

# Thames hospice

Thank you for taking the time to read this summary of the Thames Hospice Board of Trustees Meeting. Our meeting took place from 12.00 – 5.30pm on 7<sup>th</sup> September 2017 at Pine Lodge, Windsor.

The thirteen Thames Hospice Trustee Attendees at the meeting were myself, Martin Jervis (I am Chair of Trustees), Chris Aitken, Jacinta Ashworth, Ken Coppock, Bob Dwyer, Richard Goss, Jonathan Jones, Andy Ka, Craig Linton, Bruce Montgomery, Steve Moore, Margaret Neal, and Lesley Rudd. Our other new trustee, Stephen Avery, could not attend.

Also in attendance from Thames Hospice staff were Ruth Bartholomew (Finance Director), Juliana Luxton (Head of Governance and Quality - who took the minutes), and Debbie Raven (Chief Executive Officer).

Other members of Thames Hospice staff attending were Dr Cecily Wright (Medical Director), Jacquie Batchford (Director of Patient and Family Services) and Rosemary Webb (Thames Hospice Team Leader – Single Point of Access). Rosemary attended to share a 24/7 Rapid Response patient story with us.

This time the Trustee Board meeting started slightly differently than usual, because we welcomed two guests from our commissioning CCGs. These were Dr Jim O’Donnell, the Governing Body Clinical Chair of NHS Slough CCG and Fiona Slevin Brown, the Director of Strategy and Operations from Slough CCG, Bracknell and Ascot CCG, and Windsor, Ascot & Maidenhead CCG. They joined the meeting to discuss possible future ways of working with us. We trustees wanted to consider future strategic plans, and we were keen to learn where our commissioners felt we should drive our strategy and vision once the new Hospice is established at Bray Lake. We were also interested to learn about commissioning plans for the future and commissioning of integrated services, and about future models for Thames Hospice as a lead service working with other teams and providers.

Bearing all this in mind, Jim and Fiona spoke to us for over an hour and shared a presentation ‘Opportunities for the Future – Thames Hospice’

The patient presentation was given so that we and our CCG guests could hear about how the services that they have commissioned from us work in practice for patients.

Jacquie Batchford gave the meeting the background to the 24/7 Rapid Response Service, noting that the service launched on 8<sup>th</sup> May 2017. Jacquie briefly outlined how the service had been

developed and its service delivery model. Jacquie told us that the service was already quickly ramping up: in May the service received 25 calls and made 15 patient visits, in June there were 55 calls and 42 visits, in July there were 101 calls and 89 visits, and in August 95 calls and 83 visits. Jacquie highlighted to us that figures in September are already showing an average of seven patient visits a day from the team; the first five days in September alone had 40 calls and 36 visits!

Rosemary Webb then described how the new service had worked with a couple where the husband, who had cancer, suddenly became very ill. Rosemary explained to us how the Hospice Rapid Response team visited the couple four times over the next two days and told us how the gentleman died at home, peacefully in the night, with support for him and his wife in place. Jacquie told us that the team having the time to stay with a patient is good – both for the patient and their family. Rosemary also noted that the case study illustrated how the service works with other teams across healthcare (Paramedics, District Nurses, the patient’s own GP, the Out of Hours GP, and so on).

We all commented on how well the new service met the needs of people and how it positively impacted in their lives, and we were pleased to see how well the team had already embedded. As usual, we were both moved and impressed with the demonstration of the fantastic support that the Hospice gives to patients and their families.

Fiona Slevin Brown said that the story made her proud that the Rapid Response service had been commissioned with Thames Hospice. Fiona also said that she has been extremely impressed with the innovative, caring and person-centred approach at Thames Hospice.

I want every reader of this to know that all in all, the feedback back from the Commissioners was incredibly positive, and humbling as Chair, so all of our staff and volunteers should feel enormously proud of that. Thank you all – and as they the Commissioners they can recognise excellence but they are never “satisfied” (!) so let’s be sure to keep it up.

Richard Goss retired as a trustee at this meeting, so before we started on the normal Board business we presented Richard with some tokens of our appreciation for his valuable work as a trustee over the past eight years. These included a large photo-montage of some of his best moments at the hospice, and large chocolate cake – which he kindly then shared with us all! I am very glad to say that Richard continues to work with the Hospice, as he will be back every Tuesday, as always, volunteering on the IPU Reception desk.

We also had other Trustee-related tasks to complete at the meeting, and we confirmed the appointment of four new Trustees: Stephen Avery, Andy Ka, Bruce Montgomery, and Lesley Rudd. Jacinta Ashworth and Margaret Neal were then unanimously re-elected as Trustees for another four years; having completed their first four year term as Trustees. And, for the final bit

of Trustee 'housekeeping', Chris Aitken was appointed as the new Chair of the IG&M Committee, taking over as a new 'safe pair of hands' from Richard.

Next, it was back to more usual Board business and I presented my Chairman's Report and then Debbie Raven presented her CEO's Report. As part of my report, we review minutes and items from all the board committees in a 'Consent Agenda'; and having reviewed all these items the Board agreed them.

There were several items sent for this Board meeting to review or agree:

- We agreed the Terms of Reference for several of the Board committees.
- We agreed to use a Traditional Build methodology for the new Hospice. This means that we will progress with the use of consultants to design our project in detail, and will now use them to prepare tender documentation. We will then ask Contractors to submit tenders for the construction of the project. The contractor selected will not be responsible for the design, and the consultants will remain in our employ. We believe that this offers greater control of the project to build the new Hospice which is important to ensure quality.
- Following discussion at the PT5 New Build Committee, we Trustees have agreed to adopt a bespoke approach to project management. This will be an objective oversight, offering additional support to the Thames Hospice New Build team led by Debbie and Ruth Bartholomew. We believe that this decision gives us assurance that we are well placed with the support of our design team and appropriate independent advice as we move forwards with this exciting project. This decision also means that there will be no additional Project Manager needed until the project reaches the transition phase (one year before we move to the new building). We also agreed that there is currently no requirement for a Project Monitor, but we will seek appropriate advisors to support the project at committee level. Incidentally, the first of these Trustee Advisors, Justin Sullivan, has already joined the PT5 New Build Committee.

At the September Board meeting each year we review the Thames Hospice Annual Report and Accounts and the Letter of Representation from our Auditors. Ken Coppock, who is Chair of our Finance and Investment Committee, presented the Thames Hospice Annual Report and Accounts for 2016 – 2017 to us, and we unanimously authorised him to sign the Annual Report and the Letter of Representation. We also unanimously commended the Annual Report, and thanked Ruth and the Finance team for their work on the Annual Report. You can see the Annual Report for 2016 – 2017 on the Thames Hospice website.

Also at this meeting we reviewed the 10-year financial forecast which continually evolves as new figures are fed into the forecast. Nevertheless, this forecast gives us confidence and, whilst not a plan, give us useful projections for our strategic planning.

We also have certain items that are 'standing agenda' items at every Board meeting.

- We discussed the Thames Hospice lottery and our lottery canvassing programme.
- We reviewed Fundraising Governance.
- We received and reviewed a report from Ruth Bartholomew, the Finance Director.
- Debbie took us through the results against the first quarter of the Hospice Operating Plan (covering April to June 2017). The Board Committees had already discussed the Operating Plan at length at their August meetings.
- We reviewed the Board Assurance Framework (BAF), which, as at every Board meeting, was updated to illustrate the current risks the Hospice faces.

We always review progress of PT5. We are delighted that in July the Hospice received Planning Permission for the new build at the first application, and now we are working on the next stages of the project, which are around preparing for the build to commence.

We noted that actions from our last meeting (in June 2017) had been completed, and we monitored the progress made against actions we committed to at the Board meeting a year ago. As usual all actions and decisions were completed - or were longer-term strategic decisions that the Hospice continues to progress.

There was no other Any Other Business, and the meeting closed at 5.30pm.

**As ever, I hope this is a useful update – please do let me have any feedback good or bad!**

**Martin Jervis**

**Chair of Thames Hospice Trustees**