

**St Raphael's Hospice**  
**Meeting of the Finance & Resources Committee**  
**To be held at St Raphael's Hospice**  
**At 14:00 on Thursday 18<sup>th</sup> July 2024**

Members: Alan Cogbill (AC – Chair)  
Steve Chambers (SC – Trustee)  
Ed Cook (EC – Board Advisor & Co-opted Committee member)  
Paul Holmes (PH – Trustee)  
Sr Kathleen O'Reilly (KO'R – Trustee)

In attendance: Nick Stevens (NS – CEO)  
John Groom (JG – Director of IT & Facilities)  
Alex Rudkin (AR – Director of Quality & Governance)  
Neena Vadgama (NV – Head of Finance)  
Anna Machin (AM – Governance)

Item	Time	Description	Purpose	Lead
1.	14.00-14.05	Welcomes, apologies for absence and declarations of interest	Discussion	Chair
2.	14.05-14.15	Review of minutes from 23 <sup>rd</sup> April 2024 Committee meeting	Approval	Chair
3.		Actions List and update on matters arising (see meeting agenda)	Discussion	
4.	14.15-15.05	Finance Report including: <ul style="list-style-type: none"> <li>• Update on reflections of revised staffing structure into budget and cashflow</li> <li>• Management accounts to end of June 2024 – detailed &amp; summary</li> <li>• Balance sheet &amp; cash movements inc. update on cashflow projections &amp; timing of ICB payments</li> <li>• Update on investments</li> <li>• KPI report</li> </ul>	Discussion	NS, NV
5.	15.05-15.25	Draft 2023/24 financial statements, discussion on going concern statement and audit planning <b>(verbal)</b>	Discussion	NS
6.	15.25-15.40	IT & Estates Report	Discussion	JG
7.	15.40-15.55	Non-Clinical Corporate Governance Report	Discussion	A
8.	-	Financial Delegated Authorities <b>(to carry over to next meeting)</b>	Recommend to Board	NS, AM

9.	15.55-16.00	Any Other Business & Date of next meeting	Discussion	Chair
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**Dates of future meetings:** 2-4pm Tuesday 15<sup>th</sup> October 2024

**Actions log**

<b>Agenda item</b>	<b>Action</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Ref.</b>	<b>Update</b>
4. 2024/25 budget	Prepare 2024/25 budget for Board approval based on Committee discussion	Nick Stevens	By May Board meeting	23.04.24/01	Complete
7. Committee Terms of Reference	Update based on Committee feedback	Anna Machin	By May Board meeting	23.04.24/02	Complete
8. AOB	Bring Financial Delegated Authorities for approval	Nick Stevens	July meeting	23.04.24/03	Complete

**St Raphael's Hospice**  
**Minutes of a Meeting of the Finance & Resources Committee**  
**Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX**  
**At 14:00 on Tuesday 23<sup>rd</sup> April 2024**

Members: Alan Cogbill (AC – Trustee - virtual)  
Ed Cook (EC – Co-opted Committee member and Board Advisor)  
Paul Holmes (PH – Trustee – virtual)  
Sr Kathleen O'Reilly (KO'R – Trustee)

In attendance: Nick Stevens (CEO – NS)  
John Groom (Director of IT & Estates – JG)  
Neena Vadgama (Head of Finance – NV)  
Anna Machin (Governance – AM - virtual)

**Actions arising**

Agenda item	Action	Responsible	Timeline	Ref.
4. 2024/25 budget	Prepare 2024/25 budget for Board approval based on Committee discussion	Nick Stevens	By May Board meeting	23.04.24/01
7. Committee Terms of Reference	Update based on Committee feedback	Anna Machin	By May Board meeting	23.04.24/02
8. AOB	Bring Financial Delegated Authorities for approval	Nick Stevens	July meeting	23.04.24/03

*The meeting commenced at 14.05pm*

**1. Welcome, apologies for absence and declarations of interest**

Alan Cogbill took the Chair and welcomed Committee members and colleagues to the meeting. There were no declarations of interest from Committee members.

**2. Review of minutes from 25<sup>th</sup> January 2024 Committee meeting & matters arising**

The minutes of the previous meeting were reviewed and approved as an accurate record of proceedings by the Committee. The Board had agreed the next steps in relation to the Sarasin fund and movement from investments into the Sarasin cash deposit account.

**3. Finance Report**

**3.1. 2023/24 year-to-date report – Nick Stevens presented key points from the Finance Report:**

- The high-level picture for the 2023/24 year-end figures is now through, with Direct Costs of Services sitting £137k above budget of which £45k was added in at the end of the year as an adjustment to reflect the benefit in kind for the Hospice space.
- Higher than anticipated agency nursing costs were incurred during the year due to vacancies and higher levels of staff sickness on the full complement of clinical staff. There is an approval process in place internally for agency staffing and so this over-

spend does not give rise to a concern around internal controls. Certain patients had complex needs and costs for drugs were incurred, however this is partially recovered through Continuing Care Needs funding.

- The Hospice was over-budget on support costs including £60k spent on the cyber-incident and IT consultancy that was required in follow up.
- The year-end also brings an annual review of unused holiday leave and long service awards which is relatively high for 2023/24.
- In terms of income, legacies have reached £1.56m which is comparable to prior years. There is a legacy of £750-800k that has been confirmed but not yet received in cash, and the timing of this will be pivotal to the Hospice's cashflow.
- Donation income has come in at £1.1m, and whilst income was lower than expected, costs were under-spent so net income was better than projected.
- For Lottery, there was less spend as the campaigns commenced later than planned, although this means that there is not as much associated income for future years.
- Retail income has shown some exceptional results vs plan, despite some shops that did not meet target. A third new shop was not opened as planned. Raynes Park has moved from previously achieving £140k per year to income that dipped significantly, however the former Shop manager is now back in post and this is expected to improve.
- As shared at the March Board meeting, the team are keeping a close eye on Retail bank staffing in order to improve the profit margin, alongside other potential cost savings, in order to reflect the strong performance of income and efforts by the team. The viability of the Wimbledon Park shop will need to be formally assessed by the autumn at the latest, once the wedding outlet has had time to embed. There is good stock however footfall is not as hoped.
- Ebay and Gift Aid income has not met expectation, with intensive training for shops and review of the processes around Gift Aid.

Alan Cogbill updated on the Income Generation & Communications Committee and signs of income starting to increase across a number of budget lines with the larger team in place, showing through in fundraising figures from the past few months.

The Committee commented on the impact of the current inflationary economic environment on costs for the past year. Nick Stevens echoed that this has impacted on costs around IT and professional services, as well as medical kit. Bank staff in Retail, IPU and Housekeeping are used to cover holiday and sickness, and the level of overspend is higher in 2023/24 compared to higher years.

The Committee asked about the likely decision on Wimbledon Park. It was confirmed that it is highly likely that the shop would close, subject to agreement on the lease being resolved. This shop receives a strong number of donations but has insufficient sales. It is not anticipated that new strategies could be identified to bring the shop to a break even position unless it was fully staffed by volunteers.

- 3.2. Balance sheet and cash movements** – there has been a significant drop in cash from £5.6m to £3.3m, which was budgeted but is a stark movement. Fewer legacies were received in cash during the year even though the legacy balance has grown by £0.5m.
- 3.3. Update on investments** – the investment value has increased and funds are performing much better than in prior years.
- 3.4. KPI report** – this has been drafted for use by the Executive on a monthly basis for 2024/25 and would be shared in the next Committee cycle.

#### **4. 2024/25 budget & cashflow projections**

- 4.1. 2024/25 budget** - The 2024/25 budget was agreed in principle by the Board at the March meeting, subject to further cost-saving of £350k. As recognised by Trustees at the meeting, all options bring drawbacks and it is a necessary but difficult exercise. The key areas being explored in more detail, in advance of the 1<sup>st</sup> May Board meeting, are savings on staffing (clinical administration, Executive time, the Physician Associate role, Education team), facilities management costs, and potentially crystallising the vacancy in the Hospice at Home team and merging with the Community team. In addition, IT savings have been identified which would mean ongoing strategic prioritisation by the IT team, alongside moving the Orangery to being volunteer-only, and reducing spend in Life Assurance insurance and awareness-raising costs in the fundraising budget.

Nick Stevens confirmed that the salary amounts for these roles budgeted for the full year, would in part be put towards redundancy costs, therefore there would not be an additional in-year cost associated with changes in structure.

As discussed at the March Board, the Committee was cognisant of further savings needing to be met in the likely case, based on the most recent discussions, that the ICB does not cover 50% of clinical costs. Despite the emphasis in recent coverage on Hospice funding about the need for fairness in NHS funding, there is no messaging from government on a national level that indicates an uptick in funding for Hospices. The Executive will therefore be highly likely to need to undertake more detailed planning on cutting up to £1m of staff-related costs.

Nick Stevens updated on the deadline for triggering legal mediation of Friday 26<sup>th</sup>, which is five days following the most recent meeting with ICB leadership. This is likely to take 4-6 weeks, then the team would move swiftly to expert determination and the pool of potential experts has been reviewed, and they bring relevant legal/ medical/ contract backgrounds. Both Trinity and Princess Alice Hospices are planning to also follow this route.

- 4.2. Cashflow projections** - Nick Stevens drew the Committee's attention to the cashflow graph, which includes an increase in NHS income, improvements in the Retail profit margin, growing fundraised income, and the £750k legacy coming through in January 2025. There is risk across all of these areas of income, in terms of timing. The Committee read through each income line in the cashflow graph, across donations, Gift Aid, shop sales, Lottery income, and legacies; and expenditure costs relating to payroll, rental, and balance movements. The legacies income included here includes several payments of £100-120k; this does not match the pattern of legacy income received this year - there is currently £1.2m of legacy debtors and the timing is not fully known.

The ICB has also not yet given the PO number for the next tranche of quarterly funding, it is not expected that they will not pay given the contract is rolled over, however this leads to an additional area of risk.

The cashflow therefore plots three draw-downs of £500k in July, September and December, and should the next tranche of ICB funding not be received, the first draw-down would need to be brought forward to June. It will need to be closely monitored as to the timing of the £750k legacy.

As shared with the Board in March, the auditors will be making judgements around going concern in autumn 2024, which is before the £750k legacy is due, and will be assessing the funding position until autumn 2025.

- 4.3. Approach to 2024/25 budget-setting** - Colleagues from the DoC emphasised that the position remains that the Hospice needs to present a break-even position for any further funding to be forthcoming, and as emphasised to the Board, there are a number of uncertainties in the 2024/25 business plan and funding model that are not yet resolved due to the timeframe for hearing on ICB discussions, and then making decisions on the staffing structure. The DoC has committed to contributing towards the costs of redundancies.

On this point, Nick Stevens confirmed that the ICB income should be known by August, which will then be used to trigger plans about the extent of restructure needed. The July 2024 draw-down would therefore be taken from existing reserves, and in August and September, discussions with DoC will progress further once the revised business plan is presented. This aligns well with the timing of commencing the audit.

The Committee were in alignment that the Hospice has sufficient reserves for that period to fund expenditure, and turned discussion to the approach to the final 2024/25 budget that should be brought to the 1<sup>st</sup> May meeting for sign-off. It was agreed that, given that the Hospice had received confirmation that the ICB would not fund 50% of clinical costs, a deficit budget based on current funding levels should be brought for sign-off, to give a realistic picture of the Hospice's funding position. Should there be any further upside from the ICB income following mediation and expert determination, this could then be included in a reforecast.

The Committee recognised the complexity of timing for the £350k savings, alongside the likelihood of up to £1m of further cuts being needed from IPU or Community, or across both teams. With ICB discussions, and restructure planning, being undertaken in parallel, it was considered that should cashflow support this approach, both sets of cuts should be announced in tandem in the summer, once the final outcomes of ICB discussion are known.

With the likely full restructure, and related savings, ultimately being realised from April 2025 onwards i.e. the start of the new financial year, the 2024/25 deficit budget would be the working budget that can be shared internally for the interim period.

Nick Stevens would undertake these changes to the 2024/25 budget in readiness for circulation of Board papers. The Committee thanked the Executive for the update and discussion to agree the proposed approach.

## **5. IT & Estates update**

John Groom updated on completion of moving the Netscaler functionality into the cloud, and upcoming move from Citrix to Microsoft in coming months which will present a cost saving. Kitchen refurbishments have recently been completed, and discussions are being progress with Spires St Anthony's in relation to the oxygen supply. The Committee noted the full report in meeting papers. It was noted that costs of IT licences are increasingly high.

## **6. Committee Terms of Reference**

The Terms of Reference were recommended to the Board, subject to removal of the reference to an annual meeting with the pension fund manager, and adding reference to all Committee Terms of Reference on the Trustee's role in upholding the vision and values of the Hospice.

## **7. Any Other Business and Dates of future meetings**

Trustees approved the changing of the bank mandate to reflect that Joe Ryan had stepped down as a Trustee. The Financial Delegated Authorities would be brought to the next meeting for approval. There were no further items raised under Any Other Business. The date of the next meeting was confirmed as 16<sup>th</sup> July 2024.

*The meeting ended at 3.45pm.*

Approved.....

Date.....

# SAINT RAPHAEL'S HOSPICE

## MINUTES OF THE INFORMATION GOVERNANCE & SECURITY COMMITTEE

**Held on A. 21<sup>st</sup> February 2024, B. 11<sup>th</sup> March 2024 & C. 20<sup>th</sup> May 2024  
in St Bedes & Zoom**

<b>Members:</b>	John Groom – Director of IT and Estates – IT AO (A,B,C)
	Becca Trower – Clinical Director - Patient Information AO (A,B,C)
	Kate Billingham-Wilson – Director of Fundraising and Communications - Fundraising Information AO (A,B,C)
	Sara-Jane Woods – Commercial Director – Retail Information AO (A,B,C)
	Barry Angel, Head of HR – Staff HR Information AO (A,C)
	Alex Rudkin – Director of Quality and Improvement – Information Security Officer, Data Protection Lead (Chair & Mins) (A,B,C)
	Nick Stevens – CEO – SIRO (B,C)
	Dr Gabrielle Tamura-Rose – Consultant in Palliative Medicine – Caldicott Guardian / Patient Information AO (A,B,C)
	Ginny Toubal – Volunteer Coordinator -Volunteer Information AO (B)

### ITEM 1: Apologies for Absence

Actions

Nick Stevens – CEO – SIRO (A)	JG
Barry Angel – HR AO (B)	
Ginny Toubal, Volunteer Services Coordinator (Reception / Main Hospice) – Volunteer HR AO (A&C)	
Neena Vadgama, Head of Finance (A,B,C)	

### ITEM 2: Cyber Attack 23 October 2023

A reflection upon the measures put in place post the cyber incident was delivered by JG:-

- |    |                                                                                                                                                                                                                                                |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| a) | Password changes to all users and our administrator accounts have been applied with one or two generic passwords for admin accounts unchanged due to the potential risk of disruption.                                                         | JG |
| b) | Firmware and software updates for servers, switches and some other devices should be performed at regular intervals and ideally as soon as they become available from manufacturers. It is planned to now start doing this on a monthly basis. | JG |
| c) | The external firewalls are several years old and the project to install up-to-date devices was already underway before the cyber-attack occurred. The firewalls replacement should be completed before the end of March 2024.                  | JG |

d) The Hospice has now taken out Cyber Security Insurance to give a level of protection against any future attack.

e) To further avoid the risk of “on-prem” systems being attacked, more services are being moved onto the Cloud where possible. The Datix database has moved to the Cloud version along with the Citrix “Netscaler” services. Other software will follow.

JG

f) A specialist company is to be employed to undertake internal and external “Penetration Testing” on our system, beginning on a monthly basis, starting in the first quarter of 2024.

JG

g) Current web-filtering server has been migrated to the Cloud.

h) Current cloud spam filtering software has recently been replaced with O365 email filtering protection, which we feel has a better level of protection and user experience.

i) Wasabi cloud backup solution is in place to backup all of our virtual servers to the cloud. This is another level of resilience for our backup recovery plan.

j) Plan to move to a fat client environment and move to O365 business premium licensing. This will allow us to take for advantage of additional security software like Azure information protection and Intune.

JG

k) Recently purchased two more large external SSD drives. This will allow us to have longer term offline backups for our environment.

l) Plan to replace our spam/virus protection solution from McAfee (Trellix) with O365 defender.

JG

m) To protect access to the EMIS database in the event of a future attack or other problem, new laptops have already been purchased and rolled out to implement use of EMIS Mobile.  
By issuing these to the Community team to replace the aging Chrome Books, staff will be able to directly access the Cloud based EMIS system whether on-site or off-site.  
In addition, two of the IPU computers on wheels (COWs) will be fitted with a new laptop and an EMIS software token, which will enable new patients to be added to the system (not possible with standard EMIS Mobile).  
Five iPad’s for IPU have already been rolled out and staff have been trained for their use with EMIS Mobile.

JG

n) IT staff recruitment will enable a lot of that which is planned and the team comprises John, Brian, Soren, Chris (contractor), Brian G (3 days pcm) AJ (starting soon) and support from Auxilium (Alastair).

JG

### **ITEM 3: Data Storage / Retention / Mapping**

3.1 Discussion initiated over personal identifiable data retention, its storage and its mapping. The value of robust data maps that showed the type and location of the PID saved to the Hospice network was endorsed. It was agreed that:-

a) Data map format would be reviewed and revised accordingly to facilitate granular capture of PID location on the Hospice's network. Intention being that links within the data maps would signpost to folders that contain PID; that PID is not scattered; and that folders that contain PID will have been reviewed to ensure that which is saved has purpose and has a retention period associated.

AR

b) Guidance for data map completion would be revised and re-issued post file/folder relocation to CLOUD based services.

AR

c) Dissemination of requirements would be set out by email, at HoDs and CHoDS and should be cascaded via departmental meeting.

AR

d) Progress toward robust data maps that supported departmental ownership of PID stored to the Hospice's network would be demonstrable before December 2024.

HoDs

e) Attention will be directed at reviewing that which is saved to N:\ and J:\ drives and aligning/recording PID that should be saved within departmental data maps or deleting such PID.

HoDs

f) Review of IT/IG policy to ensure reflection of expectation

AR

g) It was agreed that notice to email users will explain that their email archive will be purged after 5 years so only email items either sent or received in the last 5 years will be accessible on their email accounts and will purge once they are 5 years old. It was noted that email should not be a primary source of pid retention and that pid that should be retained should be copied or moved to the suitable network folder.

JG

h) It was highlighted how it may be useful to create or source a note on Outlook 'user advice' that includes not using Outlook as a primary source of PID that should be retained (and thus referenced in the departmental data map).

JG

i) It was noted that the file servers will be moved to the Cloud later this year and within that migration data to be moved can be restricted to data that has been created or modified within specific time periods ie last 8 years or similar rather than moving it all. Data that is not moved will be purged. Such parameters must take into data retention requirements across different data types.

JG

**Part A meeting closed – all other items deferred to next meeting**

**Part B meeting held on 2024-03-11 – all members present except S-JW, BA & NV**

**ITEM 4: ToR - review**

4.1 The terms of reference were reviewed with no substantial change to content other than inclusion of the Clinical Director as a patient information asset owner and KB-W replacing DN.

AR

**ITEM 5: Minutes of the Last Meeting held on 21 September 2023**

5.1 Accepted

**ITEM 6: Matters Arising – covered on the agenda**

**INFORMATION GOVERNANCE**

**ITEM 7: Data Security & Protection Toolkit Submission Overview**

7.1 Salient features of the DS&P self-assessment were considered and red and amber criteria highlighted. These would be progressed toward green compliance over the course of the next 3 months. Particular attention included:-

1.1.2 review of the information asset register

AR/JG

1.1.6 review of how consent is asked for and recorded was considered. EMIS facilitates the capture and sharing of records. Shared access to EMIS record is disabled either upon advice from the patient to cease 'share' or their death.

1.3.7 review and enhance OP06 Protecting Confidential Information with the Digital Care Hub's Data Protection Policy template

AR

1.3.11 BYOD policy for drafting

JG

2.2.1 Updating IT10

AR

3.1.1 Training needs covering data security and protection and cyber security were reviewed and the Hospice's approach to requirement built into mandatory training via Bluestream Academy considered adequate.

3.2.1 Submission of 90% compliance figure. Encouraged by implementation of Bluestream Academy facility to produce accurate training compliance data going forward.

BA

3.4.1 Acknowledged that those people with responsibility for data security and protection had received sufficient training suitable to their roles

4.2.4 Acknowledged that amending access to IT systems when users leave or change roles is underpinned by email request from line manager / HoD to IT. 3 month purge of Active Directory Database to investigate user outliers. HR monthly leaver report for reconciliation by IT.

4.4.1 JG confirmed that IT administrator activities are logged and that his department and the Hospice at large is supported by IT18 Use of IT Administrator Access.

5.1.1 Noted that following October 2023's data breach the Hospice commissioned a forensic examination that determined a cyber attack via non-immediate patching of Citrix remote access servers. Migrated Citrix remote on prem servers to the Cloud. Citrix patching now undertaken via Citrix in a more timely manner.

6.1.2 Acknowledged that following the data breach in October 2023, all those at high risk were contacted and offered the dark web monitoring service via Experian.

6.3.2 Edit required to IT04 to include reference to use of public wi-fi

JG

7.3.1 Noted that working backups of all important data and information is met by all servers being backed up by via VEEAM. Back up copied to storage unit QNAP which is backed up by another QNAP. Every morning that is then copied to two external drives that provide off line back up. Second off line and off site back up in place for virtual servers called Wasabi. Off line back ups – 3 month and 6 month archive.

8.1.4 & 8.2.1 JG to provide unsupported software and risk update report to SIRO

JG

9.2.1-9.2.4 Penetration testing will be reviewed in 2025 subject to resource budgeting. Timing subject to agreement with SIRO.

JG

10.1.2 [TP Suppliers List](#) Review – request for all to review and ensure up to date.

IAOs

10.2.1 Review cyber security certification in place for Hospice IT system suppliers

JG

### **ITEM 8: IG Actions Working Document**

8.1 PCIDSS – Policy and training material lies with S-JW and Lucy Ribaido with some IT involvement. Moving toward implementation.

S-JW

### **ITEM 9: Third Party Issues**

9.1 As per 7.1 ref 10.1.2

IAOs

**ITEM 10: Continuous Improvement Log**

10.1 IT application and network access incidents have been more recently reported via DATIX. Request for improved communication from IT when network is down ie proactive phone calls to departments / walk around. Recognised that IT resource limitations may prioritise resolution over comms but point is understood.

JG

**INFORMATION SYSTEMS**

**ITEM 11: IT**

**Future Proofing**

11.1 Training in March 2024 on Firewalls. Multiple changes being effected amongst which are Office 365 – fast track licensing and moving to MS Defender. The five year warranty on hardware is coming to an end. Consequently, there will be a greater use of CLOUD storage. Citrix is to be replaced by Azure Stack by September 2024. In summary, there will be far more utilisation of Microsoft.

JG

**Part C meeting held on 2024-05-20 – all members present except GT & NV**

11.2 Cato Networks replace CISCO firewalls with planned disruption expected next month.

JG

11.3 Quotes received for hardware replacement.

JG

11.4 All virus protection has been changed over. MS Defender has identified a lot more vulnerabilities but there is an increased knowledge base in the team and organisational risk will be reduced.

JG

11.5 IT team is holding weekly meetings with Microsoft Fastrack to support cloud solution. Future of file servers and cloud migration will need to be addressed by the end of 2024.

JG

11.6 In summary, progress is going to plan with likely periods of network/application downtime over the coming months which is usual for projects involving transition to different systems. Updates to be delivered at HoDs.

JG

**Disaster Recovery**

11.7 Cloud back up in the last quarter of 2024/25 will likely be the main DR for all the servers but this is currently under review

JG

**Phishing**

11.8 IT will follow up with users any required training prompted by the Phishing exercises.

JG

**IT Risk Register**

11.9 Cyber security remains the number one risk on the IT risk register that is examined by the F&R Committee.

**ITEM 12: Clinical**

**Crosscare / EMIS**

12.1 EMIS data sharing has proven extremely valuable to the clinical team with engagement of the GPs in Merton and Sutton nearing 100%. Engagement of the community Hubs is proving more challenging but expect to progress in the coming few months.

GT-R

12.2 Data sharing on EMIS should be turned off by the Hospice user when the patient dies.

**Datix**

12.3 DATIX has moved to cloud storage with no user ill-effect.

**Subject Access Requests**

12.4 [Register](#) in place that shows timeliness of responses.

**IG Compliance Audit 2024**

12.5 Toolkit to be revised in line with the NHS Digital tool and provided to GT-R.

AR

**ITEM 13: FINANCE**

**SAGE**

13.1 Nil to update. As previously noted. No issues.

**ITEM 14: HR**

**14.1 Natural HR**

- Successful implementation

- Initial use is for recording leave with plan to expand its use over time

- No security issues

- Support is generally very good

• Light years ahead of Select HR	
<b>14.2 Mandatory Training</b>	
Bluestream Academy has replaced PSH product. Huge Thank You to Maura Flint, Practice Educator, who has been instrumental behind implementation.	
July 2024 deadline for users to ensure training is complete	HoDs
<b>14.3 Payroll</b>	
Plan for in-house provision from October 2024 using Bright Day cloud based software. Ruth, Jackie and Barry will be trained users.	BA
<b>ITEM 15: Commercial</b>	
<b>Ebay</b>	
15.1 Consultant advice awaited on how to make best use of this selling platform	S-JW
<b>PCI DSS</b>	
15.2 S-JW to catch up with Lucy Ribaido to complete this project	S-JW
<b>ITEM 16: Fundraising and Communications</b>	
<b>Website</b>	
16.1 Ewan and Anne reviewing Website	KB-W
<b>Raisers Edge (RE)</b>	
16.2 RE NXT to be installed at end of August as RE support will cease in 2025. IT to learn RE NXT to provide better support	JG
<b>ITEM 17: Volunteers</b>	
<b>Database</b>	
17.1 Incorporated in to Natural HR but data cleansing still to be undertaken. Unknown if the volunteer database is still being used as primary system.	
<b>ITEM 18: Corporate</b>	
18.1 No functional IT issues to report	

**ITEM 19: AOB**

19.1 March 2024 : GT-R advised that she had met with the Caldicott Guardian at ESTH and there had been meetings undertaken in establishing the associated governance to allow data sharing of EMIS records with the GP practices of Sutton and Merton.

19.2 May 2024 : GT-R to attend a national conference and provide a presentation on experience as a Caldicott Guardian.

19.3 May 2024 : Need to agree upon the retention period for files on the network in servicing future migration to cloud storage. Separate meeting with SIRO and Executive to be held.

JG/NS/AR

**ITEM 20: Future Dates**

20.1 Dates of future meetings:

Date	Event	Venue/Time
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TBA	Information Governance & Security Committee	TBA
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**April 2023 – March 2024**

**COMPLAINTS REVIEW**

**June 2024**

**Invited : The Executive**

**Attended :**

**Nick Stevens**, CEO

**Sara-Jane Woods**, Commercial Director

**Dr Naomi Collins**, Lead Consultant

**Barry Angel**, Head of HR

**Becca Trower**, Clinical Director

**Kate Billingham-Wilson**, Director of Fundraising & Communications

**Alex Rudkin**, Director of Quality & Improvement

**Apologies**

**John Groom**, Director of IT and Estates

**Introduction**

To inform the annual review of complaints received by the Hospice between 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024

**Aims**

1. To identify underlying themes and points of learning
2. To review responsiveness to complaints

**Actions from 2022/23' review**

Action	Lead
Feedback was cascaded back to the clinical team Heads for their robust and attentive approach to complaints / feedback received.	RT
Practice changes / learning following complaints review was included in the Excellence Register and CQ&G report.	AR
Extrapolation of any feedback suggestive of improvement reported via DATIX feedback in 2023/24 will be administratively cumbersome. There are a number of suggestions that are received via the Hospice's portfolio of reported surveys. Individual reports pick up on elements of development or change undertaken. A Hospice User Group was established in January 2024 and feeds its reflections on material presented for its review into the clinical teams.	AR

**Complaints Summary**

The complaints' summary document found at [Complaints Register extract of April 2023 - March 2024 data](#) was reviewed alongside a quantitative graphical comparative overview 2019-2024 [Complaints Annual Overview 2019-2024 Graphic](#) and calendar year overviews [Jan - Dec 2023 Complaints Quantitative Overview](#) & [Jan - Mar 2024 Complaints Quantitative Overview](#)

There were 18 complaints received between 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024, 100% of which are closed. It was noted that:-

- There were 7 clinical and 11 non-clinical complaints.
- Reported numbers are proportionally at variance to previous years that have all been dominated by clinical complaints in proportion to non-clinical - 2022/23 (12), 2021/22 (12), 2020/21(14), 2019/20 (14). This is largely down to the re-energised engagement of

Retail in the reporting of complaints. Non-clinical complaints are substantively generated from Retail.

- Clinical complaints (7) are notably fewer in number than previous years and significantly less than the numbers reported between 2017-2019 (22 each year).
- Overall, complaint numbers are generally very low.

The number of complaints that have been upheld in full or part following investigation have increased on last year yielding an 89% rate (c.f. 80% in 2022/23, 92% in 2021/22 & 93% in 2020/21).

This should again be seen in a positive manner that continues to support the Hospice's receptiveness to exploring opportunities to learn and develop.

It is noted that there had been a maintained reduction in the clinical complaints founded in the Community (22% in 2023/24; 20% in 2022/23, c.f. 83% in 2021/22 and 57% in 2020/21), a significant decrease in those founded in the IPU (17% in 2023/24, 40% in 2022/23, c.f. 8% in 2021/22 and 29% in 2020/21) and, as mentioned an increase in those complaints founded in retail/fundraising (56% in 2023/24, c.f. 20% in 2022/23, 0% in 2021/22 and 14% in 2020/21). Communication, as distinct from care, presents as the dominant theme underlying the complaints received.

It was noted that the significance/severity of complaint remain low which is encouraging and re-enforces the Hospice's low threshold to report.

Responsiveness to complaints is maintained and compliant with policy.

[Policy](#) in place was last reviewed on 24/11/2022 and supports the DATIX Feedback module that provides an electronic route for reporting complaints and feedback.

Review of individual complaints highlighted a variety of practice changes / learning that have been exacted/effected that included: -

1. On the job procedural training re retail sales etiquette, customer service and responding to queries over price.
2. The value of documenting patients' wishes in the EPR was re-enforced.
3. Consideration to the contacting of DN teams following a patient death on the IPU.
4. A recognition that individual behaviours are not always deliberate and that there may be underlying reasons that, when understood, improve acceptance thresholds.
5. The value of appropriate and timely communication with those important to patients, customers in the retail environments and volunteers.
6. A recognition that behaviour can affect perception and that we should all be self-aware.

Communication remains a consistent area for improvement and development and efforts to support effective delivery in 2024/25 will include maintenance of information leaflet review and customer service training. Maintaining and managing staff morale will be increasingly challenging in 2024/25. Well supported initiatives such as EAS and Schwartz rounds will continue to play a valuable role in supporting staff. Other initiatives in 2024/25 may include the offer of free massage to staff in St Bedes, the Staff E-Newsletter and introduction of employee of the month awards.

It was agreed that the Hospice's culture maintains its embrace of the value of feedback and attention was again afforded to the robust and responsive management of complaints from our Clinical Director and Commercial Director in 2023/2024.

It was agreed that given the low number of complaints review will remain as annual.

<b>Action</b>	<b>Lead</b>
Maintenance of information literature review	RT
Maintenance of customer training	S-JW
Availability and publishing of access to the Employee Assistance Scheme	BA
Maintenance of Schwartz rounds	Dr JS
Maintenance of a staff e-newsletter	KB-W

**HEALTH AND SAFETY COMMITTEE**

**Minutes of Meeting held between 1.30-and 3pm**

**on 6<sup>th</sup> February 2024**

**Present:**

(AR) Alex Rudkin	Quality and Improvement, Chair	(SC) Steve Cresswell	Facilities
(GT-R) Dr Gaby Tamura-Rose	Consultant in Palliative Medicine	(NS) Nick Stevens	CEO
(LR) Linda Ryan	Retail	(JG) John Groom	IT & Estates
(GT) Ginny Toubal	Volunteers	(TC) Tracy Christmas	Community Team
(SM) Sara Mosalam	Infection Control Lead	(BM) Bernard Marley	Board Trustee
(RW) Rebecca Wallis	IPU Sister	(JC) Jonathan Cope	Audit support & Mins

**Apologies for Absence:**

(PH) Philomena Hutchinson	H&S Link (IPU Nights)	(S-JW) Sara-Jane Woods	Commercial Director
(RT) Becca Trower	Clinical Director, Psycho-social, Wellbeing, Medical	(MV) Mirjam Veldhuizen	Hospice@Home
(PD-P) Paula Di Palma	Housekeeping	(RY-P) Roisin Yin-Poole	Community Engagement
(KLG) Kerrie Le Gray	H&S Link IPU		

**Venue:** St Bede's & Remote

<b>1. Apologies &amp; Welcome</b>	<b>Action</b>
Apologies as listed above.	
<b>2. COVID-19</b>	<b>Action</b>
<p>COVID is still a factor. RW – Nothing new to note. There are tentative plans to stop using masks next week, unless there are any cases of COVID in the meantime. The NHS now charges for some COVID related items. They only supply tests for symptomatic patients and staff.</p> <p>TC – Staff screen themselves for COVID before going out into the community. There are spikes in COVID cases in the Community. All staff must perform their own doorstep risk assessments when carrying out home visits. There was a case of COVID on New Year's Day, and since then the only notification of a case was a phone call warning that the relative of a community patient had COVID.</p> <p>SM – There has been a change in policy. Staff can now return to work five days after they have exhibited COVID symptoms instead of ten days.</p>	

<b>3. Minutes of the meeting held on 11<sup>th</sup> October 2023</b>	<b>Action</b>
Minutes of the meeting held on 11 <sup>th</sup> October 2023 were reviewed. GT-R pointed out that her surname on page one should be hyphenated. SC highlighted the overly literal wording regarding evacuating a staff member on page 3.	
<b>4. Matters Arising</b>	<b>Action</b>
<b>Matter arising : a) Retail Shops Operations Manual</b>	
LR informed the meeting that the Operations Manual is under review and there are parts which need rewriting. The Operations Manual is a living document and will be subject to continuous changes. The electronic format will facilitate future updates. S-JW, LR and CW have included it on their list of priorities.	S-JW /CW/LR
<b>Matter arising : b) Wellbeing Centre RAs and Operations Policy</b>	
This has been reviewed and rewritten.	
<b>Matter arising : c) Moving and Handling Training</b>	
Hettle Andrews have provided industrial online training for non-clinical staff whose roles involve frequent manual handling. LR to liaise with S-JW regarding the usefulness of the training.	LR
<b>Matter arising : d) Capitol House – Warehouse Storage Area</b>	
SC inspected Capitol House following GT raising the issue. SC did not find any cause for concern. The area is naturally untidy because of the amount of materials being brought in and out, but it is not hazardous.	
<b>Matter arising : e) Housekeeping Staffing</b>	
GT – There has been no further need for volunteers to fill in for housekeeping staff, but there have been ongoing problems with staff leaving bins filled with perishables (food waste and teabags etc.) on Fridays. This is a notable issue in Fundraising. It is the duty of everyone to ensure their bins are emptied. TC recommended that all HODs should remind their staff to remove perishables from their bins each Friday.	

<b>5. Health &amp; Safety Management Update</b>	<b>Action</b>
This summer the Health & Safety Audit and re-do of the Fire Risk Assessments will be undertaken by an external provider. Dates will be communicated and liaison made in due course.	AR/SC/SJW/ASMs
JG informed the meeting that the order for fire doors in the IPU has been placed and they will be installed two at a time, with the aim being to complete installation of all doors by the end of June. Due to the high costs of installing new doors, the issue of installing new doors for 759 and Tobit will be postponed until 2025. This next set of fire doors will be budgeted for in 2024/25.	SC/JG
Review of electricity policy – <a href="#">OP12 Electricity policy</a> is complete.	
Working at height –is not encouraged, but it might be that ladders are required to be used in certain retail premises and in the Sutton Donation Centre (SDC) in particular. It is necessary to check that WAH equipment is suitably maintained and risk assessment is carried out. There is a new piece of WAH equipment at the SDC. SC has provided training to retail staff so that risk is minimised as much as possible and RA is in place.	SC/AR/SJW/ASMs  SJW

NS enquired as to the matter of equipment that was needed for a specific retail staff member at the Morden shop – steps to accommodate her small stature. LR replied that the staff member has been sourced a piece of equipment like the one she has at home. Security keys are always stored in the appropriate places to rule out the need for unnecessary exertion by staff.	
Internal Health and Safety Checklist – The H&S checklist is being used by the shops and first round of completed audits are expected this month. After receiving two rounds of completed forms, JC will produce report.	JC/AR
Retail Visits – Facilities continue routine visits to the shops. These are highly beneficial. SC has set a goal of each shop receiving a visit every two weeks. Safety checklist completion will help to get a full picture.	SC JC/AR

<b>6. Fire Update</b>	<b>Action</b>
SC announced that on 27th October 2023 there was an incident in reception which did not have a proper follow-up. This prompted accelerated training organised by SC in the form of a fire training week from 20 <sup>th</sup> to 25 <sup>th</sup> November 2023.	SC
SC reported that the Orangery event on 10 <sup>th</sup> January 2024 had pleasing results.	
Over the previous month, 23 retail staff have received fire training, organised by SC. LR affirmed that this has been a great help and that retail staff are much more confident about the correct procedure when a fire alarm goes off.	
AR brought the attention of the meeting to Fire Alarm call point test records and LR reported that these are in the process of completion and will be done by the end of the month.	LR

<b>7. Moving &amp; Handling (new standing item)</b>	<b>Action</b>
AR suggested that Moira will be invited to attend the meetings in future for the topic of Moving and Handling either regularly or periodically as her time / benefit affords. AR asked the meeting about the subject of training and RW and TC responded that Sam leads the training on the ward and in the community and that she is a very competent link. Sam goes through staff competencies and emails staff reminders about training as required.	
There is nothing new to report regarding Moving and Handling Incidents.	

<b>8. Facilities Update</b>	<b>Action</b>
The installation of security cameras for the car parks has been scheduled. Up until now there have been issues with car parking spaces being occupied by commuters, Spire visitors and people dropping off and collecting kids to and from school. TC reported that two staff cars have been damaged by Spire visitors. SC reported that the fire alarm system labels were updated on 8 <sup>th</sup> December. The installation of air conditioning in the Carshalton shop has been progressed. A car charger has been installed at Capitol House. The galley kitchen had been re-furbished.	SC

There have been 103 work requests to Facilities since the last meeting and only 28 are still outstanding. Of these, 12 are retail.	
SC reported that the Community door is scheduled for repair tomorrow (7 <sup>th</sup> February). The repair crew will be coming from Southampton, and will hopefully arrive by mid-morning.	SC
The flooring in the Bariatric room was replaced by Russell Cawberry. The drain had not been working properly. NS suggested that debris from the building works may have clogged the drain. The Bariatric/Family room is functional for patients.	
The car park lighting has now been installed.	

<b>9. Water Safety</b>	<b>Action</b>
AR brought the attention of the meeting to the topic of water safety and announced that there had been an abnormal reading from the small kitchen in the centre of the hospice. SC advised that the fitments have since been replaced and the flushing program re-vitalised and embraced by Facilities with daily flushing. Mervin is carrying out a daily flush of the ten sentinel taps each day. Whenever there has been a legionella reading, it's always been at a low concentration. The limescale build-up from the hard water in this area is a potential breeding ground for legionella. AR commended Facilities for organising and implementing the flushing regime.	SC/MK
Chlorine dioxide levels are tested regularly.	SC
Action that would involve contractor engagement following the Water Risk Assessment remain related to lower risk items in 759 and St Bedes are a work in progress.	SC/JG

<b>10. Infection Control</b>	<b>Action</b>
SM has been appointed as Infection Control lead practitioner and commenced in November 2023, working two days a week. AR welcomed SM to the meeting where she has the opportunity to raise Infection Control related issues.	
RT met with Dr Jim Stevenson who has a long-standing relationship with St Raphael's and we remain grateful for his continued role as chair of the Infection Control meeting.	
SM praised her colleagues at St Raphael's for welcoming her so warmly. TC announced that Jill Smith has stepped down from Infection Control and has been succeeded by Katie White. AR commended JC for his production of the graphical representation of Infection Control data.	SM/JC

<b>11. Risk Assessments/ Risk Register</b>	<b>Action</b>
The <a href="#">Hospice's Risk Assessment Register</a> is available for all to view. Work remains to provide quantifiable summary alongside further work to review qualitative content. BM will continue to check the high level Risk registers over the next six months.	Risk register owners / AR/BM
RAs are a responsibility of departmental heads to maintain and update as change or incident dictates. As a minimum, work place RAs should show evidence of review every two years. Any and all updates to risk assessments should be saved within the respective folder structure at <a href="#">N:\Health &amp; Safety\Risk Assessments\Risk Assessments by</a>	All HoDs

<a href="#">Department</a> and email notification sent to AR in order that the register provides an up to date picture.	
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12. Health & Safety Policy	Action
<p>Policy and procure associated with aspects of health and safety reviewed since the last meeting include:</p> <p><b>CLIN08 Infection Control Policy</b> <a href="#">N:\Policy Manual\CLIN\CLIN08 Infection Control Policy.pdf</a> v5.2 issued 16-11-2023 (4.21 reporting C-Diff positive updated)</p> <p><b>CLIN52 Managing COVID-19</b> <a href="#">N:\Policy Manual\CLIN\CLIN52 Managing COVID-19.pdf</a> v36 issued 16-11-2023 (4.2 updated with email address of UKHSA)</p> <p><b>OP03 Business Continuity Plan Policy</b> <a href="#">N:\Policy Manual\OP\OP03 Business Continuity Plan Policy.pdf</a> v10.0 issued 20-10-2023 (reference to Cyber Attack at 3.2; staff responsibility/title updates at 5.2; minor updates at 7.0; refs to EMIS; Appendices D, E, F, G, I updated)</p> <p><b>OP12 Electricity Policy</b> <a href="#">N:\Policy Manual\OP\OP12 Electricity Policy.pdf</a> v1.3 issued 16-11-2023 (minor updates)</p> <p><b>OP18 Manual Handling Policy</b> <a href="#">N:\Policy Manual\OP\OP18 Manual Handling Policy.pdf</a> v2.1 issued 22-11-2023 (updates throughout including annual training requirement for all non-clinical staff and volunteers who undertake significant manual handling as an integral element of their role such as Facilities and Retail; H&amp;S Committee to provide platform for the Manual Handling Advisor to support maintainance of topic importance)</p> <p><b>OP22 Occupational Dermatitis Policy</b> <a href="#">N:\Policy Manual\OP\OP22 Occupational Dermatitis Policy.pdf</a> v2.0 issued 26-10-2023 (substantive amendments throughout and 'latex' removed from policy title)</p> <p><b>OP37 Falls Policy</b> <a href="#">N:\Policy Manual\OP\OP37 Falls Policy.pdf</a> v2.0 issued 17-10-2023 (substantive updates throughout)</p> <p><b>OP42 Visitors, Identification &amp; Buildings Access Card Control Policy</b> <a href="#">N:\Policy Manual\OP\OP42 Visitors, Identification &amp; Buildings Access Card Control Policy.pdf</a> v1.3 issued 16-11-2023 (minor updates)</p> <p><b>OP15 Fire Policy</b> <a href="#">N:\Policy Manual\OP\OP15 Fire Policy.pdf</a> v3.7 issued 28-11-2023 (date only)</p> <p><b>OP15a Appendices to OP15 Fire Policy</b> <a href="#">N:\Policy Manual\OP\OP15a Appendices to OP15 Fire Policy.pdf</a> v3.8 issued 28-11-2023 (minor updates)</p> <p><b>OP19 Medical Gas Policy</b> <a href="#">N:\Policy Manual\OP\OP19 Medical Gas Policy.pdf</a> v1.2 issued 28-11-2023 (date only)</p> <p><b>OP42 Visitors, Identification &amp; Buildings Access Card Control Policy</b> <a href="#">N:\Policy Manual\OP\OP42 Visitors, Identification &amp; Buildings Access Card Control Policy.pdf</a> v1.4 issued 23-11-2023 (link to Visitor Log updated)</p> <p><b>CLIN52 Managing COVID-19</b> <a href="#">N:\Policy Manual\CLIN\CLIN52 Managing COVID-19.pdf</a> v37 issued 18/01/2024 (inclusion of refs to IPC lead and removal of refs to ESTH IPCT; transfer of responsibility for IPC equipment supply from IPU Ward Sister to IPC Lead and transfer of responsibilities of ESTH IPC team to SRH IPC Lead (section 5); section 9 Staff with a confirmed positive result updated guidance; section 10 Testing for COVID 19 removed; section 14 Visitor guidance updated re children, in the event of a COVID outbreak and visitors entering a covid positive room; 15.4 under Management of Admissions updated to include that the IPU does not need to routinely close to admissions during an outbreak; removal of PPE stock items listing 24.3-24.8; 27.4 Management of COVID 19 outbreak updated; 27.8 Visitor guidance updated to remove need to asking visitors series of questions to ensure they have no COVID symptoms; Appendices 1&amp;2 switched around; Appendix 4 Visiting Guidance updated; Appendix 5 Infection Control Guidance by Patient Pathway updated)</p> <p><b>OP16 Health &amp; Safety Policy</b> <a href="#">N:\Policy Manual\OP\OP16 Health &amp; Safety Policy.pdf</a> v2.0 issued 04-01-2024 (minor updates)</p>	

13. Patient Safety Incident Response Framework	Action
<p>AR informed the meeting of the NHS initiative that care providers, signed up to a standard NHS contract, should demonstrate compliance with the patient safety incident response framework. If a patient safety incident resulted in harm – the response and learning change must be shown. The Hospice already has a low threshold for reporting and tools in place to report incidents. It can be demonstrated the Hospice has a robust culture of reporting.</p>	AR

14. Accidents/ Incidents	Action
<p><b>2023</b> : Non-clinical incident data (n=81) for January - December 2023 was reviewed noting the minor/ no harm or low harm classification for all incidents. Injurious accidents are lower compared to previous years n=7 (c.f. 14 in 2022). BM said that the robust reporting culture will improve and reduce the incident rate in the long run. AR added that the HoDs taking ownership of Health and Safety will improve incident rates as well. Regarding retail – this is an environment that has the uncontrollable element that comes with facing the public, and that all incidents that are caused by members of the public are reported on.</p>	

### RISK MANAGEMENT

#### NON-CLINICAL RISK MANAGEMENT DATA

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

Month	Staff		Visitor/ Customer		Volunteer		Contractor		Not App		2023 Total	2022 Total	2021 Total	2020 Total	2019 Total
	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc					
Jan 23				2(1)		1(1)					3(2)	6(4)	1	1	4
Feb 23						1(1)				6(3)	7(4)	8(6)	3	6(2)	0
Mar 23		2(2)		3(2)	1(1)	1(1)				1	8(6)	12(10)	1	2	2(2)
Apr 23	1(1)	1		3(2)		1(1)				1	7(4)	2(2)	3(1)	0	4(3)
May 23				8(8)						3(1)	11(9)	7(6)	1	3	5(1)
Jun 23		1(1)		1(1)		1(1)				4	7(3)	8(5)	0	3	2(2)
Jul 23			1(1)	3(3)						4(1)	8(5)	5(4)	3	1	1(1)
Aug 23	1(1)	1		2(2)		1(1)					5(4)	7(5)	1	1	5(2)
Sep 23		3(1)		4(4)	2(1)	1(1)				3(2)	13(9)	8(7)	4	1	1
Oct 23	1	2(1)								2	5(1)	3(2)	5	2	2(2)
Nov 23	1	1		1(1)		1(1)				2(1)	6(3)	5(3)	2(2)	1	3(1)
Dec 23						1(1)					1(1)	8(4)	10(9)	0	6(4)
<b>2023</b>	<b>4(2)</b>	<b>11(5)</b>	<b>1(1)</b>	<b>27(24)</b>	<b>3(2)</b>	<b>9(9)</b>				<b>26(8)</b>	<b>81(51)</b>				
2022	10(6)	19(10)	1(1)	24(23)	3(3)	3(3)	0	0	0	19(12)		79(58)			
2021	11	9(2)	(1)	0	2(1)	2(1)	0	(1)	0	8(6)			34(12)		
2020	6(1)	4	0	2(1)	0	3	0	0	0	6				21(2)	
2019	13(7)	6(5)	0	3(1)	2(1)	3	0	0	0	4					35(18)

Notes : In Jan-Dec 2023, there has been one non-clinical incident/ accidents that have required RIDDOR report. This concerned a member of staff who fell in the Reception area. Two incidents that concerned customer falls at Wimbledon Park Shop and the New Malden Clearance Store without injury were notified to our insurers for information. All incidents classified as either Minor/No Harm/Low Harm.

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

Accidents	Staff	Visitor	Vol	Contractor	Not App	2023	2022	2021	2020	2019
Manual Handling							0	0	0	3(3)
Impact/Bump							3	2	3(1)	9(3)
Burn/Scald							1(1)	0	1	0
Allergic Reaction							0	5	0	0
Other							0	1	0	0
Cut	2(1)	1(1)	2(2)			5(4)	3(3)	(1)	0	0
Slip/Trip/Fall	2(1)					2(1)	7(6)	5(1)	2	(3)
<b>2023 Total</b>	<b>4(2)</b>	<b>1(1)</b>	<b>2(2)</b>			<b>7(5)</b>				
2022 Total	10(6)	1(1)	3(3)	0	0		14(10)			
2021 Total	11	0	3(2)	0	0			14(2)		
2020 Total	6(1)	0	0	0	0				6(1)	
2019 Total	12(7)	0	3(2)	0	0					15(9)

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

Incidents (non-injurious)	Staff	Visitors / Customers	Volunteers	Contractor	N/A	2023	2022	2021	2020	2019
Lost Property							6(6)	0	1	(1)
Legionella /					2	2	2			
Driving / Car Park	2(1)		3(3)			5(4)	1	2	0	1
Electric shock								0	0	(1)
Environment Issue /					5(4)	5(4)	3(3)	(1)	0	(2)
Equipment	1(1)				1	2(1)	1(1)	0	3	0
Fire Alarm					3(2)	3(2)	1	0	0	1
Fire								0	0	0
Health Problem	1	2(2)	1(1)			4(3)	2(2)	(1)	3	0
Lone Worker Device	1					1	3(2)			
Information	4		1(1)			5(1)	8(2)	3(1)	2	(2)
Retail Customer							2(2)			
Other							7(4)	3(2)	2	2(1)
Power Cut					9	9	3(2)	(2)	1	0
Security / Theft	3(3)	11(10)			5(1)	19(14)	17(17)	3(1)	2	6
Slip/Trip/Fall/Faint		2(2)	1(1)			3(3)	4(2)	1	(1)	(1)
Impact/Bump		1				1	1(1)	2	0	2(1)
Verbal/ Physical Violence /		11(10)	4(4)			15(14)	4(4)	(2)	0	1
<b>2023 Total</b>	<b>12(5)</b>	<b>27(24)</b>	<b>10(10)</b>		<b>25(7)</b>	<b>74(46)</b>				
2022 Total	19(10)	26(25)	2(2)	0	18(11)		65(48)			
2021 Total	9(2)	0	2(1)	(1)	8(6)			20(10)		
2020 Total	4	2(1)	3	0	6				15(1)	
2019 Total	8(6)	2	3(1)	0	7(2)					20(9)

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

## 2023 Breakdown of Incidents by month

Type	Lost Property Legionella / Bacteria	Power cut	Fall/Faint	Health problem	Verbal/ Physical Violence / Behaviour	Man Hand	Enviro issue / Damage	Impact Bump	Lone Worker Device	Info Inc	Retail Customer Service	Fire Alarm	Security / Theft	Driving / Car Park	Other	Equipment	2023	2022	2021	2020	2019
Jan			1(1)					1					1(1)				3(2)	5(3)	0	1	4
Feb	1	2					1(1)					1(1)	1(1)	1(1)			7(4)	5(4)	0	4(2)	0
Mar		1					1(1)			1(1)			5(3)				8(5)	9(8)	0	2	2(2)
Apr	1			1(1)	2(1)					1			1(1)				6(3)	1(1)	2(1)	0	4(3)
Ma			1(1)	1(1)	4(4)							2(1)	3(2)				11(9)	6(6)	1	3	5(1)
Jun		4											2(2)	1(1)			7(3)	6(3)	0	2	2(2)
July		1	1(1)		2(2)		1(1)						2				7(4)	3(2)	1	0	1(1)
Aug					2(2)					1			1(1)				4(3)	6(5)	1	0	5(2)
Sep					4(4)		1(1)		1	1			2(2)			1(1)	11(8)	8(7)	3	1	1
Oct		1								1				1(1)		1	4(1)	3(2)	2	1	2(2)
Nov				1	1(1)		1(1)						2(1)				5(3)	5(3)	(1)	1	3(1)
Dec				1(1)													1(1)	8(4)	9(8)	0	6(4)
<b>2022</b>	<b>2</b>	<b>9</b>	<b>3(3)</b>	<b>4(3)</b>	<b>15(14)</b>		<b>5(5)</b>	<b>1</b>	<b>1</b>	<b>5(1)</b>		<b>3(2)</b>	<b>20(14)</b>	<b>4(3)</b>		<b>2(1)</b>	<b>74(46)</b>				
2022	(6)	1	3(2)	4(2)	(2)	(4)	(3)	(1)	(3)	8(2)	(2)	1	(17)	1	7(4)	(1)		65(48)			
2021			(2)	1	(1)	(2)	(1)	2		3(1)			3(1)	2	3(2)				20(10)		
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(18)

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

### 15. CAS Alerts

RW advised upon arecent alert regarding MHRA medical equipment (turning devices) needed for mattresses. This has been reviewed and the risk lessened.

### 16. Safety Representatives/ Managers/ Any Other Business

RW told the meeting that it had been reported that doors down the Admin Corridor were being propped open and left like that overnight. They should be kept shut.

### Action

### 17. Date of Next Meeting

Wednesday 12<sup>th</sup> June 2024 1.30-3pm  
Wednesday 16<sup>th</sup> October 2024 1.30-3pm

ALL

**HEALTH AND SAFETY COMMITTEE**

**Minutes of Meeting held between 1.30-and 3pm**

**on 20<sup>th</sup> June 2024**

**Present:**

(AR) Alex Rudkin	Quality and Improvement, Chair	(SC) Steve Cresswell	Facilities
(LR) Linda Ryan	Retail	(JG) John Groom	IT & Estates
(GT) Ginny Toubal	Volunteers	(TC) Tracy Christmas	Community
(JC) Jonathan Cope	Audit support & Mins	(BM) Bernard Marley	Board Trustee
(RT) Becca Trower	Clinical Director, Psycho-social, Wellbeing, Medical	(MF) Maura Flint	Practice Education

**Apologies for Absence:**

(PH) Philomena Hutchinson	H&S Link (IPU Nights)	(GT-R) Dr Gaby Tamura-Rose	Consultant in Palliative Medicine
(NS) Nick Stevens	CEO	(MV) Mirjam Veldhuizen	Hospice@Home
(PD-P) Paula Di Palma	Housekeeping	(RY-P) Roisin Yin-Poole	Community Engagement
(KLG) Kerrie Le Gray	H&S Link IPU	(SM) Sara Mosalam	Infection Control Lead
(TC) Tracy Christmas	Community Team		

**Venue:** St Bede's & Remote

<b>1. Apologies &amp; Welcome</b>	<b>Action</b>
Apologies as listed above. It was noted that LR would be representing Retail going forward. Welcome was extended to Maura who is lead for Patient Manual Handling.	
<b>2. Minutes of the meeting held on 11<sup>th</sup> October 2023</b>	<b>Action</b>
These were accepted.	
<b>3. Matters Arising</b>	<b>Action</b>
<b>Matter arising : a) Retail Shops Operations Manual</b>	
LR informed the meeting that there are copies of the Operations Manual in all the shops and online. Due to restructure, there are still parts which need rewriting. LR will hold a meeting with S-JW and CW about changes to the Operations Manual. The Operations Manual is a living document and will be subject to continuous changes. Using an electronic format as a primary reference source will facilitate future updates but it was noted that the hard copy manual remains the practical preference of the retail team.	LR

<b>Matter arising : b) Moving and Handling Training</b>	
Hettle Andrews have provided industrial online training for non-clinical staff whose roles involve frequent manual handling. LR liaised with S-JW regarding the usefulness of the training. The main areas where it is needed are the shops and the donation centre. All teams were supported with using the moving and handling equipment in the donation centre and how to store items. AR asked whether the training was adequate and LR replied that it was. LR has weekly discussions with shop staff and will feed back if there are any inadequacies. AR thanked her for her proactive engagement.	LR

<b>4. Health &amp; Safety Management Update</b>	<b>Action</b>
AR has discussed the topic of an external re-audit of the Fire Risk Assessments by an external provider with NS and SC and it has been agreed that we will defer further consideration until 2026/27. The Fire RA template used by Hettle at their last assessment has been usefully adopted by SC and has been employed to service the assessments for the new premises taken on since 2021. SC will undertake a reassessment of all Fire Risk Assessments over the next three months. During the larger H&S audit in 2021, there were no very large issues discerned.	SC
SC informed the meeting that the first two fire doors for the IPU, complete with their viewing panels, have been installed and going forward, they will be installed two at a time, with completion aimed for the end of August. RT advised that the disruption on the IPU was being kept to a minimum and effectively managed. The need for replacement fire doors in 759 will be revisited in 2025/26's planning round.	SC SC/JG
Internal Health and Safety Checklist – A H&S checklist is being used by the shops and has highlighted areas for improvement. The <a href="#">first report</a> based on data captured in February 2024 showed an 89% compliance across the 33 criteria considered at the 11 retail locations. Regarding the areas for improvement highlighted, LR reported that all shops now comply with the standard for fire documentation and the personnel know about the fire alarms and required practice. Each shop implements a system whereby all relevant paperwork is kept in a dedicated Operations Manual/folder.  The next round of auditing utilising the H&S checklist is scheduled for August / September 2024.	JC/AR  LR
Retail Visits – Facilities continue routine visits to the shops. These are highly beneficial. SC has set a goal of each shop receiving a visit every two weeks. He reported that it is going very smoothly. Mervin telephones each shop on the day before the scheduled visit so as to pre-empt any problems. LR added that when she receives the phone call, she is able to let facilities know which tools they will need to bring round.	

5. Fire Update	Action
<p>SC announced that in May 2024 he delivered refresher fire training; only six people attended. SC suggested that it may not have been advertised sufficiently. The bulk of the training previously took place in October 2023 and the October 2023 training is still relevant. Over 100 attended in October. AR suggested that it would be best to have a planned booking system rather than open sessions. RT agreed. MF suggested that scheduled sessions be planned for September in coordination with HoDs. AR suggested scheduling the sessions for sooner than September 2024 if SC's time can accommodate.</p>	SC
<p>There have been no new drills and no new false alarms. SC informed the meeting that he makes use of false alarms to have the effect of a drill. MF added that if staff participate in a drill, it brings training to the forefront of their minds. AR thanked SC for his input and suggested another drill pre and post training that may help inform its content.</p>	SC
<p>AR brought the attention of the meeting to Fire Alarm call point test records and LR reported that these are in place and maintained. AR expressed how important it is that each Shop can evidence a testing record. Each shop now has a poster that details who the designated Fire Marshal for that shop is.</p>	LR

7. Moving & Handling (new standing item)	Action
<p>MF will now attend the meeting to service the Moving and Handling topic. She explained that there are three Manual Handling trainers who are qualified to train staff in the moving and handling of patients, of whom MF is one. Their qualifications must be refreshed every three years. MF informed the meeting that one of the MF trainers (Sam) is leaving at the end of July. For the past two years, Sam has led the training on the ward and in the community and she is a very competent link. Paula (an HCA) will have training in September and October 2024. The training focuses on using equipment to move patients in the community and in the Hospice. In the community there are additional challenges because e.g. it is difficult to predict and account for obstacles in the layout of a community patient's bedroom at their home. Staff are trained in using the hoists. The H&amp;S record for each individual patient is updated on EMIS every 72 hours. MF has a list of clinical staff who requested Hettle Andrews training. The Hettle Andrews industrial training is required for some non-clinical staff as well, particularly on the retail side. LR will examine the list of retail staff who have received links for the training and then not taken it. The retail staff who require the training include the van drivers and the donation centre staff, but the shop workers do not routinely lift very heavy items. AR will send on the list of those staff or volunteers that have been signed up to the Industrial training and LR will chase them up for completion of the required module. .</p>	LR  AR LR
<p>GT informed the meeting that housekeeping staff who receive large deliveries require the training as well. GT will highlight incorrect technique or unsafe moving and handling practice if she sees it. All staff are encouraged to do the same.</p>	

8. Facilities Update	Action
<p>The installation of security cameras for the car parks has been completed and monitoring of the car park is in place. SC reported that it has been working well to date. Previous to this system being in place, there were issues with car parking spaces being occupied by commuters, Spire visitors and people dropping off and collecting kids to and from school. These occurrences have mostly ceased, but demand for the car parking spaces still exceeds available spaces. There is a need for visitors to the Wellbeing Centre to park their cars, likewise for people who require psycho-social support sessions. Fines have decreased to two or three a week.</p> <p>There have been 123 work requests to Facilities since the last meeting and only 12 are still outstanding. Of these, 6 are retail.</p>	
<p>SC reported that the Community door was repaired on 7<sup>th</sup> February.</p>	
<p>SC reported that since the job system has been installed in 2014, there have been 6000 jobs of which 7% have been in retail.</p>	
<p>LR commended the current rota put in place by Facilities by which they visit each shop every two weeks and Mervin gives a telephone call the day before. This system takes care of the day to day concerns in retail. Such matters as door repairs can be carried out by the companies who install them.</p>	

9. Water Safety	Action
<p>AR brought the attention of the meeting to the topic of water safety. Before the previous meeting in February there had been an abnormal reading from the galley kitchen in the centre of the hospice. SC advised that the fitments have since been replaced and the flushing program re-vitalised and embraced by Facilities with daily flushing which keeps disinfecting chemicals flowing through the system. Mervin is carrying out a daily flush of the ten sentinel taps each day. Whenever there has been a legionella reading, it's always been at a low concentration, and there have been no recent outbreaks. The limescale build-up from the hard water in this area is a potential breeding ground for legionella. AR commended Facilities for organising and maintaining the flushing regime.</p>	
<p>Chlorine dioxide levels are tested regularly.</p>	
<p>Action that would involve contractor engagement following the Water Risk Assessment are related to lower risk items in 759 and St Bedes. They are pending. SC informed the meeting that the suggested works would be costly given that it would require a lot of plumbing, the removal and replacement of tanks and switching off all water to the building on a temporary basis. 759 has been considered lower risk because there were no vulnerable people in the building, but SC asked whether that has changed now that there are now visitors who use the psycho-social services. AR and SC/JG to discuss this further.</p>	SC/JG/AR

10. Infection Control	Action
<p>SM commenced as Infection Control lead practitioner in November 2023, working two days a week. The Infection Prevention and Control Committee meets regularly and is chaired by Dr Jim Stephenson, Consultant Microbiologist at ESTH whose support we are very grateful for. AR informed</p>	

<p>the meeting that both the <a href="#">Managing COVID</a> and <a href="#">Infection Control</a> policies were last updated in May 2024. SM and her team have been carrying out valuable infection prevention and control audit surveillance on a monthly basis, and quarterly charts are produced by JC in the Quality Office. GT commended SM's Infection Control newsletter that has been recently introduced. SM expects to produce an annual infection control report going forward.</p>	
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11. Risk Assessments/ Risk Register	Action
<p>The <a href="#">Hospice's H&amp;S Risk Assessment Register</a> is available for all to view.</p>	
<p>RAs are a responsibility of departmental heads to maintain and update as change or incident dictates. As a minimum, work place RAs should show evidence of review every two years.</p> <p>Any and all updates to risk assessments should be saved within the respective folder structure at <a href="#">N:\Health &amp; Safety\Risk Assessments\Risk Assessments by Department</a> and email notification sent to AR in order that the register provides an up to date picture.</p>	<p>All HoDs</p>
<p>General RAs facilitate the recording of hazards and control measures in place across a number of set criteria then can be added to if required or complemented by bespoke RAs that are task related.</p> <p>General RA criteria include:-</p> <ul style="list-style-type: none"> <li>COVID 19</li> <li>Fire</li> <li>Employer's Liability</li> <li>Information security</li> <li>Accidents/Incidents</li> <li>Slips/Trips/Falls</li> <li>Manual Handling</li> <li>Electrical Equipment</li> <li>DSE</li> <li>Emergencies/ Loss of electricity / heating</li> <li>Theft/robbery/burglary</li> <li>Violence and Threatening Behaviour</li> <li>Exposure to hazardous substance</li> <li>Inadequate instruction / information on safe working practices</li> <li>Working at height</li> <li>Persons at additional risk</li> <li>Worker well being</li> <li>Lone working</li> <li>Hot weather</li> <li>Receipt and sorting of goods</li> </ul> <p>All departments are advised that their General Risk Assessment should show evidence of review within the previous 2 year period.</p> <p>To date, across 31 locations we can evidently show that 24 have been reviewed/revised within the past 2 years i.e. 77%. Individual reminders will be sent to improve this percentage and report back at the next meeting.</p> <p>BM commended staff engagement with the Risk Assessments.</p>	<p>AR</p>

12. Health & Safety Policy	Action
<p>Policy and procure associated with aspects of health and safety reviewed since the last meeting include:</p> <p><b>A new publication - <a href="#">OP49 Parking Policy</a> issued 14/05/2024 (NEW)</b>  <b><a href="#">CLIN08 Infection Control Policy.pdf</a> v6.1 issued 22/05/2024 (Refs. to IPU Sister amended to IPU Clinical Lead)</b>  <b><a href="#">CLIN52 Managing COVID-19.pdf</a> v39 issued 22/05/2024 (Refs. to IPU Sister amended to IPU Clinical Lead; 8.6 removed re staff completion of individual COVID-19 workplace RAs; section 9 'Staff with COVID-19 Symptoms' replaces 'Staff with a confirmed positive result'; section 10 'Patient with COVID-19 symptoms on the IPU' inserted; 15.2 amended to 'visitors with COVID-19 symptoms must wear PPE'; 15.3 removal of bullet point re 'unlimited visitors for COVID negative patients and wearing of FRSMs is optional'; 16.3 re-written to include cessation of routine LFD testing for asymptomatic individuals prior to discharge from hospital into hospices; 17.7 FFP3 mask changed to FRSM; section 21 'Masks and Respirators' re-written; 25.17 added re Appendix 5; section points 28.3-28.6 re-written re management of COVID-19 outbreak; 28.10 re-written re symptomatic visitors being required to wear PPE; insertion at Appendix 1 of PPE Requirement When Caring for a Person with Suspected or Confirmed Cases of Acute Respiratory Infection; Appendix 4 inserted re COVID 19 Antiviral Medications Request; Appendix 5 COVID pathway guidance removed; Appendix 6 Visitor guidance re-written; Appendix 7 Guidelines for reporting and testing COVID-19 added)</b>  <b>OP38 Violence at Work is currently under review/revision following an incident of threatening behaviour displayed by a visitor to members of the clinical team at a meeting in May.</b></p> <p><b>Policy requiring review within the next 3 months includes:-</b></p> <p><b>OP35 Security</b>  <b>OP01 Incident &amp; Near Miss Reporting</b></p>	

13. Patient Safety Incident Response Framework (PSIRF)	Action
<p>AR explained that work on positioning the Hospice satisfactorily in its compliance with the PSIRF has taken a back seat in 2023/24 but is part of our future planning priorities for 2024/25. PSIRF is an NHS initiative that care providers, signed up to a standard NHS contract, should demonstrate compliance with the patient safety incident response framework. If a patient safety incident resulted in harm – the response and learning change must be shown. The Hospice already has a low threshold for reporting and tools in place to report incidents. It can be demonstrated the Hospice already has a robust culture of reporting. Policy and plan will be amended/constructed to service the PSIRF requirements for a Hospice and any required training sourced to support the policy/plan.</p>	AR

14. Accidents/ Incidents	Action
<p><b>2024</b> : Non-clinical incident data (n=81) for January – May 2024 was reviewed noting the minor/ no harm or low harm classification for all incidents. Injurious accidents are n=10, 8 of which are in retail. One retail accident required an RA adjustment in the shop where it occurred. The incidence of a legionella positive reading is included in the figures. There have been incidents which have warranted reiteration of rules for shop personnel, such as not to attempt to pursue shop lifters and not to carry items in such a way as to obstruct eyesight. Regarding retail – this is an environment that has the uncontrollable element that comes with facing the public, and that all incidents that are caused by members of the public are reported on.</p>	

## RISK MANAGEMENT

### NON-CLINICAL RISK MANAGEMENT DATA

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

Month	Staff		Visitor/ Customer		Volunteer		Contractor		Not App		2024 Total	2023 Total	2022 Total	2021 Total	2020 Total
	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc					
Jan 23	3(3)	2	1(1)	3(3)	0	0	0	0	0	7(4)	16(11)	3(2)	6(4)	1	1
Feb 23	0	0	0	2(2)	4(4)	1(1)	0	0	0	2(1)	9(8)	7(4)	8(6)	3	6(2)
Mar	0	1(1)	0	0	1	0	0	0	0	0	2(1)	8(6)	12(10)	1	2
Apr 23	1	5(3)	0	1(1)	0	1(1)	0	0	0	0	8(5)	7(4)	2(2)	3(1)	0
May	0	0	0	0	0	0	0	0	0	1(1)	1(1)	11(9)	7(6)	1	3
Jun 23												7(3)	8(5)	0	3
Jul 23												8(5)	5(4)	3	1
Aug 23												5(4)	7(5)	1	1
Sep 23												13(9)	8(7)	4	1
Oct 23												5(1)	3(2)	5	2
Nov												6(3)	5(3)	2(2)	1
Dec 23												1(1)	8(4)	10(9)	0
<b>2024</b>	<b>5(3)</b>	<b>8(4)</b>	<b>1(1)</b>	<b>6(6)</b>	<b>4(4)</b>	<b>2(2)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10(6)</b>	<b>36(26)</b>				
2023	4(2)	11(5)	1(1)	27(24)	3(2)	9(9)	0	0	0	26(8)		81(51)			
2022	10(6)	19(10)	1(1)	24(23)	3(3)	3(3)	0	0	0	19(12)			79(58)		
2021	11	9(2)	(1)	0	2(1)	2(1)	0	(1)	0	8(6)				34(12)	
2020	6(1)	4	0	2(1)	0	3	0	0	0	6					21(2)

Notes : In Jan-May 2024, there have been no non-clinical incident/ accidents that have required RIDDOR report. All incidents classified as either Minor/No Harm/Low Harm.

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

Accidents	Staff	Visitor	Vol	Contractor	Not App	2024	2023	2022	2021	2020
Manual Handling							0	0	0	0
Impact/Bump							0	3	2	3(1)
Burn/Scald							0	1(1)	0	1
Allergic Reaction							0	0	5	0
Other							0	0	1	0
Cut	2(2)		2(2)			4(4)	5(4)	3(3)	(1)	0
Slip/Trip/Fall	2(1)	1(1)	3(2)			6(4)	2(1)	7(6)	5(1)	2
<b>2024 Total</b>	<b>4(3)</b>	<b>1(1)</b>	<b>5(4)</b>			<b>10(8)</b>				
2023 Total	4(2)	1(1)	2(2)	0	0		7(5)			
2022 Total	10(6)	1(1)	3(3)	0	0			14(10)		
2021 Total	11	0	3(2)	0	0				14(2)	
2020 Total	6(1)	0	0	0	0					6(1)

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

Incidents (non-injurious)	Staff	Visitors / Customers	Volunteers	Contractor	N/A	2024	2023	2022	2021	2020
Lost Property							0	6(6)	0	1
Legionella /					1	1	2	2		
Driving / Car Park	1					1	5(4)	1	2	0
Environment Issue					3(3)	3(3)	5(4)	3(3)	(1)	0
Equipment							2(1)	1(1)	0	3
Fire Alarm					3(1)	3(1)	3(2)	1	0	0
Fire							0	0	0	0
Health Problem	1					1	4(3)	2(2)	(1)	3
Lone Worker							1	3(2)		
Information							5(1)	8(2)	3(1)	2
Retail Customer							0	2(2)		
Other							0	7(4)	3(2)	2
Power Cut					1(1)	1(1)	9	3(2)	(2)	1
Security / Theft	2(1)/0	0/5(5)			2(1)	9(7)	19(14)	17(17)	3(1)	2
Slip/Trip/Fall/Faint		1(1)				1(1)	3(3)	4(2)	1	(1)
Impact/Bump			2(2)			2(2)	1	1(1)	2	0
Verbal/ Physical Violence /	4(3)					4(3)	15(14)	4(4)	(2)	0
<b>2024 Total</b>	<b>8(4)</b>	<b>6(6)</b>	<b>2(2)</b>		<b>10(6)</b>	<b>26(18)</b>				
2023 Total	12(5)	27(24)	10(10)	0	25(7)		74(46)			
2022 Total	19(10)	26(25)	2(2)	0	18(11)			65(48)		
2021 Total	9(2)	0	2(1)	(1)	8(6)				20(10)	
2020 Total	4	2(1)	3	0	6					15(1)

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

## 2024 Breakdown of Incidents by month

Type	Lost Property	Legionella / Bacteria	Power cut	Fall/Faint	Health problems	Verbal/ Physical Violence / Behaviour	Man Hand	Enviro issue / Damage	Impact Bump	Lone Worker Device False Alarm	Info Inc	Retail Customer Service	Fire Alarm	Security / Theft	Driving / Car Park	Other	Equipment	2024	2023	2022	2021	2020
Jan		1	1(1)	1(1)	1								2(1)	3(1)/2(2)			1(1)	12(7)	3(2)	5(3)	0	1
Feb							1(1)	1(1)					1	0/2(2)				5(4)	7(4)	5(4)	0	4(1)
Mar						1(1)												1(1)	8(5)	9(8)	0	2
April						3(2)		1(1)						1(1)/1(1)	1			7(5)	6(3)	1(1)	2(1)	0
May							1(1)											1(1)	11(9)	6(6)	1	3
June																			7(3)	6(3)	0	2
July																			7(4)	3(2)	1	0
Aug																			4(3)	6(5)	1	0
Sept																			11(8)	8(7)	3	1
Oct																			4(1)	3(2)	2	1
Nov																			5(3)	5(3)	(1)	1
Dec																			1(1)	8(4)	9(8)	0
2024		1	1(1)	1(1)	1	4(3)		2(2)	2(2)				3(1)	9(7)	1		1(1)	26(18)				
2023		2	9	3(3)	4	15(1)		5(5)	1	1	5(1)		3(2)	20(14)	4		2(1)		74(46)			
2022	(6)	1	3(2)	4(2)	(1)	(4)		(3)	(1)	(3)	8(2)	(2)	1	(17)	1	7(4)	(1)			65(48)		
2021			(2)	1	(1)	(2)		(1)	2		3(1)			3(1)	2	3(2)					20(10)	
2020	1		1	(1)	3						2			2		2	3					15(11)

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

### 15. CAS Alerts

Nothing new to report.

### 16. Safety Representatives/ Managers/ Any Other Business

GT told the meeting that there has been an incident where a visitor was antagonistic towards the receptionist and this has mandated a review of the position of the reception desk. Currently there is only one way out of reception and the position of the desk does not facilitate easy exit. JG announced that desk access and positioning has been made a priority.

BM commended GT for intervening when she sees instances of Moving and Handling being carried out improperly. A supervisor must not ignore such occurrences, since that would indicate a tacit approval on the part of that supervisor.

### Action

JG/SC

### 17. Date of Next Meeting

Wednesday 16<sup>th</sup> October 2024 1.30-3pm

ALL

# Finance and Resources Report

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## Key Points

### 1. Key Points are:

- a. Consultations are underway with regard to cost reductions of c.£1m on an annualised basis.
- b. In June we gratefully received a new grant of £1m from the DoC.
- c. The draft management accounts for the 3 months to 30th June 2024 shows a surplus of £389k (after the receipt of £1m DoC grant) compared to budget of £177k.
- d. Cash (including the investment portfolio) at the end of June stood at £4m compared to budget of £3.8m.
- e. The draft financial statements for the year ended 31 March 2024 show a shortfall of £1.2m. The audit is in the last week of August. Much work remains to be done.

## Finance

### 2. Management Accounts – Income and Expenditure

The draft management accounts for the 3 months to 30th June 2024 is attached together with the cash movements/balance sheet summary. Thanks to Neena for getting these accounts prepared at this early date.

**Income from NHS** of £453k is £26k above budget. This includes £36k of continuing care payments (offsetting higher salary cost on IPU).

**Other Income** includes investment movements and this was up £40k across the three months to June – we also have the £1m grant (as budgeted).

**Direct costs of service** is £50k below the budget and £24k above last year. However, the Agenda for Change pay increases have not yet been implemented and are expected to add c£35k to these three months once known.

**Support costs** are roughly in line with budget.

**Legacies** stand at £92k with a budget of £62k. This is in the context of a full year of uncertain legacies of £1.3m (and average over last five years of £1.75m).

**Donations** of £274k to the end of June is behind the budget of £335k and last year figure of £330k.

The table below shows the donation income categorised by the Fundraising team and arising from Raisers' Edge fundraising database as at the end of June 2024 and differs from

the accounts total marginally. The costs shown were estimates which were made before the actuals were completed.

#### Fundraising Income June 2024-25

	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	Actual 2024-25	Budget 2024-25	Variance 2024-25
Appeals	£11,270	£26,263	£47,519	£63,771	£42,690	£47,835	£32,167	£55,000	£(22,833)
Challenge	£26,705	£31,116	£14,237	£10,317	£33,694	£86,134	£66,082	£35,000	£31,082
Community	£40,567	£57,794	£10,542	£13,030	£24,525	£23,663	£8,134	£44,000	£(35,866)
Corporate	£33,768	£24,941	£20,971	£29,137	£32,900	£18,721	£17,269	£38,500	£(21,231)
Events	£4,958	£17,210	£7,670	£9,747	£4,388	£6,102	£3,281	£13,000	£(9,719)
In-Mem	£49,577	£56,123	£45,859	£28,632	£34,600	£39,158	£47,545	£47,000	£545
Other/Gen Giving	£16,466	£19,660	£20,319	£5,939	£25,188	£47,952	£24,285	£22,500	£1,785
Regular	£14,543	£13,235	£13,386	£13,108	£13,075	£15,014	£17,495	£25,000	£(7,505)
Trusts	£23,750	£86,424	£10,750	£24,341	£32,500	£28,750	£45,800	£35,000	£10,800
Major Donors	£0	£0	£40,000	£0	£0	£0	£3,250	£5,000	£(1,750)
<b>Total Fundraising</b>	<b>£221,604</b>	<b>£332,766</b>	<b>£231,252</b>	<b>£198,022</b>	<b>£243,559</b>	<b>£313,329</b>	<b>£265,309</b>	<b>£320,000</b>	<b>£(54,691)</b>

#### Fundraising Costs June 2024-25

Staff Costs	£77,342	£93,033	£91,691	£97,693	£126,094	£103,989	£144,785	£148,522	£3,737
Other Costs	£55,069	£46,086	£32,190	£60,417	£86,215	£66,409	£48,189	£59,352	£11,163
<b>Total Costs</b>	<b>£132,411</b>	<b>£139,119</b>	<b>£123,881</b>	<b>£158,110</b>	<b>£212,309</b>	<b>£170,398</b>	<b>£192,974</b>	<b>£207,873</b>	<b>£14,899</b>
<b>Contribution</b>	<b>£89,193</b>	<b>£193,646</b>	<b>£107,371</b>	<b>£39,912</b>	<b>£31,250</b>	<b>£142,930</b>	<b>£72,335</b>	<b>£112,127</b>	<b>£(39,792)</b>

**Fundraising costs** are £30k below budget for the first 3 months giving a contribution of £95k.

The **lottery** income is marginally above plan and costs are also a little improved. The new campaign has been pushed back 4 weeks to accommodate the changes currently being made and this will delay significant agency costs by one month.

Following a year when **Retail** costs were considerably above budget, the team have focussed on managing staff utilisation much more rigorously and also seeking to increase income by increasing prices and driving gift aid recovery.

Draft Retail at 30 June 2024	Income	Staff Costs	Property Costs	Other Direct Costs	Contribution before HQ	Allocation of HQ costs	Surplus / (Shortfall)	
Banstead	£31,786	£(12,865)	£(9,178)	£(2,500)	£7,243	£(5,171)	£2,071	7%
Carshalton	£36,088	£(11,019)	£(6,238)	£(2,607)	£16,224	£(5,149)	£11,076	31%
Cheam	£42,962	£(14,579)	£(8,390)	£(2,752)	£17,241	£(6,324)	£10,918	25%
Ebay Sales	£4,075	£(366)	£0	£0	£3,710	£(416)	£3,294	81%
Morden	£60,711	£(18,478)	£(7,634)	£(2,951)	£31,649	£(8,284)	£23,365	38%
New Malden	£48,429	£(13,562)	£(9,860)	£(2,784)	£22,223	£(6,892)	£15,331	32%
Raynes Park	£27,192	£(10,510)	£(7,057)	£(2,616)	£7,009	£(4,344)	£2,665	10%
Rosehill	£36,819	£(11,866)	£(4,858)	£(2,631)	£17,464	£(5,164)	£12,300	33%
SDC	£61,271	£(28,649)	£(12,547)	£(7,266)	£12,810	£(10,094)	£2,716	4%
Stonecot Hill	£26,780	£(9,832)	£(5,638)	£(2,246)	£9,064	£(4,077)	£4,986	19%
Sutton	£45,160	£(13,901)	£(10,338)	£(2,361)	£18,560	£(6,618)	£11,942	26%
Wimbledon	£60,379	£(15,087)	£(14,649)	£(3,002)	£27,640	£(8,623)	£19,017	31%
Wimbledon Park	£16,103	£(9,154)	£(11,129)	£(2,920)	£(7,100)	£(3,593)	£(10,694)	-66%
<b>Total Shops</b>	<b>£497,754</b>	<b>£(169,867)</b>	<b>£(107,516)</b>	<b>£(36,636)</b>	<b>£183,736</b>	<b>£(74,748)</b>	<b>£108,988</b>	<b>22%</b>
Not coded	£0	£(3,607)	£(60)	£(608)	£(4,274)	£4,274	£0	
Retail Office HQ	£20,373	£(48,990)	£(32,574)	£(9,283)	£(70,474)	£70,474	£0	
<b>Total</b>	<b>£518,127</b>	<b>£(209,856)</b>	<b>£(140,150)</b>	<b>£(40,527)</b>	<b>£108,988</b>	<b>£0</b>	<b>£108,988</b>	<b>21%</b>
<b>Budget</b>	<b>£482,307</b>	<b>£(240,132)</b>	<b>£(155,614)</b>	<b>£(46,796)</b>	<b>£39,765</b>	<b>£0</b>	<b>£39,765</b>	<b>8%</b>
Variance to Budget	£35,820	£30,276	£15,465	£6,270	£69,223	£0	£69,223	
%	7%	13%	10%	13%	174%		174%	

This has had a swift impact on the figures with the accounts to June showing income up 6% and costs down 9% on budget resulting in a healthy £110k contribution (22%), a turnaround of £100k compared to last year and £70k above budget.

The table above shows sales figures from the Eproductive system to June with some costs estimated for June as this was prepared before the accounts were completed.

The future of the Wimbledon Park shop will be decided during the current quarter. We will also begin to look for new sites again.

### 3. Management Accounts – Balance Sheet

Overall cash (including the investment fund) stood at £4.05m compared to the budget of £3.8m. This was after the release of a new £1m grant from DoC in June.

Investment value stood at £2.22m at the end of June compared to £2.17m at the end of March. £500k of this is remains on overnight deposit though we may now avoid needing to draw upon this.

We retain a large legacy debtor balance of £1.2m which includes a single legacy of £750k. Our cash forecast assumes that this is realised in January 2025, but that is not a certainty.

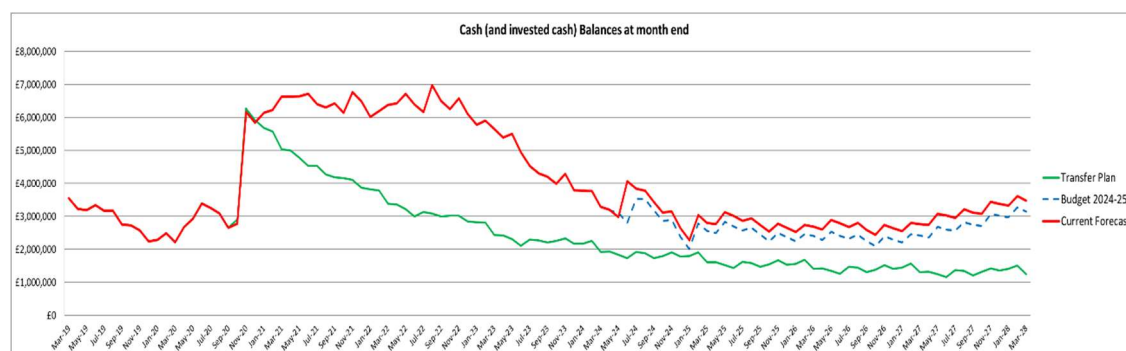
Net assets stood at £4.6m at the end of June compared to the budget of £4.4m.

### 4. Budget and forecast 2024-25

The budget for 2024-25 is shown in the attached accounts with a shortfall of £1.1m before the drawdown. This budget assumed that cost reductions were made during the year and that a grant was received from DoC of £1m. The former is under consultation and the latter has now been gratefully received.

The process of seeking savings has been very difficult as there has been very little found to be “spare”. The Exec has made a proposal that aims to find practical solutions to savings but this is subject to change as a result of the actual process of consultation. It is too soon to update the forecast for the outcome.

### 5. Cash Flow



The graph shows the historic cash balances and projected balances to 2028. Overall it indicates that, once the cost savings are crystallised and IF all the income targets are achieved on time and with costs being on budget, then the charity should be at or around a cash neutral position in c.18 months' time and be over £600k cash positive on an annual basis by 2028.

This serves to provide some *risk mitigation* against these things not going to plan as we have experienced in the past. The income generation increases remain very ambitious.

In the current year, even after the impact of the £1m grant in June 2024, we are dependent upon the timing of the receipt of the £750k legacy in particular, and indeed all other assumed legacies in the plan, for whether we need to break into the £500k cash deposit held with Sarasin. Current projections, assuming the £750k is received in February, indicate that we will need to do so.

## **6. NHS Contract**

We are still in contact with SWL ICB regarding additional funding. At present they are querying the PAH and RTH figures and will follow these up with them. Whilst not querying our figures, they have not yet made any offer for 2024-25 at all. I meet with the CFO again on 24<sup>th</sup> July.

**Nick Stevens, CEO**

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

# Finance & Resources Update – IT & Estates

18 July 2024

## 1 IT Department

1. The Cato sockets have been installed and testing is underway to replace the Cisco firewalls. The Web filtering software will also be replaced using Cato. The new Cato firewalls are a Cloud firewall solution which are updated automatically by Cato.
2. As our planned migration to the Cloud version of Raiser's Edge, our donation database, is going ahead, we have now completed the migration of data to RE NXT for testing purposes. We are also removing a large amount of historic data as part of a data cleansing operation.  
We have started the user acceptance process of the NXT version, with the aim of going live during October this year.
3. We are working with Microsoft (using their FastTrack service) to migrate our File Server to their SharePoint service on the Cloud.  
We are currently testing the data migration process which includes the creation of appropriate security measures and policies to control user access to data.  
As part of the data migration, we are using a script to purge historic File Server data such that all data which has not been accessed for several years will not be migrated. This data cleansing process will reduce the overall size of data transferred to SharePoint and will also help meet our legal requirement to purge historic data.  
It is planned to complete this department by department roll-out by the end of this year.
4. We have terminated our contract for the McAfee/Trellix virus and malware protection software. We are now using the Microsoft Defender product, which is part of Microsoft 365 software licencing. This change will save us £1,500 per year. Defender has already been deployed on all servers, PCs and laptops.

## 2 Facilities Department

1. We have investigated the NHS England centralised process for the procurement of gas and electricity services. However, unfortunately, there is a requirement to sign up to this scheme before knowing what the supply costs will be.  
We considered that this would be an unacceptable risk and, therefore, have decided not to pursue this option for gas and electricity supply services.  
We have therefore obtained quotations from several other suppliers and have now signed up for gas and electricity contracts for the next 3 years. This will represent an increase in energy costs of approximately 11.5% compared to our last contract.

2. The new fire doors for the IPU department have now all been delivered. Several doors have already been installed in unoccupied bedrooms and the remainder will be installed within the next few weeks.

### **3 Incidents / Risks**

1. Major down time of EMIS (patient administration system) on Friday 5<sup>th</sup> July until 19:30pm. EMIS migrated our database to AWS which caused internal networking issues.

SRH Detailed Income and Expenditure	Year To Date					Full Year							
	Actual	Budget	Variance	Prior Year	Variance	Actuals 2020-21	Actuals 2021-22	Actuals 2022-23	Actual 2023-24	F'Castl 2024-25	Budget 2024-25	Variance	
<b>30th June 2024</b>													
<b>NHS Contract</b>	<b>416,732</b>	<b>426,734</b>	<i>(10,002)</i>	<b>406,964</b>	<i>9,767</i>	1,729,185	2,256,244	1,693,858	1,666,926	<b>1,762,933</b>	<b>1,772,935</b>	<i>(10,002)</i>	
<b>Hospice Grants</b>	<b>1,001,640</b>	<b>1,000,000</b>	<i>1,640</i>	<b>984</b>	<i>1,000,656</i>	1,535,222	280,354	10,710	135	<b>1,001,640</b>	<b>1,000,000</b>	<i>1,640</i>	
<b>Other income</b>	<b>80,739</b>	<b>81,755</b>	<i>(1,015)</i>	<b>68,025</b>	<i>12,715</i>	120,500	278,368	323,075	338,859	<b>330,118</b>	<b>331,134</b>	<i>(1,015)</i>	
<b>Investment Income</b>	<b>53,497</b>	<b>12,835</b>	<i>40,662</i>	<b>34,700</b>	<i>18,797</i>	5,318	21,393	(6,512)	255,142	<b>92,226</b>	<b>51,564</b>	<i>40,662</i>	
<b>Orangery Income</b>	<b>7,391</b>	<b>7,688</b>	<i>(297)</i>	<b>7,322</b>	<i>69</i>	1,641	8,819	23,430	29,639	<b>30,824</b>	<b>31,121</b>	<i>(297)</i>	
<b>Operating Income</b>	<b>1,596,456</b>	<b>1,529,011</b>	<i>67,445</i>	<b>517,995</b>	<i>1,078,461</i>	<b>3,438,152</b>	<b>2,853,662</b>	<b>2,049,104</b>	<b>2,320,977</b>	<b>3,267,595</b>	<b>3,200,150</b>	<i>67,445</i>	
Staff Costs	(1,002,527)	(1,049,628)	<i>47,100</i>	(1,002,246)	<i>(281)</i>	(3,120,576)	(3,139,795)	(3,695,964)	(4,007,084)	<b>(3,996,229)</b>	<b>(4,033,242)</b>	<i>37,013</i>	
Training, Recruitment and subscriptions	(10,309)	(7,101)	<i>(3,208)</i>	(7,463)	<i>(2,847)</i>	(29,268)	(40,142)	(42,277)	(45,643)	<b>(36,920)</b>	<b>(33,825)</b>	<i>(3,095)</i>	
Food and Catering	(12,905)	(12,399)	<i>(506)</i>	(12,326)	<i>(579)</i>	(16,511)	(24,342)	(41,584)	(47,200)	<b>(48,472)</b>	<b>(47,966)</b>	<i>(506)</i>	
Cleaning and Waste Disposal	(11,916)	(10,565)	<i>(1,351)</i>	(9,504)	<i>(2,412)</i>	(31,782)	(31,903)	(35,249)	(41,532)	<b>(43,207)</b>	<b>(41,856)</b>	<i>(1,351)</i>	
Travel and Motoring Expenses	(4,516)	(5,239)	<i>723</i>	(5,661)	<i>1,146</i>	(8,418)	(13,190)	(13,800)	(19,002)	<b>(17,180)</b>	<b>(17,904)</b>	<i>723</i>	
Drugs, Dressings and Consumables	(33,238)	(37,615)	<i>4,378</i>	(30,146)	<i>(3,092)</i>	(102,166)	(93,361)	(127,947)	(142,879)	<b>(138,948)</b>	<b>(143,325)</b>	<i>4,378</i>	
Rates	(5,660)	(5,586)	<i>(74)</i>	(5,320)	<i>(340)</i>	(30,590)	(30,590)	(30,590)	(21,280)	<b>(22,418)</b>	<b>(22,344)</b>	<i>(74)</i>	
Utilities	(12,307)	(15,000)	<i>2,693</i>	(11,196)	<i>(1,111)</i>	(45,756)	(47,962)	(47,771)	(46,671)	<b>(57,307)</b>	<b>(60,000)</b>	<i>2,693</i>	
Rates and Utilities	(17,967)	(20,586)	<i>2,619</i>	(16,516)	<i>(1,451)</i>	(76,346)	(78,552)	(78,361)	(67,951)	<b>(79,725)</b>	<b>(82,344)</b>	<i>2,619</i>	
Repairs and Maintenance	(23,756)	(22,684)	<i>(1,073)</i>	(20,730)	<i>(3,026)</i>	(131,886)	(101,318)	(109,402)	(110,967)	<b>(88,891)</b>	<b>(87,818)</b>	<i>(1,073)</i>	
Telephones, Postage, Stationery & IT	(13,961)	(16,118)	<i>2,157</i>	(12,723)	<i>(1,238)</i>	(54,687)	(45,407)	(40,699)	(59,862)	<b>(62,405)</b>	<b>(64,563)</b>	<i>2,157</i>	
Rent	(78,825)	(78,975)	<i>150</i>	(67,575)	<i>(11,250)</i>	(112,650)	(270,300)	(270,300)	(315,225)	<b>(315,750)</b>	<b>(315,900)</b>	<i>150</i>	
Events	0	0	<i>0</i>	0	<i>0</i>	0	0	(1,079)	(1,191)	<b>(1,251)</b>	<b>(1,251)</b>	<i>0</i>	
Communications and Marketing	(1,689)	(1,575)	<i>(114)</i>	0	<i>(1,689)</i>	(503)	(7,498)	(11,199)	(9,331)	<b>(6,414)</b>	<b>(6,300)</b>	<i>(114)</i>	
Other Direct Costs	(8,715)	(9,081)	<i>366</i>	(10,367)	<i>1,651</i>	(29,253)	(40,154)	(61,055)	(50,013)	<b>(38,942)</b>	<b>(39,307)</b>	<i>366</i>	
<b>Direct Cost of Service</b>	<b>(1,218,636)</b>	<b>(1,269,990)</b>	<i>51,354</i>	<b>(1,195,256)</b>	<i>(23,379)</i>	<b>(3,713,542)</b>	<b>(3,878,465)</b>	<b>(4,516,639)</b>	<b>(4,907,359)</b>	<b>(4,866,668)</b>	<b>(4,908,049)</b>	<i>41,381</i>	
<b>Depreciation</b>	<b>(27,514)</b>	<b>(27,848)</b>	<i>334</i>	<b>(26,105)</b>	<i>(1,409)</i>	<b>(155,282)</b>	<b>(95,491)</b>	<b>(95,392)</b>	<b>(109,815)</b>	<b>(120,175)</b>	<b>(120,509)</b>	<i>334</i>	
<b>Direct Service Cost less Direct Income</b>	<b>350,306</b>	<b>231,173</b>	<i>119,133</i>	<b>(703,367)</b>	<i>1,053,673</i>	<b>(430,672)</b>	<b>(1,120,295)</b>	<b>(2,562,927)</b>	<b>(2,696,197)</b>	<b>(1,719,248)</b>	<b>(1,828,408)</b>	<i>109,160</i>	
Staff Costs	(219,100)	(221,540)	<i>2,440</i>	(180,011)	<i>(39,089)</i>	(695,112)	(705,438)	(704,408)	(757,923)	<b>(977,127)</b>	<b>(979,349)</b>	<i>2,222</i>	
Training, Recruitment and subscriptions	(3,318)	(3,356)	<i>38</i>	(2,781)	<i>(537)</i>	(7,634)	(16,060)	(25,747)	(23,536)	<b>(13,292)</b>	<b>(13,329)</b>	<i>38</i>	
Telephones, Postage, Stationery & IT	(49,374)	(46,350)	<i>(3,024)</i>	(29,993)	<i>(19,381)</i>	(89,629)	(104,964)	(119,538)	(127,218)	<b>(189,038)</b>	<b>(186,015)</b>	<i>(3,024)</i>	
Professional Services	(10,699)	(14,830)	<i>4,131</i>	(16,568)	<i>5,869</i>	(62,761)	(78,721)	(70,294)	(162,551)	<b>(55,218)</b>	<b>(59,349)</b>	<i>4,131</i>	
Other Costs	(19,164)	(22,715)	<i>3,551</i>	(10,699)	<i>(8,465)</i>	(14,408)	(29,517)	(33,382)	(45,838)	<b>(87,222)</b>	<b>(90,773)</b>	<i>3,551</i>	
VAT	35	(2,999)	<i>3,034</i>	0	<i>35</i>	(109,656)	(28,692)	(14,396)	(28,158)	<b>(9,749)</b>	<b>(12,783)</b>	<i>3,034</i>	
Support charged to Income Generation	106,110	108,493	<i>(2,382)</i>	82,561	<i>23,549</i>	339,414	335,119	349,005	396,259	<b>463,390</b>	<b>465,699</b>	<i>(2,310)</i>	
<b>Indirect Service Costs</b>	<b>(212,220)</b>	<b>(216,985)</b>	<i>4,765</i>	<b>(165,122)</b>	<i>(47,098)</i>	<b>(678,829)</b>	<b>(670,239)</b>	<b>(698,011)</b>	<b>(792,519)</b>	<b>(926,780)</b>	<b>(931,399)</b>	<i>4,619</i>	
<b>Net Service Cost to be Funded</b>	<b>138,086</b>	<b>14,188</b>	<i>123,898</i>	<b>(868,489)</b>	<i>1,006,575</i>	<b>(1,109,500)</b>	<b>(1,790,534)</b>	<b>(3,260,937)</b>	<b>(3,488,716)</b>	<b>(2,646,028)</b>	<b>(2,759,807)</b>	<i>113,779</i>	

SRH Detailed Income and Expenditure	Year To Date					Full Year						
	Actual	Budget	Variance	Prior Year	Variance	Actuals 2020-21	Actuals 2021-22	Actuals 2022-23	Actual 2023-24	F'Castl 2024-25	Budget 2024-25	Variance
<b>30th June 2024</b>												
<b>Income Generation</b>												
<b>Legacies</b>	<b>93,058</b>	<b>62,604</b>	<b>30,454</b>	<b>59,623</b>	<b>33,435</b>	<b>2,228,142</b>	<b>1,532,596</b>	<b>1,646,106</b>	<b>1,591,533</b>	<b>1,312,500</b>	<b>1,312,500</b>	<b>0</b>
<b>Donations</b>	<b>273,707</b>	<b>320,000</b>	<b>(46,293)</b>	<b>330,155</b>	<b>(56,449)</b>	<b>1,117,902</b>	<b>947,496</b>	<b>1,078,619</b>	<b>1,108,295</b>	<b>1,286,891</b>	<b>1,335,500</b>	<b>(48,609)</b>
<b>Gift Aid</b>	<b>8</b>	<b>15,116</b>	<b>(15,108)</b>	<b>(310)</b>	<b>318</b>	<b>104,783</b>	<b>48,915</b>	<b>53,601</b>	<b>60,383</b>	<b>50,667</b>	<b>66,775</b>	<b>(16,108)</b>
Staff Costs	(146,945)	(148,522)	1,576	(103,989)	(42,956)	(403,540)	(458,168)	(451,042)	(525,495)	(587,096)	(588,643)	1,547
Training, Recruitment and subscriptions	(2,665)	(1,350)	(1,315)	(12,452)	9,787	(5,030)	(12,130)	(21,750)	(22,351)	(6,715)	(5,400)	(1,315)
Rent, Rates and Utilities	0	0	0	(15,137)	15,137	(30,633)	(34,715)	(33,585)	(42,401)	0	0	0
Repairs and Maintenance	(375)	(971)	596	(1,160)	785	(6,700)	(16,412)	(8,769)	(4,970)	(4,039)	(4,635)	596
Telephones, Postage, Stationery & IT	(2,733)	(4,854)	2,121	(4,696)	1,963	(48,795)	(21,613)	(20,067)	(20,393)	(23,211)	(25,331)	2,121
Events and Communications	(20,486)	(44,815)	24,329	(27,331)	6,845	(55,854)	(118,654)	(135,604)	(77,444)	(147,550)	(171,879)	24,329
Other Costs	(5,224)	(7,362)	2,138	(16,133)	10,910	(42,201)	(41,279)	(60,097)	(39,413)	(29,248)	(31,386)	2,138
<b>Net Fundraising Contribution</b>	<b>188,344</b>	<b>189,847</b>	<b>(1,503)</b>	<b>208,570</b>	<b>(20,225)</b>	<b>2,858,074</b>	<b>1,826,036</b>	<b>2,047,412</b>	<b>2,027,743</b>	<b>1,852,200</b>	<b>1,887,501</b>	<b>(35,301)</b>
<b>Lottery Income</b>	<b>96,150</b>	<b>89,771</b>	<b>6,379</b>	<b>83,363</b>	<b>12,787</b>	<b>454,014</b>	<b>422,996</b>	<b>368,285</b>	<b>354,369</b>	<b>455,059</b>	<b>448,680</b>	<b>6,379</b>
Staff Costs	(6,097)	(5,856)	(240)	(5,791)	(305)	(38,565)	(43,105)	(22,316)	(23,378)	(23,843)	(23,603)	(240)
Agency Staff	0	0	0	(23,455)	23,455	327	0	0	(78,084)	(208,622)	(208,622)	0
Printing, Postage and Marketing	0	(7,750)	7,750	(1,261)	1,261	(15,766)	(17,371)	(6,066)	(2,947)	(1,800)	(9,550)	7,750
Bank, Management and Other Charges	(11,609)	(14,750)	3,141	(11,387)	(222)	(52,038)	(53,040)	(57,580)	(47,437)	(67,112)	(70,253)	3,141
Lottery Prizes	(19,500)	(19,500)	0	(19,500)	0	(82,000)	(82,000)	(83,500)	(78,000)	(82,000)	(82,000)	0
<b>Net Lottery Contribution</b>	<b>58,945</b>	<b>41,914</b>	<b>17,030</b>	<b>21,969</b>	<b>36,975</b>	<b>265,973</b>	<b>227,480</b>	<b>198,823</b>	<b>124,523</b>	<b>71,682</b>	<b>54,652</b>	<b>17,030</b>
<b>Shop Income</b>	<b>491,493</b>	<b>459,340</b>	<b>32,153</b>	<b>382,417</b>	<b>109,077</b>	<b>147,858</b>	<b>1,046,865</b>	<b>1,369,457</b>	<b>1,667,013</b>	<b>1,901,577</b>	<b>1,869,424</b>	<b>32,153</b>
<b>Gift Aid</b>	<b>20,678</b>	<b>22,967</b>	<b>(2,289)</b>	<b>0</b>	<b>20,678</b>	<b>8,462</b>	<b>25,000</b>	<b>48,710</b>	<b>59,702</b>	<b>91,182</b>	<b>93,471</b>	<b>(2,289)</b>
<b>Rent received</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,700</b>	<b>8,775</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Income (COVID grants)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35,672</b>	<b>29,355</b>	<b>48</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Staff Costs	(223,200)	(240,132)	16,932	(206,901)	(16,299)	(276,848)	(498,256)	(606,924)	(890,129)	(937,091)	(957,516)	20,425
Training, Recruitment and subscriptions	(1,351)	(1,649)	298	(3,394)	2,042	(1,772)	(4,014)	(10,402)	(10,268)	(6,399)	(6,697)	298
Consumables and Goods for Resale	(4,897)	(12,000)	7,103	(7,353)	2,456	(17,192)	(36,330)	(35,988)	(63,367)	(53,397)	(60,500)	7,103
Cleaning and Waste Disposal	(9,165)	(8,000)	(1,165)	(10,509)	1,344	(16,832)	(33,513)	(26,934)	(43,320)	(32,450)	(31,285)	(1,165)
Rent, Rates and Utilities	(111,659)	(119,517)	7,858	(95,284)	(16,375)	(412,671)	(313,508)	(346,874)	(454,872)	(476,330)	(484,188)	7,858
Repairs and Maintenance	(6,214)	(7,800)	1,586	(6,384)	170	(34,662)	(53,594)	(26,058)	(48,810)	(29,614)	(31,200)	1,586
Depreciation	(23,733)	(28,298)	4,564	(15,279)	(8,455)	(45,048)	(73,373)	(48,344)	(88,095)	(93,982)	(98,546)	4,564
Telephones, Postage, Stationery & IT	(7,155)	(6,300)	(855)	(5,782)	(1,374)	(18,481)	(21,373)	(21,636)	(25,162)	(26,055)	(25,200)	(855)
Other Costs	(4,276)	(10,220)	5,944	(11,432)	7,156	(8,929)	(14,350)	(18,354)	(27,827)	(32,100)	(38,043)	5,944
Bank, credit card and cash collection	(7,300)	(5,440)	(1,860)	(5,701)	(1,600)	(5,603)	(17,454)	(13,390)	(24,534)	(25,557)	(23,697)	(1,860)
Professional Services	(387)	(788)	400	(4,415)	4,028	(70,130)	(51,563)	(37,426)	(5,716)	(2,750)	(3,150)	400
Insurance	(2,645)	(2,400)	(245)	(2,357)	(288)	(5,458)	(6,514)	(8,614)	(9,777)	(9,845)	(9,600)	(245)
<b>Net Shops Contribution</b>	<b>110,189</b>	<b>39,765</b>	<b>70,423</b>	<b>7,627</b>	<b>102,561</b>	<b>(709,933)</b>	<b>(13,848)</b>	<b>217,270</b>	<b>34,837</b>	<b>267,189</b>	<b>193,273</b>	<b>73,916</b>
<b>Support Costs</b>	<b>(106,110)</b>	<b>(108,493)</b>	<b>2,382</b>	<b>(82,561)</b>	<b>(23,549)</b>	<b>(339,414)</b>	<b>(335,119)</b>	<b>(349,005)</b>	<b>(396,259)</b>	<b>(463,390)</b>	<b>(465,699)</b>	<b>2,310</b>
<b>Net Contribution from Income Generating Activities</b>	<b>251,367</b>	<b>163,034</b>	<b>88,333</b>	<b>155,605</b>	<b>95,762</b>	<b>2,074,699</b>	<b>1,704,549</b>	<b>2,114,500</b>	<b>1,790,845</b>	<b>1,727,681</b>	<b>1,669,726</b>	<b>57,955</b>
<b>Net Shortfall before DoC funding</b>	<b>389,453</b>	<b>177,222</b>	<b>212,232</b>	<b>(712,884)</b>	<b>1,102,337</b>	<b>965,199</b>	<b>(85,985)</b>	<b>(1,146,437)</b>	<b>(1,697,871)</b>	<b>(918,347)</b>	<b>(1,090,081)</b>	<b>171,734</b>
<b>Drawdown from DoC grant / other DoC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>280,000</b>	<b>666,666</b>	<b>750,000</b>	<b>500,000</b>	<b>500,000</b>	<b>500,000</b>	<b>0</b>
<b>Shortfall for period</b>	<b>389,453</b>	<b>177,222</b>	<b>212,232</b>	<b>(712,884)</b>	<b>1,102,337</b>	<b>1,245,199</b>	<b>580,681</b>	<b>(396,437)</b>	<b>(1,197,871)</b>	<b>(418,347)</b>	<b>(590,081)</b>	<b>171,734</b>

Management Account June 2024	Year To Date				Full Year									
	Actuals 2024-25	Budget 2024-25	variance	YTD Prior Year	Actuals 2020-21	Actuals 2021-22	Actuals 2022-23	Actuals 2023-24	F'cast 2024-25	Budget 2024-25	variance	2025-26	2026-27	2027-28
Income from NHS	453,189	426,734	26,455	406,964	1,775,471	2,264,729	1,698,401	1,697,202	1,812,786	1,786,331	26,455	1,827,566	1,869,789	1,914,608
Other Income	1,143,267	1,102,277	40,990	111,030	1,662,681	588,934	350,702	623,775	1,454,809	1,413,819	40,990	470,349	482,592	495,234
<b>Service Income</b>	<b>1,596,456</b>	<b>1,529,011</b>	<b>67,445</b>	<b>517,995</b>	<b>3,438,152</b>	<b>2,853,662</b>	<b>2,049,104</b>	<b>2,320,977</b>	<b>3,267,595</b>	<b>3,200,150</b>	<b>67,445</b>	<b>2,297,915</b>	<b>2,352,381</b>	<b>2,409,842</b>
Direct Cost of Services	(1,218,636)	(1,269,990)	51,354	(1,195,256)	(3,713,542)	(3,878,465)	(4,516,639)	(4,907,359)	(4,866,668)	(4,908,049)	41,381	(4,468,566)	(4,564,156)	(4,656,601)
Hospice Depreciation	(27,514)	(27,848)	334	(26,105)	(155,282)	(95,491)	(95,392)	(109,815)	(120,175)	(120,509)	334	(120,217)	(70,114)	(65,056)
Support Costs	(212,220)	(216,985)	4,765	(165,122)	(678,829)	(670,239)	(698,011)	(792,519)	(926,780)	(931,399)	4,619	(677,685)	(687,430)	(701,135)
<b>Service Costs</b>	<b>(1,458,370)</b>	<b>(1,514,823)</b>	<b>56,453</b>	<b>(1,386,484)</b>	<b>(4,547,652)</b>	<b>(4,644,196)</b>	<b>(5,310,041)</b>	<b>(5,809,692)</b>	<b>(5,913,623)</b>	<b>(5,959,957)</b>	<b>46,334</b>	<b>(5,266,467)</b>	<b>(5,321,700)</b>	<b>(5,422,792)</b>
<b>Net Service Cost to be funded</b>	<b>138,086</b>	<b>14,188</b>	<b>123,898</b>	<b>(868,489)</b>	<b>(1,109,500)</b>	<b>(1,790,534)</b>	<b>(3,260,937)</b>	<b>(3,488,716)</b>	<b>(2,646,028)</b>	<b>(2,759,807)</b>	<b>113,779</b>	<b>(2,968,552)</b>	<b>(2,969,319)</b>	<b>(3,012,950)</b>
	31%	28%		29%	39%	49%	32%	29%	31%	30%		35%	35%	35%
<b>Fundraising Activity</b>														
Legacy Income	93,058	62,604	30,454	59,623	2,228,142	1,532,596	1,646,106	1,591,533	1,312,500	1,312,500	0	1,378,125	1,447,031	1,519,383
Donor Income	273,714	335,116	(61,402)	329,845	1,222,685	996,411	1,132,220	1,168,678	1,337,557	1,402,275	(64,718)	1,653,960	1,925,398	2,025,336
Fundraising Costs	(178,428)	(207,873)	29,445	(180,898)	(592,754)	(702,971)	(730,913)	(732,467)	(797,858)	(827,274)	29,416	(741,807)	(756,643)	(771,776)
	<b>188,344</b>	<b>189,847</b>	<b>(1,503)</b>	<b>208,570</b>	<b>2,858,074</b>	<b>1,826,036</b>	<b>2,047,412</b>	<b>2,027,743</b>	<b>1,852,200</b>	<b>1,887,501</b>	<b>(35,301)</b>	<b>2,290,278</b>	<b>2,615,786</b>	<b>2,772,942</b>
Lottery Income	96,150	89,771	6,379	83,363	454,014	422,996	368,285	354,369	455,059	448,680	6,379	556,724	652,797	679,932
Lottery Costs	(37,205)	(47,857)	10,651	(61,394)	(188,041)	(195,515)	(169,462)	(229,846)	(383,378)	(394,029)	10,651	(392,485)	(405,624)	(203,607)
	<b>58,945</b>	<b>41,914</b>	<b>17,030</b>	<b>21,969</b>	<b>265,973</b>	<b>227,480</b>	<b>198,823</b>	<b>124,523</b>	<b>71,682</b>	<b>54,652</b>	<b>17,030</b>	<b>164,239</b>	<b>247,173</b>	<b>476,325</b>
Shop Income	512,171	482,307	29,864	382,417	203,693	1,109,995	1,418,215	1,726,714	1,992,759	1,962,895	29,864	2,232,788	2,585,802	2,869,351
Shop Costs	(401,983)	(442,542)	40,559	(374,789)	(913,626)	(1,123,843)	(1,200,945)	(1,691,877)	(1,725,570)	(1,769,622)	44,052	(1,834,549)	(2,067,103)	(2,191,806)
	<b>110,189</b>	<b>39,765</b>	<b>70,423</b>	<b>7,627</b>	<b>(709,933)</b>	<b>(13,848)</b>	<b>217,270</b>	<b>34,837</b>	<b>267,189</b>	<b>193,273</b>	<b>73,916</b>	<b>398,239</b>	<b>518,699</b>	<b>677,545</b>
	-9%	22%	8%	2%		-1%	15%	2%	13%	10%		18%	20%	24%
<b>Support Costs</b>	<b>(106,110)</b>	<b>(108,493)</b>	<b>2,382</b>	<b>(82,561)</b>	<b>(339,414)</b>	<b>(335,119)</b>	<b>(349,005)</b>	<b>(396,259)</b>	<b>(463,390)</b>	<b>(465,699)</b>	<b>2,310</b>	<b>(338,842)</b>	<b>(343,715)</b>	<b>(350,568)</b>
<b>Fundraising Contribution</b>	<b>251,367</b>	<b>163,034</b>	<b>88,333</b>	<b>155,605</b>	<b>2,074,699</b>	<b>1,704,549</b>	<b>2,114,500</b>	<b>1,790,845</b>	<b>1,727,681</b>	<b>1,669,726</b>	<b>57,955</b>	<b>2,513,914</b>	<b>3,037,944</b>	<b>3,576,246</b>
<b>Shortfall before DOC Funding</b>	<b>389,453</b>	<b>177,222</b>	<b>212,232</b>	<b>(712,884)</b>	<b>965,199</b>	<b>(85,985)</b>	<b>(1,146,437)</b>	<b>(1,697,871)</b>	<b>(918,347)</b>	<b>(1,090,081)</b>	<b>171,734</b>	<b>(454,638)</b>	<b>68,625</b>	<b>563,296</b>
DOC Funding	0	0	0	0	280,000	666,666	750,000	500,000	500,000	500,000	0	600,000	203,334	0
Contingency Drawdown							0							
<b>Surplus/(Shortfall) for period</b>	<b>389,453</b>	<b>177,222</b>	<b>212,232</b>	<b>(712,884)</b>	<b>1,245,199</b>	<b>580,681</b>	<b>(396,437)</b>	<b>(1,197,871)</b>	<b>(418,347)</b>	<b>(590,081)</b>	<b>171,734</b>	<b>145,362</b>	<b>271,959</b>	<b>563,296</b>

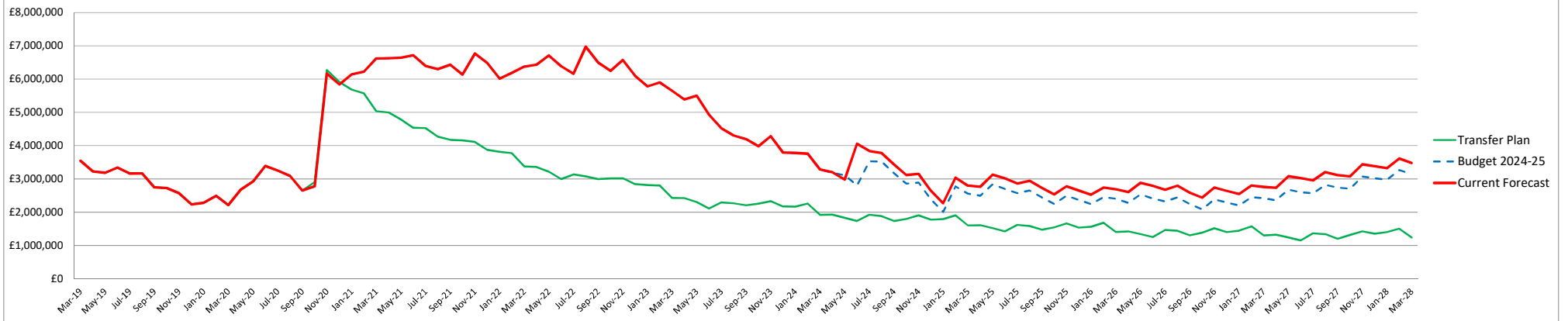
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Management Account June 2024	Year To Date													
Net Movement in Funds	Actuals 2024-25	Budget 2024-25	variance	YTD Prior Year	Actuals 2020-21	Actuals 2021-22	Actuals 2022-23	2023-24	F'cast 2024-25	Budget 2024-25	variance	2025-26	2026-27	2027-28
Surplus/(Loss) from Operations	389,453	177,222	212,232	(712,884)	1,245,199	580,681	(396,437)	(1,197,871)	(418,347)	(590,081)	171,734	145,362	271,959	563,296
Depreciation	51,561	58,279	(6,718)	41,698	302,968	130,403	144,992	199,165	221,154	221,293	(139)	208,281	159,273	130,568
Decrease/(Increase) in Debtors	463,926	426,539	37,388	8,773	(533,412)	107,828	573,324	(653,890)	499,831	398,260	101,571	246,642	(43,149)	122,927
(Decrease)/Increase in Creditors	(120,320)	(95,029)	(25,291)	(1,788)	3,640,923	(772,786)	(769,428)	(392,610)	(623,840)	(571,048)	(52,793)	(586,236)	(193,667)	(33,591)
<b>Net cash (expended)/ generated by operations</b>	<b>784,621</b>	<b>567,011</b>	<b>217,610</b>	<b>(664,200)</b>	<b>4,655,678</b>	<b>46,126</b>	<b>(447,549)</b>	<b>(2,045,206)</b>	<b>(321,202)</b>	<b>(541,575)</b>	<b>220,373</b>	<b>14,048</b>	<b>194,415</b>	<b>783,200</b>
Purchase of Fixed Assets	(17,878)	(43,357)	25,479	(51,705)	(250,308)	(293,277)	(277,357)	(312,460)	(167,878)	(193,357)	25,479	(125,000)	(125,000)	(65,000)
<b>Increase / (Decrease) in Cash</b>	<b>766,742</b>	<b>523,654</b>	<b>243,088</b>	<b>(715,905)</b>	<b>4,405,370</b>	<b>(247,151)</b>	<b>(724,906)</b>	<b>(2,357,666)</b>	<b>(489,081)</b>	<b>(734,932)</b>	<b>245,852</b>	<b>(110,952)</b>	<b>69,415</b>	<b>718,200</b>

Management Account June 2024	Year To Date													
Balance Sheet	Actuals 2024-25	Budget 2024-25	variance	YTD Prior Year	Actuals 2020-21	Actuals 2021-22	Actuals 2022-23	Forecast 2023-24	F'cast 2024-25	Budget 2024-25	variance	2025-26	2026-27	2027-28
Fixed Assets	936,416	955,177	(18,761)	866,811	561,565	724,439	856,804	970,099	916,823	942,163	(25,340)	833,542	799,269	733,701
Debtors	1,595,177	1,566,237	28,940	1,396,440	2,086,365	1,978,537	1,405,213	2,059,103	1,559,272	1,594,516	(35,243)	1,312,630	1,355,780	1,232,852
<b>Cash at Bank and Investment Fund</b>	<b>4,057,192</b>	<b>3,796,553</b>	<b>260,639</b>	<b>4,932,345</b>	<b>6,620,306</b>	<b>6,373,156</b>	<b>5,648,250</b>	<b>3,290,583</b>	<b>2,801,369</b>	<b>2,555,651</b>	<b>245,718</b>	<b>2,690,417</b>	<b>2,759,833</b>	<b>3,478,033</b>
Creditors	(1,922,035)	(1,882,817)	(39,218)	(2,433,178)	(3,977,179)	(3,204,393)	(2,434,965)	(2,042,355)	(1,418,515)	(1,406,798)	(11,717)	(832,278)	(638,612)	(605,021)
<b>Net Assets</b>	<b>4,666,750</b>	<b>4,435,149</b>	<b>231,600</b>	<b>4,762,418</b>	<b>5,291,057</b>	<b>5,871,739</b>	<b>5,475,301</b>	<b>4,277,430</b>	<b>3,858,950</b>	<b>3,685,531</b>	<b>173,418</b>	<b>4,004,311</b>	<b>4,276,270</b>	<b>4,839,566</b>

133      17,684      0      0      (1)      0      0      0      0      133      0      0      0      0      0

Cash (and invested cash) Balances at month end



# 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 on 24<sup>th</sup> June 2024 just prior to the 30<sup>th</sup> June annual deadline.

## Information Security

- This item is covered in report by the Head of IT and Facilities.
- Coverage of most recent IG business is captured in the minutes of the IG&S Committee last held on 20<sup>th</sup> May 2024. [Copy](#) is included with papers for July’s F&R Committee meeting.

## Policy Management

- A quantitative summary shows distribution and progress for organisational policy review against v1.80 of the Policy Manual Index.

Review Leads	No of Policy Manual Documents	Out of Date (OOD)	%OOD
A Angarita	1	0	0%
A Jackson	1	0	0%
A Machin	5	1	20%
A Rudkin	31	1	3%
B Angel	25	1	4%
C Foster	1	0	0%
D Bromboszcz & C Sasu	1	0	0%
E Lunn	3	0	0%
Dr G Tamura-Rose	4	0	0%
G Toubal	2	0	0%
H Agboola	1	0	0%
J Ford	2	0	0%
J Groom	11	0	0%
Dr J Strawson	16	0	0%
Dr J Strawson / Dr G Tamura-Rose	3	0	0%
K Hobson	2	0	0%
M Flint	4	0	0%
Dr N Collins	3	0	0%
N Stevens	18	11	61%
P James	1	0	0%
R Trower	17	5	29%

Review Leads	No of Policy Manual Documents	Out of Date (OOD)	%OOD
IPU Lead (tba)	16	0	0%
R Yin-Poole	1	0	0%
S Cresswell	10	0	0%
S Mosalam	3	0	0%
S-J Woods	1	1	100%
T Christmas	10	0	0%
<b>TOTALS</b>	<b>195</b>	<b>20</b>	<b>10%</b>
		<b>10%</b>	

	Oct -21	Jan-22	Jun-22	Jan-23	Jun-23	Jan-24	Jul-24
<b>Up to date Policy Publication Compliance</b>	88%	90%	92%	86%	87%	87%	90%

- There were 23 policies / standard operating procedures published/ revised between 20/10/2021 and 18/01/2022.
- There were 40 policies / standard operating procedures published/ revised between 19/01/2022 and 05/07/2022.
- There were 49 policies / standard operating procedures published/ revised between 06/07/2022 and 10/01/2023.
- There were 47 policies / standard operating procedures published/ revised between 11/01/2023 and 06/07/2023.
- There were 57 policies / standard operating procedures published/ revised between 07/07/2023 and 18/01/2024
- There were 55 policies / standard operating procedures published/ revised between 19/01/2024 and 11/07/2024

## Health & Safety

- Fire risk assessments remain in place for all buildings and retail premises and were last undertaken by an external Health & Safety/Risk Management professional in 2020 & 2021. Fire risk assessment of new premises at Wimbledon Park (November 2022), Sutton Donation and Distribution Centre (July 2023) and Morden Clearance (November 2023) have been undertaken by our Facilities Manager and lead on fire safety.
- All premises will be subject to a renewed Fire Risk Assessment undertaken by our Facilities Manager and lead on fire safety during the summer of 2024.
- Engaging an external Health & Safety/Risk Management professional to undertake a Health & Safety Audit for the main site and renewal of the fire risk assessments across all premises will be a consideration for the summer of 2026/2027 subject to budget.
- Regular visits to the retail premises by the Facilities team remain in place and communications are good.
- Updates are included within the minutes of our Health & Safety Committee. Minutes of the last meetings held in [February](#) and [June 2024](#) are included in papers.
- A health and safety audit checklist was introduced in 2024 for the retail premises. The [first report](#) is included in papers. It presented encouraging results with 89% compliance across 33 criteria achieved across 11 retail premises.
- General Risk Assessments are in evidence for all departments and premises and are subject to a default 2 year review/update.
- A large project of fire door replacement on the IPU is underway on the IPU.

## RISK MANAGEMENT

### NON-CLINICAL RISK MANAGEMENT DATA

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

Month	Staff		Visitor/ Customer		Volunteer		Contractor		Not App		2024 Total	2023 Total	2022 Total	2021 Total	2020 Total
	Acc	Inc	Ac	Inc	Ac	Inc	Acc	Inc	Ac	Inc					
Jan	3(3)	2	1(1)	3(3)	0	0	0	0	0	7(4)	16(11)	3(2)	6(4)	1	1
Feb	0	0	0	2(2)	4(4)	1(1)	0	0	0	2(1)	9(8)	7(4)	8(6)	3	6(2)
Mar	0	1(1)	0	0	1	0	0	0	0	0	2(1)	8(6)	12(10)	1	2
Apr	1	5(3)	0	1(1)	0	1(1)	0	0	0	0	8(5)	7(4)	2(2)	3(1)	0
May	0	0	0	0	0	0	0	0	0	1(1)	1(1)	11(9)	7(6)	1	3
Jun												7(3)	8(5)	0	3
Jul 23												8(5)	5(4)	3	1
Aug												5(4)	7(5)	1	1
Sep												13(9)	8(7)	4	1
Oct 23												5(1)	3(2)	5	2
Nov												6(3)	5(3)	2(2)	1
Dec												1(1)	8(4)	10(9)	0
<b>2024</b>	<b>5(3)</b>	<b>8(4)</b>	<b>1(1)</b>	<b>6(6)</b>	<b>4(4)</b>	<b>2(2)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10(6)</b>	<b>36(26)</b>				
2023	4(2)	11(5)	1(1)	27(24)	3(2)	9(9)	0	0	0	26(8)		81(51)			
2022	10(6)	19(10)	1(1)	24(23)	3(3)	3(3)	0	0	0	19(12)			79(58)		
2021	11	9(2)	(1)	0	2(1)	2(1)	0	(1)	0	8(6)				34(12)	
2020	6(1)	4	0	2(1)	0	3	0	0	0	6					21(2)

Notes : In Jan-May 2024, there have been no non-clinical incident/ accidents that have required RIDDOR report. All incidents classified as either Minor/No Harm/Low Harm.

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

Accidents	Staff	Visitor	Vol	Contractor	Not App	2024	2023	2022	2021	2020
Manual Handling							0	0	0	0
Impact/Bump							0	3	2	3(1)
Burn/Scald							0	1(1)	0	1
Allergic Reaction							0	0	5	0
Other							0	0	1	0
Cut	2(2)		2(2)			4(4)	5(4)	3(3)	(1)	0
Slip/Trip/Fall	2(1)	1(1)	3(2)			6(4)	2(1)	7(6)	5(1)	2
<b>2024 Total</b>	<b>4(3)</b>	<b>1(1)</b>	<b>5(4)</b>			<b>10(8)</b>				
2023 Total	4(2)	1(1)	2(2)	0	0		7(5)			
2022 Total	10(6)	1(1)	3(3)	0	0			14(10)		
2021 Total	11	0	3(2)	0	0				14(2)	
2020 Total	6(1)	0	0	0	0					6(1)

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

Incidents (non-injurious)	Staff	Visitors / Customer	Volunteers	Contractor	N/A	2024	2023	2022	2021	2020
Lost Property							0	6(6)	0	1
Legionella /					1	1	2	2		
Driving / Car Park	1					1	5(4)	1	2	0
Environment					3(3)	3(3)	5(4)	3(3)	(1)	0
Equipment							2(1)	1(1)	0	3
Fire Alarm					3(1)	3(1)	3(2)	1	0	0
Fire							0	0	0	0
Health Problem	1					1	4(3)	2(2)	(1)	3
Lone Worker							1	3(2)		
Information							5(1)	8(2)	3(1)	2
Retail Customer							0	2(2)		
Other							0	7(4)	3(2)	2
Power Cut					1(1)	1(1)	9	3(2)	(2)	1
Security / Theft	2(1)/0	0/5(5)			2(1)	9(7)	19(14)	17(17)	3(1)	2
Slip/Trip/Fall/Fain		1(1)				1(1)	3(3)	4(2)	1	(1)
Impact/Bump			2(2)			2(2)	1	1(1)	2	0
Verbal/ Physical Violence / Behaviour	4(3)					4(3)	15(14)	4(4)	(2)	0
<b>2024 Total</b>	<b>8(4)</b>	<b>6(6)</b>	<b>2(2)</b>		<b>10(6)</b>	<b>26(18)</b>				
2023 Total	12(5)	27(24)	10(10)	0	25(7)		74(46)			
2022 Total	19(10)	26(25)	2(2)	0	18(11)			65(48)		
2021 Total	9(2)	0	2(1)	(1)	8(6)				20(10)	
2020 Total	4	2(1)	3	0	6					15(1)

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

## 2024 Breakdown of Incidents by month

Type	Lost Property	Legionella / Bacteria	Power cut	Fall/Faint	Health problem	Verbal/ Physical Violence / Behaviour	Man Hand	Enviro Issue / Damage	Impact Bump	Lone Worker Device False Alarm	Info Inc	Retail Customer Services	Fire Alarm	Security / Theft	Driving / Car Park	Other	Equipment	2024	2023	2022	2021	2020
Jan		1	1(1)	1(1)	1								2(1)	3(1)/2(2)			1(1)	12(7)	3(2)	5(3)	0	1
Feb								1(1)	1(1)				1	0/2(2)				5(4)	7(4)	5(4)	0	4(1)
Mar						1(1)												1(1)	8(5)	9(8)	0	2
Apr						3(2)			1(1)					1(1)/1(1)	1			7(5)	6(3)	1(1)	2(1)	0
May								1(1)										1(1)	11(9)	6(6)	1	3
Jun																			7(3)	6(3)	0	2
July																			7(4)	3(2)	1	0
Aug																			4(3)	6(5)	1	0
Sep																			11(8)	8(7)	3	1
Oct																			4(1)	3(2)	2	1
Nov																			5(3)	5(3)	(1)	1
Dec																			1(1)	8(4)	9(8)	0
<b>2024</b>	<b>1</b>	<b>1(1)</b>	<b>1(1)</b>	<b>1(1)</b>	<b>1</b>	<b>4(3)</b>		<b>2(2)</b>	<b>2(2)</b>				<b>3(1)</b>	<b>9(7)</b>	<b>1</b>		<b>1(1)</b>	<b>26(18)</b>				
2023	2	9	3(3)	4	15(1)		5(5)	1	1	5(1)			3(2)	20(14)	4(1)		2(1)	74(46)				
2022	(6)	1	3(2)	4(2)	(2)	(4)		(3)	(1)	(3)	8(2)	(2)	1	(17)	1	7(4)	(1)			65(48)		
2021			(2)	1	(1)	(2)		(1)	2		3(1)			3(1)	2	3(2)					20(10)	
2020	1		1	(1)	3						2			2		2	3					15(1)

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

## Complaints

The annual review meeting for complaints was held by the Executive in June 2024 and [summary](#) is included in papers.

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

The number of complaints logged in 2024 between January and June 2024 is 6; of which, there were 5 that did not have a clinical underpinning.

2024 - Complaints	CPCT / H@H Care	CPCT / H@H Comms	IPU Care	IPU Comms	IPU Care & Comms	Bereavement Comms	Reception Comms	Volunteer Services Comms	Fundraising /Shop Comms	HR	Total	Merton	Sutton	Other	UPHELD in Whole or Part
January		1							1		2		1		2
February											0				
March								1			1				1
April											0				
May									2		2				2
June									1		2				1
July											0				
August											0				
September											0				
October											0				
November											0				
December											0				
<b>2024</b>	0	1	0	0	0	0	0	1	5	0	7	0	1	0	6
2023	1	4	1	4	0	1	1	0	10	0	22	3	9	0	20
2022	3	0	2	3	0	0		0	0	0	8	1	7	0	6
2021	4	5	1	1	1	0		1	0	0	13	6	6	0	12
2020	4	1	2	3	1	1		0	1	2	15	6	6	0	14
2019	0	0	3	3	0	1		0	2	2	14				9
2018	2	5	10	4	1	0		0	1	0	27				19

## Non-clinical Complaints: January – June 2024

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
2024/01	Customer	16/04/2024	<p>Customer at the Sutton Donation Centre made a purchase following the incident with the power supply and when there was no till.</p> <p>She felt aggrieved that it had been a "third World attitude" to her getting her money back and that the manager had taken a "lengthy lunch" and the team were not trained.</p>	Retail – Customer service	Commercial Director corresponded explaining that this was a one off situation and that the volunteers had done their best to cover. Apology extended over the confusion surrounding request for refund.	Upheld
2024/03	Comp Neighbour Volunteer	15/03/2024	Email received from a volunteer regarding poor and miscommunication with SRH. A number of errors including lack of information regarding e-learning and a thank you for volunteering card sent on the incorrect date.	Comp Neighbour Volunteer - Comms	Apology sent regarding the poor communication and confusion over the required e-learning training at a time when the systems were crossing over. The miscommunication over the thank you card was due to a date default to the American data on the system that then provided the incorrect date. Process check in place.	Upheld
2024/04	Customer	15/05/2024	Email from customer at Carshalton Shop supporting "the incredibly good work of St Raphael's hospice" and complaining of a highly inappropriate DVD or book on sale, near to the counter. The item was by the pop singer Madonna and was called 'Hard Candy'.	Retail – display	<p>SJW called the Carshalton shop and spoke with the manager. She confirmed that the CD was a part of her vinyl and music display on a high gondola.</p> <p>We agreed to remove it and sell it on eBay rather than upset customers. It is not our intention to offend or upset shoppers. This album is not on age restricted sale and does not contain nudity.</p> <p>SJW wrote to the complainant apologising if we had caused offence and told him we had removed it from sale the same day he had contacted us.</p> <p>He responded thanking us for the prompt action.</p> <p>It can be subjective what one person feels is inappropriate and another not. The CD and book did cause a stir when it was released (2008) but it does not have nudity or an age restriction on it.</p>	Upheld in part

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
2024/05	Customer	29/05/2024	Email received from customer at Sutton Clearance Store regarding the rudeness of the manager after asking for refund. Whilst servicing the request the manager was shaking his head and muttering under his breath but in an audible way "£2 it's ridiculous. £3, it's a joke. £3, unbelievable. A joke wanting a refund". He was also dismissive of the customer's question as to the need to sign a refund receipt and abruptly said 'No'. Customer states that this is not the first occasion that she has encountered such bad behaviour from this Shop manager, citing an incident last year when he made the remark of "it will be a load of rubbish anyway" when the customer had advised that she had left a bag of good quality household items by the shop door. Complainant also expressed how she had witnessed the manager talk very rudely to an elderly eastern european lady, tutting away at how long she was taking to take her money out of her purse. On another occasion, the complainant witnessed him speak rudely to an Asian lady who had asked to leave a purchased item with him until she had gone to the cash point. Without hesitation he said 'No' and began rambling on after she had tried to explain in her broken English.	Retail – Customer Service	Holding email sent by S-JW whilst investigated.	Upheld
2024/06	Customer	11/06/2024	Email received from customer expressing her dissatisfaction as the Robot she purchased did not have the parts it should have. There were other items she has brought that similarly had parts missing or did not work. She seemed to feel that we wouldn't give a refund and her disappointment was compounded by the fact that the robot was a gift for her daughter's birthday.	Retail – Customer Service	Email sent apologising for experience and requesting the Shop location. Explained how a refund would be accommodated and reminder to team regarding checking items for sale.	Upheld

The author of this paper is Mr A Rudkin BA (Hons), Director of Quality & Improvement/Information Security Officer/H&S, CAAD Committee Chair/Data Protection Lead/member of Exec Team, HoDS, CHoDs, H&S, CAAD, IG&S, D&TC, IP&C/attendee at Board , CQ&G + F&R.



**St Raphael's Hospice**  
**Annual Report and Financial Statements**  
**31st March 2024**

**Statement of Financial Activities including an income and expenditure account**

	Notes	Unrestricted			Restricted funds	Total funds Year to 31 March 2024 £'000	Total funds Year to 31 March 2023 £'000
		General fund £'000	Designated fund £'000	Restricted funds £'000			
<b>Income and expenditure</b>							
<b>Income from:</b>							
Donations and legacies	2	3,260	-	315	<b>3,575</b>	3,799	
Other trading activities	3	2,081	-	-	<b>2,081</b>	1,787	
Investments		109	-	-	<b>109</b>	96	
Charitable activities							
Clinical Commissioning Groups	4	1,697	-	-	<b>1,697</b>	1,698	
Other income	4	54	-	-	<b>54</b>	87	
<b>Total income</b>		<b>7,201</b>	<b>-</b>	<b>315</b>	<b>7,516</b>	<b>7,467</b>	
<b>Expenditure on:</b>							
Raising funds	5	3,108	-	-	<b>3,108</b>	2,500	
Charitable activities	6	5,372	-	380	<b>5,752</b>	5,260	
<b>Total expenditure</b>		<b>8,480</b>	<b>-</b>	<b>380</b>	<b>8,860</b>	<b>7,760</b>	
Net gains / (losses) on investments	11	146	-	-	<b>146</b>	(103)	
<b>Net income / (expenditure) before transfers</b>		<b>(1,133)</b>	<b>-</b>	<b>(65)</b>	<b>(1,198)</b>	<b>(393)</b>	
Transfers between funds	15-16	(73)	73	-	-	-	
<b>Net movement in funds</b>		<b>(1,206)</b>	<b>73</b>	<b>(65)</b>	<b>(1,198)</b>	<b>(396)</b>	
<b>Reconciliation of funds:</b>							
Fund balances brought forward at 1 April 2023		4,016	1,252	209	<b>5,477</b>	5,872	
Fund balances carried forward at 31 March 2024	15-17	2,810	1,325	144	<b>4,279</b>	5,476	

All of the charity's activities during the above two financial periods derived from continuing operations. A full comparative statement of financial activities is shown at note 23 to the financial statements.

**St Raphael's Hospice**  
**Annual Report and Financial Statements**  
**31st March 2024**

**Balance Sheet**

	Notes	2024 £'000	2024 £'000	2023 £'000	2023 £'000
Tangible assets	10		971		857
Fixed Asset Investments	11		1,672		1,966
			<b>2,643</b>		<b>2,823</b>
<b>Current assets</b>					
Debtors	12	2,059		1,406	
Cash at bank and in hand		1,619		3,682	
		<b>3,678</b>		<b>5,088</b>	
<b>Creditors:</b> amounts falling due within one year	13	<b>(1,139)</b>		<b>(1,532)</b>	
<b>Net current assets</b>			<b>2,539</b>		<b>3,556</b>
<b>Creditors:</b> amounts falling due after more than one year	13		<b>(903)</b>		<b>(903)</b>
<b>Total net assets</b>			<b>4,279</b>		<b>5,476</b>
<b>Represented by:</b>					
<b>Funds and reserves</b>					
Income funds					
Restricted funds	15		144		209
Unrestricted funds					
Designated funds	16		1,325		1,252
General fund	17		2,810		4,015
<b>Total funds</b>			<b>4,279</b>		<b>5,476</b>

Approved by the Board of Trustees on:

and signed on its behalf by Mr Norman McWhinney (Chair):

**St Raphael's Hospice**  
**Annual Report and Financial Statements**  
**31st March 2024**

**Statement of Cash Flows**

	Notes	Year to 31 March 2024 £'000	Year to 31 March 2023 £'000
Net cash provided by operating activities	A	(2,300)	(440)
<b>Cash flows from investing activities:</b>			
Investment income		109	96
Purchase of tangible fixed assets		(312)	(278)
Purchase of investments		(58)	(52)
Disposal of investments		500	
<b>Net cash provided by (used in) investing activities</b>		<b>239</b>	<b>(234)</b>
<b>Change in cash and cash equivalents in the year</b>	B	<b>(2,061)</b>	<b>(674)</b>
<b>Cash and cash equivalents at 1 April 2023</b>	B	<b>3,682</b>	<b>4,356</b>
<b>Cash and cash equivalents at 31 March 2024</b>	B	<b>1,621</b>	<b>3,682</b>

**A: Reconciliation of net movement in funds to net cash provided by operating activities**

		Year to 31 March 2024 £'000	Year to 31 March 2023 £'000
<b>Net movement in funds (as per the statement of financial activities)</b>		<b>(1,198)</b>	<b>(396)</b>
<b>Adjustments for:</b>			
Depreciation charge / amounts written off		199	146
Investment income		(109)	(96)
Net loss/(gain) on investments		(146)	103
Decrease/(Increase) in debtors		(653)	572
(Decrease)/Increase in creditors		(393)	(769)
<b>Net cash provided by operating activities</b>	A	<b>(2,300)</b>	<b>440</b>

**B: Analysis of changes in net debt**

	2023 £'000	Cash flows £'000	Cash flows £'000
Cash at bank and in hand	3,682	(2,061)	<b>1,621</b>
Borrowings and debt	-	-	-
<b>Total</b>	<b>3,682</b>	<b>(2,061)</b>	<b>1,621</b>