

Trust Board paper X

To:	Trust Board
From:	Simon Sheppard – Acting Director of Finance and Procurement
Date:	25th September 2014
CQC regulation:	As applicable

Title:	CHARITABLE FUNDS ITEMS FOR APPROVAL										
Author/Responsible Director:	Simon Sheppard – Acting Director of Finance and Procurement										
Purpose of the report:	<p>This paper outlines the grant applications that were presented to an inquorate Charitable Funds Committee meeting on the 15th September 2014.</p> <p>The applications are therefore presented in this paper to the Trust Board as the Charity’s corporate Trustee for approval.</p>										
The report is provided to the Trust Board for:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Decision</td> <td style="width: 10%;"></td> <td style="width: 25%; text-align: center;">Discussion</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td></td> <td style="text-align: center;">Endorsement</td> <td style="text-align: center;">√</td> </tr> </table>			Decision		Discussion		Assurance		Endorsement	√
Decision		Discussion									
Assurance		Endorsement	√								
Summary/Key points:	<ul style="list-style-type: none"> • There are 10 applications detailed in the report, all of which were supported by the Charitable Funds Committee but not formally approved • The paper also outlines the request for funding of the 2014 staff Christmas meal to be approved 										
Recommendations:	<p>The Trust Board is recommended to:</p> <ul style="list-style-type: none"> • Approve the 10 Charitable funds applications as the Charity’s Corporate Trustee • Approve the Charitable funding of the 2014 staff Christmas meal 										
Previously considered at another Corporate UHL Committee?	Charitable Funds Committee held on the 15 th September 2014										
Board Assurance Framework:	Performance KPIs year to date:										
	-										
Resource implications (e.g. Financial, HR):	None										
Assurance implications:	Considered but not relevant to this paper										
Patient and Public Involvement (PPI) implications:	Considered but not relevant to this paper										
Stakeholder Engagement implications:	Considered but not relevant to this paper										
Equality impact:	Considered but not relevant to this paper										
Information exempt from disclosure:	No										
Requirement for further review?	None										

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 25TH SEPTEMBER 2014

REPORT FROM: SIMON SHEPPARD
ACTING DIRECTOR OF FINANCE AND PROCUREMENT

SUBJECT: CHARITABLE FUNDS ITEMS FOR APPROVAL

1. INTRODUCTION

- 1.1 This paper outlines the grant applications that were presented to the Charitable Funds Committee meeting on the 15th September 2014. As that meeting was inquorate none of the applications could be formally approved. The Committee was also unable to formally approve expenditure on the 2014 staff Christmas meal
- 1.2 The applications are therefore presented in this paper to the Trust Board as the Charity's corporate Trustee for approval. All applications fall within the scope of the charitable funds, are affordable and have been appropriately authorised by the fund advisors.

2. ITEMS FOR APPROVAL

- 2.1 APP5065 (Appendix 1) - £24,872 from the General Purposes fund to support the provision of a part-time post of Leicester Improvement, Innovation and Patient Safety Unit Lead. This application has the support of the Director of Safety & Risk and the Learning & Organisational Development Manager.

CFC decision: Application supported on the basis that it is for a 1-year post.

- 2.2 APP5078 (Appendix 2) - £1,008 from the General Purposes fund to provide rotundas, patient handling devices for the Emergency and Acute medical departments. This application has the support of the CMG Deputy General Manager.

CFC decision: Application supported.

- 2.3 APP5138 (Appendix 3) - £13,500 to be funded from the Cancer Patient Benefit fund for the provision of an Endocavity Transducer for use on patients with prostate cancer. The ProstaAid Charity will be donating 50% towards the cost of this equipment. This has the approval of the medical equipment panel and the support of the CMG General Manager.

CFC decision: Application supported, noting that half the money being requested is being funded by ProstaAid meaning that the cost to the Charity will be £6,750. This bid was approved at the Medical Equipment Executive on 17 September 2014, thus providing additional assurance to the Corporate Trustee that the equipment aligns with UHL's overall strategy.

- 2.4 APP5139 (Appendix 4) - £13,500 to be funded from the Cancer Patient Benefit fund for the provision of a Prostate Triplane Transducer for use on patients with prostate cancer. The ProstaAid Charity will be donating 50% towards the cost of this equipment. This has the approval of the medical equipment panel and the support of the CMG General Manager.

CFC decision: Application supported, noting that half the money being requested is being funded by ProstAid meaning that the cost to the Charity will be £6,750. This bid was approved at the Medical Equipment Executive on 17 September 2014, thus providing additional assurance to the Corporate Trustee that the equipment aligns with UHL's overall strategy.

- 2.5 APP5154 (Appendix 5) - £37,150 to be funded from the Urology Patient Benefit fund for the provision of a urology ultrasound system for use on patients with kidney stones. This has the approval of the medical equipment panel and the support of the CMG General Manager.

CFC decision: Application supported. This bid was approved at the Medical Equipment Executive on 17 September 2014, thus providing additional assurance to the Corporate Trustee that the equipment aligns with UHL's overall strategy.

- 2.6 APP5157 (Appendix 6) - £27,644 to be funded from the General Purposes fund to provide bedside lockers and tables for wards 17 and 18 at the LRI. This application has the support of the CMG General Manager.

CFC decision: Application supported, but noted the need to confirm the cost, which seemed expensive. The costs have been confirmed and the bedside lockers and tables are being provided for 120 beds, equating to £230.36 per bed. This is a reasonable cost and the items are being supplied to the Trust by a regular supplier to the Trust of this type of furniture.

- 2.7 APP5158 (Appendix 7) - £2,985 to be funded from the General Purposes fund to provide commodes for wards 17, 18 and 32 at the LRI. This application has the support of the CMG General Manager.

CFC decision: Application supported.

- 2.8 APP5160 (Appendix 8) - £8,454 to be funded from the General Purposes fund to upgrade the changing facilities in the outpatient department at the LRI. This application has the support of the CMG Deputy General Manager.

CFC decision: Application supported

- 2.9 APP5040 (Appendix 9) - £94,140 to be part funded from the Diabetes Research fund (£65,000) and the balance (£29,140) from the General Purposes fund for the provision of a IDXA scanner for diabetes research. The committee requested clarification around a number of points and further information from the applicant has been provided and included in appendix 16. This application has the approval of the medical equipment panel, Assistant Director of Research and Development and the CMG General Manager.

CFC decision: Application supported.

- 2.10 APP4419 (Appendix 10) - £32,700 from the Childrens Patient Benefit fund. The Committee previously approved an application for £18,656 to partially fund works to the parent rooms in the childrens intensive care unit with the remaining funding coming from the Trust. Shortly before the rooms were completed a generous donation from the Heartlink Charity was made. This allowed the full value of the rooms to be met by charitable donations. The committee are asked to retrospectively approve the increase in funding of £14,044.

CFC decision: Application supported.

3. STAFF CHRISTMAS MEAL FOR 2014

- 3.1 The Trust has historically provided a Christmas meal for staff in its restaurants as a gesture of appreciation.
- 3.2 All staff are able to have the meal and the cost is £10 per head. The meal allows staff to get away from their ward / office as teams over lunch, and thereby helps to promote the Trust's team working values.
- 3.3 A breakdown of the numbers of recipients of the meal and its costs is shown below for the last four years.

Year	Cost £	Number of recipients	Source of funding
2008	62,086	7,465	Directorate staff funds based on headcount
2009	56,018	6,958	General purposes fund
2010	47,816	5,953	Staff Lottery fund (with agreement from staff side)
2011	41,059	5,060	General Purposes fund
2012	43,114	4,870	General Purposes fund
2013	43,821	4,382	General Purposes fund

- 3.4 Offering a meal to staff gives a number of benefits:
- It is an appropriate gesture of appreciation for staff
 - It is inclusive for all staff
 - It is a simple option for staff to take up
 - Staff are encouraged to get away from their office over lunch as a team, thereby helping to promote the Trust's team values.
- 3.5 Based on feedback received last year additional sittings will be offered to cater for staff working during the evenings and weekends.

CFC decision: supported up to a maximum cap of £10 spend per head. If all members of staff within the Trust take up the offer of the Christmas meal then the cost would total more than £100,000. On average 5,781 staff have taken up the offer of the Christmas meal in the last six years and there has been decreasing number of meals provided year on year. It is therefore anticipated that the total cost of the meal for 2014 will be no more than £60,000.

4. RECOMMENDATIONS

The Trust Board is asked to:

- 4.1 Approve application APP5065 (Section 2.1)
- 4.2 Approve application APP5078 (Section 2.2)
- 4.3 Approve application APP5138 (Section 2.3)

- 4.4 Approve application APP5139 (Section 2.4)
- 4.5 Approve application APP5154 (Section 2.5)
- 4.6 Approve application APP5157 (Section 2.6)
- 4.7 Approve application APP5158 (Section 2.7)
- 4.8 Approve application APP5160 (Section 2.8)
- 4.9 Approve application APP5040 (Section 2.9)
- 4.10 Approve application APP4419 (Section 2.10)
- 4.11 Approve charitable funding for the staff Christmas meal (Section 3)

SIMON SHEPPARD
ACTING DIRECTOR OF FINANCE AND PROCUREMENT

University Hospitals of Leicester NHS Trust

Report To: Charitable Funds Committee

Report From: Moira Durbridge, Director of Safety and Risk

Date: 27 of May 2014

Subject: APP 5065 Leicester Improvement, Innovation and Patient Safety Unit Lead: supporting information for grant application.

1.	We are asking the Charitable funds committee to approve the funds to appoint a Leicester Improvement, Innovation and Patient Safety Unit Lead.
	Application Details
1.1.	Amount: £ 24,872 Fund Number: P802 Fund Type: General Purpose Available funds: £170267.74
2	Background
2.1.	The need for the NHS locally and nationally to improve quality and safety of care is urgent. The Francis enquiry (2013) into the failing at Mid Staffordshire Trust suggested that thousands of patient's deaths could have been avoided and a culture that tolerated poor care meant that staff lost sight of patient safety and quality.
2.2.	Don Berwick carried out a review of patient safety in the NHS, and Bruce Keogh (2013) conducted a review into the quality of care and treatment provided by hospital trusts with persistently high mortality rates. These reports emphasized the importance of patient safety and the need for fundamental change in systems and cultures in the NHS hospitals of the UK.
2.3.	All reports resulted in recommendations for the NHS on how to improve the quality, safety and experience of care for patients. The Berwick Report stated that the single most important change the NHS can make is to become a system devoted to continual learning and improvement.
2.4.	To address this need the University Hospitals of Leicester NHS Trust (UHL) and the University are establishing a collaborative unit, the Leicester Improvement, Innovation and Patient Safety Unit (LIIPS) with the University of Leicester (UoL) which will focus on to improving the quality and safety of patient care.
2.5.	<p>Whilst there is a huge emphasis on improving quality and safety at UHL and many activities in the Trust to support this, often projects are fragmented with little academic input or use of scientific evidence and methodologies. Initial scoping work has suggested stakeholders in both organisations want the unit to provide support in the form of knowledge, resources, coordination and sharing.</p> <ul style="list-style-type: none"> • Knowledge will allow those doing service improvement, NHS staff and undergrad / postgraduate students, to access expertise, experience and evidence. • Resources will take the form of funding opportunities, existing improvement activities and training resources. Coordination will link and network related activities, building on previous work and aligning with local priorities. • Sharing will increase the dissemination of learning from improvement activities within the trust and the wider NHS.

2.6.	The challenge is that of resource when both staff at UHL and the UoL are busy and committed, and there is a lot of preliminary work needed make the collaboration happen.					
2.7.	The University of Leicester has identified Diane Ketley to support and develop the LIIPS collaboration. Diane is health professional who has previously worked in a senior role at the NHS Institute.					
3	Leicester Improvement, Innovation and Patient Safety Unit Lead Role					
3.1	<p>In order for the LIIPS to be successful it is important to engage with key individuals within UHL and for the units' activities to be co-ordinated effectively. Given that UoL has identified an internal lead to co-ordinate and drive the activities of the LIIPS it is important UHL also has an internal lead to ensure that maximum benefits to UHL, its staff and patients are derived from the collaboration.</p> <p>It is proposed that a part-time post (3 days) is funded for 12 months seconded to the Director of Safety and Risk principally to:</p> <ul style="list-style-type: none"> • Link internally with the Education and Patient Safety Group, Clinical Education, Learning and Organisational Development and Strategy to ensure the development of LIIPS takes into account and integrates with the current activities and future plans of these and other groups at UHL. • Act a knowledge broker and mobilise knowledge between the UHL and UoL and the wider Health Community. • Be the primary internal point of contact for the University of Leicester and co-ordinate LIIPS activities throughout the Trust. • Promote the activities of LIIPS and the Education and Patient Safety Group both internally and externally ensuring that projects are entered for appropriate awards and conferences, such as the HSJ and Patient Safety Congress and submitted for publication in peer reviewed journals. • Identify suitable funding opportunities such as the NIHR, Health Foundation and ESRC to enable the ISIU to grow and income generate. 					
4	Costs					
4.1	Band 7	Point 34	Days 3	Duration 12 months	Cost £24,872	
5.	Cost appropriateness					
5.1.	There is no allocation of budget for this activity through other sources.					
4.	Benefits to UHL, staff and patients					
4.1.	The recent CQC inspection has highlighted that services at UHL were safe but improvements need to be made, the activities of LIIPS will aim to address some of these areas for improvement, by engaging with UHL staff and patients.					
4.2.	The Francis, Keogh and Berwick report have highlighted a need for improvements in patient safety across the NHS and to develop a system of continual learning and improvement. Setting up the LIIPS would show a significant investment by UHL in the research and development of evidence based interventions to improve patient safety and quality and underpin the development of a system of continual learning and improvement. Patients would benefit directly from the safety and quality improvement initiatives derived from the LIIPS collaboration.					
4.3.	Staff at UHL is extremely busy and committed, therefore allocating an internal resource to help establish and support the establishment of LIIPS will overcome the challenge of not being able to apportion enough time and resource to the project, which in turn would mean					

	the direct benefits to patients would not be maximised.
5	Value for money considerations
5.1	A part-time (3 day) band 7 for a 1 year secondment is a good value for money proposition for the role. One of the responsibilities of the role is to identify funding from other sources such as the NIHR, Health Foundation and ESRC. Once the funding is secure this will enable the role to be funded for subsequent years.
6	Implications if application is not successful
6.1	Should this application be unsuccessful LIIPS may not be effectively implemented. The consequences of this are that the quality and safety improvements derived from the collaboration may not be applied and benefit the UHL or its patients, additionally the knowledge from these projects will not be transferred and disseminated.
7	Supported by
7.1	This application is supported by Kevin Harris, Medical Director.

Leicester Improvement, Innovation and Patient Safety Unit Lead Proposed Cost 2014				
Band	Point	Days	Duration	Cost
7	34	3	12 months	£24,872

Appendix 1 – Summary of anticipated 2014 -2015 costs.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CHARITABLE FUNDS COMMITTEE

DATE: 04/06/2014

REPORT FROM: Rajesh Pothini

SUBJECT: SUPPORTING INFORMATION FOR GRANT APPLICATION: 5078

APPLICATION DETAILS

Amount: £1007.88

Fund number and type: P802 Patient benefit

Available fund balance: £146909.74

Equipment panel approval received: N/A

BRIEF DESCRIPTION OF THE GOODS/SERVICES TO BE FUNDED

Provision of Secure Turn Patient Turners (rotundas) for use within A&E and Acute Medicine clinical areas

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

Physiotherapy has got access to the rotunda. However, we have only got few and they cannot be left with the patients to practice transfers. Therefore, I feel charitable funds will help to top up the existing equipment for the benefit of patients and staff

WHAT ADDITIONALITY DOES THIS PROVIDE TO PATIENTS/STAFF OVER AND ABOVE THE TRUST'S CORE ACTIVITY

The rotunda transfer aid is a piece of equipment which allows a safe and secure way of transferring a patient with standing ability between bed, chair and commode. It allows the patient to be transferred with only one carer in attendance, and as such is a valuable piece of equipment for use within the patient's own home with spouse or family member acting as their carer. This promotes independence and flexibility in their activities of daily living. Continuation of lower limb weight-bearing activities when it is safe to do so maintains bone density and bone health thus reducing the risk of osteoporotic fractures particularly in elderly female patients. The Physiotherapy department recognise and value the importance of patients being able to maintain their independence and functional abilities whilst admitted to hospital. They also fully support the need for the patients to be cared for with dignity and flexibility and to

allow them to have ownership and decision making input to the care they receive. Unfortunately, patients who previously at home, relied upon the use of the transfer aid to allow them to move around have not been able to have ready access to this piece of equipment on every ward.

VALUE FOR MONEY CONSIDERATIONS

The physiotherapy team has use of rotunda for assessment but due to demand for the equipment use we are unable to leave the equipment with the patient to practice the transfers under nurse's supervision. Therefore, if the equipment is available and the patient relied upon the rotunda, they will be able to use it under a nurse's supervision to get them into a chair or commode

WHAT ARE THE IMPLICATIONS IF THE APPLICATION IS UNSUCCESSFUL?

We believe that the inability to access this equipment whenever the patient needs it is both detrimental to their early rehabilitation and is likely to prolong their stay in hospital. It also impacts upon their dignity as they have to be hoisted for all transfers, which is a very passive procedure, instead of being able to actively participate in that activity. Early restoration of their normal activities of daily living has been shown to accelerate their functional improvement and expedite their return home.

DOES THIS ISSUE FEATURE ON YOUR CBU RISK REGISTER?

No

IS THIS APPLICATION SUPPORTED BY YOUR DIVISIONAL MANAGER AND/OR DIRECTOR?

Yes

IS THIS APPLICATION FOR STANDARD EQUIPMENT WHICH WOULD NORMALLY BE IN USE WITHIN THE TRUST?

Yes

ANY OTHER SUPPORTING INFORMATION

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CHARITABLE FUNDS COMMITTEE

DATE: 29/08/14

REPORT FROM: Masood Khan

SUBJECT: SUPPORTING INFORMATION FOR GRANT APPLICATION: 5138

APPLICATION DETAILS

Amount: £13500.00

Fund number and type: FCA1 Patients

Available fund balance: £45870.58

Equipment panel approval received? Yes

BRIEF DESCRIPTION OF THE GOODS/SERVICES TO BE FUNDED

Cryoprobe for performing Transperineal Template Prostate biopsies.

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

Will take too long and the equipment is needed as soon as possible.

WHAT ADDITIONALITY DOES THIS PROVIDE TO PATIENTS/STAFF OVER AND ABOVE THE TRUST'S CORE ACTIVITY

Will allow us to continue to perform transperineal prostate biopsies for the diagnosis of prostate cancer.

VALUE FOR MONEY CONSIDERATIONS

Transperineal prostate biopsies have been proven to improve the detection of prostate cancer especially in men with rising PSA despite previous negative TRUS guided prostate biopsies. Hence, a cryoprobe will help patients to be diagnosed with prostate cancer at an earlier stage of the disease pathway. This presents an excellent value for money.

WHAT ARE THE IMPLICATIONS IF THE APPLICATION IS UNSUCCESSFUL?

We currently have only the one cryoprobe which is used 2 to 3 times a week. There is a great risk that it may get damaged any time. As such, would prevent us from performing the procedure.

DOES THIS ISSUE FEATURE ON YOUR CBU RISK REGISTER?

Not aware

IS THIS APPLICATION SUPPORTED BY YOUR DIVISIONAL MANAGER AND/OR DIRECTOR?

YES

IS THIS APPLICATION FOR STANDARD EQUIPMENT WHICH WOULD NORMALLY BE IN USE WITHIN THE TRUST?

YES

ANY OTHER SUPPORTING INFORMATION

We are performing more and more transperineal template prostate biopsies as this technique has been proven to improve the diagnosis of prostate cancer. In addition, at time there have been delays in theatres due to clash between different surgeons needing it. Hence, a second cryoprobe will reduce the risk of having to cancel cases and avoid theatre clashes. Also, once this application receives approval, Prostaidd will contribute 50% towards this equipment.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CHARITABLE FUNDS COMMITTEE

DATE: 29/08/14

REPORT FROM: Mr Masood Khan

SUBJECT: SUPPORTING INFORMATION FOR GRANT APPLICATION: 5139

APPLICATION DETAILS

Amount: £13500.00

Fund number and type: FCA1 Patients

Available fund balance: £32370.58

Equipment panel approval received? Yes

BRIEF DESCRIPTION OF THE GOODS/SERVICES TO BE FUNDED

TRUS probe

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

Will take too long and the equipment is needed as soon as possible.

WHAT ADDITIONALITY DOES THIS PROVIDE TO PATIENTS/STAFF OVER AND ABOVE THE TRUST'S CORE ACTIVITY

Avoids risk of cancelling prostate biopsies due to lack of a working probe leading to a delay in diagnosing prostate cancer.

VALUE FOR MONEY CONSIDERATIONS

Very important to have a second TRUS probe as we perform around 20 prostate biopsies a week. Hence, very good value for money.

WHAT ARE THE IMPLICATIONS IF THE APPLICATION IS UNSUCCESSFUL?

Risk cancelling patients due to availability of a working probe.

DOES THIS ISSUE FEATURE ON YOUR CBU RISK REGISTER?

Not aware

IS THIS APPLICATION SUPPORTED BY YOUR DIVISIONAL MANAGER AND/OR DIRECTOR?

YES

IS THIS APPLICATION FOR STANDARD EQUIPMENT WHICH WOULD NORMALLY BE IN USE WITHIN THE TRUST?

YES

ANY OTHER SUPPORTING INFORMATION

As we are performing 20 TRUS biopsies a week for the diagnosis of prostate cancer it is imperative that we have more than one working TRUS probe. In fact, our second probe recently broke and is beyond repair. Hence, if our current probe breaks we will not be able to provide this valuable service for our patients. Also, once this application receives approval, Prostaaid will contribute 50% towards this equipment.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CHARITABLE FUNDS COMMITTEE
DATE: 27th August 2014
REPORT FROM: Masood Khan
SUBJECT: SUPPORTING INFORMATION FOR GRANT APPLICATION:
5154

APPLICATION DETAILS

Amount: £37150.00

Fund number and type: LUR1/Patients funding £25000.00
LRE3/Equipment funding £12150.00

Available fund balance: £37150.00

Equipment panel approval received? Yes

BRIEF DESCRIPTION OF THE GOODS/SERVICES TO BE FUNDED

Urology ultrasound machine to treat kidney stones

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

There is no revenue/capital funding available for this purchase.

WHAT ADDITIONALITY DOES THIS PROVIDE TO PATIENTS/STAFF OVER AND ABOVE THE TRUST'S CORE ACTIVITY

I perform percutaneous nephrolithotomy (PCNL) for large kidney stones. Currently, around 30 such procedures are performed yearly and the numbers are steadily increasing year on year. However, we are also starting to see a trickle of referrals from Northampton. As such, I am convinced that the numbers of PCL performed yearly will continue to rise significantly.

PCNL is a complex surgery whereby access to the kidney is achieved by puncturing it using a needle through the skin. We currently use x-ray guidance for such a procedure. This is not very accurate. Hence, multiple attempts may be needed leading increased risk of excessive bleeding. Furthermore, using x-ray we cannot see the bowel. Hence, bowel injury resulting in needing to perform a laparotomy to repair the injury can occur. In view of this, more and more people are moving to ultrasound guided insertion of needle for access to the kidney. This is much more accurate as you can clearly see the kidney and other organs that must be avoided, such as bowel. I am very concerned that in the near future we may be in a difficult position and be heavily criticised if we have a significant complication and have not used an ultrasound guidance to puncture the kidney.

We currently have the BK ultrasound machine that we use for prostate biopsies. I have repeatedly tried to use it for PCNL cases. However, it is not good enough to see the needle to be able to use it. I have even had Dr Carol Newland, a very experienced interventional radiologist, who regularly accesses the kidney to try and use it. Unfortunately, Carol also could not use it and agreed with me that the BK machine is not appropriate for kidney access.

Kidney stones do have an impact on kidney function. Hence, by being able to treat such big stones we can help to preserve the kidney function.

The machine that has been proven to be of benefit and widely used for kidney access in performing PCNL is Hitachi Aloka Noblus.

I would be very grateful for your assistance in acquiring this ultrasound machine as I am in no doubt that we desperately need it to improve our ability to perform PCNLs, which is steadily increasing in numbers, and reduce complications associated with such a complex surgical procedure.

VALUE FOR MONEY CONSIDERATIONS

I have achieved a significant discount from a well-known trust approved supplier.

WHAT ARE THE IMPLICATIONS IF THE APPLICATION IS UNSUCCESSFUL?

We will continue with our current methods of treatment which are not always to the standard that we would like for our patients

DOES THIS ISSUE FEATURE ON YOUR CBU RISK REGISTER?

No

IS THIS APPLICATION SUPPORTED BY YOUR DIVISIONAL MANAGER AND/OR DIRECTOR?

Yes-Joanne Fawcus and Sam Leak have approved this application

IS THIS APPLICATION FOR STANDARD EQUIPMENT WHICH WOULD NORMALLY BE IN USE WITHIN THE TRUST?

No

ANY OTHER SUPPORTING INFORMATION

I strongly believe that acquiring this equipment would make a huge difference to the treatment we are able to offer our patients and would be willing to attend the committee meeting to answer any questions that you may have.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CHARITABLE FUNDS COMMITTEE

DATE: 27/08/14

REPORT FROM: Kate Machin

SUBJECT: SUPPORTING INFORMATION FOR GRANT APPLICATION: 5157

APPLICATION DETAILS

Amount: £27,643.80

Fund number and type : P802 Patients

Available fund balance : £534038.37

Equipment panel approval received? N/A

BRIEF DESCRIPTION OF THE GOODS

Bedside tables and lockers for Ward 17 and 18 LRI

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

Revenue/capital funding not available for this purchase

WHAT ADDITIONALITY DOES THIS PROVIDE TO PATIENTS/STAFF OVER AND ABOVE THE TRUST'S CORE ACTIVITY?

Currently the tables in situ by the bedside are heavy and difficult to move. We often have to reposition patients' limbs causing discomfort to them. The new tables have been researched with elder friendly care in mind and are semicircle at the bottom to allow easier glide and patient independence as much as they are able. The lockers are more streamline, easier to wipe clean and have attached key pad drug dispensers ensuring patient drug administration is paramount and never compromised.

These 2 daily used pieces of equipment would have maximum impact on making the patients more comfortable. There would be no lost drug keys and untimely drugs administration. The equipment is compact, clean and safe to use by our patient until they are discharged. The tables are easier to wheel around the bed space and chair, and have simple lines meaning less cleaning. All the MSK wards are in need of a revamp of equipment and decoration and I believe these 2 pieces of equipment will improve the patient experience and lessen nurse frustration.

VALUE FOR MONEY CONSIDERATIONS.

These tables and lockers have been researched previously by Infection prevention and are being successfully used on other wards within the trust.

WHAT ARE THE IMPLICATIONS IF THE APPLICATION IS UNSUCCESSFUL?

Currently some of the patient equipment within musculoskeletal is old, broken and shabby. These tables and lockers will make such a difference to the patients' environment whilst they are in hospital and improve their independence.

DOES THIS ISSUE FEATURE ON YOUR CBU RISK REGISTER?

Yes

IS THIS APPLICATION SUPPORTED BY YOUR DIVISIONAL MANAGER AND/OR DIRECTOR?

Yes Sarah Taylor

IS THIS APPLICATION FOR STANDARD EQUIPMENT WHICH WOULD NORMALLY BE IN USE WITHIN THE TRUST?

Yes

ANY OTHER SUPPORTING INFORMATION

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CHARITABLE FUNDS COMMITTEE

DATE: 27/08/14

REPORT FROM: Kate Machin

SUBJECT: SUPPORTING INFORMATION FOR GRANT APPLICATION: 5158

APPLICATION DETAILS

Amount: £2,985.00

Fund number and type: P802 Patients

Available fund balance: £506394.57 unsure asking from charitable funds

Equipment panel approval received? N/A

BRIEF DESCRIPTION OF THE GOODS/SERVICES TO BE FUNDED

Vernacare commodes with pulp liner to promote independence.

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

No revenue funding available for this purchase.

WHAT ADDITIONALITY DOES THIS PROVIDE TO PATIENTS/STAFF OVER AND ABOVE THE TRUST'S CORE ACTIVITY?

Musculo Skeletal is a demanding busy area. These commodes have been researched and are easy glide to move with patients' insitu if they are unable to mobile to the toilet independently. They are easy to clean which reduces cross contamination. Our current commodes are hard to steer and have lots of area for urine to get trapped in, making this distressing and embarrassing for the patients.

VALUE FOR MONEY CONSIDERATIONS.

Already Infection Prevention approved

WHAT ARE THE IMPLICATIONS IF THE APPLICATION IS UNSUCCESSFUL?

A risk of infection prevention standards not being adhered to as current commodes have lots of nooks and areas for dirt to catch. These simpler commodes take 30 seconds less cleaning time which over the year releases staff back to patient care. It's undignified for patients to use equipment that is hard to clean and urine can catch in areas when its over the toilet in use.

DOES THIS ISSUE FEATURE ON YOUR CBU RISK REGISTER?

No

IS THIS APPLICATION SUPPORTED BY YOUR DIVISIONAL MANAGER AND/OR DIRECTOR?

Yes Sarah Taylor

IS THIS APPLICATION FOR STANDARD EQUIPMENT WHICH WOULD NORMALLY BE IN USE WITHIN THE TRUST?

Yes used daily

ANY OTHER SUPPORTING INFORMATION

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CHARITABLE FUNDS COMMITTEE

DATE: 29/08/14

REPORT FROM: Michelle Scowen

SUBJECT: SUPPORTING INFORMATION FOR GRANT APPLICATION: 5160

APPLICATION DETAILS

Amount: £8454.30

Fund number and type: P802 Patients

Available fund balance: £465309.57

Equipment panel approval received? N/A

BRIEF DESCRIPTION OF THE GOODS/SERVICES TO BE FUNDED

Upgrade of changing cubicles-LRI Outpatients Dept

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

No NHS budget available

WHAT ADDITIONALITY DOES THIS PROVIDE TO PATIENTS/STAFF OVER AND ABOVE THE TRUST'S CORE ACTIVITY

The Light Therapy Department located in Balmoral Outpatients at LRI welcome approx. 8,000 patients a year. These patients have to receive their light therapy whilst wearing a minimum of clothing, necessitating them to undress and wear a gown. Due to the high turnover of patients in the area, it is vital that the patients use the changing cubicles opposite (rather than the therapy room) in order to undress. However, these cubicles offer very little in the way of dignity or comfort for the patients, providing only a flimsy curtain, nowhere to sit in comfort and only a section of obscured glass between them and the main corridor through the department. Every month, via the Message to Matron, the department receives requests from patients to improve the cubicles to improve their comfort, privacy and dignity. In addition, the area is currently not suitable for patients of the opposite sex to sit separately whilst waiting in gowns, therefore creating a breach in Same Sex Accommodation guidelines for the Trust. In summary, upgrading this area will provide great improvements in privacy, dignity, comfort and ensure compliance with Same Sex Accommodation mandates.

VALUE FOR MONEY CONSIDERATIONS

I have used a well trusted-trust approved supplier

WHAT ARE THE IMPLICATIONS IF THE APPLICATION IS UNSUCCESSFUL?

Large numbers of patients will continue to experience a loss of privacy and dignity and the Trust will fail to meet its obligations around Same Sex Accommodation. This risk is currently on the Risk Register for the CSI CMG.

DOES THIS ISSUE FEATURE ON YOUR CBU RISK REGISTER?

No

IS THIS APPLICATION SUPPORTED BY YOUR DIVISIONAL MANAGER AND/OR DIRECTOR?

Yes-Chris Shatford

IS THIS APPLICATION FOR STANDARD EQUIPMENT WHICH WOULD NORMALLY BE IN USE WITHIN THE TRUST?

Yes

ANY OTHER SUPPORTING INFORMATION

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CHARITABLE FUNDS COMMITTEE

DATE: 14/09/14

REPORT FROM: Tim Skelton

SUBJECT: SUPPORTING INFORMATION FOR GRANT APPLICATION: 5040

APPLICATION DETAILS

Amount:	£94,140
Fund number and type:	AMT5 Research (£65000.00) P802 Research (29140.00)
Available fund balance	£ 65000.00-AMT5 £ 29140.00-P802

FURTHER INFORMATION PROVIDED IN RESPONSE TO QUESTIONS RAISED BY THE CHARITABLE FUNDS COMMITTEE AT THE JUNE MEETING.

Legacy Details

In August 2013 a legacy of £65,000 was received, the details of the legacy were that it was to be used for the purpose of Diabetes Research. The executors of the will would like details regarding what the legacy has been used for.

Ownership of the Equipment

The equipment will be owned by UHL. Out of the 150 people that work in the diabetes centre, only 12 are university staff, Melanie and Kamlesh as centre directors are very clear about this.

Possible use of existing equipment within the Trust.

We have explored using other facilities out of hours extensively. Unfortunately it is hard enough recruiting volunteers to research studies without making them attend out of hours, we are then working to someone else's schedule which makes the whole thing inflexible and unwieldy

How often this will be used and for how many patients?

We would anticipate using it for between 3-4000 patients per year as we are running some huge programme grants to which we have already recruited 1000 people since November last year.

On-going maintenance costs

We have already agreed via David Hetmanski, Assistant Director of Research and Development that we would pick up the maintenance costs for the machine and have already signed off the order for it.

APPLICATION SUMMARY – PREVIOUSLY SUBMITTED TO CFC 9TH JUNE 2014.

BRIEF DESCRIPTION OF THE GOODS/SERVICES TO BE FUNDED

GE iDXA Advance with Corescan

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

The Leicester Diabetes Centre is in receipt of a significant legacy donation for the purposes of supporting research activities.

WHAT ADDITIONALITY DOES THIS PROVIDE TO PATIENTS/STAFF OVER AND ABOVE THE TRUST'S CORE ACTIVITY

The Trust does not have a dedicated iDXA scanner for measuring body composition in a research context

VALUE FOR MONEY CONSIDERATIONS

GE is a NHS framework supplier, so the trust is in receipt of the benefits associated with the NHS Framework.

WHAT ARE THE IMPLICATIONS IF THE APPLICATION IS UNSUCCESSFUL?

Along with compromising the quality of our research output, the lack of access to an iDXA machine is likely to put us at a significant disadvantage compared to other leading groups in this arena (Cambridge, Oxford, Imperial) in our ability to secure further grant income from major funders, such as the MRC.

DOES THIS ISSUE FEATURE ON YOUR CBU RISK REGISTER?

No, as it's a research asset

IS THIS APPLICATION SUPPORTED BY YOUR DIVISIONAL MANAGER AND/OR DIRECTOR?

Yes

IS THIS APPLICATION FOR STANDARD EQUIPMENT WHICH WOULD NORMALLY BE IN USE WITHIN THE TRUST?

There is not an iDXA scanner available within the Leicester Diabetes Centre for assessment of body composition

ANY OTHER SUPPORTING INFORMATION

This application is for the purchase of a GE Lunar iDEXA total body scanner, for the accurate assessment of total body fat, fat free mass and bone density in lifestyle-related research conducted within University of Leicester and University Hospitals of Leicester NHS Trust. Uniquely, the requested DEXA scanner also enables a validated assessment of regional body composition, unavailable to other types of DEXA scanners. These factors are simultaneously key confounders and mediators of many of the metabolic health outcomes associated with cardiorespiratory fitness, physical activity, sedentary behaviour and diet. The accurate assessment of these factors are therefore key constituents to conducting experimental lifestyle research and their omission, or the use of surrogate makers, risks limiting or negating conclusions drawn and impairing our ability to publish in high impact medical journals. Although body composition is often measured by surrogate measures in large epidemiological research projects (i.e. body weight, BMI, and waist circumference), these measure lack accuracy or meaningful detail at the individual level, and are thus unsuited to experimental research. DEXA assessment of body composition is considered “gold standard” and is widely used within lifestyle research by other leading groups nationally and internationally. Other employed methods such as MRI scans, are more expensive, less feasible (given weight and claustrophobia limitations), and less accurate at assessing total body composition. Therefore, although useful for the assessment of specific primary outcomes, these methods are not applicable to the standard assessment of body composition within lifestyle related research.

The recent creation of the Leicester-Loughborough Diet, Lifestyle and Physical Activity BRU has enabled a step change in the capacity to conduct experimental lifestyle research within the University of Leicester and regionally. Funding for the lifestyle BRU was specifically dedicated to increasing capacity for research through new research and academic posts in order to attract and retain national and international experts within the lifestyle research arena. The NIHR funding has been matched by new core University of Leicester academic posts designed to enhance and increase the capacity afforded by the BRU. Further NIHR capital funding was awarded to support the relocation of the Diabetes Research Unit into a bespoke research centre and the development of an exercise-testing and training laboratory. In order to ensure this increased capacity is translated into cutting-edge research output that maximises future REF returns it is essential that it is matched by easy access to accurate and “gold standard” measures of body composition.

The Diabetes Research Unit is currently collaborating with GE on the “Walking Away from Type 2 Diabetes” research project whereby an iDEXA machine was provided for sole use on that project. Specifically, we are under a contractual obligation to only use the loaned iDEXA machine on the Walking Away study, which finished in November 2013, and GE have refused to extend or renew the contract for other research studies as our work no longer fits with their cooperate vision. Negotiations with GE to try and resolve these issues were conducted over an extended period exceeding 12 months, but no resolution was forth coming. The restricted use, and removal, of the current iDXA machine is a significant threat to our programme of research going forwards. We have pursued the option of buying, or leasing, the current machine from GE for use in our studies. However, the quoted price for doing this (£80,000) were similar to buying a new unit, therefore given the machine is 4

years old, these options do not represent good value for money. We have also previously pursued the option of undertaking DEXA scanning through a clinical DEXA machine located within the Leicester Royal Infirmary. However the expensive cost per scan (£90), limited research availability, and distal location to our research unit makes this an unfeasible proposition, especially for research participants.

Along with compromising the quality of our research output, the lack of access to an iDEXA machine is likely to put us at a significant disadvantage compared to other leading groups in this arena (Cambridge, Oxford, Imperial) in our ability to secure further grant income from major funders, such as the MRC.

Securing an iDEXA machine dedicated to lifestyle research undertaken within the University of Leicester has implications beyond the Diabetes Research Unit. For example, it could be of direct benefit and available for use to other teams conducting lifestyle research such as the renal and respiratory research groups. The renal group, also situated at Leicester General Hospital, in particular would benefit given that the impact of exercise on muscle wasting is one of their key research areas of interest and activity and they have previously had to collaborate with other institutions to ensure access to DEXA scanning. It is envisaged that the use of a dedicated research DXA machine could become revenue generating by encouraging other groups to build in per person scan costs in future grant applications.

The importance of accurately assessing body composition also extends beyond lifestyle research and is an important outcome in many pharmaceutical interventions, particularly those related to type 2 diabetes where many therapies either cause an increase or decrease in fat mass. The purchase of a DEXA machine would therefore help enhance our ability to attract and retain our links to industry and allow us to continue our success with investigator initiated trials investigating the interaction between novel therapies and lifestyle interventions.

Further information provided in response to questions raised by the Charitable Funds Committee at the June meeting.

Legacy Details

In August 2013 a legacy of £65,000 was received, the details of the legacy were that it was to be used for the purpose of Diabetes Research. The executors of the will would like details regarding what the legacy has been used for.

Ownership of the Equipment

The equipment will be owned by UHL. Out of the 150 people that work in the diabetes centre, only 12 are university staff, Melanie and Kamlesh as centre directors are very clear about this.

Possible use of existing equipment within the Trust.

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out of hours, we are then working to someone else's schedule which makes the whole thing inflexible and unwieldy

How often this will be used and for how many patients?

We would anticipate using it for between 3-4000 patients per year as we are running some huge programme grants to which we have already recruited 1000 people since November last year.

On-going maintenance costs

We have already agreed via David Hetmanski, Assistant Director of Research and Development that we would pick up the maintenance costs for the machine and have already signed off the order for it.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CHARITABLE FUNDS COMMITTEE

DATE: 28 February 2013

REPORT FROM: Hilliary Killer Lead Nurse/CBU Business Manager

SUBJECT: SUPPORTING INFORMATION FOR GRANT APPLICATION: 4419

APPLICATION DETAILS

Amount:	£32,700
Fund number and type :	CFH1 Patients
Available fund balance	N/A
Equipment panel approval received?	N/A

BRIEF DESCRIPTION OF THE GOODS/SERVICES TO BE FUNDED To refurbish parents' accommodation for Children's Intensive Care Unit. Remove existing floor coverings and ceilings and install new vinyl floorings and suspended ceilings. Redecorate walls and electrical works as stated in quotes to Debbie Adlerstein (Charitable Funds)

WHY IS FUNDING THROUGH THE TRUST REVENUE/CAPITAL BUDGETS NOT APPROPRIATE This application is to be part funded out of the trust capital funds for 2013/14.

WHAT ADDITIONALITY DOES THIS PROVIDE TO PATIENTS/STAFF OVER AND ABOVE THE TRUST'S CORE ACTIVITY

At the present time parents have to sit on a corridor outside of the intensive care unit during a very difficult emotional and stressful time. This is a thoroughfare which is extremely busy. We have identified two areas that require complete refurbishment to make them appropriate for use for families and relatives. These rooms will greatly improve the experience for the families of children needing intensive care and provide an area where families can wait or be seen by both medical and nursing staff offering privacy and dignity for families and friends that we do not achieve at the present time. Use of materials that adhere to Infection Prevention policies and guidelines will enhance the life span of the facilities.

VALUE FOR MONEY CONSIDERATIONS

Trust approved suppliers will be used and fixtures and fittings will be fit for purpose

WHAT ARE THE IMPLICATIONS IF THE APPLICATION IS UNSUCCESSFUL?

Increase in distress to parents of children in intensive care. Families at present do not like to sit in the rooms due to the environment and state of the décor. They have to sit in the corridor or stand in the Lift Lobby, even when obviously upset. Increase in negative responses to the patient/carer experience survey. Donated funds will have to be returned to donors with loss of confidence and damage to the reputation of the Trust, charitable funds and children's hospital.

DOES THIS ISSUE FEATURE ON YOUR CBU RISK REGISTER? No

IS THIS APPLICATION SUPPORTED BY YOUR DIVISIONAL MANAGER AND/OR DIRECTOR? Yes

IS THIS APPLICATION FOR STANDARD EQUIPMENT WHICH WOULD NORMALLY BE IN USE WITHIN THE TRUST?

This application is not for equipment. All fixtures, fittings and furniture will be to Trust specifications

ANY OTHER SUPPORTING INFORMATION Increased use of the parent's rooms available for CICU during their child's stay will enable families to support each other. There have been a number of families that have used the parent's rooms that have fundraised specifically for the refurbishment of these rooms. The families will have the opportunity to have some privacy and dignity at a time of grief and family distress. Other parents and staff exiting ward 12 will not have to witness the grief and distress of families.

When a child is admitted to intensive care parents have to stay on the corridor or in the waiting rooms until the child is assessed and treatment commenced. This may take up to several hours.