

St Raphael's Hospice
Meeting of the Board of Trustees
To be held at 13:00 on 24th March 2021

TO BE PRESENT:

Trustees:

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

In attendance:

Gail Linehan (GL) (<i>Joint CEO</i>)	Nick Stevens (NS) (<i>Joint CEO</i>)	Natasha Broomfield-Reid (NB-R) (<i>Director, Diverse Matters - item 4</i>)
Kelly Channer (KC) (<i>Head of HR – item 4</i>)	Carrie Chill (CC) (<i>Board Advisor</i>)	Ed Cook (EC) (<i>Advisor to DoC & Finance Committee member</i>)
Heather Howell (HH) (<i>Board Advisor</i>)	Diamond Naraviene (DN) (<i>Communications Officer – item 5</i>)	Dr Jenny Strawson (JS) (<i>Consultant</i>)
Dr Gaby Tamura-Rose (GT-R) (<i>Consultant</i>)	Rebecca Trower (RT) (<i>Clinical Director</i>)	Sara Jane Woods (SJW) (<i>Director of Income Generation</i>)
Anna Machin (AM) (<i>Clerk</i>)		

1 - Purpose: Discussion/ Approval/ Policy/ Information

Item	Description	Purpose ¹	Lead	Timing
Strategy items				
1.	T-Time	Discussion	Chair	1.00-1.05
2.	Welcome and apologies for absence	-	Chair	1.05-1.10
3.	Declarations of interest	-	Chair	
4.	Presentation: Equality and Diversity <i>Equality & Diversity Policy included for reference</i>	Discussion	TBD	1.10-2.05
5.	Presentation: St Raphael's Hospice Strategic Communications Strategy	Discussion	DN	2.05-2.50
--	<i>Break</i>	-	-	2.50-3.00
6.	Presentation: 2021/22 Budget (6.1), Management Plan (6.2) & Lottery Plan (6.3)	Approval	GL, NS	3.00-3.50
Governance items				
7.	Minutes of Board meeting held on 20 th January 2021	Approval	Chair	3.50-4.00
8.	Actions List & matters arising	Discussion	Chair	
9.	Joint CEO Report	Discussion		4.00-4.15
10.	Committee Chair updates & meeting minutes: <ul style="list-style-type: none"> • 16th March HR • 10th March Finance & Resources • 3rd March Fundraising & Communications • 26th February Clinical Quality & Governance 	Discussion	Committee Chairs	4.15-4.30

11.	Governance update: <ul style="list-style-type: none"> • Board & Committee Terms of Reference • Committee recruitment • Registered address • Corporate Risk Register 	Approval	Clerk	4.30-4.40
12.	Any Other Business & Date of Next Meeting – Wednesday 26 th May 2021, 1pm	-	Chair	4.40-4.45
13.	T-Time (trustee only session)	Discussion	Chair	4.45-5.00

St Raphael's Hospice
Minutes of a Meeting of the Board of Trustees
Held at 13:30 on 20th January 2021 by conference call

Trustees:

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

In attendance:

Gail Linehan (GL) (<i>Joint CEO</i>)	Nick Stevens (NS) (<i>Joint CEO</i>)	Ed Cook (EC) (<i>Advisor to DoC</i>)
Heather Howell (HH) (<i>Board Advisor</i>)	Rebecca Trower (RT) (<i>Clinical Director</i>)	Sara Jane Woods (SJW) (<i>Director of Income Generation</i>)
Anna Machin (AM) (<i>Clerk</i>)		

1. Welcome and apologies for absence

1.1 The Chair welcomed Trustees to the meeting. Apologies were received and accepted from Dr Caroline Chill (Board Advisor).

2. Declarations of interest

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

3. Minutes of Board meetings held on 25 November 2020

3.1. The minutes of the 25th November 2020 meetings were reviewed and approved as an accurate record of proceedings. Trustees asked for an update on some key themes from the meeting:

- **Staff wellbeing** – the support received by staff through the EAP has been positively received. Norman McWhinney would write a letter to Pauline Morris to express thanks for her long service to the Hospice.
- **Recruitment of consultant post** – the post was put out to advert through NHS Jobs, the Hospice website and LinkedIn in December 2020, with 1st February 2021 as the closing date. The Royal College of Physicians have approved the role.
- **Reflections on Covid-19 report** – the report had been used to inform ongoing CPD on infection control. Mask Fit testing would also be undertaken soon.
- **Shop space** – the keys to the Shop & Store space would be received in early February.
- **Skyline report** – Skyline are providing final support on the implementation of actions from the report, including detailed training on Gift Aid. Their advice and broader perspective on the sector has been valuable, although the full impact has not yet been seen as the initial report was finalised as the first lockdown started in March 2020.

4. Actions List & matters arising

4.1. Trustees reviewed the actions list:

- **180/03 HLRO Report** – the Medical Appraisal Policy and Chaperone Policy are being finalised with colleagues and then the Report will be signed by the Chair.

27.01.21/01(NM)

- **181/01 Communications team review** – initial role descriptions have now been brought together.
- **23.09/05 Hospice outreach, 23.09/11 Provider Visits and 25.11.20/04 Safeguarding training** – support from Trustees is an ongoing action but has been inhibited by the third lockdown.
- **23.09/08 Trustees and senior leader calls** – Rebecca Trower and Norman McWhinney had held a call. Trustees were invited to hold Zoom meetings with senior staff which would be coordinate by Ashlie Jones through Nick and Gail.

5. Joint CEO Report

- 5.1. Gail Linehan and Nick Stevens highlighted key points from the report. There is continued pressure on staffing, particularly in the IPU and Community teams, due staff self-isolation, sickness and bereavements. This is particularly the case for night staff, in spite of the change to rotate day and night staff. Staff are being flexible and going above and beyond in their shifts. There are gaps in wider local community services, which are being picked up by the Hospice's own delivery.
- 5.2. Nick Stevens confirmed that a video conference call had been held recently by Hospice UK which updated on the allocation of the latest government grant. The latest grant that has been announced is £25m per month for five months for the sector as a whole, to cover November 2020 to March 2021. Half of the allocation is being made on the basis of the Capacity Tracker, and the second half is for repurposing Hospice activity to add capacity to the NHS during this period. It is not felt to be the right decision to take on additional NHS patients given the existing stretch on staff at the Hospice. Therefore the overall amount expected from Hospice UK is not expected to be equivalent to the share received previously. Other Hospices in the sector also expressed the sentiment that taking on additional work would be challenging currently due to stretch on staff. £200k had initially been estimated for St Raphael's but it is anticipated it could be closer to £100k. The grant from July 2020 is still outstanding and it is hoped that more news will be forthcoming.
- 5.3. Geoffrey Price within the South West London CCG has been liaising with the Hospice with regards to financial needs for the current and upcoming financial year. For 2020/21, further funds are not expected from the CCG directly. For 2021/22 and beyond the CCGs were informed that the underlying impact of Covid-19 would approximate to £400k. The CCG finance team felt the impact to be higher. When considering the current forecast for 2021/22 compared to the pre-Covid estimate for that year, the impact was £1.1m. The CCG agreed to take that figure forward in their discussions and it is therefore aware of the significant impact of Covid-19.
- 5.4. Rebecca Trower updated that the Hospice had decided not to take Temporary Alternative Discharge Destination (TADD) patients, which is a strategy put in place to move Covid-19 patients from the acute sector to other destinations, before they return to their care home. Some organisations such as Hospices have been given the option of opening beds. The Hospice would have needed to go to an agency to secure sufficient staff to open more beds. It was felt that this was appropriate at the current time. Trustees understood and were supportive of this approach.
- 5.5. Trustees thanked Gail Linehan and Rebecca Trower for their leadership during this time, in particular their readiness to undertake shifts if needed.
- 5.6. Trustees agreed that Norman McWhinney would write to Paula de Palma to express thanks for cooking Christmas dinner for patients and support from her husband.
- 5.7. Trustees reviewed the Report and noted that a nurse on night shifts had left the Hospice. Gail Linehan confirmed that this had been precipitated due to the consultation on night staff moving on to day shifts four times per year, in order to receive training.

27.01.21/02(NM)

This staff member had not raised these concerns with the Ward Manager, Clinical Director or HR before resigning.

- 5.8. Sara Jane Woods confirmed that the Light Up A Life ceremony had been held successfully in the revised virtual format, and had raised £97k so far. The Reindeer Runs had raised £39.5k, compared to £5k in the previous year. Trustees reflected that these achievements were exceptional. Sara Jane would pass Trustees' thanks to the team.

6. Sub-Committee Chair's Report – Finance and Resources

- 6.1. Joe Ryan updated on the 13th January 2021 Finance Committee meeting. The draft budget for 2021/22 had been the core focus for discussion, and the year-to-date position presented at the meeting showed a loss of £1.024m, which is an improvement on the budgeted deficit of £1.31m. Nick Stevens confirmed the very latest figures for income in December 2020, which had been higher than the £60k projected to £130k to Gift Aid as a result of the fundraising team's efforts. The Lottery position was also £40k higher. The shortfall is therefore closer to £900k.
- 6.2. As at 31st December 2020 there was £5.84m in the bank. The Committee had discussed investment options, on the basis of the Hospice's cashflow needs. The Committee was in agreement that CAF Bank would be the most suitable option for funds to be kept in an account. Some smaller banks provided a higher return but were viewed to present a higher risk. Trustees were supportive of this approach. Nick Stevens confirmed that CAF Bank provided an offer where funds could be spread across several banks, so each deposit receives the £85k FSCS protection guarantee.
- 6.3. Nick Stevens provided a summary of the draft 2021/22 budget. The headline income and expenditure aligns with the overall approach discussed with Trustees as part of the Hospice independence discussions, which had been reviewed in detail in autumn 2020. The draft budget will be developed in detail with colleagues over coming weeks. Key roles have been recruited to for the Clinical team and this team will embed, and new roles are being recruited to in other teams such as Communications and Fundraising. The anticipated shortfall position is therefore £1.7m for 2021/22. The five-year position will be presented at the March 2021 meeting when the budget is brought for approval.
- 6.4. Trustees asked for the team's overall perspective on the financial picture and five-year plans. Nick Stevens confirmed that the continued challenges associated with Covid-19 has introduced further uncertainty into the wider environment, and will impact the projections made in autumn 2020. At the time of the Hospice becoming independent, there was a discussion on contingency funds that may be required from DoC. Without this contingency being received in 2023, the funding picture is more challenging as reserves would diminish. Compared to other charities, that picture would still be positive but it would not meet the Hospice's own projected plan.
- 6.5. The recent successes in community fundraising, and strong start for the newly opened Wimbledon charity shop, show that it is possible to improve fundraising activity year-on-year, when external conditions are conducive.
- 6.6. Trustees asked about the latest plans for opening new shops. Sara Jane Woods confirmed that the whole shop estate would be subject to a strategic review – for example, ending leases on underperforming shops, and ensuring that new locations were in areas of high footfall. Different shop formats would also be considered such as the 'pound shop' model which may be trialled in Sutton. Within the wider sector, there is now recognition that the British 'high street' has experience 6 years' of evolution in the last nine months along, and that online ordering and digital sales such as Ebay may be a greater part of the plan.

- 6.7. Ed Cook noted that expansion of shops accounted for £1.6m of increased turnover and asked what would substitute these funds if the planned number of new shops is not met. Nick Stevens confirmed that the most recent estimate for the margin on shop growth had reduced from 24% to 14% based on advice of Skyline and the expected impact of Covid-19. In order to achieve the planned sums, there may be fewer shops overall which would each achieve a higher margin, through the closure of lower performing shops. The Shops opening in the right location and premises is paramount. It is recognised that the overall level of turnover would change but that expenditure would also change in parallel.
- 6.8. Trustees asked for a follow up paper to be produced for the Fundraising & Communications Committee and Board, giving further detail on plans for Retail. Sara Jane Woods confirmed that this would be finalised in tandem with the 2021/22 budget. The recommendations from Skyline on the business plan would also be shared with Trustees. Nick Stevens and Neena Vadgama were thanked for their work to develop the 2021/22 budget.

27.01.21/03(
SJW)

7. Sub-Committee Chair's Report – HR & Remuneration

- 7.1. Paul Holmes summarised the Volunteer Services Report, which emphasised the risk-based approach to using volunteer time, such as through telephone support in the community. The Investing in Volunteers certification is progressing.
- 7.2. The Remuneration Committee met on 16th December 2020. The papers focused on the business case for rebalancing annual leave for non-clinical staff and potential pay rises for clinical staff. Trustees noted the significant build-up in annual leave for staff who had not been able to go away, and also demands on patient-facing roles to be at work currently. A proposal was also brought to implement recent increase in the National Minimum Wage, and make a proportional increase in the rate of pay for Shop Managers to ensure a continued differential in their pay compared to shop staff. A closed session had then been held to review pay, pension and annual leave arrangements for senior staff to ensure consistency. Next steps were agreed in principle at the meeting, subject to a follow up meeting at the end of January to consider the decisions based on the latest projected costings.

8. Fundraising Report

- 8.1. Sara Jane Woods presented key points from the Fundraising Report. Members of the Fundraising Team and volunteers have experienced bereavements, sickness or family illness, the team is highly supportive and collaborative even during this period of home-working. Sara Jane Woods and Emily Nicholls have brought together a detailed Fundraising Strategy for the upcoming financial year.
- 8.2. Trustees asked for further detail on the weekly shop visits. Sara Jane Woods confirmed that these were undertaken by Caroline Worley and shown to be effective. Trustees were invited to attend these visits in future once shops reopened.
- 8.3. Trustees asked about the planned 'I'm a Director, get me out of here' event. This will be used as an opportunity to work with local Directors and their teams on fundraising, using a 'vault' in the Wimbledon charity shop. It will be planned in a way where the event can still be held in a socially distanced format if required.

9. 'Deep dive' review of Clinical Risk Register

- 9.1. Trustees had been provided with the Clinical Risk Register, Corporate Risk Register and Non-Clinical Governance Report to inform a 'deep dive' discussion. Rebecca Trower confirmed that the Clinical Risk Register was used as a management tool for regular review. It is developed by Gail Linehan and Rebecca Trower in consultation with clinical Heads of Department, and is reviewed internally on a monthly basis.

9.2. A matrix is used to inform the scoring process (impact x probability + impact). The Clinical Quality & Governance Committee review this Risk Register at each meeting.

9.3. The main risks relate to staffing levels and Covid-19 which are intertwined. Staff are very ready to support but the risk of burnout needs to be mitigated. The number of beds open currently is 6, down from 8 in December. This will be reviewed on an ongoing basis and it is hoped that this can be raised to 8 again at the appropriate time once key vacancies are filled.

9.4. Trustees and the Executive team reviewed the specific risks in turn:

- **Risk 1** - this focuses on sustainable and relevant service provision, to ensure that all staff understand their part in the Clinical Action Plan. The residual risk is 6.
- **Risk 2** – the ability to recruit Clinical Nurse Specialists (CNS) is constrained as demand in the wider sector outstrips supply. The advertisements for these posts have reviewed recently to ensure they communicate all the positive aspects of working for St Raphael’s as a small Hospice with a strong ethos. The team is currently at full establishment and the residual risk is 4.
- **Risk 3** – workforce restraints and recruitment of Registered General Nurses is a medium risk for the Hospice. Mitigating actions focus on the number of beds made available, which is reviewed on a weekly basis. The introduction of a Physician Associate role is very innovative within the Hospice sector, and helps to support staffing levels, even if this staff member cannot prescribe. The residual risk is 12.
- **Risk 4** – Trustees held a detailed discussion with the Executive with regards to a staff member with a high risk of anaphylaxis which is worsening from an allergy. Trustees received assurance that a full range of mitigations were in place including staff training, accessible adrenalin pens, change from night to day shifts, introduction of new medications and placing this staff member on shifts with a minimum of three colleagues. The Hospice had taken action through occupational health assessments, HR meetings and liaison with the Hospice’s insurers. Trustees noted that the post-mitigation score remained very high at 16, both to the individual and organisation should the staff member have an anaphylactic shock whilst on shift. Trustees noted that the timescale of any further formal process would be dependent on the basis of the next occupational health assessment, and requested an update at the next Board meeting.
- **Risk 5** – the recent appointment of new Consultants has expanded the capacity and expertise of the medical team. A Consultant Locum is in place and a new registrar will start in April. The residual risk is 9.
- **Risk 6** – a number of actions have been put in place to support staff wellbeing and resilience including peer support, external coaching and the Employee Assistance Programme. The residual risk is 9 which reflects continued staff fatigue due to this second wave of Covid-19.
- **Risk 7** – the risk of clinical incidents is included in all Hospice risk registers. The Datix reporting system will be implemented soon to further improve analysis of any incidents. Probability is scored as ‘2’ rather than ‘1’, as the risk of a fall was slightly higher for the Hospice’s cohort of patients who are self-determining. The learnings from any incidents in order to close the loop and change practice, which are minuted at internal meetings, would be added as a mitigation. The residual risk is 8.
- **Risks 8-10** – The residual risk for lone working is 8, and sits as 6 for complaints. The risk of data breaches is mitigated through internal training, auditing and reminders from the IT department, and the residual score is 6.

27.01.21/04(
GL, RT)

27.01.21/05(
GL, RT)

- **Risk 11** – the risk of Brexit restricting access to medication is outside the Hospice's control but is monitored on a weekly basis. The pharmacy supplier is very proactive in this area. The residual risk is 6.
- **Risk 12** – rigorous infection controls are in place in the Hospice. The Community team is undertaking visits only when necessary and delivering most services remotely. The Hospice Visiting Policy has been reviewed, and children over aged 11 with an accompanying adult are now permitted when wearing PPE. The residual risk is 12.
- **Risk 13** – to mitigate against the risk of infection being brought in on clothing, staff wear uniform on site, wear their own clothes to travel to and from work, and rigorous processes are in place. The residual risk is 9.
- **Risk 14** – in order to mitigate high levels of staff anxiety, staff are offered weekly testing which has been well received. A small number of staff have been identified as having Covid-19 with no symptoms through this process. Trustees asked about vaccine hesitancy amongst staff. Whilst the vaccine is not mandatory, take-up has been high overall with a small number of staff choosing not to take up the opportunity. 90 staff have had the first dose, and 36 have also had the second dose, primarily clinical staff. The residual risk is 9.
- **Risk 15** – strong mitigations are in place to ensure staff safety during this period of Covid-19 through PPE, social distancing and working from home. The residual risk is 6.

9.5. Trustees asked for an update on the introduction of rotation between day and night staff. Staff feedback has been positive overall, although implementation has sometimes been restricted in practice due to stretches on staff availability.

9.6. Trustees thanked the team for work undertaken to communicate and mitigate key risks to ensure safety of patients and staff. The review had been beneficial as Trustees hold collective legal responsibility for the Hospice. The risk register will feed in to the PIR and an update meeting will be held with the CQC in mid-February. It was agreed that the Clinical Risk Register would be reviewed by the full Board on a twice-yearly basis.

27.01.21/06
AM)

10. Governance update

10.1. Trustees asked for further details on a complaint relating to an under-valuation of good donated by Gift Aid. Sara Jane Woods confirmed that the complaint had been responded to, an explanation had been given to the stakeholder and the complaint was upheld. The current Shop till process now in place helps to mitigate against this happening again.

10.2. The complaints received on the communications on P45 for bank staff had been responded to and resolved. Every complaint in IPU has been dealt with personally and resolved, with learnings shared with the wider team.

10.3. Trustees ratified the written resolutions associated with the bank mandate and 2019/20 annual report and accounts for St Raphael's Hospice.

10.4. Trustees noted that governance actions associated with the Hospice's independence were ongoing. Plans are underway to prepare for the March 2021 strategy meeting, which will include presentations on Equality & Diversity, Communications and the 2021/22 Business Plan.

10.5. Updated Committee Terms of Reference would be brought to the next meeting, to align with the Scheme of Delegation, following review with Committee Chairs and members in February and March.

10.6. Recruitment for the Fundraising & Communications Committee roles is in progress. Rod O'Connor updated that outreach locally had been undertaken with some interest expressed. Trustees suggested that this recruitment exercise could be used to bring on board younger Committee members, for example through outreach with the Sutton Youth Leadership Forum, Young Trustees Network, and links to Westminster University students through Dr Joy Tweed. Joe Ryan also offered to promote the role through networks with PwC. This would be taken forwards with Anna Machin.

27.01.21/07(AM, JT, JR)

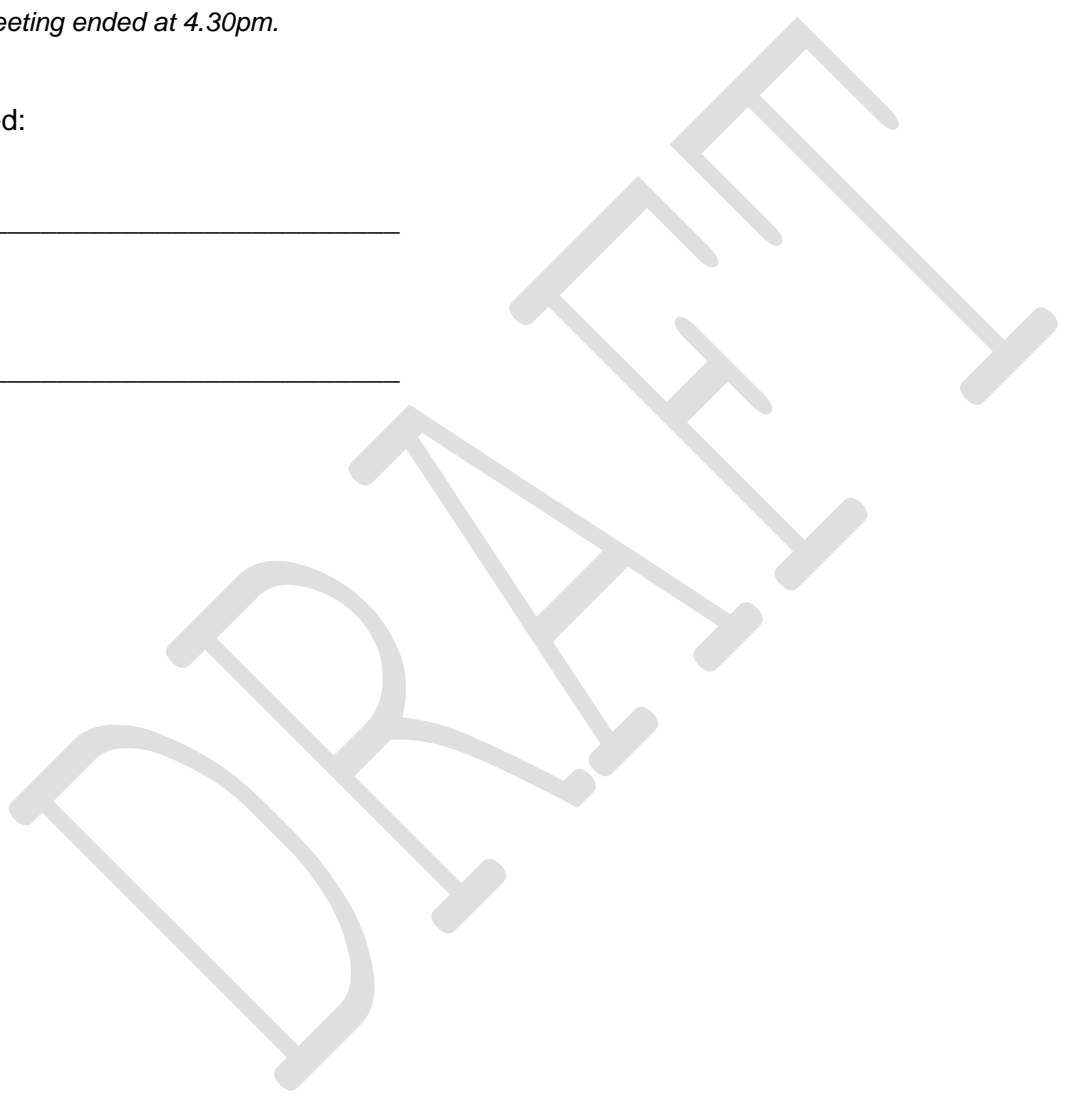
11. Any Other Business

11.1. There were no further items raised under Any Other Business.

The meeting ended at 4.30pm.

Signed:

Date:



ITEM 05 ACTION LIST

SAINT RAPHAEL'S HOSPICE ADVISORY COMMITTEE ACTION LIST FOR MARCH 2021 MEETING

Reference	Lead	Description	Target Date for Completion	Comments
176/03	NS	To produce an overview report against each element of the deliverables set out in the Business Plan	Complete	Will be developed as part of planning for 2021/22 financial year
181/01	SJW, NS, GL	Review capacity and skill sets of Communications team in preparation for Hospice independence	Complete	A set of JDs for paid or volunteer support for Comms support needs (website content management, social media, PR, editorial) was prepared during November 2020
182/03	NS, GL	Contact Paul Scully MP (Sutton and Cheam) regarding difficulties accessing Covid-19 testing	Complete	Local contacts approached. Priority testing now accessible for Hospices
25.11.20/02	GL, RT	Circulate Medical Appraisal Policy and Chaperone Policy to Clinical Quality & Governance Committee	Complete	
25.11.20/05	NS, JR	Discuss options for investment of funds at next Finance & Resources Committee	Complete	Review of investment options, linked to cash needs of Hospice, was undertaken at January 2021 Committee meeting
25.11.20/07	NS, GL	Update 'corporate' risk register for March 2021 discussion	Complete	
25.11.20/01	GL, RT	Share link to Hospice training site with Trustees	Complete	
25.11.20/06	PH	Identify facilitator for equality and diversity discussion	Complete	Facilitator has been approached to present at March 2021 meeting
25.11.20/03	EC	Circulate signed Hospice independence documentation to Trustees	Complete	

ITEM 05 ACTION LIST

Reference	Lead	Description	Target Date for Completion	Comments
23.09/08	Trustees, NM	Arrange meetings by Zoom for Trustees to meet senior post-holders	Complete	
27.01.21/01	NM	Write letter to Pauline Morris to express thanks for her long service to the Hospice	Complete	
27.01.21/02	NM	Write letter to Paula de Palma to express thanks for going above and beyond over Christmas period.	Complete	
27.01.21/06	AM	Add Clinical Risk Register to September agenda	Complete	
169/07	GL	Incorporate customer care/conflict/complaints management training into mandatory training		WIP Content of Mandatory Training under review.
180/03	GL	HLRO report to be signed off by NM		
22.07/01; 23.09/01	NM, AM	Bring Charity Governance Code for review at future Board meeting	November 2021	Planned for November 2021 Strategy Board meeting
23.09/05	Trustees	Provide support and introductions for local Hospice outreach plans		
23.09/10 & 27.01.21/07	NM, AM, NS, GL, JT, JR	Take forward Board and Committee member outreach and recruitment process	Spring 2021	Committee recruitment underway
23.09/11	NM, AC, NS, GL	Bring together schedule of Provider visits	Spring 2021	On hold for now due to third lockdown
25.11.20/04	GL, RT	Organise Safeguarding training for Trustees		On hold for now due to third lockdown
27.01.21/03	SJW	Develop paper for FR& Comms Committee and Board giving further detail on plans for Retail		
27.01.21/04	GL, RT	Provide update on Allergy risk raised in Corporate Risk Register		Process has now been completed – update will be given at meeting
27.01.21/05	GL, RT	Add 'closing the loop' as mitigating action for clinical incidents on Clinical Risk Register		



**ST RAPHAEL'S HOSPICE
COMMUNICATIONS STRATEGY**

2021

Diamond Naraviene
Communications Officer

TABLE OF CONTENTS

1. MARKET ANALYSIS	3
1.1 PEST and SWOT	3
1.1.1 Political Outlook	3
1.1.2 Economics	4
1.1.3 Social	5
1.1.4 Technology	5
1.2 Sector and Market Players	7
1.2.1 Hospice Care	7
1.2.2 Neighbouring Hospices and St Raphael's Hospice	7
1.2.3 Area Demographics	8
1.2.4 Giving Trends	9
2. ST RAPHAEL'S BRAND	10
2.1 St Raphael's Vision and Values	10
2.2 St Raphael's Logo	11
2.3 Brand Personality and Tone of Voice	11
2.4 Brand Values	11
2.5 Brand Recognition	12
3. MARKETING MATRIX	14
4. INTERNAL AND EXTERNAL STAKEHOLDERS	15
5. AUDIENCE SEGMENTATION	16
5.1 Segmentation by age and communication preferences	16
5.2 Segmentation by income, lifestyle and giving behaviour	17
6. ACTION PLAN: INTERNAL AND EXTERNAL COMMUNICATIONS	18
6.1 Objectives 1-5 years	18
6.2 Internal Actions	18
6.3 External Actions	19
6.4 Budget	21
7 MONITORING	21
REFERENCES	23

1. MARKET ANALYSIS

1.1 PEST and SWOT

The Hospice operates in an ever-changing macro environment and its performance, as a non-profit organisation, is shaped by political, economic, sociological and technological factors. Environment scanning helps to futureproof strategic decisions and it is important to assess and evaluate each of the factors in order to define threats and opportunities, as well as analyse internal strengths and weaknesses.

1.1.1 Political Outlook

Local and national governing and legislative bodies play an important part in making laws, including healthcare, which affect the successful running of the Hospice.

End of life care has been a long-standing priority at both national and local levels. The Department of Health aims to embed end of life care in the core business of the NHS and social care services and to include their commitment in the NHS Constitution by 2020 (Ref 1). Their vision for the future of end of life care is to provide better, more personalised experiences of care for dying people, supported by high quality services and robust system leadership.

The National Palliative and End of Life Care Partnership set the following ambitions for palliative and end of life care (Ref 2):

- Each person is seen as an individual
- Each person gets fair access to care
- Maximising comfort and wellbeing
- Care is coordinated
- All staff are prepared to care
- Each community is prepared to help

The UK government has big environmental ambitions, which will have a direct impact on the healthcare sector too. In the next 25 years the central government is planning to (Ref 3):

- Connect people with the environment to improve health and wellbeing
- Increase resource efficiency and reduce pollution and waste
- Achieve zero avoidable plastic waste by the end of 2042
- End the sale of new conventional petrol and diesel cars and vans by 2040

1.1.2 Economics

Global and UK Economics

The economic world is becoming more fragile as globalisation evolves, trade patterns shift, and economic power gravitates toward Asia. By 2030, 90% of the world's labour force will live in the developing world. It may result in increased specialisation, as well as need for new skills and flexibility in the workforce (Ref 4).

The economic implications of Brexit are likely to put the UK on a lower growth and investment trajectory, worsening public finances, with important consequences for the UK's economy and living standards.

Due to the global Covid-19 pandemic, the UK economy shrunk by 9.9% in 2020 and the budget deficit soared to £450bn (Ref 5). There was a large increase in the unemployment rate; September to November 2020 it was estimated at 5.0%, 1.2% higher than a year earlier. The number of redundancies in the same period reached a record high 14.2 per thousand (Ref 6).

Economic downturn and unemployment are associated with physical and mental health, and lower levels of wellbeing. Research shows that economic crises increase the risk factors for poor mental health, such as poverty and low household income, debt and financial difficulties, poor housing, unemployment and job insecurity (Ref 7).

Healthcare and the budget

Within current budget, the government plans to increase funding for its number one spending priority: the NHS. Compared to 2018-19, NHS England will receive a cash increase of £34 billion a year by 2024. In addition, the Budget commits over £6 billion of new funding, to include creating 50 million more GP surgery appointments per year, ensuring there are 50,000 more nurses, and wider funding for hospital car parking and support for people with learning disabilities and autism. The budget also sets out action to ensure that pension tax rules do not deter doctors from taking on additional shifts. Total Managed Expenditure (TME) is expected to be around £928 billion in 2020-2021 with the two key spending areas being: health - £178 billion and social protection - £285 billion (Ref 8).

It is predicted that by 2050, many countries will be spending around 20% of GDP on healthcare. Based on past trends, NHS spending set to reach over 9% of GDP by 2030 (Ref 9).

89% of hospices out of 97 who took part in the Hospice UK survey, conducted in 2019, said that the cost of providing end of life had risen in the past two years, but has not been matched by increased funding from central government. 73% have seen their funding from their local Clinical Commissioning Group (CCG) be frozen or cut (Ref 10).

Retail

With rising concern about the environmental and ethical costs of the consumer goods industry worldwide, second-hand retail has seen growing importance over recent years. In the UK, there are a total of 3,943 stores specialising in selling second-hand goods and it is an industry employing an average of 36 thousand people. During 2019, sales in

these stores saw a 17.6 % rise in value, a notably large increase on the past two years. In 2018, spending in charity shops reached £ 732 million, an increase on the 2017 figure of £703 million.

Charity shops are a lively presence in UK high streets. In 2017, British Heart Foundation was ranked to be the leading charity shop with an income of 176.4 million British pounds generated in the UK, well ahead of Oxfam and Cancer Research UK.

The online purchasing penetration in Great Britain from 2008 to 2020 has demonstrated an exponential increase. In 2008, just over half of British consumers stated having made a purchase through online methods. Whereas in 2020, 87 percent of British consumers stated utilizing online channels to make purchases (Ref 14).

1.1.3 Social

In 2018, the UK population reached 66.4 million people and migration remained the main driver to population growth. The structure of the UK's population is changing: people living longer and having fewer children means the age structure is shifting towards later ages. The way in which people live is also changing with cohabiting families the fastest-growing family type and more young adults living with their parents (Ref 6).

In 50 years' time, there is projected to be an additional 8.2 million people aged 65 years and over in the UK – a population roughly the size of present-day London. Increasing age is associated with a growing number of health issues. It is estimated that one in three adults globally, and up to three in four adults in developed countries, suffers from MCCs, a variable combination of chronic respiratory, cardiovascular, metabolic, cancer and mental health disease (Ref 11).

Demography has an impact in terms of planning to deliver high quality end of life services. With significant rises in the numbers of elderly people and people living to increasingly older ages, it is anticipated that there will be greater numbers of patients with complex needs who will require support at the end of life.

An exclusive survey with Hospice UK found 1 in 3 hospices are being forced to cut services, while more than half (55%) either have, or plan to delay or cancel the roll out of future plans to provide end of life care - 90% of hospices who responded said they did not believe they have the resources to meet the rising demand.

1.1.4 Technology

Exponential improvements in new technologies - computing power, machine learning, artificial intelligence systems, automation, autonomous vehicles, health and resource technologies and the Internet amongst other things are expected to radically transform social and economic life. Economy is increasingly dependent on mechanical / electronic resources and technologically skilled workers. Falling costs of some technologies makes it more accessible.

Technology holds the power to bridge the gap between patient and provider, shifting the healthcare ecosystem from defensive to collaborative care. Data collection in healthcare has outpaced all other sectors, and the ability to translate that data into knowledge and actionable information is increasing. External monitoring devices are becoming more sophisticated and smaller with improved battery technology. Digital photography and monitoring devices allow a patient’s conditions to be either diagnosed in their own home, or for diagnostic information to be sent electronically. By 2030 cybersecurity will be a top priority for the healthcare industry (Ref 11).

In 2030 a tenth of UK households will have at least fifty connected cameras, around 85% of homes will have access to at least one paid-for or free Video on Demand (VoD) service. The average home will access over 10 such services at least monthly, and there may be more than 200 million individual or household registrations (Ref 12).

By 2030, most devices will have become connected. The TV set will track and share every VoD app downloaded, programme watched or advert shown. UK consumers will share more data than ever before. Doorbells will have become community cameras, feeding into neighbourhood social networks (Ref 12).

We will be reaching the limits of 5G, getting ready for 6G, contemplating 7G. 5G in the healthcare sector should make it easier to relay high definition scans and for measurements to be collected (Ref 12).

A quarter of all searches will start with an image or video. This may require 100-megabyte files to be uploaded rapidly, and analysed near-instantly for this to be viable

According to Ofcom’s latest study into the nation’s online lives (Ref 13), UK adults are now spending more than a quarter of their waking day online; one in three now watch online video more than traditional TV, with two in five making videos themselves. Table No 1 below summarises the key outcomes of the macro-environment analysis, which dictates communications actions and messaging.

Table No 1. St Raphael’s SWOT

<div style="background-color: #4a4a8a; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto 10px auto;">S</div> STRENGTHS	<div style="background-color: #666666; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto 10px auto;">W</div> WEAKNESSES	<div style="background-color: #f4a400; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto 10px auto;">O</div> OPPORTUNITIES	<div style="background-color: #90d090; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto 10px auto;">T</div> THREATS
Expertise in palliative care	Outdated infrastructure	Reuse and recycle messaging – shops	Insufficient funds to continue service provision
Services ranked good	Resource shortage to meet the fast-paced market changes	Decreased buying power may result in hunt for bargains	Slow recovery of the high street shopping
Home-like environment	Limited capacity to meet the demand within community	More skilled candidates available to recruit across the organisation	Shift towards shopping online

Qualified and high-performing staff		Local authorities having a greater role in funding and delivering public services	Changing requirements for waste disposal
In-house specialist training		Environmental approach	Infrastructure and energy efficiency
High client satisfaction		Wellbeing services offer	Expansion of non-NHSs provision in healthcare
		Building on expertise and knowledge sharing through digital applications	Specialist shortage
		Improved personalised service delivery	
		Embracing digital communications	
		Increasing demand for end of life services	
		Provision of paid palliative care courses to other healthcare providers	

1.2 Sector and Market Players

1.2.1 Hospice Care

The hospice care sector supports more than 225,000 people with terminal and life-limiting conditions in the UK each year. Hospices also play an important role in supporting people’s families, especially in providing bereavement services; a total of 72,000 people in the UK received bereavement support in 2018-19.

Hospices care for people with a wide and multiple range of conditions including cancer, motor neurone disease, cardio-vascular diseases, dementia, multiple sclerosis and Parkinson's disease.

83 % of hospice care is provided in community-based settings, including home care / hospice at home, outpatient services and hospice day care. There are at least 125,000 volunteers supporting hospices throughout the UK. The value of their contribution is estimated to be more than £200 million each year (Ref 10).

1.2.2 Neighbouring Hospices and St Raphael’s Hospice

There are three other hospices that St Raphael’s Hospice share the area boundaries with Princess Alice Hospice, St Christopher’s Hospice and Royal Trinity Hospice. Table No 2 below provides a comparison of the four organisations based on their running cost, market share, service rating and market presence.

St Raphael’s provides good service and occupies the smallest area and needs the least funds to provide its services.

Table No 2. Neighbouring Hospices

	Princess Alice	St Christopher's	Royal Trinity	St Raphael's
Founded in	1981	1967	1891	1987
CQC evaluation	Outstanding	Outstanding	Outstanding	Good
Yearly costs	Over £10.1m to run, £8m to raise	£23m a year to run, £15m to fundraise	£16m to run, ¼ from NHS	£6m a year to run, £4m to fundraise
Areas	Large part of Surrey, South West London and Middlesex	Lambeth, Croydon, Lewisham, Bromley, Southwark	Fulham, Balham, Earlsfield, parts of Westminster	Merton and Sutton
No of shops	46 (includes partner shops)	26	19	10

Hospices work in a collaborative way, targeting audiences in the areas of their service provision. Palliative care is also provided by the NHS to include primary care and acute trusts, community hospitals and care homes. There are 12 care homes in the Merton Borough and 11 care homes in the Sutton Borough which provide paid end of life care.

Many of the top UK charities, such as Cancer Research UK, Macmillian Cancer Support and The British Heart Foundation operate in the healthcare sector, making it harder to compete for community support.

1.2.3 Area Demographics

St Raphael's Hospice provides end of life care services to the people of Merton and Sutton. The below overview of demographics data shows (Table No 3) that both areas share very similar characteristics. Merton's Black, Asian and Minority Ethnic as well as Muslim communities are twice as big as Sutton's (Ref 15, 16).

Table No 3. Area Demographics

Sutton	Merton
Population	
2020 – 211,297, 2030- 222,186 Male – 103,160; Female – 108,137 Black, Asian and Minority Ethnic – 56,206 Non-UK nationals – 33,000	Population 2020 – 212,658, 2030- 232,473 Male – 104,843; Female – 232,473 Non-UK nationals – 73000 Black, Asian and Minority Ethnic -77,35
Religion	
Buddist – 1,368 Christian – 111,086 Hindu – 8,038 Jewish – 486 Muslim – 7,726 Sikh - 325 Other religion – 796 No religion – 46,187	Buddist – 1,884 Christian – 111,993 Hindu – 12,203 Jewish – 791 Muslim – 16,262 Sikh – 498 Other religion – 810 No religion – 41,231

Marital Status	
Married – 72,626; Single – 52,840	Married – 72,156; Single – 64,689
Age	
0 -15 – 45,311	0 -15 – 44,805
16-64 –133,782	16-64 – 141,205
65+ – 32,204	65+ – 26,649

Merton has a high giving potential, as it is one of the top boroughs with the smallest number of deprived areas. The top four boroughs include: The City of London, followed by Richmond-upon-Thames, Kingston, Harrow and Merton (Ref 19).

Potential supporter target, aged 20+ in both areas - 312,435; 154,726 in Sutton and 157,709 in Merton.

1.2.4 Giving Trends

As per recent studies carried out by Charities Aid Foundation (Ref 17), an estimated £2.0 billion is donated by individuals in London per year. Most people have donated to charity in 2018 (64%). The average monthly donation amount in 2018 was £45. Most people report giving to charity from time-to-time (51%) or monthly (24%).

Young people are more likely to give to physical and mental health care charities, shelters for the homeless and for refugees, and educational institutions, while the oldest age group are more likely to favour healthcare, disaster relief, and religious charities.

Medical research (25%), animal welfare (26%), hospitals and hospices (20%) and children or young people (26%) were the most popular causes to donate money to in 2018. Religious organisations receive the largest share of donations by monetary value: 19%.

On average, a Londoner gives:

- Direct debits/month: £29.03
- Collection boxes/year: £32.88
- Spent in charity shops/month: £13.01
- Sponsorship of others/year: £54.35
- Leave money to charity in Will: 20%

2. ST RAPHAEL'S BRAND

2.1 St Raphael's Vision and Values

The Hospice vision is to serve all the people of Merton and Sutton Boroughs by:

- being excellent in our delivery of expert, compassionate palliative and end of life care
- providing accessible support and advice to patients, families and carers
- seeking to enable care to be delivered in the setting of the patient's choice
- providing high-quality education and training and by collaborating across all health and social care settings to support the wider delivery of excellent palliative and end of life care
- being a reassuring presence known to and accessible by all the people of Merton and Sutton
- seeking to understand and connect with the diverse richness of our community in order to serve it better
- being at the heart of our community and seen as the charity of choice in order to ensure sustainability into the future

Internal values and culture:

S AFE

Our aim is to deliver safe, dignified and compassionate care

T EAMWORK

To work collaboratively as one multi-professional team for the benefit of patients and their families

R ESPECT

We respect and support patients, families, carers, staff and volunteers

A CCOUNTABLE

We are accountable to the communities we serve and ensure our care meets the highest national and local standards

P ERSON-CENTERED

Patients are at the heart of everything we do

H ONESTY AND INTEGRITY

We are open, honest and include patients in decision making

A DAPTABLE

We embrace change and take pride in being flexible and adaptable in order to support our patients

E XCELLENCE

We aim to improve the quality of life for patients and their families

L EADERSHIP

As a well led service we strive to innovate, develop and maintain best practice

SPECIALIST

Our well-trained expert staff deliver high quality specialist palliative, end of life and bereavement care and are proud to work for St Raphael's Hospice

2.2 St Raphael's Logo

As part of long-term strategy of becoming a stand-alone charity, St Raphael's Hospice launched its brand-new identity in October 2018. The main focus was to propose a modern-looking logo, which would appeal to every adult and be synonymous with the county the Hospice operates in. Its primary colours, purple and grey, represent the lavender fields of Surrey.

The new hospice logo was picked from a wide selection as best conveying the message of the outstanding care we provide to our patients and their family members, regardless of race, religion or faith.

The new look embodies what the Hospice care is all about and conveys to our audiences the following key messages:

- We are a local hospice, at the heart of the community
- We stand for expertise, compassion, patient-tailored services and quality end of life
- We offer exceptional hospice care every day

2.3 Brand Personality and Tone of Voice

St Raphael's brand is: contemporary, professional, wise and embracing. We believe in what we do, we listen and acknowledge others, we learn and change and we embrace the modern outlook to the world.

St Raphael's voice is confident, intimate and honest



We communicate in an informative and respectful, passionate and conversational, and (when appropriate) cheerful way.

We don't judge, ignore, exclude, use jargon, vague expressions or make assumptions.

2.4 Brand Values

What we offer and what is our promise:

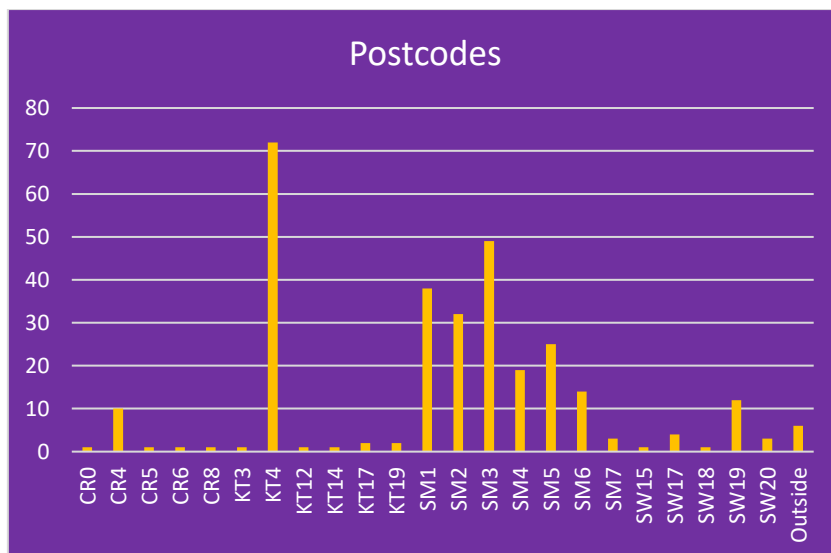
- Safe environment and reassurance
- Peace and comfort
- Personal, reliable and friendly service
- Competence and expertise

We respect who you are and we are here for you to make your end of life journey peaceful and meaningful.

2.5 Brand Recognition

In January 2021, the Hospice carried out research designed to gain better understanding of its market awareness. 300 local residents took part in a survey, 78% of them were female and 22% - male. Respondents age ranged from 18 years old to 85+. Half of those who took part in the survey were of the following age groups: 49-54, 55-60 and 61-66. 90% of respondents were White English, Scottish, Welsh, Northern Irish and British. 24% who filled out the survey live in KT4, 40 % - come from SM1, SM2 and SM3 areas (Graph No1).

Graph No 1. Area Distribution



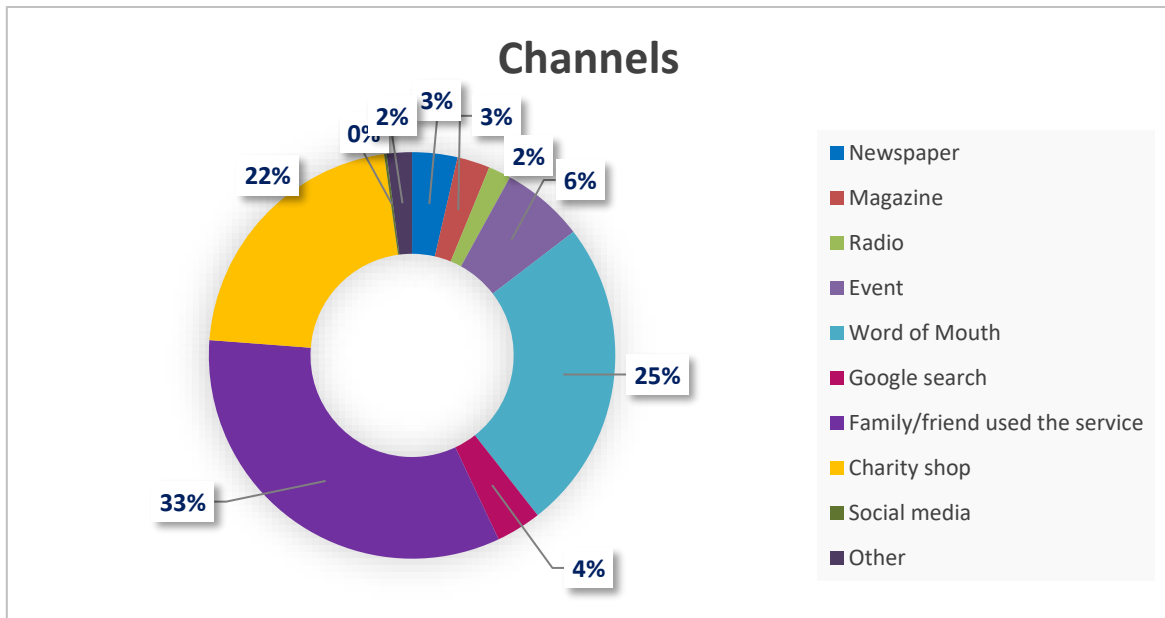
More than half, 83 % of local residents identified St Raphael’s as their local Hospice and 10% picked Princess Alice Hospice, both from Merton and Sutton Boroughs (Graph No 2).

Graph No 2. Brand Awareness



Respondents heard of their local Hospice through a mixture of media channels. More than half of them chose charity shops, word of mouth and service usage (Graph No 3).

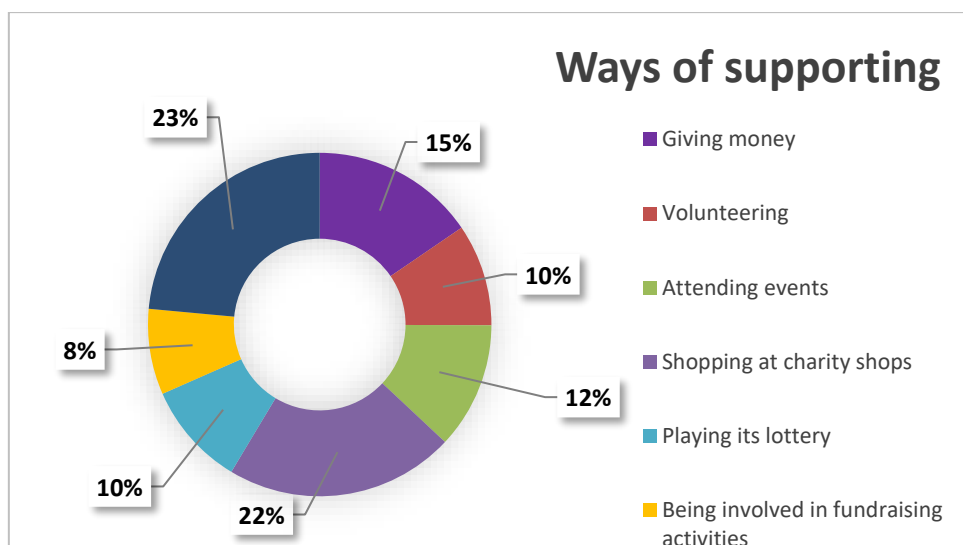
Graph No 3. Media Channels



Nearly 60% of those who took part in the research have a good understanding what hospice care is and knew it was free of charge for its patients and their families, that is provided in the Hospice and / or patient home and is partially paid by NHS and funds raised by the public.

The most preferred ways of supporting a local Hospice were: donating goods and shopping at charity shops and giving money (Graph No 4).

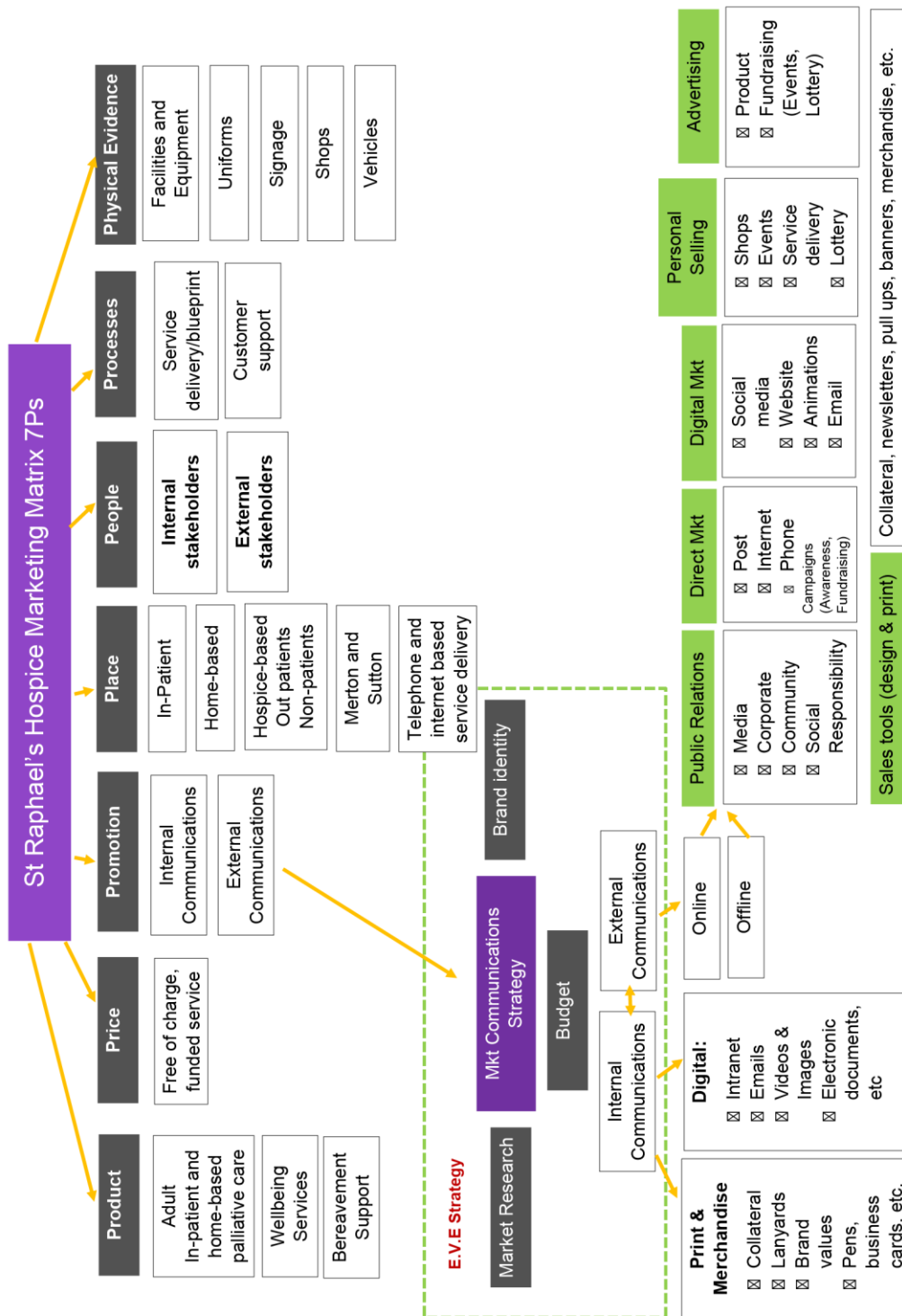
Graph No 4. Support Preference



3. MARKETING MATRIX

St Raphael’s communications strategy is based on the below matrix and it will cover every aspect of promotion.

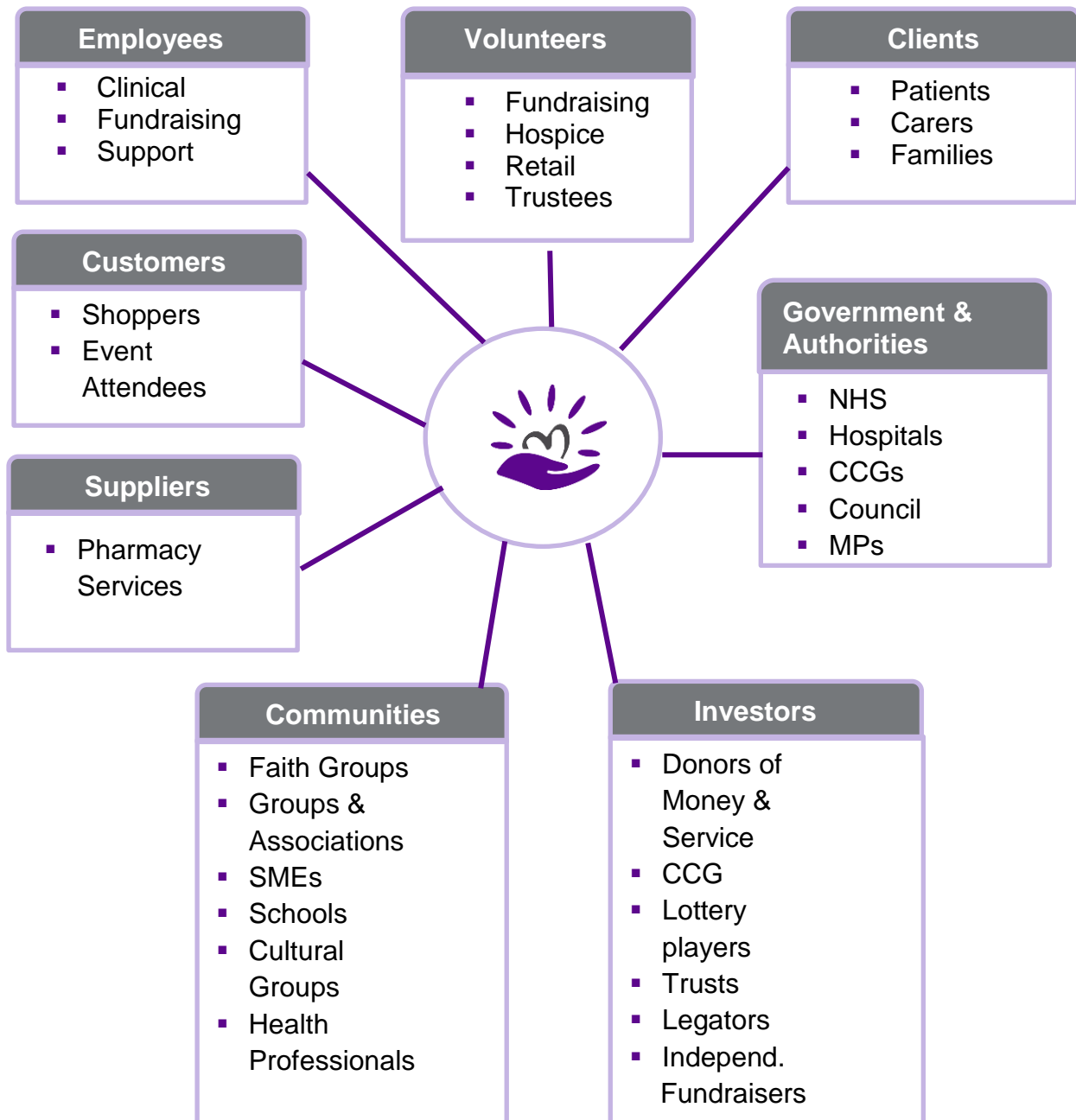
Graph No 5 St Raphael’s Marketing Matrix



4. INTERNAL AND EXTERNAL STAKEHOLDERS

There are eight St Raphael's Hospice stakeholder groups, which include both internal and external audiences (Graph No 6).

Graph No 6. St Raphael's Stakeholders



5. AUDIENCE SEGMENTATION

Segmentation allows to build loyal and long-standing relationships with key target audiences. It enables business or organisation to tailor its messaging, meet specific needs of their target, choose audience-relevant media mix and deliver better Return On Investment (ROI). Four major St Raphael's Hospice audiences could be segmented based on geographic, demographic, psychographic and behavioural features, as listed below.

- **Clients:** age, gender, location, ethnicity, family structure, type of illness
- **Customers:** age, gender, ethnicity, family structure, income, lifestyle, values, donating behaviour
- **Investors:** age, gender, ethnicity, family structure, income, lifestyle, values, donating behaviour
- **Volunteers:** age, gender, location, ethnicity, lifestyle, skills

Each campaign will dictate what segments to target specifically. Location and age are the most common criteria used in classifying the Hospice audiences. When planning communications aimed at specific ages groups, it is important to understand each of the generation features and their communication preferences.

5.1 Segmentation by age and communication preferences

Baby Boomers

Age group: baby boomers were born between 1946 and 1964. They're currently between 57-75 years old.

Media consumption: baby boomers are the biggest consumers of traditional media such as television, radio, magazines, and newspaper. Despite being so traditional, 90% of baby boomers have a Facebook account. This generation has begun to adopt more technology in order to stay in touch with family members and reconnect with old friends.

Baby boomers have the largest spending power of any generation. They tend to be careful with their cash and seek out the best deals to ensure they get value for money. Baby boomers tend to be very loyal to their brands.

Gen X

Age group: Gen X was born between 1965 and 1979/80 and is currently between 41-56 years old.

Media consumption: Gen X still reads newspapers, magazines, listens to the radio, and watches TV. However, they are also digitally savvy and spend roughly 7 hours a week on Facebook (the highest of any generational cohort). Generation X is a tech-savvy group but they are often more comfortable using the technologies they've been accustomed to using since a young age. They tend to have less disposable income than older generations and are often focused on saving money. Gen X tend to have more traditional values appealing to their need for financial security, family mindedness, and personal wellbeing can be a sensible strategy.

Gen Y/Millennials

Age group: Gen Y or Millennials, were born between 1981 and 1994/6. They are currently between 25 and 40 years old.

Media consumption: 95% still watch TV, but Netflix is their preferred provider. This generation is extremely comfortable with mobile devices, but 32% will still use a computer for purchases. They typically have multiple social media accounts.

Millennials are more distrustful of marketing messages than any previous generation and value authenticity and honesty over flashy advertising. They tend to prefer ethical and community-focused brands and are more likely to spend their money with a company when their brand values align with their personal ideals.

The Millennial generation will frequently share their online purchases and experiences with brands on social media. They value life satisfaction over financial security and so may be less careful with their money than older generations.

They use recommendations from friends and family as well as online reviews and testimonials to aid their buying decisions. The younger generation prefers to consume content on the go from their mobile devices, rather than on desktop or laptop computers. Personalisation and customization are also important for creating an authentic message. However, Millennials will quickly warm to and show support for brands that demonstrate socially and environmentally responsible values.

Gen Z

Age group: Gen Z is the newest generation, born between 1997 and 2012/15. They are currently between 6 and 24 years old.

Media consumption: The average Gen Z received their first mobile phone at the age of 10. Many of them grew up playing with their parents' mobile phones or tablets. They have grown up in a hyper-connected world and the smartphone is their preferred method of communication. On average, they spend 3 hours a day on their mobile device (Ref 21-23).

5.2 Segmentation by income, lifestyle and giving behaviour

Income, lifestyle and giving behaviour play a very important part in donor and supporter segmentation, which could be broken down as follows:

- by gift amount (monetary value)
- by recency and frequency (last contributed and how many times)
- by donor type (Graph No 7)
- by relationship length (in months/years)

Volunteer audiences could also be segmented by volunteering activity, number of hours a volunteer can contribute per week / month on average, activity and the length of time the person served as a volunteer (Ref 20).

The Money for Good UK report (Ref 18) published in March 2013 proposed seven donor types (Graph No 7), based on survey findings. 3,000 individuals, including 1,000 high income donors with a household income over £150,000 took part in the research.

Graph No 7. Donor Types



The research also found that donors would be willing to give more if charities were better at communicating with them - up to £655m more per year in total.

5. ACTION PLAN: INTERNAL AND EXTERNAL COMMUNICATIONS

6.1 Objectives 1-5 years

1. Create a smoothly run communications function to support the successful delivery of **EVE** (Excellence, Visibility and Engagement) strategy.
2. Embrace digital marketing and become proficient at incorporating it in the promotion of the Hospices services, fundraising activities to include lottery and retail.
3. Raise St Raphael's brand awareness across Merton and Sutton, in particular, the areas that we have very little, or no presence.

6.2 Internal Actions

WHAT

In order to achieve the above objectives and support St Raphael's Hospice strategy in delivering **excellence**, the Communications Team will focus on four areas internally as its primary focus:

1. Team structure
2. Tools
3. Database analysis
4. Budget management
5. Monitoring (please refer to Chapter 7)

HOW

We will implement the following:

1 Team structure

- Recruit two new part-time roles, Digital Marketing Assistant and PR Assistant
- Define responsibilities and reporting structure, and share it with all the internal stakeholders

2 Tools

- Create a pool of communications tools to be easily accessed by internal stakeholders from their desktops. The tools would include forms, templates and how-to procedures, such as:
 - a) Creative brief
 - b) Media usage consent forms: electronic and paper versions
 - c) Power Point template
 - d) Tone of voice
 - e) How to make videos and take pictures
 - f) Look/brand guidelines
 - g) SEO (Search Engine Optimisation) friendly content writing
 - h) How to use social media
 - i) How to use content management system (CMS) for web updated
- Investigate and propose the most cost-effective, user friendly and easy to manage staff intranet platform, where the Hospice staff would be able to access daily news, team updates, access useful files and interact.
- At the end of each year produce a communication plan for the following year.

3 Data base analysis

- Make better use of client, customer, investor and volunteer data, by researching current data bases and extracting information which will enable to segment and target audiences in a customised way in order to deliver higher ROI.
- Research the existing data to determine which areas across Merton and Sutton to target to increase market penetration and raise brand awareness, which funnels to consideration and ultimately, the conversion.

4 Budget management

- Create a simple coding system to enable an effective cost and ROI comparison. Codes to match all the promotion activities: PR, Direct Marketing, Digital Marketing, Personal Selling, Advertising and Sales Tools.

6.3 External Actions

WHAT

To support the **visibility** and **engagement** aims of the overall hospice strategy. The communications strategy will prioritise the below activities, starting with digital marketing and brand awareness campaigns:

- 1 Brand awareness
- 2 Digital marketing
- 3 Personalised communications
- 4 Integrated marketing

HOW

We'll implement the following:

1 Brand awareness

- Execute one community awareness campaign a year, starting with a series of adverts in the Merton Council Magazine with over 80,000 residents reach.
- Communicate social responsibility through environmental and community wellbeing, and inclusion-diversity messaging.
- Produce monthly press releases.
- Expand press contacts by 100% (from 10 to 20) to include regional broadcasters.
- Secure 1-5 interviews a year with staff to demonstrate expertise.
- Research and start using free on-line platforms to publish press releases.
- Ensure unified brand identity internally and externally across 7Ps.
- Communicate impact and expertise through series of stories and case studies: weekly blog posts, the Raphaelite – published twice a year, regular press releases, specialist interviews.
- Based on the survey results, utilise charity shops for greater community engagement through window displays, community hub boards and direct messaging.
- Engage with trend setters i.e. celebrities, charity shop shoppers on social media.

2 Digital marketing

- Add Urchin Tracking Module (UTM) extensions to URLs to enable transparent and efficient audience tracking.
- Revise website content to ensure it complies with best SEO practises, so the Hospice content is seen by search engines and placed on search results pages.
- Run regular google ads to promote St Raphael's lottery, events and appeals.
- Start using YouTube advertising for video promotion.
- Produce monthly social media plan in line with the communication strategy.
- Create a supporter group on social media whose main purpose would be to share St Raphael's news and fundraising activities; no access to St Raphael's social media accounts would be needed.
- Design an internal process for the execution of daily web updates.
- Identify internal brand ambassadors and design an internal process for contributing to social media updates.
- Ensure images are tagged when uploaded onto our website to enable image-based search as per future trends.
- Use paid advertising on social media ie LinkedIn and Facebook to advertise job vacancies across the organisation.
- Update imagery once a year by hiring a professional photographer. Imagery to demonstrate impact, services and to feature internal stakeholder groups.

3 Personalised communications

- Use paid MailChimp services (e-marketing) to segment and personalise campaigns, targeting investors, customers and volunteers.
- Identify the existing market reach, using database insights and define potential target.

- Demonstrate inclusion and diversity through stories and campaigns, targeting ethnic groups across Merton and Sutton. Run focus groups and consult with people representing a particular group to test messaging.

4 Integrated marketing

- Use a cost-effective integrated marketing approach (combination of PR, Direct Marketing, Digital Marketing, Personal Selling, Advertising and Sales Tools) to run campaigns and allow for greater audience reach, customised targeting, consistency, coherence and continuity.
- Embrace focus groups to conceptualise and implement successful marketing and communications campaigns.
- Produce sales tools in print format to assist with personal selling, ie About Us booklet, Living-Well Programme, Volunteer With Us pack, as well as a wide range of collateral on Hospice services.

6.4. Budget

The breakdown of the Communications budget for April 2021 – April 2022 is as follows:

- £40,000 – Hospice service communications
- £150,000 – Fundraising activities communications to include events
- £24,000 – Workforce recruitment

7. MONITORING

In order to measure the success of strategic activities, the Communications Team is going to produce a detailed revision report at the end of each year, aiming to assess its achievements against the objectives set, as well as to calculate ROI on specific campaigns. The report will also highlight areas for improvement which will be included in the communications plan for the following year.

Each of the communications areas, as presented in the Marketing Matrix (please refer to Chapter 3), is going to be monitored quarterly or yearly, based on the below criteria.

PR

PR coverage is going to be measured yearly through:

- number and reach of placements in print, online and broadcast
- location within the placement and length of article
- brand messages delivered
- how broadly was the news shared; in what geo-locations
- the number of likes, comments, and shares (a percentage of the total number of views)
- website traffic

Direct Marketing

- Conversion rate: enquiries, sign ups, donations

Digital Marketing

Digital Marketing activities are going to be analysed quarterly through Google Analytics, social media reports and e-mail reporting (Mailchimp), using the below engagement and value criteria:

- Number of website visitors and their characteristics
- Content – most and least visited pages
- Time spent on a page
- New visitors against returning
- Traffic channels
- Bounce rate
- Conversion rate: enquiries, sign ups, donations
- Number of followers
- Page views
- Number of shares
- Number of mentions
- Click-throughs

Personal Selling

- Lottery sign-ups
- Shops revenue
- Tickets sold to fundraising events
- Sponsorship raised
- Word of mouth
- Client feedback on service delivery

Advertising Online and Print

Advertising campaigns to be analysed on an individual basis yearly, measuring the below elements:

- Online tracking – click through rate
- Specific links and QR codes in print
- Conversion rate: enquiries, sign ups, donations
- Audience reach

Sales tools

- Usage frequency
- Reprint/reproduction
- Income generated through promotional gifts
- Staff feedback

REFERENCES

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/End_of_life_strategy.pdf
2. <http://endoflifecareambitions.org.uk/>
3. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/693158/25-year-environment-plan.pdf
4. www.ilo.org
5. www.telegraph.co.uk
6. www.ons.gov.uk
7. <https://www.fph.org.uk/policy-campaigns/special-interest-groups/special-interest-groups-list/public-mental-health-special-interest-group/better-mental-health-for-all/the-economic-case/the-impact-of-the-uk-recession-and-welfare-reform-on-mental-health/>
8. <https://www.gov.uk/government/publications/budget-2020-documents/budget-2020>
9. <https://piru.ac.uk/assets/files/NHS%202030%20workshop.pdf>
10. www.hospiceuk.org
11. <https://www.dnvgj.com/to2030/impact/impact-on-healthcare.html>
12. <https://www2.deloitte.com/uk/en/pages/technology-media-and-telecommunications/articles/predictions-2030.html>
13. <https://www.ofcom.org.uk/about-ofcom/latest/media/media-releases/2020/uk-internet-use-surges>
14. www.statista.com
15. www.merton.gov.uk
16. www.sutton.gov.uk
17. <https://www.nptuk.org/philanthropic-resources/uk-charitable-giving-statistics/>
18. <https://www.thinknpc.org/resource-hub/money-for-good-uk/>
19. <https://www.mylondon.news/news/zone-1-news/wealthiest-most-deprived-areas-london-17171816>
20. <https://donorbox.org/nonprofit-blog/segment-your-donors-and-audiences/>
21. <https://www.wordstream.com/blog/ws/2016/09/28/generational-marketing-tactics>
22. <https://www.kasasa.com/articles/generations/gen-x-gen-y-gen-z>
23. <https://marketinginsidergroup.com/content-marketing/a-guide-to-content-marketing-by-generation/>

St Raphael's Hospice 2021-22 Management Plan

Contents

Contents	1
1. Strategic - Exec	2
2. Corporate Governance	5
3. Clinical Quality & Governance	7
4. Education & Training	12
5. Health & Safety, Environment and Facilities	15
6. Finance	18
7. Information Technology	20
8. Income Generation.....	22
9. Communications.....	26
10. Human Resources: Staff	28
11. Volunteers	31

2021-22 MANAGEMENT PLAN

1. Strategic - Exec

	Area of Development	What will we do?	How will we know?	Lead	Target Date	KLOE	RAG	Notes
1.0	Consolidation of Independent status	<ul style="list-style-type: none"> Internally Communicate organisational Strategy EVE One Team Approach – Staff and Volunteers 	<ul style="list-style-type: none"> Organisational adoption of EVE across teams 	NS/GL	March 22	Well-led		<ul style="list-style-type: none"> Internal understanding of EVE strategy mirrored in Teams management plans- One Team
1.1	Charity Governance operating effectively	<ul style="list-style-type: none"> All legal and statutory compliance in place Transfer of Reg Manager Appointment of new Nominated Individual 	<ul style="list-style-type: none"> Registered as SRH Charity with CC Registration with CQC Reg for VAT refund 	NS/GL	Nov 21 May 22	Well-led		<ul style="list-style-type: none"> Registered Manager to be transferred to CD (RT) delayed by CV19 – Aim April 21 Nominated Individual transfer to NMcW – Aim April/May 21
1.2	Organisational infrastructure improvement to support excellence	<ul style="list-style-type: none"> Cash Grant from DoC Invested and allocated to support organisational growth and development 	<ul style="list-style-type: none"> Projects planned/commenced/c completed 	NS/GL	March 22	Well Led		<ul style="list-style-type: none"> IPU refresh Main Hospice repainting Courtyard Garden Garden project (subject to finance)

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead	Target Date	KLOE	RAG	Notes
1.3	Senior Leadership Team (SLT)	<ul style="list-style-type: none"> • SLT supported to understand budgets/ allocations and leadership responsibilities • Empower SLT to utilise budgets effectively • Support SLT to drive their areas of strategy and development • Attract Volunteers to create capacity – varied and diverse roles 	<ul style="list-style-type: none"> • SLT demonstrating understanding of budgets and taking responsibility for its utilisation and departmental strategy • Volunteers recruited to support 	NS/GL	Sept 21 – review date	Well-led		<ul style="list-style-type: none"> • Clinical Depts budgets viz. staff costs. Understanding of establishment and grade variation within budget • Utilising budget effectively
1.4	Lottery	<ul style="list-style-type: none"> • Transfer the lottery licence to the new charity and register with London Borough of Sutton for Society 	<ul style="list-style-type: none"> • Necessary Annex A registrations with the Gambling Commission are in place. • The licence is in the name of the new charity. • The necessary entries at Annex X of the licence are extant. • Necessary registrations with Sutton are extant 	SJW	Oct 21	Well-led		<ul style="list-style-type: none"> • SJW and Glenda Withall to be registered with Gambling Commission under Annex A • SJW and A.N.Other to be registered with Sutton as promoters of small society lotteries.

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead	Target Date	KLOE	RAG	Notes
1.5	Engage with CCGs over future service developments and ensure that Hospice's strategy and CCGs' are in step	<ul style="list-style-type: none"> Continue to engage with CCGs across finance and commissioning, SW London STP and other providers, including through involvement with Hospice UK, London Hospice CEOs' and Chairs' Groups 	<ul style="list-style-type: none"> Regular relationship meetings at senior level Reporting and discussion of data at quarterly CCG meetings Report to Board of Trustees 	GL/NS	Ongoing	Well-led		<ul style="list-style-type: none"> Hospice has been integral to CV19 provision in SWL Meetings scheduled with Finance Directors of SWL CCG to review sustainable funding and service delivery
1.6	Ensure that IG of external data meets industry standards	<ul style="list-style-type: none"> Update and review of IG Tool Kit 	<ul style="list-style-type: none"> Successful completion of the PCI DSS Self-assessment 	SJW	Oct 21	Well-led		<ul style="list-style-type: none"> Work has been commenced- reviewing processes and procedures supported by IT and Supporter Care
1.7	Purposeful engagement with our community for assurance of ease of access and use of services	<ul style="list-style-type: none"> Engage with faith and cultural groups learning what they require from our service Aim to recruit volunteers from within communities to liaise and deliver hospice support Actively participate in organised groups (CCGs &LA) 	<ul style="list-style-type: none"> Improved relationship and engagement with harder to reach groups Development of engagement programmes in collaboration with partners Develop training programmes to enable and support group specific volunteers 	GL/NS	Mar 22	Responsive Effective Well Led		<ul style="list-style-type: none"> Member of Sutton Place Ethnicity and Diversity working group & Compassionate Communities

2021-22 MANAGEMENT PLAN

2. Corporate Governance

	Area of Development	What will we do?	How will we know?	Lead	Target Date	KLOE	RAG	Notes
2.0	Policies and Procedures	<ul style="list-style-type: none"> Review and revise SRH policies to ensure accuracy, evidence of review and use of the standard policy template. 	<ul style="list-style-type: none"> Corporate Governance Report to Board of Trustees 	Review leads Varied	Aug 21	Safe Effective Responsive Well-led		<ul style="list-style-type: none"> Work is progressing. Continuous process monitoring maintained.
		<ul style="list-style-type: none"> Maintain an up-to date Policy Manual – N:Drive for ease of access across organisation 	<ul style="list-style-type: none"> Corporate Governance Report to Board of Trustees 	AR	Aug 21	Safe Effective Responsive Well-led		<ul style="list-style-type: none"> Policies have been identified for review and work is ongoing.
2.1	Risk Management	<ul style="list-style-type: none"> Refine the Corporate risk register, Controls Assurance and reporting Align inclusions of Clinical and general risk register as routine with Corporate RR. Monitor and report to Board of Trustees 	<ul style="list-style-type: none"> Quarterly review of Risk Registers at Board Level for assurance Agreed register and draft Controls Assurance system Statement in annual report 	NS/GL	July 21	Safe Effective Responsive Well-led		<ul style="list-style-type: none"> Continuous active review Board undertaking quarterly deep dive into RRs to interrogate content and alignment for organisational assurance
2.2	Quality Account	<ul style="list-style-type: none"> Review and refine content of Quality Account to reflect current organisation Publish the Hospice's Quality Account for 2020/21 on the NHS Choices Website 	<ul style="list-style-type: none"> Quality Account published to website CQ&G Report 	AR	Dec 21	Safe Caring Responsive Effective Well-led		<ul style="list-style-type: none"> Updated QA to be reviewed by CQ&G October 2021 Publication to NHS Choices Website in December 2021

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead	Target Date	KLOE	RAG	Notes
2.3	Care Quality Commission	<ul style="list-style-type: none"> Populate KLOE self-assessment and highlight evidence that would support award of 'Outstanding' Complete TMA Proforma as interim review. 	<ul style="list-style-type: none"> KLOE Portfolio of evidence across services reflective of excellent organisation 	GL/Clin Dir/AR	July 21 Ongoing	Safe Caring Responsive Effective Well-led		<ul style="list-style-type: none"> Draft for review by CQ&G at March 2021 mtg Transitional Monitoring Arrangement (TMA) call scheduled for Feb 23rd 2021 to provide assurance of quality and compliance – This is the new mode of operandi for CQC assessment. N:\Care Quality Commission\PIR and KLOE\LIVE KLOE\St Raphael's Hospice TMA KLOE Self Assessment as at 18-02-2021.xlsx
2.4	Information Governance	<ul style="list-style-type: none"> Progress and maintain compliance with the NHS Data Security & Protection Toolkit 	<ul style="list-style-type: none"> DS&P toolkit publication 	AR	May-21	Well-led Effective Safe		<ul style="list-style-type: none"> N:\Information Governance\IG Toolkit\Data Security and Protection Toolkit 2019-2020\DSPT - overview master 2019-20.xlsx
2.5	Information Governance	<ul style="list-style-type: none"> Initiate 2nd phase of departmental data mapping exercise is complete 	<ul style="list-style-type: none"> IG&S Minutes 	AR	Nov 21	Well-led Effective Safe		<ul style="list-style-type: none"> 2nd phase = undertake data integrity check on populated data maps and highlights action areas from data maps following 1st phase
2.6	Information Governance	<ul style="list-style-type: none"> Review and revise information (data) asset register 	<ul style="list-style-type: none"> IG&S Minutes 	AR	July 21	Well-led Effective Safe		<ul style="list-style-type: none"> N:\Information Governance\Asset Register\SRH Asset register 28-03-2019 v3 wip.xlsx Review how best or if to incorporate into existing IT Asset register

2021-22 MANAGEMENT PLAN

3. Clinical Quality & Governance

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
3.0	Clinical Action Plan	<ul style="list-style-type: none"> Progress and fulfil the annual Clinical Action Plan 	<ul style="list-style-type: none"> Review at CQ&G CQ& Report Report to Board 	GL/Clin Dir/Consultants/AR	As set out in CAP	Well-led Effective Safe Caring Responsive		<ul style="list-style-type: none"> Plan 2020-21\Clinical Action Plan v6 Excel Format
3.1	Clinical Audit	<ul style="list-style-type: none"> Produce and maintain an audit/monitoring/research project schedule 2021/22 	<ul style="list-style-type: none"> CQ & G Sub Minutes QIC Minutes Audit report outputs 	AR/Consultants/Clin Dir	Schedule of audits for coming year- May 2021	Well-led Effective Safe Caring Responsive		<ul style="list-style-type: none"> N:\Clinical\Clinical Governance\Clinical Audit\Audit Program & Timetable\2020-21
3.2	Diversify offer of Hospice service delivery to support patient choice	<ul style="list-style-type: none"> Re-establish Outpatient service New Wellbeing Centre Offer to include longer term conditions/elderly frail/ 	<ul style="list-style-type: none"> Data extraction Cross Care CQ7&G minutes User feedback 	Consultants/Clin Dir/TC	Sept 21	Well-led Effective Safe Caring Responsive		<ul style="list-style-type: none"> Wellbeing Centre opening proposed for April 21 dependent on government guidelines. Leaflets updated, designed and printed.
3.3	Share innovative practice/roles in a Hospice /palliative care setting	<ul style="list-style-type: none"> Publication/presentation in external fora re: Physician Assoc role in Palliative Care 	<ul style="list-style-type: none"> Publication in Journal Presentation at Conference 	Consultants/Clin Dir	Sept 21	Well-led Effective Responsive		<ul style="list-style-type: none"> Physician Assoc commenced in post in Nov 20- SRH 1st hospice to support this role.
3.4	Access to/involvement with R&D	<ul style="list-style-type: none"> Develop links and contacts to support development of local SW London Ethics Committee Establish reflective forum for inclusion of all staff to present/ discuss clinical cases 	<ul style="list-style-type: none"> CQ & G Sub Minutes QIC Minutes 	Consultants	Sept 21	Well-led Effective		<ul style="list-style-type: none"> Work collaboratively with other local hospices & acute Pall Care Teams Reflective Forum akin to Schwartz Round

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
3.5	Diversify and develop the psychological service delivery offer	<ul style="list-style-type: none"> Offer service to a wider demographic Offer extended service hours across 6 days Offer new menu of services Maintain virtual service provision To have on-line service provision as an option post COVID 	<ul style="list-style-type: none"> Data Extraction CQ & G Sub Minutes QIC Minutes User Feedback 	SM	Oct 21	Well-led Effective Safe Caring Responsive		
3.6	Increase service capacity	<ul style="list-style-type: none"> Provision of supported MA student placements – continuum Liaise and communicate offer with colleges and universities Increase numbers of student placements from 6 to 12 Lead Counsellor to provide student group supervision 	<ul style="list-style-type: none"> Hospice identified as placement of choice by academic centres-positive experience % increase in service delivery (TBC) 	SM	Sept 21	Well-led Effective Safe Caring Responsive		<ul style="list-style-type: none"> New menu of service includes-Couples/Family therapy & Bereavement Group Clinical Supervision currently equated to 3 hrs /month increase in student supervision equates to 6 hrs/month.
3.7	Provision of Spiritual guidance and support	<ul style="list-style-type: none"> Enable access to Spiritual support on IPU – active presence of Spiritual Care Sister Compile a Directory of Religious/Spiritual leaders for ease of contact 	<ul style="list-style-type: none"> Patient/family spiritual needs met User feedback 	SM	Oct 21	Caring Responsive Effective Well Led		

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
3.8	Organisation	<ul style="list-style-type: none"> To establish a forum and system for the co-ordination compilation and review of clinical information material that supports patients, their families and carers and other HCPs is communicated effectively Facilitate access to information material via the website and other agreed media that educate and inform patients, families and other healthcare professionals 	<ul style="list-style-type: none"> Feed into QIC CQ&G Report Production of Information leaflets Website Accessibility 	Exec Team/Clinical & Medical Team Reps/Comms Team	Oct 21	Well-led Effective Caring Responsive Safe		<ul style="list-style-type: none"> Forum established July 2020 Development of clinical information is in progress – stalled due to COVID
3.9	Organisation	Document a Clinical Audit Policy	<ul style="list-style-type: none"> CQ&G Minutes Policy Manual 	AR	Sept 21	Well-led		
3.10	Patient administration system - XCare	<ul style="list-style-type: none"> Implement revision to the windows of the EPR in order to improve care planning and completeness of documentation across all clinical teams 	<ul style="list-style-type: none"> EPR Peer Review EPR report reviews EPR bespoke review meetings 	JG/TY/TC/Consultants	June 21	Well-led Effective Caring Responsive Safe		<ul style="list-style-type: none"> Substantive revision to EPR windows effected for the Community Team in November 2019 Revision / re-write of windows for the IPU remains outstanding Development of Medical Team Assessment windows in progress
3.11	Patient administration system - XCare reporting	<ul style="list-style-type: none"> Develop reporting data extraction to feed dashboards 	<ul style="list-style-type: none"> Crosscare Project team meeting minutes. 	AR/JG	May 21 On-going	Well-led Effective Responsive Safe		<ul style="list-style-type: none"> Data Dashboards Part of Clinical Audit and Activity Data Meeting remit. Incorporated into 2020-08-12 2020-2021 v3 Clinical Audit & Research Project Progress Timeline.xlsx

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
3.12	Daily data extraction to support inclusion in NHS Capacity Tracker- related to funding	<ul style="list-style-type: none"> Create training video to service data extraction for Xcare Reduce reliance on one individual Volunteer data reporting support 	<ul style="list-style-type: none"> Nominated individuals can accurately extract daily data Continued interface with Capacity Tracker across 365 days Volunteers trained and active 	AR/JG/Education Team	Oct 21	Well-led Effective Responsive		<ul style="list-style-type: none"> Data extraction supports allocation of government funding.
3.13	Policy	<ul style="list-style-type: none"> Identify required clinical standard operating procedures that will support care delivery and practice and agree leads and timetable for effecting their documentation in 2021/22 	Clinical Action Plan Update Minutes of CQ&G Sub	TC/TY/SM/RT/AR & Med Team	May 21/ongoing	Well-led Effective Safe		<ul style="list-style-type: none"> CAP-15 - Plan 2020-21\Clinical Action Plan v6 Excel Format
3.14	Quality assurance / monitoring	<ul style="list-style-type: none"> Integrate the OACC assessment measures in to clinical training and development, clinical practice and the clinical record to include Phase of Illness, Karnofsky (AUS) Performance Status and IPOS. 	<ul style="list-style-type: none"> Clinical Audit CQ&G Report 	Med Team BT/TY/TC/MF/LB/AR	Mar 22	Well-led Effective Care		<ul style="list-style-type: none"> CAP11 - 2020-2021 Clinical action plan version 5 Overall 18-24 months project. Task and Finish Group set to meet in March 2021- Delayed due to Covid
3.15	Risk management	<ul style="list-style-type: none"> Datix incident reporting 	<ul style="list-style-type: none"> QIC Minutes Staff trained and using system effectively Extraction of reports 	AR/JG	May 21	Well-led Effective Responsive Safe Caring		<ul style="list-style-type: none"> CAP13 - 2020-2021 Clinical action plan version 5 Testing: July – September Training: October 2020 Full implementation – Jan 2021- delayed by COVID

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
3.16	Risk Management	<ul style="list-style-type: none"> High level risk registers are incorporated into Sub committees review meetings i.e. Corporate (Exec), Clinical (CQ&G), HR (HR), IT (IG&S), Finance (Finance) 	<ul style="list-style-type: none"> Minutes of meetings 	Exec/BT/KC/JG/NV	Sept 21	Well-led Effective Safe		N:\Managers\Risk Management\Corporate Risk Register 19-02-2021.pdf N:\Managers\Risk Management\2021-02-19 SRH Risk Register.xlsm N:\Managers\Risk Management\Departmental Risk Registers\Clinical Risk Register 2021-02-17.pdf

2021-22 MANAGEMENT PLAN

4. Education & Training

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
4.0	Education and Training	<ul style="list-style-type: none"> Monitor the % completion of Mandatory Training with newly introduced hospice e-learning package Training budget to support development across organisation Competencies developed for all grades of clinical staff Engagement with external stakeholders to support unmet needs in EoLC training Engagement with CAP to support all aspects of clinical staff development Provide clinical expertise, update and assurance related to COVID 19 	<ul style="list-style-type: none"> 90% MT complete in year Recognition as the main provider of EoLC training across Merton and Sutton CQ&G Sub Mins T&D Mins 	MF/LB/PE/JC	March 2022/On going	Well-led Effective Safe Responsive		<ul style="list-style-type: none"> New Mandatory training system went LIVE in July 2020. COVID Pandemic and organisational requirement for support has impacted some aspects of E&D.

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
4.1	Education and Training	<ul style="list-style-type: none"> Develop an EoLC training offer for delivery to Care Home and Community Nursing Teams Explore accreditation of the programme Recruit to a fixed term 12 month part-time Education role (2-3 days per week) to free capacity in core team to develop and market programme Consider options for delivery of the education programme Support with monies ring fenced for education 	<ul style="list-style-type: none"> Education programme developed- Accreditation to a recognised professional body achieved EoLC education being delivered to external stakeholders Menu of education options maintained and easily accessible on the hospice website 	LB/MF	Jan 22	Effective Well Led Responsive		<ul style="list-style-type: none"> Fixed Term Part time role will support internal requirements and facilitate capacity in core team. Potential for education programme to generate income and support a substantive role.
4.2	Education and training	<ul style="list-style-type: none"> To produce regular report to the T&D Comm which provides assurance that the training databases capture ALL training across ALL staff 	<ul style="list-style-type: none"> Training & Development Committee Minutes Minimum 90% completion of MT across organisation paid staff 	PE/JC	July 2021	Well-led Effective Safe		<ul style="list-style-type: none"> Clinical training data base maintained by PE (Clinical Directorate Administrator). Non-clinical training data base maintained by JC (HR)

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
4.3	Education and training	<ul style="list-style-type: none"> Produce and maintain an internal education delivery programme that is routinely reviewed at T&D Comm 	<ul style="list-style-type: none"> Training & Development Committee Minutes Monitoring of attendance 	MF/LB	Oct 21	Well-led Effective		<ul style="list-style-type: none"> Monthly education days to support assurance of clinical evidence-based practice to be scheduled as soon as safe to do so- (due to COVID). Explore opportunities of virtual delivery to support external stakeholders.
4.4	Education and training	<ul style="list-style-type: none"> To monitor the interface with accessing Hospice educational videos that support HCPs in the community 	<ul style="list-style-type: none"> Develop user feedback questionnaire Website clicks 	MF/LB	Sept 21	Well-led Effective Responsive		<ul style="list-style-type: none"> Videos created during COVID to support SWL – VOED, Syringe Pump Use
4.5	Education and Training	<ul style="list-style-type: none"> Develop and create further educational videos/podcasts that support learning on EoLC topics for internal and external use 	<ul style="list-style-type: none"> Monitor Access (website clicks) & completion T&D minutes 	MF/LB/Consultants	March 22	Responsive Effective Well Led		<ul style="list-style-type: none"> Delayed due to COVID

2021-22 MANAGEMENT PLAN

5. Health & Safety, Environment and Facilities

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
5.0	Health and Safety	<ul style="list-style-type: none"> Implement plan to respond to all risk audit recommendations Carry out new external audit of risk assessments and risk management (Hettle Andrews H&S & Fire RAs) H&S risk assessment register is maintained and feeds into H&S Committee 	<ul style="list-style-type: none"> Implement new H&S inspection program Update report for actions Risk Audit report. Minutes of H&S meeting 	AR	July 21	Well-led Effective Responsive Safe		<ul style="list-style-type: none"> AR given oversight of H&S and action list in progress Onsite inspection delayed due to COVID
5.1	Physical Asset Management	<ul style="list-style-type: none"> Complete Asset Management Register Ensure all assets have a maintenance and renewal plan Clinical Assets monitored separately 	<ul style="list-style-type: none"> Register up to date Maintenance Plan in place Budget in place for planned replacement 	JG/SC	May 21	Well-led Effective Safe		<ul style="list-style-type: none"> IT assets – Complete Facilities – All identified, register being created. Clinical – To Liaise with Ward manager re: asset management – currently monitored by IPU.
5.2	Security	<ul style="list-style-type: none"> Consider risks and ensure suitable mitigations and policies are in place 	<ul style="list-style-type: none"> Revised Security Policy H&S Risk Register 	JG/SC	May 21	Safe Well-led Effective		<ul style="list-style-type: none"> Ensure staff are inducted and regularly trained on security protocols

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
5.3	Garden areas	<ul style="list-style-type: none"> • Create an inviting garden area for use by patients/family/staff • *Development of larger ground plan around Hospice site to create therapeutic garden area 	<ul style="list-style-type: none"> • Planting and furniture in place and courtyard garden being used • Feedback from patients, families and staff • Trust funding obtained for large project 	JG/SC	May 21 Mar 22	Well-led Effective Safe Caring		<ul style="list-style-type: none"> • *Capital Appeal considered for larger garden proposal
5.4	IPU refurbishment	<ul style="list-style-type: none"> • Update the IPU rooms: repaint, install new flooring with improved TV and audio systems. • Seek alternative venue for beds to support in patient requirement 	<ul style="list-style-type: none"> • At least eight rooms completed and flooring in place • Alternative beds secured 	BT/JG	Oct 21	Well-led Effective Responsive Safe Caring		<ul style="list-style-type: none"> • £114k Budget agreed and Project team meeting (BT, TY, JG, SC)
5.5	Reception Area	<ul style="list-style-type: none"> • Update and refresh the Reception area to improve sense of welcome and beauty • Courtyard Garden to be planted as per plans and seating area configured • Remove display unit to create open ambiance and space for new seating arrangement • Decorate and install Screens 	<ul style="list-style-type: none"> • Project complete • User feedback • Staff feedback 	NS/GL/JG	May 21	Well-led Effective Responsive Safe Caring		<ul style="list-style-type: none"> • Bi-fold doors and wheelchair friendly access to courtyard – Complete • £40k budget remaining (will not all be needed and can be redeployed)

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
5.6	Create a visitor/patient Reception office on IPU	<ul style="list-style-type: none"> Rework redundant bathroom on IPU as Reception office 	<ul style="list-style-type: none"> Operating as a reception Space freed in TCC User feedback 	NS/JG	Aug 21	Well-led Effective Responsive Safe Caring		
5.7	Reflooring of Room B and toilets in St Bede's Conference Centre	<ul style="list-style-type: none"> Lay new flooring to match existing flooring 	<ul style="list-style-type: none"> Project complete 	JG/SC	Aug 21	Well-led Effective Safe		
5.8	Hospice Ventilation System	<ul style="list-style-type: none"> Replacing inactive system 	<ul style="list-style-type: none"> Project completion 	JG/SC	Oct 21	Safe Effective Well led		

2021-22 MANAGEMENT PLAN

6. Finance

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
6.0	Financial management - Ensure Income recognition is complete	<ul style="list-style-type: none"> Drive income from Raisers' Edge reports rather than the bank 	<ul style="list-style-type: none"> Income reconciled to Raisers' Edge and to Bank every month 	NS/NV	Mar 22	E	A	<ul style="list-style-type: none"> New RE set-up to include reports that are available for finance to post income and reconcile bank
6.1	Budgets - Empower relevant managers to monitor and control their own budgets	<ul style="list-style-type: none"> Create Sage Reports to provide required information Engage with managers to understand and own their budgets 	<ul style="list-style-type: none"> Managers take charge of own areas 	NS/NV	Mar 22	EW	A	
6.2	Policy and Procedures	<ul style="list-style-type: none"> Create Finance Policy and Procedures (including authorisation levels) 	<ul style="list-style-type: none"> Revised policies and authorisation levels 	NS/NV	Oct-21	EW	A	
6.3	KPIs	<ul style="list-style-type: none"> Develop KPIs for financial and non-financial measures to monitor milestones of the 5 year plan 	<ul style="list-style-type: none"> KPI monthly reports embedded into monthly reporting 	NS	Apr 21	EW	A	

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
6.4	Management Accounts completed within 10 working days of month end	<ul style="list-style-type: none"> • Income driven from RE • Journals template and upload for swift data entry • Standing accruals in place for regular “late invoices” etc 	<ul style="list-style-type: none"> • Reports disseminated by day twelve 	NS/NV	Jun 21	EW		

2021-22 MANAGEMENT PLAN

7. Information Technology

	Area of Development	What will we do?	How will we know?	Who?	By when?	KLOE	RAG	Notes
7.0	Information Management	<ul style="list-style-type: none"> Ensure compliance with Payment Card Industry (PCI) Data Security Standards (DSS) 	<ul style="list-style-type: none"> Compliance report 	SJW (procedural aspects) /JG (IT aspects)	Oct 21	Effective Responsive Well-led		
7.1		<ul style="list-style-type: none"> Attain Cyber Essentials certification. 	<ul style="list-style-type: none"> Project report 	JG	Feb 22	Effective Responsive Well-led		<ul style="list-style-type: none"> Delayed due to Covid
7.2		<ul style="list-style-type: none"> Implementation of new payroll system -Sage 	<ul style="list-style-type: none"> Project report In house payroll system 	JG as Senior Supplier/ Tech/HR	July 21	Effective Responsive Well-led		<ul style="list-style-type: none"> 2021/ 22 project
7.3	IT support to Fundraising	<ul style="list-style-type: none"> 6.6 to be completed first Review fundraising phone system with regard to integration with Hospice VoIP system. 	<ul style="list-style-type: none"> System active 	JG	Nov-21	Effective Responsive Well-led		<ul style="list-style-type: none"> Dependent on 6.6
7.4	IT system management	<ul style="list-style-type: none"> Complete IT Server Hardware & major upgrades to all software and systems. 	<ul style="list-style-type: none"> Server Hardware replaced Software 80% replaced – 100% required to be compliant 	JG	July 21	Effective Responsive Well-led		<ul style="list-style-type: none"> Project underway
7.5		<ul style="list-style-type: none"> Upgrade / replace network, including switches, Wireless Access Points, routers 	<ul style="list-style-type: none"> New hardware active/live 	JG	August 21	Effective Responsive Well-led		<ul style="list-style-type: none"> Essential work as impacting on IT functionality across the Hospice
		<ul style="list-style-type: none"> Complete documentation and procedures of IT systems. 	<ul style="list-style-type: none"> Report and recommendations 	JG	Ongoing/Due to new systems and hardware	Effective Responsive Well-led		<ul style="list-style-type: none"> Ongoing task but majority of system documented

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Who?	By when?	KLOE	RAG	Notes
7.6	IT Department support	<ul style="list-style-type: none"> Create and run more training courses for PowerPoint, Publisher, One-Note and Phone system. 	<ul style="list-style-type: none"> Agreed requirements 	JG	N/A/Ongoing	Effective Responsive Well-led		<ul style="list-style-type: none"> New courses created, but delivery delayed due to volunteer course trainer not currently on-site (Covid-19).
		<ul style="list-style-type: none"> Identify Individual and IT Team specialist training needs. 	<ul style="list-style-type: none"> Agreed requirements 	JG	Ongoing	Effective Responsive Well-led		<ul style="list-style-type: none"> Consideration of Apprenticeship?
7.7	Disaster Recovery	<ul style="list-style-type: none"> Review and create a new DR environment in 759 	<ul style="list-style-type: none"> Testing of recovery systems in 759 	JG	June 21	Effective Responsive Well-led		
7.8	Hardware Update	<ul style="list-style-type: none"> Replacement of PCs/Thin Clients running out of date OS 	<ul style="list-style-type: none"> Budget in place to support Outcome of Cyber Essentials 	JG	Dec 21	Effective Responsive Well-led		
7.9		<ul style="list-style-type: none"> Create Cyber Threat awareness course for all staff (computers and phones) as part of Induction and Mandatory Training 	<ul style="list-style-type: none"> Course active and delivered 	JG/LB/MF	Apr/May21	Effective Responsive Well-led		<ul style="list-style-type: none"> To be agreed by EXEC
7.10	PAS upgrade/replace ment	<ul style="list-style-type: none"> Review replacement PAS system 	<ul style="list-style-type: none"> Migration to new system as appropriate 	JG/AR/RT/Clinical Leads	March 22	Safe Effective Well Led		<ul style="list-style-type: none"> Plan to replace PAS to enable integration with other healthcare providers.

2021-22 MANAGEMENT PLAN

8. Income Generation

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
8.0	Income Generation Strategy Plan	<ul style="list-style-type: none"> Produce Income Generation Project Plan for 2021-2024 'From Pandemic to Sustainability' Recruit to required roles (3 in budget) 	<ul style="list-style-type: none"> Review by C and F Sub-Committee of Plan for all areas of Income Generation that contains: <ul style="list-style-type: none"> ➤ Action plans ➤ Achieve annual 2021/22 target £1,250,000 ➤ Timeline 	SJW	Feb 21-2024	Well-led Effective		<ul style="list-style-type: none"> Strategy to be presented to C&F Committee for review
8.1	Integrate Razors Edge (RE) with Finance	<ul style="list-style-type: none"> Complete a full review of data processes Undertake data cleansing for assurance Provide training to key staff and volunteers on RE and integrate RE with finance by March 2022. 	<ul style="list-style-type: none"> Confidence in quality of Data extraction Processes to support RE are understood and undertaken across key staff and trained volunteers Finance and Income Generation process understood and aligned 	SJW/LR	March 22	Well-led Effective Safe		<ul style="list-style-type: none"> Process has started

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
8.2	Maximise Gift Aid (GA) for Income Generation/Retail /Regular donations	<ul style="list-style-type: none"> Develop training programme to inform and motivate staff/volunteers to the extra value of GA 	<ul style="list-style-type: none"> All sales and donations are Gift Aided Audit of receipts that can be attributed to GA 	SJW	Mar 22	Well-led Effective		<ul style="list-style-type: none"> Retail impacted by COVID
8.3	IT support	<ul style="list-style-type: none"> Consider the use of new technology to support fundraising events Review the number of supporters registering online Potential for tablets to be used for event registration 	<ul style="list-style-type: none"> Report to C&F committee Monitor website 'clicks' 	SJW	Mar-22	Well Led Effective Responsive		
8.4	Website	<ul style="list-style-type: none"> Recruit Digital Assistant Website efficiently maintained and effectively supported Effective use of Volunteers with digital expertise to support 	<ul style="list-style-type: none"> Website meets the requirements of the Hospice's Communications Plan All content is current Engagement across organisation 	NS/GL/SJW	July 2021 To Mar 22	Well Led Effective Responsive		<ul style="list-style-type: none"> External communication pivotal to wider community engagement both for Income Generation and clinical information
8.5	Trusts	<ul style="list-style-type: none"> Increase applications to Trusts for specific funding 	<ul style="list-style-type: none"> Bids submitted Bids won 	SJW	Ongoing	Well Led Effective		

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
		<ul style="list-style-type: none"> Utilise external company to support - 						
8.6	Lottery	<ul style="list-style-type: none"> Bring lottery Canvassing In-House Recruit Own Team of Canvassers – Authentic invested ownership Utilise Volunteers from FR groups to support lottery in their area Purchase of vehicle to support community roll out 	<ul style="list-style-type: none"> Lottery players bought in to supporting local Hospice- aligned with supporting a worthy community charity – sustainability Monitor numbers leaving/joining See 1.4 	SJW	March 2022	Well Led Effective Responsive		<ul style="list-style-type: none"> Plan to recruit paid staff to begin the foundation work – Booking sites, recruiting and supporting volunteers
8.7	Shops	<ul style="list-style-type: none"> Efficient and effective retail operation Refurbishment and rebranding of remaining shops in portfolio Close non- profitable shops where leases are ending Re-evaluate number of new shops to be opened- likelihood 4 instead of 10 over the 1-3 years period Concentrate effort in area specific sites for maximum profit and visibility Utilise volunteers to support shop activities 	<ul style="list-style-type: none"> Shops achieving target sales Numbers of volunteers recruited – Aim 100 across retail and fundraising 	SJW	Mar-22	Well Led Effective		<ul style="list-style-type: none"> Budget for shop refurbishment Budget for new shop leases in preferred areas

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
8.8	Income Generation	<ul style="list-style-type: none"> Review results of additional investment Engagement with Local Solicitors – engagement event 	<ul style="list-style-type: none"> Actions taken to produce future legacies 	SJW	Mar-22	Effective Well Lead		
8.9	Legacies and In-Memory Income Generation	<ul style="list-style-type: none"> Review results of additional investment Tree of life and leaves/oranges to be enhanced 	<ul style="list-style-type: none"> Increase In-Memory donations 	SJW	Mar-22			
8.10	Prioritise recruitment of Income Generation Group volunteers	<ul style="list-style-type: none"> Recruit Income Generation Group Co-ordinator role Create three new FR groups by 2022 - Aim to have 23 groups in total by 2024 	<ul style="list-style-type: none"> Volunteers recruited and group active in their area Volunteer FR Group active in supporting lottery 	EN/Supporter Care	Mar 22	Well Led Effective		

2021-22 MANAGEMENT PLAN

9. Communications

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
9.0	Communications – enhance staff engagement with vision and being one team	<ul style="list-style-type: none"> Monthly staff updates Highlight collaboration Twice yearly staff meeting 	<ul style="list-style-type: none"> Staff understand EVE 	GL/NS	ongoing	Well Led Effective		
9.1	Communications – enhance Trustee engagement and awareness of on the ground activity	<ul style="list-style-type: none"> Monthly Report to include update “news” Bi-weekly face to face with Chair and Vice Chair 	<ul style="list-style-type: none"> Trustees confident that they are briefed 	GL/NS	ongoing	Well Led Effective		
9.2	Communications – enhance the ownership of the vision	<ul style="list-style-type: none"> Establish SLT to “own” the delivery of the wider vision SLT develop departmental goals for inclusion in construct of Management Plan 	<ul style="list-style-type: none"> SLT operating as a team to drive and monitor progress 	GL/NS	Mar 21/ongoing	Well Led Effective		<ul style="list-style-type: none"> SLT established in 2020 – Consolidation of momentum to support organisational direction
9.3	Communications – Build Community Relations	<ul style="list-style-type: none"> Joint CEOs to meet with community leaders across Merton and Sutton Ashlie to research Individualised background for each leader and an SRH reason to meet Recruit volunteers from various community groups to support engagement 	<ul style="list-style-type: none"> Relations being built with: <ul style="list-style-type: none"> Faith leaders Political leaders Business leaders Other Community and Sector Leaders Sector volunteers engaged 	GL/NS	Mar 22 and ongoing	Well-led Effective Responsive Caring		<ul style="list-style-type: none"> Impacted by Covid
9.4	Communications – Create a Comms Plan	<ul style="list-style-type: none"> Establish a Comms Strategy Group 	<ul style="list-style-type: none"> Agreed Comms Plan 	GL/NS	Mar 22	Well-led Effective		<ul style="list-style-type: none"> 2 new part-time roles.

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
		<ul style="list-style-type: none"> Add resource to the Comms team- Digital/Editorial Set the targets and document the plan to achieve it 	<ul style="list-style-type: none"> Resource enabling engagement across multiple communication modalities (Website, all social media platforms) 					
9.5	Communications – Enhance brand through use of written materials	<ul style="list-style-type: none"> Review the literature from across SRH Bring brand and format together reflecting a professional and uniform approach accessible in hard copy and on the website 	<ul style="list-style-type: none"> Strong suite of literature reflecting SRH ability to provide accurate information to support patients/families/ HCP See 3.8 	GL/NS	Oct 21	Effective Responsive		
9.6	Communications – Enhance the brand through our website	<ul style="list-style-type: none"> Review the website and agree how to enhance the use and dynamism of it as a resource Engage/free up skilled resource to develop and maintain website- Volunteer recruitment 	<ul style="list-style-type: none"> Analytics on website use User feedback 	GL/NS	Mar 22-ongoing	Effective Responsive		
9.7	Communications – Seek a group of well known or well positioned ambassadors	<ul style="list-style-type: none"> Research who lives in our area and how to connect Create an “ask” and approach 	<ul style="list-style-type: none"> At least one well known ambassador working with us 	GL/NS	Mar 22	Effective Well Led		<ul style="list-style-type: none"> Impacted by COVID

2021-22 MANAGEMENT PLAN

10. Human Resources: Staff

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
10.0	Staff Survey	<ul style="list-style-type: none"> Access external provider to support delivery staff survey for assurance of objectivity and confidentiality Engage teams across hospice 	<ul style="list-style-type: none"> Engagement with and completion of survey Results of survey will inform learning related to developments/staff morale 	KC/EXEC	Oct 2021	Effective Well-led		
10.1	KPI and reporting	<ul style="list-style-type: none"> Establish KPIs and monthly HR report process to keep Sub-Committee and Exec informed 	<ul style="list-style-type: none"> Monthly report and KPI system in place 	NS/KC	Ongoing	Well-led		
10.2	To bring payroll system SAGE/or other in house	<ul style="list-style-type: none"> Implementation of Sage/or other system Training for Payroll Assistant Effective utilisation of Time sheets/rota 	<ul style="list-style-type: none"> Payroll competently delivered in house 	NS/KC/JC	JULY 21	Effective		<ul style="list-style-type: none"> Budget for system
10.3	Review and Consolidation of HR policies	<ul style="list-style-type: none"> Establish what SRH requires in all key policy areas going forward - Review all HR policies holistically ensuring they fit to the vision and are well communicated and accessible to all 	<ul style="list-style-type: none"> Agreed consolidated policy 	NS/KC/EXEC +	Aug 21	S/C/E/W		
10.4	Review of Job Descriptions	<ul style="list-style-type: none"> Review Job Descriptions to ensure they meet current SRH needs and are systematic for similar roles 	<ul style="list-style-type: none"> JDs reflect roles required Standard Candidate Information Pack 	NS/KC/GL	July 21	E/WL		

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
		<ul style="list-style-type: none"> Standardised Template which reflects the Brand and values of the Hospice 	<ul style="list-style-type: none"> sent to all applicants 					
10.5	Starters and leavers	<ul style="list-style-type: none"> Design a unified approach to recruitment, induction, debriefing and leaving across SRH - Review existing practice and amend as required 	<ul style="list-style-type: none"> Standard process and JDs for staff recruitment. Comprehensive organisational induction. Lessons learn from leavers informs improvement in practice 	KC/NS/GL	Ongoing	Effective Caring		
10.6	Training and Development	<ul style="list-style-type: none"> Design a unified approach to training and development in conjunction with education department 	<ul style="list-style-type: none"> All staff have a training and development plan 	NS/KC/GL/ MF/LB	Ongoing	E/C/W		
10.7	Training and Development	<ul style="list-style-type: none"> Design and deliver specific training modules on Appraisal, Behaviours, Inclusion 	<ul style="list-style-type: none"> Numbers trained Post training feedback 	KC/LB/MF	Feb 22	Safe Effective Well Led		
10.8	Mental Health First Aiders	<ul style="list-style-type: none"> Identify staff members to undertake specific training to support mental health and well-being across the organisation 	<ul style="list-style-type: none"> Numbers of Staff members trained Communication across organisation of named personnel who are trained and accessible 	KC/LB/MF	Jan 22	Safe Caring Effective Well led		<ul style="list-style-type: none"> Currently 1 member of staff trained- aiming for 6 across organisation
10.9	Performance Management	<ul style="list-style-type: none"> Review SRH performance management and appraisal 	<ul style="list-style-type: none"> Numbers of managers trained Training feedback 	NS/KC	Nov 21	Safe Effective Well Led		

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
		process revise as required – train managers in delivery	<ul style="list-style-type: none"> % Completion of staff appraisal Performance management used appropriately/effectively 					
10.10	Training of HR team	<ul style="list-style-type: none"> Review training requirements for HR team members (i.e. payroll) HR manager to access advanced training to support role 	<ul style="list-style-type: none"> Courses undertaken and passed 	KC/NS/GL	Nov 22	Effective Well Led		
10.11	Payroll Process	<ul style="list-style-type: none"> Payroll to brought In-house Sage system in place Training for team Review requirement for time sheets/utilisation of rotas 	<ul style="list-style-type: none"> Successful transfer from Buzzacotts to In-House system 	NS /JC	Aug 22	Effective Well Led		
10.12	HR relationship with and use of Volunteers	<ul style="list-style-type: none"> Consider how HR interfaces with Volunteers – Review volunteer roles to support department Roles in HR that could be covered by volunteers considered and JD prepared 	<ul style="list-style-type: none"> JDs constructed Number of Volunteers in HR dept 	KC/GT	Jan 22	Effective Well Led		

2021-22 MANAGEMENT PLAN

11. Volunteers

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
11.0	Organisational coverage	<ul style="list-style-type: none"> Regular meeting of Volunteer Strategy Group Strategy to increase the numbers of volunteers across all departments in the hospice. Expand and promote diversification of all volunteer roles. Support each department to identify new volunteer roles and provide skills, expertise and support to induct, supervise and manage their volunteers on an ongoing basis. Reintegrate volunteers on completion of Covid 19 risk assessments. Review roles for those and develop a hospice wide Volunteer Strategy with 3 strands Support with additional part-time role for Hospice Vol Lead 	<ul style="list-style-type: none"> Support all departments to understand volunteer roles/impact in SRH. New Volunteer Roles identified, role descriptors compiled and posts filled Regular report of demographic data satisfactory volunteer feed. Full integration: staff and volunteers become one team and are managed by relevant department supervisors. 	GT&MK & LH	July 21	Effective Well-led Safe		<ul style="list-style-type: none"> Carry out Covid 19 RAs on all current volunteers and those who were stood down in March 2020. Reintegrate volunteers into previous roles; ensure all reintegrated volunteers are inducted on return. Discuss with volunteers needing to change role the options available and induct into new role if appropriate. All new members of staff spend time with Volunteer Services Team during their induction to their role. Volunteers discussed at Board Meetings. All 3 Volunteer Leads to become members of HR Sub Committee – report in rotation.
11.1	Training and development	<ul style="list-style-type: none"> Support and Training Programme to include a new Handbook and video 	<ul style="list-style-type: none"> Liaise with Exec and Education department 	GT,MK & LH	Jan 22 Ongoing	Effective Well-led Safe	A	

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
		<ul style="list-style-type: none"> Bespoke Training Support Groups 	<ul style="list-style-type: none"> Volunteers attend training that supports understanding of their role – access to Hospice wide training Patient facing volunteers attend Manual Handling Sessions Numbers Attending Certificates of attendance 					
11.2	Organisational Assurance	<ul style="list-style-type: none"> Volunteer Audit 	<ul style="list-style-type: none"> Analyse data from volunteer time sheets Apportion monetary value to hours contributed Produce report for the Board 	GT/MK/LH	Dec 2021	Effective Well-led		
11.3	Organisational Assurance	<ul style="list-style-type: none"> Work towards Volunteer IIV Re-Accreditation 	<ul style="list-style-type: none"> Volunteer IIV Accreditation awarded 	GT/MK/LH	June 2021	Effective Well Led Well-led		<ul style="list-style-type: none"> Self - Assessment and evidence submitted
11.4	Organisational Assurance	<ul style="list-style-type: none"> Revision of Policy documents and risk assessments general and COVID 19 	<ul style="list-style-type: none"> Monitoring within Governance report to Board 	GT	Feb 21 Ongoing	Effective Well-led		

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
11.5	Hospice Neighbour Service	<ul style="list-style-type: none"> Volunteer Training Volunteer Support Group Increase number of HN Volunteers to support increase in service delivery 	<ul style="list-style-type: none"> Attendance at courses Attendance at Group Meeting Increase in HN volunteers Response time to referrals 	MK/GT MK/GT MK	Ongoing Ongoing Ongoing Review Jan 22	Effective Well-led Safe Caring Responsive		<ul style="list-style-type: none"> Aim to increase number of Volunteer Neighbours trained to support patient referrals. Seeking further funding for extension of service to evenings and weekends. (Shirley Illsley). Due to new discharge criteria and recruitment of new volunteers number of referrals currently matching number of available volunteers.
11.6	Compassionate Communities	<ul style="list-style-type: none"> Aim to diversify the HN into a compassionate community's model Learn from other Hospice organisations that have developed this model Work in collaboration with the Wellbeing Centre to communicate and inform about CC Recruit volunteers to support the wider remit Potential to work collaboratively with other voluntary sector organisations such as Age 	<ul style="list-style-type: none"> Increase in numbers of Volunteers Monitor number of referrals for the service Assimilation of HN into new CC model Diversification of what volunteers do to support those people referred 	MK	Mar22			<ul style="list-style-type: none"> CC will be a service that will grow slowly and take time to embed. It is a longer term project which is hoped will have wide impact and support engagement with SRH. Over time HN and CC will become one overarching team.

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
		UK, Sutton/Merton Carer Centres. <ul style="list-style-type: none"> Support with additional part-time role for Hospice Vol Lead 						
11.7	Visibility	<ul style="list-style-type: none"> Develop community links External Publicity for volunteer recruitment Increase diversity of volunteers Structured Volunteer programme for 16+ years students. Offering opportunities to work in most departments. 	<ul style="list-style-type: none"> Community contacts Posters Displays Letters V Inspired website for 16+ years School & college contacts 	GT & MK GT	Ongoing			<ul style="list-style-type: none"> School/college contacts resulted in positive recruitment results. Attended 'Love our Colleges' Event Merton College with Sheila Payne to make inroads for our Wellbeing Centre. Admin volunteer to measure ethnic monitoring data every 6 months. Biannual figures showing further increase in the diversity of our volunteer cohort. To continue trend and engage further with younger volunteers by offering organisation wide placements and introduce apprenticeships (in conjunction with HR)
11.8	Income Generation - Retail	<ul style="list-style-type: none"> Develop a campaign to recruit volunteers to support the reopening of 	<ul style="list-style-type: none"> Numbers of volunteers applying 	SJW/DN/LH	April 21			<ul style="list-style-type: none"> Sutton Volunteer Bureau prepared to

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
		<p>hospice shops and other retail activities</p> <ul style="list-style-type: none"> • Work collaboratively with other voluntary sector organisations to highlight opportunities • Make the application process accessible on line • Diversify offer of volunteer roles • Undertake modified risk assessment to expedite recruitment • Provide condensed training for compliance and assurance • Offer incentives to support volunteer engagement • Monitor volunteer activity to support volunteer audit 	<ul style="list-style-type: none"> • Engagement with on-line process • Numbers of volunteers successfully deployed to shops/Sutton Sort and Store • Review pattern of volunteering – short term/long term • Identification of gaps in volunteer requirement 					<p>sign post Volunteers to Hospice</p> <ul style="list-style-type: none"> • Where a volunteer wishes to continue to volunteer an OH assessment will be undertaken. • Offer travel/petrol monies. Provision of lunch • Volunteer Tee shirt
11.9	Income Generation Retail	<ul style="list-style-type: none"> • Reintegration of associated volunteers post Covid 19 • Clarity on available roles and expectations of time contribution • Offer training to support safety and wellbeing 	<ul style="list-style-type: none"> • Risk assessment undertaken by all volunteers – standard across organisation • Volunteers engage with 4 hr time slots • Completion of expected training to enable volunteer role to be undertaken 	LH	June 21	Safe Effective Well Led Caring		<ul style="list-style-type: none"> • Retail volunteers will be expected to undertake a shift of 4 hours and execute all aspects of the retail role. • Alumni is a new initiative introduced this year to recognise the support given by retiring volunteers

2021-22 MANAGEMENT PLAN

	Area of Development	What will we do?	How will we know?	Lead(s)	Target Date	KLOE	RAG	Notes
		<ul style="list-style-type: none"> Offer membership of Hospice Alumni to volunteers who wish to step down/or there is no role suitable 	<ul style="list-style-type: none"> Monitor numbers of Alumni 					with the aim of maintaining longer engagement for donation/legacy
11.10	Income Generation Community Groups/Lottery	<ul style="list-style-type: none"> Recruit volunteers to support community fundraising groups and Lottery (supported by Lottery Lead) Resource to be added to supporter care and community – Income Generation Volunteer Lead to work co-operatively with team members to recruit/ induct and support volunteers 	<ul style="list-style-type: none"> Volunteers recruited, screened and trained Supporter groups active in their designated area Volunteers representing the hospice-working to advocate and support lottery 	LH	Oct 21	Effective Well Led Responsive		<ul style="list-style-type: none"> The programme to recruit and train volunteers for support groups and lottery will be a continuous process across two/three years to reach capacity Volunteer Lottery sales – authentically represented by people who understand and believe in the mission and vision of SRH

St Raphael's Lottery Plan 2021-2025



St Raphael's

Your Local Hospice

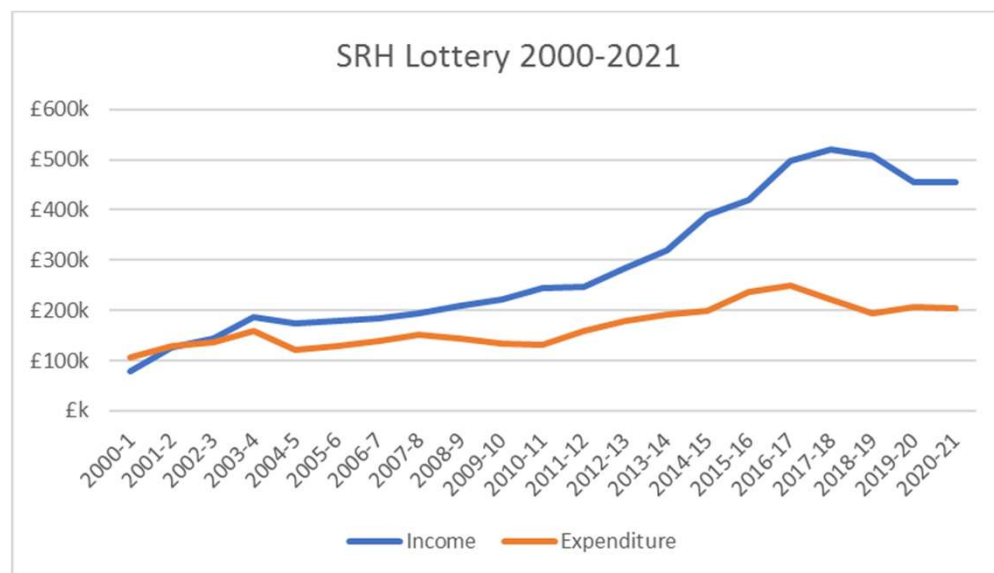


Lottery Background

- Lottery initiated in 2001 and grew to a height of c.7,000 players and 9,500 plays in April 2017
- Currently has 5,270 players and 7,630 plays
- A play costs £1 per week.
- A weekly prize of £1,000 plus other prizes and rollovers
- Bumper Draw twice per year (no extra prize)



Financial History



- Current “Profit Margin” is 55%
- Average over 20 years is 42%
- Key costs are:
 - 1 FTE staff = £35k
 - management company + bank = £50k
 - Prizes = £85k
 - Bumper Draw costs £25k



- Current Income = £450k
 - Lottery £400k; Bumper Draw £50k
- Current costs c£200k
- Contribution of £250k
- Investment in Agency recruitment
 - cost £90k in 2015-6 and £99k in 2016-7
 - £7k in 2018-9 and NIL since
 - Income grew £250k in four years
- Staff member charged to lottery from 2019 (previously included in Fundraising costs)

Lottery Leakage

- Players naturally fall away for various reasons
- Effort to replace them is needed

- In 2020, Glenda has done a great job in stabilising the numbers
- At NIL agency cost we have maintained the status quo
- Note that 3,280 new plays arose in 2016-17

	Cancelled Plays	New Plays	Net	Agency Cost
2016-17	1,981	3,280	1,299	£99,000
2017-18	810	654	(156)	£41,000
2018-19	1,514	225	(1,289)	£7,000
2019-20			(676)	£0
2020-21	857	862	5	£0



Lottery in the Pre-Existing Five Year Plan

	2021-22	2022-23	2023-24	2024-25	2025-26
Income	459,672	524,768	534,382	567,623	599,709
Costs	(282,288)	(281,908)	(276,505)	(272,516)	(276,944)
	177,385	242,859	257,877	295,107	322,766
Margin	39%	46%	48%	52%	54%

- Pre-existing 5 Year Plan assumed:
- Agency used and charges £50 per new recruit
 - = one year income
 - Clawback if they leave within first 3 months (6 months?)
- Agency cost of c£50k to £60k per annum included which equates to 1,000 to 1,200 new members per annum
- 25% assumed to leave after 12 months and 50% after 3 years – other 25% stick (a very pessimistic assumption)



Can we do Better?

- Agency canvassers:
 - Company is experienced in:
 - selling
 - arranging sites for activity (shopping centres, supermarkets etc)
 - Motivated (paid by results)
- But:
 - are not “embedded” in SRH purposes
 - Ultimately they are seeking to hit own targets not engage with community
 - Can be seen as “Chuggers”

- Consider running our own team
- Staff Team
 - Glenda - natural “seller” + site planner
 - New Volunteer Recruiter, motivator and also a seller
 - New Admin assistant to work with Donor Care team
- Grow a Team of Volunteers
- Do it ourselves => Excellence, Visibility and Engagement all increased



What would we do?

- Recruit a core team of “Lottery Volunteers”
- Add £5k prize to each of the Bumper Draws
- Purchase a Promotional Van as focal point, place to sit and sign
- Aim to agree 2 or 3 sites per week for a team of five to attend
 - Ideally gain 1 or 2 sites in each of our 39 wards
 - Regularly return to these sites (perhaps 2 x per year)
 - Stay for 3-4 hours at a visit
- Tablets for ease of sign-up
- Train team on SRH and not just on lottery
- Include a nurse on the team at prime sites as often as possible
 - Leaflets and literature about St Raphael’s services
 - Offer Information about volunteering opportunities
 - Have a donation station and ability to recruit regular donors



Lottery and Events Van



- Carries all equipment to site
- Provides Focal Point
- Can be used for Fundraising Events etc too
- Seating area inside
- TV screen for rolling information
- Clear marketing messages
- Disabled access
- £50k cost
- EVE



Financial Projection

- 3 venues per week (return after 4 months = 40 venues)
- 40 weeks per year
- Team of five
 - 2 core lottery volunteers (from a team of, say, 10)
 - 2 other volunteers (local supporter group)
 - 1 Staff
- 4 hours
- Assume 1 sign up per hour per person
- 20 new sign ups per visit
- 10% cease each year from new (net 4% from existing)



Plays	2021-2	2022-3	2023-4	2024-5	2025-6		
	From October						
new in 2021-2	1,200	1,080	972	875	787		
new in 2022-3		2,400	2,160	1,944	1,750		
new in 2023-4			2,400	2,160	1,944		
new in 2024-5			-	2,400	2,160		
new in 2025-6			-	-	2,400		
Income	£16,200	£56,160	£50,544	£45,490	£40,941		
		£64,800	£112,320	£101,088	£90,979		
			£64,800	£112,320	£101,088		
				£64,800	£112,320		
	£16,200	£120,960	£227,664	£323,698	£410,128		
Existing Income	£462,000	£443,520	£425,779	£408,748	£392,398		
Assume reduction of net 4% per year for existing	-£18,480	-£17,741	-£17,031	-£16,350	-£15,696		
	£459,720	£546,739	£636,412	£716,096	£786,830		
Original Plays	7,400	7,104	6,820	6,547	6,285		
New Plays	1,200	3,480	5,532	7,379	9,041		
Total Plays	8,600	10,584	12,352	13,926	15,326		
Number of Players	6,744	8,300	9,687	10,921	12,019		
Lottery	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Income	456,007	461,968	459,720	546,739	636,412	716,096	786,830
Agency Costs	(2,144)	327	0	0	0	0	0
All other costs	(204,840)	(200,627)	(269,249)	(300,559)	(315,232)	(328,901)	(341,685)
Contribution	249,023	261,668	190,471	246,180	321,180	387,194	445,145
	55%	57%	41%	45%	50%	54%	57%

Is it Realistic?

- Recent (non-scientific) poll of 300 local residents returned 33% willingness to play our lottery => up to 100,000 target adult players (currently under 6,000)
- Hospice UK Accounts Survey indicates average contribution is 56% and five lotteries had turnover >£2m
- Growth of 50+ per week by Agency was agreed and Agency felt they could do more than this. We should be able to match and beat the agency with additional resource of volunteers at our disposal.



St Raphael's Budget and Plan 2021-2022



St Raphael's

Your Local Hospice



Overall Themes

- **Embedding the excellence begun** (Excellence)
- **Widening the reach** (Visibility and Engagement)
- **Communications** (Visibility)
- **Volunteers** (Visibility and Engagement)
- **Data management** (Excellence)



Embedding the excellence begun

- **Completing the team**
 - Third consultant from June, vacancies assumed filled
- **Ward refresh**
 - August work on IPU and other areas
- **Review of how our services are delivered**
 - New eyes may yield new ways
- **Education and training**
 - Team can re-focus on training team and beyond
- **Gardens**
 - Patios, courtyard completed and potential fundraising project



Widening the reach

- **Wellbeing and Compassionate Neighbours**
 - New model for Wellbeing and Hospice Neighbours + men's den
- **Psychological support**
 - Continue to develop offering, invite further student placements
- **Education videos to support care homes**
 - Utilising "Boris grant" develop filmed resources and more
- **Lottery**
 - Major project, see separate presentation
- **Supporter groups and business groups**
 - Fundraising team to welcome back Lucia and recruit to 3 posts



Communications

- **Recruit Digital Role and Editorial Role**
 - 2 x part time roles to support our Comms growth
- **Open social media to a selected group of staff and volunteers**
 - Revise access options and equip
- **Regular advertorial in “My Merton” Magazine and others**
 - Additional budget for marketing, art competition for students and schools
- **Enhance Website dynamism and content**
 - Portfolio of photos, information and video clips
- **Improve internal and external comms material and processes**
 - Look into use of Yammer or other Intranet options



Volunteers

- **Develop Community Volunteers**
 - Mel to develop Compassionate Communities model
- **Grow Hospice Volunteers team across all areas**
 - New p/t role to support Ginny – office volunteers, young clinical volunteers etc
- **Recruit Retail, Lottery and Supporter Group volunteers**
 - Lorraine links with all Income Generation teams
 - Lottery volunteer recruitment
 - Shop managers volunteer recruitment
 - Fundraising Supporter Group volunteers
- **Install integrated database**



Data management

- Update use and presentation of clinical data
 - High quality data often little used for learning and planning
- Cleanse donor data, install new RE database and reports
 - Improve consistency, reporting (incl for finance), gift aid, links to web platforms and donor development capability – engage RE to install and train
- Install volunteer database which, ideally, links with donors
 - Consider RE volunteers module as part of new database
- Streamline timesheet system and bring payroll in-house
 - Reduce admin, avoid duplicated effort, potential cost savings
- Commence planning for future PAS (patient administration system)
 - Approaching end of life and so needs replacing in 2022-23



Budget in Ten Year Context

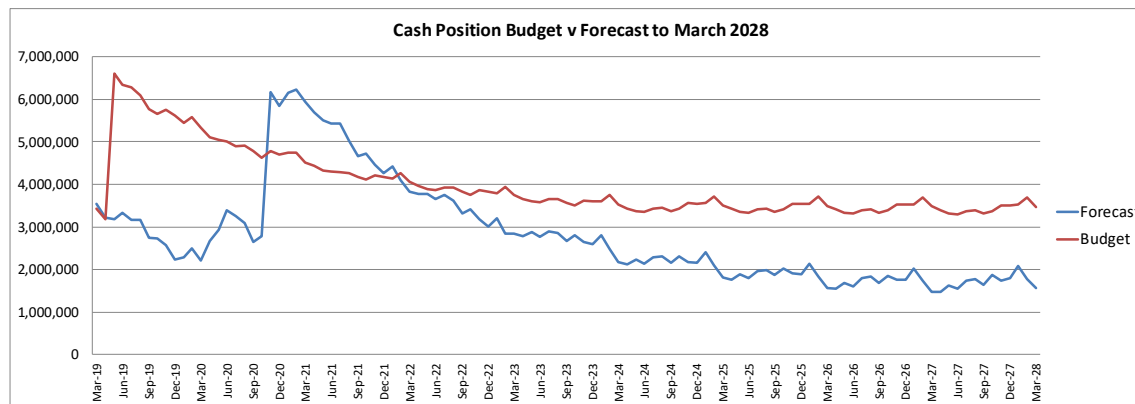
Management Accounts February 2021	Full Year									
	Actuals 2019-20	Forecast 2020-21	Budget 2020-21	Budget 2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Income from NHS	1,546,130	1,776,410	1,550,399	1,570,108	1,594,110	1,618,489	1,643,253	1,668,407	1,693,959	1,719,916
Other Income	175,599	1,323,631	252,202	208,303	189,131	192,418	193,052	194,552	196,141	197,774
Service Income	1,721,729	3,100,041	1,802,601	1,778,412	1,783,241	1,810,907	1,836,304	1,862,959	1,890,100	1,917,690
Direct Cost of Services	(3,434,614)	(3,565,054)	(4,055,082)	(3,853,836)	(3,878,603)	(3,957,444)	(4,034,184)	(4,112,459)	(4,192,299)	(4,273,736)
Hospice Depreciation	(210,006)	(160,464)	(267,539)	(163,823)	(212,145)	(234,977)	(206,789)	(138,067)	(107,126)	(100,978)
Support Costs	(622,189)	(650,821)	(618,369)	(671,288)	(679,846)	(658,907)	(671,511)	(684,370)	(697,490)	(710,878)
Service Costs	(4,266,809)	(4,376,338)	(4,940,990)	(4,688,947)	(4,770,595)	(4,851,328)	(4,912,484)	(4,934,895)	(4,996,916)	(5,085,592)
Net Service Cost to be funded	(2,545,080) 60%	(1,276,298) 29%	(3,138,389) 64%	(2,910,535) 62%	(2,987,354) 63%	(3,040,421) 63%	(3,076,180) 63%	(3,071,937) 62%	(3,106,816) 62%	(3,167,902) 62%
Fundraising Activity										
Legacy Income	1,750,510	702,433	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Donor Income	1,240,373	1,176,313	1,410,041	1,251,488	1,555,179	1,860,355	2,084,784	2,168,175	2,380,174	2,475,381
Fundraising Costs	(629,760)	(604,789)	(861,669)	(764,886)	(873,592)	(891,038)	(907,997)	(925,730)	(944,244)	(963,129)
	2,361,123	1,273,957	1,548,372	1,486,602	1,681,587	1,969,317	2,176,787	2,242,445	2,435,930	2,512,252
Lottery Income	456,007	461,968	523,766	459,720	546,739	636,412	716,096	786,830	849,549	969,892
Lottery Costs	(206,984)	(200,300)	(304,441)	(269,249)	(300,559)	(315,232)	(328,901)	(341,685)	(353,687)	(372,129)
	249,023	261,668 57%	219,325	190,471 41%	246,180 45%	321,180 50%	387,194 54%	445,145 57%	495,863 58%	597,763 62%
Shop Income	1,103,503	183,902	1,157,655	1,029,744	1,352,014	1,699,830	1,920,558	1,956,381	1,993,697	2,031,759
Shop Costs	(934,027)	(802,451)	(1,168,754)	(1,145,386)	(1,257,327)	(1,460,248)	(1,574,746)	(1,582,307)	(1,605,898)	(1,628,912)
	169,476 15%	(618,549)	(11,099) -1%	(115,642) -11%	94,687 7%	239,581 14%	345,812 18%	374,073 19%	387,798 19%	402,846 20%
Support Costs	(311,094)	(325,411)	(309,185)	(335,644)	(339,923)	(329,454)	(335,755)	(342,185)	(348,745)	(355,439)
Fundraising Contribution	2,468,527	591,666	1,447,413	1,225,787	1,682,531	2,200,625	2,574,038	2,719,479	2,970,846	3,157,423
Shortfall before DOC Funding	(76,553)	(684,632)	(1,690,976)	(1,684,749)	(1,304,823)	(839,796)	(502,142)	(352,458)	(135,970)	(10,479)
DOC Funding	0	350,000	1,400,000	1,000,000	600,000 240,000	500,000	400,000	300,000	200,000	100,000
Net (Shortfall)/Surplus	(76,553)	(334,632)	(290,976)	(684,749)	(464,823)	(339,796)	(102,142)	(52,458)	64,030	89,521



Cash Movements and Balance Sheet

Management Accounts February 2021										
Net Movement in Funds	Actuals 2019-20	Forecast 2020-21	Budget 2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Surplus/(Loss) from Operations	(76,553)	(334,632)	(261,671)	(684,749)	(464,823)	(339,796)	(102,142)	(52,458)	64,030	89,521
Depreciation	233,035	(844,300)	327,615	240,654	296,009	328,498	286,983	196,522	159,715	146,533
Decrease/(Increase) in Debt	(981,075)	749,151	145,133	(38,424)	1,163	1,153	1,143	36,132	1,121	81,110
(Decrease)/Increase in Creditors	(59,763)	3,314,565	2,219,154	(1,011,990)	(592,027)	(492,064)	(392,048)	(292,076)	(192,104)	(92,133)
Net cash (expended)/generated by operations	(884,356)	2,884,785	2,430,231	(1,494,509)	(759,677)	(502,209)	(206,065)	(111,880)	32,761	225,032
Purchase of Fixed Assets	(445,856)	849,222	(500,405)	(610,841)	(237,199)	(160,000)	(150,000)	(150,000)	(120,000)	(120,000)
Increase / (Decrease) in Cash	(1,330,212)	3,734,007	1,929,826	(2,105,350)	(996,876)	(662,209)	(356,065)	(261,880)	(87,239)	105,032

Management Accounts February 2021										
Balance Sheet	Actuals 2019-20	Forecast 2020-21	Budget 2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Fixed Assets	4,276,470	562,382	4,384,861	932,569	873,758	705,260	568,278	521,755	482,041	455,508
Debtors	1,552,953	803,801	600,894	842,225	841,062	839,908	838,766	802,633	801,512	720,402
Cash at Bank	2,214,936	5,939,093	4,118,704	3,833,744	2,836,867	2,174,658	1,818,593	1,556,713	1,469,475	1,574,506
Creditors	(336,256)	(3,650,822)	(2,563,776)	(2,638,831)	(2,046,804)	(1,554,740)	(1,162,692)	(870,615)	(678,511)	(586,378)
Net Assets	7,708,102	3,654,455	6,540,683	2,969,706	2,504,883	2,165,087	2,062,944	2,010,487	2,074,517	2,164,038



NB – the contingency that may become available is not assumed in this cash graph, other than



Capital Expenditure

Buildings and Grounds

April	Pathway from main road, guttering + patio planting	16,000	
May	Office Space creation	5,000	
May	Upgrade to St Bede's Kitchen	5,000	
May	Reception Furniture and finishing	10,000	
May	St Bedes flooring and finishing	10,000	
June	Extractor Fan System	65,000	
June	Men's Den	40,000	
August	Refurbish Ward Rooms/Corridor	127,646	
August	Courtyard Windows and Planting	9,800	
August	Create IPU reception/office	10,000	
August	Replace Fire Doors and 759 work	30,000	328,446

IT Hardware

May	15 x HP PC's	9,525	
October	30 x Thin Clients	10,000	
May	Comms IT equipment	5,000	
July	Fundraising Phone System + Lottery equipment	12,000	
August-December	Network Switches	32,000	
September	Network Security	8,500	
November	Various - photocopier, WAPs and APC UPS	12,370	89,395

IT Software

July	Payroll System	20,000	
September	Raisers Edge System	100,000	120,000

Income Generation

May	Lottery and Events Van		50,000
-----	------------------------	--	--------

Retail

July	Existing Shop Refit 8		23,000
------	-----------------------	--	--------

610,841



HR05 Equality, Diversity and Inclusion Policy

1.0 Aim

- 1.1 The policy sets out the framework by which St Raphael's Hospice (the Hospice) will deliver its services and provide employment opportunities ensuring compliance with equalities legislation. Clear lines of responsibility are established and the mechanisms for raising complaints are set out in [OP05 Complaints Policy](#); raising concerns are set out in [HR03 Raising Concerns – Freedom to Speak Up](#) and raising grievance(s) are set out in [HR06 Grievance Procedure](#).
- 1.2 This policy also sets out the Hospice's approach to assessing the impact on equality of its policies, services and organisational changes.
- 1.3 The Hospice will use this policy and other relevant policies to ensure fair and reasonable treatment of its patients, staff, volunteers and members of the public.
- 1.4 The Hospice values the diversity of its staff as an asset for the organisation to build upon and wishes to encourage all staff to reach their full potential. It encourages a healthy balance between home and work life through flexible working patterns and special leave arrangements where these are appropriate.
- 1.5 Appropriate training will be provided within available resources to enable all staff to perform their jobs effectively and to support their development. Opportunities for learning and development will be organised to take account of different working patterns as well as service requirements and promoted in a way to ensure equity of access.
- 1.6 The Hospice recognises the importance of equality, diversity and inclusion. We operate in an increasingly diverse community, and we understand that the people who provide and use our services have diverse characteristics and difference experiences, needs and aspirations.
- 1.7 This policy should be read in conjunction with other Hospice policies that include:
 - 1.7.1 [HR03 Raising Concerns – Freedom to Speak Up](#)
 - 1.7.2 [HR06 Grievance](#)
 - 1.7.3 [HR07 Harassment, Bullying and Abuse](#)
 - 1.7.4 [HR13 Recruitment & Selection of Staff](#)
 - 1.7.5 [HR14 Sickness/Absence](#)
 - 1.7.6 [HR16 Time Off](#)
 - 1.7.7 [HR18 Flexible Working](#)
 - 1.7.8 [HR21 Maternity Leave and Pay](#)
 - 1.7.9 [HR22 Paternity Leave](#)
 - 1.7.10 [HR23 Adoption Leave and Pay](#)
 - 1.7.11 [HR24 Shared Parental Leave](#)
 - 1.7.12 [OP39 Volunteer Policy](#)
 - 1.7.13 [OP05 Complaints](#)

2.0 Introduction

- 2.1 St Raphael's Hospice believes in providing equity in its services, in treating people fairly with respect and dignity and in valuing diversity and inclusion both as a health services provider and as an employer.
- 2.2 Our equality diversity and inclusion aims are to:
- 2.2.1 Provide the best possible specialist palliative care services that are accessible and are delivered in a way that respects the differing needs of the individual.
 - 2.2.2 Employ staff who are motivated because they feel valued for the contributions they make and the diversity they bring; who are well trained and who reflect the diversity of the population the Hospice serves.
 - 2.2.3 Embed our equality, diversity and inclusion values into our policies and procedures and our everyday practice.
 - 2.2.4 Regularly monitor equality objectives, on patient and workforce information.
 - 2.2.5 Ensure that all services procured for the Hospice and all staff working on its behalf understand and support the Hospice's commitment to promoting equality, diversity and inclusion in everything that we do.
 - 2.2.6 Ensure every member of staff and volunteer are able to work in an environment that promotes dignity and respect for all. St Raphael's Hospice will not tolerate any form of direct or indirect discrimination.
- 2.3 Notwithstanding its Catholic heritage, the Hospice is fully committed to eliminating all forms of discrimination in any aspect of its operation on the grounds of age, disability, gender reassignment, marriage / civil partnership, pregnancy / maternity, race, religion or belief, sex and sexual orientation in the provision of our services and in recruitment and employment to ensure an environment that is characterised by dignity and respect which is free from harassment, bullying and victimisation.
- 2.4 This policy is based on the Equality Act 2010.

3.0 Scope

- 3.1 This Policy applies to all staff including volunteers, patients, visitors and other users of the Hospice's services. Hereafter, all references to staff, unless specifically differentiated, are to both paid and unpaid (i.e. volunteer) staff.

4.0 Discrimination definitions within the Equality Act 2010

Direct discrimination

- 4.1 Direct discrimination occurs when someone is treated less favourably than another person because of their age, disability, gender reassignment, marriage / civil

partnership, pregnancy/maternity, race, religion or belief, sex and sexual orientation (known as protected characteristics).

Discrimination by association

- 4.2 This is direct discrimination against someone because they associate with another person who possesses one of the following protected characteristics: age, race, religion or belief, sexual orientation, disability, gender reassignment and sex.

Discrimination by Perception

- 4.3 This is direct discrimination against an individual because others think they possess one of the following protected characteristics: age, race, religion or belief, sexual orientation, disability, gender reassignment and sex. It applies even if the person does not actually possess that characteristic.

Indirect discrimination

- 4.4 Indirect discrimination can occur when you have a condition, rule, policy or even a practice that applies to everyone but particularly disadvantages people who share one of the following protected characteristics: age, race, religion or belief, sex, sexual orientation, marriage and civil partnership, disability and gender reassignment.

Harassment

- 4.5 Harassment is “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”. Harassment applies to the following protected characteristics; age, disability, gender reassignment, race, religion or belief, sex and sexual orientation. Employees are now able to complain of behaviour that they find offensive even if it is not directed at them. Employees are also protected from harassment because of perception and association.

Third party harassment

- 4.6 The Equality Act makes us potentially liable for harassment of our employees by people (third parties) who are not employees of the Hospice, such as patients or members of the public. We will be liable when harassment has occurred on at least two previous occasions, we are aware that it has taken place, and we have not taken reasonable steps to prevent it from happening again. This applies to sex, age, disability, gender reassignment, race, religion or belief and sexual orientation.

Victimisation

- 4.7 Victimisation occurs when an employee is treated badly (suffers a detriment) because they have made or supported a complaint or raised a grievance under the Equality Act 2010 or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

5.0 Organisational Responsibility

- 5.1 The Hospice Executive Team will oversee the implementation of all aspects of the national and local equality frameworks for its services and employment. It will provide strategic leadership to drive the equality, diversity and inclusion agenda in the Hospice for patient care and services and for the workforce.
- 5.2 Periodic feedback will be presented to the HR Sub-Committee.

6.0 Individual Responsibilities

- 6.1 ***The Joint Chief Executive Officers*** have overall responsibility for ensuring that the Hospice complies with equality, diversity and inclusion legislation.
- 6.2 The ***Head of HR*** has overall responsibility for this Policy and related procedures and their implementation which includes:
 - 6.2.1 ensuring that the Board of Trustees are appropriately trained and updated in matters of equality, diversity and inclusion.
 - 6.2.2 ensuring that all managers have access to the Policy and procedures and that they are aware of their responsibility to their staff. See section below.
 - 6.2.3 ensuring that staff views on equality, diversity and inclusion in the Hospice are captured in the Staff Survey and reported to the Executive Team.
 - 6.2.4 directing the implementation of this Policy and procedures and other related policies including HR07 Harassment, Bullying and Abuse to include providing monitoring information as required.
- 6.3 ***Heads of Department, all managers and supervisors and Human Resources staff*** are directly responsible for the effective implementation and monitoring of this policy and procedures at operational level. They should familiarise themselves with the policy and procedures and ensure that their staff are aware of how they can access them. They are responsible for ensuring all staff attend mandatory training on equality, diversity and inclusion and refresh this training every three years. Managers are responsible for undertaking equality impact assessments on services, organisational change and on appropriate policies.
- 6.4 ***All staff*** are responsible for ensuring that they act within the spirit of the policy and procedures and participate in equality, diversity and inclusion training every three years.
- 6.5 Failure to comply with the Equality, Diversity and Inclusion Policy and procedures will lead to disciplinary action which applies equally across all staff groups.
- 6.6 Where the Hospice uses external providers of services they will be required to ensure that the equality, diversity and inclusion standards identified in this policy are met.

7.0 Learning and Development

- 7.1 Appropriate mandatory training will be provided to ensure that staff and managers understand their responsibilities under the Hospice's Equality, Diversity and Inclusion Policy. Equality, diversity and inclusion issues will be integrated as appropriate into other Hospice learning and development programmes.

8.0 Monitoring

- 8.1 Analysing data both from a service and a workforce perspective is essential for helping us to make decisions about our organisation. Monitoring information and data will be available to the Senior Management Team and will include information about our workforce, patients, members and national and local population data. This information will be published on the Hospice's equality, diversity and inclusion section on its web site to comply with the Equality Act 2010 requirements.
- 8.2 All information recorded will be kept confidentially and protected from misuse.

9.0 Complaints

Staff:

- 9.1 If there are any issues that cannot be addressed through the HR07 Harassment, Bullying and Abuse Policy then they should be raised under the Hospice's Grievance Procedure. Mediation services are available to help resolve issues where appropriate, to be accessed through Human Resources.

Service users to include patients and visitors:

- 9.2 All **formal** complaints are to be made using the Hospice's Complaints procedure, which is available at [N:\Policy Manual\OP\OP05 Complaints Policy](#).

Appendix 1 to
HR05 Equality, Diversity and Inclusion Policy

DEFINITIONS OF DISCRIMINATION

Discrimination can be direct, indirect, intentional or unintentional. Individuals, groups or whole institutions/organisations can be discriminatory. Perception is as important as intention. It is essential to take seriously the views of people who feel they face discrimination.

INDIVIDUAL DISCRIMINATION

Is personal attitudes of superiority, for example that disabled people are not as capable as non disabled people, white people believe they are superior to black people, men believe they are better than women. It can also be where someone prejudices another person because of the group with which they are identified or with which they identify themselves.

GROUP DISCRIMINATION

Is where prejudicial attitudes and behaviours are shared and reinforced so that there is a culture within the group that encourages discrimination.

INSTITUTIONAL DISCRIMINATION

Institutional discrimination is the collective failure of an organisation to provide an appropriate service to people because of their differences including race, gender, caring responsibilities, disability, gender re-assignment, age, social class, sexual orientation and religion or belief. It can be seen through processes, attitudes, behaviour and power imbalances that discriminate through unwitting prejudice, ignorance, thoughtlessness and stereotyping, which disadvantage these people.

WHAT IS RACISM?

Racism is a general term to describe the conduct, practice and attitude that places people at a disadvantage or advantage because of their skin colour, culture or ethnic origin.

Institutional racism is the failure of an organisation to provide a service to people because of their skin colour, culture or ethnic origin. It can be seen in processes, attitudes, behaviour and power imbalances that discriminate through unwitting prejudice, ignorance and thoughtlessness – it leads to the disadvantage of black and minority ethnic people.

WHAT IS SEX DISCRIMINATION?

Sexism comes from the belief that one gender is superior to the other. Sexism can be seen in an organisation's power holders, structures, systems and practices.

- We know that negative attitudes can lead to sexual harassment and discrimination in access to jobs, training and services. We will strive to combat this through providing equal access to jobs, development and services.
- We will take lawful action to ensure any discriminatory barriers are overcome and we will monitor the results of our actions.

WHAT IS DISABILITY DISCRIMINATION?

Physical barriers in the environment and attitudes in society lead to disability discrimination. Disabled people are disadvantaged by these factors rather than their impairment.

- We will make reasonable adjustments to jobs and working conditions to support disabled people at work.

WHAT IS HOMOPHOBIA?

Homophobia is a collection of negative attitudes and prejudices that lead to discrimination against individuals on the grounds of their sexuality.

- We recognise that discrimination can take place both in service delivery and employment because of a person's sexual orientation.
- We acknowledge the discrimination that lesbians, gay men and bisexuals face and we will create a climate of respect in the workplace where all staff feel safe to "come out" if they wish to.

WHAT IS RELIGIOUS DISCRIMINATION?

Making jokes about someone's faith, belittling beliefs or unreasonably promoting your own faith can be offensive. To hold a religious or other belief is a basic human right and should be treated with respect and tolerance.

- We will endeavour to promote a culture where people can practice their religion or belief in safety and without fear of harassment and discrimination.

WHAT IS DISCRIMINATION BASED ON GENDER REASSIGNMENT?

This is any action that places a transsexual person at a disadvantage by the Hospice.

Gender re-assignment is where someone experiences such a deep conflict between their physical sex and their mental gender that they have no choice but to elect to re assign their gender. This is called Transsexualism.

ITEM 06

Joint CEO's Report

Overview

1. The Hospice reopened to referrals on February 12th following the Covid 19 outbreak at the end of January.
2. Following a successful interview, the 3rd Consultant has been appointed with a proposed commencement date of June 2021. This brings the Consultant team to establishment 2.4 FTE.
3. Treasury funding disbursed by HUK received for November and December (£368k). Receipt of further funding for January and February awaited. No further funding is expected after March.
4. Continued improvements to the main hospice continue with the refurbishment of patios now complete and painting of main Reception underway.
5. Retail Volunteer recruitment campaign commenced to support shop opening in April.
6. Budget and Management Plan for 2021/2022 prepared.

Governance and Finance

7. The management accounts to end February 2021 show a shortfall of £515k before the DoC grant and £235k after it. This compares with a budget shortfall of £1.5m before and shortfall of £200k after the grant.
8. £100k of Govt grants have been assumed into these figures but this is, as yet, uncertain. We have been informed that the January payment will be made on March 18th.
9. Included in the figures is a £200k non-recurring grant from SWL CCG to support costs for months 5, 6 and 7 of the financial year that were not included in the Treasury funding. CCG intimated that they would be open to supporting the Hospice further in 2021-22 if the Govt did not do so. We have not assumed this will materialise in the budget figures.
10. The £80k outstanding from the grant for July 2021 via Hospice UK has yet to be paid. It seems increasingly unlikely that this will be paid in the light of other grants received. It has been written off from our figures.
11. Cash at bank stood at £6.2m at the end of February 2021.

12. The draft budget for 2021/22 has been prepared and presented to the Finance Committee. There is a shortfall of £1.7m before allocation of £1m from the DoC grant (see presentation).
13. Managers from each team presented their aims and objectives to the CEOs for the coming year which are reflected in the construct of the Management Plan and the budget.
14. Accounts for the seven months period to October 31st 2020 have been prepared. These have been subjected to audit and are being finalised. The balance sheet will form part of the Transfer Agreement.
15. The offer to buy back of one week's annual leave pro rata, to reduce the impact on service delivery in the coming year has not resulted in the take up that was envisaged. Most staff have chosen to carry forward any residual their annual leave in to the current year.
16. An error in the calculation of staff pay for weekend overtime (related to the IPU) has been found. This arose from a change to the spreadsheet timesheets used to calculate pay and resulted in some IPU staff not receiving the correct payment. A deep dive has been undertaken to quantify the consequence and £15k back payments have been made to staff.
17. Alex Rudkin continues to work on the Data Security and Protection Toolkit 2021/22 to ensure organisational compliance. It is due for submission in March 2021.
18. The Covid Risk Assessment for staff and volunteers has been reviewed to reflect the impact of having the first and second vaccination. This will support the return of volunteers across all teams in the hospice.

Staffing and Recruitment

19. Furlough continues for the majority of retail staff and those identified as per government guidance as vulnerable. We are waiting guidance as to when staff and volunteers over 70 can return to work.
20. Recruitment of qualified nursing staff continues to present a challenge. Adverts have been placed on NHS jobs, RCN Bulletin and our website. Currently there are three staff nurse vacancies. We are appreciative of the flexibility of our clinical team in undertaking extra shifts to support the service across days and nights.
21. Recruitment is live for the first of the HCA roles to support the Wellbeing Centre. The person recently appointed has resigned to take up another role. The role is advertised both internally and externally with a good response.

22. There has been an excellent response for the Digital Assistant role which has recently been advertised. This role will support all aspects of social media engagement and add depth to the communication and marketing team.
23. An appeal against a medical dismissal relating to severe allergy was not upheld and the decision stood. A token of appreciation for long service was sent to the staff member.

Covid - Related Matters

24. The Covid Outbreak which began on January 28th and ended on February 12th was dealt with professionally and effectively by the clinical team. External support was provided by the SWL CCG and the Local Authority Infection Control Lead Nurses. All external bodies commented favourably on how effectively the Hospice team managed the outbreak. Thanks to the Consultant Team, Clinical Director and the Practice Educators for their active support.
25. The Hospice maintains weekly PCR testing and twice weekly LFD testing and continues to maintain all infection control procedures for assurance of safety. There have been no positive tests in the last three weeks of testing.
26. Staff Wellbeing: Some members of the team who tested positive to Covid have been very unwell and have been impacted by the after effects of the virus. We continue to share with the team available resources to support both physical and emotional wellbeing.

Income Generation

27. All shops remain closed with the majority of staff furloughed. Preparations are underway to support the reopening of the shops on April 12th.
28. The donor and lottery results continue to encourage, with donations amounting to £1.13m, just £50k below last year and lottery is marginally ahead of last year. Conversely, legacy and shop income is £1.2m below the same point last year.
29. The Sutton sort and store (Carpet Right) is being prepared to open to support the sorting of goods for distribution to shops. Some of the retail team have been brought back from furlough to support this activity.
30. The Cheam shop has been refurbished in the grey colour palette and will be ready for opening in April.
31. The Income Generation team continue to engage proactively with supporters to raise income.

External Engagement

32. Thank you to everyone who voted for Pete Morris, in the 'Our Health Hero's' Award. The virtual ceremony is scheduled to take place on March 23rd when the level of award (Gold/Silver/Bronze) will be announced.

33. Covid has continued to impact on person to person external engagement.

Operations

34. The refurbishment work continues across the hospice with completion of the patient's patios and painting of the main reception area.

35. The IT team continue to support upgrades and equipment replacement across the hospice.

36. The use of Microsoft Teams for virtual meetings is being encouraged across the hospice. As the operating system for the hospice there are sufficient licences to support all staff.

Reflections from the past year

37. We are approaching the anniversary of our first year in post and what a year it has been. We thought it would be good to capture the things that have happened this year both as an aide de memoire and to demonstrate that despite the challenges faced in this unusual year, there has been momentum across the hospice. It also helps to capture the great work, commitment and achievements of the hospice team.

38. The first lockdown of the Covid 19 pandemic was announced on March 23rd with all the associated anxieties and restrictions. We are delighted to report on the amazing response from our team that has seen us successfully support people both on the IPU and in the community throughout the pandemic. The resolve and determination of the Income Generation Team who have sorted and prepared stock to sell in the shops which have been opened and closed on two occasions. The innovative and imaginative approaches taken by the team to stage remote events and continue to raise funds. The way in which all the support staff have continued to operate to enable hospice functionality, including HRs support in managing the Furlough scheme. The commitment of all our staff to ensure hospice services remained active has been truly amazing and we are very grateful for their resilience and support.

39. Staff and Volunteer Risk Assessments were undertaken for assurance that the hospice was aware of potential health risks and was able to put in place mitigations or conversely clarify why roles could not continue.

40. The Hospice refresh commenced with the painting of the admin corridor and offices, the replacement of the carpets and now with the main reception area. New furniture ordered to create an inviting contemporary space.

- 41.** Bifold doors were installed in the main reception to provide improved access to the courtyard garden via a newly installed ramp, bring nature into the building and create a welcoming vista as you enter the building. The courtyard area will soon have new planting and garden furniture installed.
- 42.** Supported by The Congregation of the Daughters of the Cross of Liege (DoC) the Hospice became an Independent charity on October 31st. The transfer happened smoothly but as we were in the middle of the pandemic we were not able to mark the occasion. We are delighted that two members of the order remain as Trustees on our Board.
- 43.** The new Consultant Team and Clinical Director have been recruited, haling a new chapter for the development of the hospice.
- 44.** Clinical developments include the introduction of the Physician Associate (PA) and Nurse Associate roles. SRH being the first hospice to support the PA role.
- 45.** The Income Generation Team reconfigured with an overall reduced team working effectively and efficiently.
- 46.** IT solutions have been supported across the hospice enabling teams to engage proactively with virtual assessments and participate in meetings both local and national. They have also completed the IT refresh and upgrade. We are fast becoming an IT native organisation.
- 47.** Two new sheds have been erected one to support the gardening team and the other to provide safe housing and cleaning space OT equipment. Particularly important during the pandemic.
- 48.** A Senior Leadership Team has been convened to support engagement and communication across all teams in the hospice. Through their presentations to the CEOs this team have been instrumental in constructing the Management Plan for 2021/2022.
- 49.** Recruitment of qualified nursing staff to support the IPU has continued to be challenging. Despite staff shortages, the nursing team have flexed across days and nights to ensure shifts have been covered and patient safety maintained.
- 50.** The outbreak of Covid 19 in the hospice from January 28th to 12th February was managed in an exemplary way by nursing and medical teams, supported by the SWL and the Local Authority Infection Control teams.
- 51.** The new model of care for the Wellbeing Centre is at an advanced level of planning and will increase the reach of the hospice to support to people in the last twelve months of their life who do not need referral to specialist palliative care. The Co-ordinator of the Wellbeing Centre has maintained contact and interaction with patients/carers virtually all through the pandemic with a climax of the virtual Christmas party. This resulted in an article in ehospice.

- 52.** The staff and Board monthly email communications updating about happenings in the past month have been well received.
- 53.** The flagship Wimbledon shop was opened in September and was very successful, until like all retail it had to close in December. Other shops in the retail portfolio have been rebranded and successfully updated and the Skyline Business team have supported the retail team across the year by advising on shop layouts, pricing, rotations and setting up Ebay.
- 54.** We were fortunate to get space in Wimbledon to facilitate storage and sorting of stock. This will migrate to the much larger Sutton Sort and Store (Carpet Right) in March 2021.
- 55.** The Psychological Support Team have increased the number of people they have supported across the year. This is thanks to the six student volunteer counsellors supervised by Steve Molyneux, the new team leader.
- 56.** The Education team grew to two and have been exemplary in supporting infection control across the hospice during the pandemic as well as developing educational videos to support care home and community staff including: 1. How to take a nasal swab 2. Verification of expected death 3. How to set up a syringe pump. They also undertook to facilitate staff reflections following the first shutdown, to give voice to how staff were feeling. The themes from this piece of work have been shared with all staff. They are ready to re-focus in the post pandemic time and to unbox their new training model.
- 57.** The majority of volunteers were stood down from the beginning of the first wave of Covid 19 in March 2020. They have been missed in their roles around the hospice. The main reception has continued to be supported by six to eight volunteers who have worked on the reception desk at weekends throughout the pandemic.
- 58.** The process to obtain the accreditation of Investing in Volunteers (IiV) has been progressed across the year. The final assessment is being undertaken on Friday 19th March and then being presented to the April panel. A huge piece of work led by the Volunteer Services Team.
- 59.** Despite lockdown and not being able to engage with people face to face the lottery has maintained its number of players.
- 60.** The Housekeeping Team have demonstrated flexibility, supporting shops prior to their closure, as well as maintaining the required high levels of hygiene in the hospice, achieved with a reduced staffing.
- 61.** Engagement with the data extraction from the Crosscare system and population of the NHS Capacity Tracker has been supported on a daily basis by Alex Rudin. This has been a vital component of the hospice receiving funding from the Treasury via Hospice UK.

- 62.** We received some extra funding from SWL CCG and are welcoming of their approach to support hospice sustainability going forward.
- 63.** The One Team approach which is a central tenant of the hospice strategy EVE, was very evident in the first wave of the pandemic. Staff from across the hospice willingly undertook any role which needed to be done. Working across teams supported a feeling of being 'one team' and fostered good relationships with staff who would not ordinarily work closely together. In the second, wave, despite being willing to support in any way they could, staff were directed to be separate, partly due to working from home, the need to socially distance to protect each other and reduce the footfall in the main hospice building.
- 64.** Staff wellbeing and support has been something we have been very conscious of across the year. Staff have regularly been provided with the links to various sources of support.

We are very grateful and appreciative of the work and support of all the staff across this past year. We are aware that there will be challenges facing the hospice as we go forward and look forward to working with our teams to ensure our future success.

We would like to extend our thanks to the Board for their support and encouragement across the year both in the Sub Committees and the Board Meetings.

Gail and Nick - Joint CEOs

Governance Report to St Raphael's Hospice Board of Trustees

March 2021 Board meeting

1. Executive Summary

- Trustees are requested to approve the Board Terms of Reference (see **Section 2** and **Appendix 1**) and Committee Terms of Reference (see **section 3** and **Appendices 3-5**).
- Trustees are asked to approve the appointment of Bernard Marley to the Fundraising & Communications Committee (see **Section 4**).
- Trustees are requested to approve a change of registered address to coincide with the new financial year (see **Section 5**).
- Committees have reviewed the Corporate Risk Register this meetings cycle, and will work to develop 'departmental' risk registers at the next Board cycle (see **Section 6** and **Appendix 6**).

2. Board Terms of Reference

A Terms of Reference for the St Raphael's Hospice Board has been developed, to reflect the Hospice's independent status, and align with the Scheme of Delegation and Articles of Association. The document also sets out the 'matters reserved to the Board' which are decisions that can only be taken by Trustees – see **Appendix 1**.

Trustees are requested to approve the Board Terms of Reference, subject to any suggested additions at the 24th March Board meeting.

3. Committee Terms of Reference

The Terms of Reference for the Committees of the St Raphael's Hospice Board have been reviewed by the Clerk to ensure that they reflect the Hospice's status as an independent charity, and also the delegations from the Board as outlined in the Scheme of Delegation. Each Committee reviewed its Terms of Reference in advance of the March Board meeting, and changes that were suggested have been made in **Appendices 2-5**.

Trustees are requested to approve the Committee Terms of Reference, subject to any suggested additions at the 24th March Board meeting.

4. Committee Recruitment

Recruitment to Committees is ongoing and support has been provided through Dr Joy Tweed and Joe Ryan to reach new audiences through which to promote the role. A prospective Committee member, Bernard Marley, has been identified to join the Fundraising & Communications Committee. Bernard was recommended by Rod O'Connor (Committee Chair) and was interviewed by Alan Cogbill, Marian Norman and Anna Machin in February 2021. An extract from Bernard's application is shown here:

Summary of motivation for applying for Committee member role:	I have always been interested in volunteering to assist local organisations in their smooth running. St Raphael's has a particular interest because: <ul style="list-style-type: none">• It has assisted some family members in the past• I have assisted in providing donations from Epsom Male Voice Choir in recent years• My wife already volunteers at the Hospice in reception one morning a week.
---	--

Summary of relevant experience in relation to Committee member role:	On Epsom Male Voice Choir Committee from 2015 till present. Chair from 2018 till present. About to step down from these duties.
Details of any prior Board level experience (not required for role):	On the Governing Body of the Holy Cross Secondary School New Malden (Governor from 2002 till 2016, and Chair from 2008 till 2014)
Any further comments:	In my prior Employment before retirement I was a Marine Health and Safety Manager, which might help a little in Risk assessments and other such tasks.

Trustees are requested to appoint Bernard Marley to the Fundraising & Communications Committee with effect from 1st June 2021. This will provide the opportunity for Bernard to attend the 12th May meeting as an observer, to meet the Hospice team and Committee members.

5. Change of registered address

The Hospice's registered address is currently at Provincialate, Tite Street, London, England, SW3 4JX. It is proposed that the registered address is updated to St Raphael's Hospice London Road, Cheam, Sutton, SM3 9DX, to reflect the independent status of the Hospice. This change will be made to align with the new financial year, and will be updated on Companies House, Charity Commission, Hospice website and communications documents e.g. letterheads and website.

Trustees are asked to approve the change of registered address for St Raphael's Hospice.

6. Corporate Risk Register

The Corporate Risk Register (see **Appendix 6**) has been reviewed by the Committees during the February/ March meeting cycle:

- The Clinical Quality & Governance Committee noted the Risk Register, and the link between this document and the in-depth Clinical Risk Register which is subject to regular review.
- The HR & Remuneration Committee were in agreement that the headline risks on the Corporate Risk Register reflected key risks in this area, and that a 'departmental' risk register would be developed as an action arising from the meeting.
- The Finance & Resources Committee also agreed with the headline risks, and suggested that a 'key' could be added to communicate how the approach to scoring pre- and post-mitigation risks had been undertaken. A 'departmental' risk register would be developed.
- The Fundraising & Communications Committee agreed with the top-line risks on the Corporate Risk Register, and would also develop a focused risk register which would look at areas of focus including the database upgrade, retention of team members and volunteer recruitment.

The updated Corporate Risk Register and 'departmental' risk registers will be brought for review by Trustees at the next meeting cycle.



Terms of Reference for Board of Trustees

St Raphael's Hospice

1. The Board of St Raphael's Hospice is responsible for the strategic direction of the charity, and Board members hold collective legal liability for oversight of the organisation.
2. The remit of the Board is focused on the Hospice as a UK-registered charity (registered charity in England and Wales number 1182636, and company number 11732567). The charity's Scheme of Delegation outlines the key decision-making structure within the charity.

Membership

4. In accordance with the St Raphael's Hospice Articles of Association, the number of Directors shall not be less than five and no more than 12. All Trustees must be Members, and a majority of the Trustees must be Catholics.
5. A Trustee must be over 16 years in age, and must not be disqualified under the provisions of clause 7 of the Articles of Association and disqualification criteria set by the Charities Commission of England and Wales. In line with the Hospice's policy to treat patients of aged 18 or above, Trustees will generally be at least 18 years old.
6. Appointments are made by the Trustees, for a period of three years. Following this first term, a Trustee may be appointed up to two further terms.
7. Trustees will receive no remuneration in relation to their role, and will adhere to the charity's expectations and procedures with regards to conflicts of interest and connected persons.
8. The Trustees will appoint a Chair, and Vice-Chair, of the Board. The Board may be supported in their activities by appointed Board Advisors, who shall leverage their expertise and knowledge in order to support the Trustees to further the Hospice's objectives.

Role

9. Subject to the articles, the Trustees are responsible for the management of the charity's affairs, for which purpose they may exercise all the powers of the Trust. Trustees must adhere to the legal duties of charity Trustees and company Directors.
10. The main responsibilities of Trustees are as follows:
 - Ensuring clarity of vision, ethos and strategic direction;
 - Holding executive leaders to account for the outcomes of the charity;
 - Overseeing the financial performance of the organisation and making sure its funds are well spent.

11. These responsibilities are discharged through the 'matters reserved to the Board' – the following list outlines decisions that can only be taken by Trustees:
- Responsibility for long-term organisational strategy, objectives, ethos and values, with focus on Excellence, Visibility and Engagement (EVE);
 - Receive reports on progress made against key performance indicators (KPIs);
 - Receive assurance on high standards of clinical governance, based on detailed review by Clinical Quality & Governance Committee;
 - Appoint the Nominated Individual (NI), who will be a Trustee;
 - Appoint the Registered Manager (RM), who will be a member of the Senior Management Team (SMT);
 - Approval of annual Management Plan and related budgetary targets;
 - Approve new programmes/ amendments to existing programmes for delivery of programmes to further Hospice's objects;
 - Oversight of strategic communications strategy, and approval of any sensitive public statements;
 - Approval of annual report and accounts;
 - Oversight of long-term financial planning, maintenance, internal controls and compliance with statutory regulations, and risk mitigation activities across all areas of the Hospice's delivery with a particular focus on Clinical Risk;
 - Approve any investments made by Hospice, with appropriate financial advisors in place;
 - Appointment or removal of external auditors;
 - Approval of Hospice Policy Framework, and significant changes in organisational or accounting policies or practices;
 - Approve changes to Articles of Association (as Members);
 - Approval of key governance arrangements, such as registered address or insurance provider;
 - Approval of internal Scheme of Delegation and Financial Delegated Authorities;
 - Approve financial spend or contracts within agreed thresholds;
 - Approval of changes to Board and Committee structure, terms of reference and composition including establishment of Board Committees, appointing the Chairs of these Committees, and co-opting additional Committee members;
 - Appoint Hospice leadership, agree annual objectives and approve remuneration (based on recommendation from Remuneration Committee);
 - Act as final point of escalation for any complex Complaints, HR or Speaking Up matters, in line with internal policies.

Delegation to Committees

12. The Board will be delegated to four Committees, who will undertake detailed oversight on behalf of the Trustees. Committees shall consist of at least two Trustees, and at least one member of each Committee must be a Trustee (including the Chair). The remit of the Committees shall be as follows:
- **Clinical Quality & Governance Committee** – The Committee takes responsibility for providing assurance to the Hospice Board that the organisation

has a robust framework for clinical governance that supports the delivery of safe and effective care and the management of clinical systems and processes.

- **Finance & Resources Committee** – The Committee takes responsibility for overseeing financial management, facilities management, health & safety, information technology, corporate governance and data protection activities in support of the Hospice's financial sustainability.
- **Fundraising & Communications Committee** – The Committee takes responsibility for overseeing the planning, coordination and implementation of all communications and fundraising activities in support of the programmes, projects and activities of the Hospice.
- **HR & Remuneration Committee** - The Committee takes responsibility for overseeing, monitoring and evaluating strategic HR, training, development and remuneration actions and policies that will enhance and embed the Hospice's reputation as an employer, and enable it to recruit, develop, engage and retain the best staff, volunteers, and Trustees.

Access

13. Individual Trustees or managers may raise concerns with the Board Chair at any time.
14. Individual Trustees or managers may raise concerns with the external auditors at any time.

Meetings

15. In accordance with the St Raphael's Hospice Articles of Association, the Board will meet at least five times a year. The Board Chair may call additional meetings if necessary.
16. A quorum at a meeting of the Trustees is three Trustees or such other number as the Trustees may decide, provided that a majority of those present are Catholics.
17. Meetings may be held in person, or by suitable electronic means such as video conference. From time to time, a written resolution may be approved in between meetings. A written resolution must be signed by at least two thirds of the Trustees, of whom a majority must be Catholics. In such cases, the full text of the resolution will be brought to the subsequent Board meeting for ratification.
18. Meetings of the Board will normally be attended by the Joint CEOs and Director of Income Generation.
19. The Board may ask any attendees who are not members to withdraw to facilitate open discussion of particular matters.
20. Any votes will be undertaken in accordance with the provisions in the St Raphael's Hospice Articles of Association.

Reporting

21. Minutes will be taken of each meeting of the Board, by the Clerk to the Board or another individual agreed with the Board, and circulated to Trustees.
22. Minutes will be stored for at least 10 years.

Renewal

23. The Terms of Reference will be updated every three years. *Date of last approval: March 2021. Date of next renewal: March 2024.*



Terms of Reference for HR & Remuneration Committee

St Raphael's Hospice

Scope of Committee remit

1. The Board of St Raphael's Hospice is responsible for the strategic direction of the charity, and Board members hold collective legal liability for oversight of the charity. The Board are supported in their oversight of the charity's HR, Recruitment and Remuneration activities by the HR & Remuneration Committee.
2. The Committee takes responsibility for overseeing, monitoring and evaluating strategic HR, training, development and remuneration actions and policies that will enhance and embed the Hospice's reputation as an employer, and enable it to recruit, develop, engage and retain the best staff, volunteers, and Trustees. It does not replace formal channels and procedures for dealing with individual HR issues, or have responsibility for, or input into, operational HR matters at the Hospice. Committee members will contribute expertise, human resource capacity, and their professional perspectives to the development and successful operation of the St Raphael's Hospice HR and remuneration activities.
3. The charity's Scheme of Delegation outlines the key decision-making structure within the charity, including delegation from the Board to the Committee.
4. The Committee reports directly to the Board of St Raphael's Hospice.

Committee membership and composition

5. In line with the Articles of Association, the number of Committee members shall not be less than two, of whom at least one must be a Trustee of St Raphael's Hospice. It will be general practice for Committees to consist of at least three individuals, of whom two will be Trustees.
6. Additional suitable Committee members may be co-opted who, in the opinion of the Board and Committee, will bring additional relevant skills and expertise. Co-opted Committee members do not hold the same legal duties as the charity's Trustees, but are expected to uphold high standards of governance and adhere to the policies and procedures applicable to Board members.
7. Committee members must be over 16 years in age and will generally be over 18 years in age, and must not be disqualified under the provisions of clause 5.6 of the Articles of Association and disqualification criteria set by the Charities Commission of England and Wales.
8. Appointments to the HR & Remuneration Committee are made by the Trustees, for a period of three years. Following this first term, a Committee member may be appointed for up to two further terms of three years. This arrangement mirrors the term lengths for the St Raphael's Hospice Board of Trustees.
9. Committee members will receive no remuneration in relation to their role, and will adhere to the charity's expectations and procedures with regards to conflicts of interest and connected persons.

10. The Trustees will appoint a Chair of the HR & Remuneration Committee, who shall be a Trustee.

Role and responsibilities of the Committee

11. Subject to the provisions in the charity's Articles of Association, the members of the HR & Remuneration Committee take delegated responsibility on behalf of the Board of Trustees for the following high-level areas:

- Advises on, and monitors, the Hospice's HR strategy, policy development, change management and pay, performance and reward systems, reporting to the Board as appropriate.
- To receive reports on progress against key HR objectives in the Hospice's annual Management Plan.
- Consider Hospice Business Planning and people changes including establishment changes.
- Take responsibility for monitoring and approving the Hospice's approach to Remuneration including Directors' salary and benefits, Senior Leadership Team salary framework and the annual pay award.
- Considers succession planning activities within the Hospice.
- Advises on, and monitors the Hospice's Training and Development strategy and policy and practices (both internally and externally).
- Advises on, and monitors the Hospice's Volunteer Strategy, policies, recruitment and retention.
- Collectively maintains an oversight on relevant external HR issues and relevant developments including legislative changes, good people management and general governance practices, employment and management trends, and any relevant standards or benchmarking.
- Is responsible for ensuring that Board's HR processes and practices are relevant, up to date, and conform to any relevant standards or practice.
- Receives reports on the outcomes of Staff Surveys.
- Serves as a vehicle for consultation on, and communication to the Board of, strategic HR issues between Senior Management Team, the HR team and the Board.
- Lead the Hospice's activities relating to equality and diversity.
- Appoint a Speaking Up lead from amongst their number to act as a point of escalation for any whistleblowing concerns.
- Is a resource for HR processes and projects if required, e.g. sitting on an appeals panel, as delegated by the Board Chair.
- Assisting the Board identify the Hospice's major risks in relation to HR and remuneration, and developing appropriate approaches to risk management. This will include periodic reviews of the Hospice's corporate risk register and insurance cover.

Access

12. Individual Committee members or managers may raise concerns with the Committee Chair at any time.

Committee Meetings

13. The Committee will meet at least four times a year. The Committee Chair may call additional meetings if necessary.

14. In line with the St Raphael's Hospice Articles of Association, the quorum for Committee meetings will be two Committee members, of whom one must be a Trustee.

15. Meetings may be held in person, or by suitable electronic means such as video conference.
16. Meetings of the Committee will normally be attended by the Joint CEOs, Head of HR and the Volunteer Services Manager will attend to present the Volunteer Services update. Other members of the HR or Volunteering team may be invited to attend or present.
17. Committee members may ask any attendees who are not members to withdraw to facilitate open discussion of particular matters.
18. Whilst the Committee is not a forum for the resolution or discussion of individual cases, there may be occasions when issues of a confidential or personal nature may be discussed. Unless this is clearly with the consent of the individual concerned, any discussion will ensure that no individual is able to be identified, and that as a general principle confidentiality is respected and maintained at all times.
19. Any votes will be undertaken in accordance with the provisions in the St Raphael's Hospice Articles of Association.

Reporting

20. Minutes will be taken of each meeting of the Committee, by the Secretary to the Committee or another individual agreed with the Committee, and circulated to Committee members.
21. Minutes of Committee meetings will be made available to the Board.
22. Minutes will be stored for at least 10 years.

Renewal

23. The Terms of Reference will be updated every three years.

Date of last approval: March 2021. Date of next renewal: March 2024.

Appendix 3: Finance & Resources Committee Terms of Reference



Terms of Reference for Finance & Resources Committee

St Raphael's Hospice

Scope of Committee remit

1. The Board of St Raphael's Hospice is responsible for the strategic direction of the charity, and Board members hold collective legal liability for oversight of the charity. The Board are supported in their strategic oversight of the charity's management of finance and resources by the Finance & Resources Committee.
2. The Committee takes responsibility for overseeing financial management, facilities management, health & safety, information technology, corporate governance and data protection activities in support of the Hospice's financial sustainability. Committee members will contribute expertise, human resource capacity, and their professional perspectives to the development and successful operation of the St Raphael's Hospice financial and operational activities.
3. The charity's Scheme of Delegation outlines the key decision-making structure within the charity, including delegation from the Board to the Committee.
4. The Committee reports directly to the Board of St Raphael's Hospice.

Committee membership and composition

5. In line with the Articles of Association, the number of Committee members shall not be less than two, of whom at least one must be a Trustee of St Raphael's Hospice. It will be general practice for Committees to consist of at least three individuals, of whom two will be Trustees.
6. Additional suitable Committee members may be co-opted who, in the opinion of the Board and Committee, will bring additional relevant skills and expertise. Co-opted Committee members do not hold the same legal duties as the charity's Trustees, but are expected to uphold high standards of governance and adhere to the policies and procedures applicable to Board members.
7. Committee members must be over 16 years in age and will generally be over 18 years in age, and must not be disqualified under the provisions of clause 5.6 of the Articles of Association and disqualification criteria set by the Charities Commission of England and Wales.
8. Appointments to the Finance & Resources Committee are made by the Trustees, for a period of three years. Following this first term, a Committee member may be appointed for up to two further terms of three years. This arrangement mirrors the term lengths for the St Raphael's Hospice Board of Trustees.
9. Committee members will receive no remuneration in relation to their role, and will adhere to the charity's expectations and procedures with regards to conflicts of interest and connected persons.
10. The Trustees will appoint a Chair of the Finance & Resources Committee, who shall be a Trustee.

Role and responsibilities of the Committee

11. Subject to the provisions in the charity's Articles of Association, the members of the Finance & Resources Committee take delegated responsibility on behalf of the Board of Trustees for the following high-level areas:

Financial

- To review the long-term strategic financial plans of the Hospice and undertaking detailed review of the annual financial plan and budget, to make recommendations thereon to the Board of Trustees.
- To receive reports on progress against key financial objectives in the Hospice's annual Management Plan.
- Regularly review performance against plan and budget.
- Take responsibility on behalf of the Board for overseeing all financial aspects of charity operations, so as to ensure short and long-term viability.
- Approve, within limits agreed by the Board through the Financial Delegated Authorities, expenditure of a significant nature on new initiatives.
- Approve any significant changes in accounting policies or practices.
- Establish, maintain and retain appropriate financial reporting and records.
- Ensure trading activities are in line with charitable status.
- Identify priorities for additional expenditure or for savings.
- Review the plans and requirements for Capital Expenditure and consider the fixed asset register from time to time.
- Review longer-term forecasts of income and expenditure and approve the form of presentation of financial information.

Investment

- In the event that the Hospice intends to invest funds - to agree and review the charity's statement of investment principles.
- To agree and review the charity's investment policy, including the charity's stance on ethical investments.
- To agree and review the charity's attitude to financial risk and the charity's asset allocation strategy.
- If the charity has chosen to invest reserves - to review the performance of the charity's investments.
- If the charity has chosen to invest reserves - to review the performance of the charity's investment managers and to meet them formally at least once a year.

Pensions

- To monitor and review the charity's pension schemes.
- To recommend to the Board of Trustees appropriate actions following any scheme valuations.
- To review the performance of the charity's pension fund managers and to meet them formally at least once a year.
- To consider if there are any notifiable events under the Pensions Act 2004.

Audit framework

- To recommend to the Board of Trustees a framework of effective audit coverage, having reviewed the external audit processes.
- To advise the Board of Trustees on the minimum and optimum level of external audit arrangements, and any internal audit or scrutiny reviews commissioned to provide assurance on internal controls.
- To monitor external audit reviews and to advise the Board of Trustees accordingly.

External audit

- To determine the frequency of tendering for external auditing services.
- To consider tenders for the external auditing services and recommend to the Board of Trustees which firm should carry out the annual external audit of the charity's statutory accounts.
- Attending (by representative or as a body) the audit planning meetings and audit clearance meetings with the audit Partner and having the option to hold such meetings (or part of them) without the presence of executive staff.
- To scrutinise and advise the Board on the contents of the draft audit report and of any management letter that the auditors may wish to present to the Board, and to formulate for Board use any written representations that may be needed by the auditors in connection with the charity's statutory accounts or any other financial statements.
- To discuss with the external auditors any problems or reservations arising from the draft external audit report and draft management letter, reporting relevant issues back to the Board, and advising the Board accordingly.
- To review the performance of the charity's auditors and advise the Board on any changes that ought to be made to their terms of engagement.
- To obtain any necessary external professional advice to enable the Finance & Resources Committee to carry out its responsibilities more effectively.

Resources

- To receive reports on the Health & Safety and Premises management activities delivered by the Hospice team.
- To receive reports on strategic Information Technology and Information Security projects.
- To receive assurance on the compliance of data protection activities.
- Reviewing and/or ratifying the Hospice's corporate policies for the areas covered by the Committee.

Risk, assurance and corporate governance

- Assisting the Board identify the Hospice's major risks in relation to finance and resources, and developing appropriate approaches to risk management. This will include periodic reviews of the Hospice's corporate risk register and insurance cover.
- To investigate on behalf of the Board any financial or administrative matter which may put the charity at risk.
- To examine reports on special investigations and to advise the Board of Trustees accordingly.
- To consider the appropriateness of executive action following internal audit reviews and to advise senior management on any additional or alternative steps to be taken.
- To ensure there is coordination and good working relationships between external audit and any other review bodies that have been set up.
- To encourage a culture within the charity whereby each individual feels that he or she had a part to play in guarding the probity of the charity, and is able to take any concerns or worries to an appropriate member of the management team or in exceptional circumstances directly to the Chair of the Finance & Resources Committee.
- To support the Board in ensuring that high standards of corporate governance are upheld at the Hospice, using the Charity Governance Code as a framework for this activity.

12. The Board may delegate additional powers to the Committee and these are to be documented. For example, the Board may delegate to the Committee powers to authorise changes in personnel named in the Hospice's bank mandates.
13. The exercise of delegated powers is to be recorded in the minutes of the meetings and, thereby, reported to the Board.

Access

14. Individual Committee members or managers may raise concerns with the Committee Chair at any time.

Committee Meetings

15. The Committee will meet at least four times a year, and will generally meet six times each year. The Committee Chair may call additional meetings if necessary.
16. In line with the St Raphael's Hospice Articles of Association, the quorum for Committee meetings will be two Committee members, of whom one must be a Trustee.
17. Meetings may be held in person, or by suitable electronic means such as video conference.
18. Meetings of the Committee will normally be attended by the Joint CEOs and Head of Finance. Other members of the Finance and Resources teams may be invited to attend or present.
19. Committee members may ask any attendees who are not members to withdraw to facilitate open discussion of particular matters.
20. Any votes will be undertaken in accordance with the provisions in the St Raphael's Hospice Articles of Association.

Reporting

21. Minutes will be taken of each meeting of the Committee, by the Secretary to the Committee or another individual agreed with the Committee, and circulated to Committee members
22. Minutes of Committee meetings will be made available to the Board.
23. Minutes will be stored for at least 10 years.

Renewal

24. The Terms of Reference will be updated every three years.

Date of last approval: March 2021. Date of next renewal: March 2024.



Terms of Reference for Communications & Fundraising Committee St Raphael's Hospice

Scope of Committee remit

1. The Board of St Raphael's Hospice is responsible for the strategic direction of the charity, and Board members hold collective legal liability for oversight of the charity. The Board are supported in their oversight of the charity's promotional and income generation activities by the Communications & Fundraising Committee.
2. The Committee takes responsibility for overseeing the planning, coordination and implementation of all communications and fundraising activities in support of the programmes, projects and activities of the Hospice. Committee members will contribute expertise, human resource capacity, and their professional perspectives to the development and successful operation of the St Raphael's Hospice fundraising programme.
3. The charity's Scheme of Delegation outlines the key decision-making structure within the charity, including delegation from the Board to the Committee.
4. The Committee reports directly to the Board of St Raphael's Hospice.

Committee membership and composition

5. In line with the Articles of Association, the number of Committee members shall not be less than two, of whom at least one must be a Trustee of St Raphael's Hospice. It will be general practice for Committees to consist of at least three individuals, of whom two will be Trustees.
6. Additional suitable Committee members may be co-opted who, in the opinion of the Board and Committee, will bring additional relevant skills and expertise. Co-opted Committee members do not hold the same legal duties as the charity's Trustees, but are expected to uphold high standards of governance and adhere to the policies and procedures applicable to Board members.
7. Committee members must be over 16 years in age and will generally be over 18 years in age, and must not be disqualified under the provisions of clause 5.6 of the Articles of Association and disqualification criteria set by the Charities Commission of England and Wales.
8. Appointments to the Communications & Fundraising Committee are made by the Trustees, for a period of three years. Following this first term, a Committee member may be appointed for up to two further terms of three years. This arrangement mirrors the term lengths for the St Raphael's Hospice Board of Trustees.
9. Committee members will receive no remuneration in relation to their role, and will adhere to the charity's expectations and procedures with regards to conflicts of interest and connected persons.
10. The Trustees will appoint a Chair of the Communications & Fundraising Committee, who shall be a Trustee.

Role and responsibilities of the Committee

11. Subject to the provisions in the charity's Articles of Association, the members of the Communications & Fundraising Committee take delegated responsibility on behalf of the Board of Trustees for the following high-level areas:

- Provide feedback on the development of the Fundraising Strategy and Communications Strategy, including contributing to an annual evaluation programme to establish all objectives are met.
- Implement, monitor and evaluate the Fundraising Strategy and Communications Strategy once they are adopted.
- To receive reports on progress against key communications and fundraising objectives in the Hospice's annual Management Plan.
- Receive updates on Income Figures and progress towards targets.
- Receive information on community, events, corporate and trust fundraising; lottery; and supporter care.
- Lead on review of Retail performance, including consideration of opening in new locations and closure in existing locations in event that profitability does not meet expectations.
- Ensure best practice is applied in all Fundraising activities in line with the Charity Commission, National Audit Office (NAO), GDPR, HRMC and other regulatory bodies.
- Receive update on Hospice's list of existing and potential sponsors and funders.
- Oversee the development of 'Signature' proposals to submit to potential sponsors and funders.
- Acknowledge support and financial help provided by sponsors/ funders.
- Approve public sector contracts.
- Approve sensitive public statements.
- Assisting the Board identify the Hospice's major risks in relation to communications and fundraising, and developing appropriate approaches to risk management. This will include periodic reviews of the Hospice's corporate risk register and insurance cover.
- Receive updates on Communications and Fundraising team development and wellbeing.

12. The Board may delegate additional powers to the Committee and these are to be documented. For example, the Board may delegate to the Committee powers to authorise changes in personnel named in the Hospice's bank mandates.

13. The exercise of delegated powers is to be recorded in the minutes of the meetings and, thereby, reported to the Board.

Access

14. Individual Committee members or managers may raise concerns with the Committee Chair at any time.

Committee Meetings

15. The Committee will meet at least four times a year. The Committee Chair may call additional meetings if necessary.

16. In line with the St Raphael's Hospice Articles of Association, the quorum for Committee meetings will be two Committee members, of whom one must be a Trustee.

17. Meetings may be held in person, or by suitable electronic means such as video conference.

18. Meetings of the Committee will normally be attended by the Joint CEOs, Director of Income Generation and Head of Donor Development. Other members of the Communications and Fundraising team may be invited to attend or present.
19. Committee members may ask any attendees who are not members to withdraw to facilitate open discussion of particular matters.
20. Any votes will be undertaken in accordance with the provisions in the St Raphael's Hospice Articles of Association.

Reporting

21. Minutes will be taken of each meeting of the Committee, by the Secretary to the Committee or another individual agreed with the Committee, and circulated to Committee members
22. Minutes of Committee meetings will be made available to the Board.
23. Minutes will be stored for at least 10 years.

Renewal

24. The Terms of Reference will be updated every three years.

Date of last approval: March 2021. Date of next renewal: March 2024.



Terms of Reference for Clinical Quality & Governance Committee

St Raphael's Hospice

Scope of Committee remit

1. The Board of St Raphael's Hospice is responsible for the strategic direction of the charity, and Board members hold collective legal liability for oversight of the charity. The Board are supported in their oversight of the clinical quality, governance and risk activities by the Clinical Quality & Governance Committee.
2. The Committee takes responsibility for providing assurance to the Hospice Board that the organisation has a robust framework for clinical governance that supports the delivery of safe and effective care and the management of clinical systems and processes. To achieve this, the Committee will ensure that quality is integral to the work of the Hospice and the systems and services that support that work, and that there is a robust programme that supports the monitoring of clinical performance across all clinical services. Committee members will contribute expertise, human resource capacity, and their professional perspectives to the development and successful operation of the St Raphael's Hospice clinical governance activities.
3. The charity's Scheme of Delegation outlines the key decision-making structure within the charity, including delegation from the Board to the Committee.
4. The Committee reports directly to the Board of St Raphael's Hospice.

Committee membership and composition

5. In line with the Articles of Association, the number of Committee members shall not be less than two, of whom at least one must be a Trustee of St Raphael's Hospice. It will be general practice for Committees to consist of at least three individuals, of whom two will be Trustees.
6. Additional suitable Committee members may be co-opted who, in the opinion of the Board and Committee, will bring additional relevant skills and expertise. Co-opted Committee members do not hold the same legal duties as the charity's Trustees, but are expected to uphold high standards of governance and adhere to the policies and procedures applicable to Board members.
7. At least one Committee member should have a Clinical background.
8. Committee members must be over 16 years in age and will generally be over 18 years in age, and must not be disqualified under the provisions of clause 5.6 of the Articles of Association and disqualification criteria set by the Charities Commission of England and Wales.
9. Appointments to the Clinical Quality & Governance Committee are made by the Trustees, for a period of three years. Following this first term, a Committee member may be appointed for up to two further terms of three years. This arrangement mirrors the term lengths for the St Raphael's Hospice Board of Trustees.
10. Committee members will receive no remuneration in relation to their role, and will adhere to the charity's expectations and procedures with regards to conflicts of interest and connected persons.

11. The Trustees will appoint a Chair of the Clinical Quality & Governance Committee, who shall be a Trustee. The Chairing of this Committee may rotate between each meeting, to leverage the respective expertise of Committee members.

Role and responsibilities of the Committee

12. Subject to the provisions in the charity's Articles of Association, the members of the Clinical Quality & Governance Committee take delegated responsibility on behalf of the Board of Trustees for the following high-level areas:
 - Receive assurance on the delivery of a work programme on an annual basis in accordance with Hospice's strategic objectives.
 - Receive assurance on the quality and safety of any service development or re-design.
 - To receive reports on progress against key clinical quality and governance objectives in the Hospice's annual Management Plan.
 - Receive assurance that the key critical clinical systems and processes are robust, safe and effective. These systems will include, but are not limited to clinical leadership, staffing, competency, activity, learning/ education, incident management, complaints, audit, and effective. They will also encompass the Patient and Service User Experience, compliance with the CQC Fundamental standards of quality and safety, Electronic Patient Record (EPR), Research and Development and Medicines Management.
 - Receive assurance that safe and effective person-centred care is being delivered and will do this by:
 - Receive reports on clinical quality across the Hospice.
 - Ensuring mechanisms are identified to enable all clinical teams to review performance in line with national benchmarking and evidence based practice and review/agree subsequent action plans.
 - Receive assurance that that new clinical systems are implemented within a framework of robust clinical governance, improve patient care and experience.
 - Receive and review minutes from the Hospice's internal Clinical Committees.
 - Review the Provider Information Return.
 - Conduct in-depth review of the Clinical Risk Register.
 - Receive progress reports on the Clinical Action Plan.
 - Review Clinical Key Performance Indicators (KPIs), data and information on Clinical Complaints.
 - To review and approve/ recommend to the Board other related clinical reports or publications as agreed.
 - To consider how the Hospice contributes and is part of the wider health and care system.
 - Have delegated authority to review progress and take decisions within a framework approved by the Board and linked to the annual business cycle.
 - Assisting the Board identify the Hospice's major risks in relation to clinical quality and governance, and developing appropriate approaches to risk management. This will include periodic reviews of the Hospice's corporate risk register and insurance cover.

Access

13. Individual Committee members or managers may raise concerns with the Committee Chair at any time.

Committee Meetings

14. The Committee will meet at least four times a year. The Committee Chair may call additional meetings if necessary.
15. In line with the St Raphael's Hospice Articles of Association, the quorum for Committee meetings will be two Committee members, of whom one must be a Trustee.
16. Meetings may be held in person, or by suitable electronic means such as video conference.
17. Meetings of the Committee will normally be attended by the Joint CEOs, Clinical Director and Head of Quality and Improvement. Consultants working at the Hospice may also be invited to attend or present.
18. Committee members may ask any attendees who are not members to withdraw to facilitate open discussion of particular matters.
19. Any votes will be undertaken in accordance with the provisions in the St Raphael's Hospice Articles of Association.

Reporting

20. Minutes will be taken of each meeting of the Committee, by the Secretary to the Committee or another individual agreed with the Committee, and circulated to Committee members.
21. Minutes of Committee meetings will be made available to the Board.
22. Minutes will be stored for at least 10 years.

Renewal

23. The Terms of Reference will be updated every three years.

Date of last approval: March 2021. Date of next renewal: March 2024.

19/02/2021

**St Raphael's Hospice
General Risk Register**

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurrence	Current Impact	Current Probability	Raw Score	Additional Controls	Residual Impact	Residual Probability	Residual Score	Monitoring Process	Who is responsible for action	Date of last review	Date of next review	Clinical	Facilities & Management	Finance	
1.	Coronavirus spreads within the Hospice	<ul style="list-style-type: none"> Patients, staff or volunteers suffer CV-19 Reputational Damage 	<ul style="list-style-type: none"> All staff and volunteers Risk Assessed Strong protocols in place for infection control PPE in use - masks worn in all areas Footfall minimised in all areas and social distancing observed Government Guidance is observed weekly resting and vaccines in progress for all staff 	5	2	15	<ul style="list-style-type: none"> Elements of SRH activity reduced in order to focus resource on IPU and other critical work Staff facilitated to work from home where possible 	4	2	12	<ul style="list-style-type: none"> Daily temperature checks Staff anti-body count tested Weekly patient and staff testing Access to one-step rapid test for COVID 	Exec	Feb-21	Mar-21	Y		Y	
2.	Coronavirus negatively impacts Funding Streams	<ul style="list-style-type: none"> Financial Losses continue and cash drains 	<ul style="list-style-type: none"> Govt Grants supporting first four months Strong cash position maintained National level co-ordination to improve Hospice Funding model 	4	3	16	<ul style="list-style-type: none"> Losses in current FY are likely to be similar to budget and some EVE activity can continue Govt and CCG considering further support 	3	3	12	<ul style="list-style-type: none"> Cash monitored monthly to actual and reforecast 	Exec	Feb-21	Mar-21			Y	Y
3.	Inability to Grow Longer Term Funding Streams	<ul style="list-style-type: none"> Financial Losses continue and cash drains Reputational Damage 	<ul style="list-style-type: none"> Medium term plan includes provision for additional fundraising staff and resources Staff restructure completed to maximise team effectiveness Sufficient funds in place to ensure 3-5 years viability 	4	3	16	<ul style="list-style-type: none"> Mitigation funding has been agreed in principle to ensure time to react to unexpected changes to circumstance 	3	3	12	<ul style="list-style-type: none"> Budgets monitored monthly to actual and reforecast KPIs to be introduced for non financial measures Cash forecast to 24 months + 	Exec	Feb-21	Mar-21			Y	Y
4.	Staff resilience negatively impacted during long pandemic	<ul style="list-style-type: none"> Inability to continue delivering service to the desired standards Consequential impact on EVE 	<ul style="list-style-type: none"> Peer support implemented for Managers - aim to equip to support staff effectively HR pro-active and available to hear and to escalate issues HR mental health helpline Regular and open communication from senior team Weekly testing for staff to lower anxiety and lower risk of absences Vaccines rolled out for most staff 	4	2	12	<ul style="list-style-type: none"> SRH standing by staff for one month beyond Govt recommendations Provide some other welfare benefits, to acknowledge difficulties - ie small treats. Supportive communication across teams. Access to vaccinations. Increase in use of LFDs 	3	2	9	<ul style="list-style-type: none"> Manager feedback 	Exec	Feb-21	Mar-21				
7.	Aging staff profile against a backdrop of increasing NHS pay (AFC) and shortage of specialist practitioners	<ul style="list-style-type: none"> Hospice cannot keep pace with increasing staff costs Staff leave to join NHS Service Decline 	<ul style="list-style-type: none"> Work/Life balance is superior at SRH Working environment is more pleasant Staff/patient ratio is lower All clinical staff receive supervision Staff development and training encouraged to raise expertise internally 	4	3	16	<ul style="list-style-type: none"> SRH can further enhance some elements of staff welfare and flexibility EVE promotes our working environment and engagement with the vision Enhanced support for education, informally and formally Versatility of roles and continuous review of staff utilisation 	4	2	12	<ul style="list-style-type: none"> Monitor feedback through appraisal system Monitor leavers and perform exit interviews 	Exec	Feb-21	Mar-21				Y
8.	Loss of Medical Team capacity	<ul style="list-style-type: none"> Puts patient safety at risk Delays the impact of EVE Increased staff anxiety Reputational Damage 	<ul style="list-style-type: none"> Agency cover is in place First 2 x new Consultants in position, Clinical Director role appointed 	4	2	12	<ul style="list-style-type: none"> Seek third new consultant to complete the team Develop existing expertise Take every opportunity to become more innovative and collaborative Re-instatement of STR from April 2021 	3	2	9	<ul style="list-style-type: none"> Regular review meetings Seek external view on progress (ie RO from ESHHT team) 	Exec	Feb-21	Mar-21	Y			
9.	Less than "Good" CQC	<ul style="list-style-type: none"> Staff morale Reputational Damage 	<ul style="list-style-type: none"> Staff engagement with EVE Excellence is the primary objective of all activities New training package and increased Education resource Staff encouraged to "going the extra mile" to support patient care 	4	2	12	<ul style="list-style-type: none"> Pro-active review and action to improve patient experience and evidence of this Drive to enhance Hospice environment commenced Strong new recruits have added to capability and vacancies filled adds capacity 	3	2	9	<ul style="list-style-type: none"> Record of actions to enhance quality of delivery and record compliments to be promoted and completed Introduce an action plan to include regular mock inspections, briefings, CQC steering group etc 	Exec	Feb-21	Mar-21				Y
10.	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	2	12	<ul style="list-style-type: none"> Review of financial policies and accountability structures to be undertaken 	4	1	8		Exec	Feb-21	Mar-21				Y
11.	IT systems failure	<ul style="list-style-type: none"> Loss of access to patient data Loss of service functionality Loss of business processes 	<ul style="list-style-type: none"> Backup system in place, Critical data with 2-3 hours turnaround Multiple servers to spread risk Highly qualified and experienced team failover power source 	4	2	12	<ul style="list-style-type: none"> Renewal of all systems completed External support available if required 	4	1	8		Exec	Feb-21	Mar-21		Y		

St Raphael's Hospice
Minutes of a Meeting of the Finance & Resources Committee
To be held using Zoom Video Conferencing
At 14:00 on Wednesday 10th March 2021

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

In attendance: Gail Linehan (Joint CEO – GL)
 Nick Stevens (Joint CEO – NS)
 Neena Vadgama (Finance Manager – NV)
 Anna Machin (Clerk – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
4. 2020/21 year-to-date finance report	Ensure legacies strategy discussed at upcoming Board meeting	NS, JR	March 2021	10.03/01
	Bring together detailed proposal on Fundraising Database spend	NS	By May meeting	10.03/02
	Communicate recommendation to keep reserve funds in NatWest at upcoming Board meeting	NS	March 2021	10.03/03
	Oversee external audit review and possible tender for 2021/22 accounts	Committee	Summer 2021	10.03/04
6. Governance items	Update Terms of Reference and submit to Board for approval	AM	March 2021	10.03/05

1. Welcome, apologies for absence and declarations of interest

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

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

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

3. Actions List and update on matters arising

The Committee reviewed the actions arising from the previous meeting:

- Take forward discussion with CAF – this had been completed and an update would be provided under item 4.

- Share schedule of transfer of funds between accounts with Committee Chair - completed
- Add FTE staff numbers to staff salaries summary and include funds to 2024/25 in budget figures submitted to the Board for approval – this was being prepared for the March Board.

4. 2020/21 Year to Date Finance Report inc. Management Accounts (Detailed & Summary), Balance Sheet & Cash Movements and Audit Report as at 31 October 2020

- 4.1. **Year to date income and expenditure to 31 January 2021** - Nick Stevens presented the meeting paper, including providing responses to questions submitted by Joe Ryan as Chair in advance of the meeting. Whilst at the end of December, the Hospice had projected £1m shortfall, the year-to-date shortfall is now £272k – or £480k before funds from the Daughters of the Cross (DoC) are recognised. This improvement in the projected financial position is primarily due to Covid-19 government grants. Central government grants of £184k have been received for both November and December, which is broadly in line with the similar grants given from April to July. The July grant has not yet been received by government and is perceived as less certain, so has not been included in year-end projections. The sector is not anticipating clawback based on the figures included in the Hospice Tracker.

The Clinical Commissioning Group (CCG) provided £200k in grants for August to October. This means that government income is £0.5m higher than expected, with grants to be received in February. Further government grants may be received for January, February and March, and the CCG indicated that it may be supportive in 2021/22 if further government funds were not forthcoming, and there is a perceived need due to Covid-19 impacts.

Committee asked about the anticipated level of legacies and how the opportunity to leave a legacy was promoted by the Hospice. Neena Vadgama confirmed that £41k was received in February and the pipeline currently stands at £0.5m, although the timing is not known. £700k has been included in the full-year forecast, of which around £0.5m has been received, including the large legacy of £285k.

Gail Linehan confirmed that consideration was being given to the most appropriate and sensitive ways in which to promote legacies as part of the Fundraising Strategy, and the team are building relationships with local solicitors. The sources of legacies can often be unexpected, and so the chance of legacies being made will be maximised through fulfilment of the Excellence and Visibility aspects of the Hospice's overall strategy. This subject would be raised with the Chair and an update given at the March Board meeting.

- 4.2. **Cash, reserves & year-end position** – Nick Stevens updated that cash at end of January was £6.1m before additional funds then being received in February, which puts the Hospice in a strong position. As a result of the Hospice becoming independent and buildings being owned by DoC, fixed assets and land are not on this balance sheet. The 2020/21 full-year forecast shows a shortfall of £0.55m before the DoC grant of £350k grant, leaving the year-end position at –£200k. The areas still to be confirmed before the 31st March are whether any further government grants will be forthcoming, if the £100k of legacies in the budget will be received, and final staff allowances for holiday pay accrual and some other areas of payroll.

Donor and Lottery income has also held up well, including a generous one-off donation of £130k, and so the overall picture is more positive than had been expected when Covid-19 began to impact the Hospice's operations. It is also a significant improvement on the initial budgeted shortfall of £1.7m before DoC funds. Retail has been hit the hardest, but these challenges have been partly offset through the furlough scheme.

The Committee asked for confirmation on plans to recognise the DoC funds sitting on the balance sheet. Nick Stevens confirmed that the £3.6m DoC funds were projected to be used for five years to make up the annual shortfalls before the Hospice rebalanced its operations and reached a break-even position. It was agreed with the auditors that this would be taken as deferred income on the balance sheet in order to represent the exceptional spend on transforming the Hospice's operations, and managing the presentation of the shortfall. This is factored into the five-year plans and has also been clearly communicated to the CCG who understand this is being used for investment to ensure long-term sustainability. The CCG have also recognised that the Hospice did not receive any inflationary increase in their core funding before 2019/20 and recognise the organisation's work and 'top-up' funding that it leverages to provide local end of life care. This is also a sign of more effective working between health organisations during this period of Covid-19.

- 4.3. **Fundraising income** - Committee members asked about the reason for improvement in the trends around Lottery income. Nick Stevens confirmed that there are a range of factors. Colleagues have worked hard to ensure there has not been any net impact of attrition this year and no agency support has been used. Glenda Withall has maintained engagement of players and put in place other opportunities for new sign-ups. The current thinking is that Glenda would now continue to oversee this function, with two colleagues supporting on administration and recruitment, and volunteers helping with outreach.

Using volunteers alongside Agency support could also promote opportunities for regular donations, volunteering and sharing stories about the Hospice. The expectation of the Agency is one sign-up per hour and 120 locations per year with 20 sign-ups each time leading to a total of 2,400 new Lottery players. The agency would hope to outperform this expectation. The key is ensuring continued engagement, as attrition is typically 10% but has only been 4% this year. A recent phone survey of local residents showed differing preferences between regular giving and Lottery entry. The average Hospice lottery is £1m - the Hospice's target sits below this and so it is felt to be achievable.

The Committee noted that this demonstrates a shift in emphasis to the business plan, with growth coming from Donor income as well the charity shops. Nick Stevens confirmed that five new shops were included in the plans rather than ten, but with higher profitability projected for each location. There are also much lower overhead costs for Lottery than Retail, and volunteer engagement in outreach will maintain local presence and also ensure it is authentic.

Committee members asked whether the projected spend of up to £100k on improvements to the Fundraising Database was justified. Nick Stevens confirmed the database has been in place for around six years. The software is useful overall but there are limitations such as the processes around Gift Aid claims. It was agreed that a detailed proposal would be shared with the Committee and Board on this planned area of expenditure.

- 4.4. **Update on investments** – Nick Stevens confirmed that a meeting had been held with two companies providing investment portals to deposit funds across multiple banks. Akoni Hub was recommended by DoC and Flagstone is linked to CAF. The systems are secure and broadly comparable, at a 0.15% or 0.25% fee. However the expected return on funds of up to £85k is at best 0.8%, and others around 0.5%, which would largely be offset by the fees, and be comparable to receiving 0.3% on a 12-month CAF deposit. Committee recognised that keeping funds in a national, high street bank may be more secure at this time than spreading across several banks some of which may be less secure.

Committee members resolved to recommend to the Board, through an update from Nick Stevens, that funds were kept in NatWest, and thanked Nick, Neena and Joe for their time in exploring the options available.

- 4.5. **Audited balance sheet to 31 October 2020** – Committee members noted the supplementary paper provided. Nick Stevens confirmed that the balance sheet had been subject to full review by the auditors along with the Statement of Financial Activities (SoFA) at the point of the Hospice's independence in October 2020. This means that the initial transactions have been reviewed and there is a set balance sheet in place to use as the baseline for the next set of accounts. There was a £96k adjustment agreed to legacy income which improved the results for the period to October 2020. The £200k CCG grant was also adjusted back into these figures, and £58k of the holiday accrual has been factored in.

The Committee considered whether the external auditors would continue. It was proposed that the 2020/21 audit would be undertaken by Buzzacott and that this would be reviewed for 2021/22, as other firms such as Mazars and haysmacintyre could be considered.

- 4.6. **HR, IT and Resources** – Nick Stevens confirmed that one long-standing member of staff had been subject to a medical dismissal, this had progressed to appeal and the appeal was not upheld, and the Hospice's original decision was upheld. The Hospice follows statutory guidance in relation to dismissal payments.

Nick Stevens asked the Committee to note that the a total sum of £15k - £30k had been identified as owing to 10 staff for historic underpayment of overtime. It is planned to bring payroll systems in-house. The Committee noted the significant work undertaken by HR during this period. The IT mailbox refresh has been undertaken and a range of activity is underway to improve Hospice facilities both internally and outside in the garden.

5. **2021/22 & longer-term Hospice budget including detailed 2021/22 budget & High-level long-term forecast to 2028**

Nick Stevens confirmed that the shortfall for the 2021/22 budget is £1.84m, compared to the originally anticipated shortfall of £1.77m. This is based on various teams now being at establishment for the upcoming year, with some recruitment having been delayed in 2020/21. For example the third Consultant has recently been identified, and there is strategic investment in the growth of the Fundraising and Communications teams to support outreach and income generation. There are six new roles and 10 vacancies that are now filled.

Donor income projections are prudent and may be outperformed, based on performance this year and increased staffing capacity. The Retail environment will be evolving during 2021/22 which will impact the year-end figures but the team have strong plans in place particularly based on the actions identified through the Skyline Report.

Committee members noted that it was an ambitious increase in donation income but this would stem from a variety of fundraising sources and had been planned in granular detail. The Fundraising Strategy would be shared as a supporting document for the March board meeting. Committee thanked for this work.

6. **Governance items**

- 6.1. Finance & Resources Committee Terms of Reference – the Committee recommended the updated Terms of Reference to the Board for approval, subject to more detail being added on the Committee's role in overseeing corporate governance.
- 6.2. Review of Finance risks in Corporate Risk Register – The Committee were content with the top-line risks outlined in the Risk Register and suggested that the approach to scoring be noted at the top of the document.

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

Committee members congratulated the team on the refurbishment of the Hospice and their work to prepare for this meeting and the upcoming financial year.

There were no items raised under Any Other Business. Committee members noted the dates for future meetings:

- Tuesday 18th May 2021, 2-4pm
- Tuesday 6th July 2021, 2-4pm
- Wednesday 8th September 2021, 2-4pm
- Wednesday 10th November 2021, 2-4pm

The meeting ended at 4.15pm.

Approved.....

Date.....

St Raphael's Hospice
Meeting of the HR Committee
Held using Zoom Video Conferencing
At 10:00am on Tuesday 16th March 2021

Members: Paul Holmes (PH - Chair)
Marian Norman (MN - Trustee)
Heather Howell (HH – Board Advisor)

In attendance: Kelly Channer (KC – Head of HR – items 3-10)
Gail Linehan (GL – Joint CEO)
Nick Stevens (NS – Joint CEO)
Ginny Toubal (GT – Volunteer Services Manager – items 1-2)
Anna Machin (Clerk – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
5. Update on Pay Policy	Take forward recommendation of 'recognition award' to the Board	PH	March 2021	16.03/01
6.2. Staff survey	Develop staff survey questions	KC, MN	By May meeting	16.03/02
7. Equality & diversity	Review Equality & Diversity policy and training based on Trustee meeting feedback	All	May meeting	16.03/03
9. Governance items	Develop HR-specific risk register	All	May meeting	16.03/04
10. AOB	Provide update on annual leave allowances	KC	November meeting	16.03/05

1. Welcome, apologies for absence and declarations of interest

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

2. Volunteer Update & Volunteer Services Dashboard

Ginny Toubal updated the Committee on the Management Plan report and recent Volunteer team activity. The Volunteer team presented the Management Plan to SMT which sets out objectives for the next 12-24 months. The Investing in Volunteers application is due to be submitted at the end of March, for considering at their April panel. An action arising from the review to develop a bespoke Volunteering Complaints Policy has been completed.

Committee members noted the plans to improve the Volunteer Database, to link better with the Fundraising Database. Based on the planned growth for volunteers, Nick Stevens confirmed that additional staff roles had been put into the 2021/22 budget to support with Hospice-facing and community-facing volunteer management.

Almost all volunteers were stood down at the start of the third lockdown, and from 1st March Reception volunteers have been welcomed back. It is recognised that many volunteer roles have changed, for example Reception volunteering is now a lone role due to social distancing, which may impact volunteer retention. However, the present time does give the opportunity to strategically place volunteers according to their skills and interest more than previously.

Patient-facing Ward Companion and Hospice Neighbour roles are more challenging currently but when more volunteers return, and safety supported by the Covid-19 vaccine roll-out, the Education team will continue to provide training on use of PPE. The Telephone Befriending and Compassionate Neighbours programmes are working well, and a campaign is underway to recruit up to 150 volunteers for one-off volunteering to support the reopening of the shops. There is a focus on drawing more volunteers from Merton, which has lower numbers than Sutton.

Committee members asked about the workload on the team to recruit the shop volunteers. Ginny Toubal confirmed that volunteers won't need references for one-off activity and local channels are in place to support recruitment, for example reaching out to those who have volunteered to give Covid-19 vaccines.

3. Review of confidential minutes from 27th January 2021 Remuneration Committee meeting

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

4. Actions List and update on matters arising

The Committee reviewed the actions arising from the previous meeting:

- The Terms of Reference and Staff Survey questions were included in meeting papers for recommendation for the Board.
- The Remuneration Committee actions had been completed and a meeting held at the end of January.
- The discussion on Equality & Diversity had been planned for the March Trustee Board meeting
- The impacts of Covid-19 on staff would be covered each meeting through HR updates.

5. Update on Pay Policy

Nick Stevens provided an update that the SMT continued to consider the best approach to pay rises to ensure staff feel valued, but that pay levels also remain in line with wider health sector. The NHS pay rise has now been confirmed as 1% compared to the 5% initially expected. The Hospice is anticipating a better year-end financial position due to £200k of government grants that will be received in February, but needs to ensure long-term sustainability.

The proposal is therefore now to make a one-off 'recognition award' to staff in April 2021, to recognise their contribution over the past year. Kelly Channer confirmed that there had been fewer enquiries than usual around whether pay rises would be given, as staff recognise the challenging economic picture. This bonus would therefore add to staff morale, without impacting on future budget projections. The award would be pro-rated to the FTE and length of service of individual staff members, and also take into account whether they were on furlough during the year. Staff would typically receive around £900. The Chair and Vice-Chair are supportive of this proposal, but wished to receive further detail on the overall cost. Nick Stevens confirmed that the take-up for the annual leave buy-back has only been around 20%, meaning there is a lower in-year cost than anticipated.

Committee members received assurance that not giving a pay rise would not make pay levels at the Hospice uncompetitive with the NHS, even though the Terms and Conditions in NHS may be more generous in some areas. The Committee were content to recommend the implementation of a 'recognition award' to the Board at the 24th March meeting, before any communications to staff.

6. Update on HR Activity and Management Plan & Staff survey questions

- 6.1. **HR activity** - Kelly Channer confirmed that the HR team have remained busy throughout past months, coordinating furlough, Hospice independence and preparing the summary of annual leave for year-end. The team have been updating HR systems and are looking to bring payroll in-house to streamline the process. Individual HR cases continue to be supported, and the Medical Dismissal case raised at the January Board meeting has now been resolved.

The Committee recognised the significant work delivered by the team, including to bring the Medical Dismissal claim to a close, and that this had also been noted by the Finance Committee at the recent meeting.

- 6.2. **Staff survey** – Committee members noted the questions included in the meeting paper, and reflected on striking the right balance between focusing on Covid-19, and securing feedback on wider areas. It was also recognised that answers to some questions, such as whether workloads are manageable, would not be comparable to previous years due to the team's significant efforts during the pandemic. It may be that the focus on questions would shift to whether staff had the resources required to carry out their role. The Committee were supportive of the questions being added relating to equality and diversity, including those that would help the gathering of equality and monitoring data.

It was agreed that Kelly Channer would develop the survey questions further, with input from Marian Norman, to focus on questions that would enable change to be seen year-on-year. The questions would be reviewed at the next Committee meeting, and the Survey itself would be issued in autumn 2021.

The Committee noted that the Staff Council and TUPE Forum had both ended, and that the Survey provided an opportunity to receive open feedback from staff.

7. Equality and diversity inc. Diversity Policy & Manager's Guide to Unconscious Bias

The Committee noted the updates made to the Policy relating to Inclusion, and the proposal to introduce Unconscious Bias training for Managers in addition to Mandatory Training currently delivered through LearningZone. Paul Holmes confirmed that the March Board discussion on Equality and Diversity had been planned with Diverse Matters, based on a recommendation by Ginny Toubal. It was agreed that the Policy and training plans would be reviewed at the next meeting, factoring in advice and Trustee suggestions arising from the presentation. The Policy would also be updated to include definitions, and remove the reference to Equality Impact Assessments.

8. Speaking Up

Kelly Channer confirmed that no concerns had been raised by staff in the period since the previous Committee meeting.

9. Governance items

- 9.1. HR & Remuneration Committee Terms of Reference – the Committee recommended the updated Terms of Reference to the Board for approval.

8.2. Review of HR risks in Corporate Risk Register – The Committee were content with the top-line risks outlined in the Risk Register and it was agreed that an HR-specific risk register would also be developed.

10. Any Other Business and Dates of future meetings

The Committee requested an update on the discussion on rebalancing the annual leave allowance between Clinical and Non-Clinical staff in autumn 2021, ready for consideration of 2022/23 remuneration.

The Committee thanked colleagues for their work to develop meeting papers.

There were no items raised under Any Other Business. Committee members noted the dates for future meetings:

- Tuesday 18th May 2021, 10am-12pm
- Tuesday 13th July 2021, 10am-12pm
- Tuesday 16th November 2021, 10am-12pm
- Remuneration Committee – Tuesday 14th December 2021, 10am-12pm

The meeting ended at 11.15am.

Approved.....

Date.....

St Raphael's Hospice
Minutes of a Meeting of the Fundraising & Communications Committee
Held using Zoom Video Conferencing
At 14:00 on Wednesday 3rd March 2021

Members: Mr Roderick O'Connor – Committee Chair (RO'C)
Mrs Marian Norman (MN)
Mrs Heather Howell (HH)

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

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
4. 2021/22 Fundraising Strategy	Share Strategy with Board	AM	March 2021	03.03/01
6. Governance items	Take updated Terms of Reference to Board for approval	AM	March 2021	03.03/02
	Check Terms of Reference vs annual agenda plan	AM	March 2021	03.03/03
	Put Management Plan on agenda	AM	March 2021	03.03/04
	Bring together department risk register	SJW, AM	By May meeting	03.03/05

1. Welcomes, apologies for absence and declarations of interest

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

2. Review of minutes from 5th November 2020 Committee meeting

The minutes of the 5th November 2020 meeting were reviewed and approved as an accurate record of proceedings.

3. Actions List and update on matters arising

Committee members reviewed the matters arising:

- Emily Nicholls had circulated the promotional video to the Committee.
- Sara Jane Woods had sent the Income Figures to Committee members.
- Anna Machin had progressed outreach relating to recruitment to the Committee, using some communication channels put forward by trustees, and one prospective candidate had been identified so far.

4. 2021/22 Fundraising Strategy

Sara Jane Woods presented the 2021/22 Fundraising Strategy, which had been brought together with Emily Nicholls and based on direct engagement from every part of the Fundraising team. The document aligns directly with the 2021/22 Budget and Management Plan. It will be shared once finalised with teams across the entire Hospice, including Clinical and Non-Clinical teams. The research into the local community is a vital aspect of the Strategy and has been useful in ensuring all plans are backed up by data. The next step will be to develop the Retail Strategy with a similar style to sit alongside this document.

The Committee received assurance that the Strategy would be directly linked to the team's structure and objectives throughout the coming year. The Committee noted that emphasis on diversity and volunteer engagement in fundraising within the strategy, which would be a cost-effective way to grow fundraising efforts. The Committee commended the comprehensive nature of the Strategy and recommended the Strategy to the Board.

5. 2020/21 year to date Fundraising update

5.1. **Fundraising Figures** – The Committee noted the Figures which also provided a comparison to the previous financial year. £1.29m was raised through Fundraising during 2019/20, and the 2020/21 year-to-date figures show that £1.158m has been raised, with the financial year due to end on 31st March. The Committee recognised this significant achievement by the Fundraising team, during such a challenging period, and that the new relationships that have been built would act as a strong foundation to build on for future years.

5.2. **Update on Community Fundraising** - Zoom meetings with Community Fundraising Groups have been held to ensure they stay engaged - the third lockdown has inhibited the activities that these Groups can deliver and so the main priority has been to keep them informed. The team have used the time to develop a new Fundraising Handbook which will provide guidance on all aspects of fundraising including the legal parameters.

The Rudolph Run held at Christmas grew significantly from 5 schools raising £6k in 2019, to 16 schools raising over £43k in 2020. The LEO Academy Trust is now holding additional fundraising events and other pupils have also held community fundraising activities which they have promoted on social media. The Lower Morden Lane Lights raised £12k+ which is a higher figure than last year, despite the restrictions of Covid-19. In terms of upcoming activity, the Hospice will deliver Easter hampers and take Easter egg donations, run a 'give up to give back' campaign during Lent and the Lavender collections will run in June.

5.3. **Update on Corporate Fundraising** - The 2020/21 figures are comparable to the prior year and a range of Zoom meetings have been attended to maintain local contacts. There have been a large number of gifts in kind such as food and PPE during this period, which have all been acknowledged and thanked. The Nappy Lady reached £10k and increased the fundraising target to £30k, of which £14k has been raised so far. There will also be an Instagram Live event with Sandra from the Wellbeing Centre. BNI have raised £4k and Make Your Will fortnight ran in September and raised £8k, compared to £14k in the prior year and this will be run again in May. There are plans underway for the 'I'm A Director Get Me Out of Here' event.

5.4. **Events** – It may be possible for the Lavender Walk to go ahead in a socially distanced way. 72 people took part in the Santa Dash, compared to 150 in usual years, which raised £4.5k. A range of events including Snowdonia Climb and virtual London Marathon will also be promoted to stakeholders in coming months.

5.5. **Direct mail** - Light Up a Life has been well received and a real boost to the team when other activities have been more restricted, as it raised £100k compared to £57k in the previous year. General giving has also increased from £140k to £200k which shows increased willingness from the public to give, even whilst in-person events are restricted.

- 5.6. **Trusts and foundations** - income is down in this area of fundraising, but there are now more projects ready to profile in current and upcoming bids, such as the IPU refresh, Bariatric refurbishment and Education Room IT. There have been some grants for core funding and other purchases, but overall trusts are more hesitant than previously as they are unsure of the returns on their own investments this year or have been focusing on Covid-specific grants.
- 5.7. **Lottery** - The Lottery figures have been progressing and the '20 weeks for £20' campaign went well and will be repeated. The number of players lost has been matched by new joiners, which is due to the efforts of Glenda to maintain engagement levels. The previous Lottery agent will no longer be used as they were not proactive, and a new company were engaged. They charged £50 for a new sign-up, which is the cost for the first year and had shown promise in their first week of engagement for St Raphael's Hospice in exceeding their targets. It is not felt to be appropriate to commence face-to-face fundraising at this point in time, until lockdown is lifted more widely. The Lottery raises £0.25m which is a significant sum and worth engaging in to further develop with more volunteer-led engagement.
- 5.8. **Supporter Care** – Sara Jane Woods shared that one benefit of this time has been that stakeholders have been very engaged, and available to speak to as they have spent more time at home. This has fostered the development of the supporter journey, and the Supporter Care team has a strong knowledge of the local community and fundraising data, and so more is being achieved than previously even with fewer staff by being efficient and creative. They have been building personal relationships with donors and local organisations.
- 5.9. **Update on Retail** - There is an upcoming campaign which will be run in conjunction with the Volunteer Team to recruit one-off volunteers to help set up the shops, and this can help to act as a pipeline for longer-term volunteer recruitment. Use of volunteers will ensure the Retail operations can become more efficient and rely less on staff time, and the Volunteer recruitment process is being reviewed in order to ensure efficiency.
- The Cheam Shop has been refurbished with a similar look to Wimbledon, and there are plans for the New Malden and Sutton shops to become block-priced discount stores. The Donation Centre in Sutton is being opened soon and this will reduce the volume of donations being received at other nearby St Raphael's shops. The Skyline team will provide some interim support due to short-term absence of the Shop Manager and a second postholder for this role will also be recruited. This will ensure the actions from the Skyline Report can be seen through to a high standard, and due to closure of several high street brands in recent months it is expected there will be a range of strong candidates for this role.
- 5.10. **Communications** – Diamond Naraviene has recently completed the first draft of the Communications Strategy and will present this to the Board on 24th March.
- 5.11. **HR and Staffing Matters** – the team remains supportive of one another and looks forward to being able to work together in person again.

6. Governance items

- 6.1. Communications & Fundraising Committee Terms of Reference - The Committee were content to recommend this to the Board subject to the following changes being made:
- The minimum age of Committee members would generally be 18, in order to align with the Hospice's policy in patient admissions.
 - A reference to oversight of Events fundraising would be added in.
 - Trustees would 'receive', rather than 'identify and maintain', the list of potential funders.

The Terms of Reference would be cross-checked against the annual agenda plan by the Clerk, to ensure that all areas of responsibility would be covered throughout the year. It was agreed that the Fundraising and Communications sections of the Management Plan would be added as a standing item to future meeting agendas.

6.2. Review of Communications & Fundraising risks in Corporate Risk Register – The Committee were content with the top-line risks as outlined on the Corporate Risk Register. It was agreed that a ‘departmental’ risk register would be brought together, to share information on risks such as team and volunteer recruitment and retention and the upcoming database upgrade. This would be placed as an agenda item for the upcoming meeting.

7. Any Other Business and Dates of future meetings

The Committee congratulated the team on the range of fundraising activity which had been undertaken over the challenging past year, and the strength of the overall income figures. There were no items raised under Any Other Business. Committee members noted the date of the next meeting of Wednesday 12th May at 10am.

The meeting ended at 3.15pm.

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

St Raphael's Hospice
Minutes of a Meeting of the Clinical Quality & Governance Committee
Held using Zoom Video Conferencing
At 10:00 on Friday 26th February 2021

Members: Dr Carrie Chill – Board Advisor & Committee member (CC)
 Alan Cogbill – Trustee & Committee member (AC)
 Dr Joy Tweed – Trustee & Committee member (JT)

In attendance: Gail Linehan – Joint CEO (GL)
 Norman McWhinney – Chair of Trustees (NM)
 Alex Rudkin – Quality Development Manager (AR)
 Dr Gaby Tamura-Rose – Consultant (JS)
 Rebecca Trower – Clinical Director (BT)
 Anna Machin (Clerk – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
4. Actions list	Share Trustee training details & start training log	Anna Machin	March 2021	26.02/01
6. Evidence of Excellent Practice register	Explore opportunities to share good practice in Hospice communications	Gail Linehan, Comms team	Spring 2021	26.02/02
7. Clinical Risk Register	Add risk on vaccine hesitancy	Gail Linehan, Rebecca Trower	May meeting	26.02/03
9. Clinical Quality & Governance Report	Publish Community and IPU services Data Dashboards on Trustee portal	Alex Rudkin	March 2021	26.02/04
10. Minutes of internal meetings	Share VOICES 2020 survey report	Alex Rudkin	May meeting	26.02/05
12. AOB & date of next meeting	Take forward outreach process for new Committee members	Anna Machin	March 2021	26.02/06
	Confirm start time of May meeting	Anna Machin	March 2021	26.02/07

1. Apologies for absence

Committee members were welcomed to the meeting. Apologies were received and accepted from Dr Joy Tweed and Dr Jenny Strawson. The meeting was confirmed as quorate. Alan Cogbill took the Chair.

2. Terms of Reference review

Anna Machin confirmed that this document had been updated to reflect the Hospice Scheme of Delegation approved by Trustees in autumn 2020 and reflect the charity's newly independent status. The Committee Terms of Reference reviewed and approved, subject to one alteration.

3. Review of minutes and matters arising from last meeting

The minutes of the 30th October 2020 meeting were reviewed and approved as an accurate record of proceedings.

4. Action list from previous meetings

Committee members reviewed the matters arising, noting that many actions had been completed since the prior meeting:

- 04/01; 11/01 Performance management policy – this was under review with the Head of HR and would be brought to an upcoming meeting.
- 08/05 E-learning system – Trustees would be provided with access in follow up to the meeting and Anna Machin would start a trustee training log.
- 11/10 Approach to pain scoring – the audit has been presented at an internal meeting, and an educational plan will be put in place to implement enhanced staff awareness. The Hospice is also exploring using the OACC measures to support this development. The ISR audit had not raised any concerns in this area, and the efficacy of pain management in In-Patient Unit (IPU) will be reviewed again in summer 2021.

5. Recruitment & staffing (verbal update)

Gail Linehan confirmed that the Community Service is now fully staffed. Within IPU there are three full time Registered Nurse vacancies and two Healthcare Assistant (HCA) vacancies. The roles are out to advertisement and there has been strong interest in the HCA roles. The pipeline of nurse applicants is more challenging and there may be an internal recruit. The interviews for the third Consultant post will be held in early March. There are 5 nurse prescribers within the Community team which is working well particularly at weekends.

Staff have been undertaking additional shifts in order to support gaps although the leadership team are conscious of managing the risk of staff burnout, particularly in context of Covid-19. Agency staff do not often have the relevant palliative care experience. Committee members noted that bank staff for local acute care services could be approached in future.

Committee members asked for an update on the Nursing Associate and Physician Associate roles. Gail Linehan confirmed that they have been very positive, especially with the Physician Associate (PA) role supporting medical team. The PA is able to admit and assess patients but not prescribe medication. These type of roles are now being used more commonly in the acute sector.

The decision has been made to enhance the maternity leave offer and include paternity leave. Compassionate Leave has also been increased from 5 to 10 days to reflect the ethos of the Hospice and holding compassion for colleagues suffering a bereavement. The Sickness Policy is due for review next. Committees were supportive of this approach which also improved the Hospice's overall employment offer.

6. Evidence of Excellent Practice register

The Committee recognised the range of good practice examples and positive feedback noted in this document. Rebecca Trower shared further examples of staff going above and beyond across the team, for example in a recent deep clean of the Hospice wards.

Staff have a high commitment and collaborative approach and there are daily occurrences which it is important to record and celebrate. Committee members suggested that relevant stories of good practice could be communicated through the Hospice's digital media.

7. Clinical Risk Register

Committee members reviewed the Clinical Risk Register, which had also been subject to detailed review at the recent Trustee Board meeting, and focused on particular on the areas of highest risk:

- **Workforce: Registered General Nurses recruitment** – the team have reviewed the Hospice's recruitment adverts to ensure they communicate the strong ethos, and encourage promotion through word of mouth. Many nurses are taking early retirement due to the current pandemic which reduces the pool of applicants.
- **Allergy: Risk of anaphylaxis for staff member** – this had now been resolved through Medical Dismissal which had been managed sensitively as this was a longstanding member of staff and the team were sad to see this colleague leave.
- **Staff resilience: Impact of pandemic** – staff had early access to vaccine and are given weekly PCR testing, twice-weekly LFD testing. The Employee Assistance Programme (EAP) is open to all colleagues and there has been some uptake. The leadership hold regular meetings with staff give regular reminders and support for wellbeing. There have been no positive cases of Covid-19 amongst staff identified through testing in w/c 22nd February which has not happened since December 2020. Wider news on stages of lifting lockdown has helped with staff morale along with moving from winter into spring.
- **IT PAS System Failure** – Gail Linehan updated on a recent incident which had highlighted the challenge of out of hours cover from the IT team, who are not formally on call. At times of the IT managers' annual leave, the Hospice uses a Consultant who works in office hours to provide required support. The incident had been resolved thanks to staff acting swiftly but the Senior Management Team have undertaken a detailed review of systems. For example, the PAS and next of kin contact details downloaded every day to safeguard against loss of access and Medication Charts also provide assurance. A daily back-up is made of all clinical data. The Committee asked if 24-hour support could be produced. The challenge is to ensure that an external company would understand the Hospice's systems and be responsive, and cost may be prohibitively high considering IT systems failure does not occur often. Committee members received assurance that the reason for this failure had been identified and was not likely to re-occur. The Committee noted that FRC had a broader role in considering business continuity and should be alerted to this incident.

Committee members suggested that a risk be added on vaccine hesitancy and the level of immunisation amongst staff and volunteers. Gail Linehan confirmed that 166 staff had been offered the vaccine, of whom 119 had received the first dose and 46 have had a second dose. Uptake has been strong overall although some staff have chosen not to take vaccine which could have longer-term implications for staff health and safety. All Reception volunteers have been vaccinated and this will be a part of the risk assessment for others due to return, for example to the Orangery. Committee members noted the emerging debates in the Care Home and health sectors regarding whether the vaccine should be mandatory.

Committee members asked about staff morale in the Hospice relating to the recent Covid-19 outbreak which was experienced from 28th January to 11th February. Rebecca Trower confirmed that there had been some initial frustration however staff understood that 60-70% of Hospices had experienced an outbreak during this period of Covid-19. The break in patient admissions was used to provide IPU staff with mandatory training and take some annual leave. It was more challenging for the Community team, but they were able to admit

patients to other local Hospices. Reporting protocols were followed and regular updates given to staff and relevant stakeholders. Feedback showed that the Hospice's response had been handled well.

8. Corporate risk register

Committee members noted this paper and the clear link to the Clinical Risk Register.

9. Clinical Quality & Governance Report

Rebecca Trower confirmed that regular Head of Department meetings continued and the Education practice team members have provided in-depth training in Infection Control. The Capacity Tracker is completed on a daily basis by Gail Linehan supported by Alex Rudkin. The Hospice is adapting bed capacity based on staffing levels and is currently at six beds.

Alex Rudkin updated that audit reports were near to finalisation and being communicated as a developmental tool. The Consultants in the Medical team have been engaged in this process. The Data Dashboards have been published for Community and IPU services and would be published on the Trustee Portal.

Committee asked about the Complaints which had been upheld and asked whether this was a sign of the stretch on staff capacity experienced during this period. Dr Gaby Tamura-Rose confirmed that the challenges were primarily around communication and discharge planning. The Discharge Policy is under review and an updated leaflet is being produced to support patients' expectations. There have also been specific reflections on complaints, for example the patient who was discharged and returned the next day. Family dynamics and multi-agency working are also in play as part of understanding and addressing complaints.

10. CAP 2020/21 & plans for 2021/22

Gail Linehan confirmed that the plan runs to the end of March 2021, with many projects completed and some due to extend into 2021/22. This document is embedded into discussions with Clinical Heads of Department and has been a useful tool to keep the teams focused. The Committee received assurance that the MDT is in place, with decisions recorded on patients' notes. OACC will further support the development of this practice. Committee members encouraged this approach to be included in the 2021/22 action plan including consideration of extending this practice to other Primary Care and Care Home networks. It was acknowledged that this would be beneficial but is also dependent on staff availability and workload pressures.

11. Minutes of meetings and other documents

Committee members noted the minutes from internal Committees, and asked for colleagues' perspectives on the VOICES report and key themes. The data is from 2019 and had included some feedback on patients' expectations on the timeliness of the service not being met. It was felt that this would be addressed through the teams now being at establishment. The Medical Revalidation Policy has also been recently updated and is a robust document. The 2020 report would be reviewed at the next meeting. Alex Rudkin confirmed that the CQC Temporary Monitoring Arrangement Self-Assessment has been undertaken. Dr Gaby Tamura-Rose had recently been on a Caldicott Guardian training course and would be taking on this role.

12. Any Other Business and Dates of future meetings

The Committee expressed interest in recruiting new members with Clinical expertise, for example in Primary Care and nursing. Anna Machin would take forward next steps. There were no further items raised under Any Other Business. Committee members noted the date of the next meeting of 14th May and the start time of this meeting would be confirmed.

The meeting ended at 12.15pm.

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