

Company registration number : 1748046

**St Nicholas Hospice (Suffolk)**  
**(A company limited by guarantee and**  
**not having a share capital)**

Annual Report and Financial Statements

Year Ended 31 March 2015

## ST NICHOLAS' HOSPICE (SUFFOLK)

### Contents

#### Page:

1	Report of the Trustees
9	Strategic Report
27	Report of the Independent Auditors
28	Consolidated Statement of Financial Activities
29	Consolidated Balance Sheet
30	Charity Balance Sheet
31	Consolidated Cash Flow Statement
32	Notes forming part of the financial statements

## ST NICHOLAS HOSPICE (SUFFOLK)

### Trustees report for the year ended 31 March 2015

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#### TRUSTEES AND ADVISERS

##### Board of Trustees

The Revd Canon R Norburn MBE <sup>3</sup>	Life President
Mr A. Williams CBE	Chairman
Mr D. Barclay <sup>1 5 6</sup>	Honorary Treasurer
Mrs S. Hayter <sup>3</sup>	Vice Chair
Mr P. Marchant <sup>1 5 6</sup>	
Mrs B. Martineau <sup>4</sup>	
Dr. E. Wallace <sup>3</sup>	
Mrs M. Miles <sup>2</sup>	
Revd Canon M. Vernon	
Ms L. Macklin <sup>2 6</sup>	
Mr M. Leith <sup>2 3</sup>	
Mr I. Morgan <sup>4 6</sup>	
Mr C. Simpson <sup>1</sup>	Appointed 26 March 2015

##### Secretary and registered/principal office

Julie Roy  
Macmillan Way, Hardwick Lane, Bury St Edmunds, Suffolk, IP33 2QY

##### Chief Executive

Barbara Gale

##### Senior Management

Kevin Clements – Fundraising and Marketing Director  
Jane Doughty – Human Resources Director  
Julie Roy – Finance Director and Deputy Chief Executive  
Jacqueline Saunders – Clinical Services Director

##### Auditors

Baker Tilly UK Audit LLP, Abbotsgate House, Hollow Road, Bury St Edmunds, Suffolk, IP32 7FA

##### Solicitors

Gross & Co, 84 Guildhall Street, Bury St Edmunds, Suffolk, IP33 1PR

##### Bankers

Barclays Bank plc, 20/21 Cornhill, Bury St Edmunds IP33 1DY

##### Investment managers

Rathbones Investment Management Limited, 159 New Bond Street, London, W1S 2UD  
Standard Life Wealth, 30 St Mary Axe, London, EC3A 8EP

**Registered Charity number** 287773

**Registered Charity name:** St Nicholas Hospice (Suffolk)

**Other name used:** St Nicholas Hospice Care

**Company number** 1748046

<sup>1</sup> Finance and Investment Committee member <sup>2</sup> Personnel Committee member <sup>3</sup> Clinical Committee member  
<sup>4</sup> Fundraising and Marketing Committee member <sup>5</sup> Director of St Nicholas Hospice Trading Ltd <sup>6</sup> Retail Committee member

# ST NICHOLAS HOSPICE (SUFFOLK)

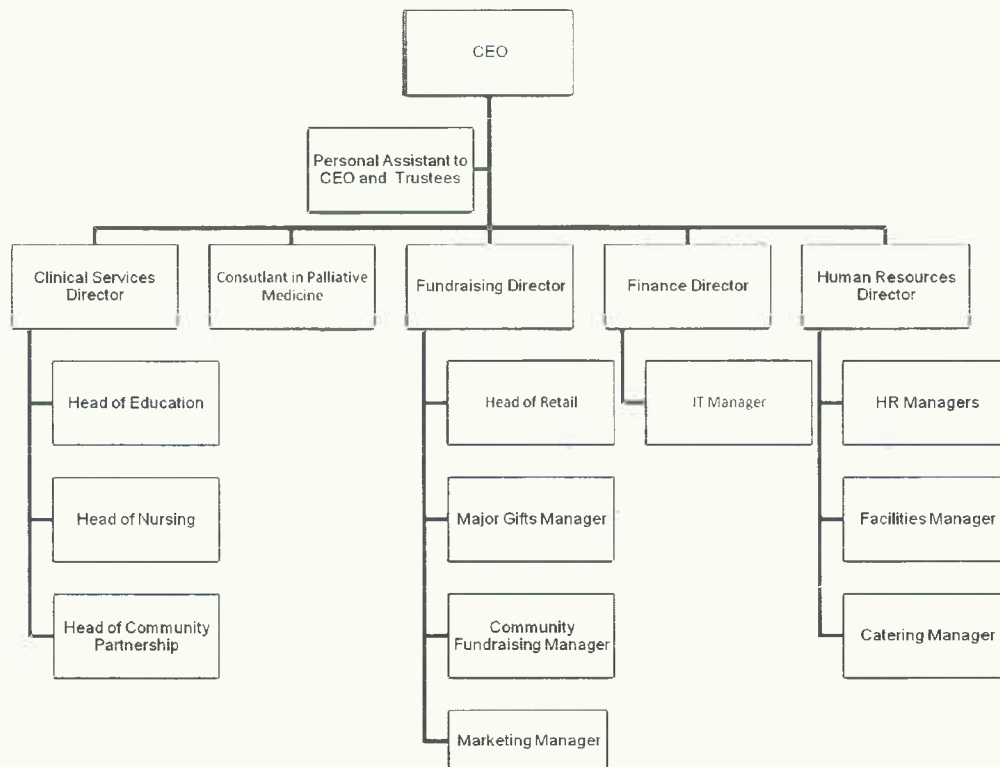
Trustees report for the year ended 31 March 2015

## Trustees' Report

The Board of Trustees present their annual report on the affairs of the charitable company, together with the financial statements for the year ended 31 March 2015. This report will be sent to the Department of Health as the organisation's Quality Report in compliance with the Health Act 2009.

## Structure, governance and management

### Organisational structure



### Management and decision-making

The Charity is a company limited by guarantee and is governed, under its memorandum and articles of association, through a 57 strong membership association made up from persons in the community served. The Association in turn appoints and monitors the performance of the Trustees. It delegates the effective Governance of the Charity to the Board of Trustees and receives reports at least once per annum. The full Board of Trustees meets 10 times each year and has an annual meeting to review strategy and direction.

### Register of members

The register of members is available for inspection free of charge, at the registered office of the charitable company.

## Structure, governance and management (continued)

### Our workforce and management structure

The management and leadership of the Hospice is led by the Chief Executive who chairs a weekly Directorate meeting with the Clinical Services, Fundraising and Marketing, Finance, and Human Resources Directors. The Directorate meets regularly with the Operational Managers' Forum to ensure good cross organisation planning and management. The Chief Executive meets formally with the Chairman of the Board of Trustees and /or Vice Chairman at least twice a month.

On 31 March 2015 the Charity employed 151 staff – including 13 fixed term employees (this equates to 122.5 full time equivalents), over half of whom were part-time, and 688 formal volunteers.

### Board of Trustees Committees

The Board has five Committees with specific terms of reference and functions delegated by the Board and with a Trustee as chairman appointed by the Board - Finance and Investment Committee, Clinical Committee, Personnel Committee, Fundraising and Marketing Committee and Retail Committee. These Committees include co-opted members with relevant experience from the Association and the majority of Trustees aside from the Chair serves on at least one Sub Committee. The meetings are attended by the Chief Executive and relevant Director, other Directors attend when requested.

The Committees review directorate KPIs, monitor risk, incidents, complaints, health and safety and manager's recommendations for developments. The Chair of each Committee reports back to the Board about matters discussed at each meeting.

- 1. The Finance and Investment Committee** oversees all financial aspects of the Charity's activities. It reviews the budget and monitors performance against it. It also considers the appointment, resignation or dismissal of the external auditors and approves their annual fee. The meetings are attended by the Chief Executive, and the Finance Director.

The committee reviews the:

  - Charity's investment strategy and monitors investment performance
  - Audited financial statements of the Charity and recommends them to the Board
  - Reports from the external auditors and monitors management actions to implement recommendations made in reports from the auditors.
- 2. The Clinical Committee** oversees all clinical matters with particular reference to palliative care standards and medicines management. The meetings are attended by the Chief Executive, the Clinical Services Director and the Consultant in Palliative Medicine.
- 3. The Personnel Committee** reviews and monitors remuneration and employment policy and recommends to the Board of Trustees the annual employee percentage salary increase. The meetings are attended by the Chief Executive and the Human Resource Director.
- 4. The Fundraising and Marketing Committee** oversees fundraising and marketing strategy, policy and performance and reports its findings and recommendations to the Board. The meetings are attended by the Chief Executive and the Fundraising and Marketing Director.
- 5. The Retail Committee** oversees the strategy, policy and performance of the retail operation and reports its findings and recommendations to the Board. The meetings are attended by the Chief Executive, Fundraising and Marketing Director, Finance Director and Head of Retail. Two trustee members are also Directors of St Nicholas Hospice Trading Ltd.

## ST NICHOLAS HOSPICE (SUFFOLK)

Trustees report for the year ended 31 March 2015

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### Structure, governance and management (continued)

The Board of Trustees fulfil their key role and function in overseeing and directing the affairs of the Charity, ensuring that it is well run and delivering the charitable outcomes for which it is established. The above committees are part of that process. The day-to-day running of the Hospice is entrusted to the Chief Executive who delegates that work through the Directorate and Management Team to the staff and volunteers deployed across the charity's services.

#### Trustee recruitment and induction

All current Board members have been appointed to the Board of Trustees on the basis of their experience, expertise, and community involvement and for their commitment to and passion for the work of St Nicholas Hospice (Suffolk) and the hospice movement in general. All appointments to the Board are confirmed by the Association at its AGM.

The Board Chairman and Committee Chairs oversee the process of succession planning, recruitment and induction of Trustees and recruitment of Association Members serving on the Board Committees and will also meet with all prospective Trustees. Their work will include an ongoing skills audit and looking at different methods of recruitment.

As part of their induction, Trustees are given access to the secure area of the Hospice website which hosts introductory papers including: planning and financial documents, national guidance about being a Trustee and information relevant to the Hospice. They will see the work of the charity first hand and be given ample opportunity to engage with the Charity's activities, services, staff and volunteers – and with service users as appropriate. Prospective Trustees will normally attend at least one Trustee meeting, before being asked to enter the formal processes of application and acceptance. Once approved new Trustees will usually identify particular areas of interest and will especially spend time in those areas.

#### Trustees

The Board of Trustees is made up of between no less than 7 and no more than 12 Trustees (excluding the Life President).

In accordance with the Charity's Articles of Association, which state that a third of the Board of Trustees retire by rotation, the following Trustees, being eligible, have been invited to offer themselves for re-election at the next annual general meeting:

Dr. E Wallace      Mr. D Barclay      Mrs. S Hayter      Mrs. M Miles

For the purposes of the Companies Act 2006 members of the Board of Trustees are deemed to be the Directors. However the Charity has a number of senior employees with the title of Director who are not Directors within the meaning of the Companies Act 2006.

#### Risk and internal control

The Trustees have overall responsibility for ensuring that the Charity has an appropriate system of controls, financial and otherwise.

Trustees are also responsible for safeguarding the assets of the Charity and for taking reasonable steps for the prevention and detection of fraud and other irregularities and to provide assurance that:

- Its assets are safeguarded against unauthorised use or disposition
- Proper records are maintained and financial information used within the Charity, or for publication, is reliable

## ST NICHOLAS HOSPICE (SUFFOLK)

Trustees report for the year ended 31 March 2015

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### Structure, governance and management (continued)

- The Charity complies with relevant laws and regulations.

As part of the Charity's risk management process the Trustees acknowledge their responsibility for the Charity's system of internal control and reviewing its effectiveness. The Trustees recognise that such a system is designed to manage rather than eliminate the risk of failure to achieve the Charity's objectives and can only provide reasonable, not absolute, reassurance against material misstatement or loss.

The system of financial controls designed to mitigate risk include a three year strategic plan, an annual operational plan, an annual budget and regular updated forecasts including cash flow. Regular scrutiny is given by the Trustees to monitoring actual performance against the budget and forecasts and to the formal delegation of authority to spend within clearly defined authorisation limits.

### Risk management

This year the Hospice continued to focus on continually trying to improve its health and safety across the whole organisation.

	2014-2015	2013-2014
Incidents reported	185	200
Incidents where a person was harmed	65	80

The number of incidents reported has decreased and the number of incidents that involved harm has decreased. Not all of the incidents are related to physical harm, some are related to emotional distress. As many of the patients on the ward are frail, yet striving to maintain independence, falls can at times be a risk. The Hospice has falls guidance to improve care for patients. There was one reportable infection and one serious incident during the year. Page 20 includes further details.

### Complaints

All complaints or comments about the service provided are taken very seriously by the Hospice. Complaints are dealt with in line with the Complaints Policy and are fully investigated. All complaints are reported to the Board of Trustees.

Of the 27 complaints received this year, 11 related to clinical services, 7 to retail, 2 to fundraising and 7 were general. 5 resulted in a major investigation and further actions included an apology to a family regarding discussions that were had with them, guidance for staff, improved clarity about transfer between hospice and hospital and revision of pay procedures.

All other complaints were dealt with by either the member of staff at the time or their manager. All complaints are on the agenda at every Board of Trustees meeting.

### Charitable Activities

The Charity's purposes as set out in the objectives contained in the company's memorandum of association are to:

*"promote the relief of persons of either gender, without regard to either race or creed, while suffering from any terminal or life-threatening illness, or from any disability or disease, attributable to old age or from any other physical or mental infirmity, disability or disease, in such ways as the charity shall from time to time think fit."*

All our services are provided free to patients, clients and their families.

### Charitable Activities (continued)

By constant review over the years this has been developed so the Charity's purposes are to:

- Benefit people who are suffering in the final chapters of life
- Benefit the families of those who are affected, during illness and bereavement
- Enhance the role of the local community in supporting those facing the final chapters of their life

#### Our Values:

Leadership, Developing, Communication, Respect, Teamwork, Equality, Quality, Learning, Resilience and Integrity.

### Ensuring the Charity's work delivers its' objectives

The Charity reviews its objectives and activities annually, identifying achievements and outcomes. Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning future activities. In particular, the Trustees considered how all planned activities will contribute to the aims and objectives they have set.

This year we revised our vision statement to be:

***"For everyone to have the very best experiences in the final chapters of their life"***

To achieve this vision for our community and meet the future demographic changes our strategy of being a community focused hospice has three interconnected elements:

1. Community Partnership - helping more people access end of life care in their own homes and communities
2. Clinical Care - improving access to specialist clinical care
3. Education - helping people to be more confident in caring for dying people and their families.

As part of this strategy we appointed a Head of Community Services and opened our first outreach centre in Haverhill, Suffolk and worked closely with West Suffolk Clinical Commissioning Group to increase our teaching in care homes.

The clinical services are delivered by a clinical team led by a Clinical Services Director and a Consultant in Palliative Medicine. The Clinical Services Director is also the Registered Manager, Caldicott Guardian and Accountable Officer (for Controlled Drugs).

The clinical team comprises of professionals proficient in palliative care - doctors, registered nurses, care assistants, a chaplain, occupational therapists, physiotherapists, complementary therapists, social workers, counsellors and a psychological therapist; all work across all venues of care. Following holistic assessment, programmes of care or support are created in partnership with the patient/client to meet their individual requirements.

85% of the people the Hospice is in contact with are at home; they range from the quite stable, right through to the very ill.

The Hospice provides the following services to the local community:

1. Direct care and support to patients families and the bereaved via an open referral system
2. Palliative care and bereavement advice, information and informal support to lay and professional people in the community
3. Palliative care and bereavement education to lay and professional people in the community.



## ST NICHOLAS HOSPICE (SUFFOLK)

Trustees report for the year ended 31 March 2015

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### Charitable Activities (continued)

1. **Direct care and support** includes:

- The multi-disciplinary Community Hospice Service. Staff visit people in their own homes or in other settings – including care homes, community hospitals, prisons or those with no home.
- In-patient care on Sylvan Ward – 12 beds are registered with the Care Quality Commission and are available for symptom management, respite and care in the last days of life
- The Orchard (Bury St Edmunds) and Burton (Haverhill) Centres offer medical, nursing and physiotherapy outpatient clinics, groups, programmes of care targeting symptoms such as breathlessness or pain. Complementary therapies are available to patients and family members.
- ‘Drop-in’ sessions for anyone seeking advice or support
- Skype video conference consultations are available
- Bereavement Support for adults and children including counselling, group work, peer support and Thanksgiving and Remembrance Services
- ‘Nicky’s Way’ bereavement support programme for children, their parents/guardians whatever the cause of bereavement.

2. **Palliative care and bereavement advice, information and informal support** includes:

- Phone advice which is available 24 hours a day and 365 days a year to professionals, patients and families
- The Hospice Neighbours volunteer service. Practical support and neighbourly friendship is provided through the network of 159 volunteer Hospice Neighbours
- Peer support groups including:  
    ‘Boy’s Own’, ‘Knit’n’Natter and ‘Creative Writing’
- Bereavement Groups: ‘DIY’, ‘Cookery’, ‘Walking’
- An information area in the main hospice building with computer access for patients and families
- An informative website.

3. **Palliative care and bereavement education** includes:

- Staff attendance at ‘Gold Standards Framework’ (GSF) meetings in GP surgeries and care homes
- Ongoing contact with social care, schools, prisons, mental health units and voluntary providers
- Internal and external programmes, locally and nationally
- Specific education and support to local care homes and care agencies
- Membership of regional and national end of life committees determining programmes of education.

### Who uses and benefits from the Hospice’s service?

The Hospice’s agreements with NHS Suffolk and NHS Norfolk are to provide support to people whose GP practice is based within West Suffolk or Thetford (Norfolk). This catchment area includes a population of approximately 270,000 (240,000 in West Suffolk and 30,000 in South Norfolk). Whenever possible, people outside this geographical area are accepted if it is their choice to use St Nicholas Hospice (Suffolk) as a provider of services.

The open referral system is for people who are facing the last phase of their life or who are bereaved who need hospice or palliative care, support and/or advice. For instance, they may need help with:

- symptom control
- psychosocial or spiritual issues
- difficult decisions, planning, or conversations about managing end of life care
- support for family or friends
- practical or companionship support in their home, care home or during hospital admission.

## ST NICHOLAS HOSPICE (SUFFOLK)

Trustees report for the year ended 31 March 2015

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### **Charitable Activities (continued)**

The Hospice supports patients/people from young adulthood onwards, who have agreed to Hospice contact (if they do not have the mental capacity to do so we will consider how we can help meet their best interests within the context of legislation such as the Mental Capacity Act, Mental Health Act and Deprivation of Liberty guidance).

We encourage self-referral or contact from family or friends on behalf of people. We actively encourage people and their families to contact the Hospice early in an illness so we can help them 'live well' and maintain their independence.

Families, carers or significant friends can be referred/access the services in their own right, when they are affected by the patient/person's illness or death.

Bereaved children living in the geographical area (aged 5 – 18) can be referred to Nicky's Way (the bereavement programme for children and young people) regardless of their cause of bereavement.

The Hospice works with teenagers, young people, and their families. Hospice staff collaborate with East Anglia's Children's Hospice to meet the needs of young people in transition from children's hospice to adult services, in order to promote continuity.

### **How do we respond to requests for help and meet demand?**

Our 'First Contact' service assesses new referrals within 24 hours; providing prompt, sensitive assessment of need. Out of hours enquiries are handled by the nursing and medical team. Ward admissions are prioritised on patient and family needs and bed availability. Medical outpatient and domiciliary appointments are provided within 7 working days; urgent appointments are arranged within 2 working days. Walk-in, un-booked, open access is via informal group sessions or by immediate deployment of a staff member to the Reception Desk.

**ST NICHOLAS HOSPICE (SUFFOLK)**

**Strategic report for the year ended 31 March 2015**

The Trustees present their Strategic Report for the year ended 31 March 2015, containing a review of achievements and performance, a financial review, plans for future periods and the principal risks that they consider the charity faces.

**Review of 2014/15**

<b>In 2014 we said we would:</b>	<b>By March 2015 we had:</b>
<p><b>Develop and increase our income to meet loss of specific grants in future years</b></p>	<ul style="list-style-type: none"> <li>• Grown all major events income, including Girls Night Out, Classic Cars, Race Evening</li> <li>• Recruited a Legacy Officer</li> <li>• Established 2 new shops and an Ecommerce operation</li> <li>• Grown income from Haverhill community by 20%</li> <li>• Developed new Major Donor Events and a Giving Circle</li> <li>• Used door to door canvassing to maintain and grow Lottery income</li> <li>• Installed a Tree of Reflection with potential to generate £100k in 3 years.</li> </ul>
<p><b>Develop our community partnership activity specifically working with marginalised groups</b></p>	<p>Established relationships with:</p> <ul style="list-style-type: none"> <li>• Marginalised and Vulnerable Adults Team</li> <li>• Misuse of drug treatment providers</li> <li>• Suffolk Alcohol Treatment Service</li> <li>• Gypsy and Traveller representatives</li> <li>• Suffolk Constabulary</li> <li>• Polish/Portuguese communities</li> <li>• Housing Associations.</li> </ul>
<p><b>Increase our community and out of hours support to patients and their families</b></p>	<ul style="list-style-type: none"> <li>• Trained ward nurses to be able to work in community to meet peaks in demand</li> <li>• Increased Hospice Neighbours to 20 local coordinators and 159 Neighbours</li> <li>• 'Out of hours' advice line deemed comparable with best at other hospices - no change this year</li> <li>• Piloted a 'Skype' video contact method which did not prove popular.</li> </ul>

**ST NICHOLAS HOSPICE (SUFFOLK)**

Strategic report for the year ended 31 March 2015

**Review of 2014/15 (continued)**

<b>In 2014 we said we would:</b>	<b>By March 2015 we had:</b>
<p><b>Establish and develop our outreach activity at The Burton Centre</b></p>	<ul style="list-style-type: none"> <li>• Facilitated use of the community rooms by Suffolk Age UK, Brownies/Guides, Headway Suffolk and the Births, Deaths and Marriages Registrar</li> <li>• Established links with University of the Third Age (U3A), Parkinson’s Specialist Nurses, Livewell Suffolk, Haverhill Upper Academies</li> <li>• Grown community engagement - the Garden of Life Working Group, young people through the Prince’s Trust and holding a stakeholder quiz</li> <li>• Established daily ‘Drop-in’ sessions</li> <li>• Established a successful dance group for people with disability.</li> </ul>
<p><b>Establish the new clinical management structure and integrated, flexible working</b></p>	<p>Established</p> <ul style="list-style-type: none"> <li>• Community Partnership and Nursing teams</li> <li>• Flexible nursing contracts</li> <li>• Physiotherapy and occupational therapists with expertise in neurology and older people</li> <li>• Hospice nurse specialists trained in clinical history taking</li> <li>• Ward nurses working for up to a month in our community nursing team</li> <li>• Closer relationships with hospital oncology, respiratory &amp; pain colleagues.</li> </ul>
<p><b>Fully implement an electronic patient record system</b></p>	<p>Implemented across all services with the benefit of shared record keeping with district nurses and some GPs.</p>
<p><b>Launch the Hospice’s new strategy to the wider community</b></p>	<p>‘At Home with the Hospice’ public campaign also targeting GP surgeries and health centres - to raise awareness of the support we could provide to people in their homes.</p>

**In addition to our original plans we developed our education and research and:**

- Worked nationally with Skills for Health in the development of Care Assistant competency in end of life care
- In association with Suffolk Family Carers, provided ‘Caring with Confidence’ a programme for family members
- Established ‘Community Palliative Care Network’ (includes Clinical Commissioners, university representatives and care home managers) - a care of older people inter-agency palliative care education leads group
- Were unsuccessful in recruiting to Research post.
- Published 2 papers on case management and long-term conditions and our end of life homeless project.

## ST NICHOLAS HOSPICE (SUFFOLK)

Strategic report for the year ended 31 March 2015

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### Review of 2014/15 (continued)

#### National and Local Awards

The success of our strategy in relation to community based volunteering was recognised by a number of awards:

- Hospice UK and NGS (National Garden Scheme) Innovation in Volunteering Award 2014 for the Hospice Neighbours service (national)
- St Edmund's Day award for two Hospice Neighbours in Bury St Edmunds (local)
- 'Volunteer of the Year' at The Stars of Suffolk ceremony 2014 for a Brandon Hospice Neighbour (local).

The Rev Canon Richard Norburn MBE, was winner of the High Sheriff's Suffolk Lifetime Achievement Award 2015 (local).

Rev Sue Nutt, BEM (volunteer Chaplain) was awarded the British Empire Medal in the 2015 New Year's Honours for her work in the Community.

Dr C. Proot (our Psychological Support Specialist) published a book entitled 'Life to be Lived' which was the International Association of Palliative Care Book of the Month: Nov 2014.

#### **Feedback from NHS Commissioner:**

*'I just thought I would share with you how impressed Ed (Ed Garrett, Chief Operating Officer, West Suffolk Clinical Commissioning Group) was post his meeting with you last week. He was bowled over – loved the environment, atmosphere and the enthusiasm and commitment that clearly came across from you at the meeting in order to appropriately support the West Suffolk patient population. I obviously had to agree with all of his comments as that's exactly the impression that we get when visiting; great working with you and your excellent team!'*

*Written by Transformation Lead – Cancer / End of Life / SDM / Integrated Care, NHS West Suffolk Clinical Commissioning Group.*

Our main clinical commissioning group agreed a four year grant agreement to part fund our services. They commented that 'the staff at St Nicholas Hospice Care do invaluable work and our partnership with them is integral to making end of life care in West Suffolk the very best it can be'.

#### **Our people**

The contractual changes that will support the clinical restructure and move toward increased flexible working across the nursing teams was completed in October 2014. This has created the platform for the two new clinical lead posts (Heads of Nursing and Community Partnerships) to redefine the workforce structure that will be required to deliver our strategic aims. This work will continue into 2015.

The focus on changing roles and work patterns has led to anxiety for some staff and this may have been an influencing factor in a small number of nurses taking retirement or other employment.

The 2015 staff and volunteer survey will allow us to benchmark staff engagement during this period of change and beyond.

**The Staff Forum** met nine times during the year with continued focus on communication of change for the clinical departments. It continues to be an important meeting for staff to feed in their thoughts and concerns, the forum is chaired by the CEO or the Deputy CEO. The importance of this forum for consultation and feedback was further evidenced by the decision of the Board of Trustees to have representation at each meeting.

## ST NICHOLAS HOSPICE (SUFFOLK)

Strategic report for the year ended 31 March 2015

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### Review of 2014/15 (continued)

**Pay** - this year we were pleased to be able to offer a pay award of one per cent in October 2014. We again implemented the principles of the “living wage” for our lower paid staff which lifted our minimum payment for any member of staff to £7.45 per hour.

**Staff turnover** was 18.5% compared to 16% in 2013/14. Voluntary turnover trended down at 9.9% from 11.1% in 2013/14 (this includes death in service, end of contract, ill health, retirement, personal reasons and relocation). Non voluntary / preventable turnover was up to 8.6% from 6.3% in 2013/14. This increase in preventable turnover may be attributed to the change initiatives and anticipated changing roles and work patterns in the nursing teams leading to some dissatisfaction.

### Professional Development

**Our staff and volunteers received 785 days  
of development and training**

We were able to support 272 days of Continuous Professional Development (CPD) activity and 98 days of management development training during 2014/15. Examples of CPD activity are detailed below.

Members of staff and volunteers engaged in CPD activity, which included:

- Chief Executive - a PhD in Palliative Care - research with volunteers
- Finance Director - MA in Hospice Leadership
- Chaplain - MSc in Palliative Care that focused on the impact of Hospice Neighbours on patients
- Senior Nurse - MSc Advanced Practice & non-medical prescribing
- Senior Nurse - Advanced Skills in Clinical Assessment
- Two healthcare assistants - Foundation Degree in Healthcare Practice
- Specialist Nurse - BSc Palliative Care (self funded, but given time)
- Registered Nurse - BSc Palliative Care (self funded)
- Head of Education - Postgraduate Certificate in Education.

### Management Development

A leadership development programme for all leaders across the Hospice commenced in September 2014. Sixty four staff members attended two sessions of development training that focused on change, culture and leadership.

This development continues into 2015 as we work with an external facilitator from the 'Ideas Centre' and focus on devolved problem solving and ownership and a specific programme for nurses on leadership.

## ST NICHOLAS HOSPICE (SUFFOLK)

Strategic report for the year ended 31 March 2015

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### Review of 2014/15 (continued)

#### Volunteering

Volunteering numbers expanded less dramatically than in 2014/15. Attrition absorbing the impact of ongoing recruitment of volunteers - 254 new volunteers were recruited over the 12 months. By the end of the year 746 volunteer roles were being fulfilled.

This is an increase of 9% in our numbers of volunteers. We now have 688 volunteers fulfilling 746 volunteer roles. The biggest increase in absolute volunteering numbers has again been Hospice Neighbours. However Retail and Warehouse recruitment accounted for 41% of the new recruits. Attrition of older volunteers and new shop openings demanded and will continue to demand significant attention.

This year we have expanded and recorded the volunteering contribution of Associates. Associates attend sub-committees of the Board of Trustees and may offer specialised advice or have a specific interest in the committee purpose. They do not sit on the main Board of Trustees.

The breakdown of volunteer roles in the Hospice this year is as follows:

<b>274 in retail</b>
<b>136 in clinical services</b>
<b>159 in Hospice Neighbours</b>
<b>154 in fundraising and support services</b>
<b>12 as Trustees</b>
<b>11 as Associates</b>

**Our volunteers provide an average 5,871 hours of support a month**

#### Marketing

Marketing achieved its highest television coverage to date, with eight TV appearances across the year, ranging from Garden of Life coverage to family stories and fundraising. Positive media coverage was consistently high, including a monthly column written by the CEO which focused on the issues surrounding end of life care in our community.

Use of digital media has grown and proven to be a cost effective method of obtaining volunteers and advertising events. A key highlight for digital media was a £50,000 grant won from the People's Millions campaign which was promoted digitally and with no paid advertising.

<b>Email donor database size: 2,878</b>
<b>Facebook 'likes': 4,812 (across all three Facebook pages: Main page; Girls Night Out; Accumulator). An increase of 1,053</b>
<b>Twitter followers: 2,819</b>