

St Raphael's Hospice

Meeting of the Board of Trustees

To be held by Zoom at 13:30 on 24th November 2021

TO BE PRESENT:

Trustees:

Norman McWhinney (NM) (*Chair*) **Alan Cogbill (AC)** (*Vice-Chair*) **Paul Holmes (PH)**
Sister Veronica Hagen (Sr VH) **Roderick O'Connor (RO'C)** **Sister Kathleen O'Reilly (Sr KO'R)**
Marian Norman (MN) **Joe Ryan (JR)**
Bernard Marley (BM) **Dr Joy Tweed (JT)**

In attendance:

Gail Linehan (GL) (*Joint CEO*) **Nick Stevens (NS)** (*Joint CEO*) **Carrie Chill (CC)** (*Board Advisor*)
Ed Cook (EC) (*Advisor to DoC & Finance Committee member*) **Michelle Rahmin (MR)** (*Director of Transformation & Deputy Executive Locality Director, SWL CGG – item 6*) **Rebecca Trower (RT)** (*Clinical Director*)
Sara Jane Woods (SJW) (*Director of Income Generation*) **Anna Machin (PM)** (*Clerk*)

1 - Purpose: Discussion/ Approval/ Policy/ Information

Item	Description	Purpose ¹	Lead	Timing
1.	Welcome and apologies for absence	-	Chair	1.30-1.35
2.	Declarations of interest	-	Chair	
3.	Minutes of Board meeting held on 22 nd September 2021 & Actions List	Approval	Chair	1.35-1.45
4.	Joint CEO Report inc. update on Agenda for Change	Discussion	GL, NS	1.45-2.15
5.	Committee Chair updates & meeting minutes: <ul style="list-style-type: none"> 29th October Clinical Quality & Governance Committee 17th November Fundraising & Communications Committee 23rd November HR Committee 10th November Finance & Resources Committee 	Discussion	Committee Chairs	2.15-2.30
6.	The healthcare landscape for Hospices <i>Presentation from Michelle Rahmin, Director of Transformation & Deputy Executive Locality Director, South West London Clinical Commissioning Group</i>			2.30-3.00
--	<i>Break</i>	-	-	3.00-3.15
7.	Fundraising Report & update on Appeal	Discussion	SJW	3.15-3.45
8.	Finances <ul style="list-style-type: none"> Review of financial position and forward-look projections vs five-year plans Update on investment strategy and Policy 	Discussion	NS	3.45-4.20

9.	Governance update – <ul style="list-style-type: none"> • Final 2022 meeting dates • Hospice Policy Framework • Corporate governance report • Discussion on Annual Board self-evaluation framework and Charity Governance Code • Trustee training • Board recruitment & composition 	Discussion	Clerk	4.20-4.40
11.	Any Other Business & Date of Next Meeting	-	Chair	4.40-4.45
12.	T-Time (trustee only session)	Discussion	Chair	4.45-5.00

Dates of upcoming meetings in 2022:

- Wednesday 26th January, 1-5pm
- Wednesday 9th February, (strategy meeting including lunch and Hospice visit – time may be changed from 10am-3pm)
- Wednesday 4th May, 1-5pm
- Wednesday 20th July, 1-5pm
- Wednesday 26th October, 1-5pm

ACTION LIST

SAINT RAPHAEL'S HOSPICE TRUSTEE BOARD ACTION LIST FOR NOVEMBER 2021 MEETING

Reference	Lead	Description	Target Date for Completion	Comments
02.06.21/04	NM	Write letters of thanks to Dr Andrew Hoy and Annaliese Mathews on behalf of the Board		Complete
21.07.21/02	AM	Make changes to Trustee role description based on feedback		Complete
21.07.21/03	AM	Upload list of Mandatory Trustee training and link to system to board portal		Complete
21.07.21/02	GL, NS	Add risk of delay to IPU refresh, and Covid-19 app leading to staff self-isolation, to Hospice Risk Register		Complete
22.09.21/08	JR, PH, RO'C, AC, JT, CC, AM	Committee Chairs to liaise with Anna Machin regarding preferred meeting dates	October 2021	Complete
22.09.21/04	NM, AM	Approach Hospice contact regarding potential referrals for Board members	November 2021	Complete
22.09.21/05	JT, AC	Hold interview with candidate for Clinical Quality & Governance Committee	November 2021	Complete
02.06.21/03	GL, RT	Include figures on the number of referrals and beds in Clinical Quality & Governance Committee report	Planned for November 2021	Complete
169/07	GL	Incorporate customer care/conflict/complaints management training into mandatory training		WIP Content of Mandatory Training under review.
180/03	GL	HLRO report to be signed off by NM		
23.09/11	NM, AC, NS, GL	Bring together schedule of Provider visits	Spring 2021	On hold for now due to Covid-19 restrictions
25.11.20/04	GL, RT	Organise Safeguarding training for Trustees		On hold for now due to Covid-19 restrictions

ACTION LIST

Reference	Lead	Description	Target Date for Completion	Comments
20.01.21/05	GL, RT	Add 'closing the loop' as mitigating action for clinical incidents on Clinical Risk Register		
21.07.21/01	SJW, GL, NS	Discuss potential link to St Anthony's Hospital in relation to garden project inc. Hospital using garden space, promoting appeal to clients and security arrangements for garden at night		On hold – approach to Appeal being considered
20.01.21/03	SJW	Develop paper for FR& Comms Committee and Board giving further detail on plans for Retail	Planned for November 2021	Due for January 2022 meeting
24.03.21/01	GL, NS	Take forward discussions with Diverse Matters re timing and cost of Equality Audit, including reviewing an existing example of Audit Report	November 2021 meeting	Baseline data report being brought together
22.07/01; 23.09/01	NM, AM	Bring Charity Governance Code for review at future Board meeting	November 2021	On meeting agenda – Governance Report
22.09.21/01	NS	Follow up report on implications of Agenda for Change pay structure on forward-look projections	November 2021 meeting	On meeting agenda – Finance Report
22.09.21/02	JR, NS	Share update from Finance Committee on investment strategy	November 2021 meeting	On meeting agenda – Finance Report
22.09.21/03	GL, RT	Adjust risk register for residual risk on staff recruitment	November 2021	In progress
22.09.21/06	NM, AM	Discuss appropriate number of Trustees on Board	November 2021 meeting	On meeting agenda – Governance Report
22.09.21/07	NM, AM	Discuss training for Trustees	November 2021 meeting	On meeting agenda – Governance Report

Governance Report to St Raphael's Hospice Board of Trustees

November 2021 Board meeting

1. Executive Summary

- The 2022 Board and Committee dates have been agreed and are provided for future reference (see **Section 2** and **Appendix 1**).
- Recruitment for Board and Committee roles is underway and an update is provided below including appointments for approval by Trustees (see **Section 3**).
- We plan to deliver a Board self-evaluation in spring 2022 based on the Charity Governance Code and will also refresh the skills audit (see **Section 4**).
- A report on Non-Clinical Corporate Governance has been brought together for Trustees' review (see **Section 5** and **Appendix 2**).

2. Final 2022 Board and Committee meeting agenda

The meeting dates for the 2022 meetings have been agreed, with thanks to Board and Committee members for sharing their availability. The Hospice will move to a quarterly meeting cycle with the additional Strategy meeting in February. Video conference will be used as needed, and invites to Hospice events, Provider Visits, and in-person training, will be shared when Covid-19 rates have lowered.

3. Board and Committee appointments and composition

Board and Committee recruitment has been underway since the last Board meeting and Trustees are thanked for their time in holding interviews:

- **HR and Remuneration Committee co-opted appointment** – Paul Holmes and Norman McWhinney held an interview Lorraine Emanuel who is a local resident and former HR professional. The Board is requested to approve the appointment of Lorraine Emanuel for a one-year term from the date of this Board meeting.
- **HR and Remuneration Trustee appointment** – the Board is requested to appoint Norman McWhinney to the HR Committee, as a Trustee representative, in place of Marian Norman who is stepping down from the Board at the end of the calendar year.
- **Clinical Quality & Governance Committee co-opted appointment** – Alan Cogbill and Joy Tweed held an interview with Dr Eva Kalmus who is an experienced local GP at Epsom and St Helier NHS Trust. Eva observed the October Committee meeting. The Board is requested to approve her appointment for a three-year term.
- **Safeguarding Link Trustee role appointment** – in follow up discussion at the September Board meeting, it is proposed that a Safeguarding Link Trustee is appointed at this meeting.
- **Update on Communications & Fundraising Trustee recruitment** – seven applications have been received with a strong field of candidates with expertise in fundraising and marketing. A panel of trustees (Rod O'Connor, Alan Cogbill, Marian Norman and Joy Tweed) will interview the candidates on 19th November and an update will be provided at the Board meeting. A two-stage process may be run including an offer of a visit to the Hospice site.

Pre-appointment checks and induction materials are being shared as Board and Committee members are on-boarded.

The Hospice Articles of Association state that the Board can have up to twelve Trustees, of whom a majority should be Catholic. Once the new Communications & Fundraising Trustee is appointed, there will be a further two posts on the Board available.

4. Board development

We plan to undertake a Board self-evaluation in spring 2022, using the [Charity Governance Code](#) as a framework, which was updated earlier this year. The skills audit for the Board and Committees will also be refreshed. The outcomes of the self-evaluation will be used to inform plans for Board and Committee agendas, training opportunities, and further recruitment.

The details of mandatory training and link to the training portal on the Trustee section of the website. Duty of Candour training is now available and we have confirmed one Trustee must undertake Fire Safety annually. The Education team also offer Safeguarding Level 2 training for Trustees with a clinical background.

- Confidentiality and IG Governance - 2 yearly
- Equality and Diversity - 3 yearly – this includes a section on Unconscious Bias
- Health, Safety and Welfare - 2 yearly
- Infection Control for non-clinical - annually
- Introduction to Safeguarding – annually
- Duty of Candour – available on LearningZone
- [One trustee] Fire Safety – annually

5. Non-Clinical Corporate Governance Report

Alex Rudkin and John Groom have brought together a summary report on Non-Clinical Corporate Governance at the Hospice, which will be provided to the Board on an annual basis going forwards (see **Appendix 2**). This is shared for high-level review by Trustees and a detailed review of the paper will be undertaken by the Finance Committee at the January 2022 meeting.

Appendix 1: Final 2022 Board and Committee agenda plan



2022 Board and Committee Agenda Planner

St Raphael's Hospice

This agenda planner sets out meeting dates for 2022 for the St Raphael's Hospice Trustee Board and Committees, with the meeting cycle on a quarterly basis with an annual Strategy meeting also held during the year. Each meeting will start with: Apologies; Approve minutes of previous meeting; Actions List & Matters arising; Declarations of interest. Each meeting will end with: Any other business; Date of next meeting. Additional agenda items arising from Board and Committee meetings will be added throughout the year.

Meeting	Date and time	Key agenda items
HR Committee	Tuesday 11 th January, 10am-12pm	Standing items: Volunteer Services; HR Report; Management Plan; Equality & Diversity; Speaking Up High-level staffing structure 2022/23 Departmental Risk Register
Clinical Quality & Governance Committee	Friday 14 th January, 10am-12pm <u>Virtual meeting</u>	Standing items: Recruitment/ Staffing update; Clinical Risk Register; Evidence of Excellent Practice Register; Clinical Quality & Governance Report: Clinical Action Plan; Minutes of internal meetings Departmental Risk Register
Communications & Fundraising Committee	Tuesday 18 th January, 11am-1pm	Standing items: Income Figures; Update on Donations; Lottery; Garden Appeal; Retail; Supporter Care; Communications; HR and Staffing 2022/23 Fundraising Strategy – high-level priorities Departmental Risk Register
Finance Committee	Tuesday 18 th January, 2-4pm	Standing items: Finance Report; Management Accounts & Balance Sheet; Investments; IT & Resources Departmental Risk Register
Trustee Board	Wednesday 26 th January, 1-5pm	Standing items: Joint CEO Report; Fundraising Report; Committee Chair updates; Equality and Diversity; Governance update 2022/23 Management Plan and Budget – high-level priorities 2021/22 board self-evaluation: framework

Meeting	Date and time	Key agenda items
Trustee Board Strategy meeting	Wednesday 9 th February, 10am-3pm (including lunch and Hospice visit) <i>Please note – the timing of this meeting may change</i>	Review of progress towards EVE strategy & Hospice communications Review of financial position vs five-year targets Review and approval of 2022/23 Management Plan and Budget 2021/22 Board self-evaluation: outcomes
Clinical Quality & Governance Committee	Friday 1 st April, 10am-12pm <u>In person meeting</u>	Standing items: (see above) Annual review of Committee Terms of Reference
HR Committee	Tuesday 5 th April 10am-12pm	Standing items: (see above) Annual review of Committee Terms of Reference
<i>Easter weekend</i>		
Communications & Fundraising Committee	Tuesday 26 th April, 11am-1pm <i>Note: Held towards end of Committee cycle in order for Committee to review latest information on 2020/21 year-end position at meeting</i>	Standing items: (see above) 2022/23 Fundraising Strategy Annual review of Committee Terms of Reference
Finance Committee	Tuesday 26 th April, 2-4pm <i>Note: Timing to coincide with C&F Committee for reason above</i>	Standing items: (see above) Annual review of Committee Terms of Reference Annual review of Financial Delegated Authorities
Trustee Board	Wednesday 4 th May, 1-5pm	Standing items: (see above) Update on latest estimated 2021/22 year-end financial position Annual approval of Scheme of Delegation and Committee Terms of Reference
Clinical Quality & Governance Committee	Friday 1 st July, 10am-12pm <i>Please note – the date of this meeting may change</i> <u>Virtual meeting</u>	Standing items: (see above) Clinical Risk Register
HR Committee	Tuesday 5 th July, 10am-12pm	Standing items: (see above) Departmental Risk Register
Fundraising & Communications Committee	Tuesday 12 th July, 11am-1pm	Standing items: (see above) Departmental Risk Register
Finance Committee	Tuesday 12 th July, 2-4pm	Standing items: (see above) Annual review of pensions Annual corporate governance update (data protection, insurance & compliance activities, policies framework, Health & Safety) Departmental Risk Register

Meeting	Date and time	Key agenda items
Board meeting	Wednesday 20 th July, 1-5pm	Standing items: (see above) Hospice Policy Framework – for approval Hospice Risk Register & summary of Departmental Risk Registers
Summer break		
Clinical Quality & Governance Committee	Friday 7 th October, 10am-12pm <u>In person meeting</u>	Standing items: (see above) Annual review of Hospice’s position in local healthcare ecosystem Safeguarding Adults Policy – for recommendation to Board
HR Committee	Tuesday 11 th October, 10am-12pm	Standing items: (see above) Annual leave allowance 2023/24
Fundraising & Communications Committee	Tuesday 18 th October, 11am-1pm	Standing items: (see above) Mid-year update on progress vs Fundraising Strategy Fundraising applications pipeline report
Finance Committee	Tuesday 18 th October, 2-4pm	Standing items: (see above) 2021/22 external auditors’ report 2021/22 St Raphael’s Annual Report & Accounts – for recommendation to Board
Trustee Board	Wednesday 26 th October, 1-5pm	Standing items: (see above) 2021/22 external auditors’ report 2021/22 St Raphael’s Annual Report & Accounts – for approval Safeguarding Adults Policy – for approval
Remuneration Committee	Wednesday 7 th December, 10am-12pm	Standing items: Hospice annual pay award; SMT remuneration

For Anna Machin
Corporate Governance Report – Additional Information

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Information Governance

- Submission of our compliance against the NHS Digital 'Data Security and Protection Toolkit' was completed and published in March 2021.

Information Security

Currently we have the following software and processes in place to protect St Raphael's Hospice –

- Web filter software (OpenDNS & Web Titan), restricting many categories including file sharing sites.
- Spam filtering software (Spam Titan), filtering out and rejecting thousands of spam and virus emails.
- Virus and malware protection software (McAfee) this also includes McAfee EPO management server so we can weekly check that all servers and desktops computers are regularly updating the virus definition files.
- Every quarter we complete all software updates on 34 servers.
- Yearly we upgrade firmware updates on all hardware, this includes but not limited to Switches, WAP's, SAN's, NAS devices, Routers, and ASA firewalls.
- We disable user accounts as soon as we are notified by Payroll and we quarterly run reports on last logons to check and disable accounts if they not been used in a while.
- We also regularly check permission on all software and files and only grant access for all users once the line manager puts in writing request for access.
- We backup all systems and servers daily, weekly and monthly and have a retention period of 3 months. We also securely take a copy of the daily backups and save them off line in case of a ransomware attack.
- We created a section on cybersecurity training and quiz that all users have to complete yearly as part of the mandatory training.
- We have secure remote access with two factor authentication which users use with either a software token code or a secure pattern.
- Device lock software to stop users from removing data from site without approved encrypted USB devices.
- Group policy are applied to limit and prevent users to only access what they need for there role.

Our recent upgrade has meant we now operate a hybrid system, this means we have both on premise and cloud solutions, due to this change we will soon be increasing our protection by applying the following –

- Changing our password complexities so that all users will need to quarterly change their passwords to be at least 10 characters with upper case, lowercase, capitol and special character.
 - Two factor authentication apps will be setup for both St Raphael's O365 email accounts for all users as well as all St Raphael's NHS email accounts.
- We will be rolling out a fully managed service called Security Awareness Training and Testing (SATT), which will test users by sending monthly spam emails to train them on cyber security threats.

Policy Management

- A quantitative summary shows distribution and progress for organisational policy review against v1.57 of the Policy Manual Index.

Review Leads	No of Policy Manual Documents	Out of Date (OOD)	%OOD
A Akhtar	1	0	0%
A Rudkin	27	2	7%
C Foster	1	0	0%
E Lunn / R Wallis	3	0	0%
G Linehan	2	0	0%
G Linehan / N Stevens	12	2	17%
G Tamura-Rose	1	0	0%
G Toubal	2	0	0%
H Agboola	2	2	0%
J Ford	2	0	0%
J Groom	9	0	0%
J Strawson	4	0	0%
J Strawson / G Tamura-Rose	3	0	0%
K Channer	24	1	4%
K Hobson	1	0	0%
L Briant	1	0	0%
M Flint	6	2	33%
M Kirkwood	1	0	0%
N Collins	1	0	0%
N Stevens	5	0	0%
P James	1	1	100%
R Trower	19	1	5%
S Cresswell	8	0	0%
S Molyneux	1	0	0%
S-J Woods	2	2	100%
T Christmas	6	2	33%
T Young	6	1	17%
T Young / M Flint	4	3	75%
TOTALS	155	19	12%
		12%	

	Oct -21				
Up to date Policy Publication Compliance	88%				

- There have been 80 policies / standard operating procedures published/ revised between 11/02/2021 and 19/10/2021.

Health & Safety

- The Hospice had its Fire Risk Assessments and a Health & Safety Audit completed across all of its retail premises, Capitol House and main site buildings in July 2021. The assessments were undertaken by Hettle Andrews our risk management consultancy. We are working through the reports' actions that number 113 (c.f. 196 in 2018's Audit) and are prioritised as:-

Priority 1 – Immediate Action – 6.

3 are complete. Asbestos management plan in place from 2018. Requires review and that will complete 2 of the remaining actions. Remedial actions further to the fixed electrical inspections will complete the final action. Engineer engaged – November 2021.

Priority 2 – Urgent - 39

Priority 3 – Medium - 57

Priority 4 – Recommended - 11

The main site Health & Safety Audit showed a reduction in required Priority 1 and 2 actions from 30 in 2018 to 12 in 2021 “which demonstrates a significant amount of progress being made...”.

The Health & Safety Audit for Retail concluded that “Definite progress has been made over this time (2018-2021), however it is also clear that the past 18+ months, and COVID-19, has clearly resulted in a loss of impetus whilst the focus has been on other areas. Staffing changes amongst both the shops and at the warehouse, as well as long periods of closure during the pandemic, also means that a significant number of actions have been carried over. This seems to be a good time to start over, renew the action plan, and provide some focus on the task ahead.”

We remain objective in our pursuit to complete the actions set out in 2021's reports and both Steve Cresswell and myself are liaising with Retail to effect solutions. A progress update will be a routine agenda item at our minuted Health & Safety Committee.

Non - clinical Risk Management

Distribution of Accidents(Injurious) and Incidents (Non-injurious)

Month	Staff		Visitors		Vols		Contractor		Not App		2021 Total	2020 Total	2019 Total	2018 Total
	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc				
Jan 21	1										1	1	4	2(2)
Feb 21	2										2	6(2)	0	2(1)
Mar 21					1						1	2	2(2)	2
Apr 21	1			1				1		1	4	0	4(3)	1
May 21	1					1					2	3	5(1)	4(3)
Jun 21											0	3	(2)	4(2)
Jul 21	2	1									3	1	(1)	2(2)
Aug 21		1									1	1	5(2)	4(2)
Sep 21	1	2									3	1	1	1
Oct 21												2	(2)	1
Nov 21												1	3(1)	1
Dec 21												0	6(4)	3(2)
2021	8	4		1	1	1		1		1	17			
2020	6(1)	4		2(1)		2				8		21(2)		
2019	13(7)	6(5)		3(1)	2(1)	3				4		35(18)		
2018	8(6)	4(3)	2(1)	3(1)	3(1)	3(2)	1	0	0	3				27(14)
2017	3	4	1	4(1)	4(1)	1	1			5				
2016	8	5	2	1	1					5				

Notes : From January - September 2021, there have been no non-clinical incident/ accidents that have required external report.

Breakdown of Accidents (injurious) & Incident (non-injurious)

Accidents	Staff	Visitor	Vol	Contractor	Not App	2021	2020	2019	2018
Manual Handling								3(3)	0
Impact/Bump	1					1	3(1)	9(3)	5(2)
Burn/Scald							1		1
Allergic Reaction	3					3			
Other	1		1			2			1
Sharps									3(3)
Slip/Trip/Fall	3					3	2	(3)	4(3)
2021 Total	8		1			9			
2020 Total	6(1)						6(1)		
2019 Total	12(7)	0	3(2)	0	0			15(9)	
2018 Total	8(5)	2(1)	3(2)	1	0				14(8)
2017 Total	3	1	4(1)	1	0				
2016 Total	9	2	1	0	0				

[Figures in brackets show the Fundraising/Retail reported incidents]

Incidents (non-injurious)	Staff	Visitors	Volunteers	Contractor	N/A	2021	2020	2019	2018
Lost Property							1	(1)	1
Driving	2					2		1	1
Electric shock								(1)	
Environment Damage								(2)	
Equipment							3		
Fire Alarm								1	2
Fire									
Health Problem							3		1(1)
Information Incident				1	1	2	2	(2)	1
Other							2	2(1)	
Power Cut							1		
Security Incident	1	1				2	2	6	2
Slip/Trip/Fall/Faint	1					1	(1)	(1)	3(2)
Impact/Bump			1			1		2(1)	2(1)
Violence Verbal								1	
2021 Total	4	1	1	1	1	8			
2020 Total	4	3(1)	3		6		15(1)		
2019 Total	8(6)	2	3(1)		7(2)			20(9)	
2018 Total	4(1)	3(1)	3(2)		3				13(4)
2017 Total	4	4(1)	1		5				
2016 Total	2	1	0		5				

[Figures in brackets show the Fundraising/Retail reported incidents]

2021 Breakdown of Incidents by month

Type	Lost Property	Power cut	Fall/Faint	Taken Poorly Verbal/Physical Man Hand	Enviro Damage Impact	Burn Scald	Info Inc	Fire Alarm	Security	Driving	Other	Equipment	Sharps	2021	2020	2019	2018
Jan														0	1	4	2(2)
Feb														0	4(2)	0	2(1)
Mar														0	2	2(2)	2
April							2		1					3	0	4(3)	1
May					1									1	3	5(1)	4(3)
June														0	2	2(2)	4(2)
July									1					1	0	1(1)	2(2)
Aug			1											1	0	5(2)	4(2)
Sept										2				2	1	1	1
Oct															1	2(2)	1
Nov															1	3(1)	1
Dec															0	6(4)	3(2)
2021			1		1		2		2	2				8			
2020	1	1	(1)	3			2		2		2	3			15(1)		
2019	(1)		(4)	1	(3)	(2)	11(4)	(2)	1	6	1	3(2)				35(1)	
2018	(1)		7(4)	(1)			7(4)	1	(1)	2	2	1	1				27(1)

[Figures in brackets show the Fundraising/Retail reported incidents]

Complaints

All clinical complaints are reviewed at the CQ&G Sub-committee.

The number of complaints logged in January – September 2021 is 11, of which there were none that did not have a clinical underpinning.

2021 - Complaints	CPCT / H@H Care	CPCT / H@H Comms	IPU Care	IPU Comms	IPU Care & Comms	Bereaveme nt Comms	Volunteer Services Comms	Fundraising /Shop Comms	HR	Total	Merton	Sutton	Other	UPHELD
January	0	1	0	0	0	0	0	0	0	1	0	1	0	1
February	0	0	0	0	1	0	0	0	0	1	1	0	0	1
March	1	0	1	0	0	0	0	0	0	2	0	2	0	2
April	0	1	0	0	0	0	0	0	0	1	1	0	0	1
May	1	0	0	0	0	0	0	0	0	1	0	1	0	1
June	0	1	0	0	0	0	0	0	0	1	0	1	0	1
July	0	1	0	0	0	0	0	0	0	1	1	0	0	1
August	0	0	0	0	0	0	1	0	0	1	0	0	1	0
September	1	1	0	0	0	0	0	0	0	2	1	1	0	2
October	0	0	0	1	0	0	0	0	0	1	1	0	0	1
November										0				
December										0				
2021	3	5	1	1	1	0	1	0	0	12	5	6	1	11
2020	4	1	2	3	1	1		1	2	15	6	6	0	14
2019	0	0	3	3	0	1		2	2	14				9
2018	2	5	10	4	1	0		1	0	27				19

The authors of this paper are Mr A Rudkin, Head of Quality & Improvement/ISO and Mr J Groom, Head of IT and Information

St Raphael's Hospice
Minutes of a Meeting of the Finance & Resources Committee
Held by video call
At 14:00 on Wednesday 10th November 2021

Members: Joe Ryan (JR - Chair)
 Alan Cogbill (AC)
 Ed Cook (EC)
 Paul Holmes (PH)
 Sr Kathleen O'Reilly (KO'R)

In attendance: Gail Linehan (Joint CEO – GL)
 Nick Stevens (Joint CEO – NS)
 John Groom (IT & Facilities Manager – JG)
 Neena Vadgama (Finance Manager – NV)
 Anna Machin (Clerk – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
4.1. Management accounts	Share breakdown of IPU refresh costs	John Groom	January 2022 meeting	21/11/10-01
	Consider adding cost to budget for future Donation Centre space	Nick Stevens	January 2022 meeting	21/11/10-02
	Give update on frequency of Gift Aid submissions	Neena Vadgama	January 2022 meeting	21/11/10-03
5. Investments	Provide update on Sarasin Ethical Investment Policy	Nick Stevens	January 2022 meeting	21/11/10-04
	Send Investment Policy to Board	Joe Ryan, Anna Machin	November 2021 Board	21/11/10-05
6. External audit retender	Deliver audit tender meetings	Nick Stevens, Joe Ryan, Ed Cook	By January 2022 meeting	21/11/10-06
7. Finance Risk Register	Make addition to risk register	Nick Stevens	By January 2022 meeting	21/11/10-07
8. Health & Safety update	Invite Alex Rudkin to present	Anna Machin	January 2022 meeting	21/11/10-08

The meeting commenced at 2pm

1. Welcome, apologies for absence and declarations of interest

Committee members were welcomed to the meeting. Apologies were received and accepted from Paul Holmes.

The Committee were asked to note that the brother of Norman McWhinney's (Board Chair) daughter-in-law is a Partner in the Private Investment team at Sarasin & Partners. They have never met in person and this was not known at the point of choosing Sarasin as investment advisor for the Hospice and did not inform the choice made by the charity. The register of interests would be updated.

2. Review of minutes from 7th September 2021 Committee meeting

The minutes of the previous meeting were reviewed and approved as an accurate record of proceedings.

3. Actions List and update on matters arising

The Committee reviewed the actions arising from the previous meeting:

- Share accounts, letter of representation and management letter with Board for approval; report to Board on financial risks, mitigations and impact on long-term financial projections; share letter of recommendation to appoint Sarasin as investment advisor with Board Chair and Board – these actions were all completed at the September Board meeting.
- Investment Policy and discussion on external audit retender – these actions were on the agenda for consideration at the present meeting.

4. 2021/22 Year to Date Finance Report

- ### **4.1. Management accounts to 30th September (with verbal update on October) – Nick Stevens**
- updated that the year-to-date position shows a shortfall of around £250k, including £500k of DoC funds. This position is £300k better than budget as legacies are sitting at £126k above plan, and costs are lower than budget due to staff vacancies. The Committee were asked to note that the level of the notional 'gift in kind' and rental spend, have both been increased with no net impact. 'Other income' is received from St Bede's rental, Orangery income, small shop grants, and investment income in future. The breakdown of IPU refresh costs would be shared at the next meeting.

In terms of fundraising, Challenge and Community income are below target due to Covid-19 restrictions and this is unlikely to recover for the rest of the financial year. The forecast has therefore been revised down by £300k. The fundraising team are working hard to put in place adapted plans and maintaining continued morale in the face of challenging circumstances. The implementation of the Agenda for Change is underway, with communications to staff ongoing, and the additional c.£250k costs per annum have been integrated into projections. Planned expenditure in other areas has been reduced in order to mitigate the budgetary impact.

A provision for overall salary increases of 4%, rather than 2%, has been estimated for 2022/23 due to pressures on pay which would add a further £100k of cost each year. This will be put forward to the Remuneration Committee in December for consideration. The Hospice may also wish to consider moving towards the London Living Wage gradually over a period of several years.

The Hospice Management Team asked the CCG for £600k towards the impact of Covid for the twelve month period but have been given a one-off contribution of £150k for the first six months of the year and a further £100k is included in the forecast. The wider relationship between the NHS/ CCGs and Hospices has evolved over time and a report by Sue Ryder

showed the extent of expenditure that would be incurred by the NHS if Hospices did not exist and subsidise costs through fundraising activity.

The Committee asked for an update on the underperformance at the Raynes Park and Rose Hill shops noted in the minutes of the previous meeting. Nick Stevens confirmed that a new staff member had been recruited to Raynes Park recently and turnover was improving. It is planned to make a one-year extension on the current lease. The availability of the Rose Hill shop manager and stock had impacted performance at this shop but it is now sitting at 11% above projected turnover. The Stonecot Hill shop is not performing to plan.

Overall however, Retail is performing above plan including in New Malden, Sutton and Wimbledon. A second volunteer recruitment campaign will be launched in January. The Sutton Donation Centre is providing valuable space to receive donations. The Committee noted that this space is given on a pro bono basis and consideration would need to be given to adding a provision in the budget for a comparable space in future. The exact timing of opening new shops has not been set but it is planned that the first would open in 2022.

The Committee asked about the timing of Gift Aid claims. Neena Vadgama confirmed a recent claim has been submitted for £23k, and it is planned to move to quarterly submissions with the Fundraising team. An update will be provided at the next meeting.

4.2. Balance sheet and cash movements – net assets were £5m at the end of September, £1.9m above budget, in part due to legacies and grants received at end of 2020/21 financial year. Several legacies are owed but not yet received in part due to house sales being in progress.

4.3. IT and Facilities – John Groom updated on final snagging activity for the IPU refresh, which will not lead to any additional project costs. A recent hacking attempt through a phishing email was noticed immediately and additional measures have been put in place to strengthen information security including two-factor authentication and staff training.

4.4. Review of financial position vs five-year plans – the combination of the changes to the budget lowers the cash projection as at the end of 2027-28 from £3.5m in the July estimates to £2.5m. The Committee asked for information on the initial plans for the core Fundraising Appeal. Nick Stevens confirmed that a meeting will be held with Hospice colleagues and several Trustees in mid-November to develop ideas further. Inflation has added significantly to Hospice cost base which may be referenced in the Appeal. The CCG will support in promotion of the appeal to networks. Marketing collateral that was planned for the Garden Appeal can be adapted. The five-year projections do not include income from a potential Appeal.

5. Update on appointment of investment manager – Nick Stevens confirmed that final appointment checks are underway and no transfer of funds is anticipated until after the November Board meeting. The Sarasin Ethical Investment Policy has been received and the team have reverted for more information on sanctity of life matters.

The Committee reviewed and recommended the Cash Management, Investment and Reserves policy to the Board for approval, subject to final corrections to the role names. This would be submitted to the November Trustees' meeting alongside the Financial Delegated Authorities.

6. Review of performance of external auditor and discussion on retender next steps – the Committee noted that there is no concern on Buzzacott's performance, but it is good practice to retender every five years. It was agreed that haysmacintyre, Moore Kingston Smith and Buzzacott would be invited to tender. Mazars would also be considered dependent on the responses. Ed Cook would attend the auditors' tender meetings alongside Joe Ryan which would be held remotely by video call.

7. Finance and resources risk register – the Committee reviewed and noted the content of the risk register. The Committee considered the link to the Corporate Risk Register and it was agreed that the risks to longer-term financial plans would also be added to this Finance Risk Register.

8. Health & Safety update (verbal) – this would be deferred to the next meeting with Alex Rudkin attending to present.

9. Any Other Business and Dates of future meetings

The next meeting will be held at 2pm on 18th January 2022. There were no items raised under Any Other Business.

The meeting ended at 3.20pm.

Approved.....

Date.....

ITEM 06

Joint CEO's Report

Overview

1. Alignment with NHS salary framework Agenda for Change introduced across Clinical Services in October.
2. Clinical Staffing on IPU remains challenging.
3. Liaison with the finance and commissioning arms of SWLCCG have been undertaken, future meetings to be scheduled for the New Year.
4. Independent Staff Survey from Birdsong initiated on November 8th. Closes on November 26th.
5. Meetings with local MPs are in progress.
6. Brainstorming session held on November 15th related to future fundraising campaign.
7. Due to change in Registered Manager there is a high likelihood of a CQC inspection in the near term.

Alignment with NHS Salary Framework- Agenda for Change

8. Following Board approval in September 2021 to align with Agenda for Change (AfC) pay scales for clinical staff, a letter was sent on 24th September 2021, sharing this news with them and informing that they would receive further communication in the following 2-3 weeks to specify how this might affect their pay. A second letter which was sent on 12th October, outlining their respective banding, associated pay including Outer London Weighting (OLW) and rates for Out of Hours (OOH) payment.
9. The pay scale that was used to calculate the salary excluded the 3% increase on the basis that this had not yet been an agreed increment within NHS. However, this was not the correct assumption and the error caused upset particularly to the staff members in the community team.
10. Nick Stevens met with Community Palliative Care Team who were very concerned and explained to them how the error around the 3% had occurred, with assurance that it would be addressed appropriately. This was heard with a degree of scepticism.
11. The error in the figures used to calculate the salaries was acknowledged quickly and staff were informed that it would be addressed appropriately. An amended letter was sent to staff on 20th October which included an apology from the CEOs for the error,

followed by an email on 21st October to all involved staff inviting them to a series of 4 staff meetings scheduled across the week, offering the opportunity to ask any questions they may have.

- 12.** Attendance at the staff meetings was variable. The first two being well attended with numbers tailing off for the latter two. A formal apology was offered by the CEOs for any anxiety caused related to the alignment with AfC and questions were invited, which were answered to staff's satisfaction.
- 13.** Some staff have been very vocal in their upset as they perceived their basic pay based on years of experience (Banding) to be a pay cut, even though actual take home pay with OLW payments will increase markedly in most cases.
- 14.** After the effect of the 3% increase there were two staff members whose pay level was already above the AfC rate. There had been five such staff prior to the 3%. In the letters for these five staff it was made clear that they would continue to receive the pre-existing pay until the AfC rates were above that level and then they would be able to adopt the new Banding/Experience pay level. Nonetheless, they would also be paid the higher level hourly rates for unsocial hours (alongside their pre-existing rates for normal hours) if they chose the option.
- 15.** In the letters sent to staff they were asked to sign and return a copy (provided) if they agreed to accept the change. Although not explicit, if staff preferred to remain within their pay structure they could choose to do this.
- 16.** Fifty-six staff would be affected by the change; two stay on the same rate and the other 54 are increased by an average of £4k (including the IPU night staff night rate). In addition there is an increase relating to unsocial hours work undertaken by daytime staff.
- 17.** Staff members on the IPU appear to be content with the new rates of pay and have returned the requested signed copy of the new pay scale to HR to enable processing of the AfC salary scales. To date only 4 clinical staff have not returned the acceptance letter, including both the staff who are not increased.
- 18.** A follow up email was sent to all clinical staff on October 20th clarifying the dates that a signed receipt of their agreement to align with AfC was required to enable back pay to be included in either November or Decembers pay – 6th and 25th of November respectively. If staff did not provide a signed letter of agreement by November 25^h, the next date for accepting alignment with the AfC will be April 1st. This will not accrue back pay.
- 19.** Legal advice was sought for assurance that there was not a breach in staff contracts by not having held a period of consultation. Strictly speaking the pay rise is a change to the contract and therefore a consultation period would have been in order, but the advice was that, as nobody has had a reduction and 54 of 56 have an increase of between £300 and £10,000, no employer would reasonably have expected to need a consultation.

20. In practice, the letters formed an offer with an invitation to accept the offer by signing the letter. There was (albeit, unplanned and as a response to the concerns raised) opportunity for staff to meet and ask questions, and ultimately, they did not need to accept the offer. However, in retrospect, our learning is that holding staff consultative meetings prior to the introduction would have been beneficial and avoided undue anxiety and upset.
21. The HR/Payroll department have undertaken the required increase in work to support the changes which have been processed and will be paid in November. Thanks to all the team. It is hoped that any anxiety or concern will be relieved once our clinical team receive the uplift in salary with backdating of the 3% increase to 1st October.
22. The CEOs met with one member of the CPCT who had raised particular concerns related to experience and salary level. It was acknowledged that AfC was a blunt tool, but going forward would offer all clinical staff transparency related to years of experience and banding. The staff member has since signed the letter of agreement to align with AfC.
23. It is disappointing that the plan to align with AfC, which was something positive for the clinical team had the opposite impact for some staff. We acknowledge that better direct communication with teams prior to introduction would have allowed for initial discussion and clarification, as would the use of recently amended NHS salary scales.
24. On a positive note, some staff from across clinical teams have thanked HR for the changes being made. We hope that once staff receive their first amended pay slip, some of the negative impact on the relationship of trust will be remedied.
25. The impact of the alignment with AfC on future recruitment will be closely monitored.

Staffing and Recruitment

26. We are currently running with a 9% (5 FTE) vacancy rate for clinical staff on the IPU. This continues to pose a risk to service delivery over time. It is hoped that alignment with AfC will have a positive impact on future recruitment of RGNs, Nurse Associates and HCAs. We also have two agency nurses working as required together with some bank nurses. However, there remains a need for some staff to perform overtime.
27. Please see Clinical Directors update in CQ&G report related to IPU and community team staffing.
28. Housekeeping Manager has been appointed – Mrs Paula Di Palmer.
29. Volunteer recruitment remains a significant challenge particularly for Retail. New campaigns are set to launch to offer opportunities to join the volunteer team and support the hospice. The need to attract volunteers is key to the continued success

and viability of the shops to work alongside the paid staff member. The vacancy remains for the Community Volunteer lead.

Covid - Related Matters

- 30.** Active engagement with changes to infection control protocols across the hospice due to the increasing numbers of infections have been undertaken. Maintenance of hand washing on entering the main hospice building continues with reintroduction of wearing fluid resistant masks in the IPU and all communal areas including offices. Teams have been reminded to ensure that social distancing and ventilation of rooms is observed for everyone's safety and wellbeing. Seating has been reduced in the Orangery café.
- 31.** Visitors to the IPU are now required to show evidence of a negative Lateral Flow test either as a picture on their phone or a registered test result. Visiting on the IPU has been altered to allow unrestricted visitors but reduce the numbers in a patient room at any one time to two visitors with the required PPE.
- 32.** Board and committee meetings have reverted to virtual platforms for the foreseeable future to reduce footfall across the site. We will keep all these restrictions under active review.
- 33.** The Hospice maintains weekly PCR and twice weekly LFT testing. Hospice support for registering tests has now stopped with staff independently registering postal tests.
- 34.** Monthly review (more frequently if necessary) and update of the Covid Policy in line with Government guidance is undertaken.

Governance and Finance

- 35.** Mandatory training for all staff for 2021 should be complete by November 26th, facilitating the switch to 2022. This is because of the time of year the new on-line mandatory training was originally commenced and the aim to get to April as the start of each cycle of training.
- 36.** A further grant of £150,00.00 has been given by the CCG towards the Covid impact on the Hospice for the first 6 months of this year. Application for further support will be considered in February 2022.
- 37.** Non- re-current funding of £60,000 has been given by the CCG (Merton and Sutton) to support the cost of two CNSs covering weekends due to the increase in contacts and visiting. The submitted proposal for funding 2 CNS posts will be considered as part of the budget setting process and discussions for 22/23 (for the full year amount).
- 38.** The presentation given on November 9th to the Finance Lead for SWL CCG, Neil McDowell, Deputy Director of Finance Sutton CCG (Geoffrey Price), Quality, Transformation and Commissioning leads from SWL CCG is included in the pack. The meeting facilitated a robust presentation by Nick on the Hospice financial position

outlining the very real and present risks to future sustainability, compounded by 10 years plus no of cost of living increases and the recent alignment of the hospice with NHS AfC salaries. The key message is that the present level of core funding (around 33% of clinical costs) is an historic anomaly which is overdue a review.

39. The Gambling Commission has granted the hospice application for a licence. Notice to the commission must be given when The Congregation of the daughters of the Cross of Liege (The DoC) should be surrendered.
40. There will be further impact on finance with the agreed Govt uplift (6%) in the Living Wage in April 2022. This will primarily affect staff in housekeeping and retail.

Retail and Fundraising

41. Retail continues to perform well against budget and despite staff shortages most shops have remained opened. Volunteer numbers to support retail remain challenging although good strides have been achieved in recent months to increase numbers. A new volunteer campaign will be launched at the end of the year.
42. The Donation Centre in Sutton continues to attract large volumes of donations. It closed for three days in November to allow for sorting and clearing of the stock. The shop within the centre is performing well.
43. Despite the continued challenge to events, challenge events, in memory and supporter group activity the fundraising team remain actively engaged in thinking of innovative ways of engaging with donors to raise funds. Planning for the future post Covid is high on their agenda.
44. Following a recent incident in the Sutton shop, where the Manager was threatened by a homeless man, there has been a review of support for lone workers in retail. All shop managers have been issued with a lone worker device which can be activated to alert a call centre, enabling them to listen in to what is happening and call the police for emergency, rapid response if required. The device will also activate if the wearer falls. Protocols for action subsequent to an event have also been reviewed and will be shared with the team.
45. On Monday 15th November a Brainstorming session was held in St Bede's. The session which was inclusive of staff from across all teams in the hospice and volunteers, including Board representation, sought to gather ideas about the focus of a campaign to raise the £1,000,000 additional clinical costs that have arisen as a result of inflation (£750k) and Agenda for Change alignment (£250k) since the separation from St Anthony's to support the delivery of hospice services. The campaign, which will replace the Garden Appeal, will utilise the building blocks previously developed by the fundraising team. The themes and ideas from the brainstorming session will be collated by the team and shared with participants and the wider hospice team. Fundamental to the campaign is the development of a catchy strapline to engage and encourage the community, corporate donors and Trusts to support.

46. The Communication Team continue to actively engage in highlighting our hospice profile on social media. Engagement with Twitter, Linked- In and Face Book are regular outputs. The CEOs Twitter account has been launched and new inputs added on two days per week.
47. Natalie Theodorou, will join the Communications Team part-time 20hrs per week as content and PR assistant in late November.

External Engagement

48. Dr Gaby Tamura Rose, supported by the Clinical Director, presented at the Hospice UK conference on the role of the Physician Associate in Hospice. Unfortunately, Dr Jenny Strawson was isolating and unable to attend. There has already been an enquiry from Hospice in the Weald exploring the role and seeking further information. Congratulations and well done to the team
49. Invitations have been extended to all four of our Members of Parliament to come to the Hospice, meet with the CEOs, see the IPU refresh, discuss the vital role the hospice plays in supporting palliative and end of life care across Merton and Sutton and the challenges to the hospice with current funding arrangement. To date we have met with Elliot Colburn, MP for Carshalton and Wallington and Paul Scully, MP for Sutton. A meeting is scheduled with Stephen Hammond later in November.

It was discussed that we were keen to raise Hospice funding both as an individual organisation and wider sector level. Paul Scully has undertaken to raise the issue with the Minister responsible for EoLC and would like to facilitate a visit to the hospice. We will continue to liaise with both Elliot and Paul to keep our funding on their agenda.

50. We have also had a meeting with Alpana Malde, CEO of St Luke's Hospice Harrow, who is the London CEO representative on the Advisory Council at Hospice UK. We have asked her to raise with the Advisory Council, who are CEOs representing areas across the country, the anomaly in Hospice funding and garner opinion for their appetite to work collectively together with Hospice UK. We await feedback post the next meeting.
51. For information- Tracey Bleakley, CEO of Hospice UK will be leaving the role at the end of December to become CEO designate of the Integrated Care Board for Norfolk and Waveney's Integrated Care System. Craig Duncan, COO at Hospice UK will be the Interim CEO.

Operations

52. The installation of the ventilation system has been completed and is working satisfactorily.
53. Snagging on the IPU continues, but the overall project is now complete.

- 54.** The IT team remain extremely busy with multiple projects supporting the upgrade of IT infrastructure to enhance functionality for all teams.
- 55.** Two factor authentications to improve IT security have been introduced and staff are being supported by the IT team to adopt this. This action follows a recent phishing incident, where a staff email was hacked and over 100 emails were sent both internally and externally. The IT team noticed the activity and were able to disable the account and reset the users' password. Further actions include:
- Enable more complex password for all staff through group policies
 - Enable force changing passwords every three months
 - Enable two-factor-authentication for NHS email
 - Rollout further testing and training for staff on cyber security and awareness. This has started.

Staff Wellbeing

- 56.** Staff Wellbeing: HR routinely remind staff of the details of the Employee Assistance Programme (EPA). All staff are encouraged to take their annual leave to ensure they have time away from work for rest and relaxation. HR are currently contacting staff who have large amounts of AL outstanding and encouraging them to schedule time off to support their wellbeing.
- 57.** The uptake of the Covid vaccination across staff has been very good. The majority of clinical staff have been vaccinated and for those who have not there are valid reasons. Staff inform HR of their status for accuracy of recording
- 58.** We acknowledge that staff across the organisation continue to be impacted by Covid. Flexible working where it can be facilitated is supported as is remote working to reduce the numbers of staff in offices.
- 59.** We would like to acknowledge and thank all the members of our team across departments for all they continue to do with good heart and enthusiasm to ensure our services are supported and delivered.

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42. The Donation Centre in Sutton continues to attract large volumes of donations. It closed for three days in November to allow for sorting and clearing of the stock. The shop within the centre is performing well.
43. Despite the continued challenge to events, challenge events, in memory and supporter group activity the fundraising team remain actively engaged in thinking of innovative ways of engaging with donors to raise funds. Planning for the future post Covid is high on their agenda.
44. Following a recent incident in the Sutton shop, where the Manager was threatened by a homeless man, there has been a review of support for lone workers in retail. All shop managers have been issued with a lone worker device which can be activated to alert a call centre, enabling them to listen in to what is happening and call the police for emergency, rapid response if required. The device will also activate if the wearer falls. Protocols for action subsequent to an event have also been reviewed and will be shared with the team.
45. On Monday 15th November a Brainstorming session was held in St Bede's. The session which was inclusive of staff from across all teams in the hospice and volunteers, including Board representation, sought to gather ideas about the focus of a campaign to raise the £1,000,000 additional clinical costs that have arisen as a result of inflation (£750k) and Agenda for Change alignment (£250k) since the separation from St Anthony's to support the delivery of hospice services. The campaign, which will replace the Garden Appeal, will utilise the building blocks previously developed by the fundraising team. The themes and ideas from the brainstorming session will be collated by the team and shared with participants and the wider hospice team. Fundamental to the campaign is the development of a catchy strapline to engage and encourage the community, corporate donors and Trusts to support.

46. The Communication Team continue to actively engage in highlighting our hospice profile on social media. Engagement with Twitter, Linked- In and Face Book are regular outputs. The CEOs Twitter account has been launched and new inputs added on two days per week.
47. Natalie Theodorou, will join the Communications Team part-time 20hrs per week as content and PR assistant in late November.

External Engagement

48. Dr Gaby Tamura Rose, supported by the Clinical Director, presented at the Hospice UK conference on the role of the Physician Associate in Hospice. Unfortunately, Dr Jenny Strawson was isolating and unable to attend. There has already been an enquiry from Hospice in the Weald exploring the role and seeking further information. Congratulations and well done to the team
49. Invitations have been extended to all four of our Members of Parliament to come to the Hospice, meet with the CEOs, see the IPU refresh, discuss the vital role the hospice plays in supporting palliative and end of life care across Merton and Sutton and the challenges to the hospice with current funding arrangement. To date we have met with Elliot Colburn, MP for Carshalton and Wallington and Paul Scully, MP for Sutton. A meeting is scheduled with Stephen Hammond later in November.

It was discussed that we were keen to raise Hospice funding both as an individual organisation and wider sector level. Paul Scully has undertaken to raise the issue with the Minister responsible for EoLC and would like to facilitate a visit to the hospice. We will continue to liaise with both Elliot and Paul to keep our funding on their agenda.

50. We have also had a meeting with Alpana Malde, CEO of St Luke's Hospice Harrow, who is the London CEO representative on the Advisory Council at Hospice UK. We have asked her to raise with the Advisory Council, who are CEOs representing areas across the country, the anomaly in Hospice funding and garner opinion for their appetite to work collectively together with Hospice UK. We await feedback post the next meeting.
51. For information- Tracey Bleakley, CEO of Hospice UK will be leaving the role at the end of December to become CEO designate of the Integrated Care Board for Norfolk and Waveney's Integrated Care System. Craig Duncan, COO at Hospice UK will be the Interim CEO.

Operations

52. The installation of the ventilation system has been completed and is working satisfactorily.
53. Snagging on the IPU continues, but the overall project is now complete.

- 54.** The IT team remain extremely busy with multiple projects supporting the upgrade of IT infrastructure to enhance functionality for all teams.
- 55.** Two factor authentications to improve IT security have been introduced and staff are being supported by the IT team to adopt this. This action follows a recent phishing incident, where a staff email was hacked and over 100 emails were sent both internally and externally. The IT team noticed the activity and were able to disable the account and reset the users' password. Further actions include:
- Enable more complex password for all staff through group policies
 - Enable force changing passwords every three months
 - Enable two-factor-authentication for NHS email
 - Rollout further testing and training for staff on cyber security and awareness. This has started.

Staff Wellbeing

- 56.** Staff Wellbeing: HR routinely remind staff of the details of the Employee Assistance Programme (EPA). All staff are encouraged to take their annual leave to ensure they have time away from work for rest and relaxation. HR are currently contacting staff who have large amounts of AL outstanding and encouraging them to schedule time off to support their wellbeing.
- 57.** The uptake of the Covid vaccination across staff has been very good. The majority of clinical staff have been vaccinated and for those who have not there are valid reasons. Staff inform HR of their status for accuracy of recording
- 58.** We acknowledge that staff across the organisation continue to be impacted by Covid. Flexible working where it can be facilitated is supported as is remote working to reduce the numbers of staff in offices.
- 59.** We would like to acknowledge and thank all the members of our team across departments for all they continue to do with good heart and enthusiasm to ensure our services are supported and delivered.

ITEM 05

Communications & Fundraising Report

Aim

To update the Advisory Committee members on the fundraising activity at St Raphael's Hospice.

Recommendations

It is recommended that the Committee note the activity and developments since the last meeting.

Report Overview - Sara Jane Woods

- Retail continues to perform well and is well over budget. The difficulties of not having enough volunteers makes it a struggle to keep some stores in profit. We are launching another Volunteer Recruitment Campaign on 31st December and we plan to have stores return to basic staffing by the beginning of March 22.
- We continue to evaluate the cost benefit of upgrading Raisers Edge to NXT. The team have been doing a lot of research not only working with the supplier but Demelza and Havens Hospices.
- All teams are very busy in the run up to Christmas. This is a peak trading period for retail. Supporter Care have the management and administration of LUAL, Christmas Card and Calendar sales and banking and thanking for Retail and Fundraising.

RETAIL - Linda Ryan

- We undertook interviews for Raynes Park shop and were delighted to appoint Teisha Kennedy as the New Manager. Teisha was previously an Assistant Manager at Banstead and most recently Cheam.
- We also carried out interviews for the Manager and Assistant Manager of Wimbledon Village and were delighted to appoint Bridget Salmassian as Manager (who had previously been Manager in New Malden and latterly the Assistant in Wimbledon), and Steve Mathison, an external candidate, as Assistant Manager.
- We have been organising the distribution of Christmas Cards, Christmas stock and Winter items. Toys and evening wear will be the next to go out and we hope this will boost our figures during our peak trading period.
- Over the last month we have been organising and preparing The Donation Centre (DC) shop to fully utilise the space. This site is the key to the success of a number of other stores including Wimbledon as we are able to sort and store, meaning we maximise the income from every item.

- The DC continues to be exceptionally supported with donations from the public. Sometimes this can be something of a curse and we constantly need to ensure that safe working practises are undertaken.
- Volunteers continue to grow in all areas, at a slow but steady pace. We are working with Lorraine to recruit volunteers and support managers with training to get the best from there team.
- Clearance shops continue to perform well, with Rosehill making a steady improvement.
- We have appointed more bank staff to cover when required. Their training is paramount to us maximising the benefit from them. They need to be able to do all aspects of shop management and cover in the absence on the manager.
- We have had only one day of shop closures in the past two months. Stonecot Hill, due to sickness cover of another shop which generates more revenue.
- Rotas for the retail team are now being prepared a month in advance rather than working from week to week. This enables more continuity for staff and helps prevent the closure of shops and loss of revenue. It also allows for the staff to be able to plan their personal life more easily.
- We have confirmed the Christmas opening schedule for the festive period and the team have been informed.
- Year to date figures budget: £488,283 actual: £521,618, Variant: £33,335 up 6.8%

DONOR DEVELOPMENT - Emily Nicholls

The Donor Development team are juggling a number of projects at the moment both for Christmas and into the New Year. They are working hard to continue raising as much as possible despite COVID still impacting our activities. Slowly some areas are picking up like Challenge Events and Fundraising Groups but are still not where we would like them to be. So at the moment much time is spent creating the building blocks needed to hit the ground running next year. For example, we are writing strategies for celebrity engagement, major donor fundraising, fundraising group recruitment and a supporter journey, as well as sending additional warm communications to regular donors and sourcing contactless machines for donations.

Our appeals like lavender and light up a life continue to do well and we have had some positive successes with projects such as the IPU for grant making trusts. Corporate relationships continue to be built through networking and our awards evening and are paying off with being nominated as Charity of the Year or support through gifts in kind. Our London Marathon raised a brilliant amount but much of this

was raised in previous financial years. We will also find this with the marathon in 2022 where participants will have raised their funds in 2019/20 following deferrals.

We have also been working closely with finance and supporter care teams to correct historical coding on Raisers Edge to ensure that income is allocated to the correct area of fundraising. This should help improve our insights over a period of time.

Events

- **Santa Dash** – 33 signed up so far. Aiming to be back to our 250 Santa target as it is a live event. The cost of the places has been increased slightly this year from £15 to £17 for adults, from £10 to £12 for children and from £45 to £52 for a family of 4. The prices had been that way for over 8yrs and we felt it was time to increase following research of other similar events in the area.
- **London Marathon** – Finally took place live on 3rd October. We had 9 live runners plus some virtual raising £19,326 for the Hospice.
- **Skydive Day** – Planned for May 2022 to celebrate International Nurses Day. It will take place in Salisbury and we hope to encourage a group of 10 or more to take part.
- **Challenge Events** – We have had people doing a few other challenges like running the Manchester Marathon and completing a triathlon but still not up to capacity. We are introducing a new sign up platform called Run for Charity / Sport for Charity which will reduce the risk for us pre-purchasing places in challenge events whilst giving supporters a wider range to take part in including cycling, swimming and treks.
- **LUAL** – The virtual event is coming together with 64 registered so far. The video is being pre-recorded with the support of Sutton Film club and includes Epsom Male Voice Choir, Putney & Wimbledon Brass Band playing carols and various hospice speakers reading messages of hope and poems.

Community

- **Fundraising Groups** – A Christmas parcel and invite to a drop in session has been sent to groups. It's planned at Worcester Park scout hut in a few weeks. This is to encourage face to face meet ups with the current groups without a gathering that is too large. We want to inspire and motivate them to get back out there and fundraise so at the moment our efforts are to re-connect with them and encourage them to get started again. However, take up continues to be low with only two groups planning any activities. Rose is working on a recruitment strategy to start in the New Year.
- **Contactless Machines** – Goodbox card machines have been purchased for use by fundraising groups and the St Raphael's team at events. A new podium is also being designed for contactless donations at reception.

- **Rudolf Runs** – 9 schools signed up so far to take part, we are aiming to beat last year's total of 16 schools raising £42,000.
- **St Raphael's Pudding Day** – Just been launched with 6 boxes purchased so far. This is a new virtual way of supporting the Hospice by buying an activity box full of goodies, challenges, activities and recipes.

Corporate

- **Make Your Will Fortnight** – Total of £6,549 raised (a net of £3,049). Much lower than previous years but we hope that a year's gap will improve it for next time.
- **A Night Full of Stars** – A fantastic evening seeing St Bede's transformed into a purple paradise with uplighters and balloon arches! 39 company representatives and their guests attended and we received very positive feedback afterwards. It was a wonderful way to recognise those that had supported us over the past 18 months and enable us to start building closer relationships with them.
- **I'm a Director Get Me Out of Here** – 10 Directors have signed up to test their nerve in April. We have a maximum capacity of 20.
- **Sutton United Season Tickets** – Two have been donated to the Hospice as part of their business networking group. We have offered to staff, volunteers, patients and families to use on a first come first serve basis per match. However, all have been told that patients or family members will have priority.

Trusts

- **Unrestricted** - £8,000 unrestricted grant received from The Thomas Horne Memorial Trust.
- **Bariatric Room** – Applications ready to be sent pending receipt of Hospice accounts
- **Hospice Visits** – Members from the Mark Benevolent Fund visited the Hospice with Gail and Shirley to see the IPU refurb that they donated £17,000 towards. Sutton Nursing Association will soon visit to see the Bariatric equipment they donated and plans for the Bariatric room. These have been really important to keep these trusts engaged and willing to support us again in the future.

Regular Giving

- An additional mailing was sent in August to all regular donors from nurse Julie Ford which included a 'heart of the community' silver keyring. Some unsolicited donations were received from this and very positive feedback. The usual diary will be sent to them for Christmas.

SUPPORTER CARE - Lucy Ribaudo

- **Christmas** - Well Christmas has most certainly started in our Department. We have, so far processed over **591** donations banking **£35933.40** and written **1040** Stars, with donations still coming in thick and fast. This year we also have a virtual interactive tree on our website which lights a light on the tree once a donation has been made online. For the donations we receive in office we manually upload the "Loved ones Names" to the interactive tree so that everyone is hopefully included.
- Christmas Cards are once again proving popular, we have so far processed **242** orders banking **£3670.17** The cards are then picked, packaged and posted out.
- Our team is working extremely hard opening post, processing batches for LUAL and Christmas Card orders, updating the website and ensuring all of the "Loved one's" names remembered are included in our brochure, stars are written and posted along with the Christmas Cards. I am pleased to say the guides, processes and procedures written by AI, our Database Manager & myself have made the whole appeal run smooth and efficiently enabling us to stay "on top" of our workloads

Raisers Edge NXT

- We have spent quite a bit of time looking into the new upgrade to ensure it would be beneficial to us. I have met with Trinity, Haven and Demelza Hospice who have provided us with a very useful insight into the pro's and con's of the upgrade & have shared their knowledge on how they use the database system in their hospices. We are in the process of feeding back our findings to Sara Jane, John, Nick & Gail.

Gift Aid

- We have spent the last few months reviewing the historic Gift Aid declarations we have ensuring they are compliant for future claims. Finally, we are now fully registered with HMRC against our new charity number allowing us to make a claim and I am pleased to report we have in the last few days made a gift aid claim totalling **£22346.65**.

JustGiving

- We are still working on the coding for the historic recurring/regular donations we receive via JustGiving. The issue is with the internal coding only and has no impact on our finances. We aim to fully rectify this in the next few weeks.

LOTTERY – Sara Jane Woods

- The Bumper Draw has got of to a flying start and we have already banked more than £4,500.

- We have continued to promote our 20 week sign up campaign which is still very popular.
- We are in communication with the Gambling Commission and it looks as if they are just waiting for a copy of our contract with Barclays and Sterling before they finalise and issue us with a new licence.
- Lucy and I have been working with Sterling and the Supporter Care team have now taken on all aspects of Lottery Administration. Sterling have been exceedingly accommodating and supportive.

COMMUNICATIONS - Diamond Naraviene

Branding/Merchandise

- A softer shade of our main colour, purple, has been chosen and branding guidelines are due to be updated.
- The red colour used to represent our lottery sub-brand will become a complimentary colour with our purple colour being at the centre of every design, produced in the future.
- IPU photography board is up and shining as bright as a star.

Campaigns

- LUAL mailing was delivered as per schedule to over 30,000 recipients.
- Advertising schedule to include Santa Dash, LUAL and Pudding Day has been produced and booked, and is being executed across online, radio and print.

Digital Marketing:

- Lottery has gained more prominence on the homepage of our website and it can be accessed via a dedicated button as part of the main menu. [The new page](#) offers new and clear structure, as well as friendly call to action.
- [The venue hire page](#) on our website has been updated with an option to book it online and as well as to view our contemporary-looking brochure for more information.
- LUAL edition of e-news was sent on the 13th of October to 2,927 subscribers; opened by nearly half of the audience, which is well above the industry average. Top links: LUAL appeal, Xmas Cards and LUAL Celebration.
- This year's [LUAL donations page](#) is interactive; a twinkling star appears on a Christmas tree every time someone makes a donation.
- Our Joint CEOs Twitter account is live and active; @NickandGailCEOs – please give them a follow!
- Web pages for all the December events created and uploaded.

Collateral

- Issue 7 of the Raphaelite has been released and is being distributed internally and externally.
- Santa Dash, LUAL and Pudding Day: posters, flyers and rail banners.

- [Room hire brochure](#) to include new imagery has been completed and is available to view/download on our website.

Strategy

- PR and Content Assistant role has been filled and the new part-time team member is due to start in the second part of November. The person will work from 8:30am to 12:30 pm, Monday to Friday.

VOLUNTEERING - Lorraine Hunt

- We have recruited 17 New Volunteers for the Shops/Donation Centre and Fundraising office and have 12 more in the pipeline.
- We currently have 138 active retail volunteers including drivers, who are contributing approx. 400 - 450 hours per week.
- We have had 3 recruitment drop in sessions in Centre Court Wimbledon, Sutton Library and the Sound Lounge in Sutton High Street which has generated some interest and a couple of new volunteers. Plans to be at Asda in Stonecot Hill, the Wimbledon Village and Raynes shops and Waitrose in Raynes Park over the next few weeks.
- Plans are in progress for a new retail recruitment campaign which will launch on 31st December with the aim to recruit 100 volunteers.

Finance and Resources Report

Recommendations

1. It is recommended that the Committee:
 - a. Notes that the internal management accounts for the 6 months to 30 September 2021 shows a shortfall of £(262)k.
 - b. Cash at the end of September stood at £6.4m (£6.1m at end October)
 - c. The Committee notes that forecast projections for current and future years have been adjusted for Agenda for Change costs and mitigating cost savings, for lowering of donor and lottery expectations in 2021-22 and beyond as the impact of the pandemic endures, and that allowance for 2022 pay increase has been provisionally estimated at 4% not 2%.

Finance

2. September Management Accounts – Income and Expenditure

The management accounts for October have not yet been prepared, though some data on donations and shop sales is available. The most recent accounts relate to the six months to September.

The shortfall of £(262)k equates to £(762)k *before* the allocation of £500k of the DoC funding – compared to £(1,066)k in the budget, due to lower costs (£163k) and higher than budgeted income (£140k).

Donor income is £138k below the plan (24%) and marginally behind last year (the pattern continues in October). Income from shops is £54k ahead of plan (13%). Legacy income is £126k above plan. Other income includes a higher level of notional “gift in kind” for the provision of the leases to the land and buildings by DoC. This is matched by an equal and opposite increase in notional rental costs.

Direct costs of service delivery are £1,839k compared to £1,701k last year. That said, last year benefitted from c £40k furlough grant and the current year includes £145k notional rental costs. Once adjusted for these, the current year is £47k below last year.

Support Costs (which are split 67% to Service Delivery and 33% to Income Generation) are on budget.

3. September Management Accounts – Balance Sheet

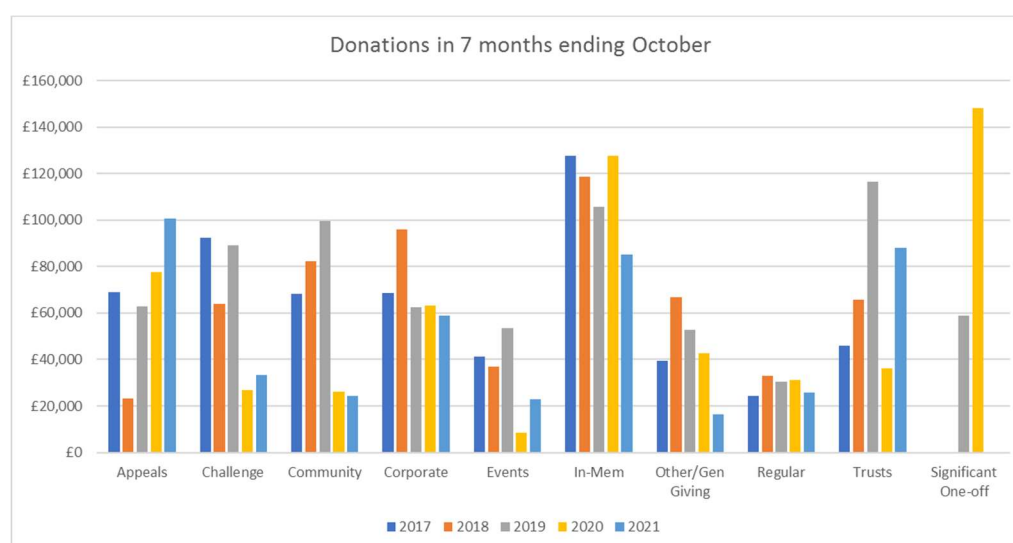
Cash stood at £6.4m at the end of September, £200k down from March year-end. This is £1.8m above plan, partly due to our not yet having been invoiced for all the IPU refresh

costs and partly to the improved results last year. Debtors are £882k above plan as there are significant legacy balances.

Net assets stand at £5m at the end of September 2021, £1.9m above budget. The large cash balance is partly offset by the deferred income balance.

4. Monitoring Progress

The graph below is driven by data direct from the Raisers' Edge database and excludes Gift Aid. It is for the 7 months to the end of October over the years 2017 to 2021. It shows that Challenge, Community and Events and other income fell materially last year and has not recovered this year. These four areas are £200k below their 2019 level. Last year had also benefitted from two large, one-off donations.



With retail, we have some encouraging signs, in that the income for shops that are open are running ahead of plan by 24%.

7 months to October 31st	Actual	Budget	Variance	%
Banstead High Street	£56,762	£53,887	£2,874	5%
Carshalton	£72,164	£59,378	£12,785	22%
Cheam Village	£68,491	£56,487	£12,003	21%
New Malden	£43,514	£27,477	£16,037	58%
Raynes Park	£43,313	£45,812	£-2,499	-5%
Rosehill	£52,292	£47,006	£5,285	11%
Stonecot Hill	£33,031	£29,567	£3,464	12%
Sutton	£50,727	£30,101	£20,627	69%
Wimbledon Village	£113,309	£80,546	£32,763	41%
	£533,602	£430,262	£103,340	24%
Ebay	£8	£21,138	£-21,130	-100%
Donation Station	£20,572	£0	£20,572	100%
Carshalton Beeches	£0	£49,863	£-49,863	-100%
	£554,182	£501,263	£52,919	11%

To capitalise on this we do need to recruit many more volunteers to avoid the need to use paid staff (actions on this are underway). It is very pleasing to see that the “clearance centres” in New Malden and Sutton, very poor performers in that past, have been doing well, as have the new donation station and our flagship Wimbledon Village shop. Raynes Park and Stonecot Hill are disappointing.

The “run-rate” (how a year might look at the rate of sales for these first seven months) is 5% ahead of *next year* target levels for the open shops. Which is a good sign of progress with the four noted above being 40% above next year’s target rate.

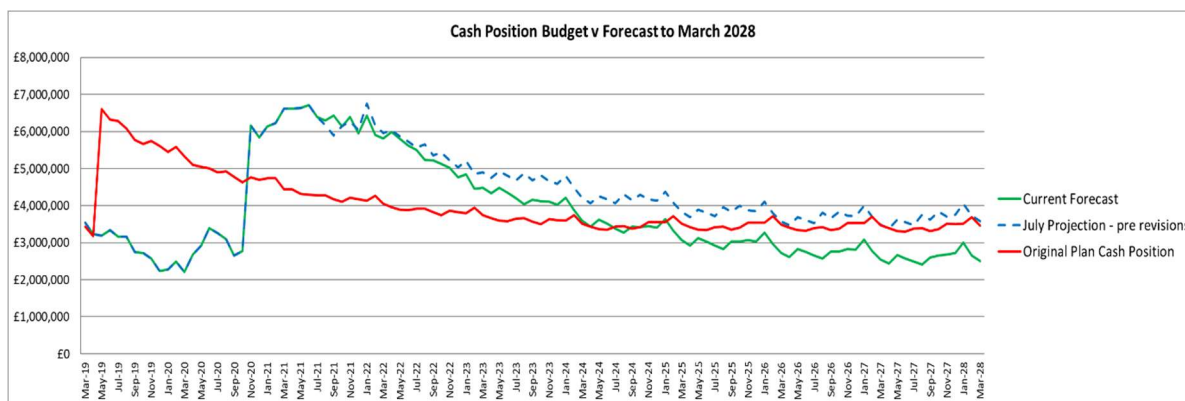
5. Clinical Staff Costs

As noted at the Board, the recruitment concerns for clinical staff has meant that we have aligned pay with the Agenda for Change levels. This has added £250k to planned costs for 2022-3. As proposed, cost reductions (including reduced “increases” to a number of budget lines) have lowered other cost projections by £190k. We have also introduced investment income projections of £60k per annum following the decision to place £2m with Sarasin and Partners. This equates to a net return of 3% (Sarasin suggested that this net level should be achievable *plus* inflation of 2%). The corollary of these changes is to retain cash neutrality in the projections.

6. Forecast 2021-22 and beyond

There are several other significant changes that have been made to the projections at this point:

- As noted in the last meeting, in the light of the ongoing impact of COVID and the consequential delay in the recovery of some aspects of our donation base and also our activity to promote the lottery, the assumptions have been pushed back around 8 months. This reduces the projections for the current year by £300k and then by £220k, £150k, £100k, £50k and then an ongoing £20k in the following years.
- The CCG has agreed to make a payment of £150k towards the ongoing impact of COVID in respect of the first six months of this financial year. We had asked for £600k for the twelve-month period. They have indicated that we should apply for a further contribution in February for the second six-month period and I have estimated an additional £100k for this.
- In the light of the climate of pressure on pay and in particular on low pay, these figures provide for a 4% increment in 2022-23 which adds £100k per year (every year) to costs compared with the 2% in previous estimates.
- The combination of these factors lowers the cash projection as at the end of 2027-28 from £3.5m in the July estimates to £2.5m.



7. Draft Budget 2022-23

Some work has begun on drafting the 2022-23 budget as noted above, however there remain several very significant areas that have not yet been translated into these figures:

- **The Campaign** – it has been agreed that, rather than an Appeal to raise funds for the gardens, we should focus a Campaign to raise regular and one-off donations (and lottery) for our core work. A brainstorming team meeting has been arranged for 15th November (a Trustee will be invited) involving staff from throughout the charity.

Clinical Services Cost	2014-5	2015-6	2016-7	2017-8	2018-9	2019-20	2020-21	2021-22	2022-23
RPI inflation	2.4%	1.0%	1.8%	3.6%	3.3%	2.6%	1.5%	2.5%	Est 2.5%
Actual Clinical Service Cost	£3,976	£4,122	£3,863	£3,914	£4,088	£4,273	£4,577	£4,700	£5,084
RPI inflation adjusted from 2014	£3,976	£4,016	£4,088	£4,235	£4,375	£4,489	£4,556	£4,670	£4,787
Variance to RPI	£0	£(106)	£225	£321	£287	£216	£(21)	£(30)	£(297)
Cost Base at the time of transfer from St Anthony's, adjusted for inflation = cost base for current year - but next year will leap by £300k due to the AfC change									
During that time, in an effort to save costs, there were some reductions to cost made that impacted service delivery - these have now been redressed and 2020-21 and 2021-22 are back in line with 2014 other than inflation.									
Inflation has added £800k to the costs in this period and Agenda for Change has now added a further £250,000.									
Actual change from 2018-19 to 2022-23 is £1m and this might be a useful figure for a Campaign.									

The summary above shows that, allowing for inflation, the cost in 2014 and the current cost level is on a par (although there has been a journey of reducing and then increasing cost in the meantime). Next year, when the full impact of the AfC salary changes is felt (and assuming no vacancies) lifts the cost base above that 2014 level.

It is worth noting that since 2014 the costs have increased by £1.1m and that, following cost cutting in 2016-18, there is another point (in 2018-19) when the core cost reached £4.1m. Given the projection for 2022-23 of £5.1m, we may be able to hang the campaign on the fact that our clinical service delivery cost has increased by £1m over the last five years – “Help St Raphael’s Hospice to raise the extra £1m”

- **Retail** – The current projections include the re-opening of Carshalton Beeches shop and also one additional new shop. This may need to be revised.

Facilities

8. IPU Refresh – The Snagging List is currently being worked through. Several issues have been completed but some are still to be resolved.
9. The Fundraising storeroom in Capitol House has been reconfigured as an office to accommodate 6 extra staff.
10. Installation of the HVAC ventilation system is now complete and is operational.
11. The Chapel and Chapel Office are now open. The refresh and re-carpeting has been completed but we still await the replacement of the small obscure glazed window with a larger clear one in Sister Anne's office.
12. We are currently reviewing the waste collection contracts to determine whether potential cost savings can be made.
13. An investigation has been started into the feasibility and cost of merging the Communications Office in 759 with the upstairs ladies' toilet to create a larger open plan office to accommodate 3 staff. The third part-time member of staff has now been recruited.
14. During the last couple of months, there has been a staff shortage problem in Facilities whereby staff have been absent due to Covid-19, holidays or sickness. On several occasions, it has been necessary for IT staff to step in and perform Facilities tasks.

IT

15. Email signature management software is currently being trialled. If successful, this will be rolled out only to staff who send emails externally.
16. Email cyber security software is currently being rolled out, which evaluates whether users are complying with cyber security rules. The Security Awareness Testing and Training (SATT) service is to train users in security awareness and provide regular testing to keep them vigilant.
17. An internal licencing audit has been completed to ensure that we are compliant with all software licences. Additional licences have been purchased for the few cases where licence numbers were inadequate due to several new users being added to the system during recent months.
18. A cyber security incident has occurred; one of our user email accounts in the Cloud has been hacked. As a result, we have decided to adopt a two-factor authentication system to prevent the security breach from being repeated. This is being rolled out as a matter of urgency for both Hospice email accounts and NHS email accounts.

In addition, we will be enforcing stronger password complexities for all user logon accounts.

- 19.** Princess Alice on-call doctors have been setup and trained for remote access to our PAS (CrossCare). Also, several medical examiners from Epsom and St Helier Trust have been setup with view only access to patient death records within CrossCare.
- 20.** Substantial progress has been made with working through the PCI DSS compliance requirements for using credit / debit card machines. The Barclaycard requirements are near to completion whereas the Worldpay requirements still need further work.

Nick Stevens, Joint CEO and John Groom, Head of IT and Facilities

3rd November 2021

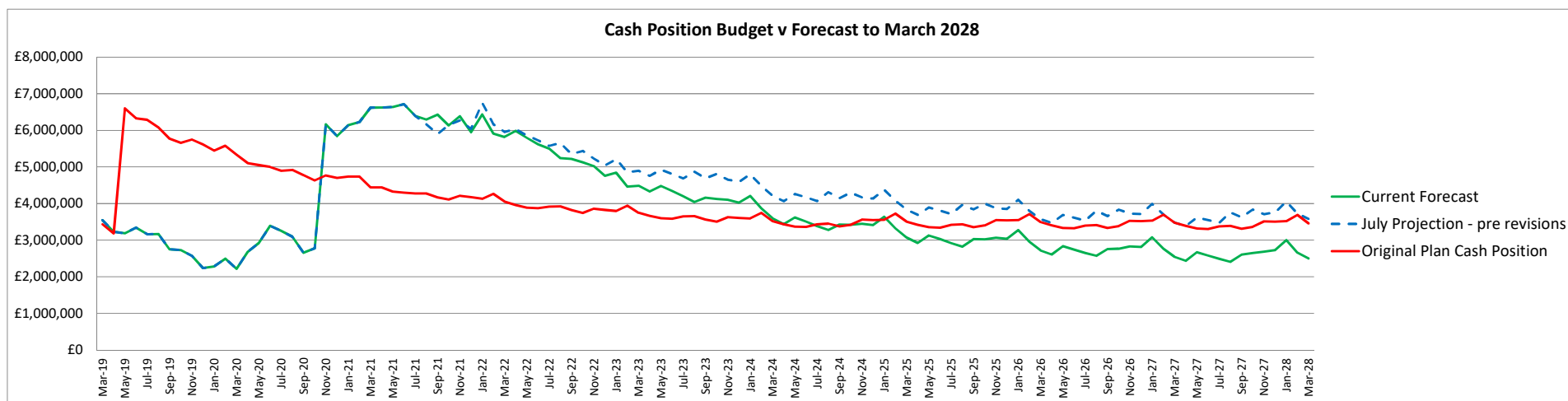
Management Accounts September 2021	Year To Date				Full Year				Future Forecast					
	Actuals 2021-22	Budget 2021-22	variance	YTD Prior Year	Actuals 2020-21	Forecast 2021-22	Budget 2021-22	variance	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Income from NHS	790,356	781,846	8,510	810,878	1,775,471	1,822,229	1,570,108	252,121	1,600,421	1,624,454	1,648,849	1,673,609	1,698,742	1,724,253
Other Income	172,514	83,229	89,285	723,350	1,662,681	336,415	208,303	128,112	395,567	403,972	404,637	406,169	407,790	409,457
Service Income	962,870	865,075	97,796	1,534,228	3,438,152	2,158,644	1,778,412	380,233	1,995,988	2,028,427	2,053,486	2,079,778	2,106,532	2,133,709
Direct Cost of Services	(1,839,488)	(1,923,585)	84,097	(1,701,953)	(3,713,542)	(3,924,004)	(3,853,836)	(70,168)	(4,340,406)	(4,437,299)	(4,520,212)	(4,607,525)	(4,690,621)	(4,782,800)
Hospice Depreciation	(46,910)	(71,813)	24,903	(109,099)	(155,282)	(113,400)	(163,823)	50,423	(163,677)	(188,834)	(186,409)	(137,752)	(105,206)	(101,550)
Support Costs	(329,400)	(330,212)	812	(318,906)	(678,829)	(658,352)	(671,288)	12,936	(636,006)	(610,131)	(622,437)	(634,311)	(646,426)	(658,787)
Service Costs	(2,215,798)	(2,325,610)	109,812	(2,129,959)	(4,547,652)	(4,695,756)	(4,688,947)	(6,809)	(5,140,089)	(5,236,264)	(5,329,058)	(5,379,587)	(5,442,252)	(5,543,138)
Net Service Cost to be funded	(1,252,928)	(1,460,535)	207,608	(595,730)	(1,109,500)	(2,537,112)	(2,910,535)	373,424	(3,144,101)	(3,207,837)	(3,275,573)	(3,299,809)	(3,335,720)	(3,409,429)
Fundraising Activity	57%	63%		28%	24%	54%	62%		61%	61%	61%	61%	61%	62%
Legacy Income	552,035	426,000	126,035	327,840	2,228,142	1,000,000	1,000,000	0	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Donor Income	388,208	526,660	(138,452)	405,703	1,222,685	959,177	1,251,488	(292,310)	1,395,348	1,766,715	2,029,077	2,168,175	2,380,174	2,475,381
Fundraising Costs	(339,990)	(336,666)	(3,324)	(279,279)	(592,754)	(732,316)	(764,886)	32,570	(832,869)	(849,214)	(865,312)	(882,192)	(899,836)	(917,832)
	600,253	615,994	(15,741)	454,265	2,858,074	1,226,861	1,486,602	(259,740)	1,562,479	1,917,501	2,163,764	2,285,983	2,480,339	2,557,549
Lottery Income	215,168	213,978	1,191	223,350	454,014	452,026	459,720	(7,693)	485,486	580,602	685,202	760,378	827,111	886,282
Lottery Costs	(87,067)	(119,522)	32,454	(93,047)	(188,041)	(202,111)	(269,249)	67,137	(283,608)	(291,009)	(305,168)	(316,143)	(326,243)	(335,568)
	128,101	94,456	33,645	130,302	265,973	249,915	190,471	59,444	201,878	289,593	380,035	444,235	500,868	550,715
Shop Income	481,722	427,753	53,969	60,598	203,693	1,096,576	1,029,744	66,832	1,352,014	1,699,830	1,920,558	1,956,381	1,993,697	2,031,759
Shop Costs	(554,937)	(578,351)	23,413	(393,346)	(913,626)	(1,110,716)	(1,145,386)	34,671	(1,229,622)	(1,428,505)	(1,546,648)	(1,557,439)	(1,583,780)	(1,607,916)
	(73,215)	(150,598)	77,383	(332,748)	(709,933)	(14,139)	(115,642)	101,503	122,392	271,325	373,910	398,942	409,916	423,843
		-35%		-549%		-1%	-11%		9%	16%	19%	20%	21%	21%
Support Costs	(164,700)	(165,106)	406	(159,453)	(339,414)	(329,176)	(335,644)	6,468	(318,003)	(305,066)	(311,219)	(317,155)	(323,213)	(329,394)
Fundraising Contribution	490,439	394,746	95,693	92,366	2,074,699	1,133,461	1,225,787	(92,326)	1,568,747	2,173,354	2,606,490	2,812,005	3,067,910	3,202,713
Shortfall before DOC Funding	(762,489)	(1,065,789)	303,301	(503,365)	965,199	(1,403,651)	(1,684,749)	281,098	(1,575,354)	(1,034,483)	(669,083)	(487,804)	(267,810)	(206,716)
DOC Funding	499,998	500,000	(2)	0	280,000	1,000,000	1,000,000	0	600,000	500,000	400,000	300,000	200,000	100,000
Contingency Drawdown									240,000					
	(262,491)	(565,789)	303,299	(503,365)	1,245,199	(403,651)	(684,749)	281,098	(735,354)	(534,483)	(269,083)	(187,804)	(67,810)	(106,716)

Management Accounts July 2021	Actuals 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Actuals 2020-21	Forecast 2021-22	Budget 2021-22	variance	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Total Income	3,100,002	2,959,465	140,537	2,551,719	7,826,686	6,666,424	6,519,363	147,062	7,068,836	7,575,574	8,088,323	8,264,712	8,507,514	8,627,132
Total Cost	(3,362,493)	(3,525,254)	162,762	(3,055,084)	(6,581,487)	(7,070,075)	(7,204,112)	134,037	(7,804,190)	(8,110,057)	(8,357,405)	(8,452,516)	(8,575,324)	(8,733,848)
Shortfall for period	(262,491)	(565,789)	303,299	(503,365)	1,245,199	(403,651)	(684,749)	281,098	(735,354)	(534,483)	(269,083)	(187,804)	(67,810)	(106,716)

Management Accounts September 2021	Year To Date				Full Year									
	Actuals 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Actuals 2020-21	Forecast 2021-22	Budget 2021-22	variance	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Surplus/(Loss) from Operations	(262,491)	(565,789)	303,299	(503,365)	1,245,199	(403,651)	(684,749)	281,098	(735,354)	(534,483)	(269,083)	(187,804)	(67,810)	(106,716)
Depreciation	73,740	109,462	(35,721)	129,553	302,968	194,340	240,654	(46,314)	282,524	317,355	305,636	238,866	203,607	194,452
Decrease/(Increase) in Debtors	637,474	237,154	400,320	899,891	(533,412)	1,301,522	(38,424)	1,339,946	(30,209)	1,673	1,673	36,673	1,673	81,673
(Decrease)/Increase in Creditors	(524,227)	(511,620)	(12,607)	64,602	3,640,923	(1,343,706)	(1,011,990)	(331,716)	(612,859)	(511,613)	(411,598)	(293,462)	(192,156)	(92,185)
Net cash (expended)/ generated by operations	(75,504)	(730,794)	655,290	590,682	4,655,678	(251,495)	(1,494,509)	1,243,014	(1,095,897)	(727,068)	(373,371)	(205,726)	(54,686)	77,224
Purchase of Fixed Assets	(114,462)	(578,571)	464,109	(151,067)	(250,308)	(549,804)	(610,841)	61,036	(239,299)	(160,000)	(150,000)	(150,000)	(120,000)	(120,000)
Increase / (Decrease) in Cash	(189,965)	(1,309,364)	1,119,399	439,614	4,405,370	(801,299)	(2,105,350)	1,304,051	(1,335,196)	(887,068)	(523,371)	(355,726)	(174,686)	(42,776)

Management Accounts September	Year To Date				Full Year									
	YTD 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Actuals 2020-21	Forecast 2021-22	Budget 2021-22	variance	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Fixed Assets	602,286	1,031,491	(429,205)	4,297,984	561,565	917,029	932,569	(15,539)	873,804	716,449	560,813	471,947	388,340	313,888
Debtors	1,448,891	566,648	882,244	653,061	2,086,365	784,843	842,225	(57,382)	815,052	813,378	811,705	775,031	773,358	691,685
Cash at Bank	6,430,341	4,629,729	1,800,613	2,654,550	6,620,306	5,819,008	3,833,744	1,985,264	4,483,811	3,596,743	3,073,372	2,717,646	2,542,960	2,500,184
Creditors	(3,452,952)	(3,139,202)	(313,750)	(400,858)	(3,977,179)	(2,633,473)	(2,638,831)	5,359	(2,020,614)	(1,509,001)	(1,097,403)	(803,941)	(611,785)	(519,600)
Net Assets	5,028,567	3,088,665	1,939,901	7,204,737	5,291,057	4,887,407	2,969,706	1,917,701	4,152,053	3,617,569	3,348,487	3,160,683	3,092,873	2,986,156

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Finance and Resources Report

Recommendations

1. It is recommended that the Committee:
 - a. Notes that the internal management accounts for the 6 months to 30 September 2021 shows a shortfall of £(262)k.
 - b. Cash at the end of September stood at £6.4m (£6.1m at end October)
 - c. The Committee notes that forecast projections for current and future years have been adjusted for Agenda for Change costs and mitigating cost savings, for lowering of donor and lottery expectations in 2021-22 and beyond as the impact of the pandemic endures, and that allowance for 2022 pay increase has been provisionally estimated at 4% not 2%.

Finance

2. September Management Accounts – Income and Expenditure

The management accounts for October have not yet been prepared, though some data on donations and shop sales is available. The most recent accounts relate to the six months to September.

The shortfall of £(262)k equates to £(762)k *before* the allocation of £500k of the DoC funding – compared to £(1,066)k in the budget, due to lower costs (£163k) and higher than budgeted income (£140k).

Donor income is £138k below the plan (24%) and marginally behind last year (the pattern continues in October). Income from shops is £54k ahead of plan (13%). Legacy income is £126k above plan. Other income includes a higher level of notional “gift in kind” for the provision of the leases to the land and buildings by DoC. This is matched by an equal and opposite increase in notional rental costs.

Direct costs of service delivery are £1,839k compared to £1,701k last year. That said, last year benefitted from c £40k furlough grant and the current year includes £145k notional rental costs. Once adjusted for these, the current year is £47k below last year.

Support Costs (which are split 67% to Service Delivery and 33% to Income Generation) are on budget.

3. September Management Accounts – Balance Sheet

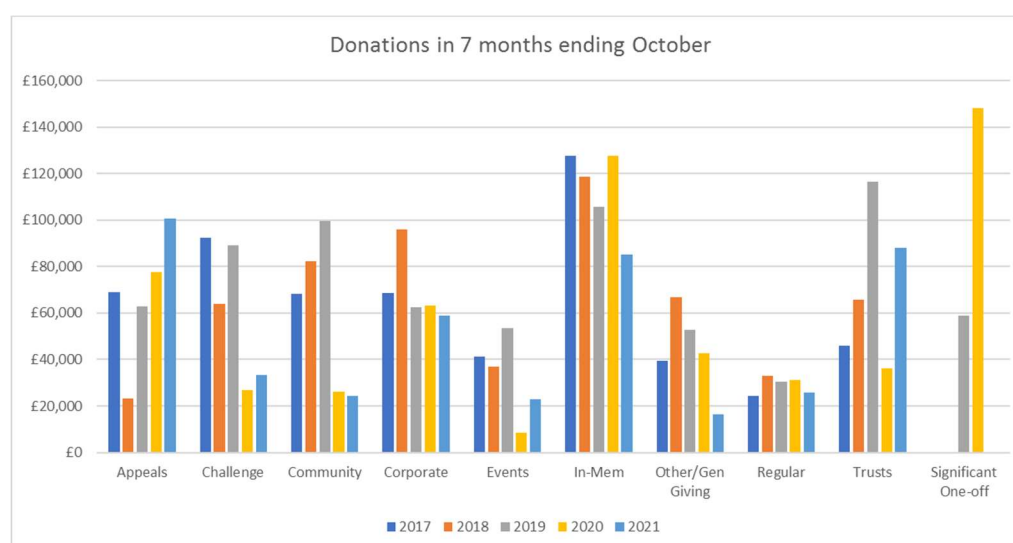
Cash stood at £6.4m at the end of September, £200k down from March year-end. This is £1.8m above plan, partly due to our not yet having been invoiced for all the IPU refresh

costs and partly to the improved results last year. Debtors are £882k above plan as there are significant legacy balances.

Net assets stand at £5m at the end of September 2021, £1.9m above budget. The large cash balance is partly offset by the deferred income balance.

4. Monitoring Progress

The graph below is driven by data direct from the Raisers' Edge database and excludes Gift Aid. It is for the 7 months to the end of October over the years 2017 to 2021. It shows that Challenge, Community and Events and other income fell materially last year and has not recovered this year. These four areas are £200k below their 2019 level. Last year had also benefitted from two large, one-off donations.



With retail, we have some encouraging signs, in that the income for shops that are open are running ahead of plan by 24%.

7 months to October 31st	Actual	Budget	Variance	%
Banstead High Street	£56,762	£53,887	£2,874	5%
Carshalton	£72,164	£59,378	£12,785	22%
Cheam Village	£68,491	£56,487	£12,003	21%
New Malden	£43,514	£27,477	£16,037	58%
Raynes Park	£43,313	£45,812	£-2,499	-5%
Rosehill	£52,292	£47,006	£5,285	11%
Stonecot Hill	£33,031	£29,567	£3,464	12%
Sutton	£50,727	£30,101	£20,627	69%
Wimbledon Village	£113,309	£80,546	£32,763	41%
	£533,602	£430,262	£103,340	24%
Ebay	£8	£21,138	£-21,130	-100%
Donation Station	£20,572	£0	£20,572	100%
Carshalton Beeches	£0	£49,863	£-49,863	-100%
	£554,182	£501,263	£52,919	11%

To capitalise on this we do need to recruit many more volunteers to avoid the need to use paid staff (actions on this are underway). It is very pleasing to see that the “clearance centres” in New Malden and Sutton, very poor performers in that past, have been doing well, as have the new donation station and our flagship Wimbledon Village shop. Raynes Park and Stonecot Hill are disappointing.

The “run-rate” (how a year might look at the rate of sales for these first seven months) is 5% ahead of *next year* target levels for the open shops. Which is a good sign of progress with the four noted above being 40% above next year’s target rate.

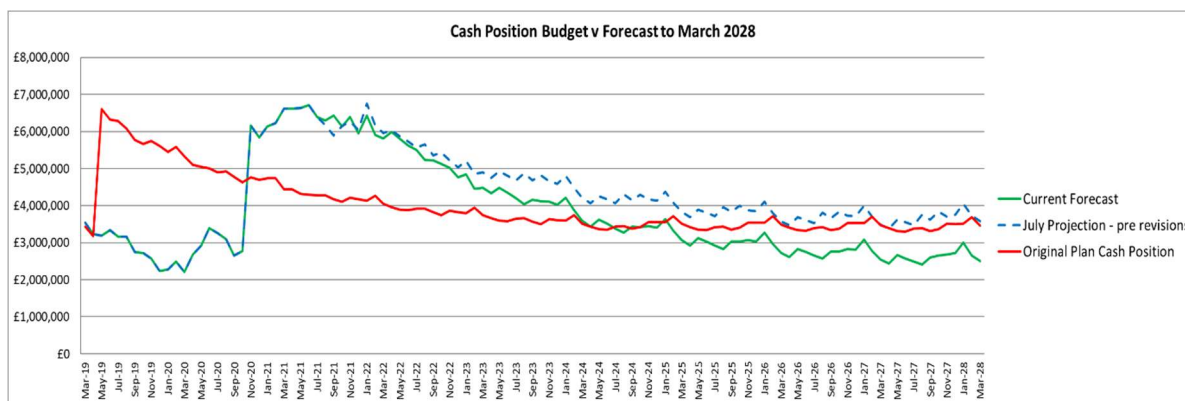
5. Clinical Staff Costs

As noted at the Board, the recruitment concerns for clinical staff has meant that we have aligned pay with the Agenda for Change levels. This has added £250k to planned costs for 2022-3. As proposed, cost reductions (including reduced “increases” to a number of budget lines) have lowered other cost projections by £190k. We have also introduced investment income projections of £60k per annum following the decision to place £2m with Sarasin and Partners. This equates to a net return of 3% (Sarasin suggested that this net level should be achievable *plus* inflation of 2%). The corollary of these changes is to retain cash neutrality in the projections.

6. Forecast 2021-22 and beyond

There are several other significant changes that have been made to the projections at this point:

- As noted in the last meeting, in the light of the ongoing impact of COVID and the consequential delay in the recovery of some aspects of our donation base and also our activity to promote the lottery, the assumptions have been pushed back around 8 months. This reduces the projections for the current year by £300k and then by £220k, £150k, £100k, £50k and then an ongoing £20k in the following years.
- The CCG has agreed to make a payment of £150k towards the ongoing impact of COVID in respect of the first six months of this financial year. We had asked for £600k for the twelve-month period. They have indicated that we should apply for a further contribution in February for the second six-month period and I have estimated an additional £100k for this.
- In the light of the climate of pressure on pay and in particular on low pay, these figures provide for a 4% increment in 2022-23 which adds £100k per year (every year) to costs compared with the 2% in previous estimates.
- The combination of these factors lowers the cash projection as at the end of 2027-28 from £3.5m in the July estimates to £2.5m.



7. Draft Budget 2022-23

Some work has begun on drafting the 2022-23 budget as noted above, however there remain several very significant areas that have not yet been translated into these figures:

- **The Campaign** – it has been agreed that, rather than an Appeal to raise funds for the gardens, we should focus a Campaign to raise regular and one-off donations (and lottery) for our core work. A brainstorming team meeting has been arranged for 15th November (a Trustee will be invited) involving staff from throughout the charity.

Clinical Services Cost	2014-5	2015-6	2016-7	2017-8	2018-9	2019-20	2020-21	2021-22	2022-23
RPI inflation	2.4%	1.0%	1.8%	3.6%	3.3%	2.6%	1.5%	2.5%	Est 2.5%
Actual Clinical Service Cost	£3,976	£4,122	£3,863	£3,914	£4,088	£4,273	£4,577	£4,700	£5,084
RPI inflation adjusted from 2014	£3,976	£4,016	£4,088	£4,235	£4,375	£4,489	£4,556	£4,670	£4,787
Variance to RPI	£0	£(106)	£225	£321	£287	£216	£(21)	£(30)	£(297)
Cost Base at the time of transfer from St Anthony's, adjusted for inflation = cost base for current year - but next year will leap by £300k due to the AfC change									
During that time, in an effort to save costs, there were some reductions to cost made that impacted service delivery - these have now been redressed and 2020-21 and 2021-22 are back in line with 2014 other than inflation.									
Inflation has added £800k to the costs in this period and Agenda for Change has now added a further £250,000.									
Actual change from 2018-19 to 2022-23 is £1m and this might be a useful figure for a Campaign.									

The summary above shows that, allowing for inflation, the cost in 2014 and the current cost level is on a par (although there has been a journey of reducing and then increasing cost in the meantime). Next year, when the full impact of the AfC salary changes is felt (and assuming no vacancies) lifts the cost base above that 2014 level.

It is worth noting that since 2014 the costs have increased by £1.1m and that, following cost cutting in 2016-18, there is another point (in 2018-19) when the core cost reached £4.1m. Given the projection for 2022-23 of £5.1m, we may be able to hang the campaign on the fact that our clinical service delivery cost has increased by £1m over the last five years – “Help St Raphael’s Hospice to raise the extra £1m”

- **Retail** – The current projections include the re-opening of Carshalton Beeches shop and also one additional new shop. This may need to be revised.

Facilities

8. IPU Refresh – The Snagging List is currently being worked through. Several issues have been completed but some are still to be resolved.
9. The Fundraising storeroom in Capitol House has been reconfigured as an office to accommodate 6 extra staff.
10. Installation of the HVAC ventilation system is now complete and is operational.
11. The Chapel and Chapel Office are now open. The refresh and re-carpeting has been completed but we still await the replacement of the small obscure glazed window with a larger clear one in Sister Anne's office.
12. We are currently reviewing the waste collection contracts to determine whether potential cost savings can be made.
13. An investigation has been started into the feasibility and cost of merging the Communications Office in 759 with the upstairs ladies' toilet to create a larger open plan office to accommodate 3 staff. The third part-time member of staff has now been recruited.
14. During the last couple of months, there has been a staff shortage problem in Facilities whereby staff have been absent due to Covid-19, holidays or sickness. On several occasions, it has been necessary for IT staff to step in and perform Facilities tasks.

IT

15. Email signature management software is currently being trialled. If successful, this will be rolled out only to staff who send emails externally.
16. Email cyber security software is currently being rolled out, which evaluates whether users are complying with cyber security rules. The Security Awareness Testing and Training (SATT) service is to train users in security awareness and provide regular testing to keep them vigilant.
17. An internal licencing audit has been completed to ensure that we are compliant with all software licences. Additional licences have been purchased for the few cases where licence numbers were inadequate due to several new users being added to the system during recent months.
18. A cyber security incident has occurred; one of our user email accounts in the Cloud has been hacked. As a result, we have decided to adopt a two-factor authentication system to prevent the security breach from being repeated. This is being rolled out as a matter of urgency for both Hospice email accounts and NHS email accounts.

In addition, we will be enforcing stronger password complexities for all user logon accounts.

- 19.** Princess Alice on-call doctors have been setup and trained for remote access to our PAS (CrossCare). Also, several medical examiners from Epsom and St Helier Trust have been setup with view only access to patient death records within CrossCare.
- 20.** Substantial progress has been made with working through the PCI DSS compliance requirements for using credit / debit card machines. The Barclaycard requirements are near to completion whereas the Worldpay requirements still need further work.

Nick Stevens, Joint CEO and John Groom, Head of IT and Facilities

3rd November 2021

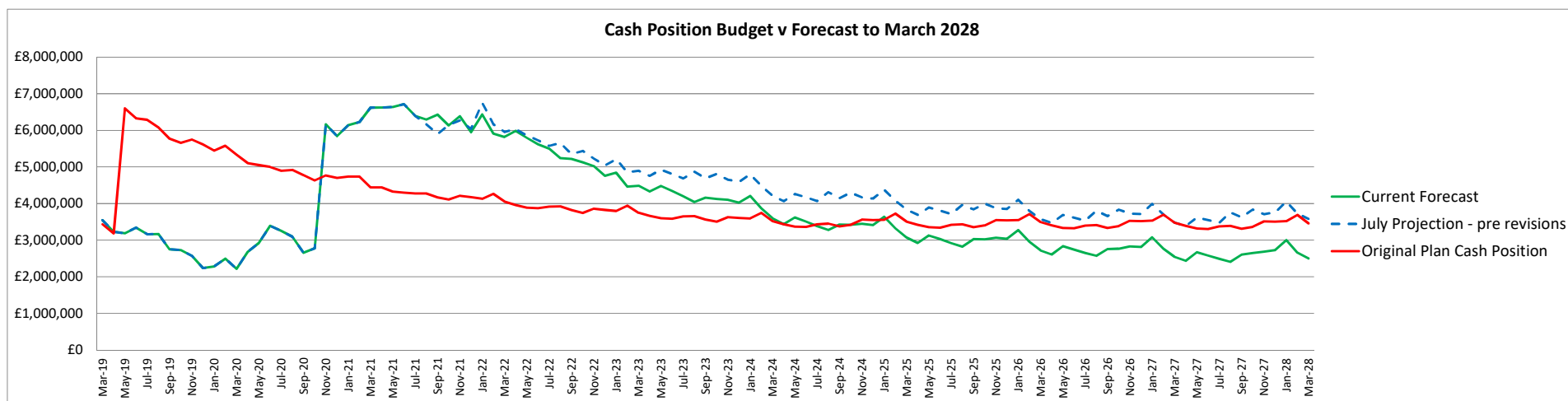
Management Accounts September 2021	Year To Date				Full Year				Future Forecast					
	Actuals 2021-22	Budget 2021-22	variance	YTD Prior Year	Actuals 2020-21	Forecast 2021-22	Budget 2021-22	variance	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Income from NHS	790,356	781,846	8,510	810,878	1,775,471	1,822,229	1,570,108	252,121	1,600,421	1,624,454	1,648,849	1,673,609	1,698,742	1,724,253
Other Income	172,514	83,229	89,285	723,350	1,662,681	336,415	208,303	128,112	395,567	403,972	404,637	406,169	407,790	409,457
Service Income	962,870	865,075	97,796	1,534,228	3,438,152	2,158,644	1,778,412	380,233	1,995,988	2,028,427	2,053,486	2,079,778	2,106,532	2,133,709
Direct Cost of Services	(1,839,488)	(1,923,585)	84,097	(1,701,953)	(3,713,542)	(3,924,004)	(3,853,836)	(70,168)	(4,340,406)	(4,437,299)	(4,520,212)	(4,607,525)	(4,690,621)	(4,782,800)
Hospice Depreciation	(46,910)	(71,813)	24,903	(109,099)	(155,282)	(113,400)	(163,823)	50,423	(163,677)	(188,834)	(186,409)	(137,752)	(105,206)	(101,550)
Support Costs	(329,400)	(330,212)	812	(318,906)	(678,829)	(658,352)	(671,288)	12,936	(636,006)	(610,131)	(622,437)	(634,311)	(646,426)	(658,787)
Service Costs	(2,215,798)	(2,325,610)	109,812	(2,129,959)	(4,547,652)	(4,695,756)	(4,688,947)	(6,809)	(5,140,089)	(5,236,264)	(5,329,058)	(5,379,587)	(5,442,252)	(5,543,138)
Net Service Cost to be funded	(1,252,928)	(1,460,535)	207,608	(595,730)	(1,109,500)	(2,537,112)	(2,910,535)	373,424	(3,144,101)	(3,207,837)	(3,275,573)	(3,299,809)	(3,335,720)	(3,409,429)
Fundraising Activity	57%	63%		28%	24%	54%	62%		61%	61%	61%	61%	61%	62%
Legacy Income	552,035	426,000	126,035	327,840	2,228,142	1,000,000	1,000,000	0	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Donor Income	388,208	526,660	(138,452)	405,703	1,222,685	959,177	1,251,488	(292,310)	1,395,348	1,766,715	2,029,077	2,168,175	2,380,174	2,475,381
Fundraising Costs	(339,990)	(336,666)	(3,324)	(279,279)	(592,754)	(732,316)	(764,886)	32,570	(832,869)	(849,214)	(865,312)	(882,192)	(899,836)	(917,832)
	600,253	615,994	(15,741)	454,265	2,858,074	1,226,861	1,486,602	(259,740)	1,562,479	1,917,501	2,163,764	2,285,983	2,480,339	2,557,549
Lottery Income	215,168	213,978	1,191	223,350	454,014	452,026	459,720	(7,693)	485,486	580,602	685,202	760,378	827,111	886,282
Lottery Costs	(87,067)	(119,522)	32,454	(93,047)	(188,041)	(202,111)	(269,249)	67,137	(283,608)	(291,009)	(305,168)	(316,143)	(326,243)	(335,568)
	128,101	94,456	33,645	130,302	265,973	249,915	190,471	59,444	201,878	289,593	380,035	444,235	500,868	550,715
Shop Income	481,722	427,753	53,969	60,598	203,693	1,096,576	1,029,744	66,832	1,352,014	1,699,830	1,920,558	1,956,381	1,993,697	2,031,759
Shop Costs	(554,937)	(578,351)	23,413	(393,346)	(913,626)	(1,110,716)	(1,145,386)	34,671	(1,229,622)	(1,428,505)	(1,546,648)	(1,557,439)	(1,583,780)	(1,607,916)
	(73,215)	(150,598)	77,383	(332,748)	(709,933)	(14,139)	(115,642)	101,503	122,392	271,325	373,910	398,942	409,916	423,843
		-35%		-549%		-1%	-11%		9%	16%	19%	20%	21%	21%
Support Costs	(164,700)	(165,106)	406	(159,453)	(339,414)	(329,176)	(335,644)	6,468	(318,003)	(305,066)	(311,219)	(317,155)	(323,213)	(329,394)
Fundraising Contribution	490,439	394,746	95,693	92,366	2,074,699	1,133,461	1,225,787	(92,326)	1,568,747	2,173,354	2,606,490	2,812,005	3,067,910	3,202,713
Shortfall before DOC Funding	(762,489)	(1,065,789)	303,301	(503,365)	965,199	(1,403,651)	(1,684,749)	281,098	(1,575,354)	(1,034,483)	(669,083)	(487,804)	(267,810)	(206,716)
DOC Funding	499,998	500,000	(2)	0	280,000	1,000,000	1,000,000	0	600,000	500,000	400,000	300,000	200,000	100,000
Contingency Drawdown									240,000					
	(262,491)	(565,789)	303,299	(503,365)	1,245,199	(403,651)	(684,749)	281,098	(735,354)	(534,483)	(269,083)	(187,804)	(67,810)	(106,716)

Management Accounts July 2021	Actuals 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Actuals 2020-21	Forecast 2021-22	Budget 2021-22	variance	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Total Income	3,100,002	2,959,465	140,537	2,551,719	7,826,686	6,666,424	6,519,363	147,062	7,068,836	7,575,574	8,088,323	8,264,712	8,507,514	8,627,132
Total Cost	(3,362,493)	(3,525,254)	162,762	(3,055,084)	(6,581,487)	(7,070,075)	(7,204,112)	134,037	(7,804,190)	(8,110,057)	(8,357,405)	(8,452,516)	(8,575,324)	(8,733,848)
Shortfall for period	(262,491)	(565,789)	303,299	(503,365)	1,245,199	(403,651)	(684,749)	281,098	(735,354)	(534,483)	(269,083)	(187,804)	(67,810)	(106,716)

Management Accounts September 2021	Year To Date				Full Year									
	Actuals 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Actuals 2020-21	Forecast 2021-22	Budget 2021-22	variance	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Surplus/(Loss) from Operations	(262,491)	(565,789)	303,299	(503,365)	1,245,199	(403,651)	(684,749)	281,098	(735,354)	(534,483)	(269,083)	(187,804)	(67,810)	(106,716)
Depreciation	73,740	109,462	(35,721)	129,553	302,968	194,340	240,654	(46,314)	282,524	317,355	305,636	238,866	203,607	194,452
Decrease/(Increase) in Debtors	637,474	237,154	400,320	899,891	(533,412)	1,301,522	(38,424)	1,339,946	(30,209)	1,673	1,673	36,673	1,673	81,673
(Decrease)/Increase in Creditors	(524,227)	(511,620)	(12,607)	64,602	3,640,923	(1,343,706)	(1,011,990)	(331,716)	(612,859)	(511,613)	(411,598)	(293,462)	(192,156)	(92,185)
Net cash (expended)/ generated by operations	(75,504)	(730,794)	655,290	590,682	4,655,678	(251,495)	(1,494,509)	1,243,014	(1,095,897)	(727,068)	(373,371)	(205,726)	(54,686)	77,224
Purchase of Fixed Assets	(114,462)	(578,571)	464,109	(151,067)	(250,308)	(549,804)	(610,841)	61,036	(239,299)	(160,000)	(150,000)	(150,000)	(120,000)	(120,000)
Increase / (Decrease) in Cash	(189,965)	(1,309,364)	1,119,399	439,614	4,405,370	(801,299)	(2,105,350)	1,304,051	(1,335,196)	(887,068)	(523,371)	(355,726)	(174,686)	(42,776)

Management Accounts September	Year To Date				Full Year									
	YTD 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Actuals 2020-21	Forecast 2021-22	Budget 2021-22	variance	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Fixed Assets	602,286	1,031,491	(429,205)	4,297,984	561,565	917,029	932,569	(15,539)	873,804	716,449	560,813	471,947	388,340	313,888
Debtors	1,448,891	566,648	882,244	653,061	2,086,365	784,843	842,225	(57,382)	815,052	813,378	811,705	775,031	773,358	691,685
Cash at Bank	6,430,341	4,629,729	1,800,613	2,654,550	6,620,306	5,819,008	3,833,744	1,985,264	4,483,811	3,596,743	3,073,372	2,717,646	2,542,960	2,500,184
Creditors	(3,452,952)	(3,139,202)	(313,750)	(400,858)	(3,977,179)	(2,633,473)	(2,638,831)	5,359	(2,020,614)	(1,509,001)	(1,097,403)	(803,941)	(611,785)	(519,600)
Net Assets	5,028,567	3,088,665	1,939,901	7,204,737	5,291,057	4,887,407	2,969,706	1,917,701	4,152,053	3,617,569	3,348,487	3,160,683	3,092,873	2,986,156

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Cash management, investment and reserves policy

1. Approval and renewal

Policy owner: Joint CEO	Date of last review: November 2021
Policy approval: Board	Date of next review: November 2022

2. Introduction and scope

The purpose of this Policy is to outline the principles of cash, investment and reserves management at St Raphael's Hospice. Through these principles, the charity will aim to balance costs, benefits and risks of investment income whilst also ensuring there is enough cash on hand, and reserves in place, to meet obligations and avoid funding shortfalls.

3. Aims and approach

This policy applies to all forms of cash and cash equivalents (including short, medium and long term deposits) recognised by the Charity and to all staff responsible for the investment and recording of cash-related activities. It applies to investments held by the charity whether in investment vehicles, property or other forms, and restricted and unrestricted reserves.

In terms of cash management, the aim of this policy is to outline the charity's approach to cash management, forecasting, banking and authorised persons to ensure a coordinated approach.

In relation to investments, the aim of this policy is to ensure that St Raphael's Hospice makes investments in line with the guidance set out by the Charity Commission so that trustees:

- know, and act within, their charity's powers to invest (legal requirement)
- exercise care and skill when making investment decisions (legal requirement)
- select investments that are right for their charity; this means taking account of:
 - how suitable any investment is for the charity
 - the need to diversify investments (legal requirement)
- take advice from someone experienced in investment matters unless they have good reason for not doing so (legal requirement)
- follow certain legal requirements if they are going to use someone to manage investments on their behalf (legal requirement)
- review investments from time to time (legal requirement)
- explain their investment policy (if they have one) in the trustees' annual report (legal requirement).

In terms of reserves, the aim of this policy is to ensure that St Raphael's Hospice manages unrestricted reserves in line with the charity's approach to robust financial management and charity sector best practice requiring that trustees develop a reserves policy that:

- fully justifies and clearly explains keeping or not keeping reserves
- identifies and plans for the maintenance of essential services for beneficiaries
- reflects the risks of unplanned closure associated with the charity's business model, spending commitments, potential liabilities and financial forecasts
- helps to address the risks of unplanned closure on their beneficiaries (in particular, vulnerable beneficiaries), staff and volunteers

This policy should be read in conjunction with the St Raphael's Hospice Financial Delegated Authorities.

4. Relevant legislation

The guiding principles of this Policy contribute towards meeting the Charity's obligations under the Charities SORP FRS102 by ensuring the existence of an effective cash management system to provide for the payment and investment of cash, transmitting timely and reliable cash flow forecasts to the Senior Leadership Team and ensuring compliance with relevant statutory and regulatory requirements.

The Policy is also fully compliant with the requirements set out in 'CC14: Charities and investment matters: a guide for trustees' published by the Charity Commission.

5. Definitions

Cash management – Cash management is the process of collecting and managing cashflows.

Investment – An investment is an asset or item acquired or held by the charity with the goal of generating income or appreciation.

Restricted reserves – Restricted reserves comprise the unutilised element of donated or grant income that has been assigned to a specific purpose by the funder or as a result of the wording of an appeal for funds.

Unrestricted reserves – Unrestricted reserves comprise unutilised funds which are not restricted and which are available for the Trustees to apply to the objects of the charity in the future.

Designated reserves – Designated reserves are unrestricted reserves which have been assigned to a particular purpose by the Trustees for the time being. Examples may include planned future projects or to represent the balance sheet value of fixed assets in use by the charity.

General reserves – General reserves are unrestricted reserves that are not subject to any designation by the Trustees.

Free reserves – Free reserves are that portion of the general reserve which are held in cash or other sufficiently liquid assets to be available for utilisation at short notice.

6. Roles and responsibilities

St Raphael's Hospice Board – the St Raphael's Hospice board has overall responsibility for this policy and ensuring it is reviewed regularly. The board holds overarching oversight of, and accountability for, the charity's approach to cash management, investment and reserves.

St Raphael's Hospice Finance & Resources Committee – the St Raphael's Hospice committee is responsible as a board Committee for reviewing and monitoring the charity's cash in hand, cashflow forecasts, approach to investments and related performance, and levels of reserves, on a regular and ongoing basis

St Raphael's Hospice Joint CEO – the St Raphael's Hospice Joint CEO has specific responsibility for overseeing financial arrangements on behalf of the Board, and for oversight of financial projections. The main duties of the Joint CEO are to provide the board with ongoing assurance that:

- The financial responsibilities of the Board are being properly discharged
- Resources are being managed in an efficient, economical and effective manner
- A sound approach to cash management, investment and reserves is being taken
- Financial considerations are fully taken into account in reaching decisions.

In practice, the performance of this role encompasses:

- ensuring that the organisation is effectively managing its cash position based on realistic cash flow forecasts
- securing appropriate investment advice to inform investment decisions
- monitoring the performance of investments on a periodic basis
- maintaining appropriate levels of reserves according to the charity's turnover and funding risk profile.

Investment managers

St Raphael's Hospice employs the services of investment managers, (currently Sarasin & Partners), who provide updates on the performance of St Raphael's Hospice's investments and advice on how returns can be achieved in line with the charity's overarching approach.

7. Cash management

7.1. Cash and cash equivalents

The Charity maintains cash on hand which is available immediately to meet the Charity's cash requirements. It includes, but is not limited to, the Charity's primary bank accounts. Cash can also be maintained within eligible investments as defined by the Investments Policy in the monthly accounts.

7.2. Cash requirements forecast

A forecast of cash requirements, projected for at least one year ahead, is to be created from the approved budget. It is to be maintained and updated on a monthly basis and used to ensure that sufficient operating cash is available to service the day to day needs of the charity and in particular to ensure that payroll is not interrupted.

Banking arrangements should facilitate the automatic transfer of operating cash from an interest bearing, low risk, account to the current account as and when required.

7.3. Bank accounts

The Charity holds primary banking facilities with a major financial institution in accordance with current UK statutory regulations (currently Nat West Bank plc). The banking facility must provide for minimum correspondence and functional requirements as set out by the Charity at the time of establishing the facility and have robust processes in place to ensure only withdrawals approved by authorised signatories are accepted.

The primary banking facility must be operated in pounds sterling (£) and provide access to management services via a broad range of contact methods. The facility selected must also provide a full range of commercial electronic banking features, including account linkage, inter-account fund movements and electronic payments, training, itemised cheques and deposits, and other features as deemed necessary by the Charity.

The Joint CEO will undertake a five-yearly review of the Charity's banking arrangements to ensure value for money and appropriateness of service and submit a report detailing the findings to the Finance Committee.

7.4. Register of bank accounts

A record of all Charity bank accounts will be recorded in the Register of Bank Accounts. The Head of Finance will maintain the register, which must include the following details of each account:

- financial institution details
- name and number of the account
- purpose of the account
- overdraft limit (where applicable)
- interest bearing
- date opened, and
- date closed

7.5. Register of authorised persons

A record of all authorised persons to the Charity bank accounts will be recorded in the Register of Authorised Persons. The Head of Finance will maintain the register, which must include the following details:

- bank account
- name
- position
- authorisation
- authorisation commencement date, and
- authorisation cessation date.

The Head of Finance will undertake an annual review of the Authorised Persons Register to ensure ongoing alignment with the Charity's requirements and forward any recommendations to the Joint CEO. The Joint CEO will seek approval from the Board.

8. Investment

St Raphael's Hospice invests in order to further the charity's charitable aims, taking into consideration the environmental, social and governance (ESG) aspects of the investments in line with our values.

The purpose of this policy statement is to ensure that St Raphael's Hospice will:

- Adhere to its constitutional position "in accordance with the rites and practices of the Catholic Church"
- Make and divest investments in line with agreed parameters set by trustees;
- Ensure that funds are invested in a diversified set of funds in order to ensure a balance of returns and mitigation of risks, and protect the charity's invested funds;
- Achieve alignment of the investment policy and statements published in the annual report and accounts.

The objective for St Raphael's Hospice's investments is to outperform cash whilst only increasing risk to the extent that has reasonably been deemed appropriate by the Board.

Cash holdings above the day to day needs of the organisation should be invested to generate an income commensurate with the risk-level required by the Board.

[Insert details of the charity's approach to investment, portfolios in which funds are invested, who within the charity/ professional advisors sets guidelines for investments, any hedge in place to protect foreign investments, details of ethical investment approach and any further details relevant to this policy]

Commented [AM(1): To be completed once Sarasin & Partners questionnaire completed

All funds will be invested, monitored and recorded in accordance with the Charities SORP FRS102.

9. Reserves

9.1. Restricted reserves:

- Restricted reserves comprise the unutilised portion of grants or donated income that have been given for a particular purpose which has been specified by the donor or which has been given in response to an appeal for particular funding for a specific purpose.
- Restricted reserves shall be recorded by fund, showing income received, expenditure utilised and balances remaining at given dates.
- The charity is not at liberty to utilise restricted reserves in any way that differs from the restriction applied without consent of the donor. Such consent can be deemed to be given, in the case of an appeal, if the wording of that appeal includes advance notice of how surplus funds might be utilised, should they arise.

9.2. Unrestricted reserves

- Unrestricted reserves comprise the accumulated surplus of the charity arising over the years which are not subject to restrictions. Unrestricted reserves can be "designated" or "general".

9.3. Designated reserves

- Unrestricted reserves can be "designated" by the Trustees for a particular purpose, creating a designated reserve.
- A record will be kept of showing income received, expenditure utilised, transfers in and out, together with balances remaining at given dates.
- The charity shall maintain a Fixed Asset Reserve, a designated reserve that represents the balance sheet value of fixed assets held by the charity (cost less accumulated depreciation) together with committed capital expenditure and further capital expenditure that is not committed but is planned for the upcoming twelve months. This will ensure that funds assigned to fixed assets are not assumed to be available for day to day expenditure.
- A designated fund should be created where the Trustees are aware of a material future liability is likely to arise and which is not already accounted for as a liability in the Balance Sheet. An example might be if there is anticipated that there might be a closure of an activity which remain uncertain but which would incur significant cost were it to crystallise.
- Designations are discretionary and can be reversed by the Trustees as they reasonably see fit.

9.4. General reserves

- Unrestricted reserves that are not subject to designation are classified as "general reserves".
- The general reserves of the charity represent resources that the Trustees are at liberty to utilise in pursuit of the charity's objects.

9.5. Free reserves

- Free reserves are that portion of the general reserve which are held in cash or other sufficiently liquid assets to be available for utilisation at short notice. They are available to be utilised in the event of various circumstances arising, including:
 - to protect the charity against a fall in income levels
 - to ensure that all liabilities can be discharged in the event of a cessation
 - to provide working capital in the event that expenditure is needed ahead of income being received
 - to provide funding for new initiatives or opportunities
 - to protect the charity against unplanned, uninsured, adverse events such as losing key staff or adverse publicity
- The charity shall seek to hold between 3 and 6 months' operating expenditure by way of "free reserves". This equates to a level expected to be between £1.5m and £3.5m and is designed to ensure that the charity is able to navigate uncertainty in a planned and timely manner, ensuring that the interests of beneficiaries, stakeholders, creditors and staff are protected. Although there is no firm guidance, The Charity Commission has historically held that this is a satisfactory level.

10. Charity Commission and Serious Incident reporting

As part of its duties as a registered charity, St Raphael's Hospice has an obligation to report serious incidents to the [Charities Commission](#).

A serious incident is an adverse event, whether actual or alleged, which results in or risks significant damage to the organisation such as:

- loss of the charity's money or assets
- damage to the charity's property
- harm to the charity's work or reputation
- harm to the charity's beneficiaries, staff, volunteers or others who come into contact with the charity.

The most common types of incidents are fraud, theft, significant financial losses, criminal breaches, terrorism and safeguarding issues. Where the Joint CEO or Chair of the Finance and Resources Committee determines that a serious incident relating to a significant loss of cash, invested resources or reserves has occurred it must be reported without delay to the Joint CEO Gail Linehan and the Board. The responsibility for reporting serious incidents rests with the Board.

In practice, this responsibility may be delegated to another person who is suitably qualified, such as the Clerk to Trustees or the charity's professional advisers. However, all Trustees hold ultimate responsibility for ensuring their charity makes a report and does so in a timely manner. The Charity Commission's [serious incident reporting framework](#) and published guidance should be followed when making a report.

Any serious incident, whether it occurs in the UK or overseas, or involves a UK or non-UK national, should be reported to the Charities Commission.

11. Monitoring and review

Information on the charity's cash management, investment and reserves will be reported periodically to the Board. This policy is subject to automatic review every year or within that period as required by legislation or experience.

St Raphael's Trustee Authorisation Levels

Name			Authorisation of PO / invoice		Project / New Staff Authorisation	Signing of Contracts	Procurement Card purchases	Banking Authorisation - Always requires 2 signatures			
			In Approved Budget	Not in Approved Budget				Approving Payroll	Signing of Cheques	Online Authorisation on Bankline	Signing of DD and SO (annualised)
Board of Trustees			Unlimited	Unlimited	Unlimited	Unlimited	N/A	Unlimited	N/A	N/A	N/A
Chair of Trustees + Treasurer			200,000	75,000	200,000	100,000	N/A	Unlimited	Unlimited	Unlimited	Unlimited
Chair of Trustees + Joint CEO			200,000	75,000	200,000	100,000	N/A	Unlimited	Unlimited	Unlimited	Unlimited
Chair of Trustees + Trustee			200,000	50,000	100,000	100,000	N/A	Unlimited	200,000	200,000	200,000
Joint CEO + Trustee			100,000	50,000	100,000	100,000	N/A	400,000	200,000	200,000	200,000

St Raphael's Staff Authorisation Levels

Name	Area of Responsibility	Authorisation of PO in own area (expenditure or project over £2k)	Authorisation of invoice for own area of work	Project / New Staff	Signing of Contracts for ongoing services (annualised)	Total Procurement Card purchases	Banking Authorisation - Always requires 2 signatures			
							Approving Payroll	Signing of Cheques	Online Authorisation on Bankline	Signing of DD and SO (annualised)
Joint-CEOs together	All	50,000	50,000	50,000	50,000	-	400,000	100,000	100,000	100,000
Joint-CEO individually	All	30,000	30,000	30,000	30,000	10,000	-	-	-	-
Joint-CEO + Head of HR	Payroll	-	-	-	-	-	400,000	-	-	-
Head of Finance + Joint CEO / Dir Income Gen	Payments	-	-	-	-	-	-	40,000	40,000	40,000
Head of IT and Facilities (John Groom)	IT, Data, Facilities	5,000	2,000	5,000	5,000	3,000	-	-	-	-
Facilities Manager (Steve Cresswell)	Facilities	-	1,000	-	-	2,000	-	-	-	-
Head of Quality and Governance (Alex Rudkin)	Quality and H&S	-	1,000	-	-	-	-	-	-	-
Head of HR (Kelly Channer)	HR	-	1,000	5,000	-	750	-	-	-	-
Head of Finance (Neena Vadgama)	Finance	-	1,000	-	-	-	-	-	-	-
Housekeeping Manager (Paula Di Palma)	Housekeeping	-	500	-	-	2,000	-	-	-	-
Communications Manager (Diamond Naraviene)	Communications	-	500	-	-	-	-	-	-	-
Hospice Volunteers Lead (Ginny Toubal)	Volunteers	-	500	-	-	-	-	-	-	-
Community Volunteers Lead (vacant)	Volunteers	-	500	-	-	-	-	-	-	-
Director of Income Generation (Sara Jane Woods)	Income Generation	10,000	5,000	10,000	10,000	5,000	-	-	-	-
Head of Donor Development) Emily Nicholls	Donor Development & Care	-	2,000	-	-	2,000	-	-	-	-
Donor Development Manager (Lucy Ribaldo)	Donor Care	-	500	-	-	-	-	-	-	-
Lottery Manager (Glenda Withall)	Lottery	-	500	-	-	-	-	-	-	-
Retail Area Manager (Lynda Ryan/Caroline Worley)	Retail	-	1,000	-	-	-	-	-	-	-
Income Generation Volunteer lead (Lorraine Hunt)	Volunteers	-	500	-	-	-	-	-	-	-
Clinical Director (Becca Trower)	Clinical All Areas	10,000	5,000	10,000	10,000	-	-	-	-	-
Consultants	Medical All Areas	-	1,000	-	-	-	-	-	-	-
Head of Psychosocial support (Steve Molyneaux)	Psychological Services	-	1,000	-	-	-	-	-	-	-
Community Manager (Tracy Christmas)	Community	-	1,000	-	-	-	-	-	-	-
IPU Manager (Tracey Young)	IPU	-	1,000	-	-	-	-	-	-	-
Wellbeing Lead (Sheila Payne)	Wellbeing	-	250	-	-	-	-	-	-	-
Clinical Admin lead (Pascale Evans)	Administration	-	250	-	-	-	-	-	-	-
Education (Laura Briant/Maura Flint)	Education & Training	-	500	-	-	-	-	-	-	-
Transport (Chris Skelton)	Minibus / Drivers	-	-	-	-	750	-	-	-	-
Nominated Second (in absence of HOD and agreed in advance with Head of Finance)		-	250	-	-	-	-	-	-	-

St Raphael's Hospice
Meeting of the HR Committee
Held by Zoom video conference
At 10:00am on Tuesday 23rd November 2021

Members: Paul Holmes (PH - Chair)
Marian Norman (MN - Trustee)

In attendance: Kelly Channer (KC – Head of HR – items 4-11)
Gail Linehan (GL – Joint CEO)
Nick Stevens (NS – Joint CEO)
Lorraine Emmanuel (LE – prospective co-opted Committee member)
Ginny Toubal (GT – Volunteer Services Manager – items 1-2)
Anna Machin (Clerk – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
3.2. Action List	Report outcomes of staff survey to Committee	Kelly Channer	January 2022 meeting	2021/23/11-01
5. Equality and diversity	Share update on Equality and Diversity plans inc. staff equality monitoring data	Kelly Channer	January 2022 meeting	2021/23/11-02
6. Speaking Up	Take forward discussion on appointment of Speaking Up Trustee with Board	Paul Holmes	November 2021 meeting	2021/23/11-03
7. Contracts and vaccination status	Add data on staff vaccination and booster take-up to HR Report	Kelly Channer	January 2022 meeting	2021/23/11-04
8. HR risks	Bring information on salary levels within Hospice Departments to December Remuneration Committee meeting	Kelly Channer, Nick Stevens	By early December	2021/23/11-05
9. Menopause policy	Add informational link to Policy before sharing with Managers	Kelly Channer	By early December	2021/23/11-06

1. Welcome, apologies for absence and declarations of interest

Lorraine Emanuel was welcomed to observe the HR & Remuneration Committee meeting. There were no apologies sent to the meeting. There were no declarations of interest in relation to items on the meeting agenda.

2. Volunteer Update & Volunteer Services Dashboard

Ginny Toubal presented key points from the report:

- The reintegration of volunteers has continued over the autumn, and the Befriending Service continues to offer telephone calls alongside in-person visits. The staff member who leads this work is being recruited to role.
- There are 131 volunteers back in role, with 34 on the Reception team and the Gardening team has grown by three times as it is a low-risk role in terms of Covid-19.
- 125 new Retail volunteers have been recruited since March 2021 of whom 75 are still active. A further recruitment campaign will be launched in January particularly targeted at individuals who are taking early retirement.

The Committee received assurance that with vaccines now in place, Covid-19 hasn't been a strong factor in discouraging former, and new potential volunteers, aside from for a small number of volunteers who have an underlying condition that impacts their level on the risk assessment. The greatest priority for the team going into 2022 is to increase the number of Retail volunteers, and continuing to recruit to roles in the Hospice on-site team.

3.1. Review of minutes from 13th July 2021 HR Committee meeting

The minutes of the previous meeting were reviewed and approved as an accurate record of proceedings.

3.2. Actions List and update on matters arising

The Committee reviewed the actions arising from the previous meeting:

- **Staff survey** – this is due for completion by end of November and being run independently by Birdsong. There have been 60 responses so far, with hard copies provided to Retail and Housekeeping staff. It is likely that the closing date will be extended to allow time for more responses. The outcomes will be reported at the January Committee meeting.
- **Update on annual leave; review of Pay Policy** – a proposal will be submitted to the December Remuneration Committee meeting
- **Risk register** – a verbal update will be given as part of the meeting agenda and a written risk register will be shared at the January 2022 meeting.
- **Information on staff sickness insurance** – this would be circulated in follow up to the meeting.
- **HR report data** – further contextual information has been added to the data in the HR Report.

4. Update on HR Activity and Management Plan

Nick Stevens updated on the introduction of the Agenda for Change for Clinical staff which had been approved by the Board at the September Trustees' meeting, with an overall cost of £200-250k per annum. The communication with staff had been challenging due to a misunderstanding on the impact on pay and also initially omitting the 3% NHS pay rise, which negatively impacted morale. Staff are due to receive an uplift in pay from this change and through in-person meetings, apologies were shared with staff and questions answered to allay any concerns.

The Committee recognised the approach taken by leadership in terms of taking responsibility for the messaging and that the timing of these discussions may impact on the take-up or responses to the staff survey.

It was suggested that the actions from the survey could be shared with staff in the new year, to allow time for the move to the Agenda for Change to be finalised.

The Committee asked about lessons learned from the process. Nick Stevens and Gail Linehan shared that in future, meetings with staff would be held in advance of any comparable changes being made to receive feedback, particularly for any that affect some but not all staff. In addition, the leadership had felt an impetus for moving quickly following Board approval in September, as the decision was particularly aimed at raising salaries for recruiting and attracting new staff, however the key learning was the impact on existing staff.

In response to questions from the Committee, Kelly Channer confirmed that recruitment continues to be a priority for the HR team and the challenges experienced by St Raphael's in levels of applications for some roles have also been experienced by other Hospices in the area.

5. Equality and diversity

Kelly Channer will be meeting with the HR Director at Trinity Hospice and Age Concern to develop plans for their organisations which will be shared with the Committee at the January meeting. The staff survey will also include equalities monitoring data to help inform plans. Equality and diversity training days have been rolled out to staff delivered by the Education team which have been well attended and received.

6. Speaking Up

The Committee received assurance on the processes in place within the Hospice, with the Head of HR, Head of Quality & Improvement, and a Lead Trustee named as a communication channel for staff. There were no concerns raised under the Speaking Up policy to report to the Committee.

It was agreed that a new Trustee would be appointed as Speaking Up Trustee from January 2022 onwards, following Marian Norman stepping down from the Board.

7. Contracts and vaccination status

Kelly Channer confirmed that there are low numbers of individuals who have not taken up the vaccine, and the rationales are known for those staff who have not yet received a first dose. It was agreed that the numbers of staff who have received each dose, and the booster, would be added to the Report which would also be useful for internal reference.

8. HR risks (verbal discussion)

Nick Stevens updated on the inflationary risk and increased cost that has been projected into the budget from 2% to 4%, which increases the pressure on the Hospice budget into future years. It is important for the Hospice to remain competitive in salaries that are paid for all staff, particularly lower paid staff including bearing in mind the potential to move to the London Living Wage. The Hospice may need to consider moving towards paying the Living Wage over a period of several years.

The Committee understood this budgetary pressure and requested information on the comparable salary levels for different Departments within the Hospice to be brought to the December Remuneration Committee meeting, including pay differentials for Retail staff, in order to inform the discussion. Staff morale is also an area for continued review following the discussions on the move to the Agenda for Change.

9. Menopause Policy

Kelly Channer introduced the Policy which was being introduced to show support to staff, and reflect the demographics of staff within the organisation.

It was agreed that a link would be added to the Policy to provide more contextual information on the menopause, and practical steps for Managers to take when approached by staff, before being shared with Managers. The Committee approved the Policy.

10. High-level Hospice staffing structure & annual leave allowance 2022/23

Gail Linehan reflected that the implementation of the Agenda for Change will be positive in providing an objective benchmark to a national framework. The Hospice staffing structure is relatively 'flat' in order to give leadership to individual Departments, and this would continue into 2022/23.

There are three Consultants in place and their approach to working together has been reviewed since they have come into post. It has been agreed that they will each hold the role of Lead Consultant in rotation, and the Lead Consultant will attend SLT and Board meetings. The reporting line for the Lead Consultant will move from the Clinical Director to the Joint CEOs. It is a peer-led approach to management as each Consultant will take on the role for a year. It has been emphasised that the Lead Consultant and Clinical Director must work together closely for this to work effectively.

11. Any Other Business and Dates of future meetings

This being Marian Norman's last HR Committee meeting, thanks were expressed for her significant contribution to meetings and discussions over past years.

There were no further items raised under Any Other Business.

Committee members noted the dates for future meetings:

- Remuneration Committee – Tuesday 14th December 2021, 10am-12pm.
- Tuesday 11th January 2022, 10am-12pm
- Tuesday 5th April 2022, 10am-12pm
- Tuesday 5th July 2022, 10am-12pm
- Tuesday 11th October 2022, 10am-12pm
- Wednesday 7th December 2022, 10am-12pm (Remuneration Committee)

The meeting ended at 11.15am

Approved.....

Date.....

St Raphael's Hospice
Minutes of a Meeting of the Board of Trustees
Held at 13:30 on 22nd September 2021
at St Raphael's Hospice

Trustees:

Norman McWhinney (NM) (*Chair*) **Alan Cogbill** (AC) (*Vice-Chair*) **Paul Holmes** (PH)
Sister Veronica Hagen (Sr VH) **Joe Ryan** (JR) **Dr Joy Tweed** (JT)
Marian Norman (MN)

In attendance:

Gail Linehan (GL) (*Joint CEO*) **Nick Stevens** (NS) (*Joint CEO*) **Sara Jane Woods** (SJW) (*Director of Income Generation*)
Ed Cook (EC) (*Advisor to DoC & Finance Committee member*) **Rebecca Trower** (RT) (*Clinical Director*) **Bernard Marley** (BM) (*Fundraising & Communications Committee member*)
Philippa Machin (PM) (*Clerk*)

Apologies:

Carrie Chill (CC) (*Board Advisor*) **Roderick O'Connor** (RO'C) **Sister Kathleen O'Reilly** (Sr KO'R)

1. Welcome and apologies for absence

1.1 The Chair welcomed Trustees to the meeting. Apologies were received and accepted from Roderick O'Connor, Carrie Chill, and Sister Kathleen O'Reilly. Sister Veronica Hagen, Dr Joy Tweed and Philippa Machin joined the meeting virtually.

2. Declarations of interest

2.1. There were no declarations of interest in relation to items on the meeting agenda.

3. Minutes of Board meeting held on 21st July 2021 & Actions List

3.1. The minutes of the 21st July 2021 meeting were reviewed and approved as an accurate record of proceedings.

3.2. Trustees reviewed the Action List:

- 180/03: HLRO report to be signed off by NM - this has been completed.
- 23.09/11 NM, AC, NS, GL: Bring together schedule of Provider visits. Board members confirmed that provider visits will continue to be postponed due to Covid-19.
- 25.11.20/04 GL, RT Organise Safeguarding training for Trustees - Safeguarding training is now being delivered by the Hospice and Trustees are able to attend.

4. Joint CEO Report

4.1 Gail Linehan updated on headline points from the Joint CEO Report:

- The in-patient unit (IPU) refresh is now complete and the unit opened on 31st August. The ventilation system is almost complete. The improvements are appreciated by staff working in the environment and are positive for patients/relatives coming in.

- Recruitment of new staff to support the continuation of clinical services is very pressured at the moment. This is in terms of both recruitment and the current cohort of staff, and is a very real and critical risk for the Hospice. There is also a shortage of volunteers, particularly in the Retail sector.
 - There has been a meeting with the Deputy Director of Finance for Sutton Southwest London Clinical Commissioning Group (CCG) related to ongoing support for the Hospice, and a further meeting is planned for early October.
 - In early September, sessions were held to update all staff and volunteers on activities across the Hospice, plans for the year, and to offer the opportunity to ask questions.
 - Health and safety continuities to be monitored, and mandatory training is encouraged for all staff and volunteers. It is important to attain as high a percentage of trained staff and volunteers as possible for CQC inspections.
 - The Clinical staffing is currently 15% below where it should be on the IPU which poses a number of risks.
- 4.2. Rebecca Trower shared that there are adverts out for various clinical posts, but candidates have declined offers on the basis of pay, with current rates of pay offered sitting below those of other Hospices and local hospitals. Some bank staff have joined, but need mentorship before they can work independently, and may have limited availability. Some current members of staff are absent due to long term sickness. Staff have gone above and beyond to provide cover during Covid-19, however the Hospice cannot continue to rely on the goodwill of staff to cover shifts. If action is taken now the team may be in a better position by the end of the year, but consideration may need to be given to closing beds to ensure safe staffing ratios.
- 4.3. Board members thanked the team for the discussion, recognised the compelling need to increase salaries and proceeded to ask further questions on this matter. Board members asked whether there is any scope for movement of staff between the community and IPU teams, as had been done earlier in the pandemic. Rebecca Trower responded that this is not an option as the Community team has taken on additional work that GP teams have been unable to fulfil. A bid has been submitted to the CCG asking for funding for two further CNS posts to support demand. Nursing agencies do not have candidates available, which is a clear demonstration of how acute the current situation is.
- 4.4. Board members asked how many staff are needed to sustain the service, and the balance between day and night staffing. Gail Linehan advised that the night shift requires two registered nurses and one health care assistant (HCA). An agency nurse was brought in during March 2021 when the initial issue on capacity was raised with the Board, yet there remains a deficit of 7 nights of cover. Board members recognised the CCG would need to be updated on conversations around closing any beds, if this became a necessity.
- 4.6. Board members asked whether communication between teams is working effectively, as in the past there had been issues with medics admitting complex cases which impacted capacity. Rebecca Trower and Gail Linehan confirmed that the medical team work across services and liaise to ensure that patients who are in need of admission due to the complexity of their needs can be appropriately supported. A positive note is that the staff attrition rate is small once people have joined, the Hospice has a good reputation, and the issue lies in attraction rather than retention.
- 4.7. Board members asked about the expected impact of increasing annual salaries by the total amount of £200k as proposed. Rebecca Trower discussed that with the potential of a more competitive salary structure there was a greater likelihood of candidates accepting job offers. At a recent round of interviews there had been some very good candidates, who had not accepted jobs because of salary. However, it would likely be

the end of the year before the impact of any recruitment could potentially be seen allied to required notice periods.

- 4.8. Board members were asked to consider any innovations in the approach to recruitment that could help. RT informed that Student nurses enjoy their placements working at the hospice, so there is a prospective pool there. The hospice has a good reputation. More flexibility with shift patterns could help make roles more attractive, for example 12-hour shifts are desirable to many nurses, so this could be something to revisit. There are complexities relating to covering the 24 hours of the IPU, offering more options for lengths of shifts can necessitate a larger core team. There could be an option to join up on recruitment with other local Hospices. Holy Cross Hospital has reported some success in recruiting nurses directly from India, and shared a contact, although this brings significant responsibilities for monitoring with the UK Border Agency.
- 4.9. Board members asked about the team's approach to fostering morale to help retain and protect current staff. Rebecca Trower confirmed that the feedback at the staff and volunteer briefing was that staff feel well supported. The leadership team support staff wellbeing and resilience wherever possible. Gail Linehan confirmed that the staff survey would be rolled out on 8th November by the independent company Birdsong. Using an external agency will provide assurance of anonymity and objectivity.
- 4.10. Board members asked if having more staff members pro rata to patients would leave less chance of being left with critical gaps. Rebecca Trower and Gail Linehan confirmed that with the full complement of core staff it should be possible to support all 12 beds. When the IPU was full the number of staff required to support the unit was not significantly higher than when there are smaller numbers of patients. The issue is around the requirement to always have a minimum of two qualified RGNs on duty at all times. Housekeeping Manager Sue Davis Evans, who has been on furlough, and Melanie Kirkwood, Team Lead for Hospice Neighbours will both be retiring, with interviews to be held shortly.
- 4.11. Board members asked about current stocks of PPE. Gail Linehan confirmed that all current stock is being retained, as the NHS is preparing for a pressured winter period.

5. Fundraising Report

5.1. Sara Jane Woods provided an update on Fundraising team delivery:

- There has been a lot of activity in all fundraising teams. Retail are busy preparing for the peak which is in October and November. The team are preparing for Light up a Life, and the Santa Dash, which is being planned to go ahead both in person and virtually. An awards night was held on the previous Friday, with 43 companies' representatives attending, and there was a lot of positive feedback on the event. I'm a Director Get Me Out of Here launched on the 9th September and numbers of participants have been much higher than anticipated. Fundraising groups have been trying to hold some events outdoors, but have not returned to previous levels.
- Income is not in line with targets, but some income streams are nevertheless performing well. In Memory donations are down, possibly due to a lack of on-site visits meaning that relatives and friends have not experienced the Hospice services directly and numbers attending funerals having been limited. This reduction in income has been experienced by Hospices across the South East.
- Retail has faced difficulties, and volunteer recruitment is a priority. There are three adverts out for shop managers and there will be interviews for two posts next week, but there was a lack of quality candidates. With Covid-19 cases among some shop staff, Raynes Park was closed temporarily to send staff elsewhere.

5.2. Board members asked for an update on actions undertaken to address the volunteer shortage. There has been a social media campaign and Diamond Naraviene will be writing to 2,500 next of kin of people at the Hospice, with an appeal letter written by a volunteer. There will be a week-long campaign with shops delivering promotion.

5.3. Board members asked about the Garden Appeal. Sara Jane Woods thanked trustees for their support on the idea. The team have had feedback that trusts are facing difficulty raising money for causes like garden appeals. She suggested that the Garden Appeal should be delayed for the foreseeable future. A priority of the five-year strategy is an appeal to help access new donors, and the work done on this appeal can feed into a future appeal, for example for staffing hours. Nick Stevens agreed that it is not the right time for a Garden Appeal, and a priority should be to find a way to make core offers appealing to potential donors. Board members shared that the Macmillan 'hours of care' campaign is a successful example.

6. Finance & Resources update

- 6.1. Nick Stevens summarised key points from the Finance & Resources Report. Donor income is down £100k against the plan due to the impact of the pandemic. Forecasts have been adjusted accordingly, with projections reduced by £300k this year, and reduced for several years in the future.
- 6.2. The expected cost of £200k to increase clinical staff salaries in line with the national Agenda for Change framework, was discussed with Trustees. Moving to the Agenda for Change framework gives clarification to everyone on grading and changes year on year. There will not be a huge ongoing additional cost as a result of the increments, but it will be very positive for staff and helpful for staff retention and recruitment. The forecasts assume the 3% payrise as proposed by the NHS
- 6.3. £250k of cost savings are therefore needed to reach sustainable levels of income and expenditure. Changes to roles saves £60k, the training budget can be reduced from £70k to £50k (which is still an increase on the historic spend) and the communications and events budget can still be increased, but to £40k less than previously budgeted. Potential total savings on budgeted costs could reach £180k, without putting the 'EVE' strategy at risk. A conversation is needed about investments to reach the £250k needed. The projection shows an assumption of £1.5million investment at 4% return, which is subject to discussion.
- 6.4. Board members asked about the risks of reducing the training budget, and whether clinical training is included in that budget. Nick Stevens responded that it is unlikely that the full amount previously budgeted would have been spent. Clinical training is included, and quality training for staff is possible without the higher spend. Board members were assured that the budget for these core training courses is protected in the current plan.
- 6.5. Board members asked for an update on discussions with the CCG. Nick Stevens reported that the contact at the CCG has indicated potential additional support towards costs this year. Only one-third of direct clinical costs is currently contributed by the CCG, despite being fundamental to the service in the area. Gail Linehan discussed how they are working towards engaging with other Hospice CEOs and Hospice UK to advocate for increased core funding for hospices.
- 6.6. The Board unanimously approved the proposal to change the pay structure to the Agenda for Change levels, based on the financial information provided in the meeting paper. The Board requested a follow up report at the November meeting to incorporate the implications of the change on the forward-look projections. **(Action: 22.09.21/01 – NS).**
- 6.7. Board members asked about how the pay rise for existing clinical staff would be communicated to ensure that staff appreciate the Hospice's financial situation. Gail Linehan confirmed that this will be communicated sensitively.

7. Annual report and accounts & update on investments

- 7.1. Nick Stevens updated on the 2020/21 year-end annual report and accounts, which had been reviewed in detail at the Finance Committee, and noted that a letter of representation and a report from the auditors accompany the report. Board members congratulated the team and expressed thanks for their work. Trustees unanimously approved the annual report and accounts for the year ended 31 March 2021.

- 7.2. Joe Ryan updated Board members on the proposal to appoint investment advisors. Committee members held meetings with three firms - Cazenove Capital, Sarasin & Partners, and Quilter Cheviot. The Committee ultimately recommended that the Board appoint Sarasin & Partners. When appointed, he would like to invite the investment advisors to advise on what could be delivered with different level of investments, and a low risk way to earn interest on remaining funds, in order to inform the final decision on the amount of funds to be invested and reserves to be retained. Board members agreed that it would be important to consider the strategy, and the amount of operating costs to be retained in reserves, and Nick Stevens suggested that a minimum of £3 million should be held in reserves, that need not be in cash but should be accessible. Board members agreed that the medium-risk target is a responsible approach.
- 7.3. Board members unanimously approved the appointment of Sarasin & Partners as investment advisors, and to take the discussion on the level of investment to make forward to the next Finance Committee meeting. The Chair was invited to join this meeting. An update would be provided at the November board meeting. **(Action: 22.09.21/02 – JR, NS).**
- 7.4. Board members noted that both Sarasin & Partners and Buzzacott offer training support should any Board members wish to make use of this.

8. Mid-year review of Hospice Risk Register and RAG Report

- 8.1. Gail Linehan shared headlines from the Hospice Risk Register and RAG Report, noting the risk score on clinical staffing on the inpatient unit and impact that moving to Agenda for Change could potentially have on mitigating this. The IT systems failure is in the red zone and mitigated to 12, higher than the immediate risk to clinical. Mitigations and additional controls are updating all IT systems, and the team have also ensured a backfill position for when IT staff are not available. Recruiting volunteers to support the retail sector is an ongoing challenge. Gail Linehan drew attention to the aging staff profile, which could be a continued potential risk based on the recruitment of staff. Board members noted that the residual risk could be retained above a score of 9, even having mitigated some risk with the increased salary offer. **(Action: 22.09.21/03 – GL, RT).**

9. Governance update

- 9.1. Board members approved the appointment of Norman McWhinney to the Clinical Quality & Governance Committee. Norman McWhinney updated on board recruitment. An application for the Board has been received from Bernard Marley. An advertising campaign through Trustees Unlimited resulted in no applicants and they have offered a headhunting exercise free of charge. Sister Veronica Hagen suggested approaching a contact of the Hospice who had previously referred several Board members. **(Action: 22.09.21/04 – NM, AM).**
- 9.2. The Chair shared that one application has been received for the Clinical Quality & Governance Committee. He requested that Joy Tweed and Alan Cogbill hold an interview with this candidate. **(Action: 22.09.21/05 – JT, AC).**
- 9.3. Representation is still needed for various Committees. The Chair proposed that the Board discuss the appropriate number of Trustees on the Board at the November meeting, with an initial suggestion that 12 may be a suitable number in terms of individuals holding places on subcommittees. **(Action: 22.09.21/06 – NM, AM).**
- 9.4. Training would be discussed further at the November meeting, including Duty of Candour, and Unconscious Bias training particularly in relation to interviewing for Board-level roles. **(Action: 22.09.21/07 – NM, AM).**
- 9.5. The Chair addressed the draft 2021 meeting schedule which allows for Committees to feed into quarterly Board meetings, with a Strategy meeting as the fifth meeting to fulfil the requirements of the Articles. It was agreed that meetings would formally end at 5pm, the Strategy meeting would be held in February 2022, and Committee Chairs would liaise with Anna Machin on preferred meeting dates. **(Action: 22.09.21/08 – JR, PH, RO'C, AC, JT, CC, AM).**

9.6. Board members agreed to continue with face-to-face meetings, with individuals continuing to take lateral flow tests prior to attending, as well as facilitating virtual participation.

10. Any Other Business & Date of Next Meeting

No items were raised under any other business. The date of the next meeting was confirmed as Wednesday 24th November 2021, 1pm.

Signed:

Date:

St Raphael's Hospice
Minutes of a Meeting of the Clinical Quality & Governance Committee
Held using Zoom Video Conferencing
At 10:00 on Friday 29th October 2021

Members: Dr Carrie Chill – Board Advisor & Committee member (CC)
 Alan Cogbill – Trustee & Committee member (AC)
 Dr Eva Kalmus – Co-opted Committee member (EK)
 Norman McWhinney – Board Chair & Committee member (NM)
 Dr Joy Tweed – Trustee & Committee member (JT)

In attendance: Gail Linehan – Joint CEO (GL)
 Nick Stevens – Joint CEO (NS)
 Alex Rudkin – Quality Development Manager (AR)
 Dr Jenny Strawson – Consultant (JS)
 Rebecca Trower – Clinical Director (BT)
 Anna Machin (Clerk – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
5. Clinical Risk Register	Share FAQs from drop-in sessions on Agenda for Change with all staff	Gail Linehan, Nick Stevens	Mid-November	21/10/29-01
	Update risk register with suggested change	Gail Linehan, Nick Stevens	Immediate	21/10/29-02
7. Clinical Quality & Governance Report	Provide update on paediatric palliative trainee post and support for younger patients	Jenny Strawson	Meeting during 2022	21/10/29-03

1. Apologies for absence

Joy Tweed took the Chair and welcomed Eva Kalmus to the meeting. There were no apologies sent to the meeting.

2. Review of minutes from last meeting

The minutes of the 16th July 2021 meeting were reviewed and approved as an accurate record of proceedings.

3. Action list from previous meetings

Committee members reviewed the matters arising:

- 21/05/14-02 – Ensure HR Committee consider position on staff contracts and vaccination - There is now an inclusion in all new staff contracts that the hospice recommends/expects staff (but does not mandate) to have all the required vaccinations

to ensure safe working. A watching brief will be kept on developments in the Care sector with regards to mandating vaccines.

- 21/07/16 – 01 - Explore option to recruit agency nurse for night shifts – two agency RGN positions are in post and performing strongly and one further post will be advertised to help prepare for the winter months.
- 21/07/16 - 02 - Share detail on FTE required to bring RGN team to establishment – This is included in the meeting agenda.
- 21/07/16-03 - Share update on IT risks - out-of-hours support is in place and available at times when John Groom is on leave.
- 21/07/16-05 - Encourage IPU staff reflections on time spent in training and working with other colleagues – a feedback day is planned for November 2021.
- 21/07/16-06 - Consider approach to using Datix to collect examples of excellent practice – this is factored into the roll-out of the second module/
- 21/07/16-07 - Consider further ways to help inform patients of Hospice support compared to other services – the Information Booklet will be reprinted in November.

4. Staff staffing levels – IPU

Rebecca Trower has reviewed the required levels to safely staff 12 beds on each shift with HCAs and RGNs. 13.9 WTE staff would be needed including Bank staff and excluding the Manager. All patients have individual rooms, which is general practice now in Hospices, but leads to slightly higher ratios. Over time the balance of staffing and ratio of HCAs and RGNs would need to be adjusted through natural attrition.

The Committee asked about the retirement profile of the team, appetite for 12-hour shifts, and liaison with CCG with regards to cover. Rebecca Trower confirmed that the Community team is closer to retirement than IPU overall, some staff prefer 12-hour shifts and overall more flexibility is now being given, and a request for consideration of funding from the CCGs has been requested, if the Hospice is to continue providing 2 x CNS on each weekend day, which will be followed up at the November meeting.

5. Clinical Risk Register

The Committee asked for update on the challenges with recruitment to nursing roles that has been raised with the Board and Committee. Rebecca Trower confirmed there are three WTE staffing vacancies currently and an HCA vacancy. To address this, the Hospice would take more HCAs on 12-month contracts and is using the Nurse Associate programme. Looking longer-term, in 2 years' time there will be more trained nurses coming into the sector.

The immediate challenge has been mitigated by the two agency nurses, new Bank nurses, and HCAs who are performing well. However Covid-19 numbers are rising in the community and flu season is approaching so this is being monitored closely on an ongoing basis.

The Pay Scales have been reviewed following Board approval to introduce the Agenda for Change for Clinical staff. The information that initially went out to staff mistakenly did not include the 3% uplift agreed with the NHS, and separately some staff understood their pay to have been reduced when they viewed the upper limits on banding, rather than the fact that the combination with the upper London weighting led to increased pay.

The Joint CEOs responded to this by immediately sharing an apology for the miscommunication, offering one-to-one meetings and arranging in-person drop-in sessions to share information and answer questions. The main lesson learned was to have held these meetings with staff prior to making the change. 11 staff have so far agreed to the Agenda for Change pay level.

The Committee recognised the challenges with implementing this change and that the leadership had moved quickly to address concerns raised by staff openly and honestly. It was suggested that the 'FAQs' from the drop-in sessions should be shared with all staff by email. A Union representative could also be considered in future as a feedback channel with staff. It was agreed that the risk register would be updated with one risk on staff relations impacting on retention, and one risk relating to the recruitment of staff.

The Committee noted the remaining high-level risks. The Hospice has reverted to more stringent Covid-19 protocols in light of cases rising nationally. Staff resilience is top of mind moving into winter, with strong support within teams, the Employee Assistance Programme (EAP) in place, and encouragement to staff to take up flu vaccines. The staff survey will be launched in mid-November and is administered by an external organisation. A recent phishing email had been responded to quickly by IT within five minutes and additional information security measures are being put in place including two-factor authentication.

6. Evidence of Excellent Practice register

The Committee noted the Register in particular the strong partnership working between Drs Ambreen and Busi and strong feedback from medical students on their time at the Hospice.

7. Clinical Quality & Governance Report

Rebecca Trower shared key highlights from the Report:

- There is no waiting list for Bereavement Support with high success in recruiting Psychology Students to add capacity. The relaunched Wellbeing Centre offer has been well received, with a slight drop-off in attendance during the recent week due to Covid levels rising. The refresh of the IPU and Reception has been positively commented on by staff, patients and families.
- There has been increasing take-up for the Covid-19 vaccine amongst staff. The Community team is at establishment. The team hold regular caseload reviews using the OACC approach to inform the frequency of visits which is working well so far. A paediatric palliative trainee will join the team one day per week for the next 18 months. The Committee asked for an update on this post and support for younger patients at a future meeting.
- Strong training is given to new colleagues by the Education team and a presentation from the Hospice's Clinical team will be given at the upcoming Hospice UK Conference.

Alex Rudkin updated on the DATIX roll-out due in mid-November and strong buy-in from the Medical team, including Dr Jenny Strawson as Caldicott Guardian. The Audit Programme is linking in closely to the Outcomes Measurement Group.

The Committee noted that referral numbers have increased and received assurance that the data on Falls related to one patient who had not incurred any serious injury.

8. Clinical Action Plan 2021/22

The Committee noted the Plan, and that three items are fully completed.

9. Minutes of meetings and other documents

The Committee recognised the good practice in place by sharing joint on-call resource with Princess Alice Hospice and asked for an update on this at the next meeting.

10. Any Other Business and Dates of future meetings

There were no further items raised under Any Other Business.

The meeting ended at 12.00pm.

Approved..... Date.....

St Raphael's Hospice
Minutes of a Meeting of the Fundraising & Communications Committee
Held by Zoom Video call
At 10:00 on Wednesday 17th November 2021

Members: Roderick O'Connor – Committee Chair (RO'C)
Bernard Marley (BM – Trustee)
Marian Norman (MN – Trustee)

In attendance: Gail Linehan – Joint CEO (GL)
Nick Stevens – Joint CEO (NS)
Emily Nicholls – Head of Donor Development (EN)
Sara Jane Woods – Director of Income Generation (SJW)
Diamond Naraviene – Communications Manager (DN)
Anna Machin – Clerk (AM)

1. Welcomes, apologies for absence and declarations of interest

The Chair welcomed Committee members and colleagues to the meeting. There were no apologies sent to the meeting. There were no declarations of interest in relation to items on the agenda.

2. Review of minutes from 13th July 2021 Committee meeting

The minutes of the 13th July 2021 meeting were reviewed and approved as an accurate record of proceedings.

3. Actions List and update on matters arising

Committee members reviewed the matters arising. The risk register noted on the Action List would be shared with the Exec at their next meeting, circulated to the Committee by email, and discussed at the January Committee meeting.

4. Communications update

Diamond Naraviene provided an update on key Communications activity:

- The Communications team have delivered a number of activities since the last meeting, including a review of branding, updating the Rental brochure, supporting the IPU refresh and recruiting a new part-time team member.
- The team continue to work closely with Fundraising including revising the Light up a Life mailing with new virtual elements, promoting festive events, promoting the Lottery more prominently on the website and preparing the Volunteer Recruitment Campaign for launch in January.

The Committee congratulated the team on the strong Light up a Life communications.

5. 2021/22 year to date Fundraising update

5.1. Fundraising Report - Sara Jane Woods highlighted key points from the Fundraising Report:

- The Gambling Commission have granted St Raphael's an independent licence, which is a significant milestone, and Lottery members will be notified.

- The Shops continue to perform well including use of the Donation Centre, which was closed temporarily due to high numbers of donations and while some fire safety work was undertaken .
- The Lottery Manager has resigned and SJW is working with a recruitment consultant to advise on how this role could be developed to incorporate Individual Giving more widely. Lottery administration will continue to be held by Supporter Care with support from the external Lottery provider Stirling. The Christmas Bumper Draw is performing well.
- The Volunteer Recruitment campaign for Retail will be launched in January to align with local community members making new years' resolutions.
- Rather than the Garden Appeal it has been decided to launch a 'Nurse Campaign' and a 40-person meeting was held this week to develop ideas. The aim is to raise £1m towards core costs, and launch in April 2022.

Emily Nicholls shared an update on fundraising activities:

- The Lavender Appeal performed well, whilst Light up a Life is not performing as strongly as in prior years when there was a boost of support during Covid-19 and currently sits at £50k raised. Certain Challenge Events are recommencing including the London Marathon. The Santa Dash has 90+ participants and the goal is 200, and a Sky Dive Day is planned for May 2022 to coincide with International Nurses' Day. A new company has been found which will be used to identify and sign up for challenge events, mitigating the risk of pre-buying places on individual events that are not taken up.
- Fundraising Groups continue to be engaged and whilst Covid-19 restrictions continue to be a challenge, some are planning to organise Christmas events. A Fundraising Groups Recruitment Strategy is being brought together for 2022.
- The Rudolph Runs will be held this year including assemblies held in schools and the Christmas Pudding Day is being promoted including promotion from a celebrity supporter. The Celebration Evening with corporate partners has helped to strengthen relationships and there are 12 Directors signed up for 'I'm a Director Get me Out of Here'. A £50k donation has been received from a trust towards the Bariatric Suite.

Committee asked about reasons for the Lottery Manager leaving. Changes to administration of Lottery and plans. The Committee wished to express their thanks for her work.

- 5.2. HR and Staffing Matters** – The Committee were asked to note that the Shop Manager in Sutton was recently threatened by a member of the public whilst working alone in the shop. The Committee asked for the leadership team's response and the procedure that was followed. Sara Jane Woods confirmed that she had been notified immediately, the police had attended straight away and the incident had been logged through the internal incident reporting system.

At the Sutton shop, staff are always accompanied by a volunteer or another member of the retail team. Sara Jane Woods said she felt that the risk for each shop should be viewed individually and that more paid staff would impact the bottom line. Lone working is regular practice within the Retail sector. As a result of this incident the Lone Working Policy has been fully reviewed, a Lone Worker device has been issued to each Shop, and communications and training will be delivered to shop staff to ensure they are aware of how to respond should a comparable incident happen in future.

6. Fundraising Figures & Management Plan/ Fundraising Strategy update

The team updated on the Fundraising Figures:

- Appeals are performing well and a larger appeal is planned for 2022/23.
- Challenge Events are sitting below pre-covid figures but have picked up slightly in recent weeks and are above last year

- Corporate giving is on a par with previous years and the team is working to encourage cash, as well as in-kind, donations. Links are being built through the local Merton Chamber of Commerce.
- £51k from trusts was raised for the IPU refresh.

The income sitting below target in certain areas is due to the impact of Covid-19 and continued restrictions on in-person events, challenges, and meeting members of the public in person to sign up to the Lottery etc. When the plan was initially brought together for 2021/22, it was not anticipated that the impacts of Covid-19 would continue this far into the financial year.

Sara Jane Woods and Nick Stevens confirmed that the team continued to work hard to innovate into new areas, plan for 2022 particularly in relation to major donors, celebrity relationships and new projects, and recruit to the team. All areas of the Fundraising Strategy are being implemented, however it is the impact of this work showing through that is being delayed.

The Committee noted the challenges in the external environment, but also that outreach to new communities particularly in the Merton area would lead to a greater number of overall potential donors to the Hospice's work.

7. Any Other Business and Dates of future meetings

The Chair updated that recruitment is underway for a new Trustee with a Fundraising/ Communications skill set who would also join as a Committee member.

Sara Jane Woods noted that a celebrity had been identified to provide potential support for a sustainable fashion show as a key event for 2022.

There were no further items raised under Any Other Business. Committee members noted the date of the next meeting of Tuesday 18th January 2022 from 11am-1pm.

The meeting ended at 11.10pm.

Approved..... Date.....