

Trust Board paper M

To:	Trust Board
From:	Andrew Seddon – Director of Finance and Procurement
Date:	1 December 2011
CQC regulation:	As applicable

Title:	Charitable Funds Applications										
Author/Responsible Director:	Andrew Seddon - Director of Finance and Procurement.										
Purpose of the report:	To seek formal approval for two charitable fund applications.										
The report is provided to the Board for:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 50%;">Discussion</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td><input type="checkbox"/></td> <td>Endorsement</td> <td><input type="checkbox"/></td> </tr> </table>			Decision	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>
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Assurance	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>								
Summary/Key points:	Summary of the applications and two appendices including the full applications.										
Recommendations:	<p>The Board is asked to formally approve charitable funds applications APP3635 and APP3669.</p> <p>A verbal update will be provided by the Director of Corporate and Legal Affairs regarding the additional information requested by the Charitable Funds Committee for APP3635, particularly the priority given to this application in relation to the Trust’s Disability Discrimination Act funding.</p> <p>The Charity Finance Lead is seeking further assurance from the Acute Care Division on application APP3751. This will be presented to the Trust Board in January 2012 subject to the agreement of a local price with commissioners.</p>										
Previously considered at another corporate UHL Committee?	These applications have been supported in principle by the Charitable Funds Committee.										
Strategic Risk Register:	N/A	Performance KPIs year to date:	N/A								
Resource implications (e.g. Financial, HR):	Charity										
Assurance implications:	None										
Patient and Public Involvement (PPI) implications:	None										
Equality impact:	No issues										
Information exempt from disclosure:	None										
Requirement for further review?	No										

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 1 DECEMBER 2011

REPORT FROM: ANDREW SEDDON – DIRECTOR OF FINANCE AND PROCUREMENT

SUBJECT: CHARITABLE FUNDS APPLICATIONS

1. Introduction

- 1.1 This paper seeks formal approval for two charitable funds applications which are above the £25K delegated approval limit of the Charitable Funds Committee (the Committee).
- 1.2 These applications were supported in principle by the Committee at its meeting on 4 November 2011. The Committee asked for further information in relation to two of the applications (APP3635 and APP3751) to be presented to the Trust Board.

2. Applications

- 2.1 The details of the two applications are shown below and the full applications are in the appendices.
- 2.2 Appendix 1 – APP3635 - £20,412 from the general purposes fund for the maintenance and servicing of hearing loops at the LGH and GGH sites plus additional loops and maintenance for the LRI site.
- 2.3 The Committee supported this in principle subject to clarification regarding Disability Discrimination Act (DDA) funding, particularly how this funding was allocated and how this application fits into the prioritisation scheme. A verbal update will be provided at the meeting on this application by the Director of Corporate and Legal Affairs.
- 2.5 Appendix 2 – APP3669 - £40,933 for MRI hemodynamic monitoring equipment in the cardio-respiratory research area. No further information was requested by the Committee, who supported this in principle.
- 2.6 The Charity Finance Lead is seeking further assurance from the Acute Care Division on application APP3751 (which was discussed at the Charitable Funds Committee meeting). This will be presented to the Trust Board in January 2012, subject to the agreement of a local price with commissioners.

3. Recommendation

3.1 The Trust Board is asked to:

- **Approve** application APP3635 (subject to the verbal update provided by the Director of Corporate and Legal Affairs)
- **Approve** application APP3669

Andrew Seddon
Director of Finance and Procurement

25 November 2011

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CHARITABLE FUNDS COMMITTEE

DATE: 11/08/11

REPORT FROM: Bharat Lad/Deb Baker

SUBJECT: SUPPORTING INFORMATION FOR GRANT APPLICATION: 3635

APPLICATION DETAILS

Amount: £20412.00

Fund: P802

Funds available? Yes

Panel approval received? N/A

BRIEF DESCRIPTION OF THE GOODS/SERVICES TO BE FUNDED

Hearing loops and maintenance service for LGH/GGH plus additional loops and service for LRI

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

No revenue funding available

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

In order to help the Trust meet its requirement under The Disability Discrimination Act (DDA) 1995 both the LGH and GH Facilities Department would like to bid for funds to improve and install and maintain additional hearing loop systems at reception desks around the hospital to help improve the service offered to hearing impaired patients/visitors. We have also included in the bid 6 additional units for the LRI who following a successful charitable funds bid last year installed units at all major reception areas.

A good acoustic environment is essential for hearing impaired people to be able to communicate and move around the hospital. The proposed systems would make sure hearing impaired people can make full use of the hearing systems that they have. By providing induction loops at main reception desks and also some sub-reception desks, their hearing capabilities can be maximised resulting in a more pleasant experience.

The induction loop system is an amplification system that enables a person with hearing difficulties to hear amplified sound directly into their hearing aid or hearing device. The sound is not heard by anyone with normal hearing, so the loop system is discrete and using it will not draw attention to a

hearing disability. It works on the principle of electro-magnetic induction which is totally harmless to anyone using it.

To use the system the patient's hearing aid is switched on to the "T" position and the sound from the loop system is heard directly through the hearing aid.

Signage will be provided at the desks to clearly identify to the hearing impaired patient that the system is operational, including what actions are required (i.e. switch hearing aid to the "T" position).

According to the Royal National Institute for the Deaf (RNID):

- Over 9 million people are deaf or hard of hearing (one in seven of the UK population)
- 2 million of these people have hearing aids
- 1.4 million people use hearing aids regularly
- 3 million people experience significant hearing difficulties

Lobbying by organisations such as the RNID has led to increased awareness of the difficulties faced by the hearing impaired, so much so that numerous Standards, Acts and Schemes now recommend the provision of auxiliary aids such as induction loop systems for the hard of hearing.

We also have a very active and knowledgeable service user who is very keen to see improvements to public authority provision for deaf and hard of hearing people. Whilst we do have some loops in place our service user who is a regular visitor to all of our hospitals has identified that many are old and beyond repair. She was instrumental in helping the Equality and Facilities team with the previous case of need and Charitable Funds bid at the LRI last year.

By supporting this bid UHL will be fully compliant with the requirements under the DDA which with current provision we wouldn't be as well as demonstrating in a very obvious way our commitment to deaf and hard of hearing patients.

VALUE FOR MONEY CONSIDERATIONS

The chosen supplier is a NHS approved supplier and has carried out similar works at other NHS sites and other Government Agencies and come highly recommended.

OTHER INFORMATION

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CHARITABLE FUNDS COMMITTEE

DATE: 08/09/11

REPORT FROM: Gerry Mc Cann/Sally Garner

**SUBJECT: SUPPORTING INFORMATION FOR GRANT
APPLICATION: 3669-MRI Hemodynamic Monitoring**

APPLICATION DETAILS

Amount:	£40933.39
Fund:	CFB4
Funds available?	Yes
Panel approval received?	N/A

BRIEF DESCRIPTION OF THE GOODS/SERVICES TO BE FUNDED

MRI compatible patient monitoring system with slave screen

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

Equipment is for use on a recently acquired MRI scanner.

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

The UHL Trust has recently installed a £2.2million 3T research MRI scanner at Glenfield Hospital, funded by the National Institute for Heart Research (NIHR). This has been awarded for cardiovascular research and will dramatically increase our capacity to compete for major awards. Most of the current research MRI scans are however mandated on the 1.5T scanner (e.g. the multi-centre trial BHF/NIHR CVLPRIT, up to 100 patients and the MR-Inform study up to 400 patients). To facilitate these studies clinical work will have to be displaced from the 1.5T scanner to the 3T scanner. The Comprehensive Local Research Network (CLRN) already pays for an additional radiographer and research income is allowing us to employ another radiographer.

However there was no budget left over for haemodynamic/general anaesthesia patient monitoring. This limits our ability to undertake stress examinations (for ischemia) or to scan children needing GA or patients from ITU.

Purchasing the monitoring equipment for the 3T scanner will:

- Enable us to complete in a timely fashion our internationally competitive research studies.
- Increase capacity to undertake stress examinations (by being able to run stress lists simultaneously) which will reduce waiting lists and likely impact on length of stay for inpatients
- Allow heavier patients to undergo MRI scanning (current table weight is 150 kg but 250Kg on the 3T scanner) without exposure to tests with high radiation dose (CT) or invasive risk (angiography). Currently we have 6 such patients waiting and this will be an increasing problem as obesity continues to rise.
- Increase flexibility to undertake MRI scanning of ITU patients without disrupting clinical lists- less waiting time for ill patients, less disruption for outpatients and will likely reduce overtime payments for out of hours scanning.

VALUE FOR MONEY CONSIDERATIONS

Best discounted price sourced that meet the specification

OTHER INFORMATION

If unsuccessful, there will be failure in successfully completing existing research studies, with the potential loss of collaboration with industry and academic partners in studies requiring 3T stress

The loss of tertiary referrals to competing Trusts e.g. Nottingham and Grantham. Risk to future research grants income and ability to maintain our reputation as the leading cardiovascular imaging centre in the Midlands and loss of research income to support scanner overheads and additional staff.