

Information Pack for Position of Trustee

Tynedale Hospice at Home



February 2019

Dear Applicant

Thank you for requesting an information pack for the position of Trustee of Tynedale Hospice at Home.

Tynedale Hospice at Home is a well-established charity of 25 years. It is dedicated to providing high quality end of life care and support to those living in our catchment area. Our services include the provision of Nursing Care, Family Support to all ages and Hospital Transport. We serve a community of around 70,000 people living in the areas of West Northumberland, Tynedale and Ponteland.

We do not operate a hospice with inpatient beds. A team of registered nurses and health support workers offer 24 hours service to those who have chosen to die at home. Our modern premises house an integrated team of staff covering administrative, financial, fundraising, human resources, volunteering, media & communications, retail and care functions' all supporting the services we offer. In addition, the Charity is well supported by more than 200 volunteers, working across all areas.

The Board and staff have a clear strategic vision on the future of the Charity and are aware of its need to remain focused on continuing its work. There are undoubtedly many opportunities for progression but these have to be balanced against financial resources, the continuing uncertainty about the shape of healthcare provision and the requirements of external regulatory authorities.

The following pack contains more information about Tynedale Hospice at Home along with an application form which must be completed and returned with c.v. If you have any questions please contact Charlotte Greenwood by email at charlotte@tynedalehospice.com who will direct you to the relevant person.

Thank you for your interest.

Regards



Anne Francis
Chair of Trustees



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Registered Charity No: 1034170

Introduction

Tynedale Hospice at Home was established in 1993. The aims and objectives set out in the Articles of Association remain the key drivers for the Board: our mission remains focused on easing the end of life journey for people in our community. Our vision aims to ensure that everyone in our community has access to the resources and care they need to reduce the distress caused by the diagnosis of a terminal illness or the shock of a sudden death. We are a hospice without beds as patients are treated in their homes meaning our service levels are not restricted by bed space and we do not have a care focused building to sustain under this model. Our services are integrated into the wider palliative care network in our catchment, working with GPs, social workers, schools, community matrons and other professionals providing a vital link in our community's healthcare provision.

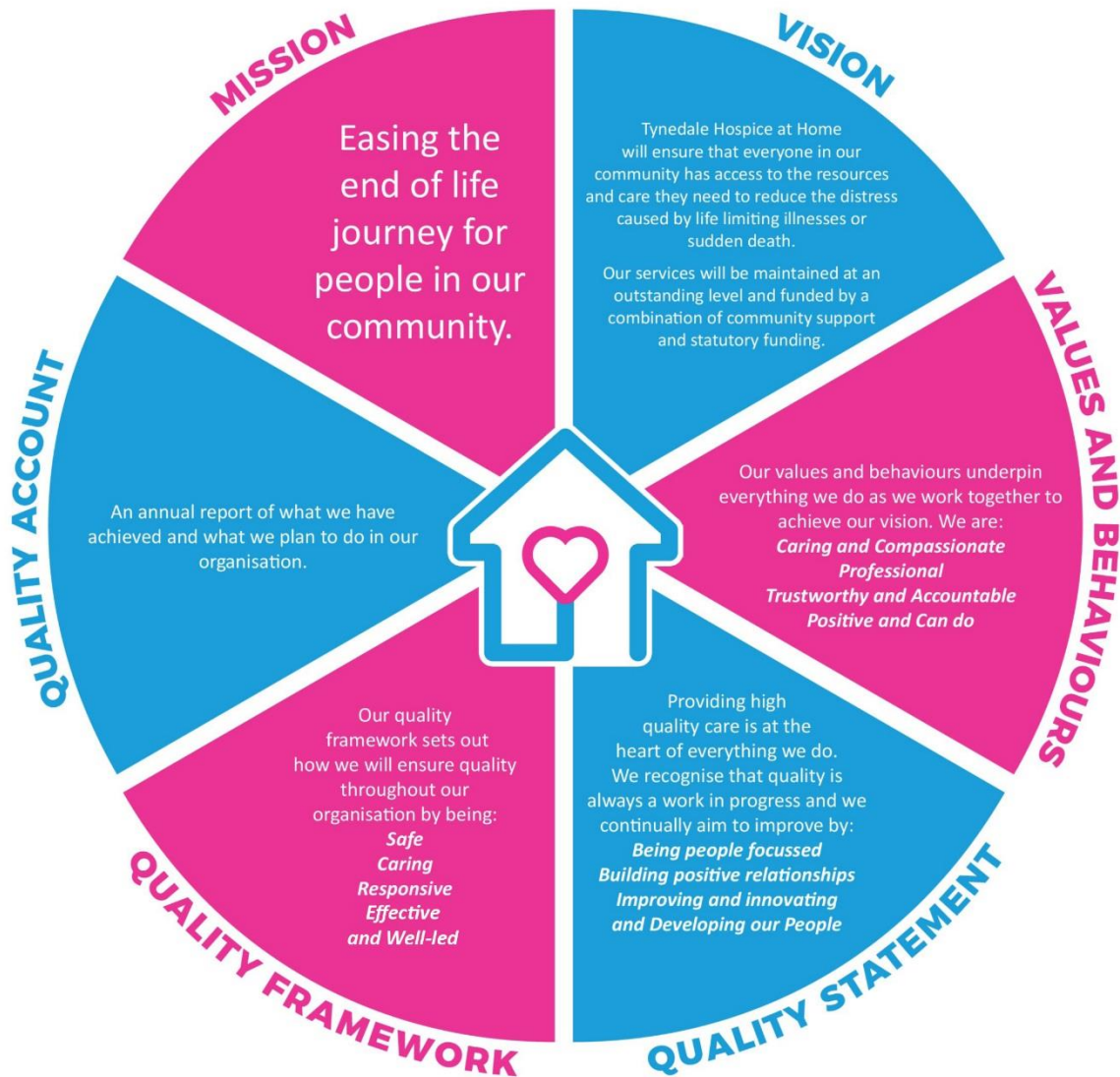
Regulation of our activity comes from a variety of sources, in addition to compliance with generic legislation such as employment law, DBS, GDPR and Health and Safety. The Hospice carries statutory obligations as a registered Hospice at Home service with the Care Quality Commission (CQC). The Charity Commission and Company law impose requirements of effective financial management and good governance. We also have to discharge our responsibilities in meeting the targets outlined in the Service Level Agreement (SLA) with our local Clinical Commissioning Group (CCG).

In December 2016 the Hospice vacated office premises in the town centre and relocated to Beaufront Business Park, Hexham so for the first time all our staff are working from the same site in modern open plan offices with on-site car parking. We occupy two retail premises in Hexham and one in Ponteland. All property occupied by the Hospice is held on lease.

Much has been achieved in the drive for delivering outstanding quality in all our services and professionalism in our operational management, compliance, risk management, audit systems, leadership and our role in the wider Hospice community but the step change is not complete or fully matured. We are continuing to develop and enhance the quality of services we offer to enhance the development of palliative care in West Northumberland in line with the Department of Health guidance and the requirements from our Primary Health Care teams. With annual expenditure of over £820,000, less than 10% of our funding comes from the NHS, the remainder is to be raised annually from significant community support and vital trust funding.



Who we are and what we stand for



Services

A highlight from the Care Quality Commission report (2016) on Tynedale Hospice at Home sums up succinctly what we are all about and lies at the heart of everything we do.

The CQC praised the Hospice in particular for its responsive and caring staff who were person-centred and listened to patients and families.

In-home Nursing Care

Our professional Care services are led by a Head of Care, supported by two Senior Nurses with responsibility for Training and Staff Development and for Quality and Standards.

We employ Registered General Nurses (RGNs) who provide the majority of the care hours and Hospice Support Workers (HSWs) who provide the other care hours, both groups provide both day and overnight care to our patients in their own homes. We continue to recruit more RGN and support staff to meet the increased demand for our services. All our staff are fully trained and complete regular education programmes and appraisals.

The patients are referred by Community Matrons, District Nurses, Macmillan Nurses, General Practitioners and other primary care professionals and occasionally self-referred. They must be on the Primary Care Palliative Care Register and may have a diagnosis of cancer or other life limiting disease.

We work closely with all palliative and primary care providers in the area. We are able to respond within 24 hours of a request for home care in 80% of referrals and of those patients who are referred to us for care 85% attain their wish of dying at home.

Care Statistics Table (2017-18)

Number of patients supported	98
Number of home deaths	77
Number of new referrals	97
Number of fast track referrals (within 24 hours)	67
RGN hours	1845
HSW hours	2405

Transport

Our transport service drives patients with a life limiting illness to and from hospital appointments and is currently supported by 32 Volunteer Drivers using their own vehicles. This is a free service to patients which is especially valued in a rural area with very limited public transport.

- In the year 2017-2018, Tynedale Hospice provided transport for 92 clients that required hospital transport.
- Our volunteer drivers travel on average 40,000 miles, making around 800 trips annually.
- The area we cover is 800 square miles spread over the whole of Northumberland.

Family Support Services Includes Adult Bereavement, Child Bereavement and Family Pre bereavement Services

The Family support team consists of three practitioners and 26 volunteers.

The team provides support services both for families known to the Hospice together with open access referrals from within the catchment area. In all cases referrals may be made by GPs, other care agencies and allied Health care professionals as well as Tynedale Hospice at Home staff and self-referrals.

During 2017-18, we had 73 new adult referrals and 38 new child referrals. A total of 53 families and 75 children were supported under the final year of the Rainbow Project. 112 adults were supported by the FS team and 17 adult volunteers. Support for clients is offered as either 1:1 sessions, group sessions or outdoor activities.

Staffing

Mike Thornicroft, our Chief Executive Officer (CEO) is supported by 5 senior managers representing Care, Finance, Income Generation and Fundraising, Retail and Administration. In total we employ 9 full time and 18 part time staff with an additional 10 Registered General Nurses (RGNs) and 7 Hospice Support Workers (HSWs) on zero hours contracts.

An HR consultant is employed on a monthly basis, with additional support when necessary basis and should the need arise we commission external legal services.

Our employed staff are extremely well supported by more than 200 volunteers who work in diverse roles throughout the organisation providing help on both an ongoing and ad hoc basis.

Finance and Fundraising Strategy

All of our services are provided free of charge; Tynedale Hospice at Home receives minimal core funding, £63k per annum, from Northumbria Foundation Healthcare Trust to support our Nursing Services.

At the end of the financial year 15/16 the Hospice had a deficit of £71,000 and as a result of planned development, growth and a change in strategy, achieved a surplus of £56,000 in 16/17 and £58,000 in 17/18. In the first year of development, income increased by more than £160,000 and today the Hospice generates over £800,000 of income, including income from our retail activities. However, 90% of our income has to be raised annually by ourselves, much of it locally. There can be no room for complacency and each year it remains a stretch target.

Copies of our latest audit of accounts (2017-18) can be found on the Charity Commission website at <https://www.gov.uk/government/organisations/charity-commission> and more information is available from the Chair on request.

Our retail outlets generate approximately £430k per annum and other income is raised across a broad range of fundraising initiatives including community, corporate, philanthropic, incentivised and trust and grants funding streams. All activities are carefully planned and supported by individual budgets which feed into the departmental budget and strategy.

Governance

Charity Number 1034170, Company Registration Number 2870776

Tynedale Hospice at Home is a company limited by guarantee and a registered charity, governed by its Memorandum and Articles of Association dated November 10th 1993, amended by special resolution in February 1994. The directors of the company are also charity trustees for the purposes of charity law.

In the event of the Charity being wound up trustees would be required to contribute an amount not exceeding £1.

The Board is currently made up of 8 persons including the Chair, and Vice Chair. Trustees offer a mix of business, professional and clinical health skills.

The CEO and Head of Finance are attendees to all Board meetings. The Board meets every 2 months as a minimum, with the CEO giving an across Hospice operational report to every Board meeting. In addition there are several sub-committees that meet on a regular basis.

Trustees are elected to serve for a period of 3 years, after which they must be re-elected at the next Annual General Meeting (AGM).

The Board is primarily concerned with direction, policy, financial management and strategy including:

- Governance matters.
- Core strategies and policies and changes to them.
- Financial /legal/contractual commitments and/or obligations entered into by the Hospice.
- All matters identified in the risk register with a risk rating of over 15.
- Effective, efficient and economic use of the hospice's resources including approval of expenditure above any delegated threshold.
- Ensuring solvency and financial strength and the keeping of financial records.

Our existing strategic plan expires in March 2019 and the Board, CEO and Senior Management Team (SMT) are currently developing strategic objectives, setting priorities and timescales for implementation of a new plan over the next 3 years.

The Board delegates administration through a number of sub-committees, each one led by a trustee and each having specific terms of reference, last reviewed in 2017. From time to time, the Board may identify a need for a sub-group of trustees, working with the CEO, to research a special project lying across the sub-committee structure, and reporting the Board.

The sub-committees are:

- Income Generation and Funding
- Finance
- Human Resources and Community Engagement
- Services: Quality, Delivery and Development
- Governance

The remit of these committees is subject to review and may change over the coming year. The CEO is a member of each sub-committee with other members being a mix of trustees, staff, volunteers, stakeholders and invited persons with specialist skills. Each committee meets normally every 8-10 weeks. The CEO is responsible for escalating Board and sub-committee decisions to appropriate staff, respecting confidentiality of discussions, which are relevant to their roles and responsibilities.

Relationships with other Hospices

Tynedale Hospice at Home is one of 10 members of the North East Hospices Collaborative (NEHC) formally established in 2017 with a defined remit and vision to ensure that the people of North East receive outstanding hospice care and support. Tynedale Hospice at Home Board is supportive of this collaborative aims, and can see much benefit from sharing research, best practice and training whilst at the same time preserving our own identity.

Trustee Recruitment

This Trustee Recruitment initiative is a rolling programme that seeks to identify and encourage individuals who can add value and help make a difference to those in our community affected by life limiting illnesses and bereavement, who would be willing to take up the challenge of becoming a trustee and member of the Board of our Hospice.

We are looking for four or five new Trustees to join our Board who are energetic, talented and committed people, coupled with good leadership, interpersonal skills, used to being in a people focused environment, and who can formulate and implement strategy. These opportunities have arisen due to our succession policy which encourages a healthy turnover at Board level – we believe that this brings new ideas and experiences to the charity and ensures that we continue to improve as we seek to help many more local people and their families in the future. Ideally we are looking for people able to take up the roles after the AGM on 19th March 2019 but if you would prefer a later start date perhaps due to existing commitments, please still apply now.

We are particularly keen to attract interest from people with relevant senior experience and expertise in the following areas.

- Clinical, medical, social care practitioners and/or Medical Administration/Management
- Income Generation/Fundraising
- Retail /Business Management
- Governance, Accountancy, HR or Law

Qualification to be a Trustee

The Charities Act 1993 disqualifies certain people from acting as trustees. For example, you must be over 18, you can't be a trustee when you have taken out an IVA, are undischarged bankrupt, have an unspent conviction for an offence involving dishonesty or deception, or are disqualified from being a company director.

In most cases you are committing an offence if you act as a trustee whilst disqualified, and decisions that you take part in may be invalid. THH will take reasonable steps to ensure that its trustees are eligible to act and as part of the application process to be a new trustee, the Board will obtain a declaration from you that you are not disqualified, search the register of removed trustees, check the insolvency register and conduct a DBS.

The Board has a policy that a Trustee cannot be a person connected to a member of staff or the Charity by relationship either personally or professionally and you will be asked to declare that you do not. Questions on the application form seek to establish eligibility.

Time requirements

There will usually be up to six Board meetings per year lasting two to three hours, usually at our Hexham offices commencing at 4pm. Away Days will be held for strategic planning and Board training and development. Board members are expected to attend the hospice's AGM and to serve on one or more subcommittees and to take part in hospice wide initiatives or Working Groups held by stakeholders from time to time.

Some sub-committees operate more as oversight committees giving guidance, advice and direction when requested and some operate as working committees, more directly supporting specific ringfenced tasks.

Training

Trustees have a responsibility to identify specific training needs and support. An induction programme is offered with further training events being organised for trustees to update skills and knowledge. Access to specialist advice will be available when necessary with fellow trustees, CEO and staff more than happy to answer questions and offer guidance.

The following are available free of charge:

Basic online training on Health and Safety, Safeguarding and Data Protection is provided by Northumberland County Council (NCC)

Both the Charity Commission and Hospice UK provide packs on Trustee Role and responsibilities

A Newcastle based Law Firm provides regular seminars and updates on Charity Law and Trustees involvement

Application and appointment

If you can answer 'yes' to these questions, we invite you to complete the application form.

- Could you add value to the overall management and administration of our charity?
- Could you commit some of your time regularly to Tynedale Hospice at Home?
- Do you enjoy working with individuals who share a commitment to offer excellent palliative and end-of-life care in a highly regulated environment to our local community?
- Do you have some of the specific skills and experience that we seek?
- Would you like to play a part in delivering the strategic plan and vision for Tynedale Hospice at Home?
- Do you have an understanding and acceptance of the responsibilities and liabilities of charity trusteeship?

Please return your completed application form by (01.03.2019) marked confidential to:

Anne Francis
Tynedale Hospice at Home
1, Legion House
Beaufront Business Park
Anick Road
Hexham
NE46 4TU

Or email the completed application to Charlotte Greenwood: charlotte@tynedale-hospice.com.

Prior to interview and /or appointment, vetting of applications may take place to ensure that candidates are eligible, are not disqualified from acting as a Trustee, are DBS checked and declarations of any existing or potential conflicts of interest have been made. Questions in the application form cover the main areas of potential conflict and conflicts of loyalty.

Preferred candidates will be identified by current Trustees from applications received for each role and they will be invited to an informal interview to meet the other Trustees on a date to be arranged.

The Chair will write to successful applicants and there will follow a process for the induction of new Trustees after acceptance. Copies of relevant documentation in an information pack will be provided and each new Trustee will be offered an opportunity to meet the Board, staff, volunteers and, if appropriate, clients. New Trustees will be put forward for approval at the AGM on 19th March 2019 and advised when they should attend their first Board meeting.

If you have application enquiries, please contact Charlotte Greenwood, Secretary to Board, by calling 01434 610 044 or email charlotte@tynedalehospice.com

If you would like further information about the role or charity, please email: afrancis@tynedalehospice.com or jharrison@tynedalehospice.com

Summary of the Role Description

Title: Hospice Trustee

Responsible to: Board of Trustees

The voting members of the Board are responsible for the governance of the hospice. They must ensure that it operates in a manner that:

- enables it to fulfil the objectives set out in the governing document,
- its assets and resources are used for charitable purposes in line with the governing document;
- due attention is paid to charitable and company law,
- keeps to the hospice's philosophy and values, and
- upholds the reputation of the hospice.

Trustees must at all times act in the best interests of the hospice, must not act unlawfully or negligently. Trustees must work together because they share responsibility for governance regardless of any specific roles held by them or others on the Board, and must not pursue personal or sectional interests at the expense of hospice interests. Trustees must declare any conflict of loyalty or interest.

Main responsibilities of individual Trustees

1. To understand the hospice aims and objectives as set out in its governing document ensuring that it operates in accordance with them
2. To take reasonable steps to ensure the hospice operates within the law, particularly with regard to the Charities and Companies Acts
3. To take reasonable steps to manage risk
4. To support the Chief Executive and other staff in carrying out their work when requested to do so
5. To attend and contribute to meetings of the Board and Committees as relevant. Attending other hospice events such as the AGM and fundraising events.
6. To maintain a governance perspective by ensuring that the Board:
 - establishes the hospice's strategic direction and goals
 - contributes to the development of the hospice's strategy and business plans

- understands and acts upon financial and other monitoring information presented to it, questioning such information when appropriate
 - defines the boundaries of management authority
 - delegates the implementation of its decisions to senior staff
 - ensures the hospice delivers on its accountabilities both those demanded by law and those of hospice good practice
 - monitors key performance indicators on a regular basis and holds the Chief Executive accountable for outcomes
 - ensures that the Chairman reviews the Chief Executive's performance and development annually
 - is aware of and adheres to the Trustee Code of Conduct
7. To represent the Board's agreed position when speaking publicly on behalf of the Hospice.
 8. To contribute towards an annual review of the Board's performance.
 9. To help to identify, recruit and induct new Board members, the Chair and the Chief Executive Officer.