

st michael's hospice

Annual Report 2014-15



Registered Company number: 01776496 (England and Wales)
Registered Charity number: 288462

CONTENTS

Chairman's Statement
Chief Executive's Introduction
Summary of the Year
Our Strategic Aims and Priorities

STRATEGIC REPORT

Providing responsive and high quality services

- Overview
- Listening to those we support
- Listening to our referrers
- Listening to our staff
- Ensuring patient safety
- Improving our effectiveness
- Developing our services
- Developing collaboration with other services
- Service facts and figures

Improving end of life care skills

- Internal education
- External education

Working with our local community

- Volunteering – an invaluable resource
- Community support
- Engaging local people in our work
- Gaining feedback

Managing our finances

- Expenditure
- Efficiencies
- Income

Managing risks and uncertainty

- Review of risks
- Reserves and investments

COMPANY REPORT

Governance and management

- Board of Trustees
- Lottery and Retail Company Boards
- Public benefit

Company information

STATEMENT FROM OUR CHAIRMAN

Whenever I look back on a year, I find myself being surprised by how much has been achieved. The year of 2014-15 is no exception. As ever, the Hospice has both responded to increased demand and worked to provide new services to people across Hastings and Rother. This report shows the variety of work carried out in the community and in the Hospice.

Our aim is to provide holistic support for patients and their carers or family. You will read, for example, about the work of our bereavement service which is integral to that aim. We are also increasing our work in the community, supporting patients in their own homes as well as in nursing homes. All of this is only possible because of the amazing support we receive from the whole community.

I am pleased to read the positive feedback but I am also pleased that we report on the improvements we recognise we can make. How we respond to complaints is an indication of our openness and insistence on learning from any feedback we receive. Positive feedback and compliments far outweigh the negative and it is heartening to read how we have changed the lives of whole families in their darkest moments.

All of our services cost money. We gratefully receive about a third of our funds from the Hastings and Rother Clinical Commissioning Group but the other two-thirds are raised by the Hospice. We value the independence that this balance of funds gives us. On the other hand, the fact that we have raised this year around £10,000 a day is an amazing achievement. It is also a challenge each year.

I cannot end my introduction to this Annual Report without mentioning the devastating fire that took place in the Hospice in July 2015, resulting in the safe evacuation of patients and staff and the necessary re-establishment of our services in different locations. While it will be some time before we can re-use the Hospice site for service provision, I would wish to emphasise that the Board is committed to continuing our services in the meantime and to planning significant improvements to the building so that we can ensure St Michael's Hospice continues to provide its essential support to local people for many years to come. While some of the aims for the year 2015-16, discussed in these pages, may change in the light of the impact of the fire, we are still planning to continue to develop and improve in the ways set out in this report.

We could not do this without the support of staff, volunteers, the community in Hastings and Rother and a wide range of organisations. So thank you all.

Irene Dibben

INTRODUCTION BY CHIEF EXECUTIVE

In a world of uncertainty, it is pleasing to reflect on the immutability of Hospice values. People are at the heart of all we do and we are committed to treating each and every person as an individual, recognising their different needs, while also helping their families and friends along the way. I hope this Annual Report gives a flavour of the ways in which we interact with so many people: patients, people we support and their families, volunteers, supporters and a wide range of healthcare organisations. The means of achieving this can be updated – use of social media, new madcap fundraising activities, contracts successfully won to deliver training on end of life care – but the aim is the same: high quality services for the people we support right across Hastings and Rother.

Within a strategic context, we set our aims and our budgets annually and this report seeks to provide an honest and transparent account of the extent to which we meet them. We shall continue to work both to ensure the quality of our services and develop new ways of meeting needs – but our overall aim is to make sure we can continue to deserve the reputation, described in a letter to us, for providing services that meet local needs responsively and sensitively:

“Your wonderful reputation (so richly deserved) is a source of pride and gratitude for the whole area. When we bring our loved ones to you – sadly in very poor health – we can rest assured they will be treated not only professionally but with respect and consideration and tenderness. Long may you continue to offer this outstanding care to the community.”

Celia Pyke-Lees

SUMMARY OF THE YEAR

Our services

- 403 people admitted to our in-patient services (compared to 338 in 2013-14), receiving 648 episodes of care (533)
- In-patient occupancy ran at 71% (63%)
- 2,503 booked attendances at our day service (2,173)
- Referrals to Hospice at Home increased by 5%, although total home visits decreased to 3,163 (3,835), with over 100 night-sitting services provided (139)
- 12,695 (15,880) telephone calls with Hospice at Home patients, relatives and NHS colleagues
- 93% of patients who expressed a wish to be cared for and die at home were successfully supported to do so
- 1,409 (1,252) hours of bereavement counselling, with 342 (309) new referrals
- 3,160 client/volunteer hours provided by the new Hospice Neighbours service (a 45% increase), with the number of clients averaging 54 per month (32).

Developments in the year

- The NHS Community Macmillan team moved onto our site, with closer links developing with our Hospice at Home team
- Our new Open Door Café opened on Fridays in Day Services
- Increased presence on social media, with 4,058 people 'liking' our Facebook page (compared to 2,600 in 2013-14) and 1,239 (800) followers on Twitter and a new profile on LinkedIn.

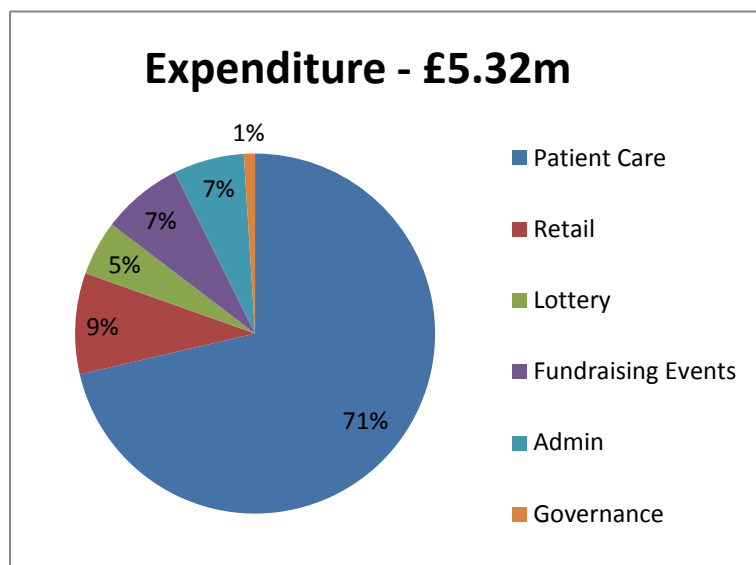
Some annual numbers

- Over 100,000 hours of work provided by volunteers, which, if paid at a minimal level, would have cost the Hospice approximately £1m
- 455 Christmas trees collected and donated to Port Lympne Zoo to enrich the habitat of tigers and wolves
- 8,409 items sold on Amazon and eBay
- 2,255 positive comments given as feedback regarding e-commerce activities
- Reduction in usage of gas (by 15%), electricity (5%) and water (13%)
- 65 students given placements
- 2,520 support visits made to shops by our Retail vans
- 4,099 Christmas card packs sold
- Over 40,000 miles driven by our Retail vans
- In Memoriam donations received in memory of 601 people
- 17,988 scratch cards sold by our Lottery team
- 134,732 kg of rag recycled
- 29,831 transactions processed by our finance team.

FINANCIAL SUMMARY

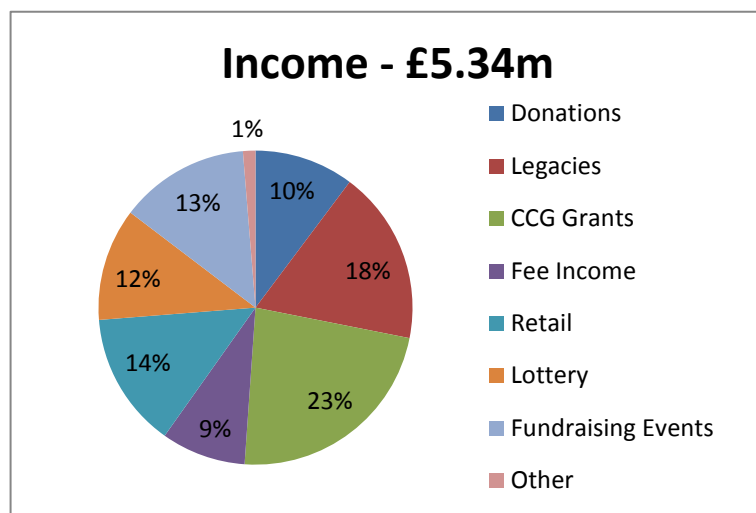
EXPENDITURE - unrestricted

	£
Patient Care	3,795,665
Retail	483,216
Lottery	261,861
Fundraising Events	386,953
Administration	338,351
Governance	53,135
	<hr/>
	5,319,181



INCOME - unrestricted

	£
Donations	546,889
Legacies	954,712
CCG Grants	1,228,511
Fee Income	465,244
Retail	744,116
Lottery	619,126
Fundraising Events	714,494
Other	68,543
	<hr/>
	5,341,635



The results above are based on the unrestricted funds of the charity, from operational activities undertaken during the financial year. The Statement of Financial Activities in the statutory accounts shows an additional Restricted Funds surplus for the year of £52k. Overall, the Hospice achieved a total surplus of £75k.

OUR STRATEGIC AIMS AND PRIORITIES

Our vision

We aim to ensure that the highest standard of palliative care and support is available across Hastings and Rother.

Our strategic aims

- To treat every individual as unique, a person we value, whose contribution we respect, through an open and honest environment
- To ensure that access to our services is available fairly and without discrimination
- To provide and develop responsive services that support choice and independence
- To work as a team, recognising the value of diverse perspectives
- To challenge ourselves always to do better
- To encourage and support the continuing professional development of our staff
- To recognise, encourage and develop the essential contribution that volunteers make to St Michael's Hospice
- To promote the highest standards of palliative care by training fellow healthcare professionals
- To maintain and develop continuity of care through collaborative working with other healthcare professionals
- To develop successful partnerships with our local communities
- To be transparent and accountable, as an independent charity, to our communities on whose generosity we depend
- To work with financial integrity, using resources wisely and securing our long-term future
- To maintain and enhance our reputation as a charity respected and valued by local people and the business community.

Our priorities

To achieve our strategic aims, seven priorities were identified for the year.

For our clinical services, these included:

- Listening to our patients, the people we support and their families and friends
- Ensuring we provide high quality care to our patients and those we support
- Developing services and local collaboration
- Improving end of life care skills.

In addition, and linked to these, were the essential supporting priorities of:

- Greater community engagement
- Strong financial management
- Management of risk.

This report looks at our progress in taking forward these priorities during the year.

PROVIDING RESPONSIVE AND HIGH QUALITY SERVICES

*Strategic aims: To treat every individual as unique, a person we value, whose contribution we respect, through an open and honest environment
To provide and develop responsive services that support choice and independence*

Overview

Although St Michael's Hospice is most commonly known for the in-patient care provided in our building in St Leonards on Sea, we have over many years built up and diversified our services to meet more effectively the varied needs of people with life-limiting illnesses and their families across Hastings and Rother. The current range includes:

- Holistic in-patient palliative care (both acute and longer-term)
- Skilled palliative nursing support for those living at home, with visiting nurses available 24 hours a day, seven days a week
- Night sitting for people at home, three nights a week
- Day Services, four days a week, with a drop-in café available on a Friday
- Volunteer support for people with a life-limiting illness living at home
- Bereavement support for any adult in need
- Training in palliative care
- Clinical advice for primary care staff in the community
- Support for the Consultant in Palliative Medicine at the Conquest Hospital
- Provision of out-patient clinic accommodation.

A summary of our key services facts and figures is given at the end of this chapter. This shows the extent to which a number of our services have been meeting a growing demand. Also, contrary to the public's perception that we only support cancer patients, we are steadily increasing our work with people with other life-limiting illnesses, particularly in our community services.

Listening to those we support

It is clear from the letters we receive, and comments on our survey forms, that patients particularly appreciate not only skilled treatment of their symptoms, but an approach to care which recognises that a high quality service has to be responsive to the unique needs of each individual and their families. Two examples, from the In-Patient Unit, illustrate this:

"All the little things meant so much - the ice water, china tea cup, the special meals, the fridge, the time you all took to hold her hand when she was anxious and in pain."

"From the time we arrived, we both felt safe. All your care was wonderful and your actions and words so comforting. His needs were met to make his pain and discomfort bearable – you gave me words of comfort, lots of tea and surrounded us with peace and security."

Making a difference

It can be hard to measure whether, and in what way, we make a difference to people's lives. This is a topic which is engaging much debate nationally. Sometimes, evidence emerges in the comments we receive:

"Great people, great place, inner peace and results that feel positive and worthwhile." (In-Patient Unit)

"I have just re-read my e-mail to you on the 19th January pleading for help; we were desperate for someone to tell us what to do, to save our family from tearing each other apart in anger, fear, frustration and worst of all lack of sleep. You sent someone straight away and that night, nanny had a nurse to see to her needs all night. Well, what a difference a night's sleep makes." (Night Sitting Service)

"It was because of yourselves that he was able to remain at home which is what he, and we, all wanted." (Hospice at Home)

Some more specific evidence emerged from our survey in the In-Patient Unit, when we asked patients whether we had alleviated the key symptoms that had troubled them most on admission. 80% of those responding agreed that we had done so, with 10% disagreeing. 80% also agreed (with 2% disagreeing) that we had helped improve their quality of life.

Family and Friends Test

We were pleased that, for in-patient services, we scored 97% in the questionnaire, now used throughout the NHS, which asks whether you would recommend the service you had received to family and friends. We received no negative remarks. Comments included:

"I feel very relaxed and comfortable; staff are wonderful and cannot do enough for you. Volunteers are lovely, everybody full of smiles and they seem to notice every detail – well done."

"I have had the best possible care from the most amazingly caring people. The food I have been given is fantastic, wholesome and tasty. You couldn't wish for a better place to be cared for."

For day services, the score was 100%, with comments including:

"Once you attend the Day Centre, you immediately feel part of the community there with excellent and professional involvement from staff and volunteers which is carried out with dedication and is always improving and adjusting to patients' needs."

Seeking feedback

In the surveys we undertook, in the In-Patient Unit and Day Services, 100% of those answering the question confirmed they had trust and confidence in the staff caring for them and that they had always been treated with respect, privacy and dignity. For Hospice at Home, similarly, all those who replied to the questions considered they were treated with respect and dignity and that we had responded to their nursing needs effectively.

Our Bereavement Support Service also sought detailed feedback, using a scoring system up to a maximum of 8. Of the 52 survey forms returned, 96% gave a score of between 6-8 for their initial contact with the service, while 98% rated equally highly the usefulness of the support given. Some comments received included:

“My life has changed in a way that I never thought possible...I have peace within my heart.”

“I am a happier and more confident person.”

Families remain important to us even after the death of their loved one and we like to keep in touch. As well as seeking the views of our patients, therefore, we decided it was equally important to find out how the carers of our patients found our services. In mid-2014, following the approach taken by the Voices National Survey of Bereaved People, we devised a set of questions for carers that could sensitively be asked four months after their loss. The outcome was positive. Some comments included:

“My father was treated with the utmost respect and dignity anyone could have. They always spoke to him even when he was unresponsive. No-one ever spoke over him.”

“When my aunt was admitted she was in a desperate state. In the two weeks she was with you she improved, started eating and relaxed.”

We also invite families to a Time to Remember service after six months, send an anniversary card a year after a relative's death, and offer them the opportunity to place a copper leaf on our Tree of Remembrance. Feedback indicated that such contact is welcomed. For example, in relation to the anniversary card:

“You were the only ones to remember and it meant so much to me.”

Similarly, the Time to Remember services can prove helpful for families:

“My daughter and I found the Time to Remember service last Friday really lovely and moving – just what we needed.”

Using feedback

Some specific action resulted from the feedback from our various surveys, including:

- An improved information pack for carers, helping them in the aftermath of their loss
- The development of a new rehabilitation and fitness area
- An increased range of activities in Day Services.

Complaints can also help us improve our services. Three complaints were received in the year about our in-patient services, all of which related in different ways to the issue of discharge. While in the main, these reinforced for us the importance of good communication, we also sought to make our policies and practices more transparent by clarifying the role of our multi-disciplinary team meetings where regular reviews about patients and potential discharges are discussed. We also ensured that potential discharges would be first discussed by the medical team with patients and next of kin. Another complaint linked to our clinical services related to our in-patient reception, where a priest was concerned that our receptionist stopped him visiting his parishioner, because it was during our quiet period when patients are normally

resting. As a result, we confirmed with our volunteer receptionists the need for them to seek advice from clinical colleagues over such sensitive matters. Communication was also the main issue in a complaint from a client of our Hospice Neighbours volunteer service, resulting in a reminder about the importance of volunteers ensuring clients and the Hospice Neighbours team were kept well informed.

A further source of feedback came from the regular visits by Trustees, looking at different areas and talking to staff, patients and volunteers. Often very insightful, their regular reports back to the Board gave a most helpful perspective, together with recommendations for improvement. Such assessments, for example, resulted in investment in a more extensive maintenance plan, and the review of our fire prevention strategy, with a decision to invest resources in a new sprinkler system. An assessment of the need for and cost of an upgrade of the kitchen will also take place.

Listening to our referrers

Another important source of feedback is that of the healthcare colleagues who refer patients to our services. Responses to our questionnaires about the In-Patient Unit were positive, for example:

100% of referrers had trust and confidence in our services

100% agreed that patients and families both benefited from their stay.

To learn more from referrers, we attended a series of GP meetings where we explored ways of improving collaboration.

In relation to Hospice at Home:

100% of referrers agreed the patient and/or family had benefited from our input

90% agreed referrers were kept well informed.

A number of referrers commented on the value of the team:

“Very cost effective. Has reduced use of hospital admission and Hospice. Has educated nurses in symptom control.”

“A necessary part of palliative care at home now.”

Useful suggestions included offering patients and their families face to face contact at point of referral wherever possible and more direct contact with a GP. Both of these will be taken forward.

Listening to our staff

Towards the end of the year, we started running workshops for all staff to discuss the Hospice's values and the behaviours that we should be encouraging, linking this to our current Code of Conduct and how this could be improved. We also explored their concerns and what they would like to see changed, as well as asking them to consider the Whistleblowing policy and the culture around this within the Hospice. Views and ideas were shared on how the Hospice can create the right culture to support staff in speaking up on a range of issues. The outcome of these workshops will be explored in the coming year together with a plan of action.

Ensuring patient safety

We joined a Hospice benchmarking group, comprising 100 Hospices (nine of which were classified as a similar size to our own) and this is starting to yield some interesting information about a number of patient safety areas¹.

Patients' falls

90 patient falls were reported on the In-Patient Unit, affecting 17% of our patients. Further analysis showed that 55 patients fell on one occasion, while 15 patients fell on two or more occasions. Compared to the Hospices of a similar size, our rate of falls per 1,000 occupied bed days was lower (11.5 compared to 12), although was higher than that of the average of all the Hospices (11.1 falls per 1,000 occupied bed days). While these figures are encouraging, we continue to focus on ways of preventing falls, through use of assessment tools, provision of non-slip footwear and, if necessary, closer supervision by a nurse or volunteer.

Drug errors

We recorded 25 drug related errors in the year. This was an increase of 15 compared to the previous year when there were 10. No patients suffered any harm from any of the 18 patient related incidents. However, the benchmarking data showed that, per 1,000 occupied bed days, our rate was lower – standing at 2.3 – compared to similar sized hospices (5.8) and all Hospices (6.1). Where appropriate, staff were given additional training and support to minimise the risk of a re-occurrence and procedures were reconsidered.

Pressure ulcers

Learning from best practice is always important. Our Matron and Sister both attended a formal study day and, as a result, implemented a new five step model for pressure ulcer prevention. Our rate of pressure ulcers per 1,000 occupied bed days was, as with falls, better than other comparable Hospices (being a rate of 3.5 compared to 3.9), but slightly higher than that of all Hospices (3.3).

¹The benchmarking exercise is managed by Hospice UK. Inevitably, in such a new activity, there are ongoing discussions about the quality of the data and how it can be refined. Nevertheless, we consider it a useful start.

Safeguarding

Because of the importance of protecting adults in our care from harm, our Board of Trustees had a training session helping them understand their responsibilities in relation to the Safeguarding of Adults at Risk.

We raised 10 safeguarding incidents with East Sussex County Council Adult Social Care which is the lead authority responsible for managing safeguarding. Of the 10 incidents, seven were associated with Category 3 pressure ulcers in relation to patients referred to us; these were evident on four patients on admission to the In-Patient Unit from home. The remaining safeguarding incidents involved a patient with a Category 4 pressure ulcer acquired whilst in our care and two incidents relating to suspected neglect of a patient, one with the care provided by an agency at home, the other associated with the care provided by a close family member.

Confidentiality

Information Governance is an important issue for the Hospice and, with more and more data being stored electronically, the security of confidential information needs to remain a high priority to protect patients and ensure compliance with the NHS and the Information Commissioner's Office. Our Information Governance Management Group met regularly to discuss issues and any incidents. We were pleased that the self-audit toolkit submitted to the NHS in March 2015 resulted in a pass at Level 2 and there was no requirement for any follow-up or inspection.

E-learning remained our main method of training and, by the end of the year, 191 modules had been completed by a range of clinical and non-clinical staff.

Infection control

Monitoring of patients' infections continued, looking at whether they were present on admission or acquired in the Hospice. There were no Hospice acquired cases of MRSA or C.Difficile. We experienced two cases of Noro-Virus. One patient had been admitted with the virus and the second patient contracted the virus because they were in the same bay. Despite this, we ensured the infection was contained to the one area with no further outbreaks.

Our infection control audit programme continued across clinical and non-clinical areas, showing positive results:

Audit	Lead	Frequency	Outcome
Environment	Infection Control Lead Nurse	6 months	Full compliance.
Kitchens	Housekeeping Supervisors	6 months	Full compliance.
Linen	Housekeeping Supervisors	Annual	Full compliance.
Waste management	Housekeeping Supervisors	6 months	Partial compliance due to gap in training.
Sharps	Infection Control Lead Nurse	Annual	Full compliance.
Management of patient equipment	Infection Control Lead Nurse	Annual	Full compliance.
Hand hygiene	Infection Control Lead Nurse	Monthly	Full compliance.

Accidents and incidents

We had no clinical incidents or accidents in 2014-15 that were required to be reported to the Health and Safety Executive (although there was one non-clinical incident relating to a volunteer who slipped outside someone's house while undertaking work on behalf of the Hospice).

Fire safety

Another important area that was reviewed in depth was fire safety. We welcomed a positive inspection from the Fire Service early in 2015, where we also discussed the value of installing either sprinklers and/or a fire safe lift. Further advice was taken

and the decision was agreed to install sprinklers across the whole of the building. We were pleased to obtain a grant from the Isobel Blackman Trust for this. The installation will take place in 2015, together with some stronger fire safe doors¹.

Improving our effectiveness

We are always looking at ways in which we can become more effective and we implemented a number of significant improvements during the year, including:

- Agreeing to increase our medical staffing levels, aiming to increase admissions out of hours where appropriate
- Closer co-operation with the South East Coast Ambulance Service to ensure improved liaison over Hospice at Home patients. The new agreement to share information, which started towards the end of 2014, had very positive results. In the first few months, 59 people (64% of the total) were able to stay at home and were not conveyed to hospital

¹These works were planned for September 2015 and were, sadly, overtaken by the major fire (mentioned in the Chairman's statement at the beginning of this report). These precautions will, however, be in place before services return to the building.

- Introducing a daily admissions meeting, ensuring a more transparent and responsive service for referrers and patients. Waiting lists for the In-Patient Unit were virtually eliminated, with an average of only one day between referral and admission
- Improving discharge arrangements from the In-Patient Unit through closer working with both the local Continuing Healthcare Team and the Joint Community Rehabilitation Team
- Agreeing to invest in a new electronic patient record system, which will be implemented in 2015-16
- Undertaking a caseload review in Hospice at Home services
- Introducing clearer referral criteria and guidance for referral to Hospice at Home
- Introducing a new assessment procedure for referrals for our Day Services; this reduced by 30% the waiting times for people interested in joining these services
- Running a formal training programme in relation to Registered Nurses' professional accountability and legal responsibilities.

Developing our services

New service developments during the year, included the introduction by Day Services of a Friday morning Open Door Café, which enabled individuals with their relative/carer to drop in and, if they wished, ask any questions. It serves as a very informal introduction to the Hospice. As one person stated:

"I have found it difficult to keep an appointment at the Hospice, let alone make a regular weekly commitment. However, I enjoyed my visit to the Open Door yesterday and hope to repeat it shortly."

Another new development was the appointment of one of our doctors to work in the community, undertaking home visits, working with and advising local GPs and working closely with Hospice at Home. We look forward to extending this scheme in the coming year.

Developing collaboration with other services

We firmly believe that high quality care, particularly in the community, can only be achieved through close collaboration between services. To develop closer working relationships, we took a range of measures including:

- Offering free office accommodation in the Hospice to the Community Macmillan Nursing team. This achieved a more co-ordinated approach to meeting patients' needs
- The Hospice at Home team attending GP surgery-based meetings to discuss the needs of local patients
- Members of the Hospice Neighbours team attending GP surgery meetings to explain the ways in which the new service could help them. Feedback indicated this volunteer service was considered valuable and collaboration was effective:
“Your communication has been fantastic and I look forward to sending referrals to your service in the future.”
- New daily referral meetings attended by Hospice at Home, Community Macmillan Nurses and Day Services staff. All non-urgent referrals to these services were triaged at this meeting, and a decision was made about which service was the most appropriate to meet the specific needs of the individual. Unfortunately, given pressures on the service, we have been unable to engage the District Nursing services in this process at this current time.

The benefits of collaborative working were highlighted in a recent letter sent to us:

“I am writing to express my gratitude to your Hospice at Home staff for the quality of care given to my wife during the last days of her life. My wife had two wishes: to die at home and to be free from pain. Your nurses made a major contribution to the achievement of these wishes. There were a few occasions when I needed the support of the on-call Hospice at Home team. Every time they were able to give me practical help and advice. Having such support available at any time when I was alone caring for my wife was invaluable. Every nurse that visited was very caring and sensitive which we much appreciated. The team also worked very effectively with the Macmillan Nurse, who was excellent, and the District Nurses.”

We also strengthened our relationships with other Sussex Hospices and, together, produced a useful analysis of end of life care needs of adults across Sussex.

Looking forward

In 2015-16, our main aims are to:

- Continue with a survey of carers' views as well as a survey of our patients, people we support and referrers
- Put forward a business case to the Hastings and Rother Clinical Commissioning Group to enhance our provision of community services
- Increase our community medical provision
- Introduce a new volunteer role of ward clerk
- Implement a new electronic patient record system
- Install sprinklers across the whole building, together with some new, stronger fire safe doors.

SERVICE FACTS AND FIGURES

How many patients?

1,288 individual patients/clients were supported, many of whom received more than one of our services. The number of patients in each service was:

In-Patient Unit:	355 patients
Day Services:	105 people we support
Hospice at Home:	915 patients
Night Sitting Services:	88 patients
Bereavement Services:	233 clients
Hospice Neighbours:	139 clients

Where from?

The breakdown by postcode of our patients/clients is as follows:

	IPU	Day Services	Hospice At Home	Night Sitting Service	Bereavement Services	Hospice Neighbours	Total (%)
Battle	22 (6%)	4 (4%)	62 (7%)	7 (8%)	15 (6%)	13 (9%)	123 (6.7%)
Bexhill	129 (36%)	44 (42%)	334 (36%)	29 (33%)	70 (30%)	48 (35%)	654 (35.64%)
Hastings and St L	163 (46%)	50 (48%)	422 (46%)	37 (42%)	127 (55%)	40 (29%)	839 (45.72%)
North Rother	10 (3%)	2 (1%)	19 (3%)	5 (6%)	6 (3%)	24 (17%)	66 (3.6%)
Rye	29 (8%)	5 (5%)	78 (8%)	10 (11%)	10 (4%)	14 (10%)	146 (7.96%)
Out of area	2 (1%)	0	0	0	5 (2%)	0	7 (0.38%)
Total	355	105	915	88	233	139	1835

With what illnesses?

	Illnesses		Age		
	Cancer	Non-malignant diseases	<65 yrs	65-84 yrs	>85 yrs
In-Patient Unit	87% (88%)	13% (12%)	21% (24%)	62% (60%)	17% (16%)
Hospice at Home	61% (64%)	39% (36%)	12% (18%)	50% (48%)	38% (34%)
Day Services	70% (70%)	30% (30%)	12% (19%)	66% (56%)	22% (25%)

The figures in brackets are the results for 2013-14

Take-up of our services

The figures in brackets are the results for 2013-14

In-Patient Unit

Occupied bed days: 7,824 (6,878)

Occupancy: 71% (63%)

Total admissions: 403 (338)

Discharges: 36%

Day Services

Booked attendances: 2,503 (2,173)

Unable to attend (illness, medical appointments, holiday etc): 738 (612)

Referrals: 124 (83)

These figures do not include the number of people visiting the new Friday Open Door Café

Nursing support at home

Referrals: 804 (763)

Home visits: 3,163 (3,835)

Telephone calls with families and NHS colleagues: 12,695

18% of telephone calls with patients and relatives took place at night

Hospice Neighbours

Client/volunteer hours: 3,160 (1,736)

Number of clients: 54 per month (32)

Average number of volunteers: 90

Bereavement Services

New clients starting the service: 129 (117)

Total support hours: 1,409 (1,252)

Average number of volunteers: 36 (30)

IMPROVING END OF LIFE CARE SKILLS

Strategic aim: To promote the highest standards of palliative care

Internal education

We are committed to investing in the professional development of our staff, believing that this is fundamental to the delivery of good quality care. We provided 5,326 hours of training for staff, which included 943 hours of e-learning, a significant increase on the previous year's total of 858 hours.

Clinical staff received an average of 7 days training per year, whilst non-clinical had around 2.5 days.

91 people were involved in gaining external qualifications, ranging from a Certificate in Fundraising to a Foundation Degree in Health and Social Care Practice and a European Certificate in Essential Palliative Care. Other important areas included food hygiene, first aid and mentorship. As a result of our ongoing review into the work of Hospice at Home, we felt it important to encourage two Health Care Assistants to start the Associate Practitioner two year foundation course, currently running at Brighton University. We are seeking to develop a new role, adding an extra dimension to the team. The Team Leader also started her Non-Medical Prescribing Course at Brighton University which will enable her to prescribe medication for patients on the caseload, a valuable additional skill for the team.

We also continued our series of training days for new Hospice Neighbour volunteers. These evolved during the year in response to the feedback we received and the needs that emerged. The training was received positively and has enabled the scheme to continue to expand.

Our Journal Club, where we explore new research and best practice, this year took on a new invigorated direction; it is now run by one of our doctors with the support of our Practice Educator. It included various topics of interest, such as heart failure at end of life, terminal agitation, compassion fatigue and burnout. All were well received and well attended. Additionally, guest speakers informed us on important issues such as Motor Neurone Disease.

Supportive supervision sessions are provided for staff by an external facilitator. Staff can also access confidential one-to-one support/counselling should the need arise and/or access support from our Chaplain and Bereavement Services Manager if they prefer. A staff support and resilience group was established, chaired by our Matron. The purpose of this group is to look at how we can improve ways of supporting staff to remain well at work and home. A report is due in 2015.

External education

In total, 28 sessions were run for staff of organisations providing end of life care in the NHS, charitable and private sectors. One new initiative was the outcome of a successful collaborative bid from nine Hospices across Kent, Surrey and Sussex to provide compassion awareness education in a variety of settings, with the aim of

integrating learning into practice. In total, over 1,300 staff in caring roles were trained. An analysis of the outcome of the projects showed that staff, as a result of the training, recognised the importance of compassionate care, changing their practice accordingly. As one participant stated:

“This course helped me to understand compassion is more than caring, to look outside the box.”

We continued to welcome a wide range of students and provided a total of 4,304 hours of supported placements for 65 people. It is a good opportunity to show the work of the Hospice and the values we hold and we appreciate the new ideas that students can bring. Feedback was positive, including:

“I really enjoyed the work at the hospice, I liked that I had time to spend with patients and I liked how friendly and welcoming the staff were. I was welcomed as part of the team at every level.” (Student nurse)

“Thank you very much for the opportunity you all gave me to gain work experience at your amazing Hospice. It gave me a great overview of the care side of medicine and allowed me to see all the patients even with life-limiting illnesses enjoying life to the full.” (Prospective medical student)

Looking forward

In 2015-16, our main aims are to:

- Establish, together with St Wilfrid’s Hospice in Eastbourne, a regional centre for Gold Standards Framework training, which will help deliver a ‘gold standard of care’ to all people nearing the end of life
- Continue to offer training on Compassion Awareness for external organisations
- Review ways of making our services more relevant to people with learning difficulties
- Produce an education strategy
- Review outcome of Working Group on resilience in the workplace, working to improve support for staff and minimise stress.

WORKING WITH OUR LOCAL COMMUNITY

Strategic aim: To develop successful partnerships with our local communities

The Hospice came into existence only because of the support and dedication of local people – and it continues for the same reason. This knowledge has always shaped the way we have developed our services. Maintaining and increasing relationships with our local communities is, therefore, an essential part of the Hospice, relevant to every area of our work, clinical and non-clinical.

Volunteering – an invaluable resource

Without our volunteers – around 920 in number – the Hospice could not function effectively. Their role in supporting patients is an important one, not only offering a welcome and practical support but also adding an indefinable sense of friendship and warmth. The results of the In-Patient Unit survey showed the importance of their role, with 100% of those answering the question confirming that volunteer support was helpful to them:

“Heartfelt thanks and gratitude to all the nursing staff, doctors and volunteers for all the kindness and support.”

“I feel relaxed and calm in here; the staff have been very understanding to my needs. Professional and voluntary staff run equally alongside each other.”

The Hospice Neighbours scheme is another important area where volunteers make a critical difference. Their willingness and flexibility (offering a range of roles from companionship to gardening, from walking dogs to going out for lunch) cemented its role as an essential community service.

As lottery collectors, shop volunteers, organisers, and supporters of fundraising events (not to mention cake bakers, clothes sorters and raffle ticket sellers), volunteers are also crucial in helping us raise the resources vital to our patient care.

As with the clinical areas, the presence of volunteers can make a great difference to a fundraising event with their warmth and friendliness. An organiser of the Wardsbrook concerts stated appreciatively:

“Once again it has been an absolute pleasure to work with you on the Wardsbrook concerts. We have received so many positive comments from guests about the warmth and efficiency of the volunteers and I could not agree more. The volunteers really do bring something very special to the concerts.”

In addition, volunteers provide invaluable help with administration and finance, with advice, with their wisdom and ideas, and by providing strong links with our communities.

It is difficult to calculate the value of all this support provided by volunteers. The number of regular hours they gave during the year has been estimated as well over 100,000. If we had had to pay a minimal wage for the range of work undertaken, the total cost to the Hospice would have been around £1m.

A volunteer survey was undertaken in 2014, with 260 forms returned, a response rate of 32%. Many valued their volunteering:

- 97% rated their volunteering experience as excellent/good
- 84% confirmed both that they had received sufficient training/support for their role and that the Hospice communicated with them effectively
- 50% had made new friends and increased access to social networks
- 22% confirmed that volunteering increased their participation in local activities
- 20% agreed volunteering had increased their general health and well-being.

Benefits were identified, including their awareness that, in whatever role they were doing, they were both helping provide support for patients and their families, while also valuing the social gain of working as part of a team and with friends:

“Definitely it’s the best thing I have ever done. It has had a huge effect on me. After my husband died, for a year I stayed at home only going out to buy food. After working at St Michael’s Hospice I feel I now have a purpose in life once again.”

“I feel I get back just as much as I give.”

Following the survey, we prepared a three year strategy to develop our volunteers and the support they provide in order to help us improve our services for the future.

Community support

Support from the local community remained high and is greatly valued. Without this, we would be unable to provide our patients with the care they need. Indeed, it is one of the pleasures of Hospice life that this support came in many guises. There were people who undertook amazing sponsored challenges, such as the Three Peaks Challenge, Spartan Beast (and a variety of other strenuous, muddy events), triathlons and parachute jumps. A wide range of marathon events raised over £50k. Other people supported the Hospice’s own events, such as the Abseil, which raised £14k, while our new event of Colour the Coast generated a profit of £13k.

Community fundraising events were also many and varied including, for example, Yellow Day, Westfield Lights at Christmas, the Summer Art Exhibition and the Big Tea. Special mention must also be made of:

- The Hastings and St Leonards Support Group, whose hard work in organising a series of events during the year raised over £61k, an amazing result
- The Wardsbrook concerts which raised £39k for our Hospice Neighbours services
- The Friends of Sussex Hospices who generously donated over £24k.

The Patrons Circle, launched in 2012, continued to be an important source of income, generating £64k (compared to £52k the previous year), with nearly 100 Patrons donating between £250 and £1,200 per year. There were some memorable Patrons Circle events including, at the kind invitation of Emma and Monty Davies, a private view and talk at the beautiful Walled Nursery in Hawkhurst and an evening of magic and mystery at The Bell in Ticehurst.

Thirty six gardens opened in support of the Hospice. Raising £43k, these events provided a valuable source of income and raised awareness of Hospice services across the whole of Hastings and Rother. We are most grateful to all the owners who so kindly allowed us to view their beautiful gardens.

We have always had a strong commitment to working with local businesses, whether through co-operation on the high street, our local purchasing policy or engagement with their staff as volunteers. We have greatly appreciated the very practical support that many local organisations have given us, for example the waste disposal by French and Sons, the house clearance support, storage facilities and equipment from M W Caves, and the support given to us by Trade Paints. We are grateful, too, for those organisations, such as the Department of Work and Pensions and HSBC, which gave us voluntary support in the gardens and around the buildings.

Our Lottery is another community activity with 11,400 members. We appreciate the generosity of those players who donated back their winnings, while also agreeing for us to claim Gift Aid. The sale of scratch cards raised significant income, with £18k being raised compared to £5k the previous year. We are grateful to the team of 37 collectors, canvassers and office volunteers without whom the Lottery would never be so successful.

Given the difficult conditions on local high streets, it is not surprising that our shops had to work even harder to raise funds. However, they succeeded in increasing turnover by 6%. Volunteers continued to offer amazing support with their tireless work and customer engagement. A survey of our shop customers showed much satisfaction: 89% were very satisfied with the service they received, while 96% of them would recommend their local shop to their family and friends.

Our presence online grew by 86%, with items sold on eBay and Amazon increasing from 4,527 items in the previous year to 8,409 in 2014-15.

Engaging local people in our work

Our website and greater presence on Facebook and Twitter proved beneficial in encouraging greater interaction. The number of people 'liking' our Facebook page grew from over 2,600 the previous year to 4,058, while our followers on Twitter grew from 800 to 1,239. Our website, too, has shown a 24% increase in visitors to the site, 64% of whom were new visitors. We also joined LinkedIn.

We continued to promote activities that would help us engage with a wider group of people, including a vintage fair with local stallholders displaying their work, and a photographic competition managed through Facebook, attracting 224 entries. These entries helped us build up a valuable collection of photographs.

Gaining feedback

We are committed to having high standards in our fundraising practice and joined the Fundraising Standards Board several years ago to demonstrate this assurance. During the year, we had three complaints relating to fundraising, all varied in nature. None of these related to our methods of raising funds. One was concerned with the

poor quality of some raffle prizes, while the second one related to the noise of an event held at the Hospice. The third was unhappy about the way Gift Aid was mentioned in an In Memoriam letter and we were grateful for the complainant's help in advising on revisions to the letter. In each case, an apology was sent and action taken internally, as appropriate, to address the matter. Retail received nine complaints, seven of which involved customer care issues in the shops, while the remaining two were about donations. All of these were investigated and responses sent. Action was taken to make improvements where required.

Positive feedback was also welcomed, which helped to reinforce for us the value of working closely with our community, paying due care and attention to each activity:

“Just to say thank you so much to you, those patient stewards and everyone else who organised the Moonlight Walk; we had such a great evening and can't wait for next year.”

“I knew nothing of St Michael's Hospice until I headed for Bexhill and Hastings last weekend. Your people and merchandising truly stood out in what has been a sea of uninspiring sameness. The furniture and home décor shop in Bexhill didn't even feel like a charity shop! The less-is-more, curated approach created an elegance not shown by your local competitors and better still, your pricing still offers bargain shopping.”

Looking forward

In 2015-16, our main aims are to:

- Develop some new fundraising events across Hastings and Rother
- Take forward our volunteer strategy
- Start a new rolling training programme for all volunteers, to inform and engage
- Continue to review ways of developing our Retail and Lottery
- Strengthen our relationship with communities across Rother.

MANAGING OUR FINANCES

Strategic aim: To be transparent and accountable, as an independent charity, to our communities on whose generosity we depend

The outcome of the year was positive. We achieved a modest unrestricted funds surplus of £22k, against a budgeted deficit of £103k. Our restricted funds surplus was £52k, resulting in a total surplus of £75k. We continued to develop new initiatives in Fundraising, Retail and Lottery, managed our investments effectively and kept expenditure under control.

We were grateful to the Hastings and Rother Clinical Commissioning Group, who increased the level of our grants and fees by 2%.

Expenditure

Overall, expenditure came in 2% below budget. Savings of 15% were made on indirect operational overheads, while the salary budget was underspent by 3%. As part of the budget discussions for 2014-15, we reviewed very carefully our pay policy and decided to continue with the commitment, started in the previous year, to track the living wage and to seek to ensure, wherever possible, that no member of staff fell below this level. An increase of 3% was agreed for the staff affected by this decision. However, given the budget was showing a deficit, it was not considered possible to agree a general cost of living award for any other members of staff.

The most significant budget overspend was in relation to medical equipment and nursing supplies, due to the greater complexity of patients for whom we care. Additionally, the costs of clinical waste collection, which was previously paid for by the Primary Care Trust and not taken over by the Clinical Commissioning Group, and the increased cost of the disposal of confidential waste led to overspends in those budgets.

Efficiencies

We continued to promote a 'green' agenda and were pleased that this resulted in reductions in usage of gas (by 15%), electricity (5%) and water (13%).

Overall, our return on investment in fundraising (including salary costs) was 1:8.5, which was a positive outcome. Indeed, for every £1 given to us by the Hastings and Rother Clinical Commissioning Group in their grant, we raised £3.35.

In relation to our Lottery, on average over the past five years for every £1 spent on a lottery ticket or scratch card, 57% of the proceeds have been donated to the Hospice. This is after all costs and prizes incurred in running the Lottery have been taken into account. This compares very favourably to the National Lottery (which gives 28%) and the Gambling Commission's national figures that, overall, 42% of proceeds from charity lotteries go to good causes. The efficiency of our collection methods reached its highest ever level, standing at 97.96% at the end of March 2015.

Income

The Fundraising Team successfully increased its total income to £2.3m, an increase of £205k compared to the previous year. Legacies, which are so important to us and of which we are so appreciative, raised £955k, a most valuable contribution which exceeded our budget target of £900k.

We valued the generosity of the very many people who sent us, unsolicited, a financial donation. The total of £184k was higher than in 2013-14 (£130k). We acknowledged all donations, whether large or small, recognising the value of each gift in helping us continue our services for local people. We continue to be tax efficient and make every effort to claim Gift Aid on the maximum number of donations. For the financial year 2014-15, we reclaimed over £78k.

During the year, we saw increasing competition in the local charity marketplace, as well as concerns about the ongoing impact of the recession. However, there were some hopeful signs:

- The value of general donations significantly increased, generating £184k against a budget of £150k
- Our mattress appeal raised over £40k, enabling us to replace all our mattresses, thus greatly improving patient comfort
- In Memoriam donations exceeded their target, raising £221k (over £17k more than the previous year)
- Lights of Love generated £46k, an increase of £5k on the previous year, assisted by the addition of a new venue at Hastings Crematorium
- Challenge events raised £209k, an increase of £30k on the previous year, the highest level of income ever achieved in this area
- Community fundraising raised £204k, also an increase on the previous year.

In relation to our two wholly owned companies, Lottery performed well, with a covenant that was 5% higher than the previous year. The covenant from the Retail Company was 21% higher than the previous year, helped by a £40k (6%) increase in turnover.

Income from education and training increased significantly, raising over £27k (compared to £7k in the previous year) as a result of a number of contracts won for the provision of training.

MANAGING RISKS AND UNCERTAINTY

Strategic aim: To work with financial integrity, using resources wisely and securing our long-term future

Review of risks

At least one thing is certain – change and uncertainty are going to be part of Hospice life for a number of years to come.

For the longer-term, it is clear that we shall need to consider how to respond to changing patient expectations, the predicted growth in the need for end of life care, and the use of digital technology to assist and improve patient support. In a more medium timescale, we need to understand and react to the changing structures in the NHS and Adult Social Care, including the pooling of care budgets, the potential growth of competition and tendering, and the possible need to develop partnerships with local NHS services and/or local charities. In the short-term, there are the challenges of ensuring that we are able to recruit suitably qualified staff, and that we can raise sufficient funds, within a nationally difficult financial context, to allow our services to develop and grow. We also need to continue to improve the Hospice buildings, improving facilities and ensuring the safety of all who use them.

In general terms, given the uncertainty as to how services may (or may not) develop locally, we sought to prepare ourselves for what may come by:

- Continuing to build good relationships with local NHS services. We shall continue discussions with the Hastings and Rother Clinical Commissioning Group about ways in which we can further support their priorities
- Developing further our contacts with GPs and primary care teams and looking at how we can, between us, deliver more seamless services
- Further developing our community volunteer scheme, Hospice Neighbours
- Publicising our services, so that local people can better understand what we provide, and strengthening our community engagement
- Reviewing our cost effectiveness and methods of income generation
- Improving our ability to capture and analyse information through the introduction of an electronic patient management system and a Human Resources/Education database.

We review our corporate risk management register in detail on a six-monthly basis, identifying potentially significant risks, assessing their likelihood and impact and agreeing appropriate mitigating action. One major risk identified was a fall in voluntary income as, in the current economic climate, the ability to raise funds is still challenging. We continued to invest in our Lottery, Retail and Marketing activities, while also promoting new income generation activities, such as Colour the Coast, sale of scratch cards and the use of Amazon and eBay. The many changes in NHS structure and policies were also considered a high risk. We sought to mitigate any negative impact through tracking the changes, seeking the views of our referrers and of the Clinical Commissioning Group, and maintaining a close liaison, actively promoting the range of services we provide. The proactive development of a business case for improved services was also undertaken. Another area of concern related to employment, as it was recognised that recruitment to specialist posts can

be difficult. We managed this through a varied selection of recruitment methods and by working closely with other providers. We continue to emphasise the benefits we can offer our staff, including flexible working and a supportive environment with good job satisfaction, backed up by an emphasis on staff training and development. We shall be looking in more detail at succession planning.

Internally, risks were mitigated by ongoing reviews of policies and procedures, as well as through clinical audit and health and safety reviews. We regularly remind staff of the importance of understanding and adhering to professional and other codes of practice and to policies and procedures. Clinical governance, health and safety and audit, together with our education and training programmes, are therefore very much part of our risk management system.

Reserves and investments

Our average annual expenditure is £5.4m and, of our income, around 32% is provided by fees and grants from the Clinical Commissioning Group. This leaves the Hospice to raise the balance (c.£3.7m) from voluntary sources. These top line levels of income and expenditure are the basis on which we formulate our reserves and investment policy, which states that:

- The investment objective for short-term reserves is to preserve the capital value with a minimum level of risk, ensuring we are able to meet unanticipated cash flow requirements. Funds treated as short-term would usually be invested only in a mix of short-term and medium-term deposits
- The investment objective for long-term reserves is to secure a return in excess of inflation, generating an income to support our ongoing activities
- Approximately 15-30% of the total free short-term and long-term reserves of the Hospice would be invested in a portfolio of stocks, shares and bonds.

Short-term reserves also include a working capital and contingency reserve as well as some designated reserves for essential capital/maintenance works. The level of contingency funds was calculated as £3m, which was equivalent to a minimum of 12 months expenditure after allowing for an amount of 'reliable income'. At 31st March 2015, our unrestricted General Fund, after allowing for contingencies of £3m, stood at £2.9m, the same as the previous year. Throughout the year, therefore, we exceeded our minimum contingency level.

Our short-term reserves were held in at least three major UK banks or financial institutions. We continued to invest on the money market through Lloyds, NatWest and Virgin Money. However, given the reducing level of interest rates, we could only make a relatively small return on our working capital and contingency funds. Options for increasing yields, within acceptable levels of risk, were discussed with the Board and, after careful research, a decision was made to open an account with UBS Third Party Cash Deposit Service.

In relation to longer-term reserves, at 31st March, 2015, the market value of the £1m transferred in 2012 to an investment portfolio, managed by Rathbones Investment Management Limited, was £1.309m, with an estimated yield of 2.6%. Benchmarks were set against which investment performance was to be measured.

GOVERNANCE AND MANAGEMENT

Strategic aim: We aim to maintain and enhance our reputation as a charity respected and valued by local people and the business community

Board of Trustees

During the year the Board met 10 times, focusing on the operation of the services and the quality of care provided as well as on strategic and governance issues.

Membership of the Board

The initial appointment of Trustees is for a period of 3 years, followed by a second term of 3 years. Thereafter, the position is reviewed annually, up to the maximum of 9 years. A General Meeting was held on 12th December 2014, at which Cliff Wallis was re-appointed as Trustee. Two Trustees, Derek Blackman and Julia Parsons, retired after nine years of valuable service. They will both be much missed.

Sub-committees

The Board's sub-committees were as follows:

- The Audit Committee, chaired by Cliff Wallis, which met three times during the year to review the draft Annual Report and Accounts, scrutinise our legacy receipts, consider and revise the Corporate Risk Register
- The Corporate Governance and Nominations Committee, chaired by Derek Blackman (until December 2014 and subsequently by Angela Chivers), which met three times during the year to consider re-appointments and new membership for all the three Boards
- The Remuneration Committee, chaired by Irene Dibben, which met three times during the year to consider the feasibility of a pay award for staff as part of the 2015-16 budget discussions together with progress in implementing new statutory requirements in relation to pensions auto-enrolment.

Strategic development

A number of strategic issues were discussed by the Board over the year, including:

- The potential impact of the palliative care currency discussions
- The NHS Five Year Forward View
- A Voluntary Services strategy
- Our Marketing strategy
- The future development of our clinical services
- An Information Technology strategy, resulting in agreement to invest £200k in improving the current infrastructure and new systems, including an electronic patient record system and a database for use by Human Resources and Education
- A policy in relation to the acceptance and refusal of donations.

The Board also agreed and monitored the business plan, the budget, the clinical governance and information governance plans, while also approving the revised Information Governance Policy.

Reviewing service performance

The Board carried out a rolling programme of reviews, looking in turn at each service area, clinical and non-clinical. This was in addition to its quarterly reviews of accidents, incidents and clinical statistics and scrutiny of all complaints and commendations. In relation to clinical governance, two Trustees were members of the Clinical Governance Group until December 2014, with another Trustee taking over the role from January 2015. Visits by Trustees to Hospice services continued every two months. These were found valuable both as a way of monitoring the quality of our care, but also to keep Trustees more closely in touch with the views of staff, volunteers, patients and their families.

Training

Training of existing Trustees continued through regular presentations from each service area. Detailed discussions were also held on some of the potential strategic challenges facing the Hospice. The Board was regularly briefed on national strategies and plans that could have an impact on the future running of the Hospice. A special session was also held on reviewing the Trustees responsibilities in relation to the Safeguarding of Adults at Risk. We continued to enjoy good relationships with neighbouring Hospices and meetings took place with other Chairs to ensure an exchange of information on good practice and new developments. The Hospice is a member of Help the Hospices, which provides valuable networking opportunities and information and training on national issues. Members of the Senior Management Team also met with their counterparts in other Hospices.

Lottery and Retail Company Boards

The Boards of these wholly owned Companies met four times during the year. The Retail and Lottery Companies contributed valuable covenants, which were essential to the ongoing work of the Hospice. Performance was scrutinised and strategic consideration was given to ways in which income could be increased. More detail about developments in these areas and their financial performance is given in other sections of this report.

Public benefit

The Board of Trustees regularly considers how our planned activities contribute to the aims and objectives we have set ourselves, assessing the public benefit that has been brought to local people in Hastings and Rother whom we were set up to help. The Trustees considered carefully the Charity Commission's guidance on public benefit in relation to its general applicability to the Hospice's planning and delivery of services. We value the fact that much of our funding comes from local individuals and organisations and, for this reason, our beneficiaries tend to be predominantly, but not exclusively, drawn from Hastings and Rother. Our services are also available to those individuals who have not been resident locally but, for whatever reason (for example to be close to their family), are in need of our support. It is hoped that this Annual Report shows the many ways in which we use the funds we receive to ensure that we provide good quality palliative care services free of charge for local people, that we offer training and advice to other agencies, and that we promote our range of services so that there is greater understanding about the nature of our work.

COMPANY INFORMATION

St Michael's Hospice, Hastings and Rother, a registered charity and a company limited by guarantee, was established on 8 December 1983 and formally opened its services in April 1987. Our Articles of Association were last revised and agreed on 27th January 2012. The Trustees of the Charity (who are also Directors of the Company) are drawn from the local community. The Chair is elected by the Trustees from amongst those on the Board.

President

Julian Avery

Board of Trustees

Irene Dibben (Chair)

Julian Avery – retired April 2014

Steve Barnes

Derek Blackman – retired December 2014

Angela Chivers

Simon Corello

Charles Everett

Michael Foster

Nigel Gaymer

Dr Rosie Guy

Bernard Hibbs

Julia Parsons – retired December 2014

Christopher Rowe

Cliff Wallis

Senior Management Team

Celia Pyke-Lees

Chief Executive

Dr Debbie Benson

Consultant in Palliative Medicine

Dr Mursheda Chowdhury

Medical Director

Dr Mike Cooper

Joint Medical Director (retired November 2014)

Elaine McDonough

Head of Clinical Services

Vinyo Aidam

Head of Finance and IT

Perdita Chamberlain

Head of Fundraising

Chris Jones

Head of Retail (until February 2015)

Bruni Llovet

Head of Marketing

Jane Cave

Head of Voluntary Services

Leanne Goodsell

Head of Human Resources and Education

Company Secretary

Richard Ostle

Registered information

Registered Charity Name	St Michael's Hospice Hastings and Rother
Charity Number	288462
Company Registration Number	01776496
Registered Office	25 Upper Maze Hill St Leonards on Sea East Sussex TN38 0LB

Professional advisors

Auditors	Gibbons Mannington & Phipps LLP Chartered Accountants and Statutory Auditors 82 High Street Tenterden Kent TN30 6JG
----------	---

Bankers	Lloyds Plc 17 Wellington Place Hastings East Sussex TN34 1NX
---------	--

Solicitors	Gaby Hardwicke 34 Wellington Square Hastings East Sussex TN34 1PN
------------	---

Investment Advisors	Rathbone Brothers Plc 1 Curzon Street London W1J5FB
---------------------	--