

St Raphael's Hospice

Meeting of the Board of Trustees

To be held at St Raphael's Hospice at 13:30 on Wednesday 1st May 2024, with lunch from 13:00

TO BE PRESENT:

Trustees:

Norman McWhinney (NM - <i>Chair</i>)	Alan Cogbill (AC - <i>Vice-Chair</i>)	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)

In attendance:

Nick Stevens (NS) <i>CEO</i>	Barry Angel (BA) (<i>Head of HR</i>)	Kate Billingham Wilson (KBW) (<i>Director of Fundraising</i>)
Naomi Collins (NC) (<i>Lead Consultant</i>)	Ed Cook (EC) (<i>Advisor to DoC & Finance Committee member</i>)	John Groom (JG) (<i>Director of IT & Estates</i>)
Alex Rudkin (AR) (<i>Director of Quality & Governance</i>)	Rebecca Trower (RT) (<i>Clinical Director</i>)	Sara Jane Woods (SJW) (<i>Commercial Director</i>)
Anna Machin (AM) (<i>Governance</i>)		

Item	Description	Purpose ¹	Lead	Timing
1.	Welcome and apologies for absence.	-	Chair	13.30-13.35
2.	Declarations of interest	-	Chair	
3.	Minutes of the Board meeting held on 20 th March 2024 meeting	Approval	Chair	13.35-13.45
4.	Committee Chair updates inc. minutes: <ul style="list-style-type: none"> • 16th April 2024 HR Committee • 19th April 2024 Clinical Quality & Governance Committee • 23rd April Income Generation & Communications Committee • 23rd April 2024 Finance Committee 	Discussion	Chair, CEO	13.45-14.15
5.	Executive Report (framing of finance discussion)	Discussion	Executive	14.15-14.45
--	<i>Break</i>	-	-	14.45-15.00
6.	Finance report inc.: <ul style="list-style-type: none"> • Discussion on cashflow and ICB negotiations • Approval of 2024/25 budget 	Discussion	All	15.00-16.15
7.	Committee Terms of Reference	Approval		16.15-16.20

8.	Agreement of next steps, Any Other Business & Date of Next Meeting	-	Chair	16.20-16.30
9.	T-Time (trustee only session) inc. 20 th March and 22 nd March closed session minutes	Discussion	Chair, AM	16.30-17.00

Dates of upcoming meetings: Wednesday 24th July 2024, lunch 1-1.30pm, meeting 1.30-5pm

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
Wednesday 20th March 2024**

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 - virtual)

Sister Kathleen O'Reilly (Sr KO'R)

Joe Ryan (JR - recused)

In attendance:

Nick Stevens (NS) (CEO)

Barry Angel (BA) (Head of HR)

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

Dr Naomi Collins (NC) (Lead Consultant)

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

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

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

Dr Gaby Tamura-Rose (GTR) (Consultant)

Rebecca Trower (RT) (Clinical Director)

Sara Jane Woods (SJW) (Commercial Director)

Anna Machin (AM) (Governance)

Actions arising

Agenda item	Action	Responsible	Timeline	Reference
5. Fundraising update	Share information on net fundraising income for 2023/24 and 2024/25, and month-by-month projections	Kate Billingham Wilson	May Board meeting onwards	20.03.2024/01
	Quantify pro bono/ in kind gifts more formally for 2024/25	Kate Billingham Wilson	May Board meeting onwards	20.03.2024/02
9. Board consideration of options	Take forward implementation of Remuneration Committee recommendation	Nick Stevens, Barry Angel	For next payroll	20.03.2024/03
	Proceed with detailed planning of £350k in cuts	Nick Stevens	For May Board meeting	20.03.2024/04
	Trigger mediation process with ICB	Nick Stevens	April 2024	20.03.2024/05
	Prepare further finance update and initial considerations on changes in structure	Nick Stevens with Executive	May and July Boards	20.03.2024/06

1. Welcome and apologies for absence

The Chair welcomed Naomi Collins to the meeting, who has taken over the rotational post of Lead Consultant, alongside Barry Angel as Head of HR. Joe Ryan did not attend the meeting and had shared written comments on the papers. The meeting was confirmed as quorate.

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 31st January 2024 Board Meeting

Board members reviewed and approved the minutes of the previous meeting as an accurate record of proceedings. In relation to actions arising from the meeting:

- The £500k of funds held in investments with Sarasin, had been moved into a Sarasin cash deposit account.
- The update on Values will come to the May Board meeting.
- The Information Commissioners' Office (ICO) had been content with the final response on the cyber-attack, and the case file has been closed. Trustees thanked the team for seeing through this incident.
- Kate Billingham Wilson had undertaken further research into the sector around how the Rausing Trust grant-making decisions had been made, with criteria remaining opaque.
- The detailed 2024/25 Fundraising and Income Generation projections would be considered in detail this afternoon.

4. Context to meeting discussion

Nick Stevens framed the main item for consideration at the meeting, in terms of the forward-look on Hospice finances, with reference to previous detailed discussions held with the Board in relation to addressing the structural deficit, short-, medium- and long-term reserves, and the timeframe for making decisions on potential changes to the staffing structure to reflect funding and cost pressures on the organisation. The core purpose of discussion is to share a detailed review of the financial position and the extent of potential challenge faced by the Hospice, agree next steps to guide the next 12 months, and ratify the Pay Review recommendations from the Remuneration Committee. Amongst these considerations are the relationship with the Daughters of the Cross (DoC) and criteria to potential further funding support; communications to stakeholders; and the going concern review that is undertaken each year by the external auditors.

Nick Stevens emphasised Trustees' legal and fiduciary duty to manage the charity's resources responsibly including oversight of financial controls and risks. Taking a long-term view on projections informs the right approach to stewardship of the charity's resources, and proactivity to ensuring sufficient cash and reserves. There is a high threshold for a charity not to be considered a going concern, however the Trustees must be mindful of the 12-month view that the auditors must take when signing the accounts in autumn 2024, with the window therefore carrying until autumn 2025.

Nick Stevens reflected on the strategy discussion held with Trustees in February 2022, at which a long-term view of the Hospice's potential financial trajectory had been shared, with three scenarios. This graph, as included in the meeting presentation, set out key decision points at which the actual trajectory facing the Hospice would become more clear. The 'worst case' scenario, Example 3, highlighted the situation that would be faced should the Hospice be slower than had been anticipated at the time in improving fundraised income, and face cost pressures on expenditure.

The Example 3 scenario is, unfortunately, the trajectory faced currently by the Hospice. In terms of causal factors, inflation has been 7%, much higher than the 2% that had initially been projected driven by external factors in the economic environment that sit outside the Hospice's control. There have been delays in drawing in fundraised income whilst the team has been built out, as well as in identifying the successful Lottery agency. Whilst Retail has grown in terms of turnover, cost and staffing pressures mean that the bottom line needs improvement.

As had been discussed with Trustees in February 2022, spring 2024 would be the point in time when it would be possible to understand which of the three trajectories was coming to fruition, and it was known that March 2025 would be too late to act, should the funding gap in Example 3 be showing.

The Hospice received news this week of an unexpected legacy of £800k (not yet integrated into the full set of projections within the presentation), with cash due from this house sale expected within the next 12 months. Whilst this gives some comfort around cash flow, it does not change the overall trajectory – it means that cash would become negative in November 2026 rather than November 2025. Trustees will therefore need to carefully consider significant changes to the budget, and also understand the potential volatility in cashflow in order to manage reserves levels. Trustees were in agreement that the desired ultimate minimum level of reserves would be £2m.

As shown in the presentation, the options available to the Hospice centre on increasing income, lowering costs, and a third potential option of a merger/ transfer. The focus of this meeting is therefore to hear detailed information on planned Fundraising and Commercial activity, and IT spend, alongside an update on recent discussions with the Integrated Care Board (ICB) in order to decide next steps.

5. Presentation on funding projections

Kate Billingham Wilson shared a summary of the presentation circulated in advance:

- Six posts have been recruited to within the team over the past year, with all new colleagues bringing relevant charity sector expertise. The Legacy & In Memory, and Trust/ Foundation posts, are new.
- The revised 2023/24 income projections are all relatively consistent with the figures put forward by the Fundraising Consultant, aside from Appeals as St Raphael's is a local charity with lower potential scope to raise funds through this avenue. The targets put forward do not include Legacies.
- Looking ahead, there is further scope to grow Challenge events and also seasonal events that foster engagement and visibility, with a particular focus on Merton; Supporter Groups are being reframed and re-energised as Fundraising Circles; and the Business Club and corporate partnerships are growing.
- It is recognised that the Hospice is starting from a low base on major donors, business activity and regular giving, but the team bring skills from prior roles that can spur this on (for example, network mapping, prospect research and contacting lapsed donors/ Lottery players).
- The trust programme has brought in £200k and with a new postholder, there is a small trust mailing in place now and targeted approaches to larger trusts such as the Wimbledon Foundation, with more multi-year applications being submitted.
- There has been a full review of the Bereavement Pathway, and approach to contacting individuals for In Memory gifts, alongside developing online tools. This involved an investment of time, to ensure accurate information was secured from next of kin.

Trustees received further information on each income line, including the areas that were projected to be subject to the greatest increases such as Major Donors. Kate shared that with a larger team in place, and innovations in 'packaging' activity for the donor audience, there is a broader set of individual and institutional donors that can be approached.

It was confirmed that a major donor in the context of this charity would be £5k+. Further potential opportunities were discussed such as payroll giving.

There was agreement that whilst costs for the fundraising team had increased, strategically this is the only mechanism the organisation has to grow non-ICB income and therefore is a worthwhile area of financial outlay. The team has also reduced several areas of spending to increase the 'profit margin', including by de-linking Appeals from events and ceasing the Lavender Walk which did not bring in repeat walkers, and took a large amount of staff time.

Trustees requested further detail to be prepared in net income from fundraising, to show the overall data on 'return on investment' on an annual basis, and also encouraged 'gifts in kind' to be captured and quantified more formally; alongside more detailed month-by-month projections. It was shared that it is hard to fully benchmark fundraising activity vs other Hospices due to operating in different contexts, but that the Hospice is engaged in local networking groups and gathering benchmarking data where possible.

In terms of communications, it was confirmed that the incoming Head of Communications has a PR background and so brings mass media expertise, which is being integrated into fundraising efforts, alongside development of more consistent style guides and a focus on the outputs/ translation to engagement from social media/ communications activity.

6. Income generation plans

Sara Jane Woods shared a presentation on Commercial activity across the Lottery and Retail areas of responsibility:

- There are 4,825 Lottery players, which is now fully transitioned from DoC, with a strong number of new players but activity needed to ensure retention. A new outreach campaign will be launched in the summer, and the Lottery is also being profiled in the Sponsor a Nurse campaign, Santa Dash event, and Retail spaces. The team are confident of reaching the target of 2,000 new players due to the strength of the agency Britevox. This maps into the cashflow projections, which lift up once the acquisition costs have been covered.
- Retail income is 11% above budget, however this is not carrying through into the profit margin due to a need to further control expenditure. Staff sickness has been a challenge and has been managed through bank staff. A range of cost control measures have been identified in order to address this for 2024/25, alongside continuing to push shops for Gift Aid sign up. There will also be fuller communications coverage, opportunities to market some special events/ pop ups, and use of shops for Vinted package drop-off which should draw in new customers.
- The number of Retail volunteers has risen steadily since the challenges of the pandemic, with just over 100 new volunteers this year. The target is to reach 325. There is good rotation of stock, and feedback on the furniture service.
- As discussed with Trustees in March, there are no plans to scope opening of a new shop until October, so that the focus can be on improvements in the existing portfolio – and a particular focus on deciding the future of Wimbledon Park.

In response to questions, Sara Jane Woods shared the detail on the acquisition costs and approach to credit notes for players that drop out in the first two months, and confirmed that the Hospice would wish to retain Britevox for three years. The quality of their outreach is strong, with relatively low numbers of complaints.

The approach to improving the profit margin was shared in more detail – primarily by increasing income by 3%, moving Gift Aid take-up from 14% to 30%, reviewing contracts and utilities, rationalising staff (already completed through a restructure), upskilling volunteers to reduce reliance on bank staff, and finding cheaper options for consumables.

Board members discussed the rental increases on shop leases and how these can be backdated which can lead to challenges in predicting outgoings, but is general market practice for this sector.

Trustees thanked the team for the efforts to move the Donation Centre, and emphasised the importance of continued outreach and communications on volunteer recruitment.

7. IT staffing

John Groom shared plans to bring in a co-managed third party support service, that have a longstanding relationship with the Hospice, to mitigate against challenges in relation to recruit into the IT team. The firm Auxilium IT offered engaged support in response to the cyber-attack. The contract is a cost-effective option and the Hospice can also lease IT equipment, reducing the up-front cost. Trustees noted that the pension and NIC costs would be in addition to a quantum of £9k. Board members received assurance on the sustainability of service provision from this firm, which has two Partners, and has offered consulting support for the past decade. It was confirmed that the Hospice's insurance now includes full cyber cover. Trustees noted the proposal and potential risks, and on the basis of discussion and mitigations, were content with the proposed approach.

8. Presentation of options from Executive

On the basis that Trustee discussion had also centred strongly on the fact that the ICB contract income has not kept pace with inflation, and does not sufficiently fund the share of clinical costs incurred by the Hospice, Nick Stevens updated on recent liaison with the ICB on this matter. There is a sentiment that the ICB wishes to help and understands the issues faced by Hospices, but is facing demands from across the healthcare sector which limit its capacity to respond.

The projections in the presentation include £350k from the ICB in year 1 rising to £750k in year 2 and £1.1m in year 3 to achieve 50% of clinical costs over time, which is the Hospice's stated desired outcome. The presentation also includes a scenario for an increase from the ICB to 40% of clinical costs, and then a scenario with a minimal increase. The risks around income targets not being met is also modelled. As discussed, the £800k legacy lifts cash but does not change the structural deficit.

The £350k of savings presented in papers is required regardless of ICB funding potentially increasing, in the interests of financial prudence. Within this, the Board received further detail on the projected capital expenditure, gradual move towards the London Living Wage over time, and recommendation from the Remuneration Committee on pay rises. The Board noted the areas of saving identified, across IT, education and facilities staffing, moving the Orangery to be volunteer only, and non-staff costs. The Executive had also discussed a model with a streamlined leadership team and eventual deletion of the CEO post, although it is also recognised that capacity and expertise would need to be backfilled.

It is fully acknowledged that it is not yet known whether the request for 50% funding would be honoured, and should these funds not be forthcoming, the Board will need to step back and review the staffing structure in a more significant way, responding to the third scenario.

In order to move discussions forward, as previously communicated to the Board, the ICB is aware of the Hospice's intention to trigger mediation proceedings. Following this, there is recourse to expert determination, and the outcome of that process cannot be known in advance. Advice has been sought on the judicial review approach, however this is not the desired course of action due to its complexity and cost. Trustees noted potential risks around the upcoming election, in changing funding policy and also the period of purdah.

The Board focused on the third scenario and held an in-depth discussion on the potential implications of needing to take this route for the Hospice, which would require c. £1m in cost savings. Under this scenario, clinical activity would need to remain in order for the ICB grant to be preserved. Each potential option has benefits and drawbacks.

For example, reducing IPU beds from 10 to 6 would increase reliance on the clinical team and potentially reduce fundraised income from relatives of IPU patients. Reducing, or removing, the Clinical team would be damaging to both the local community, and raise costs of alternative sources of care for the ICB. Retaining just the community team would make the Hospice less distinctive from other community provision such as Marie Curie.

Becca Trower introduced the concept of the Virtual Ward, which involves caring for patients at home rather than in a clinical setting. It is gaining some more attention in the sector, with local Hospices considering pilots, and involves a more intensive clinical approach than care offered by Hospice Clinical teams. As shown in the presentation, three options have been modelled, some of which are more costly than the current IPU – for example, Option 3 which has a night response team to help avoid hospital admissions. There is funding available in the sector to support transitions to Virtual Wards, and it would involve a remodelling of current team structures as an ‘enhanced Community team’ with continued IPU support for individuals with no carers, and patients with complex needs.

The Board considered that there could be merit in considering the more cost-effective Virtual Ward options, which would also align with the digital transformation agenda, and also saw potential scope for joint working on this across South West London. A Virtual Ward can give more patients the opportunity to die at home in their preferred location of care. However, the Board also noted that it could compound health inequalities, with some patients not living in homes that would facilitate this form of care.

In relation to the option to Transfer Hospice activity to another organisation, Nick Stevens shared commentary on the financial analysis, and that while some management costs would be saved, these are relatively marginal in comparison to what might be expected. For this reason, it is likely that a partner would be found to take on the Hospice’s operations. The location of staff in a host organisation would also be likely to make logistical service for patients in Sutton and Merton challenging.

9. Board consideration of options from the Executive

Trustees thanked the team for the options brought together, and shared reflections.

Board members were in agreement that, with regret, the £350k of savings must be found, including an alternative for the CEO post saving should this deletion of the post not be considered to be viable. As part of this, the rent for Capitol House could be considered as another area of saving, if space is found on the main Hospice site, or with local partners, for colleagues’ desks. There may also be scope to hold Community activities outside the Hospice site to save cost.

In relation to liaison with the ICB, it is clear that the conversations held to date have developed the understanding of the Hospice funding model amongst ICB colleagues. The approach to upcoming discussions must show willingness for change, and to explore models of care that are cost-effective, whilst also emphasising that the Hospice’s work and leveraged fundraised income brings significant savings to the acute sector, particularly in relation to patients in IPU.

Looking at the potential large-scale savings required which would sit between £800k-£1.2m depending on the level of ICB funding, Trustees were mindful of the desire to maintain services in the community, as they help to combat frailty and isolation and offer vital support. They also ensure the Hospice’s visibility in the community, and there is a link to the profile for fundraised income.

Trustees asked DoC colleagues about the potential scope for further funding. It was confirmed that DoC continues to wish to see the Hospice move to a sustainable financial model and that this is the main criteria for any further funding being given.

The Board noted the written contribution from Joe Ryan as Finance Committee Chair, which emphasised the potential severity of the income model without further cuts and interventions.

On the basis of discussion, the Board made the following decisions:

- The Board approved the Remuneration Committee recommendation on staff pay, emphasising that pay should recognise continued inflation and that the total pay award was a relatively small component of the total cost savings, and would support retention which in turn would reduce costs associated with recruitment.

- The Board gave in principle approval to the budget, on the condition of the Executive proceeding with detailed planning on the £350k of savings required, for presentation at the May Board meeting, factoring in contributions from Trustees on potential further areas of efficiency. This would be set into the next iteration of the 2024/25 budget brought to the May 2024 meeting for formal approval.
- The Board formally authorised proceeding to mediation as the next step in the process with the ICB.
- The Board, with regret, formally recognised the need to consider significant cuts to the Hospice’s provision, should the outcomes of the next stage of ICB discussions not be favourable – and the projected increase in ICB funding currently included in the 2024/25 not be realised. Factoring in the analysis of the cashflow and recently confirmed legacy, Trustees wished to know the outcome of discussions with the ICB, which it was anticipated would conclude by summer 2024, before approving and announcing further cuts, in order for the magnitude required to be fully known.

10. Any Other Business

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

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 April 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.
2. Volunteer update; 4.3. Education update	Take forward further discussion on volunteer training system transition	Ginny Toubal, Barry Angel, Nick Stevens	During April	16.04.24/01
4.4. Staff survey actions	Update on staff survey actions and line management training	Barry Angel	July meeting	16.04.24/02
5. Remuneration Committee update	Bring bonus criteria to next meeting	Barry Angel, Nick Stevens	July meeting	16.04.24/03
6. Speaking Up/ DEI update	Take forward reflections from Committee to DEI trainer	Barry Angel	During April	16.04.24/04
	Engage with Barry Angel on employee relations and Trustee/ staff meeting plans	Manjit Lall	During April and May	16.04.24/05
7. Risk register	Update risk register	Barry Angel	During April	16.04.24/06

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 highlighted points from the report, giving an update on staffing and support within the team, and key priorities including the year-end return for volunteer hours. An offer has been made for the PsychoSocial volunteer role, and coverage is strong for the Ward Companions volunteer group including at 'twilight' hours. The Men's Den and Donations Centre volunteers are the focus of nominations for volunteer award nominations. Timetabling has progressed for the Investing in Volunteers accreditation, with the same evaluator working with the Hospice this year.

Retail volunteer numbers have increased further as shown in the report, and the next communications campaign for further outreach is being planned. In response to questions from the Committee, the process for referral and sign-up was shared in further depth, alongside the approach to support for Retail colleagues in promoting volunteer opportunities. The Committee also received further information on the pastoral support offer for volunteers, particularly for Ward Companions who offer direct support on the ward. There are 529 active volunteers currently which is an encouraging trend.

The Committee noted that some potential concerns had been raised in relation to the new Bluestream training system and extent of training required of volunteers as part of the transition, and asked for further detail. Ginny Toubal confirmed that as a new system has been implemented, the training does not carry across from the prior system, and so volunteers are being asked to complete training again by October. Time is being set to offer slots to volunteers on-site to support them, as a way to facilitate this request for learning.

There was a discussion on whether volunteers could facilitate transitioning the training records across onto the new system, as an alternative, as there was a concern that asking too much time of volunteers would become a disincentive to volunteer. Ginny Toubal would take this forward for further discussion with the team.

The Committee thanked Ginny for the report.

3. Review of minutes from 16th January 2024 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:

- HR update – Discuss Hospice DEI activities in further depth – Manjit Lall and Barry Angel had taken this action forward, and it could be closed.
- Speaking Up – Share information on HEE training with Committee – this training was being evaluated in relation to the relevance to the Trustee Board, and this would be subject to further review before potential circulation.

4. Update on HR Activity and Management Plan

- 4.1. Update on HR activities** – Barry Angel shared that the HR system had fully launched in early April, on target in terms of timing although as previously shared with the Committee, the staff time committed to system set-up had been more complex than anticipated. Training sessions for relevant staff were relatively well attended. Barry and Jackie hold the administration role on the system, and the feedback on the system has been good overall. The system will enable better analysis of employee data and monitoring and approval of annual leave, reducing HR team workload, and equipping colleagues in the organisation more widely to move towards a 'self-service' approach. The system is also approximately 50% of the cost of the prior system, representing an annual saving of c. £10k.

Barry Angel shared the reasons for sickness absence figures, primarily relating to two colleagues currently on long-term sickness. It was confirmed that covid is not a significant challenge in relation to illness figures.

The team are reviewing the Death in Service Policy due to the significant rise in the insurance premium, and whether this should be retained at 1x, 2x or 3x salary, or discontinued as a benefit following relevant consultation with staff. Colleagues holding an NHS pension are already eligible to receive 1 x salary through cover that is given.

The Committee noted the rag-rating of priorities, and starters/ leavers table including that Becca Wallace would be leaving the IPU in May.

It was confirmed that the Committee would be actively engaged in discussions around the Hospice's staffing structure, linked to whole-Board discussions on ICB funding levels, which are currently underway.

- 4.2. Retail management structure** – the Committee noted the revised structure included in meeting papers. It was confirmed that the rationale for this change related to a need around cost control in Retail specifically.
- 4.3. Education update inc. training platform** – the Committee reviewed the data on training completion, and the journey to enhance completion levels amongst staff and volunteers. The strongest up-take is from IPU staff. The Committee reiterated the concern on the length of time taken on training for both staff and volunteers, and whether the latest data from the prior platform can be inputted instead. Barry Angel and Nick Stevens would meet with the Education team to explore options.
- 4.4. Staff survey actions** – due to the additional time taken on HR system implementation, a number of actions have been delayed but they are all highly relevant and will now be a key focus in coming months. The Wellbeing programme for staff has not yet been launched as a comprehensive offer, although certain elements of this such as the Employee Assistance Programme have been put in motion. Line management training is also an area that will be progressed, as previously discussed with the Committee. An update on the plans for that training would be given at the next meeting.
- 4.5. KPIs** – it was noted that the new HR system will support a more granular depth of KPI data.

5. Update on Remuneration Committee actions

Barry Angel confirmed that pay rises were processed in the April payroll cycle, and all relevant letters shared with staff. The bonus criteria bring to next meeting.

6. Update on concerns around Speaking Up Policy; DEI update

Trustees used this item to reflect on the recent Trustee conduct issue, which had arisen due to views shared at a DEI training session, and following which the Trustee in question had resigned. On the basis of the issue, the Committee reflected that it should be made clear that the confidentiality of the session does not negate issues being raised from a Speaking Up perspective. Whilst feedback from those who attended was that the trainer had managed the challenges in the room, the trainer should have raised concerns on the comments directly with the Hospice, and should have taken a more direct approach to ask the Trustee to leave due to the severity of the comments. The experience should be used to inform a set of 'ground rules' for DEI sessions. Barry Angel would take this discussion and planning forwards with the trainer.

The Committee received an update on the wellbeing of the colleagues who had been particularly negatively impacted by the incident, and received assurance that the HR team have been in touch with them regularly. Manjit Lall offered to continue engaging with Barry Angel to receive updates on this important matter and the nature of support given, alongside the approach to briefing Trustees in preparation for a meeting with the staff concerned. Trustee engagement has been offered in terms of meetings, and Hazel Borthwick could also be engaged as a co-opted Committee member who does not sit on the Trust Board.

There were no further Speaking Up incidents to report.

7. Departmental risk register

Reference to the Speaking Up incident had been added in, and the Committee requested that the risk level be raised due to the possibility of uncapped employee claims.

8. Committee Terms of Reference

The Committee recommended the Terms of Reference to the Board for approval.

9. Any Other Business and Dates of future meetings

The date of the next meeting was confirmed as 9th July from 10am-12pm. There were no further items of business raised.

The meeting ended at 11.45am.

Approved.....

Date.....

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 April 2024

Members: Dr Carrie Chill – Trustee & Committee member (CC – Chair for meeting - virtual)
 Alan Cogbill – Trustee & Committee member (AC - virtual)
 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 - virtual)
 Rebecca Trower – Clinical Director (BT)
 Anna Machin (Governance – AM - virtual)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
5. Clinical Action Plan	Circulate Quality Account to Committee for comment by correspondence	Alex Rudkin	May/ June	19.04.24/01
	Place 2023/24 Quality Account on agenda of next meeting	Anna Machin, Alex Rudkin	July meeting	19.01.24/02
	Place 2023/24 Quality Account on agenda of next meeting	Anna Machin, Alex Rudkin	July meeting	19.01.24/03
	Look at complaint in further detail, as agreed with Committee	Becca Trower	Update at July meeting	19.01.24/04
7. Safeguarding update	Place 2023/24 Safeguarding update on agenda of next meeting	Anna Machin, Alex Rudkin	July meeting	19.01.24/05

1. Welcome, apologies for absence and declarations of interest

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

2. Review of minutes from 19th January 2024 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 Committee reviewed the actions arising:

- The action relating to use of technology when note-taking would be carried over, and Becca Trower would seek further views from colleagues.
- Becca Trower gave assurance on the continued communications with colleagues on the use of remote worker devices and paired visits for certain parents, and shared the 'buddy notification' system for the Compassionate Neighbours programme which means that the cost of devices is not incurred for these volunteers. This practice is felt to be proportionate to the risks. This action would be closed.
- The PsychoSocial team survey is included in the meeting papers.
- The team took forward more liaison with referral partners on the quality of patient notes used on admission including with the Sutton Hub and Merton End of Life team, and a mini-audit showed that the referrals coming through are more appropriate, and notes are more useful and succinct.
- In reference to the £15k grant application for bereavement support in prisons raised at the last meeting, it was confirmed that the grant had been awarded. A colleague is being recruited one day each week with a meeting with the Lead Chaplain will take place next week.
- The updates to the reporting format had been made.

3. Evidence of Excellent Practice Register

The Committee drew out specific examples from the report that evidences the teams in the Hospice working well together, integrating with other services, and reducing calls on the acute sector. This is a source of evidence to the ICB of the ways in which the Hospice relieves pressure on NHS-funded statutory services. The Committee received assurance that Make a Difference Alerts are completed by the Hospice, and it was agreed that a suggestion would be put into the system around ways in which existing services could support patients to move rooms at home when their condition is deteriorating, in order to mitigate the need to call an ambulance.

The data collected also shows that from January to March 2024, the Hospice team gave specialist input in relation to several hundred patients that were not registered, but where the team's advice could be leveraged by other services.

4. Clinical Risk Register

The Committee noted that one risk shows as red on the pre-control scores relating to IT system failure, and that this is mitigated down to yellow when the post-control score is calculated.

In relation to staffing quality and levels, the Committee were updated that Becca Wallace, who has been a strong leader within the Hospice, is leaving IPU for a role that presents a promotion in another local Hospice. There was one strong applicant who withdrew for personal reasons. Two Band 6 nurses have been asked to step up, and offered a parallel pay uplift, until the post is filled. This is not expected to decrease the number of beds available on IPU, but staffing levels will be closely monitored. As discussed with the HR Committee, the incident relating to Trustee conduct at a DEI training session has meant that there is reduced capacity in one team in the Hospice whilst an individual is on leave. This has not yet been added to the Clinical risk register as there is cover within the team, but will also be closely monitored. There were no further changes or updates to the risk register to note.

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

Becca Trower highlighted key points from the report, including fundraising opportunities through Toyota and the Sutton Mayor's Charity of the Year selection for the wellbeing service. More information has been added in to the report on activities of the colleague with social work expertise.

There are new student counsellors, two new nurses, and Band 6 colleagues starting on night shifts. There are no changes in the Medical team, and two Psychiatric registrars starting who will be with the Hospice for 6+ months.

In terms of practices around Covid, lateral flow device (LFD) tests are no longer in use and PCR tests are available should there be a sense that an outbreak has taken place.

The Committee noted the relatively high levels of sickness in some teams and asked for the driving factors. It was confirmed that the Community team have faced a number of personal challenges during this first period of the calendar year, which has contributed to this number. A relatively small number of colleagues are facing mental health challenges, due to factors in their personal rather than professional lives. The Hospice recognises its duty of care to colleagues, and offers the Employee Assistance Programme, engaged support from the HR team in relation to supporting phased returns, clinical supervision, reflection sessions and Schwartz Rounds. Team leaders and managers also hold one-to-one meetings, and SLT members ensure to check in with team leaders who are taking care of the teams. Through the EAP, colleagues can also access the 'Wisdom' app which gives advice on nutrition and exercise.

Alex Rudkin echoed that Becca Wallace would be loss to the Hospice due to her leadership of IPU colleagues, and also her collaborative engagement with the audit programme. Overall, the data is showing a positive picture and relevant information is set out in the report to the Committee, with no concerns to report.

The 2024/25 Clinical Action Plan is being finalised, and key data from last year is being inputted into the 2023/24 Quality Account, which is due for submission in June. This would be added as a substantive item for the next meeting, and the draft report would be circulated to the Committee by correspondence and input in May/ June prior to submission.

In relation to the complaint raised around the perception of the approach to fundraising marketing, Becca Trower gave assurance that the bereavement journey has been developed carefully, so that the only references to fundraising within the first twelve months of bereavement are funeral giving and the 'tree of life'. In relation to this complaint, Becca would liaise with the team to understand the specific trigger/ driver, and report back to the Committee at the next meeting.

6. Minutes of internal meetings

The Committee noted the minutes of internal meetings included in the paper pack, and encouraged colleagues to allocate responsibility to a volunteer for seeking feedback on IPU to increase the number of responses. The 2023/24 VOICES report would be presented at the next meeting.

7. Safeguarding update (standing item)

There were no concerns to raise with the Committee. Alex Rudkin would present the 2023/24 full-year report at the next meeting.

8. Annual review of Committee Terms of Reference

The Committee recommended the changes to the Board for approval.

9. Any Other Business and Dates of future meetings

There were no further items of business raised. The Committee thanked the team for the quality of reports provided.

The date of the next meeting was confirmed as Friday 12th July 2024 from 10am-12pm.

The meeting ended at 11.25am

Approved.....

Date.....

DRAFT

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 11:00 on Tuesday 23rd April 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 - virtual)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
3. Fundraising and communications update	Share 'Sponsor a Nurse' campaign figures	Kate Billingham Wilson	July meeting	23.04.24/01
	Bring monthly forecast for 2024/25 financial year, with multi-year view	Kate Billingham Wilson	July meeting	23.04.24/02
	Bring Legacy & In Memory scoping report	Kate Billingham Wilson	July meeting	23.04.24/03
	Take forward discussions with agreed corporates	Kate Billingham Wilson	May and June	23.04.24/04
	Develop Committee reporting on communications engagement pathways	Kate Billingham Wilson with Head of Communications	May and June	23.04.24/05
4. Commercial update	Discuss payment method for Lottery with Britevox	Sara Jane Woods	May	23.04.24/06
	Share data on profit margin by Retail location	Nick Stevens	July meeting	23.04.24/07
6. Risk register	Bring risk register	Kate Billingham Wilson, Sara Jane Woods	July meeting	23.04.24/08

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

2. Review of minutes from 25th January 2024 Committee meeting & actions list

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

- Include more information in report on income and expenditure to show net figures, and benchmarked communications figures – net figures had been added in to the report.
- Share Lottery retention figures in report split out by campaign; carry out retail benchmarking to comparators – this data was tabled at the meeting.
- Bring reflections on Retail and fundraising volunteer strategy to next meeting – this was included in the Retail report.
- Place incident report as standing ‘for information’ item – this action has been completed.

3. Fundraising and Communications update

Kate Billingham Wilson shared key points on the report:

- The ‘Sponsor a Nurse’ campaign has launched with a strong response so far, with the initial sense that a strong number of regular giving commitments have been made.
- The incoming Legacy and In Memory Manager has been undertaking phone calls and connecting with donors,
- There have been bids submitted to trusts and foundations, both for projects, and core costs including on a multi-year basis. The team is hopeful around the success of the Wimbledon Foundation bid, and an application is underway for the City Bridge Foundation. There have been two major donors that have given to the Hospice recently.
- The Business Club event was well attended, with positive conversations around potential areas of engagement, and a goal of reaching 40-50 members for this area of work. The response for Property Dash has not been as strong as hoped and so the date may move.
- In terms of Community fundraising, planning is underway for Light up a Life in terms of more community group engagement, and whilst the transition to Fundraising Circle groups did require communication, these groups have now settled and are finding networking valuable.
- Looking at Challenge fundraising, around £31k has been received to date through the recent London Marathon, and enquiries have already come in to run next year’s event. £10k has been raised by an individual who undertook the Manchester Marathon in memory of a Hospice patient.
- The Bereavement Journey is being rolled out by keeping communications with families to build up the contacts and supporter base.
- In terms of Communications, there has been good local coverage on Hospice activities, support for the ‘Sponsor a Nurse’ campaign, and potential plans to rationalise the printing of leaflets and accompany this with online resources.

The Committee commented that the open rate for the ‘Sponsor a Nurse’ appeal looked strong, and that the imagery was high quality. The Committee received confirmation that lapsed donors had not been targeted in this campaign. The full ‘Sponsor a Nurse’ campaign figures would be brought to the next meeting, alongside comparative figures for other campaigns e.g. the Lavender Appeal.

Committee members raised areas during 2023/24 that had not performed in relation to the budget including Appeals and In Memory, and asked about the extent to which the work of new colleagues is impacting income figures. Kate Billingham Wilson shared that the focus of 2023/24 had been on building the team and that the Appeals figures put forward by the Consultant were very high. The figures included in the 2024/25 are more realistic, and are seen to be attainable.

The Committee commented that receiving the typical 'run rate' of income across donation areas now the team is in place would be valuable, as a forecast outturn for the full year. It should be accompanied by a narrative and also signposts to give a view on multi-year funding. It was recognised that this would be harder to predict for trusts (and legacies) but that other income lines could be included more easily. This would be brought to the next meeting, alongside the report on scoping Legacy and In Memory activity would also come to the next meeting.

The approach to corporate donations was discussed including how more leverage and leadership could be achieved through engagement with stakeholders by Kate Billingham Wilson, particularly in Merton. Kate Billingham Wilson would take forward engagement with Spires, and also Mazars, as potential prospects. Whilst corporate organisations are often offering in-kind donations, there should also be a focus on securing more cash income and also areas that would benefit Retail operations.

In relation to the London Marathon, the average income per runner is above average, and encouraged applications to be accepted from individuals who would have good scope for securing sponsorship income. It was confirmed that 10 places had been applied for, in 2025, and 15 places the following year.

The Committee requested visibility on the communications pathway from engagement to action, to keep the focus on the purpose of this activity, and would consider whether the Head of Communications would join Committee meetings. The Committee gave positive feedback on the improvements in communications activity.

The fundraising figures were noted including the net figures, and the Committee supported this mindset of always focusing on return on investment on different areas of activity. The net contribution for 2023/24 is around the budgeted amount, as both income but also expenditure reduced primarily due to the decision not to hold a large-scale appeal.

4. Commercial update

Sara Jane Woods shared an update on the Retail team restructure, with two posts made redundant and a new Commercial Manager role created, giving an overall 1 FTE saving. This new way of working is embedding, in particular reporting into the Lead Shop Manager. The rationale for these changes is to improve the bottom line to have less reliance on Bank staff, alongside moving the Waste contract, and reducing consumables. Nick Stevens confirmed that these improvements are already showing through in financial terms within the management accounts.

RAG income is decreasing due to changes in the market more broadly, and Shop Managers are being encouraged to recycle more and find other destinations for donations that are not being sold, which will also contribute to cost savings. Customers are being encouraged to pay by card rather than cash, as there is a cost for processing coins and it is also harder to find banks that will do this. Communications continue around Gift Aid processing, and the improvements could be seen in the figures.

The Morden Shop is improving, and the team pulled together to move out of the Donation Centre space with five days to spare which also brought additional costs of Bank staff as a one-off spend. The Committee thanked the team for the time that they dedicated to this move. The Committee noted shop performance.

The figures for Lottery income broken down by campaign were tabled, and Sara Jane shared an analysis from initial sign-up, to the call to confirm the sign-up, drop-outs in the first period (which are not charged by Britevox). Overall Lottery retention is 81%, and those sourced through Britevox is 79% which is high. The Hospice has also registered new Lottery players who have approached the organisation directly.

The Committee felt that the Lottery results are encouraging and were supportive of the proposal to keeping to the planned timeline for the summer campaign, even if the goal of 2,000 is exceeded in this time period. Sara Jane Woods would ask Britevox whether taking payment through Continuous Card Payment rather than Direct Debit is possible, to improve retention.

It was agreed that an email campaign could be undertaken to contact one-off event donors, to see whether they would have interest in joining the Lottery campaign as more 'transactional' donors.

It was confirmed that the team still plan to hold off on any new Shops being opened whilst the focus remains on improving the bottom line. The Committee wished to see the profit margin per store at the next meeting. This would be possible, however the caveat would be that the exact spread of staffing by shop is more complex to calculate. Volunteering remains a focus in terms of sign-up and profiling Shop volunteers through communications.

5. Standing item – NHS income

Nick Stevens updated on a recent meeting with the ICB, which St Raphael's had attended alongside the three local Hospices on Friday 19th April. There was no firm offer of the level of funding that would be given, although it was clear that the ICB funding would never reach 50% of direct clinical costs that the Hospices had requested. The ICB can offer support to Hospices in financial difficulty. A follow up meeting will be held soon with the ICB CFO, as the date for triggering the mediation process is Friday 26th. Relevant legal advice is being sought. In terms of timelines for the process, it is hoped that this would be resolved within 2-3 months as the purpose is to agree on costs and also clarify the commitment for the ICB. A new PO number is being sought from the ICB and this has a potential material impact on cashflow, which will be raised this afternoon with the Finance Committee, as the level of income from this contract is £400k every quarter.

6. Departmental risk register

This would be considered at the next meeting.

7. Standing item – retail incident report

Sara Jane Woods raised that there had been one incident where police were called due to threatening uber drivers at a shop around a dispute on use of parking space.

8. Committee Terms of Reference

The Committee were supportive of the proposed changes and recommended the Terms of Reference to the Board.

9. 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 16th July 2024.

The meeting ended at 1.10pm.

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

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

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

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

Actions arising

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

The meeting commenced at 14.05pm

1. Welcome, apologies for absence and declarations of interest

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

2. Review of minutes from 25th January 2024 Committee meeting & matters arising

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

3. Finance Report

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

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

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

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

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

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

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

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

4. 2024/25 budget & cashflow projections

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. IT & Estates update

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

6. Committee Terms of Reference

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

7. Any Other Business and Dates of future meetings

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

The meeting ended at 3.45pm.

Approved.....

Date.....

Terms of Reference for HR & Remuneration Committee

St Raphael's Hospice

Scope of Committee remit

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

Committee membership and composition

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

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

Role and responsibilities of the Committee

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

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

Access

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

Committee Meetings

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

Reporting

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

Renewal

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

Date of last approval: March 2024³. Date of next renewal: March 2025⁶.

Terms of Reference for Clinical Quality & Governance Committee

St Raphael's Hospice

Scope of Committee remit

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

Committee membership and composition

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

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

Role and responsibilities of the Committee

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

- Assisting the Board identify the Hospice's major risks in relation to clinical quality and governance, and developing appropriate approaches to risk management. This will include periodic reviews of the Hospice's corporate risk register and insurance cover.

Access

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

Committee Meetings

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

Reporting

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

Renewal

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

Date of last approval: ~~March 2023~~April 2024. Date of next renewal: ~~March 2026~~April 2025.

Terms of Reference for Income Generation & Communications Committee

St Raphael's Hospice

Scope of Committee remit

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

Committee membership and composition

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

Role and responsibilities of the Committee

11. Subject to the provisions in the charity's Articles of Association, the members of the Income Generation & Communications Committee take delegated responsibility on behalf of the Board of Trustees for the following high-level areas:
- Provide feedback on the development of the fundraising, commercial and communications strategies, including contributing to an annual evaluation programme to establish all objectives are met.
 - ~~Implement, M~~onitor and evaluate these strategies once they are adopted.
 - ~~To r~~Receive reports on progress against key fundraising, commercial and communications objectives in the Hospice's annual Management Plan.
 - Receive updates on ~~Income-Fundraising and Retail~~ Figures and progress towards targets, alongside relevant benchmarking information to help put performance in context.
 - Receive information on fundraising activities including community, corporate and trust fundraising; lottery; and supporter care.
 - Lead on review of Retail performance, including consideration of opening in new locations and closure in existing locations in event that profitability does not meet expectations.
 - Receive assurance on profitability of Retail locations.
 - Ensure best practice is applied in all fundraising, lottery, retail and communications activities in line with the Charity Commission, National Audit Office (NAO), GDPR, HRMC and other regulatory bodies.
 - Receive updates on the pipeline of existing and potential sponsors and funders.
 - Acknowledge support and financial help provided by sponsors/ funders.
 - Hold oversight of the Hospice's funding received from NHS sources, including the organisation's relationship with the ~~Clinical Commissioning Group~~Integrated Care Board (ICBGGG).
 - Input into relevant PR statements for Hospice.
 - Assist the Board in identifying the Hospice's major risks in relation to fundraising, commercial and communications activities, and developing appropriate approaches to risk management, including through a departmental Risk Register.
 - Receive updates on fundraising, commercial and communications team development and wellbeing.
12. The Board may delegate additional powers to the Committee and these are to be documented.
13. The exercise of delegated powers is to be recorded in the minutes of the meetings and, thereby, reported to the Board.

Access

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

Committee Meetings

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

16. In line with the St Raphael's Hospice Articles of Association, the quorum for Committee meetings will be two Committee members, of whom one must be a Trustee.
17. Meetings may be held in person, or by suitable electronic means such as video conference.
18. Meetings of the Committee will normally be attended by the CEO, Director of Fundraising & Communications and Commercial Director. Other members of the team may be invited to attend or present.
19. Committee members may ask any attendees who are not members to withdraw to facilitate open discussion of particular matters.
20. Any votes will be undertaken in accordance with the provisions in the St Raphael's Hospice Articles of Association.

Reporting

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

Renewal

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

Date of last approval: ~~October 2023~~April 2024. Date of next renewal: April 2025~~March 2026~~.

Terms of Reference for Finance & Resources Committee

St Raphael's Hospice

Scope of Committee remit

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

Committee membership and composition

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

Role and responsibilities of the Committee

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

Financial

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

Investment

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

Pensions

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

Audit framework

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

External audit

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

Resources

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

Risk and assurance

- Assisting the Board identify the Hospice's major risks in relation to finance and resources, and developing appropriate approaches to risk management. This will include periodic reviews of the Hospice's corporate risk register and insurance cover.
- To investigate on behalf of the Board any financial or administrative matter which may put the charity at risk.
- To examine reports on special investigations and to advise the Board of Trustees accordingly.

- To consider the appropriateness of executive action following internal audit reviews and to advise senior management on any additional or alternative steps to be taken.
 - To ensure there is coordination and good working relationships between external audit and any other review bodies that have been set up.
 - To encourage a culture within the charity whereby each individual feels that he or she had a part to play in guarding the probity of the charity, and is able to take any concerns or worries to an appropriate member of the management team or in exceptional circumstances directly to the Chair of the Finance & Resources Committee.
12. The Board may delegate additional powers to the Committee and these are to be documented. For example, the Board may delegate to the Committee powers to authorise changes in personnel named in the Hospice's bank mandates.
13. The exercise of delegated powers is to be recorded in the minutes of the meetings and, thereby, reported to the Board.

Access

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

Committee Meetings

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

Reporting

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

Renewal

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

Date of last approval: ~~April 2024~~March 2023. Date of next renewal: ~~April~~March 2025⁶.

