

**St Raphael's Hospice**  
**Minutes of a Meeting of the Finance & Resources Committee**  
**Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX**  
**At 14:00 on Tuesday 11<sup>th</sup> July 2023**

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

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

**Actions arising**

<b>Agenda item</b>	<b>Action</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Ref.</b>
3. Finance report	Report on split of reserves available in cash vs investments	Nick Stevens, Neena Vadgama	October meeting onwards	11.07.23/01

*The meeting commenced at 2pm*

**1. Welcome, apologies for absence and declarations of interest**

The Chair welcomed Committee members and colleagues to the meeting. There were no apologies received.

**2. Review of minutes from 25<sup>th</sup> April 2023 Committee meeting & matters arising**

The minutes of the previous meeting were reviewed and approved as an accurate record of proceedings. The Committee received an update on actions arising:

- Share volunteer numbers with the Committee – this was included in the report.
- Share report on Sarasin investment trends with the Committee – this had been completed.
- Add Committee members to St Raphael's e-newsletter – Board members would be invited to share consent shortly and be added by the end of the month.
- Share KPI report with Committee – this paper was tabled for review.
- Take forward Financial Scheme of Delegation to Board for approval – this had been completed.

In relation to key themes within the report, the risk register and update on legacies was included in this meeting agenda for discussion. The Appeals and Community & Youth fundraising postholders had already started in post, with Corporate and Philanthropy leads due to start soon.

Joe Ryan updated on attendance at a recent seminar held by Sarasin, which showed the depth of knowledge held by the firm, and that portfolios are expected to improve in performance from summer onwards after the challenging financial climate experienced over the past year.

### 3. Finance Report

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

- The figures to 31<sup>st</sup> May are included in the report, showing a total shortfall of £450k compared to a budget of £401k.
- The Hospice is not expecting a significant increase in NHS funding this year, which is challenging given inflationary pressures, and so a meeting between the CCG and local Hospice leaders is being held on 19<sup>th</sup> July.
- The lower value of investments is reflected in the report, although these are held with a longer-term perspective on potential returns in mind.
- Direct cost of services is sitting at £100k lower than budget, although agency nurses are being used as required. The Agenda for Change pay levels came through in June and will be reflected into staff costs going forwards.
- There have been a few, relatively significant legacies confirmed in the past fortnight, which helps to support the assumptions in the budget around the full year target, and will not affect the 2022/23 year-end position.
- In terms of Donations income, £313k has been received for the first quarter to the end of June, which aligns well with the targets. The Lavender Appeal performed well, with Light up a Life due in December and one further appeal to be run. With the Fundraising team expanding currently, this gives confidence on reaching the full-year goal of £1.25m.

Alan Cogbill updated on the discussion at Income Generation & Communications Committee. For team recruitment, the Committee were supportive of still recruiting to the Legacies role even if this is on pause for now, to build visibility around this important income stream, with training for staff planned in the meantime. The responses to the stakeholder survey has been high, giving a strong basis for analysis. The Lottery firm are performing well, with training showing through in the fact that only one complaint has been received and targets being exceeded.

The Committee noted the quantum of changes to pay in the Agenda for Change, which is higher than the 5% budgeted and will therefore impact on longer-term income projections for expenditure.

The Committee focused on the areas of income generation requiring improvement, asking about action being taken on Community and Corporate giving. Nick Stevens confirmed that both these areas will have new staff leads, which will focus on outreach to local schools and businesses. It is positive in the meantime that the Hospice's main corporate donor has committed to giving. The Trusts role will be handed over from the current part-time consultant in August. For In Memory given, now funerals and IPU care visitors are more present in person, alongside development of the bereavement journey and full IPU staffing for 10 beds, this is expected to continue increasing.

In relation to themes from the previous report from Ruth Sorby (Fundraising Consultant), relationships between the Supporter Care and Donor Development team are improving, and the move to host the team on-site has been positive with a good dynamic emerging with new recruits.

The backdated Capitol House rent payment was noted by the Committee with some concern, and with assurance given on the process to monitor this going forwards.

The Committee noted the green shots in fundraising and income generation activity, including in performance of most shops, but noted the importance of keeping momentum to move beyond pre-pandemic income and show growth in future years.

- 3.2. Balance sheet and cash movements** – Nick Stevens confirmed that cashflow is monitored closely including the use of deposit accounts. The longer-term projections are included in meeting papers, and the optimal level at which reserves would settle may be subject to further discussion with the Daughters of the Cross. The next 12-18 months will be vital to monitor trends and the level of growth in income. The Fundraising Committee also maintain this focus including on return on investment (ROI) from activity and setting KPIs.

In relation to CCG income, the Income Generation & Communications Committee had raised the matter of governance oversight of this area, which would be brought to the Board for discussion. There is a 'plan B' in place in terms of financial planning, should the funds from the NHS not rise in line with inflation and the extent of service need to be reviewed.

The Committee were supportive of this approach to scenario planning, and requested that future reports should include a note on the split of reserves available in cash vs investments.

The Committee were asked to note that the 12-month £1.5m deposit with NatWest may need to be accessed before the term completes in December, depending on the extent of legacy income within coming months. This will be monitored closely and there will be 2-3 months' notice for any required draw-down to support prudent cash management.

- 3.3. External audit update** – Joe Ryan updated on the one-to-one planning call with the external audit manager, through which the timetable had been shared and a high-level discussion on the Hospice's financial position held. They had asked for assurance on any instances of fraud known by the Committee, and Joe Ryan and Nick Stevens confirmed that there was no known instance to report, with controls in place to identify financial mismanagement. The auditors remain cognisant of the structural deficit, addressed by the strong level of reserves, which means that overall they understand the Hospice's position as a going concern.
- 3.4. KPI report** – Committee members reviewed the report, noting the increased volunteer numbers, and increased engagement with communications activities. Staff recruitment in fundraising is a key priority.

#### **4. IT & Estates update**

Nick Stevens updated on a positive meeting held with the Operations Director at Spires hospital, which could help inform a stronger partnership for potential income generation and volunteer recruitment. This is encouraging as they would only wish to associate with an organisation demonstrating high standards of clinical excellence.

John Groom presented key points from the report, with the team's efforts focused on progression of the EMIS transition and access to GP systems upcoming, recruitment to two IT technician posts, and the bariatric suite almost complete ahead of schedule.

Nick Stevens thanked the team involved in EMIS and the office move to bring fundraising on-site, and the positive attitude of all involved.

#### **5. Annual review of pensions (verbal update)**

Nick Stevens provided a verbal update on arrangements whereby prior NHS staff have the option to retain their NHS pension which is a growing number of staff. All new roles are budgeted on the assumption of this being in place, to be prudent as the 14.3% pension contribution is much higher than for other staff on the Hospice scheme at 3%. The Hospice received a bill of £55k for a leaver, but on advice this is not a contingent liability in the accounts. The timeline for dispensation of one further potential payment would be reviewed, to understand if this would be expected in March 2024 or after this date. There are no further changes to pension arrangements expected.

**6. Annual non-clinical corporate governance update**

Alex Rudkin presented the report, which covers activity across data protection, insurance, compliance, the policies framework, and health and safety – in line with the Committee’s Terms of Reference. The annual self-assessment process has been undertaken on NHS Digital to give assurance that the Hospice has suitable coverage for information governance.

Cyber security are managed carefully, with time and attention spent by the team to mitigate potential risks. Health and safety strong oversight with coverage of audits held both on-site at the Hospice and in the Retail portfolio. There is clear summative reporting of incidents, and good processes in place to response to complaints. The Committee thanked Alex Rudkin for the report.

**7. Departmental risk register**

The Committee noted that new format with pre- and post-control scores, and that further information would be added on contextualisation of risks. All risk registers would be shared with the Board at the upcoming meeting.

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

The Committee closed the meeting with a minute’s silence in memory of former CEO of the Hospice.

There were no further items raised under Any Other Business. The next meeting will be held at 2pm on Tuesday 17<sup>th</sup> October 2-4pm.

*The meeting ended at 4.00pm.*

Approved.....

Date.....

**St Raphael's Hospice**  
**Meeting of the Clinical Quality & Governance Committee**  
**Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX with video call access**  
**At 9:00am on Friday 30<sup>th</sup> June 2023**

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

In attendance: Nick Stevens – CEO (NS)  
 Dr Naomi Collins – Consultant (NC) – items 5-10  
 Becca Gammell (observing)  
 Alex Rudkin – Director of Quality and Governance (AR)  
 Rebecca Trower – Clinical Director (BT)  
 Anna Machin (Governance – AM)

**Actions arising**

Agenda item	Action	Responsible	Timeline	Ref.
5. Clinical risk register	Update risk register to reflect EMIS transition	Rebecca Trower, Alex Rudkin	Immediate	30.06.23/01
7. Patient 'label' research project	Take forward participation in project inc. check access for patients with English as a second language	Dr Naomi Collins	Immediate	30.06.23/02
8. Quality Account	Share final draft with Committee for comment	Alex Rudkin	Immediate	30.06.23/03

*The meeting began at 10am.*

**1. Welcome, apologies for absence and declarations of interest**

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

**2. Review of minutes from 28<sup>th</sup> April 2023 Clinical Quality & Governance Committee meeting, Actions List and update on matters arising**

The minutes of the previous meeting were approved as an accurate record of proceedings. The matters arising and key themes from the previous meeting were reviewed:

- Take forward plans for integration of EDI training into staff induction process with Barry Angel – it is planned to change provider and will be overseen by the HR Committee going forwards.
- Add EMIS system to Clinical Risk Register – this action has been completed.

- Share CAP 2023/24 targets with Board – information is included in the meeting paper.
- Develop agreed priorities into SMART targets – these have been included in the draft Quality Account to be shared with the Committee immediately following the meeting.

### **3. Presentation and discussion on local palliative landscape and hub**

Eva Kalmus shared background to the multi-disciplinary Hub, and the journey to develop activities when set-up coincided with the start of the pandemic. The Hub has a core role of coordinating support for those who are at end of life, which is not designed to replace Hospice care but give time to those who are experiencing frailty, and signpost to Hospice care for those needing more clinical support.

The Hub comprises nursing, administrative care coordination and social worker roles. Independent reports looking at key performance indicators (KPIs) have shown that the Hub's work has reduced hospital admissions. Ongoing funding has been agreed from Epsom and St Helier NHS Trust, now without the element of social financing which had initially been received. There has been some turnover in core staff roles.

The Committee recognised the need in the community for a broad range of individuals to be supported, particularly in the context of an ageing population experiencing more instances of frailty and dementia, with some individuals not accessing the extent of support that they should be.

The Committee noted the approach to liaison between the Hub and Hospice team, and also that the Hospice's services take in referrals on weekends and overnight. There is a flowchart for local GPs to inform how individuals should be signposted.

The Committee expressed caution in relation to ensuring that there is a clear distinction in offer and service between the Hub and Hospice, also linked to the capacity within the Hospice and need to focus on the patients that will most benefit from support. However, there may be opportunities for collaboration for example on training and data collection.

### **4. Evidence of Excellent Practice Register**

The paper was taken as read, showing the range of strong practice displayed including recognition for Paula de Palma who plays an integral role on-site. There is one complaint outstanding, where a call has been placed but not response yet received.

### **5. Clinical Risk Register**

Bernard Marley was thanked for contributing to the reformatting of risk registers. There is one red risk relating to PAS systems failure, with a large number of mitigations in place and regular oversight by the team. Recent recruitment has reduced staffing risks with good candidates in the pipeline, and covid is now very manageable.

The Committee received assurance on plans for staff cover over the summer months. The Committee requested that the new EMIS system migration be reflected more strongly in the risk register, including risks relating to reliance on connectivity to this system.

### **6. Clinical Quality & Governance Report inc. Clinical Action Plan and 'SMART' targets**

Becca Trower updated on the report, which has been developed in detail since the last Committee meeting. A social worker has been appointed to the Psychosocial team, and the Compassionate Neighbours service has experienced strong interest from patients and matching underway with volunteers. The Wellbeing Service has also seen an increased number of volunteers. There are no concerns to note on IPU delivery, with an update on activities given in the report.

The Consultant team continue to collaborate with local partners, and in relation to national studies. Dr Ambreen has returned to the team and is resuming on-call commitments from July. Dr Molyneux continues to offer supervision within the Hospice and outside, which helps to strengthen links with partners. The Care After Death Policy has been updated as noted in the report. The team continue to close the loop on practices in response to any complaints received.

Alex Rudkin updated on the EMIS transition with good engagement from the Clinical team, and further work alongside this on the website and submission of the data protection and security toolkit.

**7. Research – Patient ‘label’ research project approval**

Dr Naomi Collins gave context to the research project, on the theme of: ‘What do individuals known to oncology and palliative care services think about terminology used to describe them’. The Committee were content to approve participation on the project, noting that there would not be a minimum or maximum number of submissions required. The Committee requested that access be considered for patients with English as a second language.

**8. Quality Account**

This document is near completion and would be circulated to the Committee immediately following the meeting for comment, prior to submission.

**9. Minutes of internal meetings**

The minutes of internal meetings were noted, showing the content and tone of meeting discussion.

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

There were no further items of business raised. The date of the next meeting would be changed from Friday 6<sup>th</sup> October 2023 10am-12pm, based on availability of attendees.

*The meeting ended at 11am.*

Approved.....

Date.....

## St Raphael's Hospice

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

At 10:30am on Friday 14<sup>th</sup> July 2023

Members: Paul Holmes (PH - Chair)  
Norman McWhinney (NM – Chair of Trustees)  
Manjit Lall (ML – Committee Member & Trustee – virtual)

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

### Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
2. Volunteer Services Update	Link up on potential volunteering day	Ginny Toubal, Manjit Lall	July 2023	14.07.23/01
3. Minutes of previous meeting	Take forward recruitment of potential co-opted HR Committee member	Nick Stevens, Paul Holmes, Manjit Lall	July & August 2023	14.07.23/02
4. Update on HR activity	Share EDI training dates with Committee	Barry Angel	Autumn 2023	14.07.23/03
	Build data from HR system into Committee reports	Barry Angel	Spring 2024	14.07.23/04
	Share full Staff and Volunteer Survey analysis with Committee and Board	Barry Angel	October 2023 meeting cycle	14.07.23/05
7. AOB	Take forward verbal report to Board	Manjit Lall	July Board meeting	14.07.23/06

### 1. Welcome, apologies for absence and declarations of interest

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

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

### 2. Volunteer Services Update & Dashboard

Ginny Toubal presented key points from the report, sharing the positive news of a 36% increase in numbers with 204 regular, active volunteers now in post. The volunteer audit showed the number of total hours committed over the past year. There are further live applications coming in from individuals whose family and friends have been supported by St Raphael's and other hospices, and a strong partnership with Volunteer Centre Sutton.

The Committee asked about the hardest category of volunteer to recruit to. This is complementary therapists, as many lost their livelihoods during the pandemic.

The Committee asked about the basis on which the Hospice would ever turn down an application. Ginny confirmed that this would be circumstances in which it did not meet the minimum standards, or the length of time offered is too low. This also applies to existing volunteers, as the Hospice upholds core expectations linked to the Investing in Volunteers criteria.

In terms of areas of strength, the coverage on Reception including evening and weekend shifts is good, and the Hospice has a strong reputation to attract student counsellors including the opportunity for supervision to be provided through Dr Molyneux. There are 50 Compassionate Neighbours volunteers now in post, which meets expectations given that this is a relatively new service, and it is hoped to reach 150-200 over time – this is comparable to other local Hospices.

Manjit Lall asked whether the Hospice offered volunteering days for public or private sector organisations. Ginny confirmed that plans are now underway through the newly recruited Community & Youth Officer, and the connection would be made in relation to potential engagement from Manjit's workplace.

The Committee heard that the volunteer forum and Chair of volunteer role were under review, to consider the purpose served by this group, which has shifted following the pandemic.

The Committee reviewed the initial Volunteer Survey responses, which showed that compared to 16 other Hospices, responses were all 'the same or better' in terms of feedback given by volunteers which is a strong achievement.

The Committee noted the Volunteer Risk Register in the new format, and how the content linked to the key areas of update provided in the meeting, and thanked Ginny for the report.

### **3. Review of minutes from 18<sup>th</sup> April 2023 HR Committee meeting & actions arising**

Committee members noted that Steve Mulhall had stepped down from role, and wished to record their thanks for his contribution during his time as co-opted Committee member.

Nick Stevens shared details of a potential new co-opted Committee member with relevant nursing and HR expertise, who is a volunteer at the Hospice. Nick Stevens would take forwards a conversation, after which Paul Holmes and Manjit Lall would hold an interview for this post.

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

In relation to the matters arising:

- Take forward implementation of financial wellbeing policy, following Board approval – this has been implemented.
- Initiate conversation with Board Chair on streamlining Hospice values – this has been discussed at SLT, with Dr Gaby Tamura-Rose and Dr Jenny Strawson due to develop a streamlined version of the values. This would be taken forwards through a conversation with the Board by January 2024, and would remain on the Committee Action List.
- Arrange handover of Speaking Up Trustee role – this is scheduled to be held immediately following this Committee meeting, and would be removed from the Committee Action List.
- Reschedule October HR Committee meeting – it was agreed that the next meeting would be held on 19<sup>th</sup> October from 9-11am.

## **4. Update on HR Activity and Management Plan**

**4.1. HR Report inc. recruitment** – Barry Angel presented the key points from the HR Report:

- Following confirmation of NHS staff pay through negotiations between the government and unions, the Agenda for Change pay-scales have been confirmed and processed through in payroll. As previously updated, the NHS covid 'catch up' aspect of the payment has not generally been made on Hospice settings and so was not included in St Raphael's staff payroll.
- A new cloud-based HR system provider has been identified, in consultation with the Director of IT & Estates, with the aim of implementing in January but with some slight contingency around other systems projects. A strong new payroll lead has been recruited to the team.
- There is a proactive approach to absence management, with two particular cases of long-term absence now resolved, and a supportive approach to meetings.
- There have been strong examples of recent recruitment with only two fundraising positions remaining, IT posts advertised to support continuity in this team, and IPU fully staffed including a Band 6 nurse due to join soon.

The Committee were given assurance that GDPR-related considerations had been taken into account in relation to the selection of the HR system.

The Committee received an update on the process for exit interviews, and were supportive of the proposed discretionary payment to a long-standing staff member, in line with the Hospice's caring ethos.

The Committee requested that more data should be presented on staff equalities information once the new HR system is in place, including gender, age and in time ethnicity data, to be used as a foundation for EDI-related discussions.

**4.2. Staff survey** – the Committee reviewed the headline Staff Survey outcomes, which had been received the day prior with top-level analysis available, and a full report to be shared with the Committee and Board in the autumn meeting cycle. The response rate is in line with other Hospices but it had been hoped to have even more engagement, and the number of hard copy returns received was relatively low. The results are not broken down by team, for confidentiality reasons.

Of the 44 questions asked, 19 were the same as other Hospices and 24 showed better responses, with only one lower than other comparable organisations. Overall, this is an improvement on the prior year. There are particular responses that the Executive team is pleased about, for example around colleagues feeling that they can be themselves at work.

Dates are set for September for feeding back to staff on outcomes, and actions that will be taken following the Survey.

The Committee reflected on the positive outcomes from the survey, for example in comparison to other organisations in different sectors that they had worked with, and that this shows the Hospice's caring culture and sense of focus on the wellbeing of patients.

**4.2. Education Update** – It has been decided to move EDI training provider, following feedback on the quality and also revised costs of the existing provider, and another option has been identified. The Committee will be notified of dates set for the autumn. There is an intention to plan training for people managers in the Hospice later in the year.

## **5. Speaking Up**

The Committee noted the updated Speaking Up poster included in meeting papers. There were no concerns raised under the Speaking Up policy to report to the Committee.

**6. Departmental risk register**

The Committee noted the new format which includes pre- and post-control scoring, and thanked the team for the work in developing the document. In particular, it was noted that the recruitment-related risks had reduced following successful recent recruit and full staffing in IPU.

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

It was agreed that Manjit Lall would update the Board at the upcoming meeting on key points from the Committee, including volunteer numbers, headline staff survey outcomes, and recruitment activity.

The date of the next meeting was agreed as 19<sup>th</sup> October 9-11am. There were no further items of business raised.

*The meeting ended at 12.15pm.*

Approved.....

Date.....

## ACTION LIST

### SAINT RAPHAEL'S HOSPICE TRUSTEE BOARD ACTION LIST FOR MAY 2023 MEETING

*This Actions List brings together actions from the past full year (and a few actions prior to this) to comprehensively report on progress going into the new financial year.*

Reference	Lead	Description	Target Date for Completion	Comments
22.03.2023/02	JR	5.3.4. Finance Committee update - Share slides from year-end finance seminar		Complete
10.05.23/01	Anna Machin	Share upcoming dates of training and Hospice events with Trustees		Complete
10.05.23/02	Norman McWhinney	Write letter of thanks to fundraiser		Complete
23.09/11; 26.01.22/03	NM, AC, NS, GL	Bring together schedule of Provider visits; Arrange provider visits for Trustees and notify staff	Postponed due to pandemic	In progress
09.01.2022/03	RT, JS, AR	3. CQC - Have presentation on palliative care ready to share at CQC inspection		Update to be given at meeting
26.10.2022/02	NS, SJW	6. Fundraising & Income Generation Report Ensure visual aspects of Fundraising Campaign reflect a diverse range of patients		Campaign and fundraising communications plans in development
07.02.2023/03	SM, CS	7. Wellbeing and Psychological Support presentation - Take forward further consideration of impact measurement of new and current services		In progress
10.05.23/03	Nick Stevens	Take forward finalisation of year-end and DoC draw-down		In progress as part of year-end and external audit

# St Raphael's Hospice

## Meeting of the Board of Trustees

To be held at St Raphael's Hospice at 13:30 on Wednesday 19<sup>th</sup> July 2023

### TO BE PRESENT:

#### Trustees:

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

**Joe Ryan** (JR)

#### In attendance:

**Nick Stevens** (NS) (*CEO – items 6 onwards*)    **Kate Billingham Wilson** (KBW) (*Director of Fundraising*)    **Ed Cook** (EC) (*Advisor to DoC & Finance Committee member*)  
**John Groom** (JG) (*Director of IT & Estates*)    **Alex Rudkin** (AR) (*Director of Quality & Governance - apologies*)    **Gaby Tamura-Rose** (GTR) (*Lead Consultant*)  
**Rebecca Trower** (RT) (*Clinical Director*)    **Rebecca Wallace** (RW) (*IPU*)    **Sara Jane Woods** (SJW) (*Commercial Director*)  
**Anna Machin** (AM) (*Governance*)

Item	Description	Purpose <sup>1</sup>	Lead	Timing
1.	Welcome and apologies for absence.	-	Chair	1.30-1.35
2.	Declarations of interest	-	Chair	
3.	Board presentation – update on IPU service delivery	Discussion	Chair	1.35-2.00
4.	Minutes of the Board meeting held on 10 <sup>th</sup> May 2023 & Actions List	Approval	Chair	2.00-2.10
5.	Committee Chair updates & meeting minutes: <ul style="list-style-type: none"> <li>4<sup>th</sup> July HR inc. update on Equality and Diversity</li> <li>30<sup>th</sup> June Clinical Quality &amp; Governance</li> <li>11<sup>th</sup> July Fundraising &amp; Communications</li> </ul> 11 <sup>th</sup> July Finance & Resources inc. Finance Report	Discussion	Committee Chairs	2.10-2.45
6.	CEO and Executive Report	Discussion	NS	2.45-3.15
--	<i>Break</i>	-	-	3.15-3.30
7.	Hospice Risk Register & summary of Departmental Risk Registers	Discussion	NS, AR & colleagues	3.30-4.00
8.	Corporate Governance Report & Policy Framework	Framework - approval	NS, AM	4.00-4.25
9.	Any Other Business & Date of Next Meeting	-	Chair	4.25-4.30

10.	T-Time (trustee only session) inc. Charity Governance Report and CEO appraisal outcomes	Discussion	Chair, AM	4.30-5.00
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**Dates of upcoming meetings:** Wednesday 25<sup>th</sup> October 1-5pm



# CEO and Executive Report July 2023

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## Overview

1. Office moves are well underway, the builders are on site and we may get everyone moved by mid to late August.
2. The fundraising team have recruited to four roles and have two further roles budgeted to be recruited to later in the year.
3. We have a full establishment of staff for the IPU for the first time since the start of the pandemic in March 2020.
4. We currently have c£5.1m in bank/investment having recently received a £150k legacy.

## Finance

5. The first draft of the statutory format accounts for the year ended 31 March 2023 show:

A shortfall £750k (after the drawing down of £750k from the DoC Deferred Income grant). This equates to £1.5m shortfall before DoC drawdown compared to budget shortfall of £1.74m.

The Legacy total is £1.25m and is subject to change until the audit is signed off in October.

Net Assets stood at £5.1m and included a creditor of £1.9m in respect of unutilised DoC grant funding. Over the last three years there have been drawdowns of £280k, £667k and £750k from the original grant of £3.6m

Audit fieldwork will take place in the latter weeks of August with a completion meeting set for September 14th.

6. Details of the accounts for the first two months to May are included in the Finance and Resources Committee pack. There is a shortfall of £(450)k which is £48k worse than plan. Donor, Lottery and Retail income were all above plan, but only £15k of legacy and NHS and investment income below plan. Costs are £12k above plan as there was some unexpected historic retail rent/utilities costs that related to 2022-23.

## 7. NHS Contract

In January 2023 NHS issued new guidance relating to services that they are required to deliver (Specialist palliative and end of life care services - Adult service specification). On page 22 it says:

“Specialist level palliative care (SLPC) services are required for people (all ages) living with more complex and/or long-term conditions which are life-limiting or life-threatening. The needs of this group cannot be met by the capability of the core team alone. This care requires a workforce with specialist skills and experience. They should be commissioned **and funded** by ICBs, local authorities or a combination of both. (my bold italics)

And on page 5 it says:

“The specification sets out the service model for SLPC services. Commissioners should aim to **routinely fund** these services. SLPC services can be provided by different types of providers and in multiple environments, including in secondary care, community care and hospices. (my bold italics)

Currently SWL ICB funds 30% of our clinical costs, 25% of Royal Trinity’s and 16% of Princess Alice’s. The average for London is 50%. Thus far, St Raphael’s has not yet been offered an uplift by SWL ICB. However, Royal Trinity and Princess Alice have both been offered an uplift of 1.8%. This equates to around **0.6% of costs** in the face of inflation of 8.7% and with the Agenda for Change staff cost rise alone being 5%+.

The three local Hospices are collaborating and have written to the Commissioners and have an initial meeting on 19<sup>th</sup> July. There are two aims:

1. To seek an improved offer for 2023-24 including agreement to make every effort to use any money left over at the end of the financial year to support the hospices.
2. To obtain agreement that the ICB will plan to reach a sustainable level of funding over the course of the next three budget years – namely to reach a 50% funding level for the “specialised services” that they are statutorily required to provide (this excludes the Wellbeing and other generalist work that we do) and which the hospices currently provide on their behalf.

As part of the discussions we may choose not to sign the NHS short form contract that is usual on the basis that this is not actually a fairly calculated “contract for services”. We may choose to trigger the “dispute” mechanism that would lead through to independent mediation via a meeting “with Board level decision makers from both sides”.

We have agreed what we might do to leverage an agreement if necessary.

## **Fundraising**

8. It has been an effective first quarter for fundraising. The first priority for this year’s management plan is to recruit the team and four recruits have already been made. Hannah Tarrant (Appeals) and Bonita Hope (Community and Youth) have joined Sam Bourne (Challenge Events) and Rose Wood (Projects). David Morris (Philanthropy – Trusts and Major Donors) and Julie Holland (Corporate) will both start in July and two further roles are budgeted for a later date. One of those will be for In Memory and Legacies.

9. Another key area of the plan is to develop the Bereavement Pathway. Ashley Harper has now been recruited to work with Rose and Becca T to create the pathway and then to co-ordinate the project.
10. Work to understand the supporter journey has commenced with Darnell Consulting undertaking a piece of “insight work”. Over 500 donors have responded to a request for feedback and analysis will aim to aid SRH in targeting future appeals and activities.
11. We have made progress in embedding Fundraising into the SRH culture. The team have moved into the hospice and work has begun to create the full space they will need. We have now seen the first posters go up in the Hospice and in St Bede’s as we begin to publicise our charitable nature and the need to raise funds. We will learn from these posters and no doubt tweak and change them as we do.
12. Once the moves are completed, by the end of August, the Communications and Fundraising teams will be brought together physically and also with Kate as the lead.
13. Donation Income is at £313k for Q1 is 20% above the same point last year. It is the best start in eight years (except for 2019 when a £60k one-off Trust Grant made the overall total better by £20k).

## **Retail and Lottery**

14. The management plan’s first priority regarding the lottery was to recruit an agency and start to recruit a target of 100 new lottery plays per week. Sara Jane has contracted with BriteVox to deliver on this plan and their team has started to canvass door to door and in Supermarket and other sites. The first three weeks delivered on target and feedback has been very positive with only a single complaint (so far). So this is a great start. BriteVox will undertake a three-month “trial” before assessing how to proceed with the campaign.
15. The other priorities relate to maintaining the existing level of players and looking at new ways to recruit, aside from the agency. Income has held up thusfar and there are plans to enable the shops to sell lottery tickets. We will also look to relaunch the Bumper Draw around Christmas.
16. The first priority for retail is the relocation of the Donation Centre which provides the hub through which all the activity now flows. The new centre will open shortly, due on 20<sup>th</sup> July and this will provide a flagship sales venue as well as the receipt and distribution of donations.
17. The next priority is around growth of retail units. The Morden shop has been a little delayed as the landlord work on the roof repairs has taken longer than we had anticipated. Nonetheless it should start trading around October. Meanwhile, Sara Jane has viewed potential new locations but we have not found a suitable site yet. We will also investigate alternative options, such as short term “pop-ups” in vacant sites and taking space in Garden Centres and similar high footfall venues.

- 18.** We are also giving thought to whether we could open outside our area – Royal Trinity closed their Wimbledon shop but are now re-opening in a much better location near the station. All Hospices have shops in others' areas but our current level of co-operation suggests this should be avoided. I am therefore considering alternative branding for any new out of area shop to minimise a sense of encroachment.
- 19.** A third priority is to grow the volunteer team. We have reached 224 retail volunteers from a figure of around 150 a year ago. We are continuing to recruit and Communications are supporting with a marketing campaign including Google, Facebook and print.
- 20.** Retail income is 4% above budget for Q1 and is 20% above the same point last year. Within this total there are some ups and downs; New Malden shop is 48% above last year and 45% above plan, a remarkable achievement, whereas Wimbledon Park has struggled in these early stages and is only 50% of plan. A number of plans are afoot which are aimed at remedying this. One is to open a Bridal specialty and suitable items are being set aside at the Donation Centre. We will also buy in some goods to ensure we have a flow of stock that might keep interest high. The team are marketing the shop locally on social media and in print and Sara Jane is contacting local traders to suggest a late-night shopping option. Everyone is determined to make this venue succeed.
- 21.** I have met with Hays McIntyre to discuss the option of a trading company subsidiary. This is necessary if non-charity trading exceeds £80k per annum. As we are considering bought-in products and may also expand other new goods sales (such as cards) this threshold may be breached. A subsidiary would also aid any alternative branding decisions.

## **Clinical**

- 22.** Following the successful go-live of EMIS (our new patient administration system) at the start of May the team have continued to train on a 1-to-1 basis, develop the reporting and support the clinical team in the day to day use of the system. Agreement has been reached regarding data sharing with GPs but that now needs action by each GP to facilitate and then further training for our staff in the procedure. We will action this once the team are accustomed to EMIS on a day to day basis. In due course the mobile functionality will be introduced.
- 23.** The in-patient unit team will be fully staffed for the first time in 3 years with the last recruit due to join at the end of the summer. We have been able to keep to our capacity of ten for the majority of the last three months. The family suite / bariatric room is now complete and staff training will take place on the hoists and specialist equipment.
- 24.** In the Community team, Naomi Stammers has started her maternity leave and Kate Weldon has stepped into her locality lead role to cover. We have been glad to welcome Lorraine Jefferies back from illness. We have recruited to a role that we are aware will become vacant shortly.

25. Steve Molyneaux has moved into a new office/counselling room in 759 (“the House”). This is the first move in a series that will see 759 develop into a hub for the Psychological Support Service (PSS) with three counselling rooms and office space. This is a big change and my thanks to the team for the positive way they are embracing this.
26. PSS successfully recruited to the new post of Social Work Assistant (3 days per week) welcoming Alison Fallows (formerly Hospice at Home). Alison has a Social Work background and is in the process of also continuing her studies to become a qualified counsellor. The post will greatly assist Elisa Lunn in her role as Lead, Specialist Social Worker as her workload has increased tremendously post Covid with the decline/closure of many local provider agencies.
27. Steve has begun his Clinical Supervision of the therapists based at The Shakespeare Hospice in Warwickshire and also of the Junior Doctors and the three Consultants at St. Christopher’s Hospice. Whilst this work falls within the remit of his Private Practice it offers tremendous scope for joined up work and partnerships for St. Raphael’s.
28. Within our Community Engagement activity we have a full complement of volunteers for the Wellbeing Centre (32) and have recruited into vacant staff roles CE facilitators, Admin support and volunteer co-ordinator. The Compassionate Neighbour project has grown to 58 members and, with 51 volunteers, referrals are paused pending more volunteer recruitment. If anyone knows of potential volunteers for this project, please contact Roisin!
29. I am very impressed with our enthusiastic and energetic part time Complimentary Therapist, Anna, who has now engaged three volunteer therapists (including specialist lymphatic drainage therapy). She is keen to expand our reach and offer more.
30. Alongside their direct clinical work the consultants have continued to raise the Hospice’s profile and reputation via hosting MDTs for the Merton EOLC team; Jenny and Becca Trower are examiners for the European Certificate in Palliative Care programme at Princess Alice Hospice; hosting 4-5 medical students from St George’s for one day per month (income generating) and two Specialist registrars in anaesthetics and pain management. They also provide educational and clinical supervision of several trainees.
31. It has been a very busy period for Quality and Governance as Alex has kept his hand on the tiller of all the internal Clinical Governance meetings, together with H&S and Information Governance. He has completed and submitted the Quality Report and the IG toolkit and is now getting an understanding of a new NHS requirement, the PSIRF return relating to clinical incident reporting. Alongside this he has been part of the team rolling out EMIS and is particularly engaged with the reporting side at present.

## **IT and Facilities**

32. Progress towards making the space for Fundraising and Communications to be together in the Hospice has been huge and we have already had the following moves:

- Finance moved to Capitol House; Quality moved upstairs in 759; Facilities moved into a newly created office in St Bede's; HR moved within 759; Steve M moved into 759; ACC moved next to Ginny; Lynn has moved to the former counselling room; Dawn and Kelly have moved to Steve M's office; Becca T has moved to the old out-patient office; the doctors have moved to Becca T's office; Counselling rooms in 759 have been decorated and Fundraising have moved temporarily to the Den and Room 1 in St Bedes.

The builders have now arrived to move walls and prepare the new office space in the "Admin Corridor" and, once it is completed towards the end of August, the following moves will take place:

- Fundraising will move back into a larger space; Communications will move into a newly enlarged office within that area; There will also be an office space for hot-desking; The psychological support team will move across to 759; I will move into their office on the Admin Corridor; My office will become a meeting room and the meeting room will be a counselling room.

**33.** IT have been short staffed since Jason Lambert went off work in January. He has now resigned and we are looking to recruit at a higher level in order to provide some support for John. Two interviews this week (following earlier unsuccessful ones) may have yielded the right person.

## **HR**

**34.** Dawn Miller joined the Clinical Admin team at the end of June and so HR have been short staffed. I am delighted to be able to say that a new colleague, Katy Colwell, will be joining in August.

**35.** As you can tell from the many new recruits noted in this report, HR have had a very busy and very successful few months. The list of vacancies is currently short.

**36.** The Birdsong survey has been completed and the initial report has been received. Barry will look into and speak to it at the meeting. First impression indicates our volunteer responses were in line with Hospice benchmarking and our staff responses were better than the average for Hospices.

**Nick Stevens – 13<sup>th</sup> July 2023**

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurrence	Current Impact	Current Probability	Raw Score	Additional Controls	Residual Impact	Residual Probability	Residual Score
1.	IT PAS System Failure / Cloud Access Down	Inability to access contemporaneous clinical records or run business continuity reports	Contactable team OOH (not formal contract). Back up resource - outsourced at times of AL. Back up to PAS system facilitating access to the PAS. Risk is that recent recording may not be captured.	5	2	15	Daily back up of PAS. Risk Assessment undertaken related to IT risk to PAS. Highlighting gaps. Access to OOH IT Consultant response in place.	4	2	12
2.	Workforce: Registered General Nurses Recruitment of appropriately qualified nurses to support the delivery of care on the In-Patient unit.	Night duty cover remains problematic . If RGN cover on night duty not sufficient, the number of patients that can be safely supported will be affected as safe staffing is across 24hours. Increasing difficulty in recruiting Band 5 nurses for day duty - staff undertaking extra shifts to cover requirement risk burnout. Managing unexpected sick/compassionate leave can put pressure on the staff cover.	Current qualified nursing staff levels are adequate to support 10 IPU beds on day duty with full current complement of staff. Deficit on night duty. Active recruitment of Band 5 night nurse to fill permanent. Requirement for continued review of night RGN cover for safety assurance. Staff flexibility from day duty to night duty- Consultation is complete and rotation has commenced.. On the job training, mentoring and educational support to obtain required qualifications e.g. Support of the TNA programme for HCAs Recruitment of preceptorship nurses	3	3	12	In situations where staffing levels are adversely affected there would be a managed reduction of available beds. Caveat is that even with one bed open there is a requirement to have 2 RNs on duty. Engaging with local and national training schemes to demonstrate the attractiveness of the hospice as an employer. Reviewed sickness and maternity leave policy- both amended to increase benefit September 2022 -Review of shift system - introduction of 10 hour shifts January 2023 - Advert changed for night shift no longer having to rotate onto days April 2023 - Appointed new band 5 night nurse alongside bank staff to nights. Current shortage of HCAs due to sickness. Return of one staff member from long term sick leave. June 2023 - Band 5 night nurse commences employment. Regular bank staff on night duty. Band 6 vacancy remains.	3	2	9
3.	Bed blocking	Delay to discharge due to limited availability of CHC funded beds in the community. Limits our processing of requests for admission. Potential effect on reputation, income generation and staff morale.	Maintain relationships with Care Homes/ Sutton and Merton PLACE that have CHC funding. Completion of fast-track proficiently.	3	3	12	Screen referrals for potential impact. Dual planning with Hospital requesting admission. Consideration of CHC funded IPU beds in future. January 2023 - recent CHC claims for 2 patients April 2023 - Does fluctuate but more of an issue in the winter.	2	3	8
4.	Clinical Incidents	Patient Safety (Falls/Pressure Ulcers/Medication Errors). Risk of complaints from patients/families Requirement to report outside the organisation to CQC Pre-empt a CQC Inspection Reputational damage	Reporting of all incidents related to clinical care Hierarchy of investigation Outputs- Learning informs improved procedures and processes Regular review of incidents- closing the loop from reporting to action and learning Report to EXEC, Clinical Governance Committee & Advisory Committee, Dissemination to all hospice teams to inform learning	4	2	12	Continued staff training and awareness of new techniques and products. Report at Clinical HoDs. Report by managers at team meetings. Opportunity to participate in reflection and sharing learning and outcomes. Feedback to complainants regarding change in practice. Encourage an environment of comprehensive reporting to support learning and quality improvement. Introduction of Datix in Q3 2021 supports reporting and monitoring.	4	1	8
5.	Corona Virus	Infection spread within hospice	All staff emails alert. Signage directing all staff & visitors to hand-washing on entering and leaving the ward / rooms and use of hand sanitiser. Staff adherence to control of infection policy. Internal Lead for IPC shared amongst the link nurses on the IPU and Community Team with oversight from ESTH IPC Team.	3	2	9	Corona Virus Policy updated on government guidance changes. PPE supplies checked. Contingency planning clarified for any identified case within the Hospice - as per government guidance. Single room nursing. Increased telephone contact. FFP3 mask fit testing on going. Refresher PPE training and advice and support from PHE. LFD testing for symptomatic staff in clinical situations. Formalised SLA in place with SHH IP&C from 1 April 2022. Substantive IPC Lead role advert is currently out and the band advertised is for a band 7.	2	2	6

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurrence	Current Impact	Current Probability	Raw Score	Additional Controls	Residual Impact	Residual Probability	Residual Score
6.	Complaints	Rumours Local press coverage Potential for public concern Elements of public expectation not being met Loss of confidence in the service Reputational damage	All complaints both verbal and written treated with the same level of scrutiny Complaints procedure in policy for staff to follow- escalation process Complaints documented and reported via Quality Manager Reported at Clinical Quality Improvement and Clinical Quality and Governance meetings Complainants (both verbal and written) are offered the opportunity to meet and discuss concerns with Director of Care All complaints discussed at hospice team meetings for awareness and learning across the organisation Bi-annual review by EXEC Required action taken to address concerns with staff members where individuals have been identified by the complainant File notes kept of discussions by HR	3	2	9	Use of root cause analysis for significant incidents. Feedback to complainants regarding change/improvement in practice. Scoping to establish all clinical staffs access to communication skills training Training on care delivery Information shared re: Duty of Candour and scope of the policy Reporting of any concerns- no blame but responsibility	3	1	6
7.	Breaches of confidentiality involving person identifiable data (PID), including data loss	If low risk breach- dealt with locally as per policy- CUI reporting More serious breach - RCA may be required- may have wider implications if data not encrypted If serious IG breach may be media coverage Potential loss of public confidence to keep PID safe	All staff paid and unpaid trained on IG on induction and annual mandatory training. Policy communicated to whole organisation Clinical staff have nhs emails (encrypted) Regular organisational sweeps in all departments Caldicott Guardian attends regular training and presents at associated fora.	3	2	9	IT monitoring and oversight of PID in received and sent emails. Monitoring includes audit and test Phishing emails via IT Dept. Intermittent checking in areas such as photocopier/clear desks. Established link with Capsticks solicitor who provides ad hoc advice on data access issues Annual - Information Governance Check list audit / Clinical Record documentation audit	3	1	6
8.	Transition to new clinical administration system EMIS from Crosscare	Project leadership Active patient data migration Access to records BAU functionality of system (includes reporting) User morale Incorrect data entry - content & pathway	EMIS implementation project team (JG, JS, HS, PE, AR) Test data migration EMIS trainers and floor walkers on first two days of Go Live (3rd May 2023) / night staff support until 21.30 / JG oncall EXEC EMIS training provided across 14 days in April 2023 EMIS user guide Reporting testing / Output Access to Crosscare Archive for 8 years.	3	2	9	Induction and training videos EMIS project team remains active for first year of project Reporting	3	1	6
9.	Corona Virus	Staff safety at work	IPU - wearing face masks for suspected or confirmed COVID+. Full PPE as appropriate. CPCT - social distancing in place in offices .	2	2	6	Infection Control link nurses in place SLA with SHH IP&C Staff encouraged to have vaccination	2	2	6
10.	Lone working	Staff/volunteers work singularly in the community within referred patients homes. Risk of accident/incident in a patients home and individual risk to staff member. Risk in travel to and from home visits	Policy and procedure in place to support community working (SOP). Supplied with a mobile phone for contact with the hospice or other healthcare professionals. ACC informed of access and egress. Lone worker alert devices in place.	3	1	6	Lone Worker Policy informing steps to follow if a colleague does not return to base at expected time. Clarification and supported training on use of safety devices. EXEC OOH on call in place for contact and advice on further action.	3	1	6

### Risk Control Register by Initial Risk rating

Risk Category	Activity	Top Risk(s)	Initial Severity	Initial Likelihood	Initial Risk Rating	Prevention Controls - reducing likelihood	Mitigation Controls - reducing severity	Final Severity	Final Likelihood	Final Risk Rating	Responsibility?	Last / next review
1	Funding Streams do not grow	<ul style="list-style-type: none"> <li>Long term financial sustainability</li> <li>Financial Losses continue and cash drains</li> </ul>	5	4	20	<ul style="list-style-type: none"> <li>Fundraising strategy in place - 4 team recruited, 2 more in budget</li> <li>Lottery Campaign commenced in 2023</li> <li>Retail growth plan progressing</li> <li>Joint Hospice approach to ICP for funding plan to grow over next 3-4 years</li> </ul>	<ul style="list-style-type: none"> <li>Cash Balance in place to support plan implementation over next 2-3 years</li> <li>Additional mitigation funding agreed in principle to ensure time to implement alternative measures to secure service</li> </ul>	4	3	12	Exec	Jun 23 / Sept 23
2	Impact of Inflation	<ul style="list-style-type: none"> <li>Costs rise at faster rate than income</li> <li>Funding gap grows</li> </ul>	5	4	20	<ul style="list-style-type: none"> <li>Energy contracts in place to limit impact of rises</li> <li>Retail rental agreements on multi-year terms</li> </ul>	<ul style="list-style-type: none"> <li>Mitigation funding has been agreed in principle to ensure time to react to unexpected changes to circumstance (eg inflation above 2%) so long as evidence of other improvement is clear</li> <li>Review of cost and affordability of service would need to be initiated to seek mitigation savings</li> </ul>	4	3	12	Exec	Jun 23 / Sept 23
3	Key staff capacity	<ul style="list-style-type: none"> <li>Progress in critical projects is hindered</li> <li>Staff burnout leads to staff losses</li> <li>Work/life balance and job satisfaction impaired</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>Set realistic time-frames</li> <li>Look to recruit capable supporting teams</li> <li>Professional coaching available</li> <li>Provide flexibility in working arrangements to enable space to recharge where possible</li> </ul>	<ul style="list-style-type: none"> <li>Ensure critical projects and teams are resourced sufficiently</li> <li>Acknowledge and celebrate</li> <li>Focus for Clinical areas more consolidation</li> </ul>	4	2	8	Exec	Jun 23 / Sept 23
4	IT systems failure	<ul style="list-style-type: none"> <li>Loss of access to patient data</li> <li>Loss of service functionality</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>Highly qualified and experienced service lead responds when possible</li> <li>External support contracted as 24/365 backup</li> <li>Senior Assistant role currently being recruited to, to spread knowledge in team</li> </ul>	<ul style="list-style-type: none"> <li>Backup system in place. Critical data with 2-3 hours turnaround</li> <li>Multiple servers and failover power source to spread risk</li> </ul>	4	2	8	Exec	Jun 23 / Sept 23
5	Inability to recruit sufficient volunteers to support income generation	<ul style="list-style-type: none"> <li>Retail operation is restricted</li> <li>Fundraising plans curtailed</li> <li>Planned in-house lottery team cannot be recruited to grow number of players</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>Retail team being engaged and trained in recruitment and retention of volunteers</li> <li>Safe volunteering measures in place to re-assure potential volunteers</li> <li>Marketing budget assigned to volunteer recruitment - online and in print</li> </ul>	<ul style="list-style-type: none"> <li>Revised plan to work with Lottery Agency for 12-24 months</li> </ul>	3	2	6	Exec	Jun 23 / Sept 23
6	Cyber attack	<ul style="list-style-type: none"> <li>Virus/malware attack</li> <li>Malicious software prevents normal service</li> <li>Problem spreads to other servers</li> <li>Denial of Service Attacks</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>Anti-virus &amp; anti-malware software and Firewalls on all servers &amp; computers</li> <li>Software updates &amp; security patches are applied when needed.</li> <li>Email and Web filtering reduces risk from unsafe sites/emails.</li> <li>Staff training and testing over risks from fishing attacks.</li> <li>Mandatory training now includes cyber security for all staff</li> <li>Password complexity and replacement frequency increased</li> <li>Two factor authentication introduced</li> </ul>	<ul style="list-style-type: none"> <li>Replace aging firewalls with up-to-date devices.</li> <li>Regular penetration testing to be adopted to ensure long term protection from remote attacks.</li> </ul>	3	2	6	Exec	Jun 23 / Sept 23
7	Insufficient nursing resource on the in-patient unit	<ul style="list-style-type: none"> <li>Unable to operate IPU safely</li> <li>IPU has to close</li> <li>Impact on patients, families and reputation</li> </ul>	4	2	8	<ul style="list-style-type: none"> <li>Bank and Agency Nurses available</li> <li>Staff adapting/flexing shifts to cover IPU</li> <li>Monitoring of staffing capacity monthly/weekly/daily</li> <li>Alignment with Agenda for Change pay scales implemented</li> <li>Crisis cover payments in place</li> <li>Active recruitment ongoing</li> </ul>	<ul style="list-style-type: none"> <li>IPU admissions can be reduced to meet staffing capacity</li> <li>Majority of patients are cared for in the community</li> <li>Nurse Associates are being upskilled</li> <li>Acuity score being adopted to help guide admissions v staffing levels</li> </ul>	3	2	6	Exec	Jun 23 / Sept 23
8	Staff resilience at low ebb	<ul style="list-style-type: none"> <li>Reduced ability to continue delivering service to the desired standards</li> <li>Consequential impact on EVE</li> </ul>	3	2	6	<ul style="list-style-type: none"> <li>Peer support implemented for Managers - aim to equip to support staff effectively</li> <li>HR pro-active and available to hear and to escalate issues + mental health helpline</li> <li>Regular and open communication from senior team</li> </ul>	<ul style="list-style-type: none"> <li>Continue to look for small ways to recognise staff efforts and constraints (i.e. by providing fruit on occasion)</li> <li>Acting on Staff Survey</li> <li>Schwartz Rounds</li> <li>Wellbeing Group (HR led)</li> </ul>	2	2	4	Exec	Jun 23 / Sept 23
9	Data breach	<ul style="list-style-type: none"> <li>Data suffers an accidental leakage</li> <li>Patient or donor confidentiality compromised</li> <li>Loss of reputation</li> <li>Potential ICO fine</li> </ul>	3	2	6	<ul style="list-style-type: none"> <li>Strong IT system access security</li> <li>IT issued encrypted USB pens only to be used for data mobility.</li> <li>Web filtering prevents access to file transfer services.</li> <li>Mandatory training now includes data security for all staff</li> <li>Password complexity and replacement frequency increased</li> <li>Two factor authentication introduced</li> </ul>	<ul style="list-style-type: none"> <li>Data is only made available to staff on a need-to-know basis.</li> </ul>	3	1	3	Exec	Jun 23 / Sept 23
10					0					0		
11					0					0		
12					0					0		
13					0					0		
14					0					0		
15					0					0		
16					0					0		
17					0					0		

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

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

# Finance and Resources Report

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## Key Points

### 1. Key Points are:

- a. The management accounts for the 2 months to 31<sup>st</sup> May 2023 shows a shortfall of £(450)k before DoC drawdown compared to budget of £(401)k.
- b. Cash (including the investment portfolio) at the end of May stood at £5.5m compared to budget of £5.1m.

## Finance

### 2. Management Accounts – Income and Expenditure

The management accounts for the 2 months ended 31<sup>st</sup> May 2023 is attached together with the detailed summary and cash movements/balance sheet summary. Work is ongoing for the June accounts.

**Income from NHS** of £271k is £14k below budget. There has not, as yet, been any confirmed increase over the 2022-23 rates.

**Other Income** is £20k below budget because the value of the investment fund has continued to decline where the budget had assumed an increase.

**Direct costs of service** is £60k above the same time period last year and £12k below budget. Agency nurse costs have continued in April and May (£16k above budget) but we have seen this decline as night nursing recruit joined in June. The Agenda for Change salary changes were put through in the June payroll and so have not yet been accounted for in the April-May accounts.

**Support costs** are on budget and a little below the same point last year.

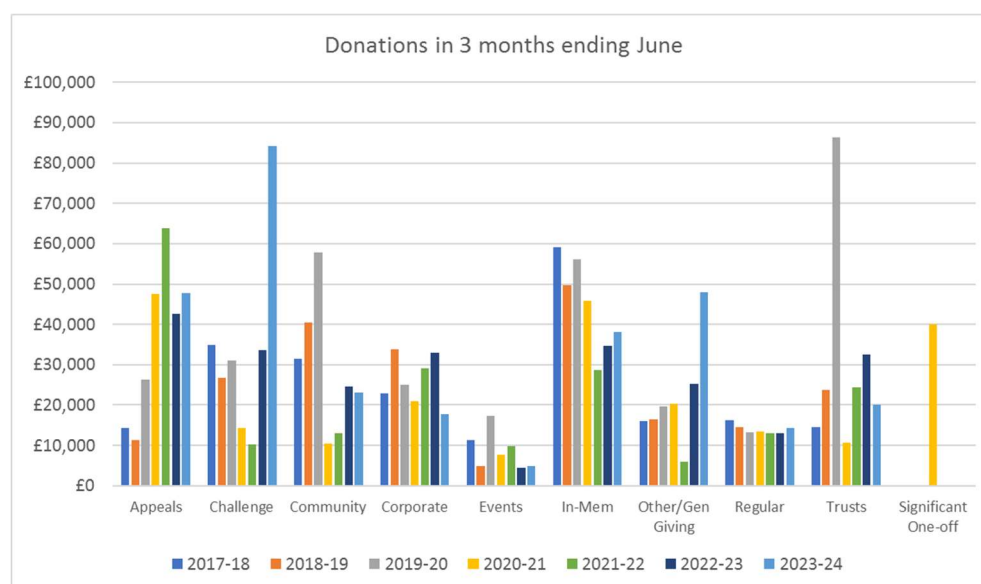
**Legacies** of £15k have been received in this new financial year, significantly below the budget. In our last report we noted a sum of £125k had been confirmed in April but this turns out to have been one that we had been made aware of before the end of March and hence it is part of the total for 2022-23.

#### Donations

Donations for the first two months stood at £233k which is £44k above last year and notably above the budget (set too low at start of year). Part of the reason was the exceptional Marathon income (£50k+ against previous £30k level).

The table and graph, below, show the donation income categorised by the Fundraising team and arising from Raisers' Edge fundraising database. This shows the position for the **three**

months to June at the date of writing (some donations will still be processed for a few days).



3 Months to June	25% of year	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	Budget 2023-24	% full yr
Appeals		£14,299	£11,270	£26,263	£47,519	£63,771	£42,690	£47,835	£225,000	21%
Challenge		£34,952	£26,705	£31,116	£14,237	£10,317	£33,694	£84,105	£100,000	84%
Community		£31,395	£40,567	£57,794	£10,542	£13,030	£24,525	£23,073	£160,000	14%
Corporate		£22,835	£33,768	£24,941	£20,971	£29,137	£32,900	£17,651	£125,000	14%
Events		£11,253	£4,958	£17,210	£7,670	£9,747	£4,388	£4,792	£40,000	12%
In-Mem		£59,177	£49,577	£56,123	£45,859	£28,632	£34,600	£38,199	£225,000	17%
Other/Gen Giving		£16,002	£16,466	£19,660	£20,319	£5,939	£25,188	£47,884	£75,000	64%
Regular		£16,199	£14,543	£13,235	£13,386	£13,108	£13,075	£14,292	£75,000	19%
Trusts		£14,550	£23,750	£86,424	£10,750	£24,341	£32,500	£20,000	£200,000	10%
Significant One-off		£0	£0	£0	£40,000	£0	£0	£0	£25,000	0%
<b>Total Fundraising</b>		<b>£220,661</b>	<b>£221,604</b>	<b>£332,766</b>	<b>£231,252</b>	<b>£198,022</b>	<b>£243,559</b>	<b>£297,831</b>	<b>£1,250,000</b>	<b>24%</b>

Gift Aid and Legacy Income has been excluded from these figures.

This shows 24% of the full year target has been achieved in the first three months which has occurred during a period of flux with new leadership and recruitment taking place.

**Appeal Income** relates to the Lavender Appeal which has outperformed last year whilst the costs incurred were significantly lower as it was targeted as a specific letter format rather than the full Raphaelite.

**Challenge Event** income included over £50k for the London Marathon and also £24k for the Isle of White Iron Man event undertaken by a local GP.

**Community Income** was only a little down on prior year despite not having any member of staff on this area (Lucia left in March and Bonita joined in June).

**Corporate Income** was very high last year as it included the “I’m A Director” corporate challenge. This year we have had not member of staff since January – a new team member is joining this month.

**Event Income** is in line with other years.

**In Memory Income** is improved over the last two years.

**Other Income** arises where the source or motivation is not yet clear to the team. The current figure of £47k is likely to be re-analysed to other codes over the coming week or so.

**Regular Income** is marginally improved over previous years.

**Trust Income** was not budgeted to raise funds in these months and so we are pleased to have received £20k without any major capital projects being targeted.

**Fundraising costs** are £12k above plan, due to the timing of recruitment fees (budgeted later) and some backdated rent costs.

**Lottery** Campaign began in June and so there are no costs or income relating to it in the first two months. Net position is slightly better than planned.

## Retail

The Retail income in the management accounts is marginally above plan and relates to the two months to 31<sup>st</sup> May 2023.

The table below shows the Retail income from the Epos system for the first quarter ending 30<sup>th</sup> June 2023 (i.e. **three months**). These are not yet verified by the finance team.

<b>Retail 3 months to June</b>	<b>2023 Actual</b>	<b>Budget 2023/24</b>	<b>Variance to Budget</b>	<b>2022 Actual</b>	<b>Variance to 2022 Actual</b>
Rosehill	£30,918	£25,300	22%	£26,035	19%
Raynes Park	£25,814	£29,060	-11%	£27,490	-6%
Sutton	£36,104	£29,415	23%	£30,895	17%
Banstead	£28,069	£25,670	9%	£24,123	16%
Stonecot Hill	£25,812	£20,736	24%	£21,727	19%
Carshalton	£36,609	£32,060	14%	£32,264	13%
Cheam Shop	£40,108	£35,330	14%	£35,030	14%
Donation Centre	£35,063	£30,560	15%	£31,204	12%
New Malden	£48,364	£33,350	45%	£32,569	48%
Wimbledon Village	£57,008	£58,490	-3%	£58,538	-3%
Wimbledon Park	£14,081	£28,600	-51%	£0	
Online	£1,754	£10,300	-83%	£0	
Rags	£2,831	£10,556	-73%	£0	
	<b>£382,535</b>	<b>£369,427</b>	<b>4%</b>	<b>£319,874</b>	<b>20%</b>

This is 4% above plan and 20% above the last financial year. However within these figures there are some stark variations. For example New Malden is 45% above plan and 48% above last year whereas the new Wimbledon Park shop has not started well and is 50% below plan. Online and income from rags is also minimal.

### 3. Management Accounts – Balance Sheet

Cash (including the investment fund) stood at £5.5m at the end of June 2023, £400k above budget and £1.2m below the same point last year.

Net assets stood at £4.7m.

### 4. Cash Flow

In December 2022 I placed £2.5m on Nat West short-term deposit to gain advantage of reasonable interest rates. Of this, £1m was placed on 6 months deposit and £1.5m on 12 months deposit. The £1m deposit matured in June and has been returned to the current account, the larger deposit is fixed until December. Within the cash flow calculations are assumptions over legacy receipts coming in and this is not certain. There is a risk that, if we do not receive sufficient legacy cash, we may need to access the £1.5m before the term completes and this would incur charges.

### 5. NHS Contract

As noted above, our annual uplift has not yet been offered by SWL ICB. However, Royal Trinity and Princess Alice have both been offered an uplift of 1.8%. This is 1.8% of the c30% of Clinical costs that the Grant covers, i.e. around 0.6% in reality. In the face of inflation of 8.7% and with the Agenda for Change staff cost rise alone being 5%, this is a shockingly low figure.

In January 2023 NHS issued new guidance relating to services that they are required to deliver (*Specialist palliative and end of life care services - Adult service specification*). On page 22 it says:

“Specialist level palliative care (SLPC) services are required for people (all ages) living with more complex and/or long-term conditions which are life-limiting or life-threatening. The needs of this group cannot be met by the capability of the core team alone. This care requires a workforce with specialist skills and experience. *They should be commissioned and funded by ICBs, local authorities or a combination of both.* (my italics)

And on page 5 it says:

“The specification sets out the service model for SLPC services. *Commissioners should aim to routinely fund these services.* SLPC services can be provided by different types of providers and in multiple environments, including in secondary care, community care and hospices. (my italics)

The three local Hospices are collaborating to write to the Commissioners and are arranging to meet with them with two aims:

- (a) To seek an improved offer for 2023-24 including agreement to make every effort to use any money left over at the end of the financial year to support the hospices.
- (b) To obtain agreement that the ICB will plan to reach a sustainable level of funding over the course of the next three budget years – namely to reach a 50% funding level for the “specialised services” that they are statutorily required to provide (this excludes the Wellbeing and other generalist work that we do) and which the hospices currently provide on their behalf.

As part of the discussions we may choose not to sign the NHS short form contract that is usual on the basis that this is not actually a fairly calculated “contract for services”. NHS has retorted that this would prevent any ongoing payments of their contribution as it would mean a PO is not created. This would exacerbate the risk noted in point 4, above.

## **6. Volunteer Numbers**

In response to an action from the April 2022 FRC, Ginny Toubal (Hospice Volunteer lead) has co-ordinated the collation of numbers of active volunteer roles. This totals 518 at present. This includes 204 Hospice Volunteers, up from 148 in June 2022 (38%); 220 Retail Volunteers, up from 145 in June 2022 (52%); 27 Compassionate Neighbours, up 3 from June 2022 and 67 supporter group volunteers (level).

In addition there are 18 prospective volunteers in process or on hold.

## **7. Audit 2023**

Neena and I met with the auditors, Haysmacintyre, for the planning and implementation of the audit. The fieldwork will take place in August.

**Nick Stevens, CEO**

**3<sup>rd</sup> July 2023**

## Finance 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			Responsibility?	Last / next review
								Likelihood	Severity	Risk Rating		
1	Failure to meet Budget income levels	<ul style="list-style-type: none"> <li>Financial Losses continue and cash drains</li> <li>Long Term sustainability reduced</li> </ul>	4	5	20	<ul style="list-style-type: none"> <li>Fundraising strategy in place - 4 team recruited, 2 more in budget</li> <li>Lottery Campaign commenced in 2023</li> <li>Retail growth plan progressing</li> <li>Joint Hospice approach to ICP for funding plan to grow over next 3-4 years</li> </ul>	<ul style="list-style-type: none"> <li>Cash Balance in place to support plan implementation over next 2-3 years</li> <li>Additional mitigation funding agreed in principle to ensure time to implement alternative measures to secure service</li> </ul>	3	4	12	CEO/Head of Fin	Jun 23 / Sept 23
2	Inflation levels impact costs without commensurate income increases	<ul style="list-style-type: none"> <li>Financial Losses continue and cash drains</li> <li>Long Term sustainability reduced</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>Review of cost and affordability of service would need to be initiated to seek mitigation savings</li> </ul>	<ul style="list-style-type: none"> <li>Mitigation funding has been agreed in principle to ensure time to react to unexpected changes to circumstance (eg inflation above 2%) so long as evidence of other improvement is clear</li> </ul>	3	4	12	CEO/Head of Fin	Jun 23 / Sept 23
3	Loss of Key Personnel	<ul style="list-style-type: none"> <li>Disruption to service</li> <li>Inability to prepare accounting information</li> <li>Knock on effect to other team members</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Assistant level staff can cover one another</li> <li>In House Finance expertise available to offset senior loss, temporarily</li> </ul>	<ul style="list-style-type: none"> <li>Financial records and workings are well organised and could be followed</li> <li>Sage system is well known and temp cover could be arranged</li> </ul>	2	3	6	CEO/Head of Fin	June 23 / Sept 23
4	Financial Fraud (significant sums)	<ul style="list-style-type: none"> <li>Financial Loss</li> <li>Reputational Damage</li> </ul>	2	5	10	<ul style="list-style-type: none"> <li>Two signatures required for all transactions</li> <li>Annual budget set as boundary for activity</li> <li>Monthly review of accounts to budget and variances investigated</li> </ul>	<ul style="list-style-type: none"> <li>Review of financial policies and accountability structures to be undertaken</li> </ul>	1	4	4	CEO/Head of Fin	Jun 23 / Sept 23
5	Operational Risk	<ul style="list-style-type: none"> <li>Financial risks arising from operations (lawsuits relating to negligence and employment disputes, Health &amp; Safety, unfair dismissal etc)</li> </ul>	2	4	8	<ul style="list-style-type: none"> <li>Covered by Insurance with Legal Advice to guide difficult decisions</li> <li>Policies and Procedures</li> </ul>	<ul style="list-style-type: none"> <li>Further expert legal advice would be taken as and when needed</li> </ul>	1	3	3	CEO/Head of Fin	Jun 23 / Sept 23
6					0					0		

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

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

## HR 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 Risk Rating			Responsibility?	Last / next review
								Final Likelihood	Final Severity	Final Risk Rating		
1	Key Staff Capacity	<ul style="list-style-type: none"> <li>Progress in critical projects is hindered</li> <li>Staff burnout leads to staff losses</li> <li>Work/life balance and job satisfaction impaired</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Manage expectations and set realistic time-frames</li> <li>Look to recruit capable supporting teams</li> <li>Professional coaching available</li> <li>Provide flexibility in working arrangements to enable space to recharge where possible</li> </ul>	<ul style="list-style-type: none"> <li>Ensure critical projects and teams are resourced sufficiently</li> <li>Acknowledge and celebrate</li> </ul>	2	4	8	HR/Exec team	Jun 23 / Sept 23
2	Recruitment market across all teams is difficult	<ul style="list-style-type: none"> <li>Progress in critical projects is hindered</li> <li>Staff burnout leads to staff losses</li> <li>Work/life balance and job satisfaction impaired</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Look for innovative methods of recruitment - e.g. AI, Linked-In</li> <li>Consider feasibility of increasing the in-house recruitment resource</li> </ul>	<ul style="list-style-type: none"> <li>Ensure the recruitment budget enables consideration of the use of more agency support and alternative (often up-front) costs</li> </ul>	2	4	8	HR/Exec team	Jun 23 / Sept 23
3	Inability to recruit sufficient volunteers to support income generation	<ul style="list-style-type: none"> <li>Retail operation is restricted</li> <li>Fundraising plans curtailed</li> <li>In-house lottery team cannot be recruited to grow number of players</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Retail team being engaged and trained in recruitment and retention of volunteers</li> <li>Safe volunteering measures in place to re-assure potential volunteers</li> <li>Marketing budget assigned to volunteer recruitment - online and in print</li> </ul>	<ul style="list-style-type: none"> <li>Revised plan to work with Lottery Agency for 12-24 months</li> </ul>	2	3	6	Exec Team	Jun 23 / Sept 23
4	Absenteeism	<ul style="list-style-type: none"> <li>High level of absence or regularity of absence impacts the business on delivery plans</li> </ul>	3	3	9	<ul style="list-style-type: none"> <li>HR support managers in the management of absence, introduction of absence hotline, return to work interviews</li> </ul>	<ul style="list-style-type: none"> <li>Develop and introduce pro-active absence management to minimise current and future disruption to services and costs - some delay with HR Software issues</li> </ul>	2	3	6	HR/Exec team	Jun 23 / Sept 23
5	Implimentation of new HR System	<ul style="list-style-type: none"> <li>HR resources are affected by sickness / unplanned absence</li> <li>The system isnt implimented before the current contract finishes</li> <li>Employee data is not easily available</li> <li>If delayed enough, would impact on annual pay review communication</li> </ul>	4	2	8	<ul style="list-style-type: none"> <li>Stick to the implimentation plan as agreed with NHR</li> <li>HR does not over-commit to ad hoc projects</li> <li>Use the next month to pre-prepare for data downl/upload</li> </ul>	<ul style="list-style-type: none"> <li>Ensure John Groom is involved with the implimentation process and training.</li> </ul>	3	2	6	HR/IT	June 23 / Sept 23
6	Insufficient nursing resource on the in-patient unit	<ul style="list-style-type: none"> <li>Unable to operate IPU safely</li> <li>IPU has to close</li> <li>Impact on patients, families and reputation</li> </ul>	2	4	8	<ul style="list-style-type: none"> <li>Bank and Agency Nurses available</li> <li>Staff adapting/flexing shifts to cover IPU</li> <li>Monitoring of staffing capacity monthly/weekly/daily</li> <li>Alignment with Agenda for Change pay scales implemented</li> <li>Crisis cover payments in place</li> <li>Active recruitment ongoing</li> </ul>	<ul style="list-style-type: none"> <li>IPU admissions can be reduced to meet staffing capacity</li> <li>Majority of patients are cared for in the community</li> <li>Nurse Associates are being upskilled</li> <li>Acuity score being adopted to help guide admissions v staffing levels</li> </ul>	2	3	6	HR/Exec team	Jun 23 / Sept 23
7	Staff resilience at low ebb	<ul style="list-style-type: none"> <li>Reduced ability to continue delivering service to the desired standards</li> <li>Consequential impact on EVE</li> </ul>	2	3	6	<ul style="list-style-type: none"> <li>Peer support implemented for Managers - aim to equip to support staff effectively</li> <li>HR pro-active and available to hear and to escalate issues + mental health helpline</li> <li>Regular and open communication from senior team</li> </ul>	<ul style="list-style-type: none"> <li>Continue to look for small ways to recognise staff efforts and constraints (i.e. by providing fruit on occasion)</li> <li>Acting on Staff Survey</li> <li>Schwartz Rounds</li> <li>Wellbeing Group (HR led)</li> </ul>	2	2	4	HR/Exec team	Jun 23 / Sept 23
8					0					0		
15					0					0		

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

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

### Income Generation 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	Inability to Grow Longer Term Funding Streams	<ul style="list-style-type: none"> <li>Financial Losses continue and cash drains</li> <li>Hospice sustainability at risk</li> </ul>	4	5	20	<ul style="list-style-type: none"> <li>Fundraising strategy in place - 4 team recruited, 2 more in budget</li> <li>Lottery Campaign commenced in 2023</li> <li>Retail growth plan progressing</li> <li>Joint Hospice approach to ICP for funding plan to grow over next 3-4 years</li> </ul>	<ul style="list-style-type: none"> <li>Cash Balance in place to support plan implementation over next 2-3 years</li> <li>Additional mitigation funding agreed in principle to ensure time to implement alternative measures to secure service</li> </ul>	3	4	12	CEO/Inc Gen team	Jun 23 / Sept 23
2	Materially reduced legacy income	<ul style="list-style-type: none"> <li>Financial Losses continue and cash drains</li> <li>Long Term sustainability reduced</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>Publicise Legacy opportunity in The Raphaelite</li> <li>Annual Make you Will Fortnight event</li> <li>Implementation of a legacy marketing plan</li> </ul>	<ul style="list-style-type: none"> <li>Cash Balance in place to support plan implementation over next 2-3 years</li> <li>Additional mitigation funding agreed in principle to ensure time to implement alternative measures to secure service</li> </ul>	3	3	9	CEO/Inc Gen team	Jun 23 / Sept 23
3	Inability to recruit sufficient volunteers to support income generation	<ul style="list-style-type: none"> <li>Retail operation is restricted</li> <li>Fundraising plans curtailed</li> <li>Planned in-house lottery team cannot be recruited to grow number of players</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Retail team being engaged and trained in recruitment and retention of volunteers</li> <li>Safe volunteering measures in place to re-assure potential volunteers</li> <li>Marketing budget assigned to volunteer recruitment - online and in print</li> </ul>	<ul style="list-style-type: none"> <li>Revised plan to work with Lottery Agency for 12-24 months</li> </ul>	2	3	6	CEO/Inc Gen team	Jun 23 / Sept 23
4	Loss of key members of staff impacts implementation of the strategy	<ul style="list-style-type: none"> <li>Delay arising from loss of corporate and system "knowledge"</li> <li>Negative impact on remaining team</li> <li>Delay arising from recruitment</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Achievable but challenging individualised targets</li> <li>Career development training and opportunity</li> <li>Mentoring from independent consultant</li> <li>Market rate salary</li> <li>One team one goal approach</li> </ul>	<ul style="list-style-type: none"> <li>Cross capability of staff within teams</li> </ul>	2	3	6	CEO/Inc Gen team	Jun 23 / Sept 23
5	Vulnerability of retail staff lone working	<ul style="list-style-type: none"> <li>Staff at risk of harm or accident</li> <li>Staff at risk of anxiety and concern</li> <li>Reputational damage</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>Seek to increase volunteer numbers to ensure dual presence at all times</li> <li>Paid staff to try and cover opening hours at high risk venues</li> <li>All shops given Lone Worker devices and training on how to use them.</li> <li>Anti Social Behaviour and Harrassment signs put up in all shops.</li> <li>Contacted Night Watch for advice on how to support rough sleepers.</li> </ul>		2	3	6	CEO/Inc Gen team	Jun 23 / Sept 23
6	Serious incident of harm at event run by SRH (staff or volunteer led)	<ul style="list-style-type: none"> <li>Reputational damage</li> <li>Financial Liability</li> </ul>	2	5	10	<ul style="list-style-type: none"> <li>Planning and regular risk assesment highlighting possible H&amp;S risks</li> <li>Adherence to legal and professional regulation</li> <li>Volunteer management and training</li> <li>Designated staff oversight</li> </ul>	<ul style="list-style-type: none"> <li>Insurance cover in place</li> </ul>	1	5	5	CEO/Inc Gen team	Jun 23 / Sept 23
7	Negative social media / other negative PR	<ul style="list-style-type: none"> <li>Reputational damage</li> <li>Loss of Supporter Engagement</li> </ul>	2	3	6	<ul style="list-style-type: none"> <li>Comms role with responsibility for social media</li> <li>Regular monitoring of all social media channels and press</li> <li>Response to complaints, enquiries and feedback</li> <li>Focus on quality of all aspects of SRH work to reduce risk of dissatisfaction</li> <li>Learning culture to encourage improvement and learning from mistakes</li> </ul>	<ul style="list-style-type: none"> <li>Comms role with responsibility for PR</li> </ul>	1	2	2	CEO/Inc Gen team	Jun 23 / Sept 23
8					0					0		
9					0					0		
10					0					0		
11					0					0		
12					0					0		

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

## IT and Estates 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
	<b>IT Systems</b>											
1	Cyber attack	<ul style="list-style-type: none"> <li>• Virus or other malware attack or software vulnerability.</li> <li>• Malicious software can damage IT system, or prevent normal service by sheer volume of extra traffic.</li> <li>• Problem could spread to many servers and/or computers and take days to clear.</li> <li>• Denial of Service Attacks could affect internal or external systems.</li> </ul>	3	5	15	<ul style="list-style-type: none"> <li>• Anti-virus &amp; anti-malware software is used on all servers &amp; computers. These are updated automatically in real-time. Software updates &amp; security patches are applied when needed.</li> <li>• Firewalls control unauthorised entry from Internet. Web filtering software prevents users from accessing unsafe websites. Email filtering blocks most unsafe emails.</li> <li>• 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.</li> <li>• Replace aging firewalls with up-to-date devices.</li> <li>• Regular penetration testing to be adopted to ensure long term protection from remote attacks.</li> </ul>	None	2	5	10	CEO/Dir of IT & Est	June 23 / Sept 23
2	Loss of Key Personnel	<ul style="list-style-type: none"> <li>• Some systems may be understood by only one person, who could leave, become ill, have an accident, etc. Some systems could then be difficult to maintain, with extended downtime, or projects could be delayed.</li> </ul>	3	5	15	<ul style="list-style-type: none"> <li>• Recruiting to a higher level 2iC role to help spread the critical systems knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• The IT Department has a Network Administration Guide (NAG) which details all aspects of the configuration of the IT system &amp; also details the support tasks which must be performed.</li> </ul>	2	4	8	CEO/Dir of IT & Est	June 23 / Sept 23
3	IT System - LAN Failure	<ul style="list-style-type: none"> <li>• Switch / Router failure or configuration corruption / deletion</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>• Spanning tree protects against single device failure by rerouting connections.</li> </ul>	<ul style="list-style-type: none"> <li>• Spare switch ready configured for replacement</li> <li>• Backup copies of all configs kept.</li> </ul>	2	3	6	CEO/Dir of IT & Est	June 23 / Sept 23
4	Major hardware failure	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>• For Servers, SANs, firewalls &amp; NAS, dual components provide redundancy for single item failures.</li> </ul>	<ul style="list-style-type: none"> <li>• Warranty support contracts provide rapid response to replace failed parts.</li> </ul>	2	3	6	CEO/Dir of IT & Est	June 23 / Sept 23
5	Failure of Outsourced Services	<ul style="list-style-type: none"> <li>• Potential for loss of service from outsourced services (including Citrix, Exchange 365, SelectHR, Sage Cloud). Service quality &amp; possible reputation and security risks.</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>• Contractual agreements with third party suppliers.</li> </ul>	<ul style="list-style-type: none"> <li>• Emails are available on mobile devices for some staff.</li> <li>• Internal Citrix system has caching enabled to permit continued use on-site during external failures.</li> </ul>	3	2	6	CEO/Dir of IT & Est	June 23 / Sept 23
6	Mains power failure to vital IT equipment.	<ul style="list-style-type: none"> <li>• Powerdown of key equipment would disable electronic communication and central IT services.</li> </ul>	2	5	10		<ul style="list-style-type: none"> <li>• Key equipment supported by UPS batteries. Standby generator starts within minutes.</li> <li>• Generator tested regularly. UPS batteries replaced when needed.</li> </ul>	2	3	6	CEO/Dir of IT & Est	June 23 / Sept 23
7	Loss of or corrupted backups	<ul style="list-style-type: none"> <li>• Backups of data are essential to protect against loss or damage to live production data storage</li> </ul>	2	5	10		<ul style="list-style-type: none"> <li>• data is protected by multiple levels of backup copies.</li> <li>• Data is backed up weekly, daily or more frequently, as required.</li> <li>• Data retention policy is 3 months in accordance with GDPR.</li> <li>• Backups are stored securely in main Server Room &amp; locked IT Store Room, with strictly controlled access.</li> <li>• One backup copy is held off-line to protect against cyber attack.</li> </ul>	2	3	6	CEO/Dir of IT & Est	June 23 / Sept 23
8	Loss of telephone connection	<ul style="list-style-type: none"> <li>• Loss of VoIP telephone connection would disrupt all normal voice communication, and could be a major problem in an emergency such as a fire.</li> </ul>	3	3	9	None	<ul style="list-style-type: none"> <li>• Alternative arrangements are already in place to protect against a VoIP system failure &amp; these have been tried &amp; tested.</li> <li>• Two emergency mobile phones are available for incoming &amp; outgoing calls respectively.</li> <li>• Incoming direct-dial numbers can be re-directed during a fault to the incoming mobile phone. These mobiles (&amp; staff mobiles) can be used for fire, ambulance &amp; police emergency calls if required.</li> </ul>	3	2	6	CEO/Dir of IT & Est	June 23 / Sept 23
9	Theft of data	<ul style="list-style-type: none"> <li>• Theft of data would compromise privacy laws (GDPR) &amp; could affect reputation.</li> </ul>	3	3	9	<ul style="list-style-type: none"> <li>• All system data is protected by strong IT system access security (usernames &amp; passwords) &amp; where needed MFA. Data is only made available to staff on a need-to-know basis.</li> <li>• Data access is regularly reviewed.</li> <li>• Data cannot be taken offsite as all writable media (CD/DVD, USB, etc) are disabled except for IT issued encrypted USB pens. Web filtering prevents access to file transfer services.</li> <li>• Unauthorised access is prevented by using MAC address authentication on all switch ports &amp; VLANs to segregate data areas.</li> <li>• Office 365 emails &amp; other services are encrypted &amp; monitored to prevent unauthorised data transfer.</li> </ul>	None	2	3	6	CEO/Dir of IT & Est	June 23 / Sept 23
10	Loss of Leased Line (Internet)	<ul style="list-style-type: none"> <li>• Loss of internet connection to the Hospice could be due to faults, damage, commercial decisions or other external issues that may not be under control of the Hospice.</li> <li>• Loss of the Internet connection would affect access to all web based information and email services. Software services which are hosted on-line would not be accessible.</li> </ul>	2	4	8		<ul style="list-style-type: none"> <li>• SLA with leased line provider guarantees fastest possible recovery from loss of service.</li> <li>• Emails are available on mobile devices for some staff.</li> <li>• Internal Citrix system has caching enabled to permit continued use on-site during Internet connection failure.</li> </ul>	2	3	6	CEO/Dir of IT & Est	June 23 / Sept 23
	<b>ESTATES</b>											

1	Loss of Electrical Power	Loss of mains power to part or the whole of the Hospice site could cause major disruption for staff & patients.	2	5	10		<ul style="list-style-type: none"> <li>In the event of a mains power failure, the Hospice diesel generator will start automatically &amp; "cut-in" within minutes.</li> <li>During this time, however, all equipment (unless battery powered) will shutdown &amp; need to be rebooted when power returns.</li> <li>All parts of the Hospice Main Building are supported by the emergency generator, but not 759 building or St. Bedes.</li> </ul>	2	3	6	CEO/Dir of IT & Est	June 23 / Sept 23
2	Fire	A fire can occur in any location, being caused by various events. Fires can have a major effect on the use of the location involved.	2	5	10	<ul style="list-style-type: none"> <li>Staff trained in recognising and avoiding fire hazards</li> <li>Equipment maintained and checked on a regular basis</li> <li>Electrical items all professionally checked in line with H&amp;S requirements</li> <li>H&amp;S audit provides additional indication for risk avoidance</li> </ul>	<ul style="list-style-type: none"> <li>Each Hospice building has a Fire Control Panel which automatically raises alarm and indicate area of fire</li> <li>Trained Fire warden team</li> <li>Fire extinguishers are located near the outer doors of all buildings, the type being appropriate to the location.</li> <li>Fire drills undertaken regularly</li> <li>Single storey with Fire Doors and fire restrictions built into the design</li> </ul>	2	3	6	CEO/Dir of IT & Est	June 23 / Sept 23
3	Gas leak	A gas leak obviously constitutes a grave risk of fire or explosion, & damage to health	2	5	10	All gas powered equipment and gas pipework is regularly tested for correct operation & absence of leaks		1	5	5	CEO/Dir of IT & Est	June 23 / Sept 23
4	Asbestos in building structures	Asbestos within building structures has been outlawed for many years. Asbestos fibres present a serious risk to health when air borne.	2	4	8	An Asbestos Management Plan is in place, which identifies the location of asbestos with the Hospice & charity shop buildings. Any work in one of these areas will require adherence to the management plan.		1	4	4	CEO/Dir of IT & Est	June 23 / Sept 23
5	Burst Pipe / Flood	Water damage in any area can cause substantial damage to equipment, furniture, etc. Water near to electrical equipment can constitute a serious risk to staff.	2	4	8	Regular maintenance and regular checks undertaken	The location of all water pipes in all buildings is logged on appropriate building schematics. The location of all mains water shut off valves is also recorded. Water main shut off valves are tested regularly to ensure that they operate correctly & have not seized up.	1	3	3	CEO/Dir of IT & Est	June 23 / Sept 23
6	Security / Break-in	A security breach / break in can give rise to the theft of equipment, theft of data or risk to health of staff who may be present.	2	3	6	All buildings have swipe card access control. Cards are only accepted where a staff member has been allowed access to that particular resource.		1	3	3	CEO/Dir of IT & Est	June 23 / Sept 23
7	Boiler / Heating System failure	If the boiler or heating system develops a fault, it can represent a threat to health for both staff & patients during cold weather spells.	2	3	6	The boiler & general heating system is monitored regularly to ensure correct operation.	<ul style="list-style-type: none"> <li>Several portable heating units are in store &amp; available if required.</li> <li>Ward rooms all have air conditioning units that can provide heat</li> </ul>	1	2	2	CEO/Dir of IT & Est	June 23 / Sept 23
8					0					0		
9					0					0		

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

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

SRH Detailed Income and Expenditure	Year To Date					Full Year				
31st May 2023	Actual	Budget	Variance	Prior Year	Variance	Actuals 2020-21	Actuals 2021-22	Actuals 2022-23	Actuals 2023-24	Variance to 2021-22 Actual
<b>NHS Grants</b>	<b>271,310</b>	<b>284,875</b>	<i>(13,565)</i>	<b>267,140</b>	<i>4,170</i>	1,729,185	2,256,244	1,693,858	<b>1,695,685</b>	<i>1,827</i>
<b>NHS Other Fees</b>	<b>0</b>	<b>800</b>	<i>(800)</i>	<b>0</b>	<i>0</i>	46,286	8,485	4,544	<b>4,000</b>	<i>(544)</i>
<b>Hospice Grants</b>	<b>820</b>	<b>0</b>	<i>820</i>	<b>1,312</b>	<i>(492)</i>	1,535,222	280,354	10,710	<b>820</b>	<i>(9,890)</i>
<b>St Bede's Income</b>	<b>0</b>	<b>0</b>	<i>0</i>	<b>1,827</b>	<i>(1,827)</i>	1,500	568	4,965	<b>0</b>	<i>(4,965)</i>
<b>Other Income</b>	<b>0</b>	<b>0</b>	<i>0</i>	<b>0</b>	<i>0</i>	0	600	10,100	<b>6,000</b>	<i>(4,100)</i>
<b>DoC Rent Gift in Kind</b>	<b>45,000</b>	<b>45,000</b>	<i>0</i>	<b>45,000</b>	<i>0</i>	112,500	270,000	270,000	<b>270,000</b>	<i>0</i>
<b>Education Income</b>	<b>0</b>	<b>810</b>	<i>(810)</i>	<b>0</b>	<i>0</i>	6,500	7,200	38,010	<b>12,340</b>	<i>(25,670)</i>
<b>Investment Income</b>	<b>6,915</b>	<b>29,150</b>	<i>(22,235)</i>	<b>(32,747)</b>	<i>39,662</i>	5,318	21,393	(6,512)	<b>111,003</b>	<i>117,515</i>
<b>Orangery Income</b>	<b>4,630</b>	<b>3,208</b>	<i>1,423</i>	<b>3,055</b>	<i>1,575</i>	1,641	8,819	23,430	<b>26,024</b>	<i>2,594</i>
<b>Operating Income</b>	<b>328,675</b>	<b>363,843</b>	<i>(35,168)</i>	<b>285,587</b>	<i>43,088</i>	<b>3,438,152</b>	<b>2,853,662</b>	<b>2,049,104</b>	<b>2,125,872</b>	<i>76,768</i>
Staff Costs	(619,481)	(625,835)	6,355	(563,471)	(56,009)	(3,120,576)	(3,139,795)	(3,695,964)	<b>(3,903,951)</b>	<i>(207,988)</i>
Training, Recruitment and subscriptions	(4,930)	(5,287)	357	(5,338)	408	(29,268)	(40,142)	(42,277)	<b>(41,215)</b>	<i>1,062</i>
Food and Catering	(7,633)	(7,752)	119	(6,174)	(1,459)	(16,511)	(24,342)	(41,584)	<b>(45,197)</b>	<i>(3,613)</i>
Cleaning and Waste Disposal	(5,984)	(6,196)	212	(5,072)	(912)	(31,782)	(31,903)	(35,249)	<b>(40,487)</b>	<i>(5,238)</i>
Travel and Motoring Expenses	(3,804)	(2,242)	(1,562)	(1,829)	(1,974)	(8,418)	(13,190)	(13,800)	<b>(16,334)</b>	<i>(2,533)</i>
Drugs, Dressings and Consumables	(23,955)	(20,764)	(3,191)	(18,115)	(5,840)	(102,166)	(93,361)	(127,947)	<b>(124,514)</b>	<i>3,433</i>
Rates and Utilities	(11,102)	(13,353)	2,252	(10,125)	(977)	(76,346)	(78,552)	(78,361)	<b>(82,928)</b>	<i>(4,566)</i>
Repairs and Maintenance	(11,130)	(14,720)	3,590	(15,598)	4,468	(131,886)	(101,318)	(109,402)	<b>(84,730)</b>	<i>24,672</i>
Telephones, Postage, Stationery & IT	(5,675)	(8,861)	3,185	(5,591)	(84)	(54,687)	(45,407)	(40,699)	<b>(53,172)</b>	<i>(12,472)</i>
Rent	(45,000)	(45,000)	0	(45,000)	0	(112,650)	(270,300)	(270,300)	<b>(270,000)</b>	<i>300</i>
Other Direct Costs	(5,711)	(5,959)	249	(7,876)	2,165	(29,253)	(40,154)	(61,055)	<b>(37,063)</b>	<i>23,992</i>
<b>Direct Cost of Service</b>	<b>(744,404)</b>	<b>(755,970)</b>	<i>11,566</i>	<b>(684,189)</b>	<i>(60,215)</i>	<b>(3,713,542)</b>	<b>(3,878,465)</b>	<b>(4,516,639)</b>	<b>(4,699,591)</b>	<i>(182,952)</i>
<b>Depreciation</b>	<b>(16,575)</b>	<b>(22,991)</b>	<i>6,416</i>	<b>(15,696)</b>	<i>(879)</i>	<b>(155,282)</b>	<b>(95,491)</b>	<b>(95,392)</b>	<b>(133,969)</b>	<i>(38,578)</i>
<b>Direct Service Cost less Direct Income</b>	<b>(432,304)</b>	<b>(415,118)</b>	<i>(17,186)</i>	<b>(414,298)</b>	<i>(18,006)</i>	<b>(430,672)</b>	<b>(1,120,295)</b>	<b>(2,562,927)</b>	<b>(2,707,688)</b>	<i>(144,762)</i>
Staff Costs	(116,345)	(115,630)	(715)	(126,226)	9,880	(695,112)	(705,438)	(704,408)	<b>(707,390)</b>	<i>(2,982)</i>
Training, Recruitment and subscriptions	(2,085)	(9,399)	7,315	(3,562)	1,477	(7,634)	(16,060)	(25,747)	<b>(19,006)</b>	<i>6,741</i>
Telephones, Postage, Stationery & IT	(22,463)	(17,217)	(5,246)	(18,491)	(3,973)	(89,629)	(104,964)	(119,538)	<b>(120,406)</b>	<i>(869)</i>
Professional Services	(11,163)	(9,656)	(1,506)	(9,063)	(2,100)	(62,761)	(78,721)	(70,294)	<b>(67,019)</b>	<i>3,275</i>
Insurance	(5,107)	(5,833)	726	(5,427)	320	(37,467)	(32,024)	(31,371)	<b>(31,599)</b>	<i>(228)</i>
Communications & Marketing	0	221	(221)	(5,614)	5,614	(1,577)	(9,943)	(47,880)	<b>(9,922)</b>	<i>37,958</i>
Other Costs	(6,251)	(3,925)	(2,326)	(3,514)	(2,737)	(14,408)	(29,517)	(33,382)	<b>(30,329)</b>	<i>3,053</i>
VAT	0	(3,000)	3,000	0	0	(109,656)	(28,692)	(14,396)	<b>(12,609)</b>	<i>1,787</i>
Support charged to Income Generation	54,471	54,814	(342)	57,298	(2,827)	339,414	335,119	349,005	<b>332,760</b>	<i>(16,245)</i>
<b>Indirect Service Costs</b>	<b>(108,943)</b>	<b>(109,627)</b>	<i>685</i>	<b>(114,597)</b>	<i>5,654</i>	<b>(678,829)</b>	<b>(670,239)</b>	<b>(698,011)</b>	<b>(665,520)</b>	<i>32,490</i>
<b>Net Service Cost to be Funded</b>	<b>(541,247)</b>	<b>(524,746)</b>	<i>(16,501)</i>	<b>(528,895)</b>	<i>(12,352)</i>	<b>(1,109,500)</b>	<b>(1,790,534)</b>	<b>(3,260,937)</b>	<b>(3,373,208)</b>	<i>(112,271)</i>
<b>Income Generation</b>										
<b>Legacies</b>	<b>15,681</b>	<b>130,000</b>	<i>(114,319)</i>	<b>13,938</b>	<i>1,743</i>	<b>2,228,142</b>	<b>1,532,596</b>	<b>1,289,980</b>	<b>1,250,000</b>	<i>(39,980)</i>
<b>Donations</b>	<b>234,034</b>	<b>123,000</b>	<i>111,034</i>	<b>189,304</b>	<i>44,730</i>	<b>1,117,902</b>	<b>947,496</b>	<b>1,078,619</b>	<b>1,261,140</b>	<i>182,521</i>
<b>Gift Aid</b>	<b>(310)</b>	<b>4,350</b>	<i>(4,660)</i>	<b>0</b>	<i>(310)</i>	<b>104,783</b>	<b>48,915</b>	<b>53,601</b>	<b>51,045</b>	<i>(2,556)</i>
Staff Costs	(63,393)	(55,754)	(7,639)	(84,145)	20,752	(403,540)	(458,168)	(451,042)	<b>(505,856)</b>	<i>(54,814)</i>
Training, Recruitment and subscriptions	(5,836)	(1,619)	(4,217)	(409)	(5,427)	(5,030)	(12,130)	(21,750)	<b>(35,815)</b>	<i>(14,065)</i>
Rent, Rates and Utilities	(11,548)	(6,774)	(4,773)	(6,452)	(5,096)	(30,633)	(34,715)	(33,585)	<b>(41,887)</b>	<i>(8,303)</i>
Repairs and Maintenance	(380)	293	(673)	287	(666)	(6,700)	(16,412)	(8,769)	<b>(9,789)</b>	<i>(1,020)</i>
Telephones, Postage, Stationery & IT	(2,795)	(2,791)	(4)	(2,683)	(112)	(48,795)	(21,613)	(20,067)	<b>(22,035)</b>	<i>(1,968)</i>
Communications and Marketing	(124)	(16,667)	16,543	(305)	181	(38,838)	(5,328)	(4,385)	<b>(91,457)</b>	<i>(87,072)</i>
Events	0	(15,000)	15,000	0	0	(17,016)	(968)	0	<b>(82,500)</b>	<i>(82,500)</i>
FR Costs - Events	(1,814)	0	(1,814)	(1,015)	(798)	0	(12,259)	(25,539)	<b>(1,814)</b>	<i>23,725</i>
FR Costs - Challenges	(9,321)	0	(9,321)	(9,243)	(78)	0	(9,355)	(16,568)	<b>(9,321)</b>	<i>7,248</i>
FR Costs - Corporate	(161)	0	(161)	(3,156)	2,995	0	(5,775)	(6,080)	<b>(161)</b>	<i>5,919</i>
FR Costs - Community	364	0	364	(6,297)	6,661	0	(9,739)	(19,027)	<b>364</b>	<i>19,391</i>
FR Costs - Regular Giving	0	0	0	0	0	0	0	(2,099)	<b>(16,490)</b>	<i>(14,391)</i>
FR Costs - In Memory	(80)	0	(80)	(85)	5	0	(20)	(85)	<b>(80)</b>	<i>5</i>
FR Costs - General Giving	(955)	(233)	(722)	(222)	(733)	0	(4,049)	(10,152)	<b>(5,410)</b>	<i>4,741</i>
FR Costs - Appeals	(9,337)	0	(9,337)	(42,343)	33,006	0	(71,160)	(51,670)	<b>(57,720)</b>	<i>(6,051)</i>
Other Costs	(10,851)	(5,968)	(4,883)	(5,684)	(5,167)	(42,201)	(41,279)	(60,097)	<b>(55,147)</b>	<i>4,950</i>
<b>Net Fundraising Contribution</b>	<b>133,176</b>	<b>152,838</b>	<i>(19,662)</i>	<b>41,491</b>	<i>91,684</i>	<b>2,858,074</b>	<b>1,826,036</b>	<b>1,691,287</b>	<b>1,627,067</b>	<i>(64,220)</i>
<b>Lottery Income</b>	<b>51,280</b>	<b>47,120</b>	<i>4,160</i>	<b>59,933</b>	<i>(8,653)</i>	<b>454,014</b>	<b>422,996</b>	<b>368,285</b>	<b>406,013</b>	<i>37,727</i>
Staff Costs	(3,861)	(3,484)	(377)	(3,690)	(171)	(38,565)	(43,105)	(22,316)	<b>(23,030)</b>	<i>(714)</i>
Agency Staff	0	0	0	0	0	327	0	0	<b>(352,935)</b>	<i>(352,935)</i>
Printing, Postage and Marketing	(1,261)	(927)	(334)	(3,100)	1,839	(15,766)	(17,371)	(6,066)	<b>(8,343)</b>	<i>(2,277)</i>
Bank, Management and Other Charges	(7,067)	(6,536)	(531)	(10,300)	3,233	(52,038)	(53,040)	(57,580)	<b>(55,546)</b>	<i>2,034</i>
Lottery Prizes	(12,000)	(12,000)	0	(13,500)	1,500	(82,000)	(82,000)	(83,500)	<b>(82,000)</b>	<i>1,500</i>
<b>Net Lottery Contribution</b>	<b>27,091</b>	<b>24,172</b>	<i>2,919</i>	<b>29,344</b>	<i>(2,252)</i>	<b>265,973</b>	<b>227,480</b>	<b>198,823</b>	<b>(115,842)</b>	<i>(314,665)</i>
<b>Shop Income</b>	<b>236,632</b>	<b>221,292</b>	<i>15,340</i>	<b>210,233</b>	<i>26,399</i>	<b>147,858</b>	<b>1,046,865</b>	<b>1,369,457</b>	<b>1,639,382</b>	<i>269,925</i>
<b>Gift Aid</b>	<b>0</b>	<b>12,724</b>	<i>(12,724)</i>	<b>0</b>	<i>0</i>	<b>8,462</b>	<b>25,000</b>	<b>48,710</b>	<b>80,658</b>	<i>31,948</i>
<b>Rent received</b>	<b>0</b>	<b>0</b>	<i>0</i>	<b>0</b>	<i>0</i>	<b>11,700</b>	<b>8,775</b>	<b>0</b>	<b>0</b>	<i>0</i>
<b>Other Income (COVID grants)</b>	<b>0</b>	<b>0</b>	<i>0</i>	<b>0</b>	<i>0</i>	<b>35,672</b>	<b>29,355</b>	<b>48</b>	<b>0</b>	<i>(48)</i>
Staff Costs	(138,218)	(135,448)	(2,771)	(90,103)	(48,116)	(276,848)	(498,256)	(606,924)	<b>(862,110)</b>	<i>(255,185)</i>
Training, Recruitment and subscriptions	(2,572)	(607)	(1,965)	(633)	(1,938)	(1,772)	(4,014)	(10,402)	<b>(10,541)</b>	<i>(138)</i>
Consumables and Goods for Resale	(6,366)	(2,032)	(4,334)	(1,992)	(4,374)	(17,192)	(36,330)	(35,988)	<b>(41,203)</b>	<i>(5,215)</i>
Cleaning and Waste Disposal	(6,635)	(5,854)	(781)	(5,575)	(1,060)	(16,832)	(33,513)	(26,934)	<b>(29,062)</b>	<i>(2,128)</i>
Rent, Rates and Utilities	(64,681)	(62,094)	(2,587)	(55,186)	(9,494)	(412,671)	(313,508)	(346,874)	<b>(448,981)</b>	<i>(102,107)</i>
Repairs and Maintenance	(5,706)	(3,928)	(1,777)	(4,221)	(1,484)	(34,662)	(53,594)	(26,058)	<b>(26,114)</b>	<i>(56)</i>
Depreciation	(10,186)	(9,734)	(452)	(7,410)	(2,776)	(45,048)	(73,373)	(48,344)	<b>(62,856)</b>	<i>(14,512)</i>
Telephones, Postage, Stationery & IT	(3,053)	(3,202)	149	(3,049)	(3)	(18,481)	(21,373)	(21,636)	<b>(22,136)</b>	<i>(500)</i>
Other Costs	(3,566)	(5,743)	2,177	(2,612)	(954)	(8,929)	(14,350)	(18,354)	<b>(49,818)</b>	<i>(31,464)</i>
Bank, credit card and cash collection	(3,833)	(2,474)	(1,360)	(2,356)	(1,477)	(5,603)	(17,454)	(13,390)	<b>(19,718)</b>	<i>(6,327)</i>
Professional Services	(4,415)	(500)	(3,915)	0	(4,415)	(70,130)	(51,563)	(37,426)	<b>(6,915)</b>	<i>30,511</i>
Insurance	(1,557)	(1,042)	(515)	(992)	(564)	(5,458)	(6,514)	(8,614)	<b>(9,559)</b>	<i>(946)</i>
<b>Net Shops Contribution</b>	<b>(14,154)</b>	<b>1,360</b>	<i>(15,514)</i>	<b>36,103</b>	<i>(50,257)</i>	<b>(709,933)</b>	<b>(13,848)</b>	<b>217,270</b>	<b>131,028</b>	<i>(86,242)</i>
<b>Support Costs</b>	<b>(54,471)</b>	<b>(54,814)</b>	<i>342</i>	<b>(57,298)</b>	<i>2,827</i>	<b>(339,414)</b>	<b>(335,119)</b>	<b>(349,005)</b>	<b>(332,760)</b>	<i>16,245</i>
<b>Net Contribution from Income Generating Activities</b>	<b>91,642</b>	<b>123,556</b>	<i>(31,915)</i>	<b>49,639</b>	<i>42,002</i>	<b>2,074,699</b>	<b>1,704,549</b>	<b>1,758,374</b>	<b>1,309,493</b>	<i>(448,882)</i>
<b>Net Shortfall before DoC funding</b>	<b>(449,605)</b>	<b>(401,189)</b>	<i>(48,416)</i>	<b>(479,256)</b>	<i>29,651</i> </					

Management Account May 2023	Year To Date				Full Year									
	Actuals 2023-24	Budget 2023-24	variance	YTD Prior Year	Actuals 2020- 21	Actuals 2021-22	Actuals 2022-23	Forecast 2023- 24	Budget 2023- 24	variance	2024-25	2025-26	2026-27	2027-28
Income from NHS	271,310	285,675	(14,365)	267,140	1,775,471	2,264,729	1,698,401	1,699,685	1,714,050	(14,365)	1,740,597	1,775,409	1,810,917	1,847,135
Other Income	57,365	78,168	(20,803)	18,447	1,662,681	588,934	350,702	426,187	447,716	(21,529)	406,006	407,974	410,091	412,315
<b>Service Income</b>	<b>328,675</b>	<b>363,843</b>	<b>(35,168)</b>	<b>285,587</b>	<b>3,438,152</b>	<b>2,853,662</b>	<b>2,049,104</b>	<b>2,125,872</b>	<b>2,161,767</b>	<b>(35,895)</b>	<b>2,146,603</b>	<b>2,183,383</b>	<b>2,221,008</b>	<b>2,259,451</b>
Direct Cost of Services	(744,404)	(755,970)	11,566	(684,189)	(3,713,542)	(3,878,465)	(4,516,639)	(4,699,591)	(4,698,112)	(1,479)	(4,797,088)	(4,886,546)	(4,978,807)	(5,072,912)
Hospice Depreciation	(16,575)	(22,991)	6,416	(15,696)	(155,282)	(95,491)	(95,392)	(133,969)	(140,386)	6,416	(147,241)	(118,082)	(87,193)	(79,305)
Support Costs	(108,943)	(109,627)	685	(114,597)	(678,829)	(670,239)	(698,011)	(665,520)	(663,265)	(2,255)	(676,694)	(692,174)	(703,934)	(717,970)
<b>Service Costs</b>	<b>(869,922)</b>	<b>(888,588)</b>	<b>18,667</b>	<b>(814,482)</b>	<b>(4,547,652)</b>	<b>(4,644,196)</b>	<b>(5,310,041)</b>	<b>(5,499,080)</b>	<b>(5,501,762)</b>	<b>2,682</b>	<b>(5,621,023)</b>	<b>(5,696,801)</b>	<b>(5,769,933)</b>	<b>(5,870,187)</b>
<b>Net Service Cost to be funded</b>	<b>(541,247)</b>	<b>(524,746)</b>	<b>(16,501)</b>	<b>(528,895)</b>	<b>(1,109,500)</b>	<b>(1,790,534)</b>	<b>(3,260,937)</b>	<b>(3,373,208)</b>	<b>(3,339,996)</b>	<b>(33,212)</b>	<b>(3,474,420)</b>	<b>(3,513,418)</b>	<b>(3,548,925)</b>	<b>(3,610,736)</b>
	62%	59%		65%	24%	39%	61%	61%	61%		62%	62%	62%	62%
<b>Fundraising Activity</b>														
Legacy Income	15,681	130,000	(114,319)	13,938	2,228,142	1,532,596	1,289,980	1,250,000	1,250,000	1	1,312,501	1,378,126	1,447,032	1,519,383
Donor Income	233,724	127,350	106,374	189,304	1,222,685	996,411	1,132,220	1,312,185	1,312,500	(315)	1,704,392	2,003,607	2,278,510	2,540,155
Fundraising Costs	(116,229)	(104,512)	(11,717)	(161,751)	(592,754)	(702,971)	(730,913)	(935,118)	(920,782)	(14,336)	(1,060,735)	(1,081,950)	(1,103,589)	(1,125,661)
	<b>133,176</b>	<b>152,838</b>	<b>(19,662)</b>	<b>41,491</b>	<b>2,858,074</b>	<b>1,826,036</b>	<b>1,691,287</b>	<b>1,627,067</b>	<b>1,641,717</b>	<b>(14,650)</b>	<b>1,956,157</b>	<b>2,299,783</b>	<b>2,621,953</b>	<b>2,933,878</b>
Lottery Income	51,280	47,120	4,160	59,933	454,014	422,996	368,285	406,013	401,852	4,160	644,825	746,363	721,849	696,459
Lottery Costs	(24,189)	(22,948)	(1,241)	(30,589)	(188,041)	(195,515)	(169,462)	(521,855)	(518,863)	(2,991)	(618,427)	(214,796)	(212,235)	(212,072)
	<b>27,091</b>	<b>24,172</b>	<b>2,919</b>	<b>29,344</b>	<b>265,973</b>	<b>227,480</b>	<b>198,823</b>	<b>(115,842)</b>	<b>(117,011)</b>	<b>1,169</b>	<b>26,398</b>	<b>531,567</b>	<b>509,614</b>	<b>484,387</b>
Shop Income	236,632	234,016	2,616	210,233	203,693	1,109,995	1,418,215	1,720,040	1,717,424	2,616	2,252,173	2,496,554	2,546,485	2,597,415
Shop Costs	(250,787)	(232,657)	(18,130)	(174,130)	(913,626)	(1,123,843)	(1,200,945)	(1,589,012)	(1,558,335)	(30,677)	(1,951,086)	(2,057,843)	(2,085,380)	(2,112,465)
	<b>(14,154)</b>	<b>1,360</b>	<b>(15,514)</b>	<b>36,103</b>	<b>(709,933)</b>	<b>(13,848)</b>	<b>217,270</b>	<b>131,028</b>	<b>159,089</b>	<b>(28,061)</b>	<b>301,087</b>	<b>438,712</b>	<b>461,105</b>	<b>484,950</b>
	-6%	1%		17%		-1%	15%	8%	9%		13%	18%	18%	19%
<b>Support Costs</b>	<b>(54,471)</b>	<b>(54,814)</b>	<b>342</b>	<b>(57,298)</b>	<b>(339,414)</b>	<b>(335,119)</b>	<b>(349,005)</b>	<b>(332,760)</b>	<b>(331,633)</b>	<b>(1,128)</b>	<b>(338,347)</b>	<b>(346,087)</b>	<b>(351,967)</b>	<b>(358,985)</b>
<b>Fundraising Contribution</b>	<b>91,642</b>	<b>123,556</b>	<b>(31,915)</b>	<b>49,639</b>	<b>2,074,699</b>	<b>1,704,549</b>	<b>1,758,374</b>	<b>1,309,493</b>	<b>1,352,162</b>	<b>(42,670)</b>	<b>1,945,295</b>	<b>2,923,975</b>	<b>3,240,706</b>	<b>3,544,229</b>
<b>Shortfall before DOC Funding</b>	<b>(449,605)</b>	<b>(401,189)</b>	<b>(48,416)</b>	<b>(479,256)</b>	<b>965,199</b>	<b>(85,985)</b>	<b>(1,502,563)</b>	<b>(2,063,716)</b>	<b>(1,987,834)</b>	<b>(75,882)</b>	<b>(1,529,125)</b>	<b>(589,443)</b>	<b>(308,219)</b>	<b>(66,507)</b>
DOC Funding	0	166,666	(166,666)	166,666	280,000	666,666	750,000	1,000,000	1,000,000	(0)	550,000	200,000	53,334	0
Contingency Drawdown							0							
<b>Surplus/(Shortfall) for period</b>	<b>(449,605)</b>	<b>(234,523)</b>	<b>(215,082)</b>	<b>(312,590)</b>	<b>1,245,199</b>	<b>580,681</b>	<b>(752,563)</b>	<b>(1,063,716)</b>	<b>(987,834)</b>	<b>(75,882)</b>	<b>(979,125)</b>	<b>(389,443)</b>	<b>(254,885)</b>	<b>(66,507)</b>

**St Raphael's Hospice**  
**Minutes of a Meeting of the Income Generation & Communications Committee**  
**Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX**  
**At 11:00 on Tuesday 11<sup>th</sup> July 2023**

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

In attendance: Nick Stevens – CEO (NS)  
 Diamond Naraviene (DN - Communications Manager)  
 Kate Billingham Wilson (KBW – Fundraising Director)  
 Sara Jane Woods – (SJW - Commercial Director – items 1-8)  
 Anna Machin (AM - Governance)

**Actions arising**

<b>Agenda item</b>	<b>Action</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Ref.</b>
4. Update on Commercial activity	Update on agreed Lottery timelines and targets	Sara Jane Woods	October meeting	11.07.23/01
	Share benchmarked performance information with Committee	Sara Jane Woods	October meeting	11.07.23/02
5. Update on Fundraising activity	Share detail, in due course, of split of legacies from IPU vs Community patients	Kate Billingham Wilson	Initial update at October meeting	11.07.23/03
	Share full stakeholder survey analysis	Kate Billingham Wilson	October meeting	11.07.23/04
6. Update on Communications activity	Share benchmarked performance information with Committee	Diamond Naraviene	October meeting	11.07.23/05
7. Risk register	Take forward next stage of development on risk register	Nick Stevens with colleagues and Bernard Marley	October meeting	11.07.23/06
8. Fundraising Figures	Take forward discussion with Board on Committee oversight of NHS funds	Committee Chair	July Board	11.07.23/07
9. AOB	Bring together proposal on establishment of subsidiary company	Nick Stevens	October Committee and Board	11.07.23/08

## **1. Welcomes, apologies for absence and declarations of interest**

Grahame Darnell welcomed attendees to the meeting. There were no apologies sent to the meeting. There were no declarations of interest in relation to items on the agenda.

## **2. Review of minutes from 25<sup>th</sup> April 2023 Committee meeting**

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

## **3. Actions List and update on matters arising**

The action arising from the previous meeting were as follows:

- Develop KPI dashboard and fundraising projections – this is in progress and there is a proposed set of KPIs in the Fundraising report.
- Take forward approval of Capitol House contract to the Board – this action has been completed.

## **4. Update on Commercial activity**

Sara Jane Woods updated on key points from the report:

- The Donation Centre is almost ready to but opening has been postponed to 20<sup>th</sup> July due to challenges with power supply. The Deputy Mayor will open and a committed volunteer is training other volunteers. Communications have been prepared, with clear and simple messages on what and how to donate. The Morden shop is due to complete in August ready for opening in September.
- Lottery activity is progressing well, with Britevox having achieved more than the target of 100 sign-ups per week and only one complaint received despite hundreds of engagements with members of the public.
- The Hospice is actually over target in rag donations (the figure in the report requires update), but is considering the return on investment for Ebay sales versus selling in boutique shops such as Wimbledon Village.
- The Wimbledon Park shop has had challenges on staff availability, and the decision has been made on some days to close so that these colleagues can be redeployed to other higher performing shops. Plans are being made to drive in more footfall through advertising, a bridal wear section, and possible late-night opening. New Malden performance has completely turned around under the Clearance shop approach, with a mission-driven shop manager in place who will also now manage Morden which is expected to drive improvements.

The Committee congratulated Sara Jane on the performance of the New Malden shop. The varying rates in Gift Aid were noted. Sara Jane agreed and shared that volunteer confidence varies in notifying customers of this opportunity, and so more is being done to address this.

The Committee asked about the timeframe for the Lottery campaign, and the timeframe for activity given that the number of sign-ups is higher than expected. Sara Jane confirmed that a meeting is being held soon with Britevox, to discuss whether activity would pause once the annual target is reached, or that the number of agreed weeks would be completed with the goal of exceeding the target. It has been a positive experience working with this firm, and a low attrition rate for sign-ups to date. An update would be given at the next meeting.

The Committee requested further benchmarking information particularly on Retail and Lottery performance, and integrated into reports. Sara Jane Woods shared details of recently joining a local South East region Hospice retail group, which could be a good source of information. An update would be given at the next meeting. The Committee thanked Sara Jane Woods and the Retail team for the strong activity in the last quarter.

## **5. Update on Fundraising activity**

Kate Billingham Wilson updated on key points from the report. Recruitment for fundraising posts has been positive, with two new joiners in post and two due to start soon. The Legacy and In Memory role has been hardest to recruit to, and will be paused whilst an analysis of current activity and inputs from current colleagues is undertaken. There will be a training session on this topic from Ruth Sorby for all staff in the autumn, to keep some momentum.

The Lavender Appeal went well and slightly exceeded target, but there is the opportunity to develop further for next year to increase the size of this event, potentially moving away from the 'in memory' emphasis to encourage more repeat engagement. There was local radio coverage, which received sign-ups, as part of increased local networking activity.

Grahame Darnell and Kate Billingham Wilson updated on the very high level of survey responses from Hospice donors and stakeholders, currently at 500+ when around 250 had been expected. This gives statistically significant information to analyse, and shows variation in perceptions and engagement between Merton and Sutton.

The Committee provided feedback on elements of the report, first discussing and agreeing that the Legacy post would still be important to recruit to, even though the impacts of this type of fundraising are long-term. There was agreement that it was encouraging to have filled fundraising posts so quickly in a challenging external recruitment environment.

The Committee wished to understand the difference between legacies left by patients and their families in IPU versus the Community team. Overall, it is anticipated this will be lower from Community patients, but this is all part of reviewing and developing the bereavement journey. Staff are not daunted about holding conversations on this topic as part of care.

The Committee were encouraged by the depth of thought given to the draft KPIs, and encouraged them to be integrated into performance management activity for each fundraising lead. It is also positive that the team are giving more focus to return on investment (ROI) of activity, and translation between social media outreach to active engagement.

There was support for the review of the framing of the Lavender Walk, with the opportunity to gain feedback from attendees. The Committee held an initial discussion on ways to raise the profile of the Hospice locally, agreeing that the full set of survey responses and analysis would be discussed in depth at the October meeting.

## **6. Update on Communications activity**

Diamond Naraviene updated on key points from the report. There was very strong uptake on the London to Brighton bike ride, following communications outreach, reaching 45 participants and further individuals who were interested. A more personal approach to communications is being taken, for example with messages from the Hospice's nurses sent with the survey. There has been coverage in Charity Times too. The team is supporting other project-based activity such as the Donation Centre opening, and making more use of Google Analytics and integration with other systems.

The Committee congratulated the team on the fact that the London to Brighton ride was oversubscribed, and asked for contributing factors. Diamond confirmed that this led to 50 new contacts for the Hospice, and was achieved through research to inform outreach, use of video and key words to engage this audience.

Similar to the discussions on Fundraising and Communications activity, the Committee wished to receive more benchmarking information on reports on communications which could show what 'headroom' is available for growth. Diamond would put this on the agenda for an upcoming meeting of local Hospice communications leads to receive inputs, and there is also information in the public domain for example social media figures. St Raphael's currently has comparable engagement to Royal Trinity, and is always focused on the quality of engagement and not just quantity.

## 7. Risk register

Bernard Marley was thanked for his time given to development of the new approach to risk reporting across the Hospice, with post-control scores. There is a Hospice-wide risk register and the link between this, and departmental risk registers, will be formalised next alongside risk appetite, 'contagion' and categorisation (e.g. reputational risks). The Committee noted the content of the risk register.

## 8. Fundraising Figures

Nick Stevens presented the data capturing the first three months' Donations income drawn from Raiser's Edge. £313k has been raised in this quarter which is above prior years and meets expectations in terms of phasing of income in the budget. This has been in the context of the changes and recruitment to the team and shows there is further room for growth. The Appeals have increased income slightly whilst concurrently reducing the cost base for these campaigns by 75%, showing an improved ROI.

The Committee reflected on the importance of encouraging more core funding from the NHS and clarity on which Committee should scrutinise this area of income. Nick Stevens agreed and shared that St Raphael's and leaders of three other local Hospices had written to Commissioners expressing that the 1.8% rise in CCG funds is not sufficient to meet inflationary cost pressures. It is hoped that Hospice UK will also support advocacy in this area, alongside perhaps facilitation of the benchmarking information on income generation discussed in this meeting. The Hospice has an important, independent role to play in the health landscape, but needs to be supported by inflationary rises to be able to meet expectations in the contract signed with the NHS, and related reporting.

This matter of Committee oversight of CCG income would be taken to the Board for discussion to formalise and integrate into the Terms of Reference.

## 9. Any Other Business and Dates of future meetings

Nick Stevens raised two areas of update under AOB. First, a positive meeting had been held with the Operations Director at Spires hospital, which could help inform a stronger partnership for potential income generation and volunteer recruitment. The Committee were encouraged by this area of relationship-building activity.

Second, the team would consider setting up a subsidiary trading company to expand the range of commercial activities that could be delivered. Profits would then be gifted up to the Hospice, so there is no drawback from a tax perspective. There would need to be resource dedicated to set-up, administration and running the company. The Committee were open to considering a proposal, to be brought to the next meeting cycle including for Board discussion.

There were no further items raised under Any Other Business.

The date of the next meeting was confirmed as 17<sup>th</sup> October 2023 from 11am-1pm.

*The meeting ended at 13.15pm.*

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

**St Raphael's Hospice**  
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Diamond Naraviene updated on key points from the report. There was very strong uptake on the London to Brighton bike ride, following communications outreach, reaching 45 participants and further individuals who were interested. A more personal approach to communications is being taken, for example with messages from the Hospice's nurses sent with the survey. There has been coverage in Charity Times too. The team is supporting other project-based activity such as the Donation Centre opening, and making more use of Google Analytics and integration with other systems.

The Committee congratulated the team on the fact that the London to Brighton ride was oversubscribed, and asked for contributing factors. Diamond confirmed that this led to 50 new contacts for the Hospice, and was achieved through research to inform outreach, use of video and key words to engage this audience.

Similar to the discussions on Fundraising and Communications activity, the Committee wished to receive more benchmarking information on reports on communications which could show what 'headroom' is available for growth. Diamond would put this on the agenda for an upcoming meeting of local Hospice communications leads to receive inputs, and there is also information in the public domain for example social media figures. St Raphael's currently has comparable engagement to Royal Trinity, and is always focused on the quality of engagement and not just quantity.

## 7. Risk register

Bernard Marley was thanked for his time given to development of the new approach to risk reporting across the Hospice, with post-control scores. There is a Hospice-wide risk register and the link between this, and departmental risk registers, will be formalised next alongside risk appetite, 'contagion' and categorisation (e.g. reputational risks). The Committee noted the content of the risk register.

## 8. Fundraising Figures

Nick Stevens presented the data capturing the first three months' Donations income drawn from Raiser's Edge. £313k has been raised in this quarter which is above prior years and meets expectations in terms of phasing of income in the budget. This has been in the context of the changes and recruitment to the team and shows there is further room for growth. The Appeals have increased income slightly whilst concurrently reducing the cost base for these campaigns by 75%, showing an improved ROI.

The Committee reflected on the importance of encouraging more core funding from the NHS and clarity on which Committee should scrutinise this area of income. Nick Stevens agreed and shared that St Raphael's and leaders of three other local Hospices had written to Commissioners expressing that the 1.8% rise in CCG funds is not sufficient to meet inflationary cost pressures. It is hoped that Hospice UK will also support advocacy in this area, alongside perhaps facilitation of the benchmarking information on income generation discussed in this meeting. The Hospice has an important, independent role to play in the health landscape, but needs to be supported by inflationary rises to be able to meet expectations in the contract signed with the NHS, and related reporting.

This matter of Committee oversight of CCG income would be taken to the Board for discussion to formalise and integrate into the Terms of Reference.

## 9. Any Other Business and Dates of future meetings

Nick Stevens raised two areas of update under AOB. First, a positive meeting had been held with the Operations Director at Spires hospital, which could help inform a stronger partnership for potential income generation and volunteer recruitment. The Committee were encouraged by this area of relationship-building activity.

Second, the team would consider setting up a subsidiary trading company to expand the range of commercial activities that could be delivered. Profits would then be gifted up to the Hospice, so there is no drawback from a tax perspective. There would need to be resource dedicated to set-up, administration and running the company. The Committee were open to considering a proposal, to be brought to the next meeting cycle including for Board discussion.

There were no further items raised under Any Other Business.

The date of the next meeting was confirmed as 17<sup>th</sup> October 2023 from 11am-1pm.

*The meeting ended at 13.15pm.*

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

**St Raphael's Hospice**  
**Minutes of a Meeting of the Income Generation & Communications Committee**  
**Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX**  
**At 11:00 on Tuesday 11<sup>th</sup> July 2023**

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

In attendance:       Nick Stevens – CEO (NS)  
                               Diamond Naraviene (DN - Communications Manager)  
                               Kate Billingham Wilson (KBW – Fundraising Director)  
                               Sara Jane Woods – (SJW - Commercial Director – items 1-8)  
                               Anna Machin (AM - Governance)

**Actions arising**

<b>Agenda item</b>	<b>Action</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Ref.</b>
4. Update on Commercial activity	Update on agreed Lottery timelines and targets	Sara Jane Woods	October meeting	11.07.23/01
	Share benchmarked performance information with Committee	Sara Jane Woods	October meeting	11.07.23/02
5. Update on Fundraising activity	Share detail, in due course, of split of legacies from IPU vs Community patients	Kate Billingham Wilson	Initial update at October meeting	11.07.23/03
	Share full stakeholder survey analysis	Kate Billingham Wilson	October meeting	11.07.23/04
6. Update on Communications activity	Share benchmarked performance information with Committee	Diamond Naraviene	October meeting	11.07.23/05
7. Risk register	Take forward next stage of development on risk register	Nick Stevens with colleagues and Bernard Marley	October meeting	11.07.23/06
8. Fundraising Figures	Take forward discussion with Board on Committee oversight of NHS funds	Committee Chair	July Board	11.07.23/07
9. AOB	Bring together proposal on establishment of subsidiary company	Nick Stevens	October Committee and Board	11.07.23/08

## **1. Welcomes, apologies for absence and declarations of interest**

Grahame Darnell welcomed attendees to the meeting. There were no apologies sent to the meeting. There were no declarations of interest in relation to items on the agenda.

## **2. Review of minutes from 25<sup>th</sup> April 2023 Committee meeting**

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

## **3. Actions List and update on matters arising**

The action arising from the previous meeting were as follows:

- Develop KPI dashboard and fundraising projections – this is in progress and there is a proposed set of KPIs in the Fundraising report.
- Take forward approval of Capitol House contract to the Board – this action has been completed.

## **4. Update on Commercial activity**

Sara Jane Woods updated on key points from the report:

- The Donation Centre is almost ready to but opening has been postponed to 20<sup>th</sup> July due to challenges with power supply. The Deputy Mayor will open and a committed volunteer is training other volunteers. Communications have been prepared, with clear and simple messages on what and how to donate. The Morden shop is due to complete in August ready for opening in September.
- Lottery activity is progressing well, with Britevox having achieved more than the target of 100 sign-ups per week and only one complaint received despite hundreds of engagements with members of the public.
- The Hospice is actually over target in rag donations (the figure in the report requires update), but is considering the return on investment for Ebay sales versus selling in boutique shops such as Wimbledon Village.
- The Wimbledon Park shop has had challenges on staff availability, and the decision has been made on some days to close so that these colleagues can be redeployed to other higher performing shops. Plans are being made to drive in more footfall through advertising, a bridal wear section, and possible late-night opening. New Malden performance has completely turned around under the Clearance shop approach, with a mission-driven shop manager in place who will also now manage Morden which is expected to drive improvements.

The Committee congratulated Sara Jane on the performance of the New Malden shop. The varying rates in Gift Aid were noted. Sara Jane agreed and shared that volunteer confidence varies in notifying customers of this opportunity, and so more is being done to address this.

The Committee asked about the timeframe for the Lottery campaign, and the timeframe for activity given that the number of sign-ups is higher than expected. Sara Jane confirmed that a meeting is being held soon with Britevox, to discuss whether activity would pause once the annual target is reached, or that the number of agreed weeks would be completed with the goal of exceeding the target. It has been a positive experience working with this firm, and a low attrition rate for sign-ups to date. An update would be given at the next meeting.

The Committee requested further benchmarking information particularly on Retail and Lottery performance, and integrated into reports. Sara Jane Woods shared details of recently joining a local South East region Hospice retail group, which could be a good source of information. An update would be given at the next meeting. The Committee thanked Sara Jane Woods and the Retail team for the strong activity in the last quarter.

## **5. Update on Fundraising activity**

Kate Billingham Wilson updated on key points from the report. Recruitment for fundraising posts has been positive, with two new joiners in post and two due to start soon. The Legacy and In Memory role has been hardest to recruit to, and will be paused whilst an analysis of current activity and inputs from current colleagues is undertaken. There will be a training session on this topic from Ruth Sorby for all staff in the autumn, to keep some momentum.

The Lavender Appeal went well and slightly exceeded target, but there is the opportunity to develop further for next year to increase the size of this event, potentially moving away from the 'in memory' emphasis to encourage more repeat engagement. There was local radio coverage, which received sign-ups, as part of increased local networking activity.

Grahame Darnell and Kate Billingham Wilson updated on the very high level of survey responses from Hospice donors and stakeholders, currently at 500+ when around 250 had been expected. This gives statistically significant information to analyse, and shows variation in perceptions and engagement between Merton and Sutton.

The Committee provided feedback on elements of the report, first discussing and agreeing that the Legacy post would still be important to recruit to, even though the impacts of this type of fundraising are long-term. There was agreement that it was encouraging to have filled fundraising posts so quickly in a challenging external recruitment environment.

The Committee wished to understand the difference between legacies left by patients and their families in IPU versus the Community team. Overall, it is anticipated this will be lower from Community patients, but this is all part of reviewing and developing the bereavement journey. Staff are not daunted about holding conversations on this topic as part of care.

The Committee were encouraged by the depth of thought given to the draft KPIs, and encouraged them to be integrated into performance management activity for each fundraising lead. It is also positive that the team are giving more focus to return on investment (ROI) of activity, and translation between social media outreach to active engagement.

There was support for the review of the framing of the Lavender Walk, with the opportunity to gain feedback from attendees. The Committee held an initial discussion on ways to raise the profile of the Hospice locally, agreeing that the full set of survey responses and analysis would be discussed in depth at the October meeting.

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

# Corporate Governance Report – Additional Information

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## Contents

Information Governance .....2

Information Security .....2

Policy Management .....2

Health & Safety .....3

Complaints .....6

## Information Governance

- Submission of our compliance against the NHS Digital 'Data Security and Protection Toolkit' was completed and published on 27<sup>th</sup> June 2023 prior to the 30<sup>th</sup> June 2023 submission deadline.

## Information Security

- This item is covered in report by the Head of IT and Facilities

## Policy Management

- A quantitative summary shows distribution and progress for organisational policy review against v1.71 of the Policy Manual Index.

Review Leads	No of Policy Manual Documents	Out of Date (OOD)	%OOD
A Angarita	1	0	0%
A Machin	5	5	0%
A Rudkin	28	2	7%
B Angel	24	1	4%
C Foster	1	0	0%
D Naraviene	1	0	0%
E Lunn / R Wallis	3	0	0%
G Tamura-Rose	1	0	0%
G Toubal	2	0	0%
H Agboola	2	0	0%
J Ford	2	0	0%
J Groom	10	0	0%
J Strawson	14	0	0%
J Strawson / G Tamura-Rose	3	0	0%
K Hobson	1	0	0%
M Flint	4	3	75%
N Collins	3	0	0%
N Stevens	17	6	35%
P James	1	1	100%
R Trower	19	1	5%
R Wallis	16	0	0%
R Yin-Poole	1	0	0%
S Cresswell	9	1	11%
S Molyneux	1	1	100%
S-J Woods	2	2	100%
T Christmas	7	0	0%
<b>TOTALS</b>	<b>178</b>	<b>23</b>	<b>13%</b>
		<b>13%</b>	

	Oct -21	Jan-22	Jun-22	Jan-23	Jun-23
<b>Up to date Policy Publication Compliance</b>	88%	90%	92%	86%	87%

- There were 23 policies / standard operating procedures published/revise between 20/10/2021 and 18/01/2022.
- There were 40 policies / standard operating procedures published/revise between 19/01/2022 and 05/07/2022.
- There were 49 policies / standard operating procedures published/revise between 06/07/2022 and 10/01/2023.
- There have been 47 policies / standard operating procedures published/revise between 11/01/2023 and 06/07/2023.

## Health & Safety

- The Hospice had its Fire Risk Assessments and a Health & Safety Audit completed across all of its retail premises, Capitol House and main site buildings in July 2021. The assessments were undertaken by Hettle Andrews our risk management consultancy. We are working through the reports' actions that number 113 (c.f. 196 in 2018's Audit), a number of which have applicability in multiple locations. They are prioritised as:-

Priority 1 – Immediate Action – 6.

All are complete. Asbestos management plan in place from 2018. Remedial actions further to the fixed electrical inspections are complete .

Priority 2 – Urgent - 39

Priority 3 – Medium - 57

Priority 4 – Recommended - 11

The main site Health & Safety Audit showed a reduction in required Priority 1 and 2 actions from 30 in 2018 to 12 in 2021 “which demonstrates a significant amount of progress being made...”.

The Health & Safety Audit for Retail concluded that “Definite progress has been made over this time (2018-2021), however it is also clear that the past 18+ months, and COVID-19, has clearly resulted in a loss of impetus whilst the focus has been on other areas. Staffing changes amongst both the shops and at the warehouse, as well as long periods of closure during the pandemic, also means that a significant number of actions have been carried over. This seems to be a good time to start over, renew the action plan, and provide some focus on the task ahead.”

We remain objective in our pursuit to complete the actions set out in 2021's reports and prioritise those classed as immediate and urgent. Both Steve Cresswell and myself liaise with Sara-Jane and the Area Managers to effect solutions. We provide update at our Health & Safety Committee. Minutes of the last H&S meeting held in February 2023 are included in papers.

Steve and myself were visiting the retail shops as part of routine health and safety surveillance in 2022. This surveillance will start again in the summer/autumn of 2023. Commencing in the early part of 2023, Facilities staff routinely visit different retail locations each week attending to their most immediate works and any health and safety needs. This has been very well received by the Shops staff and enhances communications and effectiveness between the teams. The Area Shops Managers are also heavily involved in operational scrutiny of health and safety considerations as part of their overseeing responsibilities for the Shops.

The improved communication between Retail and Facilities is sustained in 2023; supporting the improved awareness of responsibilities and actions. New retail premises are reviewed by the Facilities Manager at an early stage and prior to opening in order to ensure health and safety considerations are understood and required notices and equipment are in place. Adopting the model template that our Hettle H&S Risk Assessor completed when undertaking the last round of Fire Risk Assessments, it is felt that this practice of self-assessment supports us sufficiently and will be compounded by the next round of external Fire Risk Assessment and H&S Audit scheduled for summer of 2024.

## RISK MANAGEMENT

### NON-CLINICAL RISK MANAGEMENT DATA

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

Month	Staff		Visitor/ Customer		Volunteer		Contractor		Not App		2023 Total	2022 Total	2021 Total	2020 Total	2019 Total
	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc					
Jan 22				2(1)		1(1)					3(2)	6(4)	1	1	4
Feb 22				1(1)		1(1)				5(2)	7(4)	8(6)	3	6(2)	0
Mar 22		2(2)		3(2)	1(1)	1(1)				1	8(6)	12(10)	1	2	2(2)
Apr 22	1(1)	1		3(2)		1(1)				1	7(4)	2(2)	3(1)	0	4(3)
May 22				8(8)						3(1)	11(9)	7(6)	1	3	5(1)
Jun 22		1(1)		1(1)		1(1)					3(3)	8(5)	0	3	(2)
Jul 22												5(4)	3	1	(1)
Aug 22												7(5)	1	1	5(2)
Sep 22												8(7)	4	1	1
Oct 22												3(2)	5	2	(2)
Nov 22												5(3)	(2)	1	3(1)
Dec 22												8(4)	10(9)	0	6(4)
<b>2023</b>	<b>1(1)</b>	<b>4(3)</b>	<b>0</b>	<b>18(15)</b>	<b>1(1)</b>	<b>5(5)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10(3)</b>	<b>39(28)</b>				
2022	10(6)	19(10)	1(1)	24(23)	3(3)	3(3)	0	0	0	19(12)		79(58)			
2021	11	9(2)	(1)	0	2(1)	2(1)	0	(1)	0	8(6)			34(12)		
2020	6(1)	4	0	2(1)	0	3	0	0	0	6				21(2)	
2019	13(7)	6(5)	0	3(1)	2(1)	3	0	0	0	4					35(18)

Notes : In Jan-June 2023, there have been zero non-clinical incident/ accidents that have required RIDDOR report. Two incidents that concerned customer falls at Wimbledon Park Shop and the New Malden Clearance Store without injury were notified to our insurers for information. All incidents classified as either Minor/No Harm/Low Harm.

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

Accidents	Staff	Visitor	Vol	Contractor	Not App	2023	2022	2021	2020	2019
Manual Handling							0	0	0	3(3)
Impact/Bump							3	2	3(1)	9(3)
Burn/Scald							1(1)	0	1	0
Allergic Reaction							0	5	0	0
Other							0	1	0	0
Sharps	1(1)		1(1)			2(2)	3(3)	(1)	0	0
Slip/Trip/Fall							7(6)	5(1)	2	(3)
<b>2023 Total</b>	<b>1(1)</b>		<b>1(1)</b>			<b>2(2)</b>				
2022 Total	10(6)	1(1)	3(3)	0	0		14(10)			
2021 Total	11	0	3(2)	0	0			14(2)		
2020 Total	6(1)	0	0	0	0				6(1)	
2019 Total	12(7)	0	3(2)	0	0					15(9)

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

Incidents (non-injurious)	Staff	Visitors / Customers	Volunteers	Contractor	N/A	2023	2022	2021	2020	2019
Lost Property							6(6)	0	1	(1)
Legionella / Bacteria					2	2	2			
Driving			2(2)			2(2)	1	2	0	1
Electric shock								0	0	(1)
Environment Issue / Equipment					2(2)	2(2)	3(3)	(1)	0	(2)
Fire Alarm					3(2)	3(2)	1(1)	0	3	0
Fire							1	0	0	1
Health Problem		2(2)				2(2)	2(2)	(1)	3	0
Lone Worker Device False							3(2)			
Information Incident	1		1(1)			2(1)	8(2)	3(1)	2	(2)
Retail Customer Service							2(2)			
Other							7(4)	3(2)	2	2(1)
Power Cut					3	3	3(2)	(2)	1	0
Security / Theft Incident	3(3)	8(7)			1	12(10)	17(17)	3(1)	2	6
Slip/Trip/Fall/Faint		2(2)				2(2)	4(2)	1	(1)	(1)
Impact/Bump		1				1	1(1)	2	0	2(1)
Verbal/ Physical Violence / Behaviour		5(4)	1(1)			6(5)	4(4)	(2)	0	1
<b>2023 Total</b>	<b>4(3)</b>	<b>18(15)</b>	<b>4(4)</b>		<b>11(4)</b>	<b>37(26)</b>				
2022 Total	19(10)	26(25)	2(2)	0	18(11)		65(48)			
2021 Total	9(2)	0	2(1)	(1)	8(6)			20(10)		
2020 Total	4	2(1)	3	0	6				15(1)	
2019 Total	8(6)	2	3(1)	0	7(2)					20(9)

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

### 2022 Breakdown of Incidents by month

Type	Lost Property	Legionella / Bacteria Reading	Power cut	Fall/Faint	Health problem	Verbal/ Physical Violence / Behaviour	Man Hand	Enviro Issue / Damage	Impact Bump	Burn Scald	Lone Worker Device False Alarm	Info Inc	Retail Customer Service Incident	Fire Alarm	Security / Theft	Driving	Other	Equipment	Sharps	2023	2022	2021	2020	2019
Jan				(1)					1						(1)					3(2)	5(3)	0	1	4
Feb		1	2					(1)						(1)	(1)	(1)				7(4)	5(4)	0	4(2)	0
Mar			1					(1)				(1)			4(3)					7(5)	9(8)	0	2	2(2)
April		1			(1)	2(1)						1			(1)					6(3)	1(1)	2(1)	0	4(3)
May				(1)	(1)	(4)								2(1)	3(2)					11(9)	6(6)	1	3	5(1)
June															(2)	(1)				3(3)	6(3)	0	2	2(2)
July																					3(2)	1	0	1(1)
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<b>2023</b>																								
2022	(6)	1	3(2)	4(2)	(2)	(4)		(3)	(1)		(3)	8(2)	(2)	1	(17)	1	7(4)	(1)	0		65(48)			
2021			(2)	1	(1)	(2)		(1)	2		3(1)			3(1)	2	3(2)						20(		
2020	1		1	(1)	3						2			2	2	2	3						15(1)	
2019	(1)			(4)		1	(3)	(2)	11(		(2)		1	6	1	3(2)								35(1)

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

## Complaints

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

The number of complaints logged between January and May 2023 is 11; of which, there were 3 (March and April 2023) that did not have a clinical underpinning.

2023 - Complaints	CPCT / H@H Care	CPCT / H@H Comms	IPU Care	IPU Comms	IPU Care & Comms	Bereavement Comms	Reception Comms	Volunteer Services Comms	Fundraising /Shop Comms	HR	Total	Merton	Sutton	Other	UPHELD in Whole or Part
January						1					1	1			0
February	1	1		1			1				4	1	3		4
March				1					2		3		1		3
April				1					1		2		1		2
May		1									1		1		1
June											0				
July											0				
August											0				
September											0				
October											0				
November											0				
December											0				
<b>2023</b>	1	2	0	3	0	1	1	0	3	0	11	2	6	0	10
2022	3	0	2	3	0	0		0	0	0	8	1	7	0	6
2021	4	5	1	1	1	0		1	0	0	13	6	6	0	12
2020	4	1	2	3	1	1		0	1	2	15	6	6	0	14
2019	0	0	3	3	0	1		0	2	2	14				9

## Non-clinical Complaints: January - May 2023

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
2023/07	Customer	06/03/2023	Customer visited SDC to purchase a wheel chair for her neighbour. She was shocked by how dirty the wheel chairs were and asked a volunteer if she would recue the price because she would need to get it cleaned. She felt that the volunteer's reply was inappropriate to say to her that they didn't have time to clean them and not to be rude. Customer requested in her complaint email if they could be cleaned.	Commercial Retail Volunteer Comms	Handled and investigated by Commercial Director who replied by email acknowledging and apologising for the customer's experience. She explained that the matter would be reflected upon with the volunteer involved and additional training delivered to ensure such an experience isn't repeated. She advised that the wheelchair had been removed from sale for cleaning and requested she provide her with her contact number in order that we can arrange delivery if at all helpful. Review of wheelchair cleaning / checking undertaken pre-sale. Assistant Manager felt the extent of the uncleanliness was exaggerated. Such items routinely get a with a wet wipe as time and facilities don't provide for much more.	Upheld
2023/08	Supporter	09/03/2023	We received an email from patient RIP into the Lottery inbox as a letter had been received by a deceased lottery member name and home address, asking if she would like to re-join the lottery. The letter had been generated as a result of our mailing to all lottery members informing them that we were changing our lottery licence.	Commercial Lottery Comms	Handled and investigated by Commercial Director. Following investigation she discovered that the team member who had taken the call informing us that the patient had died marked her as deceased on Raiser's Edge but as cancelled membership on the spreadsheet going to our Lottery provider. The error happened because of the volume of calls caused by the mailing and the complexity of the resulting actions. Commercial Director emailed the complainant providing apology. She reviewed the letter sent to her from the Lottery company and determined its approach is fine. The problem had arisen because patient RIP would not have received anything had the spreadsheet been marked correctly as deceased.	Upheld

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
2023/09	Customer	03/04/2023	<p>Formal complaint regarding staff in Wimbledon Village branch. The incident took place on 2/04/23 @ around 2 to 3PM. Customer found an item and asked if it can be reduced to £35. She was talking to her husband saying why are charity shops so expensive. "Isn't it meant to be for people on a lower income to be able to buy good clothes ? The staff just shouted on top of their voice saying " this is all for a good cause " I was so so shocked. Of course I realise that it is for a good cause. Customer asked her not to educate her as she doesn't lack in intellect and knows what charity shops are for. The other staff smugly said poor people don't shop here. " Customer wanted this incident to be looked into and an apology.</p>	Commercial Retail Comms	<p>Handled and investigated by Commercial Director. Letter sent to complainant by Commercial Director advising that her complaint had been discussed with staff and volunteers who were in the Wimbledon Village shop when she and her husband visited on Sunday 2nd April 2023.</p> <p>Letter highlighted our surprise to receive her complaint as it is a first for Wimbledon Village. The Manager was at the back of the shop floor at the time of customer's initial exchange with the team and as the customer is aware she was happy to reduce the jacket by £10 for her. She was unaware of any raised voices but did say that when she came to the till the customer seemed agitated with our volunteer. She felt that the situation had calmed and that the customer was pleased with her purchase and believed the customer had left the shop happy. Commercial Director explained that we try our very best to raise the most we can for every item, doing the best by our donors and we hope our customers. She understands her husband is a cousin of the Manager who runs our clearance store in Sutton. We try to put the stock in the location where we know that we can raise the most money. Our aim is to provide value for the purchaser and raise as much as we can from every item.</p> <p>Commercial Director relayed that we are really are sorry that the customer has had this experience with us. Its not the kind of impression we wish any of our customers to leave our shops with. She advised that she hopes the customer will come back to Wimbledon Village and if she does, to please make herself known to the manager who she is sure will give her a warm welcome.</p> <p>NOTE: Commercial Director is surprised that this complaint came about this shop and feels that there might be something else at play here. She advised CEO that she suspects this is not the last we will hear of it. Commercial Director feels that it is not upheld. Having said that, there is always something to be learned from these experiences and she is sure that the Manager will talk to the team about how to answer the difficult questions around price etc.</p>	Partially Upheld

The author of this paper is Mr A Rudkin BA (Hons), Director of Quality & Improvement/Information Security Officer/H&S, CAAD Committee Chair/Data Protection Lead/member of Exec Team, HoDS, CHoDs, H&S, CAAD, IG&S, D&TC, IP&C/attendee at CQ&G + F&R.

# Revising STRH Values

Gaby Tamura-Rose – lead consultant

Wednesday 19<sup>th</sup> July 2023

# What are core organisational values?

- The principles and moral standards that we uphold
- Reflective of our highest priorities
- The DNA of our culture

# Why is this important?

- Organisational culture is rooted in these values
- Values shape success
  - Staff recruitment and retention
  - Happiness increases productivity

# Our Current Values....

- **SAFE**
- Our aim is to deliver safe, dignified and compassionate care
- **TEAMWORK**
- To work collaboratively as one multi-professional team for the benefit of patients and their families
- **RESPECT**
- We respect and support patients, families, carers, staff and volunteers
- **ACCOUNTABLE**
- We are accountable to the communities we serve and ensure our care meets the highest national and local standards
- **PERSON-CENTERED**
- Patients are at the heart of everything we do
- **HONESTY AND INTEGRITY**
- We are open, honest and include patients in decision making
- **ADAPTABLE**
- We embrace change and take pride in being flexible and adaptable to support patients
- **EXCELLENCE**
- We aim to improve the quality of life for patients and their families
- **LEADERSHIP**
- As a well led service we strive to innovate, develop and maintain best practice
- **SPECIALIST**
- Our well trained expert staff deliver high quality specialist palliative, end of life and bereavement care and are proud to work for St Raphael's Hospice



# Our Current Vision....

Our vision is to serve all the people of Merton and Sutton boroughs by:

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

# Considerations

- Practical and relatable
- Realistic
- Comprehensive
- Stand out – but not too clever (3-7, memorable, distinctive)
- Litmus test
- Employ taglines / descriptions / examples
- Update accordingly
  
- Well defined vision

# Which would motivate you and your colleagues better?

- Strive for greatness every day
- Do one thing slightly better today

# Examples

- Integrity
- Curiosity
- Innovation
- Resilience
- Humility
- Strive for greatness
- Initiative
- Purpose
- Respect
- Passion
- Transparency and honesty





*Willen Hospice Values*

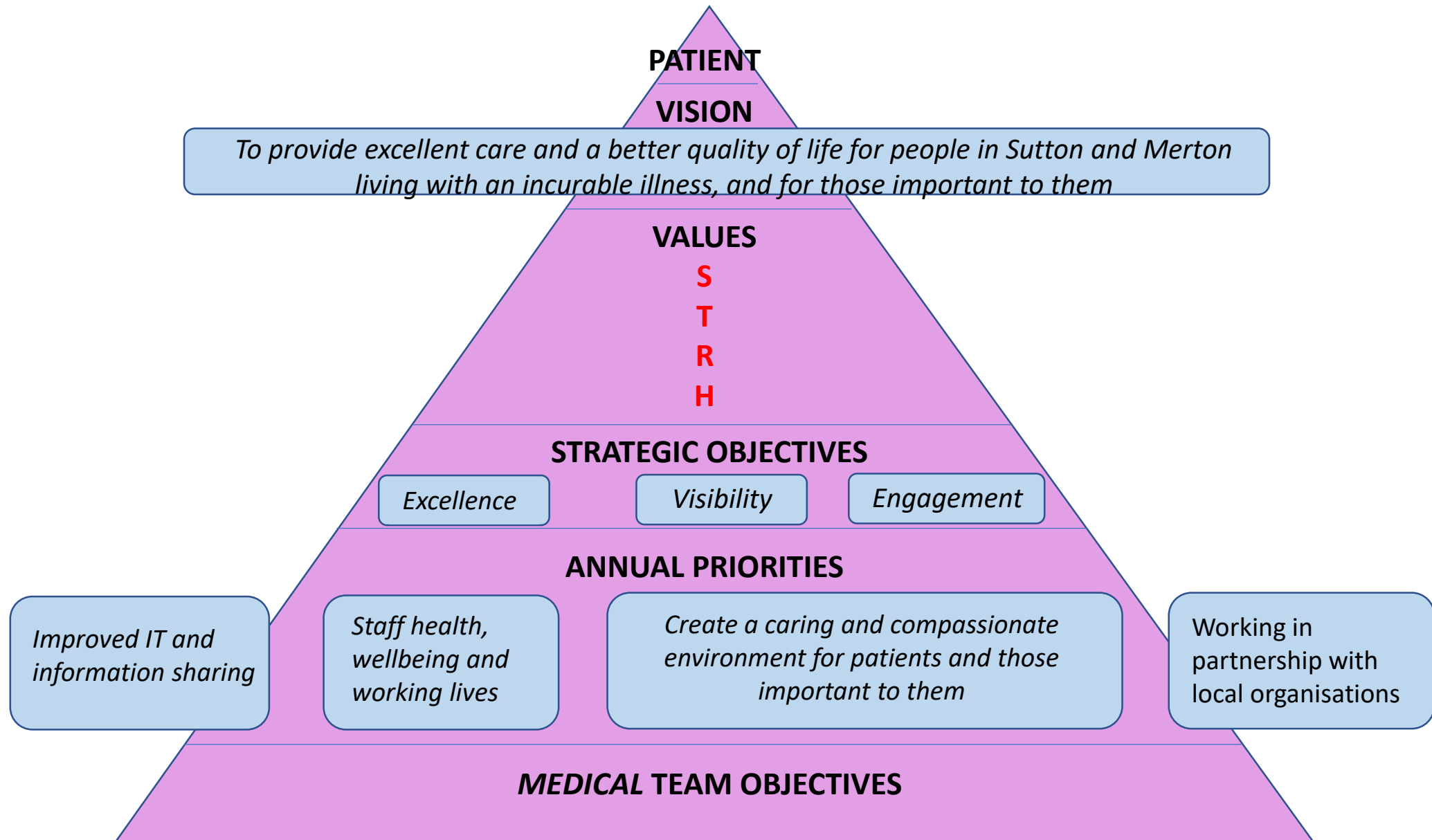


**Wirral Hospice St John's CARES**  
Our Values

- Compassionate
- Accountable
- Respectful
- Equitable
- Sustainable

Wirral Hospice St John's  
wiralhospice.org  
Registered Charity No. 510643

# Proposal – One Strategy On One Page



# Current Musings

- **S**afe
- **T**eamwork
- **R**espect
- **H**olistic
- **S**ensitivity (care with warmth, kindness and honesty – holistic)
- **T**eam (working together and with our colleagues in the community)
- **R**esilience (our attitudes towards change and the future – courage to move and grow with life's changes)
- **H**ear (taking the time to listen to what is important to the people we serve and to not judge)

# Implementation

- Make them a part of our organisational vocabulary
- Celebrate behaviours that align with the values

# References

- [www.workhuman.com/blog/company-values-examples/](http://www.workhuman.com/blog/company-values-examples/)
- [www.straphaels.org.uk/vision-and-mission](http://www.straphaels.org.uk/vision-and-mission)
- [www.google.com/search?q=hospice+values&rlz=1C1GCEB\\_enGB937GB937&oq=hospice+values&gs\\_lcrp=EgZjaHJvbWUqBggAEEUYOzIGCAAQRRg7MgYIARBFGEAyCAgCEAAYFhgeMggIAxAAGBYHjIIQAQQABgWGB4yBggFEEUYPDIGCAYQRRg8MgYIBxBFGDzSAQgxOTA2ajBqNKgCALACAA&sourceid=chrome&ie=UTF-8](http://www.google.com/search?q=hospice+values&rlz=1C1GCEB_enGB937GB937&oq=hospice+values&gs_lcrp=EgZjaHJvbWUqBggAEEUYOzIGCAAQRRg7MgYIARBFGEAyCAgCEAAYFhgeMggIAxAAGBYHjIIQAQQABgWGB4yBggFEEUYPDIGCAYQRRg8MgYIBxBFGDzSAQgxOTA2ajBqNKgCALACAA&sourceid=chrome&ie=UTF-8)

# St Raphael's Hospice

## Minutes of a Meeting of the Board of Trustees

Held at St Raphael's Hospice at 13:00 on Wednesday 10<sup>th</sup> May 2023

### TO BE PRESENT:

#### Trustees:

**Norman McWhinney** (NM) (*Chair*)      **Alan Cogbill** (AC) (*Vice-Chair*)      **Carrie Chill** (CC) (*Board Advisor - apologies*)

**Grahame Darnell** (GD)      **Sister Veronica Hagen** (Sr VH)      **Paul Holmes** (PH)

**Manjit Lall** (ML - *apologies*)      **Bernard Marley** (BM)      **Sister Kathleen O'Reilly** (Sr KO'R)

**Joe Ryan** (JR)

#### In attendance:

**Nick Stevens** (NS) (*CEO*)      **Kate Billingham Wilson** (KBW) (*Fundraising Director*)      **Tracy Christmas** (TC) (*Community Service Manager – Palliative Care CNS – items 1-2*)

**Ed Cook** (EC) (*Advisor to DoC & Finance Committee member*)      **John Groom** (JG) (*Director of IT & Estates*)      **Alex Rudkin** (AR) (*Director of Quality & Governance*)

**Dr Gaby Tamura-Rose** (GTR) (*Lead Consultant*)      **Rebecca Trower** (RT) (*Clinical Director*)      **Sara Jane Woods** (SJW) (*Commercial Director*)

**Anna Machin** (PM) (*Governance*)

### Actions arising

Agenda item	Action	Responsible	Timeline	Reference
4. Minutes of previous meeting	Share upcoming dates of training and Hospice events with Trustees	Anna Machin	May 2023	10.05.23/01
5. CEO Report	Write letter of thanks to fundraiser	Norman McWhinney	May 2023	10.05.23/02
	Take forward finalisation of year-end and DoC draw-down	Nick Stevens	May and June 2023	10.05.23/03

### 1. Welcome and apologies for absence

The Chair welcomed Trustees to the meeting, and apologies were received and accepted from Manjit Lall and Dr Carrie Chill.

### 2. Declarations of interest

Grahame Darnell noted work being delivered at an arms-length basis by his company in relation to the Hospice fundraising database. There were no further declarations of interest in relation to items on the agenda.

### 3. Board presentation – Community team

The Chair welcomed Tracy Christmas to the meeting to share a presentation with the Board on the palliative care community services provided by the Hospice:

- Since the last presentation on the team in 2019 it has moved to being divided into three 'localities' and has developed more flexibility within the Hospice at Home service.
- The team brings together a range of medical practitioners with Clinical Nurse Specialists and Paramedics, including non-medical prescribers who receive relevant support and training, with one permanent Consultant and two rotational Consultants. Key developments in the past year have included delivering training on the care and support needs assessment tool, streamlining paperwork around referrals, and offering more virtual support to accompany in-person visits.
- The team continue to liaise with relevant local agencies including the St Helier's Hospital Multi-Disciplinary Team (MDT) meetings, the local prison and young peoples' services. GPs have changed ways of working since the pandemic, and there is stretch and staff shortages within the healthcare workforce such as district nursing services. This has had implications for some patients in terms of the care they receive from these services, including delays in diagnoses due to missed appointments or scans, or delays in visits.
- A case study example was provided by Tracy on the complexities that can be involved in the approach to liaison with families and planning end-of-life care. The team are also seeing patients grappling with the current cost of living crisis, and also continue to focus on accessing hard-to-reach groups with Hospice care.

Trustees received more detail and assurance on the clearance and protection that is put in place when supporting any prisoners, which includes Home Office clearance and presence of a Prison Officer on-site at all times. This alongside care for young patients are often the most complex types of care offered by the Hospice.

Board members received more information on the volume of support and enquiries, with around 30-40 patients supported each week and up to 30 calls each day. This is a higher volume than at prior times in the Hospice's history, and the team is proactive in relation to caseload management, including monitoring and discharge of patient care.

Board members reflected on the challenges faced by patients due to current economic and societal pressures, and how this is also reduces the time available for medical professionals to listen and make patients feel heard. This can link in to complaints, where the quality of hospice support is high but frustrations can be voiced by patients or family members. The Clinical Quality & Governance Committee members reflected on the Medical Examiner Office feedback and how this shows the strength of the team's care.

Trustees asked about any potential barriers that would be preventing the team achieving any of its goals. Tracy Christmas confirmed that there weren't any areas that were top of mind as a concern, as referrals are always accepted and supported by Consultant and CNS consultations. The team would still wish to consider the potential to introduce self-referrals in future as long as the volume was monitored and managed. The introduction of the EMIS system will also help to streamline documentation and sharing of records and clinical information. The Board thanked Tracy for the presentation.

#### **4. Minutes of Board Meeting – 22<sup>nd</sup> March 2023**

The Board approved the minutes of the October 2022 and March 2023 meetings as an accurate record of proceedings subject to one minor alteration. Anna Machin shared that the full set of actions from 2021/22 meetings had been shared in the Action List, to give Trustees a picture on those completed and carried over to mark the move into a new financial year. The following updates were provided on items in the Action List:

- Bernard Marley had kindly spent time with Nick Stevens in advising on approaches to developing the Board risk registers.
- The dates of the next Schwartz Round in June, EDI training, Sarasin investment advisor meeting and 13<sup>th</sup> July Donations Centre opening will be shared with Trustees, alongside information on Speaking Up training to the Lead Consultant and relevant Board members.

## **5. CEO Report inc. update on latest estimated 2022/23 year-end financial position and update on 2023/24 financial projections**

The report was taken as read and Nick Stevens highlighted key points:

- The team involved in the EMIS transition deserve recognised for their dedication on this major project. Relevant data sharing agreements are being put in place to facilitate coordination of records with external bodies.
- The fundraising team have moved on-site with other teams such as Psychosocial colleagues also moving to allow more space for on-site counselling meetings. The Supporter Care team are content to remain in Capitol House – the Chair and a Trustee had visited the site recently and commended the approach taken to ensure that colleagues leading donor and income generation activity are more integrate on-site.
- The actions from Ruth Sorby's report as Fundraising Consultant are being taken forwards including more core messaging on funding need being made more visible on the Hospice site. Growth of income, Lottery and Retail is the main strategic priority for 2023/24 and the Hospice may consider establishing a trading company as part of this. There have been some strong examples of recent activity including the London Marathon and a local GP gaining real presence on social media for sporting activities to raise funds for the Hospice.
- The Agenda for Change impacts are still under discussion within the NUS. A 5% payrise had been anticipated alongside a 6% one-off extra payment which would lead to an additional cost of £180k to be accrued in the 2022/23 year-end accounts. This has now been reduced to 2% at a cost of £45k (with staff in the NHS receiving an additional bonus towards increased workload to manage the backlog following the pandemic, which does not apply to Hospice staff), which has been communicated to the Clinical team.
- Six additional legacies have been received totalling £500k, which has enhanced the total legacies received during 2022/23 to £1.28m. This gives assurance to Trustees as it aligns closely with the historic average and also the projections in future years' budgets.

Trustees requested that the Chair of Trustees write to the local GP to express sincere thanks for his fundraising activity, and received assurance that he was being treated as a 'major donor' in terms of the stewardship he would receive including being hosted for an on-site visit. Trustees were encouraged on the basis of prior conversations to hear that the new post in the Fundraising team to manage legacies and related communications was being advertised.

Trustees were asked to consider the level of draw-down from the Daughters' of the Cross (DoC) on the basis that legacy funds were higher than anticipated at the prior Board meeting. The Board considered the perceptions of potential funders, whereby a managed shortfall alongside a strong balance sheet is perceived to demonstrate the need for funding, but provides confidence that the Hospice can operate as a going concern.

It was agreed that the in-year draw-down from the deferred income balance would amount to £750k to leave a deficit of c. £724k. This would mean that £1.9m is remaining in funds received from DoC, which would be put towards planned deficits during the 2023/24 and 2024/25 financial years. Nick Stevens would finalise the draw-down and year-end accounts on this basis.

## **6. Committee Chair Updates and meeting minutes**

### **6.1. 18th April 2023 HR Committee update**

The Committee had received updates on activity within the volunteer team, HR risks, recruitment activity in the context of the 2023/24 staffing structure, and considered a new standing item on Education Team updates. The Staff Survey questions and process had been reviewed in detail, including ways to encourage participation in the survey. Manjit Lall is to be appointed as a Speaking Up Trustee.

## **6.2. 28th April Clinical Quality & Governance update**

The Committee had reviewed the usual business in relation to the Evidence of Excellent Practice Register, progress against the Clinical Action Plan, Clinical Risk Register and feedback from the Medical Examiner Service alongside the Quality Account. The strategic plans for the upcoming financial year were discussed in detail, as they must be included in the 2022/23 Account.

The three top-line priorities were agreed as expansion of the Compassionate Neighbours Project, broadening and development of the offer from the PsychoSocial team, and successful deployment of the EMIS system. This must all be achieved in the context of an excellent service being maintained in the IPU.

The minutes of internal medical meetings were also reviewed which gives assurance on internal governance processes in place. The Committee were encouraged to see the delivery of internal training and working groups on diversity, equality and inclusion.

## **6.3. 25th April Income Generation & Communications update**

Grahame Darnell updated on the first Committee meeting that had been held under the renamed remit of Income Generation and Communications, and with Kate Billingham Wilson now in attendance. There was in-depth discussion on the recruitment of fundraising posts, set-up of the new Lottery agency which is gaining momentum, and move to the new Donations Centre.

It is anticipated that there may be a rise in complaints around Lottery sign-ups activity as this will involve more direct street and home-based sign-ups. This is generally experienced with this approach to fundraising and the training and approach to communications of individuals working for the agency has been reviewed in detail.

The team are undertaking data cleansing to meet requests from Trustees on the KPI Dashboard, and there are strong communications statistics in place with ever-increasing reach on social media. The focus is on ensuring translation from this outreach into active engagement.

Trustees approved the lease extension from Capitol House, information on which had been considered by the Committee, and assurance was given that the terms in the contract had been subject to expert legal review.

## **6.4. 25th April Finance & Resources update**

Joe Ryan provided a summary of key figures as noted in the Finance Report, noting that the latest year-end estimate had shifted since on the basis of new legacies confirmed. The Board had approved the 2023/24 budget at the March Board meeting and the Committee will consider to deliver in-depth monitoring against it. The timeline of the external audit has been set around the return to work from the audit lead, however this will not delay the usual timeline for Board review, signature and submission. The Financial Delegated Authorities Policy was recommended to the Board.

## **7. Charity governance update**

Board members approved the following governance documentation:

- Financial Delegated Authorities policy, which had been reviewed and recommended by the Finance Committee.
- Terms of Reference for the HR Committee, Clinical Quality & Governance Committee, Income Generation & Communications Committee and Finance Committee, which had all been reviewed by the relevant Committee and their feedback integrated into the version submitted to the Board.
- The appointment of Manjit Lall as Speaking Up Trustee.

**8. Any Other Business & Date of Next Meeting**

The dates of the next meeting were confirmed as Wednesday 19<sup>th</sup> July 1-5pm and Wednesday 25<sup>th</sup> October 1-5pm.

The Board noted the Hospice Staffing Structure 2023/24 provided for information in meeting papers. The Chair thanked Trustees for joining and Board members held a closed session following the meeting.

Approved.....

Date.....



# The Inpatient Unit 2023

REBECCA WALLIS – INPATIENT UNIT SERVICES MANAGER

# THE TEAM...

- ▶ Senior Nursing Team – B7 ward sister, B6 x 3 senior staff nurses (3 WTE and 0.88 WTE).
- ▶ Registered Nurses – 8 B5 RNs (5.82 WTE) including a newly qualified nurse
- ▶ Registered Nursing Associates - 3 B4 (2.96)
- ▶ Healthcare Assistants - 8 B3 (6.71 WTE plus 0.59 on long term sick)
- ▶ Admin Support – 2 administrators (1.32 WTE)
- ▶ Medical Team – three consultants rotating between IPU and CPCT, one registrar and/or speciality doctor, one physician associate and one GPVTS.

# What's new

## **Staff wellbeing**

- A positive culture on the IPU – staff are keen to learn and progress
- HCA supervision
- Self rostering
- Mortality and Morbidity reflection meetings
- New recruits
- Away days (inhouse and external events)

## **Education:**

- Preceptorship program
- Study days (IPU study day/medicine management)
- Teaching on the ward (medication conversions, tracheostomy care).
- Mouthcare QI project

## **Change in practice:**

- Ward allocation
- Documentation style
- Afternoon admission meetings
- Acuity score and admission sop
- First Non-Medical Prescriber
- Senior nurse and Doctor meetings
- Allocation of discharge roles

# Areas of excellence

- ▶ Joint working -Home visit undertaken by staff nurse from the ward to assess and create a care plan for a gentleman with a tracheostomy who wished to come to the hospice for end of life care. With support from the ward sister and education team, a competency document was put into place and all team members upskilled to accept admission safely.
- ▶ Weddings - A patient was admitted to the hospice who was rapidly deteriorating and wished to marry his long term partner. With the help of specialist social worker and the IPU staff this marriage was able to take place in the Orangery the day after it was requested.
- ▶ Family reunions – A patient who was coming towards the end of his life in the hospice had multiple family members who were estranged. He spoke with one of the HCAs and mentioned he would like to have a party for them all to reunite before he died. The HCA then set about arranging this, contacting the requested family members and liaising with housekeeping team. That weekend the HCA came in on her day off to facilitate a party outside the Orangery for the patient.
- ▶ Pizza parties
- ▶ Birthday parties
- ▶ Rapid same day admissions/out of hours admissions
- ▶ Joint working within the hospice - Manual handling link on IPU now supporting manual handling training in CPCT

# Areas of continual work....

- ▶ Staffing –all posts now filled!!
- ▶ Crisis planning
- ▶ Discharge process
- ▶ New computer system - EMIS

# What's to come.....

- ▶ Period of stability
- ▶ New recruits
- ▶ No more agency staff
- ▶ Continue to grow and upskilling staff
- ▶ Continuity planning – significant number of the work force coming to retirement age

## Volunteer Risk Control Register

Risk Category	Activity	Top Risk(s)	Initial Risk Rating			Prevention Controls - reducing likelihood	Mitigation Controls - reducing severity	Final Risk Rating			Responsibility?	Last / next review
			Initial Likelihood	Initial Severity	Initial Risk Rating			Final Likelihood	Final Severity	Final Risk Rating		
1	Inability to recruit sufficient volunteers to support income generation	<ul style="list-style-type: none"> <li>Retail operation is restricted</li> <li>Fundraising plans curtailed</li> <li>In-house lottery team cannot be recruited to grow number of players</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Retail team being engaged and trained in recruitment and retention of volunteers</li> <li>Safe volunteering measures in place to re-assure potential volunteers</li> <li>Marketing budget assigned to volunteer recruitment - online and in print</li> </ul>	<ul style="list-style-type: none"> <li>Revised plan to work with Lottery Agency for 12-24 months (giving more time to recruit a volunteer team)</li> </ul>	2	3	6	Volunteer Services / Exec Team	Jun 23 / Sept 23
2	Reliance on Key Staff Leads	<ul style="list-style-type: none"> <li>Volunteer management and recruitment is reduced, delayed or lost upon resignation or illness</li> <li>Critical Organisational Knowledge is lost</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Regular support meetings</li> <li>Income Gen and Hospice Volunteer leads communicate regularly and can work across both areas</li> </ul>	<ul style="list-style-type: none"> <li>Excellent volunteer team support around staff leads</li> </ul>	2	3	6	Volunteer Services / Exec Team	Jun 23 / Sept 23
3	Insufficient Key High level Volunteer Capacity	<ul style="list-style-type: none"> <li>Progress in supporting certain projects is delayed</li> <li>Impact in certain depts when volunteer cohort comprises too many volunteers with numerous roles and SRH relies too heavily on these individuals.</li> </ul>	3	3	9	<ul style="list-style-type: none"> <li>Regular support meetings</li> <li>Open and supportive culture</li> <li>Psychosocial support and mental health first aiders</li> <li>Reward volunteers effectively</li> <li>Enable volunteers to say 'no' to any task they are unhappy about</li> </ul>	<ul style="list-style-type: none"> <li>Seek to recruit back-up capacity and cross-training</li> </ul>	2	3	6	Volunteer Services / Exec Team	Jun 23 / Sept 23
4	Inability to recruit sufficient volunteers to support hospice activities	<ul style="list-style-type: none"> <li>Unable to provide frontline reception cover in main hospice, support to clinical staff on IPU, pre and post bereavement counselling within Psychosocial services and support to Wellbeing Facilitators in Wellbeing Centre.</li> </ul>	3	3	9	<ul style="list-style-type: none"> <li>Experienced Hospice Volunteer Services Dept Lead</li> <li>Marketing budget assigned to volunteer recruitment - online and in print</li> <li>Recruitment strategy reviewed regularly to meet needs of the hospice</li> <li>Effective volunteering pages on SRH website with role profiles</li> <li>Harmonious relationship with Sutton Volunteer Centre and MVSC</li> </ul>		2	3	6	Volunteer Services / Exec Team	Jun 23 / Sept 23
5	Volunteer engagement is reduced, leading to lower numbers	<ul style="list-style-type: none"> <li>Inability to continue delivering high level service to the desired standards</li> <li>Consequential impact on EVE.</li> </ul>	2	4	8	<ul style="list-style-type: none"> <li>Effective communication with all volunteers</li> <li>Strong, personal contact between volunteers and Staff Volunteer Leads</li> <li>Volunteers placed in different role if appropriate; Alumni for retiring volunteers</li> <li>Thank you events, Long Service Awards, Nomination for Awards both individual and team.</li> <li>Lunch vouchers implemented for all volunteers giving regular support per week.</li> <li>Volunteers included in Annual Birdsong Feedback</li> </ul>		1	4	4	Volunteer Services / Exec Team	Jun 23 / Sept 23
6					0					0		
7					0					0		
8					0					0		
14					0					0		

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

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