

Finance and Resources Report

Key Points

1. Key Points are:

- a. The internal management accounts for the 8 months to 30th November 2022 shows a shortfall of £(£1.4)m before DoC drawdown compared to budget of £(1.2)m.
- b. Cash (including the investment portfolio) at the end of November stood at £6.6m and is currently £6.1m in Mid January.
- c. The forecast for 2022-23 is a shortfall of £1.96m before DoC drawdown and £960k after it compared to budget £1.74m and £500k.

Finance

2. Management Accounts – Income and Expenditure

The internal management account for the eight months ending 30th November 2022 is attached. The figures for the end of December are not yet available.

Income from NHS of £1,085k is on budget for this point in the year.

Other Income is £102k below budget because the value of the investment fund has declined, due to the economic crisis, where the budget had assumed an increase.

Direct costs of service is £25k above the budget – the most significant contributors to this are where additional costs of overtime, agency and bank staff are being incurred for IPU night vacancies and for some additional costs for drugs & dressings and for food & catering. These latter are inflationary factors.

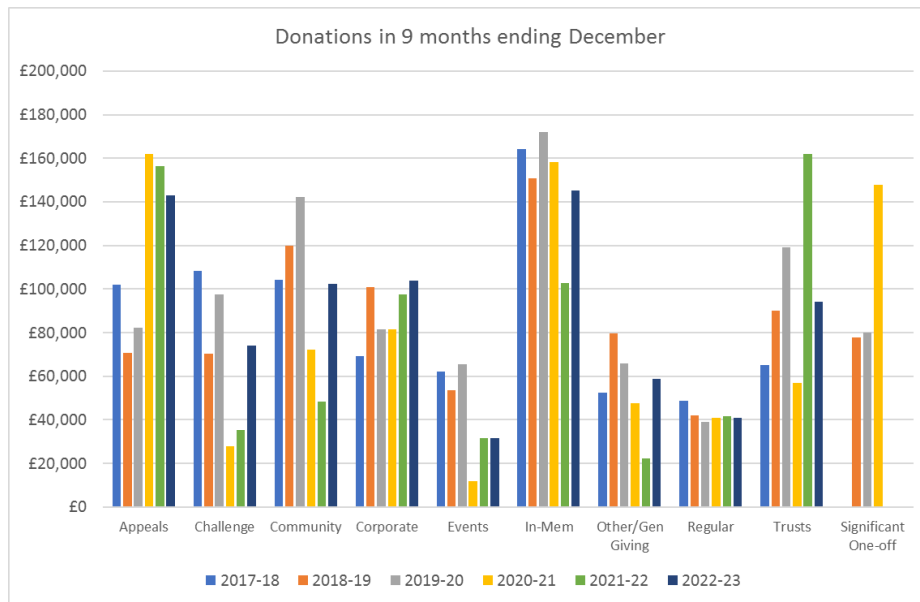
Support costs are slightly above plan as a result of unplanned recruitment cost for Head of HR and Datix licensing costs being budgeted to Direct Clinical Costs and charged to General Costs.

Legacies have now reached £656k as at the end of November, though we have had no further legacies in December.

Donations

Reconciled donation income was 21% below budget at the end of November, although ahead of the previous year. We are making significant changes to the Fundraising team and reviewing the strategy.

The graph and table below is driven by data direct from the Raisers' Edge database (excluding Gift Aid). This covers the 9 months to the end of December.



9 Months to December	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	Revised 2022-23 Full	
							Year Target	% Achieved
Appeals	£102,158	£70,723	£82,341	£161,827	£156,510	£142,951	£150,000	95%
Challenge	£108,220	£70,149	£97,396	£27,732	£35,120	£74,146	£100,000	74%
Community	£104,341	£119,840	£142,293	£72,285	£48,451	£102,431	£100,000	102%
Corporate	£69,099	£100,822	£81,455	£81,361	£97,375	£103,741	£140,000	74%
Events	£62,070	£53,426	£65,501	£11,680	£31,736	£31,576	£30,000	105%
In-Mem	£164,275	£150,907	£172,232	£158,241	£102,586	£145,080	£200,000	73%
Other/Gen Giving	£52,426	£79,791	£66,020	£47,680	£22,200	£58,935	£75,000	79%
Regular	£48,695	£42,041	£39,198	£40,958	£41,647	£40,867	£55,000	74%
Trusts	£65,088	£90,186	£119,315	£57,070	£162,058	£94,276	£175,000	54%
Significant One-off	£0	£77,924	£80,000	£148,000	£0	£0	£25,000	0%
Total Fundraising	£776,372	£855,808	£945,751	£806,835	£697,682	£794,004	£1,050,000	76%

The table above is driven from the Raisers' Edge database and shows income reaching £794k by the end of December (excluding legacies and "non-third party" Gift Aid). This is an increase of over £120k from November and represents a huge effort by the whole team, volunteers and other staff.

Appeal income now includes the two main Appeals of the year, The Lavender Appeal and Light Up A Life. The Lavender Appeal was 33% below recent years (both in volume and average gift value). LUAL was sent out through a smaller, less costly mailing and yet still reached prior year levels. The appeal through the Raphaelite had raised £10k by the end of December (£20k by January 12th) which is less than we might have anticipated but underscores our Fundraising Consultant's comment that the "ask" was insufficiently "bold".

Challenge events have shown a return towards pre-pandemic levels as people have been able to plan ahead for challenges for the future. The London Marathon raised over £30k (costs £10k) and the skydive raised over £11k (costs £5k). The "I'm A Director" Challenge raised £19k (costs £3k).

Community fundraising shows a similar response this year and, by 12th January this figure had risen to £112k as the Lower Morden Lights Christmas event had been added into the totals. Golf Days contributed £20k (plus a further £5k into Corporate income).

Corporate events have also shown some growth and this figure does not include the Gifts in Kind which would include the erection of the Men's Den which is estimated at £50k+ as well as numerous other valuable contributions (decorative balloon structures, food and drink for events, labour for promoting activities).

Events have suffered as a result of internal decisions (for instance to cancel WoofFest as it coincided with the Queen's Funeral). Earlier years included the larger "Music in the Park" event.

It is important and encouraging to see that "In-Memory" donations have also responded to the ending of the pandemic. The increase in our ability to facilitate family visits to the Hospice and the re-opening of funerals services will both have contributed into this. By 12th January the total has reached £170k with £10k of new general contributions and also a single £20k donation.

Fundraising costs are £76k below plan, partly due to vacancies and partly to lower than budgeted marketing costs.

Lottery income and costs (at the end of November) are both below budget but the net effect is £17k below plan. We are continuing to see a leakage of players (amounting to as much as 10%) which is not currently being replenished as the Agency we have recruited are not yet able to service the proposal.

Retail

The accounts show the 8 months to November with retail income just below the plan as we had anticipated opening the new shop sooner. Costs are below plan so the overall contribution is £120k compared to £99k in the budget and £(44)k last year.

The biggest risk noted in the last report was that the Donation Station might be closed at some point this year and the Board has subsequently approved the lease of premises opposite which will enable the retail and donation receipt and sorting to continue with as little disruption as possible. The landlord is currently completing the work that is required prior to our signing the lease and commencing our own fit-out work. At this point we have no indication of losing the existing donation station imminently.

In December we opened the newest shop in Leopold Road and look forward to the contribution that will make. The manager of the shop was new to the industry and has left. The position is now being covered by the Raynes Park Manager and their role by an assistant from another shop.

We are looking into three current units that might be viable new shops for St Raphael's.

3. Management Accounts – Balance Sheet

Cash (including the investment fund) stood at £6.5m at the end of November 2022 and is currently (January 12th) at £6.1m.

Net assets stood at £4.6m at the end of November 2022, down by the £1.25m net shortfall compared to the year end March 2022.

4. Investment Fund

The fund stood at £1.96m at the end of November, a fall of £57k over the year end. By the end of December, it had fallen to £1.91m. The investment value is subject to market fluctuations and is not planned to be released in the next four years.

During December 2022 we opened two new Treasury deposits which are fixed for 12 months (£1.5m) and 6 months (£1m). The interest rates are 3.45% and 3% and they not held at risk.

5. Forecast for the Financial Year 2022-23 and beyond

At this point in the year we have to assume some significant shortfalls against income budgets. Currently we would expect Donation income to reach between £1.05m and £1.1m which is around £300k to £350k below budget and £100k below the pre-covid levels. The changes being made to the team and strategy will also delay the growth that is needed. We await the consultant report which will include a 3-year income and expenditure plan.

The Lottery plans await the go-ahead by the agency and this too is not performing to plan and has been reduced by £100k, with some commensurate cost savings mitigating the impact. There are plans to commence lottery sales from shops and this could be extended to lottery sign-ups. Increasing retail volunteers would free the resource to interact with customers in this way.

Our retail contribution is building in a promising manner. We have just recruited bank staff to open three shops on Sundays which should also add to the net income.

Our 2023-24 figures are not yet updated for the budget setting. This will be done during February in readiness for the Board at the end of March. At this point a 5% inflation rate has been assumed. After four years of assuming legacies at £1m and where the average has been £1.7m, I have used a base of £1.1m for the current presentation. This will be for discussion in due course.

6. Remuneration Committee

The Remuneration Committee has met and recommended a general pay increase of 5% for non-AfC (Agenda for Change) staff. This will add around £110k to the annual costs compared to £44k in the pre-existing forecast (it is assumed at the higher rate in the current forecast as presented).

Those on AfC will be awarded the rates agreed by NHS and this is currently subject to negotiation and strike action. Each 1% will add £25k to the costs of the charity and the budget had assumed 2%. The current cost forecast assumes 5% but we are aware that this could increase.

7. Volunteer Numbers

In response to an action from the April FRC, Ginny Toubal (Hospice Volunteer lead) has coordinated the collation of numbers of active volunteers. This totals 477 at present. This includes 187 Hospice Volunteers, up from 148 in June; 180 Retail Volunteers, up from 145 in June; 23 Compassionate Neighbours is down one from June and 66 supporter group volunteers (level). The remaining 21 volunteers are on hold.

Neena Vadgama, Head of Finance and Nick Stevens, CEO

12th January 2023

**SAINT RAPHAEL'S HOSPICE
Finance Committee Action List**

Reference	Lead	Description	Target Date for Completion	Comments	Date Completed
26.04.22/07	John Groom, Norman McWhinney	Organise letter of thanks from Chair of Trustees to firm delivering Men's Den	Upon completion of project	Complete	
26.04.22/04	Nick Stevens, Kelly Channer	Add information on volunteer numbers to KPI report	Update to be given at meeting		
26.04.22/06	Nick Stevens	Include information on approach to ESG in annual accounts	Update to be given at meeting		
12.07.22/02	Nick Stevens	Prepare report on pensions arrangements inc. update on payment due to NHS pension	April 2023 meeting		
12.10.22/01	Anna Machin	Review Board representation as referenced in report	February 2023 Board meeting	To add to Board meeting agenda	
12.10.22/02	Nick Stevens	Review choice of Auditor for 2022/23	January 2023 F&R meeting	On meeting agenda	

St Raphael's Hospice
Meeting of the Finance & Resources Committee
To be held at St Raphael's Hospice
At 14:00 on Tuesday 17th January 2023

Members: Joe Ryan (JR - Chair)
Alan Cogbill (AC – Trustee)
Ed Cook (EC – Co-opted Committee member & Advisor, DoC)
Paul Holmes (PH - Trustee)
Sr Kathleen O'Reilly (KO'R - Trustee)

In attendance: Nick Stevens (NS - CEO)
John Groom (JG - Director of IT and Estates)
Alex Rudkin (AR - Head of Quality and Improvement)
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 18 th October 2022 Committee meeting	Approval	Chair
3.		Actions List and update on matters arising	Discussion	
4.	14.15-14.45	2022/23 Year-to-date Finance Report including: <ul style="list-style-type: none"> • Year-to-date finance update • Balance sheet & cash movements • KPI report • Promoting opportunity to leave legacies (<i>verbal discussion - high-level update; to also be discussed with Fundraising Committee</i>) • Discussion on external audit contract for 2023/24 (<i>verbal discussion</i>) 	Discussion	NV, NS
5.	14.45-15.05	Outline 2023/24 look-ahead & review of financial position vs five-year plans <ul style="list-style-type: none"> • Recommendation for pay uplift from Remuneration Committee 	Discussion	NS
6.	15.05-15.15	Update on investments (verbal)	Discussion	NV
7.	15.15-15.30	IT and Facilities update	Discussion	JG
8.	15.30-15.45	Corporate Governance Report; Health & Safety (H&S) update	Discussion	AR
9.	15.45-15.55	Departmental risk register	Discussion	NV

10.	15.55- 16.00	Any Other Business & Date of next meeting	Discussion	Chair
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Dates of future meetings:

- Tuesday 25th April, 2-4pm
- Tuesday 11th July, 2-4pm
- Tuesday 17th October, 2-4pm

Finance & Resources Update – IT & Estates

17 January 2023

1 IT Systems

1. The EMIS super-user training has now been completed. The new “go-live” date is now planned for May 2023. Training for all staff will take place over the month of April. Currently we are working with clinical team leads to build the new Patient Administration System.
2. The HSCN network, which was stand-alone, has now been integrated into the Hospice’s main network. This has technically been a very challenging task, which has taken weeks of planning and testing with external partners and consultants and the internal IT staff. This was a requirement for using the new Cloud based EMIS system.

2 Hospice Site Facilities

1. The building work for the Bariatric family room project has been completed. The track, false ceiling, flooring and bi-fold doors have been fitted. The kitchen has been installed and services have been connected.
We are awaiting delivery of the specialist bariatric room equipment (hoist and toilet equipment) so that these can be installed. Staff training for using the equipment will then follow.
2. Responsibility for completing the Men’s Den has been taken back as the contractor is not able to complete the remaining works in an acceptable time scale. We are instructed another contractor for the remaining work. We are hopeful of being able to open the Men’s Den at the beginning of spring.

3 Retail / Fundraising Facilities

1. The new retail shop in Leopold Road, Wimbledon Park, has now opened. This is the first of three new shops which have been located and agreed using Skyline services.
2. Heads of Terms have now been agreed for the new Sutton Donation Centre in Windsor House. We are currently working with our solicitors regarding the lease. Shortly, we will be going out to tender for the building works and shop-fitting which will need to be completed before the centre’s opening. This is the second of three new shops which have been located and agreed using Skyline services.
3. We have received a National Lottery Community Fund grant of £9,276 towards the development of the Wellbeing Centre’s gardens and patio area.

4 Incidents / Risks

1. It has been discovered that, under certain circumstances, a security loophole exists where it is possible to copy files off-site, something that is not allowed. This previously could not happen with our applied data access policies, but something must have recently changed in the Citrix configuration. Therefore, the matter is currently being looked into as a matter of urgency by our Citrix consultant and the Citrix software manufacturer.
2. There was an issue whereby the CrossCare disaster recovery (DR) system which had previously been developed and fully tested, no longer operated correctly following some recent upgrades to our virtualisation software. The problem has now been identified and resolved and the DR process has been updated accordingly.
3. An issue occurred whereby remote access to the system was denied for a short while due to a problem with the re-installation of the remote access security certificate. This has now been completely resolved.

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurrence	Initial Impact	Initial Probability	Raw Score	Additional Controls	Residual Impact	Residual Probability	Residual Score	Who is responsible for action	Date of last review	Date of next review
1.	Failure to meet Budget income levels	<ul style="list-style-type: none"> Financial Losses continue and cash drains Long Term sustainability reduced 	<ul style="list-style-type: none"> Overall increase in fundraising staff and resources budgeted Campaign being planned to raise profile and provide opportunity to donate Sufficient funds in place to ensure 2-4 years viability 	5	4	25	<ul style="list-style-type: none"> If income generation is not achieving required, mitigation funding has been agreed in principle to ensure time to implement alternative measures to secure service 	4	4	20	Head of Finance / CEO	Dec-22	Mar-23
2.	Inflation levels impact costs without commensurate income increases	<ul style="list-style-type: none"> Financial Losses continue and cash drains Long Term sustainability reduced 	<ul style="list-style-type: none"> Mitigation funding has been agreed in principle to ensure time to react to unexpected changes to circumstance (eg inflation above 2%) so long as evidence of other improvement is clear Review of cost and affordability of service would need to be initiated to seek mitigation savings 	4	4	20		4	4	20	Head of Finance / CEO	Dec-22	Mar-23
3.	Economy suffers a material fall at a time when SRH needs to access its investment fund	<ul style="list-style-type: none"> Financial Losses Long Term sustainability reduced 	<ul style="list-style-type: none"> Existing cash levels sufficient for 2-3 years Forecasting future needs offers reasonable visibility to timing of access needs Experienced advisers to guide SRH on risks and economic outlook 	4	3	16	<ul style="list-style-type: none"> Ensure that future levels of readily accessible cash are sufficient for 12 months' expected need 	3	2	9	Head of Finance / CEO	Dec-22	Mar-23
4.	Major Projects	<ul style="list-style-type: none"> Not compatible with objectives, plans and priorities of the Charity Project not appropriately authorised Project viability Lack of skills/people resource Reputational risk of about turn on major project 	<ul style="list-style-type: none"> Delegation and Authorisation levels are agreed Annual budget process highlights major projects Regular Communication between Exec and Trustees 	3	2	9	<ul style="list-style-type: none"> Ensure projects plans are documented and reviewed in advance of launch Ensure Board involvement in projects of scale 	3	1	6	Head of Finance / CEO	Dec-22	Mar-23
5.	Loss of Key Personnel	<ul style="list-style-type: none"> Disruption to service Inability to prepare accounting information Knock on effect to other team members 	<ul style="list-style-type: none"> Assistant level staff can cover one another Financial records and workings are well organised and could be followed Sage system is well known and temp cover could be arranged 	4	2	12	<ul style="list-style-type: none"> Written processes and policies to be undertaken in order to illustrate all aspects of the work to be done 	3	2	9	Head of Finance / CEO	Dec-22	Mar-23
6.	Financial Fraud (significant sums)	<ul style="list-style-type: none"> Financial Loss Reputational Damage 	<ul style="list-style-type: none"> Two signatures required for all transactions Annual budget set as boundary for activity Monthly review of accounts to budget and variances investigated 	4	1	8	<ul style="list-style-type: none"> Review of financial policies and accountability structures to be undertaken 	4	1	8	Head of Finance / CEO	Dec-22	Mar-23
7.	Operational Risk	<ul style="list-style-type: none"> Financial risks arising from operations (lawsuits relating to negligence and employment disputes, Health & Safety, unfair dismissal etc) 	<ul style="list-style-type: none"> Covered by Insurance with Legal Advice to guide difficult decisions Policies and Procedures 	4	1	8	<ul style="list-style-type: none"> Further expert legal advice would be taken as and when needed 	3	1	6	Head of Finance / CEO	Dec-22	Mar-23
8.	Trustee Reporting	<ul style="list-style-type: none"> Inadequate information resulting in poor decision making Failure of trustees to fulfil their responsibilities 	<ul style="list-style-type: none"> Regular structured Committee and Board meetings Timely and accurate financial reporting 	4	1	8	<ul style="list-style-type: none"> Delegation and Authorisation levels are agreed Annual Audit provides independent review 	3	1	6	Head of Finance / CEO	Dec-22	Mar-23
9.	Failure of Sage IT system	<ul style="list-style-type: none"> Unable to produce banking files to make supplier and staff expenses payment Unable to input data and produce accounts reports 	<ul style="list-style-type: none"> Finance system is backed up daily Purchase of Sage support services 	3	1	6	<ul style="list-style-type: none"> Payments can be made via banking system Previous back ups can be restored and support is available 24 hours 	2	1	4	Head of Finance / CEO	Dec-22	Mar-23
10.	Lack of compliance with Finance Procedures	<ul style="list-style-type: none"> Unpaid supplier invoices and unable to order goods Unpaid bills and debt recovery charges Loss of information 	<ul style="list-style-type: none"> Raise awareness and training of Financial procedures in place Good departmental Communication Reconciliation of the purchase of ledger 	3	1	6	<ul style="list-style-type: none"> Good supplier relations Able finance team in place to deal with issues 	2	1	4	Head of Finance / CEO	Dec-22	Mar-23

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		1	2	3	4	5
P r o b a b i l i t y	1	2	4	6	8	10
	2	3	6	9	12	15
	3	4	8	12	16	20
	4	5	10	15	20	25
	5	6	12	18	24	30

Revised Score Matrix

- The score matrix calculates (impact x probability + impact)
- This is in order to heighten the influence of *high impact* risks even if they have a low probability
- Hence a score of 5 on impact will always warrant consideration if the probability is 2 or more
- On the old score an impact of 5 and probability of 2 would not be seen as a red risk to be considered further
- Also an Impact of 5 and probability of 2 is a greater risk than an impact of 2 and probability of 5

HEALTH AND SAFETY COMMITTEE

Minutes of Meeting held on 10th November 2022

Present:

(AR) Alex Rudkin	Head of Quality and Improvement, Chair/Mins	(SC) Steve Cresswell	Facilities
(GL) Gail Linehan	Joint CEO	(NS) Nick Stevens	Joint CEO
(MV) Mirjam Veldhuizen	Hospice@Home	(LR) Linda Ryan	Retail
(RT) Becca Trower	Clinical Director, Psycho-social, Wellbeing, Medical	(JG) John Groom	IT & Estates
(GT) Ginny Toubal	Volunteers	(BM) Bernard Marley	Board Trustee

Apologies for Absence:

(PH) Philomena Hutchinson	H&S Link (IPU Nights)	(PE) Pascale Evans	H&S Link (Admin)
(PD-P) Paula Di Palma	Housekeeping	(TC) Tracy Christmas	Community Team
(LB) Lisa Bentley	H&S Link (IPU Days)	(S-JW) Sara-Jane Woods	Income Gen/Retail
(JS) Jill Smith	H&S Link (Community Team)	(TY) Tracey Young	IP&C

Venue: St Bede's & Remote

1. Apologies & Welcome	Action
Apologies as listed above.	
2. COVID-19	Action
Mask wearing relaxed in line with Policy. Staff are comfortable with the relaxed guidance. Some staff impact due to COVID + but not creating an issue. FFP3 mask wearing in accordance with policy and fit-testing/training system in place.	
3. Minutes of the meeting held on 22nd July 2022	Action
Minutes of the meeting held on 22 nd July 2022 were accepted.	
4. Matters Arising	Action
Matter arising : a) IPU Digital Lights and TVs	
Further staff training on using the digital control for the light setting and using the TVs on the IPU remains.	JG/SC
Matter arising : b) Retail Shops Operations Manual	SJW
Draft of the Operations Manual are available in all Shops. Volunteer section under further edit. Hoped for final publication pre-Christmas 2022.	

Matter arising : c) Lighting outside St Bedes	
The lighting has been improved.	

5. Health & Safety Management Update	Action
<p>The Hospice had its Fire Risk Assessments and a Health & Safety Audit completed across all of its retail premises, Capitol House and main site buildings in July 2021. The assessments were undertaken by Hettle Andrews our risk management consultancy. Progress remains on-going in working through the reports' actions that broadly number 112 (c.f. 196 in 2018's Audit) but encapsulate required actions in multiple locations and are prioritised as:-</p> <p>Priority 1 – Immediate Action – 6. Complete. Asbestos management plan in place from 2018. Plan requires review on premises visits. Remedial actions further to the fixed electrical inspections are completed. Priority 2 – Urgent – 38 : 24 complete, 11 in progress, 3 pending Priority 3 – Medium - 57 Priority 4 – Recommended - 11</p> <p>Actions Complete Fixed electrical works (5) Roll out of Emergency Lighting Torches (3) PAT Testing Fire Evacuation template for each location Fire Alarm Call Points Facilities – COSHH RAs Facilities – Task RAs Facilities relevant task RAs to include Noise Legionella (Water) RA Asbestos Training St Bedes Function Room capacity notice Smoke Detection (3) Raynes Park paving Storage at Rosehill & Sutton Clearance Smoking</p> <p>Actions in Progress include:- Ceiling Issues at Raynes Park scheduled for attention on 11/11/2022. SDC Fire Detection SDC Fire Training Fire Doors on IPU (2) Fire Door to Tobit Fire Call Point Testing and Record-keeping : Training for ASMs Pressure Vessel Checking WAHRAs Vehicle Movement RA at SDC & Capitol House Retail COSHH</p> <p>Actions Pending include:- SDC Conveyor Belt rail painting & Stairwell Nozing SDC Storage (2)</p>	AR/SC/JG/S-JW

6. Fire Update	Action
Fire alarm testing remains routinely undertaken and coordinated via Facilities on Friday mornings in the 3 main buildings on the main Hospice Site – main Hospice, St Bedes and 759.	
Fire Alarm Display Panel is a challenge to read for some owing to its height but steps, previously available at the Reception Desk, are now stored below the Fire Panel.	
Fire Response Team training is set for 22 November 2022 which will focus on the response from Fire Marshalls : at least 15 personnel are booked in. A number of such training events will be scheduled for 2023.	SC
No further drill undertaken since last meeting. Fire Drills will be undertaken at least twice per annum in accordance with Policy.	SC
Fire drill for Capitol House also remains to be undertaken.	SC
Fire alarm call point testing within each retail shop premises once training has been delivered. Fire alarm test and call point reset demo has been rolled out by SC on some Shop visits. ASMs for Retail to receive fire call point test training from SC and cascade.	SC

7. Facilities Update	Action
225 work requests since July 2022's meeting with 28 remaining outstanding; of which 19 involve Retail.	SC
IPU snagging list following 2021's refurb remains wip with Facilities and as such moves off this agenda.	

8. Water Safety	Action
<p><u>HSL</u> Water Treatment and Testing company -HSL Compliance - undertake the service and maintenance of the Ultralox dosage plant including all necessary testing and servicing; undertake quarterly legionella sampling; undertake quarterly closed system analysis inc. Bacterial and servicing of the Ultralox dosing system and alarm.</p> <p>Upgraded kit for ensuring acceptable Chlorine dioxide levels has not produced the expected improvement in recorded levels. Not a concern but can be improved. HSL have been requested to re-visit and check calibration levels are as they should be.</p> <p>Testing for legionella has produced nil return.</p>	SC
The Hospice's Water Risk Assessment was undertaken by HSL in January 2022 and report shows 112 actions that have been reviewed by SC and AR. 67 actions are for Facilities to complete and mostly concern cleaning – 52 have been completed; 45 will require review and estimate from a qualified Plumber (5 of which concern the cold water storage tank)	SC
Cleaning of the cold water tank (Orangery courtyard) was undertaken on 8 th September 2022.	

9. Infection Control	Action
The last IC committee meeting was held on 13 th September 2022.	
A review of Pathology/Microbiology Service provision for SRH patients is a work in progress and is led by the Clinical Director.	RT
IP&C lead Tracey Young takes up a new role within District Nursing this month. The IP&C link staff (RN Cathy Foster, HCA Sam Dunmall and CNS Jill Smith) are in place and will take guidance from the Clinical Director and the IP&C team at ESTH. It is planned that a joint IP&C role with Royal Trinity Hospice will be recruited to that will provide SRH with 2 IP&C lead days per week. In servicing the SLA in place with ESTH for IP&C regular IPU visits are maintained by ESTH.	RT
Development of a standalone clinical standard operating procedure for SHARPS incidents with attention to Blood Borne Viruses is under draft. Current OH provider is Maitland Medical based in Kent and suitability of its services will be part of a review led by the Clinical Director.	TY RT

10. Risk Assessments/ Risk Register	Action
AR advised the Hospice's Risk Assessment Register is available for all to view. Work remains to provide quantifiable summary alongside further work to review qualitative content. Any and all updates to risk assessments should be saved within the respective folder structure at N:\Health & Safety\Risk Assessments\Risk Assessments by Department and email notification sent to AR in order that the register provides an up to date picture.	AR All HoDS

11. Health & Safety Policy	Action
Review and update to existing H&S policies remains on-going. Health & safety policy reviewed and communicated since 22 July 2022 includes:- OP17 Lone Worker Policy - 29/07/2022 CLIN52 Managing COVID-19 re-issued 21-09=2022 OP12 Electricity Policy – 07/11/2022	
It remains a constant requirement to ensure that our approach to safety, being caring, being well-led, being responsive and being effective remains supported by our policy and to do so it needs to be well communicated, accurate and up to date.. Policies reviewed and to be re-published in November 2022:- OP07 Contractors Policy OP08 Dangerous Substances Policy OP15 & OP15a Fire OP40 Waste Management OP45 Water Management Policies on the review horizon include:- H&S Policy	AR

12. Accidents/ Incidents	Action
<p>2022 : Non-clinical incident data (n=20) for July - September 2022 was reviewed noting the minor/ no harm or low harm classification for all incidents excluding the moderate harm classification for a volunteer in the Carshalton Shop who fell over an item that was pulled out behind her by a customer and not pushed back. The incident was reported under RIDDOR. A suspected fracture to her wrist was later ruled out by the Hospital but the volunteer did sustain a knee injury. There was no learning to be exacted from this accident other than a reminder for attention to foot placement in walkways.</p>	

Month	Staff		Visitors		Vols		Contract or		Not App		2022 Total	2021 Total	2020 Total	2019 Total	2018 Total
	Ac	Inc	Ac	Inc	Ac	Inc	Ac	Inc	A	Inc					
Jan 22	0	1	0	2(2)	1(	0	0	0	0	2(1)	6(4)	1	1	4	2(2)
Feb	3(	1	0	4(4)	0	0	0	0	0	0	8(6)	3	6(2)	0	2(1)
Mar	3(	5(4)	0	3(3)	0	0	0	0	0	1(1)	12(1)	1	2	2(2)	2
Apr	0	1(1)	0	0	1(	0	0	0	0	0	2(2)	3(1)	0	4(3)	1
May	1	1(1)	0	1(1)	0	2(	0	0	0	2(2)	7(6)	1	3	5(1)	4(3)
Jun	2(	1	0	3(3)	0	0	0	0	0	2	8(5)	0	3	(2)	4(2)
Jul 22	0	1	1(	0	1(	0	0	0	0	2(2)	5(4)	3	1	(1)	2(2)
Aug	1	1(1)	0	2(2)	0	1(	0	0	0	2(1)	7(5)	1	1	5(2)	4(2)
Sep	0	3(2)	0	3(3)	0	0	0	0	0	2(2)	8(7)	4	1	1	1
Oct												5	2	(2)	1
Nov												(2)	1	3(1)	1
Dec												10(9)	0	6(4)	3(2)
2022	10	15(	1(	18(1	3(	3(	0	0	0	13(1	63(4				
2021	11	9(2)	(1)	0	2(	2(	0	(1)	0	8(6)		34(1			
2020	6(	4	0	2(1)	0	3	0	0	0	6			21(2)		
2019	13	6(5)	0	3(1)	2(	3	0	0	0	4				35(1	
2018	8(	4(3)	2(	3(1)	3(	3(	1	0	0	3					27(14)

Notes : In Jan-Sep 2022, there have been 2 non-clinical incident/ accidents that have required external report. All incidents classified as either Minor/No Harm/Low Harm bar 2 moderate harm falls in June and July 2022 respectively.

Highlights

July 2022

Accident (Carshalton volunteer fall, SDC customer fainted)

Incident (Sutton Clearance door locking issue, Carshalton bin theft, Hospice Lone Worker Device False Alarm)

August 2022

Accident (Facilities bump/knock from ladder)

Incidents (Raynes Park roof leak, Capitol House volunteer behaviour, Cheam Village member of public behaviour, Banstead staffing issue, Sutton Clearance possible theft of customer handbag, IPU fox in patient room)

The fox incident was discussed noting the conversations had with the DoC in discouraging the feeding of foxes on the site adjacent to the Hospice grounds, the sounder and doing deterrents and suitable signage to prohibit feeding to be put in place in both patient rooms and gardens.

September 2022

Accident (Nil)

Incidents (Raynes Park customer lost property, Cheam Village theft of volunteer credit card, Capitol House abusive email, Capitol House IG issue re cc rather than bcc, Raynes Park £100 found in donated items, Hospice IG issue re outlook access for correct staff member, Raynes Park 750 euros found in donated item, New Malden Clearance dislodged picture frame hit customer on head)

The incident at the New Malden Clearance Store has led to a personal accident claim being received by the Hospice. The Hospice has acknowledged that despite instruction, risk assessment, stock display guidance and ASM vigilance an unsecured picture frame had been placed at a height that, once dislodged, did fall and hit a customer on her head. The matter is being handled by our insurers. The incident led to review of practice by the ASMs with the Shop Manager involved and a reminder communicated to all managers regarding display of sale items at height and the Hospice's acceptable practice which was followed up by physical checking on ASM Shop visits. Signage to request for assistance for access to items that are out of safe reach has been implemented.

It was agreed that there is much to be commended in the Hospice staff's embrace of an open and honest reporting culture.

11. CAS Alerts

No relevant non-medication alerts received between July and September 2022.

12. Safety Representatives/ Managers/ Any Other Business	Action
Account of recent incidents regarding a vehicle break in on the Hospice main site and a confused member of the public seeking attention in the Hospice main reception were briefly discussed. Signage is in place making clear the personal responsibility for items left in view in a parked vehicle and review by a Hospice Doctor and involvement of LAS helped handle these incidents respectively.	
GL pointed out the need for replenishing the non-slip paint that is in place at key points on site.	SC
BM commended the excellent reporting culture and how, over time, comparative information will also prove useful.	
AR extended appreciation to GL for her contributions to the health and safety / governance agendas over the course of many years and expressed warm wishes for her upcoming retirement.	

13. Date of Next Meeting

2nd February 2023 at 13.30 St Bedes / Remote via Zoom

ALL

Management Accounts November 2022	Year To Date				Full Year											
	Actuals 2022-23	Budget 2022-23	variance	YTD Prior Year	Actuals 2018-19	Actuals 2019-20	Actuals 2020-21	Actuals 2021-22	Forecast 2022-23	Budget 2022-23	Variance	2023-24	2024-25	2025-26	2026-27	2027-28
Income from NHS	1,085,238	1,084,557	681	1,260,980	1,515,281	1,546,130	1,775,471	2,264,729	1,627,517	1,626,836	681	1,706,979	1,741,119	1,775,941	1,811,460	1,847,689
Other Income	165,405	267,141	(101,736)	223,929	77,492	175,599	1,662,681	588,934	334,223	406,067	(71,844)	401,721	407,714	409,978	411,895	413,910
Service Income	1,250,643	1,351,699	(101,056)	1,484,909	1,592,772	1,721,729	3,438,152	2,853,662	1,961,740	2,032,903	(71,163)	2,108,701	2,148,833	2,185,920	2,223,355	2,261,599
Direct Cost of Services	(2,973,954)	(2,949,337)	(24,617)	(2,513,059)	(3,247,386)	(3,434,614)	(3,713,542)	(3,878,465)	(4,459,114)	(4,441,442)	(17,672)	(4,766,210)	(4,828,908)	(4,918,826)	(5,011,851)	(5,106,737)
Hospice Depreciation	(63,228)	(87,696)	24,468	(62,508)	(287,821)	(210,006)	(155,282)	(95,491)	(107,617)	(140,707)	33,090	(147,441)	(154,973)	(121,465)	(84,818)	(77,518)
Support Costs	(473,928)	(456,476)	(17,452)	(447,687)	(544,442)	(622,189)	(678,829)	(670,239)	(690,224)	(685,283)	(4,942)	(642,934)	(659,910)	(675,069)	(686,504)	(700,209)
Service Costs	(3,511,110)	(3,493,509)	(17,601)	(3,023,254)	(4,079,649)	(4,266,809)	(4,547,652)	(4,644,196)	(5,256,955)	(5,267,431)	10,476	(5,556,585)	(5,643,792)	(5,715,361)	(5,783,173)	(5,884,464)
Net Service Cost to be funded	(2,260,467)	(2,141,810)	(118,656)	(1,538,345)	(2,486,877)	(2,545,080)	(1,109,500)	(1,790,534)	(3,295,215)	(3,234,528)	(60,687)	(3,447,884)	(3,494,959)	(3,529,441)	(3,559,818)	(3,622,865)
Fundraising Activity	64%	61%		51%	61%	60%	24%	39%	63%	61%		62%	62%	62%	62%	62%
Legacy Income	656,169	630,035	26,134	656,228	1,180,296	1,750,510	2,228,142	1,532,596	1,000,000	1,000,000	(0)	1,100,000	1,100,000	1,100,000	1,100,000	1,100,000
Donor Income	696,781	886,853	(190,071)	652,313	1,185,737	1,240,373	1,222,685	996,411	1,080,031	1,395,348	(315,316)	1,532,864	1,870,313	2,087,203	2,213,351	2,327,956
Fundraising Costs	(530,838)	(607,470)	76,632	(479,827)	(591,764)	(629,760)	(592,754)	(702,971)	(743,359)	(883,300)	139,941	(969,322)	(904,405)	(922,493)	(940,943)	(959,762)
	822,112	909,418	(87,306)	828,715	1,774,269	2,361,123	2,858,074	1,826,036	1,336,673	1,512,048	(175,376)	1,663,541	2,065,907	2,264,709	2,372,407	2,468,193
Lottery Income	242,492	313,965	(71,473)	280,030	507,456	456,007	454,014	422,996	365,492	465,947	(100,455)	476,936	636,384	722,883	797,577	885,013
Lottery Costs	(110,939)	(165,133)	54,195	(133,048)	(193,291)	(206,984)	(188,041)	(195,515)	(161,164)	(239,847)	78,682	(417,665)	(273,479)	(283,210)	(291,647)	(303,570)
	131,553	148,831	(17,278)	146,982	314,165	249,023	265,973	227,480	204,328	226,100	(21,773)	59,271	362,905	439,673	505,930	581,442
Shop Income	907,260	920,283	(13,022)	719,242	1,018,780	1,103,503	203,693	1,109,995	1,361,206	1,362,229	(1,022)	1,864,964	2,129,953	2,172,552	2,216,003	2,260,323
Shop Costs	(786,701)	(820,398)	33,698	(763,371)	(907,064)	(934,027)	(913,626)	(1,123,843)	(1,230,188)	(1,267,737)	37,548	(1,627,375)	(1,748,911)	(1,754,225)	(1,774,998)	(1,796,989)
	120,560	99,884	20,676	(44,129)	111,716	169,476	(709,933)	(13,848)	131,018	94,492	36,526	237,590	381,042	418,327	441,006	463,334
		11%		-6%	11%	15%		-1%	10%	7%		13%	18%	19%	20%	20%
Support Costs	(236,964)	(228,238)	(8,726)	(223,844)	(272,221)	(311,094)	(339,414)	(335,119)	(345,112)	(342,641)	(2,471)	(321,467)	(329,955)	(337,535)	(343,252)	(350,105)
Fundraising Contribution	837,261	929,895	(92,634)	707,724	1,927,929	2,468,527	2,074,699	1,704,549	1,326,906	1,489,999	(163,093)	1,638,935	2,479,899	2,785,174	2,976,091	3,162,865

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 10th June 2022 prior to the 30th June 2022 submission deadline.

Information Security

- This item is covered in report by the Head of IT and Facilities

Policy Management

- A quantitative summary shows distribution and progress for organisational policy review against v1.67 of the Policy Manual Index.

Review Leads	No of Policy Manual Documents	Out of Date (OOD)	%OOD
A Angarita	1	0	0%
A Machin	5	TBA	TBA
A Rudkin	27	3	11%
B Angel	24	4	17%
C Foster	1	0	0%
E Lunn / R Wallis	3	0	0%
G Tamura-Rose	1	0	0%
G Toubal	2	0	0%
H Agboola	2	0	0%
J Ford	2	0	0%
J Groom	10	3	30%
J Strawson	12	1	8%
J Strawson / G Tamura-Rose	3	0	0%
K Hobson	1	0	0%
M Flint	4	1	25%
N Collins	2	0	0%
N Stevens	17	5	29%
P James	1	1	100%
R Trower	18	3	17%
R Wallis	14	0	0%
R Yin-Poole	1	0	0%
S Cresswell	9	0	0%
S Molyneux	1	0	0%
S Payne	1	0	0%
S-J Woods	2	2	100%
T Christmas	7	0	0%
TOTALS	166	23	14%
		14%	

	Oct -21	Jan-22	Jun-22	Jan-23	
Up to date Policy Publication Compliance	88%	90%	92%	86%	

- There have been 23 policies / standard operating procedures published/ revised between 20/10/2021 and 18/01/2022.
- There have been 40 policies / standard operating procedures published/ revised between 19/01/2022 and 05/07/2022.
- There have been 49 policies / standard operating procedures published/ revised between 06/07/2022 and 10/01/2023.

Health & Safety

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

Priority 1 – Immediate Action – 6.

All are complete. Asbestos management plan in place from 2018. Remedial actions further to the fixed electrical inspections are complete .

Priority 2 – Urgent - 39

Priority 3 – Medium - 57

Priority 4 – Recommended - 11

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

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

We remain objective in our pursuit to complete the actions set out in 2021's reports and prioritise those classed as immediate and urgent. Both Steve Cresswell and myself liaise with Sara-Jane and the Area Managers to effect solutions. We provide update at our Health & Safety Committee. Minutes of the last H&S meeting held in November 2022 are included in papers.

Steve and myself are visiting the retail shops as part of routine health and safety surveillance and hope to achieve up to 2 visits at each location per year.

The communication between Retail and Facilities has improved enormously over the past 18 months which affords an improved awareness of responsibilities and actions. New retail premises are now reviewed by the Facilities Manager at an early stage and prior to opening in order to ensure health and safety considerations are understood and required notices and equipment are in place. Adopting the model template that our Hettle H&S Risk Assessor completed when undertaking the last round of Fire Risk Assessments, it is felt that this practice supports us sufficiently and will be compounded by the next round of external Fire Risk Assessment and H&S Audit scheduled for summer of 2024.

RISK MANAGEMENT

NON-CLINICAL RISK MANAGEMENT DATA

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

Month	Staff		Visitor/ Customer		Volunteer		Contractor		Not App		2022 Total	2021 Total	2020 Total	2019 Total	2018 Total
	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc					
Jan 22	0	1	0	2(2)	1(1)	0	0	0	0	2(1)	6(4)	1	1	4	2(2)
Feb 22	3(2)	1	0	4(4)	0	0	0	0	0	0	8(6)	3	6(2)	0	2(1)
Mar	3(2)	5(4)	0	3(3)	0	0	0	0	0	1(1)	12(10)	1	2	2(2)	2
Apr 22	0	1(1)	0	0	1(1)	0	0	0	0	0	2(2)	3(1)	0	4(3)	1
May	1	1(1)	0	1(1)	0	2(2)	0	0	0	2(2)	7(6)	1	3	5(1)	4(3)
Jun 22	2(2)	1	0	3(3)	0	0	0	0	0	2	8(5)	0	3	(2)	4(2)
Jul 22	0	1	1(1)	0	1(1)	0	0	0	0	2(2)	5(4)	3	1	(1)	2(2)
Aug	1	1(1)	0	2(2)	0	1(1)	0	0	0	2(1)	7(5)	1	1	5(2)	4(2)
Sep 22	0	3(2)	0	3(3)	0	0	0	0	0	2(2)	8(7)	4	1	1	1
Oct 22	0	1	0	2(2)	0	0	0	0	0	0	3(2)	5	2	(2)	1
Nov	0	2	0	1(1)	0	0	0	0	0	2(2)	5(3)	(2)	1	3(1)	1
Dec 22	0	1(1)	0	3(2)	0	0	0	0	0	4(1)	8(4)	10(9)	0	6(4)	3(2)
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)	
2018	8(6)	4(3)	2(1)	3(1)	3(1)	3(2)	1	0	0	3					27(14)

Notes : In Jan-Dec 2022, there have been 2 non-clinical incident/ accidents that have required RIDDOR report. All incidents classified as either Minor/No Harm/Low Harm bar 2 moderate harm falls in June and July 2022 respectively. One incident reported in September was notified to our insurers pursuant to a personal injury claim following the picture frame incident at the New Malden Shop.

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

Accidents	Staff	Visitor	Vol	Contractor	Not App	2022	2021	2020	2019	2018
Manual Handling						0	0	0	3(3)	0
Impact/Bump	3					3	2	3(1)	9(3)	5(2)
Burn/Scald	1(1)					1(1)	0	1	0	1
Allergic Reaction						0	5	0	0	0
Other						0	1	0	0	1
Sharps	2(2)		1(1)			3(3)	(1)	0	0	3(3)
Slip/Trip/Fall	4(3)	1(1)	2(2)			7(6)	5(1)	2	(3)	4(3)
2022 Total	10(6)	1(1)	3(3)			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)	
2018 Total	8(5)	2(1)	3(2)	1	0					14(8)

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

Incidents (non-injurious)	Staff	Visitors / Customers	Volunteers	Contractor	N/A	2022	2021	2020	2019
Lost Property		3(3)			3(3)	6(6)	0	1	(1)
Legionella / Bacteria					2	2			
Driving	1					1	2	0	1
Electric shock							0	0	(1)
Environment Damage					3(3)	3(3)	(1)	0	(2)
Equipment					1(1)	1(1)	0	3	0
Fire Alarm					1	1	0	0	1
Fire							0	0	0
Health Problem		1(1)	1(1)			2(2)	(1)	3	0
Lone Worker Device False	3(2)					3(2)			
Information Incident	6(2)				2	8(2)	3(1)	2	(2)
Retail Customer Service		2(2)				2(2)			
Other	5(4)	1			1	7(4)	3(2)	2	2(1)
Power Cut					3(2)	3(2)	(2)	1	0
Security / Theft Incident	2(2)	13(13)			2(2)	17(17)	3(1)	2	6
Slip/Trip/Fall/Faint	2	2(2)				4(2)	1	(1)	(1)
Impact/Bump		1(1)				1(1)	2	0	2(1)
Verbal/ Physical Violence / Behaviour		3(3)	1(1)			4(4)	(2)	0	1
2022 Total	19(10)	26(25)	2(2)		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]

2022 Breakdown of Incidents by month

Type	Lost Property	Legionella / Bacteria	Power cut	Fall/Faint	Health problem	Verbal/ Physical Violence / Behaviour	Man Hand	Enviro Damage	Impact Bump	Burn Scald	Lone Worker Device	Info Inc	Retail Customer Service Incident	Fire Alarm	Security / Theft	Driving	Other	Equipment	Sharps	2022	2021	2020	2019
Jan			2(1)												(2)	1				5(3)	0	1	4
Feb						(2)						1			(2)					5(4)	0	4(2)	0
Mar			(1)								(2)	1			(4)		(1)			9(8)	0	2	2(2)
April															(1)					1(1)	2(1)	0	4(3)
May	(1)				(1)	(1)									(1)		(1)	(1)		6(6)	1	3	5(1)
June	(1)	1		1									(2)				1			6(3)	0	2	2(2)
July											1				(2)					3(2)	1	0	1(1)
Aug					(1)	(1)		(1)							(1)		2(1)			6(5)	1	0	5(2)
Sept	(3)								(1)		3(2)				(1)					8(7)	3	1	1
Oct	(1)			1											(1)					3(2)	2	1	2(2)
Nov				(1)				(1)			1		1		(1)					5(3)	(1)	1	3(1)
Dec		1		(1)				(1)			2				(1)		2(1)			8(4)	9(8)	0	6(4)
202	(6)	1	3(2)	4(2)	(2)	(4)		(3)	(1)		(3)	8(2)	(2)	1	(17)	1	7(4)	(1)	0	65(48)			
202			(2)	1	(1)	(2)		(1)	2		3(1)				3(1)	2	3(2)				20(
202	1		1	(1)	3						2				2		2	3				15(1)	
201	(1)			(4)		1	(3)	(2)	11(		(2)			1	6	1	3(2)						35(1)

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

Complaints

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

The number of complaints logged in 2022 is 8; of which, there were none that did not have a clinical underpinning.

2022 - Complaints	CPCT / H@H Care	CPCT / H@H Comms	IPU Care	IPU Comms	IPU Care & Comms	Bereavement Comms	Volunteer Services Comms	Fundraising /Shop Comms	HR	Total	Merton	Sutton	Other	UPHELD
January	1									1		1		1
February	2									2		2		2
March										0				
April										0				
May				1						1		1		0
June			1	1						2	1	1		1
July														
August			1							1		1		1
September				1						1		1		1
October														
November														
December														
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

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

St Raphael's Hospice
Meeting of the Finance & Resources Committee
Held at St Raphael's Hospice with video dial-in option
At 14:00pm on Wednesday 12th October 2022

Members: Joe Ryan (JR – Trustee, Chair)
 Ed Cook (EC – Co-opted Committee member & Advisor, DoC)
 Sr Kathleen O'Reilly (KO'R – Trustee)
 Paul Holmes (PH – Trustee)

In attendance: Nick Stevens (NS - Joint CEO)
 Gail Linehan (GL – Joint CEO)
 Alex Rudkin – (AR - Head of Quality and Improvement, Minutes)
 John Groom – (JG - Director of IT & Facilities)
 Neena Vadgama – (NV - Finance Manager)
 Siobhan Holmes – (SH – Director, Haysmacintyre, items 1 & 2)

Apologies: Alan Cogbill (AC - Trustee)
 Anna Machin (AM – Governance)

The meeting began at 14.00pm.

Actions arising Agenda item	Action	Responsible	Timeline	Ref.
2. External auditor's report	Review Board representation as referenced in report	Anna Machin	February 2023 Board meeting	12.10.22/01
2. External auditor's report	Review choice of Auditor for 2022/23	Nick Stevens	January 2023 F&R meeting	12.10.22/02

1. Welcome, apologies for absence and declarations of interest

Joe Ryan welcomed Committee members and attendees to the meeting. Apologies were received and accepted from Alan Cogbill and Anna Machin. There were no new declarations of interest.

2. 2021/22 external auditors' report

SH, Director at Haysmacintyre presented the 2021/22 external auditor report. She explained that the audit had raised a number of challenging questions for her team due to updated financial regulation and highlighted key points. In summary, she advised that she expected to deliver an unqualified opinion and that the report was essentially clean and she was satisfied.

She advised that the report's benchmarking data will be adjusted further by stripping out the DoC income and the COVID grant. It was recognised that there was little value in the benchmarking data given different time periods.

It was noted that:-

- the COVID grants included on page 5 need to have pro rata adjustment.
- slightly higher investment in staff on page 9
- high reliance on the Finance Manager, Neena on page 11. Neena is supported by two staff members, Lisa Eagle who has had over 18 years experience of working in Accounts and Sangita Patel who has a few years experience.
- visits to two retail shops – Cheam Village and Sutton Donation Centre (SDC) - lack of emergency alarms in the stores mitigated by low risk and low cash; password changing on the Shop tills will be on a 3 month basis; no CCTV in SDC but SRH is on the cusp of vacating that Store. CCTV is in place across other Stores, tightening up on training records for Shop volunteers and staff
- all points raised in the report are purely observational / advisory.

Emerging Issues were summarised as:-

- Good governance. Governance code published by the Charity Commission needs review and minuted as such within the Board or F&R Committee minutes.
- Law Commission : fundraising appeals (restricted donations) that fail then duty to go back to the individual donors. If amount is under £120 then can then be re-classified as unrestricted and permission for use by the donor does not need to be sought.
- Point 5 on page 15 and point 1 on page 16 refers to Board representation : **ACTION : Board to Review**

- EDI changes
- Haysmacintyre monthly newsletter available
- Haysmacintyre produce quarterly updates for the charitable sector
- Haysmacintyre delivers training for Trustees free of charge at the moment
- Letter of Representation has been signed as appropriate.

3. 2021/22 SRH Annual Report & Accounts

No major change to the SORT – all compliant and happy to sign off.

Questions / Comments

EC will send onto NS the spelling errors that he found

Page 3 – change 'bequests' to 'legacies'

Page 6 – 'free reserves' can't be changed to 'general fund' because that is the required phraseology

Page 6 – Financial review: last sentence of first paragraph and last sentence of final paragraph need to tally.

There is no need to publish the CEO salary in the annual report. It is at the discretion of individual charities.

KO'R expressed that she was very happy with the report and found SH's presentation very helpful. Thanks were also extended by JR to SH and her team.

Going Concern Review was accepted and all were happy to request NM to sign off the letter of representation

PH echoed appreciation for the Hays Macintyre report and asked for NS's evaluation of the service they provided. NS reflected that he wasn't able to give them top marks and the report lacks relevant benchmarking data amongst other unhelpful data references. He felt that choice of auditor for 2023/24 should be an item to reflect upon. **ACTION**

4. Review of minutes from 12th July 2022 Finance & Resources Committee meeting

The minutes of the previous meeting were reviewed and approved as an accurate record of proceedings subject to the following:-

Pg 2 - Ebay selling has commenced but only in a small capacity due to staffing.

Pg 3 – Sums referred to as required contributions towards NHS pensions are not expected to be anywhere near the quoted figures in the last meeting.

5. Actions List and update on matters arising

Lottery proposal was delivered to the Board and Report on the Hospice's pensions' arrangement are included in this meeting's papers.

6. 2022/23 Year-to-date Finance Report

KPI report

A focus on recruitment of volunteers is required.

YtD finance update

Donations have not yet responded as expected and there is recognition of the magnitude in what needs to be achieved. There are changes planned for the Director of Fundraising role.

A new shop (in Wimbledon) opens next month and more premises in the right locations are required (in accordance with the plan). Retail is in good shape.

Lottery is not delivering its growth potential. SJW is in proactive discussion with two facilitating agencies.

Fundraising is not yet showing the signs of change so there are adjustments afoot and a heightened team focus on targeting where the money is. There is an air of confidence in the planned solutions.

All said, the figures underline that there is a lot to do. The fact that the Board understands the nature of the income generation missions really supports the

desirability factor associated with the new executive level leadership position that is expected to make a substantive contribution to delivering the required results.

Forecast has been adjusted alongside the Shops cost base plus revised figures on how donations will begin to grow.

Going concern note : different scenarios remain to be worked through alongside performance related consequence. 2025 will be a key performance review year.

The inflationary picture at the moment is quite sobering especially taken alongside the lack of growth in donations.

The Raphaelite will make a bold statement on required support.

It was noted that this year showed 2/3 of last year's response to the Lavender Appeal.

Support costs :- planned reduction from £1million to £900k partly due to reducing to single CEO role.

New Shops – desired locations are in Merton, Morden, Mitcham, Beddington/Wallington – subject to suitable premises' availability.

Investment meeting with Sarasin

Not a recommended time to invest.

Meeting with Natwest – 12 month fixed rate growth of 4% with expectation that interest rates will remain high.

Business Case for the new Donation Centre in Sutton

The business case was received and endorsed by the F&R Committee. It is recommended to the Board of Trustees.

Current DC is yielding a £120k turnover and proposed new DC location (opposite the current SDC) provides continuity of location for customers, staff and volunteers. Feels like a good opportunity.

7. IT & Facilities Update

- EMIS project has commenced : planned Go Live in May 2023
- Core switch replacement
- IT asset database now in place
- Bariatric Family Room project has commenced : target end of Jan/Feb 2023
- Energy contract review and use of solar energy fact finding project underway
- Oxygen supply service due for review
- Shop potential at Sunningdale Road ruled out
- Leopold Road Wimbledon shop in final stages
- Capitol House lease renewed at £60k c.f. £68500 previously.
- Carshalton Shop lease renewed at current cost
- Couple of power supply issues
- IT risk and hardware costs

- Impact of power outage is mainly associated with air mattress deflation, `nurse call system operability and access control but once the generator fires up then usual functionality returns within minutes with no real negative impact on patient care.

8. Any Other Business and Dates of future meetings

Nil.

Committee members noted the dates for future meetings:

- Tuesday 17th January 2023, 14.00pm-16.00pm.

The meeting ended at 15.45pm.

Approved.....

Date.....