

То:	Trust Board				
From:	Andrew Seddon				
	Director of Finance & F				
	Nick Sone	roourement			
	Financial Accountant				
Date:	4 August 2011				
CQC	As applicable				
regulation:					
Title:	Charitable Funds Applications				
Author/Responsible Director:					
Andrew Seddon - Director of Finance & Procurement					
Purpose of the report:					
To seek formal approval for two charitable fund applications					
The report is provided to the Board for:					
Desir	vien (	Discussion			1
Decis	SION	Discussion			
					1
Assu	rance	Endorseme	ent	$\checkmark$	
Summary/Key points:					
Summary of the applications and two appendices including the full applications.					
Recommendations:					
The Board is asked to formally approve charitable fund applications 3494 and					
3497.					
Previously considered at another corporate UHL Committee?					
These applications have been supported and recommended to the Trust Board					
for formal approval by the Chairman, Director of Finance and Procurement and two Non-Executive Directors. This is a quorate decision in line with the Charitable					
Funds Committee's scheme of delegation in relation to urgent applications.Strategic Risk RegisterPerformance KPIs year to date					
Strategic Risk RegisterPerformanN/AN/A			KFIS ye	ar to c	late
Resource implications (e.g. Financial, HR)					
Charity					
Assurance implications					
None					
Patient and Public Involvement (PPI) implications					
None					
Equality impact					
No issues					
Information exempt from disclosure None					
Requirement for further review?					
No					



# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

### REPORT TO: TRUST BOARD

DATE: 4 AUGUST 2011

REPORT FROM: ANDREW SEDDON – DIRECTOR OF FINANCE AND PROCUREMENT NICK SONE – FINANCIAL ACCOUNTANT

### SUBJECT: CHARITABLE FUNDS APPLICATIONS

#### 1. Introduction

- 1.1 This paper seeks formal approval for two charitable funds applications which are above the £25K delegated approval limit of the Charitable Funds Committee.
- 1.2 These applications have been supported and recommended to the Trust Board for formal approval by the Chairman, Director of Finance and Procurement and two Non-Executive Directors. This is a quorate decision made in line with the Charitable Funds Committee's scheme of delegation in relation to urgent applications.

#### 2. <u>Applications</u>

- 2.1 The details of the two applications are shown below and in the appendices.
- 2.2 Appendix 1 APP3494 £34,800 is for the relocation of a patient testing facility within Cardio-Respiratory.
- 2.3 Appendix 2 APP3497 £26,296 is for LED operating lights with an integrated high-quality camera within Cardio-Respiratory.

### 3. <u>Recommendation</u>

- 3.1 Trust Board is asked to:
  - **Approve** application APP3494
  - Approve application APP3497

Andrew Seddon Director of Finance and Procurement

Nick Sone Financial Accountant

28 July 2011

# SUPPORTING INFORMATION FOR GRANT APPLICATION: APP3494

# **APPLICATION DETAILS**

Amount: £34,800.00

Fund: CFB1

Funds available? Yes

Panel approval received? N/A

## BRIEF DESCRIPTION OF THE GOODS/SERVICES TO BE FUNDED

Moving a near patient testing facility to a designated place close to patients.

There is remedial building work associated with the move because the new location is part of an existing negative pressure room which is required for provision of infection control isolation rooms during a pandemic. Additionally, the machines must be in an air conditioned temperature controlled environment in order to ensure accuracy of results.

# WHY FUNDING THROUGH THE TRUST REVENUE/CAPITAL BUDGETS IS NOT APPROPRIATE

On going refurbishment of the AICU is being undertaken and is funded by Trust Capital budgets. This building work and machine move is over and above this revenue.

# THE ADDITIONALITY THAT THIS PROVIDES TO PATIENTS/STAFF OVER AND ABOVE THE TRUST'S CORE ACTIVITY

Providing this testing facility in an environment close to the patients allows the nurses to provide a safer and improved service to the patients. The machines themselves enable care to be tailored to individual patient needs. The nurse is away from the bedside for less time, and so service is improved.

### VALUE FOR MONEY CONSIDERATIONS

The quotes have been provided from in house estates department, utilising recognised specialist firms for the engineering component.

### **OTHER INFORMATION**

The vacant space from the move will be utilised as a training facility for anaesthetic trainees. In order for AICU to continue as a training area there are standards which must be met. One of these requirements is to provide a dedicated office space/ training room for medics *which is located on the ICU.* 

# **SUPPORTING INFORMATION FOR GRANT APPLICATION: APP3497**

# Case of need for LED operating lights with integrated with integrated high-quality camera and high definition digital imaging.

### Introduction:

Modern cardiac surgery deals with a number of conditions requiring precise and delicate interventions. In Glenfield Hospital Leicester we undertake a whole spectrum of adult cardiac surgery with exception of thoracic transplantation.

There are approximately 1,000 heart operations carried out annually. These are coronary artery bypass operations, heart valve replacements and repairs, emergency interventions like repairs of the aorta in cases of acute dissection in which the Leicester Unit excels.

All heart operations both in children and adults require magnification and hence excellent lighting.

## Current status:

The Operating Lights in cardiac theatre two at Glenfield Hospital at present are well below required standard and in need of replacement. There is no audio-visual equipment which is essential to maintain the highest possible level of surgery and modern teaching.

### The requirement:

Pioneering research has made the iLED the leader in its class. Light emitting diodes (LEDs) are becoming more common for illumination in demanding environments. Compared to conventional lamps, LEDs have a wide range of technological, economic and environmental advantages like low heat generation, minimal power consumption and virtually unlimited life. The reduced heat generation means a lower heat load and more efficient ventilated ceilings in theatre.

The shadow free light on the surface and in deep cavities during an operation makes the entire surgical site clearly visible.

With a service life of 30,000 hours, each LED lasts many times longer than conventional theatre lights, reducing the expense of storing and replacing lamps, improving cost efficiency and optimal performance.

Surgeons can optimise their viewing field by changing the colour thus reducing eye fatigue and improving concentration during lengthy operations at

night.

The iLED range of surgical lights allows integration of high quality cameras with digital imaging. These are absolutely essential for maintaining in theatre communication amongst key members of staff i.e. surgeons, anaesthetists, perfusion scientists and nurses.

This forms an ideal platform for research, teaching and documentation. Finally, UHL NHS Trust has selected Trumpf iLED as the future product of choice for replacement of operating lights throughout the Trust.

## Additionality of this equipment:

The Operating Lights in cardiac theatre two at Glenfield Hospital are well below required standard and in need of replacement.

Currently there are no cameras of this type at Glenfield and the lights are 26 years old.

All lights in operating theatres are going to be replaced through a Trust-wide rolling replacement programme – this is for lights only and not cameras although all lights will be camera ready.

At Glenfield only Theatre 1 lights are being replaced this year and there is currently no guarantee that the Theatre 2 lights will be replaced next year. These lights and camera will improve the service almost immediately.

The added additionality is that the camera will be portable and can service a number of theatres and help to provide training to the surgeon students – there will be a standalone screen in the theatres.

A £5k donation has been received from a golf club for the purchase of the screen (which is included within the £26k).

The camera and lights are ex-demonstration normally the camera would cost approximately £18k and the lights approximately £17k. Combined with the cost of the screen the total retail price should be £49,058

The supplier has offered ex-demonstration equipment (warrantied for 3 years) at a reduced price to UHL as it is being purchased through the Charity, and this offers a substantial saving.

This is state of the art equipment which has benefits for staff and patients. Revenue funding is available for maintenance costs.

Prof. Tom Spyt Consultant Cardiothoracic Surgeon Glenfield Hospital Sally Garner Acute Care Division Medical Equipment Manager