

The Friends of Worthing Hospitals

**For use by the University Hospitals Sussex NHS Foundation Trust Departments,
Ward's, and Units of Worthing Hospital only**

How to request charitable funding from the Friends of Worthing Hospitals

1. Each hospital in the Trust has its own respective Friends group which raise funds to purchase medical equipment and patient benefits. They also support staff and patients daily through the Friends shops, ward trolley services, and cafe/tea-bars. All of the Friends groups are organised by volunteers and have a committee of Trustees who are responsible for the Charity.
2. The Friends will consider Requests for fixtures and fittings, furnishings and furniture, medical equipment, and other items e.g., art equipment, educational materials etc, which supplement the service provided by UHSFT. We do not fund extended warranties or maintenance agreements. Equipment purchased for a specific hospital or department must not be transferred to another area of the Trust without the approval of the Friends who funded it.
3. Requests involving building works are not within our remit. However, in special circumstances the Friends have an established record of working with the NHS Trusts, and of supporting the Trusts when they are seeking public support for major appeals.
4. Requests for more than £10,000.00 (inclusive of VAT) may be asked to present in person at a Request Meeting. Occasionally the Friends may ask for a presentation for Requests of less than £10,000.00. The Trustees normally meet on the second Monday of the month. The Friends Secretary will liaise with Requesters to arrange any presentation required.
5. There are currently slightly different procedures and meeting schedules for considering equipment requests across the Trust and these are interim bid forms pending the roll out of a common digitally based system. All requests must be fully supported by the Hospital Trust **before** presentation to the Friends, and normally **signed off** by the **Head of Department, Director of Clinical Services, Infection control** and **MDEMG**. However we are here to help and bids can be tailored to circumstances. Any item over £10,000.00 and which is of a capital nature, will also require a sign off form from the CIG (Capital Investment Group).
6. Request Forms must be submitted at least 4 weeks before a Request meeting to the Friends Secretary. For hard copy forms with associated material (brochure info etc) please send them to the Secretary, c/o the Friends Shop, North Wing, Worthing Hospital or email secretary@friendswh.org.uk
7. For information on how to start you can contact info@friendswh.org.uk and for additional supporting information visit the Friends website: www.friendswh.org.uk/grants/
8. Your Care Group Manager will support you with this approvals process.

Making a Request

Step 1) Discuss your proposed Request with your department Head and key staff to ensure you are clear what you think you want. Check if you have any allocated funds to support the bid in full or part.

Step 2) Contact a Friends Trustee to discuss your proposed Request and ensure that it falls within the Friends remit. Your assigned Friends Trustee will then support your application to the Request Meeting.

In many cases this can be done by sending a brief outline of your case and aims with contact names to the secretary or info@friendswh.org.uk. A Trustee will be allocated to visit and help.

Step 3) Please contact your Care Group Manager or equivalent. They will support you to complete the necessary paperwork and obtain the required approvals, which may include **MDEMG and CIG**.

Often an initial stage is for your Department/Division to consider the proposal and confirm it is aligned to a Trust priority which helps with formal sign-off.

Step 4) Complete a Request Form (Pages 5-9 below), ensuring that it is signed by your Director of Clinical Services. Your assigned Trustee is there to assist with this if necessary. It is always better to resolve issues as we proceed.

A current supplier's quotation and product literature must be attached. This can be a photocopy, jpg images and so forth. A link to a website can be helpful.

Step 5) Either: Post the forms into the mailbox situated at the Friends Café/Shop, North Wing, Worthing Hospital, addressed to The Secretary.

Or: email the completed forms with electronic signatures to the:
secretary@friendswh.org.uk

Inform your supporting Trustee that the form has been sent. You may want to include them in the email.

Step 6) Receipt will be acknowledged. The Form will be checked by the Friends to ensure that it is complete and correct. If accepted, you will be sent details of the meeting at which your Request will be considered and of arrangements made for you to present your Request in person, if required.

Forms which are not acceptable will be returned. Out of date forms will be rejected. However if a supporting Trustee has been involved then this will be avoided.

Decisions

Your Friends Trustee will contact you and the Care Group Manager to explain the decision. UHSFT will be advised of the decision in writing, and, if your Request has been approved, will then contact you to discuss next steps.

Please note that UHSFT will carry out checks to ensure that your proposed purchase conforms to its own requirements and may refuse to allow it to proceed.

Charitable Funding Request 2025 Application to: Date of Did Submission:	<u>The Friends of Worthing Hospital</u> <u>(Reg Charity No 208291)</u>
<u>Hospital Bid Number:</u> (Allocated by the Friends)	WOR

1. Your details:

Name	
Job Title	
Ward/Dept	
Extension Number	
Email Address	
Name and contact details of Divisional Business Manager	
A member of your department MAY be asked to present this bid to the Friends Committee. Please supply the name of the representative	

2. Description of equipment you are bidding for:

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3. Total cost of bid? Please state if VAT is included

£	VAT Incl / excluded
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4. How will this equipment/project benefit patients/staff? And how many patients and staff will benefit? Where will the equipment be kept? What is the expected asset life?

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5. Does anyone else in this hospital have this equipment?

Please explain why you cannot share the equipment

6. Is this a New / Replacement / Upgrade item of equipment?

7. Ward / Department funds information (Your Trustee can help here)

Does your Ward/Dept. have a Charitable Trust Fund?

Yes / No

How much is in your ward or department fund at the time of this application £

Would you be able to contribute from the Trust Fund?

Yes / No

If Yes, how much? £

If No, why not? What are the plans for these charitable funds?

8. Hospital resources or other external sources?

Have you applied for this equipment/project to be funded?
wholly or partially through Trust resources or other external sources?

Yes

No

If yes, please explain who you approached and the outcome:

If no, please explain why you thought it was appropriate to apply directly to the Friends:

If a contribution is to be made, please state amount here:

CONTRIBUTION

£

9. Please use this space for any additional comments about your application:

Please complete ALL sections and calculate totals.

Bids will not be accepted if they are not completed with full costs.

The equipment may be VAT zero-rated if it is for Medical Treatment, Diagnosis, Research or Training.

10. Full breakdown of cost

Item Description	£ Unit cost	£ VAT	Delivery charge	£ Total cost of item
			free	
GRAND TOTALS				

11. Quotations

Please attach supplier's up-to-date quotation with hard copy of bid.

12. Delivery Information:

Name of ward/dept where goods should be delivered and a contact name	
Requisition Point Number for the SD7 order form	

13. Medical Equipment? Has your bid been checked and approved by the following?

Medical Devices & Equipment management Group (MDEMG) Signature:	YES	NO		
Please attach a completed MDEMG approval form				

14. Non-Medical Equipment? Has your bid been checked and approved by the following?

Facilities Department	Y	N	Approved	
Signature:				
Infection Control Department	Y	N	Approved	
Signature:				

Authorisation 1:

Name of Head of Department / Senior Manager:	Ext. No.
Signature:	Date:

15. Authorisation 2:

Name of Director of Clinical Services:	Ext. No:
Signature:	Date:

16. Authorisation 3.

Capital Investment Group (CIG)
If your item is above £10,000.00 (Ten thousand pounds) and is of a capital nature
Authorising Signature:
Date:
Name & Extension Number

<u>FRIENDS OF WORTHING HOSPITALS</u>	
Approval for funding	GIVEN NOT GIVEN
Signed (Chairman) _____	Date _____
Amount allocated _____	
Any conditions prior to funding _____	

Secretary: c/o The Friends Café/Shop, Ground Floor, North Wing,
Worthing Hospital. Lyndhurst Road, Worthing.