrated Care System Place-based Boards, and she leads the Southeast London Integrated Care System's palliative and end of life care (PEoLC) work stream.

In 2020/21 we were awarded a contract by the 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 the prime contractor, in partnership with seven other local charities. This service is helping us to 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. The charities that are working to deliver this support are the Community Hospice, Bexley Voluntary Services Council, Age UK Bexley, Inspire Community Trust, MIND in Bexley, Carers' Support Bexley, SE London Crossroads Care and Bexley Mencap. We also play an important role in shaping the wider conversation in the local voluntary sector, with the hospice's Director of Partnerships chairing the Bexley Voluntary Forum and the METROGAVS Steering Group.

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **CARE ACTIVITY**

Data in previous Trustee Reports was based on referrals received, including those who were discharged from the waiting list (died before seen or for another reason). As we improve our reporting and data quality, this year's report is based on all individual patients who received support from at least one service, between April 2023 and March 2024. In total, 2,337 unique patients were supported during this time.

#### **Hospice Based Services**

##### **Inpatient Care**

Our inpatient unit, the Woodlands Ward, cares for people who need help with managing their symptoms, or who have complex psychological support needs or end of life care needs. The team also provide significant support to the families and friends of those we care for.

In 2023/24 we provided care for **297 patients** within the Woodlands Ward (298 in 2022/23). For some patients their symptoms become hard to manage at home and require specialist assessment, support and treatment. These patients will stay with us so that the multi-disciplinary team can assess their condition and if necessary, make changes to their medication to help relieve their pain and other symptoms, making sure they are able to return home comfortably. Our average length of stay reduced from 12 days to **11 days, and** as COVID visitor restrictions relaxed, we saw an increase in the number of stays that saw people return home afterwards (21% from 17%). Some people whose illness has reached its final stages choose to come to the hospice for compassionate nursing and medical care in their final days.

The direct cost of providing care on our Woodlands Ward in 2023/24 was £1,738,993 (2022/23 £1,518,033). This increase in costs is due to successful recruitment and wage inflation.

##### **Outpatient Services**

Our outpatient services support people who stay living at home or in a care home and are able to travel to the hospice for rehabilitation, treatment or outpatient review as well as complementary and creative therapies.

##### **Rehabilitation and Wellbeing**

Maximising quality of life and helping patients to keep doing the things they love for as long as possible is one of the main goals of our care. Whether it's making a cup of tea or managing breathlessness, rehabilitation is a key way to make sure patients keep living independently and well. In our well-equipped gym the rehabilitation team will tailor each patient's rehabilitation plan to address their specific concerns and needs, helping them to live for as well as they can, for as long as they can.

The Community Hospice's rehabilitation and wellbeing team works with patients independently as well as within the multi-disciplinary team, encouraging a rehabilitative approach across all our services. This in turn provides the opportunity for patients to be introduced to the hospice earlier in their disease, making sure we can deliver the right care at the right time. We continue to add to our programme of activities, including the introduction of a showering service, a fatigue management group, a breathlessness management group and a weekly 'tea and talk' drop-in. As a result of the work the team have done to build links with rehabilitation teams outside of the hospice, we were successful in receiving funding to expand our occupational therapy team for Greenwich residents. In total the team supported 231 new patients in the year, an increase of 4% compared to 2022/23.

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **CARE ACTIVITY (continued)**

Spirituality or faith can be a powerful support when someone is dying. Our chaplain is available to listen to, speak with and support patients and their loved ones through this time, whatever their beliefs. If people would prefer to speak to someone from their own faith or humanist group, we'll help arrange for them to visit. The hospice's chaplaincy service provides spiritual support to patients and their loved ones across all settings when requested.

#### **Case Study:**

'Herbert' is 76 and living with Pulmonary Fibrosis. He originally came to the hospice because he was experiencing limiting breathlessness for which he required 24-hour oxygen. He was referred to our showering service by the Oxleas' community nursing team because he was finding it difficult to use his bath at home. An initial showering assessment identified that Herbert was concerned about forgetfulness, had been struggling with headaches, morning dizziness, fatigue and breathlessness.

It might just seem like a simple shower that was Herbert's challenge, but as a result of one assessment by the hospice team, Herbert was reviewed by the home oxygen team who reduced his oxygen levels which in turn improved how he was feeling, a home visit was completed by an occupational therapist, we signposted him to a taxi card to help him get around, he was referred to the local authority for home based rehabilitation and help with washing and dressing and he is now attending our Virtual Living Well programme, to help him manage his fatigue and breathlessness. Herbert attended for two more showers before getting his wet room installed at home, which has helped him to be more independent and feel more like himself again.

#### **Social, Psychological and Spiritual Care**

A terminal diagnosis comes with a lot of practical considerations and administration which can be hard to take in at such a difficult time. Patients and their loved ones might just want someone to talk to or they might be looking for more specific practical help. Whatever it is, our team which includes social workers, chaplain, counsellors and volunteers will support patients and their loved ones throughout their illness and after death.

Community 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.

The need for social work and counselling support continued in 2023/24, with the team supporting 329 people with a variety of issues including complex family work, safeguarding issues, housing, benefits and asylum issues. 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, as well as before and following bereavement for relatives. Where appropriate, we pass on referrals to other partners.

#### **Case Study:**

Jeanine, one of our palliative care social workers had the pleasure of working with a family: mum, dad and their four children aging from 12-19 years. All children are neurodiverse/have additional needs. Over a period of weeks Jeanine visited 'Jim' (the patient) and his wife, 'Carol', and talked to them about their hopes and fears. Although all the children were aware of Jim's illness and prognosis, both parents had noticed some changes in their behaviour, in them wanting to spend less time with their dad.

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **CARE ACTIVITY (continued)**

Jim had made memory boxes for the children and both parents recognised the importance of keeping to routine as much as possible. They asked Jeanine to visit and talk to the children individually so as to learn about their hopes and fears. Each child raised different issues. She talked with them about their dad, their fun times, their sad times, their understanding of death and what they felt it would mean for them and their family. She also explored whether they wanted to be present (if possible) during the last moments of their dad's life and if not and how would they like to say goodbye.

Following these meetings, both parents said how they had helped with the children who had been a little distant from Jim feeling able to talk openly about how they felt, and they started to spend more time with him, enabling the family to have important conversations.

Jim eventually came into the hospice as this was his preference. Carol said she felt supported there and she was able to talk over her feelings, particularly when it came to caring for her husband while he was on the Woodlands Ward. As a professional carer and his beloved wife, she wanted to show him how good she was at her job, as she knew how good he was at his. Jim had asked her to let the nurses take care of him and initially she felt that this was a rejection. Jeanine helped Carol to see that it was also Jim's way of caring for her, enabling them to spend quality time together as a couple in his last days.

After Jim died their eldest child needed more support, and Jeanine supported them with their grief, contacting colleagues in other agencies to make sure that they received the care they needed in a timely way and giving them space to reflect on their changing life and sexuality. She was also there when they had questions about their dad, listening to them as they talked fondly about their family.

In addition to our specialist palliative care social work, we continued to lead the OneBexley Pathways programme, leading a consortium of seven other Bexley-based charities to support Bexley residents who may benefit from support from a statutory Care Act Assessment. In 2023/24, more than 2,000 Bexley residents received an assessment or a review through OneBexley, with many more receiving informal information, advice or guidance to support them with their needs.

### **Community Based Services**

Hospice care isn't restricted to one place. We care for patients wherever they call home, or wherever is best for their needs.

The hospice's community services provide specialist palliative care across the boroughs of Royal Greenwich and Bexley. Clinical nurse specialists, doctors and the rest of the multi-professional team visit people across the community, giving holistic care, advice and support to patients and their loved ones as well as to GPs, district nurses and other community professionals involved in their care.

In 2023 we launched our new 'Virtual Ward' for those with the most unstable and challenging needs, this service provides more intensive support either via telephone, video conferencing and patient activated apps or via face-to-face visits. 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. The hospice also delivers personal care to residents in Bexley through a patient-by-patient arrangement.

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## TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)

### CARE ACTIVITY (Continued)

Our services operate seven-days a week, day and night. In Greenwich we also provide overnight support in people's homes and a night-time rapid-response service, provided through contracts with Marie Curie and Oxleas NHS Foundation Trust, these services are directly commissioned in Bexley, through night-district nursing from Oxleas.

Our network of community volunteers increasingly also support people in their own homes and includes 'Compassionate Neighbours', volunteers who provide compassion, companionship and practical support.

In 2023/24 our specialist palliative care community team supported **1,001 new patients** (1,416 in 2022/23). We discontinued our 'telephone support' service during the year, discharging those who no longer needed our support and moving others onto our specialist community caseload or our rehabilitation caseload to make sure they got the support they needed. Of the **1,483** people who died under the care of the hospice (all services), **85%** were supported to die in their preferred place of care and **61%** died out of hospital (63% in 2022/23).

There was, once again, a reduction in patients with a cancer diagnosis (reduction of **230 or 15%**), and this year, a reduction in patients with dementia (reduction of 89 or 20%).

The direct cost of specialist community care in 2023/24 was £1,187,857 (2022/23 £1,050,145). Challenges in recruitment and vacancies continued and largely as a result of wage inflation, costs rose by 12%. Our community team continue to use technology to assist them in their clinical practice, which is often more convenient for many patients and frees up valuable time for patients and staff alike.

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 2023/24 was £857,794 (2022/23 £810,513), the increased costs mainly relate to wage inflation and some agency cots to fill vacancies. 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 and in 2023/24 the team supported a total of 170 new patients (207 in 2022/23).

In June 2023, the hospice launched the 'Virtual Ward', a new level of community-based support. This service is intended to support patients who are in an unstable or deteriorating condition, with needs which would ordinarily require admission to hospital or the hospice's Woodlands Ward. We were pleased to be able to support 95 people between June 2023 and March 2024 with a range of support including symptom control, practical support (equipment; emotional support; liaison with community services), end of life care, and referral for additional nursing home or home-based packages of care. The average amount of time people spent receiving care through the Virtual Ward was 10 days, which is in line with an admission to our own inpatient service and only 12 people ultimately required a hospital admission. In addition to the 95 people 'admitted' to our virtual ward, the team provided one-off urgent visits to patients on the specialist palliative care team caseload, supporting an additional 114 people with urgent care.

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **CARE ACTIVITY (Continued)**

#### **Education and Care Homes Support**

Experts from the Community Hospice and St Christopher's Hospice have joined together, with the aim of providing high quality training in end-of-life care for health and social care professionals across a wide range of sectors. The Hospice Education and Learning Partnership (HELP) is a programme of learning curated by experts from St Christopher's Hospice and the Community Hospice.

It is designed to support health and social care professionals to be able to care for people facing end of life, with confidence, skill and compassion. Our training focuses on promoting holistic care, dignity, independence and choice at the end of life as well as developing symptom management and communication skills.

Our community team provide additional support to residents and staff in care homes, including practical advice and education using the Project ECHO methodology.

#### **Case Study:**

'Raymond' was a 57-year-old man who lived with his wife 'Hyacinth' and their 2 sons (aged 9 and 7) as well as a 21-year-old son from a previous marriage. Ray had a strong Catholic faith. He had been diagnosed with head and neck cancer and having chosen to be at home, needed intensive support as he was unable to swallow or breathe for himself. When he met the virtual ward team, there were several aspects of life that Ray and his family needed help with. His physical needs were complicated, as he was using a ventilator to breathe and was eating and drinking via a feeding tube. Additionally, it was inevitably an emotional time, and Ray knew it was important that the whole family felt involved in any decisions he made about withdrawal of treatment when he was ready.

The virtual ward team had many conversations with hospital doctors about how to best care for Ray whilst he was on a ventilator. It is very unusual to be able to provide such care at home, as most people who need a ventilator to help them breathe remain in hospital. Following conversations with the hospital team, the hospice virtual ward team discussed options around withdrawal of ventilation with Ray, Hyacinth and the family. They did not want the ventilator switched off until after Ray had died as they felt they were 'playing God'. The team supported the family in this decision and educated them on the signs of death to look out for (particularly as due to Ray's ventilator, they would be different to the more commonly seen signs). The team also liaised with the GP, district nurses, hospital respiratory consultant and other hospice colleagues, so that they were all aware of the plan. As Ray deteriorated, the team visited twice a day to reassure the family and the carers who were there 24 hours a day. Ray lost consciousness and the family expressed concern that remaining on the ventilator was causing more distress than benefit for Ray. The team supported the family once more and they said their goodbyes and felt at peace, and when they were ready, the ventilator was switched off. Raymond died very peacefully within 15 minutes and the team stayed to support the family until they were ready to be left alone. The hospice team was able to support this blended family through the many medical, social and spiritual complexities that were layered together in this very unusual case, meaning that Ray died in his home with his family, as per his wishes. We provided options for Ray's medical care but never enforced anything and acted on decisions when Ray and his family were ready.

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **CARE ACTIVITY (Continued)**

#### **Hospice Outreach in Hospital**

The Community Hospice team at Queen Elizabeth Hospital, Woolwich, play an important role in educating and advising hospital staff on end-of-life care and symptom control issues, as well as supporting patients and their families directly. They help to make sure that patients' wishes for care are met and support them to return to their home, care home or the hospice where this is the best place for them to receive the care they need. This service operates seven days a week. This year our small team made visits to **1,054** patients (2022/23 1,112 patients, a 5% decrease). Our activity was impacted by staff vacancies and sickness throughout much of the year. The direct cost of hospice care in the hospital in 2023/24 was £493,112 (2022/23 £438,700). The increase in cost is largely due to wage inflation.

#### **Case Study:**

'Mr Adebayo' was a 63-year-old Nigerian man with advanced metastatic prostate cancer. He had no family in the UK as they lived back in his home country, Nigeria. He was admitted to Queen Elizabeth Hospital Woolwich and shortly after was referred to the hospital palliative care team for pain management and discharge planning. Mr Adebayo was seen by the team and changes made to his pain medications which meant that his pain was better controlled, however his overall health deteriorated due to progression of his disease. The palliative care nurse discussed his wishes for the future, and particularly his wish to return home to Nigeria, however, he was too unwell to fly. As he was also unable to be discharged to his usual shared accommodation, it was agreed that the team would help arrange for him to move to a nursing home where his care needs would be met. He continued to receive support in the nursing home from the community palliative care clinical nurse specialist.

The hospice social worker also visited to help him and his family with visa applications so that they would be able to visit him in the UK. Unfortunately, due to delays in the process at the embassy, he died in the nursing home before his family arrived. His family asked for help in arranging his funeral, which the hospice team provided. Despite his family being disappointed not to visit Mr Adebayo in his final days, they expressed profound gratitude to the whole hospice team for the support we had given.

#### **ADDRESSING INEQUALITIES**

Our hospice serves a diverse population, with pockets of wealth and areas of significant deprivation. We have a wonderfully ethnically diverse community, and we have uniquely large and significant numbers of people with Nigerian, Vietnamese and Nepalese heritage. There are also significant other marginalised communities; for instance, Greenwich is the Local Authority with the 14<sup>th</sup> highest proportion of people identifying as being LGBTQ+ across the UK and we 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.

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **ADDRESSING INEQUALITIES (continued)**

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 our community 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.

#### **Care beyond cancer**

The hospice continues to strive to reach people with a diagnosis other than cancer. For some, this will mean a less clearly defined path, with diseases that are more difficult to predict, therefore making sure that the right care is in place is more challenging. As such, they are less likely to be referred and to access support from specialist palliative care services.

The proportion of patients with a cancer diagnosis was 52% (an increase from 48% in 2022/23), 15% had a diagnosis of dementia and 10% had a chronic respiratory condition.

#### **Serving people of all ages**

The hospice provides care to anyone with a terminal illness living in the London Borough of Royal Greenwich or Bexley who is over the age of 18<sup>1</sup>. Most people we care for are over 65. In 2023/24, **66%** of the people we cared for were over 75 (2022/23 74%) and **35%** were over 85 (2022/23 41%).

People who are older 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.

#### **Sexuality and Gender Identity**

##### Improving our data:

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 continued to improve our data in this area (999 people had it recorded as opposed to 268 the previous year).

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<sup>1</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.

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## TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued) ADDRESSING INEQUALITIES (continued)

### Raising awareness:

Training on sexual orientation and gender identity continues, including a bespoke session delivered for Trustees in 2023. Our project funded by Hospice UK and the Masonic Charitable Foundation which worked with local charity METRO to create a video demonstrating the impact of discrimination at the end of life on the LGBTQ+ community and highlighting the importance of striving to do better. It has been shared with colleagues across the hospice, as well as the national hospice community and with the Royal Borough of Greenwich.

Our Community Development Manager has made great strides in building links with local community leaders and groups, and we will invest to expand this area of work in 2024/25. We also began a hospice rebrand project in November 2023, which is due to complete August 2024. As part of this we consulted widely to help inform our brand positioning so that we are accessible, welcoming and relevant for the whole of Royal Greenwich and Bexley.

### **Cultural and ethnic diversity**

We are pleased to see further improvement in ethnicity reporting (84% compared to 77% the previous year). For the patients for whom ethnicity was recorded, 81% were recorded as white British, 5% white Irish/other, 5% black/ black African/ Caribbean/ other, 6% Asian (Indian, Pakistani, Chinese, Bangladeshi, other Asian), 1% mixed and 3% other. We have set a target of 90% of patients having ethnicity recorded in 2024/25.

## **INCIDENT MANAGEMENT/ HEALTH & SAFETY**

Reporting of clinical incidents is very much embedded into the routine business of the hospice's quality & safety committee.

Our medicines incident rate was **69** for the whole year (65 2022/23), a slight increase, however, we saw a downward turn towards the end of the year following the introduction of our e-prescribing software. 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 the least severe. Our errors ranged from level 0 to level 3. Our rate of 'level 0' (error prevented) drug errors at the Community Hospice is higher than the average for hospices of a similar size (46% at the Community Hospice, 31% 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 7.3 per 1,000 overnight bed days (a measure of occupancy and activity) (Audit average 9.1). 97% of falls were in the no harm/ low harm category whilst the remaining 2 falls were recorded as moderate harm.

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

### **INCIDENT MANAGEMENT/ HEALTH & SAFETY (continued)**

We received 17 care and 15 non-care complaints in 2023/24 (2022/23, 15 care, 16 non-care complaints). All complaints were fully investigated, whether they were informal such as direct feedback or comments received on patient and family feedback questionnaires, or formally written complaints. Nine of the seventeen care complaints related to services provided by partner organisations who responded directly themselves.

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 2022/23 the register mainly featured matters relating to staffing.

#### **Serious Incidents**

The hospice board receives a report from the Chief Executive at every board meeting which confirms whether there have been any serious incidents that should be notified to the Charity Commission and/or Care Quality Commission. We reported one incident to the Charity Commission in 2023/24 and they were satisfied that the charity had dealt with it appropriately.

Further information about incidents and complaints is available in our 2023/24 Quality Account.

### **PATIENT, FAMILY AND STAKEHOLDER FEEDBACK**

The charity receives hundreds of thank you cards and letters from patients and bereaved families each year as well as a number of comments and suggestions placed in boxes around the hospice building. We also continue to gather patient and family feedback in a more structured way through questionnaires and to use our online feedback portal **iWantGreatCare** to collect patient feedback, in addition to targeted mailshots to certain service users.

*'Your team arrived, and I cannot praise them enough. Not only for the care of my husband but my care also. I just felt the stress leave me, at last I had help. Wonderful help all round.'*

Wife of patient cared for at home.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**  
**PATIENT, FAMILY AND STAKEHOLDER FEEDBACK (continued)**

*'I just wanted to say how much our family appreciated the help we received from the hospice in the last 2 months of (John's) life, when up until that time he had lived totally independently (as he wished), albeit he and we were aware of his life limiting diagnosis and recommendation by his GP for palliative care, which was just getting started. We were particularly impressed by the speed of reaction of the community team on one particular day when John was unable to breathe properly and was very distressed. Due to their timely intervention and understanding, he was quickly admitted to QE hospital and his symptoms were managed. During his time there, the hospital team visited him and helped the family to obtain the information they needed when doctors were not available, which was really helpful. He did, however, deteriorate considerably during those few weeks (which was not unexpected) and needed continuous nursing care. After about 6 weeks in hospital he was transferred to (nursing home), the hospice community nurses also visited him there, where he received good end of life care with their guidance and support, before he died. We'd therefore like to say a big thank you to all those concerned for the help we received during John's final weeks and to acknowledge how well all the teams co-ordinated with each other to provide the care needed.'*

Relative of patient cared for at home, hospital and in a care home.

*'I can't begin to say thank you to you and the team for making his last wish come true, dad loved Greenwich, and it holds so many memories for us all going back many generations. I think dad's smile says it all really and I will never forget seeing him feeling the sun on his face again when we were getting ready to leave. You all should feel so proud of yourselves for helping us get him out safely and allowing us to have this memory as a family with him, I know how hard you all rallied round to make this happen. There are no words, only thank you for taking such good care of not only dad but us as a family. Nothing was too much trouble and the love, care and dedication you all showed was second to none, and we will never forget you all.'*

Daughter of patient cared for in hospital.

*'I was able to spend a very short time in the hospice with my daughter. Unfortunately, these were (Greta's) last days, perhaps she no longer sensed her surroundings. Yet they cared for her with such love, attention, patience and expertise that it is simply touching and amazing. I would like to express our gratitude for their humanity and help, with which they tried to make our daughter's last days as bearable as possible.'*

Mother of patient cared for at the hospice.

*'I am so lucky to have had your support in this difficult time. I wouldn't have been able to use my car if you hadn't helped me through the process. Really appreciated!'*

Patient supported by the social work team.

*'I have heard very positive feedback from family members of our patients about the service and excellent support given by the palliative care virtual ward. Thank you for all you are doing for our patients.'*

Local GP.

*Ronald was asked how he felt about being at the hospice, he replied that he feels like his "life has been renewed." He is "shocked and in awe" to be here, his family cannot believe it. Ronald said he usually gets the "shitty end of the stick, but being here is a nice bit of luck which is funny thing to say as I am dying." He said before coming to the hospice he was 100% going to take some pills to end his life because he could not see a way out of it. A hospice nurse at the hospital talked to him about options after he was discharged; he thought the idea of hospice care was too good to be true and had not heard of the hospice before, he said "this place is amazing, the staff, food, garden all amazing." He went on to say, "this is a service within a service that is better than all the rest of them." Ron is so grateful to be under the hospice's care, he said he "keeps pinching himself every time someone is kind. People just cannot do enough for me. "*

Direct patient feedback to a member of our team.



## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **PATIENT AND COMMUNITY VOICE (Continued)**

This feedback has been incredibly helpful in guiding our brand development, as well as the development of our new website and patient information leaflets.

### **COMMUNITY DEVELOPMENT AND ENGAGEMENT**

Alongside our work to address inequity in access to hospice care, the hospice continues to build relationships with people who want to contribute to the hospice through either working or volunteering with us. The hospice continues to benefit from the support of a large number and diverse range of volunteers; people who bring their time and expertise as well as their personalities and life experiences, helping to create the special atmosphere that exists within the charity.

Volunteers are in all areas of the Community Hospice; these include trustees, receptionists, gardeners, clothes sorters in retail distribution, IT volunteers, Compassionate Neighbours and volunteer fundraisers to mention a few. In 2023/24 330 people were active as volunteers, collectively giving over 68,000 hours of their time and skills. In total, this equates to over 38 full time workers for a year, or a financial donation equivalent to approximately £902,000. Compared to 2022/23 this represents a reduction in volunteer hours (73,000 hours).

Over the past year, our hospice has experienced a slight reduction in volunteer hours, although the number of volunteers has stabilised. While some long-standing volunteers have retired, we have not faced the same recruitment challenges as the wider sector. However, we have noticed that new volunteers generally offer less time than those they are replacing.

We launched our Community Development & Volunteering Strategy in July 2023 and have made some good progress against our objectives, particularly in terms of starting to get high-level volunteering information together and working well towards our volunteer communications objectives.

We have made a concerted effort to enhance the experience of our retail volunteers, ensuring that their role aligns more closely with the overall hospice environment. This focus on standardisation has been an important step in integrating our shop volunteers into the broader hospice community.

In addition, we have concentrated on developing the skills of the managers who supervise volunteers on a day-to-day basis. By providing them with the tools and training needed to effectively manage and support our volunteers, we aim to maximize the contributions of our volunteer workforce.

Progress on our new volunteering CRM system has been slower than anticipated, largely due to vacancies within the volunteering team. However, we are planning to address this in 2024 by recruiting for key roles, including a new Head of Volunteering and Community Development. This will give us the capacity to implement strong foundational systems that support our volunteer program.

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **COMMUNITY DEVELOPMENT AND ENGAGEMENT (continued)**

#### **Case Study:**

In late 2023, Brandon began his volunteering journey with us after receiving an adult diagnosis of autism. Eager to understand how this diagnosis would impact his life, he expressed a strong interest in volunteering at one of our shops. Our updated volunteer interview procedures allowed us to take the time to ensure the role was a good fit for him and to identify any necessary adjustments that would enable him to contribute effectively.

Brandon was placed at his local hospice shop, where he now volunteers a few mornings each week. His responsibilities include serving customers and sorting and pricing donations. Through his volunteering, Brandon is gradually regaining his confidence and is beginning to explore the possibility of returning to paid employment.

## **INCOME GENERATION**

### **Fundraising and Lottery**

Fundraising generated a contribution of £1,492,065 net income in 2023/24. Reflecting on the year, there's so much to celebrate. The fundraising team achieved a huge amount through their usual income generation activities as well as delivering the additional key project to introduce a new database, necessitating a review of routine processes and ultimately enabling new ways of working.

Despite challenging times for so many, we were overwhelmed by support at our fundraising events. We celebrated 10 years of our Mini Marathon with nearly 1,000 children taking part, almost 800 people ran our Colour Run and our Santa's grottos in Greenwich Market and Danson House hosted more than 1,000 visits. We also launched our first overseas challenge event and sold out with 30 people registered to trek Sahara in 2024, celebrating 30 years of care at the hospice.

Individual supporters generously donated to Lights of Love and our Christmas appeal, and regular givers who donate typically with a monthly direct debit, gave almost £90,000 in 23/24.

Reminding us that our community is at the very heart of all we do, local groups, businesses, schools and people planning their own fundraisers for the hospice, donated more than £170,000. A special thanks go to everyone who opened their gates as part of the community-own 'Open Gardens' event, coordinated by Penny Matheson and Martha Gowans. Your continued support to deliver this much-loved annual fundraiser brings our community together and introduces the hospice to wider audiences.

In his role as Mayor of Greenwich, Cllr Leo Fletcher generously supported the hospice not only fundraising but connecting us with local people and businesses who will continue to support for years to come. Notably, Cllr Fletcher teamed up with property developers, Berkeley to host a charity abseil raising over £20,000 for the hospice.

Another particular highlight of the year was receiving a grant of £150,000 from the Julia and Hans Rausing Trust, and pledged support of further grants for the following two years. In challenging times, support like this serves as a real morale boost and will make a huge difference in meeting our significantly increased day-to-day costs at a time when the demand for our services has never been greater. Sadly, Julia died in April 2024, making this generous support feel even more meaningful. She leaves behind an incredible legacy across many charities, and we are incredibly grateful to be one of them.

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **INCOME GENERATION (continued)**

Having introduced 'funding our future' conversations internally and with a new Trusts and Foundations Manager in post, we are in a strong position to grow income over the coming year – better understanding the grant funding opportunities available and the projects we are delivering/planning.

Legacies continue to be hugely important in our income generation activity, and 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 board approved a new fundraising strategy in 23/24, which continues to prioritise excellent engagement and supporter care. The strategy outlines plans to diversify our income to ensure sustainability for years to come.

Looking to the year ahead, and in line with the new strategy, we will focus on developing legacy, grant and philanthropic income streams. Continued support from the designated investment fund will provide tools to ensure we can deliver fundraising activity to achieve substantial and increasing profit over the next three years.

The team will also support key brand and website projects, which while a significant investment of time, will no doubt lead to improved engagement and increased giving.

The hospice's weekly lottery generated £418,256 towards hospice care in 23/24. Despite being without lottery fundraising canvassers for most of the year, we managed to maintain membership levels and only saw a slight decrease. Having resumed community activity in 2024, membership is now growing.

#### Our approach to fundraising

At the 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 2023/24 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 2023/24. Greenwich & Bexley Community Hospice Lottery is registered with and regulated by the Gambling Commission.

#### **Trading**

Total gross income from retail raised £2,462,105. Our fourteen shops were down on budget by -3.87% but delivered growth of +3.8% on 2023 sales. High vacancies and absence levels had a substantial impact on overall performance, but we have seen improvement towards the end of the financial year.

The total net contribution from our shops was £677,685.

In line with our trading strategy, we continued to focus on two key priorities: people and stores, recognising the importance and value of our staff and volunteers. The welfare of the retail team remains of high importance, especially in light of the sector wide increase of aggression towards shop staff. With this in mind and to support our staff when working alone, we made significant investment into CCTV cameras, a lone worker alarm system and we provided conflict resolution training to all staff.

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **INCOME GENERATION (continued)**

We also progressed on improving our shops in line with our operational plans and priorities. Three shops had a refit which also included significant improvements to staff and volunteers' areas and which uplifted the customer experience.

#### 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.

### **FINANCIAL REVIEW**

The Consolidated Statement of Financial Activities for the year ended 31 March 2024 is set out on page 36. There is a deficit reported for the year of £982,436; (2022/23: surplus of £962,664), in line with what we had budgeted for the year.

On the General Fund there was a deficit of £579,479 for the year before transfers (2022/23: surplus of £902,867). Legacies reported for the year were £791,726 (2022/23: £1,504,036). £1,099,184 was received in restricted funds throughout the year.

In total for the year ended 31<sup>st</sup> March 2024, income rose by 1% whilst expenditure rose by 19%.

The deficit reported for this year has impacted our reserves. 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 19 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 *home first* initiative. The overall impact of these changes on our statutory income was an increase of 7% (to £5,711,945). NHS income was 47% of income of the Charity in 2023/24, leaving the remaining 53% which we must raise through the generous support of individuals, businesses, charitable trusts and foundations, and community groups and organisations.

Several elements of hospice service have been designated as a *Commissioner Requested Service* (CRS) by SE London Integrated Care Board. This requires the hospice to maintain a licence with NHS Improvement<sup>2</sup>, which brings an additional level of scrutiny and regulation for the Charity. The Community Hospice is

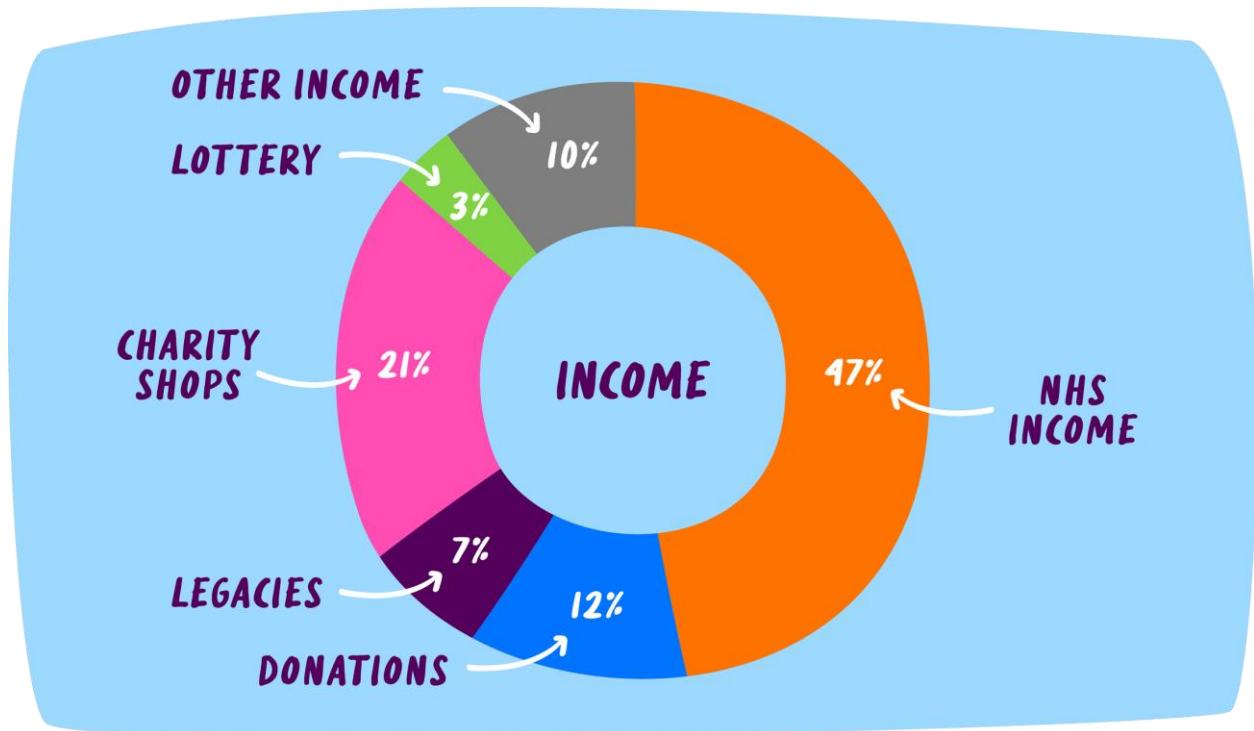
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<sup>2</sup> **NHS Improvement** is an executive non-departmental public body of the Department of Health. It is the sector regulator for health services in England.

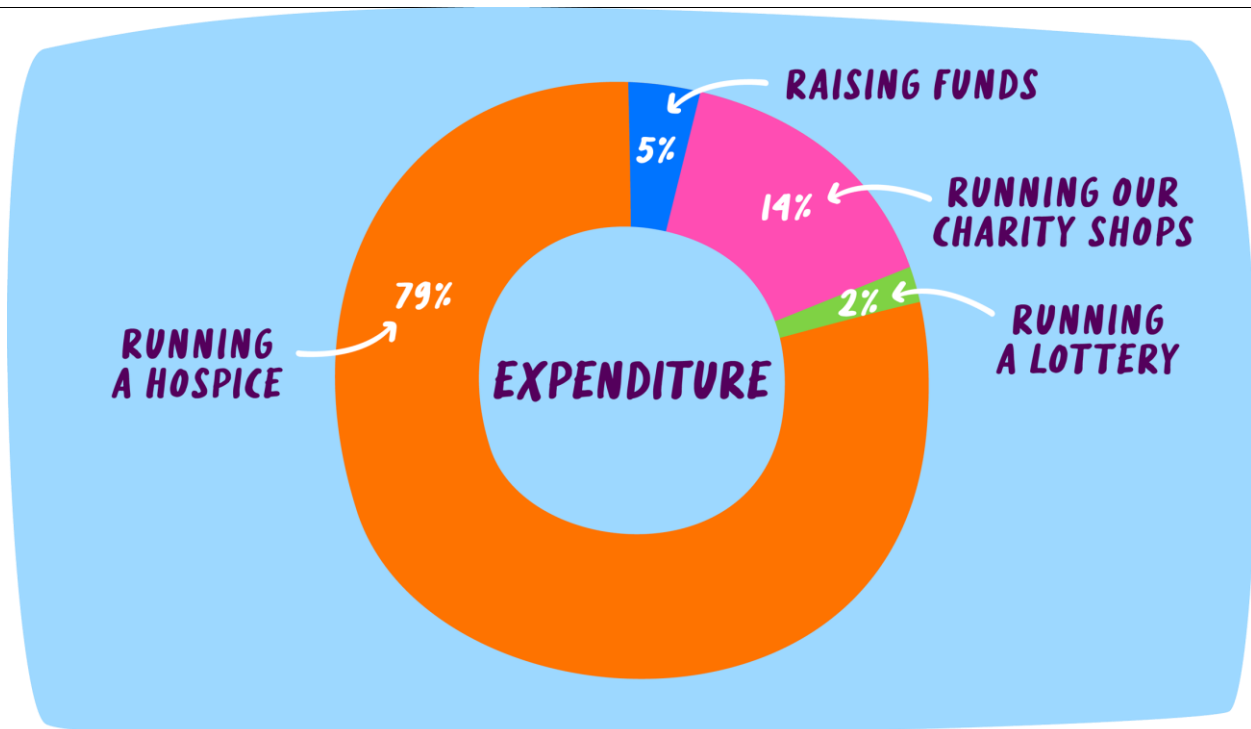
one of only a few hospices nationally who have been designated as CRS and we continue to work closely with NHS Improvement to ensure that this designation works to benefit our beneficiaries.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**  
**FINANCIAL REVIEW (continued)**

Where our money came from in 2023/24



Where our money was spent in 2023/24



**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**  
**FINANCIAL REVIEW (continued)**

**Reserves Policy**

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, 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 'General Fund' represents the hospice's free reserves in the accounts.

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

Recovery and Transformation Fund (RTF): The Trustees have invested free reserves into this fund to support the implementation of our strategy to help deliver a sustainable future for the hospice. In 2023/24

£461,863 was spent from the Recovery and Transformation Fund, leaving the end of year balance at £538,137.

#### 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 are grateful to U+i, Coffey Architects and others for supporting our ongoing vision development for the hospice, this work led to us pausing on our initial plans with a view to developing a longer-term strategy for the hospice site in 2024/25.

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

The Community Hospice 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. The Community Hospice is 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.

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **FINANCIAL REVIEW (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 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.

#### Fixed Asset Fund

The Trustees have established a designated Fixed Assets Reserve, equivalent to the net book value of Fixed Assets, 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 2024, General Reserves decreased to £4,323,264 (2023 - £4,902,743). This is below our agreed reserves target of **£6,247,361**. This reduction is in part due to the decision made by trustees to use reserves to invest in a number of initiatives to support transformation of our services and the long term sustainability of our hospice.

#### **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 Community Hospice. Our funds placed with Rathbones are now valued at £1,092,309 (2023 - £1,020,457).

In March 2022 the Trustees approved a new five-year strategy for the hospice. It outlines our priorities which continue to centre around our patients, their families and friends and the needs that they encounter through their journey from diagnosis through to death and into bereavement.

Our skilled, compassionate and dedicated team of staff and volunteers, who always strive for the best in all that they do, are responsible for the delivery of this strategy. Together we are working with local people and our partners to understand and meet the evolving needs of our communities, working together to achieve the very best outcomes for patients.

The local Greenwich and Bexley NHS plans include aging well, end of life care and bereavement as a vital element of service, and capacity is being maintained across the system in 2023/24 with a focus on 'home first' and 'virtual wards'. The hospice remains instrumental in leading much of this work, keeping end of life care at the top of the agenda.

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **STRUCTURE, GOVERNANCE AND MANAGEMENT**

Greenwich & Bexley Community Hospice Limited is a company limited by guarantee and not having a share capital is governed by its Memorandum and Articles of Association dated 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 attend appropriate internal and external training events which will develop them to better undertake their role. In 2023/24 all Trustees attended Sexuality and Gender Identity Internal at the Board Away Day.

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

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **STRUCTURE, GOVERNANCE AND MANAGEMENT (Continued)**

#### **Organisation**

The board meets every alternate month; the following sub-committees with specific responsibilities also meet: quality & safety committee; finance, information governance and information technology committee; investment committee; nominations, remuneration and governance committee; and the equity, people and inclusion 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. 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

The Hospice produced a “Quality Account” for 2023/24, which is submitted to the CQC and to NHS Improvement<sup>3</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.

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<sup>3</sup> Available via the Hospice website [www.communityhospice.org.uk](http://www.communityhospice.org.uk)

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## **TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**

### **STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)**

#### **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 contractual relationships 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 and Healthier Greenwich Partnership (Local Care Partnership Boards).

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.

Our retail operation continued to play an important role in response to the impact of fast fashion, having sold 797,290 pre-loved items through 253,118 transactions across our network of shops and saving over 424,000 tonnes of waste from going to landfill. We have considered the environmental impact of our recent shop refits, and our objective is to ensure we are sustainable as possible with the materials we use and reuse.

Sustainability and environmental impact remain our high priority in Trading and having closed our operation on the Nathan Way site in Greenwich, we are planning to expand the concept across all our locations in both boroughs, maximising the potential and learning from the RePurpose project and focusing on higher volumes of upcycling and recycling.

Our project to develop a 10-year estates plan for the main hospice site did not complete in 2023/24 as anticipated, largely due to capacity issues, however we continue to work with partners to develop this, including commissioning a building energy cost reduction report.

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**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**  
**STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)**

**Social Responsibility**

As well as the Public Benefit outlined at page 3, the hospice wants to be an organisation that maximises any opportunities to strengthen our local area. As a local employer and business, we can 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 is enabling 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 bi-monthly basis which includes a review of the level of reserves against the level 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 below:

<b>Risk</b>	<b>Mitigation</b>
1. Financial uncertainty as a result of rising inflation and cost of living crisis.	The Board and Senior Leadership Team continue to monitor income, expenditure and cash flow closely, with regular review of forecast. We continue to negotiate with system partners and commissioners about additional resources to support our work. 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. We have sufficient reserves to support current levels of activity and are investing in activities to help reach our target.

**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2024 (continued)**  
**STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)**

<b>Risk</b>	<b>Mitigation</b>
<p>2. Increased demand for our services/ recruitment and retention challenges in our clinical workforce</p>	<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>Where possible, salaries are in line with NHS competitors.</p> <p>Our rebranding exercise will make the hospice more visible – therefore helping with recruitment, and promote our values – helping with retention</p>
<p>3. Long term challenges relating to predicted growth in need and the supply and demand of experienced clinical staff</p>	<p>Implementation of our Service Transformation Strategy will enable redesign of 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. This is supported by our rebrand and development of a new website to be completed in August 2024.</p>

## **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 Moore Kingston Smith be appointed as auditors to the charity for 2024-25.

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 Sarah Higgins**  
**Chair**

**11<sup>th</sup> September 2024**

## REFERENCE AND ADMINISTRATIVE DETAILS

### Directors and Trustees

Mrs Ruth Russell	● ♠ ♦ ♠	Chair and Chair of Nominations, Remuneration and Governance Committee (until November 2023)
Mrs Sarah Higgins	♠	Chair and Chair of nominations, Remuneration and Governance Committee (from December 2023)
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
Mrs Estelle Kerridge	● ♠	Company Secretary, Board Safeguarding Champion
Dr Francis Drobniowski	£	Trustee (from November 2023)
Ms Paula Keats	● ♠	Trustee (until May 2023)
Ms Kate McGranaghan-Chow	♪ £	Chair of Lottery Board, Fundraising Link Trustee
Ms Rebecca Middleton	£ ♣	Trustee
Mrs Mairead O'Reilly		Trustee (until November 2023)
Ms Sylvia Osaji	□	Trustee (from November 2023)
Dr Mary-Clare Parker	●	Trustee
Ms Alison Roberts	●	Trustee (from November 2023)
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
Mr Simon Di Marino	♦ £	Chair of Investment Committee

### 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 Izikowitz ♣	Non-Executive Director for GBCH Trading
Mr Alan Powell ♦	

### Chief Executive

Ms Kate Heaps

### Senior Leadership Team

Mr Victor D'Arcy-Smith	Ms Aneta Saunders
Mr Jon Devlin	Dr Ruth Miles (resigned January 2024)
Ms Wendy Lethem (resigned February 2024)	Mr Graham Turner

## REFERENCE AND ADMINISTRATIVE DETAILS

<b>CQC Registered Manager</b>	Ms Ellen Tumelty
<b>Registered Office</b>	185 Bostall Hill Abbey Wood London SE2 0GB
<b>Bankers</b>	National Westminster Bank Ltd 12 High Street Dartford Kent DA1 1DD
<b>Auditors</b>	Haysmacintyre LLP 10 Queen Street Place London EC4R 1AG
<b>Registered Charity Number</b>	1017406
<b>Company Number</b>	2747475

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## 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 2024 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 2024 and of the group's and parent charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the 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.

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

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

We have nothing to report in this regard.

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

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

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

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

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

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

- 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

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

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 the Companies Act 2006, the Charities Act 2011, the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019), payroll taxes and VAT.

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

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

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.



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

Date: 5 November 2024

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

	Notes	Unrestricted Funds General £	Designated £	Restricted Funds £	2024 £	2023 £
<b>INCOME FROM:</b>						
<b><i>Donations and Legacies:</i></b>						
Voluntary Income						
	2					
General donations		1,238,104	-	168,328	1,406,432	1,261,635
Charity shop donations		813,352	-	-	813,352	497,000
Legacies		791,726	-	-	791,726	1,504,036
<b><i>Charitable activities:</i></b>						
Operating a Hospice	3	5,787,571	-	931,173	6,718,744	5,837,041
<b><i>Other trading activities:</i></b>						
Charity shop income		1,712,857	-	-	1,712,857	1,950,210
Lottery income		418,256	-	-	418,256	474,439
Other sales income	4a	59,114	-	-	59,114	245,590
Rental income		10,704	-	-	10,704	8,927
<b><i>Investments</i></b>		20,895	-	-	20,895	40,357
<b><i>Other</i></b>	4b	139,505	-	-	139,505	202,515
<b>Total Income</b>		<u>10,992,084</u>	<u>-</u>	<u>1,099,501</u>	<u>12,091,585</u>	<u>12,021,750</u>
<b>EXPENDITURE ON:</b>						
<b><i>Raising funds:</i></b>						
Fundraising and marketing costs		1,106,792	-	-	1,106,792	624,404
Charity shop expenditure		1,739,918	-	-	1,739,918	1,771,752
Lottery expenditure		238,053	-	-	238,053	178,412
<b><i>Charitable activities:</i></b>						
Operating a Hospice						
Clinical expenses		8,432,234	461,863	1,171,247	10,065,344	8,448,655
<b>Total Expenditure</b>	5a	<u>11,516,997</u>	<u>461,863</u>	<u>1,171,247</u>	<u>13,150,107</u>	<u>11,023,223</u>
Net gains/(losses) on investments	10	76,084	-	-	76,084	(35,863)
<b>Net expenditure</b>		<u>(448,829)</u>	<u>(461,863)</u>	<u>(71,746)</u>	<u>(982,438)</u>	<u>962,664</u>
Transfers between funds	14	(130,650)	130,650	-	-	-
<b><i>Net movement in funds</i></b>		<u>(579,479)</u>	<u>(331,213)</u>	<u>(71,746)</u>	<u>(982,438)</u>	<u>962,664</u>
<b>BALANCE BROUGHT FORWARD at 1/4/23</b>						
		4,902,743	1,888,654	6,101,817	12,893,214	11,930,550
<b>BALANCE CARRIED FORWARD at 31/3/24</b>						
	14	<u>4,323,264</u>	<u>1,557,441</u>	<u>6,030,071</u>	<u>11,910,776</u>	<u>12,893,214</u>

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

The accompanying notes form part of these financial statements.  
Full comparative figures for the year ended 31 March 2023 are shown in note 20.

**CONSOLIDATED AND CHARITY BALANCE SHEETS**

**COMPANY NUMBER: 2747475**

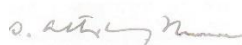
As at 31 March 2024

	Notes	The Group		The Charity	
		2024 £	2023 £	2024 £	2023 £
<b>FIXED ASSETS</b>					
Tangible assets	9	6,092,893	6,031,090	6,092,893	6,031,090
Intangible assets		97,279	-	97,279	-
Investments	10	1,092,309	1,020,457	1,093,311	1,021,459
		<u>7,282,481</u>	<u>7,051,547</u>	<u>7,283,483</u>	<u>7,052,549</u>
<b>CURRENT ASSETS</b>					
Debtors	11	1,718,699	2,576,249	3,733,373	3,878,052
Cash on deposit, at bank and in hand		5,459,517	5,588,165	3,319,358	4,130,887
		<u>7,178,216</u>	<u>8,164,414</u>	<u>7,052,731</u>	<u>8,008,939</u>
<b>CURRENT LIABILITIES</b>					
<b>CREDITORS:</b>					
Amounts falling due within one year	12	(2,549,921)	(2,322,747)	(2,392,059)	(2,134,894)
<b>NET CURRENT ASSETS</b>		<u>4,628,295</u>	<u>5,841,667</u>	<u>4,660,672</u>	<u>5,874,045</u>
<b>NET ASSETS</b>		<u>11,910,776</u>	<u>12,893,214</u>	<u>11,944,155</u>	<u>12,926,594</u>
<b>FUNDS</b>					
	14				
<b>UNRESTRICTED FUNDS:</b>					
General Fund		4,323,264	4,902,743	4,356,643	4,936,123
<b>Designated Funds</b>					
Fixed Assets Fund		364,304	233,654	364,304	233,654
RTP Fund		538,137	1,000,000	538,137	1,000,000
Building Development Fund		500,000	500,000	500,000	500,000
ASCF Fund		155,000	155,000	155,000	155,000
<b>RESTRICTED FUNDS:</b>					
Property Fund		5,797,436	5,797,436	5,797,436	5,797,436
Others		232,635	304,381	232,635	304,381
	15	<u>11,910,776</u>	<u>12,893,214</u>	<u>11,944,155</u>	<u>12,926,594</u>

The financial statements were approved and authorised for issue by the Board of Directors on 11<sup>th</sup> September 2024 and were signed below on its behalf by:

Mrs Sarah Higgins - Director

David Atterbury Thomas - Director

The accompanying notes form part of these financial statements.

The net loss for the charity only for the year is £1,795,790 (2023: surplus of £676,702).

**CONSOLIDATED CASH FLOW STATEMENT  
FOR THE YEAR ENDED 31 MARCH 2024**

	Notes	2024 £	2023 £
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>	A	83,666	1,012,114
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Interest received		135,038	41,355
Payments to acquire fixed assets		(254,245)	(125,082)
Payments to acquire Intangible fixed assets		(97,279)	-
Proceeds of sale of investments		83,326	152,857
Purchase of investments		(79,154)	(318,607)
<b>CASH PROVIDED / (USED IN) INVESTING ACTIVITIES</b>		(212,314)	(249,477)
<b>(DECREASE)/ INCREASE IN CASH IN THE YEAR</b>		(128,648)	762,637
<b>Cash and cash equivalents at the beginning of the year</b>		5,588,165	4,825,528
<b>TOTAL CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>		5,459,517	5,588,165

**NOTES TO THE CONSOLIDATED CASH FLOW STATEMENT**

<b>A. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES</b>	2024 £	2023 £
Net (expenditure)/income (as per the Statement of Financial Activities)	(982,438)	962,664
Depreciation charge	192,442	183,755
(Gains)/losses on investments	(76,024)	35,862
Decrease/(increase) in debtors	857,550	132,089
(Decrease) Increase in creditors	227,174	(261,899)
Interest received	(135,038)	(40,357)
<b>Net cash used in operating activities</b>	<b>83,666</b>	<b>1,012,114</b>

**B. ANALYSIS OF NET DEBT**

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

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## 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

The trustees have a reasonable expectation that the charity will continue in operational existence for the foreseeable future. This expectation is based on several key factors, which are detailed below:

Financial Health and Reserves: The charity has maintained a strong financial position, evidenced by its healthy reserves and positive cash flow for the next 12 months. The current reserves policy ensures that the Charity has sufficient funds to cover operational costs and any unforeseen expenses.

- We have free reserves of £4.3m and £5.5m liquid fund in our bank accounts as at year-end.
- We are able to liquidate the investment portfolio of £1m if necessary

Sustainable Revenue Streams: The charity has diversified and stable sources of income, including grants, donations, and fundraising activities. These revenue streams are regularly reviewed and are anticipated to continue providing adequate funding.

Effective Cost Management: The trustees have implemented robust financial controls and cost management strategies to ensure efficient use of resources. Regular budget reviews and financial forecasting help to identify and mitigate potential risks.

Support from Donors and Stakeholders: The charity has a strong base of loyal donors and supporters who are committed to its mission. Ongoing engagement with stakeholders ensures continuous support and collaboration, which are crucial for the charity's sustainability.

Future Plans and Strategies: The charity has a clear strategic plan for the future, with well-defined goals and objectives. The trustees regularly review and adapt these plans in response to changing circumstances, ensuring the charity remains relevant and effective in fulfilling its mission.

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## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 1. ACCOUNTING POLICIES (continued)

Regulatory Compliance and Governance: The charity adheres to all regulatory requirements and follows best practices in governance. The Trustees are confident in the charity's governance framework, which provides oversight and accountability.

In conclusion, the trustees believe that the charity is well-positioned to continue operating as a going concern, thanks to its strong financial health, diverse income sources, effective cost management, committed supporters, strategic planning, and robust governance.

#### 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 deficit of the parent charity was £1,795,790 (2023: surplus of £779,817). The registered office for both GBCH Trading Limited and Greenwich & Bexley Community Hospice Limited is 185 Bostall Hill, London, SE2 0GB. Uniform accounting policies have been applied.

#### Income recognition

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

#### Donations and legacies

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

#### Gifts in kind

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

#### Grants

Grants (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.

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## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 1. ACCOUNTING POLICIES (continued)

#### Investment income

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

#### Expenditure

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

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

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

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

#### Allocation of costs

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

#### Fixed assets

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

Freehold buildings	1% straight line
Fixture, Fittings and equipment	33 <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.

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## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 1. ACCOUNTING POLICIES (continued)

#### Financial instruments

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

#### Creditors and provisions

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

#### Debtors

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

#### Cash at bank and in hand

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

#### Operating leases

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

#### Funds

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

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

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

#### Estimates and judgements

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

Legacies are recognised when the following conditions are confirmed:

- there has been grant of probate by the end of the financial year
- the executors have established that there are sufficient funds to pay the legacy

- any conditions attached to the legacy are either within the control of the Charity or have been met

## Employee benefits

### *Short term benefits*

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

### *Employee termination benefits*

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

### *Pension scheme*

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

<b>2.</b>	<b>DONATIONS AND LEGACIES</b>	<b>2024</b>	<b>2023</b>
		<b>Total</b>	<b>Total</b>
		<b>£</b>	<b>£</b>
	Donations	2,219,784	1,758,635
	Legacies	791,726	1,504,036
		3,011,510	3,262,671
		3,011,510	3,262,671
<b>3.</b>	<b>INCOME FROM CHARITABLE ACTIVITIES</b>	<b>£</b>	<b>£</b>
	NHS Income	5,718,744	4,966,461
	Adult Social Care	1,000,000	870,580
		6,718,744	5,020,881
		6,718,744	5,020,881
<b>4a.</b>	<b>OTHER SALES INCOME</b>	<b>2024</b>	<b>2023</b>
		<b>£</b>	<b>£</b>
	Catering Income	22,834	18,629
	Training Income	6,300	226,961
	Miscellaneous	29,980	-
		59,114	245,590
		59,114	245,590

## NOTES TO THE FINANCIAL STATEMENTS (continued)

4b. <b>OTHER INCOME</b>	<b>2024</b>	<b>2023</b>
	<b>£</b>	<b>£</b>
Medical Insurance Claims	-	6,192
Kickstart Rebates	-	59,693
Salary Recharge secondment	-	30,412
Room hire	4,467	1,493
Others	135,038	104,725
	<u>139,505</u>	<u>202,515</u>

### ANALYSIS OF GROUP EXPENDITURE

5a <b>Direct and Support costs</b>	<b>Direct costs</b>	<b>Support costs</b>	<b>Total 2024</b>
	<b>£</b>	<b>£</b>	<b>£</b>
<b>Raising Funds</b>			
Fundraising and marketing costs	923,307	183,485	1,106,792
Charity shop expenditure	1,484,360	255,558	1,739,918
Lottery expenditure	221,225	16,828	238,053
<b>Charitable activities</b>			
<i>Operating a Hospice</i>			
Clinical expenses	8,193,036	1,872,308	10,065,344
Expenditure	<u>10,821,928</u>	<u>2,328,179</u>	<u>13,150,107</u>
<b>Direct and Support costs</b>	<b>Direct costs</b>	<b>Support costs</b>	<b>Total 2023</b>
	<b>£</b>	<b>£</b>	<b>£</b>
<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>			
<i>Operating a Hospice</i>			
Clinical expenses	7,162,561	1,286,094	8,448,655
Expenditure	<u>9,387,014</u>	<u>1,636,209</u>	<u>11,023,223</u>

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

**5b.**

<b>Support costs</b>	<b>Administration</b>	<b>Finance and IT</b>	<b>Office Costs</b>	<b>Governance</b>	<b>Total 2024</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
<b>Raising funds</b>					
Fundraising and marketing costs	73,921	87,022	22,542	-	183,485
Charity shop expenditure	142,260	59,623	53,675	-	255,558
Lottery expenditure	16,828	-	-	-	16,828
Clinical expenses	465,754	636,091	572,641	197,822	1,872,308
	<u>698,763</u>	<u>782,736</u>	<u>648,858</u>	<u>197,822</u>	<u>2,328,179</u>

<b>Support costs</b>	<b>Administration</b>	<b>Finance and IT</b>	<b>Office Costs</b>	<b>Governance</b>	<b>Total 2023</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
<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>

**5c Governance costs include:**

	<b>2024</b>	<b>2023</b>
	<b>£</b>	<b>£</b>
Staff costs	197,822	64,742
Auditor's remuneration:		
- Audit work	33,100	30,500
- Other services	5,500	6,600
	<u>236,422</u>	<u>101,842</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	
	2024	2023	2024	2023
	Number	Number	Number	Number
Average number of employees, excluding Directors	205	235	165	193
Full time equivalent figures	132	146	132	115
	=====	=====	=====	=====
<b>Staff costs consisted of:</b>	<b>2024</b>	<b>2023</b>	<b>2024</b>	<b>2023</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Salaries	6,577,145	6,176,025	5,601,619	5,168,818
Social security costs	691,448	617,803	605,082	533,410
Other pension costs	463,596	407,769	421,986	367,425
	=====	=====	=====	=====
	7,732,189	7,201,597	6,628,687	6,069,653
Agency	557,492	239,665	553,217	236,252
Medical services	-	234,334	-	234,334
	=====	=====	=====	=====
	8,289,681	7,675,596	7,181,904	6,540,239
	=====	=====	=====	=====

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

	2024	2023
£60,000 - £69,999	9	1
£70,000 - £79,999	-	4
£80,000 - £89,999	5	1
£90,000 - £99,999	0	1
£100,000 - £109,999	1	1
	=====	=====

Of these, 8 employees are accruing pension contributions totalling £83,795 (2023:8 employees, accruing £61,921).

The total employee benefits of the key management personnel of the Group were £702,307 (2023: £706,566). Of this, £654,216 (2023: £654,216) relates to the key management personnel of the charity.

**7. TRUSTEES REMUNERATION AND EXPENSES**

No expenses were reimbursed to trustees in the current year (2023: £Nil). No Trustee received remuneration in the current or prior year.

## NOTES TO THE FINANCIAL STATEMENTS (continued)

8. NET INCOME	2024	2023
	£	£
The net income is stated after charging:		
Auditors' remuneration (excluding VAT)		
- For audit	30,000	30,500
- For tax compliant services	3,100	3,100
- For accounting fees	5,500	4,500
Lease payments	345,729	343,147
Depreciation	192,442	183,756
	<u>=====</u>	<u>=====</u>

9. TANGIBLE ASSETS - GROUP	Freehold Land & Buildings	Equipment Furniture & Fittings	Motor Vehicles	Charity Total	Subsidiary Furniture, Equipment & Vehicles	Group Total
	£	£	£	£	£	£
<b>Cost or valuation</b>						
At 1 April 2023	6,918,444	2,301,790	50,114	9,270,348	-	9,270,348
Additions	-	236,450	17,795	254,245	-	254,245
Disposals	-	-	(16,303)	(16,303)	-	(16,303)
At 31 March 2024	<u>6,918,444</u>	<u>2,538,240</u>	<u>51,606</u>	<u>9,508,290</u>	<u>-</u>	<u>9,508,290</u>
<b>Depreciation</b>						
At 1 April 2023	1,121,007	2,079,015	39,236	3,239,258	-	3,239,258
Provided for the year	69,162	115,254	8,026	192,442	-	192,442
Disposals	-	-	(16,303)	(16,303)	-	(16,303)
At 31 March 2024	<u>1,190,169</u>	<u>2,194,269</u>	<u>30,959</u>	<u>3,415,397</u>	<u>-</u>	<u>3,415,397</u>
<b>Net Book Value</b>						
At 31 March 2024	<u>5,728,275</u>	<u>343,971</u>	<u>20,647</u>	<u>6,092,893</u>	<u>-</u>	<u>6,092,893</u>
At 31 March 2023	<u>5,797,437</u>	<u>222,775</u>	<u>10,878</u>	<u>6,031,090</u>	<u>-</u>	<u>6,031,090</u>

**NOTES TO THE FINANCIAL STATEMENTS (continued)**  
**INTANGIBLE ASSETS – GROUP**

**Intangible Fixed Assets**

£

**Cost or valuation**

At 1 April 2023	-
Additions	97,368
	<hr/>
At 31 March 2024	97,368
	<hr/>

**Depreciation**

At 1 April 2023	-
Provided for the year	89
	<hr/>
At 31 March 2024	89
	<hr/>

**Net Book Value**

At 31 March 2024	97,279
	<hr/> <hr/>

**10. FIXED ASSET INVESTMENTS**

**2024**  
£

**2023**  
£

**Charity:**

Shares in subsidiary companies at cost	1,002	1,002
Listed Investments	1,092,309	1,020,457
	<hr/>	<hr/>
At 31 March 2024	1,093,311	1,021,459
	<hr/> <hr/>	<hr/> <hr/>

**2024**  
£

**2023**  
£

At 1 April 2023	1,020,457	891,566
Additions	100,431	298,315
Disposals	(83,326)	(152,857)
Gain/(loss) on investment	39,212	(31,657)
Investment Income	24,619	22,990
Investment Fees	(9,084)	(7,900)
	<hr/>	<hr/>
At 31 March 2024	1,092,309	1,020,457
	<hr/> <hr/>	<hr/> <hr/>

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 10. INVESTMENTS (continued)

	2024	2023
	£	£
<b>Investment in subsidiary undertakings</b>		
Cost		
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 2024	<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. INVESTMENTS (continued)

	2024	2023
	£	£
<b>GBCH Trading Limited</b>		
Turnover	1,712,857	1,950,443
Cost of sales	(79,223)	(2,401)
	<u>1,633,634</u>	<u>1,948,042</u>
Gross profit	1,633,634	1,948,042
Administrative expenses	(1,660,695)	(1,771,752)
	<u>(27,061)</u>	<u>176,290</u>
Operating (loss)/profit	(27,061)	176,290
Other Income	27,061	6,558
	<u>-</u>	<u>182,848</u>
Corporation Tax	-	-
	<u>-</u>	<u>182,848</u>
Profit for the year	-	182,848
(Loss)/Profit brought forward	(33,379)	(215,227)
(Loss)/Profit carried forward	<u>(33,379)</u>	<u>(33,379)</u>
	<u>=====</u>	<u>=====</u>
The assets and liabilities of the subsidiary were:		
Fixed assets		-
Current assets	2,189,376	1,471,856
Current liabilities	(2,221,755)	(1,504,235)
	<u>(32,379)</u>	<u>(32,379)</u>
Total net assets	(32,379)	(32,379)
	<u>(32,379)</u>	<u>(32,379)</u>
Aggregate share capital and reserves	<u>(32,379)</u>	<u>(32,379)</u>
	<u>=====</u>	<u>=====</u>

The net assets/(liabilities) of the subsidiary as at 31 March 2024 were (£32,379) (2023: (£ 32,379)).

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 10. INVESTMENTS (continued)

#### Greenwich & Bexley Community Hospice Lottery Limited

	2024	2023
	£	
Turnover	417,751	474,206
Cost of sales	(75,528)	(74,315)
	<u>          </u>	<u>          </u>
Gross profit	342,223	399,891
Administrative expenses	(162,525)	(224,300)
	<u>          </u>	<u>          </u>
Operating profit	179,698	175,591
	<u>          </u>	<u>          </u>
Distribution to parent charity	(179,698)	(175,591)
	<u>          </u>	<u>          </u>
Retained in subsidiary	-	-
	<u>          </u>	<u>          </u>
	=====	=====
The current assets and liabilities of the subsidiary were:		
Current assets	315,435	241,538
Current liabilities	(315,433)	(241,536)
	<u>          </u>	<u>          </u>
Total net assets	2	2
	<u>          </u>	<u>          </u>
Aggregate share capital and reserves	2	2
	<u>          </u>	<u>          </u>
	=====	=====

The net assets of the subsidiary as at 31 March 2024 were £2 (2023: £2).

#### 11. DEBTORS

	The Group		The Charity	
	2024	2023	2024	2023
	£	£	£	£
Trade debtors	36,765	737,496	36,765	737,496
Prepayments	382,744	313,547	153,081	81,295
Legacies due	1,018,185	1,454,172	1,018,185	1,454,172
Other accrued income	45,358	-	45,358	-
Other debtors	235,647	71,034	101,515	62,215
Amounts due from subsidiaries	-	-	2,378,469	1,542,874
	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
	1,718,699	2,576,249	3,733,373	3,878,052
	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
	=====	=====	=====	=====

## NOTES TO THE FINANCIAL STATEMENTS (continued)

12. CREDITORS: amounts falling due within one year	The Group		The Charity	
	2024	2023	2024	2023
	£	£	£	£
Trade creditors	324,802	534,747	288,245	504,074
Other taxes and social security	167,883	141,096	167,883	149,674
Accruals	1,153,464	767,096	1,056,540	625,783
Other Creditors	903,772	873,526	879,391	873,526
Deferred income (note 13).	-	6,282	-	(18,163)
	<u>2,549,921</u>	<u>2,322,747</u>	<u>2,392,059</u>	<u>2,134,894</u>

13. ANALYSIS OF DEFERRED INCOME	Group		Charity	
	2024	2023	2024	2023
	£	£	£	£
Deferred income at 1 April	6,282	260,850	(18,163)	228,305
Applied during the year	(6,282)	6,282	-	(18,163)
Released during the year	-	(260,850)	(18,163)	(228,305)
	<u>-</u>	<u>6,282</u>	<u>-</u>	<u>(18,163)</u>
Deferred income at 31 March	<u>-</u>	<u>6,282</u>	<u>-</u>	<u>(18,163)</u>

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 14. STATEMENT OF FUNDS (2024)

	At 1/4/23	Income	Expenditure	Transfers & Gains	At 31/3/24
	£	£	£	£	£
<b>Unrestricted Funds</b>					
General Fund	4,902,743	10,992,084	(11,647,647)	(54,566)	4,323,264
<i>Designated:</i>					
Fixed Assets Fund	233,654	-	-	130,650	364,619
Recovery & Transformation Fund	1,000,000	-	(461,863)	-	538,137
Building Development Fund	500,000	-	-	-	500,000
One Bexley Adult Social Care Fund	155,000	-	-	-	155,000
<b>Restricted Funds</b>					
Donations	304,381	1,099,501	(1,171,247)	-	232,635
Property Fund	5,797,436	-	-	-	5,728,274
<b>Group Total</b>	<u>12,893,214</u>	<u>12,091,585</u>	<u>(13,150,107)</u>	<u>76,084</u>	<u>11,910,776</u>

### 14. STATEMENT OF FUNDS (2023)

	At 1/4/22	Income	Expenditure	Transfers & Gains	31/3/23
	£	£	£	£	£
<b>Unrestricted Funds</b>					
General Fund	4,696,202	11,683,933	(10,781,066)	(696,326)	4,902,743
<i>Designated:</i>					
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>

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## NOTES TO THE FINANCIAL STATEMENTS (continued)

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

### Fixed Assets Fund

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

### Recovery and Transformation Fund

This fund has been set up to invest in a number of projects to support the Recovery & Transformation Programme. Approved by the Board of Trustees at the end of 2021, this programme aims to drive transformation across seven key priority areas:

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

### Building Development Fund

This fund will be dedicated to enhancing the hospice building, including upgrades to our inpatient unit, adding more single bedrooms to improve infection control, and enhancing our staff changing and rest areas to support their wellbeing. It also facilitated a feasibility study to explore the options for improving our building in the post-pandemic environment.

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

The Community Hospice 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. The Community Hospice is 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 2024, 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.

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## NOTES TO THE FINANCIAL STATEMENTS (continued)

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 a 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.

## 15 ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS AT 31/3/2024

	General Fund £	Designated Fund £	Restricted Funds £	Subsidiary Reserves £	Total £
Fixed assets	28,433	364,304	5,797,436	-	6,190,173
Investments	1,092,309	-	-	-	1,092,309
Current assets	3,132,913	1,655,000	232,634	2,157,668	7,178,215
Current liabilities	(392,253)	-	-	(2,157,668)	(2,549,921)
	<u>4,323,264</u>	<u>1,557,441</u>	<u>6,030,071</u>	<u>-</u>	<u>11,910,776</u>
	=====	=====	=====	=====	=====

## 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>
	=====	=====	=====	=====	=====

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 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 employer's pensions contribution for the year amounted to £421,986 (2023: £367,425) and as at the balance sheet date the company held total contributions of £64,936 (2023: £34,488) that were payable to the pension schemes. The charity does not have any further commitments under these pension schemes.

### 17. OPERATING LEASE COMMITMENTS

As at 31 March 2024, the charity had annual lease rental commitments totalling:

	2024		2023	
	Land & Buildings £	Other £	Land & Buildings £	Other £
Leases expiring within 1 year	173,500	7,175	182,716	9,405
Leases expiring within 1-5 years	180,092	4,043	370,327	12,975
	<u>353,592</u>	<u>11,218</u>	<u>553,043</u>	<u>22,380</u>

### 18. CAPITAL COMMITMENTS

	2024 £	2023 £
Authorised	-	5,000

### 19. RELATED PARTY TRANSACTIONS

In 2024 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 were £2,380,326. There are no other outstanding balances with related parties as at 31 March 2024 (2023: £nil). The total amount of donations received from the trustees in the year was £2,573 (2023: £9,663).

## NOTES TO THE FINANCIAL STATEMENTS (continued)

### 20. COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (2023):

	Unrestricted Funds		Restricted	2023
	General	Designated	Funds	
	£	£	£	£
<b>INCOME FROM:</b>				
<i><b>Donations and Legacies:</b></i>				
Voluntary Income				
General donations	959,681	-	301,954	1,261,635
Charity shop donations	497,000	-	-	497,000
Legacies	1,504,036	-	-	1,504,036
<i><b>Charitable activities:</b></i>				
Operating a Hospice	5,837,041	-	-	5,837,041
<i><b>Other trading activities:</b></i>				
Charity shop income	1,950,210	-	-	1,950,210
Lottery income	474,438	-	-	474,438
Other sales income	245,590	-	-	245,590
Rental income	8,927	-	-	8,927
<i><b>Investment:</b></i>	40,357	-	-	40,357
<i><b>Other income:</b></i>	202,515	-	-	202,515
<b>Total Income</b>	<u>11,719,795</u>	<u>-</u>	<u>301,954</u>	<u>12,021,749</u>
<b>EXPENDITURE ON:</b>				
<i><b>Raising funds:</b></i>				
Fundraising and marketing Costs	624,404	-	-	624,404
Charity shop expenditure	1,771,752	-	-	1,771,752
Lottery expenditure	178,412	-	-	178,412
<i><b>Charitable activities:</b></i>				
Operating a Hospice				
Clinical expenses	8,206,498	-	242,157	8,448,655
<b>Total Expenditure</b>	<u>10,781,066</u>	<u>-</u>	<u>242,157</u>	<u>11,023,223</u>
Net (losses)/gains on	(35,862)	-	-	(35,862)
<b>Net income/(expenditure)</b>	<u>902,867</u>	<u>-</u>	<u>59,797</u>	<u>962,664</u>
Transfers between funds	(696,326)	765,511	(69,185)	-
<i><b>Net movement in funds</b></i>	<u>206,541</u>	<u>765,511</u>	<u>(9,388)</u>	<u>962,664</u>
<b>BALANCE BROUGHT FORWARD at 1/4/2023</b>	<u>4,696,202</u>	<u>1,123,143</u>	<u>6,111,205</u>	<u>11,930,550</u>
<b>BALANCE CARRIED FORWARD at 31/3/2022</b>	<u>4,902,743</u>	<u>1,888,654</u>	<u>6,101,817</u>	<u>12,893,214</u>

