

**December  
SAINT RAPHAEL'S HOSPICE**

**MINUTES OF THE 8<sup>th</sup> MEETING OF THE  
HUMAN RESOURCES SUB-COMMITTEE**

**Held on Wednesday 14<sup>th</sup> October 2020 at 10.00am – Meeting held via Zoom**

**Members:**

Paul Holmes (PH)  
Heather Howell (HH)  
Marian Norman (MN)  
Nick Stevens (NS)  
Kelly Channer (KC)  
Ginny Toubal (GT)  
Gail Linehan (GL)  
Anna Machin (AM)

**Representing:**

Advisory Committee  
Advisory Committee  
Advisory Committee  
Joint CEO  
Human Resources  
Volunteers Services  
Joint CEO/Acting Clinical Director  
Clerk to Trustees

**ITEM 1: Welcome and apologies for Absence**

- 1.1. The Chair welcomed the Committee to the meeting.
- 1.2. Apologies were received and accepted from Nick Stevens (Joint CEO).
- 1.3. There were no declarations of interest in addition to those already on the register of interests.

**ITEM 2: Minutes of 7<sup>th</sup> meeting held 15<sup>th</sup> July 2020**

- 2.1. The minutes of the 15<sup>th</sup> July meeting were reviewed and approved as an accurate record of proceedings.
- 2.2. Signature of the minutes was delegated to Marian Norman who was attending in person.

**ITEM 3: Actions list**

- 3.1. The action list was reviewed and it was confirmed that actions had been undertaken or were due for discussion at this meeting.

**ITEM 4: Volunteer Services/ Dashboard & Workforce Indicator**

- 3.1. Ginny Toubal was thanked for the meeting papers circulated to provide information on volunteer reintegration. Ginny confirmed that 92 volunteers have returned in Hospice-based roles (including administration, reception and the Orangery) or community activities. Time is being invested ensuring volunteers are in the roles that are most suited to them. This sits at 31% of the total volunteers the Hospice used regularly in February but the Hospice is pleased with these figures given the context of the current pandemic.
- 3.2. Sister Anne has returned to provide pastoral care and is also liaising with leaders of other religions. There will be three volunteers in Bereavement Support roles, and the Student Counsellors are also providing bereavement counselling through remote technology and adding significant value. There are no volunteers in patient-facing roles currently.

- 3.3. A volunteer alumni group is also being set up by an existing volunteer so that they can stay in touch with the Hospice and continue to receive communications. The Investing in Volunteers accreditation will be delayed until later in the year.
- 3.4. 100+ shop volunteers have been risk assessed of whom 17 have completed PPE training and 15 have returned to date. Further volunteer induction and training sessions will also be held in coming months.
- 3.5. Morale in the department is relatively strong although the wider operating environment Hospices is challenging. Several other Hospices are not using volunteers currently, but engaging with volunteers is integral to the ethos of St Raphael's Hospice.
- 3.6. Committee members felt that the process had been thorough to undertake clear risk assessments and it was confirmed that several volunteers have expressed that they have felt well cared for during the return period.

#### **ITEM 5: Equality and diversity**

- 5.1. The Chair updated, along with Marian Norman, on a recent session at the Hospice UK conference on diversity and unconscious bias which had been thought provoking. Committee members were keen to reflect on the Hospice's culture, values, and diversity of Board members, staff and patients.
- 5.2. Marian Norman would circulate the session information and other relevant articles to the Group. 10/01(MN)
- 5.3. Gail Linehan noted that diversity had improved at the Hospice over time and leadership had been mindful of undertaking BAME risk assessments and responding to the killing of George Floyd in summer 2020 through communications and conversations with staff. Staff had responded positively to this and had not raised points of concern around this.
- 5.4. The Committee and colleagues held an in-depth discussion around ways in which to improve diversity by further embedding in the local community. All were conscious of ensuring that work in this area was integral to the Hospice's work, not short-term or 'tokenistic', and underpinned by a clear understanding of the meaning of diversity. Gail Linehan confirmed that recent meetings had been held with community associations which had been enlightening to reflect on cultural attitudes and potential barriers amongst some communities to accessing end of life care.
- 5.5. The Committee asked about the lived experience of staff and training that was provided on different religious and cultural expectations around end of life care. Gail Linehan confirmed that training had previously been delivered within the Hospice.
- 5.6. It was agreed that this aspect of the training programme would be reviewed by the Education team to ensure that all staff received training including refresher training for patient-facing staff and on diversity in the workplace. 10/02(GL)
- 5.7. In terms of staff data, it was confirmed that the Equal Opportunities sections of job application forms are not routinely completed by applicants, which limits the available data. There can be sensitivities around asking staff to back-fill this information. The Volunteer Monitoring Form has a higher response rate.
- 5.8. It was agreed that consideration would be given to including questions on staff diversity in the upcoming Staff Survey. Any questions would be contextualised and framed as part of the wider 'EVE' strategy so that there was a clear purpose to the questions. 10/03(KC)

- 5.9. It was agreed that this topic would be revisited at the next HR Committee meeting, and a proposal put to the Board to have a discussion with Trustees on this matter at the spring 2021 strategy meeting. It was also agreed that a facilitator with lived experience of diversity should be sourced for this session. Ginny Toubal offered to supply details of a facilitator who had led a similar session at a recent Hospice UK conference`

10/04(PH,  
AM)

10/05(GT)

**ITEM 6: Any Other Business**

- 6.1 The Committee next considered confidential HR matters, discussion on which is recorded in a separate confidential minute.

**ITEM 7: Date of next meeting**

- 7.1. The next meeting will be the Remuneration Committee meeting on 16<sup>th</sup> December 2020.

## SAINT RAPHAEL'S HOSPICE

### CONFIDENTIAL MINUTES OF THE 8<sup>th</sup> MEETING OF THE HUMAN RESOURCES SUB-COMMITTEE

Held on Wednesday 14<sup>th</sup> October 2020 at 10.00am – Meeting held via Zoom

#### Members:

Paul Holmes (PH)  
Heather Howell (HH)  
Marian Norman (MN)  
Nick Stevens (NS - apologies)  
Kelly Channer (KC)  
Gail Linehan (GL)  
Anna Machin (AM)

#### Representing:

Advisory Committee  
Advisory Committee  
Advisory Committee  
Joint CEO  
Human Resources  
Joint CEO/Acting Clinical Director  
Clerk to Trustees

#### ITEM 1: Staff wellbeing and Covid-19

- 1.1. Gail Linehan updated that the Covid-19 policy was under review on a monthly basis and clearly shared with staff. The staff reflections have been brought together ready to be shared with staff and Nick and Gail have included a management response to suggestions from staff to show action being taken by the leadership team.
- 1.2. Kelly Channer confirmed that the staff survey would be sent early in the new year following the Hospice's move to independence, drawing from certain questions from the Hospice UK Birdsong survey.
- 1.3. It was agreed that Kelly Channer would circulate the planned survey questions to the Committee. 10/05(KC)

#### ITEM 2: Hospice separation

- 2.1. It was confirmed that Gail Linehan, Nick Stevens and Ed Cook had held a meeting with the TUPE committee composed of staff representatives which was attended by Marian Norman. Staff did not have a large number of questions, reflecting the clear prior communications on the move to independence, and a follow up meeting will be held in early November, following the planned date of independence of 31<sup>st</sup> October.

#### ITEM 3: Report to the Board on HR activity

- 3.1. Kelly Channer updated on the main HR activities that had been delivered since the July Committee meeting. Covid-19 antibody tests have been coordinated by the team delivered by the Occupational Health nurse alongside flu vaccines. Furlough return and recruitment outreach continues to be managed. The new HR system will go live on 1st April 2021 and good progress is being made currently ready for this.
- 3.2. Gail Linehan updated that the third Consultant post had been advertised. There was one initial applicant who withdrew for personal reasons. No applications were received since the position was re-advertised. A local Hospice colleague had noted that there are several local adverts for Palliative care consultant roles currently.

- 3.3. Gail Linehan and Nick Stevens have discussed this matter subsequently and are considering whether the current 0.8 FTE advert could be moved to full-time in order to potentially widen the pool of applicants. There has been an applicant for the Clinical Director role and a panel of Board members is being convened as part of the interview process.

**ITEM 4: Any Other Business**

- 4.1 There were no further items raised under Any Other Business.

**ITEM 5: Date of next meeting**

- 5.1. The next meeting will be the Remuneration Committee meeting on 16<sup>th</sup> December 2020.

## Starters

Name	Job Title	Status	Department
Trower, Rebecca	Clinical Director	Permanent	Clinical Management
Oliver, Simon	Bank ACC	Bank	ACC
Green, Simon	Bank Staff Nurse	Bank	IPU
Franklin, Patricia	Staff Nurse	Permanent	IPU
Giles, Jovy	Physician Associate	Permanent	IPU/Community

## Leavers

Name	Job Title	Status	Department
Cox, Georgia	Weekend Shop Assistant	Permanent	Retail
Morris, Pauline	Ward Manager	Permanent	IPU
Dray, Hettie	Housekeeping/Kitchen Assistant	Permanent	Housekeeping

FTE	Start date
1.00	01/11/2020
0.00	02/11/2020
0.00	02/11/2020
0.60	02/11/2020
1.00	23/11/2020

FTE	LOS
0.40	0 yrs 8 mths
0.96	21 yrs 2 mths
0.64	19 yrs 6 mths
1.00	

## ITEM 3

# Volunteer Services Report November 2020

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### Aim:

1. To update Trustees on the activity within the Volunteer Services Department of Saint Raphael's Hospice.

### Recommendations:

2. The committee note the activity and statistics within the Volunteer Services Hospice and Community strands since the last meeting in September 2020.

### Report:

3. **OVERVIEW:** Now that we are in the second lockdown Lorraine has needed to 'stand down' our retail volunteers due to the closure of our shops and I have 'stood down' the Orangery Volunteers due to the café being closed until at least 2 December. Despite non Covid related sickness and me taking 3 days annual leave last week we have again successfully maintained as seamless a service as possible. We continue to welcome volunteer admin support every Wednesday morning from Val and now have 3 hours support from Sheena every Wednesday afternoon.
4. **COMMUNITY/COMPASSIONATE NEIGHBOURS:** 16 volunteers planted 10,000 crocus and daffodil plants 4 & 5 November giving 90 hours of valuable gardening support to the hospice. We look forward to the fruits of their labour early 2021. Hospice Neighbour /Telephone befriending service continues to run smoothly with 1 volunteer returning to this role last month. Mel continues to support this team by telephone and Zoom. Steve Ogden undertook Life Stories Training via The Hospice Biographers Charity. He will present at our next Volunteer Strategy Meeting in December regarding this new venture.
5. **HOSPICE BASED VOLUNTEERS:** The reception team comprises 31 volunteers and 3 members of staff. We have recruited a total of 8 receptionists all with excellent skills since the beginning of the pandemic. Due to the second wave we have revisited the risk assessments of all volunteers who are currently supporting us and asked those who have a score of 4.1 or above (i.e., are at a higher risk) to sign an agreement even if their score is well within the range for the This team continues to cover from 9am to 8pm seven days a week with me or a colleague opening up reception Monday to Friday 8am to 9am. 3 Zoom Reception Support Meetings took place September and a total of 18 attended. Our 6 student counsellors continue to successfully deliver remote pre and post bereavement counselling to our carers with regular supervision from their manager Steve Molyneux, Clinical Lead, Psychological Support Services. Further to nominating Sheena Shore in the 'Going the extra mile' category for the awards run by Hospice UK her 'story' is on the Help force Wall of Fame and featured on our website and on social media platforms. Sister Ann commenced her revised amber role from 28 September but due, to one of the other nuns needing to shield she is supporting us off site in the convent until the end of lockdown. I have nominated Sheena Shore for a Sutton Volunteering Award for Outstanding Volunteering. We are in the process of setting up an Alumni for leaving volunteers.

- 6. TRAINING/VOLUNTEER SUPPORT:** Volunteers are completing their mandatory training via PAH Learning Zone. Regular support meetings for each team in role are planned over the next 2 months.
- 7. INVESTING IN VOLUNTEERS:** We have postponed our assessment dates which will mainly be completed by Zoom, Microsoft Teams and/or telephone call. The list of staff members and volunteers that have been selected will be reviewed on 11 December with Graham Maunders, Assessor due to leavers:

Thursday 21 January evening  
Friday 22 January all day  
Thursday 28 January evening  
Friday 29 January – all day

The author of this paper is Ginny Toubal who can be contacted at [ginnytoubal@straphaels.org.uk](mailto:ginnytoubal@straphaels.org.uk) or on 020 8099 7777 / extension 4236.

Report dated: 17 November 2020

**SAINT RAPHAEL'S HOSPICE**

**MINUTES OF THE 182nd MEETING OF THE  
ADVISORY COMMITTEE**

**Held on Wednesday 23<sup>rd</sup> September 2020 at 1.30pm  
remotely via Zoom**

**Members:** Mr Norman McWhinney (NM) – Chair  
Sr Veronica Hagen (Sr VH)  
Sr Kathleen O'Reilly (Sr KO'R)  
Mr Alan Cogbill (AC)  
Mr Paul Holmes (PH)  
Mr Joe Ryan (JR)  
Mr Rod O'Connor (RO'C)  
Mrs Marian Norman (MN)  
Dr Joy Tweed (JT)

**In Attendance:** Mr Nick Stevens – Joint CEO (NS)  
Mrs Gail Linehan – Joint CEO (GL)  
Rebecca Trower – Clinical Director (RT)  
Ms Sara Jane Woods – Director of Income Generation (SJW)  
Mr Ed Cook – Representative of Daughters of the Cross (EC)  
Dr Caroline Chill – Advisor to Advisory Committee (CC) - items 5-11  
Mrs Heather Howell – Advisor to Advisory Committee (HH)  
Ms Alex Rudkin – Clinical Quality & Governance Manager (AR) – items 1-8  
Ms Anna Machin – Clerk to the Trustees – items 8-11

**Apologies:** None

**ITEM 1: Welcome and Apologies for Absence**

1.1 The Chair opened the meeting and thanked Advisory Committee members for attending.

**ITEM 2: Declarations of Interest**

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

**ITEM 3: Minutes of 181st meeting held on 22<sup>nd</sup> July 2020**

3.1 Advisory Committee members reviewed the minutes and confirmed them as an accurate record of proceedings.

**ITEM 4: Action List from previous meetings / Matters Arising**

4.1 A high-level update was given on actions and it was confirmed that the Actions List would be included in future meeting paper packs.

**ITEM 5: Joint CEO Report**

5.1 Gail Linehan and Nick Stevens presented the Joint CEO Report. Nick Stevens confirmed that government grants had ceased in July, and so August realised a shortfall of c£250k. Sutton CCG is keen to support the Hospice and discussions are on-going.

- 5.2 The pan-London CCG contact has also been received regarding Hospice funding and a meeting is to be arranged at which the principles of Hospice support can be agreed following a national decision that Hospice funding shortfalls need to be handled at a local level. There is recognition that Hospices will be managing significant shortfalls and the ambition is to ensure the core running costs are supported.
- 5.3 The Hospice's monthly budgeted shortfall had been £135k per month but owing to the impact of COVID that figure is likely to be c£240k per month which is c£100k difference. The aim for the Hospice will be to aim to secure the £200k shortfall each month that had previously been met by the government grant. Claw back of monies received in the first 4 months (April – July 2020) is not anticipated and there has been no indication of review.
- 5.4 In terms of the original projected shortfall of £1.5m for the 2020/21 financial year, this will now be revised up to £1.9m largely because recovery in the second half of the year does not now look to be as strong as had been hoped due to Covid-19 restrictions.
- 5.5 Service costs are close to budget. Income generating costs are much lower (c.£40k per month) whilst Shop/Lottery income is c£200k lower than budgeted. It was agreed that Nick Stevens would send Ed Cook the full breakdown.
- 5.6 Staffing levels are constantly under review and whilst they are better than previously there is the persistent risk of the impact of staff self-isolation. Ensuring the safe provision of care on the IPU remains the biggest potential issue due to the risk arising from Covid-19 that personnel may need to self-isolate. Effort is being put in to construct effective contingency arrangements and ensure an effective flexibility in the core clinical workforce owing to a relative small bank of staff. On-call rotas and night service provision are under discussion on the IPU. There is clear understanding of the risks and effort is being maximised to mitigate as much as can be done. It may be the case that the IPU capacity will need to reduce down. The Hospice's minimum staffing requirement services 4 IPU patients.
- 5.7 Hospices have no priority for staff testing and the HR Manager has written to the relevant authority to request this. Advisory Committee members acknowledged these difficulties associated with this policy decision in accessing testing when Hospices are a vital service provider. Alan Cogbill confirmed that he had communicated with Steven Hammond MP (Wimbledon) to raise this difficulty with the Health Minister. It has also been raised by the Hospice team with the local CCG. Trustees recommended also contacting Paul Scully MP (Sutton and Cheam).
- 5.8 In terms of team engagement, there has been very positive recruitment to the Clinical team with two consultants - Dr Strawson and Dr Rose - joining alongside a number of nursing appointments and three recruits to the CPCT. There is an exciting sense of momentum, and also real engagement with change across every department and this is particularly notable with the establishment of the Strategic Leadership Team, despite a sense of fatigue experienced by some staff who continue to rise to the challenges brought by Covid-19.

NS182/02

NS,GL  
182/03

- 5.9 It was agreed that members of the Clinical team would be invited to present at relevant Board and Clinical Quality and Governance Sub-Committee meetings to ensure regular representation and presence from this team. It was also agreed that Norman McWhinney would express the Committee's appreciation to Dr Hallstrom by letter who was leaving the Hospice after two years' service.
- 5.10 Advisory Committee members recognised the achievements of Nick and Gail in achieving this sense of momentum and development, alongside putting rigorous measures in place to respond to Covid-19.

#### **ITEM 6: Sub-Committee Chair's Report – Clinical Governance Committee**

- 6.1 Caroline Chill updated on the key points from the Clinical Governance Committee meeting. The Committee had been delighted to meet Rebecca Trower and recognised her impact in providing excellent support and fresh ideas. In terms of Committee discussion, this had concentrated on the clinical workforce, staff wellbeing, the provision of mental health first aid and developments in recruitment. Staff fatigue was noted particularly and the potential impact that it can have.
- 6.2 The Clinical Action Plan was reviewed and suggestions made to improve its format and visualisation of progress. The Clinical Risk Register was reviewed to focus on the high risk areas that are particular to COVID-19 including the Test and Trace system, PPE availability and staff stress. Clinical Data reviewed by the Committee hadn't flagged any significant trends or concerns. A new initiative to improve relationships between Care Homes and other providers would also be explored further by Gail Linehan and Rebecca Trower.
- 6.3 Minutes from other meetings are routinely reviewed by the CQ&G Committee. The Consultants meeting particularly highlighted the positivity behind team building.
- 6.4 Rebecca Trower expressed how the community team are adhering to the Covid-19 guidance and a system of risk assessment is in place to inform judgement on requirement for face-to-face physical visits. A lot of work is going on alongside the GPs and DNs who themselves are delivering far more telephone contacts. For example, a Hospice @ Home patient was being supported through St Raphael's and found mental health support in the community had been lacking. On his final day a member of the H@H team stayed with the patient for 8 hours - an example of how team members go over and above.
- 6.5 Gail Linehan updated that the Wellbeing Centre had received a review and the Executive Team had received presentation from Sheila Payne regarding its intended new model and how plans were in place to support patients physically attending the Centre alongside virtual sessions. Rebecca Trower has also developed plans to make the Wellbeing Centre appeal to a wider audience in the community not just end of life patients - the intent being that 'SRH Wellbeing' will sit distinctly alongside 'SRH Hospice'. Advisory Committee members were supportive of this approach which would also help to raise the Hospice's profile in the community.

- 6.6 Learning Zone (e-training system) software has been implemented to provide the Hospice's mandatory training. The product was created by Princess Alice Hospice and is in use there as well as at Royal Trinity Hospice. The modules are about 20 minutes long and fulfil the Hospice's mandatory needs. The system is very user friendly and has gone down very well. Datix incident reporting software is under testing before it is rolled out hopefully before the end of 2020. There was a small spike in CD incidents in May 2020 but incidence is very low.
- 6.7 The Advisory Committee asked whether there were any links between findings of the pain management audit and any recently reported complaints referring to pain control. Gail Linehan advised that there was no repetition of issues associated with concerns explored by the ISR back in January 2019.
- 6.8 It was confirmed that Safeguarding referrals noted related to those picked up by the Hospice team that had not been made or referred by other community providers.

#### **ITEM 7: Sub-Committee Chair's Report – HR Committee**

- 7.1 The HR Committee is due to meet next in mid-October. The re-integration report of volunteers was very useful and this process seems to be working very well. Sr Ann is the Hospice's Pastoral Care Sister and organises faith groups and prayer meetings in the Hospice Chapel amongst other things. Her risk assessment has been completed and she too will shortly be returning to work.

#### **ITEM 8: Update on Communications and Fundraising activities**

- 8.1 Rod O'Connor updated that there had been no Committee meeting since the last Advisory Committee in July. Sara-Jane Woods and the team continue to show a realistic approach to what can and can't be achieved in present circumstances and they are still looking to invent and re-design.
- 8.2 The Sub-Committee minutes and Skyline Report will be added to the relevant section of the website.
- 8.3 The Wimbledon Shop is to be opened by Stephen Hammond MP next week (2<sup>nd</sup> October 2020) and the Retail Team have worked hard in its preparation. Training and development delivered via Skyline has been very well embraced and the scene has been set very well for how the Hospice will be working with them going forward. Training for Shop volunteers on use of PPE has been delivered. This brings the number of Shops open to six, the next being New Malden. Advisory Committee are welcomed to visit the shop.
- 8.4 Glenda is pursuing new Lottery entrants, without street canvassers, Sam has returned and is working on Light Up A Life and Santa Dash and Emily is valued by the team in all her efforts. A new Mercedes electric van arrives this week following a government grant. E-bay has launched and sale of 70 listed items has realised £2k income so far. Joe Ryan was thanked for his recent fundraising activity to raise funds for the Hospice.

AM182/05

## **ITEM 9: Sub-Committee Chair's Report – Finance and Resources**

- 9.1 Joe Ryan updated on the August Finance Committee meeting. The meeting had focused in particular on the annual report and accounts, and these had since been signed by Gail and Nick for the Daughters of the Cross. The accounts for St Raphael's Hospice as an independent charity are currently being audited.
- 9.2 As an action arising from the Finance Committee meeting, three potential investment funds had been identified.
- 9.3 In terms of the financial position, as had been reflected in the Joint CEO's report, the month of August had produced a shortfall of £250k. Nick Stevens confirmed that the financial forecasts were updated regularly to reflect the Hospice's financial plans. The recent tightening of social distancing restrictions from the government due to Covid-19 would be further reflected in plans to ensure realistic expectations on events, donations and shop income.
- 9.4 The longer-term projections over 3-5 years show that the implications of Covid-19 are anticipated to mean that an additional £1m will need to be raised compared to initial projections. The restructure and funds received from furlough have put the Hospice in a stronger position in terms of expenditure levels. The Hospice has £3m of cash reserves and is grateful for the current and planned support from the Daughters of the Cross in moving to independence, but it is recognised that there is no room for complacency.

## **ITEM 10: Any Other Business**

- 10.1 There were no items raised under Special Topics or Any Other Business.

## **ITEM 11:**

- 11.1 Dates of future meetings:

<b>Event</b>	<b>Date</b>	<b>Meet</b>	<b>Start</b>	<b>End</b>
Advisory Committee Meeting	Wed 25/11/2020	13:00	13:30	17:00

**SAINT RAPHAEL'S HOSPICE**

**MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES  
Held on Wednesday 23<sup>rd</sup> September 2020 at 3.30pm  
remotely via Zoom**

**Members:** Mr Norman McWhinney (NM) – Chair  
Sr Veronica Hagen (Sr VH)  
Sr Kathleen O'Reilly (Sr KO'R)  
Mr Alan Cogbill (AC)  
Mr Paul Holmes (PH)  
Mr Joe Ryan (JR)  
Mr Rod O'Connor (RO'C)  
Mrs Marian Norman (MN)  
Dr Joy Tweed (JT)

**In Attendance:** Mr Nick Stevens – Joint CEO (NS)  
Mrs Gail Linehan – Joint CEO (GL)  
Mr Ed Cook – Representative of Daughters of the Cross (EC)  
Dr Caroline Chill - Advisor to Advisory Committee (CC)  
Mrs Heather Howell - Advisor to Advisory Committee (HH)  
Ms Anna Machin – Clerk to the Trustees

**Apologies:** None

**ITEM 1: Welcome and Apologies for Absence**

1.1 The Chair opened the meeting and welcomes trustees to the virtual meeting. There were no apologies for absence.

**ITEM 2: Declarations of Interest**

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

**ITEM 3: Minutes of meeting held on 22<sup>nd</sup> July 2020**

3.1 Trustees reviewed the minutes and confirmed them as an accurate record of proceedings.

**ITEM 4: Matters Arising & Separation from Daughters of the Cross**

4.1 22.07/01 & 22.07/07 - The Charity Governance Code will be reviewed by Norman and Anna along with the Scheme of Delegation for discussion at the November meeting.

4.2 22.07/02-22.07/06 – The governance documentation had been drafted and included in the Governance Update. Trustees were thanked for completing the Code of Conduct and Self-Review process.

4.3 22.07/12 – Ed Cook confirmed that the grant of £100k towards the IT project, and change to bank transfer levels, had been made.

4.4 22.07/08 & 22.07/09 – As confirmed at the Advisory Committee meeting, the Daughters of the Cross accounts had been finalised.

23.09/01  
(AM, NM)

- 4.5 22.07/10-22.07/11 - Sr Veronica Hagen confirmed that the exact timescale and process for independence has not yet been clarified by CQC. Five weeks has elapsed since the initial communication and the inspector has not been identified. The Hospice would continue to work towards the date of 31<sup>st</sup> October 2020 until further correspondence is received.
- 4.6 Nick Stevens and Gail Linehan confirmed that following discussion with the Executive team after the July Board meeting, a large-scale publicity campaign to celebrate the Hospice's move to independence would not take place. It was not felt it was the right time due to the ongoing repercussions of Covid-19. The Board were in agreement, and conscious that the public's main priority at this current time will be on knowing there is still strong continuity of care and service. Trustees suggested that a responsive communications statement should be prepared in the event of any enquiries. It was agreed that Ed Cook would circulate the previous version that had been worked on with PR firm Hanover. 23.09/02 (EC)
- 4.7 Trustees considered the communications to should be sent to the invitees to the launch event that had initially been planned. It was agreed that a letter would be sent to inform these key stakeholders of the timeline for independence, and confirming that it was hoped a celebratory event would be held in future. In terms of the TUPE process, once a date is received, staff will be updated and a consultation meeting will be held with the employee committee. Staff had been well updated on the rationale for moving to independence in prior meetings which would act as a solid foundation for these upcoming discussions. 23.09/03 (NS, GL)
- ITEM 5: Governance Update**
- 5.1 Norman McWhinney framed the review of the Governance Update and the paper was reviewed and discussed in detail. Trustees approved the Trustee Removal Procedure. The Trustee Expenses Policy was approved subject to the addition that prior approval would be sought for spend on training and conferences from the Chair or Vice-Chair. It was agreed that this policy would also be taken to the next Finance Committee meeting for ratification. 23.09/04 (AM)
- 5.2 The Self-Review had shown common reflections from Trustees on the priorities during the past twelve months, in particular on the preparation for independence, transition to the Joint CEO roles, and response to Covid-19. The addition of the Committee structure had been positive in providing more in-depth scrutiny to support the Board's activities.
- 5.3 Looking ahead to the coming twelve months, Trustees had highlighted the importance of community outreach and presence, in particular given the changes to the South London CCG and need to embed at both the local and strategic levels within multidisciplinary primary care networks and wider Hospice care system. Nick Stevens and Gail Linehan confirmed that a call is being held with the senior engagement lead for South West London during the coming week. Ashlie Jones is collating a list of contacts for outreach meetings to be held on a fortnightly basis, which will form a key part of the Joint CEO's targets.

5.4	In terms of local political networks, the Hospice had previously presented at some local Council meetings. It was recommended that local Councillors continue to be contacted and engaged, as understanding of the Hospice's work would feed into Overview and Scrutiny Committees. A member of the Fundraising team has strong links with Sutton Council, and outreach would continue with local charities including Alzheimer's Society and Cruse bereavement. Trustees also offered their support as part of those efforts to attend meetings and make introductions to local contacts and organisations.	23.09/05 (Trustees)
5.5	Trustees had also emphasised through the Self-Review the importance of holding clear financial indicators and targets to guide Board-level discussions and oversight within the coming years. It was agreed that the financial targets held within the Transfer Agreement with the Daughters of the Cross would be updated to reflect the post-Covid-19 scenario. These would then act as a management tool to guide the Fundraising team's activities, as well as being used as the basis for reporting to Trustees.	23.09/06 (EC, NS)
5.6	Ed Cook would circulate the initial pre-Covid-19 targets for information and as a point of comparison. An update on financial targets would then be provided at the November meeting.	23.09/07 (EC)
5.7	In terms of the proposed action to ensure the Board held strong relationships with senior post-holders, it was agreed that meetings could be held by Zoom and Trustees would be in touch with Norman to arrange this.	23.09/08 (Trustees)
5.8	The board discussed the perceived strengths and areas for improvement summarised in the meeting paper. Board members agreed that there was a strong ethos and spirit of support for the Executive. The legacy and values of the Daughters of the Cross were recognised as important to the Hospice.	
5.9	Board members recognised that this will always need to be balanced with sharing differences of opinion, objectivity, and asking difficult questions. This was a key part of the journey from being an Advisory Committee to Trustee Board. It was agreed that T-Time would be used before each meeting to consider key questions for discussion with the Executive. This would help to test ideas and prevent groupthink.	
5.10	The Board also noted the action to bring together an agenda plan for 2021, which would include a Strategy meeting and opportunities for Trustee training.	23.09/09 (NM, AM)
5.11	The Chair introduced the plan to recruit to the Board Committees over the autumn. Further recruitment to the Board itself would be underpinned by conversations with the Chair about how long existing trustees might stay in role. It was noted that co-opted Committee members would need to stay informed of wider Board discussions in a range of ways. Promotion could take place through local networks and channels. Board members approved the Trustee/ Committee member recruitment process was approved, to be taken forward over autumn.	23.09/10 (NM, AM, NS, GL)

**ITEM 6: Provider visits**

6.1 Trustees agreed that a set of Provider Visits should be scheduled with Trustees, and it was agreed that a draft schedule would be brought together by Norman, Alan, Gail and Nick.

23.09/11  
(NM, AC, NS,  
GL)

**ITEM 7: Any Other Business**

7.1 There were no items raised under Any Other Business.

**ITEM 8: Date of next meeting**

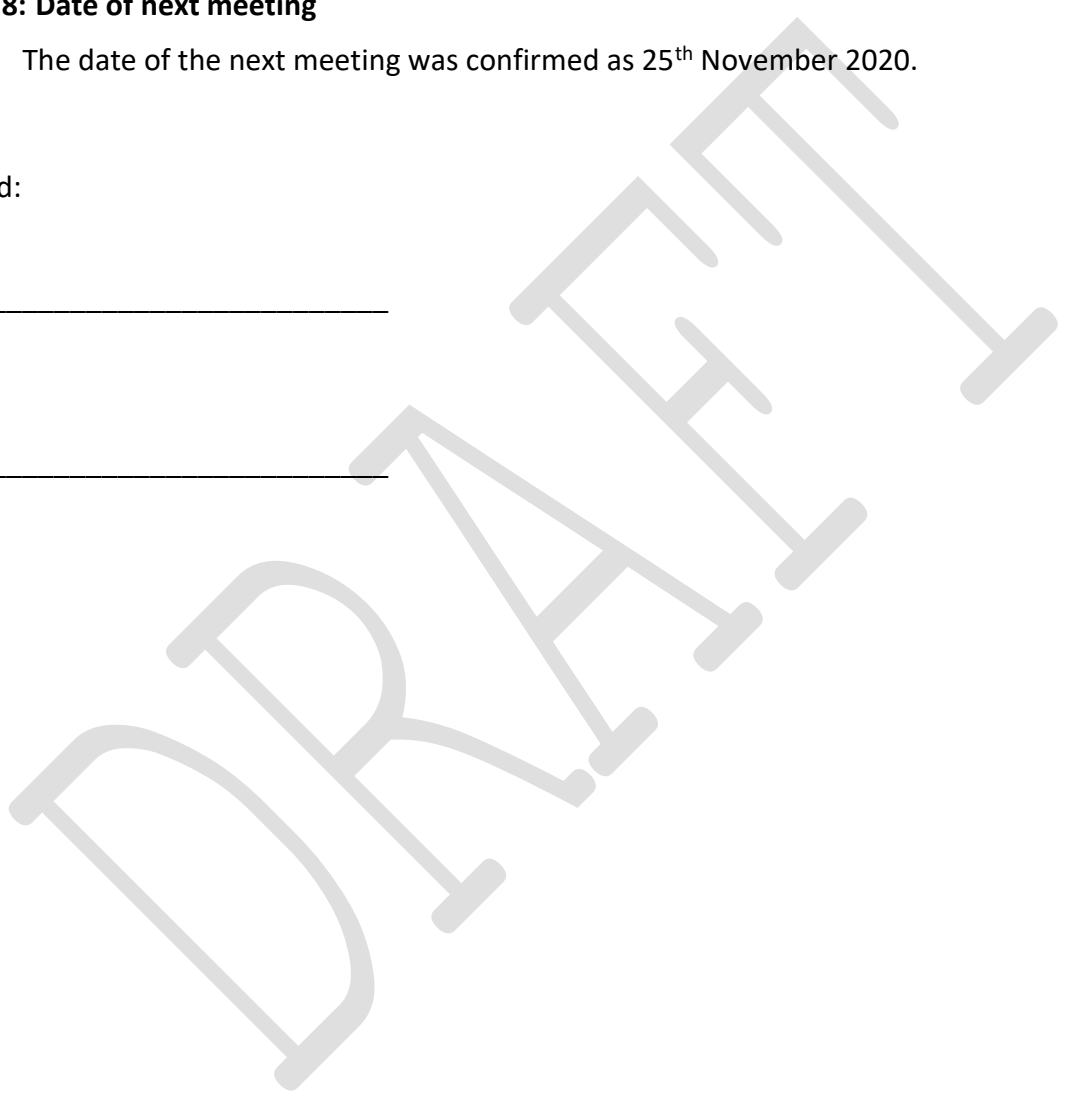
8.1 The date of the next meeting was confirmed as 25<sup>th</sup> November 2020.

Signed:

\_\_\_\_\_

Date:

\_\_\_\_\_



## ITEM 05 ACTION LIST

### SAINT RAPHAEL'S HOSPICE BOARD ACTION LIST FOR NOVEMBER 2020 MEETING

Reference	Lead	Description	Target Date for Completion	Comments
169/07	GL	Incorporate customer care/conflict/complaints management training into the mandatory training programme		WIP Content of Mandatory Training under review.
176/03	NS	To produce an overview report against each element of the deliverables set out in the Business Plan	December 2020	
180/03	GL	HLRO report to be signed off by NM		
180/05	AR	To represent Activity Data in graphical format to assist visualisation and key theme extract		
181/01	SJW, NS, GL	Review capacity and skill sets of Communications team in preparation for Hospice independence	December 2020	A set of JDs for paid or volunteer support for Comms support needs (website content management, social media, PR, editorial) will be prepared during November 2020
181/02	NS, GL	Add 'External Engagement' as standing item in Joint CEO report	Completed	
181/03	NS, GL	Provide Trustees with update on discussions with St Helier Hospital site		
22.07/01; 23.09/01	NM, AM	Bring Charity Governance Code for review at future Board meeting	March 2021	Planned for March 2021 Strategy Board meeting
22.07/07	NM, AM	Bring Scheme of Delegation for review at future Board meeting	Completed	Included in paper pack
182/03	NS, GL	Contact Paul Scully MP (Sutton and Cheam) regarding difficulties accessing Covid-19 testing		

## ITEM 05 ACTION LIST

Reference	Lead	Description	Target Date for Completion	Comments
23.09/02	EC	Share Hanover PR report on responses to enquiries about Hospice independence	Completed	
23.09/03	NS, GL	Send communications on Hospice independence to original launch event attendees	Completed	
23.09/04	AM	Take Trustee Expenses Policy to Finance Committee for ratification	Completed	
23.09/05	Trustees	Provide support and introductions for local Hospice outreach plans		
23.09/06	EC, NS	Update financial targets in Transfer Agreement to reflect the post-Covid-19 scenario	Completed	
23.09/07	EC	Circulate pre-Covid-19 scenarios as point of comparison	Completed	
23.09/08	Trustees, NM	Arrange meetings by Zoom for Trustees to meet senior post-holders	December 2020	
23.09/09	NM, AM	Bring 2021 agenda plan to future Board meeting	Completed	Included in paper pack
23.09/10	NM, AM, NS, GL	Take forward Board and Committee member outreach and recruitment process	Autumn 2020 & Spring 2021	
23.09/11	NM, AC, NS, GL	Bring together schedule of Provider visits	Spring 2021	On hold for now due to second lockdown

DATED

2020

THE CONGREGATION OF THE DAUGHTERS OF (1)  
THE CROSS OF LIÈGE

ST RAPHAEL'S HOSPICE (2)

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TRANSFER AGREEMENT

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## Table of Contents

1.	Definitions and Interpretation	3
2.	Background	6
3.	Transfer	6
4.	Liabilities and Indemnity	7
5.	Insurance	8
6.	Premises	8
7.	Employees	8
8.	Apprenticeship Levy	9
9.	Management	9
10.	Completion	9
11.	Novation of Contracts	9
12.	Legacies	10
13.	Costs	10
14.	VAT	10
15.	Access to records	10
16.	Confidentiality	11
17.	Data Protection	11
18.	Entire Agreement	11
19.	Waiver	11
20.	Third Party Rights	11
21.	Variations	11
22.	Counterparts	11
23.	Further assurance	12
<b>Schedule 1</b>	Bank Accounts	13
<b>Schedule 2</b>	Deficit Sum	15
<b>Schedule 3</b>	Logo	17
<b>Schedule 4</b>	Capitol House plan	15
<b>Schedule 5</b>	Leases of the Site	20
<b>Schedule 6</b>	Retail Premises and Capitol House	22
<b>Schedule 7</b>	Employees	29



**THIS AGREEMENT** is made the                      day of                      2020

**BETWEEN**

- (1) **THE CONGREGATION OF THE DAUGHTERS OF THE CROSS OF LIÈGE**, a company limited by guarantee, company number 3492921 and registered charity number 1068661, whose registered office is at the Provincialate, 29 Tite Street, London SW3 4JX (the **Congregation**); and
- (2) **ST RAPHAEL'S HOSPICE**, a company limited by guarantee, company number 11732567 and registered charity number 1182636, whose registered office is at the Provincialate, 29 Tite Street, London SW3 4JX (the **New Charity**).

**IT IS HEREBY AGREED** as follows:

**1. Definitions and Interpretation**

1.1 In this Agreement the following words and expressions unless the context otherwise admits have the meaning set out next to them below:

**Apprenticeship Levy Scheme** means a scheme by which employers pay a levy to HM Revenue & Customs to fund eligible apprenticeship programmes;

**Apprenticeship Sum** means that part of the sum paid by the Congregation to HM Revenue & Customs in respect of the Apprenticeship Levy Scheme prior to the Transfer Date that relates to the Functions;

**Apprenticeship Top-Up** means any additional sum paid by HM Revenue & Customs in respect of the Apprenticeship Sum;

**Assets** means all assets relating to the Functions as at the Transfer Date, including in particular:

- (a) all cash held in the bank accounts designated by the Congregation for the purpose of carrying out the Functions and listed in Schedule 1;
- (b) a further sum of £3,600,000, representing the deficit relating to the Hospice and as set out in Schedule 2;
- (c) such of the Congregation's office equipment, stationery and other chattels as it currently uses for carrying out the Functions;
- (d) all trade and other debts owing to the Congregation in relation to the Functions as at close of business on the Transfer Date;
- (e) the goodwill of the Congregation in relation to the Functions, including the exclusive right for the New Charity to represent itself as carrying on the Functions in succession to the Congregation;
- (f) the Records;
- (g) the Intellectual Property Rights and the Know-how; and
- (h) all other assets shown on the Transfer Balance Sheet;

**Capitol House** means St Raphael's Hospice Warehouse and Fundraising Office, Ground and First Floor premises at Capitol House, 662 London Road, North Cheam SM3 9BY, shown for the purpose of identification edged red on the plan at Schedule 4;

**Charity Commission** means the Charity Commission for England and Wales;

**Completion** means the completion of the transfers in accordance with this Agreement;

**Contracts** means all contracts to which the Congregation is a party for the purpose of carrying out the Functions, including in particular all contracts in connection with the provision of palliative care, treatment or relief at the Site.

**Data Controller** and **Data Subject** bear the meanings given to those expressions in Article 4 of the GDPR.

**Data Protection Laws** means the Data Protection Act 1998, the General Data Protection Regulation (EU) 2016/679 (**GDPR**), the Data Protection Act 2018, the Privacy and Electronic Communications Regulations 2003, and all other applicable laws, enactments, regulations, orders, standards and other similar instruments relating to data protection and privacy, each as may be amended or superseded from time to time.

**Employees** means the employees and other workers listed in Schedule 7;

**Functions** means the functions that are currently carried out by the Congregation at the Premises and elsewhere as reflected in the annual report and financial statements of the Hospice for the financial year ended 31 March 2019;

**Hospice** means the hospice operated at the Site by the Congregation up to the Transfer Date;

**Intellectual Property Rights** means all intellectual property rights belonging to the Congregation in respect of the Functions including but not limited to the Logo, all copyrights, moral rights, patents, database rights, publication right, trade marks, domain names, designs and design rights (registered and unregistered), utility models, supplementary protection certificates and all rights of a similar nature in any part of the world and arising at any time, and applications and the right to apply for registration of any intellectual property rights;

**Know-how** means all information and data of a confidential nature belonging to the Congregation in respect of the Functions whether patentable or not, including inventions, discoveries, improvements, techniques, processes, formulae, drawings, designs, specifications, manuals, instructions, computer programs and lists, in each case whether written or unwritten;

**Liabilities** means the liabilities arising from or related to the Contracts, the Functions and the Premises as at the Transfer Date;

**Logo** means the logo set out in Schedule 3;

**Pension Schemes** means the following pension schemes operated for the benefit of current and former employees of the Congregation engaged at the Premises:

- (a) the St Raphael's Hospice Group Personal Scheme; and
- (b) the NHS Pension Scheme;

**Premises** means the Site, the Retail Premises and Capitol House;

**Records** means the books, records and other papers (however stored) related to the Functions;

**Retail Premises** means the following leasehold retail premises:

- (a) the Cheam Shop at 3 High Street, Cheam Village, SM3 8RQ;
- (b) the Banstead Shop at 90 High Street, Banstead, SM7 2NN;
- (c) the Rosehill Shop at 18 The Market, Wrythe Lane, Rosehill, SM5 1AG;
- (d) the Worcester Park Shop at 98 Central Road, Worcester Park, KT4 8HU;
- (e) the Carshalton Beeches Shop at 81 Banstead Road, Carshalton, SM5 3NP;
- (f) the Raynes Park Shop at 10 Lambton Road, Raynes Park, SW20 0LR;
- (g) the Carshalton Shop at 46 High Street, Carshalton, SM5 3AG;
- (h) the Sutton Shop at 214 High Street, Sutton, SM1 1NU;
- (i) the Ewell Village Shop at 62 High Street, Ewell Village, KT17 1RL;
- (j) the New Malden Shop at 121 High Street, New Malden, KT3 4BP;
- (k) the Stonecot Hill Shop at 2/4 Tudor Drive, Stonecot Hill, Sutton, SM4 4PE;  
and
- (l) the Wimbledon Village Shop at 7 High Street, Wimbledon Village, London. SW19 5DX.

**Site** means the following leasehold properties:

- (a) St Raphael's Hospice, London Road, Cheam, Sutton SM3 9DX, shown for the purpose of identification edged red on plan 1 within the lease at Schedule 5;
- (b) 759 London Road, Cheam, Sutton SM3 9DX shown for the purpose of identification edged red on the plan within the lease at Schedule 5;
- (c) St Bede's Centre London Road, Cheam, Sutton SM3 9DX shown for the purpose of identification edged red on the plan within the lease at Schedule 5

**Transfer Balance Sheet** means the balance sheet prepared for the period ended 31 October 2020 and reflecting the assets and liabilities relating to the Functions as at the Transfer Date which shall be agreed with the New Charity as soon as possible after the Transfer Date and stored with this Agreement;

**Transfer Date** means 12 o'clock midnight at the end of 31 October 2020 or such other date as the parties may agree; and

**TUPE** means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (as amended).

1.2 In this Agreement, unless the context requires otherwise:

1.2.1 a reference to a clause or schedule is a reference to a clause in or a schedule to this Agreement;

1.2.2 words importing the singular shall include the plural and vice versa;

1.2.3 references to any gender shall include all other genders;

1.2.4 references to persons shall include bodies corporate, unincorporated associations, trusts and partnerships;

1.2.5 references to the **parties** mean the parties to this Agreement and **party** means either of them and shall include that person's permitted assignees, transferees or successors in title;

1.2.6 clause headings shall not affect the interpretation of the Agreement;

1.2.7 references to any statute or statutory provision include a reference to that statute or statutory provision as amended, consolidated or replaced from time to time (whether before or after the date of this Agreement) and include any order, regulation, instrument or other subordinate legislation made under the relevant statute or statutory provision; and

1.2.8 references to **writing** or **written** include faxes and any non-transitory form of visible reproduction of words.

## 2. Background

2.1 The Congregation currently provides palliative care, treatment and relief for adults of all ages with active, progressive and advanced illness, both at the Premises and in patients' own homes. The Congregation also provides support to patients' families and friends.

2.2 In view of the evolving nature of the Congregation's membership and focus, it has resolved that the management of those facilities and associated services would best be undertaken by a separate entity and it has therefore established the New Charity as a charitable company.

2.3 This Agreement sets out the terms on which certain of the Congregation's assets and undertakings relating to the Premises will be transferred to the New Charity.

## 3. Transfer

3.1 In consideration of the assumption by the New Charity of the Liabilities, the Congregation shall transfer (which expression shall where appropriate include an assignment or novation) and the New Charity shall acquire, with effect from the Transfer Date, the Assets and the benefit (subject to the burden) of the Contracts.

3.2 The Congregation shall give to the New Charity possession of such of the Assets as are transferable by delivery with the intent that title in such Assets shall pass by and upon delivery and such delivery shall be deemed to take place on the Transfer Date.

3.3 The Congregation will do any other things (including the execution of any documents) as may be necessary or expedient to secure to the New Charity the full benefit of this Agreement.

#### **4. Liabilities and Indemnity**

4.1 The New Charity shall, with effect from the Transfer Date, pay and be responsible for the Liabilities and hereby agrees with the Congregation (subject to clause 4.2) to indemnify the Congregation and keep it indemnified from and against any and all liabilities, action, proceedings, claims, demands, taxes and duties and all associated interest, penalties and costs in respect of the Contracts, the Functions and the Premises howsoever arising.

4.2 If any claim is made against or liability incurred by the Congregation in respect of which the New Charity has provided an indemnity, the Congregation will:

4.2.1 as soon as reasonably practicable give notice in writing to the New Charity regarding the claim or matter in question;

4.2.2 provide to the New Charity and its professional advisers copies of such documents and records (or extracts therefrom) within their power, possession or control as the New Charity may reasonably request for the purpose of investigating the matter;

4.2.3 allow the New Charity (using professional advisers nominated by the New Charity) to take such action and institute and conduct such proceedings on behalf of the Congregation as the New Charity may reasonably request to dispute, resist, appeal, compromise, defend, remedy or mitigate the matter, or to enforce against any third party the Congregation's rights in relation to the relevant matter; and

4.2.4 not admit liability in respect of or compromise or settle the matter in respect of which the New Charity has provided an indemnity without the prior written consent of the New Charity, such consent not to be unreasonably withheld or delayed.

4.3 If the New Charity becomes aware of any claim made against or liability incurred by the Congregation in respect of which the New Charity has provided an indemnity, the New Charity shall, unless the Congregation has given notice under clause 4.2.1 or otherwise confirmed to the New Charity its knowledge of such claim, as soon as reasonably practicable give notice in writing to the Congregation of the claim or matter in question and provide to the Congregation copies of such documents and records (or extracts therefrom) within its power, possession or control as are relevant to the claim.

4.4 The New Charity shall, with effect from the Transfer Date, be responsible for compliance with all relevant legal and regulatory requirements for the carrying out of the Functions.

## **5. Insurance**

- 5.1 The Congregation shall up to and including the Transfer Date effect and maintain with a reputable insurance company or companies adequate insurance cover in respect of such risks which may be incurred in respect of the Functions, the Contracts and the Premises as the Congregation, acting reasonably, deems appropriate.
- 5.2 The New Charity shall from the Transfer Date effect and maintain with a reputable insurance company or companies adequate insurance cover in respect of such risks which may be incurred in respect of the Functions, the Contracts and the Premises as the New Charity, acting reasonably, deems appropriate.

## **6. Premises**

- 6.1 The Congregation shall provide to the New Charity leases of the Site in the form set out at Schedule 5.
- 6.2 The Congregation and the New Charity have agreed that the provisions of section 24 to 28 of the Landlord and Tenant Act 1954 shall not apply to the leases of the Site.
- 6.3 The three notices required to be served by the Congregation on the New Charity pursuant to Regulatory Reform (Business Tenancies) Order 2003 in relation to the three leases of the Site were served on \_\_\_\_\_ 2020 and the three declarations required to be made by or on behalf of the New Charity in relation to the three leases of the Site were made on \_\_\_\_\_.
- 6.4 The provisions of Schedule 6 shall apply in relation to the Retail Premises and Capitol House.
- 6.5 The Premises are held by the Congregation a non-exempt charity, but this transfer is one falling within section 117(3) of the Charities Act 2011.
- 6.6 Following the transfer, the Premises will be held by or on trust for the New Charity, a non-exempt charity, and the restrictions on disposition imposed by sections 117 to 121 of the Charities Act 2011 will apply to the land (subject to section 117 (3) of that Act).

## **7. Employees**

- 7.1 The Congregation and the New Charity agree that the Employees shall transfer into the employment of the New Charity with effect from the Transfer Date and the New Charity shall be responsible for all emoluments and outgoings in respect of the Employees (including without limitation all wages, bonuses, commissions, PAYE, National Insurance Contributions, pensions contributions and otherwise) from the Transfer Date.
- 7.2 The parties confirm their understanding that TUPE applies to the Transfers and agree that they will each comply with their obligations under TUPE and give, in a form agreed between them, notice of the Transfers to each of the Employees on or before the Transfer Date.
- 7.3 The parties will use all reasonable endeavours to procure that the New Charity is, with effect from the Transfer Date, substituted as the principal employer or as a participating employer (as the case may be) in respect of the Pension Schemes.

7.4 This Agreement does not purport to transfer any arrangements relating to volunteers at the Premises at the Transfer Date on the basis that such arrangements are non-contractual in nature.

## **8. Apprenticeship Levy**

8.1 The parties record their intention that, in the event that the New Charity identifies an apprenticeship programme that meets the requirements of the Apprenticeship Levy Scheme, the Congregation shall (at the New Charity's request and to the extent it is permitted to do so by the Apprenticeship Levy Scheme) apply the Apprenticeship Sum and, if applicable, the Apprenticeship Top Up to fund such programme. In the event that the Congregation is not permitted to apply the Apprenticeship Sum in support of such programme in full (or at all) the Congregation shall pay to the New Charity a further sum equivalent to the remaining part (or, where relevant, a sum equivalent to the total) of the Apprenticeship Sum it is not permitted to so apply.

## **9. Management**

During the period from the date hereof to the Transfer Date (if later) the Functions shall be carried on in the normal and usual course by the Congregation.

## **10. Completion**

10.1 Completion of this Agreement shall take place on the Transfer Date or at such later date as the parties may agree whereupon the Congregation shall cause to be delivered to the New Charity all the assets hereby agreed to be transferred which are capable of passing by delivery and (subject to Clause 11) a duly executed assignment of all the other assets to be transferred hereby not capable of passing by delivery;

10.2 If completion of this Agreement or the transfer of any of the Assets takes place on a date later than the Transfer Date the Congregation agree to manage and maintain such Assets as agent for and on behalf of the New Charity and to comply with the new Charity's instructions relating thereto.

## **11. Novation of Contracts**

In cases where the Congregation has entered into agreements or contracts with third parties on terms whereby the purported assignment or novation thereof would be a breach of or otherwise cause or entitle such third parties to terminate such agreements or contract and then such agreements or contracts as have not been effectually assigned or novated to the New Charity by the Transfer Date shall not be or be deemed to have been so assigned or novated and the same shall continue and subsist in the name of the Congregation but on the basis that:

11.1 the Congregation shall not incur any liability thereby;

11.2 the obligations of the Congregation under such contract shall be performed by the New Charity in accordance with their respective terms;

11.3 in consideration of such performance the Congregation shall direct or procure that all payments due to it under such contracts in respect of work carried out by New Charity after the Transfer Date shall be paid to New Charity;

- 11.4 the Congregation shall on behalf of New Charity take such action and enforce all claims arising under such agreements or contracts against such third parties upon receiving the written request of New Charity so to do; and
- 11.5 the parties continue to use their best endeavours to assign or novate such agreements or contracts to New Charity as soon as possible after the Transfer Date.
- 11.6 This Agreement shall, to the extent that it remains to be performed, continue in full force and effect notwithstanding Completion.

## **12. Legacies**

The Congregation hereby agrees that if at any date after the Transfer Date it receives any bequest or other gift that is expressed as being for the purposes of supporting the work henceforth to be carried out by the New Charity, it shall (at the expense of the New Charity) execute such deeds or documents and otherwise co-operate with the New Charity to the extent necessary to ensure that the New Charity receives the benefit of such bequest or gift.

## **13. Costs**

All reasonable costs relating to the negotiation and execution of this Agreement shall be borne by the Congregation.

## **14. VAT**

The parties shall use all reasonable endeavours to procure that the Transfer is deemed to be a transfer of a business as a going concern for the purposes of Value Added Tax Act 1994 and if any VAT shall be payable in respect of the Transfer pursuant to this Agreement the New Charity shall pay to the Congregation such VAT, such payment to be made forthwith on delivery of a tax invoice.

## **15. Access to records**

Following Completion (and without prejudice to clauses 4.2.2 and 4.3):

- 15.1 the New Charity shall ensure that the Records are properly maintained and retained by it in accordance with all relevant legal and regulatory requirements;
- 15.2 the New Charity shall provide the Congregation and its agents with such reasonable access to the Records (and any other documents and records within its power, possession or control) as is reasonably necessary to allow the Congregation to comply with its legal and regulatory obligations and the Congregation shall, at its own cost, be permitted to take copies of such documents and records; and
- 15.3 the Congregation shall provide the New Charity and its agents with such reasonable access to any documents and records within its power, possession or control as is reasonably necessary to allow the New Charity to comply with its legal and regulatory obligations and the New Charity shall, at its own cost, be permitted to take copies of such documents and records.

## **16. Confidentiality**

Each of the parties agrees to treat as confidential all information concerning the affairs, operations or business of the other party which it acquires in consequence of and in connection with this Agreement, unless otherwise agreed between the parties.

## **17. Data Protection**

Notwithstanding any other provision of this Agreement, the New Charity undertakes that, on receipt of any personal data on the Transfer Date:

- 17.1 it shall duly observe all its obligations as a Data Controller under the Data Protection Laws which arise in connection with processing the personal data;
- 17.2 it shall comply with the seven principles relating to processing of personal data set out in Article 5(1) of the GDPR, and in particular shall process personal data in accordance with the 'lawfulness, fairness and transparency' principle in accordance with the terms and conditions set out in this Agreement; and
- 17.3 it shall respond to any request made by a Data Subject in relation to the provision of details of the services in accordance with the rights of Data Subjects under the Data Protection Laws.

## **18. Entire Agreement**

This Agreement represents the entire terms agreed between the parties and supersedes all previous arrangements between the parties in relation to its subject matter.

## **19. Waiver**

The failure to exercise or delay in exercising a right or remedy under the Agreement shall not constitute a waiver of the right or remedy or a waiver of any other rights or remedies and no single or partial exercise of any right or remedy under this Agreement shall prevent any further exercise of the right or remedy or the exercise of any other right or remedy.

## **20. Third Party Rights**

The parties agree that, notwithstanding anything to the contrary in this Agreement, nothing in this Agreement shall operate to confer any rights or benefits on any third party.

## **21. Variations**

No variation of this Agreement shall be effective unless made in writing and executed by the parties or their duly authorised representatives.

## **22. Counterparts**

This Agreement may be executed in any number of counterparts and by the parties on different counterparts but shall not be effective until each party has executed at least one counterpart. Each counterpart shall constitute an original of this Agreement, but all the counterparts shall together constitute one and the same agreement.

**23. Further assurance**

Each party shall and shall use all reasonable endeavours to procure that any necessary third party shall:

23.1 promptly furnish to the other party such further information;

23.2 promptly execute and deliver such documents; and

23.3 promptly perform such acts;

as may reasonably be required for the purpose of giving full effect to this Agreement.

**24. Dispute Resolution**

Whether or not this Agreement has been terminated, neither party will take legal proceedings for the enforcement of its terms or of any rights arising under it, without first having taken positive steps to resolve the matter by negotiation, mediation or other informal method of dispute resolution not involving publicity.

**25. Governing Law and Jurisdiction**

This Agreement shall be governed by and construed in accordance with English law and the parties irrevocably agree that the Courts of England and Wales shall have jurisdiction to settle any dispute which may arise out of or in connection with this Agreement and that accordingly any proceedings may be brought in such courts.

This Agreement has been entered into on the date stated at the beginning of it.

**Schedule 1      Bank Accounts**

	<b>Account No.</b>	<b>Sort Code</b>
<b>NatWest Bank</b>		
St Raphaels Hospice Fundraising Account	03060586	60-24-28
St Raphael's Hospice Fund Retail Fund	11525479	60-24-28
St Raphaels Hospice Special Interest Bearing Account	11600489	60-24-28
St Raphaels 35 Day Account	11695560	60-24-28
<b>Barclays Bank</b>		
St Raphaels Hospice Lottery Ticket Sales	20288055	20-65-90
St Raphaels Hospice Lottery Prizes	20319058	20-65-90
<b>Metrobank</b>		
St Raphaels Hospice Instant Access Account	21465623	23-05-80
St Raphaels Hospice Fixed Deposit Account	MM162937517 0	23-05-80



**Schedule 2** Deficit Sum



Schedule 3 Logo





**Schedule 4** Capitol House plan

**Schedule 5** Leases of the Site



## Schedule 6 Retail Premises and Capitol House

### 1. Definitions

In this Schedule 6 the following words and expressions have the meanings set out below:

**Leases** means the leases relating to the Retail Premises and Capitol House under which the Congregation is the tenant and where the context allows the expression Leases shall refer to all or any of them, and the expression 'Lease' shall refer to one or more of the Leases;

**Landlord** means the person for the time being entitled to the immediate reversion to each of the Leases and including any superior landlord or other person whose consent is required to an assignment; and

**Landlord's Consent** means the written consent of the Landlord to an assignment.

### 2. Landlord's Consent

2.1 The New Charity shall at its own cost use all reasonable endeavours to cooperate promptly with the Congregation in relation to any application to obtain Landlords Consent to the assignment of all or any of the Leases to the New Charity and without limitation this shall include:

2.1.1 providing such references, information and accounts as a Landlord may reasonably require;

2.1.2 providing such guarantees, rent deposit and/or other security as a Landlord may reasonably require; and

2.1.3 entering into such covenants as a Landlord may reasonably require and comply with any other lawful conditions imposed by a Landlord (acting reasonably).

2.2 On expiry of the term of any of the Leases or on any of the Leases otherwise coming to an end:

2.2.1 if on a reasonable view of all these circumstances a new lease to replace the expired or terminated Lease (in this sub-clause a 'Replacement Lease') is appropriate then the New Charity shall at its own cost use all reasonable endeavours and will cooperate with the Congregation to ensure that the Replacement Lease is granted to the New Charity and for the avoidance of doubt the Congregation shall not be a party to any Replacement Lease; and

2.2.2 where a deposit is held by the Landlord pursuant to the relevant Lease it shall be repaid to the New Charity.

### 3. Completion

- 3.1 In relation to any transfer of a Lease the form of the transfer shall be substantially in the form of the form TR1 at Appendix 1 to this Schedule 6.
- 3.2 In relation to each Lease and with effect from the Transfer Date:
- 3.2.1 the premises demised by the relevant Lease shall be held by the Congregation on trust for the New Charity who shall be entitled to occupy the said premises and shall put the Congregation in funds (or apply funds as the Congregation shall otherwise direct) pursuant to paragraph 3.2.2 below for such rents, service charge and other sums as are reserved and payable to the Landlord;
- 3.2.2 the new Charity shall:
- (a) on demand pay to the Congregation (or pay as the Congregation shall otherwise direct) a licence fee equivalent to all rents, service charges and other outgoings properly to be paid by the Congregation;
  - (b) observe and perform the covenants and conditions and other matters affecting the Lease to be observed and performed by the tenant other than payment of rents and service charges;
  - (c) not infringe any statutory requirement relating to the Lease;
  - (d) indemnify the Congregation in respect of all losses, costs, claims, demands, actions and other liabilities incurred by the Congregation as a result of any act neglect default or omission on the part of the New Charity to perform or comply with such covenants and conditions;
  - (e) not occupy the premises demised by the Lease other than as the licensee of the Congregation; and
  - (f) not permit any third party to use or occupy the premises demised by the Lease.
- 3.2.3 the Congregation shall, at the reasonable request of the New Charity, serve and join into any legal notices that the tenant of the Lease needs to serve and join into any legal documents which the tenant of the Lease needs to sign.
- 3.3 If the Landlord or any other person interested in a Lease should commence proceedings, raise any objections or take any other action in connection with the New Charity's occupation of the premises demised by the Lease the New Charity shall forthwith at its own cost take such steps as the Congregation may reasonably require in connection with any such matter and shall indemnify the Congregation in respect of all losses costs claims demands actions and other liabilities arising as a result of any proceedings objections or actions.
- 3.4 The permission granted to the New Charity to occupy the premises demised by a Lease will come to an end on completion of the transfer of the relevant Lease or on not less than five working days' notice from the Congregation if the New Charity is in

default of its obligations under paragraph 3.2.2 above or if the Landlord or other person interested in the relevant Lease takes or threatens to take proceedings for forfeiture or for an order requiring the Congregation to terminate all and any right which the New Charity may have to occupy the premises demised by the Lease whether or not accompanied by a claim for damages and the Congregation acting in good faith reasonably believes that such threat is likely to be acted upon and in the case of such a threat being made that there is a reasonable chance such proceedings would prevail if the threat were acted upon.

- 3.5 Upon permission to occupy the premises let by a Lease coming to an end otherwise than by completion of a transfer of the relevant Lease the New Charity shall vacate the premises demised by the Lease and the New Charity's obligations under paragraph 3.2.2 above shall cease.
- 3.6 The occupation and use of the premises demised by the Leases shall be at the sole risk and cost of the New Charity.
- 3.7 The New Charity shall indemnify the Congregation in respect of all losses costs claims demands actions and other liabilities arising as a result of the New Charity's occupation and use of all or any of the premises demised by the Leases or by reason of any act or default of the employees tenants or agents of the New Charity relating to the Leases
- 3.8 Within ten working days of the transfer of any Lease to the New Charity:
  - 3.8.1 the Congregation shall serve notice on the relevant Landlord of the transfer of the relevant Lease; and
  - 3.8.2 where the relevant Lease is registered the New Charity shall apply for registration at the Land Registry of the transfer of the Lease.

## Appendix 1

# HM Land Registry

## Transfer of whole of registered title(s)

# TR1

**Any parts of the form that are not typed should be completed in black ink and in block capitals.**

If you need more room than is provided for in a panel, and your software allows, you can expand any panel in the form. Alternatively use continuation sheet CS and attach it to this form.

For information on how HM Land Registry processes your personal information, see our [Personal Information Charter](#).

Leave blank if not yet registered.

Insert address including postcode (if any) or other description of the property, for example 'land adjoining 2 Acacia Avenue'.

Remember to date this deed with the day of completion, but not before it has been signed and witnessed.

Give full name(s) of **all** the persons transferring the property.

Complete as appropriate where the transferor is a company.

Give full name(s) of **all** the persons to be shown as registered proprietors.

Complete as appropriate where the transferee is a company. Also, for an overseas company, unless an arrangement with HM Land Registry exists, lodge either a certificate in Form 7 in Schedule 3 to the Land Registration Rules 2003 or a certified copy of the constitution in English or Welsh, or other evidence permitted by rule 183 of the Land Registration Rules 2003.

1	Title number(s) of the property:  [insert title number of leasehold title]
2	Property: The leasehold property known as [insert address] as more particularly described in the lease [insert details of lease]
3	Date:
4	Transferor:  <b>THE CONGREGATION OF THE DAUGHTERS OF THE CROSS OF LIEGE</b>  <i>For UK incorporated companies/LLPs</i> Registered number of company or limited liability partnership including any prefix: 3492921  <i>For overseas companies</i> (a) Territory of incorporation:  (b) Registered number in the United Kingdom including any prefix:
5	Transferee for entry in the register:  <b>ST RAPHAEL'S HOSPICE</b>  <i>For UK incorporated companies/LLPs</i> Registered number of company or limited liability partnership including any prefix: 11732567  <i>For overseas companies</i> (a) Territory of incorporation:  (b) Registered number in the United Kingdom including any prefix:

Each transferee may give up to three addresses for service, one of which must be a postal address whether or not in the UK (including the postcode, if any). The others can be any combination of a postal address, a UK DX box number or an electronic address.

Place 'X' in the appropriate box. State the currency unit if other than sterling. If none of the boxes apply, insert an appropriate memorandum in panel 11.

Place 'X' in any box that applies.

Add any modifications.

Where the transferee is more than one person, place 'X' in the appropriate box.

Complete as necessary.

The registrar will enter a Form A restriction in the register *unless*:

- an 'X' is placed:
  - in the first box, or
  - in the third box and the details of the trust or of the trust instrument show that the transferees are to hold the property on trust for themselves alone as joint tenants, *or*
- it is clear from completion of a form JO lodged with this application that the transferees are to hold the property on trust for themselves alone as joint tenants.

Please refer to [Joint property ownership](#) and [practice guide 24: private trusts of land](#) for further guidance. These are both available on the GOV.UK website.

Insert here any required or permitted statement, certificate or application and any agreed covenants, declarations and so on.

6	Transferee's intended address(es) for service for entry in the register:  29 Tite Street London SW3 4JX
7	The transferor transfers the property to the transferee
8	Consideration  <input type="checkbox"/> The transferor has received from the transferee for the property the following sum (in words and figures):  <input checked="" type="checkbox"/> The transfer is not for money or anything that has a monetary value  <input type="checkbox"/> Insert other receipt as appropriate:
9	The transferor transfers with <input checked="" type="checkbox"/> full title guarantee <input type="checkbox"/> limited title guarantee
10	Declaration of trust. The transferee is more than one person and  <input type="checkbox"/> they are to hold the property on trust for themselves as joint tenants  <input type="checkbox"/> they are to hold the property on trust for themselves as tenants in common in equal shares  <input type="checkbox"/> they are to hold the property on trust:
11	Additional provisions  11.1 The Property is held by the Congregation of the Daughters of the Cross of Liege ( <b>Congregation</b> ) a non-exempt charity and this transfer is one falling within paragraph (c) of section 117(3) of the Charities Act 2011

<p>11.2</p> <p>11.3</p>	<p>The directors of the Congregation, being the persons who have the general control and management of its administration, certify that they have power, under the provisions establishing it as a charity and regulating its purposes and administration, to effect this disposition and that they have complied with the provisions of the said sections 117-121 so far as applicable to this disposition</p> <p>The Property will, as a result of this transfer, be held by St Raphael's Hospice, a non-exempt charity, and the restrictions on disposition imposed by section 117-121 of the Charities Act 2011 will apply to the Property (subject to section 117(3) of the Act)</p>
<p>12</p>	<p>Indemnity</p> <p>The Transferee hereby covenants with the Transferor (by way of indemnity only) that the Transferee will at all times hereafter observe and perform the covenants and conditions on the part of the tenant contained in the lease registered under the Title Number stated in Panel 1 so far as the same relate to the Property and are still subsisting and capable of taking effect and hereby indemnifies the Transferor from and against all actions costs claims damages demands loss and liability in respect of any future breach or non-observance or non-performance thereof</p>
<p>13</p>	<p>Execution</p> <p><b>IN WITNESS</b> whereof the parties hereto have executed this instrument as a Deed on the date first before written</p> <p>EXECUTED as a DEED by )  THE CONGREGATION OF THE )  DAUGHTERS OF THE CROSS )  OF LIEGE acting by )  two directors/a director )  and the company secretary )</p> <p>Director</p> <p>Director/Secretary</p>

The transferor must execute this transfer as a deed using the space opposite. If there is more than one transferor, all must execute. Forms of execution are given in Schedule 9 to the Land Registration Rules 2003. If the transfer contains transferee's covenants or declarations or contains an application by the transferee (such as for a restriction), it must also be executed by the transferee.

If there is more than one transferee and panel 10 has been completed, each transferee must also execute this transfer to comply with the requirements in section 53(1)(b) of the Law of Property Act 1925 relating to the declaration of a trust of land. Please refer to [Joint property ownership](#) and [practice guide 24: private trusts of land](#) for further guidance.

Remember to date this deed in panel 3.

EXECUTED as a DEED by )  
ST RAPHAEL'S HOSPICE )  
acting by two directors/a director )  
and the company secretary )

Director

Director/Secretary

**WARNING**

If you dishonestly enter information or make a statement that you know is, or might be, untrue or misleading, and intend by doing so to make a gain for yourself or another person, or to cause loss or the risk of loss to another person, you may commit the offence of fraud under section 1 of the Fraud Act 2006, the maximum penalty for which is 10 years' imprisonment or an unlimited fine, or both.

Failure to complete this form with proper care may result in a loss of protection under the Land Registration Act 2002 if, as a result, a mistake is made in the register.

Under section 66 of the Land Registration Act 2002 most documents (including this form) kept by the registrar relating to an application to the registrar or referred to in the register are open to public inspection and copying. If you believe a document contains prejudicial information, you may apply for that part of the document to be made exempt using Form EX1, under rule 136 of the Land Registration Rules 2003.

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### Schedule 7 Employees

<b>Name</b>	<b>Employee Description</b>	<b>Appointment Type</b>
Agboola, Helen	Senior Staff Nurse (In-Patient Unit)	Permanent
Akata-Lewis, Dosia	HCA - IPU (In-Patient Unit)	Permanent
Akhtar, Ambreen	Speciality Doctor (In-Patient Unit)	Permanent
Aspinall, Kathleen	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Bentley, Lisa	HCA - IPU (In-Patient Unit)	Permanent
Berry, Paula	HCA - IPU (In-Patient Unit)	Permanent
Bonnett-Degale, Angela	HCA - IPU Nights (In-Patient Unit)	Permanent
Bourne, Sam	Events Fundraiser (Fundraising)	Permanent
Briant, Laura	Clinical Facilitator (In-Patient Unit)	Permanent
Brocklehurst, Michelle	CPCT CNS (CPCT)	Permanent
Bromboszcz , Diana	Counsellor (Psychosocial Team)	Permanent
Bucktowar-Bhurtun, Dhima	Staff Nurse - IPU (In-Patient Unit)	Permanent
Burns, Emma	Corporate Fundraiser (Fundraising)	Permanent
Burnside, Tracy	Retail Support Assistant (001 - Shops Admin & Warehouse)	Permanent
Carew, Tina	HCA - IPU Nights (In-Patient Unit)	Permanent
Channer, Kelly	Head of HR (HR)	Permanent
Channon, Julie	HCA - IPU (In-Patient Unit)	Permanent
Christmas, Tracy	Community Service Manager - CPCT (CPCT)	Permanent
Clarke, Jo-Ann	Relief Manager (001 - Shops Admin & Warehouse)	Permanent
Coelho, Alarico	Database Manager (Fundraising)	Permanent
Coote, Laila	Staff Nurse - IPU (In-Patient Unit)	Permanent
Cope, Jonathan	Quality Improvement Assistant (Quality Assurance)	Permanent
Cox, Georgia	Weekend Supervisor (001 - Shops Admin & Warehouse)	Permanent
Crawley, Jacky	HR Officer (HR)	Permanent
Cresswell, Steve	Facilities Manager (Facilities Management)	Permanent
Da-Silva, Busi	Doctor (In-Patient Unit)	Permanent
Davies-Evans, Sue	Housekeeping Manager (Housekeeping)	Permanent
Dearing, Ria	Assistant Manager - Sutton (005 - Sutton Shop)	Permanent

Dillamore, Brian	IT & Database Administrator (IT)	Permanent
Dodge, Nicola	Shop Manager - Raynes Park (003 - Raynes Park Shop)	Permanent
Dray, Hettie	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Drysdale, Wendy	Assistant Manager - Rosehill (002 - Rosehill Shop)	Permanent
Eagle, Lisa	Financial Assistant (Finance)	Permanent
Elderkin, Mary	HCA - IPU (In-Patient Unit)	Permanent
Elderkin, Sandy	Staff Nurse - IPU (In-Patient Unit)	Permanent
Evans, Julia	HCA - IPU Nights (In-Patient Unit)	Permanent
Evans, Pascale	Education Secretary (Secretaries and Administration)	Permanent
Fall, Karen	CPCT CNS (CPCT)	Permanent
Fallows, Alison	HCA - Hospice at Home (Hospice at Home)	Permanent
Finn, Caroline	HCA - Hospice at Home (Hospice at Home)	Permanent
Flint, Maura	Clinical Facilitator (In-Patient Unit)	Permanent
Ford, Julie	Senior Staff Nurse (In-Patient Unit)	Permanent
Foster, Cathy	Staff Nurse - IPU (In-Patient Unit)	Permanent
Gauld, Linda	CNS Development Post (CPCT)	Permanent
Gilfoyle, Karen	HCA - IPU Nights (In-Patient Unit)	Permanent
Glynn, Julie	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Griffin, Bernie	CPCT CNS (CPCT)	Permanent
Groom, John	Head of IT Information and Facilities (IT)	Permanent
Gurung, Kala	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Gurung, Sakti	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Haines, Karen	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Harbrecht, Beverley	ACC Operator (Secretaries and Administration)	Permanent
Harris, Steve	Driver - Retail (001 - Shops Admin & Warehouse)	Permanent
Hayden, Patricia	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Heard, Lucia	Senior Community Fundraiser (Fundraising)	Permanent
Hickling, Sara	Staff Nurse - IPU (In-Patient Unit)	Permanent
Hobson, Kevin	CPCT CNS (CPCT)	Permanent
Hunt, Lee-Anne	Staff Nurse - IPU (In-Patient Unit)	Permanent
Hunt, Lorraine	Volunteer Services Co-Ordinator - Fundraising (Fundraising)	Permanent
Hutchinson, Philomena	Senior Staff Nurse (In-Patient Unit)	Permanent

Jackson, Lynn	Community Administration (CPCT)	Permanent
Jones, Ashlie	Executive Assistant (Head Office)	Permanent
Jones, Wendy	Senior Shop Manager - Carshalton Beeches (008 - Carshalton Beeches Shop)	Permanent
Kelchure, Mervin	Facilities Operative (Facilities Management)	Permanent
Kennedy, Tiesha	Assistant Manager - Banstead (006 - Banstead Shop)	Permanent
Keohane, Teresa	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Khan, Nora	CPCT CNS (CPCT)	Permanent
Kirkwood, Mel	Assistant Volunteer Services Manager (Volunteer Coord)	Permanent
Klim, Pauline	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Lambert, Jason	IT Assistant (IT)	Permanent
Lillington, Kim	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Linehan, Gail	Acting Joint CEO (Head Office)	Permanent
Linsdell, David	Facilities Operative (Facilities Management)	Permanent
Lock, Sharon	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Lowe, Jackie	ACC Operator (Secretaries and Administration)	Permanent
Lucas, Rebecca	CPCT CNS (CPCT)	Permanent
Lunn, Elisa	Social Worker (Psychosocial Team)	Permanent
MacGraw, James	Database Assistant (Fundraising)	Permanent
Mackie, Kayleigh	Nursing Associate (In-Patient Unit), (), ()	Permanent
Manning, Denise	HCA - IPU (In-Patient Unit)	Permanent
Marshall, Sue	Shop Manager - Stonecott (007 - Stonecot Hill Shop)	Permanent
McGrath, Julie	ACC Supervisor (Secretaries and Administration)	Permanent
McIlroy, Karen	Assistant Manager - Stonecott (007 - Stonecot Hill Shop)	Permanent
McKenna, Katie	Visual Merchandiser (001 - Shops Admin & Warehouse)	Permanent
Mears, Linda	HCA - Hospice at Home (Hospice at Home)	Permanent
Miller, Dawn	Payroll and HR Administrator (HR)	Permanent
Molyneux, Steve	Clinical Lead for Psychological Support Services (Psychosocial Team)	Permanent
Moore, Lucy	Administration Assistant - Welling Centre (Wellbeing Centre)	Permanent
Moore, Phil	Staff Nurse - Hospice at Home (Hospice at Home)	Permanent
Morris, Pauline	Ward Sister (In-Patient Unit)	Permanent
Morris, Peter	Facilities Operative (Facilities Management)	Permanent
Naraviene, Diamond	Communication Officer (Fundraising)	Permanent

Nelson, Caroline	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Nicholls, Emily	Head of Donor Development - Fundraising (Fundraising)	Permanent
Nolan, Annette	Senior Staff Nurse CPCT (CPCT)	Permanent
O'Grady, Jackie	CPCT CNS (CPCT)	Permanent
O'Mahoney, Anne	HCA - Hospice at Home (Hospice at Home)	Permanent
Orchard, Gill	Relief Manager (001 - Shops Admin & Warehouse)	Permanent
Osei, Ruby	HCA - IPU Nights (In-Patient Unit)	Permanent
Osidele-Odusote, Mayowa	HCA - Hospice at Home (Hospice at Home)	Permanent
Page, Gillian	Staff Nurse - IPU (In-Patient Unit)	Permanent
Page, Jayne	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Patel, Chetna	Community Fundraiser Co-Ordinator (Fundraising)	Permanent
Patten, David	Driver - Wellbeing Centre (Wellbeing Centre)	Permanent
Payne, Sheila	Wellbeing Centre Co-Ordinator (Wellbeing Centre)	Permanent
Pendington, Denise	Supporter Care Administrator (Fundraising)	Permanent
Penycate, Denise	Senior Shop Manager (Fundraising)	Permanent
Penycate, Denise	()	Permanent
Powell, David	Driver - Retail (001 - Shops Admin & Warehouse)	Permanent
Prior, Marnie	CNS Development Post (CPCT)	Permanent
Putt, Susan	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Ribaud, Lucy	Supporter Care Administrator (Fundraising)	Permanent
Rickman, Jackie	HCA - Hospice at Home (Hospice at Home)	Permanent
Rixon, Kim	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Ruddell, Karen	Shop Manager - Carshalton (009 - Carshalton Shop)	Permanent
Rudkin, Alex	Quality Improvement Manager (Quality Assurance)	Permanent
Ryan, Linda	Senior Shop Manager - Raynes Park (003 - Raynes Park Shop)	Permanent
Salmassian, Bridget	Shop Manager - New Malden (013 - New Malden Shop)	Permanent
Sanderson, Nicola	CPCT CNS (CPCT)	Permanent
Silva Madeira De Brito, Cristina	Staff Nurse - IPU (In-Patient Unit)	Permanent
Skelton, Chris	Driver - Wellbeing Centre (Wellbeing Centre)	Permanent
Smith, Jill	CPCT CNS (CPCT)	Permanent
Smith, Richard	Assistant Manager - Carshalton (009 - Carshalton Shop)	Permanent
Stevens, Nick	Acting Joint CEO (Head Office)	Permanent

Strawson, Jenny	Consultant in Palliative Medicine (In-Patient Unit)	Permanent
Sutherland, Kathleen	Shop Manager - Worcester Park (004 - Worcester Park Shop)	Permanent
Syddall, Heather	Associate Specialist Palliative Practitioner (CPCT)	Permanent
Tadd, Mandy	Volunteer Services Administrator (Volunteer Coord), ACC Operator (Secretaries and Administration)	Permanent
Taylor, Stewart	Senior Shop Manager - Cheam (010 - Cheam Shop)	Permanent
Thaxter, Debbie	HCA - IPU (In-Patient Unit)	Permanent
Thompson, Carol	Ward Clerk (In-Patient Unit)	Permanent
Todd, Chris	Assistant Manager - Worcester Park (004 - Worcester Park Shop)	Permanent
Toubal, Ginny	Volunteer Service Manager (Volunteer Coord)	Permanent
Vadgama, Neena	Finance Manager (Finance)	Permanent
Veldhuizen, Mirjam	CNS Development Post (CPCT)	Permanent
Wallis, Rebecca	CPCT CNS (CPCT)	Permanent
Weare, Kerrie	Housekeeping/Kitchen Assistant (Housekeeping)	Permanent
Welch, Donna	Shop Manager - Rosehill (002 - Rosehill Shop)	Permanent
Withall, Glenda	Lottery Manager (Fundraising)	Permanent
Woods, Sara Jane	Director of Income Generation (Fundraising)	Permanent
Woods, Susan	Shop Manager - Banstead (006 - Banstead Shop)	Permanent
Worley, Caroline	RETAIL CO-ORDINATOR (001 - Shops Admin & Warehouse)	Permanent
Young, Tracey	In Patient Service Manager (In-Patient Unit)	Permanent

EXECUTED by  
for and on behalf of the Congregation

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EXECUTED by  
for and on behalf of the Congregation

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EXECUTED by  
for and on behalf of the New Charity

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for and on behalf of the New Charity

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<b>St Raphael's Summary</b>	<b>Actuals 2018-9</b>	<b>Actuals 2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>
Income from NHS	1,515,281	1,546,130	1,587,202	1,570,108	1,594,109	1,618,488	1,643,252
Other Income	77,492	175,599	834,280	201,377	200,480	189,980	190,731
Direct Cost of Services	(3,247,386)	(3,434,614)	(3,552,213)	(3,751,126)	(3,822,368)	(3,896,626)	(3,971,378)
Hospice Depreciation	(287,821)	(210,006)	(183,563)	(140,698)	(151,082)	(152,086)	(140,008)
<b>Net Service Cost</b>	<b>(1,942,434)</b>	<b>(1,922,891)</b>	<b>(1,314,294)</b>	<b>(2,120,339)</b>	<b>(2,178,861)</b>	<b>(2,240,244)</b>	<b>(2,277,403)</b>
Support Costs	(816,663)	(933,283)	(962,531)	(912,794)	(902,194)	(915,263)	(932,482)
<b>Total to be funded</b>	<b>(2,759,097)</b>	<b>(2,856,174)</b>	<b>(2,276,825)</b>	<b>(3,033,133)</b>	<b>(3,081,055)</b>	<b>(3,155,507)</b>	<b>(3,209,885)</b>
Legacy Income	1,180,296	1,750,510	952,840	1,000,000	1,000,000	1,000,000	1,000,000
Donor Income	1,185,737	1,240,373	824,072	1,231,745	1,555,179	1,860,356	2,084,783
Fundraising Costs	(591,764)	(629,760)	(589,708)	(856,680)	(888,895)	(906,509)	(923,635)
	<b>1,774,269</b>	<b>2,361,123</b>	<b>1,187,204</b>	<b>1,375,065</b>	<b>1,666,284</b>	<b>1,953,847</b>	<b>2,161,148</b>
Lottery Income	507,456	456,007	457,220	459,672	524,768	534,382	567,623
Lottery Costs	(193,291)	(206,984)	(208,606)	(284,794)	(284,453)	(279,100)	(275,163)
	<b>314,165</b>	<b>249,023</b>	<b>248,614</b>	<b>174,878</b>	<b>240,315</b>	<b>255,282</b>	<b>292,460</b>
Shop Income	1,018,780	1,103,503	326,691	1,201,152	1,731,208	2,074,867	2,323,740
Shop Costs	(907,064)	(934,027)	(1,011,273)	(1,350,199)	(1,631,843)	(1,849,772)	(2,040,362)
	<b>111,716</b>	<b>169,476</b>	<b>(684,582)</b>	<b>(149,047)</b>	<b>99,365</b>	<b>225,095</b>	<b>283,378</b>
<b>Shortfall before DOC Funding</b>	<b>(558,947)</b>	<b>(76,552)</b>	<b>(1,525,589)</b>	<b>(1,632,237)</b>	<b>(1,075,091)</b>	<b>(721,283)</b>	<b>(472,899)</b>
DOC Funding	322,214		750,000	1,400,000	800,000	450,000	200,000
	<b>(236,733)</b>	<b>(76,552)</b>	<b>(775,589)</b>	<b>(232,237)</b>	<b>(275,091)</b>	<b>(271,283)</b>	<b>(272,899)</b>

	<b>Actuals 2018-9</b>	<b>Actuals 2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>
Total Income	<b>5,807,256</b>	<b>6,272,122</b>	5,732,305	7,064,054	7,405,744	7,728,073	8,010,129
Total Cost	<b>(6,043,989)</b>	<b>(6,348,674)</b>	(6,507,894)	(7,296,291)	(7,680,835)	(7,999,356)	(8,283,028)
<b>Shortfall for period</b>	<b>(236,733)</b>	<b>(76,552)</b>	<b>(775,589)</b>	<b>(232,237)</b>	<b>(275,091)</b>	<b>(271,283)</b>	<b>(272,899)</b>

<b>Net Movement in Funds</b>	<b>Actuals 2018-9</b>	<b>Actuals 2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>
Surplus/(Loss) from Operations	(236,734)	<b>(76,553)</b>	(775,589)	(232,237)	(275,091)	(271,283)	(272,899)
Depreciation	287,821	<b>233,035</b>	245,800	202,065	232,365	244,543	222,821
Decrease/(Increase) in Debtors	353,400	<b>(981,075)</b>	872,322	101,673	1,163	80,153	1,143
(Decrease)/Increase in Creditors	83,655	<b>(59,763)</b>	3,027,157	(1,389,578)	(789,567)	(439,555)	(189,489)
<b>Net cash (expended)/ generated by operations</b>	<b>488,142</b>	<b>(884,356)</b>	<b>3,369,690</b>	<b>(1,318,077)</b>	<b>(831,130)</b>	<b>(386,142)</b>	<b>(238,424)</b>
Purchase of Fixed Assets	(138,619)	<b>(445,856)</b>	(566,102)	(337,395)	(117,199)	(120,000)	(80,000)
Increase / (Decrease) in Cash	<b>349,523</b>	<b>(1,330,212)</b>	<b>2,803,588</b>	<b>(1,655,472)</b>	<b>(948,329)</b>	<b>(506,142)</b>	<b>(318,424)</b>

<b>St Raphael's 2019-20 Summary Budget Balance Sheet</b>							
<b>Balance Sheet</b>	<b>Actuals 2018-9</b>	<b>Actuals 2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>
Fixed Assets	4,063,648	4,276,470	886,797	1,022,127	906,962	782,419	639,598
Debtors	556,781	1,552,952	680,631	578,957	577,974	497,641	496,498
<b>Cash at Bank</b>	<b>3,545,149</b>	<b>2,214,936</b>	<b>5,018,525</b>	<b>3,363,053</b>	<b>2,414,724</b>	<b>1,905,583</b>	<b>1,590,159</b>
Creditors	(380,923)	(336,256)	(3,363,414)	(1,973,835)	(1,184,268)	(744,713)	(555,225)
<b>Net Assets</b>	<b>7,784,655</b>	<b>7,708,102</b>	<b>3,222,539</b>	<b>2,990,302</b>	<b>2,715,392</b>	<b>2,440,930</b>	<b>2,171,030</b>

St Raphael's Hospice

Financial Targets £000's

Summary	Actual 2018-19	Actual 2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
<b>Target</b>							
Total Income	£5,807	£6,272	£4,982	£5,664	£6,606	£7,278	£7,810
Total Cost	£(6,044)	£(6,349)	£(6,508)	£(7,296)	£(7,681)	£(7,999)	£(8,283)
<b>Shortfall for period</b>	<b>£(237)</b>	<b>£(77)</b>	<b>£(1,526)</b>	<b>£(1,632)</b>	<b>£(1,075)</b>	<b>£(721)</b>	<b>£(473)</b>
<b>Income growth</b>		<b>8.0%</b>	<b>-20.6%</b>	<b>13.7%</b>	<b>16.6%</b>	<b>10.2%</b>	<b>7.3%</b>

Donor Income £000's

Target							
Supporter Groups	8	8		13	18	23	28
Supporter Group Income	£32	£32		£53	£116	£179	£228
Corporates	£93	£80		£133	£169	£225	£230
Events	£88	£116		£90	£140	£187	£240
Trusts	£194	£200		£219	£258	£314	£350
Regular Donors	212	214		253	379	455	545
Regular Donor Income	£53	£50		£61	£91	£109	£131
In Memory	£246	£279		£307	£338	£371	£408
Other Donations	£480	£483		£369	£443	£475	£498
<b>Total Donor Income</b>	<b>£1,186</b>	<b>£1,240</b>	<b>£824</b>	<b>£1,232</b>	<b>£1,555</b>	<b>£1,860</b>	<b>£2,085</b>
<b>Income growth</b>		<b>4.6%</b>	<b>-33.5%</b>	<b>49.5%</b>	<b>26.2%</b>	<b>19.6%</b>	<b>12.1%</b>

Shops £000's

Target							
<b>Current Shops</b>							
Number	11	11	10	10	10	10	10
Sales	£1,019	£949	£278	£951	£1,122	£1,197	£1,219
Cost	£(907)	£(934)	£(940)	£(1,073)	£(1,069)	£(1,076)	£(1,064)
<b>Margin</b>	<b>£112</b>	<b>£14</b>	<b>£(661)</b>	<b>£(121)</b>	<b>£53</b>	<b>£121</b>	<b>£156</b>
<b>New Shops</b>							
Number			1	3	5	9	10
Sales	£0	£0	£48	£250	£610	£878	£1,105
Cost			£(72)	£(278)	£(564)	£(775)	£(977)
<b>Margin</b>			<b>£(55)</b>	<b>£(16)</b>	<b>£(17)</b>	<b>£32</b>	<b>£193</b>
<b>All</b>							
Number	11	11	11	13	15	19	20
Sales	£1,019	£949	£327	£1,201	£1,731	£2,075	£2,324
Cost	£(907)	£(934)	£(1,011)	£(1,351)	£(1,632)	£(1,850)	£(2,041)
<b>Margin</b>	<b>£112</b>	<b>£14</b>	<b>£(685)</b>	<b>£(150)</b>	<b>£99</b>	<b>£225</b>	<b>£283</b>
<b>Income growth</b>		<b>-6.9%</b>	<b>-65.6%</b>	<b>267.7%</b>	<b>44.1%</b>	<b>19.9%</b>	<b>12.0%</b>

Cash £000's

Target	£3,545	£2,215	£5,019	£3,363	£2,415	£1,906	£1,590
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Company number: 11732567

Charity number: 1182636

## **ST RAPHAEL'S HOSPICE (the Hospice)**

Written resolutions of the trustees of St Raphael's Hospice (the **Trustees**)  
Passed in accordance with Article 41 of the Hospice's Articles of association

Passed on.....

### **Notification of interests**

In accordance with section 177 and/or section 182 of the Companies Act 2006, Sister Veronica Hagen and Sister Kathleen O'Reilly hereby declare their interests in the proposed transactions and arrangements in relation to the resolutions set out below.

#### **1. Objects of the Hospice**

The object of the Hospice (which is set out in clause 3 of its Memorandum of Association, adopted on 18 December 2018) is the relief of illness and suffering in accordance with the teaching, rites and practices of the Catholic Church:

- a) *by the provision of palliative care, treatment or relief of people of all ages with active, progressive and advanced illness on the basis of need and regardless of their religious, cultural or ethnic background;*
- b) *by the provision of care and support to those who have experienced loss and bereavement, in particular families, friends and carers;*
- c) *by conducting, promoting or commissioning research into the care, treatment and relief of people suffering from active, progressive and advanced illness and by providing for the dissemination of the results of such research; and*
- d) *by the provision of education and training for professionals and volunteers engaged in palliative care;*

*and (save for purposes incidental and ancillary to the Object) no other purposes*

#### **2. Powers of the Hospice**

The Hospice has a power (by clause 4.10 of its Memorandum of Association) to "*take and accept any gift of money, property or other assets whether subject to any special trusts or not*" and (by clause 4.31) to "*do anything else within the law which promotes or helps to promote the Object.*"

### 3. The Congregation of the Daughters of the Cross of Liege

3.1 The Congregation manages a number of different charitable projects and facilities (known as the **Works**). Since the late 1990s, the Congregation has been working to establish long-term, viable futures for all of the Works.

3.2 One of these Works is St Raphael's Hospice (**SRH**), which provides care for patients and their families living with terminal illness in Merton and Sutton.

3.3 Following a review and advice from its professional advisers, and in view of the evolving nature of the Congregation's membership and focus, it has been decided that the management of the facilities and associated services at SRH would best be undertaken by a separate charitable entity.

3.4 On 18 December 2018 the Trustees therefore established a new charitable company (the **Hospice**) to take over the management of SRH.

3.5 A draft transfer agreement (the **Transfer Agreement**) has been prepared which, when executed, would transfer the assets and liabilities of SRH to the Hospice.

#### IT IS RESOLVED that:

1. It is in the best interests of the Hospice to enter into the Transfer Agreement with the Congregation;
2. The Transfer Agreement is hereby approved;
3. Any two of the Trustees are hereby authorised to execute the Transfer Agreement, together with any and all other deeds, documents or instruments necessary to give effect to the Transfer Agreement and to take any and all necessary steps in respect of the transfer of SRH to the Hospice as may be required; and
4. Any two of the Trustees are hereby authorised to inform all relevant parties of the effect of the Transfer Agreement.

.....  
Trustee

.....  
Trustee

# DAUGHTERS OF THE CROSS PROVINCIALATE

29 THE STREET, CHELSEA  
LONDON SW3 4JX  
TEL: 020 7351 2117  
FAX: 020 7351 4634  
EMAIL: [info@daucross.org.uk](mailto:info@daucross.org.uk)



28th October 2020

Dear Trustees of St Raphael's Hospice

It is with pleasure that I am writing to you, on behalf of the Trustees of the Congregation of the Daughters of the Cross of Liege ("DoC"), to summarise our ongoing relationship with the new independent charity, St Raphael's Hospice (the "New Charity").

As you know, the Daughters of the Cross opened St Raphael's Hospice in 1987 to provide palliative care for people in Merton and Sutton, sharing its sites and services with St Anthony's Hospital. In June 2013, when it was announced that St Anthony's was to be sold, the Sisters, also announced that we would "plan for a long term, independent and sustainable future for the Hospice."

The management of the Hospice have prepared a 5-year Business Plan which looks to invest in staffing and infrastructure, pursuing a strategy of growth, to achieve self-sustainability. This Business Plan has been subject to due diligence by Bates Wells and has been accepted by the Trustees of the new charity.

The DoC have, off the back of this Business Plan, agreed to make a grant of £3.6m to the New Charity, representing the forecast losses over the 5 year period of the original Business Plan, and to hold £2.7m in designated funds, as a contingency against delay, legacy shortfall or inflation assumption error, with these funds being payable to the New Charity at the DoC's discretion. Any investment gains earned on the £2.7m designated funds over the period of the business plan will also be available, at the DoC's discretion, to be drawn down against the three identified risks. Should the contingency (plus investment gains) be insufficient to cover the identified risks, but DoC is satisfied that the Hospice is moving towards self-sustainability, then the DoC would expect (but without any obligation on its part) to be favourably disposed to reasonable requests from the New Charity to cover the shortfall.

As the Transfer Date has now been agreed as 31st October 2020, the Business Plan has been reset so that 2020/21 is Year 1 of the plan, which now runs through to 2024/25. We now need to address the additional delay deficit that may arise as a result of the current COVID-19 pandemic.

Having reviewed the current forecast, we have agreed with the trustees of the New Charity that £400k of the forecast 2021/22 and 2022/23 deficit is due to delay in the normalisation of the retail trading environment for their shops; £1m is due to delayed recruitment into fundraising positions, associated transformation campaign and delays in the normalisation of the economic climate for giving; and that £300k is due to the delay in the ability to recruit new members to our lottery. If, on review at the end of 2022/23, it is mutually agreed by the Congregation and the New Charity that the New Charity has made acceptable progress towards self-sustainability, and these deficits have not been reversed by better than forecast performance, then the New Charity will be able to apply to the DoC to draw against the £2.7m contingency funds to cover these delay deficits. If it is mutually

"Daughters of the Cross, a compassionate heartbeat in the world"

The Congregation of the Daughters of the Cross of Liege - A Registered Charity (No. 1000015) and a company limited by guarantee (No. 3403071) registered in England at 29 The Street, London SW14 4JX

[www.daughtersofthecross.org.uk](http://www.daughtersofthecross.org.uk)

agreed that acceptable progress towards self-sustainability has NOT been made, then the £2.7m contingency will be reserved to fund an alternative plan for the Hospice's future

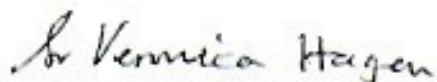
On 31st October 2020, the DoC will transfer the assets, liabilities and operations of the Hospice to the New Charity through the "Transfer Agreement". On the same date, the New Charity will enter into leases of the 3 plots of land on which the Hospice operates – the Hospice, St Bede's and 759 London Road (the "Three Plots").

Should the New Charity achieve self-sustainability by the end of the 5-year Business Plan period, or the DoC determine (in its discretion) that the New Charity has, in DoC's view, made acceptable progress towards this objective, then the DoC may (again at its sole discretion), gift the freehold of the Three Plots to the New Charity.

In addition, once the Hospice is self-sustaining, the DoC would expect (but without any obligation on its part) to be favourably disposed to reasonable requests from the New Charity to provide a grant against the costs of a development of the Hospice site.

We look forward to supporting St Raphael's Hospice as it navigates through its early years as an independent charity.

Yours sincerely



**Sr Veronica Hagen**  
**Chair of Trustees**

**The Congregation of the Daughters of the Cross of Liege**

# ITEM 05

## Joint CEO's Report

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### Overview

1. Welcome to the first Board Meeting of St Raphael's Hospice. Independence happened seamlessly on the weekend of the 1<sup>st</sup> November. Registration and certification with the CQC have been received and filed. TUPE letters have been received and acknowledged by staff.
2. The £3.6m from the Daughters of the Cross has been received and has been put on deposit with Nat West pending further consideration of investment (see finance report).
3. Organisational arrangements to support service provision and resilience in teams in the second national shutdown have been actioned. Shop staff have been furloughed as well as staff who were officially notified to shield.
4. The proposed hospice refresh which would have required a shutdown of the IPU, has been postponed as the closure of beds for end of life care in a pandemic and second lockdown would not reflect well on the Hospice. Spire St Anthony's were unable to facilitate the use of beds at this time due to COVID and patient safety. It is proposed to undertake these works in July/August 2021.
5. Dr Gaby Tamura Rose joined the Hospice officially on the 7<sup>th</sup> October. She joins Dr Jenny Strawson as a member of our new Consultant team. They are both settling in well and have already had a very positive impact on the clinical teams. Gaby works one session at St Helier Hospital, which supports our ongoing relationship with the palliative care team in the local acute hospital. The final consultant post (flexible fulltime/part-time) will be advertised later this month following sign off from the RCP.
6. Rebecca Trower was appointed to the Clinical Director post following interview on October 28<sup>th</sup>. She commenced in role on November 1<sup>st</sup>, as the notice period was waived by PAH. The appointment has been well received by all the clinical teams.
7. The Wimbledon Shop was successfully opened in October 2<sup>nd</sup> and was making very good returns which have been interrupted by the second lock down.
8. The Fundraising Team are working on the preparations for our Light Up life service in December. The service will be filmed beforehand by Sutton Film Makers allowing access via Zoom on the day.
9. Adequate staffing on the IPU is enabling bed capacity to be increased up to a maximum of 10 beds.

## **Governance and Finance**

10. Independence was achieved as of October 31<sup>st</sup> 2020. Most arrangements in place to support the organisation transfer happened as planned. The exception is that the new CQC registration has not been linked up with the NHSE Tracker and we have been in touch with CQC and NHS tracker to correct this.
11. Hospice UK remain positive that further grants will be forthcoming from the government. However there has been no official announcement.
12. Geoffrey Price, Deputy Director of Finance SWL (Sutton) informed that further financial support from SWL is still being considered. They are still awaiting central NHSE guidance on hospice funding relating to both August and September 2020 (months 05 and 06 ), and the remainder of the financial year ( months 7 to 12 ). They have asked for the hospice monthly management accounts including latest financial position and full year forecast.

## **13. Recruitment and Staffing**

- a. As noted Rebecca Trower was appointed to the post of Clinical Director commencing in the substantive post as of November 1<sup>st</sup> 2020.
- b. Staff Nurse Pat Franklin and Julie Channon HCA for the IPU, and Jane Gould Development CNS post commenced with the Hospice in October. Sister Pauline Morris left the Hospice after 22 years on November 10<sup>th</sup>. We are thankful and appreciative of her dedicated service. Covid restrictions allowing a small leaving tea was held in the Orangery.
- c. Retail staff have been furloughed as all shops are closed.
- d. A number of staff members received official notification of the requirement to shield for the duration of the national lockdown.
- e. Review of the Housekeeping service remains active. One member of the team Hettie Dray resigned her post in October. She had worked at the hospice for 19 years.
- f. The consultation process continues on the staff rotation on the IPU. It is hoped that this can commence early in the new year. The main rationale is to ensure that the night team have access to education updates and support for assurance of a standardised skill set across all shifts.
- g. Advertising for final Consultant post will go live as soon as RCP approval is received related to the flexible PAs acceptable to the Hospice.
- h. The 1<sup>st</sup> HCA post to support the new model for the Wellbeing Centre is advertised. It is hoped to have the person in post at the beginning of the new year to support the opening of the centre. The roles of the two drivers are

under review as transport to the centre will not be part of the new service offer.

#### **14. Covid- related matters**

- a. Hospices remain outside the designated testing group for NHS and Care Homes (the DHSC group) and, although every avenue is being followed, we are not meeting with any support in order to get priority access to testing. This presents a risk to the service. A small supply of COVID-19 1gM/1gM rapid tests, have been purchased, which gives results in 15 minutes, showing the person if they are positive, negative and even if they have had Coronavirus before and carry the antibodies. The tests are individually sealed with lancets supplied for ease of blood samples.
- b. The Covid 19 Policy continues to be updated monthly. All required precautions which continue to keep the hospice safe and resilient have been optimised in this second national lockdown. We are pleased that we have been able to maintain visiting arrangements for patients. The IPU has had Covid positive patients admitted and have successfully managed their care.
- c. Across July/August, the Practice Educator Team conducted reflective sessions with all staff teams to explore how they felt the hospice had supported them during the Covid 19 pandemic. The final report is included in the papers for Board review.
- d. It is noticeable that staff are feeling tired and weary in this second lockdown. Staff have been navigated to the multiple resources that are available to provide support. The effort and commitment that all our staff have demonstrated is acknowledged both to individuals and at meetings for cascade to teams. The service the hospice provides could not be delivered without the wonderful resource of all the people in our teams across the hospice.
- e. Hospice UK have sent a questionnaire related to Hospice capacity to be part of a Covid vaccination programme. They are in discussion with NHS England/NHS Improvement about the potential role that hospices in England could play in supporting the COVID-19 vaccination programme, and have been asked to produce a policy paper on this by close of play on Tuesday 17<sup>th</sup> November. Hospice participation in the programme would be on a paid basis, and hospices could expect to be paid per vaccination as other parts of the health and care system will be, so this could be a new income stream for hospices. We completed the questionnaire indicating that we would be interested in being part of the programme. This does not commit the hospice to anything at this point.

#### **15. Retail**

- a. The Wimbledon shop opened on October 7<sup>th</sup> and had been performing very well until it was closed as per government guidance at the beginning of November.
- b. Ebay sales are continued and have been doing well. You can find us at <https://charity.ebay.co.uk/> then search for St Raphael's. Or you can go directly to it through our website: <https://www.straphaels.org.uk/ebay>.
- c. A reduced number of shops will be opened post lockdown to enable adequate staffing with the reduced number of volunteers who are able to support.

## **16. Fundraising**

- a. The Crocus planting has raised £548 online, often in memory of loved ones. This has paid for the bulbs and gift aid and posted donations will be additional. Pete and the team of volunteers worked exceptionally hard to prepare the ground and then complete the bulb planting and turf over. This was not an easy feat. We look forward to seeing a 'purple sensation' in the Spring.
- b. The team are currently engaged in supporting the LUAL mailing. With staff numbers depleted by self-isolating the remaining team are working very hard to process donations for the appeal, raffle tickets and donations.

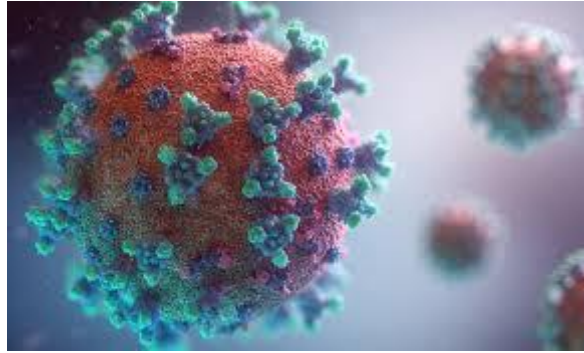
## **17. External Engagement**

- a. John Groom and Pete Morris have been nominated for 'Our Health Hero's' Award for their exceptional work and support of the Hospice over the Covid 19 pandemic. Nominations closed on October 25<sup>th</sup> and those shortlisted will be notified by the end of the year. Here's hoping!
- b. Christmas cards which are hand written and signed by Nick and Gail are being sent to all our volunteers in an effort to maintain engagement and acknowledge their support for the hospice. Consideration had been given to sending a Christmas card to residents in SW19 to wish them a Happy Christmas and share that St Raphael's Hospice was the Hospice for Wimbledon. However, the deadline for signing the card and getting them to the GPO in order to have them delivered was too tight. The potential for a card drop, or other mechanism for connecting with the district in the future will be considered in the new year.
- c. The St Raphael's Alumni project, which is designed to acknowledge and thank retiring volunteers, as well as maintain their interest/connection with St Raphael's, is being led by volunteer, Sheila Coban. Diamond the communications officer has been working with Sheila to design a badge and refine the initial letter. It is proposed to have an alumnus 'Roll of Honour' book, into which the names of the retired volunteers will be written. This can be displayed at various hospice events. There is also the potential for social

interaction via WhatsApp, which would be independent of the Hospice. Volunteers from January 2020 to the present will be included in the initial mailing. To date there are 150 volunteers who are either retiring or choosing not to return to their volunteer role.

- d. The review and development of patient information and leaflets continues. These leaflets will be accessible on the website in the same format where people can download the information as they wish. We want to make getting information about the hospice and our services as easy as possible and to reflect the quality of what people can expect from St Raphael's Hospice.
- e. Nick has joined the Equal Access and Compassionate Communities groups as part of the development of Sutton End of Life Care Strategy.
- f. The Hospice responded to a request from the Palliative Care Team at St Georges Hospital (SGH) for potential support during the second wave of the Covid pandemic. The lead clinical was exploring what if anything hospices could offer if the demand in the hospital increased as it did in the first wave. Although the hospice would not be able to provide any CNS support because of the demands in the community, in discussion with the Consultant team, there was potential that 1PA could be supported if needed. Dr Gaby Tanura Rose, who had worked at SGH as a locum Consultant, would be willing to provide this session. The cost of the PA would be paid.

Report on St Raphael's Hospice response  
to the COVID-19 pandemic 2020  
Staff reflections



Laura Briant & Maura Flint  
Practice Educators  
Education Team at St Raphael's Hospice

## Introduction

On 31<sup>st</sup> December 2019 the World Health Organisation's office in Republic of China picks up a media statement by Wuhan Municipal Health Commission from their website of 'viral pneumonia' in Wuhan, China.

A disease outbreak is confirmed on 5<sup>th</sup> January 2020 and it is soon established that it caused by a novel coronavirus. In the following weeks cases of the coronavirus are being identified across the globe with WHO announcing on 30<sup>th</sup> January 2020 that it is a "public health emergency of international concern".

On 11<sup>th</sup> February the disease is named 'Covid-19', an acronym that stands for coronavirus disease 2019. On 4<sup>th</sup> March cases begin to surge in the UK. The remit of Public Health England (PHE) is to ensure the 'health of the nation' and therefore issue guidance on managing Covid-19.

As the pandemic progressed at an experiential rate, PHE guidance changed rapidly, sometimes with multiple changes on a daily basis. As a result, employers had to act quickly with little warning to ensure the safety of their staff.

At the same time, healthcare providers scrambled to obtain Personal Protective Equipment (PPE) which was in short supply across the nation, with frontline NHS hospitals being prioritized. This had a knock-on effect for care home providers and hospices, who were not deemed a priority, with supply chains disrupted for weeks.

On 16<sup>th</sup> March 2020 the UK prime minister Boris Johnson advised the nation against going to pubs, cafes and advised to work from home where possible. On 23<sup>rd</sup> March a UK lockdown was announced, affecting the lives of every individual. During this unprecedented time, St Raphael's Hospice continued to serve the community of Sutton and Merton, adapting to the latest guidance accordingly.

The UK began to emerge from lockdown in June, with most areas of the economy running by early July. The SRH Education team were tasked with ascertaining staff perceptions on the hospice's response to the Covid-19 pandemic and compiling a report with staff feedback that could provide information for the hospice's continuity plan in the event of a second wave.

It is important to note that although decisions made were not always wholly accepted by some staff there was a time pressure to maintain safety and continue with essential service delivery. Therefore perceptions represented may not always consider or take into account external pressures. Therefore any comments made should be viewed as constructive, with learning influencing practice going forward.

## Method

A set of questions was formulated (see appendix A) and all departments were asked the same set of questions. Feedback was received predominantly through face to face reflective sessions. Due to staffing and remote working it was challenging to facilitate face to face sessions for some departments but all staff were given the option of providing feedback via email. Staff members who attended face to face sessions participated well and were encouraged to be honest and open. Confidentiality and anonymity were assured. Email response was limited.



Once all feedback had been received a SWOT analysis (strengths, weaknesses, opportunities, threats) was undertaken to identify common themes (see Appendix B) Whilst each group had its own SWOT in its department, there were common themes that emerged in every group. The report below outlines some of the overall staff responses and provides some considerations for the future.

## Findings

All staff stated they felt safe at work and felt the hospice provided a safe environment with robust infection control measures in place. Clinical Heads of Departments (clinical HODs) reported that at the beginning of the pandemic they felt safe as individuals but were more concerned for the safety of their staff. All staff felt supported by their managers and many commented that they found the weekly email updates from Gail Linehan and Nick Stevens, the joint Chief Executive Officers, (CEO) useful and informative as well as the face-face updates held in July. Staff felt they had enough information at present and knew where or who to go to if they required any additional guidance. It was commented on by most staff that government guidance was changeable which justified the organisations response.

Equally, staff reported that at the beginning of the pandemic they were receiving a lot of information from different sources and that guidance they were given changed rapidly. It was acknowledged by all staff that this reflected what was happening nationally. Clinical HODs reported how difficult it was at times to process all the information and disseminate it to staff at the beginning of the pandemic, with ad-hoc discussion in corridors and offices to ensure the hospice was responding correctly for the safety of patients, visitors and staff. Clinical HODs reported some members of staff throughout all levels of seniority thought some of their suggestions at the time were an overreaction. Clinical HODs felt they worked cohesively but that the pandemic highlighted a lack of physical numbers in senior clinical management, occupational health support and infection control support.

The pandemic led to many departmental changes. As the furlough scheme and shielding came into place nationally, departments throughout the hospice were affected, with some teams losing a significant proportion of their workforce. The impact of this was felt particularly by the volunteer receptionist role as the volunteer service reduced from a team of 230 to a team of 8 on 23 March 2020. The managers of the volunteer services worked together with fundraising and other departments to ensure reception was covered during visiting hours. Some staff members who do not normally work in the hospice commented how informative it was for them to experience working in the hospice and "*seeing the amazing work all the staff do*".

Some departments had to radically alter the way in which they worked with little or no warning due to the continually evolving government guidance. The fundraising team were faced with cancelling a number of events but found new and innovative ways of generating income for the Hospice and supporting staff throughout the organisation. All staff felt their departments responded well and took on new roles without hesitation. The Community service changed significantly with the Hospice@Home service temporarily stopped during the peak of the pandemic and Clinical Nurse Specialist (CNS) /Doctor community visits restricted to urgent visits only. The rationale for an urgent visit would have been discussed with at least 2 clinicians to conduct a risk vs benefit assessment for the visit. The medical, community and psychological support teams used virtual platforms such as Whatsapp, Zoom or Microsoft teams to conduct many of their assessments. This maintained much-needed services without putting the patient at unnecessary risk by visiting their home. In addition to this, the CNS or a Doctor would provide specialist palliative care advice over a virtual platform such as Whatsapp when a paramedic or community nurse attending to the patient in the home called into triage at the hospice. This included providing prescriptions and authorisation charts for anticipatory medications and where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders.

Engaging with new technologies allowed for a new way of working safely and collaborating with other healthcare professionals and has been a strength throughout many departments. The Wellbeing Centre staff

have facilitated sessions over Zoom whilst the Education department worked with the Fundraising department to create training videos for care homes in the South West London Clinical Commissioning Group (CCG).

Clinical HODs reported that staff adapted to new ways of working quickly in a positive manner and that there was a lot of *“good-will”* from staff, with many changing their shift pattern or working extra hours with little notice. This was wide-spread across the hospice and not confined to clinical teams only. Many staff commented that working during the pandemic has led to an increased sense of teamwork in their own departments and a feeling of *“one team”* throughout the organisation. One member of the medical team commented how *“touched”* they were that the nursing staff always considered the safety of the medical staff before the individual entered the patient’s room by ensuring they had the correct personal protective equipment (PPE). The same team member went on to express their gratitude for all the donations from the local community which included vital PPE, uniforms and pizza from a local takeaway to name but a few. *“I really felt cared for by the nursing staff and the wider community”*. This sense of caring for each other has been echoed by many members of staff and supports the sense of comradery that came through in all reflections.

A small number of staff raised concerns around the possibility of their department or services being discontinued as they are currently ‘on hold’ due to the pandemic. The majority of staff understood why the service could not be running currently and held a balanced view. Morale seemed low in some of the teams who could not deliver their service in the way they had done prior to the pandemic.

Many staff commented on the lack of PPE in the early stages of the pandemic but acknowledged that there was a national shortage and they were aware that efforts were continually being made to resolve this issue. There was also a lack of uniforms for community and medical staff but this was resolved as quickly as possible.

Some staff expressed concerns around the lack of social distancing in the hospice at the beginning of the pandemic and felt its implementation was slow. Admin staff working in the admin corridor in the hospice building felt social distancing was not fully implemented in their offices until the government issued clear guidance on office workplaces and the consequences for employers if this guidance was not followed.

Several departments made comments regarding the CCG funded beds on the inpatient unit (IPU). The hospice was asked by the CCG to support the wider community by opening six IPU beds for patients from local hospitals. Patients requiring constant nursing care but who were considered too complex for nursing home placement would be admitted to the hospice, some of whom may have tested positive for COVID-19. This required additional nursing staff, recruited through a nursing agency. IPU staff felt that some of the agency staff required constant supervision and guidance as they were lacking palliative care experience and knowledge. This added stress to an already stressful situation. While IPU staff acknowledged the agency staff were willing to complete tasks, their communication skills with patients, staff and families which IPU staff was felt to be substandard. This was affirmed by the housekeeping and medical team during their reflections, who commented that the nursing staff workload and stress appeared to increase when having to monitor the agency staff. It was commented there was a lack of clarity from senior management regarding which patients were those funded by the CCG. It was felt by clinical HODs that the decision had been taken quickly without collaboration of the IPU and it would have been beneficial to have had the IPU manager included in the meetings and planning.

Staff reported that restricted visiting proved one of the most challenging aspects of the pandemic. While staff fully understood the need for restrictions, it was felt that not all staff followed the guidance which resulted in more difficult conversations with those families who did adhere to the rules. Reception staff reported how difficult it was to explain restrictions to distressed families. One nurse commented *“it did not feel like how palliative care should be”*.

Another commonly raised issue involved access to and use of Information Technology (IT). Whilst there were many benefits to using these technologies, a number of which have been mentioned earlier in this report, some of the new ways of working proved challenging at times. Some staff required support from the IT department which felt lacking on occasion. Staff working remotely all reported challenges with the IT system, in particular connectivity and lack of readily available support when they called into the hospice. IT felt that connectivity issues experienced by the remote worker tended to be external rather than any resolvable issue at SRH. This was a cause of frustration for many remote workers. Some staff working remotely reported challenges with connectivity and required support from the IT department to resolve these issues.

The Hospice, in line with government guidance, gave staff the option of working from home. IT equipment was supplied. However, many staff found working in the home environment challenging with reports of a lack of equipment to be able to carry out their job efficiently or comfortably. Some remote workers did not have anywhere in their home to set up an office or the correct furniture such as an office desk or chair. Many were working at dining tables, in conservatories or in bedrooms with make-shift desks, sometimes whilst other members of their household were present. Some remote workers reported working extra hours as they could not work effectively as they usually did when in the building. Some staff found working remotely to be isolating and found difficulty separating work from their home life - *“work invaded into my home life”*.

Testing was highlighted as a particular concern from clinical and non-clinical departments. Clinical staff were concerned about limited access to testing for patients and suggested that weekly testing of patients and patient facing staff would be ideal. The Hospice tested patients and clinical staff on 9th May and all results were negative. Patient facing staff who were not tested on that day felt disappointed and not valued by the organisation. It is important to note that this was the guidance specified by PHE at this time. Since the reflections have been conducted, the IPU has obtained access to testing for all new admissions and any suspected Covid-19 cases.

Staff fatigue was common throughout the reflections. Staff have been working differently and managing patient and families' anxieties as well as their personal and sometimes their colleagues' worries. This has been compounded by the emotional burden of working in a hospice environment and being unable to employ some of the coping mechanisms they would normally use to deal with this, such as visiting family or going out for recreational activities. As one staff member put it *“all my coping strategies have been taken away”*. Clinical HODs and other members of staff reported that there is more pressure than ever now that they have new projects competing with previous projects that were postponed due to the pandemic. It is important to acknowledge the impact of lockdown and working in a healthcare environment during Covid-19 will have had on staff's physical and mental well-being. People's lives have changed as a whole, not just in the way they work. There is a potential threat from emotional burnout.

Covid-19 is a new coronavirus which is still not fully understood and has changed the world in ways that seemed unimaginable at the beginning of the year. It is a highly contagious virus that has varying degrees of severity due to a number of known risk factors. Those deemed to be “extremely clinically vulnerable” are at the greatest risk of becoming severely ill with C-19 (PHE, 2020a). The patient population at St Raphael's Hospice falls into this category, as do some of the staff and volunteers due to health conditions. Those who are considered “clinically vulnerable” are at moderate risk (NHS, 2020). This includes those who are 70 years old and over, so this has an impact on the volunteer service at the hospice with a large proportion of volunteers being over 70 years old. As the pandemic continues, new evidence is emerging of those who are more susceptible to Covid-19, for example people from a Black, Asian, Minority Ethnic (BAME) background are more likely to test positive for COVID-19, with death rates higher in Black and Asian ethnic groups compared to White ethnic groups (PHE, 2020b). It is also thought that those who are obese are more likely to become unwell with Covid-19. To ensure the safety of all staff and volunteers the Human Resources department has asked all staff and volunteers to complete a covid-risk assessment form which was supplied

and used at the local acute hospital. This is a multifactorial risk assessment which is then screened by occupational health to promote safety for individuals in their role.

Taking these factors into consideration when reviewing the feedback, St Raphael's Hospice responded well to the pandemic. There is always a potential for a second wave with pandemics and this is already being seen across the world in areas like Australia and New Zealand. During the reflections many staff had lots of different ideas in ways we can improve our service and help prepare for a potential second wave. The recommendations are set out on the next page with some specific to certain departments or some hospice-wide changes.

**Considerations for implementation to improve St Raphael's Hospice response to second wave of Covid-19**

Considerations	Rationale	CEO Response
Covid-19 testing weekly for all inpatients	<p>Ensures infection status is confirmed on admission</p> <p>Provides reassurance that Covid-19 has not been acquired during inpatient stay- we would be able to detect if there has been transmission during stay</p> <p>Identifies asymptomatic patients</p> <p>Provides patients and families with reassurance that hospice is taking measures to monitor infection control</p> <p>Prevents possible outbreak as allows the hospice to change measures if we have a high number of Covid-19 patients (such as restrict visiting further)</p> <p>Shows patient safety is a priority of the hospice</p>	Agreed – but this is not something under our control. Management are actively engaging with the healthcare sector to try and effect this.
Covid-19 testing weekly for all hospice staff and volunteers who are currently working in the hospice and its other buildings on site	<p>Identifies asymptomatic staff &amp; volunteers and prevents transmission between staff, volunteers and patients and visitors</p> <p>Provides staff members &amp; volunteers with reassurance that they are negative/not bringing the infection into the workplace where there are extremely vulnerable patients</p> <p>Preserves workforce as would detect asymptomatic carriers who could potentially transmit virus to other colleagues</p> <p>Demonstrates that the safety of all staff &amp; volunteers no matter their role is a priority of the hospice</p>	Agreed – As above
<p>Major Incident plan for the Hospice &amp; its other buildings in the event of:</p> <ul style="list-style-type: none"> <li>• Covid-19 outbreak amongst patients or/and staff</li> <li>• Sudden staff shortage due to local lockdown/track &amp; trace/quarantine/childcare issues</li> <li>• Flu outbreak</li> <li>• Norovirus outbreak</li> <li>• Fire</li> <li>• Catastrophic IT failure</li> <li>• Loss of utilities</li> </ul>	To ensure continuity of service	There is a business continuity plan which addresses these issues and a Covid- 19 plan which is updated monthly. We have also convened meetings with key staff across the hospice to review winter pressures which will support both plans.

<p>Improve measures that help maintain social distancing such as:</p> <ul style="list-style-type: none"> <li>• Floor markings at reception and in the orangery</li> <li>• Covid - secure work placement assessments for all rooms confirming how many can safely socially distance in each office and this displayed by the entry to the office</li> </ul>	<p>Employees feel listened to and their welfare considered Complies with government guidelines on social distancing <a href="https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres">https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres</a></p>	<p>Agreed and being implemented across the hospice footprint</p>
<p>HoD's review wellness check use of thermometer- consider removing for staff or having thermometers for other buildings</p>	<p>Validity of the thermometer- often gives inaccurate readings. Only gives the temperature at that specific time- does not guarantee that the person is not COVID+  Temperature check at reception for all staff increases footfall into the hospice- if temperature checks are to continue we would recommend each building having its own thermometer to reduce footfall to the main hospice building</p>	<p>Agreed and implemented</p>
<p>Weekly spot checks to ensure hospice complies with infection control including:</p> <ul style="list-style-type: none"> <li>• Hand hygiene audit on the IPU</li> <li>• PPE being used effectively</li> <li>• Clear desks/work areas that are not in use</li> <li>• Clinell wipes or similar available/hand gel available</li> </ul>	<p>Highlights areas that are strengths and those that require improvement Data can be in an audit trail and shown as a way the hospice monitors its infection control closely and makes improvements where needed</p>	<p>Agreed. Managers of department to implement Education Team to lead.</p>
<p>Clear desk policy- monthly spot checks undertaken</p>	<p>Responds to feedback from colleagues  Allows for effective cleaning and prevents the collection of dust which can harbour bacteria  Adheres to PHE&amp; Health &amp; Safety Executive guidance <a href="https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres#offices-3-3">https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres#offices-3-3</a>  <a href="https://www.hse.gov.uk/coronavirus/working-safely/covid-secure.htm">https://www.hse.gov.uk/coronavirus/working-safely/covid-secure.htm</a></p>	<p>Agreed. Managers of department to implement Education Team to lead.</p>
<p>Consider replacing shower curtains with disposable curtains</p>	<p>Adheres to infection control guidance  Can be dated with change date  Aesthetically preferable to shower curtains</p>	<p>Agreed. New wipeable roller blinds have been ordered for all rooms.</p>

<p>Taps in the hospice reception and CPCT office to be changed to no-touch sensor taps (to match those on the ward).</p> <p>All taps in other areas &amp; buildings replaced with elbow taps.</p>	<p>Reduces contamination of contact surfaces in high use areas as members of the public use the reception toilets and may not use the elbow taps correctly.</p> <p>Elbow taps reduce the contamination of contact surfaces Promotes good infection control</p>	<p>Not practical.</p> <p>Regular cleaning implemented. Suggest Clinell wipes or similar are used pre and post by each individual user.</p> <p>Not practical</p>
<p>Improved changing facilities for housekeeping staff- consider changing room 1 in to a changing facility</p>	<p>Housekeeping staff currently use the small changing room- this is for male nursing staff and its use is therefore not guaranteed. Only 1 member of staff can safely get changed in at any one time.</p> <p>Named lockers for staff to be able to store their belongings safely- this adheres to PHE on safe workplaces</p>	<p>There is a need to have a male changing area.</p> <p>Housekeeping staff should use the changing area currently used by the IPU nursing team. It is not possible due to space restrictions to facilitate each staff member having a named locker.</p> <p>Lockers should be used only when on shift and are a shared resource. They should be wiped with a clinell wipe or similar before use and when personal items are removed. Keys should be left in lockers when not in use.</p>
<p>Admin staff working in clinical areas to have a cotton uniform that can be washed at 60 degrees</p> <p>All staff working in clinical areas should wear a protective gown when entering non-clinical areas to reduce the risk of cross contamination</p>	<p>Responds to feedback Adheres to the uniform policy for clinical staff</p>	<p>Agreed – Housekeeping to implement.</p>



<p>Explore IT team having a mobile for 1 member to be “on call” on a given working day between 9-5.</p>	<p>Remote workers could not always obtain IT support if they were in the hospice building.</p> <p>Staff would be able to have their queries answered in a timely manner which would increase work productivity.</p> <p>Shows a responsive IT service</p>	<p>We will explore this.</p>
<p>DSE assessment for all remote workers</p>	<p>Adheres to Health and Safety guidance: <a href="https://www.hse.gov.uk/msd/dse/assessment.htm">https://www.hse.gov.uk/msd/dse/assessment.htm</a></p> <p>Promotes a culture of health and safety</p> <p>Employees feel listened to and their welfare considered</p>	<p>As Above</p>

### Covid-19 Reflection questions

Thinking back to the beginning of the pandemic in mid- March, (pre-lockdown & social distancing)

- How safe did you feel coming into work?
- Do you feel the Hospice provided you with enough information about Covid-19?
- How easily could you access information you needed in order to feel safe and protected?
- How do you feel the hospice as an organisation responded accordingly to the everchanging situation?
- What do you feel should have been in place in your department but wasn't?

On 23rd March 2020 the UK went into a nationwide lockdown, these set of questions relate how the hospice responded during this time

- What do you feel the hospice should have had in place but didn't?
- Once lockdown was imposed, how did this affect your role?
- If your role changed, how well did the hospice support you in order for you to carry out your role?
- What unexpected issues have you encountered that you or the hospice could learn by?
- If you work in the hospice, do you feel that the hospice has enough control measures in place to keep you safe?

Lockdown is easing, with most industries opening up. These are more general questions about your role and the period as a whole

- How do you feel about your role now?
- How safe do you feel at work?
- How well do you feel the hospice as an organisation keeps its staff familiar with the current guidance?
- How well do you think your department responded to the pandemic?
- How well do you think the hospice as a whole responded?
- What has worked well and what would you like to keep?
- What hasn't worked so well and you would like to stop/change?
- What measures do you feel the Hospice should take to improve its response to a pandemic crisis?

SWOT ANALYSIS

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
Compassion was shown to each other as well as the patients and families	Agency staff lacked palliative care experience
Families were able to visit loved ones	Delayed social distancing
Hospice responded well and had enough control measures in place	IT connectivity issues
Innovative ways used to deliver services	IT issues for remote workers
Peer support amongst staff	IT support not always readily available
Staff felt safe in the Hospice at all times	Lack of clarity around CCG funded beds
Staff felt supported in their role	Lack of equipment for remote workers provided
Staff felt they could access information as needed	Lack of uniforms at the beginning for community and medical staff
Staff were kept informed of changes	PPE supply at the beginning of the pandemic
Teamwork increased and staff felt like one team	
The Hospice supported the wider community through advice, support and education	
<b>OPPORTUNITIES</b>	<b>THREATS</b>
Allow Clinical risk register to be readily available to Clinical HODs	Lack of physical numbers in senior clinical management
Develop a major incident plan	Lack of inclusion with clinical HODs with proposed new changes for the hospice
DSE and equipment for remote working	Lack of occupational health support for managers reintroducing members back into the team from shielding category
Improve IT systems and support	Restricted visiting not being followed
Improved changing facilities	Lots of information from different sources
Information from one source	Potential for a sudden reduced workforce due to: <ul style="list-style-type: none"> <li>• Second wave</li> <li>• Local lockdowns</li> <li>• Flu season</li> <li>• Childcare issues-sudden closure of schools &amp; nurseries</li> <li>• Track and trace</li> </ul>
Need for staff support and reassurance	
Patients tested weekly	
Testing for all staff at regular intervals	Staff fatigue could lead to low morale/ emotional burnout
Review of services such as occupational health and infection control support	Workloads of departments higher than ever due to projects being put on hold
Stockpile essential items in the event of a second wave	Reduced workforce due to furloughed staff
Work with external providers for a more collaborative response	

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**SAINT RAPHAEL'S HOSPICE**  
**MINUTES OF THE 13<sup>TH</sup> MEETING OF THE**  
**FINANCE AND RESOURCES SUB-COMMITTEE**  
**held on Wednesday 21 October 2020 at 2.00pm**  
Held at St Raphael's Hospice / by Zoom call

**Members:** Joe Ryan (JR) - Chair  
Alan Cogbill (AC)  
Paul Holmes (PH)  
Sr Kathleen O'Reilly (SrKO)

**In attendance:** Nick Stevens – Joint CEO (NS)  
Gail Linehan - Joint CEO (GL)  
Mr Ed Cook - Advisor, Daughters of the Cross (EC)  
Mr Norman McWhinney (NM)  
Miss Anna Machin – Clerk to Trustees (AM)

**1. WELCOME AND APOLOGIES**

Committee members were welcomed to the meeting. Apologies were received and accepted from Neena Vadgama (Finance Manager). There were no declarations of interest in addition to those already on the register of interests.

**2 To APPROVE the minutes of the meeting on 26 August 2020.**

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

**3 To DEAL WITH matters arising from those minutes**

3.1. On points 4.1.3 and 4.1.4, Nick Stevens had reviewed the presentation on the proportion of income between Donation, Lottery and Shop income and designated funds from the Daughters of the Cross (DoC) in line with agreed plans.

3.2. In relation to point 4.2.2, Ed Cook and Nick Stevens had held an initial discussion on potential investment advisors. Any investment advice would need to be secured by St Raphael's as an independent entity. For the time being the funds received from DoC would be held in the charity's bank account and the interest likely to be received from holding this cash had been factored into financial projections. It was acknowledged that due to Covid-19 the wider financial markets were experiencing volatility, but future consideration would be given to the best route for any investment of these funds.

3.3. In follow up to point 3.3, Committee members enquired about the possibility of the CCG re-commissioning Hospice beds in the event of a second wave of Covid-19. It was confirmed Gail Linehan and Nick Stevens would be attending a meeting with local CCGs on 28<sup>th</sup> October at which local bed capacity would be discussed. The number of Covid-19 cases in Sutton has been rising significantly recently.

**4 To REVIEW the Director of Finance and Resources Report**

**4.1. Update on year to date**

4.1.1. Nick Stevens presented the Finance Director's Report. The actual year-to-date position shows a shortfall of £503k for the six months to the 30<sup>th</sup> September 2020. This has been driven by shortfalls of approximately £250k in both August and

September - the Covid-19 government grant, and other factors, had meant that prior months were break-even. Legacies had been lower than budget for the past two months. In comparison, the budgeted year-to-date figure before any DoC funding was £925k. The factors that had supported the current position had been steady NHS income, top-up funding from Covid-19, furlough grants, cost savings and some delays in hiring to staff positions.

4.1.2. Looking ahead to the second half of the financial year, Nick Stevens outlined key assumptions behind the forecast for the main income lines, in comparison to the original budget that had been brought together before Covid-19 began to impact on operations. For Donations, the updated forecast assumes 30-45% of typical levels, even though the year-to-date average has been closer to 60%. Shop income is projected at c.40% of the initial forecast, although the better performing shops have brought in up to 65%. Six of the 11 shops are open and if staff numbers become a limiting factor, staff will be deployed to focus on the highest performing shops. The Wimbledon shop opened recently and is performing above expectations although it is recognised that this will need to be sustained. Lottery income is projected at 80%. The forecasting is therefore prudent and may be exceeded during the remainder of the year. In terms of planned expenditure, recruitment is now active and the Hospice is no longer in receipt of furlough grants.

4.1.3. A donation of £108k from an anonymous donor will be received during October which is also eligible for Gift Aid. The Committee and Hospice colleagues expressed their gratitude for this donation and it was confirmed that sincere thanks had been communicated to the donor.

4.1.4. Cash at the end of September was £2.65m which is higher than in March at which time there were legacy debtors. The Committee received assurance that no clawback on the government grants is anticipated.

4.1.5. There has been movement on Facilities activities and projects including painting, decorating and recarpeting on site which has been encouraging for staff. A meeting will be held with Spire Hospital to meet new members of their team which may involve discussion of support during the planned ward redecoration period.

## **4.2. Update on government grant**

4.2.1. Nick Stevens confirmed that Hospice UK had been continuing to negotiate with government on behalf of the sector, and some traction had been spurred recently supported by public awareness on the challenges being faced by Hospices. Hospices had been asked to provide and submit August shortfall figures but no response has yet been received.

4.2.2. CCGs have also been asked to review Hospice support and so St Raphael's submitted financial information on to the local CCG based on a clear reporting of core costs versus DoC investment funds. The funding request submitted was £100k for each of August and September. The CCG are meeting this week to consider the proposal.

## **5 To REVIEW the draft financial schedules for the Transfer Agreement**

### **5.1. Context to financial schedules**

5.1.1. Nick Stevens presented a detailed update to the Committee on the assumptions sitting behind the five-year projections that it was proposed would be included in the Transfer Agreement. This would provide Committee members with the opportunity to review the figures and make a recommendation to Trustees. The proposed

expenditure is based on a set staffing structure, and income generation is based on targets.

## **5.2. Assumptions behind projected expenditure**

5.2.1. In terms of staffing, the Hospice has been able to move forwards on the Strategic Plan so that the Clinical team has been filled and galvanised with relatively few vacancies. This is a core driver of the Excellence aspect of the Excellence, Visibility, Engagement 'EVE' strategy.

5.2.2. The plan assumes a 2% staff cost rise each year, and the previous restructure ensures a cost-effective set-up particularly for support staff. Inflation is assumed at 1.6-2% although may be lower based on the current economic climate.

5.2.3. Leases are set on a 20-year basis. The DoC will retain ownership of the land, and the asset value will be reflected in the DoC rather than Hospice accounts. Net assets will therefore reduce by £4m, and depreciation will be reduced in parallel. As discussed in February, a notional rent will be included of £120k, with an equal assumption of a £120k gift in kind, although in actuality there will be a 'peppercorn' rent of £100. The Committee received assurance that this plan for the treatment of the gift in kind was based on advice from Buzzacott and a chartered surveyor had supported the valuation of the in-kind gift.

5.2.4. The staffing for Consultants, Doctors, on-call cover, IPU and the Community team is assumed to be constant for the five-year period. There will be a peer team of three Consultants led by a Clinical Director who will coordinate all areas of care. The senior nurse governance role has been changed to a Physician Associate role to meet the Hospice's current needs. The Education and Volunteer teams will play an integral role in the Hospice's strategy.

5.2.5. The general communications budget has been increased by £45k as part of enhancing the Hospice's visibility and the team's skills will need to be used strategically with specialist support brought in for particular areas, such as design.

5.2.6. The donor team is the department due to experience the most growth from 3.8 to 7 FTE. This is driven by a deliberate effort to fulfil the EVE strategy and prioritise fundraising. The restrictions relating to Covid-19 meant that recruitment for some fundraising posts was delayed until spring 2021 as large-scale events could not be held in the meantime.

5.2.7. Future capital expenditure would primarily be funded through trust funding for dedicated projects, aside from planned expenditure on IT infrastructure in the coming year. Some provision has been made for unspecified capital expenditure.

5.2.8. Committee members recognised that the prior restructure had reduced ongoing staff commitments, and that support staff costs were projected to remain constant over the five-year period during which time turnover was projected to increase.

5.2.9. Committee members asked for the rationale for increased spend of £10k on volunteer events and £45k on communications in the context of wanting to ensure strong value for money. It was confirmed that the £10k would be focused on volunteer engagement and recruitment, and £45k on strategic outreach and profile-building. The funds from DoC would be used towards this kind of investment.

## **5.3. Rationale for projected income levels**

5.3.1. Nick Stevens confirmed that the aim for Donations income was to increase from c.£1.2m in 2018/19 to c.£2m in 2024/25. The leadership team recognise the current wider economic context, but these projections are based on dedicated investment in the fundraising team and roles linked to each income stream. For

example, the staff member responsible for corporate fundraising has strong networks and would be working towards an eventual target of £150k per year. Supporter groups would be expanded to work across different Wards in Merton and Sutton to profile-raise at local events. It is also expected that an additional Trust fundraiser would be added to the team.

5.3.2. There had been some positive donations recently including £40k from the spouse of a patient and a £15k online donation, which had also highlighted the close link between Excellence in service delivery and donations to the Hospice.

5.3.3. In terms of Retail targets, it is expected that the Shop network would grow over time. This is dependent on the emerging retail market, and there would be the opportunity to strategically close any shops that were performing less well when leases came up for renewal. The capital expenditure required to refurbish each new shop is £30k. The eventual expectation is for turnover of existing shops to reach £1.1m compared to £950k achieved in 2018/19. As that year had had its challenges, it is felt that this is a realistic target even in the context of Covid-19. The Shops team are engaging well with outcomes of the Skyline review including on product placement and stock movement.

5.3.4. The Lottery team have been delivering strong work to retain existing players, and £70k of further spend will be dedicated to an agency or in-house team to grow this income stream further.

5.3.5. CCG inflation is assumed at 1.4%, and relatively small amounts of income have been projected for continuing care beds, the Orangery, Education services and Wellbeing Centre.

5.3.6. Legacies are assumed at £1m, in comparison to the last 3 years' rolling average of £1.5m. This is consistent with the Hospice's general approach to budgeting and is likely to continue to be exceeded.

5.3.7. Funds received from DoC would be received as cash and treated as a deferred income creditor with funds drawn down over time. The cash balance would be projected to settle at around £3m, inclusive of the potential £1.7m contingency funding from DoC.

5.3.8. Committee members thanked Nick Stevens and the team for the work undertaken to bring together these plans. Committee members emphasised that the fundraising targets were ambitious and would be reliant on a strong fundraising team being in place. Whilst the differential effects of Covid-19 on the economy were not yet known, it was felt that the targets were based on an optimistic, but also considered and granular approach for each income stream. The Committee recognised that these targets would also be motivating for the Hospice and fundraising team and fit with the ethos behind the EVE strategy.

5.3.9. The Committee members understood the wider economic environment and were committed to undertaking regular reviews of the financial position at clear intervals. The next two years in particular would provide an indication of progress against targets, to inform any further action that would need to be taken to improve or address the financial position.

5.3.10. The Committee recognised the positive stories in relation to service provision driving unsolicited donations and asked for such instances to be shared with Trustees which would help support Trustees to advocate for the Hospice amongst their networks.

#### **5.4. DoC Contingency funding**

**NS, GL**

<p>5.4.1. Nick Stevens presented the supplementary paper that outlined the projected balance sheet and cash position both with and without £1.7m of contingency funding from DoC. The £1.7m sum was composed of £240k relating to delays to shop refurbishment and £1.45m to the impact of Covid-19. The scenario without the DoC contingency funding showed cash settling at £1.3m at the end of the five-year period.</p> <p>5.4.2. Ed Cook expressed the position of the DoC that the Letter of Comfort sets out willingness to commit further contingency funds if the DoC is content that the Hospice is moving towards self-sustainability. However, the DoC would not wish to include the £1.7m contingency funds in the Financial Schedule as unlike the £3.6m of agreed funding, the contingency funding is not a contractual commitment. The Hospice's financial position has also improved over the time period from the original Letter of Comfort being written to the present time.</p> <p>5.4.3. The Hospice team recognised that the context to the Hospice's financial position had improved in the short-term, however the impact of Covid-19 had changed the medium-term financial picture for the charity. The option to receive DoC contingency funding would therefore be important to achieving a level of cash reserves that the Trustees were comfortable with, which had been proposed at £3m.</p> <p>5.4.4. Trustees recognised that the DoC contingency funds did not present a contractual commitment, but expressed a strong preference for reaching a position whereby funds received would enable the Hospice to reach £3m cash reserves wherever possible.</p> <p>5.4.5. It was agreed that the wording in the Letter of Comfort would be updated by Nick Stevens, to reflect suggested conditions for contingency funding and clarification that contingency funds would be requested should the impacts of delay and Covid-19 not self-correct within the specified time period. This would be shared for review with Ed Cook and DoC.</p> <p>5.4.6. Trustees and the Hospice team reaffirmed that the Hospice would aim to work as hard as possible to exceed financial targets set out in the Financial Schedules.</p> <p><b>5.5. Next steps and communication to Trustees</b></p> <p>5.5.1. It was agreed that the Transfer Agreement, Financial Schedules and updated Letter of Comfort would be circulated to Trustees along with the Finance Committee minutes by the end of the week. Trustees would be invited to comment and provide input before being asked to sign the written resolution to approve the Transfer Agreement.</p>	<p>NS, EC</p> <p>NS, EC, AM</p>
<p><b>6 To CONSIDER Any Other Business</b></p> <p>6.1. The Committee ratified the Trustee Expenses Policy which had been reviewed in detail at the recent Board meeting. Anna Machin would publish the Policy on the Trustee website portal.</p> <p>6.2. There were no further items raised under Any Other Business.</p>	<p>AM</p>
<p><b>7 NEXT MEETING</b></p> <p>7.1. It was confirmed that Anna Machin was finalising the 2021 agenda plan and would share invites for upcoming meetings with Committee members.</p>	<p>AM</p>
<p>The meeting finished at 4.05pm.</p>	

Approved.....

Date.....

# Finance and Resources Report

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## Recommendations

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  - c. Agrees that the executive can seek term deposits for funds needed to have a maximum of 12-month access.
  - d. Agrees that longer term funds will be addressed by Finance Sub-Committee prior to committing.

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### 2. October Accounts – Income and Expenditure

The October 2020 management account summary with balance sheet/cash movement is attached together with a more detailed I&E account. The detailed page has been amended to show the single month as well as the year to date information.

The shortfall of £94k all arises in the month of October, compared with a budget of £235k (excluding the DoC budgeted grant).

Total costs for the month amounted to £572k compared to £556k last year and a budget for £653k. Staff costs are £11k below that of last October.

The year to date costs amount to £3.63m, compared to £3.75m last year, and a budget of £4.33m. There has been a £45k saving on staff costs (after the benefit of furlough payments) and £75k on events costs compared to last year. Other costs are running on a par with last year for the same period.

Income from donations was £190k for October compared to £105k last year. This includes the single large donation of £108k which leaves £82k of other donations. The gift aid calculation has been done as at the end of October and amounts to £63k, including £27k from the one donation. Legacy income of £13k was low, although it was also low last year (£23k). This brings the total to £340k against a budget for £537k and last year's £193k.

Shop income was £46k for October compared to £86k last year. Shop costs include a payment for building work completed by the landlords at Cheam.

The lottery is performing a little better than feared, at £250k for the year to date, £9k behind the total for last year and 13% below plan. The main concern for the lottery is that it is not yet possible to start to rebuild the supporter base as we had planned for 2020 (which saves costs but will lower income targets next year and thereafter).

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Cash stood at £2.77m at the end of August, an increase of £540k over March 31st and net assets totalled £7.1m.

### 4. Forecast 2020-21

The assumptions used for income this year are shown below. The first table shows the original split of the annual £3.1m budget for income from donations, shops and lottery. The second shows the current assumption (actuals for April to August).

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
<b>Donations</b>												
Original plan donation income	91,873	112,143	105,436	99,224	92,741	92,927	92,672	135,126	138,336	175,061	110,878	96,838
% of original achieved / anticipated	92%	50%	92%	65%	43%	69%	205%	30%	30%	30%	45%	45%
revised donor income	84,220	55,819	97,051	64,156	40,299	64,158	190,429	40,538	41,501	105,018	49,895	43,577
<b>Shops</b>												
Original Shops Income	84,939	78,324	80,655	85,631	77,399	84,672	106,326	100,406	111,985	101,121	89,650	99,323
% of original achieved / anticipated	0%	1%	1%	8%	18%	39%	44%	5%	38%	45%	45%	45%
Revised Shops	0	891	661	6,982	13,553	32,660	46,645	5,000	41,994	45,505	40,342	44,695
<b>Lottery</b>												
Original Lottery Income	32,279	54,685	35,012	44,377	36,184	46,087	46,088	59,361	48,303	39,309	39,805	50,236
% of original achieved / anticipated	95%	70%	150%	87%	85%	70%	58%	85%	85%	85%	85%	85%
Revised Lottery Income (see lottery growth)	30,732	38,417	52,571	38,677	30,737	32,216	26,618	50,457	41,057	33,413	33,834	42,701

Overall, we are estimating that we will raise 54% of the original total from these sources (£1.6m compared to £3.0m in budget).

These income reductions amount to around £1.4m for the year, but these have been partially offset by the Govt grants we benefited from between April and July which amounted to £716k. Alongside this we estimate our full year costs will be £930k below our budget and hence the shortfall estimated (before the allocation of DoC grant fund) is £1.4m compared with an original budget of £1.6m.

We have strong indications that there will be further grant support in the current financial year, but this is not yet confirmed or quantified and is not included in these figures.

***Looking further out – the cash graph presented assumes that SRH draws down on £1.7m of the contingency in 2023.***

### 5. Transfer of Undertakings

- a. The transfer took place at 31 October and a sum of £3.6m was received on November 2<sup>nd</sup>. This will be utilised over a number of years as indicated in the transfer agreement. The cash balance asset will therefore have an equal and opposite “deferred income” creditor rendering the impact on the balance

sheet as net nil. Each month a portion of this grant will be utilised as “income” in the I&E account and that will lower the deferred income balance until it is fully depleted by 2025.

- b. At the same time, the ownership of the land and buildings has been retained by DoC. With effect from November, the SRH management accounts will no longer include the £3.7m net book value for these assets.
- c. The October accounts will remain “open” for a number of weeks in order that all late invoices and transactions are fully represented in the accounting month. This will change the figures for October to some extent. This is because it represents the point up to which the DoC will consolidate the figures and after which the new charitable entity will present the figures as its own. The October 31<sup>st</sup> balance sheet will be subject to an audit, the dates and details to be confirmed.

## 6. Investment of Grant

	Dec-20	Mar-21	Mar-22	Mar-23	Mar-24	Mar-25
Readily Available - allows for usual timing of I&E	£500	£500	£500	£500	£500	£500
35 Day Account - available for exceptional short term needs	£1,000	£567	£646	£705	£741	£757
95 Day Account - full year expected need	£2,000	£1,351	£817	£810	£664	£333
12 months	£1,200	£1,200	£0	£400	£0	£0
24 months	£1,400	£1,400	£1,400	£0	£0	£0
	£6,100	£5,019	£3,363	£2,415	£1,906	£1,590

- a. An analysis of the cash balances available to SRH has been done on a month by month basis for the coming five years and is summarised above. Because there is an ongoing expectation of net cash shortfall for several years we need to hold sufficient in each account to serve through to when they can be topped up from a longer term account without needing to break into that account before time.
  - i. This assumes we need around £500k in ready access account which covers the usual monthly expenditure and is sufficient even if no other income arose in the month.
  - ii. At the end of the month this would need to be “fed” from our 35-day access and the analysis indicates that this would need an ongoing level of c£700k in order to replenish the potential for a full month plus the usual level of cash leakage for two further months before it is replenished itself
  - iii. The 35-day account would then be replenished from a 3 month / 95-day account which, in turn, needs to hold sufficient funds for one year plus a contingency as it can only be replenished from the 12-month account.

- iv. The corollary is that there may not be sufficient “spare” cash, beyond this 12-month level, to place into any riskier, higher return accounts at this point, as the volatility in the market suggests that a 3-5 year term will be needed in order to minimise risks of loss.
- b. Returns are all very low. Nat West 35-day account gives 0.1% and its 95-day account gives 0.15%. CAF Bank, a charity favourite has a 60-day account on 0.35% and its 12 month offers 0.6%. Higher rates can be achieved from less well-known banks, such as “Redwood Bank” which is 67% owned by Warrington Council. It offers 0.6% on 35-day access, 0.95% for 95 day and 1% for 12 months.
- c. Agreement is requested for the executive to source the best returns from fixed term accounts such as the Redwood Bank. This amounts to between £10,000 and £15,000 more interest than using Nat West/CAF combination. It may, however be more risky, and only £85,000 per account is covered by Govt backing.
- d. Agreement is requested that the Finance Committee consider the best approach to funds that could be placed on 24-month+ terms.

## HR

- 7. Our HR team have once again been completing calculations for our furlough claims and entering them into the Govt portal each month. A large portion of the retail team have been furloughed as have several other staff who are unable to work and who fit the criteria for being furloughed.
- 8. Our new Physician Associate, Jovi Giles, is due to start on Monday 23<sup>rd</sup> November. She will initially work with the medical team with a focus on the IPU.
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16. A new education App has been created and will be worked upon and extended over time. It currently includes the education calendar and will include links to course material and video clips. A similar project for the Wellbeing App will follow.

## Facilities

17. Work on re-painting the offices in the hospice corridor has continued and carpets replaced. A plan of the hospice building is attached which shows work completed, work planned and areas for future, currently unplanned projects. The areas that are uncoloured on the plan (such as reception) are due to be repainted and refreshed by the in-house team and volunteers in the next 12 months.
18. The ward-room refreshes will be pushed back as a result of lockdown and the increased prevalence of COVID locally. It is now scheduled for Late July and August 2021. The work on the patio gardens will continue as planned in January, as will the store-sheds and their concrete bases and the courtyard garden (March).
19. The garden designer who is going to do our courtyard garden has agreed to provide a garden plan for the large grass area at the front of the hospice. Subject to approval (including from the DoC), this will then become an ongoing appeal that fundraising will run next year to attract new donors and Trust funding. We hope to include a network of paths, a scent garden, seating area, play area and cut flower garden. We may also look at locating the men's den in the corner of the site.
20. An electrical charging point has been installed for our electric van and other vehicles. This is part of our move towards encouraging an environmentally caring profile.
21. We have a quote for c£5k to re-floor the large meeting room in St Bede's to match with the rest of the building. The room will be redecorated by the in-house team in advance.

Nick Stevens, Joint CEO

18<sup>th</sup> November 2020

# Finance and Resources Report

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16. A new education App has been created and will be worked upon and extended over time. It currently includes the education calendar and will include links to course material and video clips. A similar project for the Wellbeing App will follow.

## Facilities

17. Work on re-painting the offices in the hospice corridor has continued and carpets replaced. A plan of the hospice building is attached which shows work completed, work planned and areas for future, currently unplanned projects. The areas that are uncoloured on the plan (such as reception) are due to be repainted and refreshed by the in-house team and volunteers in the next 12 months.
18. The ward-room refreshes will be pushed back as a result of lockdown and the increased prevalence of COVID locally. It is now scheduled for Late July and August 2021. The work on the patio gardens will continue as planned in January, as will the store-sheds and their concrete bases and the courtyard garden (March).
19. The garden designer who is going to do our courtyard garden has agreed to provide a garden plan for the large grass area at the front of the hospice. Subject to approval (including from the DoC), this will then become an ongoing appeal that fundraising will run next year to attract new donors and Trust funding. We hope to include a network of paths, a scent garden, seating area, play area and cut flower garden. We may also look at locating the men's den in the corner of the site.
20. An electrical charging point has been installed for our electric van and other vehicles. This is part of our move towards encouraging an environmentally caring profile.
21. We have a quote for c£5k to re-floor the large meeting room in St Bede's to match with the rest of the building. The room will be redecorated by the in-house team in advance.

Nick Stevens, Joint CEO

18<sup>th</sup> November 2020

St Raphael's Management Accounts 31 October 2020	Year To Date				Full Year			
	YTD 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Actuals 2019-20	Forecast 2020-21	Budget 2020-21	Variance
Income from NHS	938,310	900,393	37,917	908,177	1,546,130	1,586,682	1,550,399	36,284
Other Income	724,272	89,567	634,705	106,566	175,599	828,341	132,202	696,139
Direct Cost of Services	(1,984,479)	(2,302,067)	317,589	(2,046,889)	(3,434,614)	(3,555,315)	(3,935,082)	379,767
Hospice Depreciation	(127,058)	(158,063)	31,005	(124,749)	(210,006)	(179,673)	(267,539)	87,866
<b>Net Service Cost</b>	<b>(448,954)</b>	<b>(1,470,171)</b>	<b>1,021,216</b>	<b>(1,156,895)</b>	<b>(1,922,891)</b>	<b>(1,319,965)</b>	<b>(2,520,020)</b>	<b>1,200,055</b>
Support Costs	(555,446)	(538,039)	(17,406)	(527,257)	(933,283)	(962,935)	(927,554)	(35,381)
<b>Net cost of Service to be funded</b>	<b>(1,004,400)</b>	<b>(2,008,210)</b>	<b>1,003,810</b>	<b>(1,684,152)</b>	<b>(2,856,174)</b>	<b>(2,282,900)</b>	<b>(3,447,574)</b>	<b>1,164,674</b>
<b>Fundraising Activity</b>								
Legacy Income	341,361	537,500	(196,139)	193,009	1,750,510	941,361	1,000,000	(58,639)
Donor Income	658,959	722,773	(63,814)	699,197	1,240,373	953,514	1,410,041	(456,526)
Fundraising Costs	(351,000)	(498,147)	147,147	(401,763)	(629,760)	(616,155)	(861,669)	245,513
	<b>649,319</b>	<b>762,126</b>	<b>(112,807)</b>	<b>490,443</b>	<b>2,361,123</b>	<b>1,278,720</b>	<b>1,548,372</b>	<b>(269,652)</b>
Lottery Income	249,968	286,753	(36,785)	258,881	456,007	451,429	523,766	(72,337)
Lottery Costs	(114,887)	(182,057)	67,170	(106,272)	(206,984)	(205,975)	(304,441)	98,466
	<b>135,081</b>	<b>104,696</b>	<b>30,385</b>	<b>152,609</b>	<b>249,023</b>	<b>245,454</b>	<b>219,325</b>	<b>26,129</b>
Shop Income	116,939	635,951	(519,011)	563,529	1,103,503	312,667	1,157,655	(844,989)
Shop Costs	(494,125)	(653,822)	159,697	(542,003)	(934,027)	(1,014,829)	(1,168,754)	153,925
	<b>(377,185)</b>	<b>(17,871)</b>	<b>(359,314)</b>	<b>21,525</b>	<b>169,476</b>	<b>(702,163)</b>	<b>(11,099)</b>	<b>(691,064)</b>
	-323%	-3%		4%	15%	-225%	-1%	
<b>Shortfall before DOC Funding</b>	<b>(597,185)</b>	<b>(1,159,259)</b>	<b>562,074</b>	<b>(1,019,575)</b>	<b>(76,553)</b>	<b>(1,460,888)</b>	<b>(1,690,976)</b>	<b>230,088</b>
DOC Funding	0	816,667	(816,667)	0	0	750,000	1,400,000	(650,000)
DOC Contingency Funding								
	<b>(597,185)</b>	<b>(342,592)</b>	<b>(254,593)</b>	<b>(1,019,575)</b>	<b>(76,553)</b>	<b>(710,888)</b>	<b>(290,976)</b>	<b>(419,912)</b>

St Raphael's Management Accounts 31 August 2020	YTD 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Forecast 2019-20	Forecast 2020-21	Budget 2020-21	Variance
Total Income	<b>3,029,809</b>	<b>3,989,602</b>	<b>(959,793)</b>	<b>2,729,359</b>	<b>6,272,121</b>	5,823,994	7,174,063	<b>(1,350,069)</b>
Total Cost	<b>(3,626,994)</b>	<b>(4,332,195)</b>	<b>705,201</b>	<b>(3,748,934)</b>	<b>(6,348,674)</b>	(6,534,882)	(7,465,039)	<b>930,156</b>
<b>Shortfall for period</b>	<b>(597,185)</b>	<b>(342,592)</b>	<b>(254,593)</b>	<b>(1,019,575)</b>	<b>(76,553)</b>	<b>(710,888)</b>	<b>(290,976)</b>	<b>(419,912)</b>

SRH Detailed Income and Expenditure	Month of October					Year To Date					
	Actual	Budget	Variance	Prior Year	Variance	Actual	Budget	Variance	Prior Year	Variance	
<b>31st August 2020</b>											
<b>NHS Grants</b>	<b>127,432</b>	<b>127,759</b>	<b>(327)</b>	<b>125,842</b>	<b>1,590</b>	<b>892,025</b>	<b>894,311</b>	<b>(2,287)</b>	<b>884,808</b>	<b>7,217</b>	
<b>NHS Other Fees</b>	<b>0</b>	<b>520</b>	<b>(520)</b>	<b>0</b>	<b>0</b>	<b>46,286</b>	<b>6,082</b>	<b>40,204</b>	<b>23,369</b>	<b>22,916</b>	Includes NHS bed contract
<b>Hospice Grants</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30,000</b>	<b>(30,000)</b>	<b>60,000</b>	<b>(60,000)</b>	
<b>Other income</b>	<b>130</b>	<b>3,187</b>	<b>(3,057)</b>	<b>8,639</b>	<b>(8,509)</b>	<b>719,265</b>	<b>22,309</b>	<b>696,956</b>	<b>15,464</b>	<b>703,801</b>	Govt Grant to Hospices
<b>Investment Income</b>	<b>140</b>	<b>2,493</b>	<b>(2,353)</b>	<b>1,596</b>	<b>(1,455)</b>	<b>3,150</b>	<b>16,258</b>	<b>(13,107)</b>	<b>13,348</b>	<b>(10,198)</b>	
<b>Orangery Income</b>	<b>652</b>	<b>3,000</b>	<b>(2,348)</b>	<b>2,674</b>	<b>(2,022)</b>	<b>1,857</b>	<b>21,000</b>	<b>(19,143)</b>	<b>17,754</b>	<b>(15,897)</b>	closed
<b>Operating Income</b>	<b>128,354</b>	<b>136,959</b>	<b>(8,604)</b>	<b>138,750</b>	<b>(10,396)</b>	<b>1,662,582</b>	<b>989,960</b>	<b>672,623</b>	<b>1,014,743</b>	<b>647,839</b>	
Staff Costs	(238,288)	(285,433)	<b>47,145</b>	(247,970)	9,682	(1,744,155)	(1,994,676)	<b>250,521</b>	(1,761,201)	17,046	Delayed recruitment and furlough
Training, Recruitment and subscriptions	(26)	(4,018)	<b>3,992</b>	(4,983)	4,957	(7,797)	(32,496)	<b>24,699</b>	(19,098)	11,302	
Food and Catering	(2,023)	(3,510)	<b>1,487</b>	(3,389)	1,366	(3,491)	(24,101)	<b>12,610</b>	(21,164)	9,673	Orangery closed
Cleaning and Waste Disposal	(3,169)	(2,668)	<b>(501)</b>	(2,683)	(486)	(18,746)	(17,920)	<b>(826)</b>	(16,565)	(2,181)	
Travel and Motoring Expenses	(263)	(1,741)	<b>1,478</b>	(1,401)	1,138	(4,040)	(13,364)	<b>9,324</b>	(12,014)	7,974	little travel
Drugs, Dressings and Consumables	(12,911)	(7,659)	<b>(5,251)</b>	(7,972)	(4,939)	(60,541)	(65,112)	<b>4,571</b>	(58,567)	(1,974)	
Rates and Utilities	(5,803)	(5,399)	<b>(404)</b>	(5,293)	(509)	(41,261)	(43,199)	<b>1,938</b>	(42,352)	1,091	
Repairs and Maintenance	(7,103)	(7,617)	<b>515</b>	(6,663)	(439)	(6,663)	(49,021)	<b>792</b>	(46,188)	(2,040)	
Telephones, Postage, Stationery & IT	(3,748)	(5,105)	<b>1,358</b>	(6,312)	2,565	(30,047)	(38,212)	<b>8,165</b>	(40,797)	10,751	
Other Direct Costs	(9,194)	(3,390)	<b>(5,804)</b>	(2,388)	(6,806)	(18,172)	(23,965)	<b>5,793</b>	(28,941)	10,769	
Depreciation	(17,959)	(23,433)	<b>5,474</b>	(17,111)	(847)	(127,058)	(158,063)	<b>31,005</b>	(124,749)	(2,309)	
<b>Direct Cost of Service (incl Depreciation)</b>	<b>(300,484)</b>	<b>(349,974)</b>	<b>49,490</b>	<b>(306,166)</b>	<b>5,681</b>	<b>(2,111,537)</b>	<b>(2,460,130)</b>	<b>348,593</b>	<b>(2,171,639)</b>	<b>60,102</b>	
<b>Net Service Cost</b>	<b>(172,130)</b>	<b>(213,015)</b>	<b>40,885</b>	<b>(167,416)</b>	<b>(4,714)</b>	<b>(448,954)</b>	<b>(1,470,171)</b>	<b>1,021,216</b>	<b>(1,156,895)</b>	<b>707,941</b>	
Staff Costs	(51,397)	(53,793)	<b>2,396</b>	(49,014)	(2,383)	(335,225)	(372,179)	<b>36,955</b>	(328,560)	(6,665)	Delayed recruitment and furlough
Training, Recruitment and subscriptions	(390)	(1,960)	<b>1,570</b>	(275)	(115)	(2,747)	(21,665)	<b>18,918</b>	(3,983)	1,236	little activity
Telephones, Postage, Stationery & IT	(5,932)	(7,053)	<b>1,121</b>	(5,213)	(719)	(48,903)	(55,354)	<b>6,451</b>	(40,263)	(8,640)	
Other Costs	(2,099)	(3,268)	<b>1,168</b>	(2,834)	735	(20,064)	(25,863)	<b>5,800</b>	(17,011)	(3,053)	Apprenticeship Levy not expected in budget
VAT	(12,611)	(2,750)	<b>(9,861)</b>	(13,024)	413	(98,224)	(19,250)	<b>(78,974)</b>	(98,156)	(68)	We cannot claim VAT back as planned (until independence)
<b>Support Costs</b>	<b>(77,086)</b>	<b>(75,929)</b>	<b>(1,158)</b>	<b>(76,303)</b>	<b>(784)</b>	<b>(555,446)</b>	<b>(538,039)</b>	<b>(17,406)</b>	<b>(527,257)</b>	<b>(28,189)</b>	
<b>Legacies</b>	<b>13,521</b>	<b>32,500</b>	<b>(18,979)</b>	<b>23,000</b>	<b>(9,479)</b>	<b>341,361</b>	<b>537,500</b>	<b>(196,139)</b>	<b>193,009</b>	<b>148,352</b>	
<b>Donations</b>	<b>190,429</b>	<b>92,672</b>	<b>97,756</b>	<b>105,514</b>	<b>84,915</b>	<b>596,132</b>	<b>687,017</b>	<b>(90,885)</b>	<b>674,447</b>	<b>(78,315)</b>	
<b>Gift Aid</b>	<b>62,827</b>	<b>5,773</b>	<b>57,054</b>	<b>24,750</b>	<b>38,077</b>	<b>62,827</b>	<b>35,756</b>	<b>27,070</b>	<b>24,750</b>	<b>38,077</b>	None claimed or accrued yet
Staff Costs	(30,202)	(44,898)	<b>14,696</b>	(33,409)	3,207	(222,219)	(314,288)	<b>92,069</b>	(224,240)	2,021	Delayed recruit/furlough/lottery moved
Training, Recruitment and subscriptions	(293)	(550)	<b>257</b>	(1,209)	916	(3,370)	(3,850)	<b>480</b>	(3,251)	(119)	
Rent, Rates and Utilities	(2,162)	(2,240)	<b>78</b>	(2,273)	111	(17,129)	(17,239)	<b>110</b>	(16,586)	(543)	
Repairs and Maintenance	(604)	(518)	<b>(86)</b>	(354)	(250)	(4,485)	(3,626)	<b>(859)</b>	(5,897)	1,412	
Telephones, Postage, Stationery & IT	(25,934)	(3,040)	<b>(22,894)</b>	(1,942)	(23,993)	(42,468)	(19,086)	<b>(23,383)</b>	(16,375)	(26,094)	
Communications and Marketing	(5,302)	(9,206)	<b>3,904</b>	(3,149)	(2,153)	(28,911)	(40,060)	<b>11,149</b>	(24,028)	(4,883)	
Events	(168)	(37,728)	<b>37,561</b>	(36,988)	36,821	(4,193)	(63,982)	<b>59,789</b>	(82,336)	78,143	
Other Costs	(7,057)	(4,983)	<b>(2,074)</b>	(4,320)	(2,737)	(28,224)	(36,016)	<b>7,792</b>	(29,051)	826	
<b>Net Fundraising Contribution</b>	<b>195,055</b>	<b>27,782</b>	<b>167,273</b>	<b>69,621</b>	<b>125,434</b>	<b>649,319</b>	<b>762,126</b>	<b>(112,807)</b>	<b>490,443</b>	<b>158,876</b>	
<b>Lottery Income</b>	<b>26,618</b>	<b>38,128</b>	<b>(11,510)</b>	<b>31,726</b>	<b>(5,108)</b>	<b>249,968</b>	<b>286,753</b>	<b>(36,785)</b>	<b>258,881</b>	<b>(8,913)</b>	
Staff Costs	(3,076)	0	<b>(3,076)</b>		(3,076)	(21,530)	0	<b>(21,530)</b>		(21,530)	Staff member charged to lottery for first time
Agency Staff	0	(8,000)	<b>8,000</b>	0	0	327	(64,700)	<b>65,027</b>	(770)	1,097	Agents paid for new recruits, but not recruiting
Printing, Postage and Marketing	(7,200)	(500)	<b>(6,700)</b>	(1,090)	(6,110)	(15,231)	(25,202)	<b>9,971</b>	(28,068)	12,836	
Bank, Credit Card and Other Charges	(1,564)	(2,284)	<b>721</b>	(3,524)	1,961	(11,401)	(17,705)	<b>6,304</b>	(13,163)	1,763	
Lottery Prizes	(7,500)	(7,140)	<b>(360)</b>	(6,000)	(1,500)	(48,500)	(49,980)	<b>1,480</b>	(47,000)	(1,500)	Lottery Prize for June to be accrued
Management Company Costs	(2,500)	(3,496)	<b>996</b>	(350)	(2,150)	(18,552)	(24,469)	<b>5,917</b>	(17,271)	(1,281)	
<b>Net Lottery Contribution</b>	<b>4,779</b>	<b>16,708</b>	<b>(11,930)</b>	<b>20,763</b>	<b>(15,984)</b>	<b>135,081</b>	<b>104,696</b>	<b>30,385</b>	<b>152,609</b>	<b>(17,528)</b>	

Shop Income	46,645	106,326	(59,681)	86,719	(40,074)	101,393	597,946	(496,554)	534,579	(433,186)	Slow trading, little open yet
Gift Aid	8,722	5,739	2,982	22,125	(13,403)	8,722	38,004	(29,283)	22,125	(13,403)	
Rent received	975	0	975	975	0	6,825	0	6,825	6,825	0	
Staff Costs	(32,310)	(48,392)	16,082	(35,692)	3,382	(194,610)	(317,792)	123,182	(248,349)	53,739	Many staff are furloughed
Training, Recruitment and subscriptions	(225)	(389)	164	0	(225)	(1,574)	(3,363)	1,788	(780)	(795)	
Consumables and Goods for Resale	(2,503)	(1,700)	(803)	(2,777)	274	(12,539)	(11,900)	(639)	(13,110)	571	
Cleaning and Waste Disposal	(2,863)	(2,731)	(131)	(3,206)	344	(9,505)	(19,352)	9,847	(20,122)	10,617	low activity
Rent, Rates and Utilities	(42,843)	(33,492)	(9,351)	(25,744)	(17,098)	(187,585)	(210,292)	22,707	(201,138)	13,553	
Repairs and Maintenance	(1,111)	(800)	(311)	(1,991)	879	(10,506)	(5,600)	(4,906)	(8,908)	(1,598)	
Depreciation	(3,831)	(5,177)	1,345	(1,823)	(2,009)	(23,657)	(29,937)	6,280	(7,231)	(16,427)	Shop refurb depreciation has started
Telephones, Postage, Stationery & IT	(1,621)	(1,754)	134	(2,295)	674	(11,158)	(12,752)	1,594	(13,400)	2,242	
Other Costs	(878)	(4,729)	3,851	(1,409)	531	(5,960)	(20,479)	14,519	(7,759)	1,799	
Bank, credit card and cash collection	(567)	(1,616)	1,049	(1,558)	991	(2,909)	(11,155)	8,246	(11,653)	8,745	
Professional Services	(10,914)	(1,000)	(9,914)	(1,696)	(9,218)	(30,169)	(7,000)	(23,169)	(6,117)	(24,052)	Skyline Business Consultancy
Insurance	(1,113)	(600)	(513)	(720)	(393)	(3,953)	(4,200)	247	(3,437)	(515)	
<b>Net Shops Contribution</b>	<b>(44,437)</b>	<b>9,685</b>	<b>(54,122)</b>	<b>30,908</b>	<b>(75,345)</b>	<b>(377,185)</b>	<b>(17,871)</b>	<b>(359,314)</b>	<b>21,525</b>	<b>(398,710)</b>	
<b>Net Shortfall before DoC funding</b>	<b>(93,820)</b>	<b>(234,769)</b>	<b>140,949</b>	<b>(122,427)</b>	<b>28,607</b>	<b>(597,185)</b>	<b>(1,159,259)</b>	<b>562,074</b>	<b>(1,019,575)</b>	<b>422,390</b>	
<b>Other income</b>	<b>0</b>	<b>116,667</b>	<b>(116,667)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>816,667</b>	<b>(816,667)</b>	<b>0</b>	<b>0</b>	Budget assumed DoC grant would have been received
<b>Shortfall for period</b>	<b>(93,820)</b>	<b>(118,103)</b>	<b>24,283</b>	<b>(122,427)</b>	<b>28,607</b>	<b>(597,185)</b>	<b>(342,592)</b>	<b>(254,593)</b>	<b>(1,019,575)</b>	<b>422,390</b>	
<b>Total Income</b>	<b>478,090</b>	<b>534,765</b>	<b>(56,674)</b>	<b>433,559</b>	<b>44,532</b>	<b>3,029,809</b>	<b>3,989,602</b>	<b>(959,793)</b>	<b>2,729,359</b>	<b>300,451</b>	
<b>Total Costs</b>	<b>(571,910)</b>	<b>(652,867)</b>	<b>80,957</b>	<b>(555,986)</b>	<b>(15,924)</b>	<b>(3,626,994)</b>	<b>(4,332,195)</b>	<b>705,201</b>	<b>(3,748,934)</b>	<b>121,940</b>	
<b>Total Net</b>	<b>(93,820)</b>	<b>(118,103)</b>	<b>24,283</b>	<b>(122,427)</b>	<b>28,607</b>	<b>(597,185)</b>	<b>(342,592)</b>	<b>(254,593)</b>	<b>(1,019,575)</b>	<b>422,390</b>	

**St Raphael's Management Accounts 31 October 2020**

Net Movement in Funds	YTD 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Actuals 2019-20	Forecast 2020-21	Budget 2020-21	Variance
Surplus/(Loss) from Operations	(597,185)	(342,592)	(254,593)	(1,019,575)	(76,553)	(710,888)	(261,671)	(634,335)
Depreciation	151,448	160,518	(9,070)	98,490	233,035	246,638	327,615	13,604
Decrease/(Increase) in Debtors	839,772	158,663	681,109	28,064	(981,075)	913,956	145,133	1,895,030
(Decrease)/Increase in Creditors	327,731	2,913,423	(2,585,692)	117,363	(59,763)	2,992,706	2,219,154	3,052,469
<b>Net cash (expended)/ generated by operations</b>	<b>721,766</b>	<b>2,890,011</b>	<b>(2,168,245)</b>	<b>(775,657)</b>	<b>(884,356)</b>	<b>3,442,412</b>	<b>2,430,231</b>	<b>4,326,768</b>
Purchase of Fixed Assets	(171,166)	(440,405)	269,239	(143,367)	(445,856)	(586,200)	(500,405)	(140,344)
Increase / (Decrease) in Cash	<b>550,600</b>	<b>2,449,606</b>	<b>(1,899,006)</b>	<b>(919,024)</b>	<b>(1,330,212)</b>	<b>2,856,211</b>	<b>1,929,826</b>	<b>4,186,424</b>

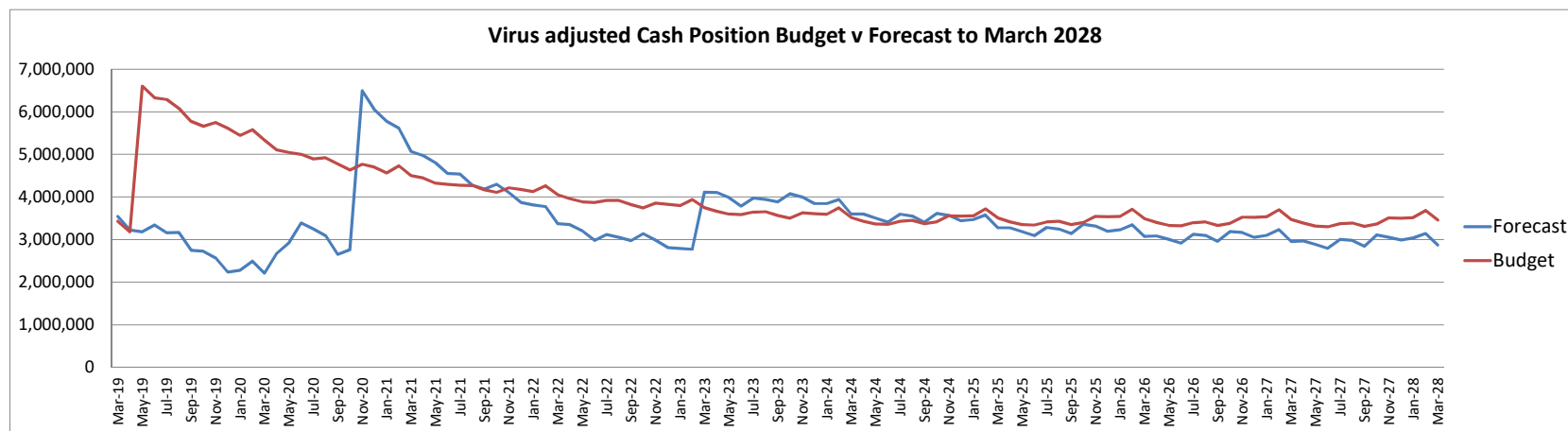
**St Raphael's Management Accounts 31 October 2020**

<u>Balance Sheet</u>	YTD 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Actuals 2019-20	Forecast 2020-21	Budget 2020-21	Variance
Fixed Assets	4,296,188	4,491,958	(195,770)	4,123,258	4,276,470	906,866	4,384,861	(3,369,603)
Debtors	713,181	587,364	125,817	627,030	1,552,953	638,997	600,894	(913,956)
<b>Cash at Bank</b>	<b>2,765,536</b>	<b>4,756,587</b>	<b>(1,991,051)</b>	<b>2,665,336</b>	<b>2,214,936</b>	<b>5,071,148</b>	<b>4,118,704</b>	<b>2,856,212</b>
Creditors	(663,987)	(3,257,589)	2,593,601	(513,383)	(336,256)	(3,328,962)	(2,563,776)	(2,992,706)
<b>Net Assets</b>	<b>7,110,917</b>	<b>6,578,320</b>	<b>532,597</b>	<b>6,902,241</b>	<b>7,708,102</b>	<b>3,288,048</b>	<b>6,540,683</b>	<b>(4,420,054)</b>

(0)

0

(0)





- IPU Refresh Project
- Future Projects
- Completed Refresh
- Does not need Refresh

**SAINT RAPHAEL'S HOSPICE**  
**MINUTES OF THE 11<sup>TH</sup> MEETING OF THE**  
**CLINICAL QUALITY AND GOVERNANCE SUB-COMMITTEE**  
**held on Friday 30 October 2020 at 10.00am**  
Held at St Raphael's Hospice / by Zoom call

**Members:** Alan Cogbill (AC) – items 5-10  
Dr Caroline Chill (CC)  
Dr Joy Tweed (JT)

**In attendance:** Gail Linehan - Joint CEO (GL)  
Alex Rudkin – Quality Development Manager (AR)  
Dr Jenny Strawson – Consultant (JS)  
Rebecca Trower – Clinical Director (RT)  
Dr Gaby Tamura-Rose – Consultant (GT-R)  
Miss Anna Machin – Clerk to Trustees (AM)

**1. Welcome and apologies**

Committee members and colleagues were welcomed to the meeting by Dr Joy Tweed who Chaired this meeting. There were no apologies sent to the meeting. There were no declarations of interest in addition to those already on the register of interests.

**2 Minutes of the meeting on 21 August 2020.**

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

**3 Matters arising**

3.1. The matters arising from the previous meeting were reviewed:

- 04/01 – The Performance Management Policy is being finalised with Kelly Channer to ensure alignment with relevant Hospice policies and will be ready for presentation at next meeting. 11/01(GL)
- 04/08 - The Medical Revalidation Policy is almost finalised, and the Chaperone Policy has been drafted and shared with internal Heads of Department for review and to ensure reflects Hospice practice. 11/02(GL)
- 08/05 – The Education team would be asked to confirm the timeline for sharing training platform logins with Trustees. Trustee training would focus on the Safeguarding, Confidentiality and Information Governance modules. The Education team would also explore opportunities for Trustees to receive Level 3 training by Zoom through the Local Authority or CCG. 11/03(GL)
- 09/02 – Gail Linehan confirmed that a follow up call had been held with the complainant and a Subject Access Request received to obtain patient notes. A follow up call will be held during November.
- 09/03 – The report on the Hospice's reflections on Covid-19 is subject to final amendments and corrections with a scene-setting introduction to be added. It will be presented at November Board meeting.
- 09/07 – In terms of collaborative working with Care Homes, the Hospice's Community team maintains strong communications with end of life care teams and a recent meeting was helpful in clarifying processes to support GP referrals. The Hospice also intends to film a training session for Care Home staff as part of education and outreach delivery. The frequency of direct interface with Care

<p>Homes in past months has been more limited as their staff are primarily focused on internal delivery in current times.</p> <ul style="list-style-type: none"> <li>• 10/01 – The review of adequacy of on-call support had been undertaken.</li> <li>• 10/02 - Progress charts were now included within the Clinical Action Plan.</li> </ul>	
<p><b>4 Recruitment/ staffing update</b></p> <p>4.1. Gail Linehan provided a verbal update on recruitment and staffing. The Health Care Assistant and RGN vacancies are being advertised for the In-Patient Unit (IPU) and once filled, this team will be at establishment and ready to support a larger cohort of patients. There have been three new appointments in the Community and Palliative Care Team of two Band 6 trainee Clinical Nurse Specialists (CNS), and a Band 7 due to start in December. This means that this team is also at establishment.</p> <p>4.2. There has been successful recruitment to Consultant team with the appointment of Dr Gaby Tamura-Rose and Dr Jenny Strawson. The third Consultant post will be re-advertised as full-time post (with part-time negotiable) to maximise the pool of potential applicants with interviews expected to be held in January. An agency Locum Consultant is being used in the meantime.</p> <p>4.3. The Physician Associate is due to start end of November, a GPVTS will start shortly and it is hoped that an STR will join in January. The Wellbeing team will be expanded as planned to support development of the programme being brought together with aim of reopening Wellbeing activities in spring 2021. Ward Sister Pauline Morris will leave in mid-November after being in post for 21 years.</p> <p>4.4. Gail Linehan confirmed with the Committee that Rebecca Trower had been appointed to the Clinical Director role following the recent interview process. This information is confidential within the Hospice at this present time. The Committee were delighted to welcome Rebecca to St Raphael's and recognised the importance of this role to the Hospice. The Committee reflected on the strength of team that was being built and the shared journey for staff as the Hospice transitioned to become an independent charity.</p>	
<p><b>5 Clinical risk register</b></p> <p>5.1. The Committee focused attention on the Red risks, which primarily related to challenges brought by the Covid-19 pandemic. Gail Linehan confirmed that the NHS Track and Trace app had been implemented within the Hospice however it is acknowledged that the effectiveness of this government scheme may be limited. The recommended policy to turn off contact tracing whilst wearing PPE had been adopted by the Hospice and a reminder would be clearly communicated to staff.</p> <p>5.2. The Hospice has been preparing for the second wave which London is currently entering in to, with a range of mitigations in place to keep staff, volunteers and patients safe. The Covid-19 Policy is regularly updated to stay in line with current guidance. The Hospice recognises the risk to resilience in staffing levels if staff become unwell or are required to self-isolate. The Hospice leadership have liaised with Princess Alice Hospice with regards to providing reciprocal support in admissions and supporting patients if either organisation experiences a particular challenge with staffing levels.</p> <p>5.3. Staff are set up to work from home, although it is important to find the right balance of staff being present in the Hospice as it is a service organisation. For example, the Psycho-Social team can work from home but it is important that they attend work in person wherever possible to provide psychological support to fellow colleagues. Assistance is being given to staff during the reintegration process and risk assessments are in place for all staff, which were recently re-issued to take into</p>	<p>11/04(GL)</p>

<p>account the second wave for completion by 6<sup>th</sup> November. For staff in extremely clinically vulnerable groups, it can be more challenging to tailor roles but mitigations are put in place for these colleagues, or staff are able to take sick leave and then statutory sick pay. The Committee received assurance that flu vaccines had been offered to all staff.</p> <p>5.4. Gail Linehan confirmed that the Hospice’s ability to secure PPE had been better than expected. The Hospice continues to participate in the Greenwich &amp; Bexley Hospice pallet push and contact details have been obtained for two other sources. The Clinical team have been prioritised for use of certain PPE items such as fluid-resistant masks. This means that the Hospice is able to maintain a rolling two weeks’ supply. The Hospice has also purchased 15-minute testing sets which will enable staff to return to work as quickly as possible. On this basis the Committee agreed that the residual risk on the risk register would be lowered, but that it would remain a key focus for the team and Committee oversight.</p> <p>5.5. Rebecca Trower highlighted the risk that should night duty staff need to isolate, the team would have very limited capacity. To address this there is a consultation being put in place to move to internal rotation whereby one week per quarter, day and night staff would work on the opposite shift to achieve more flexibility in the team. There is also the option to use agency staff if required although they often do not bring prior experience of working in the specialist Hospice setting. It is harder to recruit Bank staff on night shifts. It was agreed that this would be maintained as an Amber risk and an update given at the next meeting.</p>	<p>11/05(GL)</p> <p>11/06(RT)</p>
<p><b>6 Clinical Quality and Governance Report</b></p> <p>6.1. Becca Trower presented the report and updated on the organisational response to the Covid-19 pandemic. The main change since the last Committee meeting is that London has been moved to Tier 2 reflecting increased cases in the local area. Staff continue to be vigilant day to day, and practice educators are providing up to date training and this has been a strength of the Hospice’s response. A local charity provided scrubs and gowns to Hospice, which are also used out in community. The Hospice has continued to implement visiting restrictions and the community team’s in-person visits are now delivered by exception, with support primarily provided remotely. Redecoration is supporting improvements in the Hospice environment and the refresh of the IPU is also planned. The Hospice will be moving to a bed capacity of eight patients on Monday 2<sup>nd</sup> November.</p> <p>6.2. Alex Rudkin presented quality metrics data, confirming that incident numbers remain relatively low. No request for mini-MDS data from Hospice UK has been received this year so far – but the Capacity Tracker is being completed on daily basis. The team are nearly at end of testing for Datix project and then will implement training which will be embedded in the Hospice’s Education programme. Data Audit projects are underway to broaden engagement with data within the Medical team and the 2021 programme is being planned.</p> <p>6.3. Alex Rudkin confirmed that the Quality Account Report would be circulated to the Committee in November for comment prior to submission. The Key Lines of Enquiry Self-Assessment documents are being used by an expanded internal Working Party – this will support the Hospice’s evidence base to achieve strong CQC inspection rating. It was agreed that examples of Excellence would be brought to the next meeting as part of a discussion on the evidence base. The Hospice also recently undertook the Voices Survey to understand experiences of patients’ relatives six months post-bereavement. The report would be shared with the Committee once completed.</p>	<p>11/07(AR)</p> <p>11/08(GL, RT, AR)</p> <p>11/09(AR)</p>

<p>6.4. The Committee noted that the patient survey showed strong patient satisfaction on IPU at 96%+. Committee members asked how the approach to data review was being embedded in the Hospice. Alex Rudkin confirmed that Data Dashboards have been useful in informing discussions and decision-making, for example to analyse trends in referral numbers which are primarily made electronically through the NHS system. Data analysis also helps to ensure consistency in record-keeping. To ensure liaison and buy-in from colleagues, the Clinical Audit &amp; Activity Data meetings will re-start in November. Work is being done to ensure that the data input process is user-friendly for staff to minimise deterrents particularly when the Clinical team are under time pressures. The Committee suggested that ensuring continued communications to staff around the value of data to drive improvement, and positive stories from the data such as patient satisfaction, would further support this buy-in.</p> <p>6.5. In terms of Clinical Risk Management data, Alex Rudkin confirmed that there were no areas of concern to report at this time. Two complaints had been added to Complaints Log – both were handled by Becca Trower in line with Hospice process and were now closed.</p> <p>6.6. The Committee asked for further details on the complaint about the pain management process and actions taken by the Hospice team as a result. Becca Trower confirmed that the complaint had prompted a review of the pain scoring process, and a questionnaire had been sent to staff in follow up to understand how pain scoring was being approached. It is likely that it will lead to a new approach and tool for pain assessment. The mother had been communicated with on several occasions and reassured that the complaint would be used to make a difference to Hospice practice. The Committee suggested that this process be captured as an example of ‘closing the loop’ and driving quality improvement. The Committee also asked to be updated at the next meeting on how a new approach to pain scoring was being embedded.</p> <p>6.7. The Committee thanked the team for the update and noted the visible improvements in the Hospice’s approach to capturing and analysing data.</p>	<p>11/10(AR, RT)</p>
<p><b>7 CAP &amp; Management Plan extract</b></p> <p>7.1. The Committee noted that the Completion Rates had been added to the report as an action arising from the previous meeting. The Committee received assurance that actions were generally on track to be completed for planned timelines. The planning cycle for the 2021/22 Clinical Action Plan would commence in spring 2021. The Committee requested that detail on the operational oversight of the plan by the Executive team and Clinical Heads of Department be added to the Introduction.</p>	<p>11/11(AR)</p>
<p><b>8 Minutes of internal meetings (D&amp;TC June 2020; Infection Control June 2020; Quality Improvement Committee June 2020; Consultants September 2020; Prescribers October 2020; Clinical HoDs October 2020)</b></p> <p>8.1. The Committee noted the minutes of internal meetings.</p>	
<p><b>9 Any Other Business</b></p> <p>9.1. Dr Gaby Tamura-Rose and Dr Jenny Strawson were thanked for attending and invited by the Committee to contribute reflections on their initial time at Hospice. Gaby updated that a main focus had been working with the Community team and planning close working with the Education and Data teams. She had been working on Tuesday mornings at St Helier Hospital which had been beneficial in providing continuity in handover of patients. The team had been very welcoming, and the Community team being fully staffed in the current environment particularly when CNS role are difficult to recruit to is a real positive.</p>	

<p>9.2. Jenny confirmed the friendly and respectful culture in the Hospice, which also enables ideas for improvements to be raised. The care provided on the IPU ward is excellent. Going forwards a key priority is to embed more innovative roles such as the Physician and Nursing Associates, GP trainees and Registrars which will build culture of Education – for example to provide training for local GPs, and micro-training within the internal team to ensure consistent knowledge.</p> <p>9.3. The Committee thanked Gaby and Jenny for their insights and positive reflections on culture and quality of care and invited them to attend future Committee meetings on a regular basis.</p>	
<p><b>10 Next meeting</b></p> <p>The dates of the next meeting in 2021 would be confirmed by email.</p>	11/12(AM)
<p>The meeting finished at 11.45am.</p>	

Approved.....

Date.....

DRAFT

# Corporate Governance Report

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## Contents

Aim .....	1
Recommendation .....	1
Report.....	1
Monitoring.....	2
Organisational Assurance.....	2
Information Governance .....	3
Policy Management .....	4
Management Plan .....	5
Non-Clinical Risk Management .....	6
Complaints.....	8

## Aim

To update Advisory Board members on a selection of key areas that are integral to the Hospice's non-clinical corporate governance agenda.

## Recommendation

The report be noted.

## Report

It is intended that this report provide assurance to the Committee on aspects of non-clinical corporate governance that are not covered by other reports.

## **Monitoring**

### **INCIDENTS / ACCIDENTS :**

- Non-clinical incidents are also reviewed at the Health & Safety Committee. Relative to the clinical incidents, they are fewer in number.
- All falls are reviewed at bespoke meetings of the Falls Group; its last meeting took place on 11<sup>th</sup> June 2020. The Falls Policy was last reviewed and re-published in October 2020.
- Hard copy and manual Incident/accident, complaints/feedback data capture and reporting tools will be replaced by the electronic reporting system, Datix, in 2020. Datix is the market leader for Patient Safety and Risk Management software with over 80% of the NHS as customers. It is recognised as a gold standard amongst commissioners and providers alike. It is highly flexible and configurable and general operational efficiencies will include more accurate information capture, improved information sharing and more rapid corrective actions. Hopefully, it will help measure and “move the needle” in improving quality. AR and JG(IT Manager) have completed the initial configuration for 2 of the 3 modules on the system and testing / reconfiguration is expected to conclude in November 2020. Delay to the planned schedule has been largely due to Datix technical issues, compounded by a very busy IT workload and most recently the COVID pandemic. It is expected that the system will be in use come January 2021. If we can go live earlier then we will. The current manual reporting system remains serviceable. Datix training is included in the education program.

## **Organisational Assurance**

- The Hospice received its last inspection from the CQC on 11<sup>th</sup> & 12<sup>th</sup> November 2019. An overall rating of ‘Good’ has been maintained. Report is published to the CQC portal and is available via our own web-site.
- The Hospice’s Provider Information Return (PIR) previously reviewed at this Committee in September 2019 will remain a document that we complete subject to request from the CQC.
- Review and refresh of our own self-assessment against the Key Lines of Enquiry (KLOEs) that constitute the basis for CQC inspection commenced in October 2020. A new project team has been convened that will populate and keep up to date the KLOE self-assessment. Part of the KLOE evidence will be required by the PIR and will be transferred accordingly as required.
- A depository of ‘excellent practice’ is in use. It will be kept under review by our QIC and CQC Sub-committees. The intent is to maintain a depository that will increase awareness of such practice across staff/volunteer groups and facilitate our access to evidence that services our drive toward achieving and maintaining a CQC rating award of ‘Outstanding’ in future inspection.

## Information Governance

- The annual requirement to self-assess and make submission of our compliance against the NHS Digital 'Data Security and Protection Toolkit' was last serviced in March 2020.
- The Hospice's Information Governance and Security Committee chaired by the Head of Quality and Improvement has membership which includes the Hospice's Joint CEOs/ Senior Information Risk Owner (SIRO), information asset owners and its remit embraces information governance, security and governance of the Hospice's information systems. The group oversees compliance with the DS&P toolkit and last met on 9<sup>th</sup> September 2020. There has been no further update to our compliance summary that stands as it did in September 2020.
- Toolkit self assessment compliance summary as at 09-09-2020 :-

Rating	1	2	3	4	5	6	7	8	9	10	All
	Personal Confidential Data	Staff Responsibilities	Training	Managing Data Access	Process Reviews	Responding to Incidents	Continuity Planning	Unsupported Systems	IT Protection	IT Suppliers	
Red	0	0	0	0	0	0	0	0	0	0	0
Amber	3	0	2	1	0	0	4	2	6	0	18
Green	25	5	3	10	5	13	5	8	17	6	97

## Policy Management

- A quantitative summary shows distribution and progress for organisational policy review against v1.45 of the Policy Manual Index.
- Up to date policy compliance stands at 82%

Review Leads	No of Policy Manual Documents	Out of Date (OOD)	%OOD
A Akhtar	2	1	50%
A Rudkin	27	2	7%
C Foster	1	0	0%
E Lunn	1	0	0%
E Lunn / R Wallis	2	0	0%
G Linehan	9	2	22%
G Toubal	1	0	0%
H Agboola	2	2	100%
J Ford	2	0	0%
J Groom	8	0	0%
J Strawson	2	0	0%
K Channer	23	2	9%
K Hobson	1	0	0%
M Flint	7	2	29%
N Stevens / G Linehan	8	3	38%
N Stevens	7	3	43%
R Trower	10	1	10%
S Cresswell	9	2	22%
S Molyneux	1	0	0%
S-J Woods	2	2	100%
T Christmas	1	0	0%
T Young	7	2	29%
T Young / M Flint	4	1	0%
<b>TOTALS</b>	<b>137</b>	<b>25</b>	<b>18%</b>
		<b>18 %</b>	

	May 20	Jul 20	Sep 20	Nov 20											
<b>% Up to date Policy</b>	85	82	85	82											
	Nov-17	Jan-18	Mar-18	May-18	Jul-18	Sep-18	Nov-18	Jan-19	Mar-19	May-19	Jul-19	Sep-19	Nov-19	Jan-20	Mar-20
<b>% Up to date Policy</b>	94	91	90	86	90	87	84	77	67	61	70	69	88	91	87

- There have been 12 policies/standard operating procedures revised and published between 20/08/2020 and 16/11/2020.

## Management Plan

- The Management Plan is divided into 9 sub-sections:-
  1. Strategic
  2. Corporate Governance
  3. Clinical Quality & Governance
  4. Health & Safety, Environment and Facilities
  5. Finance and Payroll
  6. IT
  7. Communications and Fundraising
  8. Human Resources : People/HR/Education/Training
  9. Human Resources : Volunteer Service
  
- It is expected that each Sub-Committee of the Advisory Committee will keep under review those objectives of the management plan connected to its area of responsibility. Provisionally sub-section overview will be led by the:-
  1. Advisory Committee
  2. Advisory Committee
  3. Clinical Quality & Governance Sub-committee
  4. Finance & Resources Sub-committee
  5. Finance & Resources Sub-committee
  6. Finance & Resources Sub-committee
  7. Communications & Fundraising Sub-committee
  8. HR Sub-committee
  9. HR Sub-committee
  
- Plans should be reviewed as a matter of routine at the appropriate Sub-committees and development of respective plans for financial years commenced agreed and in place by the end of March.

## NON-CLINICAL RISK MANAGEMENT DATA

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

Month	Staff		Visitors		Vols		Contractor		Not App		2020 Total	2019 Total	2018 Total	2017 Total	2016 Total	2015 Total
	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc						
Jan 20										1	1	4	2(2)	2(2)		
Feb 20	2(1)			(1)		2				1	6(2)	0	2(1)	3		
Mar 20				1						1	2	2(2)	2	1		
Apr 20											0	4(3)	1	1		
May 20										3	3	5(1)	4(3)	2		
Jun 20	1	1								1	3	(2)	4(2)	0		
Jul 20	1										1	(1)	2(2)	5		
Aug 20	1										1	5(2)	4(2)	0		
Sep 20		1									1	1	1	3		
Oct 20												(2)	1	3		
Nov 20												3(1)	1	2		
Dec 20												6(4)	3(2)	1		
<b>2020</b>	<b>5(1)</b>	<b>2</b>		<b>2(1)</b>		<b>2</b>				<b>7</b>	<b>18(2)</b>					
<b>2019</b>	<b>13(7)</b>	<b>6(5)</b>		<b>3(1)</b>	<b>2(1)</b>	<b>3</b>				<b>4</b>		<b>35(18)</b>				
<b>2018</b>	<b>8(6)</b>	<b>4(3)</b>	<b>2(1)</b>	<b>3(1)</b>	<b>3(1)</b>	<b>3(2)</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>			<b>27(14)</b>			
<b>2017</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>4(1)</b>	<b>4(1)</b>	<b>1</b>	<b>1</b>			<b>5</b>				<b>23(2)</b>		
<b>2016</b>	<b>8</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>1</b>					<b>5</b>					<b>22</b>	
<b>2015</b>	<b>11</b>	<b>9</b>	<b>1</b>							<b>7</b>						<b>28</b>

Notes : Between Jan-Sep 2020, there has been one non-clinical incident/ accident that has required external report via RIDDOR (June 2020). The incident concerned a staff member staff who slipped and fell on site sustaining a fractured arm. The environment and circumstances (raining) have been assessed post fall and a non-slip paint re-appointed to the affected area and other areas that similarly merit re-application. Included in the annual works maintenance schedule.

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

Accidents	Staff	Visitor	Vol	Contractor	Not App	2020	2019	2018	2017	2016	2015
Manual Handling							3(3)	0	1(1)		
Impact/Bump	2(1)					2(1)	9(3)	5(2)	3		
Burn/Scald	1					1		1	0		
Other								1	0		
Sharps								3(3)	1		
Slip/Trip/Fall	2					2	(3)	4(3)	4		
<b>2020 Total</b>	<b>5(1)</b>					<b>5(1)</b>					
<b>2019 Total</b>	<b>12(7)</b>	<b>0</b>	<b>3(2)</b>	<b>0</b>	<b>0</b>		<b>15(9)</b>				
<b>2018 Total</b>	<b>8(5)</b>	<b>2(1)</b>	<b>3(2)</b>	<b>1</b>	<b>0</b>			<b>14(8)</b>			
<b>2017 Total</b>	<b>3</b>	<b>1</b>	<b>4(1)</b>	<b>1</b>	<b>0</b>				<b>9(1)</b>		
<b>2016 Total</b>	<b>9</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>					<b>12</b>	
<b>2015 Total</b>	<b>11</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>						<b>12</b>

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

Incidents (non-injurious)	Staff	Visitors	Volunteers	N/A	2020	2019	2018	2017	2016	2015
Lost Property			1		1	(1)	1	1		
Driving						1	1	1		
Electric shock						(1)				
Environment Damage						(2)		1		
Equipment				3	3					
Fire Alarm						1	2	2		
Fire										
Health Problem	1	1	1		3		1(1)	1		
Information Incident	2				2	(2)	1			
Other				1	1	2(1)				
Power Cut				1	1			1		
Security Incident		1			1	6	2	3(1)		
Slip/Trip/Fall/Faint		(1)			(1)	(1)	3(2)	2		
Impact/Bump						2(1)	2(1)	1		
Violence Verbal						1		1		
<b>2020 Total</b>	<b>3</b>	<b>3(1)</b>	<b>2</b>	<b>5</b>	<b>13(1)</b>					
<b>2019 Total</b>	<b>8(6)</b>	<b>2</b>	<b>3(1)</b>	<b>7(2)</b>		<b>20(9)</b>				
<b>2018 Total</b>	<b>4(1)</b>	<b>3(1)</b>	<b>3(2)</b>	<b>3</b>			<b>13(4)</b>			
<b>2017 Total</b>	<b>4</b>	<b>4(1)</b>	<b>1</b>	<b>5</b>				<b>14(1)</b>		
<b>2016 Total</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>5</b>					<b>8</b>	
<b>2015 Total</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>7</b>						<b>16</b>

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

### 2020 Breakdown of Incidents by month

Type	Lost Property	Power cut	Fall/Faint	Taken Poorly Verbal/Physical Man Hand	Enviro Damage	Impact Bump	Burn Scald	Info Inc	Fire Alarm	Security	Driving	Other	Equipment	Sharps	Total 2020	Total 2019	Total 2018	Total 2017
Jan													1		1	4	2(2)	(2)
Feb	1	1	(1)	1											4(2)	0	2(1)	3
Mar				1									1		2	2(2)	2	1
April															0	4(3)	1	1
May								1		1			1		3	5(1)	4(3)	2
June								1				1			2	2(2)	4(2)	0
July															0	1(1)	2(2)	5
Aug															0	5(2)	4(2)	
Sept				1											1	1	1	3
Oct																2(2)	1	3
Nov																3(1)	1	2
Dec																6(4)	3(2)	1
<b>2020</b>	<b>1</b>	<b>1</b>	<b>(1)</b>	<b>3</b>				<b>2</b>		<b>1</b>		<b>1</b>	<b>3</b>		<b>13(1)</b>			
<b>2019</b>	<b>(1)</b>		<b>(4)</b>		<b>1</b>	<b>(3)</b>	<b>(2)</b>	<b>11(4)</b>		<b>(2)</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>3(2)</b>		<b>35(1)</b>		
<b>2018</b>	<b>(1)</b>		<b>7(4)</b>	<b>(1)</b>				<b>7(4)</b>	<b>1</b>	<b>(1)</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>			<b>27(1)</b>	
<b>2017</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>(1)</b>	<b>1</b>	<b>3</b>			<b>2</b>	<b>3(1)</b>	<b>1</b>		<b>1</b>			<b>23(2)</b>

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

## Complaints

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

The number of complaints reported in January - October 2020 is 11 : 10 clinical and 1 non-clinical.

2020 - Complaints	CPCT Care	CPCT Comms	CPCT Care & Comms	H@H Comms	Jubilee Comms	IPU Discharge	IPU Care	IPU Comms	IPU Care & Comms	OPD Comms	Bereavement Comms	External-Provider Care /	Fundraising /Shop Comms	HR	Total
January	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
February	0	0	0	0	0	0	1	2	0	0	0	0	1	0	4
March	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
April	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
May	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
June	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
July	1	0	0	0	0	0	0	0	0	0	1	0	0	0	2
August	2	0	0	0	0	0	0	0	1	0	0	0	0	0	3
September	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
November															0
December															0
<b>2020</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>11</b>
2019	0	0	0	1	1	0	3	3	0	0	1	1	2	2	14
2018	2	5	1	0	0	1	10	4	1	1	0	1	1	0	27
		<b>Comms</b>				<b>Dignity</b>	<b>Clin. Tx / Care</b>	<b>Other</b>		<b>Policy</b>			<b>Fundraising / Shops</b>		
2017		12				0	5	1		2			2		22
2016		6				2	5	0		0			0		13

In 2020, there have been no non-clinical complaints reported further to the one from February 2020 summarised in previous report.

The author of this paper is Mr A Rudkin, Head of Quality & Improvement/ISO who can be contacted at [alexrudkin@straphaels.org.uk](mailto:alexrudkin@straphaels.org.uk) or on 020 8099 7777 ext. 4128

Clinical Risk Register Serial No.	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
1	Culture Change	Reluctance of some staff to embrace change to working practice as outlined in Clinical Action Plan (CAP) and current change in leadership.	Proactive leadership to communicate and support change in working practice in line with CAP with Managers and key staff.	3	3	12	CAP to be communicated to all staff to clarify the vision and direction of hospice clinical service provision. Concerns will be listened to and addressed. Monitoring of change and recognition of the improvements will be communicated to all staff on an ongoing basis through team meetings and education sessions.	3	2	9
2	Workforce: Medical Team Inadequate medical team establishment.	Dependency on agency / locum recruitment increasing cost base and increasing potential for lack of continuity. Risk of non-allocation of STR from the Deanery due to lack of required education supervision at consultant level. No GP VTS allocated for August - October 2020.	Successful recruitment of 0.6 and 0.8 FTE consultants. 0.8-1FTE position to be recruited to. Utilisation of agency consultant cover reduced to 0.6FTE consultant.	3	3	12	Active recruitment for 0.8-1FTE consultant on-going. Junior Doctors : increased 1 x junior doctor to 0.6 FTE from 0.2 FTE to cover August - October. 1 x Junior Doctor 0.9 FTE remains established. Physician Associate role appointed in August to commence in November 2020 (supports medical team on IPU and Community Team). GP VTS expected in October 2020. Hopeful for STR in January 2021.	3	2	9
4	Workforce: Registered General Nurses Recruitment of appropriately qualified nurses to support the delivery of care on the In-Patient unit.	Night duty cover is problematic - If RGN cover on night duty not sufficient the number of patients that can be safely supported will be affected as safe staffing is across 24hours. Increasing difficulty in recruiting Band 5 nurses for day duty - staff undertaking extra shifts to cover requirement risk burnout. Managing unexpected sick leave can put pressure on the staff cover. Increased risk due to potential need for self-isolation (COVID-19 / Track and Trace).	Current qualified nursing staff levels are adequate to support 6/8 IPU beds on day duty with full current complement of staff. Active recruitment of Band 5 nurses to fill permanent and Bank to support core team at times of AL/SL or increased high dependency. Requirement for continued review of night RGN cover for safety assurance. Encouraging Staff flexibility from day duty to night duty is encouraged. Offer of on the job training and mentoring and educational support to obtain required qualifications e.g. Support of the TNA programme for HCAs.	4	3	16	In situations where staffing levels are adversely affected there would be a managed reduction of available beds.Engaging with local and national training schemes to demonstrate the attractiveness of the hospice as an employer. Review sickness policy and maternity leave. Nurse Associate appointed in August 2020.	3	3	12
5	Medication incidents related to controlled drugs	Potential for adverse side effects Complaints from patients relatives	Open culture of reporting of incidents to learn from mistakes/errors Review and monitoring of individual patient to mitigate harm or unsatisfactory symptom relief. Staff actively informing patients/families about medications and rationale for use to ensure understanding and gaining consent.	3	2	9	Continued vigilance Optimum patient monitoring Introduction of Checking CDs twice in 24hrs at 09.00 and 02.00 Spot checks on orders of CDs against invoice and incorporation into CD book Drugs likely to be misused (DLM) recorded in a separate register for monitoring against amount ordered and usage. Weekly medication monitoring rounds undertaken by clinical pharmacy.	2	1	4
6	Allergy	Risk of harm to staff member and related impact on staff and patients.	Staff member on night duty with severe nut and pet allergy. Mitigation staff made aware of the allergy- requested not to bring in food containing nuts to TCC and staff room. Patient pets will be risk assessed prior to admission.Staff member to have EpiPen on their person at all times and take personal responsibility for their own health as well as reliance on staff support. Anaphalax kit in the Clean Supply room on IPU. Notices informing where the kit is stored are displayed around hospice as an aid de memoir for staff.	5	2	15	Staff member has been referred and seen by OH related to the risks and unpredictability of the allergic response. Staff member has transferred to day duty. All current mitigations remain in place.	2	2	6
7	Staff Well being	Staff sickness Low staff morale. COVID Impact	Staff well being is seen as a priority in the organisation Staff Consultative Group to facilitate staff involvement across the hospice Occupational Health Nurse on site one day a week Regular annual leave encouraged Flexible work patterns to support work life balance Training internal and external Competencies	4	2	12	Clinical Supervision offered to all levels of clinical staff Reflective fora to support staff following difficult cases Mentoring in practice COVID : Staff provided with list of resources to support well-being and resilience. Garden tables and chairs provided for outdoor relaxation away from main Hospice building. Staff recognised and thanked through exec team updates in July 2020.	3	2	9
8	Clinical Incidents	Risk of complaints from patients/families Patient safety Requirement to report outside the organisation to CQC Pre-empt a CQC Inspection Reputational damage	Reporting of all incidents related to clinical care Hierarchy of investigation Outputs- Learning informs improved procedures and processes Regular review of incidents Report to SMT, Clinical Governance Committee & Advisory Committee, Dissemination to all hospice teams to inform learning	4	2	12	Continued staff training and awareness of new techniques and products. Encourage an environment of comprehensive reporting to support learning and quality improvement. Introduction of Datix in December 2020 will support reporting and monitoring.	4	1	8
9	Patient Safety- risk of falls	Patient sustains an injury Patient requires transfer to acute centre for treatment Report to CQC- RIDDOR Negative impact on patients condition Potential for complaint from patient/family	Floor surfaces smooth - non carpeted Movement sensor on each bed Chair sensors accessible (6) for more mobile patients- verbal consent obtained for use from patient/family- documented in EPR Patients discussed and identified as falls risk at the commencement of each shift Patients identified as falls risk on white board Mobility aids provided Clinical teams alerted to respond to monitors Clinical vigilance Assessment and consent for the appropriate use of cot sides	4	2	12	Frailty of the patient group increases the risk despite mitigation Promoting self determination increases risk Patients right to make unwise decisions where they have capacity increases risk Improve lighting to patient room patio area part of IPU re-fresh project in January 2021.	3	2	9
10	Lone working	Staff members work alone in the community within patient homes. Risk of accident/incident in a patient's home and individual risk to staff member. Risk in travel to and from home visits.	Policy and procedure in place to support community working. Sign in and out. Supplied with a mobile phone for contact with the hospice or other healthcare professionals. Lone worker alert devices introduced on 11/09/2019.	3	2	9	Lone Worker Policy informing steps to follow if a colleague does not return to base at expected time. Clarification and supported training on newly introduced safety devices. SMT OOH on call in place for contact and advice on further action.	3	1	6

Clinical Risk Register Serial No.	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
11	Complaints	Rumours Local press coverage Potential for public concern Elements of public expectation not being met Loss of confidence in the service Reputational damage	All complaints both verbal and written treated with the same level of scrutiny Complaints procedure in policy for staff to follow- escalation process Complaints documented and reported via Quality Manager Reported at Quality Improvement and Clinical Quality and Governance meetings Complainants (both verbal and written) are offered the opportunity to meet and discuss concerns with the Clinical Director All complaints discussed at hospice team meetings for awareness and learning across the organisation Bi-annual review by SMT Required action taken to address concerns with staff members where individuals have been identified by the complainant File notes kept of discussions by HR	4	2	12	Use of root cause analysis for significant incidents Scoping to establish all clinical staffs access to communication skills training Training on care delivery Information shared re: Duty of Candour and scope of the policy Reporting of any concerns- no blame but responsibility	3	1	6
12	Breaches of confidentiality involving person identifiable data (PID), including data loss	If low risk breach- dealt with locally as per policy- CUI reporting More serious breach - RCA may be required- may have wider implications if data not encrypted If serious IG breach may be media coverage Potential loss of public confidence to keep PID safe	All staff paid and unpaid trained on IG Policy communicated to whole organisation Clinical staff have rns emails (encrypted) Regular organisational sweeps in all departments	3	2	9	IT monitoring and oversight of PID in received and sent emails	3	1	6
13	Brexit - Risk of medication shortages via suppliers	Required medication (opioids, neuropathic agents, anti seizure etc.) not available in in specified dose ranges to support symptom management. Impact on patients.	Liaison with clinical pharmacy Ashton's - Reassurance that adequate supplies in stock.	2	4	10	Regular updates from clinical pharmacist. Communication with wider CCG pharmacy colleagues.	2	4	10
14	Recruitment of Clinical Director	Insufficient clinical leadership, management and support	6 month secondment post recruited to from 1st July 2020 - January 2021. Use of recruitment agency for substantive post expected.	4	2	12	Close liaison with PAH.	4	2	12
15	Corona Virus	Infection spread within hospice	All staff emails alert. Signage directing all staff & visitors to hand-washing on entering and leaving the ward / rooms and use of hand sanitiser. Staff adherence to control of infection policy.	5	2	15	Corona Virus Policy constructed to address all operational issues. PPE supplies checked. Contingency planning clarified for any identified case within the Hospice - as per government guidance. Barrier (Cohort) Nursing. Face masks being worn on the IPU as routine and where social distancing cannot be supported	4	2	12
16	Corona Virus	Infection spread within hospice	Temperature station set up in main foyer to take the temps of all visitors and staff entering main Hospice building. Set script provided to staff to clarify visitors' health status and recent travel to known infected countries. Air ventilation/circulation reviewed as per guidance.	5	2	15	Introduction of reduced visitor numbers to one per patient per day between 09.00 - 18.00. As of 14-05-20 as per guidance, visitor number increased to two per day per patient (2nd visitor 2pm-5pm). June 2020 - visiting number increased to one all day (9-8), second visitor (10-3pm), third visitor (3-8pm) : one family unit.	3	2	9
17	Corona Virus	Process to reduce infection risk	Staff instructed not to wear uniform into work. Change in work , at beginning and end of shift.	5	2	15	Wash bags provided to all staff in which to place uniform for transporting home Advised wash uniform in bag at 60 degrees.	4	2	12
18	Corona Virus	Staff Anxiety re: Covid-19	Interface with Clinical Teams . Regular checks on adequate PPE for assurance.	5	2	15	CPCT supplied with uniforms for community visits. Adequate PPE to undertake duties within safe parameters.	4	2	12
19	Corona Virus	Inadequate supply of PPE	Increased order for PPE and cleaning supplies via usual supply routes	4	4	20	Difficulty in accessing adequate supplies of PPE highlighted at SWL Covid Meetings. Access via emergency procurement supply route at SHH provided initial supplies. Subsequently weekly supplies via pallet push for Hospices providing PPE (gloves, IIR masks, aprons). Donations of visors and googles from the general public and schools. PPE monitoring implemented on NHS Capacity Tracker.	4	3	16
20	Corona Virus	Change of service delivery model : Suspension of face to face contact - Wellbeing, Hospice Neighbours services. Psycho-social team remote delivery only.	As per government guidance clinical staff that can work from home have been facilitated to do so. Community service provision has changed from face to face to telephone contact or virtual contact via skype.	3	2	9	Reduced face to face visiting dictated by urgency slowly returning to usual practice. Increased telephone contact maintains as too does virtual assessment as necessary. Well-being service being delivered remotely via Zoom. Normal visiting for CPCT. H@H delivering 1 hour slot max visits once per day. Hospice Neighbours maintaining telephoen contact. Psycho-social continue with remote service provision. 6 student counsellors introduced to support Bereavement Service.	3	2	9
21	Corona Virus	Staff safety at work	IPU - wearing face masks at all times as difficult to maintain social distancing in environment. Full PPE as appropriate. CPCT - social distancing in place in offices (Jubilee & old CPCT office). Admin Corridor - staff using available office space to meet social distancing. Psychosocial working from home.	3	2	9	ACC office moved to bigger space (previously occupied by HPOC). HPOC team working from home.	3	2	9
22	Corona Virus	NHS Track & Trace	QR Codes in place in St Bedes / Orangery	5	2	15	For discussion	5	2	15
23	Corona Virus	2nd wave preparation	Appendix to COVID-19 policy. Winter Pressures Meeting - Round 1. Wider participation in SWL preparation.	5	2	15	Winter Pressures Meeting - Round 2	5	2	15

**SAINT RAPHAEL'S HOSPICE**  
**MINUTES OF THE MEETING OF THE**  
**COMMUNICATIONS AND FUNDRAISING SUB-COMMITTEE**  
**held on Thursday 5 November 2020 at 2.00pm**  
Remotely by Zoom video/audio call

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

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

**1. WELCOME AND APOLOGIES**

Committee members were welcomed to the virtual meeting. There were no apologies for absence.

**2 To APPROVE the minutes of the meeting on 25 June 2020.**

The minutes of the previous meeting were reviewed and approved as an accurate record of proceedings. The matters arising from the previous meeting were reviewed. It was confirmed that Gift Aid figures had been included in the meeting papers. Emily Nicholls would circulate the link to the promotional video.

EN

**3 To REVIEW the Fundraising Figures**

Emily Nicholls presented a summary of Fundraising Figures to the end of September 2020 (i.e. Q1 and Q2) as shown in the meeting papers. Sara Jane Woods confirmed that although income has decreased, which was expected due to Covid-19, the collective picture for the Hospice's income was currently not as challenging as the team had initially felt that it might be. The total year to date figures sat at £448,500. In comparison the Fundraising Figures for the full 2019/20 financial year were £1,319,000.

**4 To RECEIVE an update on Fundraising activities**

**4.1. Community fundraising** – Community fundraising is significantly down on prior years although a small amount of activity has been delivered. Supporter Groups aren't able to carry out many activities due to current lockdown restrictions but the Fundraising team is maintaining communications and video calls with them so that they stay engaged. The number of 'in memory' donations has increased and these are included in Community figures. 16 schools have signed up to the Reindeer Run scheme this year, compared to 5 in 2019.

The Committee asked how school outreach was initiated and managed. Emily Nicholls confirmed that a Reindeer Run fundraising pack is sent to all schools in the area. The schools are provided with Rudolph noses. Usually an assembly would also be given to pupils so this year a video is being provided to schools to share in virtual assemblies. Some schools have also nominated St Raphael's as their chosen charity. Last year five schools collectively raised £6,000.

<p><b>4.2. Corporate fundraising</b> – This income stream is almost on par with prior years and includes two larger donations made in spring after Covid-19 started.</p> <p>Committee members asked how the links with corporate givers were being maintained during this period. The building and plant hire company were ongoing donors, known for their contributions to the local community and have a strong Roman Catholic ethos. The team has steadily improved the stewardship of this company over the past few years. Another business, The Nappy Lady, has also committed to raising funds for the Hospice. The corporate partners page on the Hospice website is being updated.</p> <p><b>4.3. Direct marketing and individual giving</b> – direct marketing has been performing well, with the Lavender Appeal achieving a total of £48k in donations which is around £20k higher than in 2019. Light Up A Life donations have also been strong so far this month. The average monthly donations received for individual giving have decreased.</p> <p><b>4.4. Trusts and foundations</b> – there are a number of applications that have been sent out and responses are generally received in Q3 and Q4. Responses to trust applications can be difficult to predict and the wider economic climate may affect the level of successful applications this year.</p> <p><b>4.5. Legacies</b> – the Hospice has received several legacies. £700k of the amount in the Fundraising Figures report will technically be accounted for in the 2019/20 accounts.</p> <p><b>4.6. Gift Aid</b> - a claim has been made very recently to HMRC to coincide with becoming independent as a Hospice, and so the figures are not yet reflected in the report. The Shops claim is more complex in terms of required communications to shop donors but was also processed recently. From the website, fundraising and retail the claim will be £55k.</p> <p>The Committee recognised the new ways of working and fundraising being undertaken in a challenging context.</p>	
<p><b>5 To RECEIVE an update on the Lottery</b></p> <p>Glenda is engaging strongly to ensure retention and new opportunities such as a ‘£20 for 20 weeks’ anniversary sign-up opportunity which received strong take-up. There was follow up with entrants to ask if they would like to join the Lottery on an ongoing basis. The bumper draw is performing well with £9k in entries so far. The agency costs are not incurred through Glenda’s activities so the overall return on investment has improved. Lottery vouchers are also being offered as a Christmas gift.</p>	
<p><b>6 To RECEIVE an update on Retail and Shops</b></p> <p><b>6.1. Shop performance</b> - Sara Jane Woods spoke to the Shop fundraising figures which included comparative figures for 2019. The Wimbledon shop performed strongly in the first four weeks of opening, selling a range of high-quality items including a rocking horse that sold for £450. It is now closed for the time being along with the other Hospice shops due to the second lockdown.</p> <p><b>6.2. Shop performance</b> - Data analysis is being used to assess shop performance, by calculating footfall to track the numbers of visitors, and the average number of items purchased by each visitor. For example, the Carshalton shop has an average number of visitors but they tend to buy fewer than average goods. Support is being given to the Shop manager to improve pricing strategies and display. The Rose Hill shop is performing well, as is Banstead although this shop relies on high street footfall.</p>	

<p>The performance of the Worcester Park shop has been challenging for a while partly due to the shop's location. The lease runs out on 21<sup>st</sup> March 2021 and so it is intended that the lease is not renewed - a potential contact has enquired about taking over the premises from March. There are other charity shops in the Worcester Park area that have not reopened after the first lockdown.</p> <p>The Shop team have also identified a range of items for Ebay. Committee members asked how items were selected for Ebay. Sara Jane confirmed that this never includes large, heavy or breakable items. It will often consist of special items that are put in the 'boutique' shops first, but that would have a bigger pool of buyers online if they are not sold in a shop within two weeks.</p> <p><b>6.3. Actions arising from Skyline Report</b> - The Shops team have been working through the range of actions identified in the Skyline Report and continued support has been received from the Skyline team on aspects of implementation until end of the calendar year. This has focused in particular on Ebay and the procedures manual, but Skyline have also been adaptable, for example in supporting shop set-up in Wimbledon. Classroom teaching of shop managers won't be achieved due to social distancing but one-to-one training will take place. Work will also happen with Caroline to prepare for shop visits, including updating the format of the shop visit report, and methods to approach performance management and improvements.</p> <p>Skyline have also taken certain practices from St Raphael's shops to recommend to other clients, such as the Donation Station model, and counting customers. When Donation Stations were opened there were 10,000+ bags given in 8 weeks. Across the sector, charities took different approaches to receiving donations during lockdown but the pre-agreed donation slots put in place by St Raphael's provided certainty to donors that their goods could be accepted. The stock at the start of lockdown has been the highest quality, stock donated more recently is generally less saleable. Stock is rotated at least every 14 days between shops and also tailored to the classification of shops and local demographic.</p>	
<p><b>7 To RECEIVE an update on Supporter Care</b></p> <p>The Supporter Care team are working on Light Up A Life and a specific mailing was sent by email as well as the post outreach. There was an initial delay with the mailing house, however donations are now being received. A new process has been implemented from opening post to uploading on Raiser's Edge and sending thank you letters which has worked well. Currently £24k has been received, of which £4k is from True Love to sponsor the campaign and their logo has been displayed prominently in promotional materials. In total last year the appeal raised £57k. Stars with the loved one's name are being sent out so this can be hung on peoples' trees at home instead of the tree at the Service which is usually held in person. Supporter Care are also processing online orders of cards and diaries with over £6,000 of purchases so far. There have been more donations online linked to online shopping habits and increased use of online mailings.</p>	
<p><b>8 To RECEIVE an update on Communications</b></p> <p><b>8.1. Communications strategy</b> - Nick Stevens confirmed that a communications strategy group is under development with Diamond, Sara Jane, Emily and Gail ready for 2021. It unites the 'corporate' and fundraising aspects of communications, to ensure a systematic approach and consistent look and feel across the Hospice's documentation. There is budget to support additional communications activities and skills as required by the team, such as the website, social media and digital presence.</p>	

<p>Committee members asked if donors received The Raphaelite. It was confirmed that they receive if their consent record allows. Committee members agreed that the most recent issue had been of high quality. Committee members had also noted the recent coverage in the local paper about the Hospice.</p> <p><b>8.2. Committee remit</b> - The Committee discussed and agreed that whilst Diamond now reported into Nick and Gail, reporting on Communications would continue to be directed to this Committee.</p>	
<p><b>9 To RECEIVE and update on HR matters</b></p> <p><b>9.1. Impact on Hospice independence</b> – In terms of communications on independence, a staff message has been sent and external communications have not been high profile which has been intentional. Some stakeholders understood that it had already happened in March and another part of this rationale has been in anticipating questions around the timing under current circumstances. The next edition of The Raphaelite will include more public-facing communications.</p> <p>Committee members asked for MPs to be updated along with any key stakeholders that would have initially been invited to the event to celebrate independence.</p> <p><b>9.2. Staffing Update – Furlough</b> – Sara Jane Woods confirmed that all Retail staff, aside from four team members, had been furloughed from 5 November for the coming period due to the closure of shops for the second lockdown. One staff member has been made redundant rather than put on furlough. This would understandably affect the morale of these team members and they would be contacted on a weekly basis. A total of 3 FTE have therefore been made redundant from this team over the past year.</p> <p><b>9.3. Staff Wellbeing</b> - The pandemic has impacted ability to meet and hold events in person. There is not space for all colleagues to be in the office in the team with social distancing – the Supporter Care team are the priority to be in the office given the nature of their work. This means that most other members of the team work from home. Staff members deal with this in different ways, but communications are continually made with colleagues including through a WhatsApp group that was recently set up. A Skyline colleague spent two days in Capitol House, and commented on the strength of the team and also the care taken with social distancing showing consideration for other colleagues.</p>	<p><b>NS</b></p>
<p><b>10 To CONSIDER Any Other Business</b></p> <p>The team were thanked for their continue work to rise to the challenges brought by Covid-19 and related lockdown and social distancing measures. There were no further items raised under Any Other Business.</p>	
<p><b>11 NEXT MEETING</b></p> <p>Anna Machin was finalising the 2021 dates with the Chair and would confirm with colleagues and Committee members in follow up to the meeting.</p>	<p><b>AM</b></p>
<p>The meeting finished at 3.15pm.</p>	

Distribution: Trustees and Auditors.

Approved.....

Date.....

## ITEM 12

### Communications & Fundraising Report

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#### **Aim**

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

#### **Recommendations**

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

#### **REPORT OVERVIEW – Sara Jane Woods**

- We are working on a possible large format sort and store site in Sutton which would be free for us. We have also decided to trial the Sutton shop as a £1 store, we hope to reopen after the lockdown, before Christmas.
- We took the opportunity to give notice to the Worcester Park shop Landlord now as the lease comes up for renewal in March 21.
- Lack of volunteers in the shops has really hit the profit line. At the beginning of the second lockdown we had had more than 20 shop volunteers who we once again had to stand down.
- We have taken the decision to close the least profitable shops until next year, when hopefully we can welcome back more volunteers.
- The team have worked exceptionally hard on the Christmas Mailing and it seems to be going better than in previous years. Christmas card sales have been exceptional which is good as shops may not reopen in time to meet buyer's demand.
- We put all of the retail team on furlough except Caroline Worley, Tracy Burnside (Retail Co-ordinator), Steve Harris and Ian Worley who are both focusing on eBay.
- Just as the second lockdown began, I had to work from home whilst self-isolating having had contact with someone who had tested positive (outside of work). Emily Nicholls and Nicola Dodge, Shop Manager, also tested positive. Nicola had had contact with one of the drivers and three other retail staff necessitating they all self-isolate for 14 days.
- Supporter Care have worked long hours to process all the income, Christmas card orders, bumper draw and Light up a Life. The whole team have supported each other and HR has really helped by loaning us Dawn, who has previously worked in a bank, one day a week.

- The team are planning the filming and showing of our virtual Light up a Life on December the 6<sup>th</sup> via zoom. More than 100 supporters have already applied for a free ticket.

## **RETAIL – Caroline Worley**

- Pre-lock down shop sales have been £55,800 between 23/9 and 14/11. During that period we served 7,084 customers achieving an average selling price of £7.88
- We opened the Wimbledon Village shop on 2<sup>nd</sup> October achieving £2.5k over the first two days trade.
- Wimbledon Village contributed 31% of the sales during this time period with an average spend of £16.40.
- Carshalton Beeches re-opened as a donation station on Monday 12<sup>th</sup> October accepting 2227 bags/boxes of donations.
- New Malden opened for two weeks during October achieving £2,008, serving 317 customers and has now closed until early 2021.
- eBay sold 56 items, achieving £1429.45 with 53 items currently listed.
- We took the decision to close the Worcester Park shop to give us the flexibility to utilise staff to cover more profitable stores. This was particularly sad as the shop had never looked better and the two shop managers, who had been in there since it reopened, had done everything they could to make it work.
- Raynes Park closed until early 2021 due to low sales, lack of volunteers able to return making it unviable in the current conditions.
- We have completed risk assessments for Banstead, Carshalton, Rosehill & Wimbledon Village in preparation for a visit by Hettle Andrews.
- Christmas cards were delivered and got ready to go out to stores and fortunately not delivered! Sales have been so good on line and from the mailing we have already completely sold out of some lines.
- All shops have received weekly performance visits and we are implementing plans to support managers where the Skyline format needs tweaking.
- We have begun the cycle of annual appraisals for all shop staff. We had also booked training for all managers so that they can perform appraisals on there assistant managers, but we had to postpone this as we went into the second lockdown.
- Skyline completed filming in Worcester Park for training purposes, the shop was closed for a day.

- We made our weekend supervisor role redundant after it became obvious that we are unlikely to open any stores, except Wimbledon, on a Sunday and we have more than enough team to cover on a rota system.
- Just as we went into lockdown Manager Nicola Dodge tested positive for COVID19 which resulted in two other team members having to isolate for 14 days.

## **DONOR DEVELOPMENT – Emily Nicholls**

The team are working hard to deliver what they can as these extraordinary times continue. The aim really is to try to keep losses to a minimum and be prepared for when we are able to return to some sort of fundraising normality.

As expected overall fundraising income (not including lottery, retail or legacies) is around 30% down for Q1&2 of this financial year compared to last year. This is due to a general decrease in giving (by 24%), lack of events, lack of community fundraising including fundraising groups and campaigns such as Make Your Will Fortnight being delayed. However, it is likely that we will see a significant decrease in expenditure too.

Direct mailings are doing very well and we should surpass last year's Light up a Life total. £40,000 raise so far compared to £57,000 total in 2019. Lavender appeal raised a total of £48,000 this year compared to £27,000 in 2019.

## **Events**

As expected income from events is significantly lower than usual by 76% (Q1&2 2020 compared to Q1&2 2019) but with the physical events not taking place expenditure will also be lower. The team are trying virtual alternatives as well as different campaigns to engage support.

- **Virtual Quiz** – A Christmas themed virtual quiz will take place on 15<sup>th</sup> December. Again, run for free by The Pub Quiz Company.
- **Santa Dash** – will be a virtual event rather than socially distanced due to council restrictions and further lockdown. We would usually expect 250 participants and so far, we have 17. Packs, suits and medals will be sent in the post and participants will be asked to run their own route, their day, their distance, their way!
- **LUAL** – Now a fully virtual event via Zoom. Local amateur filmmakers, Sutton Film Club will be supporting by filming and editing a pre-recorded service which will be streamed on the 6<sup>th</sup> December. There will be a welcome by Sara-Jane, an extract from The Velveteen Rabbit read by Rebecca Trower, a message of hope by Rev Donna Williams, the lighting of the tree with countdown by The Mayor of Sutton and the lighting of a candle to symbolise hope and remembrance.

- **Virtual London Marathon** – eight participants, including Gail, Becca and Tracy, took part raising £8,000.
- **Challenges** – most challenge events that have been postponed to April 2021 have now been cancelled or postponed again. Applications are open for our London Marathon 2021 charity places until 4<sup>th</sup> December.

## Community

Community fundraising is difficult it is not non-existent with some third-party activity. Fundraising Groups have not been able to organise much activity at all. We have continued to keep in touch via regular emails and zoom get-togethers. They would normally raise around £32,000 throughout the year but so far, we've received just £1,000. This is unlikely to change with no other fundraising planned before March 2021. We are seeing more in memory donations and we hope that the success of the school Rudolf Runs will help.

- **Rudolf Runs** – 16 schools (compared to 5 in 2019) have signed up to take part including The Leo Academy Trust and Sutton Education Trust Group. Usually we would use this opportunity to go into the schools to deliver assemblies about the Hospice but instead Emma has recorded a video for them to show to each bubble group. Most schools plan to organise the run in their year group bubbles but have the back up of encouraging a virtual event if needed.
- **Bucket collections** – some were organised for Christmas but have now been cancelled due to second lockdown.
- **Christmas Hampers** – a number of donors have bought chocolates, wine, mince pies etc through an Amazon Wishlist to help fill the hampers for free. 22 businesses will be raffling a hamper and despite new restrictions would still like to do so either virtually or when they re-open.
- **Fundraising Group Handbook** – We are using this time to produce a 200 page handbook for current and future groups to develop their fundraising, ensure they have all the information they need to stay legal, set up a group and much more.
- **Give Up To Give Back** – a new campaign will be launching encouraging people to give something up and donate the money they save to the Hospice, or to get sponsored for doing so. It can take place throughout the year for Dry January, Lent or Stoptober.

## Corporate

Corporate fundraising is almost on par with the last couple of years for this time of year. However, we have had two additional large donations - £5,000 from our regular donor O'Halloran & O'Brian and £10,000 from The Nappy Lady (reusable nappy company whose owner lost her father in the Hospice).

- **Make Your Will Fortnight** – 10 solicitors took part. £5,000 received so far and we are still expecting more over the next couple of months. 2019 raised £14,000.
- **Wimbledon Warehouse** – agreed to extend until 2021 on a rolling 28 contract.
- **Gifts in Kind** – a number of businesses and supporters continue to donate gifts such as masks, PPE, cakes etc to the hospice staff.

## Trusts

We received a significant amount of trust funds in Q4 of last financial year (£134,000) and have a number of bids in the pipeline.

- The team are developing new and improved processes to increase the number of applications that can be made and projects that can be funded. They are working more closely with facilities and have developed a new project list to keep track of funding opportunities.
- Over £28,000 received so far this financial year.
- Upcoming projects include bariatric room/family room reconstruction, IPU room refurb and garden appeal.

## SUPPORTER CARE – Lucy Ribaldo

- Over the last three months Supporter Care have been refining their policies and processes in preparation for the Christmas mailing. This seems to have paid off with simplified procedures enabling smart banking and supporter engagement.
- The mailing has been very successful and there is more being done through our online shop and the website than ever before.
- The team have worked on providing exceptional Supporter Care and have built relationships with individual donors. Light up a Life has just received a £15,000 donation from a regular supporter.

## **LOTTERY – Glenda Withall**

- From September to November the Lottery has really picked up. September, saw nine new members but 140 new entries. October 13 new members and 51 entries. This brings the total from 6<sup>th</sup> April 2020 – 16<sup>th</sup> November 2020 - 344 new members (608 entries).
- During September & October the second number campaign was sent out to approx. 3,000 members These members were targeted as they only had one lottery entry. The campaign is still coming in and has so far generated 189 members (191 entries) all taking a second number. Over the year this could generate £9,932.00 extra income.
- The 20 Week Campaign which consists of leaflets being sent out has brought in 13 new 20-week members (14 entries) – The campaign has also been promoted on the bumper draw tickets recruiting 74 members 74 entries.

## **CHRISTMAS BUMPER DRAW**

The Christmas Bumper Draw tickets are flying out the door. Most supporters are purchasing the whole book of 20 tickets. Figures to date for the draw have not been finalised but looking at £17,000 so far (Inc of lottery and donations).

## **COMMUNICATIONS – Diamond Naraviene**

### **Branding/Merchandise**

- 50 branded tabards ordered to be used by the community fundraisers;
- 800 fundraising thank-you cards with envelopes designed and delivered;
- Letterheads and compliment slips updated with a new charity No and replaced for both the Hospice and Fundraising Teams

### **Appeals**

- **Crocuses planting** - Posters and signage commissioned for display around the Hospice, to include charity shops windows. The appeal was also promoted on social media and on our website, as well as in the Raphaelite, which was delivered to approx. 29,000, as part of Light up a Life (LUAL) mailing campaign. It has raised £548 so far.

## Advertising - Campaigns commissioned

- **Santa Dash** - social media channels, St Raphael's website, e-news, free event listing and promotion through third parties, ad in the Raphaelite, paid Facebook ad, ¼ ad in the Families Magazine, 2x full page ads in local Guardian (Sutton and Wimbledon), Radio Jackie commercials – 30 spots, A4 posters and rail banners.
- **LUAL** - this year's focus was to promote the LUAL celebration event and appeal to a wider part of the local community who may not necessarily have a connection with the Hospice. **Channels used:** social media, St Raphael's website, e-news, free event listing and promotion through third parties, ad in the Raphaelite, full page ad in Sutton Guardian and half page ad in Time and Leisure Wimbledon, ¼ ad in a digital magazine – South East Star, A4 posters and rail banner, a week's worth (15) commercials on Radio Jackie.
- **Guardian's thank-you to the care providers campaign** - On October 29<sup>th</sup> Guardian published a special supplement to acknowledge the tireless efforts of care providers during the COVID pandemic. As part of the discounted deal, St Raphael's benefited from; half page editorial, half page advert, 10,000 online impressions - featuring a skin ad on the homepage of Sutton Guardian and printed recruitment advert.

## Collateral

- A3 size posters promoting Hospice services, volunteering and fundraising designed and displayed on the Community Hub board at our new Wimbledon Village shop.
- A template for our new Educational Newsletter called, Team Coach, designed in-house.
- 1,000 lottery gift vouchers designed and delivered.
- LUAL commemorative brochure to be delivered by December 3<sup>rd</sup>. It will also be available to view online under the LUAL appeal using ISSUU digital publishing platform.
- Fundraising groups handbook revisions are underway, planned to be finished and ready for printing early January 2021.

## Digital Marketing

- Hospice animation is planned to be finished by the end of November, with Dr Andrew Hoy doing a voice-over for it. The animation is being commissioned free of charge to the Hospice.

- The latest issue of the Raphaelite has been posted as part of the LUAL mailing and is also available to download on our website under the News and Stories section.
- **News/press release** - Wimbledon Village Shop and Xmas Hamper Appeal press releases were pitched to the media in October; both of which are available on our website under the News section. Time and Leisure will be publishing a free editorial in their December issue, highlighting how St Raphael's have coped during the pandemic and what the future holds for us.

### **Strategic**

- Hospice-wide Marketing Mix framework presented.
- Communications plan put together to promote the new living well program for when the Wellbeing centre re-opens.
- Brand values and tone of voice workshop planned.
- Market research options are being explored.

### **VOLUNTEERING – Lorraine Hunt**

#### **Shop Volunteers**

- 131 of 154 of shop volunteers who were sent the COVID 19 risk assessment forms have been returned and reviewed.
- 15 volunteers have decided its time to leave their role. They have all been contacted and are very keen to find out more about the St Raphael' s Alumni and happy for us to pass on their details. We will also be sending them the attached certificate of appreciation with a thank you letter.
- 50% of the other 116 volunteers wish to return asap and this will be agreed on an individual basis dependent on their individual risk. All volunteers who are high risk will be required to complete the attached disclaimer. The other 50% of shop volunteers have decided they are not ready to return at this time.
- Specific face to face PPE training has been arranged by our education team for our existing shop volunteers who want to and can return, with the first session being held in September and October and further sessions planned for the rest of this year. 30 volunteers attended and the training which was very well received by all.

- 27 of the volunteers were able to return to their role during October, but sadly stood down again due to the further closure of our shops.
- We have reviewed and agreed a new process for recruiting shop volunteers where anyone who shows an interest will be invited to a one-off session to be held at St Bedes. This will include a presentation about the hospice and how shop volunteers' contributions impact on the care we provide. A senior Shop manager will be invited to talk about the role, and there will be the opportunity to complete forms, PPE and manual handling training.

### **Fundraising office support volunteers**

- We managed to bring back 5 (nearly 6!) of our much needed volunteers to support with various tasks, but unfortunately due to the national lockdown and the advice to work from home to keep staff to a minimum in the office, we made the decision to stand everyone down.
- All volunteers will be sent a Christmas card from Gail and Nick this year, and we will be sending a newsletter to all shop volunteers, similar to the one sent for volunteers' week, with a Christmas theme.

## Governance Report to St Raphael's Hospice Board of Trustees – Item 13

### November 2020 Board meeting

#### 1. Executive Summary

- A Scheme of Delegation has been developed for St Raphael's Hospice as an independent charity and is submitted for review and approval by Trustees (see Section 2 and Appendix 1).
- Consideration has been given to the best approach to Trustees' term dates to reflect the transition to independence and views are welcomed from Trustees (see Section 3).
- It is proposed that a Hospice 'corporate' risk register is developed, with input from Committees and the full Board, ready for review at the March Strategy meeting (see Section 4 and Appendix 2).
- The 2021 agenda plan is included for review and any suggested additions from Trustees (see Section 5 and Appendix 3). Dates have been reviewed and agreed with colleagues and Committee Chairs. Meeting dates have been put into Trustees' calendars.
- It is proposed for Ed Cook to become a co-opted member of the Finance & Resources Committee. A role description for Fundraising & Communications Committee members has also been brought together for Board review (see Section 6 and Appendix 4).

#### 2. Scheme of Delegation

A Scheme of Delegation has been developed to outline delegated authorities from the Board of Trustees to Committees and the Executive leadership team as an independent Hospice. The Scheme of Delegation has been developed to reflect the Hospice's activities and governance structure. The Financial Delegated Authorities will also be added to this document to ensure there is clarity on the thresholds for bringing approval to Board level.

**Action:** Approval of the Scheme of Delegation is requested from Trustees, subject to final changes as suggested at the Board meeting.

#### 3. Trustee term dates

With the Hospice achieving independence on 31<sup>st</sup> October 2020, Norman and Anna have considered whether Trustee terms should be 're-set' to commence on 1<sup>st</sup> November 2020. Trustees' current appointment dates are 18 December 2018 (Sr Veronica, Norman, Marian), 25 September 2019 (Rod), 20 November 2019 (Sr Kathleen), 22 May 2019 (Joy, Joe, Paul, Alan). Trustees are appointed for a three-year period with the option to serve up to three terms.

Re-setting terms would provide a baseline for future Trustee succession planning. It is recognised that this would lead to Trustees' terms ending at the same time (1<sup>st</sup> November 2023) and so Trustees' views would be sought in advance in order to understand intended length of service and to inform the timelines for future Board recruitment. Planned recruitment at Committee level may provide a pipeline of future Trustees.

**Action:** Contributions would be welcomed from Trustees to consider whether Trustees' terms should be 're-set' to 1<sup>st</sup> November. This can be achieved through a formal, recorded decision of Trustees.

#### 4. Timeline for a 'corporate' Hospice risk register

The Trustees and Executive leadership team at St Raphael's frequently consider risks facing the Hospice through a range of agenda items, and the Hospice holds a comprehensive Clinical Risk Register. To reflect the transfer of staff and assets to St Raphael's Hospice as a newly independent organisation, it is proposed that a 'corporate' Hospice risk register is brought together to capture strategic and top-level operational risks facing the Hospice.

The Risk Register would be discussed twice each year by Trustees, including at the annual strategy meeting. Relevant sections of the risk register could also be considered as a standing item at Committee meetings to ensure the Risk Register remains a 'live' document.

The Risk Register could be developed in the following way:

- Risk register template and format to be agreed, most likely to be drafted in Excel file (see Appendix 2 for example)
- Approach to risk scoring to be agreed – generally impact and likelihood are given a rating from 1-5 and multiplied to give a maximum risk score of 25
- Committee meetings in February/ March will include an agenda item for the key risks relating to HR, Finance, Fundraising, and Clinical Governance to be considered and captured
- The draft Risk Register will be brought to the March Board Strategy meeting for review

**Action:** Trustees to agree high-level timeline and process for developing St Raphael's Hospice risk register.

#### 5. 2021 meeting dates & agenda plan

The 2021 schedule of Board and Committee meetings has been shared with Trustees and is included in Appendix 3 (this is subject to final changes based on Trustee availability and a finalised version will be sent to Trustees by the end of November). Agenda items arising will be added throughout the year and Trustees are welcome to contribute ideas. This year a Board Strategy meeting will be held in March 2021 – as this will most likely be held on Zoom, this will be a half-day meeting. In future years this would be held as a full-day meeting in person.

Provider Visits will be scheduled in 2021 although the current lockdown has delayed these being scheduled.

**Action:** Trustees to formally approve the 2021 meeting dates and agenda plan and contribute any further agenda items.

#### 6. Board & Committee recruitment

The plans for Board-level recruitment was discussed at the September meeting. It was agreed that Committee-level recruitment was a particular priority in the short-term, with Board-level recruitment to follow based on an understanding of Trustees' term lengths.

The Articles of Association for St Raphael's Hospice enable Committee members to be co-opted, as long as they are Chaired by a Trustee.

It is proposed that Ed Cook (Advisor, Daughters of the Cross) is co-opted as a Committee member of the Finance & Resources Committee.

A role description has also been developed for promotion of opportunities to join the Fundraising & Communications Committee (see Appendix 4).

**Action:** To approve appointment of Ed Cook as Finance & Resources Committee member. To provide feedback on Fundraising & Communications Committee member role description.



## St Raphael's Hospice - Scheme of Delegation

### Overview

#### 1.1) Purpose of the Document

The following Scheme of Delegation outlines how governance responsibility can and cannot be delegated from the Board of Trustees.

#### 1.2) Overview of St Raphael's Hospice Governance Structures

A key overview of the charity's governance is included below:

- **Board of Trustees** – The Board of Trustees has governance oversight of the charity and delegates day to day responsibility to the senior leadership team. The Board meets at least five times per year and considers key agenda items in accordance with the annual agenda planner.
- **Committees** – St Raphael's has four Committees of the Board of Trustees that undertake more detailed oversight of key operational areas - Clinical Quality & Governance, Finance & Resources, Fundraising & Communications, and HR. The Committee includes members of the Board of Trustees, as well as co-opted Committee members, and is attended by members of the Executive leadership team.
- **Executive Leadership Team** – This is the Leadership Team for the charity. It has management responsibility for the charity's activities and meets on a weekly basis. The Executive Leadership Team also works closely with the Senior Management Team that is composed of a wider group of Hospice Heads of Department.

This Scheme of Delegation outlines the main operational areas for St Raphael's Hospice as a charity. It does not cover every single aspect of delivery. The table below outlines how decision-making is undertaken, and which group will be the Final Approver **[A]** (usually the Board as legally accountable group), the Primary Decision Maker **[D]**, who will Propose action **[P]** and who will be Consulted **[C]** in relation to key decisions. The main levels of governance within the Hospice are the Board of Trustees, Remuneration (**Rem Com**), HR Committee (**HR Com**), Finance & Resources Committee (**F&R Com**), Clinical Quality & Governance Committee (**CQ&G Com**), Fundraising & Communications Committee (**F&C Com**), Board Chair, Joint CEOs and Heads of Department (**HoDs**).

Area of activity	Board	Rem Com	HR Com	F&R Com	CQ&G Com	F&C Com	Board Chair	Joint CEOs	HoDs
<b>GOVERNANCE &amp; STRATEGY</b>									
Set strategic aims & objectives of Hospice	<b>A</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>P</b>	<b>C</b>
Deliver strategic aims & objectives and overall management of Hospice	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>D</b>	<b>D</b>
Approve/ amend proposals for delivery of programmes to further Hospice's objects	<b>A</b>							<b>D</b>	<b>P</b>
Meet statutory requirements of regulators (Charity Commission; Cos. House; CQC)	<b>A</b>							<b>P</b>	
Approve changes to Articles of Association (as Members)	<b>A</b>								
Approve governance & organisational structures inc. Board Committees	<b>A</b>		<b>C</b>					<b>P</b>	
Approve changes to Scheme of Delegation & Committee Terms of Reference	<b>A</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>		<b>C</b>	
Appoint and remove Trustees & Committee members inc. Chair & Vice-Chair	<b>A</b>						<b>C</b> (Trustees; Cttee)		
Set Policy Framework for Hospice	<b>A</b>							<b>D</b>	<b>C</b>
Oversee Hospice Risk Register	<b>A</b>		<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>C</b>	<b>P</b>	<b>C</b>
Take part in Board self-evaluation and declaration of interest processes	<b>A</b>						<b>D</b>		
<b>CEO ROLE APPOINTMENT &amp; HR</b>									
Appoint to CEO role & approve salary	<b>A</b>	<b>D</b>		<b>D</b>					
Approve SLT salary & pay framework	<b>A</b>	<b>D</b>		<b>D</b>				<b>P</b>	
Oversee HR, Staffing & Succession Plans			<b>D</b>					<b>D</b>	<b>P</b>
Monitor HR & Staffing risks	<b>A</b>		<b>D</b>					<b>D</b>	
Monitor equality & diversity	<b>A</b>		<b>D</b>					<b>D</b>	
Point of contact for Speaking Up concerns	<b>A</b>		<b>D</b>					<b>C</b>	

Area of activity	Board	Rem Com	HR Com	F&R Com	CQ&G Com	F&C Com	Board Chair	Joint CEOs	HoDs
<b>FINANCE &amp; RESOURCES</b>									
Approve/ amend budgets	A			D				P	
Appoint & remunerate external auditors	A			D				P	
Approve annual report and accounts	A			D				P	
Receive auditors' management letter	A			D					
File annual report and accounts								A	
Establish, maintain and retain appropriate financial reporting and records	A			D				P	
Approve any significant changes in accounting policies or practices	A			D				P	
Ensure appropriate internal financial controls	A			C				D	
Agree and review investment strategy	A			D				P	
Ensure trading activities are in line with charitable status	A			D				P	P
<b>CLINICAL QUALITY &amp; GOVERNANCE</b>									
Monitor Clinical Governance activities	A				D			P	
Undertake review of clinical data					D				
Oversee Clinical Governance Risk Register					D			P	
Receive reports on Clinical complaints					D				
Review minutes of internal clinical governance meetings					D				
Hold complaints panels, if required	A				D				
<b>FUNDRAISING &amp; COMMUNICATIONS</b>									
Receive reports on progress vs targets						D		P	
Monitor Fundraising activities						D			
Monitor Shop and Retail activities						D			
Monitor Communications activities						D			
Approve public sector contracts	A							P	
Approve shop leases	A							P	
Approve sensitive public statements	A					D		P	

**Appendix 2: Example Risk Register template**

#	Risk Type	Risk Event	Probability	Consequence	Risk score	Risk control	Short term action	How will we mitigate/control the risk?	How will we monitor effectiveness of the plan?
	Risk Type	Risk Event	(1 - 5)	(1 - 5)	(1 - 25)	(Treat, Transfer, Take, Terminate)	(Include roles and responsibility, steps and timeline)	(Include accountabilities and timelines)	(Include review dates)
1	Example: Finance	Example: Challenging external economic climate impacting levels of giving to the Charity	High	High		Treat	Conduct outreach campaign; review opportunities to reduce non-staff spend	Increase capacity in fundraising team; increase fundraising and communications budget	Mid-year review of Fundraising Strategy
2									
3									
4									
5									
6									

## Appendix 3: 2021 Agenda Plan



### 2021 Board and Committee Agenda Planner: St Raphael's Hospice

This agenda planner sets out meeting dates for 2021 for the St Raphael's Hospice Trustee Board and Committees. It is proposed that four meetings of each Committee are held during the year. All meetings will be held at St Bede's unless circumstances at the time mean that it is decided that holding the meeting virtually by Zoom would be better (it is possible that this will be the case for the January 2021 meeting).

Each meeting will start with: Apologies; Approve minutes of previous meeting; Actions List & Matters arising; Declarations of interest. Each meeting will end with: Any other business; Date of next meeting. Additional agenda items arising from Board and Committee meetings will be added throughout the year.

Meeting	Date and time	Key agenda items
<i>Christmas break – no Committees in advance of January Board meeting</i>		
Finance Committee	Wednesday 20 <sup>th</sup> January 2021 2-4pm <i>(to be confirmed)</i>	<b>Standing items:</b> Finance Report; Management Accounts & Balance Sheet (Detailed & Summary)
<b>Trustee Board</b>	Wednesday 27 <sup>th</sup> January 2021 1-1.30pm lunch <i>(to be confirmed)</i> 1.30-4.30pm Board meeting	<b>Standing items:</b> Joint CEO Report; Governance update Equality and diversity at SRH
Clinical Quality & Governance Committee	Friday 26 <sup>th</sup> February 2021 10am-12pm Committee meeting	<b>Standing items:</b> Recruitment/ Staffing update; Clinical Risk Register; Clinical Quality & Governance Report; Clinical Action Plan; Minutes of internal meetings Hospice Risk Register
Fundraising & Communications Committee	Wednesday 3 <sup>rd</sup> March 2021 2-4pm Committee meeting	<b>Standing items:</b> Fundraising Figures; Update on – Fundraising; Lottery; Retail; Supporter Care; Communications; HR and Staffing Matters Hospice Risk Register
Finance Committee	Wednesday 10 <sup>th</sup> March 2021 2-4pm Committee meeting	<b>Standing items:</b> (see above) 2021/22 Annual Budget – for recommendation to Board Hospice Risk Register
HR Committee	Tuesday 16 <sup>th</sup> March 2021 10am-12pm Committee meeting <i>(To be confirmed)</i>	<b>Standing items:</b> Volunteer Services/ Dashboard; Update on HR activity; Update on Management Plan; Equality & Diversity; Speaking Up report Hospice Risk Register

<b>Trustee Board away-day</b>	Wednesday 24 <sup>th</sup> March 2021 10am-4pm Board strategy meeting (including lunch)	<b>Standing items:</b> Joint CEO Report; Committee Chair updates; Governance update 2021/22 Annual Budget – for approval <b>Strategy discussion:</b> Hospice strategy & five-year plans; Hospice toolkit (presentation); Hospice Risk Register; annual Board self-evaluation
Fundraising & Communications Committee	Wednesday 12 <sup>th</sup> May 2021 10am-12pm Committee meeting	<b>Standing items:</b> (see above)
Clinical Quality & Governance Committee	Friday 14 <sup>th</sup> May 2021 10am-12pm Committee meeting	<b>Standing items:</b> (see above)
HR Committee	Tuesday 18 <sup>th</sup> May 2021 10am-12pm Committee meeting <i>(To be confirmed)</i>	<b>Standing items:</b> (see above)
Finance Committee	Tuesday 18 <sup>th</sup> May 2021 2-4pm Committee meeting	<b>Standing items:</b> (see above)
<b>Trustee Board</b>	Wednesday 26 <sup>th</sup> May 2021 1-1.30pm lunch 1.30-4.30pm Board meeting	<b>Standing items:</b> Joint CEO Report; Committee Chair updates; Governance update
Clinical Quality & Governance Committee	Friday 25 <sup>th</sup> June 2021 10am-12pm Committee meeting	<b>Standing items:</b> (see above)
Fundraising & Communications Committee	Wednesday 30 <sup>th</sup> June 2021 2-4pm Committee meeting	<b>Standing items:</b> (see above)
Finance Committee	Tuesday 6 <sup>th</sup> July 2021 2-4pm Committee meeting	<b>Standing items:</b> (see above)
HR Committee	Tuesday 13 <sup>th</sup> July 2021 10am-12pm Committee meeting <i>(To be confirmed)</i>	<b>Standing items:</b> (see above)
<b>Trustee Board</b>	Wednesday 21 <sup>st</sup> July 2021 1-1.30pm lunch 1.30-4.30pm Board meeting	<b>Standing items:</b> Joint CEO Report; Committee Chair updates; Governance update Hospice Risk Register
<i>Summer break – no Committees in advance of September Board meeting</i>		
Finance Committee	Wednesday 15 <sup>th</sup> September 2021 2-4pm <i>(to be confirmed)</i>	<b>Standing items:</b> (see above)
<b>Trustee Board</b>	Wednesday 22 <sup>nd</sup> September 2021 1-1.30pm lunch 1.30-4.30pm Board meeting	<b>Standing items:</b> Joint CEO Report; Governance update Hospice Risk Register (mid-year review)

Clinical Quality & Governance Committee	Friday 29 <sup>th</sup> October 2021 10am-12pm Committee meeting	<b>Standing items:</b> (see above)
Fundraising & Communications Committee	Wednesday 3 <sup>rd</sup> November 2021 2-4pm Committee meeting	<b>Standing items:</b> (see above)
Finance Committee	Wednesday 10 <sup>th</sup> November 2021 2-4pm Committee meeting	<b>Standing items:</b> (see above) 2020/21 external auditors' report 2020/21 St Raphael's Annual Report & Accounts – for recommendation to Board
HR Committee	Tuesday 16 <sup>th</sup> November 2021 10am-12pm Committee meeting <i>(To be confirmed)</i>	<b>Standing items:</b> (see above)
<b>Trustee Board</b>	Wednesday 24 <sup>th</sup> November 2021 1-1.30pm lunch 1.30-4.30pm Board meeting	<b>Standing items:</b> Joint CEO Report; Committee Chair updates; Governance update 2020/21 external auditors' report 2020/21 St Raphael's Annual Report & Accounts – for approval
Remuneration Committee	Wednesday 15 <sup>th</sup> December 2021 10am-12pm	<b>Standing items:</b> Hospice annual pay award; SMT remuneration

## Appendix 4: Fundraising & Communications Committee member role description



### Fundraising & Communications Committee for St Raphael's Hospice Committee Member Role Description

#### 1. Overview of Organisation and Role

##### 1.1. About St Raphael's Hospice

At St Raphael's Hospice, we strive to improve the lives of those affected by terminal or life-limiting illnesses, giving them and their carers the confidence to cope and enjoy the best quality of life possible. We care for patients wherever and whenever they need us. When life comes full circle, we are there for our community, enabling them to live their life to the full. We believe that hospice care is about life and living, not just death and dying.

For over 30 years we have been providing expert hospice care for people in Merton and Sutton at no charge, aged 18 and over irrespective of their race or religion. We offer care provided in people's home, outpatient clinics and day therapy at the Wellbeing Centre. With the help of our skilled staff and dedicated volunteers, we are able to meet the emotional, spiritual and social needs of our patients, as well as those of their family and friends before and after death. We are there for everyone who needs us at the most difficult time of their lives - to hold one's hand and to soothe the soul, not just for the relief of pain.

##### 1.2. Purpose of the Fundraising & Communications Committee

The Board of Trustees for St Raphael's Hospice has legal oversight of the charity, including responsibility for setting strategy and meeting statutory requirements. The Board is supported by four Committees, including the Fundraising & Communications Committee, that undertake more in-depth support and challenge on behalf of the Board.

The Fundraising & Communications Committee meets four times each year. The Committee is Chaired by a Trustee, and works in collaboration with the Joint CEOs, Director of Income Generation, Head of Donor Development and wider fundraising team to make decisions on key issues. The Committee focuses in particular on reviewing:

- Progress against fundraising targets and links to the annual budget
- Updates on fundraising activities including community outreach, corporate partnerships, trust applications and legacies
- Performance of the Hospice's charity shops which are situated throughout Sutton, Merton and Wimbledon
- Information relating to the Hospice's communications, direct marketing and donor engagement

##### 1.3. Board and Committee Statement of Values

The Board of Trustees and Committee members commit to working collaboratively and effectively, as a collective decision-making body, to ensure the success of the charity and that the founding ethos of the charity continues to thrive. In doing so, Board and Committee members commit to working in line with the St Raphael's Hospice Code of Conduct and upholding the [seven principles of public life](#): selflessness, integrity, objectivity, accountability, openness, honesty and leadership. The Board values diversity of thought, perspectives, skills and background.

St. Raphael's Hospice strives to maintain an atmosphere of openness throughout the organisation to promote the confidence of the public, stakeholders, staff, charity regulators and government. The Board emphasises transparency in its actions and through the policies and publications that it approves.

#### **1.4. Board and Committee Decision Making Principles**

The Board of Trustees, supported by the four Committees, helps to make objective, long-term decisions on key issues in order to advance the charity's mission and goals.

### **2. Responsibilities**

Fundraising & Communications Committee members ensure that the charity focuses on achieving its objectives around fundraising and communications. They make decisions and suggestions that are in the best interests of the Hospice. Committee members should ensure they have sufficient time available to fulfil their roles, and bring a willingness to provide strategic challenge and support, and promote and advocate for the charity externally.

Individuals that are co-opted on to the Fundraising & Communications Committee do not take on the legal duties and responsibilities of Trustees, but are expected to work in line with the Statement of Values and Decision-Making Principles outlined above.

### **3. Person Specification**

#### **3.1. Eligibility**

The Hospice expects co-opted Committee members to meet the Charity Commission eligibility criteria that are applicable to Trustees. Committee members should be at least 16 years old and not be disqualified according to Charity Commission guidelines – [link here](#). These include unspent convictions for specific offences, as well as financial and non-financial legal reasons.

#### **3.2. General Experience, Knowledge and Skills**

- Commitment to the Hospice's mission and strategy
- Ability to contribute to analysis and decision-making
- Excellent interpersonal and relationship skills
- Ability to network and promote the charity externally and particularly within the local community
- Understanding of charity governance and relevant requirements
- Willingness to work within the governance frameworks agreed by the charity

#### **3.3. Specific Experience, Knowledge and Skills**

The Fundraising & Communications Committee bring a range of skills and knowledge, working collectively to engage with this area of the Hospice's work. The most important characteristic for this role is a willingness to bring reflections and learnings to discussions with the senior team. However, prior experience in the following areas would be of particular interest and value:

- Knowledge/ experience of the charity sector fundraising environment
- Partnerships and business development
- Commercial and retail experience
- Strategic communications and public relations

### **4. Commitment asked of Committee members**

#### **4.1. Voluntary nature of Trustee role**

The role is not accompanied by any financial remuneration, although reasonable travel expenses may be claimed in line with the Trustee Expenses Policy.

#### **4.2. Appointment term**

Committee members are invited to serve an initial term of three years, with the potential for a second term of three years if agreed as part of the term renewal process.

#### **4.3. Time commitment**

The Fundraising & Communications Committee meets for at least four regular meetings per year. Further to this, Committee members may from time to time be involved in away days or extraordinary meetings. Committee members will also be invited to attend a range of fundraising and outreach events held by the Hospice.

Meetings are usually held in person in at the Hospice site or offices, but may be held virtually as required. Committee members are able to join via conference call or video conference if needed and as agreed with the Chair.

**St Raphael's Hospice**  
**Meeting of the Board of Trustees**  
**To be held at 13:30 on 25<sup>th</sup> November 2020**

**TO BE PRESENT:**

**Alan Cogbill (Vice-Chair)**  
**Roderick O'Connor**  
**Marian Norman**

**Sister Veronica Hagen**  
**Sister Kathleen O'Reilly**  
**Joe Ryan**

**Paul Holmes**  
**Norman McWhinney (Chair)**  
**Dr Joy Tweed**

**In attendance**

**Gail Linehan (Co-CEO)**  
**Sara Jane Woods (Director of Income Generation)**  
**Dr Gaby Tamura-Rose (Consultant) – item 7**  
**Anna Machin (Clerk)**

**Nick Stevens (Co-CEO)**  
**Rebecca Trower (Clinical Director)**  
**Dr Jenny Strawson (Consultant) – item 7**  
**Heather Howell (Board Advisor)**  
**Carrie Chill (Board Advisor)**

*1 - Purpose: Discussion/ Approval/ Policy/ Information*

<b>Item</b>	<b>Description</b>	<b>Purpose <sup>1</sup></b>	<b>Lead</b>	<b>Timing</b>
1.	T-Time (trustee only session)	Discussion	Chair	1.30-1.40
2.	Welcome and apologies for absence	-	Chair	1.40-1.50
3.	Declarations of interest	-	Chair	
4.	Minutes of Advisory Committee and Board meetings held on 23 <sup>rd</sup> September 2020	Approval	Chair	
5.	Actions List & matters arising	Discussion	Chair	
6.	Update on Hospice independence inc: <ul style="list-style-type: none"> <li>• Transfer agreement &amp; financial targets</li> <li>• Written resolution</li> <li>• Letter of comfort (signed)</li> </ul>	Discussion	Chair	1.50-2.00
7.	Joint CEO Report	Discussion	GL, NS	2.00-2.30
8.	Reflections on Covid-19 Report	Discussion	GL, NS, RT	2.30-3.00
9.	Sub-Committee Chair's Report – Finance and Resources <ul style="list-style-type: none"> <li>• Minutes of 21<sup>st</sup> October 2020 Finance and Resources Committee meeting</li> <li>• Finance &amp; Resources Report</li> <li>• Summary &amp; Detailed October 2020 Management Accounts</li> <li>• October 2020 Balance Sheet &amp; Cash Movements</li> <li>• Progress on Hospice refresh</li> </ul>	Discussion	JR	3.00-3.15
10.	Sub-Committee Chair's Report – HR <ul style="list-style-type: none"> <li>• Minutes of 14<sup>th</sup> October 2020 HR Committee meeting</li> <li>• Starters and Leavers Report</li> <li>• Volunteer Services Update</li> </ul>	Discussion	PH	3.15-3.30

11.	Sub-Committee Chair's Report – Clinical Governance <ul style="list-style-type: none"> <li>• Minutes of 30<sup>th</sup> October 2020 Clinical Governance &amp; Quality Committee meeting</li> <li>• Clinical Quality &amp; Governance Report</li> <li>• Corporate Governance Report</li> <li>• Clinical Risk Register</li> </ul>	Discussion	JT	3.30-3.45
12.	Sub-Committee Chair's Report – Fundraising <ul style="list-style-type: none"> <li>• Minutes of 5<sup>th</sup> November 2020 Fundraising &amp; Communications Committee meeting</li> <li>• Fundraising &amp; Communications Report</li> </ul>	Discussion	RO'C	3.45-4.00
13.	Governance update (Scheme of Delegation; Trustee term dates; Risk Register; 2021 meeting dates & agenda plan; Board-level recruitment)	Approval/ Discuss	Chair, Clerk	4.00-4.15
14.	Any Other Business	-	Chair	4.15-4.20
15.	Date of Next Meeting – Wednesday 27 <sup>th</sup> January 2021	-	Chair	
16.	T-Time (trustee only session)	Discussion	Chair	4.20-4.30