

**GREENWICH & BEXLEY
COMMUNITY HOSPICE LIMITED**

(A CHARITABLE COMPANY LIMITED BY GUARANTEE)

**FINANCIAL
STATEMENTS**

FOR THE YEAR ENDED

31 MARCH 2025

**COMMUNITY
HOSPICE**

For the people of
Greenwich & Bexley

Company Number: 2747475

Registered Charity Number: 1017406

Contents

- 3 **Trustee's report**
- 40 **Reference and administrative details**
- 42 **Report of the auditors**
- 47 **Consolidated statement of financial activities**
- 48 **Consolidated balance sheet**
- 49 **Consolidated cash flow statement**
- 50 **Notes to the financial statements**



Trustees' report for the year ended 31 March 2025

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 2025.

The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

Chief Executive's summary

Thank you for taking the time to read the Annual Report and Accounts of Greenwich & Bexley Community Hospice – also referred to in this document as Community Hospice. This report offers the chance to reflect on the past year, celebrating achievements and sharing challenges. Together, we have supported 2,927 patients and their families across Greenwich and Bexley, with this care given in people's homes, in hospital, in prison, and at the hospice itself. Each person's story and needs were unique, and our staff and volunteers responded with skill, care and compassion.

The year saw our exciting rebrand, with a refreshed identity, a new name, look and tone of voice, and updated values shaped through conversations with staff, volunteers, patients, families and community members. This rebrand has already made it easier for people to recognise who we are, what we offer, and how to reach us and offered us the opportunity to listen to and engage with people in a way that is more meaningful to them.

We have continued to expand and adapt our services. Our Virtual Ward, now well embedded, enabled 177 people to receive intensive support at home. Our rehabilitation team introduced new groups and services to help people remain independent, while our social work and counselling teams supported more than 294 people with practical and emotional challenges. Across all services, 63% of people we cared for were able to die outside of hospital.

Our role as a partner in the wider health and care system also grew. In September 2024 we were awarded a new five-year contract to lead the OneBexley partnership, strengthening our ability to reach people earlier in their illness, something that is crucial both in the care of patients, but also as part of the wider system as it ensures more personalised care for many people with additional support needs. We have also continued to champion equity of access, with focused work to engage communities who have been less well served by our hospice in the past.

None of this would have been possible without our people. Staff retention remained high at 97%, and volunteers contributed more than 72,000 hours across every part of the hospice, which is equivalent to almost £1m of donated time. Their commitment, alongside the generosity of our supporters, ensured we could continue to deliver outstanding care despite financial pressures.

As we look to the year ahead, we will continue to build on this progress, developing our hospice site to better support patients and families, strengthening our digital capability, and investing in our people, so that we can reach more people who need us, for generations to come. Thank you to everyone who has walked alongside us this year: staff, volunteers, partners and supporters. Your contribution ensures that our community has a hospice it can depend on, rooted in compassion, equity and hope.

Thank you



Kate Heaps

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

- **Direct:** We keep things simple and focus on what matters most.
- **Uplifting:** We're warm, friendly and generous with our time
- **Proactive:** 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.



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

Our five-year organisational strategy, approved in April 2022 is focused 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.

These priorities 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:** 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. Empowering Colleagues:** 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. Maximising Digital:** 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

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.

<p>Priority</p>	<p>Listening</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>
<p>Objectives</p>	<ul style="list-style-type: none"> • Developing mechanisms to encourage feedback from everyone using our services and acting on this to make life better for patients • Encouraging open discussions within the hospice team and with partners so that we learn from complaints, concerns and compliments • 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 • Ensuring that this feedback is used to shape, develop and influence end of life care in Greenwich and Bexley
<p>Progress</p>	<p>Our three-year Community Development and Engagement Strategy was approved by the Board in July 2023, further investment will be made in 2025/26 to accelerate this work.</p> <p>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.</p> <p>What we have heard through this work is influencing how we talk about our hospice, with a new brand and website launched in August 2024.</p> <p>Additionally, we have reviewed of our values and behaviours framework, also launched in August 2024.</p> <p>Our new incident and complaints management database supports robust review of themes to support quality and safety improvement across the hospice.</p>
<p>Key metrics</p>	<ul style="list-style-type: none"> • All patients and families will be given the opportunity to feedback/ comment about the care they receive • 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 • 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 • A sample of at least 20 patients/ family members each year will be invited to participate in a face-to-face discussion with us, so that we can listen to their views and hear how we can improve their care

Measurables

- 29 events attended and 20 arranged by our Community Development Manager to hear about local people's needs at the end of life/ perceptions of hospice care
- Any feedback is shared with the clinical team, and where appropriate specific teaching sessions are arranged
- We have designed and implemented a Hospice Ambassadors programme, to engage more staff with visits and understanding the learning from events
- We received 81 iWGC reviews in 24/25
- We sent out 486 Voices surveys and 23% were returned completed
- 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
- We rewrote and started using refreshed patient leaflets, in line with our new brand and tone of voice

<p>Priority</p>	<p>Empowering Colleagues</p> <p>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</p>
<p>Objectives</p>	<ul style="list-style-type: none"> • Living our values, making our service to the community our motivation to continually learn and grow • Listening to staff through supervision, appraisal and developmental meetings and ensuring that this feedback is used to shape, develop and influence our 'People Plan' • Implementing our 'People Plan', which will help us to build our staffing capacity and support the resilience, recognition, health and well-being of all our people and help us to attract, retain and fully utilise staff and volunteers' knowledge and skills across the whole charity • Expanding and developing our education offer for external professionals and the public • Working effectively with our partners to deliver our shared 'Home First' vision, supported by strengthened and accessible hospice-provided inpatient and outpatient services • Improving our support for family carers before and after death
<p>Progress</p>	<p>Our People Plan has four priorities:</p> <ul style="list-style-type: none"> • Leadership and Organisational Development • Equality, Diversity and Inclusion • Staff Wellbeing • Staff Development and Talent Management <p>Our Managers' Development Forum continued to support the development of all staff in management positions across the hospice, leading to improved feedback in this area in our staff survey. Our Senior Leadership Team meet monthly with our Hospice Leadership Team, to support good communication and transparency.</p> <p>We used this forum to support our managers to embed our values in their teams and they worked together to learn and share from their successes and challenges.</p> <p>Colleagues fed back improvements in this area, as well as in appraisal and ongoing management feedback through our annual staff survey.</p> <p>Regular, externally facilitated, clinical supervision is provided for all clinical staff.</p> <p>We reviewed our recruitment processes which has led to more timely processes and a more diversity in shortlisted candidates.</p> <p>We trained and introduced hospice Freedom to Speak Up Guardians, to complement our speaking up platform '@Work in Confidence'.</p> <p>We upgraded our hospice on-line training platform to a more user-friendly system and integrated learning and development into the HR/People function.</p> <p>Continuing to work in partnership to deliver education and to support more people to die in their place of choice.</p> <p>E.g. through the use of ECHO in Care Homes.</p>

<p>Key metrics</p>	<ul style="list-style-type: none"> • 20% improvement in completion of staff surveys by 2027 • Improvements in staff recruitment and retention • Demonstrable change in the demographic profile of our volunteer workforce to match the community • Annual publication of a report which captures the impact of our education for staff working in partner organisations • 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
<p>Measurables</p>	<ul style="list-style-type: none"> • Staff survey completion was 64% • (59% in the 2024 survey) • Staff retention was 82.06% as at March 2025 (80.05% as at March 2024) • Our overall vacancy rate was 12% as at March 2025 (8.6% as at March 24) however this was due to an increase in establishment within retail at the beginning of the year • 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

Priority	Digital Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income
Objectives	<ul style="list-style-type: none"> • Implementing a digital strategy which focuses on long-term sustainability, development of accessible and responsive services and embeds effective governance • 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 • Harness digital technology in our income generation and communications to help us achieve a sustainable future
Progress	<p>Implemented a new customer relationship management system to be utilised by Fundraising and the wider Team.</p> <p>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.</p> <p>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. Developed a new website which went live August 2024.</p>
Key metrics	<ul style="list-style-type: none"> • Develop and achieve our annual equalities targets • Proportion of people dying in G&B who have been supported by GBCH • Implementation of Outcomes and Complexity Collaborative Outcome Measures (OACC) and regular reporting to assess outcomes • 20% Growth in voluntary income
Measurables	<p>2024/25, this is 10% higher than 2023/24. Data completeness for sexual orientation increased from 999 (43%) people in 2023/24 to 1344 (52%) in 2024/25 but ethnicity recording has reduced from 84% (all patients) to 74% of new referrals. For both areas, our target is 90%</p> <p>The proportion of people dying in Greenwich/ Bexley known to our hospice in 2024/25 ranged between 27-41% per month).</p> <p>Voluntary Income</p> <ul style="list-style-type: none"> • £6,430,614 in 2023/24 • (£6,459,509 in 22/23)



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 system wide working as a trusted partner and critical friend, being generous with our skills and expertise to ensure that as many people as need it benefit from our compassionate and person-centred approach. Our Chief Executive is a member of the Healthier Greenwich Partnership (HGP) and Bexley Wellbeing Partnership Integrated Care System Place-based Boards, and became Chair of HGP in May 2025, she also 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. Delivered by the hospice as the prime contractor, in partnership with seven other local charities, this was the first arrangement of its kind. The service has enabled us to engage with people earlier in their illness and to support more carers looking after loved ones at the end of life. The charities delivering this support alongside us are Bexley Voluntary Services Council, Age UK Bexley, Inspire Community Trust, MIND in Bexley, Carers' Support Bexley, SE London Crossroads Care and Bexley Mencap.

In September 2024, following a competitive tender process, we successfully bid for - and were awarded - a new five-year contract to continue leading this work. This achievement reflects the impact and value of our partnership model, and our important role in shaping the wider conversation in the local voluntary sector.

In 2025, our Chief Executive stood down as Chair of the Compassionate Neighbours Hospice Collaborative Programme Board but was delighted to hand this role over to our Director of Partnerships who has been a key member of the board throughout the programme's development. There are now 16 hospices involved in this Programme.

In addition, the hospice's Director of Partnerships was elected to chair METROGAVS' Steering Group, supporting the voluntary sector in Greenwich by providing constructive oversight to METROGAVS' role within the METRO Charity.

Care activity

In total, 2,927 unique patients were supported between 1st April 2024 and 31st March 2025.

Hospice based services

Inpatient care

Our inpatient unit, Woodlands, 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 2024/25 we provided care for 375 patients within Woodlands (377 in 2023/24). 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 remained at 11 days. 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 Woodlands Ward in 2024/25 was £1,826,469 (2023/24 £1,738,993). 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 key in making sure patients keep living independently and well. In our well-equipped gym the rehabilitation team 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 service for Greenwich residents. In total the team supported 378 new patients in the year, an increase of 35% compared to 2024/25 (280 patients). Unfortunately, due to system cost pressures and despite its success the additional occupational therapy support for Greenwich will not continue beyond July 2025.

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:

'Jim' is a 63-year-old man living with Interstitial Lung Disease (ILD) who faced significant challenges in his council property. An internal referral to the Occupational Therapist (OT) highlighted his goals: to be independent with lower limb washing and dressing, to increase access to the community, and to improve his ability to prepare snacks and meals.

During the home assessment, it became apparent that Jim's primary obstacle was his inability to leave his flat without assistance. The entrance and exit points both had steps, making it impossible for him to use his mobility scooter.

Despite being known to the rehousing team, his needs were not yet met. Jim's aspirations included visiting Tottenham Hotspur Football ground and going fishing with his grandson.

Our OT, Beth provided some assistive devices: A sock aid and long-handled shoe horn to help Jim dress independently. Information on adaptive cutlery was provided and an Enable Access assessment for a ramp was completed. Beth referred Jim to the Local Authority to install a ramp for wheelchair access, this was then installed. Beth also contacted Tottenham Hotspur, securing match day tickets for box seats and a memorable experience.

As a result of Beth's relatively short intervention, Jim achieved independence in dressing which also reduced his dependency on his wife. The adaptations to his flat were completed, enabling wheelchair access to his flat. Jim attended a Tottenham Hotspur game with his family, fulfilling a long-held dream and this gave him the confidence to organise and enjoy a cherished family holiday, creating lasting memories.



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 2024/25, with the team supporting 181 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:

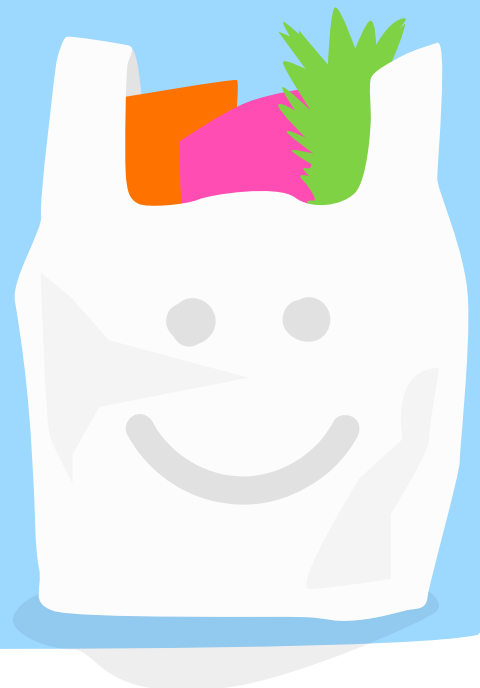
'Brigid' is 72 years old and had 4 children, a son, a daughter who died as a baby and twin girls. She was divorced from her husband, after a difficult marriage, he has now died. Brigid was diagnosed with terminal breast cancer, experiencing vertigo and was extremely distressed, telling her hospice community nurse that she was feeling suicidal. The nurse referred Brigid to the hospice's social work team for psycho- social support.

Emotional support and counselling skills were used to support Brigid, giving her space to tell her life story, to talk about her regrets and traumatic experiences. After the first session, she said that she felt like a weight had lifted and was happy to have someone to talk to about all the things that were on her mind, she did not want to talk to her family about what she was thinking as she did not want to be a burden to them.

Brigid's vertigo and distress were significantly reduced, and they spoke about the impact emotional distress can have on the whole body. In subsequent sessions she was supported to think about what her goals were and what she wanted from life, her goal was to be able to walk to the local shops independently.

On the third week, Brigid was dressed and had been to the local shops and to the supermarket; she felt that she didn't need further support but was confident that she could make contact if she needed to in the future.

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 2024/25, more than 2,150 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.

Our 'Virtual Ward' for those with the most unstable and challenging needs, grew in 2024/25 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.

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 2024/25 our specialist palliative care community team supported 1,592 new patients (1,266 in 2023/24), an increase of 26%. Of the people who died under the care of the hospice in the year (all services), 69% died out of hospital (63% in 2024/25).

The shift in the predominant diagnosis of people referred to our services was maintained with 40% of new referrals having a diagnosis of cancer, 13% having a diagnosis of chronic respiratory disease, 13% with dementia and 34% having another primary diagnosis. The remaining people either were not accepted and did not have a diagnosis recorded or were people accessing SW or counselling support where diagnosis was not relevant e.g. family members.

The direct cost of specialist community care in 2024/25 was £1,621,850 (2023/24 £1,187,857). The increase in costs was due to wage inflation, as well as success with recruitment in the year, most likely supported by our refreshed brand and values, and so we had significantly less vacancies. Overall costs rose by 37%. 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 2024/25 was £853,243 (2023/24).

£857,794), costs remained relatively stable and reflect vacancies within the team. In 2024/25 the team supported a total of 284 new patients (285 in 2023/24) providing compassionate and dignified personal care up to three times a day.

Our 'Virtual Ward' launched in 2023 developed further and is now well embedded in our suite of community support. This service supports patients who are in an unstable or deteriorating condition, with needs which would ordinarily require admission to hospital or Woodlands. We were pleased to be able to support 168 people in the year (95 in 2023/24) with a range of support

including symptom control, practical support, emotional support, end of life care, and liaison with other services. The average length of time people spent receiving care through the Virtual Ward was 12 days, which is roughly in line with an admission to Woodlands, for the vast proportion this avoided an admission to any residential setting.

CASE STUDY:

'Abiola' was a 58-year-old woman, married to Joseph with three adult sons, she had gynaecological cancer which spread to her lungs and bowel. She was a patient at Queen Elizabeth Hospital when she was seen by the hospice's hospital palliative care team, they referred her to the virtual ward for support on discharge home.

Before she came home, Abiola was transferred to Guys Hospital for a 2nd opinion, as she wanted to access any treatment that might prolong her life. Sadly, the team at Guy's agreed that there was no further anti-cancer treatment options available, so she was discharged home.

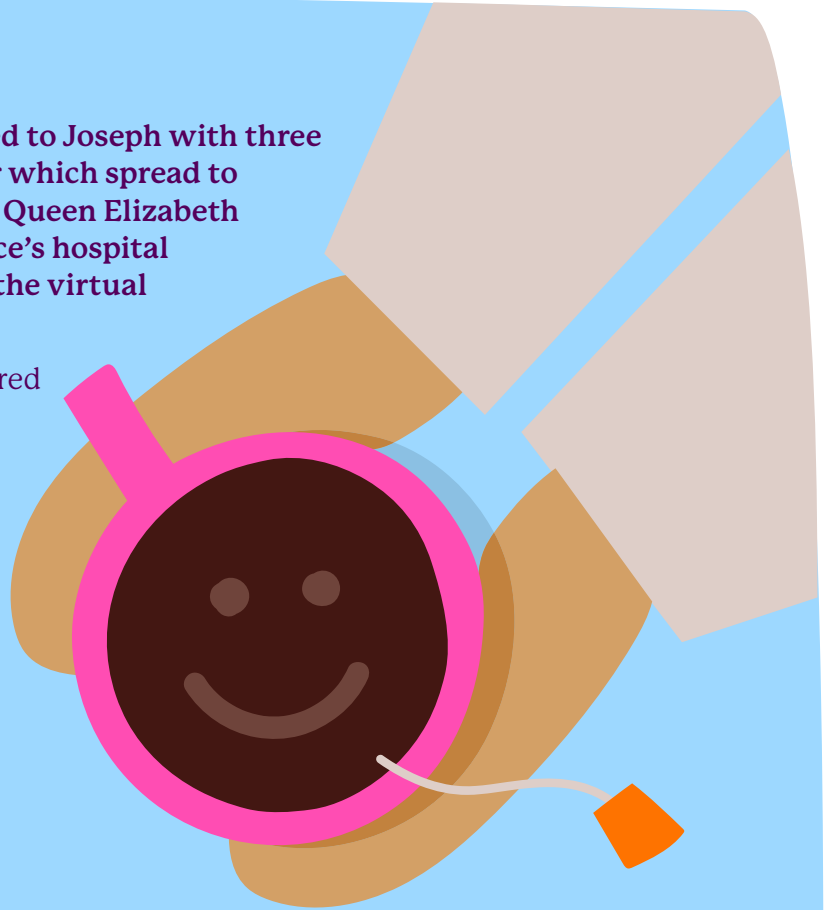
Abiola came home with a continuous infusion of medicine to help her symptoms of pain, nausea and chesty secretions. She declined a hospital bed, which meant that the hospice carers were restricted in how they could move her when delivering care.

Abiola came home to her family who were extremely caring and all hoping that God would cure Abiola with a miracle. Family and friends played Gospel music and said prayers with Abiola at her bedside, which gave her peace and calmness.

Over a period of short weeks, Abiola became weaker, sleepier and was struggling to eat or drink. Joseph was certain that she was improving and repeated this over and over. The team sensitively communicated the reality of the situation as she declined with Joseph and their sons. The hospice social work team were involved and supported Abiola and Joseph with home visits for emotional support.

The virtual ward nurses visited most days and gradually supported Joseph in his understanding and acceptance of what was happening, including conversations about what to do and who to contact if and when Abiola dies at home. An (electronic and shareable) universal care plan was set up to communicate Abiola's care plan to other teams including the ambulance service, in case an ambulance was called.

Abiola died very peacefully at home in her own bed, with her husband and family around her, after 20 days on the virtual ward. There was no panic and her family knew who to contact and received support from social work team in applying for help with funeral costs. This may have been very difficult without our culturally sensitive care.



Education and care homes support

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:

'John' is 78 years old and lives alone in a small flat in a supported living scheme. He has one son who visits when he can and carers visiting three times a day. John has Advanced chronic lung disease and a new lung cancer diagnosis. He was treated at Queen Elizabeth hospital and was seen by the hospice's hospital palliative care team, who referred him to the hospice virtual ward for support on discharge home and to prevent re-admission to hospital.

John gets very breathless and has pain in his chest, which results in him feeling frightened and anxious; this has previously resulted in him calling an ambulance to take him to the emergency department on numerous occasions.

The virtual ward team visited John on the day after he came home, and it was clear that he would need a lot of support to stay at home. John was confused and delirious intermittently (likely because of his condition) and this was affecting his safety at home, sometimes hallucinating and often unclear about which medication to take. The team visited daily to ensure his safety at home, give reassurance and monitor his medication for pain and breathlessness.

Despite the increased support and monitoring, John's carer called an ambulance over one weekend. Fortunately, an electronic, shareable Universal Care Plan (completed by the virtual ward) was in place. The ambulance crew were able to access information about his wishes, care plan and who to contact if John needed support, so did not take him to hospital.

It became apparent that John was not coping at home alone and he told the team that he wanted to be looked after in a care home as he did not feel safe.

The virtual ward team arranged for a hospice admission and the virtual ward nurse went to his flat early to help him get ready for the transport on the day of admission.

John came into the hospice and was discharged a short while later to a care home where the hospice care homes team continued to follow his care. He settled well into his new environment and died very peacefully some weeks later, well looked after, in the place he wanted to be. The support from the team avoided unnecessary admission to hospital and supported him to achieve his wishes.



Hospice outreach in hospital

The Community Hospice team at Queen Elizabeth Hospital, Woolwich, plays an important role in supporting, advising and developing hospital staff to ensure that patients approaching end-of-life and those with challenging symptoms receive the best care they can. The team also support patients and their families directly, helping to make sure that patients' wishes for care are met and supporting them to return to their home, care home or the hospice wherever is the best place for them to receive the care they need. The service operates seven days a week and this year our small team supported 907 new patients. The direct cost of hospice care in the hospital in 2024/25 was £491,803 (2023/24 £493,112). Costs remained flat due to unfilled vacancies in the year.

CASE STUDY:

Peter was an 87-year-old gentleman seen by the hospice's Hospital Palliative Care Team in the Emergency Department (ED) at Queen Elizabeth Hospital. He was admitted with worsening heart failure, a chest infection and dangerously low platelets¹, putting him at risk of a life-threatening bleed. He had declined any further medical interventions, including treatment of his low platelets. Despite this, he was recorded for being 'for full medical management and resuscitation'.

The Nurse-In-Charge of ED called the hospice's hospital team requesting urgent support for Peter to return home. Our discharge facilitator re-prioritised her workload and reviewed the patient within minutes of the call.

When the team went to review Peter, he was insightful and articulate about the severity of his illness. He was also very clear that he felt he was dying and that his wish was to die at home. He was so clear about his wish that he had started calling transport companies to come and take him home that day. He felt he was not being heard by ED staff and was prepared to leave the hospital without any clear plan or medication to support his death at home.

It was also late in the afternoon, leaving the team a few hours to create a care plan, update community services and get Peter home as safely as they could.

The team telephoned colleagues in Peter's borough to expedite a package of care. This process often takes up to 24 hours, but they were able to get the care in place within hours. The team also gave clear direction to the ED doctors about the correct medication, treatment charts and plan of care for Peter to return home with. The team were also able to refer to local community services to enable district nursing, night sitting and hospice community palliative care for Peter at home.

From referral to discharge took less than 4 hours. A proactive patient-centred and collaborative approach enabled a rapid discharge home for Peter to be where he wanted, and where he died days later.



¹Platelets are small, colourless cell fragments in the blood that play a crucial role in blood clotting. They are essential for stopping or slowing down bleeding from injuries by forming a plug at the site of damage.

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 14th 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.

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 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.

We built on the impact of our Community Development & Engagement Manager by appointing a Head of Community Development & Volunteering in October 2024, increasing our capacity in this area. The team's profile is growing beyond our boundaries, with a speaking slot to share our work at the Hospice UK 2024 National Conference and targeted work to better support communities historically underserved by hospice services.

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 35% (a reduction in the proportion from 52% in 2023/24), 9% had a diagnosis of dementia and 18% had a chronic respiratory condition (an increase from 10% in 2023/24). Working with partners in the Integrated Care System, we have been able to influence future models of care for people with three or more long term conditions to ensure that advance care planning is included at an early stage. We have also reviewed our model of community-based care to enable a more episodic approach, with patient-initiated-follow-up for patients who have been discharged from the service. We are looking forward to launching outpatient clinics at the Hospice and at Eltham Community Hospital in 2025/26 to further support this model of care.

Through our Palliative and End of Life Clinical leadership role in the Integrated Care System, we have begun some work to improve the confidence and skills of colleagues working with people with advanced kidney disease and are planning a widespread awareness and myth-busting campaign in 2025/26.

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. Most people we care for are over 65. In 2024/25, 68% of the people we cared for were over 75 (2023/24 66%) and 39% were over 85 (2023/24 35%).

People who are older are more likely to have elderly carers or live alone and may also be more likely to live in 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.

We have worked with partners in our Integrated Care System to redefine the model of care for people experiencing frailty and as a result have embedded early advance care planning and palliative care across the whole model. We have also reviewed our referral criteria to be more inclusive of people experiencing frailty and expect to see an increase in this cohort of patients in future.

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 (1,334 people had it recorded as opposed to 999 the previous year).

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

Unfortunately completeness of ethnicity reporting for new referrals declined (75% of new referrals compared to 84% of all patients the previous year). For the patients for whom ethnicity was recorded, 84% were recorded as white, 5% black/ black African/ Caribbean/ other, 5% Asian (Indian, Pakistani, Chinese, Bangladeshi, other Asian) and 5% as mixed. We have set a target of 90% of patients having ethnicity recorded in 2025/26.

Risk and incident management

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

In 2024/25, the hospice introduced Vantage as its first fully integrated online system for recording, investigating and learning from incidents. This marked a significant shift from the previous paper-based system, with the goal of improving consistency, transparency and organisational learning across all services.

The full roll-out of Vantage has enabled the hospice to capture incidents from across all service areas in one central platform. Staff have adapted well to the new system, with most now engaging independently, and teams offering support to new starters to ensure confidence and consistency in reporting. Crucially, the use of Vantage has strengthened governance. Reports from the system are now routinely shared with relevant committees, giving senior leaders and trustees a clearer view of emerging issues and organisational learning. The ability to monitor incident themes across all services – from clinical teams to support functions – means the hospice is better placed to understand risks, take timely action, and track improvements. Work is underway to expand the use of Vantage beyond incident reporting. New modules are being explored to record compliments, complaints and on-call issues, bringing together feedback and concerns in a way that supports thematic analysis. This will enable a more rounded view of patient, family and staff experience – and help identify the changes needed to improve care and working conditions. In parallel, the hospice is linking insight from Vantage with other internal systems such as the IT Help Desk and Estates Help Desk, which capture non-clinical issues like network outages or repairs. This broader view helps highlight operational barriers that, while not always clinical in nature, may impact safety, staff wellbeing, or the quality of care provided.

The focus now is on embedding the system further, supporting shared understanding of what constitutes an incident, and encouraging thoughtful reflection as part of everyday learning. This includes improving the quality of incident narratives and strengthening the link between what is reported and how the hospice responds. By continuing to build a strong learning culture, the hospice aims to use Vantage not just for compliance, but as a driver of service redesign and a vital tool in demonstrating CQC readiness. With better data, deeper insight, and more joined-up governance, the organisation is better equipped to deliver safe, effective, and compassionate care across all its services.

iWantGreatCare

The hospice uses an online platform iWantGreatCare to collect feedback from patients and those close to them. The details are shared in patient literature and feedback is encouraged by clinical staff. We hope that we will be able to gather more feedback through this route in future.

Hospice UK benchmarking

Community Hospice share data with the following Hospice UK programmes:

- Hospice service activity and demographic data collection – to ensure our work contributes to national annual evidence of the work of the hospice sector
- Hospice UK Patient Safety Project – to inform quality improvement activities and to benchmark our safety against hospices nationally

A number of these offer us a benchmarking comparative between our own results and the Hospice UK national averages. These are a helpful tool to use in conjunction with our evolving data and quality work mentioned above.

The hospice uses a dedicated feedback platform to collect quantitative ratings and free-text comments from patients and carers in real time. Service leads review all compliments and complaints monthly, and summary reports are presented to the QSC. Formal complaints are managed in accordance with the hospice's Complaints Policy, with themes and lessons learned reported to the Board sub-committees.

How we manage risks

- **Corporate Risk Register**
A high-level summary of the hospice's key strategic risks. Each entry records the risk description, its likelihood and impact ratings before and after mitigation, existing controls and planned actions, assigned risk owner, lines of assurance and most recent review date.
- **Operational Risk Register**
A comprehensive log of identified risks across clinical and operational domains. Each entry records a description of the risk, its current rating, existing controls, planned mitigation actions, assigned owners and review dates.
- **Quality Improvement Plan**
A prioritised programme of improvement projects aligned with strategic objectives and Care Quality Commission Key Lines of Enquiry. Each project entry specifies its aim, lead, timeline, success measures and current status.

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. There were no serious incidents in 2024/25.

Further information about the quality of our care is available in our 2023/24 Quality Account.

Patient, family and stakeholder feedback

An email from a family friend to say

'My friend's daughter is in the hospice at the moment, and her mother is very grateful for the care and attention they are all receiving. You are an amazing bunch and we have so much to learn from you, in a world where 'outcomes' are reigning and we hear too often 'there is nothing more we can do for them', Thank you!'

An email from Mum of two children who participated in children's bereavement support group:

'We would all like to say a big, big thank you to you and all the team at the hospice and the holding on letting go team; Tuesday was amazing, the kids really enjoyed it and found it so helpful and it was a really nice space to just sit and talk with others going through the same thing'

A message from the daughter of a community patient:

'Mum had been really excited for this visit... she had thought she had been forgotten about and written off by healthcare professionals in the hospital'

Two messages from relatives of patients in the community demonstrate how small things can make a big difference:

'Thanks for pulling out all the stops to make things happen'

(a wheelchair and installation of a shower)

'Just wanted to let you know that the commode arrived on Saturday... she's so pleased, it's another game changer'

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 2024/25 350 people were active as volunteers, collectively giving over 72,000 hours of their time and skills. In total, this equates to over 40 full time workers for a year. Compared to 2023/24 this represents an increase in volunteer hours (68,000 hours).

Over the past year, our hospice has experienced a slight increase in volunteer hours, and the longer-term post-pandemic trends in volunteering are stabilising. While some long-standing volunteers have retired, we are not facing the same recruitment challenges as the wider sector. However, we have noticed that new volunteers generally offer less time than those they are replacing.

As well as a Head of Community Development & Volunteering, a new Volunteer Development Manager joined the hospice in October 2024. 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. We have also refreshed our volunteering events and are implementing clearer and more defined events to celebrate our volunteers, accompanied by a stronger marketing and communications campaign to raise the profile of our volunteer team.

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 maximise the contributions of our volunteer workforce.

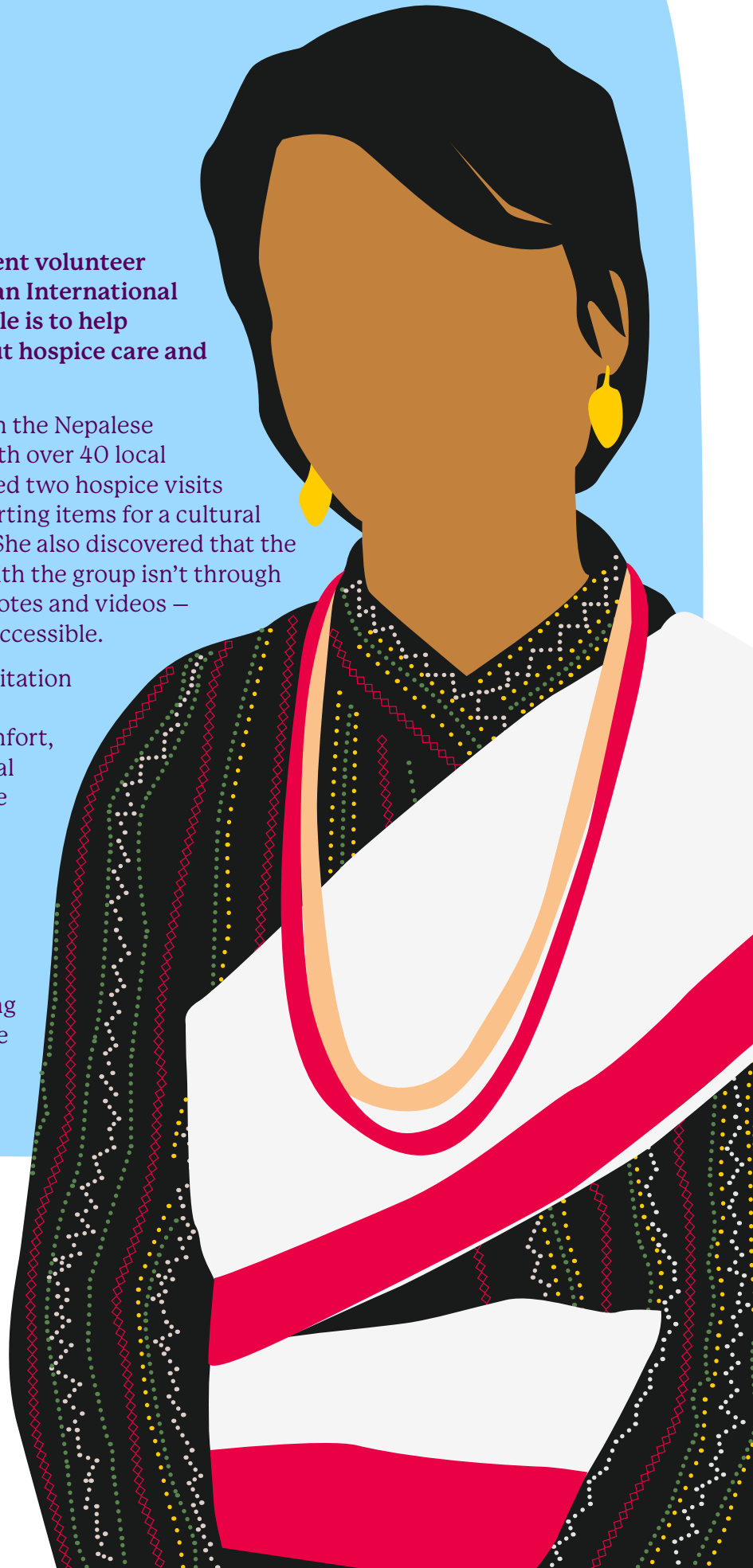
Progress on our new volunteering CRM system has been slower than anticipated, largely due to vacancies within the volunteering team for part of the year, however, now that the team is at establishment, we will be pressing ahead with this during 2025/26.

ALISA'S STORY COMMUNITY ENGAGEMENT VOLUNTEER

Alisa became a community engagement volunteer with the Hospice whilst studying as an International student from Nepal, the aim of her role is to help break down misunderstandings about hospice care and address hesitation to access services.

Much of Alisa's volunteering focuses on the Nepalese community, where she has engaged with over 40 local residents through workshops, supported two hospice visits by the group, and helped source comforting items for a cultural box that will sit on our Inpatient Unit. She also discovered that the most effective way to communicate with the group isn't through translated leaflets, but through voice notes and videos – making the information personal and accessible.

Alisa gently challenges the cultural hesitation about care provided by 'outsiders', by showing how the hospice provides comfort, dignity, and companionship in life's final stage. For Alisa, spending time with the local Nepalese community is deeply personal – it reminds her of being with her grandparents and gives her a sense of home in London. Her work reflects her belief that when hospices connect with all communities, they make their services accessible to everyone, building trust so that no one faces the end of life feeling unsupported or unseen.



"YOU'VE GOT TO HAVE A LAUGH" SANDIE & JOHN'S STORY

Sandie, 76, moved to Thamesmead with her husband in 1974, and has been in the same house ever since. "I can't complain," she laughs. "We've got everything here, shops, the library, the lake. When my kids were little, we'd walk to the paddling pool near the school, stop at the shop for sweets... everyone looked after each other's children. It's a nice little place."

Life has brought its share of challenges for Sandie: serious illness in the family, bereavements, and caring responsibilities. "I was quite lonely at times," she says. "Things got very hard, and I went to the doctor for advice."

That was four years ago, and things changed when she met John through the Compassionate Neighbours scheme. "Irene from the programme came round for a chat and said she'd look for a match. Within a week, John was at my door — and it was the best thing that happened. He's my best friend. He doesn't judge, he's so kind and caring. How lucky am I to have someone like that?"

Every Thursday morning, the pair meet for breakfast, sometimes avocado on toast, sometimes egg and chips, at one of two favourite Thamesmead cafés. "We have a laugh down there," says Sandie. "I never wanted to be old and shocked and not be able to swear or talk about things. You've got to have a laugh."

John, who first saw a Compassionate Neighbours poster on Plumstead Common after his dad died eight years ago, says volunteering has been just as meaningful for him. "When you say volunteering, people think it's work. But it's just an introduction, and a friendship blossoms. Sandie's been a big support for me too, especially when I lost my mum earlier this year. It's a two-way thing."

For John, Thamesmead has become part of the story. "I often run around the lake; they've put a lot of effort in improving the area. It's lovely, and the community's there. We're known in the cafés now too."

The friendship extends beyond breakfast. John has taken Sandie to hospital appointments, and Sandie has joined him for shows out. John gets on well with Sandie's family too. "There's so much humour in our friendship," says John. "We just clicked. She's a force of nature."

But for John, there's also a bigger message. "There's a lot of people in society who are struggling. We're out of touch with a part of life we all face, death, and we tend to sweep it under the carpet. The hospice and Compassionate Neighbours help bring that part of life into the light. Attitudes towards death need to change, and compassion plays a big part in that."

Both agree the scheme is about more than visits. "You don't know what people are going through," John reflects. "We can all be compassionate to anybody — and if you can be compassionate to others, you can be compassionate to yourself too. That's important."

"There needs to be more John's in the world." Sandy says.



Better communicating what we do and who we are

This year marked a significant milestone for Community Hospice as we completed a rebrand to better reflect who we are today and the communities we serve across the boroughs of Greenwich and Bexley. The process went beyond a new logo and visual identity, it was about repositioning ourselves for the future, with a renewed sense of purpose and clarity and making sure that the people we're there to support knew that we existed, for them.

We introduced a revised name, a fresh look and feel, and a new tone of voice designed to be more open, accessible, and inclusive. Our organisational values were also refreshed and were created off the back of lots of research, conversations and workshops with staff and volunteers, as well as supporters, patients, families and members of the public.

The rebrand has already strengthened our connection with local people, helping us to communicate more clearly and consistently about the services we provide and the difference we make. It has also given staff, volunteers, and supporters a shared sense of pride in being part of an organisation that continues to evolve while staying true to its compassionate roots. The hospice was founded in the community and remain for and with the community.

Income generation

Fundraising and lottery

At our hospice, relationships are at the heart of everything we do. We don't see fundraising as short-term transactions, but as long-term partnerships rooted in shared values and care. By listening to our supporters and understanding what matters most to them, we can build lasting connections with those who share our passion for helping people live as well as they can, for as long as they can.

Guided by this approach, our fundraising strategy has focused on laying strong foundations for the future. Thanks to the generosity of our community, fundraising contributed £1,524,792 towards the running of the hospice this year.

Our community remains at the very heart of our success. Once again, local people, groups, businesses, and schools came together to make a difference – whether through organising their own events or joining ours.

Nearly 2,000 people took part in our Mini Marathon and Colour Run, and generous hosts welcomed visitors into their gardens, raising almost **£30,000**. A heartfelt thank you to everyone who supported our much-loved Open Gardens, with special gratitude to Martha Oakes and Penny Matheson and the other

supporters who coordinated the event. Each year, this wonderful event brings people together and welcomes new friends into the hospice community.

A particular highlight was our first overseas trek challenge. When we launched the Sahara Trek, we hoped to recruit 10 participants – but were overwhelmed by the response. Two full groups of 30 trekkers took on the challenge including staff, volunteers and many people who had had loved ones die under our care, collectively they raised an incredible **£200,000** in total and many built new friendships. The feedback has been overwhelmingly positive, and we are already preparing for our next adventure: an overseas challenge to China in 2026.

This year also saw the launch of our corporate partnership programme, building meaningful, long-term collaborations with companies who care deeply about our mission.

Our supporters gave generously to our festive appeals too – **Lights of Love and the Christmas Appeal raised nearly £50,000**, while regular givers contributed over **£100,000** in 2024/25 through monthly donations.

We are also deeply grateful to the trusts and foundations whose vital support helps us meet the rising costs of care, and to those individuals who go above and beyond with their loyalty, generosity, and expertise. In particular, we recognise the generous support of The Julia Rausing Trust, The Albert Hunt Trust, R.U.B. White Charitable Trust, The James Tudor Foundation, Tim Barnes KC MBE and LandSecU+I.

For the first time, we joined Hospice UK and 142 other hospices in the national campaign *This is Hospice Care*. Legacy giving is vital, with 1 in 7 of our patients cared for thanks to gifts in wills. The campaign gave us the opportunity to highlight the wide range of support our hospice provides, to share inspiring stories, and to highlight our new brand. We are sincerely thankful to all who have remembered the hospice in their will, ensuring care for generations to come.

Looking ahead, and in line with our strategy, we will continue to nurture long-term relationships, diversify income, and ensure sustainable care for the future.

Lottery

Our hospice lottery generated £424,488 for patient care in 2024/25. We are so grateful to everyone who plays – your support provides a reliable source of income that makes a real difference, ensuring patients and families receive the care they need. Many of our lucky winners even choose to donate their prize money back to the hospice, an extraordinary gesture of generosity that increases the lottery's impact even further.

Our approach to fundraising

Our supporters and local community are central to everything we do, and we are committed to the highest standards in fundraising. In 2024/25, we ensured that all activities complied with regulatory standards and best practice guidance. We also continued to prioritise an excellent supporter experience across all areas, while reviewing and strengthening our data protection compliance.

The hospice is registered with the Fundraising Regulator and adheres to the Code of Fundraising Practice; no complaints were received via the Regulator in 2024/25.

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

Trading

Total gross income from retail raised £2,419,358 (2023/24: £2,462,105). Our fourteen shops were down on budget by –8% and –2% on 2024 sales. High vacancies and absence levels had a substantial impact on overall performance. The decline in revenue from the rag market had a financial impact on performance from June onwards, over the year there were three drops in the price paid per kilo. The total net contribution from our shops was £629,475.

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 considering the sector wide increase of aggression towards shop staff. We continue to support our staff when working alone with CCTV cameras and have introduced a lone worker alarm system. In this challenging environment, our shop teams have consistently shown adaptability, and resilience and retained focus on offering the best customer and donor experience.

In September and December, we successfully launched two new shops in Bexleyheath and Sidcup respectively. Both locations feature our refreshed branding and updated fixtures, designed to enhance the customer experience and create a more accessible shopping environment. We're pleased to report that both shops have been warmly received by our community with fantastic quality of donations and plenty of people volunteering as well as customers popping in to grab a bargain.

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 ten 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.

Valuing our colleagues

Our staff and volunteers are our most precious asset, as well as being our greatest cost. It continues to be vital that colleagues are supported to do their best work, maintain their wellbeing and to develop in their roles. We were pleased with our 2024/25 staff survey which saw 64% of staff completing the survey (5% more than last year) and staff reporting improvements in many areas since the previous survey.

We were particularly pleased to see that when asked ‘if a friend or relative needed treatment would you be happy with the standard of care provided by the hospice?’ 91% of respondents stated yes (compared to the NHS London Trust benchmark of 66%).

Inevitably there are always areas for improvement, and we have worked with colleagues, especially our wellbeing champions, to develop an action plan for the next 12 months; we will report back to colleagues on progress against this plan through our regular ‘time out to talk’ sessions.

We participated in National Hospice workforce data collection as well as financial benchmarking, to help Hospice UK gain a better understanding of the national sector workforce, challenges and potential for improvement.

Financial review

The Consolidated Statement of Financial Activities for the year ended 31 March 2025 is set out on page 47. A deficit of £1,886 was reported for the year (2023/24: deficit of £982,438), representing a positive outcome compared to the budget. This improvement was primarily driven by legacy donations received during the year.

On the General Fund there was a surplus of £173,283 for the year before transfers (2023/24: deficit of £579,479). Legacies reported for the year were £2,522,516 (2023/24: £791,726). This includes a legacy left to the Hospice by Douglas Dunbar, which has been recognised in the accounts at £1.6 million. £110,399 was received in restricted funds throughout the year.

In total for the year ended 31st March 2025, income rose by 10% whilst expenditure rose by 1%.

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 33 for further information on our reserves policy).

We agreed a modest increase in our statutory income from SE London Integrated Care Board (SELICB), in line with the budget increases passed through from NHS England to our ICB. Some of the one-off tranches of NHS funding from which we have benefitted from in recent years were not made available in 24/25, so we secured a lower growth in our statutory income, though this remains favourable when compared with the national hospice picture. The overall impact of these changes on our statutory income was a decrease of 9% (to £6,122,028). NHS income was 46% of income of the Charity in 2024/25, leaving the remaining 54% which we must raise through the generous support of individuals, businesses, charitable trusts and foundations, and community groups and organisations.

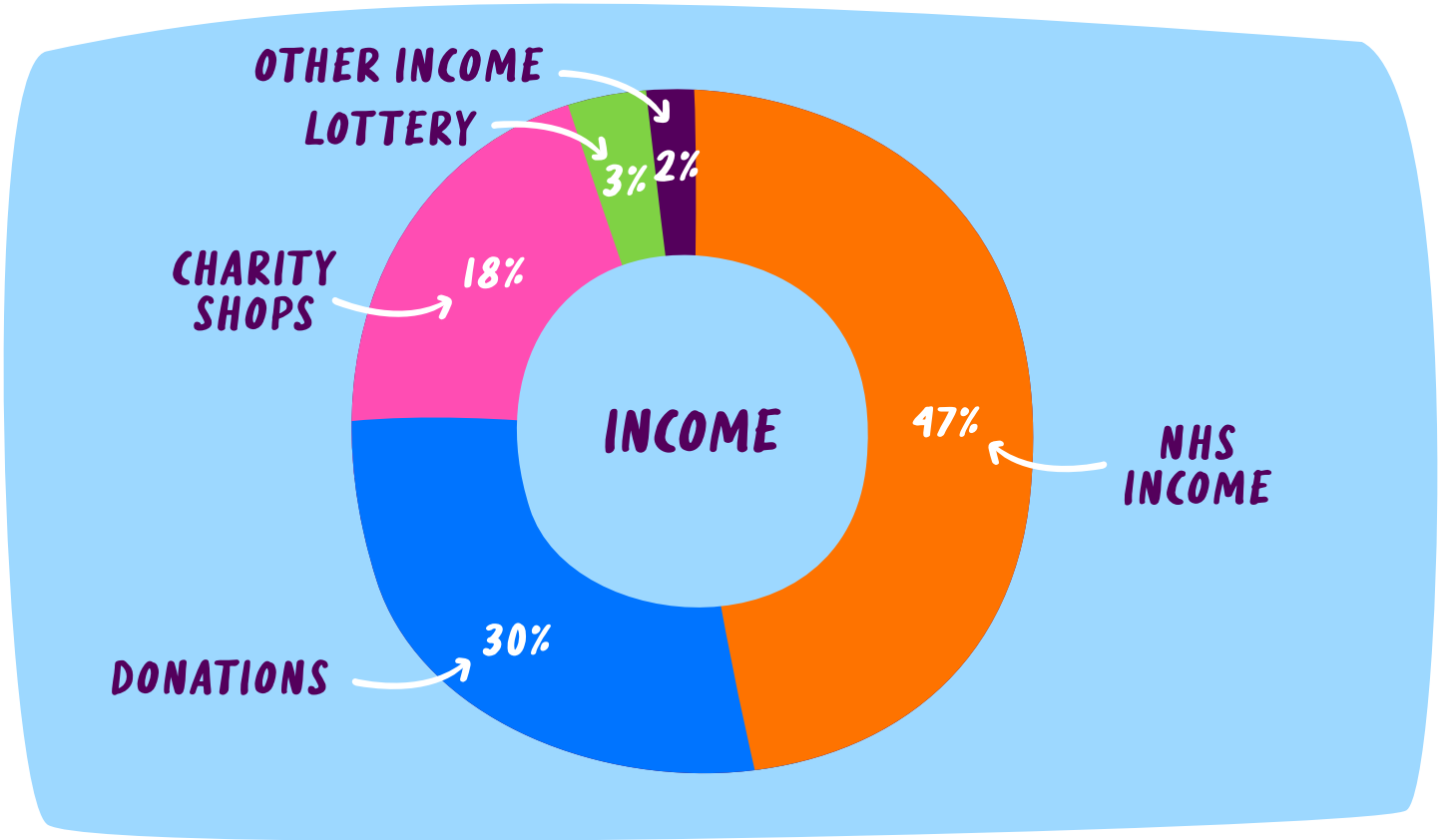
Department of Health Capital Grant

As a result of ongoing negotiations led by Hospice UK, we were allocated a capital grant of £231,143 by the Department of Health and Social Care (DHSC) in the year to 31st March 2025 with further allocation expected in the year to 31st March 2026. This will go a long way in supporting our capital investment and are grateful to the DHSC for this initiative.

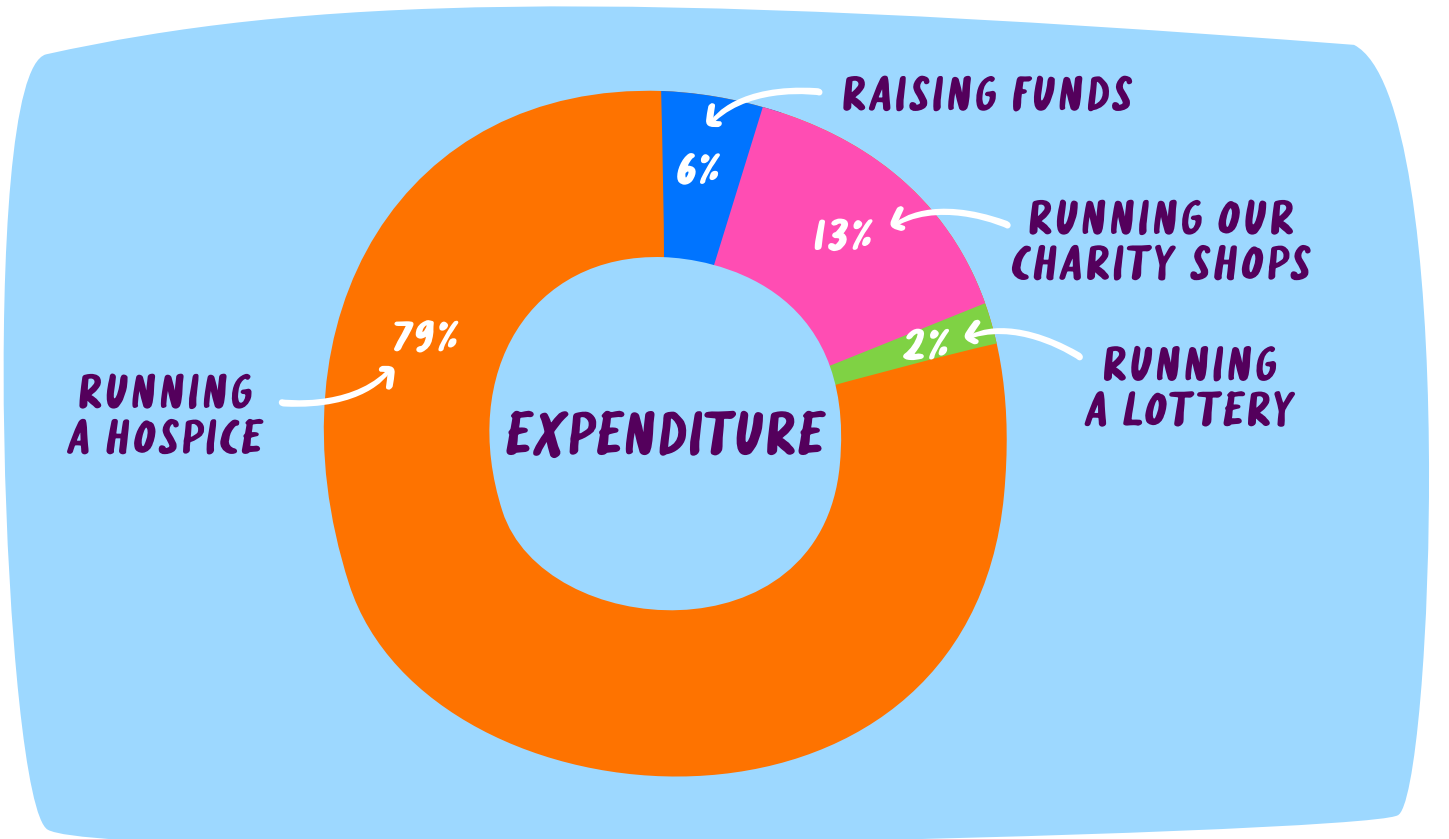
Commissioner Requested Service

The hospice has 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, which brings an additional level of scrutiny and regulation for the Charity. The Community Hospice is one of only a few hospices nationally who have been designated as CRS and we continue to work closely with NHS Improvement to ensure that this designation works to benefit our beneficiaries.

Where our money came from in 2024/25



Where our money was spent in 2024/25



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 fluctuations 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 2024/25

£457,225 was spent from the Recovery and Transformation Fund, leaving the end of year balance at £80,882. The trustees have approved additional allocation to the fund of £119,118, bringing the year-end balance to £200,000.

Building Development Fund: This fund will be used to complement additional trust funding to support the development of the hospice building including investment in Woodlands, 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, in 2025 we held a stakeholder workshop to explore development options for the hospice site and will invest in improvements to Woodlands in the Autumn/ Winter of 2025/26.

One Bexley Adult Social Care Fund (ASCF): 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. Community Hospice is the prime contractor and manage the commissioning relationship for this work and subcontract most of the delivery to our partners. Our joint work is known as OneBexley, with most governance decisions being made in partnership.

We transferred our year-end surplus generated by the project into a new Adult Social Care designated fund to manage any risk of contract closure costs, if we were not awarded the contract we bid for in September 2024. As we were successfully awarded the contract, this designated fund is now planned to fund an evaluation of our work; invest in service transformation priorities within the programme of work; and act as an equalisation fund for future inflation.

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 2025, General Reserves increased to £4,879,318 (2024 - £4,323,264). This is below our agreed reserves target of £6,247,361.

Investment powers, policy and performance

The Investment Committee is in place to monitor the investments under the powers laid down in the Memorandum and Articles of Association. The primary objective of the investment policy is to provide financial security and stability for the operation of the Community Hospice. Our funds placed with Rathbones are now valued at £1,096,485 (2024 - £1,092,309).

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, frailty and people with multiple long-term conditions as a vital element of service, and capacity is being maintained across the system in 2024/25 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.

We welcomed the new NHS ten-year plan, published shortly after the year end and look forward to continuing to work with system partners to drive the three overarching priorities:

- Analogue to digital
- Hospital to home
- Treatment to prevention

Much of what is included in the plan is reflective of our hospice approach, greater personalisation of care, based as close to home as possible and recognising that people should have the right information to help them make the right choices for them about their treatment and care. We will be reviewing our organisational strategy in 2025/26 to assure ourselves that we maximise on the opportunities to improve care for people with terminal illness across our boroughs which are included in the plan.

Greenwich & Bexley Community Hospice Limited is a company limited by guarantee and not having a share capital is governed by its Memorandum and Articles of Association dated 15th September 1992 and amended to meet the developing needs of the Charity on 15th January 1993, 8th January 2001, 10th July 2006 and 8th June 2012. The Members' liability is limited. Every Member of the Company undertakes to contribute up to £1 to the assets of the company in the event of it being wound up. It is a registered Charity with the Charity Commission (No 1017406). The number of Members of the Company is limited to 50. Present membership is 22. 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 13 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 2024/25 Trustees attended equality training at the Board Away Day, as well as having discussions about the potential introduction of Assisted Dying via the End of Life (Terminally Ill Adults) Bill.

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

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
- 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 2024/25, which is submitted to the CQC and to NHS Improvement.

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

Related parties

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

The hospice has 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 ten 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 396,570 pre-loved items through our shops and saving over 377,000 kilos 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.

Our project to develop a long-term estates plan for the main hospice site did not complete in 2024/25 as anticipated, largely due to capacity issues, however we continue to work with partners to develop this, however we did commission a building energy cost reduction report which is now in the process of being implemented.

Social responsibility

As well as the Public Benefit outlined at page 3, the hospice aims to maximise any opportunities to invest in and 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 three risks as identified by the finance, information governance and information technology committee are outlined in the table below:

Risk	Mitigation
<p>1. Financial uncertainty due to rising inflation, increases in national Insurance and cost of living crisis.</p>	<p>The Board and Senior Leadership Team continue to monitor income, expenditure and cash flow closely, with regular review of forecast.</p> <p>We continue to negotiate with system partners and commissioners to secure additional resources to support our work.</p> <p>We are implementing our five-year strategy and are utilising our Recovery and Transformation Designated Fund to support us to grow our income, improve service efficiency and to implement digital technologies to maximise efficiency.</p> <p>We have sufficient reserves to support current levels of activity and are investing in activities to help reach our target.</p>
<p>2. Increased demand for our services/ recruitment and retention challenges in our clinical workforce particularly our Medical and Allied Health Professional roles.</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 are embedding new ways of working to work more efficiently and developing extended roles for some professions to reduce pressure on others e.g. medicine.</p> <p>Our People Team are working with managers and colleagues to improve retention and staff wellbeing and we continue to develop existing staff into more senior roles. We have improved our recruitment processes to reduce bureaucracy and improve response times.</p> <p>Where possible, salaries are in line with NHS competitors. We are conducting a review of salaries and terms and conditions of employment to ensure they remain in line with our competitors. Our new brand and values have made the hospice more visible and communicated what a great organisation we are.</p>
<p>3. Long term challenges relating to predicted growth in need and a change to the demography of the local population.</p>	<p>Changes made through implementation of our Service Transformation and Community Development and Engagement Strategies will help us meet future demand and respond to the needs of our whole community.</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 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 which was 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 2025-26.

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 10 September 2025

Reference and administrative details

Directors and Trustees

Mrs Sarah Higgins ★

Chair and Chair of Nominations, Remuneration and Governance Committee

Mr David Atterbury-Thomas £ = ♻️ ★ Ⓩ

Treasurer and Chair of Finance Information Governance and Information Technology Committee

Mr Tim Gutteridge 🏠

Deputy Chair and Chair of Trading Board (resigned 13 November 2024)

Mrs Estelle Kerridge 🛡️ ★

Company Secretary, Board Safeguarding Champion

Dr Francis Drobniowski £

Trustee

Mr Tim Green £ 🏠

Trustee (from November 2024)

Ms Kate McGranaghan-Chow £ Ⓩ

Chair of Lottery Board, Fundraising Link Trustee

Ms Rebecca Middleton £ 🏠

Trustee

Ms Sylvia Osaji =

Trustee

Ms Alison Roberts 🛡️

Trustee

Dr Mary-Clare Parker

Trustee (resigned 13 November 2024)

Mrs Manal Sadik = ★

Chair of Equity, People and Inclusion Committee, Board Equity, Diversity and Inclusion Champion

Dr Tolu Timeyin 🛡️

Trustee (from November 2024, resigned July 2025)

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

- Dr Lesley Bull (from August 2024)**
- Mr Victor D’Arcy-Smith**
- Mr Jon Devlin**
- Ms Aneta Saunders**
- Mr Graham Turner**

CQC Registered Manager Ms Ellen Tumelty

Registered Office 185 Bostall Hill Abbey Wood, London, SE2 OGB

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

Auditors Moore Kingston Smith 6th Floor, 9 Appold Street, London, EC2A 2AP

Registered Charity Number 1017406

Company Number 2747475

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

Opinion

We have audited the financial statements of Greenwich & Bexley Community Hospice Limited (the 'company') for the year ended 31 March 2025 which comprise the Consolidated Statement of Financial Activities, the Charitable Company Statement of Financial Activities, the Consolidated and 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 FRS 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 the parent charitable company's affairs as at 31 March 2025 and of the group's incoming resources and application of resources, including its 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 charitable company 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 charitable company'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 other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the strategic report and the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the trustees' annual 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 parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Act 2011 require us to report to you if, in our opinion:

- the parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company's 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

As explained more fully in the trustees' responsibilities statement set out on page 39, 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 and parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or 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

We have been appointed as auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the group and parent charitable company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and parent charitable company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group or parent charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit report.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council and UK taxation legislation.
- We obtained an understanding of how the charitable company complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

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 and, in respect of the consolidated financial statements, to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters which 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 any party other than the charitable company, the charitable company's members, as a body, and the charity's trustees, as a body, for our audit work, for this report, or for the opinion we have formed.

Moore Kingston Smith LLP.

James Saunders (Senior Statutory Auditor)
for and on behalf of Moore Kingston Smith LLP, Statutory Auditor

9 Appold Street
London
EC2A 2AP

Date: 21/11/2025

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 MARCH 2025

	Note	Unrestricted Funds		Restricted	2025	2024
		General	Designated	Funds	2025	2024
		£	£	£	£	£
INCOME						
Donations and Legacies:	2					
Voluntary Income						
General donations		1,380,016	-	110,399	1,490,415	1,406,432
Charity shop donations		665,624	-	-	665,624	813,352
Legacies		2,522,516	-	-	2,522,516	791,726
Charitable activities:	3					
Operating a Hospice		6,122,028	-	-	6,122,028	6,718,744
Other trading activities:						
Charity shop income		1,826,555	-	-	1,826,555	1,712,857
Lottery income		424,488	-	-	424,488	418,256
Other sales income	4a	133,328	-	-	133,328	59,114
Rental income		20,055	-	-	20,055	10,704
Investment income		128,497	-	-	128,497	20,895
Other	4b	8,217	-	-	8,217	139,505
TOTAL INCOME		13,231,324	-	110,399	13,341,723	12,091,585
EXPENDITURE						
Raising funds:						
Fundraising and marketing costs		960,216	104,468	-	1,064,684	1,106,792
Charity shop expenditure		1,828,267	-	-	1,828,267	1,739,918
Lottery expenditure		227,625	-	-	227,625	238,053
Charitable activities:						
Operating a Hospice						
Clinical expenses		10,021,314	69,492	111,608	10,202,414	10,065,344
TOTAL EXPENDITURE	5a	13,037,422	173,960	111,608	13,322,990	13,150,107
Net gains/(losses) on investments	10	(20,619)	-	-	(20,619)	76,084
NET INCOME/(EXPENDITURE) FOR THE YEAR		173,283	(173,960)	(1,209)	(1,886)	(982,438)
Gross transfers between funds	14	382,771	(164,177)	(218,594)	-	-
NET MOVEMENT IN FUNDS		556,054	(338,137)	(219,803)	(1,886)	(982,438)
TOTAL FUNDS AT 1 APRIL 2024		4,323,264	1,557,441	6,030,071	11,910,776	12,893,214
TOTAL FUNDS AT 31 MARCH 2025	14	4,879,318	1,219,304	5,810,268	11,908,890	11,910,776

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

Full comparative figures for the year ended 31 March 2024 are shown in note 20.

The accompanying notes form part of these financial statements.

**CONSOLIDATED AND CHARITY BALANCE SHEET
FOR THE YEAR ENDED 31 MARCH 2025**

	Note	Group		Charity	
		2025	Restated 2024	2025	Restated 2024
		£	£	£	£
FIXED ASSETS					
Tangible assets	9	6,218,905	6,092,893	6,218,905	6,092,893
Intangible assets	9	205,559	97,279	205,559	97,279
Investments	10	1,096,485	1,092,309	1,097,487	1,093,311
		7,520,949	7,282,481	7,521,951	7,283,483
CURRENT ASSETS					
Current investments		2,000,000	2,000,000	2,000,000	2,000,000
Debtors	11	3,191,466	1,718,699	4,208,707	3,733,373
Cash at bank and in hand		2,032,635	3,459,517	908,172	1,319,358
		7,224,102	7,178,216	7,116,879	7,052,731
CURRENT LIABILITIES					
Creditors: amounts falling due within one year	11	(2,836,161)	(2,549,921)	(2,696,562)	(2,392,059)
NET CURRENT ASSETS		4,387,941	4,628,295	4,420,317	4,660,672
NET ASSETS		11,908,890	11,910,776	11,942,268	11,944,155
FUNDS					
Unrestricted Funds:	14				
General fund		4,879,318	4,323,264	4,912,696	4,356,643
Designated Funds:					
Fixed assets fund		364,304	364,304	364,304	364,304
RTP fund		200,000	538,137	200,000	538,137
Building development fund		500,000	500,000	500,000	500,000
ASCF fund		155,000	155,000	155,000	155,000
Restricted Funds:					
Property fund		5,689,856	5,797,436	5,689,856	5,797,436
Others		120,412	232,635	120,412	232,635
		11,908,890	11,910,776	11,942,268	11,944,155


As permitted by Section 408 of the Companies Act 2006, the Statement of Financial Activities of the parent charity is not presented as part of these financial statements.

The Charity's deficit for the year before distribution from subsidiaries was £899,587 (2024: £1,795,790).

The financial statements were approved and authorised for issue by the Board of Directors on 10 September 2025 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.

Company Number: 2747475

**CONSOLIDATED CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

		2025	Restated 2024
	Note	£	£
CASH FLOWS FROM OPERATING ACTIVITIES:			
NET CASH (USED IN) / PROVIDED BY OPERATING ACTIVITIES		(1,047,048)	83,666
CASH FLOWS FROM INVESTING ACTIVITIES:			
Interest received		128,497	135,038
Payment to acquire fixed assets		(380,489)	(254,245)
Payment to acquire Intangible fixed assets		(143,024)	(97,279)
Proceeds of sale of fixed assets		1,801	83,326
Purchase of investments		(101,125)	(79,154)
Disposal of investments		114,507	-
Investment in cash deposits		-	(2,000,000)
NET CASH USED IN INVESTING ACTIVITIES		(379,833)	(2,212,314)
Change in cash and cash equivalents in the year		(1,426,881)	(2,128,648)
Cash and cash equivalents at the beginning of the year		3,459,517	5,588,165
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR		2,032,635	3,459,517

		2025	2024
	Note	£	£
RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES			
Net expenditure as per the Statement of Financial Activities		(1,886)	(982,438)
Depreciation and amortisation charges		287,420	192,442
Gains/(losses) on investments		20,619	(76,024)
(Increase)/decrease in debtors		(1,472,767)	857,550
Increase in creditors		286,240	227,174
Interest received		(128,497)	(135,038)
Dividends received net of fees		(38,176)	-
NET CASH (USED IN) / PROVIDED BY OPERATING ACTIVITIES		(1,047,048)	83,666

Analysis of changes in net debt

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

Notes to the financial statements

I 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) 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 FRS102. 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 £5.3m and £4.1m 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.

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.

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 £899,587 (2024: surplus of £1,795,790). The registered office for both GBCH Trading Limited and Greenwich & Bexley Community Hospice Limited is 185 Bostall Hill, London, SE2 OGB. Uniform accounting policies have been applied.

Income recognition

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

Donations and legacies

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

Gifts in kind

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

Grants

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

Income from charitable activities

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

Other income

Income received from pension recovery, salary recharges, Bexley adult social care contract, and NHS England are included in other income.

Investment income

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

Expenditure

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

Expenditure is classified under the following activity headings:

- cost 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.

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% and 10% straight line
Motor vehicles	25% straight line

Donated assets are included at value on the date received.

Investments

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

Stocks

Stocks are valued at the lower of cost and net realisable value. Cost is based on the cost of purchase on a first in, first out

basis. Net realisable value is based on estimated selling price less additional costs to completion and disposal.

The trustees have concluded and agreed that the valuing of shops donated goods for resale on receipt is impractical due to the high volume of low value items, lack of stock system for recording

these items and the administrative cost involved. Instead the income is recognised in the accounts when these goods are sold.

Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments.

Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

Creditors and provisions

Trade and other debtors are recognised at the settlement amount due after any trade discount offered.

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.

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.

Operating leases

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

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 Short term benefits including holiday pay are recognised as an expense received.

Employee termination benefits

Termination benefits are accounted for on an accrual basis and in line with FRS102.

Pension scheme

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

2 DONATIONS AND LEGACIES

	2025	2024
	£	£
Donations	2,156,039	2,219,784
Legacies	2,522,516	791,726
	4,678,555	3,011,510

3 INCOME FROM CHARITABLE ACTIVITIES

	2025	2024
	£	£
NHS Income	6,122,028	5,718,744
Adult Social Care	-	1,000,000
	6,122,028	6,718,744

4A OTHER SALES INCOME

	2025	2024
	£	£
Catering Income	26,392	22,834
Training Income	34,916	6,300
Miscellaneous Income	72,020	29,980
	133,328	59,114

4B OTHER INCOME

	2025	2024
	£	£
Medical Insurance Claims	8,217	-
Room hire	-	4,467
Others	-	135,038
	8,217	139,505

ANALYSIS OF GROUP EXPENDITURE

5A DIRECT AND SUPPORT COSTS

	Direct costs	Support costs	Total 2025
	£	£	£
RAISING FUNDS			
Fundraising and marketing costs	890,200	174,484	1,064,684
Charity shop expenditure	1,585,246	243,021	1,828,267
Lottery expenditure	211,622	16,003	227,625
CHARITABLE ACTIVITIES			
Clinical expenses	8,421,955	1,780,459	10,202,414
EXPENDITURE	11,109,023	2,213,967	13,322,990

	Direct costs	Support costs	Total 2024
	£	£	£
RAISING FUNDS			
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
CHARITABLE ACTIVITIES			
Clinical expenses	8,193,036	1,872,308	10,065,344
EXPENDITURE	10,821,928	2,328,179	13,150,107

5B SUPPORT COSTS

	Administra- tion	Finance & IT	Office costs	Governance	Total 2025
			£	£	£
RAISING FUNDS					
Fundraising and marketing costs	70,294	82,753	21,436	-	174,483
Charity shop expenditure	135,281	56,698	51,042	-	243,021
Lottery expenditure	16,003	-	-	-	16,003
Clinical expenses	442,905	604,887	535,648	197,020	1,780,460
	664,483	744,338	608,126	197,020	2,213,967

	Administra- tion	Finance & IT	Office costs	Governance	Total 2024
			£	£	£
RAISING FUNDS					
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
	698,763	782,736	648,858	197,822	2,328,179

5C GOVERNANCE COSTS

	2025	2024
	£	£
Staff costs	197,020	197,822
Auditor's remuneration :		
- Audit fees	32,400	33,100
- Other services	7,150	5,500
	236,570	236,422

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.

6 EMPLOYEES

	Group		Charity	
	2025	2024	2025	2024
	No.	No.	No.	No.
Average number of employees, excluding Directors	216	205	182	165
Full time equivalent figure	145	132	145	132

	2025	2024	2025	2024
	£	£	£	£
Staff costs consisted of:				
Salaries	7,284,776	6,577,145	6,282,620	5,601,619
Social security costs	746,344	691,448	661,948	605,082
Other pension costs	527,675	463,596	488,008	421,986
	8,558,795	7,732,189	7,432,576	6,628,687
Agency	700,153	8,195,785	694,302	553,217
Medical services	8,143	-	8,143	-
	8,837,578	8,289,681	7,705,508	7,181,904

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

	2025	2024
£60,000 - £69,999	11	9
£70,000 - £79,999	6	-
£80,000 - £89,999	2	5
£90,000 - £99,999	2	1
£100,000 - £109,999	1	1
£120,000 - £129,999	1	-

Of these, 9 employees are accruing pension contributions totalling £59,181 (2024:8 employees, accruing £83,795).

The total employee benefits of the key management personnel of the Group were £1,346,715 (2024: £702,307). Of this, £1,305,923 (2024: £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 (2024: £Nil).

No Trustee received remuneration in the current or prior year.

8 NET INCOME

	2025	2024
	£	£
The net income is stated after charging: Auditors' remuneration (excluding VAT)		
- For audit	32,400	30,000
- For tax compliant services	2,500	3,100
- For accounting fees	7,150	5,500
Lease payments	465,678	345,729
Depreciation	252,675	192,442
Amortisation	34,745	89

9 TANGIBLE ASSETS GROUP

	Freehold Land & Building	Equipment, Furniture & Fitting	Motor Vehicles	Charity Total	Subsidiary Furniture, Equipment & Vehivles	Group Total
	£	£	£	£	£	£
COST OR VALUATION						
At 1 April 2024	6,918,444	2,538,239	51,606	9,508,289	-	9,508,289
Additions	31,852	348,637	-	380,489	-	380,489
Disposals	-	-	(21,350)	(21,350)	-	(21,350)
At 31 March 2025	6,950,296	2,886,876	30,256	9,867,428	-	9,867,428
DEPRECIATION						
At 1 April 2024	1,190,169	2,194,269	30,959	3,415,397	-	3,415,397
Provided for the year	70,271	172,847	9,557	252,675	-	252,675
Disposals	-	-	(19,549)	(19,549)	-	(19,549)
At 31 March 2025	1,260,440	2,367,116	20,967	3,648,523	-	3,648,523
NET BOOK VALUE						
At 31 March 2025	5,689,856	519,760	9,289	6,218,905	-	6,218,905
At 31 March 2024	5,728,275	343,971	20,647	6,092,893	-	6,092,893

10 INTANGIBLE FIXED ASSETS - GROUP

	2025
	£
COST OR VALUATION	
At 1 April 2024	97,368
Additions	143,024
At 31 March 2025	240,392
DEPRECIATION	
At 1 April 2024	89
Provided for the year	34,745
At 31 March 2025	34,834
NET BOOK VALUE	
At 31 March 2025	205,559
At 31 March 2024	97,279

FIXED ASSET INVESTMENTS

	2025	2024
	£	£
CHARITY:		
Shares in subsidiary companies at cost	1,002	1,002
Listed Investments	1,096,485	1,092,309
At 31 March 2025	1,097,487	1,093,311

	2025	2024
	£	£
At 1 April 2024	1,092,309	1,020,457
Additions	101,125	100,431
Disposals	(114,507)	(83,326)
Gain/(loss) on investment	(20,619)	39,212
Investment Income	48,000	24,619
Investment Fees	(9,823)	(9,084)
At 31 March 2025	1,096,485	1,092,309

	2025	2024
	£	£
Cost		
GBCH Trading Limited	1,000	1,000
Greenwich & Bexley Community Hospice Lottery Ltd	2	2
At 31 March 2025	1,002	1,002

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 Parent by gift aid.

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

	2025	2024
	£	£
GBCH TRADING LIMITED		
Turnover	2,463,125	1,712,857
Cost of sales	(26,468)	(79,223)
Gross profit	2,436,657	1,633,634
Administrative expenses	(1,800,087)	(1,660,695)
Operating Profit/(Loss)	636,570	(27,061)
Other Income	29,054	27,061
	665,624	-
Distribution to parent charity	(665,624)	-
Net income for the year	-	-
The assets and liabilities of the subsidiary were:		
Current assets	718,984	2,189,376
Current liabilities	(751,363)	(2,221,755)
Total net assets	(32,379)	(32,379)
Aggregate share capital and reserves	(32,379)	(32,379)

	2025	2024
	£	£
GREENWICH & BEXLEY COMMUNITY HOSPICE LOTTERY LIMITED		
Turnover	424,488	417,751
Cost of sales	(75,782)	(75,528)
Gross profit	348,706	342,223
Administrative expenses	(151,844)	(1,660,695)
Operating Profit/(Loss)	196,862	179,698
Distribution to parent charity	(196,862)	(179,698)
Net income for the year	-	-
The assets and liabilities of the subsidiary were:		
Current assets	351,990	315,435
Current liabilities	(351,988)	(315,433)
Total net assets	2	2
Aggregate share capital and reserves	2	2

11 DEBTORS

	Group		Charity	
	2025	2024	2025	2024
	£	£	£	£
Trade debtors	163,934	36,765	163,934	36,765
Prepayments	335,186	382,744	153,584	153,081
Legacies due	2,456,126	1,018,185	2,456,126	1,018,185
Other accrued income	68,303	45,358	31,763	45,358
Other debtors	167,917	235,647	81,367	101,515
Amounts due from subsidiaries	-	-	1,321,933	2,378,469
	3,191,466	1,718,699	4,208,707	3,733,373

12 CREDITORS

Amounts falling due within one year

	Group		Charity	
	2025	2024	2025	2024
	£	£	£	£
Trade creditors	547,707	324,802	512,604	288,245
Other taxation and social security	301,239	167,883	301,124	167,883
Accruals	317,748	1,153,464	239,633	1,056,540
Other creditors	1,037,228	903,772	1,010,963	879,391
Deferred income (note 13)	632,238	-	632,238	-
	2,836,161	2,549,921	2,696,562	2,392,059

13 ANALYSIS OF DEFERRED INCOME

	Group		Charity	
	2025	2024	2025	2024
	£	£	£	£
Deferred income at 1 April	-	6,282	-	(18,163)
Applied during the year	632,238	-	632,238	-
Released during the year	-	(6,282)	-	(18,163)
	632,238	-	632,238	-

14 STATEMENT OF FUNDS - 2025

	Restated At 01/04/24	Income	Expendi- ture	Gains/ (Losses)	Transfers	At 31/03/ 2025
	£	£	£	£	£	£
UNRESTRICTED FUNDS						
General fund	4,323,264	13,231,324	(13,037,422)	(20,619)	382,771	4,879,318
Designated:						
Fixed assets fund	364,304	-	-	-	-	364,304
Recovery & transformation fund	538,137	-	(173,960)	-	(164,177)	200,000
Building development fund	500,000	-	-	-	-	500,000
One bexley adult social care fund	155,000	-	-	-	-	155,000
RESTRICTED FUNDS						
Donations	232,635	110,399	-	-	(222,622)	120,412
Property fund	5,797,436	-	(111,608)	-	4,028	5,689,856
GROUP TOTAL	11,910,776	13,341,723	(13,322,990)	(20,619)	-	11,908,890

14 STATEMENT OF FUNDS - 2024

	At 01/04/23	Income	Expendi- ture	Gains/ (Losses)	Transfers	Restated At 31/03/24
	£	£	£	£	£	£
UNRESTRICTED FUNDS						
General fund	4,902,743	10,992,084	(11,516,997)	76,084	(130,650)	4,323,264
Designated:						
Fixed assets fund	233,654	-	(461,863)	-	130,650	364,304
Recovery & transformation fund	1,000,000	-	-	-	-	538,137
Building development fund	500,000	-	-	-	-	500,000
One bexley adult social care fund	155,000	-	-	-	-	155,000
RESTRICTED FUNDS						
Donations	304,381	1,099,501	-	-	-	232,635
Property fund	5,797,436	-	(1,171,247)	-	-	5,797,436
GROUP TOTAL	12,893,214	12,091,585	(13,150,107)	76,084	-	11,910,776

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 with our seven voluntary sector partners.

The ASC contract comes to an end in October 2029, and if we do not secure the next contract, there are likely to be significant contract closure costs.

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

This is made up as follows:

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

Donations

Restricted donations are funds given to the charity for a specific purpose as designated by the donor.

The funds are held in restricted funds and can only be applied in line with the purposes specified by the donor. Any unspent balances at the year-end are carried forward within restricted funds to be used for those specified purposes in future periods.

15 ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS - 2025

	General Funds	Designated Funds	Restricted Funds	Subsidiary Funds	Total
	£	£	£	£	£
Fixed assets	370,304	364,304	5,689,856	-	6,424,464
Investments	1,096,485	-	-	-	1,096,485
Current assets	5,182,049	855,000	120,412	1,066,641	7,224,102
Current liabilities	(1,769,520)	-	-	(1,066,641)	(2,836,161)
	4,879,318	1,219,304	5,810,268	-	11,908,890

ANALYSIS OF GROUP NET ASSETS BETWEEN FUNDS - 2024 RESTATED

	General Funds	Designated Funds	Restricted Funds	Subsidiary Funds	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)
	4,323,264	1,557,441	6,030,071	-	11,910,776

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 £488,008 (2024: £421,986) and as at the balance sheet date the company held total contributions of £50,753 (2024: £64,936) 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 2025, the charity had annual lease commitments totalling:

	2025		2024	
	Land & Building	Other	Land & Building	Other
	£	£	£	£
Leases expiring within 1 year	162,938	22,446	173,500	7,175
Leases expiring within 1-5 years	589,420	50,672	180,092	4,043
	752,358	73,118	353,592	11,218

18 CAPITAL COMMITMENTS

There were no capital commitments in the year ended 2025 (2024: Nil)

19 RELATED PARTY TRANSACTIONS

In 2025 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 £459,447.

There are no other outstanding balances with related parties as at 31 March 2025 (2024: £nil). The total amount of donations received from the trustees in the year was £1,324 (2024: £ 2,573).

There were no other related party transactions in the period under review.

20 COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (2024)

	Unrestricted Funds		Restricted	Total
	General	Designated	Funds	2024
	£	£	£	£
INCOME				
Donations and Legacies:				
Voluntary Income	1,238,104	-	168,328	1,406,432-
General donations	813,352	-	-	813,352
Charity shop donations	791,726	-	-	791,726
Legacies	-	-	-	-
Charitable activities:				
Operating a Hospice	5,787,571	-	931,173	6,718,744
Other trading activities:				
Charity shop income	1,712,857	-	-	1,712,857
Lottery income	418,256	-	-	418,256
Other sales income	59,114	-	-	59,114
Rental income	10,704	-	-	10,704
Investments	20,895	-	-	20,895
Other	139,505	-	-	139,505
TOTAL INCOME	10,992,084	-	1,099,501	12,091,585
EXPENDITURE				
Raising Funds:				
Fundraising and marketing costs	1,106,792	-	-	1,106,792
Charity shop expenditure	1,739,918	-	-	1,739,918
Lottery expenditure	238,053	-	-	238,053
Charitable activities:				
Operating a Hospice	-	-	-	-
Clinical expenses	8,432,234	461,863	1,171,247	10,065,344
TOTAL EXPENDITURE	11,516,997	461,863	1,171,247	13,150,107
Net gains/(losses) on investments	76,084	-	-	76,084
NET INCOME / (EXPENDITURE) FOR THE YEAR	(448,829)	(461,863)	(71,746)	(982,438)
Gross transfers between funds	(130,650)	130,650	-	-
Net movements in funds	(579,479)	(331,213)	(71,746)	(982,438)
Total funds at 1 April 2023	4,902,743	1,888,654	6,101,817	12,893,214
TOTAL FUNDS AT 31 MARCH 2024	4,323,265	1,557,441	6,030,071	11,910,776

21 PRIOR YEAR RESTATEMENT

In the financial statements for the year ended 31 March 2024, elements of cash and cash equivalents were incorrectly recognised as cash. The maturity dates of deposits and other similar accounts exceeded 3 months and did not meet the classification criteria of cash and cash equivalent and should have been classified as current asset investments.

There is no impact on net assets or fund reserves held.

The comparative figure has been adjusted to reflect the correction of £1,319,358 (Group: £3,459,517).

	Group		Charity	
	As previously reported	As restated as 31 March 2025	As previously reported	As restated as 31 March 2025
	£	£	£	£
CURRENT ASSETS		-		
Current investments	-	2,000,000	-	2,000,000
Cash at bank and in hand	5,459,517	3,459,517	3,319,358	1,319,358
	5,459,517	5,459,517	3,319,358	3,319,358

**COMMUNITY
HOSPICE**

For the people of
Greenwich & Bexley