

**MINUTES OF THE CHARITABLE FUNDS COMMITTEE  
HELD ON MONDAY 12 NOVEMBER 2012 AT 10AM IN  
SEMINAR ROOM 1, EDUCATION CENTRE, CARLISLE**

**PRESENT:** Mr M Bonner, Trust Vice Chairman, (Committee Chair)  
Mr M Evens, Non-Executive Director  
Mr S Shanahan, Interim Director of Finance  
Mrs C Platton, Acting Director of Nursing and Governance  
Mr E Gardiner, Deputy Director of Finance  
Dr J Nicoll, Clinical Representative  
Ms C Simpson, Nursing Representative

**IN ATTENDANCE:** Mrs J Lynch, Office Manager (Minute taker)  
Sister E Klein, EAU Unit (Item CF33/12 only)  
Ms Louise Gibson, Deputy Business Manager, Medical  
Division (Item CF33/12 only)  
Ms Lynn Gorley, Business Manager, Medical Division (Item  
CF34/12 and CF35/12 only)  
Ms S Parker, Deputy Business Manager, Medical Division  
(Item CF34/12 and CF35/12 only)  
Ms L Rimmer, Business Manager, Clinical Support Services  
Division (Item CF36/12 only)  
Dr J Berry, Consultant Radiologist, Clinical Support Services  
Division (Item

**CF30/12 WELCOME & APOLOGIES**

Apologies were noted from Mr P Day, Mr A Mulvey, Dr F Dallas and Mr M Little

**CF31/12 MINUTES OF THE LAST MEETING**

The minutes of the last meeting were agreed to be a true and accurate record.

**CF32/12 MATTERS ARISING AND ACTION PLAN**

There were no matters arising.

Actions are noted on the Action List

**CF33/12      EAU EQUIPMENT REQUEST FOR FUNDS**

Sister Elizabeth Klein and Ms Louise Gibson presented the report for funding for the Emergency Assessment Unit which was accepted by members.

Mrs Platton questioned the length of time patients would be left on the trolleys as she had concerns relating to patient comfort. Sister Klein reported that the trolleys were 24hr trolleys and were currently being used in Endoscopy and Day Surgery. The expectation was that patients would not expect to stay on them for 24hrs and poorly patients that were admitted would be placed straight into a bed.

Mr Evens expressed his concern relating to the use of trolleys and the general public's perception of the use of trolley's in the NHS. Sister Klein reported that if patients were in the unit for a long time they would be placed into a bed. Patients would be informed that they were being placed onto a trolley as they were on the ward for an assessment and would either be moved to a more appropriate ward or discharged directly from the unit. The information would also be in the patients leaflets. Mr Evens queried how comfortable the trolleys were to which Sister Klein and Ms Gibson reported that the trolleys were currently being used in Endoscopy. Sister Klein added that patients stayed overnight on these trolleys in the Endoscopy and PCI units.

Mr Bonner questioned if the request was just for the Cumberland Infirmary site. Sister Klein reported that it was, as the Emergency Floor project was further advanced on the Cumberland Infirmary site. Mr Bonner further questioned that the provision of the equipment requested would enhance the patient experience to which Sister Klein confirmed that it would.

Mr Evens informed both Sister Klein and Ms Gibson that the financial benefits in the report would not be taken into consideration as the Charitable Funds Committee were a separate entity and did not consider the Trust financial situation when assessing requests.

Dr Nicoll questioned the price of the Ophthalmoscopes and expressed his concern about them being taken out of the unit. Sister Klein reported that the equipment was on stands so it would be difficult for them to be taken off the unit.

Members discussed what fund the request would be financed from. Mr Gardiner reported that the items would be paid for from the General CIC fund and the Medical Equipment Fund.

Both Mr Bonner and Mr Evens requested that future requests for Charitable Funding stated the funds that the requests would be taken from.

The report was **noted** and the request for funding **approved**.

Action: EAU Request for Funds:  
a. Future requests for funding to have the Charitable Funds that the requests would be taken from inserted in the reports.

**CF34/12**      **SCOPE GUIDE REQUEST FOR FUNDS**

Ms Gorley and Ms Parker presented the request for Scope Guide funding which was accepted by members.

Mr Evens questioned the specifications of the items that were being requested as the Charitable Funds Committee had previously approved funding for this item when 2 were purchased as he wanted confirmation that these items would be compatible with the ones already being used. Ms Parker confirmed that the items would match the Scope Guides currently in use; the item to be purchased being an upgraded version.

Mrs Platton questioned the maintenance costs and how they would be covered. Ms Parker reported that they would be provided by a maintenance contract with the company. Mr Gardiner informed members that the contract with the company concerned had flexibility to add/remove kit but the cost would have to be factored into the contract.

Mr Evens questioned which funds would be used for the purchase of these items. Members discussed the various funds the items could be purchased from and Mr Gardiner agreed to discuss with the various fundholders. Mr Evens asked that the WCH General Funds not be used as they would be required to improve patient areas in the refurbished area of the new hospital.

The report was **noted** and the request for funding **approved**.

Action: Scope Guide request for funds  
Mr Gardiner to discuss with the various fundholders and get agreement to use the funds for the purchase of the two Scope Guides.

**CF35/12**      **RAPA CANCER ALERTS IT SYSTEM REQUEST FOR FUNDS**

Ms Gorley and Ms Parker presented the request for RAPA cancer Alerts IT system funding which was accepted by members.

Mr Evens questioned if the system would integrate with the current IT systems. Ms Gorley reported that it would and that this was part of a wider project whereby discussions and demonstrations had already taken place.

Mrs Platton requested confirmation that the system would 'talk' to PAS and Symphony to which Ms Gorley reported that the technicians were currently finalising the testing of this aspect.

Mr Evens requested that the testing be fully undertaken and assurance be given by IT before the purchase of the items be undertaken.

Mrs Platton questioned if Northumbria Healthcare NHS Foundation Trust also used the system to which Ms Gorley confirmed that they did.

Mr Bonner questioned why they were requesting the funds be sought from a WCH Charitable Fund. Ms Gorley reported that the CIC fund had been allocated for refurbishment of the Radiotherapy department. Ms Parker further informed members that the Trust was looking at how Northumbria used the RAPA system.

Mr Shanahan reported that he felt there was not enough detail to take the application forward as the report gave details of two systems; no preferred option had been specified and there were no interface costs in the report.

Dr Nicoll asked that it be **noted** that he had a declaration of interest in this item as it was a national requirement for the Oncology team. There would be 2 specialist nurses who would respond (rapid response team) backed up by Consultants. Mr Shanahan stated that this was not stated in the report to which Dr Nicoll reported that this was fairly urgent due to the national requirement. Ms Gorley reiterated that it was a national requirement to alert the relevant team as the patient 'hits' our services. Mr Bonner questioned if this was done presently to which Ms Gorley reported that it was but not as efficiently as this system would achieve.

Mr Evens reiterated his concern on the testing of the system as the Trust had received previous requests which had resulted in problems for the Trust as the systems had not worked together. Ms Gorley informed members that the system was widely used in other hospitals; Northumbria used the RAPA system; the supplier had given them assurance that they could make the system work in our Trust. Mr Bonner further questioned that the system be an extension of the Northumbria Licence if they already had the system in use. Ms Gorley informed members that she had looked into this already; this was not an option as we were still separate organisations, but the Trust had a Peer review next month so it could not wait until the acquisition was finalised.

Mr Evens questioned if there were additional costs. Ms Parker reported the cost included the project management and the installation and set up costs. Mr Evens further reported that the Charitable Funds would not cover any annual costs for this system as that was a Trust cost.

Members further discussed this item and **agreed** that the item be **approved** for purchase subject to all the user testing being completed first and assurance given that the system is compatible with the Trust systems.

The report was **noted** and the purchase was **approved** subject to the conditions as stated above.

Action: Purchase of RAPA system Finance to ensure that the IT testing had been completed and assurance given that the sysem worked with Trust systems before the funding was given for the purchase of the RAPA system.
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**CF36/12      ULTRASOUND MACHINES REQUEST FOR FUNDS**

Ms Lucy Rimmer and Dr Jonathan Berry presented the request for RAPA Cancer Alerts IT system funding which was accepted by members.

Dr Berry gave further background information relating to the request to purchase the laptop sized machines from Charitable Funds and the benefits to patients these machines would provide.

Dr Nichol questioned who would use the machines to which Dr Berry reported that Sonographers and Radiologists would use the machines. Mr Gardiner questioned how often the machines would be used to which Dr Berry informed members that he expected the use of the machines to rapidly increase.

Mr Evens questioned the portability and asset management of the items as he felt they may be easily stolen. Mr Gardiner informed members that the Trust currently had items of equipment that were portable and problems had not occurred so far. When the Trust is acquired by NHFT they have a tracking system which will be rolled out across this trust also.

Mr Evens questioned the annual costs and Mr Gardiner reported that he thought the costs would be less than 10% of the cost of the equipment but also reported that these items of equipment rarely went wrong.

Members discussed and agreed that the service would be enhanced for Trust patients.

Mr Evens questioned how the equipment would be funded as there was a shortfall in the funds nominated. It was agreed that some of the costs would be met from the WCH funds but that the general fund at WCH should not be used as those funds were ring-fenced to help the refurbishment of the new hospital.

The report was **noted** and the purchase **approved**.

**CF37/12      CHARITABLE FUNDS – APPOINTMENT OF EXTERNAL AUDITOR**

Mr Gardiner reported to members that the letter was for information purposes and had been discussed in the Audit Committee meeting.

The letter was **noted**.

**CF38/12      TERMS OF REFERENCE AND INVESTMENT POLICY**

Mr Gardiner presented the Charitable Funds Terms of Reference and Investment Policy which was accepted by members.

Mr Gardiner reported that brief changes had been made to both documents and these were shown via track changes. The changes reflected the discussions that had been held in the Charitable Fund meetings.

Members discussed the credibility limit and it was agreed that Mr Gardiner would amend the document to allow the value to be lowered from £500k if necessary.

Mr Gardiner further reported that there would not be more than £500k placed into any organisation.

Mr Bonner requested that only titles be used in the Terms of Reference and that names be removed and this was agreed.

Mr Evens requested that the governance document report how members were invited onto the committee.

Members discussed the committee quoracy and it was agreed to amend it so that it read 'the quoracy be 2 Non executives; one of which could be the Trust Chairman and 1 Executive Director.'

Mr Evens requested that the Chief Executive be removed from the membership list as the Chief Executive was not a member of the committee and members agreed to this.

The report was **noted**.

Action: TOR and Investment Policy:

- a. Mr Gardiner to amend the document to allow the credibility value to be lowered from £500k if necessary.
- b. The names of members to be removed from the Terms of Reference and only titles to be used.
- c. The governance document to report how members were invited onto the committee.
- d. The quoracy to be amended to read 2 Non Executives; one of which could be the Trust Chairman and 1 Executive Director
- e. The Chief Executive to be removed from the membership list.

## **CF39/12 CHARITABLE FUNDS GOVERNANCE ACTION PLAN**

Mr Gardiner presented the Charitable Funds Governance Action Plan which was accepted by members. Mr Gardiner reported that the paper showed that progress had been made in some areas and work continued in other areas. The report would be brought back to the next Charitable Funds meeting.

Mr Evens reported that this had been discussed in a Trust Board session previously and the document needed to reflect what was discussed in Trust Board. Mr Gardiner agreed to look at what had been discussed in Trust Board.

Members discussed the handover to Northumbria Healthcare NHS Foundation Trust (NHFT) and how the handover should be aligned. Mr Gardiner agreed to bring a report to the next meeting regarding the alignment and merging of funds.

Mr Bonner informed members that he had been invited to meet with the Northumbrian Charitable Funds Chairman and the meeting would take place in January 2013.

The report was **noted**.

Action: Charitable Funds Governance Action Plan

- a. The Charitable Funds Governance Action Plan to be brought back to the March meeting
- b. Mr Gardiner to look at what was discussed in a previous Trust Board session in relation to the CF Governance Action Plan.
- c. Mr Gardiner to bring a report to the March 2013 Charitable Funds meeting regarding the alignment and merging of funds with NHFT

**CF40/12**

**CHARITABLE FUNDS BALANCE REPORT**

Mr Gardiner presented the Charitable Funds Balance Report which was accepted by members.

Mr Gardiner informed members that since the report had been finalised another request had been received for spending of funds, one of which; the Renal Department wished to spend £35 – 40k on capital kit and Mr Gardiner felt that it was prudent to discuss the Renal Legacy (Ostle Legacy) further and to invite Dr Boxall to the next meeting for discussions about spending plans for the legacy.

Mr Evens updated members on the history of the legacy and the question of whether the funds received should have been placed into restricted or unrestricted funds. Mr Gardiner reported that legal advice relating to the placing of the funds in unrestricted or restricted funds had not been sought to date.

Mr Evens confirmed that the funds would continue to stay in the renal funds but the concern was whether they should be restricted renal funds or unrestricted renal funds. It was noted that the department was under pressure to spend the funds and Mr Bonner reported on the previous request to use some of the funds to support a staff role; this had been agreed by the committee as not appropriate for the use of charitable funds. Members discussed this in depth and it was agreed that Mr Gardiner would seek legal advice on the issue of the funds being placed in restricted funds and the potential move to unrestricted funds.

Mr Bonner questioned the uptake of the offer to wards and departments of £1k to spend. Mr Gardiner reported that initially there had been interest

but this had waned. A further notification had been sent out and information had also been placed in the staff Team Brief magazine.

Mr Shanahan questioned the overall balance and how it had not altered much over the previous few years. Members confirmed that money was being spent but that it roughly equalled the money donated each year. Mr Gardiner reported that spending plans were finally being produced and funds were being spent. Mr Evens further reported that HSBC had not supported the Trust fully in the investment of the Charitable Funds and that was why the funds had been transferred from HSBC. Mr Bonner reported that the funds were looked at each year to see where there had been no expenditure plans for the previous two years despite fundholders being asked repeatedly for plans.

Mr Gardiner confirmed that the General Fund on the Carlisle site was depleted as those funds had been spent.

Mr Gardiner reported to members that the funds were being transferred from HSBC and that there was only £20k left to transfer out. The funds would be reinvested but with a maximum amount of £500k in any institution.

Mr Evens thanks Mr Gardiner for the work undertaken in the transferring of the funds from HSBC.

The report was **noted**.

Action: Charitable Funds Report: Mr Gardiner to seek legal advice regarding the Ostle Legacy and the move of the funds from restricted to unrestricted.
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## **CF41/12      CHARITABLE FUNDS ACCOUNTS AND ANNUAL REPORT**

Mr Gardiner presented the Charitable Funds Accounts and Annual Report which was accepted by members.

Mr Gardiner reported that the Charitable Fund Accounts would be audited by Grant Thornton in December 2012 and the meeting in January would be to approve the Charitable Fund Accounts. Mr Gardiner reported that processes had been set up so he did not expect there to be any issues this year. Mr Bonner reported that the future plans section would have to be amended and Mr Gardiner acknowledged this. Mr Evens notified members that Mr Day would not be a Non-Executive Director after November 2012.

Mr Bonner thanked Mr Gardiner for all the hard work and effort that he had been put into this work.

The Annual Accounts and Annual Report were noted.



<p>Action: Charitable Funds Accounts and Annual Report: a. Mr Gardiner to amend the future plans section. b. Mr Gardiner to note that Mr Day will not be a Trust Non Executive Director after November 2012.</p>
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**CF42/12      ANY OTHER BUSINESS**

There was no further business to note.

**CF43/12      DATE AND TIME OF NEXT MEETING**

Meeting date to be confirmed for January 2013.

**ADDENDUM** – The meeting date for January was later confirmed as 17 January 2013 via VC link -the Boardroom Cumberland Infirmary/Ante Room West Cumberland Hospital.

## CHARITABLE FUNDS ACTION LIST NOVEMBER 2012

Minute Point Reference	Details of Action agreed	Action by whom	Timescale	Progress	Governance coding
<b>May 2012</b>					
<b>CF20/12</b>	Investment Approach: 1. Mr Bonner to report the decision of the Charitable Funds Committee to move the funds to Trust Board as overall trustee's of Charitable Funds	Michael Bonner	July 2012	Trust Board made aware – Action Completed	
<b>JULY 2012</b>					
<b>CF26/12</b>	Charitable Funds accounts 1. Members to be informed when the audit of the Charitable Funds accounts took place	Eric Gardiner	October 2012	Audit to take place December 2012 – Action Completed	
<b>CF27/12</b>	Charitable Funds Report 1. Mr Boxall to be invited to the next Charitable Funds meeting.	Eric Gardiner	October 2012 Deferred to January 2013. Deferred to March 2013 meeting	Item deferred to the January meeting (to be arranged) to allow discussion to take place at the November meeting first. Ongoing – to be deferred to March meeting as January meeting to cover accounts only	

<b>NOVEMBER 2012</b>					
<b>CF33/12</b>	EAU Request for Funds: Future requests for funding to have the Charitable Funds that the requests would be taken from inserted in the reports.	Eric Gardiner	January 2013		
<b>CF34/12</b>	Scope Guide request for funds Mr Gardiner to discuss with the various fundholders and get agreement to use the funds for the purchase of the two scopeguides.	Eric Gardiner	March 2013		
<b>CF35/12</b>	Purchase of RAPA system Finance to ensure that the IT testing had been completed and assurance given that the sytem worked with Trust systems before the funding was given for the purchase of the RAPA system	Eric Gardiner	March 2013		
<b>CF38/12</b>	TOR and Investment Policy:  a. Mr Gardiner to amend the document to allow the credibility value to be lowered from £500k if necessary. b. The names of members to be removed from the Terms of Reference and only titles to be used. c. The governance document to report how members were invited onto the committee. d. The quoracy to be amended to read 2 Non Executives; one of which could be the Trust Chairman and 1 Executive Director e. The Chief Executive to be removed from the membership list.	Eric Gardiner  Eric Gardiner  Eric Gardiner  Eric Gardiner	March 2013  March 2013  March 2013  March 2013		

<b>CF39/12</b>	<p>: Charitable Funds Governance Action Plan</p> <ul style="list-style-type: none"> <li>a. The Charitable Funds Governance Action Plan to be brought back to the March meeting</li> <li>b. Mr Gardiner to look at what was discussed in a previous Trust Board session in relation to the CF Governance Action Plan.</li> <li>c. Mr Gardiner to bring a report to the March 2013 Charitable Funds meeting regarding the alignment and merging of funds with NHFT</li> </ul>	<p>Eric Gardiner Eric Gardiner Eric Gardiner</p>	<p>March 2013 March 2013 March 2013</p>		
<b>CF40/12</b>	<p>Charitable Funds Report: Mr Gardiner to seek legal advice regarding the Ostle Legacy and the move of the funds from restricted to unrestricted.</p>	<p>Eric Gardiner</p>	<p>March 2013</p>		
<b>CF41/12</b>	<p>Charitable Funds Accounts and Annual Report:</p> <ul style="list-style-type: none"> <li>a. Mr Gardiner to amend the future plans section.</li> <li>b. Mr Gardiner to note that Mr Day will not be a Trust Non Executive Director after November 2012.</li> </ul>	<p>Eric Gardiner Eric Gardiner</p>	<p>January 2013 January 2013</p>		