

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 September 2015

COMMITTEE: Charitable Funds Committee

CHAIRMAN: Mr M Traynor, Non-Executive Director

DATE OF COMMITTEE MEETING: 6 August 2015

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

The Trust Board are invited to endorse all recommendations.

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

- None

DATE OF NEXT COMMITTEE MEETING: 1 October 2015.

**M Traynor, Non-Executive Director
26 August 2015**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING HELD ON THURSDAY 6 AUGUST 2015 AT 2:30PM IN SEMINAR ROOMS 2 AND 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Present: Mr M Traynor – Non-Executive Director (Chair)
Dr S Dauncey – Non-Executive Director
Ms J Smith – Chief Nurse (excluding Minutes 32/15 and 39/15)
Mr P Traynor – Chief Financial Officer (excluding part Minute 30/15 and Minutes 32/15 and 39/15)

In Attendance: Ms D Adlerstein – Head of Business Development
Mr J Hayter – Consultant (for Minute 30/15 (point xxiii))
Mr D Kerr – Director of Estates and Facilities (for Minute 36/15)
Mrs H Majeed – Trust Administrator
Mr N Sone – Charity Finance Lead
Ms L Tibbert – Director of Workforce and Organisational Development (excluding part Minute 30/15 and Minutes 32/15 and 39/15)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications (excluding part Minute 30/15 and Minutes 32/15 and 39/15)
Ms J Woolley – Assistant Financial Accountant

RECOMMENDED ITEMS

ACTION

30/15 ITEMS FOR APPROVAL

Paper F outlined the grant applications received since the April 2015 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 £296,564 had been approved by the Charity Finance Lead through the scheme of delegation (they did not, therefore, require additional Charitable Funds Committee approval), and were detailed in appendix 1 of paper F. Appendix 2 outlined four applications which had been rejected by the Charity Finance Lead. Appendix 3 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).

The Committee undertook detailed consideration of the following new applications for funding (as detailed in appendices 4 – 27 inclusive):

- (i) application 5157 (appendix 4 refers) was a supplementary application to an original bid for £27,643.80 (which had been previously approved) and sought an additional £5,529 from the general purposes fund for bedside lockers and tables for wards 17 and 18 due to VAT not being accounted for – this was approved;
- (ii) application 5487 (appendix 5 refers) was an application for £3,411 from the general purposes fund for the redecoration of the Blood Room at the LGH. Committee members commented that the bid did not appropriately answer the questions, including as to 'why is funding through the Trust revenue/capital budgets not appropriate'. Further to a brief discussion, it was agreed that the Charity Finance Lead should initially contact the Director of Estates and Facilities to check whether he would be able to fund this application through the Exchequer refurbishment budget. If that was not possible, the Committee would consider an appropriately completed application;
- (iii) application 5492 (appendix 6 refers) – £313 from the general purposes fund to support a member of staff from the physiotherapy department to attend a ventilation course – this was approved;
- (iv) application 5507 (appendix 7 refers) was an application for £8,607.20 from the

- general purposes fund to enable the creation of a dedicated space for hand and wrist surgery – this was approved subject to checking with the Director of Estates and Facilities regarding the possibility of incorporating this within the Exchequer estates programme of works;
- (v) application 5536 (appendix 8 refers) was an application for £2,823 from the general purposes fund for a phlebotomy chair for the orthopaedic pre-assessment clinic at the LGH – this was approved subject to discussion with the MSS CMG that there was no other Exchequer option for funding;
 - (vi) application 5548 (appendix 9 refers) was an application for £3,079 from the general purposes fund for rehabilitation equipment for the physiotherapy outpatients department at the LRI – this was not approved. The Committee requested that the applicant be contacted to seek further information on the reason for not funding for this equipment elsewhere within the Trust and the application be re-submitted to the October 2015 Charitable Funds Committee with further details;
 - (vii) application 5570 (appendix 10 refers) was an application for £4,342 for provision of safe touch pager system for the ambulatory assessment unit at the LRI – this application was approved;
 - (viii) application 5591 (appendix 11 refers) was an application for £57,600 from the Cardio-Respiratory patient benefit fund for refurbishment works for Ward 27 at the Glenfield Hospital and application 5592 (appendix 12 refers) was an application for £40,455 from the Cardio-Respiratory patient benefit fund for a telemetry system for wards 33a and 27 at the Glenfield Hospital – members noted that there was sufficient fund balance available to approve only one application. Therefore, neither of the applications was approved and the Charity Finance Lead was requested to clarify the position with the RRCV CMG. If an urgent decision was required then the application be submitted to the Trust Board in September 2015, for consideration;
 - (ix) application 5595 (appendix 13 refers) was an application for £33,000 from the Renal patient benefit and equipment funds for the provision of a decontamination system for the renal department at the LGH – the application was not approved noting that there was need for clarity on the actual cost of the equipment (i.e. £33,000 or £25,000). Members also suggested that contact be made with the Lead Infection Prevention Doctor to check whether this equipment was appropriate to be purchased from an infection prevention point of view. Therefore, the application be re-submitted to the Charitable Funds Committee in October 2015 with these details;
 - (x) application 5622 (appendix 14 refers) was an application for £14,692 from the general purposes fund for the provision of two specialist rehabilitation chairs for the Physiotherapy department at the Glenfield Hospital – members queried the reason for the Trust’s capital budget not being used for this purpose. In response, the Charity Finance Lead advised that it might be the case that the Trust capital budget would approve the purchase of a basic rehabilitation chair, however, the application was for a specialist chair. The Committee Chair suggested that the applicant be informed that if the Trust was able to fund the basic chair then the Charity would potentially be prepared to fund the difference – (i.e. for the upgrade/specialist version of the chair);
 - (xi) application 5623 (appendix 15 refers) was an application for £9,783 from the general purposes fund for improvements to the orthopaedic theatre arrivals area at the LGH – this was approved;
 - (xii) application 5624 (appendix 16 refers) was an application for £4,212 from the general purposes fund for improved signage for the outpatients department for the LGH – this was not approved and it was agreed that the applicant be informed that this application be submitted to the Director of Estates and Facilities so that it could be considered for incorporation into the Trust’s wider signage development programme;
 - (xiii) application 5625 (appendix 17 refers) was an application for £21,490 from the Diabetes Screening fund for the provision of a screening administrator for 12 months for the Diabetes Research Team – this was approved;
 - (xiv) application 5642 (appendix 18) was an application for £6,426 from the general purposes fund for 14 iPads for elderly patients and those with dementia across

- the older persons wards at the LRI – the application was approved, however, members noted that the top of the range product was not required and therefore the IM&T Directorate should be contacted to seek assistance regarding the specification of the devices (therefore more devices could be purchased at the same cost to benefit more patients);
- (xv) application 5643 (appendix 19) was an application for £12,776 from the ‘Our Space appeal’ for the provision of a teleconferencing system for the teenage and young persons’ cancer centre at the LRI – this was approved, subject to confirmation from the IM&T Directorate regarding the compatibility of the system with the Trust’s existing teleconferencing systems;
- (xvi) application 5651 (appendix 20) was an application for £3,000 from the general purposes fund to continue with the ‘moments to remember’ photography service for families who had suffered the loss of a baby soon after birth or been stillborn. This had previously been funded from the Women’s and Children’s charitable fund, however, there were currently insufficient funds to support this. The Committee approved this application to be funded through the general purposes fund for one year only until the Women’s and Children’s charitable fund had built up their funds;
- (xvii) application 5656 (appendix 21) was an application for £3,530 from the general purposes fund to provide UHL hotboards for the radiology and outpatient departments. Such hotboards had previously been funded by Leicester Hospitals Charity and installed elsewhere across the Trust – this application was approved;
- (xviii) application 5657 (appendix 22) was an application for £247 from the general purposes fund for a modified pilates course for a member of staff from the physiotherapy department to aid the treatment of patients – this was approved;
- (xix) application 5671 (appendix 23) was an application for £2,520 from the general purposes fund for the provision of 15xpair Topcom Butler phones for use by patients in specialist medicine wards at the LRI to improve communication for patients including interpretation – this was approved;
- (xx) application 5672 (appendix 24) was an application for £9,006 from the general purposes fund for the provision of calendar clocks to aid orientation of patients in the specialist medicine wards at the LRI and LGH – this was approved;
- (xxi) application 5677 (appendix 25) was an application for £26,958 from the general purposes fund for the refurbishment of rooms to create retreat rooms in the specialist medicine areas at the LRI – this application was approved subject to assurance being provided by the Director of Estates and Facilities that it represented value for money;
- (xxii) application 5678 (appendix 26) was an application for £15,967 from the general purposes fund for the creation of 4 seating areas in the Windsor building at the LRI – this application was deferred to the Charitable Funds Committee in October 2015 as confirmation was required from the Director of Estates and Facilities whether this application would come under the scope of the Exchequer estates refurbishment work already in place;
- (xxiii) application 5681 (appendix 27) was an application for £149,789 for the provision of a 3D printer for the maxillofacial department at the LRI. Mr J Hayter, Consultant attended the meeting to demonstrate the benefits of this equipment and the range of patients it would benefit. Further to the presentation, the following actions were agreed:-
- the Chief Financial Officer be requested to liaise with Mr C Sutton, Chair of the Medical Equipment Executive to seek his views on the reason for this equipment not being approved through the Medical Equipment Executive;
 - the Chief Financial Officer be requested to give consideration to a lease option for this equipment (to take advantage of possible technological advances);
 - if the equipment could not be purchased through the Medical Equipment Executive budget, then it was suggested that CMG charitable funds (given that the printer would be used by many specialties) be used but general purposes fund was not recommended, and
 - the Chair of the Charitable Funds Committee, the Chief Financial Officer and the Head of Fundraising were given delegated authority to discuss the

- way forward for this application and recommend it to the Trust Board for ratification on 3 September 2015;
- (xxiv) application 5697, a verbal update was provided for an application for a value of £11,230 for a Criticool machine – this was approved.

Recommended – that (A) the contents of this report and its appendices be received and noted;

(B) applications 5157, 5492, 5570, 5623, 5625, 5656, 5657, 5671, 5672 and 5697 be approved; Chair

(C) application 5642 be approved, with the applicant to be notified to seek assistance from the IM&T Directorate regarding the specification of the devices as the top of the range product was not required (therefore more devices could be purchased at the same cost); CFL

(D) application 5643 be approved subject to confirmation from the IM&T Directorate regarding the compatibility of the system with the Trust’s existing teleconferencing systems; CFL

(E) application 5651 be approved for funding for one year only through the general purposes fund until the Women’s and Children’s CMG had built up their funds; CFL

(F) application 5677 be recommended onto the Trust Board for formal approval (due to its value being over the Charitable Funds Committee’s delegated authorisation limit of £25,000) subject to assurance from the Director of Estates and Facilities that it was value for money; Chair

(G) the way forward for application 5681 be recommended onto the Trust Board for formal approval (due to its value being over the Charitable Funds Committee’s delegated authorisation limit of £25,000) further to completion of actions outlined under point xxiii above; Chair

(H) application 5487, initial discussion be held with the Director of Estates and Facilities to check whether it could be funded through the Exchequer refurbishment budget, if not, the Committee would consider an appropriately completed application; CFL

(I) application 5507 be approved subject to confirmation from the Director of Estates and Facilities regarding the possibility of incorporating this within the Exchequer estate programme of works; CFL

(J) application 5536 be approved subject to confirmation from the MSS CMG that there was no other Exchequer option for funding; CFL

(K) application 5622 not be approved currently, and the applicant to be notified that if the Trust was able to fund the basic chair then the Charity would potentially be prepared to fund the difference – (i.e. for the upgrade/specialist version of the chair); CFL

(L) applications 5548 and 5595 not be approved, and the applicants to be notified of the outcome of their application by the Charitable Funds Assistant, and the nominated staff members (full details of which are as above – please see points (vi), and (ix) above) now to seek additional information in respect of these applications before they could be re-submitted for consideration at the Charitable Funds Committee in October 2015; CFL

(M) applications 5591 and 5592 not be approved, and the applicants to be notified of the outcome of their application (as detailed on point (viii) above) by the Charitable Funds Assistant; CFL

(N) application 5624 not be approved, and the applicant to be notified to submit the

application to the Director of Estates and Facilities so that it could be considered for incorporation within the Trust's wider signage development programme, and

CFL

(O) application 5678 be deferred to the Charitable Funds Committee in October 2015 as confirmation was required from the Director of Estates and Facilities whether this application would come under the scope of the estates refurbishment work already in place.

31/15 REVIEW OF POLICIES IN RESPECT OF CELEBRITIES AND OTHER VISITORS

Recommended – that the review of policies in respect of celebrities and other visitors be noted and resulting policy, now submitted, be supported, and recommended to the Trust Board (acting as Corporate Trustee) for approval: (paper E appended to these Minutes refers.)

Chair

32/15 THOMAS COOK CHILDREN'S CHARITY – GRANT OFFER

The Business Development Manager presented paper H, the purpose of which was:-

- (a) to secure agreement from the Charitable Funds Committee for Leicester Hospitals Charity to finalise a grant donation of £300,000 from Thomas Cook Childrens Charity (TCCC), and
- (b) to agree to a contingency that, should the Childrens Emergency Department cease to be administered primarily for the treatment and/or accommodation of patients for a period of 5 years, the Charity would repay all or part of the grant.

In response to a query from the Committee Chair, the Business Development Manager provided assurance that an invoice had not been raised in relation to the previous agreement with Thomas Cook Children's Charity. The Charitable Funds Committee supported the Leicester Hospitals Charity to finalise the grant donation of £300,000 from TCCC and recommended it to the Trust Board (acting as Corporate Trustee) for approval and signature from the Trust Chairman on the letter of agreement.

Chair

Recommended – that the Leicester Hospitals Charity be supported to finalise the grant donation of £300,000 from Thomas Cook Childrens Charity and recommended it to the Trust Board for approval and signature by the Trust Chairman and the application of the Trust's seal on the letter of agreement.

Chair

RESOLVED ITEMS

33/15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr C Sutton, Chairman of the Medical Equipment Executive and Mr T Diggle, Head of Fundraising.

34/15 MINUTES

Resolved – that the Minutes of the 2 April 2015 Charitable Funds Committee meeting (paper A refers) be confirmed as a correct record.

35/15 MATTERS ARISING FROM THE MINUTES

In respect of Minute 60/14 of 17 November 2014 (update on application 3747 – virtual ward for training purposes) – it was agreed that the application should be rejected as the update requested by the Committee in November 2014 had not yet been provided. This item to be removed from the log.

CFL/
TA

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

CFL/TA

36/15 MAINTENANCE OF EQUIPMENT PURCHASED THROUGH CHARITABLE FUNDS – MINUTE 17/15(C) OF 2 APRIL 2015

The Director of Estates and Facilities attended the meeting to provide an oral update on this matter. He advised that at the Executive Quality Board meeting on 4 August 2015, it had been agreed that the scope of the Medical Equipment Executive would be widened to include medical devices. He noted the need for the use of a medical equipment library highlighting that this would also include all equipment (e.g. tables/chairs etc.). He also suggested that the Radio Frequency Identification Devices (RFID) tagging system would assist with identification and tracking of devices.

In discussion, it was noted that there was potential to strengthen the process to ensure that appropriate checks had been put in place prior to bids for equipment being presented to the Charitable Funds Committee. It was suggested that a sub-group of the Charitable Funds Committee should be established which particularly focussed on equipment purchased through charitable funds. The Committee Chair agreed that this suggestion (i.e. setting up of a subgroup) be considered as part of the current review of the Leicester Hospitals Charity's governance and operation.

HoF

Resolved – that (A) the verbal update be received and noted, and

(B) the Head of Fundraising be requested to ensure that the suggestion for setting up a sub-group of the Charitable Funds Committee (to focus particularly on equipment purchased through charitable funds) was considered as part of the current review of the Leicester Hospitals Charity's governance and operation.

HoF

37/15 CHARITY REVIEW – UPDATE ON PROGRESS

The Business Development Manager presented paper C and advised that the Listening Into Action event to discuss the future operational structure of the charity had been well attended. Further input from clinicians in respect of this was still required and therefore consideration was being given to the best mechanism to take this forward.

Members noted that a decision on the recruitment protocol for inviting members of the general public to join the Charitable Funds Committee was required – in response, the Director of Corporate and Legal Affairs suggested that a discussion be held with the Head of Fundraising outwith the meeting and a proposal be submitted to the Charitable Funds Committee in October 2015.

The Committee Chair requested that a draft of the terms of reference of the Charitable Funds Committee also be submitted to the Charitable Funds Committee in October 2015.

HoF

DCLA

Resolved – that (A) the contents of paper C be received and noted;

(B) the proposal for the recruitment protocol for inviting members of the general public to join the Charitable Funds Committee be submitted to the Charitable Funds Committee in October 2015, and

HoF

(C) the draft terms of reference of the Charitable Funds Committee be submitted to the Charitable Funds Committee in October 2015.

DCLA

38/15 FINANCE AND GOVERNANCE REPORT

Paper D detailed the financial position of the Charity for the period ending 30 June 2015 and also provided an update on the general purposes charitable fund. The Charity Finance Lead advised that the charitable funding for Meaningful Activity Coordinator posts was available only until October 2015. However, the Chief Financial Officer and the Director of Marketing and Communications highlighted that at a recent Trust Board meeting (Trust Board acting as Corporate Trustee) it had been agreed that the meaningful activity coordinator posts had been approved for a period of 12 months. In discussion, it was noted that there was no clarity on whether the general purposes fund needed to be used for this purpose, however, the Chief Financial Officer advised that the assumption was that general purposes fund would be used because this was the funding 'pot' that had always been used to fund the Meaningful Activity Coordinator posts. It was agreed that the Chief

CFL/

Financial Officer, Director of Marketing and Communications and Head of Fundraising should have a discussion outwith the meeting to seek clarity on this matter and discuss the possibility of top-slicing CMG service level funds for this purpose.

DMC/
HoF

The Committee Chair expressed concern that an investment loss of £174,000 had been incurred given that the size of the fund was modest. He requested that a review of Cazenove Capital Management (investment managers for Leicester Hospitals Charity) be undertaken at the Charitable Funds Committee in October 2015. In response to a query, it was noted that an update from Cazenove Capital Management was already expected for the Charitable Funds Committee in October 2015.

CFL

An alternative option for the provision of the annual staff Christmas meal from the general purposes fund was proposed. The proposal was for all staff to be given a £5 voucher in their October 2015 payslip to be used in one of three ways:

- to pay for a Christmas meal (main meal only) in a LEat restaurant on one of the 3 sites;
- to use at one of the RVS cafés across the sites, or
- to use at a retailer such as John Lewis for a Christmas gift.

Further to discussion on this proposal, it was agreed that the annual staff Christmas meal should be retained in 2015, and that further consideration regarding the above options take place in 2016.

CFL

A brief update on the Charity reserves available to maintain the ongoing activities and commitments was provided.

The Committee Chair expressed concern that some of the initiatives had been funded from the general purposes fund since 2005. He noted the need for initiatives to be pump primed for the first year, with the Trust taking on the responsibility to fund them from Exchequer funds from year two onwards, if they were successful. He suggested the need for Trust Board approval for any initiatives requiring funding from the general purposes fund from year 2 onwards if Exchequer funding was not available for that purpose. It was agreed that the Committee would invite all fund managers from the relevant CMGs to submit proposals to the Charitable Funds Committee in October 2015 for the ongoing charitable funding of these initiatives.

CFL

Resolved – that (A) the contents of paper D be received and noted;

(B) the Chief Financial Officer, Director of Marketing and Communications and Head of Fundraising be requested to discuss outwith the meeting to clarify the time-limit of Trust Board’s approval of the Meaningful Activity Coordinator posts and discuss the possibility of top-slicing CMG service level funds for this purpose (Trust Board acting as Corporate Trustee);

CFL/DMC
/HoF

(C) a review of Cazenove Capital Management (investment managers for Leicester Hospitals Charity) be undertaken at the Charitable Funds Committee in October 2015;

CFL

(D) the provision of the annual staff Christmas meal 2015 from the general purposes fund be approved and potential alternative options for 2016 be explored at a future meeting of the Committee, and

CFL

(E) the proposal to invite fund managers to submit funding proposals for the ongoing charitable funding of the initiatives now identified at the Charitable Funds Committee meeting in October 2015 be approved.

CFL

39/15 FUNDRAISING UPDATE – PERFORMANCE REPORT

Paper G detailed the recent fundraising and promotional activities undertaken by the

Charity.

Resolved – that the contents of paper G be received and noted.

40/15 ANY OTHER BUSINESS

Resolved – that there were no items of any other business.

41/15 PROPOSED MEETING DATES FOR 2016 AND DATE OF NEXT MEETING

Resolved – that (A) the schedule of meeting dates for 2016 (paper I refers) be confirmed as follows:-

- Thursday 4 February 2016;
- Thursday 7 April 2016;
- Thursday 2 June 2016;
- Thursday 4 August 2016, and
- Thursday 6 October 2016.

(B) the next Charitable Funds Committee be held on Thursday, 1 October 2015 from 2pm to 4pm in Seminar Rooms A and B, Clinical Education Centre at Leicester General Hospital.

The meeting closed at 4:38pm.

Cumulative Record of Members' Attendance (2015-16 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 Dauncey</i>	2	1	50%	<i>M Traynor (Chair)</i>	2	2	100%
<i>C Ribbins</i>	1	1	100%	<i>P Traynor</i>	2	1	50%
<i>J Smith</i>	1	1	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>I Crowe</i>	1	1	100%	<i>R Moore</i>	1	1	100%
<i>J Wilson</i>	1	1	100%	<i>K Singh</i>	1	1	100%

Hina Majeed, **Trust Administrator**

Visitor Policy Review

Author: Timothy Diggle Head of Fundraising

Executive Summary

REVIEW OF POLICIES IN RESPECT OF CELEBRITIES AND OTHER VISITORS

1 Context

1.1 All NHS Trusts and charities have been recommended to review their policies in relation to visitors, especially celebrity visitors, in light of the findings of the Savile Report

2 Questions

- 2.1 What areas of the Charity's activities are affected?
- 2.2 What steps are being taken to strengthen the charity's policies and procedures?
- 2.3 What is the timetable for completion?

3 Conclusion

3.1 The areas of concern highlighted in the report (and the steps to be taken) are as follows:

3.1.1 Visits (by celebrities). The Trust's Communications department has drawn up a comprehensive policy and procedure around managing visits by celebrities and other guests. It clearly states how such visits should be managed and refers to the Charity specifically. The Charity will adopt this policy in its entirety

3.1.2 Accepting Donations – the Head of Fundraising is currently drawing up a new policy document for the Charity. This will include a specific reference to donations, and the Charity's option to refuse a donation where the conditions placed on it by the donor are too onerous, or where accepting such a gift could damage the reputation of the charity (eg a donation from a tobacco company)

3.1.3 Governance – The Savile Report recommends reviewing governance arrangements to ensure clarity, transparency and accountability. The Charity is currently reviewing the make-up and structure of the Charitable Funds Committee, which will help in this case.

3.2 The timetable for completion of the final draft of the new policy and procedures, is to have documents ready for the October Charitable Funds Committee

4 Input Sought

4.1 **The committee is asked to note the contents of this report.**

¹ 1.1 <https://www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned>

5 Background

5.1 In October 2012, the Secretary of State for Health asked Kate Lampard to provide independent oversight into three investigations at NHS hospitals affected by the association they had with the late Jimmy Savile, and the allegations that he had committed sexual abuses on the premises.

5.2 Although Savile was in many respects an unusual case, and unlikely to be repeated, the investigation highlighted areas of concern which the report asked NHS Trusts to consider. This report focusses on those areas of concern most relevant to NHS charities, which are specifically mentioned in the Savile Report.

5.3 Jimmy Savile was involved in high profile fundraising for charities supporting NHS Trusts. Through this and his voluntary work in hospitals he was given unfettered access to all areas of the hospital at all times of the day and night. He also enjoyed close relationships with senior government ministers and civil servants, which made raising concerns about his conduct all the more difficult.

6 Issues for Leicester Hospitals Charity

6.1 There are a number of areas that should concern the Charity, and they relate to the structures around relationships with celebrities and donors (particularly high value donors), and visits by them to our hospitals. The two key issues that need to be addressed are:

- 6.1.1 Safeguarding patients, including children and other vulnerable adults,
- 6.1.2 Protecting the reputation of the NHS Trust and the NHS Charity

6.2 In looking at our practices and procedures, we have focussed on the following areas:

- 6.2.1 Visits by celebrities
- 6.2.2 Accepting donations
- 6.2.3 Governance

6.3 **Visits by celebrities** - Although visits by celebrities and wealthy donors are rare, they have historically been managed through a common sense approach, which has meant that all visitors have always been accompanied by at least one member of staff at all times. The Savile Report makes clear that more should be done to equip all staff with a clear understanding of how visits should be planned and managed. The Head of Communications has produced a new policy which the Charity will adopt in full. It provides detailed templates to ensure both the staff and the visitor understand how the visit will be managed and controlled.

6.4 **Accepting donations** - Leicester Hospitals Charity is generally happy to accept donations from anyone, and designate them to a particular area of the Trust's work, if the donor so chooses. However, we feel it would be prudent if the Charity's new policy document made clear that the Trustees reserve the right to refuse a donation, if:

- 6.4.1 The gift is the proceeds of criminal activity
- 6.4.2 The conditions placed on the gift by the donor are too onerous (eg the donor wishes the Charity to purchase a specific item of equipment that the Trust does not want or need, or is not compatible with the Trust's existing equipment)
- 6.4.3 The gift is offered by an organisation or individual where association with that organisation or individual might reflect badly on the Charity or the Trust (for example, if a tobacco company wanted to make a donation to the cardio-respiratory department)

6.5 **Governance** - A hallmark of Savile's conduct was his high profile fundraising for the hospitals he supported. Where this became problematic was his undue influence over how the funds were used, though his close relationship with senior managers within the NHS. We think there is scope for the Charity to use the review of governance arrangements to ensure that the

Charity's decision-making process is separate (and seen to be separate) to the Trust, even though the Charity is governed by corporate trustee. There is a proposal to include two patient advisors and two members of the general public on the Charitable Funds Committee, to ensure that all views are heard, and decisions arrived at through consensus, in an open and transparent manner. The new terms of reference for the Charity will reflect this change in membership of the Committee.

7 Conclusion

7.1 The Savile Report has given us the chance to reflect on our policies and procedures, and to strengthen them. Underlying it all is the need to safeguard vulnerable individuals, and to protect the reputation of the Trust and the Charity.

7.2 The steps outlined in this report will go some way to addressing those concerns.

7.3 The Committee is therefore asked to note the contents of this report

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Not applicable]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Not applicable]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Not applicable]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	[Not applicable]
Board Assurance Framework	[Not applicable]

3. Related **Patient and Public Involvement** actions taken, or to be taken: [recruitment of new members to the Charitable Funds Committee]

4. Results of any **Equality Impact Assessment**, relating to this matter: []

5. Scheduled date for the **next paper** on this topic: or [TBC]

6. Executive Summaries should not exceed **1 page**. [My paper does comply]

7. Papers should not exceed **7 pages**. [My paper does comply]