

*because
you matter*

**St Nicholas
Hospice Care**

A Registered Charity No. 287773

Trustee and Associates Information pack



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Attached

- Memorandum and Articles
- Annual Accounts year ended March 2016
- Patient and family information guide
- Network – staff news sheet
- News – magazine to local community and 20,000 supporters

More information

www.stnicholashospicecare.org.uk/

Introduction from Charles Simpson Chairman of the Board of Trustees

St Nicholas Hospice Care is one of the most loved charities in the area; we have an amazing team of dedicated staff and volunteers who support people and their families in our local community.

The Trustees play a crucial role in the hospice. They are responsible for the strategic leadership of the charity and act as guardians to ensure its success, now, and importantly for generations to come.

As Trustees and Associates we focus on, and take responsibility for the governance of the charity and provide supervision of all the Hospice's activities, acting as a guide and mentor to the management team.

Trustees and Associates bring fresh ideas and a wealth of different experiences to the Board and Committees, and to the hospice as a whole.

We now have a number of vacancies to fill following on from some retirements and we look forward to welcoming new Trustees and Associates to the Hospice.

St Nicholas Hospice Care

St Nicholas Hospice Care serves the community of West Suffolk and Thetford, a population of approximately 270,000. It was established in 1984 to respond to the particular needs of people and families living with a life-threatening illness. The Hospice currently has 180 staff and more than 648 volunteers.

At the last CQC inspection in 2016 St Nicholas Hospice Care was rated as Outstanding and the report stated "*St Nicholas Hospice is an outstanding service. It is truly focussed on the individual needs of people that they support, giving people support at the time they need it in a way and place that best suits them and their family... The measures of quality in place showed that people were right to have the confidence in this local hospice.*"

Our aim for "everyone to have the very best experiences in the final chapters of their life" is the heart of our strategy; our "One Team" approach aims to support creative and flexible responses for our local community - from the delivery of hands on care to supporting community partners through education and advice. Our 'community' extends across West Suffolk and south Norfolk.

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

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

As part of this strategy we established Hospice Neighbours and opened our first outreach centre in Haverhill, Suffolk and work closely with West Suffolk Clinical Commissioning Group to increase our teaching in care homes.

All of our work is underpinned by our core values of compassion and supporting people to self-manage, have choice and control whenever possible.

Hospice funding

The Hospice's total income and expenditure for the year ended 31 March 2016 was £6.2m. The Hospice receives an annual grant from the West Suffolk CCG and South Norfolk CCG. The Hospice is currently facing a 20% cut in funding from West Suffolk CCG. The charity will receive a phased cut over the next 18 months to the full 20% cut for the 2018-19 financial year as part of a new five year funding agreement when the current contract expires in 2017. This will mean a reduction of 1% total income in 2016-17, 3% in 2017-18 and 5% in 2018-19, based on planned income. The remaining income is gained through the efforts of the fundraising and retail team, which also includes legacies, a lottery, mass participation events, individual giving, trust funds and corporate income.

Marketing and communication

The Hospice has a strong Marketing and Communications department that has developed excellent relationships with the local media and has a strong digital media presence. Awareness of our services and our funding requirements is very high in West Suffolk, with an average of 60 press stories each month relating to our work in the community.

The Marketing and Communications department works alongside all other departments to make sure that our core values and messages are communicated effectively. This helps us achieve

our organisation's aims by raising awareness of services, encouraging early engagement and supporting fundraising activities.

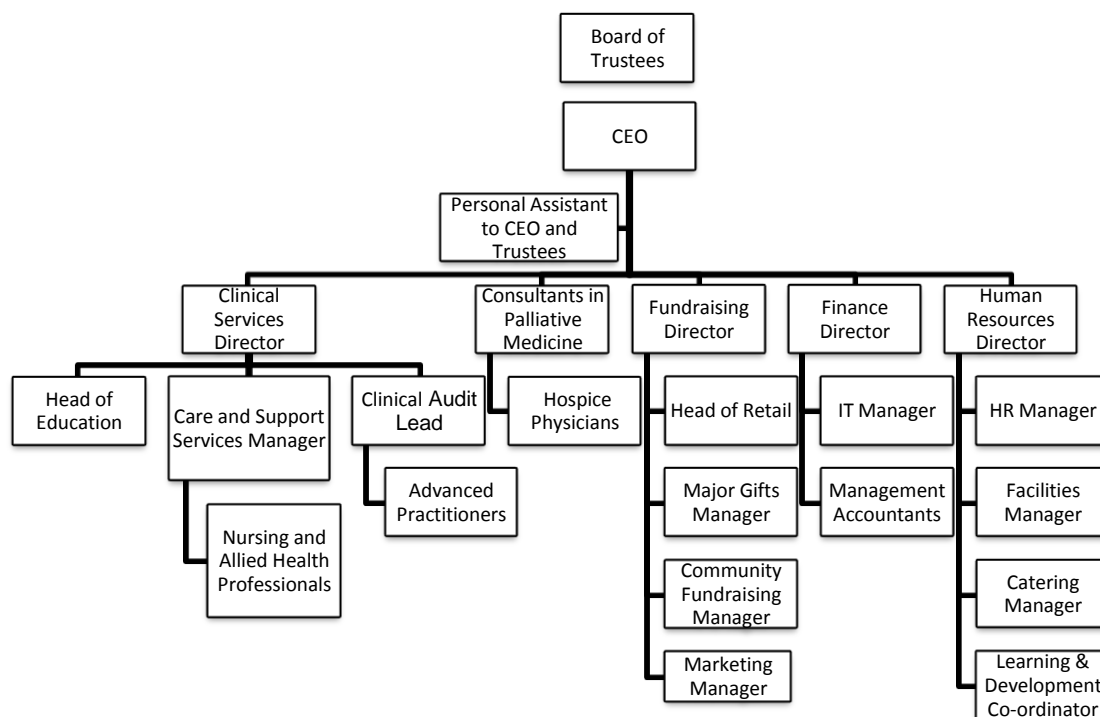
Management

St Nicholas Hospice Care is an Independent Registered Charity and Registered Company Limited by guarantee. It is managed through the Chief Executive Officer, a Directorate and Management Team, accountable to an elected Board of Trustees and its Committees.

The Chief Executive Officer, Barbara Gale and has worked in palliative care since 1981. Barbara has been CEO since 2007. The Hospice is managed by Barbara who works closely with the Fundraising and Marketing Director, Human Resources Director, Finance Director and the Clinical Services Director. This Directorate Team meet weekly; one of the Consultants is a regular attendee. The wider Operational Managers team meet monthly.

Hospice Governance is monitored through four Trustee Board Committees – Finance and Investment, Income Generation, Clinical and Human Resources. Each Committee is chaired by a Trustee and attended by the CEO and the relevant Director. A Consultant will attend the quarterly Clinical Committee.

Organisational Chart



Board of Trustees and Committees

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 Board meets 10 times each year, four meetings receive quarterly reports from the Directors and the remaining 6 cover topics for discussion and strategy development. The Board must consist of between 5 and 12 Trustees. Trustee meetings are currently at 5pm on the last Thursday of the month.

In line with our memorandum all Trustees and Associates are members of the Hospice Association of which there are 57. Membership includes an annual payment of £25 per annum. The Trustees have agreed to review this document this year.

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.

The Board operates four 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 and Income Generation Committee. The meetings are attended by the Chief Executive and relevant Director, other Directors attend when requested.

The majority of Trustees, aside from the Chair, serves on at least one sub-committee. These committees include Associates who are co-opted members with relevant experience for that committee.

The sub-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 Human Resources 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 Income Generation Committee** oversees fundraising, retail 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. Two trustee members are also Directors of St Nicholas Hospice Trading Ltd.

Achievements

St Nicholas Hospice Care has a strong reputation in palliative care and encourages an innovative approach to responding to the changing needs of the community.

Last year we:

- Received 1053 referrals to our clinical services and 293 had non-malignant disease as their primary illness. All requests for help were responded to within one working day.
- 227 people were referred to the Hospice Neighbour service.
- 731 people accessed our 'drop in' service, an increase of over 500% on last year.

- 517 people were supported throughout the year by our clinical team and 489 people were supported by the bereavement team. The average length of time under the care of the Hospice remained stable; 120 days this year and 119 days last year.
- 599 people died whilst supported by the Hospice. This year we supported 280 to die in their own home.

In recent years significant service improvements have included:

- ‘Hospice Neighbours’ - a community based, volunteer-led service providing practical support and companionship to people and their families living with life-shortening illnesses. Their work can include picking up prescriptions, taking the dog for a walk, light shopping and gardening or simply providing company to a patient or their carer. The service has been running for over 4 years and has more than 118 volunteers. In 2015 Hospice Neighbours won the Queen’s Award for Voluntary Service.
- The Burton Centre in Haverhill provides a contemporary model of outreach support; most people access help and advice by using our daily drop-in service. Local groups, GPs, social care services particularly for marginalised people and the Coroner also use the facilities there.
- We have recently started a scheme that raises awareness of the opportunity for corneal donation for our patients.

Learning and Development

The Hospice is renowned for its pioneering and well-respected education department. The portfolio of learning opportunities includes pastoral care, symptom control, communication skills, complementary therapy and child bereavement. Medical students & GPVTS routinely have placements.

The hospice committed to a two year programme for staff in leadership or managerial roles to practice using innovative and creative means of problem identification and solution finding. From a perspective of ‘distributed leadership’ we seek to empower and involve the workforce thereby nurturing an engaged and creative people irrespective of grade of post.

Research

Our research activity is growing in line with our strategic intent. To date we have participated in research led by WSH pharmacists and that evolving from staff dissertations at PhD, masters or diploma level. We have good relationships with the local Deanery, the Norfolk and Suffolk

Palliative Care Academy and neighbouring universities. We are supportive of medical staff developing their research interests.

The Future

The Hospice's new strategy is to develop its services to be able to deliver more care and support to the local community and reach a much wider group of patients. Our plan next year is to:

- Develop a more cost effective model of hospice care
- Facilitate the creation of compassionate networks of support for individuals and communities
- Increase confidence in people in the local community to be able to support those at end of life care and bereaved
- Develop our people to be equipped for future developments
- Improve efficiencies in all support systems
- Increase income from retail, events and In Memory.
- Ensure internal and external understanding of our services now and in the future
- Deliver easy to use public information about end of life care and bereavement.

Trustee Role Description

St Nicholas Hospice is a registered charity and a registered company limited by guarantee. The Trustees are also Directors of St Nicholas Hospice Association, hereafter referred to as Trustees.

Accountable to: The Chair of Trustees, the St Nicholas Hospice Association and, as a member of the Hospice Board, to the beneficiaries, benefactors, the wider community and the Charity Commission.

Key Responsibilities:

With other trustees to hold the Hospice 'in trust' for current and future beneficiaries by:

- Ensuring that the Hospice has a clear vision, mission and strategic direction and is focused on achieving these.
- Being responsible for the performance of the Hospice and for its 'corporate' behaviour.
- Ensuring that the Hospice complies with all legal and regulatory requirements.
- Acting as guardians of the Hospice's assets, both tangible and intangible, taking all due care over their security, deployment and proper application.
- Ensuring that the Hospice's governance is of the highest possible standard.

To fulfil these key responsibilities:

1. **Ensuring that the Hospice has a clear vision, mission and strategic direction and is focused on achieving these;**

To work in partnership with other trustees, the chief executive and other senior staff to ensure that:

- 1.1 The Hospice has a clear vision, mission and strategic plan that have been agreed by the Board, and that there is a common understanding of these by trustees and staff.
- 1.2 The business, operational and other plans support the vision, mission and strategic priorities.
- 1.3 The chief executive's annual and longer term objectives and targets support the achievement of the vision, mission and strategic priorities.
- 1.4 Board policies support the vision, mission and strategic priorities.
- 1.5 There are effective mechanisms
 - To listen to the views of current and future beneficiaries;
 - To review the external environment for changes that might affect the Hospice;
 - To re-asses the need for the Hospice and for the service it provides, or could provide
 - To review regularly its strategic plans and priorities

2 Being responsible, with the other trustees, for the performance of the Hospice and for its 'corporate' behaviour;

- 2.1 To agree the method for measuring objectively the progress of the Hospice in relation to its vision, mission and strategic objectives/priorities, business plans and annual targets, and to receive regularly reports on the performance of the Hospice.
- 2.2 To ensure that the fundamental values and guiding principles of the Hospice are articulated and reflected throughout the Hospice.
- 2.3 To ensure that the views of beneficiaries on the performance of the Hospice are regularly gathered and considered by the Board.
- 2.4 To appoint the chief executive, to set his/her terms and conditions and to ensure that the chief executive and the Hospice invest in the chief executive's ongoing professional development.
- 2.5 To receive regular reports from the chief executive on progress towards agreed strategic priorities.
- 2.6 To hold the chief executive to account for the management and administration of the Hospice.
- 2.7 To ensure that the chief executive receives regular, constructive feedback on his/her performance in managing the Hospice and in meeting his/her annual and longer term targets and objectives.
- 2.8 To ensure that the chief executive develops a learning organisation and that all staff, both paid and unpaid, review their own performance and regularly receive feedback.
- 2.9 To articulate the values of the Hospice.
- 2.10 To agree Board policies.
- 2.11 To ensure that there are mechanisms for beneficiaries, employees, volunteers, other individuals, groups or organisations to bring to the attention of the trustees any activity that threatens the probity of the Hospice.

3 Ensuring that the Hospice complies with all legal and regulatory requirements;

- 3.1 To be aware of, and to ensure the Hospice complies with, all legal, regulatory and statutory requirements.
- 3.2 To maintain familiarity with the rules and constitution that governs the Hospice, to ensure that the Hospice complies with its governing instruments and to review the constitution regularly.
- 3.3 To agree the levels of delegated authority, to ensure that these are recorded in writing by means of minutes, terms of reference for Board committees and sub-committees, job descriptions for honorary officers, trustees and key staff etc., and to ensure that there are clear reporting procedures which are also recorded on writing and complied with.

- 3.4 To ensure that the responsibilities delegate to the chief executive are clearly expressed and understood, and directions given to him/her come from the Board as a whole.

4 Being guardians of the charities assets, both tangible and intangible, taking all due care over their security, deployment and proper application.

- 4.1 To ensure that the Hospice has satisfactory control systems and procedures for holding in trust for the beneficiaries all monies, properties and other assets and to ensure that monies are invested to the maximum benefit of the Hospice, with the constraints of the law and ethical and other policies laid down by the Board.
- 4.2 To ensure that the major risks to which the Hospice is exposed are reviewed annually and that systems have been established to mitigate or minimise these risks.
- 4.3 To ensure that the income and property of the Hospice is applied for the purposes set out in the governing documents and for no other purpose, and with complete fairness between persons who are properly qualified to benefit.
- 4.4 To act reasonably, prudently and collectively in all matters relating to the Hospice and always to act in the interests of the Hospice.
- 4.5 To be accountable for the solvency and continuing effectiveness of the Hospice and the preservation of its endowments.
- 4.6 To exercise effective overall control of the Hospice's financial affairs and to ensure that the way in which the Hospice is administered is not open to abuse by unscrupulous associates, employees or volunteers; and that the systems of control are rigorous and constantly maintained through regular evaluation and improvement in the light of experience.
- 4.7 To ensure that intangible assets such as organisational knowledge and expertise, intellectual property, the Hospice's good name and reputation etc are properly valued, utilised and safeguarded.
- 4.8 For any land owned by the Hospice, to know on a continuing basis what condition it is in, if its boundaries are being encroached upon, what can be done with it and how it is or should be used, in particular, to ensure that any property which is a permanent endowment is preserved and invested in such as way as to produce a good income while at the same time safeguarding the real value of the capital.
- 4.9 To ensure that all income due to the Hospice is received and that all tax benefits are obtained and all rating relief due is claimed.

5 Ensuring that the Hospice's governance is of the highest possible standard.

- 5.1 To ensure that the Hospice has a governance structure that is appropriate to a Hospice of its size/complexity, stage of development, and its charitable objects, and that enables the trustees to fulfil their responsibilities.

- 5.2 To reflect annually on the Board's performance and your own performance as a trustee.
- 5.3 To ensure that the trustee Board has the relevant skills required to govern the Hospice well, and has access to relevant external professional advice and expertise.
- 5.4 To ensure that there is a systematic, open and fair procedure for the recruitment or co-option of trustees.
- 5.5 To ensure that there is succession plans for the chair, the chief executive and senior managers.
- 5.6 To participate in individual and collective development and training of trustees.
- 5.7 To act with integrity and accordance with the code of conduct – see attached.
- 5.8 To ensure that major decisions and Board policies are made by the trustees acting collectively.

6 Individual Duties of a Trustee

- Support the Board, chief executive and senior management team by offering expertise or experience in particular areas as able. This may include participating in special interest sub –committees.
- Regularly attend and actively contribute to Board meetings.
- Represent the organisation at functions and meetings and act as spokesperson as appropriate at the request of the Board.

References:

Volunteer Policy

http://www.charity-commission.gov.uk/Library/guidance/cc3_easy.pdf

Role Description dated: February 2017

Trustee Integrity And Conduct

In order to fulfil your formal duties, you are expected to uphold certain values and principles. These values and principles will influence your conduct and behaviour and are common to many voluntary and public roles. These include to:

- Act with honesty and integrity in their work for the charity
- Commit to being open and accountable to those with a stake or interest in the organisation
- Enhance the organisation's reputation
- Avoid situations where personal interests conflict with their duty to the charity, unless these have been declared and authorised
- Uphold the values and policies of the organisation
- Take an active interest in the organisation's work
- Maintain good relationships with other trustees and with staff, volunteers, advisors, members and other people and groups in the charity
- Actively contribute to the work of the board by regularly attending meetings and preparing and participating in discussion and decision-making.

Many charities adopt a formal code of conduct and a register of interests, setting out the behaviour and conduct expected of trustees. A code of conduct can help clarify the expectations of board members and help you to better understand your role.

If things go wrong, a code can also help clarify, ultimately, any steps and sanctions that might need to be taken against a board member.

The Volunteer Policy explains the procedures that would be followed should formal steps or sanctions be necessary.

Trustee Person Specification

	Essential Criteria	Desirable Criteria
Values	Integrity, openness, diplomacy, understanding, tact, inclusiveness	
Knowledge/ Experience	<p>A varied and balanced cross section of skills and experience will aid and support good decision making at Board level. Skills that include:</p> <ul style="list-style-type: none"> • Finance • Healthcare • People management and organisational development • Retail and sales • Human Resources • Fundraising • Marketing • Legal • 	<p>The ability to seek a common approach to find consensus.</p> <p>A challenging personality that enables diplomatic exploration of strategy and approach.</p>
Qualities/ Attributes	<p>A commitment to the aims and objective of the Hospice and a passion for its work.</p> <p>Ability to think strategically and creatively</p> <p>Good listening skills</p> <p>Ability to work effectively as part of a team whilst contributing an independent perspective.</p> <p>Ability to be an effective ambassador and influencer for the Hospice</p> <p>Ability to process detail and get to the heart of an issue</p>	
Eligibility Criteria	<p>To be a Trustee/Associate of a charity, a person must be aged 18 or over and must be considered capable of managing their own affairs. The person must understand the responsibilities and be depended upon to carry them out in a reliable way. The Charities Act disqualifies people who:</p> <ul style="list-style-type: none"> • have unspent convictions for offences involving deception or dishonesty • are un-discharged bankrupts • have been at any time removed from trusteeship of a charity by the Charity Commission or the court in England, Wales or Scotland because of misconduct • are disqualified from being company directors • have failed to make payments under county court administration orders, or • have made compositions (i.e. come to an arrangement) with their creditors and have not been discharged. • 	