

Charitable Funds Policy and Procedure

For use in:	All areas of the Trust
For use by:	All Trust staff
For use for:	Control and Management of Charitable Funds
Document owner:	Assistant Director of Finance
Status:	Approved by the Charitable Funds Committee

Purpose of this document

This policy and procedure is to assist in the control and management of Charitable funds and to ensure that the wishes of the donor are properly discharged

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Purpose

This policy and procedure are to assist in the control and management of Charitable funds and to ensure that the wishes of the donor are properly discharged

1. Introduction

The Health Services Act 1977 gives NHS bodies the authority to hold charitable funds. Charitable funds are non-exchequer funds - 'all monies, other than exchequer funds, which are held on trust for any purposes relating to the Health Service'.

The management of charitable funds must also comply with the requirements of the 1992 Charities Act. The West Suffolk NHS Foundation Trust adopts a cautious approach to investments in that products chosen are specifically aimed at charities.

This document sets out the procedure for the receipt, and disbursement of, Charitable Funds within the West Suffolk NHS Foundation Trust. The name of the charity is My WiSH Charity.

2. Gifts and Donations

2.1. See Appendix 2

It is the policy of the Trust that all gifts, donations, or proceeds from any fund-raising activities which are intended for the Trust's use, must be paid into the appropriate Charitable Fund.

Monies must NOT be retained on wards/departments, be deposited into unauthorised Bank/Building Society accounts or paid temporarily into a member of staff's personal account.

2.2. Charitable Funds received at the West Suffolk Hospital are administered by the Charitable Fund Accountant on behalf of the Chief Executive.

2.3. Donations will be deposited into the appropriate Charitable Fund bank account in accordance with the Trust's Standing Orders and Financial Instructions. All donations, unless otherwise specified, will be deposited into 'General' Charitable Fund.

2.4. The Cashier is the designated receiver of donations. See section 3.1 for detailed procedures.

2.5. The Director of Resources is responsible for ensuring that there is an appropriate system to maintain the accounts and records as may be necessary to record and protect all transactions and funds of the West Suffolk NHS Foundation Trust, as trustees of non-exchequer funds

including any Investments Register.

2.6. The Finance Department will be responsible for the payment of goods, investment of funds, control of financing, auditing, printing of financial statements and allocating interest and apportioned costs (fundraising costs, administration costs, Audit costs etc.) on a quarterly basis.

2.7. The Director of Resources must also be kept informed about legacies. After the death of a testator, all correspondence concerning legacies will be dealt with on behalf of the Trust by the Charitable Fund Accountant and the Head of Fundraising who together shall be empowered to give an executor a good discharge.

2.8. The Charitable Fund Accountant and Head of Fundraising, will maintain a register of legacies pending.

3. Acknowledgement of Donations

3.1. If a potential donor would like to give a donation whilst in the care of the hospital, please call the charity office and a staff member will attend to receive and receipt the donation. The normal office hours are, Mon to Friday 9am-5pm. If a member of the charity team cannot attend, the donor can be directed to the General Office, Mon – Fri 8am-4pm. Outside these hours please take the donors details and forward onto the charity office for a member of the team to contact directly. If in the extreme circumstance that a donor is insistent to leave the donation there and then, then please fill out the gift aid / supporter consent form, **CF4** photocopy it, and give the donor a copy, and drop the original, and the donation in the night safe, which is located next to the general office.

3.2.

For postal donations it is the responsibility of the Charity Office to send an acknowledgement letter promptly to the donor **TOGETHER WITH AN OFFICIAL RECEIPT.**

3.3. Copies of all acknowledgements must be recorded and filed for easy reference and be available for audit purposes. A copy of all correspondence must be sent to the Charity Office for recording onto the fundraising database.

3.4 Online donations are acknowledged by a return email to the email address given at point of donation. Some online donations such as In memory giving, due to the lack of information that the 3rd party shares with the charity, means the charity cannot acknowledge these.

4. Expenditure

4.1. Expenditure from any Charitable Fund can only be authorised by designated fundholders up to financial limits specified by the Trust. (Appendix A)

4.2. Expenditure of any Charitable Fund will be conditional upon the item being within the terms of the appropriate fund and the procedures approved by the Trust.

4.3. Only authorised forms may be used for committing Charitable Fund expenditure. This includes requests for catering and work schemes. The procedure for ordering and payment of items is attached as Appendix C. The forms to be used are shown in Appendix D.

4.4. Receipts are required for all expenditure and must be forwarded to the Charitable Fund Accountant in the Charity Office.

5. Ordering and Receipt of Items

5.1. All ordering of non-stock items will be administered by the Charitable Fund

Accountant. Requests will only be processed on completion of the appropriate form and authorised by the Charity, and the designated fundholder. Employees cannot use their own resources to pay for items and then reclaim the expenditure through expenses.

5.2. All goods and services must be ordered using the Trust procurement system. The Charitable Fund Accountant is responsible for ensuring that the ordering system is used.

5.3. The Charitable Fund Accountant will be responsible for initiating payment on any pre-purchased item. Using the authorised form, a receipt must be included with the formal documentation.

5.4. Procedure for Ordering IT Equipment

Orders should be placed with the IT Department for the purchase of computer equipment from Charitable Funds unless it has been agreed with the IT department that the specific equipment required may be ordered via the Charitable Fund Accountant. Prior approval authorised on Charitable Funds form **CF1** must accompany the IT Department's recommendation sheet before any orders are placed.

5.6. Book Orders

Orders for books from Charitable Funds will be placed by the Charitable Fund Accountant after the Library are contacted in the first instance, and on completion of form **CF1**.

5.7. Medical Equipment

No medical equipment can be purchased without the prior knowledge and approval of the Service Manager. Appendix G details the procedure for purchasing medical equipment through charitable funds.

All related maintenance and consumables must be costed by the authorised fundholder before purchase and the appropriate revenue budget identified.

The Facilities Department must also be informed of any equipment being purchased (particularly electro-medical) through the EBME Department to ensure that it is compatible with existing systems and appropriate maintenance can be undertaken.

5.8. Works Scheme

Charitable Funds may be used for works schemes. Estimated or exact costs (if put out to tender) will be identified before the work commences. Taking into account the components of any scheme (equipment, building & electrical, in-house and contractors staff time) payment of any invoices may be over a long period of time. Form **CF1** needs to be completed and authorised up to an agreed limit and the expenditure must not exceed this.

Prior authorisation must also be obtained by the Estates Department, Charity and from the Fundholder, for any expenditure above the estimated costs.

Verbal authorisation of such schemes is NOT acceptable. The Estates Department must be given the appropriate code and written confirmation must be submitted to the Charitable Fund Accountant on the authorised Charitable Fund form.

The Estates Department will also be responsible for ensuring the Manager is aware of any retention monies applicable to such schemes.

5.9. VAT Exemption

All medical/scientific/research equipment purchased from Charitable Funds are VAT exempt. The Charitable Fund Accountant is responsible for completing and forwarding exemption forms with orders for this equipment.

5.10. Catering Requests

All requests for catering must be submitted on the appropriate authorisation form **CF6**, authorised by the Charity, and the fundholder, then sent to the Charitable Fund Accountant who will forward a copy of this request to the Catering Department.

5.11. Birthday Cakes

Form **CF7** should be completed by ward staff and forwarded directly to the Catering Office.

5.12 Emergency Welcome Home Packs

Form **CF2** should be completed by ward staff, and taken to the Early Intervention Team office, who will organise a home pack for your patient.

5.13. Courses and conferences

Courses and Conferences often have “early bird” booking offers. It makes good purchasing sense and preserves charitable funds to ensure that the best price is obtained. These events should be booked at the earliest possible time to ensure the best price is obtained, making sure that form **CF5** has been completed and **AUTHORISED** by the Charity and the fundholder **BEFORE BOOKING**.

5.14 Employment of Staff

Were we providing funding for staff we shall be responsible for any Agenda for Change pay increases, but any change in job banding needs to be addressed at the Charitable funds Committee meeting. Overtime or bank holiday payments will be down to the department to fund.

6. Reimbursement of expenses

6.1.The majority of charitable funds expenditure should be incurred using the ordering system as described in section 5. However there may be circumstances where this is not possible. The main example of this will be the use of an employee’s own vehicle.

6.2.Requests for expenses will only be processed on completion of the charitable funds form and authorised by the Charity and charitable fundholder. This is then sent to the Charitable Fund Accountant . The claimant will then need to enter the details of the expenses on the Trust mileage and expenses claim system. **The Trust Travel Expenses Policy must be followed.**

[Expenses - West Suffolk NHS Intranet \(wsh.nhs.uk\)](#)

6.3.To ensure that the information is submitted to charitable funds the claim must be entered as an “additional job” on the expenses system. The full details of this process are included as Appendix F to this document.

6.4.Receipts should be scanned onto the system (where appropriate)

6.5.Once entered this will automatically send an email to the Charitable Fund Accountant who will match this document to the charitable funds form submitted and authorise for payment in the next payroll run.

6.6.Items such as course fees and hotels should be processed through the process outlined in section 5 above and **should not be paid** by the individual and then reclaimed through expenses. These expenses **MUST** be authorised before booking.

7. Financial Procedures

7.1. Financial Limits

These will be agreed by the Trust Board in accordance with the Trust's Standing Financial Instructions and may vary from time to time. (See Appendix A for current limits)

All purchases over £25,000 must be approved by the Charitable Funds Committee or the Chairman of Committee under Chairman's action. All purchases over £100,000 require the approval of the Trust Board. Such requests and approval will be monitored by the Charitable Fund Accountant.

In the event of bids in excess of £25,000 requiring approval before the next Charitable Funds Committee, individual members of the Committee will be contacted by e-mail to seek approval. If

approval is granted then the bid can be signed by the Director of Resources and the Director of Workforce. All such approvals must be reported to the Charitable Funds Committee at its next meeting.

7.2. Statements

Statements will be distributed to the designated fundholder by the Charitable Funds Accountant on a quarterly basis. This can be varied on request to the Charitable Fund Accountant.

8. Retirement/ Leaving Arrangements

8.1.

If a member of staff has accumulated more than 25 years with the National Health Service, they may apply to My WiSH Charity for gift vouchers. The relevant service manager needs to send proof of years' service, which can be obtained from the HR department, along with form 'Request for Long Service Award on Retirement', which can be found in Appendix B, to the Charity Accountant.

9. Record Keeping

9.1.

The Charitable Fund Accountant will maintain records of all donations received including the date of receipt, receipt number, amount, purpose of donation and the individual fund but it will be the responsibility of the Charity Office to keep a record of the acknowledgements sent together with copies of acknowledgement letters, which must be available for audit purposes.

9.2.

The Charitable Fund Accountant will keep records of all transactions for General Funds on behalf of the Chief Executive.

10. Opening and Closing of Charitable Funds

10.1. New Charitable Funds may be requested via form **CF3**. This will be taken to the Charitable Funds Committee, and the fund will only be created after written agreement of the Chief Executive and the Trustee.

A restricted charitable fund will only be created if the donation cannot be spent under any other circumstances, such as a legacy, appeal, or grant that does not fit another current fund.

10.2. Restricted funds should only be opened if:

- They are required to be opened as a result of a gift or legacy where there is no existing fund established;
- There are no suitable funds and where the fund is likely to be active ie a new service area;

10.3.Charitable Fund names may only be changed if the proposed name does not alter the objective of the fund.

The amalgamation of funds can only be changed with the prior approval of the Chief Executive and it may also be necessary to obtain this from the Charity Commissioner.

10.4.Funds with a balance can only be closed and the balance transferred to an alternative fund with the prior approval of the Chief Executive. All closures must be reported to the Charitable Funds Committee.

11. Gift Aid

If anyone wishes to donate to Charitable Funds by Gift Aid, please fill out form **CF4** and send to the Charitable Fund Accountant or the Fundraising Department.

Appendix 1- Financial Limits & Authorised Signatories

If you require a full list of authorised fundholders please contact the Charitable Funds Accountant.

Authorised Signatory	Financial Limit £
Head of Fundraising	For approval of charitable objective
Fundholder	< £5,000
2 of either Director of Resource Director of Workforce Chief Operating Officer	£5,001 - £25,000
Charitable Funds Committee	£25,001 - £100,000
Trust Board	>£100,001

All bids in excess of £5,000 must be reported to the Charitable Funds Committee and require a business case.

Appendix 2- Procedure For The Receipt Of Donations

1. All gifts, donations and proceeds of fund-raising activities which are intended for the hospital's use must be paid into the appropriate Charitable Fund. It is strictly forbidden for monies to be retained on wards/departments or deposited into unauthorised bank/building society accounts or temporarily paid into any member of staff's personal account.

2. Wards

2.1 Any donation (cash or cheque) handed to a member of staff must be receipted at the time the donation is made.

2.2 Official numbered receipt pads are kept on all wards and an official receipt (top white copy) must be immediately given to the donor. The ward/department should be clearly shown on the receipt and where necessary the purpose of the donation. This should be left as general as possible, i.e. equipment, staff, general use, etc. The donor should also fill out the donor consent form.

2.3 All monies received other than in the General Office should be taken immediately upon receipt to the Cashier in the General Office, together with the charitable funds receipt book containing both the green and blue receipt copies. Upon receipt the Cashier will give a discharge by signing the receipt copy returning it to the person bringing the monies. Donations received out of office hours should be immediately deposited in the night safe indicating from where the money was deposited.. All cash donations should be placed in a sealed envelope signed by 2 members of staff.

2.4 The blue copy receipt should be retained on the ward/department for audit purposes.

2.5 Directorate secretaries will hold receipt books for postal donations to wards.

2.6 All receipts must be accounted for and any invalid or cancelled receipts MUST be forwarded to the Charitable Fund Accountant/Administrator for audit purposes.

3. All other donations/ credit transactions should be forwarded to the Cashier for receipting.

4. The Head of Department/Service Manager is responsible for acknowledging donations received. Copies of all acknowledgements must be recorded and filed for easy reference by the auditors.

5. All correspondence regarding legacies should be passed to the Charitable Fund Accountant/Administrator and the Legacy Officer.

14. Appendix 3- Procedure for ordering and payment of items from charitable funds

Forms can be found under Action Cards in the top right of the policy intranet page. Any additional forms need to be obtained from the Charitable Funds Accountant/ Administrator.

1.	GENERAL NOTES
1.1	The Charitable Fund Accountant/Administrator will not be able to process any requests unless submitted on AUTHORISED FORMS and <u>with adequate notice</u> .
1.2	All official correspondence must have 'REGISTERED CHARITY' clearly marked and include the My Wish Charity number 1049223
1.3	Receipts must be obtained in all cases for any purchase or allocation of Charitable Fund monies.

2.	ORDERING PROCEDURE
2.1	<p><u>External Suppliers</u></p> <p>a) Orders must be raised for all goods and services using form CF1, and authorised by the Charity and the appropriate fundholder/s. The Charitable fund for which the purchase is to be debited should be clearly identified with the fund number. This must be arranged through the Charitable Fund Accountant.</p> <p>b) Any item to be considered, should in the first instance be costed by the purchasing department, via the MyWishprocurement@wsh.nhs.uk email address. You will then receive the best quote.</p> <p>c) Orders are raised by raising a requisition on Powergate. Once this is authorised a purchase order number will be generated and if needed can be obtained from the Charitable Fund Accountant.</p> <p>d) Form CF1 clearly detailing the name and address of the supplier, telephone number, quantity, size, colour, model number catalogue number etc, should be completed and authorised by both the Charity and the fundholder. This then needs to be sent along with the quote, to the Charitable Fund Accountant</p> <p>e) Payment will be made directly to the supplier by the Finance Department.</p>
2.2	<p><u>IT Equipment</u></p> <p>Before direct orders are placed with the IT Department for computer equipment, prior approval must be obtained and authorised on form CF1 which must accompany the IT Department's Recommendation Sheet.</p>
2.3	<p><u>Book Orders</u></p> <p>Orders for books should be submitted to the Charitable Fund Accountant using form CF1 authorised by the Charity and the fundholder. Please do contact the Trust librarian in the first instance to cost the books required.</p>

3.	PAYMENT
3.1	<p><u>Pre purchased Items</u></p> <p>Pre purchased items must have the prior approval of the Charity and authorised signatory. Following purchase, a completed form signed by the Charity and authorised signatory must be forwarded to the Charitable Fund Accountant. The purchase receipt MUST also be included.</p>
3.2	<p><u>Study Days/Course Fees</u></p> <p>A completed form signed by the Charity and the authorised fundholder must be forwarded to the Charitable Fund Accountant. All information pertaining to the course must be completed on the form. It also needs to clarify why this course fits with charitable funding, and what the benefits are to staff or patients. The Charity will not fund courses that are a requirement of any staff registration. Courses should be in addition to these. Please use form CF5.</p>
4.	CATERING
	<p>All Catering requests charged to Charitable Funds must be signed by the Charity and the authorised fundholder and forwarded to the Charitable Fund Accountant for processing, along with form CF6 clarifying why this fits for charitable funding. The Catering Department will not accept any bookings charged to Charitable Funds without the appropriately authorised form.</p>
	<p><u>Birthday Cakes for patients</u></p> <p>Form CF7 needs to be completed by the ward staff and forwarded to the Catering office.</p>
5.	WORKS ITEMS
	<p>Written authorisation must be requested on form CF1 and forwarded to the Charitable Fund Accountant. The Estates Department must be given the appropriate financial code together with the Charitable Fund number for any minor work schemes. The Manager/Head of Service is responsible for informing the Works Department to proceed with the work identified.</p>
6.	MEDICAL EQUIPMENT
	<p>Medical equipment, including electro-medical, must be checked by EBME Department before installation.</p>

Appendix 4: Forms

My WiSH Charity CHARITABLE FUND RELEASE FORM- CF1



West Suffolk
NHS Foundation Trust

This form MUST be completed before any orders are raised or purchased. It must be signed by the appropriate signatories and then emailed to charitable.funds@wsh.nhs.uk or posted to the My WiSH Charity office based at West Suffolk Hospital.

If purchasing equipment, a copy must also be sent to the head of procurement for approval by the medical devices

FUND:	AMOUNT (Exc VAT): If over £5000 a competitive quote must be attached as a minimum or a waiver is required, please check with mywishprocurement@wsh.nhs.uk
ITEM: NEW/REPLACEMENT: MODEL NO: COLOUR/SIZE: CATALOGUE NO: APPROVAL NEEDED BY MEDICAL DEVICES GROUP YES/NO	
SUPPLIER DETAILS including address and telephone number:	
CHARITY CRITERIA: Explain how this purchase conforms to charitable guidelines	
PURCHASE REQUESTED BY: WARD/DEPARTMENT: DATE:	
FOR FINANCE DEPARTMENT: VAT EXEMPT: DATE APPROVED BY MDG: DATE:	

group.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

AUTHORISED SIGNATURES:

HEAD OF FUNDRAISING (all purchases - for approval of charitable objective)

PRINT NAME:

SIGNATURE: DATE:

FUNDHOLDER: <£5000

PRINT NAME:

SIGNATURE: DATE:

FUND BALANCE:

DIRECTOR OF RESOURCE / DIRECTOR OF WORKFORCE / CHIEF OPERATING OFFICER

PRINT NAME:

SIGNATURE: DATE:

DIRECTOR OF RESOURCE / DIRECTOR OF WORKFORCE / CHIEF OPERATING OFFICER

PRINT NAME:

SIGNATURE: DATE:

CHARITABLE BIDS > £5,001 - £25,000 also require 2 of either:

CHARITABLE BIDS £25,001 - £100,000:

CHARITABLE FUNDS COMMITTEE £25,001 - £100,000

PRINT NAME:

SIGNATURE:

DATE:

CHARITABLE BIDS > £100,001 MUST BE PRESENTED TO THE CHARITABLE TRUST
BOARD PLEASE EMAIL FUNDRAISING@WSH.NHS.UK FOR MORE
INFORMATION

CF1/December 2022

Emergency Welcome Home Food Pack- CF2

My WISH Charity are pleased to be able to offer these emergency welcome home food packs to help your patient when they first arrive home.

Please complete this form and take to the Early Intervention Team Office, (Ext 3712), who will organise a welcome home pack for you.

Pack requested by (please print name) _____

Patient:		Ward:	
MRN:	Date of birth:		
Diet requirements: (Please tick)	No dietary requirements:		
	Vegetarian:		
	Vegan:		
	Low Potassium:		
	Gluten Free:		
Reason pack is required:			
Has a referral been made to the British Red Cross for on-going shopping		Yes / No	
If no, who will assist with on-going shopping?			

CF2/ December 2022

My WiSH Charity CHARITABLE FUND RELEASE FORM for courses, accommodation and travel- CF5

This form must be completed in full and signed by the appropriate signatories before any training, courses, accommodation or travel plans are made.

Once completed please email to charitable.funds@wsh.nhs.uk or post to the My WiSH Charity office based at West Suffolk Hospital.

FUND:	AMOUNT (Exc VAT): If over £5000 a competitive quote must be attached as a minimum or a waiver is required, please check with mywishprocurement@wsh.nhs.uk
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TRAINING / COURSE DETAILS:

ACCOMODATION: Please try and use local businesses inc AirBNB to minimise costs DETAILS:
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TRAVEL: Please try and share lifts. Consider using a Trust vehicle from car.hire@wsh.nhs.uk DETAILS:
--

CHARITY CRITERIA: Explain how this purchase conforms to charitable guidelines

PLEASE COMPLETE BOTH SIDES OF THIS FORM

AUTHORISED SIGNATURES:

HEAD OF FUNDRAISING (for approval of charitable objective)

PRINT

SIGNATURE:

DATE:

FUNDHOLDER: <£5000

PRINT

SIGNATURE:

DATE:

FUND BALANCE:

CHARITABLE BIDS > £5,001 - £25,000 also require 2 of either:

DIRECTOR OF RESOURCE / DIRECTOR OF WORKFORCE / CHIEF OPERATING

PRINT

SIGNATURE:

DATE:

DIRECTOR OF RESOURCE / DIRECTOR OF WORKFORCE / CHIEF OPERATING

PRINT

SIGNATURE:

DATE:

FOR FINANCE DEPARTMENT:

VAT EXEMPT:

DATE APPROVED BY MDG:

DATE:

CF5/December 2022

My WiSH Charity CATERING REQUEST FORM

This form MUST be completed before any catering orders are raised or purchased.
It must be signed by the appropriate signatories and then emailed to
charitable.funds@wsh.nhs.uk or posted to the My WiSH Charity office based at West Suffolk
Hospital.

FUND:	AMOUNT (Exc VAT):
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DATE OF EVENT: VENUE: EVENT: TIME OF EVENT: FOOD AND DRINK TO BE DELIVERED BY (TIME):

FOOD AND/OR DRINKS REQUIRED: NUMBER OF PEOPLE ATTENDING:

CHARITY CRITERIA: Please explain the reason for using charitable funds and how you plan to promote this to the attendees
--

NAME OF ORGANISER: (PLEASE PRINT) EMAIL: EXTENSION NO:
--

PLEASE COMPLETE BOTH SIDES OF THIS FORM

AUTHORISED SIGNATURES:

FUNDHOLDER:

PRINT NAME:

SIGNATURE:

DATE:

FUND BALANCE:

HEAD OF FUNDRAISING (all orders - for approval of charitable objective)

PRINT NAME:

SIGNATURE:

DATE:

CATERING

ALL AUTHORISATIONS RECEIVED: YES/NO

DATE:

PLEASE ADD MY WISH CATERING POSTER TO ORDER FOR AWARENESS

FOR FINANCE DEPARTMENT:

DATE:

Please scan this form and email to fundraising@wsh.nhs.uk

My WiSH Charity BIRTHDAY CAKE REQUEST FORM- CF7



West Suffolk
NHS Foundation Trust

This form MUST be completed before any birthday cake orders are raised. It must be completed and taken to the catering office near Time Out.

CATERING DEPARTMENT

TO:

FROM:

WARD

DATE BIRTHDAY CAKE REQUIRED:

TIME CAKE TO BE DELIVERED:

REQUESTED BY: (PLEASE PRINT NAME)

DATE:

IMPORTANT:

This form MUST be completed and forwarded to the catering dept before any birthday cake will be supplied. Please allow as much notice as possible.

This form is for birthday cakes only. Any other catering requests should be completed using CF6, available to download from the intranet.

FINANCE DEPARTMENT:

APPROVED:

CF7/December 2022

Paying in donations

People can donate to My WiSH Charity in a number of ways. It is important for GDPR purposes that we collect their data in the appropriate manner and that we, as a charity, thank them for their support. As a charity we have a duty of care to our fundraisers.

The following information will explain how to receive a donation.

CASH/ CHEQUES

If a donor would like to give a donation whilst in the care of the hospital, please call the charity office and a staff member will attend to receive and receipt the donation. The normal office hours are, Mon to Friday 9am-5pm. If a member of the charity team cannot attend, the donor can be directed to the General Office,

Mon – Fri 8am-4pm. Outside these hours please take the donors details and forward onto the charity office for a member of the team to contact directly. In the extreme circumstance that a donor is insistent to leave the donation there and then, then please fill out the gift aid / supporter consent form CF4, photocopy it, and give the donor a copy, and drop the original, and the donation in the night safe, which is located next to the general office.

BANK TRANSFER

Donors can donate via BACS. Our account details are:

Nat West, account 92007147, sort code 60-04-16.

Ask them to reference their donation with the area they wish to support, ie. Stroke unit, G4.

Ask the donor to complete the Gift Aid / Supporter Consent Form CF4 Send the consent form to My WiSH Charity.

West Suffolk NHS Foundation Trust.

ONLINE

Donors can donate online at www.mywishcharity.co.uk.

This option allows us to collect all data, including gift aid, so no Gift Aid/ Supporter Consent Form is required.

GIFT AID / SUPPORTER CONSENT FORM (CF4)

This form is GDPR compliant and ensures we have the information we need about the donor and also their preferences for being contacted.

- It is important to know how the donor wishes to be contacted.
- Please ensure they have completed the amount to be donated. Can they gift aid it? Please ensure the box is ticked.
- Signature, please get the donor to sign the form to ensure it is valid.

GIFT AID

If a donor is able to gift aid a donation you must complete their full name, address and postcode on the Gift Aid / Supporter Consent Form. Without this information we cannot claim the gift aid. The gift aid box must also be ticked and a signature taken.

GENERAL OFFICE

This is situated on the ground floor near AAU. Their opening hours are Monday to Friday 8am—4pm. The night safe is situated outside the general office.

MY WISH CHARITY OFFICE

The charity office is in the main reception, near the volunteers main desk. Hours are Monday to Friday, 9am – 5pm.

If we are available we are always happy to come and meet the donor. Please call us on extension 3466 or 2952.

CHARITY NUMBER

Should anyone ask you for our charity number, it is 1049223.

Thank you for your help and support. By following the charity donation protocol we can ensure our donors receive the thanks and recognition they deserve for making a difference and helping us enhance the care of patients, their loved ones and the staff at West Suffolk NHS Foundation Trust.

APPLICATION TO OPEN A CHARITABLE FUND- CF3

Requester _____

Position _____

Dept _____ Location _____

Proposed fund name _____

Fund purpose _____

Expected income types [eg donations from individuals, companies or fund raising events]

Expected expenditure types

Fundholder _____

Fundholder signature

Limit (£)

Date of request _____

Date taken to Charitable Fund Committee

Outcome of Charitable Fund Committee meeting Y/N

Chief Executive Officer

Chief Executive Officer Signature

Date

FINANCE DEPT USE ONLY

Fund opened by _____ Date _____

Fund reference no _____

CF3/December 2022

1. Do you have quote(s) or estimate(s) for the costs of your proposed purchase or project?
2. Do you have permission to apply and confirmation that the request is appropriate from your department manager?
3. Can you confirm and explain how the purchase will be of benefit to patients and/or staff at West Suffolk NHS Foundation Trust?
4. Is the item or service you want My Wish Charity to fund not something that should be funded as essential by the NHS?
5. Are all planned purchases compliant with all WSHFT policies, including but not limited to Infection Prevention & Control, Estates, Environment, Health & Safety, EBME and IT
6. For grants of £5,000 and above, have you secured a approved business case?

My WiSH Charity grant conditions

1. My WiSH Charity grants must benefit patients and/or staff across West Suffolk NHS Foundation Trust, supporting the hospitals' trust with enhancements so that they can go above and beyond, providing the very best experience of care.
2. If My WiSH Charity does not have funds immediately available, your grant may be approved subject to funding being raised and/or items being donated. The more notice you provide My WiSH Charity about your wish for funding, the more likely My WiSH Charity can fundraise to be able to provide you with a grant.
3. My WiSH Charity grants cannot fund anything which is essential to the running of any NHS services. Grants are for funding things which are complementary to the NHS, going above and beyond national minimum standards.
4. Grant applications will only be accepted for applications which have been approved by your service/department manager.
5. My WiSH Charity can only accept grant applications for items/services that are compliant with all West Suffolk NHS Foundation Trust rules, regulations and procedures
6. Grant applications will only be accepted with full costings/quote(s) detailing how the full amount requested would be used.
7. Applications for £5,000+ will only be accepted with an accompanying approved trust business case.
8. My WiSH Charity cannot accept retrospective applications for funding.
9. VAT is not recoverable and must be included in your grant amount if payable.
10. If successful, by accepting funds you are agreeing to acknowledge My WiSH Charity as the funder in all communications regarding your project and agreeing to provide feedback to My WiSH Charity regarding the impact of the funding.
11. My WiSH Charity reserves the right to withdraw a grant offer in the following situations:
 - if spending has not commenced within six months of grant approval;
 - if spending has not been completed within twenty-four months of grant approval;
 - if any agreed reporting requirements are not met;
 - if there are any significant changes to the project/service to be purchased

12. If you need to make any changes to your project, you must contact My WiSH Charity as soon as possible. In extenuating circumstances, amendments can be agreed at the discretion of the Charity Trustee.

Gift Aid and Stay in Touch declaration CF4



Gift Aid Declaration Form

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation, please tick the box below:

I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to My WiSH Charity.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. Please notify the charity to cancel or make changes to your declaration.

Title _____ First name _____ Surname _____

Full home address _____

Postcode: _____ Date _____

Stay In Touch

Your donation makes a huge difference and we would like to keep you informed on how you can help be part of something special and how you have helped change people's lives

Yes, I would like to be updated by post

Yes, I would like to be updated by email. My email address is _____

Yes, I would like to be updated by phone. My number is _____

Yes, I would like to receive your bi-monthly e-newsletter.

You can view our full privacy policy and how we use your information at www.mywishcharity.co.uk. If you ever want to change how we communicate with you, contact My WiSH Charity, on 01284 713466 or email fundraising@wsh.nhs.uk

My WiSH Charity
West Suffolk Hospital, Hardwick Lane
Bury St Edmunds, Suffolk. IP33 2QZ

CF4/December 2022



Charity no. 1049223

REQUEST FOR LONG SERVICE AWARD ON RETIREMENT

TO BE COMPLETED BY THE MANAGER

Name of recipient

Ward/department

Date of retirement Number of years in service.....

Please note: you must send proof of years of service from the HR department with this form.

Name of manager applying for vouchers

Signed Date

Please note: if the recipient would rather the value of the vouchers be donated back to My WiSH Charity, they must complete this section.

TO BE COMPLETED BY THE RECIPIENT

I would like to donate the value of my retirement vouchers back to My WiSH Charity.

Signed Date

TO BE COMPLETED BY THE CHARITY

Signed

Print name

Date Voucher security code

Voucher collected by (print name)

Signed Date

Appendix 5- Guidance for Spending Charitable Funds

Charitable Funds are donated with the expressed intention of benefiting patients, visitors and staff. No donor gives with the intention that money stays in a bank account, so we will aim to spend the money whenever appropriate schemes are proposed.

In general Non Recurring bids are preferred, although recurring implications for Non-Recurring bids such as maintenance contracts for equipment or capital charges and depreciation in relation to building works should be shown separately in the bid total.

The long term impact on the Trust revenue of these recurring commitments should be assessed by the delegated fundholder. On the rare occasion that a purely recurring bid is successful, it will be time limited and clearly meet the other criteria.

The following are some of the allowable uses for Charitable Funds for which bids will be considered. The Finance Department can advise how to proceed if a request does not fall into one of these categories.

Charitable Funds should not be used where the expenditure is more appropriate from mainstream NHS funding.

Examples of Expenditure

1. Purchase of medical and surgical equipment

These items may be VAT exempt for VAT purposes saving 20% compared to the cost paid by an NHS body. The items in this category, Medical, Scientific, Computer, Video, Sterilising, Laboratory & refrigeration equipment all qualify providing they are used for medical research, training, diagnosis or treatment. These items should not be core items, these should be additional pieces to enhance care.

2. Improvements to patients' environment

This **may** include furniture, TV's, redecoration and sundries such as visitors' teas.

3. Staff

If a donor specifically expresses a wish for their donation to be spent on staff, the staff in question will be notified and be allowed to reward **all** of their staff with this donation. Expenditure on Christmas parties, alcohol and tips must not be funded through Charitable Funds.

4. Long service awards

5. Gifts and presents.

A modest gift for all patients entitled to benefit from the fund at Christmas. Gifts may not be awarded to selected individuals but must be for all patients of a certain group eligible to benefit from the fund.

6. Building Works and refurbishment.

7. Education and training

Including course fees, travel expenses and subsistence allowable. These will be agreed on completion of form **CF5** which will need to show value for money and that the course fits with charitable spending over core funding. The benefits to staff and patients must be shown on application, and will be

considered on an individual basis. This will then be authorised by the Charity and the fundholder.

8. Charitable Fund management and Fundraising costs.

9. Staff Salaries and associated expenses

The charity staff salaries and associated expenses will be met by the charity.

Providing they fall within the funds purpose and are time limited. The fund must always remain sufficient to cover any severance pay and associated notice period should the situation arise.

Criteria to be used in determining a successful bid

A successful proposal will:

- Benefit patients, carers or staff
- Be clear about who the beneficiaries are
- Be properly costed including showing the impact of revenue implications separately and how these will be picked up.
- Be supported by the relevant manager
- Have sufficient funds
- Show value for money

Appendix 6- Claiming Mileage and Expenses through Charitable Funds

This process covers the reimbursement of expenses associated with a claim for use of charitable funds. The main items of expenditure covered by this are the reimbursement of mileage, car parking and other expenses which cannot be pre-ordered. Items such as course fees, hotel costs etc should be ordered using the Trust procurement policy as set out in the Charitable Funds Policy section 5.

1. Requests for expenses will only be processed on completion of the relevant charitable funds form and authorisation by the Charity and appropriate authorised charitable fundholder, this needs to be agreed **BEFORE** any steps are taken to undertake any courses, hotels, fee's etc. This is then sent to the charitable fund accountant. For mileage purposes the number of miles should be shown on the form.

The claimant will then need to enter the details of the expenses on the Trust mileage and expenses claim system

2. If a claimant has not used the expenses system before they will need to register on the system. There are two types of registration:
 - Expenses only – if there is no mileage involved in a claim then the claimant should just register for an expenses login. This process is relatively straightforward as it does not require significant information.
 - Mileage and Expenses – If there is mileage involved in a claim then a “selenty” login is required. This can take some time as details of the vehicle used and the insurance policy used has to be entered.
3. Once an account has been set up then the expenses can be claimed. The process is fully outlined in the Travel and Expenses Manual and this can be supplied on request.
4. To ensure that the expenses are directed to the Charitable Funds Accountant the claimant will need to set up an “Additional Job”. This job needs to be set up as “Charitable Funds” in the job title box and managers name box. The email address to be used is charitable.funds@wsh.nhs.uk It is this email address that ensure that the claim will go to the correct place.
5. When creating your claim, you must select “Charitable Funds” from the select job drop down menu.
6. Details of the claim should be entered and any receipts that support the claim should be attached to the claim.
7. Once this is submitted it will automatically generate an email to the Charitable Fund Accountant who will match this off against the form already submitted. The claim will then be authorised and paid in the next available pay period.

Please check with the Charity to make sure that your course, travel, and accommodation is suitable for charity funding, by completing form CF5.

Appendix 7- Equipment funded by Charitable Donation

The Trust is fortunate to receive assets funded from charitable donations regularly. This is often from the My WiSH Charity. Section 3 of the Management of Medical Equipment Policy PP(24) deals with the procurement of medical equipment. This procedure supports this policy.

All medical equipment, regardless of whether it is purchased, leased or funded by a charitable donation must be approved by the Medical Devices Group (MDG). They must consider advice in respect of point of care testing.

If equipment or software meets the definition of capital i.e.

- Costs more than £5k including irrecoverable VAT to buy and
- Lasts more than one year

it must be approved by the Capital Strategy Group following approval of the MDG if relevant. This is the case even if the equipment is funded by a charitable donation. The selection and suitability must be cleared prior to seeking funds from My Wish Charity.

My WiSH charity must follow WSFT Standing Financial Instructions which includes the need to seek competitive quotes and tenders depending on the value of the purchase. The approval rules of the Charitable Funds policy must also be complied with.

1. If the My WiSH Charity fundraising team become aware of a department wishing to use charitable funds to purchase capital equipment they will refer them to the Charitable Fund Accountant for advice on what to do.
2. If the Charitable Fund Accountant receives a request to raise an order for capital equipment they will refer the issue to the Assistant Director of Finance to ensure the correct process has been followed.
3. The Assistant Director of Finance will ensure;
 1. SFIs have been followed or waived;
 2. The Medical Devices Group have approved the use of the donated equipment if relevant
 3. The Capital Strategy Group has approved the purchase of the equipment from Charitable Funds.
4. The Director of Resources has the authority to approve purchase from Charitable Funds of capital equipment on behalf of the Capital Strategy Group if the matter is urgent and cannot wait until the next meeting.
5. The Chair of the Medical Devices Group has the authority to approve receipt of a donation of clinical equipment if the matter is urgent and cannot wait until the next meeting.

Appendix 8: Supporter consent form

We would like to be able to invite you to special occasions and to show you what you have enabled us to purchase from time to time.

Your donation makes a huge difference to our patients, their families and staff at the West Suffolk NHS Foundation Trust. As a result of this we would really love to keep you informed of how you can help be part of something special, and how you change people's lives.

We care about your communications preferences, and we will never share or sell your data. For more information on how we hold your data please see www.mywishcharity.co.uk or contact the team at the address below.

Please let us know if, and how, we can keep in touch by completing the form below:



I am happy to be contacted via (please tick all that apply)	<input type="checkbox"/>
Post	<input type="checkbox"/>
Email	<input type="checkbox"/>
Telephone	<input type="checkbox"/>
Text Message	<input type="checkbox"/>
Receive our bi-monthly Newsletter	<input type="checkbox"/>

Title _____ First name or initial(s) _____
Surname _____ Full home
address _____

Postcode: _____

Email: _____

Phone: _____ Mobile: _____

Donation Amount: _____ Donation Date: _____ Donation Fund: _____

Signature _____ Date _____

If you are a UK taxpayer we can claim Gift Aid on your behalf, please tick

My Wish Charity will manage your information in line with the General Data Protection Regulation 2016/679. The information provided on this form will be retained for the purposes of contacting you in relation to the My WiSH Charity. The information will be retained unless you inform us differently.

You have the following rights in relation to the way we handle your information:

- If you no longer want us to use your information for the purposes specified above;
- Or if you want to request to have your information erased;
- Or if you want to request to have your information rectified.

Please contact the team if you would like to change the way we hold your data, or have any queries. My WiSH Charity, Oak House, Hardwick Lane, Bury St Edmunds, Suffolk, IP33 2QZ.
Telephone; 01284 712952. Email; Fundraising@wsh.nhs.uk Registered Charity Number; 1049223

Enhancing care for you, your family, for life.

My WiSH Charity Learning Contract / Training Agreement

Supporting the development of staff and teams at WSFT is one of the many ways in which the funds that we raise can be utilised. Our commitment to those who give money to our charity is to use those resources wisely and responsibly. As such we ask colleagues who are benefitting from this investment to commit to demonstrating the impact of the learning and development they participate in, and to ensure WSFT and our patients experience these benefits by the colleague remaining with us for at least a two-year period after completion of the programme.

Name:.....

Job Title:.....

Area/dept.....

Date:.....

Please describe how this course / study event will enhance your skills and impact?

Please describe how the benefits of this development activity will be shared within the organisation?

To be achieved by:

CONSENT

I agree to reporting to the charity after a period of 6 months following completion of this learning to show how it has benefitted my patients, their families, and/or my colleagues. On completion of the above course, I agree to remain working for the West Suffolk NHS Foundation Trust for a period of at least two years. If, however, I wish to leave before that time, I agree to pay a contribution towards the cost of my training, the percentage of which is shown in table (Appendix 20) of the Charitable funds policy.

Signature.....

Print:.....

Date:.....