

St Raphael's Hospice
Meeting of the Board of Trustees
To be held at 13:00 on 21st July 2021

TO BE PRESENT:

Trustees:

Norman McWhinney (NM) (<i>Chair</i>)	Alan Cogbill (AC) (<i>Vice-Chair</i>)	Paul Holmes (PH)
Sister Veronica Hagen (Sr VH)	Roderick O'Connor (RO'C)	Sister Kathleen O'Reilly (Sr KO'R)
Marian Norman (MN)	Joe Ryan (JR)	Dr Joy Tweed (JT)

In attendance:

Gail Linehan (GL) (<i>Joint CEO</i>)	Nick Stevens (NS) (<i>Joint CEO</i>)	Carrie Chill (CC) (<i>Board Advisor</i>)
Ed Cook (EC) (<i>Advisor to DoC & Finance Committee member</i>)	Diamond Naraviene (DN) (<i>Communications Officer</i>) – item 5	Emily Nicholls (EN) (<i>Head of Donor Development</i>) – item 5
Rebecca Trower (RT) (<i>Clinical Director</i>)	Sara Jane Woods (SJW) (<i>Director of Income Generation</i>)	Anna Machin (AM) (<i>Clerk</i>)

1 - Purpose: Discussion/ Approval/ Policy/ Information

Item	Description	Purpose ¹	Lead	Timing
1.	T-Time	Discussion	Chair	1.00-1.05
2.	Welcome and apologies for absence	-	Chair	1.05-1.10
3.	Declarations of interest	-	Chair	
4.	Minutes of Board meeting held on 2 nd June 2021 & Actions List	Approval	Chair	1.10-1.20
5.	Fundraising Report including: <ul style="list-style-type: none"> • Garden appeal • Legacy communications 	Discussion	SJW	1.20-1.50
6.	Committee Chair updates & meeting minutes: <ul style="list-style-type: none"> • 13th July HR • 13th July Fundraising & Communications • 16th July Clinical Quality & Governance • 6th July Finance & Resources 	Discussion	Committee Chairs	1.50-2.20
--	<i>Break</i>	-	-	2.20-2.30
7.	Joint CEO Report including Finance Report Summary	Discussion	GL, NS	2.30-3.00
8.	Hospice Risk Register	Discussion	GL, NS, SJW	3.00-3.15
9.	Governance update	Approval	Clerk	3.15-3.30
10.	Any Other Business & Date of Next Meeting – Wednesday 22 nd September 2021, 1pm	-	Chair	3.30-3.40
11.	T-Time (trustee only session)	Discussion	Chair	3.40-4.00

ITEM 04.2 ACTION LIST

SAINT RAPHAEL'S HOSPICE ADVISORY COMMITTEE ACTION LIST FOR JULY 2021 MEETING

Reference	Lead	Description	Target Date for Completion	Comments
24.03.21/04	JR, NS	Ensure IT failure discussed in further detail by Finance & Resources Committee	May 2021 Committee meeting	Complete
20.01.21/04	GL, RT	Provide update on Allergy risk raised in Corporate Risk Register		Complete
24.03.21/02	JR, NS	Follow up on plans for in-sourcing payroll to Hospice HR team	May 2021 Finance Committee meeting	Complete
24.03.21/03	SJW	Prepare report to Board on plans for legacies and related communications	July 2021 Board meeting	Complete
02.06.21/02	NS	Review the advice provided to staff with regards to pensions options	July 2021 HR committee meeting	Complete
02.06.21/01	NM	Write a letter of thanks to Heather Howell on behalf of the Board		Complete
02.06.21/04	NM	Write letters of thanks to Dr Andrew Hoy and Annaliese Mathews on behalf of the Board		Complete
02.06.21/05	AM	Bring promotional material for committee recruitment to the Board for review	July 2021 Board meeting	Included in board pack
169/07	GL	Incorporate customer care/conflict/complaints management training into mandatory training		WIP Content of Mandatory Training under review.
180/03	GL	HLRO report to be signed off by NM		

ITEM 04.2 ACTION LIST

Reference	Lead	Description	Target Date for Completion	Comments
23.09/11	NM, AC, NS, GL	Bring together schedule of Provider visits	Spring 2021	On hold for now due to third lockdown
25.11.20/04	GL, RT	Organise Safeguarding training for Trustees		On hold for now due to third lockdown
20.01.21/03	SJW	Develop paper for FR& Comms Committee and Board giving further detail on plans for Retail		
20.01.21/05	GL, RT	Add 'closing the loop' as mitigating action for clinical incidents on Clinical Risk Register		
24.03.21/01	GL, NS	Take forward discussions with Diverse Matters re timing and cost of Equality Audit, including reviewing an existing example of Audit Report	November 2021 meeting	Baseline data report being brought together
22.07/01; 23.09/01	NM, AM	Bring Charity Governance Code for review at future Board meeting	November 2021	Planned for November 2021 Strategy Board meeting
02.06.21/03	GL, RT	Include figures on the number of referrals and beds in Clinical Quality & Governance Committee report		

Proposed “St Raphael’s Hospice Garden Appeal”

We would like to propose that a public appeal is launched in the Spring and which would run for a nine- to twelve-month period. The aim would be to raise funding needed to transform the front lawns at St Raphael’s Hospice into a welcoming, embracing and engaging garden.

EVE

The appeal will meet our strategy of EVE in the following ways:

- The gardens would improve the wellbeing of our patients and their families, our volunteers, staff and other visitors to the site, part of our drive for *excellence*.
- The appeal would provide a 24-month opportunity to raise our profile from the initial launch through the progress in raising the funds and on to the construction, completion and use of the garden. This would boost our *visibility* in the area.
- The appeal would provide a rationale to approach organisations, companies, local groups, high profile and high net-worth individuals and the local population with a specific, topical and appealing “ask”. It should open doors otherwise closed which in turn could be nurtured into longer term fundraising and volunteering relationships. This fits very closely to our vision of *engagement* with our community.

Scale

The first drawings have been produced by a volunteer and Chelsea Garden exhibiting professional, Patrick Collins. At this point the costing has not been quoted but a figure of £300k has been discussed with Patrick and his design took account of this scale. An initial breakdown is overleaf. For an appeal of this kind to serve the purposes of opening doors, it needs to have sufficient scale to be “of note”.

Stages

We will aim to break the project down into a number of smaller stages which could be commenced if and when certain funding levels were achieved. Before “launching” as a public appeal we would seek Trust and Corporate donor support which would be a “test of the water” and might also enable confidence in being able to fund some major components of the whole. Our fundraising materials would need to include explanation of how the money might be used if less than the full amount was raised and that if more than the target was raised how that would be used to the benefit of our patients etc.

Timing

Wellbeing and the importance of beauty, of nature and the outdoors have all been highly topical during the period of this pandemic. We believe that the timing of an appeal which offers these things for our patients their families and others is well timed and will chime with current priorities.

Risks

The cost of marketing and the time spent in promoting the appeal would be sunk costs. However, the £15k budget is already covered by our operating budget and the staff time would, we believe, be well spent in seeking support and building relationships which are also fundamental to our core plans. The project itself cannot be “contracted” unless the funds are raised, meaning there is no financial risk to the appeal. As noted above, the stages would manage lower or higher appeal returns.

Attachments

We attach the draft drawings, draft fundraising plan, draft marketing plan and fliers and back-of-envelope budget – all of these are subject to refinement and change (for example, the timings).

Nick and Gail

14 July 2021

St Raphael's Garden Appeal

Strapline: Growing Memories Together

Start Date: April 2022

Closing Date: December 2022 - April 2023

Introduction/Background

The Hospice would like to develop a garden space that helps us to become fit for the future and brings patients and families closer to nature. It will demonstrate excellence and provide a much-needed outdoor space to enjoy and grow wonderful memories together. In addition, it will act as a spring board to create visibility of the Hospice and engage new supporters for our organisation, developing the fundraising potential in both our boroughs to ensure that we can deliver our strategy taking us to sustainability.

The delivery of this project is in line with EVE and forms part of our fundraising strategy from "Pandemic to Sustainability".

It is to include:

- Arrival gateway with seating
- Peaceful seating areas
- Fully accessible footpaths
- Planted borders with new trees
- Central plaza for events
- Lawns with spring bulbs
- Memorial garden with pergola
- Play piece for children
- New steps and ramp to café courtyard
- Wildlife and sensory gardens
- Rose archway to St Bede's side entrance
- Tranquil water feature
- Staff wellbeing pod – a vital place for nurses to take time out
- Vegetable and fruit allotment (by 759 Rose Garden)
- Permanent Light up a Life (LUAL) tree
- A subtle recognition product for major donations towards the appeal

Due to COVID-19 we have seen a significant drop in fundraising income. We purposefully decided against an emergency appeal at the start of the pandemic but feel that this different approach will be a successful way to **engage** new donors, increase **visibility** of our work in the community and demonstrate our efforts for **excellent** facilities and grounds.

It is clear from other individual giving appeals such as Lavender and Light Up A Life (LUAL) that there remains an appetite for giving in this way by people that are able to, despite the pandemic. These appeals have increased exponentially during the pandemic. Conversations with fundraising colleagues at other hospices and charities are seeing similar giving behaviours with less people taking up virtual events or organising community activities and more choosing to donate from direct mail, emergency appeals and in memory.

This is an opportunity to develop an additional attractive ask which follows the clear trends in the sector due to COVID-19 and hopefully raise in excess of what is needed for the garden project. This will help to ignite new support which we will retain to work towards sustainability. 54% of our recent survey respondents said they would be willing to give to us in some way, suggesting that our untapped communities will be willing to help with a project such as this.

Aims/Objectives

1. To raise £300,000 to fund the full garden project and provide all aspects requested above.
 - a. Receive a 6 figure trust grant or made up of smaller grants. Trust funding to make up 1/3 of funding required (£100,000). This appeal will offer us the ability to approach new trusts who support gardening, wellbeing whose criteria we would not previously have met.
 - b. Receive Community grant (where we would otherwise not fit the criteria) over £10,000. Link with CDARS through Big Lottery Fund Partnerships Grant - <https://www.tnlcommunityfund.org.uk/funding/programmes/partnerships-england>. See attached case for support for this additional Therapeutic Gardening Project.
 - c. Engage 20+ new groups and associations (incl schools) to raise £1000 each.
 - d. Receive two 5 figure corporate or major donor donations (incl gift in kind)
2. Increase **visibility** within both Merton and Sutton, with an extra effort on Merton, demonstrating the **excellent** services that we provide to the community. To **engage** new donors and audiences that wouldn't otherwise have supported. To see a 50/50 split between Merton and Sutton donors.
3. Develop current partnerships and use this as a fundraising platform to boost their future support. E.g. BNI, AJ Building, Merton Chamber, AFC Wimbledon, Viridor, Nappy Lady.
4. To build a robust supporter journey that keeps new donors and volunteers **engaged** for years to come. 50% go on to repeat donations/fundraising? Starting with special thank you and recognition.
5. To recruit 50 volunteers to support the project physically and encourage 50% to continue volunteering afterwards.
6. To **engage** at least one local celebrity to help promote the appeal and increase **visibility** of the Hospice's work. This celebrity can help to **engage** staff and volunteers, assist the marketing and hopefully go on to continue supporting the Hospice in the future.
7. To deliver a digitally innovative and **visible** communications plan that includes recorded and live videos, strong visuals and social media **engagement** to drive awareness of the project at the Hospice's services.
8. Use this appeal to engage and retain 50 new regular donors.
9. Use the appeal to develop a sub-lottery campaign to increase players and encourage donations.

Demographic

- New supporters who have not had a connection with us previously:
 - Individual donors
 - Community groups such as rotary clubs, WIs, etc
 - Schools specifically for play area
 - Uniformed groups like guides and scouts
 - SMEs and national corporate head offices
 - GPs, hospitals and care homes
 - Garden Centres and groups

- Sporting organisations such as football, rugby, netball clubs and gyms
- Churches and other faith groups that we have previously struggled to connect with such as Morden Mosque.
- Merton and Sutton residents with an extra conscious effort to engage more of the Merton population.
 - London borough of Merton – population of 211,787
 - Current individual supporters in Merton (SM4, SW19, SW20) – 10,786
 - Current organisation supporters in Merton – 988
 - London borough of Sutton – population of 206,075
 - Current supporters in Sutton (SM1, SM2, SM3, SM5, SM6, SM7) – 23,956
 - Current organisation supporters in Sutton - 1556
- Re-engage inactive donors who have not supported in last 2 years.
- Re-engage current fundraising groups and encourage to organise fundraising activity for this appeal, pass information to friends/family, or attend talks. Use this platform to set up new groups to raise funds for this project. I.e. a starting project for our high-net worth group.
- Opportunity to move shop donors to fundraising supporters.
- Opportunity to become Mayor's charity of the Year to raise funds for this appeal.
- Opportunity to turn long term donors into lottery players.

Marketing Plan / Materials

See separate marketing plan at <..\..\Fundraising Department\A Appeals & Mailings\Garden Appeal 2020\Marketing\Plans\Marketing plan Garden Appeal - Diamond.docx>

Materials needed:

- Project Pack – case studies, designs, costings, fundraising ideas
- Corporate sponsorships/partnership packs
- Garden Appeal Logo/badge
- 'Raising funds for garden appeal' logo/badge for supporters
- Letterhead
- Empty belly posters
- Board with thermometer display/colour in garden and a place to temporarily thank big supporters
- A5 Leaflets
- A1, A4 and A3 posters
- Rail banners
- Pull up banners
- Calendar for launch
- Boards
- Shop and van signs
- Butterfly floor stickers for shops
- Creative brief

- Decals
- Magazine wraps
- 3D butterfly post card
- Merchandise – Water bottles, garden signs, umbrella, face mask, bird feeder, ceramic butterfly on stem like tower of London poppy to buy for £50.
- Butterfly wall recognition product.

Online materials:

- Website appeal page with information and ability to donate and see total (interactive through Raising IT). Listing pages with separate page for info, designs etc
- Video detailing garden plans and how donations will help. Shorter versions for social media and thank yous.
- Video showing full process of Men's Den build.
- Striking content and videos for social media - digital butterfly
- E-mailing content.
- Survey to find out what patients/families would get from new gardens.
- Case studies

Retention Plan

This appeal will be key in raising funds for the gardens but also to engage new donors for our organisation. Therefore, we must ensure that once recruited they are made to feel appreciated and valued so that they understand the importance of their ongoing support. The following will be developed into a formal supporter journey:

1. Data analysis of what our appeal donors usually go on to do.
2. Acknowledgement and recognition through personalised emails, videos, letters and phone calls.
3. Major donor/corporate acknowledgment product – i.e. butterfly wall.
4. Clear opportunity to give contact consent when donating in every way. Ensure this is recorded on RE.
5. Monitoring in place over next couple of years.
6. Clear secondary and tertiary ask established for garden appeal donors at appropriate time.

Finance

- Artwork: £2,000
- Print: £1,500
- Print advertising: £3,000
- Online advertising: £3,000
- Direct marketing: £3,000
- Radio: £1,000
- Garden appeal donate page: £1,000

TOTAL: £15,000; £14,500 + £500 (contingency). It does not include merchandise.

Risk

Could be a financial risk and small reputational risk from the public as we will be launching an appeal during a difficult financial time for people. It is clear though from other individual giving appeals such as Lavender and LUAL that there remains an appetite for giving in this way by

people that are able to, despite the pandemic. Furthermore, from the recent survey conducted by the Hospice over 54% said they would be willing to give in some way, suggesting that our community will be willing to help with a project such as this.

Author

This paper is written by Emily Nicholls who can be contacted on 020 8254 2463 or emilynicholls@straphaels.org.uk.

Authorisation

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Signed

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Date



St Raphael's and CDARS - Gardening Project

Funder:

The National Lottery Community Fund (NLCF) has opened a new programme for Partnerships. This programme offers a larger amount of funding (over £10,000) for organisations that work together with a shared set of goals to help their community thrive – whether that's a community living in the same area, or people with similar interests or life experiences.

Project:

CDARS and St Raphael's Hospice propose to join forces to deliver a gardening programme on the grounds of St Raphael's. This holistic programme will enable CDARS' service users (who experience mental health and substance misuse issues) and St Raphael's patients and family members (who suffer with a terminal illness or bereavement) to participate in gardening activities. Thus, gaining the therapeutic benefits of gardening and connecting with others.

The 3-year programme will consist of four strands:

1. Landscaping / gardening: Participants will engage in weekly sessions led by a trained gardener to learn the skills of landscaping. All the sessions will be shadowed by CDARS' mentors and a representative (staff or volunteer) of St Raphael's to ensure participants are motivated and supported in case of crisis or additional support needs.
2. Growing vegetable and fruit: Participants will learn to grow and maintain an allotment (hosted at St Raphael's Hospice). They will engage in weekly sessions led by a professional gardener to learn new skills and take their knowledge of gardening a step further.
3. Selling produce: Participants will set up a small stall in Merton Community Grounds (provided the Council gives approval) and sell their produce. All profits will be re-invested into the project/charities, thus building the sustainability of the programme. Participants will build employability and life skills. CDARS and St Raphael's will also be able to promote their work within the Merton community via the stall.
4. Community events: Participants will organise a harvest community event once a year to celebrate their achievements, raise funds for both charities/the project and raise visibility within Merton.

As part of this programme, CDARS and St Raphael's will build referral pathways for their service users when a participant requires further specialist support.

Participants

We will work together to decide how the programme will be structured. Initial thoughts are to have 2 cohorts of 6 participants every 6 months. Each cohort would attend 1 day fortnightly for 13 weeks. Thus, totalling 24 unique participants each year and 72 over 3 years.

Furthermore, we would expect at least 50 people to attend a community harvest event once per year increasing the number of people involved in the project to 222 over 3 years.

There would be the option, if capacity allows, to increase the cohorts to twice per week. Therefore, doubling the number of participants to 48 per year, 144 over the 3-year period.

Budget:

To be confirmed but funding will be required to:

- Purchase gardening equipment and materials to build and maintain allotment (and any additional areas identified, such as a greenhouse, the sensory garden or wildlife space).
- Staff to oversee the project and service users with the ability to refer if needed.
- Landscaping or gardening staff to deliver the horticultural programme.
- Design, marketing and advertising of project brand, community outreach and events.

Next Step:

Submit the case for support to CDARS and St Raphael management by 16th July 2021. If approved, contact CDARS' Grant Officer at NLCF to get his opinion on the potential of this programme.

GARDEN APPEAL MARKETING PLAN

Aim

It's a 9-month fundraising campaign designed to raise £300,000 for the implementation of the Hospice garden project.

Target Audiences

1. Public: adults living in Merton and Sutton, focusing on wealthier areas, as well as new to the Hospice donors and supporters. Interests: healthcare, charitable work, nature, gardens, wellbeing and environment.
2. Organisations and companies

MESSAGING AND IMAGERY

Campaign Title: St Raphael's Garden Appeal

Campaign Strapline: Growing Memories Together

Symbol

A butterfly - a Christian symbol of immortality, representing endurance, change, hope and life.

Imagery

1. Logo – a contemporary artistic drawing/animated imagery of a butterfly in Hospice colours
2. Pictures of current gardens and artistic impressions of new space, families enjoying the new gardens, patient's view from the room.

Look and feel

- Striking, modern and colourful
- Sunshine, flowers, trees and butterflies
- Spring/Summer/Autumn/Winter themes
- Sensory, peace and tranquility

Call to action

- Grow with us into the future
- Everything you do now is for the future
- To plant a garden is to believe in tomorrow

Benefits/what value you will create in return for your donation

- Help us provide better experience for the hospice patients and their families by creating a place to spend quality time, contemplate and for the children to play.
- Enhance the wellbeing of our patients and help us make their last days tranquil, peaceful and memorable surrounded by their loved ones and wildlife.
- Create a treat for the senses by helping to rejuvenate tired and uninspiring hospice gardens.
- Support the environment and wildlife by creating a space for nature to flourish.

Case Studies

Past, present and the future. Focus on memories to evoke donor emotions - it is about the people like me and I can relate to it.

Timeline

Phase 1 (June): Launch – public visibility, creating a buzz

Spread the word as far and wide as possible through external media and internal channels. Summer wildlife photo competition to launch and be made into a 2022 calendar.

Phase 2 (July-August): Engagement with corporates and trusts, events in the community

Focus on direct asks to trusts, corporates and suppliers. Fundraise through FRGS and events. Summer fairs, open gardens, community picnics, other events specially raising for appeal.

Phase 3 (September-October): Driving public donations

Door to door campaign, new supporters, G&As, inactive donors, most valuable current supporters (regular / major donors / FRGS). Ceramic butterfly art installed (?).

Phase 4 (November-December) Continuity - volunteering and products

Focus on recruiting volunteers for spring planting and garden works with stewardship plan to retain them. Products to purchase for Christmas such as calendar, pin badge, notecards etc.

Phase 5 (January-February): Story telling

Sponsor stories

Phase 6 (March): End

Demonstrate excellence of the campaign, acknowledge and thank the donors.

Media and channels

Phase 1 (June)		
Comms type	Channel	Comms Product
PR	Local newspapers and magazines Radio Jackie BBC Surrey (make a contact)	Press release/paid advertorial Interviews
Digital	Organic social media Digital advertising campaign Web page + leading case study + totalizer E-news – special edition	Videos/Drone footage of the gardens (if available to borrow) Imagery Tags 'I'm supporting St Raphael's Garden Appeal' imagery
Display	Our shops (windows, community hub boards) Public places with footfall	Decals Butterfly/flower stickers A1 and A4 Posters A5 Leaflets Rail banners
Word of Mouth	Internal – staff and volunteers External – trustees' contacts	Email Letters Conversations

		Brief staff and volunteers about engagement on social media 'I'm supporting St Raphael's Garden Appeal' - printed and digital sticker for everyone who makes a donation, where contact is permitted
Phase 2 (July-August 2021)		
Direct marketing	Local Businesses Fundraising Groups Local Council Trusts	Letters/emails Presentations
Events	Community	Open Garden event Summer fair/sports day Community Picnic
Digital	Organic social media	Case studies/stories
Phase 3 (September – October 2021)		
Display	Hospice	Ceramic flower butterflies Board with thermometer (?) Reception screen (?)
Direct marketing	Royal Mail	Door to door – 3D/unique card postage
Print Advertising	Local newspapers and magazines	Full page ads Cover wraps
Commercials on air	Radio Jackie	3 weeks of 30s commercials
Digital	Social media Google	Paid online advertising Virtual butterfly flower sticker
Print	The Raphaelite	Editorial Images
Phase 4 (November – December 2021)		
Merchandise	Garden Appeal Online Shop - launch	Note cards Pin badge Calendar
Digital	Organic social media St Raphael's Website	Volunteer recruitment
Phase 5 (January - February 2022)		
Digital	Organic social media Website E-news	Sponsor stories Case studies
Phase 6 (March 2022)		
PR	Local newspaper and magazines The Raphaelite	Press release
Digital	Social media Website	Updates on campaign's success
Display	Recognition	Temporary thank-you board

Provisional budget (TBC):

- Artwork: £2,000
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- Direct marketing: £3,000
- Radio: £1,000
- Garden appeal donate page: £1,000

TOTAL: £15,000; £14,500 + £500 (contingency). It does not include merchandise.

Governance Report to St Raphael's Hospice Board of Trustees

July 2021 Board meeting

1. Executive Summary

- Recruitment needs for the Board and Committees have been reviewed and a proposed timeline has been put forward for Board review (see **Section 2** and **Appendix 1**).
- An update on other governance matters is provided for information (see **Section 3**).

2. Board and Committee Recruitment

Board members provided useful feedback on the proposed timeline for Board and Committee outreach at the June meeting. A revised timeline is outlined below, including proposed recruitment channels and role descriptions are given in **Appendix 1**. If you have any detailed feedback on the outreach materials, do send directly to Anna.

We would welcome Trustee feedback on the best closing date for applications, bearing in mind that potential applicants may be away over the summer – it may be that early September will maximise the number of applications, but that advertising interview dates and date of Board observation in advance will enable a swift turnaround to plan interviews.

- **June & July –**
 - Develop role description, promotional materials and outreach plan for Trustee outreach role with Marketing skill set. It is proposed that this role would be a substantive Board appointment and that outreach would be carried out through (a) local partner organisations, (b) Hospice social media and website, (c) local newspaper (dependent on cost and budget), (d) [Trustees Unlimited](#).
 - Develop role description and promotional advert for HR Committee role
 - Develop role description and promotional advert for Clinical Quality & Governance Committee role
 - Commence outreach for roles (end of July, following approval of promotional materials at 21st July Board meeting) and plan interview process for early September
- **August –**
 - Continue promotion of roles, with targeted outreach to community partners, and respond to queries (throughout August)
 - Plan interview questions and timetable (end of August)
- **September –**
 - Hold interviews with prospective candidates (early to mid-September)
 - Invite chosen candidates to observe Trustee Board meeting (22nd September)
 - Take forward formalities of new appointments; provide induction; offer one-to-one mentoring to individuals taking on first Board/ Committee role, which will be ongoing during first six months in role (end September)

3. Other governance matters

Health & safety; data protection – these items sit within the remit of the Finance & Resources Committee and will be a focus for agenda items in the autumn.

Board and Committee agendas and meeting dates – the changes to the 2021 agenda plan approved by Board members at the last meeting have been taken forwards. The 2022 draft meeting dates will be submitted to the September 2021 meeting for Trustee review and approval.

Risk registers - Departmental risk registers continue to be developed following recent discussions at Committee meetings.

Trustee training – the list of mandatory training modules is outlined below. We understand that some trustees hold more than one Board role, and the Education team are able to recognise training undertaken through roles at other organisations if the details of the module are shared with the Education team.

- Confidentiality and IG Governance - 2 yearly
- Equality and Diversity - 3 yearly
- Fire Safety - Annually
- Health, Safety and Welfare - 2 yearly
- Infection Control for non-clinical - annually
- Introduction to Safeguarding - annually

Appendix 1a: Promotional outreach

This is an initial proposed promotional material and will be developed further with support from the Communications team. It will be adapted to the different recruitment/ social media platforms that will be used, and the roles will be advertised separately in some circumstances.



St Raphael's Hospice is seeking Board and Committee members to contribute skills and expertise to our organisation

About St Raphael's Hospice

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

For over 30 years we have been providing expert hospice care for people in Merton and Sutton at no charge, aged 18 and over irrespective of their race or religion. We are there for everyone who needs us at the most difficult time of their lives - to hold one's hand and to soothe the soul, not just for the relief of pain.

St Raphael's Hospice was founded and supported for many years by the Daughters of the Cross charity, and became an independent Hospice in autumn 2020. This is an exciting time to become involved with our organisation, as we grow our community offering and local presence.

Join our Board and Committees

The Board of Trustees for St Raphael's Hospice and our Board Committees play an important role in setting the strategy for the organisation, and receiving updates on all areas of the Hospice's delivery. The Board and Committees have a welcoming and inclusive ethos and meet regularly throughout the year at our Hospice site in Sutton.

Taking on a Board or Committee role with our organisation provides an ideal opportunity to contribute your skills and experience to our work supporting people in your local area, and Committee members are invited to a range of Hospice events throughout the year as well as opportunities for online and in-person training.

We are seeking Board and Committee members to contribute through the following roles:

- **Board member with expertise in Marketing and Communications** – this role would be ideal for anyone with knowledge and experience of marketing and communications, and we would welcome applications from individuals from the private, public or charity sectors. The Board member who is selected would also be asked to sit on both the Board, and our Fundraising & Communications Committee. They will play an important role in providing strategic challenge and support on our growing work on outreach and engagement, to ensure the visibility of the Hospice in the local area. The total time commitment involved would be 6 Board meetings and 4 Committee meetings each year.
- **Human Resources & Remuneration Committee member** – this role would suit applicants with expertise in Human Resources and recruitment. Our Committee is also focused in particular on development of training within the Hospice, and fostering equality and diversity. The total time commitment would be 4 Committee meetings each year, and the opportunity to attend Hospice events.

- **Clinical Quality & Governance Committee member** – we would be interested in applications from individuals with professional experience in a clinical setting within the acute sector, or a health organisation working to support the elderly or end of life care. The total time commitment would be to attend 4 Committee meetings each year, with the opportunity to hold additional visits and attend Hospice events.

St Raphael's Hospice is committed to equality and diversity and we would welcome applications from individuals from under-represented backgrounds, members of our local community, and members of the Catholic church.

It is not a requirement to have previous experience on a Board or Committee to apply for this role. For individuals who would be looking to take on their first Board or Committee role, we would provide bespoke induction and mentoring through our staff team and Board.

The successful candidates will need to bring strong interpersonal skills, contribute their expertise, and show commitment to the work and mission of the Hospice.

All Board and Committee roles are subject to a DBS check.

If you would like further information and to see the full Application Form & Role Description for these roles, please contact our Clerk to Trustees Anna Machin at annamachin@straphaels.org.uk.

Appendix 1b: Trustee role description

This role description has previously been approved by Trustees and is included for information and with detail on the Marketing skills added.



Trustee Role Description for St Raphael's Hospice

1. Overview of Organisation and Role

1.1. About St Raphael's Hospice

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

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

1.2. Purpose of the Board of Trustees

The Board of Trustees has legal oversight of the charity, including responsibility for meeting statutory requirements and reporting to Companies House and the Charity Commission of England and Wales. The Board of Trustees also has strategic oversight of the charity, ensuring that ambitious strategic goals are set and worked towards effectively. The Board of Trustees works in collaboration with the Joint CEOs and senior team to make decisions on key issues, offering support and challenge as part of this. The Board of Trustees also acts as a point of escalation for internal and external stakeholders, for example in line with the Hospice's Complaints Policy or Speaking Up (Whistleblowing) Policy.

1.3. Board Statement of Values

The Board of Trustees commits to working collaboratively and effectively, as a collective decision-making body, to ensure the success of the charity and that the founding ethos of the charity continues to thrive. In doing so, Board members commit to working in line with the St Raphael's Hospice Code of Conduct and upholding the [seven principles of public life](#): selflessness, integrity, objectivity, accountability, openness, honesty and leadership. The Board values diversity of thought, perspectives, skills and background. St. Raphael's Hospice strives to maintain an atmosphere of openness throughout the organisation to promote confidence of the public, stakeholders, staff, charity regulators and government. The Board emphasises transparency in its actions and through the policies and publications that it approves.

1.4. Board Decision Making Principles

The Board of Trustees helps to make objective, long-term decisions on key issues in order to advance the charity's mission and goals. Typically, such key issues will include but may not be limited to: goal-setting; strategy; programme or product design; relationships with important stakeholders (e.g. government, Care Quality Commission [CQC], Clinical Commissioning Groups [CCGs], Sustainability and Transformation Partnerships [STPs] and the local community); public relations; finances; employment; safeguarding; any other legal matters.

2. Responsibilities

All trustees are asked to meet the following responsibilities:

- To uphold the statement of values outlined in 1.3
- To adhere to the decision-making principles outlined in 1.4
- To ensure that the charity focuses on achieving its mission
- To comply with all applicable terms of reference and laws
- To act in the charity's best interests
- To manage the charity's resources responsibly
- To act with reasonable care and skill
- To ensure that the charity is accountable
- To make sufficient time available to exercise their duties
- To follow up promptly on all actions and requests
- To offer support and challenge to the Joint CEOs and senior team
- To support risk management, safeguarding and data protection
- To use appropriate channels for communication and data sharing
- To promote and support the charity externally
- To share contacts and opportunities from within their network

3. Person Specification

3.1. Eligibility

Trustees must meet the Charity Commission eligibility criteria. Any trustee must be at least 18 years old and not be disqualified according to Charity Commission guidelines – [link here](#). These include unspent convictions for specific offences, as well as financial and non-financial legal reasons.

3.2. General Experience, Knowledge and Skills

- Commitment to the Hospice's mission and strategy
- Ability to contribute to analysis and decision-making
- Excellent interpersonal and relationship skills
- Ability to network and promote the charity externally and particularly within the local community
- Professional expertise in one or more fields
- Experience of the health and hospice sector and/or other relevant sectors
- Understanding of charity governance and relevant requirements
- Willingness to work within the governance frameworks agreed by the charity

3.3. Specific Experience and Skills

This is an exciting opportunity to join St Raphael's Hospice during a time at which the Communications and Fundraising teams are growing to support local outreach. We would welcome individuals to join the Board, and Fundraising & Communications Committee, bringing the following expertise:

- Organisational communications and marketing planning
- Effective use of social media tools and campaigns
- Strategic events and partnerships
- Linkages between communications and fundraising/ income generation activities

4. Trustee Commitment

4.1. Voluntary nature of Trustee role

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

4.2. Appointment term

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

4.3. Time commitment

The Board of Trustees meets for at least five regular meetings per year. Further to this, the Board of Trustees may also meet for additional away days or extraordinary meetings.

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



HR & Remuneration Committee for St Raphael's Hospice

Committee Member Role Description

2. Overview of Organisation and Role

4.4. About St Raphael's Hospice

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

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

4.5. Purpose of the HR & Remuneration Committee

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

The HR & Remuneration Committee meets four times each year. The Committee is Chaired by a Trustee, and works in collaboration with the Joint CEOs, Head of HR, and Volunteer Services Manager to make decisions on key issues. The Committee focuses in particular on:

- Overseeing, monitoring and evaluating strategic HR, volunteer management, training and development actions and policies that will enhance and embed the Hospice's reputation as an employer, and enable it to recruit, develop, engage and retain the best staff, volunteers, and Trustees.
- Leading the Hospice's activities relating to equality and diversity.
- Reviewing and recommending to the Board the Hospice's approach to pay and remuneration.
- Acting as a point of escalation for any complex HR matters.

4.6. Board and Committee Statement of Values

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

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

4.7. Board and Committee Decision Making Principles

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

5. Responsibilities

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

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

6. Person Specification

6.1. Eligibility

The Hospice expects co-opted Committee members to meet the Charity Commission eligibility criteria that are applicable to Trustees. Committee members should be at least 18 years old and not be disqualified according to Charity Commission guidelines – [link here](#). These include unspent convictions for specific offences, as well as financial and non-financial legal reasons.

6.2. General Experience, Knowledge and Skills

The HR & Remuneration Committee bring a range of skills and knowledge, working collectively to engage with this area of the Hospice's work. The most important characteristic for this role is a willingness to bring reflections and learnings to discussions with the senior team.

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

6.3. Specific Experience, Knowledge and Skills

We would particularly welcome individuals who have experience in the following areas:

- Development of organisational training and professional development plans.
- Strategic approaches to staff remuneration and reward.
- Knowledge of best practice in HR and recruitment

7. Commitment asked of Committee members

7.1. Voluntary nature of Trustee role

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

7.2. Appointment term

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

7.3. Time commitment

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

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



Clinical Quality & Governance Committee for St Raphael's Hospice

Committee Member Role Description

3. Overview of Organisation and Role

7.4. About St Raphael's Hospice

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

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

7.5. Purpose of the Clinical Quality & Governance Committee

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

The Clinical Quality & Governance Committee meets four times each year. The Committee is Chaired by a Trustee or Board Advisor, and works in collaboration with the Joint CEOs, Clinical Director, Consultant team and Head of Quality and Improvement to make decisions on key issues. The Committee focuses in particular on:

- Receiving assurance that the organisation has a robust framework for clinical governance that supports the delivery of safe and effective care and the management of clinical systems and processes.
- Ensuring that quality is integral to the work of the Hospice and the systems and services that support that work, and that there is a robust programme that supports the monitoring of clinical performance across all clinical services.
- Receive assurance that safe and effective person-centred care is being delivered, including undertaking detailed review of the Clinical Risk Register
- Receiving reports on the Clinical Action Plan and key performance indicators

7.6. Board and Committee Statement of Values

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

openness, honesty and leadership. The Board values diversity of thought, perspectives, skills and background.

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

7.7. Board and Committee Decision Making Principles

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

8. Responsibilities

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

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

9. Person Specification

9.1. Eligibility

The Hospice expects co-opted Committee members to meet the Charity Commission eligibility criteria that are applicable to Trustees. Committee members should be at least 18 years old and not be disqualified according to Charity Commission guidelines – [link here](#). These include unspent convictions for specific offences, as well as financial and non-financial legal reasons.

9.2. General Experience, Knowledge and Skills

The Clinical Quality & Governance Committee bring a range of skills and knowledge, working collectively to engage with this area of the Hospice's work. The most important characteristic for this role is a willingness to bring reflections and learnings to discussions with the senior team.

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

9.3. Specific Experience, Knowledge and Skills

Our current Committee members hold valuable experience within clinical settings, government and academia. We would particularly welcome applications from potential Committee members who would bring prior experience in a clinical setting within the acute sector, or a health organisation working to support the elderly or end of life care.

10. Commitment asked of Committee members

10.1. Voluntary nature of Trustee role

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

10.2. Appointment term

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

10.3. Time commitment

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

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

St Raphael's Hospice
Minutes of a Meeting of the Board of Trustees
Held at 13:00 on 2nd June 2021 by conference call

Trustees:

Norman McWhinney (NM) (<i>Chair</i>)	Alan Cogbill (AC) (<i>Vice-Chair</i>)	Paul Holmes (PH)
Sister Veronica Hagen (Sr VH)	Roderick O'Connor (RO'C)	Sister Kathleen O'Reilly (Sr KO'R)
Marian Norman (MN)	Joe Ryan (JR)	Dr Joy Tweed (JT) – items 4-9

In attendance:

Gail Linehan (GL) (<i>Joint CEO</i>)	Nick Stevens (NS) (<i>Joint CEO</i>)	Carrie Chill (CC) (<i>Board Advisor</i> – items 1-7)
Ed Cook (EC) (<i>Advisor to DoC & Finance Committee member</i>)	Bernard Marley (BM) (<i>Fundraising & Comms Committee member</i>)	Sara Jane Woods (SJW) (<i>Director of Income Generation</i>) – items 1-7
Rebecca Trower (RT) (<i>Clinical Director</i>)	Anna Machin (AM) (<i>Clerk</i>)	

1. Welcome and apologies for absence

- 1.1 The Chair welcomed Trustees to the meeting and introduced Bernard Marley as a recently recruited member of the Fundraising & Communications Committee who had been invited to observe. Board members noted that Heather Howell had stepped down from her role as Board Advisor and wished to formally record their thanks for her significant contribution to the Board and Hospice over many years. The Chair would write a letter of thanks on behalf of the Board.

02.06.21/01(NM)

2. Declarations of interest

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

3. Minutes of 24th March 2021 Board meeting and actions list

- 3.1. The minutes of the 24th March 2021 meeting were reviewed and approved as an accurate record of proceedings.
- 3.2. In terms of actions arising, it was confirmed that the relevant policies had been submitted to the HLRO (180/03) and the agenda item on legacy communications would be submitted to the July meeting (24.03.21/03).
- 3.3. Gail Linehan provided an update on Equality and Diversity activities since the Strategy meeting (24.03.21/01). A link has been made with St Mary's Hospice in Birmingham who are at the early stage of the Equality Audit with Diverse Matters and will keep St Raphael's updated on the process. St Mary's has also taken a decision to only interview for Board level roles once 40% of applications received are from ethnic diverse backgrounds.
- 3.4. In order to progress St Raphael's work in this area, an NHS Tool will be adapted and used to develop a baseline, in particular considering the diversity of staff and patients compared to the local area. On the 5th and 15th July the Hospice is also holding all-staff training and reflection days on the topic of diversity. Trustees recognised the importance of ensuring at Board and Committee level as a priority for future recruitment.

4. Committee Chair updates

- 4.1. **HR Committee Chair update** – Paul Holmes updated on the HR Committee discussion which had focused on equality and diversity, implementation of the BrightPay HR system and development of a Departmental HR risk register. The Committee had also considered a proposal on personal accident insurance. There were no concerns raised under the Speaking Up Policy to report to the Board. As noted in the minutes, the HR Committee had also discussed the risk of the differential in pension contributions between previous NHS, and other, staff. Board members emphasised the importance of reviewing the advice provided to staff with regards to pensions options, which would be considered at the next HR meeting. It was confirmed that the Medical Dismissal had been taken forwards and the Hospice has put in place a budget provision for the event in which the matter moves to adjudication.
- 4.2. **Finance Committee Chair update** – Alan Cogbill shared that the Committee discussed the measures in place to mitigate against IT failure and cyber-attacks with John Groom, and received an update on the interim Buzzacott report. Nick Stevens updated on the Raiser’s Edge project spend which would sit at almost £100k over a ten-year period, streamline the team’s work on reporting and enhance data security. Strong applications had been received for the Finance Assistant role however the preferred candidate had received a counter-offer from their employer and so the role will be promoted again. A key focus of the meeting was the year-end financial position which was significantly improved on projections due to recently received legacies and government grants. Retail had been interrupted during the year due to lockdowns but levels of individual donations had been high. This surplus position allows some short-term spend on refurbishment projects but in the long-term will contribute to higher than expected levels of reserves. Trustees echoed the strength of the Hospice’s year-end financial position, particularly in the face of a challenging year due to Covid-19.
- 4.3. **Fundraising & Communications Committee Chair update** – Rod O’Connor updated on the discussion on key income streams. Legacies were performing strongly and the gradual reopening of shops had shown better than expected turnover so far. Supporter Groups had not been able to meet expected income levels due to restrictions associated with Covid-19. The Committee had held a discussion on key risks which insufficient number of volunteers to meet the Hospice’s needs, and any potential changes to key legislation such as that issued by the Gambling Commission. Plans for recruitment of new Lottery staff have been delayed slightly.
- 4.4. **Clinical Quality & Governance Committee Chair update** – Carrie Chill informed Trustees of successful recruitment to key nursing posts, alongside the third Consultant role. This is particularly promising as other local Hospices are currently finding it challenging to recruit to Consultant roles. The Committee had held a thorough discussion on the IPU refresh and well-formed plans to ensure patients would be served by other local Hospices. IPU staff will use time in summer for training and work with Community Services, and the IT team will utilise it for rigorous system tests. The Clinical Action Plan showed the significant progress made during the year. The risks in the Clinical Risk Register were discussed in-depth and felt to be appropriately scored. The Board noted the emerging discussions on mandating Covid-19 vaccines for staff in the Care and NHS sectors, and this would be considered in further detail at the next HR Committee meeting. Rebecca Trower updated that staff take-up had been good overall, and also that the recent launch of the Wellbeing Centre had been well attended by other local organisations. It was agreed that going forwards, the Committee Report would include figures on the number of referrals and beds.

02.06.21/02(NS)

02.06.21/03(GL, RT)

5. Joint CEO Report

- 5.1. Nick Stevens confirmed that the Recognition Award for staff had been well received and there had been no negative feedback on pay rises not being given. The Hospice's CCG grant for 2021/22 has been confirmed and funds for ambulance transfers are now included in the core grant. On average only 10-12 patients require ambulance transfer each year so the Hospice is not concerned that this will add pressure to the budget.
- 5.2. Gail Linehan updated that the Hospice received 5 stars at a recent no-notice inspection by the Kingston and Sutton Environment Regulatory Service which shows the high standards held by the Hospice. Only a small number of staff remain on furlough, primarily in the Housekeeping team. A Band 6 nurse has been recruited to the IPU and two CNSs to the Community team. Dr Andrew Hoy and Dr Annaliese Mathews will leave the Hospice in coming months and the Chair would write letters of thanks on behalf of the Board.
- 5.3. The Hospice maintains rigorous infection control including twice-weekly LFD and weekly PCR testing. There have been no positive tests amongst staff in recent weeks. The Employee Assistance Programme is offered to support staff wellbeing. Staff continue to work well as one team, and prepare for key projects such as the IPU refresh which will also be used as a focus for the Hospice's communications channels.
- 5.4. Trustees asked whether improvements had been made on coverage for night shifts. Rebecca Trower confirmed that a combination of a new staff member, returning staff member and Bank staff had made the position more robust but this would continue to be prioritised through recruitment.

02.06.21/03(NM)

6. Fundraising & Communications Report

- 6.1. Sara Jane Woods highlighted key points from the Report, confirming recent successes in corporate fundraising, International Nurses' Day events, sign up for the Lavender Walk, and a special mention for the Hospice's entry for the Octopus Energy Charity of the Year award. The team are working to plan two Legacy Receptions and an Awards night in the autumn to celebrate corporate partners. The Education team are working closely with the Communications team to create content for the website.
- 6.2. The Donation Centre in Sutton is playing a key part in ensuring the strong performance of shops by enabling stock to be directed to the most appropriate locations and holding high quality stock for the winter months. Trustees noted that there was a priority to recruit more volunteers to support the shops. Shop turnover had generally been 25% above budget in recent weeks and the Wimbledon shop took £16k in May. The Ebay account is being updated as part of the transition process from separating from the Daughters of the Cross (DoC).

7. Strategy follow up discussion

- 7.1. **St Raphael's Hospice Strategic Communications Strategy** – Nick Stevens updated on the range of projects being undertaken by the Communications team to support fundraising activity, the IPU refresh, Garden Appeal and volunteer recruitment. Board members emphasised the key focus to target the right audiences through these communications and track effectiveness of activity. The current number of volunteers is 300, down from 600 prior to Covid-19 although the return of Fundraising Supporter Groups will help to grow this number. The priority is to ensure sufficient volunteers in shops. The Hospice would also be interested in securing skills-based volunteers to add capacity to key team members. Trustees also suggested approaching local universities with internship and volunteer opportunities.

- 7.2. **2021/22 Budget and Management Plan** – Nick Stevens updated on year-to-date finances. A legacy of £150k had been received in April, and income and expenditure are both sitting slightly lower than budget. £120k has been budgeted for the IPU project, £50k towards the mortuary refresh and other works and £65k for the ventilation system.
- 7.3. As part of embedding 2021/22 plans, a Strategic Leadership Team (SLT) meeting will be held in mid-June for senior leaders to share their annual plans and KPIs, and progress will be reported at the quarterly SLT meetings.
- 7.4. Trustees asked about the impact of the 2020/21 year-end surplus on the Hospice's future funding position and requests to DoC. Nick Stevens and Gail Linehan confirmed that the position had outperformed the financial targets set out in the October 2020 Transfer Agreement. This means that projections now show reserves settling at £3m in the medium-term (inclusive of a draw-down of £240k from DoC to factor in the delay in shop opening) if performance is in line with budget going forwards. The Hospice has no plans to open new shops in 2021/22 in order to assess the rapidly evolving retail environment, and then to take a prudent approach to opening up to four new shops in subsequent years. Ed Cook indicated that, if these projections are achieved, then any further funds from DoC might be dedicated towards strategic projects rather than to enhancing levels of reserves.

8. Governance update

- 8.1. Trustees reviewed the proposed timeline for Board and Committee recruitment. It was agreed that outreach for a Board role focused on Marketing, HR Committee and Clinical Quality and Governance Committee roles would be run concurrently in autumn 2021. Outreach could be carried out through traditional portals, social media and the website, and growing links to local community organisations. As part of this, diversity would be prioritised along with opportunities to offer mentorship to younger people interested in taking on a Committee role. Trustees noted the provisions in the Articles of Association that outline that a majority of Trustees will be Catholic.
- 8.2. Trustees approved the updated 2021 agenda plan, which had been cross-referenced against the Board and Committee Terms of Reference.

9. Any Other Business

- 9.1. Trustees noted the Evidence of Excellent Practice Register provided for information, and congratulated the team on the examples of strong practice within it.
- 9.2. Trustees congratulated the team on the Investing in Volunteers Reassessment Report.
- 9.3. The date of the next meeting was confirmed as Wednesday 21st July 2021 at 1pm.
- 9.4. There were no further items raised under Any Other Business.

The meeting ended at 4.45pm.

Signed:

Date:

CLIN14 Safeguarding Adults Policy

1.0 Aim

- 1.1 This policy aims to clarify the purpose and principles of adult protection and encourages staff and volunteers to be aware of the signs of adult abuse and the appropriate steps to take once concerns are raised.
- 1.2 This policy offers operational guidance to staff and volunteers to ensure best practice.

2.0 Introduction

- 2.1 St Raphael's Hospice is an independent charity delivering specialist palliative care and is committed to safeguarding all adults who come into contact with all or any of our services.
- 2.2 The Department of Health refers to a vulnerable adult, defined as a person over 18 years of age who "is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation". (Please note the term "Vulnerable Adult" has now been replaced by "adult at risk")
- 2.3 An adult at risk of abuse may be from the following list although the list is not exhaustive:
- Elderly and frail due to ill health, physical disability or cognitive impairment
 - Person with a learning disability
 - Person with a physical disability and/or a sensory impairment
 - Person with mental health needs including dementia or a personality disorder
 - Person with a long-term illness/condition
 - Person who misuses substances or alcohol
 - Person who is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
 - Person who is unable to demonstrate the capacity to make a decision and is in need of care and support
 - Vulnerable people, including children, young people, and vulnerable adults can be exploited by people who seek to involve them in terrorism or activity in support of terrorism

This does not mean that persons on this list are inevitably at risk.

2.4 **Abuse** can be viewed in terms of the following **categories**:

- Modern slavery – including forced labour and human trafficking.
- Discriminatory abuse – including harassment and slurs driven by hatred of difference.
- Organisational abuse – sometimes called institutional abuse and including neglect and poor care within any setting, such as hospitals, care homes and day centres.
- Self-neglect – including neglect of selfcare and/or one's environment, often involving refusal of services and/or hoarding.
- Physical abuse – including assault, hitting, pushing, and misuse of medication and restraint.
- Domestic violence – including psychological, physical, sexual and emotional abuse.
- Sexual abuse – including rape, harassment, assault and indecent exposure.
- Psychological abuse – including emotional abuse, threats, humiliation, harassment, deprivation of contact and cyberbullying.
- Financial or material abuse – including theft and misuse or misappropriation of possessions.

2.5 **Female Genital Mutilation (FGM)**

- FGM is not an issue that can be decided on by personal preference – it is an illegal, extremely harmful practice and a form of violence against women and girls. If a vulnerable adult is identified as having had or being at risk of FGM, this should be responded to within the existing safeguarding processes to protect vulnerable adults.

2.6 **Prevent**

- Prevent is part of "CONTEST", the Government's Counter Terrorism Strategy. It concerns individuals who may be vulnerable to radicalisation and at risk of engaging, through grooming by a third party, acts which may harm themselves and/or others. Healthcare professionals may meet and treat people who are vulnerable to radicalisation.
- Prevent is now part of existing safeguarding responsibilities for the health sector. Identifying and supporting individuals at risk under the remit of Prevent, is therefore not an additional task.
- The key challenge for the health sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, healthcare workers can interpret those signs correctly, they are aware of the appropriate support that is available how to access it, and that they are confident in referring the person for further support and protection whilst in the pre-criminal stage. Prevent follows an escalation process that will enable any practitioner with concerns, to raise them - if risk can be managed via case work it will not

progress to the multi-agency "Channel Panel", however if the risk is such that it warrants a multi agency response the referral will progress to the panel who will assess the nature and the extent of the potential risk, and in a collaborative agreement will provide an appropriate support package tailored to the individual's needs.

2.7 The Care Act 2014

- The Care Act 2014 is the most significant change in social care law for 60 years. It applies to England and replaces a host of out-of-date and often confusing care laws.
- The legislation sets out how people's care and support needs should be met and introduces the right to an assessment for anyone, including carers and self-funders, in need of support.
- The Care Act 2014 specifies 6 principles of safe guarding:
 - ✓ Empowerment
People being supported and encouraged to make their own decisions and informed consent.
 - ✓ Prevention
It is better to take action before harm occurs.
 - ✓ Proportionality
The least intrusive response appropriate to the risk presented.
 - ✓ Protection
Support and representation for those in greatest need.
 - ✓ Partnership
Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
 - ✓ Accountability
Accountability and transparency in safeguarding practice.
- Chapter 14 of the *Care Act* guidance (DH, 2016) gives details about the principles and practicalities of safeguarding adults. It explains that safeguarding means protecting an adult's right to live in safety, free from abuse and neglect, and should make sure that the individual's wellbeing is promoted. Any action taken in safeguarding should give regard to the individual's wishes, feelings, views and beliefs, drawing on the principles of Making Safeguarding Personal.
- Section 14.45 onwards outlines guidance around carers and safeguarding. It explains that carers may be involved in any of the following situations that require a safeguarding response:
 - Being a witness or speaking up about abuse or neglect
 - Experiencing intentional or unintentional harm from the adult they are trying to support, or from professionals or organisations they are in contact with
 - By intentionally or unintentionally harming or neglecting the adult they support.
 - Carers must be listened to if they raise a concern about abuse or neglect and, where appropriate, a safeguarding enquiry should be undertaken, involving other agencies if necessary.

- Assessments of people with care needs and carers must include consideration of the wellbeing of both people. Other key principles related to carers and safeguarding include:
 - Prevention should be a key priority; this may include providing support to carers to prevent the risk of (unintentional or intentional) harm to the person they care for.
 - Carers should be involved in safeguarding enquiries related to the person they care for, as appropriate
 - Consideration should be given to the appropriateness of joint assessments
 - Consideration should be given to risk factors or changes in circumstances which may make harm or abuse more likely, and how to mediate them.

The references below give further support and guidance on safeguarding where carers might be involved.

3.0 Responsibility and Accountability

3.1 Under the 2014 Care Act, Safeguarding Adults Boards (SABs) are responsible for Safeguarding Adults Reviews (SARs).

3.2 Developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused is a key operational and strategic goal. SABs, therefore, may want to consider the role they can play in embedding the ‘Making Safeguarding Personal’ approach across agencies by establishing and developing:

- a broader participation strategy
- accessible information to support participation of people in safeguarding support
- a focus on qualitative reporting on outcomes as well as quantitative measures
- advocacy
- person-centred approaches to working with risk
- policies and procedures that are in line with a personalised safeguarding approach
- strategies to enable practitioners to work in this way, by looking at the skills they need and the support they are getting to enable this shift in culture

(<http://www.scie.org.uk/care-act-2014/safeguarding-adults/reviews/index.asp>)

3.3 At St Raphael’s Hospice the Joint CEOs hold ultimate responsibility to ensure safeguarding procedures are followed.

3.4 The Clinical Director, assisted by the Safeguarding Lead (Social Worker) and Practice Development Nurse, is responsible for ensuring that all managers and staff are aware of and understand best practice in relation to safeguarding procedures.

- 3.5 The human resources lead is responsible for ensuring recruitment procedures are robust and safe, with appropriate checks in place
- 3.6 Department heads are responsible for ensuring any concerns are listened to and escalated appropriately.
- 3.7 The Lead Clinical Nurse or Doctor on duty must ensure that all referrals or reporting of “Prevent” concerns are made in a timely fashion to external agencies via NHS Mail or via telephone.
- 3.8 All staff members (employees & volunteers) are responsible for attending/undertaking safe guarding training and should be familiar with the policy. All staff members have a responsibility to raise any safeguarding concerns to their manager or supervisor.

4.0 Procedures

- 4.1 Necessary action should be taken in a timely manner following a professional discussion or MDT meeting, whichever can be held sooner. Such action will be supported by the Hospice Executive Team and will include:-
- Contacting police if there is immediate danger.
 - Reporting safeguarding concerns to relevant managers within the hospice.
 - Recording information factually maintaining confidentiality.
 - Contacting and referring to the relevant safe guarding team at Sutton, Merton or Wandsworth Links to the referral forms can be found at [N:\Safeguarding](#) .
 - Informing the Head of Quality and Improvement of the safeguarding referral by internal e-mail (alexrudkin@straphaels.org.uk) in order that he may make due notification to the Care Quality Commission.
- 4.2 Staff members have a duty to report in a timely way any concerns or suspicions that an adult at risk is being or is at risk of being abused. All decisions taken by professionals should be timely, reasonable, justified, proportionate and ethical.

5.0 Education

- 5.1 The policy is available to all staff electronically at [N:\Policy Manual\CLIN\CLIN14 Safeguarding Adults.pdf](#)
- 5.2 Safeguarding will be part of mandatory training for all staff with updates every 3 years as a minimum.
- 5.3 All staff employed at the Hospice should have level 1 Part A awareness training and all clinical staff should have Level 2 Part B
- 5.4 Reflective forums will be led by the senior management team where appropriate and where specific issues have arisen.

6.0 Related policies and guidance

- [CLIN12 Safeguarding Children](#)
- [CLIN15 Deprivation of Liberty](#)
- [HR03 Concerns](#)
- [HR13 Recruitment & Selection of Staff](#)

7.0 Further reading and references

General:

- Department of Health 2000: No secrets: Guidance on developing and implementing multi-agency policies & procedures to protect vulnerable adults from abuse.
- The Mental Capacity Act 2005 Social Care Institute for Excellence with the Pan London Safeguarding Editorial Board 2011: Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse
- Department of Health: The Health and Social Care Act 2008
- Department of Health; Care Quality Commission (Registration) Regulations 2009
- Department of Health; Our safeguarding protocol; The Care Quality Commission responsibility and commitment to safeguarding 2013
- Prevent Strategy (2011) Department of Health
- Care Act (2014) Department of Health
- Guidance for Working with Children and Young People who are vulnerable to the messages of Radicalisation and Extremism (London Borough of Merton Safe Guarding Children’s Board)
- Sutton Multi Agency Self Neglect and Hoarding Protocol (2015)
- DH (2016) [Care and support statutory guidance: Safeguarding, Chapter 14](#). Updated 9th May 2016.
- RiPFA [Leaders’ briefing: Safeguarding in light of the Care Act](#)
- SCIE (2011) [Report 41: Prevention in adult safeguarding](#)
- Department of Health 2016: Female Genital Mutilation Risk and Safeguarding Guidance for professionals.

Safeguarding and carers:

- ADASS (2011) Carers and safeguarding adults – working together to improve outcomes <http://static.carers.org/files/carers-and-safeguarding-document-june-2011-5730.pdf> (please note – this guidance was produced before the implementation of the Care Act, and so refers to No Secrets, the previous policy guidance on safeguarding adults)
- SCIE (2014) Care Act: Sharing information with carers, family or friends – Adult safeguarding: sharing information <http://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/sharing-information.asp>

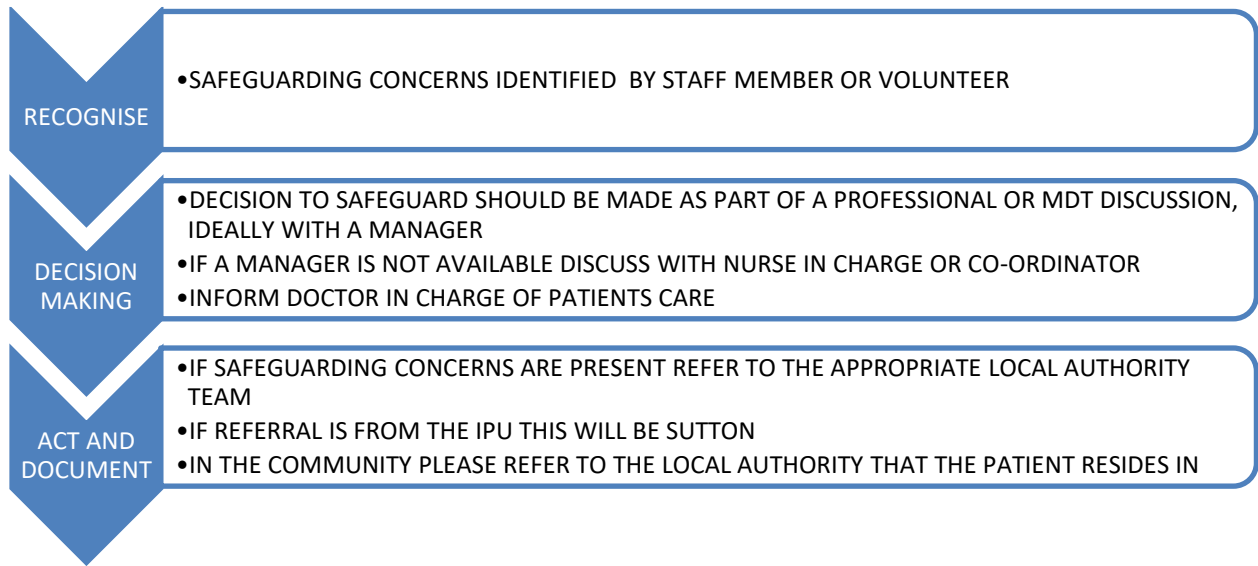
Making safeguarding personal:

- LGA Making Safeguarding Personal

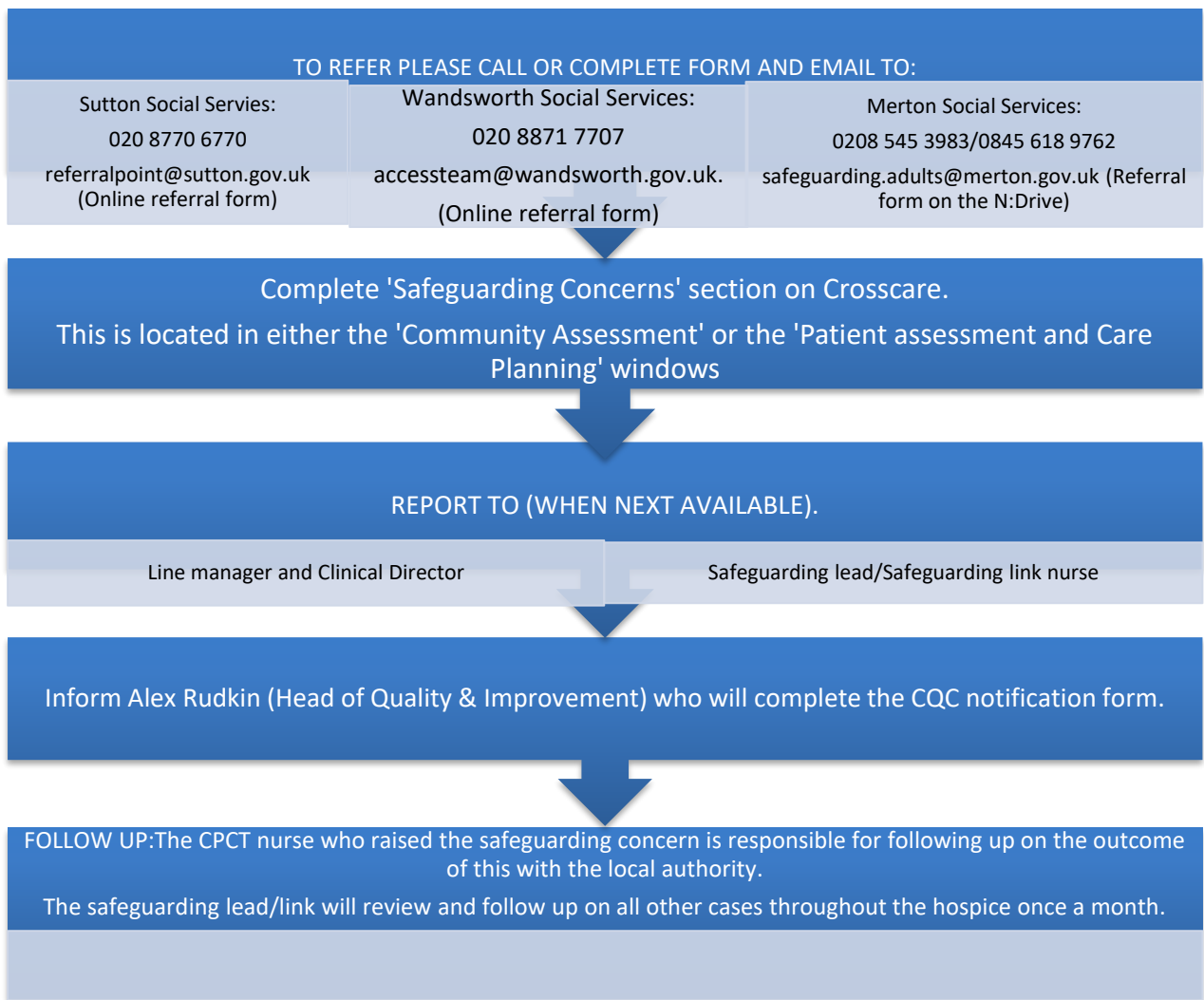
Safeguarding and domestic abuse:

- LGA (2015) Adult safeguarding and domestic abuse: a guide to support practitioners and managers. 2nd edition.
- NICE (2016) Quality standard: Domestic violence and abuse <https://www.nice.org.uk/guidance/qs116>
- RiPFA (2015) Research and Policy Update: Safeguarding and domestic abuse <https://www.ripfa.org.uk/resources/publications/policy-scopes/rpu-april-2015-safeguarding-and-domestic-abuse>

FLOW CHART FOR GUIDANCE/ACTION AROUND SAFEGUARDING CONCERNS



IF THERE IS AN IMMEDIATE THREAT OR DANGER TO ANY PARTY INVOLVED CALL THE POLICE



ITEM 07
Communications & Fundraising Report

Aim

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

Recommendations

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

Report Overview - Sara Jane Woods

- Our first proper event since the first lockdown, the Lavender Walk, took place in June and was very successful despite COVID restrictions being extended. We have built on our relationship with Mayfield Lavender Farm and created a beautiful memorial which can be visited seven days a week until September.
- The Lavender appeal has had its most successful year. The Supporter Care team have done an excellent job processing the income, markers, website and constant phone calls.
- Retail continues to be a challenge, despite income being good, whilst we try to balance keeping shops stocked, customers served and donations processed with relatively low number of volunteers. The retail team have been remarkably adaptable moving to another store at short notice and doing extra days to keep the doors open.
- We are focusing on volunteer recruitment for retail and are about to embark on a new campaign. The one area we have had a lot of success is Drivers and we are now in a position to have two vans on the road for more than half the week.
- We welcome two new members of staff to the Donor Development team.
- There is an uncertainty in the public about signing up to events possibly as they are unsure they will go ahead if new restrictions are introduced.
- Supporter Care are focusing on restructuring our coding and reconciling RE to the bank statements.
- We have begun work on the Lottery project.

RETAIL - Caroline Worley

- Our manager for Raynes Park has resigned, her last day is 27th July.

- Linda Ryan, our Wimbledon shop manager, has been appointed to the post of Area Manager. She came from a strong field of both internal and external applicants. This leaves us with vacancies in two shops which she will continue to oversee, along with New Malden until we are able to recruit
- Sales for June were +6.8% above budget and the team served over 11,000 customers spending an average of £6.77 (May avg £7.84) This drop in avg £ reflects we now have all 3 Clearance shops performing strongly, with the highest price of just £3.
- Highlights were Sutton +53.2% and Wimbledon Village +21.3% respectively above budget.
- We achieved 18% Gift Aid versus May 20% and we are discussing with individual managers to ensure all volunteers are trained to maximise this. However, the decline is more likely due to the centralised sorting in the donation centre, where volunteers are not picking up gift aided items and labelling them prior to sending them out.
- The Donation Centre continues to support our shops fantastically and we have a regular team of volunteers who are loving it, many of whom are new to us.
- A wall was installed in the Donation Centre in Sutton last week which will enable us to open the front area as a shop. The back area will continue to be sorting and storing stock, away from the sight of customers.
- As an interim measure our Cheam Manager, will be managing the DC as well. We are recruiting a store manager for the DC as well.
- In the past few weeks we have recruited a number of young people to our bank. They have brought a lot of enthusiasm and a lovely feel to the shops they support.

DONOR DEVELOPMENT - Emily Nicholls

Events

- **Lavender Walk** - Took place on Saturday 26th June. A circular 6mile route starting and finishing at Mayfield Lavender Farm. 157 walkers took part on the day with another 13 taking part virtually (in their own time).
£11,061 raised so far (net £7,697 - ROI of 228%)
Number of walkers up by 169% from 2020 and 17% from 2019.
Net income up by 19% from 2020 and 28% from 2019*.
*2019 included income from memorial service as well as the walk.
- **Special Events Manager** – Katy Mitchell recruited and starting on 13th July.

- **Marathons** – Online console closes this week for London Marathon places with Brighton and Royal Parks half fast approaching. We still have unfilled places for the Virtual London Marathon and Brighton Marathon.

Community

- **Fundraising Groups** – A picnic is being organised for fundraising group members in July to keep them engaged with each other and our work. Despite regular contact from us, many still feel uncomfortable fundraising at the moment as much of it is public facing. Some groups have organised virtual quizzes but income still remains very low compared to pre-COVID.
- **Fundraising Groups Manager** – Rose Wood recruited and started on 6th July. After settling in she will begin work on a recruitment campaign to increase fundraising groups. Aiming for 3 new groups in 2021-22.
- **Lavender Bucket Collections** – Two have taken place so far, one at M&S Sutton and the other at Centre court Wimbledon. We have 2 further booked in at Savacentre in Merton and London Victoria Station. We did have one booked for ASDA Sutton but unfortunately, they cancelled at the last minute. Usually we are able to book 15+ collections in June. So far, the collections have raised over £300. We have also received really positive feedback from the public at seeing us out and about again. The volunteers who have felt comfortable helping have really enjoyed returning to support St Raphael's and helping our visibility.
- **Photo Competition and Calendar** – A photo competition will be launched in July encouraging our communities to send in their shots of places they love in Sutton and Merton. The photos will be judged and the winning 12 will be made into a 2022 calendar which will then be sold for the hospice.
- **Leo Academy** – Lucia presented to the board at Leo Academy Trust on their work with the hospice, their success with Reindeer Runs and how we have worked together to create a successful community partnership. They would like to continue raising funds for the Hospice in a number of ways.

Corporate

- **Make Your Will Fortnight** – So far raised £3,334 of a target of £8,000. We are still waiting for some funds to come in but predict income will be low. Solicitors reported decreased number of people taking up appointments. This is likely to be due to the campaign also taking place in September 2020 (delayed due to COVID).
- **A Night Full of Stars** – A corporate awards night taking place in St Bede's on the 17th September. We aim to have 40 businesses represented. The event will consist of a welcome drink, networking opportunities, light refreshments, award

ceremony and opportunity to get involved further with the Hospice. Companies will be nominated for 5 awards with the winners being presented on the night. This is an opportunity to thank all those who supported us throughout the last 18 months, recognise the companies going above and beyond as well as a focus on business engagement.

- **I'm a Director Get Me Out of Here** – Planned for April 2022. We have decided to organise this ourselves rather than bringing in an external company. A venue is being sourced but we hope that it will take place at Old Ruts in Merton or another similar venue in this area. Companies are already showing interest including the Barclays Area Manager for London so we have high hopes for this corporate event. The idea will be to create competitive fundraising putting local Directors up against each other in two teams to complete a number of I'm A Celebrity style challenges (including the infamous Celebrity Cyclone!). Directors will raise money in advance to take part.

Trusts

- **IPU Refurb** – £17,591 has been received so far with an additional bid pending for £10,000 to cover the reception area on the IPU.

SUPPORTER CARE - Lucy Ribaudó

- **Lavender Appeal** – The Lavender Appeal proved to be a huge success which is evident from the number of donations we have processed **877** and the total amount we have banked **£63108.64** to date. The team have hand written more than **1250** individual Lavender Markers and mailed them out along with their "Thank You" letters, Lavender Seeds and a recipe card for Lavender Biscuits. We are also in the process of reconciling the Lavender Walk Event, sponsorship forms and donations are still coming in. We have received some lovely feedback from our donors with regards to the Lavender Appeal as a whole with some donations & comments being received from the general public who witnessed the walk but did not participate.
- **Financial Reporting** – We are just finalising and tweaking the new reporting and reconciliation process. Due to the change of name in some of our Campaigns we have had to recode & review donations we have received over the last 4yrs, which is over 47,000 transactions. We have used this opportunity to overhaul, update and implement changes to the historic processes which were in place making reconciliation and reporting accurate, clearer and more "User friendly"

We have updated our new charity & bank account details with the various money giving platforms as have the Finance Department. Most of whom have amended their records with no issues, however, GoCardless who process our recurring/regular gifts have withheld payments to us since the end of March resulting in a delay in us crediting our donor's records and therefore meaning

some reporting figures are not yet up to date. Finance have this in hand and we will update our records as soon as possible.

- **Gift Aid** – We have managed to claim gift aid for the old historic sponsorships dating back to 2017 resulting in £1022 being banked. We have set up a new process to enable us to make gift aid claims quarterly however, we are still awaiting the final authorisation from HMRC for the registration of our Database Manager's access under our new charity number.

LOTTERY - Glenda Withall

- The past three months of the lottery has been quite productive with 89 new members and 137 entries.
- The 20 Week campaign still continues to run as it seems to be popular being only £20 a time to pay as there has been 77 new members 78 entries (this has been included in the figure above).
- Gift voucher leaflets have been included in the Lavender Appeal mailing and so far we have had 13 supporters purchase a Gift Voucher – Total income £560.
- Plans for the lottery are contacting cancelled members either by telephone or letter to encourage them to resign up.
- Encourage staff and their family/friends to support us if they are not lottery members.
- We are creating a guide to enable Supporter Care to take on the administration of the Lottery. We have also been to see a van for our community engagement project. At the moment we have one quote and will be looking for another as we have set our hearts on maintaining our green credentials with an electric van.
- * All lottery figures are included in the total in the first paragraph.

SPRING BUMPER DRAW

- The Spring bumper draw took place on 18th June 2021.

The Spring Draw raised £20,790 (Tickets £17,845, Donations £1,445, Lottery £1,500). This figure was down on last year but from previous years about the same. This could be because we have created a number of opportunities to play ie 20 weeks.

COMMUNICATIONS - Diamond Naraviene

Branding/Merchandise

- We are in the process of sourcing A4 and A3 frames to display St Raphael's Hospice Values and Behaviours across the Hospice to include shops.

- We are taking to the suppliers of staff photography boards for our IPU; to be installed as part of the refresh.

Campaigns

- Retail volunteer recruitment is our next priority. Marketing plan is being prepared. As a very first step, we'll be targeting warm to us audiences who are more likely to consider volunteering for us, whom we have not promoted volunteering actively to, such as NOK available on our data base. The data for the mailing is being compiled and the content is being drafted.
- We are getting ready for the LUAL mailing, starting with sourcing stories for the next edition of the Raphaelite.

Digital Marketing

- Two prospective photographers have been interviewed. Final arrangements are being discussed before we start with our first projects, i.e. taking pictures of St Bede's and staff head shots.
- The look of the proposed staff email signature has been designed in-house and agreed on at the Comms Strategy Group meeting. Due to be discussed with IT to determine when it could be roll out across the Hospice.
- We have devised a new structure for the volunteering section on our website; to be presented to our Volunteer Leads in preparation for its launch.
- The shooting of induction videos has been completed; ready to commence editing.
- Summer Picnic invitation has been designed in-house to include an online RSVP option.
- [Lavender Walk story and a video of pictures](#) have been produced and uploaded onto our website.
- Facebook page for our Wimbledon Store has been completed is ready to be rolled out.

Collateral

- IPU refresh posters and FAQs for patient and their families, as well as health professions have been produced in-house and are [available on our website](#), as well as was shared on social media.
- St Bede's Room Hire Brochure has been designed in-house. Pictures and pricing are going to be updated ready for use by the end of summer.

- Legacy Lunch invitation is being designed; design services and print be outsourced.
- A number of information sheets have been designed in-house for our Care Team to use when providing services, such as us useful contacts and services, pain diary and medication guide amongst others.

Strategy

- Getting ready for the recruitment of a part-time PR and Content Assistant role.

VOLUNTEERING - Lorraine Hunt

- 84 New volunteers came on board during the 'Help Us Open Our Shops' campaign and have completed 1 or more shifts. 66 are still active in the Shops the Donation Centre and Driving.

A feedback questionnaire has been sent out week commencing 5/7 to all of the 84 volunteers (attached).

- 55 of our existing volunteers have returned to the shops, 27 have decided to leave and the other 33 have not made a decision yet.
- We need 300 volunteers across our shops and the Donation centre to be able to provide adequate support to the Shop Managers.
- Lorraine will be in the shops for the next few months to help managers with recruitment and contacting community locations local to the shops where we can arrange drop in sessions. We will be launching another retail campaign in the autumn.

Finance Report

Finance

1. June Management Accounts – Income and Expenditure

At the end of Q1 there is a shortfall of £(36)k which equates to £(286)k *before* the allocation of £250k of the DoC funding. This is £218k better than the budget, largely due to an improved legacy total of £440k, which is £191k above plan.

Donation Income is £60k below the plan whilst income from shops is £16k above and lottery is level to plan, a little behind last year.

Direct costs of service delivery are £951k compared to £965k budget and £849k last year. This year includes £68k of “notional rent” for the use of the land and buildings. Last year costs were also lower by £25k due to the furlough grant for a number of staff.

Support Costs (which are split 67% to Service Delivery and 33% to Income Generation) were £256k compared to a budget of £246k. Included is an amount of £15k that HMRC have declined to reimburse (relating to pre-registration expenditure). Last year it was £227k. Key changes are that our Comms manager was charged to Income Generation and is now part of Support; we have recruited an assistant to support her; Ashlie Jones, assistant to the Executive, had not joined this time last year; whilst Gail was charged to clinical as she was acting Clinical Director last year until Rebecca joined.

Income Generation costs were budgeted at £510k and reached £495k.

2. June Management Accounts – Balance Sheet

Cash stood at £6.71m at the end of June, around £100k better than at the March year-end. This is £1.34m above plan, largely due to the improved results last year. Debtors are £1.1m above plan as there are significant legacy balances that remain to be collected.

Net assets stand at £5.25m at the end of June 2021, £1.8m above budget. The large cash balance is partly offset by the deferred income balance.

3. Forecast 2021-22

At this stage of the year it is too early to cite trends. However, some costs, including some recruitment will take place later than budgeted and some staff costs have already been saved through vacancies. Overall this is estimated to reduce the costs for the year by £90k but this is offset by adding £150k of notional rental cost.

Donor income is lower in the first quarter and the forecast reflects this at present (see below).

With two large legacies included in debtors there is an assumption that these will be paid during this financial year resulting in an improvement over the budget for cash (a net outflow of £120k before fixed assets compared to a budgeted net outflow of £1.5m). This improvement reflects into the longer term forecast where, all other things being equal, the cash graph is now at or around the original projections of the business plan, with the losses due to delay and to the pandemic largely overturned.

4. Monitoring Progress

In the context of the longer-term plans, we are clearly in a much stronger cash position than expected. This is due to matters outside our control (high grants and exceptional legacies last year). Matters within our control are less clear, at this early stage.

The RAG report for some financial measures is attached and shows all areas except donations are ahead of the plan. As noted above, donations are some way below the plan (£205k v £252k excluding Gift Aid etc) in this quarter. This may be due, partly, to there not yet being any impetus or opportunity for challenge events or community fundraising. However, there are some positive signs within this; for example, the Lavender Appeal (including the walk) raised £70k compared to £54k in 2020 and £37k in the “normal” year 2019.

Similarly, with retail, we have some encouraging signs, in that the income for shops that opened from mid-April are running ahead of plan by 19%. However, due largely to lack of volunteers, the team are struggling to keep fully open all the shops.

Retail Sales	Actual Q1	Budget Q1	Variance	
Rosehill	20,123	17,100	3,023	15%
Raynes Park	20,196	17,300	2,896	14%
Banstead	22,431	19,766	2,665	12%
Carshalton	28,236	21,867	6,370	23%
Cheam Shop	24,931	21,117	3,814	15%
Wimbledon Village	46,425	34,100	12,325	27%
Subtotal - Open from Mid-April	162,342	131,249	31,092	19%
Stonecot Hill	12,897	5,600	7,297	57%
Sutton	14,608	6,500	8,108	56%
New Malden	4,979	8,617	(3,638)	-73%
Ebay & Warehouse	986	7,800	(6,814)	-691%
Carshalton Beeches	0	14,653	(14,653)	
	195,812	174,419	21,393	

A Comms plan, some additional staff resource and a high calibre volunteer project manager is being assigned to address this volunteer need.

Nick Stevens, Joint CEO

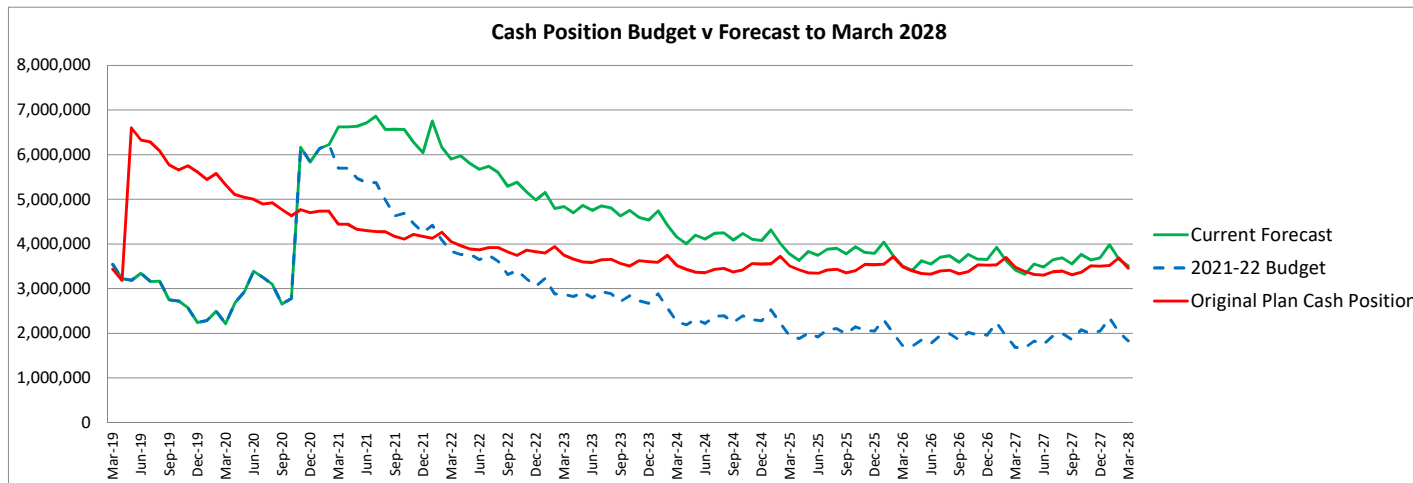
14th July 2021

Management Accounts June 2021	Year To Date				Full Year					Future Forecast					
	Actuals 2020-21	Budget 2020-21	variance	YTD Prior Year	Actuals 2019-20	Actuals 2020-21	Forecast 2021-22	Budget 2021-22	variance	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Income from NHS	390,674	391,784	(1,109)	382,296	1,546,130	1,775,471	1,568,999	1,570,108	(1,109)	1,597,059	1,621,482	1,646,291	1,671,491	1,697,089	1,723,093
Other Income	83,272	40,180	43,092	511,903	175,599	1,600,181	363,370	208,303	155,067	340,941	344,264	344,934	346,472	348,099	349,772
Service Income	473,946	431,964	41,982	894,199	1,721,729	3,375,652	1,932,369	1,778,412	153,958	1,937,999	1,965,746	1,991,225	2,017,963	2,045,188	2,072,864
Direct Cost of Services	(950,784)	(965,439)	14,655	(848,715)	(3,434,614)	(3,651,042)	(3,981,176)	(3,853,836)	(127,340)	(4,106,771)	(4,169,407)	(4,247,388)	(4,326,929)	(4,408,060)	(4,490,814)
Hospice Depreciation	(22,889)	(31,747)	8,857	(49,375)	(210,006)	(155,282)	(126,511)	(163,823)	37,312	(184,397)	(208,450)	(203,825)	(150,516)	(113,875)	(102,339)
Support Costs	(170,954)	(163,816)	(7,138)	(151,105)	(622,189)	(678,829)	(687,889)	(671,288)	(16,602)	(680,231)	(660,763)	(674,094)	(687,013)	(700,194)	(713,644)
Service Costs	(1,144,627)	(1,161,002)	16,375	(1,049,196)	(4,266,809)	(4,485,152)	(4,795,576)	(4,688,947)	(106,629)	(4,971,399)	(5,038,620)	(5,125,307)	(5,164,457)	(5,222,129)	(5,306,797)
Net Service Cost to be funded	(670,681)	(729,038)	58,357	(154,997)	(2,545,080)	(1,109,500)	(2,863,207)	(2,910,535)	47,328	(3,033,400)	(3,072,874)	(3,134,082)	(3,146,495)	(3,176,941)	(3,233,933)
	59%	63%		15%	60%	25%	60%	62%		61%	61%	61%	61%	61%	61%
Fundraising Activity															
Legacy Income	440,454	249,000	191,454	212,724	1,750,510	2,228,142	1,000,000	1,000,000	0	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Donor Income	205,316	265,071	(59,755)	237,091	1,240,373	1,222,685	1,191,733	1,251,488	(59,755)	1,555,179	1,860,355	2,084,784	2,168,175	2,380,174	2,475,381
Fundraising Costs	(173,610)	(160,570)	(13,040)	(132,881)	(629,760)	(592,754)	(761,776)	(764,886)	3,110	(859,700)	(879,292)	(896,015)	(913,509)	(931,779)	(950,414)
	472,160	353,501	118,659	316,934	2,361,123	2,858,074	1,429,957	1,486,602	(56,644)	1,695,479	1,981,064	2,188,768	2,254,666	2,448,396	2,524,967
Lottery Income	116,928	116,413	515	121,720	456,007	454,014	457,227	459,720	(2,493)	536,966	626,934	706,901	777,907	840,887	959,081
Lottery Costs	(44,126)	(61,775)	17,650	(50,049)	(206,984)	(188,041)	(246,580)	(269,249)	22,668	(301,491)	(316,236)	(329,977)	(342,832)	(354,905)	(373,155)
	72,803	54,638	18,165	71,671	249,023	265,973	210,646	190,471	20,175	235,476	310,699	376,924	435,075	485,982	585,926
Shop Income	202,745	186,937	15,808	4,477	1,103,503	203,693	1,045,552	1,029,744	15,808	1,352,014	1,699,830	1,920,558	1,956,381	1,993,697	2,031,759
Shop Costs	(277,052)	(287,621)	10,569	(156,533)	(934,027)	(913,626)	(1,113,422)	(1,145,386)	31,964	(1,227,280)	(1,429,772)	(1,547,849)	(1,558,571)	(1,582,160)	(1,604,308)
	(74,307)	(100,684)	26,376	(152,056)	169,476	(709,933)	(67,870)	(115,642)	47,772	124,734	270,058	372,709	397,809	411,536	427,450
	(494,787)			-3396%	15%		-6%	-11%		9%	16%	19%	20%	21%	21%
Support Costs	(85,477)	(81,908)	(3,569)	(75,552)	(311,094)	(339,414)	(343,945)	(335,644)	(8,301)	(340,116)	(330,381)	(337,047)	(343,506)	(350,097)	(356,822)
Fundraising Contribution	385,179	225,548	159,632	160,997	2,468,527	2,074,699	1,228,789	1,225,787	3,002	1,715,573	2,231,439	2,601,354	2,744,044	2,995,816	3,181,521
Shortfall before DOC Funding	(285,502)	(503,491)	217,989	6,000	(76,553)	965,199	(1,634,419)	(1,684,749)	50,330	(1,317,826)	(841,435)	(532,728)	(402,451)	(181,125)	(52,411)
DOC Funding	249,999	250,000	(1)	0	0	280,000	1,000,000	1,000,000	0	600,000	500,000	400,000	300,000	200,000	100,000
Contingency Drawdown										240,000					
	(35,503)	(253,491)	217,988	6,000	(76,553)	1,245,199	(634,419)	(684,749)	50,330	(477,826)	(341,435)	(132,728)	(102,451)	18,875	47,589

Management Accounts June 2021	Actuals 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Actuals 2019-20	Actuals 2020-21	Forecast 2021-22	Budget 2021-22	variance	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Total Income	1,689,389	1,499,385	190,004	1,470,211	6,272,121	7,764,186	6,626,880	6,519,363	107,518	7,222,158	7,652,865	8,103,467	8,220,425	8,459,946	8,639,085
Total Cost	(1,724,892)	(1,752,876)	27,984	(1,464,211)	(6,348,674)	(6,518,987)	(7,261,299)	(7,204,112)	(57,187)	(7,699,985)	(7,994,300)	(8,236,195)	(8,322,876)	(8,441,071)	(8,591,497)
Shortfall for period	(35,503)	(253,491)	217,988	6,000	(76,553)	1,245,199	(634,419)	(684,749)	50,330	(477,826)	(341,435)	(132,728)	(102,451)	18,875	47,589

Management Accounts June 2021	Year To Date				Full Year										
Net Movement in Funds	Actuals 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Actuals 2019-20	Actuals 2020-21	Forecast 2021-22	Budget 2021-22	variance	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Surplus/(Loss) from Operations	(35,503)	(253,491)	217,988	6,000	(76,553)	1,245,199	(634,419)	(684,749)	50,330	(477,826)	(341,435)	(132,728)	(102,451)	18,875	47,589
Depreciation	36,304	50,188	(13,883)	59,558	233,035	302,968	210,258	240,654	(30,396)	287,553	321,280	307,361	235,939	193,901	174,949
Decrease/(Increase) in Debtors	327,809	124,072	203,736	868,185	(981,075)	(533,412)	1,301,522	(38,424)	1,339,946	(30,209)	1,673	1,673	36,673	1,673	81,673
(Decrease)/Increase in Creditors	(209,920)	(269,740)	59,821	292,983	(59,763)	3,640,923	(999,425)	(1,011,990)	12,565	(605,680)	(505,630)	(405,525)	(287,297)	(185,899)	(85,834)
Net cash (expended)/ generated by operations	118,691	(348,971)	467,662	1,226,726	(884,356)	4,655,678	(122,063)	(1,494,509)	1,372,446	(826,163)	(524,112)	(229,219)	(117,136)	28,551	218,377
Purchase of Fixed Assets	(24,266)	(211,625)	187,359	(50,861)	(445,856)	(250,308)	(597,349)	(610,841)	13,491	(237,199)	(160,000)	(150,000)	(150,000)	(120,000)	(120,000)
Increase / (Decrease) in Cash	94,424	(560,596)	655,020	1,175,865	(1,330,212)	4,405,370	(719,413)	(2,105,350)	1,385,937	(1,063,362)	(684,112)	(379,219)	(267,136)	(91,449)	98,377

Management Accounts June 2021	Year To Date				Full Year										
Balance Sheet	YTD 2020-21	Budget YTD 2020-21	variance	YTD Prior Year	Actuals 2019-20	Actuals 2020-21	2021-22	2021-22	variance	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Fixed Assets	549,527	723,819	(174,293)	4,267,772	4,276,470	561,565	948,656	932,569	16,087	898,302	737,022	579,662	493,723	419,821	364,872
Debtors	1,758,556	679,729	1,078,828	684,768	1,552,953	2,086,365	784,843	842,225	(57,382)	815,052	813,378	811,705	775,031	773,358	691,685
Cash at Bank	6,714,730	5,378,497	1,336,233	3,390,801	2,214,936	6,620,306	5,900,893	3,833,744	2,067,150	4,837,531	4,153,419	3,774,201	3,507,065	3,415,616	3,513,993
Creditors	(3,767,260)	(3,381,082)	(386,178)	(629,239)	(336,256)	(3,977,179)	(2,977,754)	(2,638,831)	(338,922)	(2,372,073)	(1,866,444)	(1,460,919)	(1,173,621)	(987,722)	(901,888)
Net Assets	5,255,554	3,400,964	1,854,590	7,714,102	7,708,102	5,291,057	4,656,638	2,969,706	1,686,932	4,178,812	3,837,376	3,704,648	3,602,198	3,621,073	3,668,662
	0	(99)		0		0	0			0	0	(0)	0	0	(0)



Key

- 1 Arrival gateway with seating and archway
- 2 Fully accessible footpaths
- 3 Planted borders with new trees
- 4 Sensory Garden with raised beds and water feature
- 5 Existing hedge to boundary
- 6 Lawns with spring bulbs
- 7 Main lawn
- 8 Memorial garden with pergola
- 9 Play piece for children
- 10 New steps and ramp to café courtyard
- 11 Wildlife garden
- 12 Rose archway to entrance



Estimate of Costing - as yet no quotes

Project Management	£10,000
400m2 resin bond pathways (based on previous quotes for smaller project = £250 psqm)	£100,000
Steps and gradient work (based on previous quote for slope from Orangery Courtyard)	£5,000
Rowing Boat (Salter's Skiff 14ft - actual second hand)	£2,500
Irrigation System	£5,000
20 trees, transport and planting	£30,000
10 x curved stone benches (actual cost park quality)	£17,500
Memorial Garden Pergola est	£30,000
Water feature - stream, pump, safety features est	£10,000
Planting, turf etc	£15,000
Labour	£10,000
Ground works	£20,000
Contingency 10%	£30,000
Marketing costs	£15,000
	<u>£300,000</u>

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	Monitoring Process	Who is responsible for action	Date of last review	Date of next review
1.	IT systems failure	<ul style="list-style-type: none"> Loss of access to patient data Loss of service functionality Loss of business processes Staff become frustrated with repeat of issues 	<ul style="list-style-type: none"> Backup system in place, Critical data with 2-3 hours turnaround Multiple servers to spread risk Highly qualified and experienced team failover power source 	4	3	16	<ul style="list-style-type: none"> Renewal of all systems completed External support contracted as 24/365 backup Review of internal support structure to be undertaken in 2021 	4	2	12		Exec	Jul-21	Aug-21
2.	Inability to Recruit Sufficient Volunteers to support Income Generation	<ul style="list-style-type: none"> Retail Operation is restricted Supporter Group plans curtailed Lottery Growth delayed 	<ul style="list-style-type: none"> Retail Team being engaged and trained in recruitment and retention of volunteers New Supporter Group Fundraiser drawing up a plan for growing groups Lottery role in budget to support recruitment and management of volunteers Safe volunteering measures in place to re-assure potential volunteers 	4	3	16	<ul style="list-style-type: none"> Comms Plan being drawn up to repeat the recruitment drive of spring on ongoing basis High calibre volunteer to be drafted in to support implementation of plan Admin resource being re-pointed to support Income Generation Volunteer Team 	3	2	9	<ul style="list-style-type: none"> Record of actions to enhance quality of delivery and record compliments to be promoted and completed Engagement with TMA 	Exec	Jul-21	Aug-21
3.	IPU Refresh	<ul style="list-style-type: none"> Delay impacts service and users Reputational damage from closure Individual users suffer Staff concerned about their utilisation 	<ul style="list-style-type: none"> Communication internally and externally Neighbouring Hospices supportive if beds are needed Team in place to co-ordinate and plan Experienced, clinically focussed contractors Contract has time of the essence staff redeployed and occupied 	4	2	12	<ul style="list-style-type: none"> Patient numbers lowered in advance of pause of service 	3	2	9		Exec	Jul-21	Aug-21
4.	Cyber attack	<ul style="list-style-type: none"> Virus/malware attack Malicious software prevents normal service Problem spreads to other servers Denial of Service Attacks 	<ul style="list-style-type: none"> Anti-virus & anti-malware software is used on all servers & computers These are updated automatically in real-time. Software updates & security patches are applied when needed. Firewalls control unauthorised entry from Internet. Web filtering software prevents users from accessing unsafe websites. Email filtering blocks most unsafe emails. Staff are educated to avoid risks from fishing attacks. Simulated attacks are used to ensure that staff comply 	4	2	12	<ul style="list-style-type: none"> Replace aging firewalls with up-to-date devices. Regular penetration testing to be adopted to ensure long term protection from remote attacks. 	3	2	9		Exec	Jul-21	Aug-21
5.	Aging staff profile against a backdrop of increasing NHS pay (AFC) and shortage of specialist practitioners	<ul style="list-style-type: none"> Hospice cannot keep pace with increasing staff costs Staff leave to join NHS Service Decline 	<ul style="list-style-type: none"> Work/Life balance is superior at SRH Working environment is more pleasant Staff/patient ratio is lower All clinical staff receive supervision Staff development and training encouraged to raise expertise internally 	4	2	12	<ul style="list-style-type: none"> SRH can further highlight elements of staff welfare and flexibility EVE promotes our working environment and engagement with the vision Enhanced support for education, informally and formally 	3	2	9	<ul style="list-style-type: none"> Monitor feedback through appraisal system Monitor leavers and perform exit interviews Re-introduce Staff Questionnaire (from Sept 2021) 	Exec	Jul-21	Aug-21
6.	Inability to Grow Longer Term Funding Streams	<ul style="list-style-type: none"> Financial Losses continue and cash drains Reputational Damage 	<ul style="list-style-type: none"> Medium term plan includes provision for additional fundraising staff and resources Staff restructure completed to maximise team effectiveness Sufficient funds in place to ensure 3-5 years viability 	3	3	12	<ul style="list-style-type: none"> Mitigation funding has been agreed in principle to ensure time to react to unexpected changes to circumstance and to clear trends that require addressing 	2	2	6	<ul style="list-style-type: none"> Budgets monitored monthly to actual and reforecast KPIs to be introduced for non financial measures Cash forecast to 24 months + 	Exec	Jul-21	Aug-21
7.	Key Staff lost	<ul style="list-style-type: none"> Loss of experience takes time to replace Inability to recruit suitable alternative Leadership is interrupted and momentum lost 	<ul style="list-style-type: none"> Invest in training to enable development Involve key staff in strategy and leadership to add engagement 	4	2	12	<ul style="list-style-type: none"> Ensure career and salary development is monitored pro-actively Recruit and grow in-house succession where possible 	3	1	6		Exec	Jul-21	Aug-21
8.	Data Breach	<ul style="list-style-type: none"> Malware attack steals data Data suffers an accidental leakage Patient or donor confidentiality compromised Loss of Reputation Potential ICO fine 	<ul style="list-style-type: none"> All system data is protected by strong IT system access security and access is regularly reviewed Data is only made available to staff on a need-to-know basis. 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. Unauthorised access is prevented by using MAC address authentication on all switch ports & VLANs to segregate data areas. Office 365 emails & other services are encrypted & monitored to prevent unauthorised data transfer. Mandatory training now includes data security for all staff 	3	2	9	<ul style="list-style-type: none"> Review if necessary 	3	2	9		Exec	Jul-21	Aug-21
9.	Key Staff are overstretched through many projects and changes	<ul style="list-style-type: none"> Projects and change are not completed Staff lose vision and momentum Key Staff leave 	<ul style="list-style-type: none"> set realistic time-frames manage expectations and flex time-frame as required ensure budget for suitable resources are in place 	3	2	9	<ul style="list-style-type: none"> acknowledge successes and celebrate advances 	3	2	9		Exec	Jul-21	Aug-21
10.	Staff resilience negatively impacted during long pandemic	<ul style="list-style-type: none"> Inability to continue delivering service to the desired standards Consequential impact on EVE 	<ul style="list-style-type: none"> Peer support implemented for Managers - aim to equip to support staff effectively HR pro-active and available to hear and to escalate issues HR mental health helpline Regular and open communication from senior team Weekly testing for staff to lower anxiety and lower risk of absences Vaccines rolled to most staff 	3	2	9	<ul style="list-style-type: none"> Staff to be offered a period of time to take out for reflection and team social Staff and volunteer party planned for late summer 	3	1	6	<ul style="list-style-type: none"> Manager feedback 	Exec	Jul-21	Aug-21
11.	Financial Fraud (significant sums)	<ul style="list-style-type: none"> Financial Loss Reputational Damage 	<ul style="list-style-type: none"> Two signatures required for all transactions Annual budget set as boundary for activity Monthly review of accounts to budget and variances investigated 	4	1	8	<ul style="list-style-type: none"> Review of financial policies and accountability structures to be undertaken 	4	1	8		Exec	Jul-21	Aug-21
12.	Coronavirus spreads within the Hospice	<ul style="list-style-type: none"> Patients, staff or volunteers suffer CV-19 Reputational Damage 	<ul style="list-style-type: none"> All staff and volunteers Risk Assessed Strong protocols in place for infection control PPE in use - masks continue to be worn in clinical areas Social distancing observed Government Guidance is observed weekly testing and vaccines for all staff 	3	1	6	N/A	3	1	6		Exec	Jul-21	Aug-21

Joint CEO's Report

Overview

1. Consultant team now at complement (2.4 FTE). Dr Collins commenced employment on July 5th.
2. Plans to support IPU refresh due to commence on July 26th in train to inform both internally and our external stakeholders.
3. Retail performing well against budget.
4. Recruitment and retention of volunteers, particularly for retail sector remains a current risk.
5. The Quality Account 2020/21 was published on the Department of Health and Social Care website.

Governance and Finance

6. The figures included in the Finance Report show a shortfall of £286k offset by £250k drawdown on the DoC grant, net £36k shortfall. This is around £220k better than planned, largely due to legacies being £190k above plan.
7. Cash stood at £6.7m.
8. Draft annual report and accounts have been prepared and are currently with auditors.
9. The SWLCCG Contract Variation 2021/22 includes a 2.5% uplift for cost of living and costs for ambulance transport for patients not covered by continuing care funding. Ambulance transport was previously covered by a separate contract.
10. Health and Safety checks have been carried out by Hettle Andrews across the hospice and retail. We need to ensure that H&S are included under the auspices of one of our Committees, as with Data Protection.

Staffing and Recruitment

11. Dr Naomi Collins joined our team on July 5th. This completes the Consultant team recruitment. This is something to celebrate.
12. A small number of staff members remain on furlough, mainly from housekeeping (x3) and one driver.
13. Nursing recruitment remains challenging, particularly to cover night shifts. The nursing team continue to provide flexible cover across all shifts which is appreciated.

- 14.** We welcome new members of staff, Finance Assistant, Beata Tobrasz Radczac, Fundraising Group Manager, Rose Wood and Special Events Manager, Katy Mitchel. Linda Ryan has been appointed as the new Area Manager to work alongside Caroline Worley.
- 15.** Recruitment of sufficient numbers of volunteers to support mainly across the retail sector continues to present a real challenge. At present keeping all the available shops open and resourcing the donations centre is difficult, and will become more so with the additional challenge of annual leave being taken. At present the use of students to supplement gaps in retail staffing is proving helpful, however going forward volunteers will be needed to support paid staff to ensure adequate cover.
- 16.** Planning for the refresh of the IPU, the redeployment of staff and delivery of training has exercised much time and consideration. Over the 5-week period that the refresh will take, both Royal Trinity (RT) and St Christopher's (StC) have agreed to accept patients who require in-patient support. Some staff will work at StC to support patient care which will give an opportunity to experience working in a different environment. Other IPU staff will support the Community Palliative Care Team (CPCT) in providing patient care at home. It is envisaged that the CPCT will have a higher intensity of work across the period of the refresh. Communication to external stakeholders has been comprehensive and regular for assurance of their awareness.
- 17.** Our first "Equality and Diversity" study day was run on 5th July with a second on 14th. Our education team hosted, together with Steve Molyneux (Head of Psychological Support) and Nik Sanderson (senior CNS in the Community Team). The day was very well received with one participant suggesting all staff should attend. Two further days are booked for October.

Covid - Related Matters

- 18.** Changes to government guidance on July 19th will not affect the current regime adopted by the hospice/all departments to maintain infection control effectiveness. Communication has been maintained with all staff across the organisation to ensure they are aware of the current expectation of practice
- 19.** The Hospice maintains weekly PCR testing and are actively encouraging staff to undertake postal testing to reduce the administration time in registering and sending tests. Twice weekly LFD testing continues to be recommended for all staff.
- 20.** Staff Wellbeing: HR routinely remind staff of the details of the Employee Assistance Programme (EPA). All staff are encouraged to take their annual leave to ensure they have time away from work for rest and relaxation.

Income Generation

- 21.** Retail continues to perform well against budget, with 3 of the 7 shops being clearance stores (see figures in the finance report) and Carshalton Beeches remaining closed.

22. The Donation Centre in Sutton continues to attract large volumes of donations. The challenge is having enough volunteers to effectively sort, store and distribute stock. The Centre closed for a week- July 5th to 9th in order to clear stock and reorganise.
23. Larger challenge events remain difficult for the Fundraising Team to engage with due to the current Covid climate. Where there is opportunity to participate safely in events they are proactive, such as the sponsored walks or marathons. This is having an impact on overall fundraising income.

External Engagement

24. A successful meeting was held with Dr Z Visram (pronounced Zed) and Meena who is a ward companion and 2 project managers from Ismaili Civic. Z is a McMillan Palliative care lead GP in Sutton, and knows St Raphael's from a number of angles, all positive.

Ismaili Civic is a fairly new charitable arm of the faith community which was set up to respond to the COVID crisis and is now developing programmes to support community building through volunteering. This is part of a national project which not only aims to serve the wider world but it also helps bond their own community; it helps integrate young people into their community; by reaching out beyond their community to support others it helps demonstrate a different part to their faith than is often seen on the news and hence helps improve relations; overall it is a good thing to do and chimes with the values of their faith. All these things are worthy in themselves and are in line with our excellence, visibility and engagement. They are providing a regular donation of tea and coffee to the IPU.

25. We are in the process of arranging a meeting with Rachel McLoed the CEO of Sutton Carers, to discuss areas in which we may be able to work collaboratively together.

Operations

26. The majority of refurbishment work in the offices has been completed and office moves have been undertaken. We are grateful for the services of volunteer, Steve Crawley for supporting the painting of the final 2 office areas.
27. The repair and repainting of the windows in the St Raphael's Courtyard has been completed and the new garden furniture is in place.
28. Installation of the new ventilation system commences the week of July 19th.
29. The IT team remain extremely busy with multiple projects supporting the upgrade of IT infrastructure to enhance functionality for all teams.

30. The refresh of the IPU commences on July 26th. Assurance has been received from the contractor that all building materials required to complete the project are available.

Strategic Leadership Team

We thought it may be helpful to give an overview of the Strategic Leadership Team (SLT) and how through active engagement with **distributed leadership** we are aiming to increase the leadership capacity across the hospice so we can improve and grow in an authentic inclusive, manner. We believe that this style of leadership will facilitate the hospice to genuinely become a more effective organisation as a result of leaders within it collectively pulling in the same direction, guided by the same vision and values towards a common set of goals. For us it is EVE.

In the first couple of meetings most of the talking was delivered by the CEOs, setting out the vision for the SLT and the role of the members. As we progress, the role of the CEOs will be active listening and questioning for clarification, with the lead being taken by the members. Most of the key improvement strategies across the hospice will not actually be delivered by the CEOs, our role will be to ensure they are being led well by others and they are having impact.

It has to be clarified that we are essentially at the beginning of this process and it will take a little time before all the members of the SLT have the knowledge and confidence to embrace all aspects of their leadership role. However, what is evident so far, is that we have a team of people who are enthusiastic to embrace the opportunity to be involved with the development and growth of our hospice.

We have given the SLT the **autonomy** to make key decisions for their area of responsibility, which gives ownership for their work. The areas of responsibility are set out in the hospice management plan, which the SLT have actively help to construct by outlining their activities and goals for the next year. With this autonomy comes **accountability**, and we are in the process of introducing into the 3 monthly meetings a review of deliverables against the goals/milestones set out in the management plan and hospice strategy.

Affording members of the SLT this level of autonomy requires a huge amount of trust on our part, as ultimately, we are responsible for achievement of the key milestones set out in the management plan.

We are aware that not all SLT members are at the same stage and that some may need support. We initially put in place coaching to support the development and confidence of these managers. This took the form of supervised peer sessions, with an external professional coach, who is a volunteer. These sessions enabled open discussion and clarified for the group what was expected of them and consideration of how they could work collaboratively together. Some members of the team are also receiving individual coaching to support their professional development and leadership capability.

We are also aware that there will be occasions where things do not go to plan. Mistakes happen. In the 3 monthly meetings time will be allocated for members to reflect on what has not gone to plan and collectively we can all learn from these instances.

To date we have facilitated all SLT members presenting their team goals (included in the management plan) to each other to gain an understanding/insight of what each area is doing and how it contributes to the whole.

As we go forward our aim is to have an SLT actively supporting the development and achievement of our hospice goals.

Gail and Nick - Joint CEOs

St Raphael's Hospice
Minutes of a Meeting of the Finance & Resources Committee
Held using Zoom Video Conferencing
At 14:00 on Tuesday 6th July 2021

Members: Joe Ryan (JR - Chair)
Alan Cogbill (AC)
Ed Cook (EC)
Paul Holmes (PH)
Sr Kathleen O'Reilly (KO'R)

In attendance: Nick Stevens (Joint CEO – NS)
John Groom (IT & Facilities Manager – JG)
Neena Vadgama (Finance Manager – NV)
Anna Machin (Clerk – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
4. 2021/22 Year to Date Finance Report	Provide Finance Report on (a) reasons for Banstead shop income sitting below target, (b) updated report format	Nick Stevens, Neena Vadgama	September meeting	06.07.2021/01
	Review timing of Finance Committee meetings in 2022	Anna Machin	By September meeting	06.07.2021/02
	Identify, approach and meet with potential investment advisors	Nick Stevens, Joe Ryan	By September meeting	06.07.2021/03
	Support with development of Investment Policy, as required	Anna Machin	By September meeting	06.07.2021/04
6. External audit retender	Take forward approach to haysmacintyre, Mazars and Buzzacott regarding external audit retender	Nick Stevens, Joe Ryan	By end of October	06.07.2021/05
7. Risk register	Add number of employees to RAG Report	Nick Stevens, Gail Linehan	By September meeting	06.07.2021/06

The meeting commenced at 2pm

2. Welcome, apologies for absence and declarations of interest

Committee members were welcomed to the meeting. Gail Linehan sent apologies to the meeting. There were no declarations of interest in relation to items on the meeting agenda.

3. Review of minutes from 18th May 2021 Committee meeting

The minutes of the previous meeting were reviewed and approved as an accurate record of proceedings. Committee members noted that the Hospice continues to liaise with the CCG with regards to regular funding.

4. Actions List and update on matters arising

The Committee reviewed the actions arising from the previous meeting. The Finance Risk Register and External Audit Retender were on the meeting agenda and the discussion on legacies was being prepared for the July Board meeting.

5. 2021/22 Year to Date Finance Report

5.1. Management accounts & year to date income and expenditure to 31 May 2021 – Nick Stevens confirmed that the Hospice management accounts showed a shortfall of £159k for first two months of the financial year. Without the Daughters of the Cross (DoC) funding, the shortfall is £325k. This shows the underlying structural deficit which the Committee and Board are monitoring and the team continues to work to address.

Donations income sits at £137k, which is lower than the planned £178k, due to continued Covid-19 restrictions inhibiting the opportunity to run Community and Challenge events. Other fundraising areas have grown slightly and donations from the Lavender Walk were higher than prior years. The Shops are performing better than expected, however it is a high priority to recruit more volunteers to enable full reopening.

In response to questions from the Committee, Nick Stevens confirmed that the Carshalton Beeches shop may not open until early 2022, as the landlord wishes to refit the shop. An update would be given at the next meeting on reasons for the Banstead shop sitting behind budget. The Committee noted that the Wimbledon shop was performing well, showing the strong strategic decision to open in the area. The Finance Report format would be updated to align information on costs of sales, depreciation and rent. The timing of Finance Committee meetings would be reviewed for 2022 to align with month-end reporting timelines.

5.2. Balance sheet & cash movements – the Committee were asked to note that the high level of Debtors primarily relates to two large legacies. The deferred income balance on the balance sheet is primarily DoC funds that will be released steadily into the profit and loss account. The graph on the seven-year projections shows the improved cash position, compared to the targets set at the time of the Hospice Transfer Agreement in October 2020, due to higher than expected grant and legacy income.

5.3. Update on investments – Nick Stevens reflected that the Hospice now holds higher reserves and cash than initially expected, and it has been raised by grant-making charitable trusts considering funding the Hospice. Committee members were supportive of considering options for making investments, as the returns from this could be used for the benefit of patients. This would be on the condition of accurate forecasting of liquidity and cashflow needs, and receiving advice from an investment advisor. Anna Machin confirmed that the organisation's Articles of Association required that a Financial Advisor would be needed and that an Investment Policy could also be brought together to guide the Hospice's approach, for example relating to ethical investment.

Nick Stevens confirmed that it anticipated that £1-1.5m could be invested for up to five years, based on current projections. The Committee Chair and Finance team would meet with prospective investment firms in early September and report back to the Committee.

- 5.4. IT and Facilities** – John Groom updated that the Hospice is starting to limit patients joining the ward in preparation for the IPU refresh, and all incoming patients would then move to a local care home or Hospice. In response to questions from the Committee, it was confirmed that IPU colleagues will use time to support the Community team and receive training. More computer workstations will be set up to facilitate this. All Hospice premises are gradually moving to common gas and electricity contracts which will help to realise cost savings. The office moves are now complete. The cloud version of Raiser’s Edge has been installed, alongside work to roll out wireless access points, reconfigure PAS software and instal BrightPay for the HR team. A future project will involve potentially moving away from the CrossCare system to another solution such as EMIS.
- 5.5. Statutory Format Accounts & Gifts in Kind** – Neena Vagdama updated on the audit process, which had primarily been undertaken remotely aside from a one-day in-person visit. There are no concerns to report and the auditors have been content with information provided. Nick Stevens updated on Statutory Format Accounts, and confirmed that the figures may change to include a £310k legacy received in April, and reflect the latest approach to recording the gift-in-kind from DoC for use of Hospice premises which have been valued at around £270k. The Committee were content to use this figure, based on advice from the individual who had provided a formal valuation. It was suggested that more information should be included in the narrative statements on the pastoral care provided by the Hospice.

6. Discussion on potential retender of external audit

The Committee reviewed the paper, noting that Buzzacott are currently also auditors for DoC. It was agreed that haysmacintyre, Mazars and Buzzacott would be the three firms considered as part of an external audit retender, based on their expertise and cost shown through the benchmarking exercise. Nick Stevens and Joe Ryan would take forward meetings with prospective auditors by the end of October, after the 2020/21 accounts after finalised and signed, to receive quotes for the external audit on a three-year basis.

7. Finance & IT/Facilities risk register

Neena Vagdama presented finance risk register, post-control scores all Low and Medium:

- Loss of key personnel – this is mitigated through internal staff cover and strong financial records.
- Financial fraud – phishing emails are regularly received, there are two signatories and internal processes to ensure scrutiny.
- Covid-19 negatively impacting funding streams – more funds were raised in 2020/21 than expected particularly through the CCG, the focus now is to maintain funds for 2021/22 through grants and fundraising activity.
- Inability to grow long-term funding streams – this is being mitigated through investment in fundraising team as outlined in the Management Plan and Fundraising Strategy.
- Difficulty in recruiting nursing staff – HR are leading on recruitment plans, as the challenging recruitment environment can lead to higher staff and agency costs.
- Failure of SAGE IT systems – the Hospice has a Support Desk and regular back-ups in place.
- Operational risks – these are covered through insurance and expertise received from Hospice advisors e.g. HR retainer, auditors and lawyers.
- Failure in Trustee reporting – the regular Finance Committee and Board meetings mitigate this risk with detailed papers and time allowed at meetings for questions.
- Major projects which could lead to unclear costs – there is clear delegation of funding approvals, included through the annual budgeting process.

- Lack of compliance with financial procedures leading to unpaid supplier invoices – occasionally staff do not share invoices with the Finance team, and so there is awareness-raising with Departmental managers.

The Committee reviewed the IT & Facilities Risk Register which highlighted the main ‘Red’ risk as a potential cyber-attack. The Hospice has been a victim of ransomware attacks twice. Strong back-up procedures are in place, the firewalls will be replaced over time and staff training also provided.

The Committee noted the Hospice RAG Report which is used as high-level tool to track progress against plans, and reflects that Donations are below target currently. The wider KPIs are currently under development, such as the delivery of Psychological Support Sessions through volunteer counsellors. It was requested that the number of employees is added to the KPI report, if possible through the HR system.

8. Update on Hospice approach to pensions

Nick Stevens updated on the risk relating to replacement of current staff who are on Hospice pensions being replaced by incoming staff with NHS pensions. NHS pensions are significantly higher and this would present a risk of £80k to the budget per year. There is further potential pressure to advertise Healthcare Assistant (HCA) roles with better terms and conditions due to difficulty in recruiting. The Hospice long-term budget assumes that new roles will have higher pensions but does not for current roles that may experience turnover. Colleagues are aware of the varying pensions arrangements dependent on professional backgrounds, and there is transparency with Trustees on this matter. The Committee were content to proceed with the proposal to continue to budget for NHS pensions for vacancies for staff in eligible roles. This will then gradually increase the cost base as these roles become filled. The Committee also asked to note the differential between the London Living Wage and NHS pay levels for key roles.

9. Any Other Business and Dates of future meetings

The Committee thanked the team for their significant work at the Hospice over past months. It was agreed that the September Committee meeting would be rescheduled due to availability of Committee members.

There were no further items raised under Any Other Business.

The meeting ended at 4pm.

Approved.....

Date.....

St Raphael's Hospice
Meeting of the HR Committee
Held using Zoom Video Conferencing
At 10:00am on Tuesday 13th July 2021

Members: Paul Holmes (PH - Chair)
Marian Norman (MN - Trustee)

In attendance: Kelly Channer (KC – Head of HR)
Gail Linehan (GL – Joint CEO)
Nick Stevens (NS – Joint CEO)
Ginny Toubal (GT – Volunteer Services Manager – items 1-2)
Anna Machin (Clerk – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
5. Update on HR activity	Add average age of starters and leavers to HR report	Kelly Channer	November meeting	13.07.21/01
9. Pension advice	Place review of Pay Policy on December 2021 Remuneration Committee agenda	Kelly Channer, Anna Machin	December meeting	13.07.21/02

1. Welcome, apologies for absence and declarations of interest

Committee members were welcomed to the meeting. There were no apologies sent to the meeting. There were no declarations of interest in relation to items on the meeting agenda.

2. Volunteer Update & Volunteer Services Dashboard

Ginny Toubal updated that volunteers are being recruited strategically according to skills need. The Community team are focusing on enabling Hospice Neighbours to undertake home visits. It is a priority to ensure any volunteers in patient-facing roles have received both Covid-19 vaccines. The Shop Reopening volunteer recruitment campaign brought in new one-off and ongoing volunteers. A total of 300 volunteers are required across the Shops and Donation Centre to provide full support to paid staff, and this is the top priority for the Communications team to support promotion as the Hospice does not yet have a full set of volunteers.

3. Review of minutes from 18th May 2021 HR Committee meeting

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

4. Actions List and update on matters arising

The Committee reviewed the actions arising from the previous meeting:

- Include Investing in Volunteers Report in Board paper pack – completed.
- Prepare written HR update to next meeting – completed.

- Embed recognition of gender fluidity into draft questions on gender in staff survey – completed.
- Share update on equality benchmarking process – in progress for update in autumn.
- Take forward discussion on Board diversity with Board Chair – the Committee Chair had spoken to the Board Chair, to feed into work on future succession planning for the Board.
- Arrange staff evaluation form for equality training – completed.
- Update HR risk register with additional risks and scoring – this is in progress and will be brought to the November 2021 meeting.
- Share additional information requested by Committee on insurance arrangements by email for approval – this would be circulated to the Committee in follow up to the meeting.
- Annual leave allowance – this is on the agenda for review at the November meeting.

5. Update on HR Activity and Management Plan

Kelly Channer provided an update on key HR activity since the last Committee meeting. The HR team have purchased BrightPay payroll software, with IT supporting installation on computers ready to undertake transition and training over the summer, and go live in October.

It has been a busy time in terms of leavers, new starters and recruitment, with the HR team working hard to ensure posts are being filled. In response to questions from the Committee, it was confirmed that this is primarily due to replacing Bank staff rather than key personnel from the Hospice leaving. The level of staff turnover is not a concern overall. The Committee requested for the average age of starters and leavers to be added to future reports.

The team recently concluded Ill Health Dismissal, which went to ET1 and was settled outside court by mutual agreement. The Hospice agreed to give a reference to individual and a payment, which was broadly comparable to redundancy pay. There has been a recent Capability case which was concluded, with the support of an occupational health provider, and the employee left feeling supported and valued.

The Committee were asked to note that the lower number of appraisals undertaken in the Housekeeping team was linked to a colleague being on furlough. The team had a good track record of completed appraisals previously and this is not a concern going forwards.

The Committee reviewed the draft Staff Survey questions, which will include sections on Wellbeing, Safety at Work, and Individuals' Roles. The Survey will be used as an opportunity to request equality information from staff through a separate form. The Committee noted that the questions would be further developed over the summer, and emphasised the importance of sharing key outcomes and actions arising from the survey with staff – as the Hospice had done previously. The Committee expressed thanks for the comprehensive HR report.

6. Equality and diversity

Kelly Channer confirmed that the recent Equality, Diversity & Inclusion training had been well received. The Committee noted the feedback summary provided in meeting papers. Going forwards, the Hospice would like to offer this training to all colleagues, but would review the balance between online and in-person training to ensure this works in practical terms. It is an important part of the Hospice's commitment to equality to ensure that each staff member undertakes this training, particularly as a patient-facing service. The volunteering and senior team have also attended local outreach events including with the local Ismaili community who are looking to increase the amount of community engagement work.

7. Speaking Up

There were no concerns raised under the Speaking Up policy to report to the Committee.

8. Reviewing of staffing contracts

The Committee were content with the proposed approach to updating Staff Contracts to actively encourage (but not legally mandate) Covid-19 vaccination.

9. Pension advice to staff

Nick Stevens updated that the Finance Committee had asked for an update on the Hospice’s approach to pensions, as it had been raised on the risk register. Prior NHS staff who join the Hospice can port their pension to St Raphael’s, there is a big discrepancy between the NHS and Hospice pension. This has been budgeted for new staff joining, but not for natural turnover of roles. It could lead to an additional cost of up to £40k per year.

The Hospice is also conscious of pension and pay levels compared to other NHS roles and Hospices paying the inner London weighting, for example during a recent round to recruit Healthcare Assistant roles. The Finance Committee understood that this differential could not be reversed or changed in the short-term but would be reviewed gradually. There are also other benefits of working at St Raphael’s, such as the difference in working environment compared to the NHS and positive outcomes of the Staff Survey, which can be further emphasised during the recruitment process.

It was agreed that this would be reviewed in further detail at the December 2021 Remuneration Committee meeting, at which the Pay Policy and pay award is reviewed.

10. Any Other Business and Dates of future meetings

There were no items raised under Any Other Business. Committee members noted the dates for future meetings:

- Tuesday 16th November 2021, 10am-12pm
- Remuneration Committee – Tuesday 14th December 2021, 10am-12pm.

The meeting ended at 11am

Approved.....

Date.....

St Raphael's Hospice
Minutes of a Meeting of the Fundraising & Communications Committee
Held using Zoom Video Conferencing
At 14:00 on Tuesday 13th July 2021

Members: Roderick O'Connor – Committee Chair (RO'C)
 Bernard Marley (BM – Co-opted Committee Member)
 Marian Norman (MN)

In attendance: Gail Linehan – Joint CEO (GL)
 Nick Stevens – Joint CEO (NS)
 Emily Nicholls – Head of Donor Development (EN)
 Sara Jane Woods – Director of Income Generation (SJW)
 Diamond Naraviene – Communications Manager (DN) – items 1-4
 Anna Machin – Clerk (AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
8. Risk register	Make additions to Risk Register	Sara Jane Woods	November 2021 meeting	13.07.21/01

1. Welcomes, apologies for absence and declarations of interest

The Chair welcomed Committee members and colleagues to the meeting. There were no apologies sent to the meeting. There were no declarations of interest in relation to items on the agenda.

2. Review of minutes from 12th May 2021 Committee meeting

The minutes of the 12th May 2021 meeting were reviewed and approved as an accurate record of proceedings.

3. Actions List and update on matters arising

Committee members reviewed the matters arising, and it was confirmed that a verbal update would be given at this meeting on key Fundraising and Communications risks.

4. Communications update

Diamond Naraviene provided an update on key Communications activity:

- The promotion of the Lavender Appeal promotion has recently concluded with a strong response from donors. A video on the Lavender Walk has been published on the website.
- The team have worked to develop communications on the IPU refresh including leaflets, FAQ information and updates for local health professionals.
- The Legacy Lunch invitation is being developed which will be sent to at least 2,000 individuals. The team continue to work with Volunteering to support outreach.
- The Light Up a Life appeal is being prepared including articles and mailing content, and other priorities including choosing Hospice photographers, developing email signatures.

Committee members received further detail on proposed spend on planned activities, and the team's approach to balance email versus hard copy communications depending on stakeholders' preferences.

5. 2021/22 year to date Fundraising update

5.1. Fundraising Figures – the Committee reviewed the Fundraising Figures, with the database recently having been aligned with the coding in the Finance system to ensure consistency of reporting. Some Regular donations are held up currently with the card company and are due to arrive in Q2. Overall income is lower than budget for this time of year primarily due to Covid-19 restrictions. For example, there would usually be 15 Lavender Walk collection venues, and this year there are four which will run into July and August. There have been delays to Challenge events and some hesitancy from Supporter Groups to restart activity due to Covid-19 risk.

Fundraising appeals are performing well, with the Lavender Appeal raising £63k so far compared to £47k in the prior year. The number of Lavender Walk participants increased significantly, and Light Up a Life is expected to perform well. This reflects a trend in the sector towards more individual giving. Eight supporters will take part on the Snowdon Trek.

5.2. Update on Community Fundraising – a picnic will be organised during the summer to bring together Supporter Groups safely in person. A team member did a presentation at a local academy school trust board on partnership opportunities, who confirmed they would like to continue to explore ways to support the Hospice. A photo competition is planned as part of making a 2022 calendar.

5.3. Update on Corporate Fundraising – Make a Will fortnight was delayed in 2020 to the autumn and raised £8k. The May 2021 campaign brought in £4k compared to usual income of £14k, which is a break-even position and is due to the shorter gap in between the two campaigns. 'I'm a Director, Get me out of Here' has been delayed to April 2022 and will be coordinated in-house, with strong interest from local businesses in the event. The Corporate Awards Night will be held on 17th September with 40 businesses represented, to thank them for their support over the past 18 months.

5.4. Trusts and foundations - £17.5k has been received from six trusts towards IPU refresh and further bids submitted.

5.5. Lottery – Lottery income has been stable and more team members will be brought in at the appropriate time to undertake community outreach for new sign-ups.

5.6. Supporter Care – Supporter Care have worked with the Finance team to port software and fundraising accounts from the Daughters of the Cross (DoC) to St Raphael's Hospice, as an independent charity.

5.7. Update on Retail – the Retail figures will be shared in full at the end of July, and Retail turnover is currently 6.8% above budget, with only Banstead and Cheam below budget. The former shop had a good start to reopening but local Covid-19 surge testing has reduced footfall on the high street. The stock will also need to be refreshed. The Cheam shop had staff needing to take time off and cover has been resolved. The New Malden shop has been very well visited by the community and the discount shop in Sutton is working well. Rose Hill is also being adapted to be a discount store. Donation Centre volunteers continue to work hard and the level of donations is high. The Wimbledon Shop Manager has been appointed to the post of Regional Manager, and outperformed external candidates at interview.

The Fundraising and Supporter Care teams have supported movement of stock from the premises used to store stock. Since 4th April only one shop has been closed for one day when trading should have been happening. The team have been very adaptable in providing staff cover, and have planned cover for the summer holidays.

5.8. Garden Appeal – Emily Nicholls provided an initial update to the Committee in advance of the presentation to the 21st July Board meeting. Local perception surveys showed that 54% of the community would want to give to the Hospice and this project is designed to act as a platform to inspire giving. The Hospice chose not to run an ‘emergency appeal’ early in Covid-19, and this campaign will provide an opportunity to demonstrate the Hospice’s values and to foster relationships with new and lapsed donors, developing the supporter journey. The overall goal is to raise £300k.

Diamond Naraviene updated on the communications stages sitting behind the plans, including the launch of the campaign, corporate and trust engagement, events/ community activities, door-to-door outreach, volunteering opportunities. The campaign would then end with sharing the successes and acknowledgement of donors. The campaign will emphasise the environmental and wellbeing benefits of the garden, and the improvement in service provision for the Hospice. Monthly communications expenditure will be £1.5k on average per month.

Committee members discussed whether funds would be best directed to core funds or a new project. The team shared the goal that the new project would act as a ‘hook’ for new local donors with interest in healthcare, charity and the environment, and greater visibility in the community, which would not be possible in the same way through an appeal for core funds. It also provides an opportunity to raise profile through potential links with well-known gardening celebrities and set up a new Supporter Group.

The Committee asked whether the garden project would be the right focus compared to a capital campaign for the building infrastructure. The Committee received assurance that whilst capital work or changes to the building may be planned for five years’ time, discussions with building experts had not identified a need for major works in the short- to medium-term. Internal refurbishment to the premises has already been budgeted and planned for 2021/22.

The costs of the garden would be depreciated over the lifetime of the lease with Daughters of the Cross (DoC) and so approval from DoC would also be sought prior to any works being started. The budget would encompass £100k for infrastructure works, £50k for trees (if mature trees are used) and the remainder for landscaping, plants and the share of core staff costs required to run the campaign. The aim would be to raise £100k from Trust fundraising towards the start of the project, which would help to unlock new potential funding sources for example the Big Lottery Fund. This will also help to gauge the potential financial support that would be available.

The Committee asked about project timelines. It was confirmed that £100k would be required at minimum to commence works and the remainder of the budget would have some flexibility. The team would not need to wait until, for example, early 2023 when all funds had been raised to make a start.

On the basis of this discussion, the Committee were supportive of the rationale for the project. It was recognised that the importance of outdoor space for wellbeing has been highlighted during this period of Covid-19. Many other Hospices have outdoor spaces which help families and friends who make memories with patients towards the end of their life. The garden space would also be used by patients from the Wellbeing Centre.

5.9. HR and Staffing Matters – Emily Nicholls shared the sense of optimism within the team currently as the Lavender Walk was the first in-person event that had been held in 18 months. There have been two new starters within the team, and colleagues will be able to take annual leave during August which tends to be a quieter time of year.

- 6. Fundraising applications pipeline report** – Sara Jane Woods confirmed that the main applications in the pipeline are for the Bariatric Room and IPU refresh.
- 7. Management Plan update** – the team are making progress on key goals, including integration of Raiser’s Edge with finance system, awareness-raising on Gift Aid, and social media presence. Implementation of Skyline Report is working well. A shortage of volunteers is the main risk and limiting factor for the Hospice currently, with 100 active Retail volunteers but a need for 200-300 to support the Retail managers fully. This is a focus for outreach in conjunction with the Volunteer team. The plans for Legacy communications will be presented at 21st July Board.
- 8. Risk register** – Sara Jane Woods shared the key risks and mitigations for the team as follows. These would be formalised into a risk register for the November meeting, after more in-depth discussion with the internal Leadership Team:
- Failure to meet or exceed budget, or inability to raise funds as laid out in Business Plan and Strategy – key mitigation involves development of internal staff knowledge and capacity;
 - Loss of key members of staff delaying Strategy implementation – mitigation activities involve regular one-to-ones, performance reviews, checks on morale, setting challenging targets, regular feedback, and a ‘one team one goal’ approach.
 - Cancellation of events due to pandemic or other circumstances, or injury at events – this is mitigated by planning regular risk assessments, adherence to legal and professional regulation, volunteer management and training, and staff oversight.
 - Risk to reputation on social media – there is expert oversight of communications team.
 - Levels of legacies not aligning with the budget – this is mitigated by implementation of fundraising strategy and legacy marketing plan.
 - Legal changes in regulation which would inhibit fundraising activities – the team receive regular updates and training from Gambling Commission and Fundraising Regulator, and the Hospice are members of Institute of Fundraising and Hospice Fundraising Group.

The Committee requested that the risk of IT failure, and low volunteer numbers, be added to the Risk Register.

9. Any Other Business and Dates of future meetings

The Committee thanked the team for the comprehensive update provided and work to develop the Hospice’s fundraising activities.

There were no items raised under Any Other Business. Committee members noted the date of the next meeting of Wednesday 3rd November 2021, 2-4pm.

The meeting ended at 3.45pm.

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

St Raphael's Hospice
Minutes of a Meeting of the Clinical Quality & Governance Committee
Held using Zoom Video Conferencing
At 10:00 on Friday 16th July 2021

Members: Dr Carrie Chill – Board Advisor & Committee member (CC)
 Alan Cogbill – Trustee & Committee member (AC)
 Dr Joy Tweed – Trustee & Committee member (JT)

In attendance: Gail Linehan – Joint CEO (GL) – items 1-6
 Nick Stevens – Joint CEO (NS)
 Alex Rudkin – Quality Development Manager (AR)
 Dr Jenny Strawson – Consultant (JS)
 Rebecca Trower – Clinical Director (BT)
 Anna Machin (Clerk – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
5. Clinical Risk Register	Explore option to recruit agency nurse for night shifts	Gail Linehan, Rebecca Trower	October meeting	16.07.21/01
	Share detail on FTE required to bring RGN team to establishment	Alex Rudkin	October meeting	16.07.21/02
	Share update on IT risks	Rebecca Trower	October meeting	16.07.21/03
6. Clinical Quality & Governance Report	Share update on equality & diversity Working Group on patient behaviour towards staff	Rebecca Trower	By October meeting	16.07.21/04
	Encourage IPU staff reflections on time spent in training and working with other colleagues	Rebecca Trower	By October meeting	16.07.21/05
	Consider approach to using Datix to collect examples of excellent practice	Rebecca Trower, Alex Rudkin	By October meeting	16.07.21/06
	Consider further ways to help inform patients of Hospice support compared to other services	Rebecca Trower	By October meeting	16.07.21/07

1. Apologies for absence

Alan Cogbill took the Chair. Committee members were welcomed to the meeting. There were no apologies sent to the meeting.

2. Review of minutes from last meeting

The minutes of the 14th May 2021 meeting were reviewed and approved as an accurate record of proceedings.

3. Action list from previous meetings

Committee members reviewed the matters arising:

- 04/01; 11/01 – the Performance Management policy review has been completed
- 21/02/26-01 – training portal access has been given to Trustees and training log being maintained.
- 21/02/26-02 – outreach materials have been prepared for new Committee members, for review by the Board at the 21st July meeting.
- 21/05/14-01 – the Excellent Practice Register was shared with the Board at the 2nd June meeting
- 21/05/14-02 – the HR Committee undertook a review of the Hospice's position with regards to staff contracts and vaccination.

4. Evidence of Excellent Practice register

The Committee noted the wide-ranging aspects of the Hospice's work outlined in the register. This included the awarding of five stars from a recent environment service inspection, securing new medical equipment and examples of staff going above and beyond to support patients. The Hospice had recently supported a wedding of a patient on-site, and this story had been shared on social media. The Committee echoed that the Hospice should be proud of these examples of strong support for patients and sensitivity to the diversity of patients under the charity's care.

5. Clinical Risk Register

Rebecca Trower updated on the key risk relating to recruitment, particularly for Bank and Band 5 staff members. The Hospice has changed sickness and parental leave policies to enhance the staff offer and adapted recruitment outreach. The Hospice is able to flex the number of beds in line with staffing capacity. Other healthcare organisations are facing similar challenges, and St Raphael's can further emphasise the benefits of working in a Hospice compared to other healthcare settings such as the different patient/ staff ratio.

Committee members and colleagues discussed the potential option to recruit an agency nurse for night shifts, to mitigate against stretch on staff, if dedicated training on end of life care was provided to them. It was agreed that this would be explored, to potentially commence after the completion of the IPU refresh. The FTE required to bring the teams to establishment would also be shared at the next meeting.

Nick Stevens also raised that the Finance Committee had been updated on the pay differential identified for HCA roles between St Raphael's Hospice, compared to other NHS organisations and local Hospices. This relates to different applications of the London outer (up to 5%) vs fringe (up to 15%) weightings and can be up to £1.40 per hour more in the other organisations. An update on IT risk would be shared at the next meeting, following IT testing to be undertaken to coincide with the IPU refresh.

Rebecca Trower shared information on the continued challenges brought by Covid-19, and that the Hospice would apply a more stringent approach compared to the recent changes in public health guidance to ensure patient safety. The Committee shared that this reflected the approach being undertaken in Primary Care settings. The IPU refresh being undertaken over the summer will help to mitigate against some risks. The Hospice will review the approach to frequency of Covid-19 testing, in relation to the use of the NHS Covid-19 app, and safety requirements that will be applied with office-based staff.

6. Clinical Quality & Governance Report

Rebecca Trower updated that demand for the Hospice's services had been the highest for any quarter so far. Teams have worked closely together, and gone above and beyond at any times of stretch in capacity. Weekends are increasingly busy and so a proposal has been shared with the CCG for additional funding to add capacity. Student counsellors are providing valuable support, and Wellbeing programme numbers have been gradually increasing. The third Consultant, Dr Naomi Collins, has started in post and received a full induction and initial meetings with colleagues.

The Equality, Diversity & Inclusion training days have been well received by staff and have brought together colleagues from different departments. The training days had identified that some staff members had experienced prejudicial behaviour from patients. An internal Working Group would be set up to consider this matter further, and Dr Carrie Chill would contribute to this.

Three staff recently undertook the European Certificate in Essential Palliative Care. The Capacity Tracker continues to be completed by the Hospice, which is time-consuming but has also enriched the data held by the organisation.

The Committee asked for further detail on the increase in the number of Drug Control incidents. It was confirmed that this primarily related to patches being distributed to patients, and internal feedback and control measures have been put in place. The Hospice generally scores well in this area when audits are undertaken.

The Hospice ward has no patients in preparation for the IPU refresh and so contractors may be able to commence work early. Some of the Hospice's HCAs have offered to work at St Christopher's which is an example of collaborative working. IPU staff will use the time to take annual leave, undergo training and work with the Community team. The Committee encouraged IPU colleagues to share reflections on the benefits to the time they have spent working in other ways during the refresh, and that this could be included in the Excellent Practice Register.

Alex Rudkin updated on the proactive engagement from the Medical team in audit and data collection work. This also helps to build evidence for staff revalidation and appraisals. The Committee noted the comprehensive range of audits underway. Submissions to regulators have provided further depth of information on the Hospice's vision, led by the Joint CEOs, and plans for delivery and development in key areas such as bereavement counselling. The Hospice's self-assessment will be kept up-to-date, and CQC has recently recommenced one-day inspections.

The Datix system will be implemented during the summer ready for roll out in September. It was recognised that the system could be used to collect examples of excellent practice, as well as incidents or near misses. This would be given further consideration by the team.

The Committee noted the Complaints report, and continued work to ensure clear communication from the Hospice on support offered by the organisation, and the relation to those offered by other services. The Committee suggested developing the approach to use of Information Sheets, or newly developed videos, and noted that the meaning of the term 'Hospice at Home' differed between Hospices, which can be confusing for those using our services.

7. Clinical Action Plan 2021/22

Implementation of Schwartz rounds would be delayed until later in the year due to current workload. The team are working to ensure consistency in use of Outcome Assessment and Complexity Collaborative (OACC) terminology, which will be used to help triage and prioritise patient visits and contact. Embedding this approach is a long-run project.

Community activities and collaborating with other local services continues to be a priority, and in many ways the Covid-19 crisis has facilitated greater joint working.

8. Minutes of meetings and other documents

The recent Clinical Heads of Department meeting featured an in-depth review of the Clinical Action Plan. Information was shared with the Committee on the Care of patients at the end of life audit and the reasons for the relatively low scoring in Hydration options for patients at home, as drips are not offered for home-based patients.

9. Any Other Business and Dates of future meetings

The Coordinate my Care contract would be re-procured across London and Hospice colleagues were invited to contribute key points to inform panel discussion.

There were no further items raised under Any Other Business. The date of the next meeting of 29th October 2021 was noted by the Committee.

The meeting ended at 11.45pm.

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