

St Raphael's Hospice

Meeting of the Board of Trustees

To be held at St Raphael's Hospice at 13:30 on Wednesday 29th January 2025,
with lunch from 13:00

TO BE PRESENT:

Trustees:

Norman McWhinney (NM - <i>Chair</i>)	Alan Cogbill (AC - <i>Vice-Chair</i>)	Steve Chambers (SC)
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>Joint CEO</i>)	Rebecca Trower (RT) (<i>Joint CEO</i>)	Barry Angel (BA) (<i>Head of HR</i>)
Kate Billingham Wilson (KBW) (<i>Director of Fundraising & Communications</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>)	Alison Linwood (AL) (<i>Legacy & In Memory Manage – item 4</i>)	Alex Rudkin (AR) (<i>Director of Quality & Governance</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 23 rd October; Actions List	Approval	Chair	13.35-13.45
4.	Presentation: Legacy & In Memory giving	Discussion	AL	13.45-14.05
5.	Committee Chair updates inc. minutes: <ul style="list-style-type: none"> • 21st January 2025 Income Generation & Communications Committee • 21st January 2025 Finance Committee • 17th January 2025 HR Committee • 17th January 2025 Clinical Quality & Governance Committee 	Discussion	Chair, CEO	14.05-14.25
6.	Executive Report inc. KPI & risks report	Discussion	Executive	14.25-15.00
7.	NHS consultation	Discussion	NS	15.00-15.15
--	<i>Break</i>	-	-	15.15-15.30

8.	Finance report	Discussion	NS	15.30-16.00
9.	2025/26 Budget – high-level priorities	Discussion	NS	16.00-16.25
10.	Agreement of next steps, Any Other Business & Date of Next Meeting	-	Chair	16.25-16.30
11.	T-Time (trustee only session) <ul style="list-style-type: none"> • 2024/25 board self-evaluation: framework • Charity governance update • Plans for strategy session 	Discussion	Chair, AM	16.30-17.00

Dates of upcoming meetings: Trustee Board Strategy meeting Wednesday 19th March 12-5pm (including lunch and Hospice visit); Trustee Board meeting Wednesday 14th May, 1-5pm

St Raphael's Hospice
 Minutes of a Meeting of the Board of Trustees
Held at 13:30 on 23rd October 2024
at St Raphael's Hospice

Trustees:

Norman McWhinney (NM) (<i>Chair</i>)	Alan Cogbill (AC) (<i>Vice-Chair</i>)	Paul Holmes (PH)
Sister Veronica Hagen (Sr VH)	Grahame Darnell (GD)	Steve Chambers (SC)
Carrie Chill (CC)	Manjit Lall (ML)	Bernard Marley (BM)
Sister Kathleen O'Reilly (Sr K'OR)		

In attendance:

Rebecca Trower (RT) (<i>Joint CEO</i>)	Nick Stevens (NS) (<i>Joint CEO</i>)	Barry Angel (BA) (<i>Head of HR</i>)
Ed Cook (EC) (<i>Advisor to DoC & Finance Committee member</i>)	Naomi Collins (NC) (<i>Lead Consultant</i>)	John Groom (JG) (<i>Director of IT & Estates</i>)
Alison Linwood (AL) (<i>Legacy & In Memory Manager - apologies</i>)	Alex Rudkin (<i>Director of Quality & Governance - apologies</i>)	Kate Billingham Wilson (KBW) (<i>Director of Fundraising & Communications</i>)
Sara Jane Woods (SJW) (<i>Director of Income Generation</i>)	Jenny Wingate (JW) (<i>Governance</i>)	

Agenda item	Action	Responsible	Timeline	Ref.
9. Any other business	NHS consultation on agenda for committee and board meeting	Anna Machin	January meeting cycle	23.10.24/01
	Trustees completed training	Trustees	End of October	23.10.24/02
	Share events calendar with trustees	Kate Billingham Wilson	Immediate	23.10.24/03
	Review calendar of dates with trustees	Anna Machin	Immediate	23.10.24/04

1. Welcome and apologies for absence

The Chair welcomed Trustees to the meeting. Apologies due to ill-health were received and accepted from Alex Rudkin and Alison Linwood. It was agreed that the presentation planned on legacy and in memory fundraising would be postponed to the next board meeting.

2. Declarations of interest

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

3. Minutes of Board meeting held on 24th July & 1st August & Actions List

With apologies for the delay from Anna Machin, the Chair confirmed that the minutes of the meetings had now been uploaded to the portal – any comments or edits should be shared with Anna and Norman, and they will be ratified at the next meeting.

4. Presentation – legacy and in memory fundraising

This was postponed to the next meeting due to Alison Linwood being unwell.

5. Committee Chair updates inc minutes

5.1. 15th October 2024 Income Generation & Communications Committee – Grahame Darnell updated the Board on the meeting that had been held the previous week. Overall, the Committee were pleased to hear about progress being made across income generation and communications and wished to especially thank Sarah Jane Woods and Kate Billingham Wilson for their willingness to engage openly with Trustees. Key points arising included:

- Strong positive performance in income generation overall with two areas under target – community and corporate partnerships. The Committee has requested low, medium and high scenarios in these key areas to be able to anticipate risks by the end of the financial year.
- Spend on fundraising below budget and the overall net position remains positive.
- Recognition that a greater proportion of fundraising income is expected in the second half of the year due to Christmas and other upcoming events.
- Two recent resignations from managers responsible for the community and corporate areas – this will mean capacity issues in these areas especially given Christmas events, but provides an opportunity for Kate to review the structure of the team and how efforts are best targeted in the medium term.
- In communications, the committee wished to congratulate the team on their work related to media coverage during the announcement of the funding crisis e.g. 6.5m reached via BBC coverage – this resulted in some responsive donations which have been tracked.
- ICB update provided (to be discussed later in board meeting).
- Retail – the Committee received a largely positive update including a summary of a useful report from a consultant assessing the hospice shops and their potential. Actions taken to mitigate risk and increase income include: a decision to sublet the Wimbledon Park store due to low footfall; a focus on supporting manager capacity across the shops; and a continued push on Gift Aid sign ups.
- Lottery – generally going well, and donors signing up. Attrition rate faster than expected but still lower than other charities and hospices.

Trustees discussed the update and raised questions accordingly. They noted the consultant's suggestion that a superstore model was one that many charities were following now and whether this might be viable. Sarah Jane spoke about how she could see the value in this notion, but it would be vital to make sure the venue was right before taking such a large step.

The Board recognised how much progress had been made against the challenging fundraising targets but acknowledged that there was potential that not all these would be met, including on legacies. Whilst managers were not overly concerned, it was important to highlight how difficult and competitive the environment is currently. The Board asked about how the three-year targets had been developed and how realistic they were. It was explained that they had been developed with the team and that whilst they were challenging, there was also confidence in the work being done to meet these. Nonetheless at the request of the Committee, some forecasting will be done as highlighted above and this will be shared for discussion.

Trustees were pleased to hear about how useful the upgraded database is likely to be with a useful benchmarking function – Steve Chambers was thanked for his strategic support with development of this.

Trustees asked how the resignation of two managers would be likely to impact on the team. It was suggested that whilst there might be some challenges with the Christmas rota, over the longer term there might be opportunity to consider a structure whereby there is less silo working and income generation areas and targets are spread across the team, many of whom have strong relationships with corporate partners themselves which can be built on.

With regard to the hospice shops, there was a discussion about management of the shops alongside recruitment of volunteers. Sarah Jane shared that managers were fatigued by having to be moved around different shops often at short notice due to sickness or other priorities. Ideally leads in each shop would be able to focus on their own shop to build ownership and pride but this was not always possible. It was noted that due to being under budget staffing wise, it might be possible to use some funding to support with the staffing issues in the shops which may be helpful.

In the area of volunteer recruitment, the board discussed what more could be done to promote the role, for example through the communications team, with corporate partners, or by doing further analysis to understand where volunteers come from and how best to invest in volunteers. Some positive partnership working was developing with Sutton and Merton Volunteers - ten volunteers from Hong Kong would be coming to help set up for a charity fair later in the week. The Chair of the Committee closed this update by thanking all the staff in the team for their hard work and commitment.

5.2. 15th October Finance Committee – Alan Cogbill referred the Board to the minutes shared prior to the meeting. He confirmed that in addition to meeting the auditors and an analysis of the current financial position, and reviewing the annual report and accounts, the Committee received a report from John Groom on progress delivering a heavy programme of implementing and upgrading IT systems. John was thanked for his hard work in ensuring this has happened so fully and smoothly. With regard to the audit, the Committee had agreed that the process had been much improved on previous years. The outcome was a 'clean' audit opinion, with only minor suggestions for management to consider, which it was acknowledged it might not be practical to adopt. The notable example was doubling up staff doing cash and stock checks in shops, where other safeguards were in place to minimise risk.

The Committee had recommended the report, accounts, and letter of representation to the auditors to the Board for approval.

5.3. 8th October HR – Paul Holmes, Chair reported on the HR committee meeting highlighting the following:

- The restructure has now been completed – the Committee were pleased to hear that there is a feeling of calmness currently and wished to recognise the efforts of the Executive team in enabling this.
- Ginny Toubal gave an update on volunteering – it was pleasing to see how much energy is going into this crucial aspect of the hospice and that numbers have remained high through this difficult period. Noted that a six-month trial is underway in the Orangery which will include the use of volunteers once a week and a review of prices.
- The staff survey will be conducted in 2025 as opposed to this year – the Committee agreed this was a sensible decision given other pressures.
- Potential bonus criteria are to be discussed at the next remuneration committee meeting – noted that if implemented this is likely to be restricted only to retail as there were ethical issues related to fundraising and is not common practice in other areas.
- HR and payroll systems being brought in-house – confidence that the team will be able to deal with queries from staff.
- Strategy meeting to be held on 6th November for the executive.

Barry Angel confirmed that since the Committee meeting, the leaders had decided that they would send a short survey to all staff and volunteers prior to the strategy planning session and then continue to ask for feedback beyond. Paul was thanked for the update and the Board recognised the Executive for their ongoing efforts in this important area.

5.4. 11th October Clinical Quality and Governance – Carrie Chill reported that some of the data which is usually shared at the Committee were not available due to Alex Rudkin not being well. She was pleased to say that all actions had been completed and that the Committee was generally functioning well. Trustees were interested in the Medical Examiners' report which is to be shared regularly, and which provided positive feedback from patients on the hospice.

The Committee received an oral update on the restructure and were reassured to hear that staff have been coping well despite some recent resignations which may have an impact that will need to be monitored.

A key focus of the meeting had been the impact of the closure of the Hospice at Home team and how feedback related to the loss of this was being collated. It was suggested that this information would be important to have prior to the meeting with the ICB. However, it was also important to note that, due to the way in which people access the hospice, it was likely that many more recent clients would not be aware that this service had previously been available. Trustees discussed the service agreeing that it was an important to recognise that this general support service had valuably fed into the specialist care team and in reducing the risk of hospital admissions in the last weeks of life was of significant value to the NHS.

Carrie reported that the Committee had asked for two HR risks to be added to the register as follows: management of data collection should the lead remain unwell for a period of time; and the failure to recruit a new medical consultant following the resignation of Dr Jenny Strawson.

There have been no complaints since the Committee last met, but there had been a discussion of a potential forthcoming complaint related to a delay in discharge to the hospice resulting from hospitals' adoption of cheaper but less effective drains. Practice was being adapted to meet this.

The Board thanked Carrie for the update. They discussed whether there was anything further that could be done by trustees to support and engage with staff following the restructure – Becca Trower responded that she had had frequent discussions with clinical staff about this, but it did not feel that there was a clear time or manner in which this should happen. She suggested that current ideas such as a newsletter were a good idea and that it would be helpful for trustees to take up engagement opportunities as they arose. Paul Holmes agreed with this confirming that he had recently joined the EDI session and found it a useful way of meeting with staff. All were encouraged to join the online Schwartz round on the 29th October. Barry Angel added that it was important to ensure that staff and volunteers are aware of the work going on around strategy development and how they can influence this.

The Board Chair thanked all Committee Chairs for their reports.

6. Executive Report inc KPI and risk report

6.1. Becca referred the Board to the joint CEO report, highlighting the completion of the restructure and the fact that in the clinical team, all those who have left and were looking for other roles, have now been appointed to other posts which was excellent news. She added that the team have adjusted well to the changes and were working in a cohesive manner. A successful recruitment of the IPU lead had just been concluded for which a head-hunter was used at little cost and which provided a set of quality candidates.

Becca and Naomi Collins are reviewing with others the best model for recruitment to the consultant post that will become vacant once Dr Jenny Strawson leaves. Options include a part time post based solely at the hospice or a full-time post in partnership with Epsom and St Helier hospitals. The Board welcomed the idea of collaboration especially since there are reciprocal arrangements in place already with some staff. The Board asked whether there was a risk over the next few months when there would be no consultant on site. Naomi said that in the short term this was manageable and there was no likely risk in terms of patient safety. In the longer term, the key risk would be related to the possible loss of a registrar training post should there not be full time provision of a consultant to support with this. It was agreed that, should this risk become heightened, it was likely that Epsom or St Helier would be able to support with this.

Becca was thanked for her update – Nick Stevens moved on to highlight other aspects of their report:

- A number of promising fundraising activities are in place including: a black-tie dinner organised by a family and aimed at raising £30k; a potential £40k funding application to the City Bridge Fund; a £22k donation from a local business to support the opening of another shop.
- Legacy income is currently low, and as is always the case, is unpredictable – there is the potential of a £400k one to follow, and that day there was notification of £80k.
- Retail – significant effort going into sales, with some concerns about absence in management as already highlighted, but given costs are under budget, mitigation can be put in place in the short term. Alongside Lottery – pleasing growth in numbers signing up.
- Positive progress with IT and HR systems.
- The overall position with finances is that whilst there is a shortfall, this is less than was expected at this point – it is also the case that all payments in lieu of notice were paid out in the first six months and so the benefit of the cost savings programme will be seen over the next six months. It was therefore pleasing that the risks related to income generation and donations could be reduced to amber.
- Costs are below budget overall, with clinical and support costs on track, and investment and cash levels higher than budgeted for September – as such there is no anticipated need to use investment funds until this time next year. It was confirmed that the overall shortfall this year would be similar to last year, excluding the £1m received from the DoC.

The Board discussed whether the slower pace of lottery funding was of concern. Nick responded that retention was not as good as had been expected and this will be considered when deciding whether to run it again next year. As already mentioned, it was better than in other hospices and charities which was pleasing. The Board heard that there were other ways in which the lottery could be promoted further, e.g. with greater contact with those signed up, rejoining campaigns, or adjusting prize amounts to be less but more numerous. It was suggested that there might be value in looking at ways of involving lottery players more in the work of the hospice especially as many see themselves as regular givers as opposed to lottery players, and that further research could be done into seeing whether lottery players convert into donors in other ways, e.g. legacies.

The Board moved on to review the risk register, considering the red risks and mitigations in place. They particularly focused on staff capacity and live risks around the loss of key personnel asking leaders if they had any concerns about this. It was confirmed that Alex Rudkin would be returning next week and all hope that he will be much improved. Nonetheless Becca and Nick were aware of the risk around reliance on individual staff members and would be planning around this – they will report back to trustees on actions proposed.

Becca referred to risk 6 related to reputational damage due to matters of faith, finance etc, saying that the faith issue had come up as an important factor for some staff leaving and so it was important not to lose sight of this and review mitigations on a regular basis.

7. Annual report and accounts & post-audit report

7.1. As had been shared during the finance committee update, Nick confirmed that the audit was now complete and the final updated report provided. He highlighted to the Board the following:

- The hospice had £3m free reserves which were well in line with the 3-6 months reserves recommended by the Charity Commission
- There were no errors or misstatements reported through the audit, but since the finance Committee, one ‘important’ issue had arisen and was included in the audit report. This was related to an incident where a volunteer had been seen taking money from the tills in a shop, and whether Trustees had appropriately documented the incident including considering whether the police needed to be informed of a serious incident report made to the Charity Commission.

- Auditors suggested that should the Trustees have decided these steps were not needed then the rationale for this decision should be documented in the minutes – should this not have happened, it might indicate a ‘significant control weakness’. The Board were informed by Nick about the management response outlined in the audit report on how the background to the incident, the ‘low harm’ scale, and the fact it was acted on appropriately and immediately. The decision had been taken by management that an incident such as this was operational due to the reasons provided, and there would not generally be an expectation that the Board be informed of such a matter. Nonetheless the Board could be assured that all such incidents are properly documented and included in the incident reporting system which is reviewed regularly by senior staff.
- Following this explanation the Board discussed the response asking for more detail about how such incidents are managed. It was suggested that such an incident would be likely to appear in the Datix report when reviewed at the Income Generation Committee meeting, but it was also the case that small scale incidents such as this unfortunately do happen when managing charity shops and it would be difficult to prevent them completely. There are mitigations in place through the use of the till systems and a discrepancy report reviewed at the end of each day, but should something not be processed through the till system or actually observed, it would not be possible to know it had happened. The sums at risk would be relatively small. Sarah Jane added that the team had made significant progress with minimising theft, and that the fact that staff had identified this incident and informed the auditors of it was a clear example of the effectiveness of the systems in place.
- The Board agreed with Sarah Jane and confirmed that they were confident with the operational management and monitoring systems that were in place. They also agreed that a proportionate approach had been taken.

Nick moved on to refer the Board to the letter of representation which had been drafted on the Board’s behalf. He confirmed that there were no particular matters that needed to be raised with the auditor but asked the Board to specifically note the statement within the letter that the charity was a ‘going concern’ and there was confidence about this for the next twelve months.

The Board approved the Letter of Representation and confirmed this confidence.

8. Finance report inc full status update on staffing structure and plans for ICB meeting

It was agreed that the finance report had already been covered and the Board moved on to discussing plans for the ICB meeting. They reviewed the content of the draft one-page document which, if approved by trustees, would be shared with the ICB the day before the meeting. Key points arising from this discussion included:

- The importance of making sure there was a clear rationale for how the figure of £11m savings for the NHS was derived. Noted that this figure had been shared with the ICB previously and whilst not cashable, demonstrates the value for money being obtained and how the hospice alleviates pressure from NHS services. It was suggested that the one pager might benefit from some practical examples to support with this, for example, the example of an hour and a half being needed to someone’s dressings daily which could not be done in a hospital.
- Considering the meeting itself, it would be important not to dwell too much on detail and ensure that there was time for them to meet with Norman, Alan, Becca and Nick, and for her to be able to talk about the complexity of the care system and how the hospice can support with this, at the same time as ensuring the ICB CFO and Chair see key parts of the hospice.
- Also recognised that the longer-term goal is to obtain a four-way agreement with the other SWL hospices – the ICB CFO and Chair are meeting with all of them which demonstrates their genuine interest in identifying a way forward.
- A specific edit to the one pager included adding ‘JUST’ to the first sentence – no longer JUST a handholding service. *(NB. This has since been revised completely.)*

The Board discussed what success for the meeting would look like – it was suggested that an agreement of a four-way meeting with the hospices and an immediate injection of funding would both be positive outcomes from the meeting. Becca confirmed that the same data presented by St Christopher’s at their meeting would be shared at a later date so there was a unified position being presented. There was a query about what the Chair would say if he was asked directly by ICB colleagues what Trustees would wish from the meeting. It was suggested that one of the key questions would be to get an understanding of whether St Raphael’s is perceived by the ICB as a critical part of the future of end-of-life care in the local area.

The Chair added that it was important the meeting was held in a positive manner recognising that all were on the same side despite the difficulty of the funding crisis. It was agreed that Becca would update and send the one pager out on 28th October prior to the meeting.

9. Any Other Business & Date of Next Meeting

Trustees were asked if they had any other business. The Ten-Year Future NHS consultation was raised and trustees considered whether a joint response from St Raphael’s should be submitted. It was agreed that this should be an agenda item on each of the committee meetings in the new year and a response collated for the board meeting in January. It was agreed that it would be helpful to see the Hospice UK response as well.

Training – Trustees were asked to complete the training courses expected by the end of October.

Events – Grahame spoke about attending the Nuffield event on Saturday and how successful it had been but also how valuable it had been to meet with staff and volunteers. He encouraged trustees to participate where possible. Kate Billingham Wilson will share a list of upcoming events for trustees to consider.

It was agreed that Bernard Marley would send a get-well message to Alex Rudkin on behalf of the Board.

The date of the next meeting was confirmed as 25th January 2025. The Board agreed they were happy with the timing of the meetings, but asked that Anna Machin review the dates of the meetings to make sure they were best suited to chair availability and whether they conflict with Easter etc.

Signed:

Date:

St Raphael's Hospice - Board Self-Evaluation - Spring 2025

We thought it would be an interesting exercise to assess ourselves as a board against the seven Principles outlined in the Charity Governance Code published with the Charity Commission. Below is an abridged version of each principle with, in some areas, slight expansion and a scoring scale ranging from zero to ten. Please score where you think we are in relation to the principle where zero means no achievement and ten implies complete achievement. We will present the outcomes of the self-review at the 19th March Board Strategy Meeting.

We will launch this survey on 29th January would be grateful for responses by Wednesday 12th February. If you have any queries about the form please contact Anna (annamachin@straphaels.org.uk).

* Required

Principle 1: Organisational Purpose

The first set of questions relate to St Raphael's charitable objects and strategic purpose.

1. Overarching Principle: The board can demonstrate that St. Raphael's Hospice Charity is effective in achieving its charitable purposes and agreed outcomes. *

1	2	3	4	5	6	7	8	9	10
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2. The board has a shared understanding of and commitment to the purposes of St. Raphael's Hospice Charity and can articulate these clearly. *

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3. The board is clear about the aims of St. Raphael's Hospice Charity and ensures that these are being delivered effectively and sustainably. *

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4. The board leads the development of, and agrees a strategy and plan, to achieve St. Raphael's Hospice Charity's purposes and is clear about desired outputs, outcomes and impacts. *

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5. The board evaluates the impact, outputs and outcomes of St. Raphael's Hospice Charity on an ongoing basis. *

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6. The board is cognisant and has an understanding of the external environment which the St. Raphael's Hospice Charity serves. *

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7. Do you have any comments or suggestions on Organisational Purpose that you would like to add?

Principle 2: Leadership

The next set of questions explore the board's collective leadership of the organisation.

8. Overarching Principle: St. Raphael's Hospice Charity is headed by an effective board that provides strategic leadership in line with its aims and values. *

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9. The board as a whole, and trustees individually, accept collective responsibility for ensuring St. Raphael's Hospice Charity has clear and relevant aims with an appropriate strategy to achieve them. *

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10. The board agrees St. Raphael's Hospice Charity's vision, values and reputation and leads by example and requires anyone representing St. Raphael's to reflect its values positively. *

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11. The board ensures that the values of St. Raphael's Hospice Charity are reflected in all its work and that the ethos and culture of the organisation underpin the delivery of all the activities. *

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12. The board provides oversight and direction along with support and constructive challenge to staff and volunteers. *

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13. The board supports any staff or volunteers to feel confident and able to provide information, advice and feedback necessary to the board. *

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14. Do you have any comments or suggestions on Leadership that you would like to add?

Principle 3: Integrity

This next section looks at the values and ethics shown by the board.

15. Overarching Principle: The board acts with integrity, adopting values and creating a culture which helps to achieve the charitable purposes of St. Raphael's Hospice Charity, and is aware of the importance of the public's trust in St. Raphael's. *

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16. The board acts in the best interests of St. Raphael's Hospice Charity and its beneficiaries and is not unduly influenced by external and/or any personal interest. Collectively the board is independent in its decision making. *

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17. The board promotes and safeguards the reputation of St. Raphael's Hospice Charity. *

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18. The board recognises the importance of safeguarding all individuals within the organisation and oversees and regularly reviews the protocols and mechanisms in place. *

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19. Trustees accept, adopt and adhere to a suitable code of conduct adopted by St. Raphael's Hospice Charity. *

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20. Trustees disclose any actual or potential conflicts of interests to the board which are kept in a register. *

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21. Do you have any comments or suggestions on Integrity that you would like to add?

Principle 4: Decision Making, Risk and Control

This next section focuses on the board's decision making and delegation.

22. Overarching Principle - The board ensures that the decision-making processes are informed, rigorous and timely and that effective delegation, control, risk assessment and management systems are set up and monitored. *

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23. The board is clear that its main focus is on strategy, performance and assurance rather than operational matters and reflects this in what it delegates. *

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24. The board has a sound decision making and monitoring framework and is aware of financial and non-financial risks. *

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25. Where aspects of the board's role are delegated to committees, staff or volunteers the board keeps responsibility and oversight. *

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26. The board ensures that its sub-committees have suitable terms of reference and membership. *

1	2	3	4	5	6	7	8	9	10
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27. The board assures itself that third parties work in the interests of St. Raphael's Hospice Charity and in line with its values and regularly review the agreements. *

1	2	3	4	5	6	7	8	9	10
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28. The board regularly considers information from similar organisations to benchmark performance. *

1	2	3	4	5	6	7	8	9	10
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29. The board regularly reviews specific significant risks and their cumulative effect and makes plans to mitigate and manage these risks appropriately. *

1	2	3	4	5	6	7	8	9	10
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30. The board agrees and oversees an effective process for appointing its auditors. *

1	2	3	4	5	6	7	8	9	10
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31. Do you have any comments or suggestions on Decision Making, Risk and Control that you would like to add?

Principle 5: Board Effectiveness

This area involves the board's skills, experience and collaborative working

32. Overarching Principle: The board works as an effective team using the appropriate balance of skills, experience, expertise, background and knowledge to make informed decisions. *

1	2	3	4	5	6	7	8	9	10
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33. The board's culture, behaviours and processes help it to be an effective team which feels it is safe to suggest, question and challenge ideas and does not avoid difficult topics. *

1	2	3	4	5	6	7	8	9	10
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34. All trustees have appropriate skills and knowledge of St. Raphael's Hospice Charity and can give enough time to be effective in their role. *

1	2	3	4	5	6	7	8	9	10
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35. The chair enables the board to work as an effective team by encouraging strong working relationships and creates a culture allowing differences to be aired and resolved. *

1	2	3	4	5	6	7	8	9	10
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36. The board takes decisions collectively with confidence and unites behind them and accepts them as binding. *

1	2	3	4	5	6	7	8	9	10
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37. The board reviews its own performance including that of the chair, and considers the balance of skills, experience, knowledge, diversity and its effectiveness. *

1	2	3	4	5	6	7	8	9	10
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38. Do you have any comments or suggestions on Board Effectiveness that you would like to add?

Principle 6: Equality, Diversity and Inclusion

This section was expanded in the Charity Governance Code in 2021 and focuses on diversity within the board and wider organisation.

39. Overarching Principle - The board's approach to equality, diversity and inclusion supports its effectiveness, leadership and decision making. *

1	2	3	4	5	6	7	8	9	10
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40. The board is more effective if it includes a variety of perspectives, experiences and skills. *

1	2	3	4	5	6	7	8	9	10
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41. The board of St. Raphael's Hospice Trust follows principles of equality, diversity and inclusion. *

1	2	3	4	5	6	7	8	9	10
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42. The board of St. Raphael's Hospice Charity makes a positive effort to remove, reduce or prevent obstacles to people being trustees using available resources. *

1	2	3	4	5	6	7	8	9	10
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43. The board of St. Raphael's Hospice Charity sees diversity, in all its forms, as an important part of its regular reviews and when recruiting trustees considers how to attract a diverse pool of candidates. *

1	2	3	4	5	6	7	8	9	10
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44. Do you have any comments or suggestions on Equality, Diversity and Inclusion that you would like to add?

Principle 7: Openness and Accountability

The final section explores transparency and accountability

45. Overarching Principle - The board leads the organisation in being transparent and accountable. The St. Raphael's Hospice Charity is open in its work unless there is good reason for it not to be. *

1	2	3	4	5	6	7	8	9	10
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46. The work of St. Raphael's Hospice Charity and its impact are appreciated by all the stakeholders. *

1	2	3	4	5	6	7	8	9	10
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47. The board of St. Raphael's Hospice Charity ensures that the charity's performance and interaction with the stakeholders are guided by the values, ethics and culture put in place by the board. *

1	2	3	4	5	6	7	8	9	10
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48. St. Raphael's Hospice Charity is seen to have legitimacy in representing our beneficiaries and stakeholders. *

1	2	3	4	5	6	7	8	9	10
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49. The board ensures a strategy for regular and effective communication with stakeholders which enables them to measure our success in achieving the stated purposes. *

1	2	3	4	5	6	7	8	9	10
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50. The board ensures that stakeholders have an opportunity to hold the board to account. *

1	2	3	4	5	6	7	8	9	10
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51. The board gets regular reports on positive and negative feedback and complaints submitted, and demonstrates learning from mistakes to improve performance. *

1	2	3	4	5	6	7	8	9	10
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52. Do you have any comments or suggestions on Openness and Accountability that you would like to add?

53. The Board has navigated a lot of change and challenge over the past year. We would welcome your reflections on how the Board has responded to these challenges, and any further actions you think that we should be taking. *

54. We would welcome your thoughts on the training platform, and any particular training topics that you would welcome. *

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Likely Introduction of the Assisted Dying Bill - Key Challenges for Hospice Boards

Key Facts

- Committee newly formed – evidence being gathered
- Any change in law will not be agreed for 1-2 years at the earliest
- Potential for deaths to take place in or be connected to hospice services



Role of the Board

What will enable the Charity to carry out its purposes now and in the future?

There is a lot to consider – doesn't all need to be decided now but it would be prudent to open up some discussions over the next few months....



Issues to consider

Upholding the values of the hospice

- Can we use the Values of the hospice as a lens to help with how we and our leadership team prepare for Assisted Dying to be legalised in the UK?

Current work on values but recent staff survey identified top 6 as:

- Compassion
- Person-Centred
- Respect Teamwork
- Integrity and Honesty
- Safety



Issues to consider

Duty to Service Users

- Should the hospice always try and reflect the wishes of our local community?
- Can we ensure a willingness to access our care services that might increase rather than decrease?
- Would we turn a patient away who had applied for an Assisted Death?



Issues to consider

Reputation

- Hospices may be on the 'front line' of a new but potentially polarising legal right
- Whatever our position, we will have opponents who criticise us
- We are likely to be asked regularly about our views in media and social media
- How well we handle our public positioning will impact on all other areas



Issues to consider

Duty of Care to Staff and Volunteers

- Plethora of wellbeing, religious, ethical and political issues
- What do our staff feel? Will we lose highly experienced staff?
- What do our volunteers feel? Will we lose volunteers?
- Critical to include both groups from the outset
- Good to talk but better to listen



Issues to consider

Finance

- How might introduction of AD affect statutory funding?
- How might the decisions we take affect FR and Retail?
- What will our health and social care partners want from us?
- Obvious risk of some supporter loss....



Any questions?



Any questions?



Corporate Risk Control Register												
Risk Category	Activity	Top Risk(s)	Initial Likelihood	Initial Severity	Initial Risk Rating	Prevention Controls - reducing likelihood	Mitigation Controls - reducing severity	Final Likelihood	Final Severity	Final Risk Rating	Responsibility?	Last / next review
1	Cost reduction measures result in loss of confidence - Staff	<ul style="list-style-type: none"> Income Generation teams lose confidence and key staff Clinical teams lose confidence and key staff Support teams lose confidence and key staff 	4	5	20	<ul style="list-style-type: none"> Communication is clear and understood - one challenge is being dealt with; remaining income challenge is achievable; the hospice has a future Unity across the Leadership Sector similarities - making known the issue is also an issue needing to be addressed elsewhere too 	<ul style="list-style-type: none"> Reduce the service to allow for reduced capacity Consider merging services or support with neighbouring hospices Consider Outsourcing of teams if staff leave and service not tenable Looking for efficiency gains via IT and database changes 	3	4	12	Exec	Oct 24 / Jan 25
2	Other Income Generation does not increase along planned growth trajectory	<ul style="list-style-type: none"> Long term financial sustainability at risk Financial Losses continue and cash drains 	4	5	20	<ul style="list-style-type: none"> Fundraising strategy in place - full team recruited, Sponsor a Nurse Campaign launched Lottery Campaign underway and potential to crystallise gains via Local Hospice Lottery Retail focus on cost control, pricing and Gift Aid + subsequent growth 	<ul style="list-style-type: none"> Cash Balance in place to support plan implementation over next 18 months Additional mitigation funding potentially available to ensure ability to manage volatility 	3	4	12	Exec	Oct 24 / Jan 25
3	Cyber attack	<ul style="list-style-type: none"> Virus, ransom-ware or other malware attack or software vulnerability. Malicious software can damage IT system, steal or encrypt data or prevent normal service by sheer volume of extra traffic. Problem could spread to many servers, computers and/or other devices and take days to clear. Denial of Service Attacks could affect internal or external systems. Reputational damage can result from cyber attack. 	4	5	20	<ul style="list-style-type: none"> Anti-virus & anti-malware software is used on all servers & computers. These are updated automatically in real-time. Software updates & security patches are applied when needed. Firewalls control unauthorised entry from Internet. Web filtering software prevents users from accessing unsafe websites. Email filtering blocks most unsafe emails. Staff are educated to avoid risks from fishing attacks. Simulated attacks are used to ensure that staff comply. Mandatory training now includes cyber security for all staff. Enforced use of strong passwords and 2-factor authentication. Core systems are in cloud or being moved to cloud to increase security 	<ul style="list-style-type: none"> Multiple backups of data are maintained on a daily basis Backups are both on-line and off-line to maximise opportunity for data recovery Cyber Insurance acquired to provide cover for additional work in recovery and restoration Review of data holding and processing underway to minimise potential data losses 	3	4	12	Exec	Oct 24 / Jan 25
4	Key staff capacity	<ul style="list-style-type: none"> Progress in critical projects is hindered Staff burnout leads to staff losses Work/life balance and job satisfaction impaired 	4	5	20	<ul style="list-style-type: none"> Reduce some activities, meetings, reporting in order to release time pressure Set realistic expectations and plan to resource needs and respond accordingly to avoid a crash Provide flexibility in working arrangements to enable space to recharge where possible Put Recovery plans in place to manage in key staff absence 	<ul style="list-style-type: none"> Look to reduce scale of operation over time in order to operate within the bounds of possibility Project related payments for overtime in order to manage additional workloads Seek to ensure critical knowledge is shared and documented Consider alternative source of expertise 	3	4	12	Exec	Oct 24 / Jan 25
5	SRH is subject to reputational damage arising from matters of faith, finance cost reductions and medical practice	<ul style="list-style-type: none"> Supporters are dissuaded from donating, volunteering etc Sector colleagues change behaviour towards us 	4	4	16	<ul style="list-style-type: none"> PR approach to managing financial or faith related matters is prepared More roles to be designed and specific recruitment for particular roles Open reporting and learning culture in clinical environment to ensure improvement is continuous and care qualities are maintained 	<ul style="list-style-type: none"> Positive and explanatory aspects of any news is prepared 	3	3	9	Exec	Oct 24 / Jan 25
6	Inability to recruit sufficient volunteers to support income generation	<ul style="list-style-type: none"> Retail operation is restricted Fundraising plans curtailed 	4	4	16	<ul style="list-style-type: none"> Retail team being engaged and trained in recruitment and retention of volunteers Marketing budget assigned to volunteer recruitment - continue to campaign for recruits 	<ul style="list-style-type: none"> Create a backup volunteer force who have ability to step in 	3	3	9	Exec	Oct 24 / Jan 25
7	Inability to locate suitable new retail venues	<ul style="list-style-type: none"> Future financial targets not met Core costs not spread widely enough 	4	4	16	<ul style="list-style-type: none"> Growth paused to allow Director to drive bottom line of existing estate Continue to scan for ideal sites and/or pop-up shops 	<ul style="list-style-type: none"> Ensure that current outlets are as efficient and cost effective as possible Maximise ad hoc and other opportunities to generate income (including lottery sales) 	3	3	9	Exec	Oct 24 / Jan 25
8	Materially reduced legacy income	<ul style="list-style-type: none"> Financial Losses continue and cash drains Long Term sustainability reduced 	4	4	16	<ul style="list-style-type: none"> Legacy & In Mem staff member recruited Legacy training Regular promotion and publications of Legacies (new leaflet currently being produced) 	<ul style="list-style-type: none"> Maintain sufficient cash resource to manage volatility of legacy drought - mitigation funding agreed in principle 	3	3	9	Exec	Oct 24 / Jan 25
9	Loss of Key Personnel	<ul style="list-style-type: none"> Some systems may be understood by only one person, who could leave etc. Some systems could then be difficult to maintain, with extended downtime, or projects could be delayed. 	3	5	15	<ul style="list-style-type: none"> Seek to provide internal back-up and succession to help spread the critical systems knowledge Aim to provide suitable remuneration and conditions of service in order to retain 	<ul style="list-style-type: none"> Create effective handover documentation that could be followed by others 	3	4	12	Exec	Oct 24 / Jan 25
1	Reduced clinical workforce	<ul style="list-style-type: none"> Reduced responsiveness Lower staff morale Reduced staff retention Reputational damage Reduced referrals 	5	3	15	<ul style="list-style-type: none"> Consultants GTR and NC to provide telephone support/ emergency on site visits for ad hoc days on a short term basis Could approach colleagues in Princess Alice Hospice, St Helier and Epsom Hospital for emergency cover Review of operational guidelines 	<ul style="list-style-type: none"> Seek additional hours from within the team 	5	2	10	CD/ NC	Jan 25/April 25
10	IT systems failure	<ul style="list-style-type: none"> Switch / Router failure or configuration corruption / deletion Firewall failure or configuration corruption / deletion Major hardware failure can be caused by a range of events, both accidental and malicious. Depending on which hardware fails, vital services could be disrupted or communications lost. 	3	5	15	<ul style="list-style-type: none"> Firmware and software updated regularly. For Servers, SANs and NAS, dual components provide redundancy for single item failures. Global spare SAN disks enable automatic replacement of a failed drive. Firmware and software updated regularly. Use of strong passwords. Access limited to essential personnel. 	<ul style="list-style-type: none"> Spanning tree protects against single device failure by rerouting connections. High availability firewalls allow one firewall to take over if another fails. Spare switch ready configured for replacement Backup copies of all configs kept securely. Warranty support contracts provide rapid response to replace failed parts. Regular backups of virtual servers enable rapid recovery in event of failure. 	2	4	8	Exec	Oct 24 / Jan 25
11	IT PAS System Failure / Cloud Access Down	<ul style="list-style-type: none"> Inability to access contemporaneous clinical records or run business continuity reports 	5	3	15	<ul style="list-style-type: none"> IT System Management Controls 	<ul style="list-style-type: none"> Contactable team OOH (not formal contract) Back up resource -outsourced at times of AL Daily back up to PAS system facilitating access to the PAS Hard copy daily print outs to provide basic continuity 	4	2	8	Exec	Oct 24 / Jan 25

The axis for Likelihood should be from 1. Very Low – 2. Low – 3. Medium – 4. High – 5. Very High
The axis for Severity should be from 1. Light – 2. Serious – 3. Major – 4. Catastrophic – 5. Multi Catastrophic

Schlumberger Private

Over 13 = red
8-13 = amber
7 or under = green

SRH Detailed Income and Expenditure	Year To Date											
	Actual	Budget	Variance	Prior Year	Variance	Actual 2023-24	F'Castl 2024-25	Budget 2024-25	Variance	F'cast 2025-26	Variance	
31-Dec-24												
NHS Contract	1,375,215	1,280,201	95,013	1,220,893	154,321	1,666,926	1,899,619	1,772,935	126,684	1,936,289	36,671	
NHS Other Fees	98,107	912	97,195	894	97,213	30,277	110,592	13,397	97,195	36,000	(74,592)	
Hospice Grants	1,045,428	1,000,000	45,428	410	1,045,018	135	1,045,428	1,000,000	45,428	1,050	(1,044,378)	
Other income	247,036	248,126	(1,090)	210,109	36,927	338,859	330,043	331,134	(1,090)	340,682	10,639	
Investment Income	139,904	38,601	101,303	148,833	(8,929)	255,142	152,194	51,564	100,630	72,202	(79,992)	
Orangery Income	23,423	23,355	69	22,243	1,181	29,639	31,190	31,121	69	32,749	1,559	
Operating Income	2,929,113	2,591,195	337,919	1,603,382	1,325,732	2,320,977	3,569,066	3,200,150	368,916	2,418,973	(1,150,094)	
Staff Costs	(3,138,626)	(3,254,614)	115,988	(2,961,116)	(177,510)	(4,007,084)	(4,040,740)	(4,153,242)	112,503	(3,880,346)	160,393	redundancy costs included in August - so high v prior year
Training, Recruitment and subscriptions	(25,044)	(25,864)	821	(33,810)	8,766	(45,643)	(33,203)	(33,825)	622	(34,924)	(1,721)	
Food and Catering	(28,324)	(36,079)	7,755	(35,714)	7,390	(47,200)	(39,101)	(47,966)	8,865	(39,825)	(725)	
Cleaning and Waste Disposal	(22,716)	(31,242)	8,525	(29,973)	7,257	(41,532)	(33,330)	(41,856)	8,525	(44,198)	(10,868)	
Travel and Motoring Expenses	(10,265)	(14,196)	3,930	(14,646)	4,381	(19,002)	(13,703)	(17,904)	4,200	(15,123)	(1,420)	
Drugs, Dressings and Consumables	(98,488)	(109,631)	11,144	(104,940)	6,453	(142,879)	(131,458)	(143,325)	11,867	(133,896)	(2,438)	
Rates and Utilities	(72,954)	(61,758)	(11,196)	(48,931)	(24,023)	(67,951)	(93,540)	(82,344)	(11,196)	(96,892)	(3,352)	
Repairs and Maintenance	(64,118)	(66,107)	1,988	(82,519)	18,401	(110,967)	(85,830)	(87,818)	1,988	(87,547)	(1,717)	
Telephones, Postage, Stationery & IT	(42,782)	(48,384)	5,601	(45,863)	3,080	(59,862)	(60,284)	(64,563)	4,278	(65,088)	(4,803)	
Rent	(236,550)	(236,925)	375	(202,650)	(33,900)	(315,225)	(315,525)	(315,900)	375	(324,682)	(9,157)	
Other Direct Costs	(21,413)	(29,179)	7,765	(38,259)	16,846	(50,013)	(31,947)	(39,307)	7,360	(40,468)	(8,521)	
Direct Cost of Service	(3,761,282)	(3,913,978)	152,696	(3,598,422)	(162,859)	(4,907,359)	(4,878,661)	(5,028,049)	149,389	(4,762,989)	115,672	
Depreciation	(81,481)	(89,442)	7,961	(81,901)	420	(109,815)	(109,217)	(120,509)	11,292	(107,627)	1,590	
Direct Service Cost less Direct Income	(913,649)	(1,412,225)	498,576	(2,076,942)	1,163,292	(2,696,197)	(1,418,812)	(1,948,408)	529,596	(2,451,643)	(1,032,831)	
Staff Costs	(631,150)	(675,993)	44,843	(529,819)	(101,331)	(757,923)	(828,764)	(859,349)	30,586	(794,643)	34,121	
Training, Recruitment and subscriptions	(13,068)	(9,948)	(3,121)	(19,038)	5,970	(23,536)	(16,450)	(13,329)	(3,121)	(18,707)	(2,257)	
Telephones, Postage, Stationery & IT	(114,035)	(140,115)	26,080	(96,121)	(17,914)	(127,218)	(159,935)	(186,015)	26,080	(187,466)	(27,532)	
Professional Services	(73,307)	(44,520)	(28,788)	(61,631)	(11,676)	(162,551)	(88,137)	(59,349)	(28,788)	(57,323)	30,814	Prof Service is high because of HR consultants re Cost reductions - Also Financial Audit Fee is in the figures and also accrued for (will be corrected)
Other Costs	(59,695)	(68,203)	8,508	(35,853)	(23,842)	(45,838)	(117,264)	(90,773)	(26,492)	(93,774)	23,490	
VAT	(13,264)	(8,061)	(5,203)	(22,264)	9,000	(28,158)	(17,986)	(12,783)	(5,203)	(16,377)	1,608	
Support charged to Income Generation	323,802	330,030	(6,228)	266,050	57,752	396,259	435,091	425,699	9,391	421,089	(14,002)	
Indirect Service Costs	(647,604)	(660,060)	12,456	(532,100)	(115,504)	(792,519)	(870,181)	(851,399)	(18,782)	(842,177)	28,004	
Net Service Cost to be Funded	(1,561,253)	(2,072,285)	511,032	(2,609,041)	1,047,788	(3,488,716)	(2,288,993)	(2,799,807)	510,814	(3,293,820)	(1,004,827)	

SRH Detailed Income and Expenditure	Year To Date										
	Actual	Budget	Variance	Prior Year	Variance	Actual 2023-24	F'Cast1 2024-25	Budget 2024-25	Variance	F'cast 2025-26	Variance
31-Dec-24											
Income Generation											
Legacies	416,239	720,032	<i>(303,793)</i>	712,177	<i>(295,938)</i>	1,591,533	1,066,239	1,312,500	<i>(246,261)</i>	1,378,125	<i>311,886</i>
Donations	1,082,134	1,019,698	<i>62,436</i>	798,284	<i>283,850</i>	1,108,295	1,358,300	1,335,500	<i>22,800</i>	1,545,200	<i>186,900</i>
Gift Aid	137,008	49,651	<i>87,357</i>	35,690	<i>101,318</i>	60,383	187,008	66,775	<i>120,233</i>	108,164	<i>(78,844)</i>
Staff Costs	(448,924)	(448,522)	<i>(402)</i>	(378,968)	<i>(69,956)</i>	(525,495)	(569,878)	(588,643)	<i>18,765</i>	(522,668)	<i>47,210</i>
Training, Recruitment and subscriptions	(17,093)	(4,050)	<i>(13,043)</i>	(18,556)	<i>1,463</i>	(22,351)	(18,443)	(5,400)	<i>(13,043)</i>	(9,770)	<i>8,673</i>
Rent, Rates and Utilities	0	0	<i>0</i>	(33,697)	<i>33,697</i>	(42,401)	0	0	<i>0</i>	0	<i>0</i>
Repairs and Maintenance	(666)	(3,466)	<i>2,800</i>	(4,462)	<i>3,796</i>	(4,970)	(1,834)	(4,635)	<i>2,800</i>	(3,232)	<i>(1,398)</i>
Telephones, Postage, Stationery & IT	(17,590)	(16,609)	<i>(981)</i>	(14,583)	<i>(3,007)</i>	(20,393)	(26,312)	(25,331)	<i>(981)</i>	(25,331)	<i>981</i>
Events and Communications	(43,626)	(142,430)	<i>98,804</i>	(70,815)	<i>27,188</i>	(77,444)	(73,075)	(171,879)	<i>98,804</i>	(211,700)	<i>(138,625)</i>
Other Costs	(26,936)	(23,479)	<i>(3,457)</i>	(32,490)	<i>5,554</i>	(39,413)	(34,843)	(31,386)	<i>(3,457)</i>	(28,964)	<i>5,879</i>
Net Fundraising Contribution	1,080,545	1,150,824	<i>(70,279)</i>	992,581	<i>87,965</i>	2,027,743	1,887,161	1,887,501	<i>(340)</i>	2,229,825	<i>342,664</i>
Lottery Income	278,461	329,573	<i>(51,112)</i>	264,133	<i>14,328</i>	354,369	375,117	448,680	<i>(73,563)</i>	347,465	<i>(27,652)</i>
Staff Costs	(18,733)	(17,638)	<i>(1,096)</i>	(17,462)	<i>(1,272)</i>	(23,378)	(24,699)	(23,603)	<i>(1,096)</i>	(24,833)	<i>(134)</i>
Agency Staff	(129,525)	(208,622)	<i>79,097</i>	(78,585)	<i>(50,940)</i>	(78,084)	(174,525)	(208,622)	<i>34,097</i>	0	<i>174,525</i>
Printing, Postage and Marketing	(2,800)	(9,100)	<i>6,300</i>	(2,635)	<i>(165)</i>	(2,947)	(3,250)	(9,550)	<i>6,300</i>	(6,000)	<i>(2,750)</i>
Bank, Management and Other Charges	(36,254)	(51,516)	<i>15,262</i>	(35,268)	<i>(986)</i>	(47,437)	(48,911)	(70,253)	<i>21,342</i>	(66,358)	<i>(17,447)</i>
Lottery Prizes	(58,500)	(61,000)	<i>2,500</i>	(58,500)	<i>0</i>	(78,000)	(79,500)	(82,000)	<i>2,500</i>	(42,000)	<i>37,500</i>
Net Lottery Contribution	32,649	(18,303)	<i>50,952</i>	71,683	<i>(39,035)</i>	124,523	44,232	54,652	<i>(10,419)</i>	208,274	<i>164,042</i>
Shop Income	1,434,683	1,411,624	<i>23,059</i>	1,232,645	<i>202,038</i>	1,667,013	1,875,943	1,869,424	<i>6,519</i>	1,962,786	<i>86,843</i>
Gift Aid	61,639	70,581	<i>(8,942)</i>	20,000	<i>41,639</i>	59,702	83,702	93,471	<i>(9,769)</i>	98,139	<i>14,437</i>
Other Income	2,901	0	<i>2,901</i>	0	<i>2,901</i>	0	2,901	0	<i>2,901</i>	0	<i>(2,901)</i>
Total Shop Income	1,499,223	1,482,205	<i>17,018</i>	1,252,645	<i>246,578</i>	1,726,714	1,962,546	1,962,895	<i>(349)</i>	2,060,925	<i>98,379</i>
Staff Costs	(664,142)	(720,500)	<i>56,358</i>	(652,481)	<i>(11,661)</i>	(890,129)	(888,890)	(957,516)	<i>68,626</i>	(918,802)	<i>(29,912)</i>
Training, Recruitment and subs	(5,570)	(4,697)	<i>(873)</i>	(7,640)	<i>2,070</i>	(10,268)	(7,571)	(6,697)	<i>(873)</i>	(6,588)	<i>983</i>
Consumables and Goods for Resale	(25,751)	(45,500)	<i>19,749</i>	(54,045)	<i>28,294</i>	(63,367)	(36,251)	(60,500)	<i>24,249</i>	(49,493)	<i>(13,242)</i>
Cleaning and Waste Disposal	(21,999)	(23,508)	<i>1,509</i>	(29,441)	<i>7,442</i>	(43,320)	(29,776)	(31,285)	<i>1,509</i>	(31,275)	<i>(1,499)</i>
Rent, Rates and Utilities	(344,036)	(356,539)	<i>12,502</i>	(318,952)	<i>(25,084)</i>	(454,872)	(465,852)	(484,188)	<i>18,336</i>	(467,233)	<i>(1,381)</i>
Repairs and Maintenance	(18,498)	(23,400)	<i>4,902</i>	(33,663)	<i>15,165</i>	(48,810)	(26,298)	(31,200)	<i>4,902</i>	(26,560)	<i>(262)</i>
Depreciation	(66,224)	(76,953)	<i>10,729</i>	(63,686)	<i>(2,538)</i>	(88,095)	(88,176)	(98,546)	<i>10,369</i>	(89,503)	<i>(1,327)</i>
Telephones, Postage, Stationery & IT	(20,129)	(18,900)	<i>(1,229)</i>	(17,792)	<i>(2,337)</i>	(25,162)	(27,563)	(25,200)	<i>(2,363)</i>	(29,526)	<i>(1,963)</i>
Other Costs	(11,735)	(28,905)	<i>17,170</i>	(23,736)	<i>12,001</i>	(27,827)	(20,873)	(38,043)	<i>17,170</i>	(53,793)	<i>(32,920)</i>
Bank, credit card and cash collection	(23,181)	(17,667)	<i>(5,514)</i>	(18,536)	<i>(4,645)</i>	(24,534)	(30,456)	(23,697)	<i>(6,759)</i>	(30,230)	<i>226</i>
Total Non-Staff Costs	(543,785)	(605,632)	<i>61,847</i>	(577,380)	<i>33,595</i>	(801,748)	(742,665)	(812,106)	<i>69,442</i>	(795,184)	<i>(52,519)</i>
Net Shops Contribution	291,296	156,073	<i>135,223</i>	22,783	<i>268,513</i>	34,837	330,991	193,273	<i>137,718</i>	346,939	<i>15,948</i>
Support Costs	(323,802)	(330,030)	<i>6,228</i>	(266,050)	<i>(57,752)</i>	(396,259)	(435,091)	(425,699)	<i>(9,391)</i>	(421,089)	<i>14,002</i>
Net Contribution from Income Generating Activities	1,080,688	958,564	<i>122,124</i>	820,997	<i>259,691</i>	1,790,845	1,827,294	1,709,726	<i>117,568</i>	2,363,949	<i>536,656</i>
Net Shortfall before DoC funding	(480,565)	(1,113,720)	<i>633,156</i>	(1,788,044)	<i>1,307,479</i>	(1,697,871)	(461,699)	(1,090,081)	<i>628,382</i>	(929,871)	<i>(468,172)</i>
Drawdown from DoC grant / other DoC	(500)	0	<i>(500)</i>	0	<i>(500)</i>	500,000	499,500	500,000	<i>(500)</i>	600,000	<i>100,500</i>
Shortfall for period	(481,065)	(1,113,720)	<i>632,656</i>	(1,788,044)	<i>1,306,979</i>	(1,197,871)	37,801	(590,081)	<i>627,882</i>	(329,871)	<i>(367,672)</i>

Finance and Resources Report

Key Points

1. Key Points are:

- a. The draft management accounts for the 9 months to 31st December 2024 shows a shortfall of £(481)k compared to budget shortfall of £(1,114)k.
- b. Cash (including the investment portfolio) at the end of August stood at £3.7m compared to budget of £2.4m.
- c. Initial Projection for 2025-26 shows a shortfall of £930k before DoC allocation.

Finance

2. Management Accounts – Income and Expenditure

The draft management accounts for the 9 months to 31st December 2024 is attached together with the cash movements/balance sheet summary and detailed summary.

Income from NHS of £1,473k is £192k above budget. This includes £98k of continuing care payments (offsetting higher salary cost on IPU).

Other Income includes investment movements, and this was £101k higher than budgeted across the nine months to December – we also have the £1m grant (as budgeted).

Direct costs of service is £153k below the budget and £163k above last year. Current year cost savings were implemented sooner than in the plan and the costs related to this partly explains the increase over prior year.

Support costs are roughly in line with budget.

Legacies remain low and stand at £416k with a budget of £720k. We are aware of one bequest (estimated at £400k) from a legatee who is recently deceased, which may achieve probate in the financial year, but it is not certain.

Donation Income to the end of December was £150k above the plan, having improved significantly since the spring and summer. This does include £100k of additional Gift Aid (with potentially a further £100k to arise following new insight into our historic process).

The table below shows the donation income categorised by the Fundraising team and arising from Raisers' Edge fundraising database as at the end of December 2024 and differs from the accounts total marginally due to accruals.

The upturn has been very encouraging and the core income is above budget even without the additional gift aid.

Fundraising Income December 2024-25

	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	Actual 2024-25	Budget 2024-25	Variance 2024-25
Appeals	£70,723	£82,341	£161,827	£156,510	£142,951	£142,828	£209,171	£160,000	£49,171
Challenge	£70,149	£97,396	£27,732	£35,120	£74,146	£113,769	£96,107	£60,000	£36,107
Community	£119,840	£142,293	£72,285	£48,451	£102,431	£72,504	£78,282	£158,998	£(80,716)
Corporate	£100,822	£81,455	£81,361	£97,375	£103,741	£77,337	£130,459	£131,200	£(741)
Events	£53,426	£65,501	£11,680	£31,736	£31,576	£34,333	£45,152	£35,000	£10,152
In-Mem	£150,907	£172,232	£158,241	£102,586	£145,080	£137,519	£200,432	£182,000	£18,432
Other/Gen Giving	£79,791	£66,020	£47,680	£22,200	£58,935	£90,792	£64,121	£67,500	£(3,379)
Regular	£42,041	£39,198	£40,958	£41,647	£40,867	£43,225	£63,851	£75,000	£(11,149)
Trusts	£90,186	£119,315	£57,070	£162,058	£94,276	£89,278	£121,507	£130,000	£(8,493)
Major Donors	£77,924	£80,000	£148,000	£0	£0	£0	£29,250	£20,000	£9,250
Gift Aid	£78,125	£24,976	£104,044	£38,566	£77,416	£55,900	£137,008	£49,651	£87,357
Total Fundraising	£933,933	£970,727	£910,879	£736,248	£871,420	£857,485	£1,175,341	£1,069,349	£105,992

Fundraising Costs September 2024-25

Staff Costs	£235,489	£294,759	£283,654	£335,813	£352,633	£378,968	£448,924	£448,522	£(402)
Other Costs	£177,433	£182,382	£127,282	£177,764	£204,884	£143,102	£105,911	£190,034	£84,123
Total Costs	£412,922	£477,141	£410,936	£513,577	£557,517	£522,070	£554,835	£638,557	£83,722
Contribution	£521,011	£493,586	£499,943	£222,671	£313,903	£335,415	£620,506	£430,792	£189,714

Fundraising costs remain well below budget at £555k (budget £639k) to yield a contribution of £620k after nine months.

The **lottery** income has fallen behind plan as the bumper draw has not taken place. Cost are also well behind plan as the 2024 Campaign did not start until September. The outworking is a contribution of £33k compared to a shortfall of £(18)k.

Following on from last year when **Retail** costs were considerably above budget, the team have focussed on managing staff utilisation much more rigorously and seeking to increase income by increasing prices and driving gift aid recovery.

Draft Retail at 31st December 2024	Income	Staff Costs	Property Costs	Other Direct Costs	Contribution before HQ	Allocation of HQ costs	Surplus / (Shortfall)	
Banstead	£95,513	£(38,125)	£(27,686)	£(6,208)	£23,493	£(15,948)	£7,545	8%
Carshalton	£107,989	£(32,618)	£(18,132)	£(6,137)	£51,103	£(15,695)	£35,407	33%
Cheam	£126,945	£(43,156)	£(25,517)	£(6,591)	£51,681	£(19,249)	£32,432	26%
Ebay Sales	£7,864	£(1,245)	£0	£(32)	£6,587	£(870)	£5,716	73%
Morden	£163,022	£(54,697)	£(27,090)	£(4,621)	£76,614	£(23,745)	£52,869	32%
New Malden	£134,535	£(40,145)	£(29,360)	£(7,042)	£57,989	£(20,094)	£37,895	28%
Raynes Park	£75,318	£(31,112)	£(21,747)	£(5,751)	£16,709	£(12,749)	£3,959	5%
Rosehill	£113,514	£(35,127)	£(16,401)	£(6,592)	£55,394	£(16,339)	£39,055	34%
SDC	£180,895	£(84,806)	£(43,136)	£(15,042)	£37,910	£(30,832)	£7,079	4%
Stonecot Hill	£74,131	£(29,105)	£(15,104)	£(5,915)	£24,007	£(11,828)	£12,179	16%
Sutton	£124,952	£(41,148)	£(30,821)	£(6,544)	£46,439	£(19,369)	£27,070	22%
Wimbledon	£196,428	£(44,661)	£(42,596)	£(8,951)	£100,220	£(27,858)	£72,363	37%
Wimbledon Park	£37,226	£(27,098)	£(36,151)	£(6,105)	£(32,127)	£(10,146)	£(42,273)	-114%
Total Shops	£1,438,332	£(503,042)	£(333,741)	£(85,530)	£516,019	£(224,723)	£291,296	20%
Not coded	£13,783	£0	£(20)	£(4,884)	£8,879	£(8,879)	£0	
Retail Office HQ	£47,109	£(161,100)	£(94,997)	£(24,613)	£(233,602)	£233,602	£0	
Total	£1,499,223	£(664,142)	£(428,758)	£(115,027)	£291,296	£0	£291,296	19%
Budget	£1,482,205	£(720,500)	£(456,892)	£(148,740)	£156,073	£0	£156,073	11%
Variance to Budget	£17,018	£56,358	£28,134	£33,713	£135,223	£0	£135,223	
%	1%	8%	6%	23%	87%		87%	

This has had a clear impact on the figures with the accounts to December showing income up £246k on the prior year (20%) at £1.5m and costs down £22k (2%) compared with last year, despite two new shops (Morden and DC) adding rent and staff cost. A contribution of almost £300k (19%) has resulted.

The table above shows income and costs by shop to December.

The Wimbledon Park shop has been placed on the market, and we are close to a deal that will pass the rental cost to a new tenant. This should clear the way for 2025-26.

Sara Jane has been to see a number of potential new sites but, as yet, without success

3. Management Accounts – Balance Sheet

Overall cash (including the investment fund) stood at £3.7m compared to the budget of £2.4m. Part of the reason is that the large legacy debtor was paid (and hence became cash sooner than expected in the budget).

Net assets stood at £3.8m at the end of December compared to the budget of £3.1m.

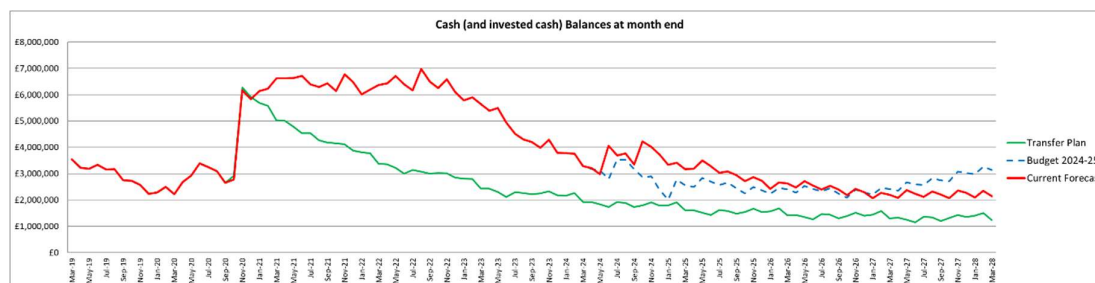
4. Forecast 2024-25

The forecast for the current year suggests a shortfall of £(462)k before the drawdown from the DoC grant, compared to £(1,090)k budgeted. Both had assumed that a cost cutting exercise would have ensued and that we would have received (as we did in June) a further £1m grant from DoC.

At present the forecast includes a little over £1m for legacies and we are not close to that figure. However, historically there has been an uplift in the last quarter and we await moroe visibility.

We expect to bid for some of the Govt Grant money in Q4 but this is not reflected here. If won, it will be shown as income in 2024-25 and as a restricted fund which will be spent on capital expenditure.

5. Cash Flow



The graph reflects future aspirational income generation and this may not be realised in practice. It does continue to decline, albeit fairly slowly, following the additional Employers' NIC costs being included (running at £140k in the coming year and repeated each year).

6. Initial 2025-26 Budget

This is in infancy at present awaiting income figures from Fundraising and Retail as well as project costing for the Govt grants.

The round of cost-reductions that was undertaken in 2024 was designed to reduce costs by £1m for 2025-26. The staff cost for 2025-26 (that was included in the forecast as at January 2024) amounted to £6.75m and the current comparable is £5.87m (*before* the impact of the NIC increase and 2 new roles proposed), a reduction in staff cost of £880,000. Other cost reductions amount to £140,000 compared to the January 2024 projections (Payroll £10k, IT £40k, Comms and Fundraising £50k, Life Cover £20k, Training £20k).

Our initial strategy discussions indicated a need to ensure our IT was as robust and efficient as possible, given that all other activities rely increasingly upon it. We have initially budgeted for one new team member as well as for the charity-wide database manager role already out for advert.

The importance of volunteering is also seen as a priority and a new role is proposed to boost this team. We also propose to increase our fundraising and engagement activities and an initial £100k has been added to fundraising costs.

Increased costs in the current projections include:

- Employers' NIC £140,000
- Volunteer Services Staffing £28,000
- IT staffing £58,000
- Hospice Database Manager £51,000
- Additional Fundraising and Comms £100,000

7. Audit Re-tender

Siobhan Holmes of haysmacintyre is moving firms and collectively the Committee (through email correspondence) agreed that we should put the audit out for tender.

An approach has been made to Mazars, Sayer Vincent and Saffrey's based on knowledge and other local Hospice experience. Other local Hospices have also re-tendered in the last one or two years (so some changes to audit teams going forward) and both Crowe (Trinity) and Moore Kingston Smith (St Christopher's) stood out for them.

The proposal is to select three or four teams to tender from the group of five above. If agreed we will inform Haysmacintyre of our intention to move.

8. Proposed Lottery Transfer to Local Hospice Lottery

I attach a business case for the transfer of the Hospice Lottery to the Local Hospice Lottery (LHL). LHL arose out of one hospice opening its lottery to other hospices and there are now 41 with over 280,000 players. This spreads the cost of prizes and admin (the prize pot is only 2 x our own but with 40 x the player numbers).

It has a complex and counter-intuitive model which they would not share but which I have replicated (for the most part) and I am satisfied that I now understand the model and how it achieves a projected return which is almost twice what we could do.

I have included a powerpoint to try to illustrate the operation of this model.

9. NHS Contract

The four local hospices are now working together and the FDs have met to get agreed figures for the service delivery. The CEOs will also meet prior to an appointment in mid-February with the Chairman and CFO of the ICB. We anticipate that they will provide some detail of proposals for 2025-26 whilst we will continue to press for a plan to reach 50% funding for clinical services.

Nick Stevens, FD and Joint CEO

15th January 2025

St Raphael's Hospice – Governance Update paper

1. Board self-review and skills matrix

We are inviting responses to a Board self-review and skills audit, that we will launch on 29th January for completion by 12th February. The self-review follows a similar format to the one last undertaken in 2022 using the Charity Governance Code as a framework. There is also space to share your reflections on the past year, and any thoughts you have on Trustee training topics.

2. Chair and Vice Chair election

We will launch the election in mid-February to bring confirmation to the March strategy Board meeting.

3. External audit selection

Our Audit Partner is moving firms, and you will see a headline update in the Finance Committee minutes on initial consideration of potential alternative auditors. A tender process will be undertaken to propose an alternative set of auditors to the Board for approval.

4. Governance guidance for charities

Haysmacintyre shared the following, latest Charity Commission guidance for trustees' information:

1. Trustee decision making: <https://www.gov.uk/government/publications/its-your-decision-charity-trustees-and-decision-making>
2. Improving charities finances: <https://www.gov.uk/government/publications/managing-financial-difficulties-insolvency-in-charities-cc12>
3. Social media guidance: <https://www.gov.uk/government/publications/charities-and-social-media/charities-and-social-media>
4. Fundraising regulator: <https://www.fundraisingregulator.org.uk/code>
5. Online meetings: <https://www.gov.uk/government/news/regulator-refreshes-meetings-guidance-for-the-zoom-era>
6. Charity banking: <https://www.gov.uk/guidance/charity-banking>
7. Trustee quiz: <https://beingacharitytrustee.campaign.gov.uk/take-the-trustee-quiz/>

Initial Thinking for 2025-26 and beyond



Distillation of initial Strategy Planning



Strategic priority 1

Our people: we will invest in our workforce and our facilities

To achieve this, we will....

- strengthen our IT and data usage
- foster a supportive culture to ensure our staff feel valued
- grow and invest in our volunteers

Strategic priority 2

Our community: we will raise public awareness and share our mission

To achieve this, we will....

- foster inclusion to support more of our community
- partner with groups and businesses in our area
- communicate compelling news, stories, appeals and events

Distillation of initial Strategy Planning



Strategic priority 3

Our care: we will increase our reach and impact

To achieve this, we will....

- share our expertise through education and collaboration
- optimise our services through innovation and data
- work flexibly and efficiently

Strategic priority 4

Our income: we will build sustainable and resilient funding

To achieve this, we will....

- build strong relationships with our strategic funding partners
- develop opportunities for monetising services
- identify new funding opportunities through business and partnerships

Initial Assumptions in Draft 1 Budget



Income

- 2% uplift assumed for ICB contract
- £36k for continuing care (2024-25 £98k)
- Legacies of £1.38m (below five-year average)
- Donor Income – still under discussion – pre-existing target in this draft
- Lottery Income – assumes we switch to Local Hospice Lottery in November 2025
- Retail Income – still under discussion - 1 x New shop assumed from November; Wimbledon Park closed from April 2025
- No current assumption on monetising activities

Costs

- No Pay increase for non-clinical staff
- 3% assumption for clinical (Afc)
- Er's NIC change adds £140k to costs
- New Volunteer role – to support Hospice Volunteer growth and co-ordinate fundraising volunteers for Community Action/Campaign
- Second IT senior (akin to AJ) to undergird IT => aim to wrap up into Grant Funding for Digital
- Hospice Database and Insight Manager => to develop databases and enable efficiency and cost saving => aim to wrap up into Grant Funding for Digital
- £150k above current year Fundraising costs => to facilitate growth and potential engagement activity in Community/Campaign

Joint CEO Report January 29th 2025

Key Points

1. Community Team have managed 8% more referrals in the period since the cost cuts than in the same period last year.
2. Our new IPU Manager, Francis Quinon, has joined the team; Julie and Penny have held the fort brilliantly.
3. Strong Qtr 3 for Fundraising with contribution up 55% on plan; tough Qtr 3 for Retail but contribution remains 80% above plan.
4. Autumn Budget added £140k of unexpected costs for Employers' NIC

HR and Staffing

Staff continue to be stretched with winter illness taking a toll across the organisation and particularly affecting IPU, Housekeeping and Retail rotas. Staff redundancies and reduced hours have affected capacity and resilience as the workload has continued. The Community team have managed 8% more referrals than in the previous year with 20% less resource (30% if we are to include the loss of the H@H team) which is a huge achievement by them all, particularly as they also had a number of staff on sick leave during the period.

Our new IPU Manager, Francis Quinon, joined in mid-January and is settling in. His background includes being an Intensive Care Nurse and Army Nurse as well as site management, project management and even IT in the clinical context, the perspective he brings will be interesting. We are very grateful to Penny and Julie who stepped up to jointly manage the team across a very difficult eight months for St Raphael's. They have done an excellent job throughout.

We were sorry to say goodbye to Jenny Strawson, the first of our three exceptional consultants to join us in 2021. Jenny has taken up a post with another hospice near to her home and we wish her well. We have not yet been able to recruit to her role and the team has had to work around the reduced capacity. This is at the same time as Gaby providing a little more time to her Epsom and St Helier role. Agreed reductions to Naomi's time and the ending of Chris Roughley's contract have been postponed.

Paula Di Palma, our Housekeeping Manager, has been on long-term sick leave and we are grateful to Kerrie Weir who has stepped up to manage the department very effectively. We are also grateful to all our Clinical Admin colleagues, particularly to Dawn and Kelly and to Ginny who have ensured our reception, ACC and clinical support have continued to be first class, whilst stepping in to support pro-actively where needed.

There has also been flux for Psychological Support Services with Cecilie Sasu leaving to a similar role nearer to her home. We are grateful to Diana Bromboszcz who is leading the work and to Alison Lutz who has increased her hours in support.

Three staff left the Fundraising team in the Qtr 3 which created a significant risk to operations and to morale. The situation was successfully navigated by Kate and the team who rallied to manage all the busy Christmas activity (notably Sam Bourne, but all were involved) and Kate also re-organised the team

structure. The new structure looks to be stronger and more unified. Our excellent remaining team have all taken on wider roles covering more areas and the new staff will be recruited in at assistant level, reducing cost. In addition, the Supporter Care team have worked through big changes with the implementation of the new NXT database and the consequential redundancy of the Fundraising Database Manager following the efficiencies released. We are so impressed with Lucy Ribaud and the whole team who have absorbed these changes during the busiest period of the year and have still been instrumental, with the fundraising team more widely, in ensuring that Christmas was most successful.

Our Comms team continued to deliver excellent communications including the Raphaelite and the Door Drop Appeal whilst engaging with TV, Hospice UK and MPs with aplomb. We were glad to welcome Josh Scandrett, replacing Ewan Lavender who left in August.

The Retail team has also seen a number of key staff leave including DC Assistant Manager Sam Willhoft, Morden Assistant Manager Petra Mimmah and Driver co-ordinator Rob Thornton. Tracy Burnside (Retail Administration) also left and joined the Fundraising team in a support capacity. Don Joy was awarded a work permit which has allowed him to continue in valuable support of the team. All the team have worked flexibly and hard to cover in different shops as the needs required. We are pleased that Rosanna Soares Ferreira has returned after a prolonged absence for ill health.

The HR team were hit by the resignation of Jacky Crawley and then by Head of HR Barry Angel, both leaving in December. We are very grateful that Jacky has agreed to return for a four-month period as interim HR Manager working three days per week and is supported by Hazel Borthwick (HR Committee member and former Director of HR at Royal Trinity Hospice) on a one day per week basis.

All the other teams were also managing workloads with reduced or changed resources and should be commended for their hard work and dedication. Education and Finance had reduced hours, IT saw contractor Chris Morley's contract end, Facilities Manager Steve Creswell resigned, and Pete Morris stepped up to the lead role with Marco Vasquez Ciuffardi joining the team. Quality team were pleased to see the return of Alex Rudkin following ill-health. Our Wellbeing Team have performed brilliantly with a reduced resource and following the redundancy of the lead role.

It is fair to say that this has been a very busy period of HR movements and activity and, following on from the changes made in the summer, we are all pleased to be starting 2025 and the opportunity to support the whole team as we embrace the new challenges ahead.

Communication and engagement

Our Communications team continued to do a remarkable job in ensuring that the hospice remained in the news locally and nationally regarding the cost reductions and the events around the Christmas period. Items appeared in over 20 publications or media. These included many with a local reach of several hundred thousand and also included BBC News (4m) and Sky News (25m twice!). They also linked in with the Charity Finance Group regarding the increase in National Insurance impacts with St Raphael's lined up for a TV slot which was cancelled at short notice.

Our social pages have continued to grow consistently with a large spike in Instagram (112 new followers) due to our collaboration with Sellier Knightsbridge that saw a huge reaction on socials when a designer handbag was donated to our Wimbledon Village shop. Although priced at £850 a crowd gathered such that our manager, Nicola Dodge thought on her feet and auctioned the bag, achieving £1,650!

Kate and Becca continued to nurture links with our MPs and all four visited the site. Luke Taylor (Sutton and Cheam) and Paul Kohler (Wimbledon) have both taken a particular interest in St Raphaels and have spoken of us in debate and kept in touch to be updated.

Nick spoke at Hospice UK's major donor event at Rathbones in central London on the impact of making cost reductions and the importance of Hospice UK battling for the sector with the Treasury. Several donors present had personal experience of our work and spoke out movingly and positively about the service delivered by our team.

SWL ICB

Becca, Nick, Alan and Norman met with the chairman of the SWL ICB, Mike Bell and the CFO, Helen Jameson. The meeting was cordial but non-committal. At that point the ICB were not aware of their own 2025-26 settlement. A further meeting will be held in early February together with Princess Alice, Royal Trinity and St Christopher's where the 2025-26 contract will be discussed.

The CEOs of the four local hospices have met regularly and are preparing the documentation to support our continued ambition to achieve a 50% funding level by 2026-27. Nick has been working with the FDs to agree the format and components of the costings and the aim is now to grow to this level over two years (as it was over three last year). We may include the costs that were cut in our calculations as we are currently operating at below our preferred level.

Although agreed in July and signed in August, the 10% uplift has not yet been paid. Neena has invoiced but we have not had the relevant PO, often a bureaucratic sticking point. It is not seen as a risk.

Income Generation

We have been heartened by the continued improved fundraising income in Q3 with the total now above that which has been achieved in the *full year* of each of the last three years and only a little behind the *best* full year total since 2015. There are positive variances across most areas and there remains opportunity in the underperforming area of Community Income to engage further in 2025.

The year-to-date figures include £107k Gift Aid claim which is £57k more than expected following an audit by the consultant who implemented our new NXT database. His review has indicated a further £100k + that could become claimable in Q4 once verified. The additional declarations that have been activated will also improve future claims.

Fundraising costs have been kept £83k below budget, and this, coupled with the improved income means that the contribution is over £665k (£230k above plan).

Legacy levels, however, do remain low at £416k and there is no evidence that this will increase other than historic precedent. We are aware of a potential £400k bequest arising from a supporter who died in the summer, though this will depend upon probate being granted before the year end.

Retail Sales have continued to be above budget overall and costs below budget which has yielded a strong contribution, 80% above the plan. This has been after a very difficult trading Q3 and the ongoing underperformance from Wimbledon Park. The shop has been on the market with a view to assigning the lease and we are close to agreeing this at full rent with a pilates business.

The Lottery Campaign has yielded 1,800 new sign-ups by the end of December against a target for 2,000. It completes at the end of January. We have been reviewing the option of transferring our lottery to the Local

Hospice Lottery which would deliver a higher overall return with a lower risk. A paper is attached and we are seeking approval to agree this move, subject to our ongoing research into the practicalities around data use.

Support Teams

Over the last six months, John and his team have also been leading a revolution in our IT infrastructure. This has included moving our system away from Citrix and onto Azure Stack with all users now on the new Microsoft Remote Desktop. In this quarter the migration of all data from the on-prem fileserver to the new SharePoint / Teams cloud-based environment is underway. So far, several departments have been transferred with few issues. One of the corollaries of this change is that data can be more readily managed centrally in support of GDPR requirements.

Whilst the new NaturalHR system has provided benefits for self-service of holiday and other absences, it has become clear, following Barry's departure, that there are significant weaknesses that the team have needed to work around. One weakness is that there can only be 3 concurrent users with the system being locked down when another user tries to join. This risks user engagement as well as increasing HR team workloads. An alternative will be sourced with urgency. Ruth is currently parallel running the new payroll system with a view to go live in April. This system also has an HR module included in the cost and we will assess whether this provides a solution.

Clinical Services

Referrals appear to be becoming more complex for all clinical teams – mental health issues as well as economic constraints are increasingly impacting patients and families, leading to more intensive support from the teams.

Psychological Support Services are depleted in staff numbers due to vacant hours and sickness levels but nevertheless have continued to provide a robust and responsive service. The Counselling and Facilitator role has not yet been successfully recruited to and so the Job Description has been amended in order to widen the appeal to potential applicants. Social work has been managing a number of financial and housing issues for patients and those important to them, but remain positive in their approach with a definite 'can do' attitude.

The IPU team have seen a number of staff come and go – the team remains cohesive despite the changes and are now delighted to be under the leadership of Francis, our new IPU Clinical Lead. The senior band 6s have worked really hard to manage the ward without a permanent leader and have done an excellent job but now feel ready to step back into their previous roles. We continue to support students – both nursing and medical, who bring with them new experiences and insights.

The Community Palliative Care Team are adjusting to the smaller team but have remained incredibly responsive with an overall increase in referrals; again, more complexity within those referrals leading to a higher number of joint visits, both for safety of staff and for a multidisciplinary approach. A small audit was undertaken for one month to look at the unmet need of referrals who would have benefitted from a H@H visit – 26 episodes of care need were identified and this is also reflected in the increased demand on the team. Although currently managing the caseloads, oversight and monitoring of the team's wellbeing is paramount over coming months to ensure that safe working is sustainable.

The Medical team continue to move across the clinical services to ensure that cover and expertise is appropriate and that the junior members of the team receive the exposure they need to complete their training. Both Dr Naomi Collins and Dr Gaby Tamura-Rose have been working extra 'on-call' on days when Consultant cover is thin and we are hugely grateful to them for this.

The Education team have facilitated and provided sessions on Advanced Communications Skills, Medicines Management, revalidation, and have forged links with St George’s University of London amongst other achievements and have managed to bring our Mandatory training levels up to circa 80%.

Wellbeing, Compassionate Neighbours and Complementary Therapies continue to grow, despite the reductions in staffing levels and have maintained momentum in engaging with external groups and societies within our community.

Strategy and Budget 2025-26

The Exec met on November 6th to begin the process of preparing a new strategy for SRH. A number of key themes arose. These have been distilled by Becca and are included in the attached power point.

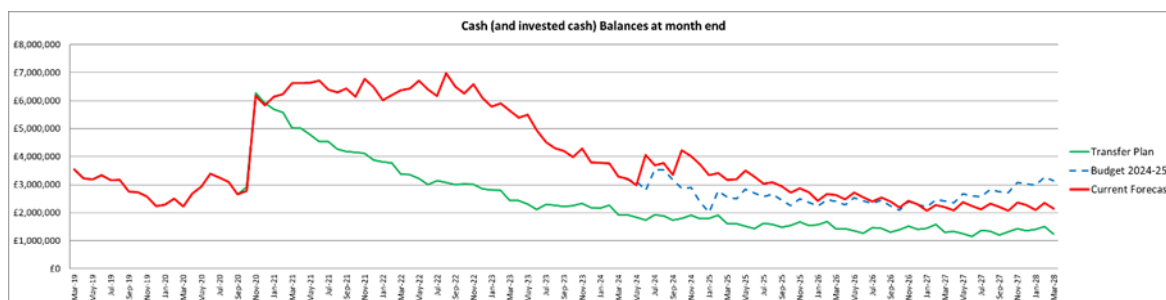
It has been agreed that our time constraints and limited capacity mean that we should focus on the next 12-18 months at this point with a view to address a 3-year strategy later in the year.

At this point the draft budget for 2025-26 is in its infancy and some elements included in the power-point will change over the next month. The overall endeavour is to maximise our likelihood of achieving sustainability whilst keeping our current level of service intact.

Finances

The management accounts for the nine months to December 2024 show a shortfall of £(480)k which is an improvement of £630k better than the plan despite the legacy figure being low. Other financial measures show improvements over the plan which is reflected in the RAG report.

The forecast for the coming years now includes the increased employers’ NIC which adds £140k to costs. It also includes cost and income assumptions which are not yet finalised



As always, we must keep in mind that this projection assumes success in all income streams growing as planned. This is clearly uncertain. The review of strategy may also create new projections that will change the complexion of these forecasts.

Nick Stevens and Becca Trower, Joint CEOs 24th January 2025

Local Hospice Lottery Model

As reconstructed from contract information



Key elements to the LHL model

1. For plays that are transferred in, 80p in the £1 is **donated** back to the charity.
2. All costs of prizes and administration are covered by the 20p retained.
3. As existing players cancel (assumed at c.20 per week in the model), new players are recruited by the in-house team or by external agency.
4. New plays are donated at 60p in the £1 and 40% of the cost of recruitment is covered by LHL.
5. The remaining 60% of recruitment cost is due from the charity but is deferred until new earnings (from those new recruits) can cover this cost.
6. A balance 'owed' is built up (and up) and offset by a small, but growing, income stream from new players. After 18 months a 'tipping point' is reached where the income from new plays is greater than the cost of recruitment in that month and the balance 'owed' start to reduce, ultimately that balance is eliminated.
7. In essence, the volume of plays each week is maintained throughout and returns a contribution of 80% (from original players) and 60% from new ones.
8. As the balance shifts towards 60% returns the overall donation reduces. However, once the tipping point is reached, the new plays recruited are paid at the 80% level (rather than the 60%) and this means that the overall return stays at around 73%.
9. In addition there is £5,000 annual license fee (paid by LHL to SRH) and transfer fee of 25p per transferred player per annum.
10. Upon initial transfer, LHL experience an 80% uptake of the 'rounding up' from £4.34 per month to £5. This provides an additional income source with 80% donated to us.



LHL Model – Maintaining the 7,000

Hospice Lottery Association Model			Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Current number of plays			7,000	6,924	6,849	6,775	6,702	6,629
Monthly Attrition of transferred plays (0.25% per week)	monthly	1.1%	- 76	- 75	- 74	- 73	- 73	- 72
Transferred plays after attrition			6,924	6,849	6,775	6,702	6,629	6,557
New Growth b/fwd			-	76	151	225	298	371
New Growth in order to reach Steady State of 7,000			76	76	76	77	77	77
Monthly Attrition of new growth (0.35% per week)	monthly	1.5%	-	- 1	- 2	- 3	- 5	- 6
Total New Growth			76	151	225	298	371	443
Ongoing Number of Players			7,000	7,000	7,000	7,000	7,000	7,000
Income - £1 per player per week			£30,333	£30,333	£30,333	£30,333	£30,333	£30,333
Uplift to £5pm for 80%			£3,752	£3,752	£3,752	£3,752	£3,752	£3,752

- Attrition of 0.25% per week (per LHL)
- c.75 cancel each month (rate reduces over time)
- Therefore c.75 are recruited each month (net of own attrition)
- Overall number stays at 7,000
- Gross income (7,000 x £1 x 52 weeks / 12 months = £30,333)
- 80% round up to £5



Assumption of April Start with 7,000 net transferred plays

LHL Model – How the donation is calculated

			Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Income - £1 per player per week			£30,333	£30,333	£30,333	£30,333	£30,333	£30,333
Uplift to £5pm for 80%			£3,752	£3,752	£3,752	£3,752	£3,752	£3,752
Total Income Raised by LHL			£34,085	£34,085	£34,085	£34,085	£34,085	£34,085
Income 'donated back to St Raphael's'	Pre-existing	80%	£24,004	£23,744	£23,487	£23,232	£22,980	£22,731
Income 'donated back to St Raphael's'	New	60%	£0	£194	£386	£576	£764	£950
Recruitment Costs (60% of total)	per recruit	£45.00	£(3,412)	£(3,427)	£(3,442)	£(3,456)	£(3,471)	£(3,485)
Defferred Costs			£3,412	£3,233	£3,056	£2,880	£2,707	£2,535
Annual Licence Fee		£5,000	£417	£417	£417	£417	£417	£417
Transferred Member Fee per 000		£250.00	£146	£144	£143	£141	£140	£138
Conversion to £5pm		80%	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002
Transferred Member Supplement								
Amount Donated back to SRH			£27,568	£27,306	£27,047	£26,791	£26,538	£26,288
Deferred Balance b/fwd			£0	£3,412	£6,646	£9,701	£12,581	£15,288
New costs added to Deferred Balance			£3,412	£3,233	£3,056	£2,880	£2,707	£2,535
Post tipping point contribution to pay off deferred balance			£0	£0	£0	£0	£0	£0
Return to Donation								
Deferred Balance c/fwd			£3,412	£6,646	£9,701	£12,581	£15,288	£17,823

- 80% of Transferred
- 60% of New
- Costs deferred
- License fees paid
- 80% of rounding up
- Recruitment costs deferred (after using new income)
- Balance GROWS



LHL Model – Maintaining the 7,000

	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
	6,557	6,486	6,416	6,346	6,278	6,210	6,142	6,076	6,010	5,945	5,880
-	71 -	70 -	70 -	69 -	68 -	67 -	67 -	66 -	65 -	64 -	64
	6,486	6,416	6,346	6,278	6,210	6,142	6,076	6,010	5,945	5,880	5,817
	443	514	584	654	722	790	858	924	990	1,055	1,120
	78	78	78	79	79	79	80	80	80	80	81
-	7 -	8 -	9 -	10 -	11 -	12 -	13 -	14 -	15 -	16 -	17
	514	584	654	722	790	858	924	990	1,055	1,120	1,183
	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000
	£30,333	£30,333	£30,333	£30,333	£30,333	£30,333	£30,333	£30,333	£30,333	£30,333	£30,333
	£3,752	£3,752	£3,752	£3,752	£3,752	£3,752	£3,752	£3,752	£3,752	£3,752	£3,752

- As time passes the number of transferred reduces from original 7,000

- And the number of new plays increases

- Still overall 7,000

- Same gross income



LHL Model – growing the deferred balance

			Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Income 'donated back to St Raphael's'	Pre-existing	80%	£22,485	£22,242	£22,001	£21,762	£21,527	£21,293	£21,063	£20,834	£20,609	£20,386	£20,165
Income 'donated back to St Raphael's'	New	60%	£1,134	£1,316	£1,496	£1,674	£1,850	£2,024	£2,196	£2,367	£2,535	£2,702	£2,867
Recruitment Costs (60% of total)	per recruit	£45.00	£(3,499)	£(3,513)	£(3,526)	£(3,540)	£(3,553)	£(3,567)	£(3,580)	£(3,593)	£(3,606)	£(3,618)	£(3,631)
Deferred Costs			£2,365	£2,197	£2,031	£1,866	£1,704	£1,543	£1,384	£1,226	£1,070	£916	£764
Annual Licence Fee		£5,000	£417	£417	£417	£417	£417	£417	£417	£417	£417	£417	£417
Transferred Member Fee per 000		£250.00	£137	£135	£134	£132	£131	£129	£128	£127	£125	£124	£123
Conversion to £5pm		80%	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002
Transferred Member Supplement													
Amount Donated back to SRH			£26,040	£25,795	£25,553	£25,313	£25,076	£24,841	£24,609	£24,379	£24,152	£23,928	£23,705
Deferred Balance b/fwd			£17,823	£20,188	£22,384	£24,415	£26,281	£27,985	£29,528	£30,911	£32,137	£33,208	£34,124
New costs added to Deferred Balance			£2,365	£2,197	£2,031	£1,866	£1,704	£1,543	£1,384	£1,226	£1,070	£916	£764
Post tipping point contribution to pay off deferred balance			£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Return to Donation													
Deferred Balance c/fwd			£20,188	£22,384	£24,415	£26,281	£27,985	£29,528	£30,911	£32,137	£33,208	£34,124	£34,888

- As time passes the income from new plays grows
- and the net cost of recruitment reduces

- Leaving a smaller amount to add to the deferred balance

- But at this point it is still growing



LHL Model – Reaching the ‘tipping-point’

		Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	
Income 'donated back to St Raphael's'	Pre-existing	80%	£19,946	£19,730	£19,516	£19,305	£19,096	£18,889	£18,684	£18,482	£18,282	£18,084
Income 'donated back to St Raphael's'	New	60%	£3,030	£3,191	£3,351	£3,509	£3,665	£3,819	£3,972	£4,123	£4,273	£4,421
Recruitment Costs (60% of total)	per recruit	£45.00	£(3,643)	£(3,656)	£(3,668)	£(3,680)	£(3,692)	£(3,703)	£(3,715)	£(3,727)	£(3,738)	£(3,749)
Deferred Costs			£613	£464	£317	£171	£27	£(116)	£(257)	£(397)	£(535)	£(671)
Annual Licence Fee		£5,000	£417	£417	£417	£417	£417	£417	£417	£417	£417	£417
Transferred Member Fee per 000		£250.00	£121	£120	£119	£117	£116	£115	£114	£112	£111	£110
Conversion to £5pm		80%	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002
Transferred Member Supplement								£51	£102	£152	£201	
Amount Donated back to SRH			£23,486	£23,268	£23,053	£22,841	£22,630	£22,422	£22,267	£22,114	£21,963	£21,813
Deferred Balance b/fwd			£34,888	£35,502	£35,966	£36,283	£36,454	£36,481	£36,365	£36,108	£35,711	£35,176
New costs added to Deferred Balance			£613	£464	£317	£171	£27	£0	£0	£0	£0	£0
Post tipping point contribution to pay off deferred balance			£0	£0	£0	£0	£(116)	£(257)	£(397)	£(535)	£(671)	
Return to Donation												
Deferred Balance c/fwd			£35,502	£35,966	£36,283	£36,454	£36,481	£36,365	£36,108	£35,711	£35,176	£34,505

- After c.18 months the ‘Tipping Point’ is reached
- New income is greater than cost of recruitment
- The deferred balance begins to reduce
- The ‘post-tipping point supplement’ commences



LHL Model – Eliminating the deferred balance

		Oct-28	Nov-28	Dec-28	Jan-29	Feb-29	Mar-29	Apr-29	May-29	Jun-29	Jul-29	
Income 'donated back to St Raphael's'	Pre-existing	80%	£15,191	£15,027	£14,864	£14,703	£14,544	£14,386	£14,230	£14,076	£13,924	£13,773
Income 'donated back to St Raphael's'	New	60%	£6,580	£6,703	£6,825	£6,945	£7,064	£7,182	£7,298	£7,413	£7,527	£7,640
Recruitment Costs (60% of total)	per recruit	£45.00	£(3,914)	£(3,923)	£(3,932)	£(3,941)	£(3,950)	£(3,959)	£(3,968)	£(3,977)	£(3,986)	£(3,994)
Deferred Costs			£(2,667)	£(2,780)	£(2,893)	£(667)	£0	£0	£0	£0	£0	£0
Annual Licence Fee		£5,000	£417	£417	£417	£417	£417	£417	£417	£417	£417	£417
Transferred Member Fee per 000		£250.00	£92	£91	£90	£89	£88	£87	£86	£86	£85	£84
Conversion to £5pm		80%	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002	£3,002
Transferred Member Supplement			£924	£966	£1,006	£1,046	£1,086	£1,126	£1,165	£1,203	£1,241	£1,279
Amount Donated back to SRH			£19,626	£19,502	£19,379	£21,594	£22,250	£22,240	£22,229	£22,219	£22,209	£22,199
Deferred Balance b/fwd			£9,006	£6,340	£3,560	£667	£0	£0	£0	£0	£0	£0
New costs added to Deferred Balance			£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Post tipping point contribution to pay off deferred balance			£(2,667)	£(2,780)	£(2,893)	£(667)	£0	£0	£0	£0	£0	£0
Return to Donation												
Deferred Balance c/fwd			£6,340	£3,560	£667	£0	£0	£0	£0	£0	£0	£0

- Recruitment costs are still incurred, but fully covered by new income
- Eventually the Deferred Balance is fully paid off



What do LHL get?

What do LHL Get	2025-26	2026-27	2027-28	2028-29	2029-30	Five Year Total
Lottery Income	£364,000	£364,000	£364,000	£364,000	£364,000	£1,820,000
Uplifted to £5 pm	£45,024	£45,024	£45,024	£45,024	£45,024	£225,120
Cost of Recruitment	£(69,819)	£(72,972)	£(75,738)	£(78,166)	£(80,296)	£(376,992)
Bank and Credit Card Charges	£(5,460)	£(5,460)	£(5,460)	£(5,460)	£(5,460)	£(27,300)
Payment to SRH	£(314,156)	£(280,741)	£(255,732)	£(245,039)	£(266,103)	£(1,361,770)
	£19,589	£49,851	£72,094	£80,359	£57,165	£279,058

15%

- LHL are clear that their aim is to release funds for the hospice sector rather than make large profits – nonetheless, the model indicates a 15% return over 5 years. As they have over 40 hospices and already cover the costs of the prizes, whilst recruitment costs are included, this return will be largely profit.
- So the model appears to work satisfactorily from LHL perspective



What does SRH get?

			2025-26	2026-27	2027-28	2028-29	2029-30	Five Year Total
Income 'donated back to St Raphael's'	Pre-existing	80%	£271,488	£238,223	£209,034	£183,422	£160,948	£1,063,114
Income 'donated back to St Raphael's'	New	60%	£12,364	£37,203	£58,999	£78,124	£94,906	£281,595
Recruitment Costs (60% of total)	per recruit	£45.00	£(41,892)	£(43,783)	£(45,443)	£(46,900)	£(48,178)	£(226,195)
Defferred Costs			£29,528	£6,580	£(13,556)	£(22,552)	£0	£0
Annual Licence Fee		£5,000	£5,000	£5,000	£5,000	£5,000	£5,000	£25,000
Transferred Member Fee per 000		£250.00	£1,649	£1,447	£1,270	£1,114	£978	£6,459
Conversion to £5pm		80%	£36,019	£36,019	£36,019	£36,019	£36,019	£180,096
Transferred Member Supplement			£0	£51	£4,408	£10,811	£16,430	£31,701
Amount Donated back to SRH			£314,156	£280,741	£255,732	£245,039	£266,103	£1,361,770



- St Raphael's receives a net donation on a monthly basis which (via my modelling) amounts to £1.36m over five years – LHL model suggest £1.39m in more even tranches
- The purpose of this model was to afford comfort on the overall theory and approach which has been accepted by 40 other hospices including PAH.

Business Case for transfer of St Raphael's Lottery to the Local Hospice Lottery

Summary

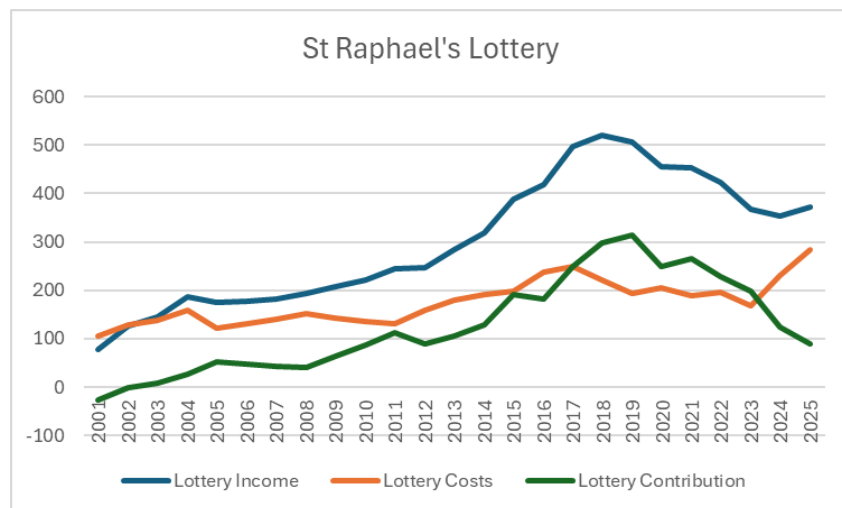
This paper sets out the rationale for a proposal to move the St Raphael's Lottery to the 'Local Hospice Lottery' portfolio with the objective to:

- Lower risk – the LHL scheme includes consistent recruitment to replace attrition which maintains contribution
- Increase contribution % - increase contribution from 40% to 73%
- Reduce administration and management resource – the Lottery is absorbed into the LHL licensed lottery
- Provide an opportunity for developing and nurturing supporters – access to all data for marketing and relationship building.

2. Introduction

The primary purpose of the lottery is to provide a strong and sustainable *contribution* (the net income after the costs of administration and prizes). Lottery players are also supporters of the Hospice, and there is a secondary purpose to nurture and develop a relationship with them. Anecdotal evidence suggests that a high proportion of lottery players remember their chosen charity in their wills.

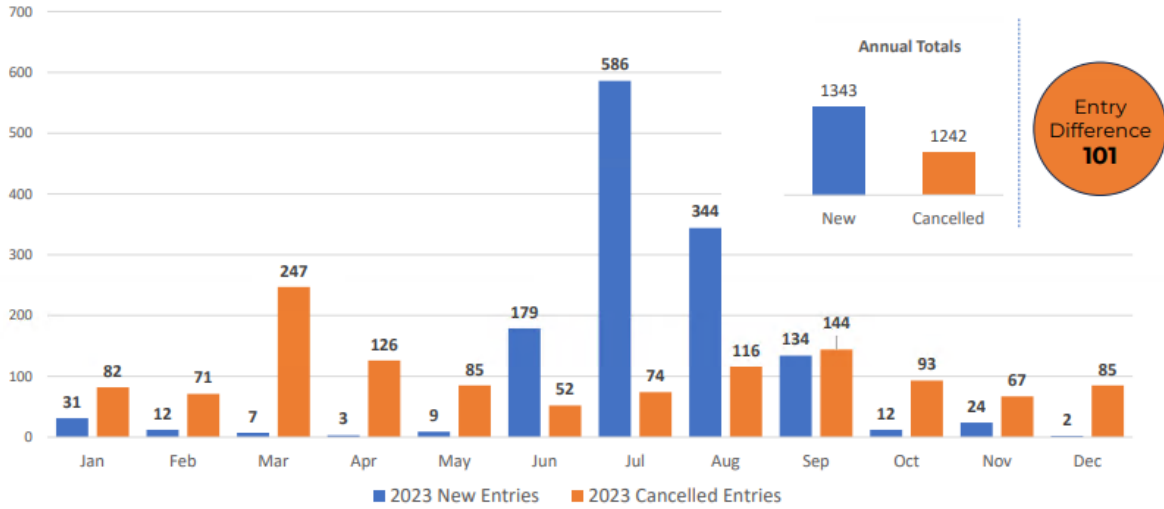
St Raphael's has run its own lottery since 2001 and has at different times invested in growing the numbers. The graph below shows the income, costs and contribution over this period.



The average contribution between the year ending 31st March 2010 (YE 2010) and YE 2023 was £190k which is 49% of income. It peaked at £312k (62%) in YE 2019 before showing a marked decline in the following years.

The attrition (cancellation) rate gathered pace after the pandemic and in 2023 and 2024 an external agency, Britevox, has been used to recruit new players. As is illustrated in the graph below, in calendar year 2023 the campaign merely succeeded in maintaining the numbers (a net gain of 101) at a cost of over £80,000.

New Entries / Cancelled Entries 2023



Attrition was particularly high in March and April 2023 due to the change in registration (when letters were sent to all players with an option to cancel). This is likely to have *added* around 200-250 cancellations (3-4%). Attrition is also high for new recruits in the first 2-3 months, and this is illustrated in August-October with around 120 *additional* cancellations (12% of the new recruits).

Once we strip out the peculiarities of the year, we can see that there is a background attrition of around 75 per month. This means that we would need to recruit around 7-900 per year to maintain a level number of plays.

By the end March 2024 we had 6,815 plays and our 2024 recruitment campaign had the objective to recruit 2,000 news plays which would cost c.£190,000. By the end of August, when the campaign went live, we had 6,500 plays. By the end of December 2024 we had 7,842.

Quotes from alternatives were based on a level of 7,000 plays and so, assuming we were to retain 7,000 by the new financial year and then recruited sufficient each month to replace the cancellations (but no more) our projected I&E would be as follows:

Contribution based on 7,000 plays per week	2025-26	2026-27	2027-28	2028-29	2029-30
Income	£364,000	£364,000	£364,000	£364,000	£364,000
Agency Staff	£(85,265)	£(89,148)	£(92,649)	£(95,720)	£(98,416)
Bank and Credit Card Charges	£(5,460)	£(5,460)	£(5,460)	£(5,460)	£(5,460)
Lottery Prizes	£(82,500)	£(82,500)	£(82,500)	£(82,500)	£(82,500)
Professional Services	£(40,040)	£(40,040)	£(40,040)	£(40,040)	£(40,040)
Contribution in-house	£150,735	£146,852	£143,351	£140,280	£137,584

The contribution levels would be around 40%.

Alternative Approach

An alternative approach would be to outsource the lottery to a provider who runs a single lottery that is branded under many different charity identities. These spread the prize pot and the administration costs over a much wider base and offer a higher net contribution than we are achieving independently.

We reviewed three options:

1. Local Hospice Lottery (LHL) – this is sector specific and has 41 current hospices as members (Princess Alice Hospice being a recent new member) with over 280,000 players.
2. Unity Lottery is a large, national provider across all charity sectors - this is linked to our administration provider, Sterling Lotteries
3. Zenter Lottery is related to BriteVox, our lottery recruitment agency

All three options offer a contribution of 70% or more. However, they differ in that only LHL *includes* the acquisition of new members within the pricing structure. This is a unique distinguisher which is designed to maintain the overall level over time by recruiting as many players as leave through cancellation using their own in-house teams of experienced canvassers.

This means that the 70% return would be predicated on paying for the new players on an ongoing basis (at a cost of c£90k per annum). This cost needs to be deducted from the in-house and external quotes in order to arrive at a comparable position.

A summary of the quotes (which were all based on 7,000 plays) is below, with the ongoing cost of recruitment factored in to enable comparison:

Contribution based on 7,000 plays per week	2025-26	2026-27	2027-28	2028-29	2029-30	Five Year Total
Contribution in-house	£150,735	£146,852	£143,351	£140,280	£137,584	£718,802
Contribution from Local Hospice Lottery	£268,780	£264,289	£286,797	£286,773	£286,772	£1,393,411
Contribution from Unity Lottery	£169,535	£165,652	£162,151	£159,080	£156,384	£812,802
Contribution from Zenter Lottery	£180,455	£176,572	£173,071	£170,000	£167,304	£867,402

The financial summary clearly shows the LHL model to be the most effective with a 73% return including the cost of recruitment factored in. The alternatives being at or around 50% and in-house 40%.

However, the LHL model appears too good to be true.

The LHL model

Key elements to the model are:

1. For plays that are transferred in, 80p in the £1 is **donated** back to the charity.
2. All costs of prizes and administration are covered by the 20p retained.
3. As existing players cancel (assumed at 20 per week in the model), new players are recruited by the in-house team or by external agency.
4. New plays are donated at 60p in the £1 and 40% of the cost of recruitment is covered by LHL.
5. The remaining 60% of recruitment cost is due from the charity but is deferred until new earnings (from those new recruits) can cover this cost.
6. A balance 'owed' is built up (and up) and offset by a small, but growing, income stream from new players. After 18 months a 'tipping point' is reached where the income from new plays is greater than the cost of recruitment in that month and the balance 'owed' start to reduce, ultimately that balance is eliminated.
7. In essence, the volume of plays each week is maintained throughout and returns a contribution of 80% (from original players) and 60% from new ones.
8. As the balance shifts towards 60% returns the overall donation reduces. However, once the tipping point is reached, the new plays recruited are paid at the 80% level (rather than the 60%) and this means that the overall return stays at around 73%.
9. In addition there is £5,000 annual license fee (paid by LHL to SRH) and transfer fee of 25p per transferred player per annum.
10. Upon initial transfer, LHL experience an 80% uptake of the 'rounding up' from £4.34 per month to £5. This provides an additional income source with 80% donated to us.

The contract lays these criteria out and also states an expected return to St Raphaels 'at least £1,300k over five years' (compared to our own in-house expectation of closer to £700,000 (based on maintaining a level of 7,000 plays).

It seems too good to be true and LHL would not provide the financial modelling to back up the assertion. However, I was able to recreate the model and could then see that there is indeed a 'tipping' point which starts to reduce the deferred costs back to zero even when costs of recruitment continue to be incurred to maintain the levels.

I attach a powerpoint which attempts to illustrate how the model works; Their modelling indicates £1,393k and my re-modelling indicates £1,362k across the same timeframe.

Contribution from Local Hospice Lottery - NS calculations			£314,156	£280,741	£255,732	£245,039	£266,103		£1,361,770
Contribution from Local Hospice Lottery			£268,780	£264,289	£286,797	£286,773	£286,772		£1,393,411

The downside is that this is not a model that appears to facilitate further growth. The model is based on maintaining a pre-existing level and making payments to that level. In their quote they provided an option to grow by 1,000 or 2,000 over five years but exactly the same contribution was made as for the 7,000 maintain version. I have modelled these scenarios and they do replicate.

The corollary of this is that the higher the volume transferred, the greater the ongoing return. Our investment in recruits (currently over 7,800) will be translated into an ongoing contribution.

Risks

- The transfer of lottery members to a new lottery is a choice for them and they may choose to discontinue. LHL are experienced in the process and they indicate an average of 5% cessation (between 350 and 400 players). There is a risk that more might drop out.
- Data – the data is owned by LHL with SRH being given full access to contact and use the data. We would need to liaise closely with LHL to avoid duplicating contacts.
- In-house recruitment – any in-house recruitment would be priced in the same way as LHL recruitment, and we would receive only 60%.
- Bumper Draw – It would no longer be viable to undertake a bumper-draw (a wider sale of one-off tickets to a bigger prize pool). However, we would still retain an independent license that could be used for an in-house annual (or 6-monthly) 'Bumper Draw' that would be unrelated to the Lottery and could be developed as a new source of income.
- Exit – no hospice has ever exited the LHL portfolio. However, were we to do so, we would have an irrevocable right to contact the players and request that they transfer back to an in-house or alternative product. LHL would support this and would continue to pay the donation related to any that did not transfer away.

Timing

Approval to proceed from the Board will be required for us to press ahead with the planning to transfer. The current earliest opportunity to transfer would be October 2025 and that may be pushed back.

Following this approval SRH would still need to satisfy itself as to the practical details of the operation, involving our Commercial Director and Head of Communication in particular.

Recommendation

It is recommended that the SRH lottery is transferred across to LHL at the earliest opportunity, subject to legal agreements and to satisfactory scrutiny of the practicalities around data and communications.

Board Approval is requested to proceed in principle.

Nick Stevens

Joint CEO – 14th January 2025

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 17th January 2025

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

In attendance: Rebecca Trower – Joint CEO (RT)
 Alex Rudkin – Director of Quality and Governance (AR)
 Anna Machin - Governance (AM)

Agenda item	Action	Responsible	Timeline	Ref.
6. CQ&G report	Invite IPU Lead to CQ&G meeting and future Board	Becca Trower	Next meeting cycle	17.01.25/01
	Draft letter of thanks to Community and clinical teams	Dr Carrie Chill	Immediate	17.01.25/02
7. Internal minutes	Report back on data on confidence around prescribing	Becca Trower	April meeting	17.01.25/03

1. Welcome, apologies for absence and declarations of interest

The Chair welcomed Committee members to the meeting. Apologies were received from Naomi Collins and Nick Stevens. The meeting was confirmed as quorate.

2. Review of minutes from 11th October 2024 Clinical Quality & Governance Committee meeting, Actions List and update on matters arising

The minutes of the previous meetings were approved as an accurate record of proceedings, and the matters arising considered as follows:

- Update on drains related risk – it was confirmed that further training and support on this topic had been delivered to ensure a robust approach.
- Risk on consultant on-site time – this is included in the Clinical Risk Register, with an update given in meeting papers.
- Analysis of impact of loss of Hospice at Home service – this is included in the papers.
- Considering appropriate reporting on time from referral to first assessment in the community – this action is completed.
- All remaining actions from previous meetings had been completed.

3. Evidence of Excellent Practice Register

The Committee noted the positive feedback, and that even more information could be captured by the team as they often go above and beyond, but see this as their normal culture (such as one team member attending a patient's funeral on their day off). It was noted that the VOICES survey is an additional source of feedback, and that feedback from complaints is used to 'close the loop' and develop practice.

4. NHS consultation

Becca Trower gave a verbal update with a meeting with local Hospices and the ICB scheduled for mid-February to show a collective view on local Hospice support. Local MPs have advocated for the Hospice including in a recent backbench debate in Parliament. Hospice UK are working to clarify terms and timing of digital and capital funding and the team are exploring internally the projects to apply for. The attention on hospice funding needs has prompted more outreach from the Hospice locally on fundraising (e.g. a door drop), and the family of a patient has also offered some pro bono time to support initiatives. A watching brief will be kept on policy developments.

5. Clinical Risk Register

The Consultant role is a key post currently out to advert, and the timings coincides with similar roles being advertised in other local health settings. Flexible or shared working arrangements would be considered. The Committee emphasised that the current internal cover was only sustainable for a set period of time. The Hospice has a good reputation amongst registrars which should help in recruitment rounds.

With the restructure completed, the data shows that this is not significantly inhibiting the ability to support or admit patients, and the Community team has settled into new working practices as part of this. Assurance was given that the risk of burnout would be monitored but that stretch to this team (as shared previously) currently primarily arose from personal circumstances. It was noted that a paramedic had been recruited into a Specialist Practitioner role as they hold the core competencies (aside from some more limitations around what they can prescribe) and a new IPU Clinical Lead is in place

6. Clinical Quality & Governance Report inc Clinical Action Plan

Becca Trower updated on key programmes of work by the team including re-start of the Highdown Prison project, excellent work undertaken by the Wellbeing Services team, embedding of the Infection Control role, and good momentum within IPU including new joiners and coverage across the Christmas period. The IPU Clinical Lead would be invited to the next Committee and a future Board. The advert is still live for the 0.4 FTE clinical supervisor/facilitator role in Psychological Support Services.

The Committee was asked to note the increased needs of some patients (for example in relation to social work and mental health) leading to some more paired staff visits to support safety. Alex Rudkin presented the statistics on joint visits (32 joint visits i.e. 64 individual staff engagements), noting that some can save time in future by giving more perspective or input in the first visit, but for other patients it is a doubled requirement of time with follow-up visits still being time-consuming. Previously the Hospice at Home team, which no longer exists following the restructure, supported some. This data is valuable for the Community Services Manager

The Committee reflected that it is positive to now reach the milestone of having all referring GPs accessible on EMIS, and received an update on internal knowledge and institutional memory on this system following the departure of Dr Jenny Strawson (Consultant). In relation to the potential scope for electronic prescribing, it was felt that the cost involved was not justified in terms of value for money relative to the number of prescriptions or time-efficiencies that would be made.

Electronic prescribing to be pursued? Could make team more efficient, however expensive for training and ongoing fee which does not necessarily present value for money in relation to the number of prescriptions. Discussed trends behind certain patient incidents e.g. pressure sores.

Trends in the data were reviewed including the rise in the recent period following a fall in referrals the prior quarter, and the Hospice's role in avoiding hospital admissions was emphasised as this reduces pressure on other services.

The Committee commended the well-managed restructure and positive responsiveness around the shift in roles, quality and maintenance of services. This is evidenced in the number of patients and referrals sustained by the Community team (with year-on-year trend data shared) alongside the fact that there were no clinical complaints in the last period (noting two received in the last week, both of which would not be upheld). This shows the teams' continued focus on making a difference to, and caring for, patients. The levels, and morale and ask of the Community team, would be continually monitored. The data is also useful to refer to in upcoming ICB meetings.

On the basis of this information, the Committee would share a letter of thanks to the clinical teams, which would be drafted by Dr Carrie Chill as Chair and circulated to the Committee for comment.

7. Minutes of internal meetings and audit reports

The Committee noted the minutes of internal meetings provided for information, in particular the IPU fast-track audit which is an example of good practice. Becca Trower would look further into the variation reported in confidence around prescribing.

8. Safeguarding Update

There were no concerns to report.

9. Any Other Business and Dates of future meetings

There were no items raised under Any Other Business. The date of the next meeting was confirmed as 2nd May 2025 from 10am-12pm.

The meeting ended at 11.30am.

Approved.....

Date.....

St Raphael's Hospice

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

At 13:00 on Friday 17th January 2025

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

In attendance: Nick Stevens (NS – Joint CEO) Rebecca Trower (RT – Joint CEO)
Ginny Toubal (GT – Volunteer Services Manager - items 1-2)
Anna Machin (Governance – AM – virtual)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
4. HR Activity	Scope new system needs with IT	Colleagues involved in HR	Spring 2025	17.01.25/01
	Add HR documentation, system and personnel risks to HR and Corporate Risk Register	Nick Stevens	For January 2025 Board meeting	17.01.25/02
	Update Board around reflections from changes in HR team	Paul Holmes	For January 2025 Board meeting	17.01.25/03
	Bring together proposal on HR team roles, budget and deliverables	Nick Stevens, Becca Trower	By April Committee meeting, with additional updates as required	17.01.25/04

1. Welcome, apologies for absence and declarations of interest

The Chair welcomed Committee members and colleagues to the meeting. There were no apologies shared, and the Committee noted that Barry Angel (Head of HR) had left the Hospice in December. The meeting was confirmed as quorate. There were no declarations of interest in relation to items on the meeting agenda.

2. Volunteer Services Update & Dashboard

Ginny Toubal shared key points from the meeting paper, giving an update on the changes to team reporting lines (to Nick Stevens as Joint CEO), roles and movements since the last meeting. The Board noted the growth in volunteer numbers and activities, and that the balance of paid vs volunteer hours in the Orangery was being monitored, linked to the restructure target for a break-even position. The expertise of the Ward Companions was noted, alongside growing volunteer numbers (19% overall across Hospice and Retail) including for one-off shop events such as clearance sales, and Compassionate Neighbours. More data will be gathered on supporter group membership and also projections.

The Investing in Volunteers assessments will be taking place in April. The team are actively engaging in Schwartz Rounds, and there was positive feedback on a recent volunteer celebration evening. Further ideas for developing the volunteer offer and also ways to interlink with fundraising efforts were discussed, such as charging/ donations for complementary therapies.

3. Review of minutes from 8th October 2024 HR Committee and 6th December 2023 Remuneration Committee meetings & actions arising

The Committee reviewed and approved the minutes of the previous meeting for HR and Remuneration Committee as an accurate record of proceedings. In relation to the matters arising, it was confirmed that the HR leavers information is in the place, and actions on HR KPIs and employment law updates are on hold. The pay rises from the prior Remuneration Committee had been incorporated into the 2024/25 budget.

4. Update on HR Activity and Management Plan

- 4.1. HR team and risks** - Nick Stevens framed the update and changes in the HR team, confirming that the HR Officer has returned for a four-month period in a temporary Manager role which offers an element of continuity – and also thanked Committee members for their engagement in recent months. The departures in the HR team will mean that a recruitment exercise will need to be undertaken.

Nick Stevens first updated on the final processes around the restructure including redundancy of the Fundraising Database Manager, closure of all final appeals, and also continual monitoring of staff engagement and wellbeing.

The HR team have raised challenges with the HR system selected by the previous Head of HR, which has barriers around tracking shift patterns and the number of logins available. The terms of the contract for set-up and 3-year contract were shared (totalling £40k). It was agreed that a break clause would be investigated and new system needs scoped with much closer involvement from IT, to report back at the next meeting.

The team had also raised that documentation held on HR files across hard and soft copy needs to be made more consistent and certain gaps filled (DBS, contracts, details of advice/ insurance providers) – in time this could be placed on a new HR system. A volunteer role could be scoped to support with this, alongside some temporary resource. This would be added to the risk register.

Committee members recognised the extent of work to be done including internal confidence-building in the HR function amongst staff, and also reflected on the need to reiterate the Hospice's values around speaking up and transparency. It was confirmed that discussions had been held with the two HR colleagues who had only raised concerns around under-performance of the Head of HR late in the day, and that the values had been shared for development with the wider team recently. This would be raised to the Board in the HR Committee update.

Looking ahead, a proposal would be shared to the Committee around the proposed HR team structure, costs and deliverables in order to provide insights and assurance on next steps. Exploratory meetings were being held with another local Hospice around potential senior resource or input, but different structures would be considered (e.g. Manager plus Assistant, or Director and Manager). The Committee also noted inclusion of a volunteer support assistant role being included in the 2025/26 budget to work alongside Ginny Toubal.

- 4.2. Starters and leavers** – the Committee noted the report which shows the relatively low number of departures compared to what might have been expected given the restructure. Exit interviews did not show up significant concerns, and resignations were mostly due to personal circumstances. The Consultant role is out to advertisement as a priority role to fill.
- 4.3. DEI** – the Committee noted the report.

5. Any Other Business and Dates of future meetings

The date of the next meeting was confirmed as 29th April 2025 from 10am-12pm.

The meeting ended at 3.30pm.

Approved.....

Date.....

St Raphael's Hospice
Minutes of a Meeting of the Finance & Resources Committee
Held at St Bede's, London Road, Cheam, Sutton, SM3 9DX
with video call access

At 14:00 on Tuesday 21st January 2025

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

In attendance: Nick Stevens (Joint CEO – NS)
Rebecca Trower (Joint CEO – RT)
John Groom (Director of IT & Estates – JG)
Alex Rudkin (Director of Quality & Governance – AR – virtual)
Anna Machin (Governance – AM – virtual)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
4.6. Lottery proposal	Take forward transition of Lottery, subject to receiving and sharing final assurances	Nick Stevens	Spring 2025	21.01.25/01
5. External audit retender	Take forward set-up of audit meetings	Nick Stevens	Spring 2025	21.01.25/02
	Report to Committee then Board on proposed appointment	Nick Stevens	Spring/summer 2025	21.01.25/03

The meeting commenced at 14.00

1. Welcome, apologies for absence and declarations of interest

Alan Cogbill welcomed Committee members to the meeting. There were no apologies shared to the meeting. The meeting was confirmed as quorate. There were no declarations of interest from Committee members.

2. Review of minutes from 15th October 2024 Committee meeting & matters arising

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

3. Actions and update on matters arising

The going concern statement had been drafted for the Board meeting, and all other actions were complete.

4. Finance report

- 4.1 Restructure update** – Becca Trower updated that the restructure process has concluded with the team settled overall and patient services maintained but continued monitoring to understand stretch on the Community team, and morale of colleagues. Changes to new internal roles are embedding, and with the adjustments, some programmes of work are behind where they would usually be compared to prior years (such as development of more detailed budgets with teams). As shared at other Committee meetings, potential use for government funding for digital and capital projects is being considered. Across the entire Hospice (including in roles which are not patient facing) people had accepted reduced working hours and changed responsibilities, which entailed stretch.
- 4.2 Management account to end December 24 – detailed & summary** – Nick Stevens confirmed that all areas of expenditure are either on track or below budget. The 10% income increase from ICB has been beneficial to embed into the budget alongside 398k of continuing care payments. Whilst Legacies currently sits below budget, at this point in prior years there has also sometimes been up to £1m to receive to meet the target and which has then been received, and there may be legacies that the Hospice does not know about which if probate is granted by 31 March 2025 can be recognised in the annual report and accounts. Donation income is above YTD targets, with over £100k submitted in Gift Aid claims and more to be submitted. Lottery income is on target with two more bumper draws due. Whilst the last quarter has been tough for the retail sector on a national level, which played through into local footfall, Retail income is ahead of target. The lease for Wimbledon Park is being advertised and there have been complexities in relation to rag and ebay lines. Overall, the YTD shortfall is -£481k verses -£1,114k budgeted.
- 4.3 Balance sheet & cash movements** – cash in the bank is higher than expected (£3.7m vs £2.4m), primarily due to the £750k legacy received in October rather than February 2025.
- 4.4 KPI report** – most KPIs in the report are rated green, aside from the red rating for the legacy and debtor income.
- 4.5 Review of financial position vs five-year plans and outline 2025/26 look-ahead** – Nick Stevens presented the initial view on the budget for the upcoming year. The impact of the restructure was noted, taking out £900k of staffing costs, and £140k of non-staff costs across fundraising spend, training and systems. £100k of fundraising spend was maintained in the budget, as noted in the paper – and more regular, major and corporate donors shows the benefits of relationship-building and calibre of the fundraising and communications teams feeding through. For the coming year, clinical services are expected to remain at the same levels. The National Insurance rise will lead to an additional cost of £140k. Pressing need has been identified for a volunteer services assistant, IT and database manager role.
- There is national advocacy for a rise in hospice funding with continued messaging to the ICB by St Raphael's and the other local hospices of a request of 50% funding of direct clinical costs (based on pre-restructure levels of staffing). The digital and capital funding is not included in the budget and would be reflected as a restricted fund, most likely in 2024/25.
- The Committee shared challenge around the introduction of new roles within the budget, and emphasised that this, combined with the NI rise, means that targets for fundraising and retail must be met (including opening of a new shop), and indeed exceeded, to achieve sustainability.
- 4.6. Lottery proposal** – Nick Stevens gave an in-depth presentation of the Lottery proposal including the business case, contract, and modelling. This included detailed information on the expected net position and scenarios for sign-up levels, alongside the approach to branding and licensing. The contract lays these criteria out and states an expected return to St Raphaels 'at least £1,300k over five years' (compared to the current in-house expectation of closer to £700,000 (based on maintaining a level of 7,000 plays). The model is based on maintaining a pre-existing level and making payments only to that level (a potential downside), and so it is important to maximise as many as possible transferring into the programme.

The proposal to move to the Local Hospice Lottery (LHL) scheme had also been reviewed by the Income Generation Committee who were supportive subject to assurance around information on company location, data storage and break clauses in the contract. Becca Trower confirmed that the team had sought input from other hospices who use the services, who are all happy with the outcome. Retention in the scheme is known to be strong.

They advised that it is important to have staff time aside to make the transfer. All required GDPR and data sharing arrangements are in place, with the data formally held by the company but with open engagement from the hospice with players, for example if they might leave but wish to switch to a donation. The Committee asked for a summary articulation of the rationale for moving to this scheme. It was confirmed that this would reduce attrition whilst leading to a higher net return at present levels of participation. It was confirmed that there is relatively short notice in the contract, if St Raphael's should want to exit in future, and there is that option to transfer players into an internal lottery. The Committee were content to move ahead subject to receiving final assurances as requested by the Income Generation Committee and further discussion at the Board.

5 External audit retender

Nick Stevens confirmed that, as shared by email with Committee members, the Audit Partner at haysmcintyre is moving firms, and this has prompted the finance team to consider potential new auditors. Some information on working delivery and relationships of these auditors had been sought through informal soundings with other local Hospices, and key points were shared with the Committee. Of the potential firms outlined, it was agreed that Mazars, Crowe, and Moore Kingston Smith would be invited to tender. Audit tender meetings would be set up, and an update given at the March Finance Committee to recommend the appointment of the auditor to the Board for approval at this, or the following, meeting.

6 IT & Estates report inc. consideration of items for proposal to Hospice UK

John Groom updated on new joiners to the team, and the key projects currently underway including migration to the cloud, the change to suppliers for mailbox back-ups, an enhancements to the firewall system. Good strides have been made in relation to the fundraising database, and capacity for data analysis. The Orangery trial is progressing well, with the break-even target being monitored. There are no incidents to report. The Committee encouraged the collaboration between hospices around sharing practice between IT colleagues, recognising that SRH was extremely well served by its small IT team, who were congratulated on very impressive progress and success in system migrations and the like since the last meeting.

7 Non-Clinical Corporate Governance Report

Alex Rudkin updated on changes in Health and Safety resourcing. As ever, there are significant efforts around policy management, and the team is content overall with the compliance rate for in-date policies, while always looking to improve this further. The format for the cyber/ data protection toolkit submission has not changed. The Committee noted the incident reporting, including Retail incidents, and it was confirmed that there is strong oversight within Retail management of volunteer and staff engagement, for example to ensure safety within the shops and to appraise stock for fire hazards, with specialist input sought as required.

8 Any Other Business and Dates of future meetings

There were no other items of business raised. The date of the next meeting was confirmed as Tuesday 6th May 2024.

The meeting ended at 4.10pm

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 11am on Tuesday 21st January 2025

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

In attendance: Nick Stevens – (NS – joint CEO)
Rebecca Trower (RT – joint CEO)
Kate Billingham Wilson (KBW – Director of Fundraising & Communications)
Sara Jane Harris (SJH – Commercial Director)
Anna Machin – Governance (AM - virtual)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
5. 2025/26 fundraising strategy	Update table on targets with 2024/25 comparative figures, and headline expenditure	Kate Billingham Wilson	For next meeting	21.01.25/01
	Take forward securing final assurance in relation to Lottery proposal	Nick Stevens, Sara Jane Harris	Immediate	21.01.25/02
8. Departmental risk register	Share current risk register to Committee	Anna Machin	Immediate	21.01.25/03
	Place risk register as item on agenda for next meeting	Anna Machin	For next meeting cycle	21.01.25/04

1. Welcome, apologies for absence and declarations of interest

The Chair welcomed Committee members to the meeting. There were no apologies received. The meeting was confirmed as quorate. There were no declarations of interest in relation to items on the agenda.

2. Review of minutes from 14th October 2024 Committee meeting

The minutes of the meeting were approved.

3. Actions List and update on matters arising

A full review was undertaken of the actions list:

- Share 'Sponsor a Nurse' campaign figures – these figures are included in the Fundraising report.
- Bring monthly forecast for 2024/25 financial year, with multi-year view – this is included in the report.
- Bring Legacy & In Memory scoping report – the presentation is due to be given at the January 2025 Board meeting, postponed from October 2024.
- Take forward discussions with agreed corporates – this action is completed.
- Develop Committee reporting on communications engagement pathways – the Head of Communications revised the report format in response to Committee feedback.
- Discuss payment method for Lottery with Britevox – this is superseded by the Lottery proposal being put forward at this meeting.
- Share data on profit margin by Retail location – this is now fully embedded into reporting.
- Bring risk register; Align top Fundraising and Commercial risks with Corporate Risk Register – a high-level discussion is scheduled today, to bring a revised Register to the next meeting.
- Invite local MPs to visit Hospice – the team have met with all four MPs, who are very supportive including raising St Raphael's in a recent backbench debate in Parliament; also met with key Council leaders.
- Consider inviting ICB Deputy CEO to present at Board meeting – meetings have been pursued through those hosted by the ICB, rather than sharing an invite to join the Board.
- Prepare low, medium, high scenarios for key income lines – this is covered in the paper which shares the latest projections.
- Review of consultant's report and further segmentation of benchmarking data around size of charity – this action is still live; remaining items on the actions log would be closed.

4. Fundraising and Communications update

The Chair thanked Kate Billingham Wilson and the team for the thorough report, acknowledging that at the last Committee meeting held at the mid-point in the financial year, there had been some targets that had been behind. The work over the Christmas period shows the gains made.

Key points were shared from the report including achievements to streamline Supporter Care systems and time taken on data analysis (enabling redundancy of the Database Manager role and direct links to finance systems), care in communications taken to reschedule the Santa Dash, engagement in Christmas events, and push to secure GiftAid income. The Communications team also worked to amplify the Hospice's voice around funding challenges and champion the sector and gained national coverage of Christmas events, showing their strong expertise.

The chair asked about ability to track uplifts in income that resulted from the funding crisis and how repeatable some of the results will be as a result. KBW confirmed that all donations relating to the funding crisis messaging had been tagged as such but that relationships are being maintained with any new donors.

In response to Committee questions, it was confirmed that this prompted the door-drop campaign and whilst it broke even financially through use of volunteers and a company, there were 130 new donors and positive profile-raising as an outcome. There is a survey underway on the Light up a Life event and campaign to inform future plans, with good responses to Appeals overall.

Whilst Legacies are down vs target (which is not uncommon at this time of year, and is an unpredictable budget line) In Memory giving levels are strong. Major donors sits above target, and the Trusts line is almost there with one significant bid response due. There have been two key corporate donations which were from new contacts, even with the change in internal resourcing for business relationships.

Challenge and Community events now sit within one team who are exploring more outreach possibilities in local educational settings including with Parent Teacher Associations (PTAs), and there are interviews in place for vacant posts.

Overall, fundraising figures are on target despite Community sitting below the goal, and the bottom line for the fundraising team is also meeting ambition.

The Committee asked about confidence levels in reaching the £638k net out-turn projects, with £50k remaining in this target to reach by the end of the financial year. It was confirmed that the team is relatively confident, particularly if the City Bridge Trust bridge comes through, and January is on track from live month-to-date data. If this is achieved, it will be the strongest year for fundraising to date.

However, the Committee noted the National Insurance (NI) rise in 2025/26 which would add £140k to the cost base, and that whilst there will be digital and capital funding from government to hospices, this does not cover core costs.

5. 2025/26 Fundraising Strategy

The Committee reviewed the initial draft figures, which link in to the overall budgeting exercise for the upcoming financial year. It was felt that the £200k Community target which had initially been set was too steep, and in fact other budget lines could be raised instead, to reach the same overall target, perhaps in Major Donor income given strides made in this area. Kate Billingham Wilson would update the summary table for the next meeting to show the 2024/25 actual and forecast figures in order to support comparisons, and also include expenditure to show the net figure for each income line. There will need to be some further scrutiny of individual income stream projections to ensure the team is not being overly ambitious.

6. ICB income; NHS consultation

Becca Trower updated on plans for the upcoming meeting to be held on 12th February with the ICB and three local Hospices, and shared detail on who would join from ICB and key relationships. All hospices are joining up to share a consistent request for 50% of the clinical cost base (as it was before the restructure) to be covered by the ICB over the next 2 years.

7. Update on Income Generation activity, to include review of consultant's report and further segmentation of benchmarking data around size of charity

Sara Jane highlighted the lower footfall for shops (part of a national trend) in the last quarter including due to financial pressures from the government's budget and adverse weather. Despite this, as well as Wimbledon Park underperforming (with the lease now advertised) and Ebay not launching as planned, the shop figures are on-budget and 15% higher than the prior year for the YTD position with Gift Aid figures also higher. The Committee commended Sara Jane and the team on this set of results to date.

Key matters relating to staffing changes and operations/ vacancies were shared including challenges in the rag market meaning that no income is being budgeted for 2025/26 with negotiations in place so that the Hospice will not need to pay for disposal of such items. The Lottery campaign has gone well with Britevox and the target of 2,000 new members likely to be met. Nick Stevens had emphasised to the Income Generation team the progress made including continued focus on the net position, with projected costs sitting below budget.

The Committee next held an in-depth discussion on the Lottery proposal, which would also be reviewed by the Finance Committee. Current arrangements have boosted profile as much as possible with further coverage to be given in the Raphaelite magazine. Some attrition is higher from newer players. The new proposed company is used by many hospices and promises a very strong

net return (73%). Nick Stevens talked the Committee through the model, proposal, contract and business case in-depth, to show the profile of projected income within the camp of 7,000 players.

The Committee discussed and was supportive overall, subject to assurance on the longevity and sustainability of this approach; location of the company's registration and data storage (in the UK); and robustness of information security and data sharing arrangements. It was confirmed that correspondence can be carried out with Lottery players through this set-up, which is important as it is a pipeline to supporters and event attendees. The Committee also requested that the break clause/ exit strategy be reviewed, in the event that another set-up for Lottery would be pursued in future.

8. Departmental risk register

This would be shared immediately in follow up to the meeting for comment by the Committee, and be placed as a substantive item on the next meeting agenda.

9. Standing item – retail incident report

The Retail Complaints report was tabled, with one issue in particular affecting a staff member who gave good feedback on support accessed through the Employee Assistance Programme (EAP). There were no incidents to report (other than updates shared through other items).

10. Any Other Business and Dates of future meetings

There were no items shared. The date of the next meeting was confirmed as Tuesday 6th May 2025.

The meeting ended at 1.15pm

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

St Raphael's Hospice RAG Report		December	2024-25										
		<i>Figures in Italics are estimates</i>											
Description	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Cumulative Donations incl GAID	Budget	£110,822	£225,666	£335,116	£438,577	£519,598	£602,556	£737,873	£870,110	£1,069,349	£1,152,170	£1,292,911	£1,402,275
	Actual	£123,976	£222,129	£273,714	£336,236	£443,229	£584,873	£760,231	£982,679	£1,219,141	£0	£0	£0
Cumulative FR Costs	Budget	£70,781	£136,026	£207,873	£275,348	£340,853	£405,579	£489,070	£562,907	£638,557	£702,595	£761,302	£827,274
	Actual	£68,296	£122,906	£178,418	£231,491	£285,641	£339,928	£399,273	£456,502	£554,835	£0	£0	£0
Cumulative FR Contribution	Budget	£40,041	£89,640	£127,243	£163,229	£178,745	£196,978	£248,803	£307,202	£430,792	£449,575	£531,609	£575,001
	Actual	£55,680	£99,223	£95,296	£104,745	£157,588	£244,945	£360,958	£526,177	£664,306	£0	£0	£0
Cumulative Legacies	Budget	£422	£16,465	£62,604	£237,124	£350,396	£449,132	£554,132	£637,082	£720,032	£817,646	£984,596	£1,312,500
	Actual	£1,206	£20,579	£93,059	£127,152	£162,552	£170,242	£317,451	£328,982	£416,239	£0	£0	£0
Cumulative Lottery Income	Budget	£27,564	£62,091	£89,771	£119,111	£174,480	£209,731	£255,867	£292,750	£329,573	£375,490	£412,127	£448,680
	Actual	£27,295	£66,013	£96,150	£122,793	£155,764	£183,164	£210,098	£246,271	£278,461	£0	£0	£0
Cumulative Lottery Contribution	Budget	£14,640	£35,607	£41,914	£-3,318	£-38,505	£-76,594	£-61,940	£-39,850	£-18,303	£10,784	£33,535	£54,652
	Actual	£15,659	£40,478	£58,945	£73,969	£89,180	£67,378	£62,649	£45,648	£32,649	£0	£0	£0
Cumulative Retail Income	Budget	£158,998	£323,309	£482,307	£646,826	£811,345	£970,544	£1,142,956	£1,309,793	£1,482,205	£1,647,789	£1,797,311	£1,962,895
	Actual	£177,275	£350,948	£512,172	£680,556	£835,634	£989,366	£1,161,050	£1,335,657	£1,499,223	£0	£0	£0
Cumulative Retail Costs	Budget	£143,990	£291,782	£442,542	£590,924	£737,515	£883,378	£1,028,480	£1,182,362	£1,326,132	£1,469,264	£1,617,822	£1,769,622
	Actual	£136,537	£269,905	£401,983	£539,048	£668,569	£798,096	£943,200	£1,072,523	£1,207,927	£0	£0	£0
Cumulative Retail Contribution	Budget	£15,008	£31,527	£39,765	£55,902	£73,830	£87,166	£114,476	£127,431	£156,073	£178,525	£179,488	£193,273
	Actual	£40,738	£81,043	£110,189	£141,508	£167,064	£191,270	£217,850	£263,134	£291,296	£0	£0	£0
Cumulative Clinical Costs	Budget	£429,161	£849,233	£1,269,990	£1,699,138	£2,243,306	£2,659,429	£3,078,824	£3,496,929	£3,913,978	£4,285,910	£4,656,206	£5,028,049
	Actual	£438,528	£849,165	£1,246,149	£1,677,392	£2,215,211	£2,633,179	£3,023,854	£3,387,064	£3,761,282	£0	£0	£0
Cumulative Support Costs	Budget	£107,575	£217,985	£325,478	£434,672	£540,642	£646,361	£750,235	£885,667	£990,090	£1,089,187	£1,182,133	£1,277,098
	Actual	£113,591	£202,454	£318,330	£434,199	£531,856	£645,951	£740,750	£868,964	£971,406	£0	£0	£0
Bank/Investment Balance	Budget	£3,180,878	£3,113,105	£3,796,553	£3,524,863	£3,523,803	£3,176,664	£2,857,691	£2,892,133	£2,382,801	£2,007,745	£2,773,146	£2,555,651
	Actual	£3,203,583	£2,979,876	£4,057,192	£3,696,669	£3,773,239	£3,349,059	£4,229,808	£4,023,492	£3,715,294	£0	£0	£0
Legacy Debtor	Budget	£1,185,852	£1,201,895	£1,148,034	£1,202,554	£1,195,825	£1,174,562	£1,159,562	£1,142,512	£1,225,462	£1,323,075	£740,025	£1,067,930
	Actual	£1,173,085	£1,148,262	£1,111,542	£1,175,004	£1,141,804	£1,096,804	£454,456	£440,149	£405,675	£0	£0	£0
Charity Monthly Shortfall/Surplus (excl DoC)	Budget	£(299,743)	£(260,131)	£737,096	£(188,628)	£(373,533)	£(263,503)	£(157,581)	£(208,065)	£(99,632)	£(124,589)	£(22,910)	£671,138
	Actual	£(324,564)	£(149,066)	£863,083	£(288,777)	£(292,679)	£(243,863)	£(47,369)	£62,673	£(60,502)	£0	£0	£0
Charity Cumulative Shortfall/Surplus (excl DoC)	Budget	£(299,743)	£(559,874)	£177,222	£(11,406)	£(384,939)	£(648,442)	£(806,023)	£(1,014,088)	£(1,113,720)	£(1,238,309)	£(1,261,219)	£(590,081)
	Actual	£(324,564)	£(473,630)	£389,453	£100,676	£(192,003)	£(435,867)	£(483,235)	£(420,562)	£(481,064)	£0	£0	£0

Trustee Skills Audit
St Raphael's Hospice

This Skills Audit draws from the Hospice UK template and is used to identify current skills, knowledge and experience on the Board. Trustees are asked to map your skills and knowledge against the areas below, using the ratings given on the next page.

This Matrix will be updated regularly to reflect turnover or other changes on the board. We may also need specific new expertise, for example as a result of legislation or particular changes in the health environment, or to reflect your strategic priorities.

Skills Matrix

Skill or experience	1	2	3	4
Human resources at a strategic level				
Diversity, equity and inclusion (DEI) initiatives				
Experience in a health or social care field				
Financial qualification and experience				
Retail experience in a multi-site operation				
Current ICT expertise				
Building/facilities management				
Legal (commercial, employment, property)				
Fundraising and income generation				
Marketing and communications including social media				
Organisational partnerships				
Senior executive experience in a private or non-profit sector				
Health governance and data protection				

RATING SYSTEM			
1	2	3	4
HIGHLY COMPETENT	COMPETENT	DEVELOPING	NOT YET DEVELOPED
<p>Where relevant to the competency or example, the following apply to the individual concerned:</p> <ul style="list-style-type: none"> • this is an area in which you have significant practical experience. • this is something that you undertake on a regular basis. • this is a personal characteristic or style that you demonstrate all of the time. • there is a regular programme of activities to maintain technical competence (where applicable). 	<p>Where relevant to the competency or example, the following apply to the individual concerned:</p> <ul style="list-style-type: none"> • this is an area in which you have some practical experience. • this is something that you sometimes undertake. • this is a personal characteristic or style that you demonstrate most of the time. • there is a regular programme of activities to maintain technical competence (where applicable). 	<p>Where relevant to the competency or example, the following apply to the individual concerned:</p> <ul style="list-style-type: none"> • this is an area in which you currently have little practical experience. • this is something that you rarely undertake. • this is a personal characteristic or style that you demonstrate some of the time. • there is a programme of activities to develop the technical competence in this area (where applicable). 	<p>Where relevant to the competency or example, the following apply to the individual concerned:</p> <ul style="list-style-type: none"> • this is an area in which you have no practical experience yet. • this is something that you have never undertaken. • this is a personal characteristic or style that you rarely demonstrate. • there is no programme of activities to develop the technical competence in this area (where applicable).

Management Account December 2024	Year To Date				Full Year								
	Actuals 2024-25	Budget 2024-25	variance	YTD Prior Year	Actuals 2021-22	Actuals 2022-23	Actuals 2023-24	F'cast 2024-25	Budget 2024-25	variance	2025-26	2026-27	2027-28
Income from NHS	1,473,322	1,281,113	192,209	1,221,787	2,264,729	1,698,401	1,697,202	2,010,211	1,786,331	223,879	1,972,289	2,010,415	2,049,303
Other Income	1,455,792	1,310,082	145,710	381,595	588,934	350,702	623,775	1,558,855	1,413,819	145,037	446,683	456,664	468,342
Service Income	2,929,113	2,591,195	337,919	1,603,382	2,853,662	2,049,104	2,320,977	3,569,066	3,200,150	368,916	2,418,973	2,467,079	2,517,645
Direct Cost of Services	(3,761,282)	(3,913,978)	152,696	(3,598,422)	(3,878,465)	(4,516,639)	(4,907,359)	(4,878,661)	(5,028,049)	149,389	(4,762,989)	(4,858,620)	(4,956,929)
Hospice Depreciation	(81,481)	(89,442)	7,961	(81,901)	(95,491)	(95,392)	(109,815)	(109,217)	(120,509)	11,292	(107,627)	(57,591)	(55,768)
Support Costs	(647,604)	(660,060)	12,456	(532,100)	(670,239)	(698,011)	(792,519)	(870,181)	(851,399)	(18,782)	(842,177)	(859,874)	(877,038)
Service Costs	(4,490,366)	(4,663,480)	173,113	(4,212,423)	(4,644,196)	(5,310,041)	(5,809,692)	(5,858,059)	(5,999,957)	141,898	(5,712,792)	(5,776,085)	(5,889,735)
Net Service Cost to be funded	(1,561,253)	(2,072,285)	511,032	(2,609,041)	(1,790,534)	(3,260,937)	(3,488,716)	(2,288,993)	(2,799,807)	510,814	(3,293,820)	(3,309,006)	(3,372,090)
	33%	27%		29%	49%	32%	29%	34%	30%		35%	35%	35%
Fundraising Activity													
Legacy Income	416,239	720,032	(303,793)	712,177	1,532,596	1,646,106	1,591,533	1,066,239	1,312,500	(246,261)	1,378,125	1,447,031	1,519,383
Donor Income	1,219,141	1,069,349	149,793	833,974	996,411	1,132,220	1,168,678	1,545,307	1,402,275	143,032	1,653,364	1,962,072	2,063,913
Fundraising Costs	(554,835)	(638,557)	83,722	(553,570)	(702,971)	(730,913)	(732,467)	(724,386)	(827,274)	102,889	(801,665)	(793,081)	(808,943)
	1,080,545	1,150,824	(70,279)	992,581	1,826,036	2,047,412	2,027,743	1,887,161	1,887,501	(340)	2,229,825	2,616,022	2,774,353
Lottery Income	278,461	329,573	(51,112)	264,133	422,996	368,285	354,369	375,117	448,680	(73,563)	347,465	280,741	255,732
Lottery Costs	(245,812)	(347,876)	102,064	(192,450)	(195,515)	(169,462)	(229,846)	(330,885)	(394,029)	63,144	(139,191)	(31,467)	(32,117)
	32,649	(18,303)	50,952	71,683	227,480	198,823	124,523	44,232	54,652	(10,419)	208,274	249,273	223,615
Shop Income	1,499,223	1,482,205	17,018	1,252,645	1,109,995	1,418,215	1,726,714	1,962,546	1,962,895	(349)	2,060,925	2,395,539	2,754,270
Shop Costs	(1,207,927)	(1,326,132)	118,205	(1,229,862)	(1,123,843)	(1,200,945)	(1,691,877)	(1,631,555)	(1,769,622)	138,067	(1,713,986)	(1,951,580)	(2,122,520)
	291,296	156,073	135,223	22,783	(13,848)	217,270	34,837	330,991	193,273	137,718	346,939	443,959	631,750
	19%	11%		2%	-1%	15%	2%	17%	10%		17%	19%	23%
Support Costs	(323,802)	(330,030)	6,228	(266,050)	(335,119)	(349,005)	(396,259)	(435,091)	(425,699)	(9,391)	(421,089)	(429,937)	(438,519)
Fundraising Contribution	1,080,688	958,564	122,124	820,997	1,704,549	2,114,500	1,790,845	1,827,294	1,709,726	117,568	2,363,949	2,879,318	3,191,199
Shortfall before DOC Funding	(480,565)	(1,113,720)	633,156	(1,788,044)	(85,985)	(1,146,437)	(1,697,871)	(461,699)	(1,090,081)	628,382	(929,871)	(429,688)	(180,891)
DOC Funding	(500)	0	(500)	0	666,666	750,000	500,000	499,500	500,000	(500)	600,000	203,334	0
Contingency Drawdown						0							
Surplus/(Shortfall) for period	(481,065)	(1,113,720)	632,656	(1,788,044)	580,681	(396,437)	(1,197,871)	37,801	(590,081)	627,882	(329,871)	(226,354)	(180,891)

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Management Account December 2024	Year To Date												
Net Movement in Funds	Actuals 2024-25	Budget 2024-25	variance	YTD Prior Year	Actuals 2021-22	Actuals 2022-23	2023-24	F'cast 2024-25	Budget 2024-25	variance	2025-26	2026-27	2027-28
Surplus/(Loss) from Operations	(481,065)	(1,113,720)	632,656	(1,788,044)	580,681	(396,437)	(1,197,871)	37,801	(590,081)	627,882	(329,871)	(226,354)	(180,891)
Depreciation	148,124	168,634	(20,510)	146,529	130,403	144,992	199,165	210,635	221,293	(10,658)	197,130	148,188	122,719
Decrease/(Increase) in Debtors	923,553	283,959	639,594	120,696	107,828	573,324	(653,890)	301,725	398,260	(96,535)	351,989	(38,493)	115,324
(Decrease)/Increase in Creditors	(131,259)	(56,614)	(74,645)	(71,337)	(772,786)	(769,428)	(392,610)	(608,724)	(571,048)	(37,676)	(619,052)	(192,211)	(32,707)
Net cash (expended)/ generated by operations	459,353	(717,742)	1,177,095	(1,592,155)	46,126	(447,549)	(2,045,206)	(58,563)	(541,575)	483,013	(399,804)	(308,870)	24,446
Purchase of Fixed Assets	(34,642)	(163,357)	128,715	(265,208)	(293,277)	(277,357)	(312,460)	(64,642)	(193,357)	128,715	(145,000)	(125,000)	(65,000)
Increase / (Decrease) in Cash	424,711	(881,099)	1,305,810	(1,857,363)	(247,151)	(724,906)	(2,357,666)	(123,205)	(734,932)	611,728	(544,804)	(433,870)	(40,554)

Management Account December 2024	Year To Date												
Balance Sheet	Actuals 2024-25	Budget 2024-25	variance	YTD Prior Year	Actuals 2021-22	Actuals 2022-23	Actuals 2023-24	F'cast 2024-25	Budget 2024-25	variance	2025-26	2026-27	2027-28
Fixed Assets	856,617	964,823	(108,205)	975,483	724,439	856,804	970,099	824,107	942,163	(118,057)	771,977	748,789	691,070
Debtors	1,135,550	1,708,817	(573,267)	1,284,516	1,978,537	1,405,213	2,059,103	1,757,378	1,594,516	162,862	1,405,389	1,443,882	1,328,558
Cash at Bank and Investment Fund	3,715,294	2,382,801	1,332,493	3,790,886	6,373,156	5,648,250	3,290,583	3,167,378	2,555,651	611,728	2,622,574	2,188,704	2,148,150
Creditors	(1,911,096)	(1,921,232)	10,136	(2,363,628)	(3,204,393)	(2,434,965)	(2,042,355)	(1,433,632)	(1,406,798)	(26,833)	(814,580)	(622,368)	(589,662)
Net Assets	3,796,365	3,135,208	661,157	3,687,257	5,871,739	5,475,301	4,277,430	4,315,231	3,685,531	629,700	3,985,360	3,759,006	3,578,116

