

**Meeting of the Oxford Health NHS Foundation Trust**

**Charity Committee**

Minutes of a meeting held on Tuesday 19 February 2019 at 13:00

in the Warneford Hospital Boardroom

**BOD 53/2019**  
Agenda item: 15(b))

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| **Present:** |  |
| Bernard Galton (**BG**)  Martin Howell (**MH**)  Julie Pink (**JP**)  Kerry Rogers (**KR**)  Sara Taylor (**ST**) | Non-Executive Director (Chair)  Chairman (part meeting)  Community Involvement Manager  Director of Corporate Affairs & Company Secretary  Communications & Engagement Manager |
| Willem De Villiers Corrigan (**WDV**)  Sue McKinnon (**SMcK**)  Helen Green (**HG**)  **In attendance:**  Deborah Darch (**DD**)  **In attendance via dial in:**  Olga Senior (**OS**)  Vanessa Odlin (**VO**)  Lucia Winrow (**LW**)  Patrick Trueman (**PT**)  **Apologies:**  Sue Dopson (**SD**)  Chris Hurst (**CH**)  Alex Davis (**AD**)  Tim Boylin (**TB**) | Head of Accounts, Kingston Smith  Kingston Smith  Director of Education and Development  Executive PA to Medical Director (minutes)  External non-voting member  Service Director, Adult Directorate Management Team  Deputy Director for Community Services  Head of Charities Aberdeen Standard Capita (part meeting)  Non-Executive Director  Non-Executive Director  Interim Head of Service, Children's Community Nursing  Director of Human Resources |

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| **1**  **a** | **Welcome and apologies for absence**  BG welcomed everyone to the meeting.  Apologies for absence were received from Sue Dopson, Chris Hurst, Alex Davis and Tim Boylin. | **Action** |
| **2**  **a** | **Declarations of interest**  No declarations of interest were received pertinent to matters on the agenda. |  |
| **3.**  **a**  **b**  **c** | **Minutes of the meeting on 4 December and Matters Arising**  Minutes were approved as an accurate record of the meeting subject to the following amendments:  Page 12 to reflect that Olga Senior was in attendance.  ***Matters Arising***  The Committee confirmed that the following actions from the meeting held on 4th December 2018 Summary of Actions had been completed or were on the agenda (papers CC 01/2019 and CC02/2019 refer).  **Item 3c:** Having explored further the concept of holding the charity risk register on Ulysses with the Inquests, Claims and Risk Manager, the Assistant Trust Secretary recommended the existing Charity Risk Register may be better kept away from the Ulysses system and retained on an Excel spreadsheet which different parties can then access which Ulysses would not allow. Furthermore, Trust risk registers are not yet on Ulysses until the benefits of doing so have been investigated further. It had been confirmed that a register on Excel would not prevent a risk from being escalated from the Charity Risk Register to the Trust Risk Register if it needs to be.  It was agreed by the committee to retain an Excel spreadsheet for the purposes of the charity risk register.  In addition to this, a further action regarding the lack of a Charity Asset Register was identified by the Assistant Trust Secretary – a point which was raised as an action in 2017 but had been linked into the risk register development. The need for an asset register has been noted in the risk register and work will begin to create one.  **[Post Meeting Note – the archive work being carried out by OS includes identification of assets]**  MH left the meeting at 13.35. |  |
|  | **Funding Requests and Updates** |  |
| **4**  **a** | **Schwartz Rounds**  JP advised that there had been a request for a funding bid to establish Schwartz Rounds across the Oxford Health NHS Trust, led by Dr Jan Cribb, Roz O’ Neill and Dr Guy Harrison at a cost of £8,000 (excl VAT) for 2 years. However, prior to the meeting, HG approved the request and funding was secured from L & D. It was noted this was a successful example of bids being supported where other options are explored. HG advised that L&D had unexpected funds to spend by the end of the financial year. |  |
| **5**  **a**  **b**  **c**  **d**  **e**  **f**  **g** | |  | | --- | | **Update on Investment Portfolio (paper CC 03/2019)** |   PT gave an update on the portfolio and advised that value had dropped during the last quarter with a loss of £65k at December 2018. He advised that this is the last Cazenove report – which shows the position up to 31 December 2018, future reports will be from Aberdeen Standard Capital.  PT explained how the last quarter had been challenging and in market terms was in fact the worst December since 1920s. Since then the equity market has seen some recovery. From year to date most markets have recorded some losses.  PT reported markets are performing reasonably, considering political risk the economy is slow however there are no concerns and no significant threat to markets.  PT reported that during the summer, markets were driven by the USA federal reserve tightening of interest rates. As a result, concerns were seen coming through USA and China. Across the EU stability growth stalled towards the end of quarter. With Brexit pending, the impact on markets continue to be volatile.  PT to liaise with JP regarding the documents to be signed and returned.  PT left the meeting at 13:45  The Committee noted the Report. | **PT/JP** |
|  | **Performance and Compliance** |  |
| **6**  **a**  **b**  **c**  **d**  **e**  **f**  **g**  **h**  **i**  **j**  **k**  **l**  **m**  **n**  **o**  **p**  **r**  **s** | **Review of Slow-Moving Funds**  WdV gave an oral update. This was discussed at the strategy day with a view to how best to manage slow moving funds and WdV advised he had spoken with KS colleagues for advice on the possibility of amalgamating these funds with others to ensure they are spent appropriately and it was confirmed that KS need the committee to agree amount and point of transfer.  Legacies - to clarify if designated funds. JP advised that she had identified five funds that can’t be amalgamated, as follows:   * Marjorie Henderson Memorial Fund * North Bucks Older Adults CMHT Fund * Chalgrove and Watlington Surgery Fund Surgery (we do not have any management of the site) * Ridgeway Day Fund * Lucy's Room   It was uncertain whether Amber ward fund is classified as a legacy. KS to review  There is also uncertainty around the Cleveland fund (possibly named after an old ward). This may have been named in a legacy but data is unavailable. KS to investigate as this is a slow-moving fund.  Need to be mindful of Community hospital fund(s) where legacies are attached.  OS commented that there needs to be careful consideration and clear guidance around the legalities, i.e. need to be robust and challenge flexibility.  KR agreed, very few people would wish to see money not being spent and as a charity, the committee is responsible for spending money appropriately in accordance with its governing documents.  BG agreed, adding that we need to be careful of assumptions or legalities attached.  It was agreed there is a need to publicise slow moving funds and raise awareness.  LW gave an example of where through a legacy, £40k had been left to district nurses at Didcot and she had worked to change this to get funds into the charitable general funds (to allow for spending flexibility) but this took over a year to achieve.  It was recognised that there needs to be a clear process to move legacies on and where there are issues need to consult with legal team and talk to the family to work together JP & KR to review, aware of legal costs attached. Agreed to look at as a whole with the view on prioritising slow moving funds and in the longer term release as much as we can flexibility.  Of those highlighted in the report for potential movement or amalgamation:  It was noted that the Ridgway fund sits with the mental health side not the local Community hospital service.  In the Wantage area there is significant potential for development in light of fund balances but plans would need to align with the future direction of community care service models.  Faringdon day hospital - LW advised that she had asked previously could it be closed and moved.  Agreed to progress all other recommendations.  BG advised there needs to be clear objective to create maximum flexibility of funds available to the charity and sign off.  Bid proposals have to meet objectives, have a clear timescale and action plan. JP & KR to identify funds where it is necessary to approach the family and consult with legal team for advice. | **KS**  **KS**  **JP/KR**  **JP/KR** |
|  | **Income, Payments and Management Accounts** |  |
| **7**  **a**  **b** | **Income Reports for the Charity (paper CC05/2019)**  WdV advised situation is similar to previous quarter, the update shows a donation to community of St John.  Report noted. |  |
| **8**  **a**  **b**  **c** | **Legacies Reports for the Charity (paper CC06/2019)**  WdV referred to £38k detailed in the legacies report and advised this will remain in the general fund until it has been established where it should be held.  KS have identified monies allocated to Abingdon fund but so far have been unable to trace any reason why money arrived other than being aware it resulted from the sale of a local property, KS need to obtain a copy of the will to further understand. The reason for the legacy doesn't match with Abingdon (to support Mental Health services across Oxfordshire). It was agreed to hold until details confirmed.  It was queried why Pete McGrane had been contacted regarding this legacy - Pete McGrane is named as the fund manager for Abingdon.  This issue reinforced the need for a clear policy for both existing and future legacies, how will we accept legacies in the future to be robust and a process for archiving of information. Descriptions should be broader making it easier in future to track and monitor etc. |  |
| **9**  **a**  **b** | **Payments/Expenditure Reports for the Charity (paper CC07/2019)**  WdV commented on loss of investment over the quarter. Noted Patient welfare £16k and Education £11k  Report noted. |  |
| **10**  **a** | **Management Accounts for the Charity (paper CC08/2019)**  Report noted. |  |
|  | **Governance and Regulatory Arrangements** |  |
| **11**  **a**  **b**  **c** | **Community Involvement Managers Report (paper CC09/2019)**  JP referred to her report advising the highlights to include both completed work and plans in progress against the agreed priorities during 2018/19 and activity undertaken. Two areas to progress are (2.6) review of the Terms of Reference for the Charity Committee to meet requirements of expenditure approach and (2.8) Completion of Charity Governance Code review and implementation of required changes.  It was agreed development of a three-year strategy (2019-22) would be an appropriate timeframe.  There was a brief discussion regarding other areas of JPs work since she joined the Trust in the Summer of 2017and long term sustainability thinking. Two main priority areas remain as Volunteering and Community Engagement. JP referred to her report advising the focus for these areas since the beginning of the year has been as follows:   * Volunteering – The Trust now has approximately 140 volunteers and around 60 volunteers in the recruitment process. This is double the number of volunteers since the first review in Autumn 2017 and applications continue to come in regularly. The new Volunteer Policy is out for consultation this month and will be implemented in the Spring. * Community Engagement – Health Fest 2019 planning is underway with a steering group and volunteer group meeting regularly. The event will take place on 14 September 2019 and the theme for the day will be ‘Living Well through Activity’ with separate themed areas to engage community members in the work of the Trust and partners. |  |
| **12**  **a**  **b**  **c**  **d**  **e** | **Charity Risk Register (paper CC10/2019)**  KR referred to the risk register and advised continuance of the Excel spreadsheet format as opposed to progressing Ulysses. Further work will be undertaken following the strategy session.  Following the strategy session and policy consultation and increasing proactive work fund raising will all have influence on the charity’s risk profile.  There is more work to be done to finalise the risk register and there will be a further update at the next meeting (June).  OS commented that the format looks better and easy to read. Referring to number 12 (extreme risk), appears to be low, to look at the entire list and reconsider number 12.  BG suggested it would be helpful to include under number 8, mention of the amalgamation of funds and work in progress but overall the register looks comprehensive. | **KR/JP** |
| **13**  **a**  **b**  **c**  **d** | **Charity Legal, Regulatory and Policy update**  KR provided a verbal update to the meeting:  Charity Commission newsletter - role around safeguarding, in response to Oxfam incident as reported upon in the last legal update, to give assurance that we are closely aligned to policies - maintaining a watching brief  Level of confidence in charities generally - 70% were found to require improved transparency i.e. was spending made as it was intended? Moving forward we need to consider the impact and spending profile.  In terms of transparency KR explained the focus across the charity sector on clear narrative and impact reporting. |  |
| **14**  **a**  **b**  **c**  **d**  **e**  **f**  **g**  **h**  **i**  **j**  **k**  **l**  **m**  **n**  **o** | **Other Business**  **Strategy Day Debrief (paper CC12/2019)**  **Strategy Day minutes and group exercises (paper CC13 – CC13iii /2019)**  JP thanked all who attended the strategy day held 29 January 2019, advising it was the second held. From the notes of the meeting, JP had produced paper CC12/19.  The committee agreed the proposed time frame of the strategy - (2019-22).  The committee agreed the proposed strategic vision suggesting that it reads “Oxford Health Charity (OHC) **delivery** will have a positive and clear impact on the experience of patients, staff and community supported by Oxford Health NHS Foundation Trust (OHFT)” and that it should be linked to the proposed strategic aim “To increase the impact, awareness and engagement of OHC”.  The four proposed strategic objectives were agreed. JP advised that all will provide a clear direction. It was agreed to further elaborate. An impact statement will be included in the narrative at annual report stage. LW asked that it be made clear how the objectives were going to be measured  LW left the meeting at 14.30.  HG commented that the charity needs to distribute the money effectively for all to feel the benefit and be reminded objectives are to supporting enhancement to the patient’s experience  It was suggested that in bid applications, that the form clearly captures what the impact will be. JP to review objectives statement, activity will form basis of action plans.  Fund review - JP highlighted funds that could be amalgamated quickly, WdV to check status. Page 3 of the report refers.  Funds 4559 - Caring for Older People’s Charitable Fund, 4560 - Children and Young People’s Charitable Fund, 4561 - Adult Services Enhancement Charitable Fund and 4536 - Bucks Mental Health Fund to move into 4000 Trustwide Fund. This would not be creating four new funds, by holding in the Trustwide fund with no restrictions on recipient i.e. Amber fund could become Whiteleaf fund, would encourage people to spend specific funds if managed in a different way.  HG advised 4033 – Oxford Cognitive Therapy Centre, funds raised under charitable status is then spent to deliver service, some income generated goes through the exchequer.  For all of the funds, need to understand further and our risk exposure and not eliminate routes self-generating for income. MW to give a view on the funds identified that have very specific areas of expenditure and income, making them ineligible for amalgamation in their current form. OS offered to assist researching investigating information. JP to follow up.  JP referred to a donation of £1500 from a tattoo parlour in Newport Pagnell, where a service user had donated a percentage of income, Bedford MIND also received a donation. JP paid a visit to thank them for the donation.  Resources review – JP referred to the current resources available advising that it is not sustainable long term, adding that only a third of her time should be allocated to the work of the charity. More recently ST (Communications Team) has been identified as an additional support however her exact time allowance is under discussion, ST reported that this is already impacting on her other work and also raised concerns, especially given the time to be dedicated to the website pilot launch period and it’s successful transformation, to consider future demands and cost to the charity. Expectations of her time is to be managed. KR & ST to discuss further outside of meeting.  It is proposed to recruit a fundraising officer) to support the charity to pilot the difference additional resource could achieve for the charity with the aim that the salary would be self-funded. The appointee would be able to explore grant funding, lottery funding, non-monetary bids i.e. Royal Horticulture Society etc. The committee supported the role in principle. JP to scope job descriptions and explore payment options with Tim Boylin, Director of Human Resources. This could potentially be a secondment opportunity.  JP advised that Paul Hicks has now been formally appointed as Community Involvement Administrative Assistant, He was previously a volunteer. | **JP**  **WdV**  **JP**  **KR&ST**  **JP** |
| **15**  **a**  **b**  **c**  **d**  **e** | **Any Other Business**  **Creating with Care**  JP highlighted that a decision on the further funding is due for the June 2019 meeting, however, this will leave the person in post very little time to implement any close down projects or secure a new employment position as the funding would cease at the end of June. It was requested that a funding decision be made out of session in May to give more time for contingencies to be put in place if required.  Agreed by the committee.  **Healthy Abingdon – 1-year update (paper CC 14/19)**  JP referred to the report submitted and advised that to date, of the £2k granted, minimal is being spent - provision of administrative support costing £300. It was clarified what would happen to the money allocated if it unspent beyond the two years point i.e. would it be a rolling fund, call off arrangement? A further claim is to be submitted shortly. KR commented that we would need to be consistent with other funds and it would not remain open for an unlimited time. Agreed at the end of year two, if there is balance outstanding it would be discussed then. HG asked whether it was given for specific purpose, again emphasising the need to clearly set out the remit for funds being spent.  BG commented that the committed should be assured that money is being actively managed and the committee would need to review spending profile at the end of two years.  **ROSY New Bank Account**  It was agreed to create a new bank account for ROSY fund.in order to ensure the separation of funds.  **Equipment Reviews**  Capital items - prevent criteria for consumable and non-consumable: Chipping Norton fund (funds run by order of St John).  There was a brief discussion regarding capital expenditure and restrictions. It was noted that on occasion the charity is being asked to fund areas which ideally should be from NHS funds.  Requests which would enhance patient’s experience to go back to executive team. A common-sense approach to be taken as to whether it is exchequer or charity expenditure. If an item is being purchased as an enhancement a justification as to why should be provided, for example replacement of chairs.  There is a distinction between capital furniture items as part of ward kit out. Another example raised was the expenditure of £29.98 for bibs to allow adult patients opportunity to feed themselves. The proposal criteria should provide clear justification to aide approval decision process, JP to reflect on the guidance. HG to look at the eight outstanding and circulate.  **Lucy's Room**  KR advised that a formal complaint for the charity is being investigated and the financial controller is involved to look at the accounting system for transparency. The investigation will conclude in the coming weeks and the outcome will be reported to the Charity Committee as appropriate. | **JP**  **HG** |
| **16**  **a** | **Meeting Close**  No further business to discuss. The meeting was closed at: **15:10** |  |

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| **Date of next meeting***:* 13th June 2019 13:00 – 15: 00 in the Boardroom, Warneford Hospital, Warneford Lane, Headington, Oxford OX3 7JX |

**Attendance 2018 - 2019**

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|  | **June 2018 – not quorate** | **Sept 2018** | **Dec 2018** | **Feb 2019** |
| Martin Howell |  |  |  | *✓* |
| Chris Hurst |  |  |  |  |
| Sue Dopson |  |  |  |  |
| Ros Alstead |  |  |  |  |
| Kerry Rogers |  |  | *✓* | *✓* |
| Lucia Winrow |  |  | *✓* | *✓* |
| Alex Davis |  |  | *✓* |  |
| Vanessa Odlin |  |  | *✓* | *✓* |
|  |  |  |  |  |
| Julie Pink |  |  | *✓* | *✓* |
| Paul Dodd |  |  |  |  |
| Kingston Smith |  |  | *✓* | *✓* |
| Olga Senior |  |  | *✓* | *✓* |