

Trust Board Paper V

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 2 March 2017

COMMITTEE: Charitable Funds Committee

CHAIRMAN: Mr A Johnson, Non-Executive Director

DATE OF COMMITTEE MEETING: 2 February 2017

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE PUBLIC TRUST BOARD:

- Minute 01/17 – Emergency Floor Project (noting that the Trust Board acting as Corporate Trustee had, at its 2 February 2017 meeting, granted delegated authority to Mr M Traynor, Non-Executive Director and Mr P Traynor, Chief Financial Officer, to approve this funding request on behalf of the Trust Board, subject to confirmation of Charitable Funds Committee support).

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR NOTING BY THE PUBLIC TRUST BOARD:

- Minute 05/17 – International Volunteering in UHL

DATE OF NEXT COMMITTEE MEETING: 6 April 2017

A Johnson, Non-Executive Director and CFC Chair
24 February 2017

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING HELD ON THURSDAY 2 FEBRUARY 2017 AT 1:45PM IN SEMINAR ROOMS 2/3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Present: Mr A Johnson – Non-Executive Director (Chair)
Dr S Crawshaw – Non-Executive Director
Col (Ret'd) I Crowe – Non-Executive Director
Mr R Moore – Non-Executive Director
Mr B Patel – Non-Executive Director
Ms J Smith – Chief Nurse
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer

In Attendance: Mrs G Belton – Trust Administrator
Mr T Diggle – Head of Fundraising
Ms J Edyvean – Model of Care Lead (for Minute 01/17)
Mr D Gorrod – Patient Partner (non-voting member)
Ms L Tibbert – Director of Workforce and Organisational Development (for Minute 05/17)
Mr N Sone – Financial Controller / Charity Finance Lead
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations

RECOMMENDED ITEMS

01/17 EMERGENCY FLOOR PROJECT

Ms J Edyvean, Model of Care Lead, attended to present paper 'C', which referenced the fact that, as part of the funding to support the delivery of the Emergency Floor Project, there was a commitment, over and above the funding approved within the Full Business Case, of £650k charitable funding identified to support the delivery of enhancements to the scheme. This was based on two donations; £300k from the Thomas Cook Children's Charity (TCC) and £350k from RVS funds which were to be used over the lifetime of the scheme. These donations were to provide an enhanced environment within the new Children's Emergency Department (ED), to enable the development of the first frail friendly ED and ensure that the whole environment through the Emergency Floor was frail and dementia friendly. Paper C provided the Committee with an overview of how the money from both charitable sources would be utilised (appendix B detailed a full breakdown of the enhancements that the funding from TCC and RVS would support), the patient benefits that would be delivered as a consequence of using the funds and an overview of the forecast expenditure over the forthcoming months.

Since the pre-commitments against the funding had been agreed, the Project Team were in receipt of a request for additional funding to support the deployment of enhanced signage to assist with way-finding in the new Emergency Department in Phase 1. Whilst the normal standard of signage was provided for within the contract, it was considered that there could be a missed opportunity to have the most up to date signage in place that would signal UHL as a leader in emergency care. The specific enhanced signage would address major areas and triggers of anxiety and aggression, as often witnessed in ED, and provide a way finding strategy that would move the department towards a more ideal patient experience. For patients, this would mean being better informed at every stage of their journey through ED and remaining in control of decisions as the signage provided a means of navigation throughout the patient journey within the ED. For staff, there would be benefits in reductions in stress-related absences, staff turnover and improved morale. An application for £77,550 was therefore detailed in appendix A to the report. Further to this, work had now concluded in reviewing the frailty requirements throughout the scheme. A funding gap of £316,557.84 remained if the Trust was to meet all of the frailty enhancements for both phases of the project, particularly phase 2.

The report requested that the Charitable Funds Committee:-

- (a) noted the patient benefits that would be derived from the enhancements to be provided within the new Emergency Floor;
- (b) confirm their satisfaction that the EF Project had taken due regard of the objectives of the donors, that the schedule of costs provided represented value for money and that details of proposed expenditure was compliant with the Committee's procedures;
- (c) supported and recommended onto the Trust Board, for formal approval, expenditure in line with the schedules provided at appendix B in order to commence draw down of funds from respective donors;
- (d) support the request for an additional £77,500 charitable funding for enhanced signage in the new ED and recommend onto the Trust Board accordingly, for formal approval and
- (e) note that the ideas to support the additional funding requirements for frailty enhancements in Phase 2 should be considered as a future fundraising campaign.

In discussion on this item, members:-

- (i) sought confirmation that the donors (RVS and TCC) were content with the proposals presented – the Head of Fundraising confirmed that members of the Fundraising Team continued to hold detailed discussions in this respect and anticipated that the proposals would meet the donors' objectives;
- (ii) requested that the Model of Care Lead determined the potential for any further cost savings on the listed items (benchmarking costs against other comparative Trusts and seeking advice / assistance from procurement colleagues where relevant);
- (iii) further to the action agreed under item (ii) above, requested that the Model of Care Lead submitted information regarding the final cost for these items to the next meeting of the Charitable Funds Committee on 6 April 2017; **MOCL**
- (iv) noted that the Trust's Patient Partners were working with the Trust on its way-finding strategy and that the signage had been tested, in development, with specific groups, albeit none in UHL specifically; **MOCL**
- (v) noted that, due to time constraints, this report had been submitted directly to the Charitable Funds Committee for approval and recommendation thereon to the Trust Board, rather than first being submitted through the EF Project Board;
- (vi) requested that the Chief Financial Officer determine the most cost-effective means of ordering the relevant items (whether through the Charity or the Trust);
- (vii) noted the potential benefit that could have been gained in having a member of the Charity Team on the EF Project Board as a learning point for any future schemes, and **CFO**
- (viii) requested that the Model of Care Lead fed back to the EF Project Team the need to ensure the accessibility of patient information within relevant formats (e.g. large print, BSL etc) and consider use of plain English and the use of audio messages too. **MOCL**

In concluding discussion on this item, the Committee supported and recommended onto the Trust Board for formal approval:

- (1) expenditure in line with the schedules detailed at Appendix B of paper C, subject to the EF Project Board ensuring achievement of VFM and providing a report on the final cost for these items to the 6 April 2017 meeting of the Charitable Funds Committee, and commencement therefore of the process for the draw down of funds from respective donors (£300k from Thomas Cook Children's Charity and £350k from the RVS), and
- (2) expenditure of a maximum of £77,550 from Leicester Hospitals Charity's charitable funds for the purpose of enhanced signage as described in Appendix A to paper C, subject to the EF Project Board ensuring achievement of VFM and providing a report on the final cost for these items to the 6 April 2017 meeting of the Charitable Funds Committee.

In further discussion, the Committee noted that they would wish to see the savings achieved on phase 1, prior to receipt of any detailed application for funding regarding

phase 2 frailty enhancements, for which there was currently a funding gap of £316,557.34. Any such application would require submission to a future meeting of the Charitable Funds Committee for consideration thereon.

Specific note was made of the fact that, as the Trust Board had met earlier that day and would therefore not meet for another month, in the event that this funding request was supported by the Charitable Funds Committee, the Trust Board had agreed to delegate its authority as Corporate Trustee to Mr M Traynor, Non-Executive Director and Mr P Traynor, Chief Financial Officer to formally approve any recommendations arising from the Charitable Funds Committee's consideration of this item. The recommendations made by the Charitable Funds Committee as detailed below were therefore agreed at the meeting by Mr M Traynor and Mr P Traynor, as Corporate Trustee on the Trust Board's behalf.

Recommended – that (A) expenditure in line with the schedules detailed at Appendix B of paper C be supported and formally approved by the Trust Board, subject to the EF Project Board ensuring achievement of VFM and providing a report on the final cost for these items to the 6 April 2017 meeting of the Charitable Funds Committee, and commencement therefore of the process for the draw down of funds from respective donors (£300k from Thomas Cook Children's Charity and £350k from the RVS),

MOCL

(B) expenditure of a maximum of £77,550 funded from Leicester Hospitals Charity's charitable funds for the purpose of enhanced signage be supported and formally approved by the Trust Board, subject to the EF Project Board ensuring achievement of VFM and providing a report on the final cost for these items to the 6 April 2017 meeting of the Charitable Funds Committee,

MOCL

(C) the Committee receive details of savings achieved in respect of phase 1 prior to receipt of any detailed application for funding regarding phase 2 frailty enhancements at a future meeting of the Charitable Funds Committee,

MOCL

(D) the Chief Financial Officer be requested to determine the most cost-effective means of ordering the relevant items (i.e. through the Charity or the Trust), and

CFO

(E) the Model of Care Lead be requested to feed back to the EF Project Team, the need to ensure the accessibility of patient information within the relevant formats (e.g. large print, BSL etc).

MOCL

With regard to recommendations (A) and (B), as documented above, these were approved at the Charitable Funds Committee meeting by Mr M Traynor, Non-Executive Director and Mr P Traynor, Chief Financial Officer, to whom the Trust Board as Corporate Trustee had granted delegated authority to do so at its meeting held earlier that day.

RESOLVED ITEMS

02/17 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr K Singh, Non-Executive Director Trust Chairman

03/17 MINUTES

Resolved – that the Minutes of the 1 December 2016 Charitable Funds Committee meeting (papers A1 and A2 refer) be confirmed as correct records.

04/17 MATTERS ARISING FROM THE MINUTES

Paper B detailed both the actions from the most recent meeting, and also any which remained outstanding from previous Committee meetings. Discussion took place regarding the specific entries outlined below.

- Minute 48/16/1b of 1 December 2016 (relating to an Executive Lead being identified to progress issues associated with the availability of wheelchairs and the provision of improved disabled access facilities through the executive agenda) – the Committee Chairman requested an update on progress / a plan (in light of the fact that this issue had not been discussed at the Trust Board Thinking Day held in January 2017 as had originally been anticipated);
- Minute 39/16/1 (Application 6230 – flexi laryngoscope for ENT, which had been approved at the 6 October 2016 Charitable Funds Committee meeting subject to confirmation from the Chair of the Medical Equipment Executive (MEE) regarding the MEE’s support for this equipment) – the Charity Finance Lead confirmed that confirmation was still awaited and he undertook to continue to chase for a response;
- Minute 39/16/1c (Application 6225 – wireless patient rehabilitation equipment for the Therapy Service, which had been approved at the 6 October 2016 Charitable Funds Committee meeting subject to three specific actions being undertaken by the Charity Finance Lead, one of which related to seeking confirmation from the Chair of the MEE regarding the MEE’s support for this equipment – the Charity Finance Lead confirmed that confirmation was still awaited and he undertook to continue to chase for a response, and
- Minute 40/16/2 of 6 October 2016 (relating to submission of a Leicester Hospitals Charity Policy and related Guidelines) – it was agreed that the RAG-rating against this item should be updated to ‘on track’ (i.e. a grading of ‘4’) and the Trust Administrator undertook to update the log accordingly.

TA / DEF

CFL

CFL

TA

Resolved – that the matters arising report (paper B refers) be confirmed as a correct record and any associated actions, as noted above, be appropriately progressed.

04/17/1 Proposal for Major Refurbishment in the Outpatients’ Clinic Area in the Osborne Building, LRI (Minute 26/16/1 of 4 August 2016)

The Head of Fundraising reported verbally on the outcome of a recent meeting held with the Macmillan Charity, at which time it was confirmed that funding which Macmillan had previously had available, but which the Trust, specifically the Cancer, Haematology, Urology, Gastroenterology and General Surgery (CHUGGS) Clinical Management Group (CMG) were not in a position to utilise at that time, was no longer available. The Head of Fundraising noted that this was a function of the Charity being service-led, in terms of planned developments, rather than funding-led. Macmillan had confirmed their continued interest in supporting any projects relating to cancer services and requested that the Trust continued to approach them for such. The Committee noted that it would be helpful to know of the service’s future plans for investment and it was therefore agreed that the Head of Fundraising would contact the Head of Operations, CHUGGS, for this purpose.

Resolved – that (A) this verbal information be noted, and

(B) the Head of Fundraising be requested to contact the Head of Operations (CHUGGS) to determine the CMG’s future plans for investment.

HoF

05/17 **INTERNATIONAL VOLUNTEERING IN UHL**

Paper D, as prepared by the Trust Chairman and presented in his absence by Mr Patel, Non-Executive Director, made reference to the Trust’s history of different types of international volunteering by staff in their own time on leave with varying degrees of sponsorship from organisations / individuals externally to support this, but without formal acknowledgement of this. It was considered that formally recognising and supporting this type of activity provided an opportunity to enhance staff motivation and pride in the organisation and its values, as well as strengthening a sense amongst the public that UHL (through its staff) had a strong sense of service towards areas that mattered to them. Note was also made of possible potential partners such as the University of Leicester who already had links with some geographical areas and institutions overseas which aligned

with some of the communities the Trust served. The report noted that any support, however defined, for such initiatives could not form a direct charge on NHS funds and how the Trust utilised its existing staff, however the opportunity existed to be innovative through developing a new initiative and the report detailed possible suggestions for progressing this matter, including undertaking, in the first instance, a survey of existing or past international volunteering within UHL, as well as ascertaining whether other staff would be interested in volunteering overseas if opportunities emerged. The report detailed four specific means by which to progress this work and support from the Committee was sought for the following:-

- (a) the nomination of Mr B Patel, Non-Executive Director, as the Lead for the progression of this initiative;
- (b) endorsement of the initiative and agreement that the Head of Fundraising (or his nominee) and the Director of Workforce and Organisational Development (or her nominee) provide advice (as required) to Mr Patel;
- (c) innovative thinking about the progression of this project with minimal resource commitment for possible further discussion at a forthcoming Trust Board Thinking Day, and
- (d) the possible establishment of an informal working group, the composition of which would be determined by Mr Patel, Non-Executive Director, with concrete proposals to be formulated within the next six months for consideration within whichever was considered to be the most appropriate forum.

In discussion on this matter:-

- (i) Mr Patel briefed members of two recent meetings he had attended with others external to the Trust on this subject, as referenced within the report;
- (ii) Mr Patel noted that he was keen not to replicate what was already in existence through other NGOs (non-governmental organisations) and was keen that any partnership formed was mutually beneficial providing learning opportunities for Trust staff. Mr Gorrod, Patient Partner, suggested the possibility of forming an alliance with a health organisation overseas, with interchanges then taking place between the two;
- (iii) members noted that, whilst Trust staff were often willing to give up their time for such purposes, currently there was a lack of infrastructure behind them to assist in the arrangement of accommodation etc;
- (iv) members noted the possibility in progressing a partnership with other organisations such as the University of Leicester etc;
- (v) Col (Ret'd) Crowe, Non-Executive Director advised against the establishment of anything which was not sustainable for the future and suggested seeking advice from other organisations such as the Department for International Development and the Department of Health etc;
- (vi) members noted that Leicester Hospital Charity funds were specifically donated for the purpose of use in Leicester, Leicestershire and Rutland and there was a need to ensure that the Charity did not put itself in a conflicted position. Discussion also took place regarding possible charities to which the Trust could apply for funding to progress this initiative;
- (vii) members requested that the Director of Corporate and Legal Affairs reviewed relevant legislation to determine whether this agenda (International Volunteering in UHL) was most appropriately progressed through the Charity or through UHL NHS Trust;
- (viii) the Chief Nurse noted the need to progress any such project in a co-ordinated way, noting the unintended consequences which could sometimes arise where staff had specifically fundraised for such a purpose and could then not take annual leave owing to service pressures etc;
- (ix) Mr Traynor, Non-Executive Director, suggested that it would be beneficial, if a survey was undertaken such as the one described, to also find out what other charities staff were involved with and also which professional bodies they belonged to (if any), and
- (x) members noted the potential benefit to Leicester Hospitals Charity also if it was able to open communications with wider community groups through this initiative.

DCLA

In concluding discussion on this item, members supported the principle of this initiative and had no objections to the establishment of an informal working group by Mr Patel to progress this initiative, noting the governance and legislative issues which the Director of Corporate and Legal Affairs would be reviewing to ensure the initiative was progressed through the most appropriate channels within the Trust.

Resolved – that (A) the contents of this report be received and noted,

(B) Mr Patel, Non-Executive Director, to convene an informal working group to progress the matters outlined within the report, and

BP(NED)

(C) the Director of Corporate and Legal Affairs be requested to review relevant legislation in relation to the Charity to determine whether this agenda was most appropriately progressed through the Charity or through UHL NHS Trust.

DCLA

06/17 APPROVALS

06/17/1 Items for Approval

Paper C outlined the grant applications received since the December 2016 Charitable Funds Committee meeting, noting that all bids received had been pre-reviewed as per current guidelines. The Charity Finance Lead considered that all applications fell within the scope of the funds, were affordable, and had been appropriately authorised by the fund advisers.

Applications totalling £109,369 had been approved by the Charity Finance Lead under the scheme of delegation (they did not, therefore, require additional Charitable Funds Committee approval), and were detailed in appendix 1 of paper E.

Appendix 2 detailed transfers between funds requested by the relevant fund managers in order to facilitate grant applications (in accordance with the Transfer of Unrestricted Funds Policy agreed by the Committee). Appendix 3 detailed applications that had been rejected.

The Committee undertook detailed consideration of the following new applications for funding (section 2.6 of paper E refers):-

- (i) application 6345 (appendix 4) was an application for £20,846 from the Cardiology Patient Benefit fund for the purchase of 2 ultrasound scanners – this application was approved subject to confirmation of CMG approval which was currently awaited (with note made that the equipment had been confirmed as being compatible with that already in place);
- (ii) application 6352 (appendix 5) was an application for £29,857 from general purpose funds for the refurbishment and re-decoration of the electro-diagnostic patient testing area at the LRI – this application was approved subject to confirmation of support from both the CSI CMG and the Director of Estates and Facilities;
- (iii) application 6361 (appendix 6) was an application for £6,965 from general purpose funds for a hoverjack air lifting system in the Manual Handling Department at the LRI – this application was approved. In general discussion, the need to re-iterate that future maintenance and repair costs would need to be covered by CMG and directorate budgets was highlighted;
- (iv) application 6362 (appendix 7) was an application for £25,214 from general purpose funds for new seating for the Windsor and Balmoral Ophthalmology Out-Patients Department – this application was approved subject to the Charity Finance Lead seeking confirmation of support for the application from the Director of Estates and Facilities and also subject to confirming value for money (VFM). The Director of Marketing and Communications noted that this represented the ideal opportunity to seek service user input in determining the seating to be purchased, and
- (v) application 6363 (appendix 8) was an application for £2,220 from general purpose funds to create a comfort / bad news room in the Out-Patient

CFL

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Department in the Leicester General Hospital – this application was approved. Paper E referenced an application for funding (application 5383) which had been approved at the Charitable Funds Committee meeting held on 4 August 2016 (Minute reference 32/16/2) for £27,553 from the Women’s patient benefit fund for bariatric CTG machines for patients in the maternity department. Following finalisation of this order, there had been a price increase on these items. As a result of this, the total cost of the application had risen to £29,336. The Committee was therefore requested to approve the additional cost of £1,783 and to note that the fund in question had sufficient monies to cover this increased cost. The funding of the price increase from this restricted fund was approved, subject to assistance being sought from procurement to determine if this additional cost could be reduced.

CFL

Section 4.1 of the report detailed two short term funds that had been requested, the establishment of which required the approval of the Charitable Funds Committee. One fund was for the creation of a ‘Secret Garden’ for the benefit of patients at the Glenfield Hospital and the other fund was for enhancements to the patient and visitor areas of the Children’s Emergency Department. The establishment of both of these short term funds was approved. It was agreed to time-limit new fund S002 (Secret Garden Project) to expire on 31 December 2018, noting that an extension could be sought if required. It was also agreed to time-limit new fund Q840 (Children’s ED) to expire on 30 June 2018 (at the end of phase 2), thereafter reviewing at the Committee meeting scheduled for June 2018 whether there would be a need for this fund to remain open. It was also agreed that consideration should be given to the inclusion of an additional sentence within the Leicester Hospitals Charity Policy and Guidelines regarding the time-limiting of funds established for a specific project.

CFL/TA

HoF

Resolved – that (A) the contents of paper E and its appendices be received and noted;

(B) application 6361 and 6363 be approved;

(C) application 6345 be approved subject to confirmation of CMG approval;

CFL

(D) application 6352 be approved, subject to the Charity Finance Lead seeking confirmation of support from both the CSI CMG and the Director of Estates and Facilities;

CFL

(E) application 6362 be approved subject to the Charity Finance Lead seeking confirmation of support for the application from the Director of Estates and Facilities and also subject to confirming value for money (VFM);

CFL

(F) funding of the price increase of £1783 in relation to application 5383 be approved, subject to assistance being sought from procurement to determine if this additional cost could be reduced,

CFL

(G) new fund S002 (Secret Garden Project) be time-limited to expire on 31 December 2018 (noting that an extension could be sought if required);

CFL

(H) new fund Q840 (Children’s ED) be time-limited to expire on 30 June 2018, with a review undertaken at the Charitable Funds Committee meeting to be held in June 2018 as to whether there was a need for this fund to remain open, and

CFL/TA

(I) consideration be given to the inclusion of an additional sentence within the Leicester Hospitals Charity Policy and Guidelines regarding the time-limiting of funds required for a specific project.

HoF

06/17/2 Renewal of Charity-Funded Insurance Policies

Paper E1, as presented by the Director of Corporate and Legal Affairs, sought Charitable Funds Committee endorsement of the continued funding of two specific insurance policies from charitable funds ((1) Directors’ and Officers’ Liability and Crime was designed to protect charitable trustees, covering losses arising from claims brought against Officials

and the charitable trust against dishonesty and (2) Group Personal Accident which was designed to protect members of the Trust's flying squad and call out teams who sustained accidental bodily injury resulting in death or disablement. The purchase of this latter insurance, which provided more generous benefits than those provided under the NHSLA scheme, was prohibited through exchequer funds. The cost of both insurance policies in the preceding financial year (2016/17) was included within the report, with note made that the cost for the forthcoming financial year (commencing 1 April 2017 to 31 March 2018) was not yet known, however would be reported at the next meeting of the Charitable Funds Committee.

TA

Resolved – that (A) funding of the above-referenced insurance policies through charitable funds, as per the practice adopted in previous years, be approved, and

(B) a report confirming the specific premiums for the 2017/18 financial year be submitted to the next meeting of the Charitable Funds Committee on 6 April 2016.

TA

06/17/3 Donations from Solicitors

Paper E2, as presented by the Head of Fundraising, made reference to a recent approach made to Leicester Hospitals Charity by a firm of Solicitors who wished to make a donation of the balance of three clients' accounts that had remained unclaimed for some time with a total value of £950. In order to accept the gift, the Charity would need to provide an indemnity to the Solicitors' firm such that the Charity would reimburse these monies should the clients claim it at a later date. Note was made that this was a source of charitable income from which other mainstream charities were benefitting and the Committee were requested to indicate whether they were supportive of this initiative and able to provide the indemnity required.

The Committee supported this initiative and agreed that the Charity Team should provide the indemnity requested (up to a maximum cost of £10,000 and a maximum time period of 7 years).

Resolved – that (A) the contents of this report be received and noted, and

(B) the Charity Team be requested to provide the indemnity requested (up to a maximum cost of £10,000 and a maximum time period of 7 years).

HoF

07/17 **CHARITY GOVERNANCE**

07/17/1 Leicester Hospitals Charity – Policy and Guidelines

Paper F, as presented by Colonel (Ret'd) I Crowe, Non-Executive Director, detailed a first full draft of the proposed framework document for Leicester Hospitals' Charity, detailing the Charity's policy and related guidelines for members' comments thereon. He noted that any wording in red font within the document represented sections requiring the inclusion of further information or denoted where further work or further discussion was required.

In discussion, members noted that it would be helpful to include additional information within the policy relating to indemnity letters and time limits on funds (as discussed under Minutes 06/17/1 and 06/17/3 above). All Committee members were requested to proof read the draft policy and guidelines and email the Head of Fundraising with any further comments on its contents by the end of February 2017. Further to updating the policy and guidelines taking into account feedback received from members, the Head of Fundraising was requested to submit the final version of the Leicester Hospitals Charity Policy and Guidelines to the next meeting of the Charitable Funds Committee to be held on 6 April 2017 for approval. It was noted that the final version for submission should highlight any practice differing from previous practice in a different coloured-font in order that approval could be granted by exception.

Resolved – that (A) the contents of the draft policy and guideline document be

received and noted;

(B) the Head of Fundraising be requested to include additional information within the policy relating to indemnity letters and time limits on funds;

HoF

(C) all CFC members be requested to read the draft policy and guidelines document and email the Head of Fundraising with any further comments on its contents by the end of February 2017, and

All CFC
members

(D) the Head of Fundraising be requested to submit the final version of the Leicester Hospitals Charity Policy and Guidelines to the Charitable Funds Committee meeting on 6 April 2017 for approval (highlighting any new practice in a different coloured font in order that this could be considered and approved by exception).

HoF

07/17/2 Charity Fund Investment Managers Report

The Charity Finance Lead presented paper 'G', which detailed the latest report from the Charity's Investment Managers including the latest quarterly report (quarter 3) and the monthly position report for December 2016. The portfolio was operating in line with the overall objectives and its valuation had increased by 1.8% during quarter 3.

Resolved – that the contents of this report be received and noted.

07/17/3 Report from the Charity Finance Lead

Resolved – that this Minute be classed as confidential and reported in private accordingly.

07/17/4 Charity Annual Plan 2017/18 and 2018/19 (including Finance and Governance Report)

Paper H, as presented by the Charity Finance Lead and Head of Fundraising, provided an update on the Charity's financial position and the general purposes fund for the month ending 31 December 2016 and also detailed a draft three-year plan for the Charity.

In discussion on this item, members:

- (i) noted that the Charity had been under its original target for income and acknowledged the need to consider how targets / budgets were set. Particular discussion took place regarding section 5.8 of the report (regarding the financial plan), specifically the Fundraising Team's control over income into specific funding streams;
- (ii) noted the comments made by the Charity Finance Lead in terms of the benefits that could be realised by the facilitation of closer working between the Charity Finance Team and Fundraising Team, noting specific issues around resource, capacity and location – the Charity Finance Lead and Head of Fundraising were requested to draft a proposal, for agreement at a future Charitable Funds Committee meeting, as to potential improved means by which the Charity Finance Team and Charity Fundraising Team could work more closely together, and
- (iii) the Charity Finance Lead and Head of Fundraising were requested to submit an updated, more detailed version of this document to the next meeting of the Charitable Funds Committee, specifically outlining the three year strategy with a supporting plan.

CFL/HoF

CFL/HoF

Resolved – that (A) the contents of this report be received and noted,

(B) the Charity Finance Lead and Head of Fundraising be requested to draft a proposal, for agreement at a future Charitable Funds Committee meeting, as to potential improved means by which the Charity Finance Team and Charity Fundraising Team could work more closely together, and

CFL/HoF

(C) the Charity Finance Lead and Head of Fundraising be requested to submit an

updated, more detailed version of this document to the next meeting of the Charitable Funds Committee, specifically outlining the three year strategy with a supporting plan.

CFL/HoF

07/17/5 Review of Funds Structure

Paper I, as presented by the Charity Finance Lead, sought Charitable Funds Committee approval of the new fund structure of Leicester Hospitals Charity as per the specific details outlined within the report, including the proposed movement of 113 existing funds into 38 Service level funds (which would exist in addition to the short term funds outlined in appendix 3 which were currently undergoing review) and the closure of 40 dormant funds. The new policy for the use of funds allowed for the establishment of short term funds for a defined purpose, further to which they would be closed once their purpose had been fulfilled or after a set amount of time.

Members approved the new funding structure presented and agreed its commencement from April 2017. Members also agreed that any non-restricted funds which had been inactive for a period of at least 12 months should be closed.

Resolved – that (A) the proposals detailed within this report be supported, with the new fund structure implemented from April 2017, and

CFL

(B) any non-restricted funds which had been inactive for a period of at least 12 months be closed.

CFL

08/17 **FUNDRAISING**

08/17/1 Report from the Head of Fundraising

Resolved – that this Minute be classed as confidential and reported in private accordingly.

08/17/2 Fundraising Update – Performance Report

Paper K, as presented by the Head of Fundraising, detailed recent fundraising and promotional activities in addition to upcoming events and plans and included contributions from different members of the fundraising team.

Specific discussion took place regarding the need for the urgent identification of a suitable space at the LRI for the Charity and the Children's Appeal Team given the need for the Charity to be more visible than it was currently. It was agreed that the Director of Marketing and Communications and the Head of Fundraising would pursue this matter with relevant colleagues outwith the meeting.

DMC/HoF

Specific note was also made of the poor feedback received regarding the steamplicity main course provided for staff working on Christmas Day, in light of which it was recommended that the Charity focussed in future years solely on the provision of the Christmas meal for staff served throughout December.

Resolved – that (A) the contents of this report be received and noted, and

(B) the Director of Marketing and Communications and the Head of Fundraising be requested to pursue, with relevant colleagues outwith the meeting, the urgent need for a suitable base at the LRI to be identified for the Charity and the Children's Appeal Team.

DMC/HoF

08/17/3 Support Shop Manager – Update

Further to Minute 51/16/3 of 1 December 2016, the Head of Fundraising presented paper L, which noted on-going progress in the appointment of a part-time shop manager for the Glenfield Hospital Support Shop. The post was currently being assessed for banding, further to which an advertisement would be placed.

Mr Traynor, Non-Executive Director, noted that this represented a short term approach, and suggested that any medium to longer term options required a strategy such as those employed by Charity High Street Shops.

Resolved – that the contents of this report be received and noted.

08/17/4 Post Project Grant Evaluation

Paper M detailed two post project evaluations for the Committee's consideration (APP 5458 – Breastcare Tissue Processor and APP 5951 – Wall Art in Theatre Arrivals at LGH).

Resolved – that the contents of this report be received and noted.

08/17/5 New Fundraising Rules

Paper N, as presented by the Head of Fundraising, made reference to the impact that the following could potentially have on Leicester Hospitals Charity: new fundraising regulations – the guidance on the Charities Act 2016, the establishment of, and voluntary levy for, the new Fundraising Regulator and recent fines for major charities breaching data protection.

Although these were unlikely to have a significant impact on Leicester Hospitals Charity, the Head of Fundraising emphasised the importance of avoiding complacency and reviewing all fundraising and data protection practices to ensure that the Charity was acting fairly and lawfully at all times. It was noted that the voluntary levy for the Fundraising Regulator would cost the Charity £800 per year. The new legislation and guidance required Charity Trustees to be more aware of how their Charity raised funds. To this end, the Head of Fundraising proposed a series of short presentations over the course of the year focussing on different elements of the Charity's fundraising activities to ensure that Committee members were well informed. Members were supportive of this proposal.

Resolved – that (A) the contents of this report be received and noted, and

(B) the Head of Fundraising and the Trust Administrator be requested to schedule a standing agenda item at future Charitable Funds Committee meetings looking at the different areas of fundraising undertaken by the Charity.

HoF/TA

09/17 **ITEMS FOR INFORMATION**

Resolved – that there were no items for information for receipt and noting at this meeting.

10/17 **ANY OTHER BUSINESS**

Resolved – that there were no additional items of business.

11/17 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the Charitable Funds Committee be held on Thursday 6 April 2017 from 2pm until 4pm in the CJ Bond Room, Leicester Royal Infirmary.

The meeting closed at 4.47pm

Gill Belton
Trust Administrator

Cumulative Record of Members' Attendance (2016-17 to date):

Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>S Crawshaw</i>	1	1	100%	<i>B Patel</i>	4	4	100%
<i>I Crowe (Chair from May 2016 meeting)</i>	5	4	80%	<i>K Singh</i>	4	3	75%
<i>S Dauncey</i>	1	1	100%	<i>J Smith</i>	5	4	80%
<i>A Johnson (Chair from August 2016 meeting)</i>	4	4	100%	<i>M Traynor</i>	5	5	100%
<i>R Moore</i>	4	4	100%	<i>P Traynor</i>	5	5	100%

Non-Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>T Diggle</i>	5	5	100%	<i>C Sutton</i>	5	0	0%
<i>D Gorrod</i>	5	5	100%	<i>S Ward</i>	5	5	100%
<i>N Sone</i>	5	4	80%	<i>M Wightman</i>	5	4	80%