

St Raphael's Hospice
Meeting of the Clinical Quality & Governance Committee
Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX with video call access
At 10:00 on Friday 19th January 2024

Members: Dr Carrie Chill – Trustee & Committee member (CC)
 Alan Cogbill – Trustee & Committee member (AC)
 Bernard Marley - Trustee & Committee member (BM - apologies)
 Norman McWhinney – Board Chair & Committee member (NM)

In attendance: Nick Stevens – CEO (NS)
 Dr Naomi Collins – Consultant (NC)
 Alex Rudkin – Director of Quality and Governance (AR)
 Dr Jenny Strawson – Consultant (JS)
 Rebecca Trower – Clinical Director (BT - apologies)
 Anna Machin (Governance – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
4. Clinical risk register	Take forward discussion on use of technology for note-taking to Hospice user group	Consultant team, Becca Trower	Spring 2024, by April 2024 meeting	19.01.24/01
	Reflect further on lone working communications to staff	Consultant team, Becca Trower	Spring 2024, by April 2024 meeting	19.01.24/02
5. Clinical Quality & Governance Report	Include Psycho-Social team survey report in April meeting pack	Alex Rudkin	For April 2024 meeting	19.01.24/03
	Consider further ways to streamline referral notes process	Consultant team, Becca Trower	Spring 2024, by April 2024 meeting	19.01.24/04
	Update on grant funding proposal	Consultant team, Becca Trower	For April 2024 meeting	19.01.24/05
	Update pages 16 and 18 in report on patient numbers	Alex Rudkin	Immediate	19.01.24/06
	Split out minor and major IG incidents in report	Alex Rudkin	Immediate	19.01.24/07

1. Welcome, apologies for absence and declarations of interest

Alan Cogbill took the Chair and welcomed attendees to the meeting. Apologies were received and accepted from Bernard Marley.

2. Review of minutes from 12th October 2023 Clinical Quality & Governance Committee meeting, Actions List and update on matters arising

The minutes of the previous meeting were approved as an accurate record of proceedings. The main action arising from the previous meeting had been a request to invite John Groom to present on cyber-related risks at this meeting. This had sadly been superseded by the fact that the Hospice experienced a cyber-attack in October 2023, and a comprehensive update to the Board had then been given, both live by email correspondence and then at the Hospice Board held at the end of November.

The Committee received confirmation the cyber-insurance is now in place, and at the time of prior Clinical Quality & Governance meeting, was due to come into effect on 1st November. £50k has been spent on forensic legal and technical advice to respond to the attack, which evidences external independent review of processes, vs the ongoing cost of around £3.5k per annum in insurance. The forensic report did not highlight additional areas of technological/ systems provision that should have been in place, and commented on the speed of recovery in that within 24 hours, most services were at capability. The experience has also prompted continual focus on practices around document retention.

3. Evidence of Excellent Practice Register

The paper was taken as read, and the Committee noted the range of positive comments, including for non-clinical colleagues such as those working in Retail. The opportunity to share these stories shows the Hospice's positive culture and supports staff morale.

4. Clinical Risk Register

It was confirmed that there were not a significant number of changes to the risk register since the last review in October 2023.

An in-depth discussion was held on use of mobile technologies and Chromebooks, and how devices could facilitate the opportunity for live note-taking to save time, balancing this with the fact that that for appointments held by one person, it is important for the patient to feel listened to and therefore notes will not always be inputted live onto systems. Within IPU, there will usually be more than one colleague involved in speaking to patients, which facilitates live updates.

The Committee reflected that this may be a topic to discuss with the Hospice user group in order to seek patient feedback. It will then link in to organisational culture and training, e.g. practices to ask for consent/ agreement for live note-taking. The benefits of accurate, tagged notes that are searchable in the EMIS system were recognised, and how this can be used to extract data that informs decision-making.

The Committee next asked about risks around staff capacity during this period of winter illness. It was confirmed that impacts are generally felt most in IPU with 24-hour staffing, and that from a medical perspective, capacity has been sufficient to offer strong care. Patient admission decisions can be used to flex numbers as needed, with 7-8 beds usually operated and – from a practical perspective – one bed broken and due to be fixed currently.

The Committee received information on approaches to acuity scoring used by St Raphael's, which had been presented at the Hospice UK conference, and is working well for the population and context.

It was confirmed that it is rare for the team to turn down an admission due to complexity of the patients' needs, and that internal training and development has broadened procedures that can be offered e.g. aerosol generated procedures.

This is supported by close working with the Education team. The Committee recognised that this continues the step-change in the depth of understanding of patients' needs before they enter the Hospice's care, compared to 4-5 years ago.

The Committee and colleagues then noted debates in the wider sector around Physician Associate (PA) roles, and how the Hospice supports PAs internally and uses their time. It was recognised that it is important to provide strong support and supervision, and that in Primary Care settings, this capacity for engagement and oversight can be stretched. However, the Hospice's experience has been positive, with the PA working alongside other nurses, giving a full-time consistent presence and adding capacity through delivery of relevant procedures.

The specialist leading Infection Control has joined recently and capacity on night shifts is much improved compared to a few years ago, with a further full-time night shift colleague due to join.

The Committee received assurance on the devices given to lone workers, who also take their phones, and reminders shared to charge devices alongside training delivered to colleagues. Risk assessments will also note if a visit should be carried out as a pair. The Committee encouraged the team to reflect on and reiterate communications in this area to support staff safety.

5. Clinical Quality & Governance Report inc. Clinical Action Plan

Alex Rudkin shared that the most recent survey of Psychological Support Services is a testament to the team's work with the strongest feedback received to date, and will be included in the April meeting papers for discussion. This team are set up in their new building, and on the theme of long working do not allow volunteers to use the space in the evening. The space is at capacity currently and so if the service expands in future, the logistics of this will need to be considered.

The Committee discussed contributing factors to the fact noted in the report that information received on admission from referrals is not always as comprehensive as it should be and this can impact communications. For example, a GP may refer a patient to the Hospice's care without confirming to them that a referral for palliative care has been made. It is recognised that medical professionals are time-poor, and the team were encouraged to look at opportunities to find solutions e.g. referrals just being made by phone or paper.

The Committee discussed the grant funding opportunity of £15k, which could be used to develop bereavement support work, or activity in prison, and shared their experiences of working in this latter setting alongside how any work in prisons might interplay with the Hospice's communications activity. A proposal is being developed currently, and an update would be given at the next meeting.

The figures on patient numbers were then reviewed, which also enables a comparison across Sutton and Merton. The team also participate in further activity for example patient MDTs, which is not fully captured here. The nature of Hospice support is intensive particularly within the IPU. It was agreed that Alex Rudkin would update pages 16 and 18 of the report to note 10-bed occupancy, giving more context to the metrics. The Committee discussed the mixed understanding amongst NHS funders of Hospices around the nature of funding and percentage contribution to clinical core funding given by the CCG.

The Committee noted the increase in information governance incidents in recent months, and received assurance that this was primarily due to minor access issues with EMIS. The Committee requested that this data be split out to denote minor access issues from any more significant incidents.

The Consultant team described the process to close the loop and inform practice informed by Datix data, e.g. to identify pressure sores. The Committee also noted actions taken in relation to complaints received, and how interpreters are used by the team.

6. Minutes of internal meetings

The Committee noted the minutes of internal meetings included in the paper pack, and that the themes within them had been echoed through this meeting.

7. Safeguarding update (standing item)

Alex Rudkin confirmed that reports continue to be referred to Local Authorities (LA) and CQC in line with agreed protocols, primarily by the Community team.

8. Any Other Business and Dates of future meetings

There were no further items of business raised. The date of the next meeting was confirmed as Friday 19th April 2024 from 10am-12pm.

The meeting ended at 12.20pm.

Approved.....

Date.....

DRAFT

St Raphael's Hospice
Minutes of a Meeting of the Finance & Resources Committee
Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX
At 9:00 on Thursday 25th January 2024

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

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

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
3.4. Update on investments	Bring proposed approach to allocation of Sarasin funds to Board for approval	Nick Stevens	31 st January 2024 meeting	25.01.24/01

The meeting commenced at 9.10am

1. Welcome, apologies for absence and declarations of interest

The Chair welcomed Committee members and colleagues to the meeting. Apologies were received and accepted from Sr Kathleen O'Reilly. There were no declarations of interest from Committee members.

2. Review of minutes from 17th October 2023 Committee meeting & matters arising

The minutes of the previous meeting were reviewed and approved as an accurate record of proceedings by the Committee, and it was confirmed that actions around finalisation of the annual report and accounts had been completed, alongside taking forward the discussion on the Sarasin account to the Board at the meeting held at the end of November.

Key themes from October were discussed, and confirmation was given that no further correspondence had been received from the NHS in relation to the potential pension liability. Contingency plans for key man risk for the finance team for any short-term absence have been outlined; any substantive absence would require external cover.

The Committee asked for an update on communications with the ICB around core funding. Correspondence has been sent jointly with other Hospices to the Chair and CEO of the SWL ICB in readiness for a meeting arranged with the Royal Trinity Chair. ICB have now postponed that meeting until mid-February. Nick Stevens has also contacted the CFO at ICB and has a direct meeting on 30th January to discuss the budget 2024-25.

3. Finance Report

3.1. 2023/24 year-to-date report – Neena Vadgama presented key points from the Finance Report:

- The in-year shortfall is currently £1.8m compared to a budgeted shortfall at this point in the year of £1.7m. Broadly mirroring this position, cash in bank is £3.79m, vs a projection of £3.82m, a difference of £35k. NHS income is £64k below budget, and there has not been any confirmed increase over the 2022-23 rates.
- In terms of legacies in the pipeline, this is sitting at £713k and there are small individual legacies on a monthly basis. £330k has recently been accrued within the management accounts, with paperwork being processed.
- Donor income is £53k below budget, primarily due to the fact that the summer appeal did not take place. The Christmas appeals were successful, with Light up a Life bringing in £75k, the Santa Dash and other festive community activities reaching £30k, the Raphaelite magazine appeal drawing £30k, and Lower Morden Lights around £20k, with final funds still being banked.
- The second Lottery campaign has been delayed until spring 2024, costs are therefore much lower which brings upside to the budget, though income growth will be delayed. It is anticipated that the Campaign will re-start in March, after the darker winter months are over.
- In terms of Retail, all shops are performing well aside from Wimbledon Park, and EBay and rag income are both below expectations. The Donation Centre income level is higher since the new centre opened and commenced selling bigger items and furniture.
- Key factors in variance to budget are that costs have increased to almost £100k over budget, in part due to pay increases increased on lower paid staff, bank staff costs and more costs on waste disposal and shop consumables (like wrapping and bags).
- Investments sit at £2.075m, with £750k in cash deposits. Net assets are at £3.7m as at December.
- There are IT investments due to be made which supports effective cyber practices and is being overseen by the IT team. Cyber insurance is now in place.

In relation to NHS payments, Nick Stevens confirmed that payments were being made to the Hospice on the basis of the current rolling contract, until discussions on the next contract have been finalised. When considering factors behind the ICB meeting being delayed, it is recognised that there will be demands from a range of other hospices and health bodies for increased funding, given rising inflation and need. The Hospice has secured legal advice on mechanisms that can be triggered should a dispute be raised around entering into the next contract, and the first stage of this is to hold a meeting with Board-level stakeholders from both organisations. A next stage would be mediation, and then expert determination. As there is no agreed contract currently in place, the legal foundation is not yet in place in order to trigger the mechanism. A judicial review is a mechanism that could be prompted on a national level and is advised by the lawyers, but is not a route that would be taken by St Raphael's or the other local hospices alone.

The Committee reflected that expert determination would be an effective route. It was agreed that the Hospice was put into an inequitable position whereby it has to sign a contract in order to receive funds and yet that contract is patently unfair.

The achievements around Christmas fundraising were recognised, alongside endeavours from the Fundraising team to build further relationships with organisations linked to existing supporters e.g. near to Lower Morden Lights. There have been savings on fundraising costs e.g. Raphaelite mail-outs, and income in these areas has been sustained, showing a better return on investment.

The Committee discussed the approach to allocation of support costs, and the approach to splitting across clinical delivery and non-clinical costs. The approach to allocation of small capital items was also covered including IT funds – the team shared that a recent donation of £8k to the Hospice towards capital costs had been used to fund laptop purchases.

3.2. Balance sheet and cash movements – the Committee noted the balance sheet and forward projections included in meeting papers, and asked for the key factors behind the rise in debtors. Neena Vadgama confirmed that this was due to the accrued legacy figures of £330k. Creditors have grown by projecting the draw-down from DoC, which then takes place at the end of the financial year. It was agreed to split cash at bank, in the report, in future to show – Cash at bank £1,716k and investments at £2,076k.

3.3. Verbal update on 2024/25 timeline for budget development – Nick Stevens shared a headline update on assumptions behind income projections. For commercial income, current Retail and the Donation Centre figures are being used to project forwards, noting that Wimbledon Park will need to show improvements as it is not currently viable otherwise a decision would need to be made to sublet. A key focus is also going to be on cost control for the shops, including volunteer recruitment to reduce the number of Bank staff needed, and also tightening Gift Aid processes and moving back towards pre-covid levels.

The Fundraising team are reviewing the projected forward-look figures brought together in the prior year by Ruth Sorby (Fundraising Consultant) and generally agree with the targets, even though they present a stretch across budget lines on this year's income. The one area that is likely to be down-scaled is the appeal. These projections are shown and rated in the table on the top of page 4 in the Finance Report, and collectively this would increase targets from the revised figure for 2023-24 of £1.075m to £1.4m in 2024-25, £1.625m in 2025-26 and £1.9m in 2026-27.

The Committee reflected that targets needed to be ambitious and grow in order to evidence the Hospice's sustainability, but that further detail should be shared with the Board on assumptions sitting behind the targets, to enable effective support and challenge and understand how realistic they would be. For example, growth in community funds from £100k to £180k in one year is a steep rise. Legacies income is projected to rise steadily from £1.3m upwards. Nick Stevens confirmed that the 20th March Board strategy day would focus in detail on funding projections, enabling this testing and discussion, prior to the April Finance Committee and May Board at the start of the next financial year. Nick Stevens shared that the target of £1.4m has been budgeted over the past few years but was disrupted by changes in staff and the pandemic, but now there is a full and strong fundraising team, it is paramount for this new level of fundraised income to be met.

In terms of expenditure, the Remuneration Committee has agreed increases that amount to an average of 5.2% for non-clinical staff, with lower paid colleagues receiving a higher % and higher paid a lower amount. For clinical staff who are aligned with Agenda for Change pay deals, the draft budget assumes a 5% increase, even though inflation over time is expected to move down to 4%. The outcomes of discussions with the NHS will be critical as, notwithstanding the drive to grow other revenue streams, this is the main avenue for closing the inflation-related funding gap. The Daughters of the Cross (DoC) will take account of the outcome of these discussions when they deliberate over further funding.

3.4. Update on investments & market report – a meeting was held with Sarasin by Nick Stevens and Joe Ryan as agreed with the Board following discussion in November. Sarasin shared that markets are now recovering – this has since been evidenced by the increase in fund value, as noted in the report in the board paper pack, which means that the amount held in the investment fund is now just over the £2m originally invested in the fund.

The advice from Sarasin was that there is expected to be volatility in the markets but with a much better overall trend, and that a decision to move invested funds into their cash deposits should be made according to the cashflow needs of the Hospice. A 2-3 year

horizon is the optimal horizon on which fund values can increase without being impacted by short-term volatility.

On the basis of discussion, it was agreed that a proposal would be brought to the 31st January Board meeting for £0.5m to be brought into a deposit account under the control of Sarasin & Partners in the hope that they will enable the Hospice to earn more interest than it would do from NatWest bank, and £1.5m to remain in the investment fund. Should an unanticipated cash need arise, the Committee received assurance that this could be drawn down in a short timeframe of 2-3 days. This approach would mean that no loss to investments would be crystallised, risk would be spread, and potential upside from investments could be gained.

4. IT & Estates update

John Groom updated on recruitment to the team which is progressing well, although time is required to provide induction on the specific systems used by the Hospice. EMIS Mobile is being rolled out, which gives continuity of access to patient records on different devices. Information sharing with GPs is now activated with 48 practices. DatixWeb has been migrated to the cloud successfully, and the paper contains information on further migrations due such as email filtering software and the website.

It is believed that the cyber-attack that hit the Hospice in October was through the Citrix Netscalers, the access used to the Hospice's secure site, and the solution to reduce the likelihood of further attacks via this route is to put in place more regular patching. The Committee asked about the total fees relating to the cyber-attack. It was confirmed that this is currently at £50k legal and forensic fees. The ICO's response to the Hospice's latest submission is to be received.

John Groom raised that the IT budget is being set for 2024-25 as hardware expires in August. The Hospice is moving further into the cloud and so looking at other ways to offset hardware costs by savings around other processes and systems. The IT team will aim, over time, to reduce the total number of servers on-site which would reduce cost in future but need to have them in place for now.

The Committee commented on the impressive nature of IT work, and also recognised pressures on John Groom over past year on the team without the full complement of staffing in place within the department. The time taken by IT team in responding to cyber-attack during this period to report to regulators was also acknowledged, in terms of the opportunity cost in delay to other priorities. Board had held awareness of cyber-risk and actively discussed it during meeting cycles last year and external assurance had shown the strength of the Hospice's response.

In terms of Estates priorities, new fire doors are being put in place in IPU alongside refurbishment of the St Bede's kitchen area. More discussions are being held with Spires hospital around pipes of oxygen. The Committee noted some Red risks on the IT and Estates risk register have been moved down to Yellow ratings.

5. Annual Corporate Governance and Health & Safety Report

Alex Rudkin was invited to present the report, and focused initially on preparation of the data protection toolkit submission due in June, and extent of activity around the cyber-attack meaning that substantive updates will be made to the submission to show the breadth of measures in place. There is a well-established system of review for the 180 internal policies and process documents, and 57 have been reviewed since the last report to this Committee, with an 87% in-date review record and goal to move this to 90%+. As shared by John Groom, H&S is a continued priority with the IPU fire doors at the main action. 2023 has shown strong engagement with process of central recording of incidents, and the report is also shared with Commercial Director for internal join-up and visibility. The Committee thanked Alex Rudkin for report.

6. Any Other Business and Dates of future meetings

There were no further items raised under Any Other Business. The date of the next meeting was confirmed as 24th April 2024.

The meeting ended at 10.45am.

Approved.....

Date.....

St Raphael's Hospice

Meeting of the HR Committee held at St Raphael's Hospice, London Road, Cheam, Sutton, SM3 9DX with video call access

At 10:00am on Tuesday 16th January 2024

Members: Paul Holmes (PH – Chair – virtual)
Hazel Borthwick (HB – Co-opted Committee member)
Norman McWhinney (NM – Chair of Trustees)
Manjit Lall (ML – Committee Member & Trustee – virtual)

In attendance: Barry Angel (BA – Head of HR)
Ginny Toubal (GT – Volunteer Services Manager - items 1-2)
Nick Stevens (NS – CEO)
Anna Machin (Governance – AM – virtual)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
4. HR update	Discuss Hospice DEI activities in further depth	Manjit Lall, Barry Angel	Spring 2024, by April Committee meeting	16.01.24/01
5. Speaking Up	Share information on HEE training with Committee	Barry Angel	Once training system launched	16.01.24/02

1. Welcome, apologies for absence and declarations of interest

The Chair welcomed Committee members and colleagues to the meeting. There were no apologies sent to the meeting. The meeting was confirmed as quorate.

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

2. Volunteer Services Update & Dashboard

Ginny Toubal shared an update on the revised presentation of data reporting on volunteer numbers, which is also overseen in terms of internal oversight of on-site Hospice volunteers through clinical meetings. There has been growth in volunteer numbers over the past three months since the last Committee meeting of 18%. Ginny shared a summary of new volunteers joining in different roles within the Hospice and new initiatives to support carers including through the Hospice Neighbours programme.

Ginny shared an update on the data and information prepared for the Investing in Volunteers process, which is rigorous and offers valuable accreditation to the Hospice's work.

The Committee discussed Retail volunteer recruitment activity, which has had a particular focus in Merton borough, in order to support growth of the shops. Volunteers are facing increased pressure on their time, and a key strategy of the team working with the Commercial Director is on equipping Retail managers to deliver outreach. They hold key relationships and know their community, and are also incentivised to participate in outreach as volunteers help to release their own time. The longer-term target of 500-600 Retail volunteers would involve doubling current numbers, but the incremental approach to reaching this target would be for shops to each recruit two new volunteers each month, which gives them a more manageable breakdown.

The Committee received confirmation that exit interviews are held with volunteers, and that key trends or factors are analysed for example there is higher turnover amongst younger volunteers.

The Committee noted the increase in the overall number of volunteer hours, and time commitment given by the volunteers that are in post.

Ginny completed the report by sharing reflections on recent meetings with sector networks, which give the opportunity to horizon-scan and benchmark the Hospice's volunteer management activity.

3. Review of minutes from 19th October 2023 HR Committee meeting & actions arising

The Committee reviewed and approved the minutes of the previous meeting as an accurate record of proceedings. In relation to the matters arising:

- Share further information on Retail volunteer targets and outreach – this had been included in the Volunteer report.
- Share EDI training slides and dates with Committee – prior slides had been shared with Manjit Lall and further slides would be sought from the current trainer, if possible.
- Consider revising the pre-mitigation score for staff sickness absence – this has been completed.
- Prepare remuneration discussion inc. seeking relevant benchmarking information – the Remuneration Committee discussion had been valuable, and Norman McWhinney had shared a summary of this with Paul Holmes who had not been able to attend this meeting.

4. Update on HR Activity and Management Plan

Barry Angel presented the key points from the HR Report, highlighting that a number of activities that the HR team carried out have been delayed due to challenges with implementation of the HR system. The data input process has been more time-consuming than anticipated, in order to accurately reflect part-time working arrangements in particular, and the HR team rag-rating of Management Plan priorities shows that some other priorities have been changed to a Yellow rating, to denote this delay. Once implemented however, the new system will have more key performance indicators (KPIs) from the data, to share with the Committee.

Diversity, equity and inclusion (DEI) training has been progressing well with strong feedback on the trainer, and some members of the Trustee Board having joined.

The Education team have been working on set-up of the new training system in collaboration with other Hospices, and with support from the HR team. This timeframe is on track and will be valuable in terms of giving reporting information on completion of statutory and mandatory training.

Unfortunately, there has not been as much progress in the last 2-3 months on progressing the staff survey feedback as was hoped, due to additional capacity being taken with the HR system, but the actions are clearly set out that will in time be completed.

The Remuneration Committee actions are being implemented and will be folded into payroll for the new financial year, and this includes continuing to move towards paying the London Living Wage, which keeps increasing in reflection of the inflationary environment.

A positive element of HR data analysis has been to show the reduction in turnover of permanent employees in 2023. In terms of recruitment, the fundraising team is at a full complement, IPU is almost fully staffed, and there is a strong Retail team in place.

The Committee focused discussion on causal factors around delay to the HR system launch. Barry Angel confirmed that this was primarily due to the system functionality not fulfilling initial expectations, and workarounds therefore having to be found which has a knock-on impact on resourcing.

Manjit Lall offered to speak with Barry Angel to receive a more in-depth update on DEI approaches, and the Committee discussed the potential benefits of a baseline audit being carried out. The Committee recognised the importance of progressing this work with sensitivity, and of the potential role that the incoming Head of Communications could play in supporting the aspects of this activity that links to internal communications.

5. Speaking Up

There were no concerns raised under the Speaking Up policy to report to the Committee. Barry Angel shared that useful online training from Health Education England (HEE) has been identified on this topic, and that details would be shared with HR Committee once this has been formally opened up.

6. Departmental risk register

The Committee noted the HR risk register, and in particular the risk around sickness absence during this winter period, with some staff suffering from covid but also respiratory illnesses such as cold and flu. The Committee asked about the overall impact on capacity, and received confirmation that the team is tightly staffed but not under-resourced, and that this is monitored closely as cover also has a financial implication. This will continue to be monitored in coming months to also balance this with wellbeing of staff.

7. Any Other Business and Dates of future meetings

The date of the next meeting was confirmed as 16th April from 10am-12pm. There were no further items of business raised.

The meeting ended at 11.30am.

Approved.....

Date.....

St Raphael's Hospice

Meeting of the Board of Trustees

To be held at St Raphael's Hospice at 13:30 on Wednesday 31st January 2024
with lunch from 13:00

TO BE PRESENT:

Trustees:

Norman McWhinney (NM - *Chair*) **Alan Cogbill** (AC - *Vice-Chair*) **Carrie Chill** (CC)
Grahame Darnell (GD) **Sister Veronica Hagen** (Sr VH) **Paul Holmes** (PH)
Manjit Lall (ML) **Bernard Marley** (BM) **Sister Kathleen O'Reilly** (Sr KO'R)

Joe Ryan (JR)

In attendance:

Nick Stevens (NS) *CEO* **Kate Billingham Wilson** (KBW) *(Director of Fundraising)* **Ed Cook** (EC) *(Advisor to DoC & Finance Committee member)*
John Groom (JG) *(Director of IT & Estates)* **Roisin Yin-Poole** (RY-P) *(Wellbeing Services Lead – items 1-3)* **Alex Rudkin** (AR) *(Director of Quality & Governance)*
Gaby Tamura-Rose (GTR) *(Lead Consultant)* **Rebecca Trower** (RT) *(Clinical Director)* **Sara Jane Woods** (SJW) *(Commercial Director)*
Anna Machin (AM) *(Governance)*

Item	Description	Purpose ¹	Lead	Timing
1.	Welcome and apologies for absence.	-	Chair	1.30-1.35
2.	Declarations of interest	-	Chair	
3.	Board presentation – Wellbeing	Discussion	Chair	1.35-2.00
4.	Hospice vision and values (verbal update)	Discussion	GTR	2.00-2.15
5.	Minutes of the Board meeting held on 30 th November 2023 & Actions Arising	Approval	Chair	2.15-2.25
6.	Committee Chair updates & meeting minutes: <ul style="list-style-type: none"> 16th January HR inc. update on Equality and Diversity 19th January Clinical Quality & Governance 25th January Income Generation & Communications 25th January Finance & Resources 	Discussion	Committee Chairs	2.25-3.00
7.	Finance Report inc. verbal update on Sarasin discussions, CCG meeting and outline timeline for 2024/25 budget	Discussion	NS	3.00-3.30
--	<i>Break</i>	-	-	3.30-3.45

8.	Executive Report	Discussion	Executive team	3.45-4.15
9.	Progress update on response to cyber attack	Discussion	JG	4.15-4.25
10.	Any Other Business & Date of Next Meeting	-	Chair	4.25-4.30
11.	T-Time (trustee only session) inc. Trustee visits, Board recruitment	Discussion	Chair, AM	4.30-5.00

Dates of upcoming meetings: Wednesday 20th March 2024, lunch 12-1pm, strategy meeting 1-5pm

CEO and Executive Report January 2024

Key Points

1. Clinical Services have been delivered effectively despite absences through sickness.
2. Cyber incident awaiting ICO clearance.
3. The Fundraising team and Communications teams are now fully staffed.
4. We currently have c£3.8m in bank/investment.
5. A meeting with SWL ICB is set for 30th January to discuss funding.

Clinical

- Becca Trower has been off from the start of January and is expected to return mid-February. She had ensured that colleagues were positioned to cover her absence by attending key meetings and covering one-another's holidays or sickness absence. My thanks to all the team leads for their thoroughness in this.
- There has been a good deal of staff sickness over the last few months and this has stretched teams at times. I am grateful to those who have gone out of their way to cover absences with extra hours. A similar situation in NHS services, coupled with the doctors' strikes has also meant that, at times, we have felt additional pressures.
- The Psychological Support Services team are back to strength and the student counsellors continue to deliver 30 sessions per week on a voluntary basis. Data from Q1, now available, shows that 86 individuals benefitted from our counselling services, with around 400 sessions, chiefly face to face. Having moved to the new hub in 759 they are operating at capacity.
- Wellbeing Services have continued to be well attended with 80 at our Christmas Party. The Deputy Mayoress of Sutton attended this, and several other events and the Mayor has continued to promote the centre as one of his two "charities of the year".
- Compassionate Neighbours services have re-opened to referrals and have 33 active volunteers, with a further 20 on hold and 24 in the process of being readied.
- IPU has operated to a capacity of 10 for much of the period despite sickness absence, including our night band 6 over Christmas. We did close to admissions for a short period before Christmas due to several staff and a patient with Covid.
- We are delighted to have recruited to the long-vacant night role, joining in March, as well as being joined by Karen Scanlon as a band 6 on the ward and Sara Mosalem as our Infection Control Lead.
- The Community team has also faced a difficult period with sickness, multiple very complex cases and other absences for various reasons. The team have been joined by Laura Briant

and Beverley Savioz and are looking forward to the return of Naomi Stammers from her maternity leave shortly.

- Education has been continuing to support all the teams and Maura is to be commended for managing to maintain the very high standards and plan and implement the new mandatory training system. This will go live in February and will provide staff with a personalised training schedule and enable more accurate reporting. She has achieved all this whilst also covering for her colleague Karen who is on long term absence.
- I am pleased that Ruby Osei (night HCA) is embarking on the two-year Nurse Associate apprenticeship, following in the footsteps of Lisa Bentley who completed her NA apprenticeship and has now completed our own in-house preceptorship. Angela Durrant is about to start the next stage of the journey as she is an NA and will undertake the two-year Nurse Apprenticeship course. I am also delighted that Soren Breen-Eppler is also commencing a two-year apprenticeship in IT. Meanwhile Martina Paner, who was recruited as a newly qualified nurse last year, has now completed her preceptorship year and at the other end of the scale, Heather Sydell (band 7 Specialist Palliative Practitioner in Community) has completed her “Non-Medical Prescriber” Training – all of which illustrates our support for career and skills development.
- Also impacted by illness and strike action by the doctors, our own medical team have continued to provide excellent support across all disciplines whilst also engaging with and supporting the sector in many ways. Please see the CQ&G Report for details of the many activities lead by our team.
- Jenny Strawson is trialling a reduction in her working hours from 4 days to 3 days per week and we have recruited Dr Chris Roughly, a local GP, to join the medical team as a specialty doctor, who will provide one day of cover per week.

Quality

- Alex has continued to ensure that we operate within a framework that supports the excellence we aspire towards. Committees such as the H&S Committee, Information Governance Committee, Drugs and Therapeutics Committee and others (see CQ&G Report) all ensure that we keep these areas under review and on point.
- EMIS reporting has occupied many hours as the new system does not report in the same way as Crosscare and we have had to manipulate data manually to achieve the reporting required for internal and external purposes. This is ongoing work with Q2 in progress. The aim is to be up to date by the end of February.
- The latest data sets indicate a continued decline in the number of referrals – down from an annual run-rate of 960 before the pandemic to just over 800 at present. Within this it is notable that Merton referrals are roughly static whereas Sutton have declined markedly. This may be because the Sutton Hub was opened at the start of this period.
- Please refer to the CQ&G Report for data on safeguarding and serious injury notifications, clinical complaints, unexpected incident reports, audit summaries. Non Clinical reports can be found in the Finance and Resources Committee pack.

HR

- It is with sorrow that I am letting you know that Sue Woods, our Banstead shop manager, died in our care on Wednesday 24th January following a very short illness. Sue worked at St Raphael’s for over five years with great drive and passion, being well loved by all. In the words of one colleague “Sue lived and breathed her shop and was much loved by her retail

colleagues and the many customers in Banstead". Her death has come as a great shock to everyone. Barry is completing paperwork for our "death in service" (insurance) benefit which amounts to 3 x salary.

- Much of the HR team's time has been focussed on the preparation for the implementation of the new HR system – Natural HR. It is already being used by the team for their day to day work and the intention is for staff to receive training in February and March in readiness for a roll-out of self-service capability in April. As with other Hospices, complexity surrounds the nature of the shift patterns in IPU and elsewhere. This has a knock-on impact to holiday entitlement and sickness calculations, which are being wrestled with. Nonetheless, the reporting and availability of data already provides benefits that I have made use of!
- Recruitment has gone very well with IPU, Retail, IT, Fundraising and Comms all, finally, fully staffed.
- The Remuneration Committee met and recommended the following for non-clinical staff (those **not** on Agenda for Change aligned salaries) for 2024-25:
 - a) 14 Bank Shop Assistants to increase 6.3% to National Minimum Wage of £11.44ph
 - b) 38 staff to maintain differential with NMW increase 10% to £12.16ph (cost £34k)
 - c) 26 staff paid under £26k per annum; 5% increase (cost £24k)
 - d) 9 staff paid £27k to £33k; 4% increase (cost £9k)
 - e) 21 staff paid over £33k; 3% increase (cost £29k)

Within these bands there are a small number of exceptions and Exec are not included in the figures the above. Total cost once bank staff are included c£110k plus NIC and Pension and average 5.2%.

Dropping the average to 4.2% via a 1% reduction to all rates, would save £22k plus NIC and Pension.

Clinical staff are budgeted to receive a 5% increase amounting to £145k plus NIC and Pensions. At this point we are unable to say whether this reserve is going to be at the correct level or not.

- EDI – the November 21 session was well attended and received. Further sessions have been booked by the Education team to continue with EDI awareness on Monday 12th February 09.00- 12.30, Wednesday 5th June 09.00-12.30, Tuesday 15th October 13.00- 16.30. I am grateful to Manjit who will review the content of the course and make any recommendations needed.

IT and Facilities

- Following the recruitment and resignation of one senior IT technician since we last met, I am delighted that we have recruited to two senior roles. Sanjay Patel will join on a permanent basis from 26th February and Chris Morley started as a contractor in January on a three-month contract we intend to extend. There are many reasons why we need to add seniority into the team; to provide additional cover for John's role; to spread the on-call aspect of the work; to provide resource for the major projects that are upcoming; to add resource needed to improve security (such as patching) in the aftermath of the cyber-attack. One of the pre-existing team has now dropped hours and it is a possibility that he may phase his hours out over the coming period, so this provides overlap and de-risks that eventuality.
- A great deal of work has been undertaken since the incident, some driven by this and some already planned. John and the team are also preparing for a full upgrade this summer as the system is reaching 5 years age and will be out of warranty. The direction of travel is likely to be towards the Microsoft suite and reducing on-premises and Citrix exposure. Both the new senior IT team members have significant Microsoft experience.

- EMIS Mobile has been successfully rolled out for the community team laptops and iPads for the in-patient unit. The EMIS south-west London sharing agreement has been activated and currently 44 of 48 are currently jointly sharing patient records, but 4 are still being pursued. These are Medical Centres, Surgeries and GP practices.
- The DatixWeb incident and complaints reporting software has been successfully migrated from the on-premises version to the Cloud version.
- The WebTitan web-site filtering software has been successfully migrated from the on-premises version to the Cloud version. This was necessary because our on-premises version was designated as end-of-life.
- The SpamTitan email filtering software has been replaced by the email filtering software supplied by Microsoft as part of the Exchange 365 product. This will save approximately £2,000 per year in licencing charges.
- It is believed that the recent ransomware attack on the Hospice occurred due to an issue with our NetScaler access software. To prevent a future attack, this software has been moved to a Cloud version (rather than on-prem) where the software will be permanently kept up-to-date by the software provider (Citrix).
This change of configuration also has the benefit that our user logon authentication software can be updated as described below.
- The Safeword user logon authentication software has been replaced by Microsoft Authenticator software, which is free of charge. This change will save approximately £6,000 per year in licencing charges. This change has been implemented for all internal and remote Hospice users, as well as external NHS medical examiners and on-call doctors at Kingston Hospital and Princess Alice Hospice.
- Despite these savings, the expectation is that ongoing IT costs will rise overall. For example, the license fee for the cloud version of our Donor database is £10k per annum > than the current (soon to be legacy) on premise version. It will also be more secure.
- Following Health and Safety audit advice and subsequent inspections we are replacing many doors in the IPU at a cost of £48k. We had £25k in the current budget and will include a further £25k in the new year with the actual work spread across the two financial years.
- Car parking – The ANPR system is being made ready across the site. The suppliers will provide a date for go-live in due course.
- The kitchen's in St Bede's and near reception in the Hospice are currently being refurbished. In the next financial year, we intend to update the IPU drug store. Trust Funding is being sort for a small reflective area in the garden of 759. The Oxygen supply contract with St Anthony's ends shortly. We have received quotes to install our own, but will await SAH proposals before pursuing.

Fundraising and Communications

- I am delighted that Alison Linwood has joined as Legacy and In Memory Manager together with Anna Jackson as Head of Communications. This completes the team who are all co-located in the Hospice building under the leadership of Kate.
- The many activities over the Christmas period proved popular and successful with our new team trying some innovations and learning about how to improve upon the events for the future.
- We had fantastic PR around the Lower Morden Lane Lights, following a press release that Natalie prepared and sent out (Kate was on BBC London News, ITV Weather was filmed from

the lights, we had articles in The Evening Standard and 7 other print media as well as a host of online and social media....amazing!!). My experience of the steady waves of families (I could say surge of families) in cars and on foot was uplifting and illustrates the huge potential we have to be at the heart of Community in Merton and Sutton. It raised £21k, almost 3 x the previous year!

- The Santa Dash and Santa's Grotto/Christmas Market were also very well attended and raised around £28k with c£8k costs to achieve a contribution of £20k+. Both have potential to be developed and increased or "cloned". The Committee noted that the concept of the "Santa Dash" could be developed for secondary schools as a graduate form of the Rudolph runs, which themselves raised £14k this year!
- The Light Up A Life Event went very well and the use of St Bede's was an innovation that will surely stick. The associated Appeal raised £75k on a smaller be-spoke mailing that cost around £10k. The contribution was therefore notably greater than in years where we received c£85k but spent up to £45k on the Raphaelite mailing.
- Kate has been working with the team on a three-year strategy and achievable targets which have been incorporated into the draft budget. This is an exciting time for our charity as new ideas are grafted on to the excellent base of donations and supporters we already have.
- Two of the projects in progress are a Campaign based around "Sponsor a Nurse" and the challenge event "Tour de Force" where competing police teams use cycle "spin" machines in a competitive sponsored ride.
- The Supporter Care team have had an exceptionally busy period with the volume of activity from the LUAL campaign and the many events, in addition to the regular work. It was compounded this year by the Cyber-attack which lost a day's inputting work and also lost reconciliation work that set the team back. I am very grateful for the additional time spent in recovery.

Commercial

Retail

- As with all the teams, the volume of sickness has been notable and has required a great deal of flexibility across all the teams to keep as many shops open as possible. I am grateful to everyone who has been so willing to take up different roles at different locations to make it all happen.
- The New Donation Centre and Morden shop have both been strong performers. The former has increased sales by around £70k over the previous site whilst the latter averaged £16k per month in its first quarter – a run rate of £190k!!
- Many shops have continued with high levels of sales, including New Malden at a run-rate of over £180k and Wimbledon Village at £225k.
- The Wimbledon Park Wedding Boutique has opened and made its first sales. This has drawn a great deal of social media attention and we have deployed a strong manager to supervise the activity.
- The plan for 2024-25 will focus on trimming back costs, increasing volunteer numbers and developing income streams such as Gift Aid and Lottery sales. We do not plan to open any new shops during this coming period. Once the cost base is corrected we can return to seeking new sites.

Lottery

- Britevox have agreed to deliver 2 campaigns with a target of 1,000 sign-ups per campaign. We are awaiting dates.
- Shop staff are to be trained to sell weekly tickets and we will look to train further on selling ongoing lottery plays (just as Britevox do). In stead of paying £75 per sign up to Britevox, we could put £10-20 into a staff and volunteer Christmas pot to fund some seasonal activity as a reward for growing our lottery base.
- We will look into re-instating the twice-yearly Bumper Draw which used to deliver a further £20k of income for each draw.

Finance and Other Matters

- The external work relating to the cyber incident has ended at a cost of £50k. We await ICO response to the risk assessments completed. I have one data area to review (already reviewed by the relevant team lead) prior to drawing a line under the event, with ICO approval. We now must turn our minds to the management and structure of our data holdings as well as the security of our IT systems. This will be a major project for the management plan 2024-25.
 - Overall financial performance is around 5% worse than budgeted and cash holding is around the level planned for this point in the year (£3.8m across cash and investment).
 - Looking forward, as costs continue to rise and income growth remains fledgling, the 2024-25 budget includes an assumption that there is an increase in ICB funding in line with local Hospice demands. Namely that, over the course of 3 years commencing 2024-25 the proportion of clinical costs covered by the ICB increases from c.30% to c.50%. Other assumptions in the early draft budget are included in the Finance Report for the F&R Committee.
 - We did not hear from the CFO and Hospice lead for SWL ICB in December regarding the joint letter from local hospices laying out these funding expectations. As a result, we have written to the Chairman and CEO of SWL ICB and a meeting arranged with the Royal Trinity Chair for 31st March is being re-arranged to allow their consideration of the letter.
 - I have made direct contact with the CFO and Hospice lead stating that St Raphael's are considering our "options" for 2024-25 and that this impacts SWL ICB. They responded promptly and I meet with them on 30th January. I will provide a verbal update at the Board.
 - It is notable that the Irish Govt have agreed to fund palliative and end of life care 100%. A meeting I attended on the topic included questions around "interference" that might accompany such a change. The practitioner speaking was clear that there are no strings attached and interference or heavy direction was not expected. This is a useful precedent at a time when the debate around assisted dying must be countered by well-funded and freely available expert specialist palliative and end of life care.
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- Nick Stevens, CEO 26th January 2024

SRH Detailed Income and Expenditure	Year To Date					Actuals 2021-22	Actuals 2022-23	Forecast 2023-24
	Actual	Budget	Variance	Prior Year	Variance			
31st December 2023								
NHS Grants	1,220,893	1,281,938	<i>(61,045)</i>	1,220,893	<i>(0)</i>	2,256,244	1,693,858	1,707,159
NHS Other Fees	894	3,600	<i>(2,706)</i>	0	<i>894</i>	8,485	4,544	2,094
Hospice Grants	410	0	<i>410</i>	10,874	<i>(10,464)</i>	280,354	10,710	410
Other income	210,109	219,650	<i>(9,541)</i>	225,791	<i>(15,682)</i>	278,368	323,075	279,609
Investment Income	148,833	109,300	<i>39,533</i>	(88,299)	<i>237,132</i>	21,393	(6,512)	160,833
Orangery Income	22,243	17,033	<i>5,209</i>	16,222	<i>6,020</i>	8,819	23,430	29,810
Operating Income	1,603,382	1,631,521	<i>(28,139)</i>	1,385,481	<i>217,901</i>	2,853,662	2,049,104	2,179,915
Staff Costs	(2,961,116)	(2,904,275)	<i>(56,841)</i>	(2,747,027)	<i>(214,089)</i>	(3,139,795)	(3,695,964)	(3,934,697)
Training, Recruitment and subscriptions	(33,810)	(30,982)	<i>(2,828)</i>	(29,524)	<i>(4,285)</i>	(40,142)	(42,277)	(44,400)
Food and Catering	(35,714)	(34,027)	<i>(1,687)</i>	(29,530)	<i>(6,184)</i>	(24,342)	(41,584)	(47,003)
Cleaning and Waste Disposal	(29,973)	(30,299)	<i>326</i>	(26,340)	<i>(3,633)</i>	(31,903)	(35,249)	(40,373)
Travel and Motoring Expenses	(14,646)	(11,152)	<i>(3,495)</i>	(10,063)	<i>(4,584)</i>	(13,190)	(13,800)	(18,267)
Drugs, Dressings and Consumables	(104,940)	(92,016)	<i>(12,924)</i>	(94,648)	<i>(10,292)</i>	(93,361)	(127,947)	(134,247)
Rates and Utilities	(48,931)	(61,757)	<i>12,827</i>	(56,055)	<i>7,124</i>	(78,552)	(78,361)	(69,642)
Repairs and Maintenance	(82,519)	(66,240)	<i>(16,279)</i>	(80,267)	<i>(2,253)</i>	(101,318)	(109,402)	(104,599)
Telephones, Postage, Stationery & IT	(45,863)	(51,709)	<i>5,846</i>	(30,663)	<i>(15,200)</i>	(45,407)	(40,699)	(59,539)
Rent	(202,650)	(202,500)	<i>(150)</i>	(202,650)	<i>0</i>	(270,300)	(270,300)	(270,150)
Events	(1,191)	(1,700)	<i>509</i>	(1,079)	<i>(112)</i>	0	(1,079)	(1,191)
Communications and Marketing	(7,537)	(4,500)	<i>(3,037)</i>	(9,283)	<i>1,745</i>	(7,498)	(11,199)	(9,037)
Other Direct Costs	(38,259)	(28,186)	<i>(10,074)</i>	(46,756)	<i>8,496</i>	(40,154)	(61,055)	(47,385)
Direct Cost of Service	(3,598,422)	(3,513,143)	<i>(85,279)</i>	(3,353,523)	<i>(244,900)</i>	(3,878,465)	(4,516,639)	(4,770,303)
Depreciation	(81,901)	(105,802)	<i>23,901</i>	(71,242)	<i>(10,660)</i>	(95,491)	(95,392)	(110,736)
Direct Service Cost less Direct Income	(2,076,942)	(1,987,424)	<i>(89,517)</i>	(2,039,284)	<i>(37,658)</i>	(1,120,295)	(2,562,927)	(2,701,124)
Staff Costs	(529,819)	(522,483)	<i>(7,336)</i>	(555,886)	<i>26,067</i>	(705,438)	(704,408)	(720,006)
Training, Recruitment and subscriptions	(19,038)	(21,176)	<i>2,138</i>	(21,124)	<i>2,086</i>	(16,060)	(25,747)	(22,483)
Telephones, Postage, Stationery & IT	(96,121)	(86,035)	<i>(10,086)</i>	(91,521)	<i>(4,600)</i>	(104,964)	(119,538)	(124,931)
Professional Services	(61,631)	(54,036)	<i>(7,595)</i>	(56,314)	<i>(5,317)</i>	(78,721)	(70,294)	(123,076)
Insurance	(24,066)	(26,333)	<i>2,267</i>	(23,739)	<i>(327)</i>	(32,024)	(31,371)	(32,316)
Communications & Marketing	(9,358)	(5,297)	<i>(4,061)</i>	(43,685)	<i>34,327</i>	(9,943)	(47,880)	(13,763)
Other Costs	(35,853)	(21,415)	<i>(14,438)</i>	(22,610)	<i>(13,242)</i>	(29,517)	(33,382)	(42,255)
VAT	(22,264)	(10,966)	<i>(11,298)</i>	(7,285)	<i>(14,979)</i>	(28,692)	(14,396)	(26,906)
Support charged to Income Generation	266,050	249,247	<i>16,803</i>	274,055	<i>(8,005)</i>	335,119	349,005	368,579
Indirect Service Costs	(532,100)	(498,495)	<i>(33,605)</i>	(548,110)	<i>16,010</i>	(670,239)	(698,011)	(737,158)
Net Service Cost to be Funded	(2,609,041)	(2,485,919)	<i>(123,122)</i>	(2,587,393)	<i>(21,648)</i>	(1,790,534)	(3,260,937)	(3,438,282)

Income Generation								
Legacies	712,177	799,913	<i>(87,736)</i>	661,787	<i>50,390</i>	1,532,596	1,646,106	1,250,000
Donations	798,284	844,500	<i>(46,216)</i>	811,647	<i>(13,363)</i>	947,496	1,078,619	1,078,814
Gift Aid	35,690	42,225	<i>(6,535)</i>	40,840	<i>(5,150)</i>	48,915	53,601	49,716
Staff Costs	(378,968)	(345,998)	<i>(32,970)</i>	(352,633)	<i>(26,335)</i>	(458,168)	(451,042)	(519,744)
Training, Recruitment and subscriptions	(18,556)	(29,146)	<i>10,590</i>	(8,834)	<i>(9,722)</i>	(12,130)	(21,750)	(28,032)
Rent, Rates and Utilities	(33,697)	(28,711)	<i>(4,986)</i>	(27,344)	<i>(6,353)</i>	(34,715)	(33,585)	(42,100)
Repairs and Maintenance	(4,462)	(7,475)	<i>3,014</i>	(7,147)	<i>2,685</i>	(16,412)	(8,769)	(6,103)
Telephones, Postage, Stationery & IT	(14,583)	(15,653)	<i>1,070</i>	(14,606)	<i>22</i>	(21,613)	(20,067)	(20,960)
Events and Communications	(70,815)	(201,543)	<i>130,728</i>	(129,289)	<i>58,474</i>	(118,654)	(135,604)	(108,834)
Other Costs	(32,490)	(42,011)	<i>9,521</i>	(44,665)	<i>12,175</i>	(41,279)	(60,097)	(40,743)
Net Fundraising Contribution	992,581	1,016,100	<i>(23,520)</i>	929,756	<i>62,824</i>	1,826,036	2,047,412	1,612,014
Lottery Income	264,133	278,175	<i>(14,042)</i>	276,021	<i>(11,888)</i>	422,996	368,285	355,321
Staff Costs	(17,462)	(15,678)	<i>(1,784)</i>	(16,815)	<i>(646)</i>	(43,105)	(22,316)	(23,212)
Agency Staff	(78,585)	(248,659)	<i>170,074</i>	0	<i>(78,585)</i>	0	0	(117,087)
Printing, Postage and Marketing	(2,635)	(6,409)	<i>3,774</i>	(4,386)	<i>1,751</i>	(17,371)	(6,066)	(4,235)
Bank, Management and Other Charges	(35,268)	(38,207)	<i>2,939</i>	(41,934)	<i>6,666</i>	(53,040)	(57,580)	(52,076)
Lottery Prizes	(58,500)	(61,000)	<i>2,500</i>	(64,000)	<i>5,500</i>	(82,000)	(83,500)	(79,500)
Net Lottery Contribution	71,683	(91,778)	<i>163,462</i>	148,886	<i>(77,202)</i>	227,480	198,823	79,210
Shop Income	1,232,645	1,178,640	<i>54,005</i>	1,015,604	<i>217,041</i>	1,046,865	1,369,457	1,633,457
Gift Aid	20,000	67,772	<i>(47,772)</i>	32,468	<i>(12,468)</i>	25,000	48,710	60,000
Rent received	0	0	<i>0</i>	0	<i>0</i>	8,775	0	0
Other Income (COVID grants)	0	0	<i>0</i>	48	<i>(48)</i>	29,355	48	0
Staff Costs	(652,481)	(619,525)	<i>(32,957)</i>	(438,811)	<i>(213,671)</i>	(498,256)	(606,924)	(883,050)
Training, Recruitment and subscriptions	(7,640)	(7,147)	<i>(493)</i>	(8,234)	<i>594</i>	(4,014)	(10,402)	(9,069)
Consumables and Goods for Resale	(54,045)	(27,597)	<i>(26,448)</i>	(26,897)	<i>(27,148)</i>	(36,330)	(35,988)	(63,045)
Cleaning and Waste Disposal	(29,441)	(25,681)	<i>(3,760)</i>	(24,458)	<i>(4,983)</i>	(33,513)	(26,934)	(37,950)
Rent, Rates and Utilities	(318,952)	(311,381)	<i>(7,572)</i>	(248,927)	<i>(70,025)</i>	(313,508)	(346,874)	(437,616)
Repairs and Maintenance	(33,663)	(20,641)	<i>(13,021)</i>	(21,818)	<i>(11,844)</i>	(53,594)	(26,058)	(38,258)
Depreciation	(63,686)	(46,303)	<i>(17,383)</i>	(34,900)	<i>(28,786)</i>	(73,373)	(48,344)	(87,662)
Telephones, Postage, Stationery & IT	(17,792)	(16,948)	<i>(845)</i>	(16,553)	<i>(1,240)</i>	(21,373)	(21,636)	(23,521)
Other Costs	(23,736)	(32,499)	<i>8,763</i>	(13,069)	<i>(10,668)</i>	(14,350)	(18,354)	(31,821)
Bank, credit card and cash collection	(18,536)	(13,727)	<i>(4,808)</i>	(8,980)	<i>(9,556)</i>	(17,454)	(13,390)	(24,264)
Professional Services	(3,329)	(2,250)	<i>(1,079)</i>	(33,810)	<i>30,481</i>	(51,563)	(37,426)	(4,079)
Insurance	(6,559)	(6,826)	<i>267</i>	(6,501)	<i>(58)</i>	(6,514)	(8,614)	(8,778)
Net Shops Contribution	22,783	115,887	<i>(93,104)</i>	165,162	<i>(142,378)</i>	(13,848)	217,270	44,343
Support Costs	(266,050)	(249,247)	<i>(16,803)</i>	(274,055)	<i>8,005</i>	(335,119)	(349,005)	(368,579)
Net Contribution from Income Generating Activities	820,997	790,962	<i>30,036</i>	969,749	<i>(148,751)</i>	1,704,549	2,114,500	1,366,988
Net Shortfall before DoC funding	(1,788,044)	(1,694,957)	<i>(93,087)</i>	(1,617,644)	<i>(170,399)</i>	(85,985)	(1,146,437)	(2,071,293)
Drawdown from DoC grant / other DoC	0	749,997	<i>(749,997)</i>	166,666	<i>(166,666)</i>	666,666	750,000	1,000,000
Shortfall for period	(1,788,044)	(944,960)	<i>(843,084)</i>	(1,450,978)	<i>(337,065)</i>	580,681	(396,437)	(1,071,293)

Finance and Resources Report

Key Points

1. Key Points are:

- a. The management accounts for the 9 months to 31st December 2023 shows a shortfall of £(1.8)m before DoC drawdown compared to budget of £(1.7)m.
- b. Cash (including the investment portfolio) at the end of December stood at £3.79m compared to budget of £3.82m.

Finance

2. Management Accounts – Income and Expenditure

The management accounts for the 9 months to 31st December 2023 is attached together with the detailed summary and cash movements/balance sheet summary.

Income from NHS of £1,222k is £64k below budget. There has not been any confirmed increase over the 2022-23 rates.

Other Income is £381k, £35k above budget due to the value of the investment fund increasing since November 2023.

Direct costs of service is £85k above the budget. Agency nurse costs are £50k above the budget at £60k, but this has reduced over the months to under £4k spent in December. Drugs and Other costs are £23k above budget.

Support costs are up by £34k over budget chiefly relating to items charged to revenue which had been budgeted as capital (Hospice refresh and painting + lap tops and printers).

Legacies stand at £713k at the 9 month's point and this is £88k below budget after including a legacy of £330k to be received shortly. Otherwise, we have been receiving many small amounts of £500 to £1000 on a regular basis and there are a few where we are waiting for more information from the solicitors.

Donations for the 9 months to December stood at £834k which is £53k below the budget. This is due to not holding a Summer Appeal as was budgeted. The team have been busy with many events in December such as LUAL Appeal, Santa Dash, Christmas Market and the Lower Morden Lane lights.

The table below shows the donation income categorised by the Fundraising team and arising from Raisers' Edge fundraising database.

9 Months to December	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Appeals	£102,158	£70,723	£82,341	£161,827	£156,510	£142,951	£142,828
Challenge	£108,220	£70,149	£97,396	£27,732	£35,120	£74,146	£113,769
Community	£104,341	£119,840	£142,293	£72,285	£48,451	£102,431	£72,504
Corporate	£69,099	£100,822	£81,455	£81,361	£97,375	£103,741	£77,337
Events	£62,070	£53,426	£65,501	£11,680	£31,736	£31,576	£34,333
In-Mem	£164,275	£150,907	£172,232	£158,241	£102,586	£145,080	£137,519
Other/Gen Giving	£52,426	£79,791	£66,020	£47,680	£22,200	£58,935	£90,792
Regular	£48,695	£42,041	£39,198	£40,958	£41,647	£40,867	£43,225
Trusts	£65,088	£90,186	£119,315	£57,070	£162,058	£94,276	£89,278
Significant One-off	£0	£77,924	£80,000	£148,000	£0	£0	£0
Total Fundraising	£776,372	£855,808	£945,751	£806,835	£697,682	£794,004	£801,585
Runrate excl large one-off	£776,372	£777,884	£865,751	£658,835	£697,682	£794,004	£801,585

Fundraising costs are £117k below plan, with staff costs being £33k above the budget (earlier recruitment and at a slightly higher cost level) and event/activity costs being £130k below budget. This latter includes the cost of Raphaelite/Direct Appeal where costs amounted to c£20k compared to a budget of £60k. Contribution from FR is £281k compared to a plan of £216k and last year's £268k.

Lottery Campaign will restart in early spring (tbc). The delay to recommencing has caused improved results in the current year with income only marginally affected but costs saved; a net improvement of £163k against budget.

Retail income is above budget overall with a number of shops performing very well. Wimbledon Park remains very disappointing.

	Nine Months to December 2023-24				2022/23				
	Actual £	Budget £	Var £	Var %		Var £	Var %		
Banstead	87,558	79,250	8,308	10%	77,806	9,752	13%	Still disappointing	
Carshalton	106,897	95,460	11,437	12%	100,507	6,389	6%	Improved	
Cheam Shop	123,177	104,540	18,637	18%	111,650	11,527	10%	Good improvement over 2022/3 levels	
Donation Centre	133,778	93,760	40,018	43%	91,838	41,941	46%	Change to Furniture sales in new DC	
Morden	47,038	55,230	(8,192)	(15)%		47,038		opened 2m later than plan, performing above expectation	
New Malden	139,258	98,710	40,548	41%	106,180	33,077	31%	Continued high performance of clearance stock	
Online	8,392	30,100	(21,708)	(72)%		3,938	4,455	113%	Good Sales possible via shops
Rags	15,353	31,095	(15,742)	(51)%	20,961	(5,608)	(27)%	lower price and better clearance sales	
Raynes Park	75,070	83,880	(8,810)	(11)%	81,753	(6,683)	(8)%	Shop manager also focussing on Wimbledon Park	
Rosehill	93,340	76,925	16,415	21%	79,424	13,916	18%	Good improvement over 2022/3 levels	
Stoncot Hill	74,531	62,868	11,663	19%	65,075	9,456	15%	Good improvement over 2022/3 levels	
Sutton	114,357	90,925	23,432	26%	90,069	24,288	27%	Continued high performance of clearance stock	
Wimbledon Park	39,147	92,950	(53,803)	(58)%	7,828	31,318	400%	Wedding shop opened in November - aim to turn around	
Wimbledon Village	174,749	172,530	2,219	1%	170,543	4,206	2%	High level performance maintained	
New Shop 2		10,417	(10,417)	(100)%		0		No new shop planned for another 12 months	
	1,232,645	1,178,640	54,005	5%	1,007,572	225,073	22%		
Gift Aid	20,000	67,772	(47,772)	(70)%	40,548	(20,548)	(51)%		
	1,252,645	1,246,411	6,234	1%	1,048,120	204,525	20%		

Although there are some significant improvements on income, the cost base has grown by £93k over budget and this has restricted the overall contribution achieved. Staff costs are £33k above budget, some of which has arisen because lower paid staff received > than the 5% pay increase that was included in the budget. Consumables (packaging, ticketing, display

etc) costs are up £26k. Other operating costs are up by a further £33k. This must be the focus for the coming 12 months +

3. Management Accounts – Balance Sheet

Cash (including the investment fund) stood at £3.79m at the end of December 2023, £35k below budget.

Investment value stood at £2.075m at the end of December which is £40k above the plan. and two treasury deposits have been fixed for short periods. One for £500k has been fixed for 3 months at 4.07% and the other for £250k has been fixed for 6 months at 4.28%.

Net assets stand at £3.7m.

4. Draft Budget 2024-25

The summary draft budget for 2024-25 is shown in the attached accounts (in column headed 2024-25) with a shortfall of £1.7m before the drawdown.

No changes are proposed for the Clinical activity which is performing very well and our aim is to continue this.

Following the cyber attack and with the need to renew our IT infrastructure in August 2024, when warranties end, a higher level of investment is planned. This is a work in progress, but an additional member of staff (contract basis) is planned for at least one year; around £25k of additional license costs for software and services and £100k capital cost for the new systems. These figures are subject to change.

The Retail total includes a full year for Morden and for the new DC approach. For most

	Draft Budget 2024-25	Current Run- rate 2023-24	Variance
Banstead	113,717	116,744	(3,027)
Carshalton	141,135	142,529	(1,394)
Cheam Shop	160,339	164,235	(3,896)
Donation Centre	200,844	200,668	176
Morden	180,000	188,152	(8,152)
New Malden	181,384	185,677	(4,293)
Online	18,000	11,190	6,810
Rags and books	36,341	20,471	15,870
Raynes Park	113,583	100,094	13,489
Rosehill	123,379	124,454	(1,075)
Stonecot Hill	98,769	99,375	(606)
Sutton	148,532	152,476	(3,944)
Wimbledon Park	125,000	52,196	72,804
Wimbledon Village	228,401	232,998	(4,597)
	1,869,424	1,791,258	78,166

shops the current run-rate is actually higher than the draft plan for next year. However, Raynes Park is expected to recover towards its old levels and Wimbledon Park must reach a minimum level of £125k in order to be viable. A decision should be possible mid-year once Weddings have had the opportunity to impact.

The focus should be on bringing the cost base into check, increasing volunteers (leading to reduced demand for bank staff cost) and bringing Gift Aid back to the level of 5% achieved before Covid.

Kate is working with her team to assess the achievable levels of income for the coming three years. This is tabulated below with “Appeals, Regular and Other” all still subject to changes.

	2019-20	2020-21	2021-22	2022-23	Revised 2023-24	2024-25	2025-26	2026-27
Appeals	£82,756	£167,263	£157,462	£155,155	£150,000	£225,000	£250,000	£275,000
Challenge	£115,914	£35,697	£49,034	£77,795	£120,000	£80,000	£90,000	£110,000
Community	£187,687	£99,699	£82,901	£136,022	£100,000	£180,000	£200,000	£220,000
Corporate	£105,393	£109,163	£125,596	£118,385	£100,000	£158,500	£180,200	£205,713
Events	£66,327	£13,120	£33,573	£28,545	£35,000	£40,000	£60,000	£78,000
In-Mem	£212,849	£214,940	£146,013	£221,629	£215,000	£250,000	£275,000	£300,000
Other/Gen Giving	£87,303	£68,476	£59,248	£57,250	£75,000	£90,000	£105,000	£120,000
Regular	£52,785	£55,799	£55,945	£57,568	£55,000	£70,000	£90,000	£100,000
Trusts	£253,904	£161,066	£261,831	£195,527	£200,000	£250,000	£300,000	£350,000
Significant One-off	£80,000	£148,000	£0	£0	£25,000	£50,000	£75,000	£100,000
Total Fundraising	£1,244,917	£1,073,221	£971,602	£1,047,876	£1,075,000	£1,393,500	£1,625,200	£1,858,713

The Lottery figures assume 2 x 3 months of campaign with the Agency costs incurred. These are estimated to take place from March to May and August to October each year for 3 years.

An overall increment to salary levels for 2024-25 is assumed at 5.2% which is what the HR Remuneration Committee has agreed for our non-clinical teams, subject to Board Approval. Salary inflation is assumed at 3% for 2025-26 and then 2%.

Legacies are assumed at £1.3m for 2024-25 rising to £1.5m by 2027. Our experience has been an average of £1.7m over the last six years.

We have assumed that NHS derived income will respond to our call for a 3 year programme to achieve 50% funding of the direct clinical cost-base.

5. Sarasin Investment

A sub-group of this Committee met with Sarasin's team following the decision at the last Board Meeting to place £1m of the investment into a cash account within the Sarasin portfolio at a net interest rate of c5%. By the time of the meeting the value of the fund had risen by around that 5% level in one month which cast doubt on the correctitude of the choice at this time.

Sarasin advice was:

- (a) If the fund is not likely to be called upon inside the next 3+ years, then it is best to leave it and not make the transfer. Values can fluctuate so quickly at any time that moving into and then out of a cash fund is a risk.
- (b) If the fund may be called upon within that time frame, then it is best to take it out and place in a cash fund now.

6. Cash Flow

Following on from the note above, St Raphael's cash level is reducing as costs continue at an increasing rate and income is just beginning to respond. The forecast is for cash levels (including the investment fund) to be c£3.5m by the end of March and this is scheduled to become £2.1m by the end of the 2024-25 financial year. This is dependent upon legacy

income arising and being received as cash and this is uncertain. Salary and other costs are more certain and this renders it very likely that the cash deposit at Sarasin's would be called upon in 2024-25.

7. NHS Contract

As noted above, St Raphaels, together with Royal Trinity and Princess Alice, have written to SWL ICB leads, and met with them, to note that funding of the order of 30% is not sustainable and that we require there to be a commitment to a three-year programme to reach 50% funding. It is worth noting that the Irish Government have agreed to fund their adult hospices at 100% of the direct clinical costs.

I have requested an urgent meeting with the ICB CFO in order to discuss the options that will be available to us and encourage a focussed commitment to this matter as we all prepare for 2024-25 budget year.

Nick Stevens, CEO and Neena Vadgama, Head of Finance

19th January 2024

St Raphael's Hospice

Minutes of a Meeting of the Income Generation & Communications Committee

Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX

At 14:00 on Thursday 25th January 2024

Members: Grahame Darnell (GD – Committee Chair & Trustee)
Alan Cogbill (AC – Trustee – virtual)
Sr Veronica Hagen (VH – Trustee)
Bernard Marley (BM – Trustee - apologies)

In attendance: Nick Stevens – (NS – CEO)
Kate Billingham Wilson (KBW – Director of Fundraising & Communications)
Sara Jane Woods (SJW – Commercial Director)
Anna Machin – Governance (AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
3. Fundraising & Communications update	Include more information in report on income and expenditure to show net figures, and benchmarked communications figures	Kate Billingham Wilson, Nick Stevens	For April meeting	25.01.24/01
4. Commercial update	Share Lottery retention figures in report split out by campaign	Sara Jane Woods	For April meeting	25.01.24/02
5. Risk register	Bring reflections on Retail and fundraising volunteer strategy to next meeting	Kate Billingham Wilson, Sara Jane Woods	For April meeting	25.01.24/03
6. Any Other Business	Place incident report as standing 'for information' item	Anna Machin	April meeting onwards	25.01.24/04

1. Welcomes, apologies for absence and declarations of interest

The Chair welcomed Committee members to the meeting, and apologies were received and accepted from Bernard Marley.

2. Review of minutes from 17th October 2023 Committee meeting & actions list

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

- Consider KPIs and benchmarking in further depth – further benchmarking information has been included in the Fundraising & Communications report.

- Add update on NHS and CCG funds as standing item to Committee agenda – this would be covered in this meeting.
- Develop Fundraising Figures report to include forecast outturn for each budget line – financial information was tabled for Committee members to review, to coincide with review from the Finance Committee.
- Update on actions around Retail staff safety – further information would be given in the Commercial Director's report.
- Review scoring on risk registers based on Committee feedback – feedback was being taken forwards, and the risk register would be reviewed at the next meeting.

3. Fundraising and Communications update

3.1. Fundraising activity – Kate Billingham Wilson spoke to the Fundraising Report, sharing that the team is now at a full complement with the Head of Communications, and Legacy and In Memory Manager joining recently.

A range of activities were delivered over Christmas including Lower Morden Lane and the Santa Dash having the highest income to date, and the new Christmas market event which raised awareness although return on investment is being reviewed. Light Up a Life was held in St Bede's and received positive feedback. The team have held an internal review of what went well, and reflections for next year's planning, and the success of these events shows year-on-year progress.

The team have decided not to hold the Lavender Walk this year, as it only just broke even last year, and to convert the approach to a campaign to be run alongside an appeal. This will have a 'Sponsor a Nurse' focus, supported by strategic outreach and social media plans. The Committee were supportive of reviewing approaches and always being motivated by statistics on the 'return on investment', and are also very aware of the need to recruit more fundraising volunteers, alongside reflecting on the extent of coverage in activities in Sutton vs Merton.

New events for corporate supporters are being scoped, and those who have engaged in the past have also been re-contacted and many seem open to further involvement. The Business Club will also be re-engaged and developed and it is positive to have an expert colleague leading this area.

In terms of trusts, a joint bid with other local Hospices was not successful, as well as another bid to the Wimbledon Foundation. A range of further bids have been submitted and more opportunities are being scoped. An initial major donor event was held around the Light up a Life event, and a further event would be planned for the spring.

The Committee discussed the value of KPIs and encouragement of the team to develop these further and give meaningful benchmarking information – reflecting that they can support the team to reflect on their own progress.

The team are completing a three-year plan with a full calendar of planned activities, and the Committee contributed further ideas for local partners and stakeholder groups to engage including around the Wimbledon shopping centre.

In response to questions from the Committee, Kate Billingham Wilson shared an update on developments with the bereavement pathway, including link with In Memory activities. The Fundraising team being on-site is fostering engagement with the clinical teams, and the Committee wished for their thanks to be shared for these joined efforts.

In terms of Communications, the team have shown initiative and produced excellent outputs which has spurred strong feedback from audiences. Prior feedback from the Committee on follow-through from communications activity into engagement has been shared with the Head of Communications, who will feed this through into the next report.

In terms of year-to-date income, for the 9 months to December 2023, £805k had been raised which is better than previous years, and the second-best year out of the past nine when exceptional gifts are excluded from the calculations. As previously shared with the Committee, 2022/23 income will not reach the initial target. For some income lines, there was expenditure associated with planned activities which did not take place, so there are some parallel savings in spend.

The 2024/25 budget is being locked down currently with the team, alongside development of the three-year plan. The overall projected increase on fundraised income is from £1.1m (compared to the initial expectation in the budget of £1.25m), to £1.4m in one year. It is recognised that this present a significant % increase, but a full team is now in place and this additional capacity must show through to results.

The assumptions behind this rise to £1.4m will be presented at the strategy day, to enable full discussion and testing by the Board. The Committee reviewed presentation of the numbers, and asked that the net position on fundraised income be shown more clearly in the report, by including headline information on expenditure. This would also help to understand the growing cost base with the larger team now in place, compared to historical size.

The Committee also requested further benchmarking information on Communications as a useful measure of engagement and audience levels, and Kate would bring this to the next meeting.

3.2. CCG funding - The Committee reflected on the importance of upcoming conversations with the NHS via the CCG and ICB as that core funding is vital to filling the gap in the Hospice's needs. The Committee discussed that the recent allocation of Rausing funding was not clear, in terms of the rationale for selection of Hospices. Further relationship-building with local NHS stakeholders will be valuable in order to understand further potential funding pots.

Nick Stevens updated on the timeline for the upcoming, delayed meeting with the ICB and joint approach with neighbouring Hospices, alongside a separate meeting due in the upcoming week to discuss St Raphael's funding and contract specifically. The Committee held a detailed discussion on comparisons with other types of providers within the healthcare sector and the extent of core funding that they receive.

4. Commercial update

Sara Jane Woods shared how the time and expertise of the Communications team is also being spread into Retail activity, with training given to shops on use of social media particularly for the new bridal area in the Wimbledon Park shop.

The team is clear on strategic priorities for the upcoming year and reflecting on opportunities such as further use of volunteers, selling add-ons to customers through excellent customer service, and development of marketing plans particularly for shops with lower footfall. The team are also exploring opportunities for new types of special events and pop-up shops, and the best relative use of Ebay and types of stock that should be sold on this platform vs in shops.

The Committee asked about lease arrangements for Wimbledon Park, which is not performing as it should be. It is in the second of five years, and so sub-letting would need to be put in place. The proposal is to run the shop for one year and see how the bridal section runs, and then to sub-let the lease if it does not improve.

Sara Jane Woods reflected on management of capacity amongst Retail colleagues, whilst also enabling supporters to bring in donations, and the cost of using bank staff when required. Opportunities to get more data on levels of donated items would also be useful to inform prioritisation of capacity across shops. Gift Aid training is also a priority, and the Committee received more information on the process and training in place, emphasising that this is important for the Hospice to increase whilst equipping staff for this to be an easy process. Looking ahead to the year, the best structure of the team is also being considered in terms of Areas Managers, Shop Managers and internal leadership.

The Committee asked whether further benchmarking information is accessible for the Lottery – Sara Jane Woods shared that networking groups are valuable to share turnover but less information is forthcoming on net income, after costs are factored in.

It was expressed that there would be value in showing Lottery retention figures in the report, including splitting out existing players and those who signed up as part of the new campaign.

5. Key risks

The Committee looked back at the headline risks shared on the register at the last meeting:

- Inability to grow new funding streams;
- Materially reduced legacy income;
- Loss of key members of staff;
- Serious incident of harm at an event;
- Changes in fundraising regulation ceasing an income stream;
- Negative reputational damage.

These risks were all noted and it was agreed that there were no changes to the register at this stage, and that it would be discussed in full at the next meeting. The Committee noted the volunteer numbers needed to support growth in shops, and that the Retail teams have been tasked with incremental targets e.g. two new volunteers per shop per month. The team reflected on how this could be broadened into a volunteer strategy for Retail and also Fundraising team activity too, and an update would be brought to the next meeting.

6. Any Other Business and Dates of future meetings

Sara Jane Woods tabled a paper which had also been shared at Finance Committee on the level of health and safety incidents in shops, alongside complaints received linked to Retail activity. This report would be placed on the agenda as a standing 'for information' item.

There were no further items raised under Any Other Business.

The date of the next meeting was confirmed as 23rd April 2024.

The meeting ended at 4.15pm.

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

St Raphael's Hospice

Minutes of a Meeting of the Board of Trustees

**Held at St Raphael's Hospice with video call access at 13:30 on
Thursday 30th November 2023**

Trustees:

Norman McWhinney (NM)
(Chair)

Alan Cogbill (AC - apologies)
(Vice-Chair)

Carrie Chill (CC)

Grahame Darnell (GD - virtual)

Sister Veronica Hagen (Sr VH)

Paul Holmes (PH)

Manjit Lall (ML)

Bernard Marley (BM - virtual)

Sister Kathleen O'Reilly (Sr KO'R)

Joe Ryan (JR - virtual - items 1-6)

In attendance:

Nick Stevens (NS) (CEO)

Kate Billingham Wilson (KBW)
(Director of Fundraising &
Communications)

Ed Cook (EC) (Advisor to DoC
& Finance Committee member)

John Groom (JG) (Director of IT
& Estates)

Alex Rudkin (AR - virtual)
(Director of Quality &
Governance)

Dr Gaby Tamura-Rose (GTR -
apologies) (Lead Consultant)

Rebecca Trower (RT) (Clinical
Director)

Sara Jane Woods (SJW)
(Commercial Director)

Anna Machin (AM - virtual)
(Governance)

Actions arising

Agenda item	Action	Responsible	Timeline	Reference
3. Minutes of 19 th July meeting	Add oversight of CCG income to Finance Committee Terms of Reference	Anna Machin	Immediate	30.11.2023/01
	Place update on values on January and March 2024 meeting agendas	Anna Machin	Immediate	30.11.2023/02
4.4. Finance Committee Chair update	Update on funding meeting with CCG	Nick Stevens	January 2024 meeting	30.11.2023/03
5. 2022/23 annual accounts	Take forward signature and submission of accounts	Nick Stevens, Norman McWhinney	Immediate	30.11.2023/04
6. Cyber event briefing	Share file note on cyber incident with Trustees once complete	Nick Stevens, John Groom, Anna Machin	Once completed	30.11.2023/05
7. CEO & Executive report	Share 2024 meeting dates and DEI training sessions into diaries	Anna Machin	Immediate	30.11.2023/06

1. Welcome and apologies for absence

Norman McWhinney welcomed Board members and colleagues to the meeting. Apologies were received and accepted from Alan Cogbill and Dr Gaby Tamura-Rose. Attendees were thanked for their flexibility in moving the meeting date from the end of October to 30th November, due to the need for the Hospice leadership team to focus on response to the recent cyber-attack.

2. Declarations of interest

There were no declarations of interest in relation to items on the meeting agenda, in addition to the standing declarations noted in the register of interests.

3. Minutes of 19th July 2023 Board Meeting

The Board approved the minutes of the previous meeting as an accurate record of proceedings subject to final drafting changes, and reviewed actions arising from previous meetings:

- **Provider visits** – a set of opportunities for Trustees to visit the Hospice had been included in the Governance Update.
- **Year-end and draw-down from DoC** – this had been completed and this action would be closed.
- **Oversight of CCG funding** – revised Terms of Reference (ToR) for the Clinical Quality & Governance Committee were included in the Governance Update for approval. This would also be added to the Finance Committee ToR in terms of oversight of income.
- **Hospice values** – work on the values was still in progress, a headline update would be given at the January meeting with a deeper discussion at the March Strategy day.

4. Committee Chair Updates and meeting minutes

4.1. 19th October HR Committee Chair update inc. update on Equality and Diversity

Paul Holmes shared that Hazel Borthwick had attended her first meeting as co-opted HR Committee member, bringing strong professional HR expertise alongside her perspective as a volunteer at the Hospice. The Committee had supported Ginny Toubal's proposal to continue with the Investing in Volunteers assessment in spring 2024. Barry Angel (Head of HR) had updated the Committee on the good new DEI training providers, plans for HR system implementation, and wider HR activity. The Committee had held a preparatory discussion on pay in advance of the December Remuneration Committee, including the projected increase in the Agenda for Change pay rates, which will be attended by Alan Cogbill on behalf of Finance Committee.

4.2. 12th October Clinical Quality & Governance Committee Chair update -

Dr Carrie Chill focused first on the discussion of the Clinical Risk Register, with strong mitigations in place and noted that the Committee had focused on the risk of a cyber attack through discussion in the meeting. The Hospice's work in the sector has been shared through the recent Hospice UK Conference including EMDR and support for young people who have been bereaved. Trustees shared congratulations to the teams who had presented posters at this event.

Internal engagement with Schwartz Rounds and Wellbeing Centre activity is strong. IPU staffing levels are carefully managed, and there is some pressure on the Community team coming into the winter period with flexibility given by the team to manage absences and also implications of the recent doctors' industrial action. There were no causes for concern to raise with the full Board in relation to recent complaints. The Committee discussed complexities with pharmacy supply and also patient behaviour. Carrie shared reflections on a recent visit to the Hospice and impressive Wellbeing Centre sessions she had attended.

4.3. 17th October Income Generation & Communications Committee Chair update

Grahame Darnell confirmed that the Committee had undertaken a detailed review of the Fundraising Figures, with certain income lines ahead of budget and others needing catch up. The Fundraising team are working more closely with other teams now that they are situated on-site – particularly Communications – and the team will be at full complement from January. This will include a Head of Communications, and the Legacies role, to develop the Hospice's work in this area. The standing item on oversight of CCG funding was on the agenda. Kate Billingham Wilson shared some example communications materials for upcoming events, showing the strengthened output from the team in this area.

Retail income is performing strongly overall including the Donations Centre, and discussion focused on the Shops requiring improvement including plans for the bridal outlet at Wimbledon Park. The Morden clearance shop continues to operate very strongly after its launch. The Committee had also received assurance on training, deterrents and procedures in place in Shops for Retail staff to respond to increased instances of shoplifting. There has been a very low level of complaints in relation to the Lottery campaign, with good engagement and retention and a second campaign planned with the agency into 2024.

4.4. 17th October Finance & Resources Committee Chair update inc. Finance Report

Joe Ryan shared that the focus of the meeting had been on review of the annual report and accounts, including a comprehensive presentation from the external auditors. The process this year included use of software to analyse journal transactions. The auditors had issued an unmodified, clean audit opinion and recognised the work of the finance team, particularly Neena Vadgama. The Committee were content to recommend the accounts and letter of representation for approval by Trustees and signature by the Chair.

The Committee had discussed the loss on investments and considered options available, which are brought for consideration at this meeting.

Nick Stevens had updated the Committee on liaison with local Hospice leaders in preparation for a meeting with the CCG due in December. Alongside Hospice UK's national lobbying work, the CCG conversation will centre on a request for Hospices to reach 50% funding for direct clinical costs – which would be a quantum of around £1m additional funding than is currently received. This would include the 14% 'on-costs' for services, which is the generally acceptable figure in the sector. The Board took comfort from alignment in perspectives with other local Hospices, but recognised the stretch on CCG funding across the sector, and requested an update at the January meeting.

In terms of Resources, the Committee received an update on IT staffing with 1-2 senior staff roles still out to recruitment, and had also discussed the potential risk of a cyber-attack and plans to procure cyber insurance, which was, sadly, still out for quotes when the attack took place.

5. 2022/23 St Raphael's annual report and accounts and external auditors' report

The Chair thanked the Committee Chairs for their updates, and invited Nick Stevens to present the annual report and accounts, giving recognition to Joe Ryan for the detailed review and feedback on the accounts prior to the meeting. Nick Stevens confirmed that the audit process had been robust, and the logistics had run more smoothly than in the prior year. The auditors had confirmed that the cyber-attack would not need to be disclosed in the accounts as a post-balance sheet event as it did not meet the relevant materiality threshold, with a projected cost for legal and forensic advice of under £100k. If any material legacies were confirmed prior to signature and submission of the accounts, these would be reflected in the accounts. The Board were asked to note that the approach to legacy recognition had changed, meaning that £250k additional income was reflected in the year-end position.

Trustees reflected on the financial trends shown in the accounts, including the in-year surplus positions during the pandemic due to government grants, and phased draw-down of funding from the Daughters of the Cross (DoC). The Hospice must strike the right balance

between communicating the need to raise funds to potential donors, alongside holding strong reserves.

The amount to draw-down from DoC funding is agreed at the end of the financial year. The Trustees considered whether it would be worthwhile to bring together an accompanying 'annual review/ impact report', but a cost-benefit analysis would need to be undertaken including the intended audience.

Ed Cook was invited to comment on behalf of DoC, and expressed confidence in the clean audit opinion. The Board approved the annual report and accounts for the year ended 31st March 2023 for signature by the Chair and submission to regulators.

6. Cyber event briefing

John Groom and Nick Stevens each shared detailed statements on the Hospice's response to the recent cyber-attack on the Hospice, which would be appended to the meeting minutes (Note – see **Appendix 1**). The Hospice team had been able to respond quickly to the attack, and continues to secure relevant legal and forensic advice alongside having made reports to required regulators – the Information Commissioners' Office (ICO - the lead authority), Clinical Quality Commission (CQC), Charity Commission (CC), NHS Cyber, Gambling Commission and Fundraising Regulator, as well as police as this is a criminal offence. The next response to the ICO is due on 6th December.

The team opened to questions from Trustees. The Board commended the team on their response to this distressing event, recognising the challenging and reactive nature of activity that had been required. Rebecca Trower echoed the staff perception on the calm and clear approach by the IT team to respond to the event. Whilst the impact on day-to-day patient-facing Hospice operations had been mitigated through technical safeguards and back-ups in place, the implication of the attack has been time-intensive work, and related costs, to liaise with regulators and advisors, and analysis of large numbers of files to understand their content and share communications accordingly.

In response to Board questions, it was confirmed that 8% of content on the server was unfortunately accessible on the dark web, as the £0.5m ransom had not been paid. The way that the data had been released (in zipped "chunks") meant that the whole data cache needed to be downloaded before any piece of data could be accessed by a maleficent actor. It had taken the IT experts over ten days to download the cache successfully and hence to and access it. The data does not include information on high net worth/ high profile individuals. Taken together, advisors said that gives some comfort on the relatively low likelihood of the data on the dark web being targeted.

The Board received assurance that relevant advice had been received and acted upon in relation to requirements for informing relevant data subjects the breach, from the 81,000 files downloaded from Hospice systems which included HR and financial information (but not credit card details). Advice has been that the classification for the types of information in files accessed is that there would be 'low to moderate' risk of harm, and current and former staff and Trustees who have been notified had been given a code for ID monitoring.

Copies of clinical letters has been classified as being of low to moderate risk in terms of the severity of harm. The Hospice is aware that our patient group is at end of life and that only recent correspondence will relate to a living data subject. If the organisation believed that any data should be classified as "high risk of harm", colleagues would weigh up the likelihood of harm done by notifying the individual compared with the harm that may arise from the likelihood of the data being in the public domain (particularly given that it is not accessible).

Trustees asked for the latest financial implications of the breach. Nick Stevens confirmed that £50k had been incurred to date for expert legal and IT forensic advice, with a current overall projected cost of c. £70k.

The Board asked for reflections on any technical measures that could have reduced risk or supported the Hospice's response further. Nick Stevens shared that if cyber insurance had been procured prior to the event, this would have given some coverage of funds towards these costs. An additional technical measure, costings £8k, could have been in place which would have automatically encrypted files on download. The breach also emphasises the importance of having clear file structures, data mapping and retention policies as an organisational discipline to keep up. It was noted that a range of organisations including multi-national companies had been successfully targeted in this cyber-attack.

The Board thanked the team for the update, and their work in this challenging time, and emphasised the importance of internal record-keeping on the event and taking forwards learnings. A finalised file note on the incident would be shared with Trustees once forensic work is complete.

7. CEO and Executive report

The Executive team raised key points from the report, including the milestone of having no waiting list for Counselling, developing of the bereavement pathway, and interest in the Hospice's EDMR work. The team updated on the re-opening of the Compassionate Neighbours programme, and gave detail on the approach to decision-making on IPU admissions. Alex Rudkin noted gratitude for the clinical team's engagement in systems implementation. The team are preparing contingency plans for staff sickness.

Kate Billingham Wilson update on the range of festive fundraising activities including Lower Morden Lights, the Santa Dash, Rudolph Runs and support from the local garden centre. Sara Jane Woods shared that there had been 196k customers in the shops, and the Retail team continue to liaise with Fundraising and Communications to find opportunities to profile-raise with shop visitors.

The Board noted the Corporate Risk Register provided as an appendix to the report. It was agreed that the 2024 meeting dates would be put in the diary, and DEI training dates would be shared with Trustees.

8. Any Other Business

There were no further items raised under Any Other Business. The date of the next meeting was confirmed as 31st January 2024 from 1-5pm.

Approved.....

Date.....

Appendix 1: Summary of 23rd October 2023 cyber-attack on St Raphael's Hospice

Statement given by John Groom at meeting

The events

- The Hospice was hit by a “ransom-ware attack” on Monday 23 October 2023.
- The effect of the attack was felt at about 19:00 when the whole system failed and was inaccessible, although it is believed that the attack happened much earlier, possibly at about 15:00 as a large outgoing data spike occurred between 16:00 and 17:00. This was confirmed by the Hospice's ISP, CCS Leeds.
- Nick Stevens was the Executive on call and contacted around 19:00, immediately notifying John Groom who then tried unsuccessfully to remotely connect into the system, then attending on-site at around 19:45.
- In the server room, John Groom attempted to access the virtual servers, and discovered that a ransom-ware attack had occurred, then immediately shutting down all 33 servers to try to prevent further infection. One server was then started (having disconnected it from the network) to begin to analyse the extend of the infection and investigate how it might be removed.
- At this point the external IT consultant was contacted who connected remotely to assist me. The CEO was updated and every PC and laptop shut down. Over the next few hours the team continued to investigate and test each server individually.

Internal investigation

- It was identified that the ransomware attack had come from a Russian group known as “No Escape”. This group has recently been targeting many large and small organisations around the world. The infection included a text file which demanded £500,000 ransom to prevent releasing our confidential data on the Dark Web.
- The No Escape ransom program embedded into the local administrator profile and used Task Scheduler to execute its program, which spread throughout the network. However, investigations showed that the 4 VoIP servers were not infected and the infection appeared to not cross between VLANs (Virtual Local Area Networks).
- Other servers based on the UNIX operating system and two servers which were not switched on at the time were also not infected. This meant that about 25 servers had been infected. At this point, the Hospice believed that local PCs and Thin Clients were unaffected as they were on a different VLAN.
- It was also noted that the two NAS units (Network Attached Storage) which hold on-line backups in the server room and “synced” to the IT Store Room in 759, were separately attacked to destroy backups and prevent restoring. Both of these targeted NAS were completely inaccessible and had to be set back to factory settings, thereby losing all backups and configuration settings.

Restoration

- At around midnight, after the team had concluded the investigations, it was decided to restore all the infected servers from “off-line” backups to try to bring the system back up as soon as possible.
- To proceed, the team needed to install the backup software onto a local PC and licence this product – then to mount the off-line storage device which held all of the server backup images, allowing restoration of the servers, one at a time.
- As each server was individually restored, it was restarted with the network connection disabled and manually checked / searched for any sign of infection. For each server, once it was reasonably sure that it was not infected, it was connected to the network sfor

download updates for the anti-virus software to ensure that it was at the latest level (the backup which was used for the restore may have been 1 to 3 days old).

- The team then ran the updated anti-virus software – and also downloaded, installed and ran another program, Malware-Bytes, which provides another type of scan for malware infections.
- This time-consuming process had to be repeated for all 25 infected servers and took several hours. By working all night, most servers had been checked and cleaned in this way by about 10:00am.
- Between 8:00am and 9:00am the following morning two other IT staff (Brian and Peter) arrived. They were tasked with going to each PC in turn around the whole building to run tests to ensure that PCs had not been infected in any way. They started in the most critical areas, such as IPU and Community.
- Each PC needed to be disconnected from the network before switching on. Then the anti-virus and Malware-Bytes software were run on each PC as described previously for each server. Once the PC was deemed to be clean, it could be re-connected to the system. Cleaning all PCs in this manner took over two days. This included Capitol House, 759 and the Wellbeing Centre.
- Due to this situation, several staff were advised to work from home. The remote access facility, to allow staff to connect from home, had been made available from about 10:00am on the morning after the event. Retail staff (who also use remote connections) were unaffected as the downtime was effectively outside of shop hours.

System protections which were already in place

- The IT Department already had a robust backup policy in place. This meant that 3 levels of data and server backups were performed daily, with some backups being taken several times per day. The backups included on-line and off-line storage which ensured that some backups would always be available for disaster recovery.
- The effect of this was that it was possible to restore the servers and user data in a relatively short time from the off-line backups. The external Cyber Security team which has been employed to investigate the attack were surprised at the speed with which the team were able to restore and recover the system. This often takes weeks rather than days. Nevertheless, the size of the recovery job meant that it still took several hours before services were largely back to normal.
- In addition to backups, the Hospice also protects the system with complex user passwords which must be changed every 3 months. Two-factor authentication is used for Citrix remote access, for O365 emails and NHS emails to prevent unauthorised access.
- Firewalls protect the external network connections, which include the main Internet leased line and the separate NHS HSCN connection.
- The main file server which stores user data employs folder security to restrict user access to each folder on a “need-to-know” basis.
- Our internal network is segregated into several VLANS and several IP subnets, both of which improve security and control traffic flow.
- Essential systems have been “patched” with updates at regular intervals, usually quarterly.
- Security Groups are used to control access to applications, such that applications are only “published” to users who need access.
- All system passwords are stored in a “Password Safe” which is maintained by the IT Department, is encrypted and is itself protected by a strong and complex password.
- Backup copies of the Password Safe and essential IT documentation files are stored off-line in USB memory devices which are securely kept in locked locations.

- Annual Cyber Security Training is undertaken by all staff, with an 80% pass rate being required, otherwise the training must be repeated.
- Security Awareness Training is undergone by staff whereby a phishing scam email is sent anonymously and at random to staff to check that they do not click on unsolicited links.
- Removable storage devices, such as USBs, writable CDs, DVDs and other disks, are disabled to prevent any data being copied from the system without authorisation.
- Trellix / McAfee anti-virus and anti-malware software is installed on all servers and all PCs, and runs continually to scan for potential security risks.
- Web filtering is employed to prevent user access to known dangerous websites. Black lists and white lists are maintained which are continuously updated by the software supplier.
- Spam filtering is used with the email system so that known dangerous emails are automatically blocked before they reach the email user.

Further protections which needs to be put in place

- The IT Department was already aware that additional security measures could and should be put in place to further enhance the resilience of the system. However, due to priorities of other projects and limited staffing levels, the implementation of some of these items had been delayed.
- The team have previously used MAC Address authentication to prevent unauthorised connection of network devices. However, due to recent extensive room moves, this feature is not currently fully employed and needs to be updated. Firmware and software updates for servers, switches and some other devices should be performed at regular intervals and ideally as soon as they become available from manufacturers. However, again due to staffing level shortages, this has not been performed as promptly as we would like. It is planned to now start doing this on a monthly basis.
- The external firewalls are several years old and the project to install up-to-date devices was already underway before the cyber-attack occurred. The firewalls replacement should be completed before the end of January 2024.
- With the incidence of world-wide cyber-attacks growing exponentially, the topic of Cyber Security Insurance was already being discussed with Nick and quotations had been requested from suppliers. The Hospice has now taken out Cyber Security Insurance to give a level of protection against any future attack.
- To further avoid the risk of “on-prem” systems being attacked, more services are being moved onto the Cloud where possible. Currently, it is planned to move the Datix database to the Cloud version within the next month, and the Citrix “Netscaler” services will be migrated to the Cloud in the next few weeks.
- A specialist company is to be employed to undertake internal and external “Penetration Testing” on our system, beginning on a monthly basis, starting in January 2024.
- The current web-filtering server is becoming end-of-life in January 2024, so this service will also be migrated to the Cloud.
- To protect access to the EMIS database in the event of a future attack or other problem, new laptops have already been purchased to permit the use of EMIS Mobile. By issuing these to the Community team to replace the aging ChromeBooks, staff will be able to directly access the Cloud based EMIS system whether on-site or off-site. In addition, two of the IPU COWs will be fitted with a new laptop and an EMIS software token, which will enable new patients to be added to the system (not possible with standard EMIS Mobile). Five iPADS for IPU have already been rolled out and staff have been trained for their use with EMIS Mobile.

Statement given by Nick Stevens at meeting

Impact of the Cyber Incident – Data Leak and reporting

The Hospice team have reported to a number of authorities on a regular basis on the progress of the incident. The lead authority is ICO and they have asked for further information. The latest response is being compiled and is due for 6th December.

Our advisers have been at pains to express the importance of understanding the actual data released and make a transparent judgement over who to inform about the incident. This decision requires each data subjects' data leak to be risk assessed. If there is a "high risk of harm" then we should notify. This is the expectation of ICO and our responsibility under GDPR.

It is an onerous responsibility, given the volume of data.

Once the file tree was released the Hospice had evidence that data had been taken and what that data included – 81,000 files (27GB) across a number of folders that the Threat Actor had chosen from the 320GB data that we hold - Clinical Audit; Clinical; Doctors; HR; Finance; Fundraising; H&S; Infection Control; Information Governance; and Lottery.

Review and Risk Assessment Process

The Hospice undertook a review of the nature of data held in all these areas in order to assess the overall risk, then an in-detail review of each file. The team are in the process of documenting that review process against each file.

Key Findings

- HR records included a range of documents including sickness records, copies of letters, meeting minutes, holiday records etc. It also includes payroll records. For 50 staff and former staff there are copies of ID documents such as passport scans – some are out of date. Within payroll records are the data that populates payslips, including NIC numbers, salary details and the bank account number and sort code. The Hospice's lawyers describe bank number and sort code as low risk per se because it can only be used to pay money into an account and not withdraw. Because of the awareness of staff of the matter in hand, because of the breadth of information, it was decided to notify all staff (200) by letter and to provide them with access to a year's ID monitoring for peace of mind. For former staff (400) going back to 2014-15 the team have sent address checking letters to all and so far around 80 have responded who have also been sent letters and codes.
- There are copy letters in Clinical files that will include some medical data relating to individuals. At this point, and based on relevant advice, the position is that this is low to moderate risk in terms of the severity of harm. The Hospice is also aware that our patient group is at end of life and that only recent correspondence will relate to a living data subject. If we believed that any data should be classified as "high risk of harm" we would weigh up the likelihood of harm done by notifying the individual compared with the harm that may arise from the likelihood of the data being in the public domain (particularly given that it is not accessible).
- Within a group of files at around the 75,000 mark, there is a cache relating to lottery from 2017, 2018 and 2019 that includes bank number and sort code. This is considered to be low or low to moderate risk by our advisers. It is also in an unsearchable and inaccessible format.
- A number of Trustees had ID data as well as names and addresses. Although this is low to moderate risk and is not accompanied by any financial data, we have notified.
- There is currently no data that we assess as high risk. At this point that is not a categorical conclusion and work will continue and advice will be taken.

Threat Actor Timeline: Statement given by Nick Stevens at meeting

1. Accessed our system between 21st and 23rd October
2. Likely route in was via Citrix remote access – still possible it was an email link
3. Downloaded data cache
4. Encrypted our files
5. Left a Ransom note for £500k
6. Following the incident, it was all quiet for a couple of days – this is the prime time for the threat actor getting paid by organisations that have not got back-ups offline. They will have been watching for signs of operational trouble.
7. As we did not contact and no signs of disruption, after days, it will have been clear to them that the encryption, the complete control over our systems, was thwarted. They therefore moved to the second aspect of threat and they put an advert up on their Dark Web website. On 31st October 2023. It stated that they had gained access and had taken data, and gave a brief outline of the type of data. A 10 day timer was attached after which data would be released – designed to intimidate us into contacting them. This was one of dozens on their site alone.
8. The Threat Actor contacted two staff individually by email to say “we have your data, get your management to contact us” and attempted to do so with many more (blocked) – pressure...they also use the avenue of a twitter site to put the fact of the dark web advert into the public domain. Our Comms team took the link down quickly – no impact.
9. The timer ran out on 8th November and later that day they published a file tree of data holdings and a new 10-day timer. This evidenced that they had indeed got data and this amounted to 81,000 files.
10. During that week, they published some examples of the data – copy of a staff passport, a page from a contract, a page from an “incident report”.
11. On 20th November the data was released in zip files and available for free to third parties.

At this point the involvement of the Threat Actor is effectively concluded. We have not engaged with them, they have released the data and that data is available free of charge to any person who seeks it.

However – we had been told by our advisers that the dark web is slow and that downloading the data could take 2-3 days. Once downloaded the maleficent would also need to search through the 81,000 files to find something of value and then they would need to try to use that information. That would require a good deal of dedicated time and – in theory – there would need to be a good prospect of finding value before a maleficent would take that trouble – examples, military secrets, commercial IP, known wealthy individuals or people in the public domain.

As it turns out, our external specialist forensic IT team have been trying to download the data for ten days and have not yet been able to access any piece of it. This is because it has been released in zip files and with “chunks” within that. In order to access the data all the chunks need to be successfully downloaded in one go. As the dark web is so slow and frequently drops out, this has not been possible. Our consultant agreed that it is unlikely that any other person would be better equipped than they are to access this and that success would now be a matter of luck.

Our Consultants finally succeeded in downloading the set of data on 30th November, the eleventh day.