

**MINUTES OF THE ANNUAL MEETING
OF THE GENERAL COUNCIL OF
THE NORTHERN POLICE CHARITIES**

**HELD AT THE CEDAR COURT HOTEL
HARROGATE
ON THURSDAY 30 MAY 2013**

PRESENT

The President
Chairman
Treasurer
Chief Executive

The Hon. Simon Howard
Mr Ian Poultney
Mr Peter Henson
Mr Michael Baxter, QPM

Members of the Board of Trustees of the two Charities, Delegates, Members of Donating Forces, Welfare Officers and Professional Advisors.

APOLOGIES

Apologies for non-attendance had been received from the following forces:

British Transport	(PTC)
Civil Nuclear	(PTC)
Ministry of Defence	(PTC)
North Wales	(PTC & SGPCT)
Derbyshire	(SGPCT)

Apologies for non-attendance have been received from the following Trustees:

Justine Curran	Gordon Dixon
Ian Hanson	Stuart Hyde
Glyn Payne	Raymond Pratt
Ruth Purdie	Stewart Ross

Apologies for non-attendance have also been received from the following:

Richard Rhodes	- PCC Cumbria
Alan Charles	- PCC Derbyshire
Clive Grunshaw	- PCC Lancashire
Julia Mulligan	- PCC North Yorkshire
Matthew Ellis	- PCC Staffordshire
Mark Burns-Williamson OBE	- PCC West Yorkshire
Roger Baker	- HMIC
George Graham	- HMIC, Scotland
Lord Crathorne	- Lord Lieutenant of North Yorkshire
Andrew Jones	- MP, Harrogate
Peter Sweeney	- The Blue Lamp Foundation
Kath Rathband	- The Blue Lamp Foundation

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Daphne Priestley
Tom McAuslin

- Police Rehabilitation Centre, Flint House
- Police Rehabilitation Centre, Flint House

and 18 representatives from constituent forces.

NORTHERN POLICE CHARITIES

JOINT MEETING

The President, Hon Simon Howard, addressed those present, explaining that he had been involved with the Police Treatment Centres since 1995 when he was High Sheriff of North Yorkshire and how delighted he had been last week to be involved in the team welcoming the Duke of York to officially re-open the completed four year refurbishment of St Andrews which brought the Centre to a standard which everyone could be very proud of. He formally congratulated everyone concerned, staff and also Trustees. He then continued to welcome all attendees to the Annual General Council Meeting.

1. **ATTENDANCE:** All Forces who contributed to the Charities with the exception of those detailed in the apologies section were present.
2. **APOLOGIES:** These had been received from those people listed in the preface to the Minutes.
3. **NORTHERN POLICE CONVALESCENT AND TREATMENT CENTRE**

3.1 MINUTES OF THE COUNCIL MEETING HELD ON 31 May 2012

These had been circulated to all members and also displayed on the Charity's website and were taken as read. It was proposed by I Craggs, Durham and seconded by M Botham, North Yorkshire that they be accepted as a true record. All present agreed.

3.2 MATTERS ARISING FROM THE MINUTE

There were no matters arising.

3.3 ANNUAL REPORT 2012

Presented by Ian Poultney, Chair, Board of Trustees

I Poultney, Chair, began his address by proposing approval of the Annual Report for 2012 which could be found on pages 4-8 of the 2012 Annual Report booklet. He continued to say that during the AGCM plans for the future would be briefly outlined. However he would start by reflecting on the achievements of 2012 and the way in which The Police Treatment Centres has helped nearly 4,000 injured and ill police officers, most of whom were treated as in-patients although the number of out-patients is increasing at both Centres.

The Charity's Physiotherapy Department continued to provide excellent treatment for serving, and retired police officers, and the specific physical challenges they encounter while carrying out their duties. The clinical teams continue to pride themselves on keeping up to date with the latest best practices in their field. Throughout 2012 more officers suffering from stress, anxiety and depression were treated at both Centres by nurses, patient advisors and complementary therapists. Some therapies are now undertaken in the evening to help patients with stress and sleep problems to relax before their bedtime.

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Over the last four years St Andrews has seen significant improvement to its facilities with the last part of that refurbishment work, being concluded recently at the end of March 2013. That final phase had been the refurbishment of the Duke of York Wing comprising of 23 bedrooms, including en-suite shower rooms, which were upgraded to bring them up to a modern standard and design. Two bariatric bedrooms were also now available for patients with poor mobility and the Blue Lounge had been redecorated and refurbished into a comfortable and relaxing area for patients.

He continued by explaining that the fundraising target to achieve the Duke of York Wing final phase was £1 million. The Home Office had announced a grant of £500,000 in May 2012 following which many organisations and individuals contributed to raising the remaining capital needed for the project. I Poultney gave heartfelt thanks to those people and organisations without whom it would not have been possible although there is still £90,000 required to fully fund the final phase.

Patient feedback continued to be very positive, in particular employees, clinical services, food and facilities attract the most praise. However, increasingly frustration is being expressed at Castlebrae because of a lack of capacity in the treatment and fitness facilities. This is why Trustees have approved a plan to significantly expand and upgrade Castlebrae to bring it in line with the modernised facilities at St Andrews. A major fundraising campaign has been in place for two years to raise the necessary capital funding. Many charities are finding it hard to raise money in these austere times and The Police Treatment Centres is no different. The fundraising strategy has become more focused and targeted to raise the capital funding for Castlebrae and also to supplement the revenue funding for the running costs of the Centres which are £4 million per year (£11,000 per day).

I Poultney explained that one of the biggest changes to the Charity occurred on 1 January 2013 when, following two years' work, The Police Treatment Centres became a not-for-profit incorporated charitable company. The primary purpose of this change was to modernise the Charity's 1960's governing documents and ensure that the Charity faced the future 'fit for purpose'.

During the year, we were pleased to welcome a great many guests to the Centres who were keen to know more about our services, these ranged from recently appointed Chief Officers and PCC's making their first visit to us, through to long-standing JBB Chairs and OHU Managers who simply felt it important to update themselves on what we offer to their colleagues and staff.

Finally, I Poultney paid tribute and thanked formally all the staff at St Andrews and Castlebrae for their very high quality of work and their dedication to The Police Treatment Centres. He commented that they were on the 'front line' and do a vital job in getting police officers back to better health, back to their families and back on duty protecting communities.

3.4 INVESTMENT MANAGER REPORT **Presented by Nick Bence-Trower, Schroders**

N Bence-Trower, Schroders, explained that The Police Treatment Centres funds are currently invested in Schroders Charity Multi Asset Fund. The fund is well established and approved by the Charity Commission, it also provides an additional layer of governance as the fund is obliged to have an independent supervisory board which, on top of the controls in place with Schroders, this means that the Fund Manager reports to that supervisory board on a quarterly basis. At 31 December 2012 the PTC portfolio was valued at £1,630,146, generating £60,207 in investment income during the year.

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The strong performance was mainly achieved by the fund's overweight exposure to equities, 61.5% of the total portfolio. Equities had performed well due to the Bank of England's policy on quantitative easing meaning that investors were now investing in equities once more which has pushed the indices up to new highs.

He believed that interest rates would remain low with base rates being on hold until at least 2014. The fund continues to be overweight on equities in comparison to the central allocation and to improve on yield they would also invest in property and infrastructure bonds. In the current unpredictable times, both economically and politically, there would almost inevitably be volatility in the markets. The investments and allocations of this fund would, therefore, continue to be monitored closely.

There were no questions.

3.5 AUDITORS REPORT **Presented by Steve Williams, RSM Tenon**

S Williams, RSM Tenon, presented a brief overview of the accounts starting with the statement of financial activities as shown in the Annual Report. This showed that income had increased from £4.2million in 2011 to £4.9 million in 2012 and expenditure had decreased from £3.7 million in 2011 to £3.6 million in 2012. The other recognised gains arose from the improvement in the investment portfolio in 2012 of £101,000 compared to a loss in 2011. This resulted in a surplus in 2012 of just under £1.5 million compared to £362,000 in 2011.

Officer donations accounted for the largest portion of income and was broadly the same overall as 2011, numbers of officers donating remaining fairly static although the risk of a reduction of police officer numbers had been recognised and was being managed. There was an increase in officer donations following the 9p per week increase which took place in September 2011. There was also an increase in capital donations which amounted to just over £1 million in 2012 compared to £330,000 in 2011.

Expenditure in 2012 was lower than in 2011. Savings had been made in staff and non-staff costs.

Capital funds currently stood at £1 million which had been allocated to Castlebrae. He noted that in respect of the Duke of York Wing at the end of December 2012, there was still £169,000 of expenditure carried forward.

The Balance Sheet showed that the majority of the total net assets of £31.5 million were held in tangible assets i.e. the two Treatment Centres at Castlebrae in Auchterader and St Andrews in Harrogate. The investment portfolio was £1.6 million, which had increased due to the improved stock market performance.

At the end of December 2012 there were a significant number of officer donations outstanding as Charities Aid Foundation remitted the donations to the Charity in early January. Cash at bank was £2 million which was held for future development.

S Williams explained that RSM Tenon spend two weeks examining the financial data and records of the Charity to establish that the accounts, as presented, give a true and fair position. Work is conducted in accordance with a set of standards, the International Standards on Auditing. Testing is sample based, checking to source and underlying information. They also provide a view on the financial statements and Annual Report to ensure it is presenting a fair reflection of the Charity's activities during the year. He confirmed that, in RSM Tenon's opinion, the accounts gave a true and fair position.

There were no questions.

Approved by: _____ Chairman, Mr Ian Poultney Date _____

3.6 TREASURER'S REPORT

Presented by Peter Henson, Treasurer

Peter Henson, Treasurer, prior to delivering his presentation, asked that any questions be saved until the end of his presentation.

He said that over the past few years the Charity had put in place plans and policies which have produced strong financial results. His presentation would focus on outcomes and future plans.

In terms of performance he reported that within the areas that are under the control of the Charity it managed to generate a surplus of £360,000. This surplus came from three key areas; the Charity's contingency budget of £144,000 in 2012 from which it had not been necessary to draw down; the 7p increase in donation rate implemented in September 2011; residual Gift Aid tax reclaims obtained by working with Cumbria, Northumbria and South Yorkshire through the GAYE process producing £24,000 additional income. He said that consequently £180,000 had been put aside to protect against potential increase in the donation rate in they short term.

If these three items are removed from the surplus the underlying saving is £11,000 which on a budget of nearly £4 million is an exceptional result and represents 0.5% of the annual budget. The management and staff of the Charity deserve credit for this great achievement.

These results have allowed the Charity to do two things; £180,000 derived from officer donations has been placed in a dampening fund to support the loss of income from the reduction in police officer numbers in the short term and will probably be exhausted during 2015. The second element of £144,000 has been placed by Trustees in an uncommitted reserve whilst consideration is given to the best use of that money to support the Charity's activities and provision of treatment. The Charity has also put aside £246,000 towards depreciation which means that as the assets of the Charity need replacing the funds will be available to achieve this which demonstrates strong financial management within the Charity.

While the financial results are good, we continue to remain cautious and realise that the economic forecast for the Country still remains bleak which will put additional pressures on the budget of The Police Treatment Centres and the wider police family. As a method of financial prudence the Charity presents the Trustees with an updated three year Medium Term Financial Strategy as part of the annual budget process. Items which have a significant impact include the Government's predicted officer number reduction; cost of living through such items as fuel and utilities; the Pensions Act and auto-enrolment which will impact on the Charity in May 2014. If the Charity did nothing the budget deficit in 2015 would likely be around £200,000, however, it is hoped by putting money into the dampening fund, funds will be available to bridge this gap.

Fundraising has gone from strength to strength. Last year a Motion was put forward to engage with retired officers and their associations about how they could financially support the Charity. At the time consideration was being given to a weekly donation system, but following discussions with key stakeholders it was decided the easiest way they could support the Charity would be through a lottery scheme. The Charity has now set up a lottery and is anticipating the first draw being made in July. The lottery is not restricted to retired police officers, it is open to everyone. He encouraged attendees to take lottery leaflets and distribute them around their offices and staff.

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Engagement with a number of forces with donor recruitment schemes which aim to capture officers who are unable to access treatment free of charge because they don't donate to the Charity. Both the lottery and donor recruitment campaigns are aimed at bridging the financial gap, but are reliant on in-force and officers' support.

The Charity has completed the latest stage of its refurbishment programme at St Andrews; however, there is still a £90,000 shortfall which is subject to current fundraising activity. We also continue to fundraise to improve the Charity's facilities at Castlebrae and have been supported by a number of Scottish Trusts and Scottish police forces prior to their amalgamation on 1 April 2013.

The Charity and its Trustees know how important it is to maintain control of costs. Expenditure had reduced from the 2010 outturn on an annual basis which has been achieved against a backdrop of a double recession and inflation at times running at almost 5%. Not only have we reduced expenditure, we have also improved the facilities and services offered to officers. The strong control over costs allows the Charity to present a zero balanced budget for 2013.

In 2012 I reported a predicted loss of 6,000 donating officers representing a loss in financial terms of £400,000 each year. Current figures reported by the forces strength data reflect a loss of approximately 2,000 donating officers so far. A motion in 2011 to increase the donation rate by 9p was carried to enable the Charity to continue its level of service whilst implementing a revenue fundraising strategy. As a result of this and the tight control over expenditure the Charity has been able to implement some revenue fundraising activities which have led to the zero based budget. The key revenue fundraising activities are the lottery and engaging with the 17,000 police officers that do not donate currently to the Charity and, therefore, cannot access our services free of charge.

He continued that Trustees remain acutely aware of the pressures on police officer's pay, including the increases in pension contributions and the continued review of their terms and conditions, however, as it was possible to present a zero based budget for 2013, Trustees had agreed not to increase the weekly donation rate during 2013.

The majority of expenditure is on employee costs, the costs for premises generally relate to repairs, maintenance, rates and utilities for the two Centres with supplies and services mostly relating to catering. The uncontrollable expenditure is depreciation together with the dampening fund. 84% of employee costs relate to the provision of front line services, only 16% relate to the management, finance and fundraising activities of the Charity.

To conclude, P Henson presented a slide demonstrating the initiatives, strategies and the policies which have been developed over the past five years to ensure the most effective and efficient running of both Centres in the current financial environment. (Annual Business Plan; three year Medium Term Financial Strategy; Asset Management Plan (Inventory driven); Estates Strategy; Fundraising Strategy). These had enabled the Charity to achieve efficiencies which have been re-invested into front line service whilst at the same time reducing the Charity's level of expenditure. By creating a dampening fund, and adding to it since 2011, together with all previous controls in place, we have been able to maintain the current donation rate this year.

We have introduced plans to develop our facilities to best support patients' treatment. We also have a ten year Asset Management Plan which has been costed together with the means for financing this.

Approved by: _____ Chairman, Mr Ian Poultney Date _____

P Henson concluded by saying that whilst the Charity finds itself in tough times, we believe that the hard work over the past five years by the staff and the Trustees, together with the continued support of officers, gives the Charity cautious optimism for the future. It is a challenging and exciting time for the Charity, but hopefully today we have demonstrated the commitment of the staff and Trustees to ensure its future success.

There were no questions.

3.7 ACCEPTANCE OF ANNUAL REPORT AND ACCOUNTS

Presented by Hon Simon Howard, Charity President

The President asked for a proposer and seconder for the 2012 PTC Annual Report. Nigel Day, North Yorkshire, proposed acceptance of the 2012 Annual Report for The Police Treatment Centres and this was seconded by Alan Cupples, PSNI. This was unanimously carried.

The President asked for a proposer and seconder for the 2012 PTC Annual Accounts. Mark Botham, North Yorkshire, proposed acceptance of the 2012 Annual Accounts for the Police Treatment Centres and this was seconded by Michael Kennedy, Police Service of Scotland. This was unanimously carried.

3.8 ANY OTHER BUSINESS

There being no further issues, the President declared this section of the meeting closed.

Representatives from British Transport Police and PSNI left the meeting.

4. THE ST. GEORGE'S POLICE TRUST

4.1 MINUTES OF THE COUNCIL MEETING HELD ON 30 May 2012

These had been circulated to all members and displayed on the website and were taken as read. M Botham, North Yorkshire, proposed that these be accepted as a true record, seconded by G Buist, Police Service of Scotland. All present agreed.

4.2 MATTERS ARISING FROM THE MINUTES

There were no matters arising.

4.3 ANNUAL REPORT

Presented by Ian Poultney, Chair, Board of Trustees

I Poultney said that whilst not wishing to dwell on what might happen to a police officer's child if the police officer parent were no longer around, it was something every police officer has to consider at some time in their police service. Whilst no amount of money can replace a parent St George's Police Trust helps in some way to relieve the pressure on many families where the police officer parent has either lost their life or is incapacitated from earning a living.

St George's Police Trust provides support to help children and young people have a decent start in life. Currently there are 375 children and young people who receive support from the Trust. Every child receives something. For some this takes the form of a weekly allowance while for others it is an annual financial gift at Christmas. Support is also available for young people to progress into Further Education, University or to pursue vocational qualifications.

Approved by: _____ Chairman, Mr Ian Poultney Date _____

He continued by reporting that during 2012 £501,033 was distributed to beneficiaries. 82 young people received a Further Education grant and, in addition, applications for ex-gratia grants, were considered and approved by Trustees.

The Trust is supported by officers who make a regular Give As You Earn (GAYE) voluntary donation and this varies from force to force with some officers unfortunately choosing not to make that small donation to support those children. This may be because they do not know what the Trust is about and we are already addressing this and undertaking activities to raise awareness.

I Poultney explained that one of the biggest changes to the Trust occurred on 1 January 2013 when, following two years' work, St George's Police Trust became a not-for-profit incorporated charitable company. The primary purpose of this change was to modernise the Trust's 1960's governing documents and ensure that the Trust faced the future 'fit for purpose'.

A further significant change took place during that incorporation process when the Trust's name and logo was changed to include the word "Children" which identifies that the Trust's beneficiaries are children, which the Trustees feel enhances promotion of the Trust both to potential beneficiaries and also to potential donors. The new Memorandum and Articles of Association together with modernised governance arrangements place St George's Police Children Trust well to face the future.

The Trust's full report on the activities during 2012 is available in the Annual Report (pages 18-20) but I would also ask you to please bookmark our website so you have the most up-to-date information about the Trust, how to apply and current news at your fingertips.

I Poultney asked that on returning to respective forces the representatives present support the work of the Trust by doing what they can to inform officers how they can support the Trust and the support that is available for themselves, their colleagues and families in cases of death and incapacity.

4.4 INVESTMENT MANAGER REPORT **Presented by Nick Bence-Trower, Schroders**

N Bence-Trower explained that the presentation and slides that he had delivered to The Police Treatment Centres section of the AGCM in respect of economic conditions and the nature of Charity Multi-Asset Fund were equally relevant to St George's Police Trust.

He reported that the value of the Trust's Multi-Asset Fund at 31 December 2012 was £11.75 million which compared to £10.6 million at 31 December 2011. The value at inception in 2010 was £10.36 million and the value at the middle of May was £12.3 million and doesn't include repayments of £869,000 to St George's Police Trust. Performance for the year to 31 December 2012 was +10.9% and since inception 27.4% which is encouraging.

There were no questions.

4.5 AUDITORS REPORT **Presented by Steve Williams, RSM Tenon**

S Williams, RSM Tenon started his presentation by saying that the statement of financial activities for 2012 showed incoming resources of officer donations and investment income of £0.92 million in 2012 compared to £1.0 million in 2011.

Resources expended relate to the long term cost of new grants awarded in the year. Recognised gains and losses showed a significant gain compared to the previous year resulting in a surplus for the year of £1.2 million.

Income is split approx. 50/50 between donations and investment income. Donations and dividend income are similar to the previous year. The largest area of expenditure is on new grants awarded during the year, £328,000.

The Balance Sheet is dominated by the investment portfolio of £11.8 million which is an increase on the previous year. The cash at bank is available for short term payments to recipients and the large liability of £3.2 million is the long term obligation for recipients receiving awards. The overall net assets of the Charity are £10 million.

An unqualified audit opinion was issued as a result of the work carried out by RSM Tenon on the audit of St George's Police Trust

S Williams explained that permanent endowment is the capital amount of investments which cannot be touched but must be retained by the Charity.

There were no questions.

4.7 TREASURER'S REPORT **Presented by Peter Henson, Treasurer**

P Henson began his report by saying that his presentation would provide details of the financial position of St George's Police Trust and the work that the Trustees and Secretary have undertaken to ensure the long term future of the Trust.

The outturn in 2012 suggests that the Trust made a surplus of £461,576 and while this may look very positive and the Trust appears to be making a large surplus there are a number of non-cash and one off items included. Payments to beneficiaries in 2012 remained in line with payments made in 2011.

The breakdown of the Trust's financial position is as follows. The Trust is obliged at the end of the year to make a year-end provision for all the beneficiaries on the beneficiary roll at the end of the year. This is based on providing support throughout full time education to each child up to the age of 25. The current provision is approximately £3.5 million. The provision can fluctuate between each year for a number of reasons e.g. new beneficiaries being added to the roll together with their age; the financial circumstances and variances in household income; the number of children that leave education in the year. During 2012 the provision required fell by £253,633 generally as a result of beneficiaries leaving education and the age of the beneficiaries now being supported being one year older.

The Trust made substantial savings against its budgeted cost for investment management fees. As a result of the way the Trust is charged Schroders were able to take advantage of the tax legislation and re-claim VAT on transaction charges.

In 2011, as a result of the merger of the Merseyside Police Orphans fund with St George's Police Trust, the Trust received a restricted donation of £82,254 to be used solely for the payment of beneficiaries of Merseyside until it was exhausted following which St George's Police Trust would take on all future payments. In 2012 the Trust benefitted from the remaining £18,238.

Finally in 2012 the Trust did not need to draw down on its contingency budget making a saving of £80,000. A contingency is required as the Trust does not know how many new beneficiaries it will take on in the year and how much it will have to pay out.

Approved by: _____ Chairman, Mr Ian Poultney Date _____

In 2012 the true underspend was in the region of £134,000, largely as a result of fewer beneficiaries being supported and the saving on investment management fees.

The financial results are good, but Trustees continue to remain cautious in view of the economic forecast for the country remaining weak which will put additional pressures on the budget of St George's Police Trust.

As a method of financial prudence the Trust presents the Trustees with a Medium Term Financial forecast as part of its budget process. Items which have a significant impact are; the Government's predicted reduction in officer numbers and the cost of living for beneficiaries. If nothing was done, by 2015 the budget deficit would be around £131,000. Trustees are now looking at fundraising initiatives to bridge the forecasted gap.

Fundraising has gone from strength to strength and, as part of the business plan strategies will be developed to increase funds for the Trust including looking at officers who don't donate to the Trust and whose children can't receive the benefits provided. We will be working with forces to actively encourage officers to sign up so that in the tragic event of death, or being incapacitated, there will be provision for their children throughout their education.

Over the years the Trust has supported a number of children through education with some achieving jobs they may not have been able to attain without the financial support of the Trust. We will be asking them to support the Trust and those children that follow them; it is possible they may want to give something back to the next generation. In addition, the Trust will be creating a legacy strategy. There are also the older group supported by the Trust that call themselves the Old Boys and Girls and while not wishing ill of anyone, there may be those from within this group who would consider writing the Trust into their will.

The Trust has been able to be present a zero balanced budget for 2013. The Trustees are acutely aware of the pressures put on police officers' pay and their increased pension contributions and the continued review of their terms and conditions. Over the last few years Trustees have worked to improve the benefits provided for the children of officers and retain the same level of service. The Trustees have agreed not to increase the donation rate for this year.

In 2013 the new incorporated charitable trust, St George's Police Children Trust, will be implementing the Medium Term Financial Strategy and the annual budget as agreed by the Trustees. The Trust will also develop and implement a fundraising strategy which will include donor recruitment campaigns and legacy strategy. During 2013 the Trust will undertake its triennial review of the benefits provided to all beneficiaries together with concluding a review of the Special Needs category of beneficiary.

To conclude, over the past four years the Trust has responded to changes in society and has adapted the way benefits are allocated to its beneficiaries. Through this the Trust has been able to target those most in need with additional money without losing sight or support for others. The timeliness of grant making has been improved so that eligible applicants receive a Registration Grant upon receipt of their application.

Hopefully, we have demonstrated how the Trust is supporting the children of deceased or incapacitated officers to the very best effect.

Following P Henson's report, K Thurogood, GMP asked where he could obtain access to an explanation of notes 12-16 referred to in the annual report. P Henson said these were available from the auditors and suggested he speak to Steve Williams of RSM Tenon at the conclusion of the meeting and also confirmed they would be placed on the Trust's website in due course.

Approved by: _____ Chairman, Mr Ian Poultney Date _____

4.8 ACCEPTANCE OF ANNUAL REPORT AND ACCOUNTS

Presented by Hon Simon Howard, Charity President

The President asked for a proposer and seconder for the 2012 Annual Report. Nigel Day, North Yorkshire proposed acceptance of the 2012 Annual Report for St George's Police Trust, seconded by Gavin Buist, Police Service of Scotland. This was unanimously carried.

The President asked for a proposer and seconder for the 2012 Annual Accounts. Mark Botham, North Yorkshire proposed acceptance of the 2012 Annual Accounts for St George's Police Trust, seconded by Michael Banks, Durham. This was unanimously carried.

4.10 ANY OTHER BUSINESS

No items being raised, the President declared this section of the meeting closed.

5. UPDATE ON CHARITY ACTIVITIES

Presented by Michael Baxter QPM; Chief Executive of the Police Treatment Centres and Secretary of St George's Police Trust.

M Baxter explained that M Oxley, Clinical Services Manager and A Carter, Fundraising and PR Manager would also be providing an update on the year's activity.

By way of introduction to M Oxley, M Baxter explained that the Charity had treated 3,999 patients in 2012 both as in-patients and out-patients; 1 in 8 of those treated was a retired officer. In terms of applications received 80% of the applications are for physiotherapy treatment and there is clear evidence in the 2009 Glasgow Caledonian University Report that the Police Treatment Centres physiotherapy treatment has significant effectiveness as well as major cost benefits to police forces. The other part of the treatment agenda is about health and wellbeing and some physiotherapy patients also have those issues, particularly stress. We are seeing increasing numbers of referrals and reports from officers as a result of pressure, stress and anxiety and this has been a recent focus over the past three years finding ways we can improve the treatment we offer.

5.1 Patient Services – Improvements

Presented by Mark Oxley, Clinical Services Manager

M Oxley began his presentation by speaking about the non-physiotherapy patients seen at the Centres and the approach taken to their management. Reviewing the aims of the Charity, the stated goal is to provide treatment to serving and retired police officers following an illness or injury with the aim of returning them to better health. Within the clinical departments a further goal is to become a centre of excellence in the treatment of police officers so treatment, wherever possible, is geared towards policing and police work. Physiotherapy staff generally understand how that works but an increasing number of patients, 21% during 2012, are also attending for non-physiotherapy reasons.

North Yorkshire Police (NYP) had recently published a health and wellbeing survey of their members and had agreed that M Oxley could share some of the findings because they may go some way to explain why there is a rise in patients attending with stress related issues. Amongst other findings, the NYP survey found that 41.2% of officers either strongly disagreed or disagreed that they were supported through emotionally demanding work; that 40.5% were either often or always unable to take sufficient breaks; and that 65.1% had used a rest day or taken time off or taken annual leave instead of going sick.

No-one would dispute that police work can be an inherently stressful environment but I'll let you decide whether or not you feel these risk factors for stress are typical of what is happening in your own areas. The survey raises some interesting issues and these officers have the advantage of living in the best county in the land, Yorkshire! so if even they are suffering from stress then I'm presuming it is a nationwide problem.

One potentially positive finding from the survey was that 65.4% felt that they did get the help and support that they needed from their colleagues, but even that is perhaps a glass half full way of looking at things, because it also means that around one-third don't feel that way.

So what does this mean for us at the Police Treatment Centres. Well, we're seeing an increasing number of patients each year admitted for stress related issues. At Harrogate in 2010 there were 289 such admissions, in 2011 it had risen to 318 and in 2012, we had 370 non-physiotherapy admissions. The trends are also reflected in admissions at Castlebrae as well, but it is also fair to say that the data is under representative of the true situation as they don't include those who present for physiotherapy and subsequently disclose that their more pressing problems are stress related. It's not an uncommon scenario, I think because the patients see the same physiotherapist every day they do sometimes start to unburden themselves whilst they are having treatment and the physio team then work very closely with the Nursing department to try and ensure that the patient's needs are met wherever possible. It does also sometimes occur that an officer will apply ostensibly for a physical reason and when they actually attend it transpires that their issues are with their mental health but they didn't feel they could openly declare that on their application form to their force.

I think there can be a huge link between physical and mental wellbeing, stress problems can manifest themselves as neck and shoulder problems particularly so it's impossible to treat one aspect of health without also addressing the other.

The types of conditions that we usually see are typically post-traumatic stress syndrome, anxiety, depression, other work related stress sometimes due to perceived harassment or dealing with other difficult circumstances, bereavement, family issues such as marital or relationship breakdowns and financial pressures or worries, all of which can adversely affect an officer's ability to perform effectively at work.

How do we go about assessing these patients? Well, the first step is when the application form is received at the Centres; it usually has quite a basic diagnosis, often one word such as stress or anxiety for example. We will always contact each of these patients directly prior to admission and a Nurse will carry out a further assessment of their needs over the telephone to decide if it's even appropriate for them to attend the Centres. We are always mindful of the limitations of what we can provide within the confines of a two week stay. We are not geared up to manage those at risk of self-harm or those with suicidal thoughts or those who may need more acute psychiatric input.

Once the officer arrives at the Centre they will have an initial medical assessment on admission, as do all our admissions. This can be useful in reviewing medication or picking up physical findings such as raised blood pressure which can be an associated part of stress issues. There is then a follow up appointment with a member of the nursing team to focus on their individual issues and then a treatment plan will be agreed. There are then subsequent review appointments with the Nurse at the end of both weeks one and two to assess progress and always ensure there is a way forward on leaving the Police Treatment Centres.

In terms of what the actual treatment plan will consist of; each patient will normally receive a number of complementary therapy sessions, usually two each week but it could be more or less depending on their need and the actual therapy offered will depend on the particular skills of each therapist. The main treatments offered are therapeutic massage, reflexology, Indian Head massage, aromatherapy and hot stone massage. The aim of these treatments is simply to aid stress reduction through relaxation and they can lower blood pressure and reduce impacts on sleep quality. It can often be the first time that patients have experienced these treatments so it can feel a little strange or intimidating and officers can sometimes be a little apprehensive about the benefits but the therapists always work hard to create a safe and comforting environment in their treatment rooms in order to put people at ease.

All patients are also offered the opportunity to see the Patient Support Advisors at Castlebrae and St Andrews. Each one is a former police force welfare officer so they both have a wealth of experience in dealing with police related issues. Terry O'Neill was with South and North Yorkshire Police and Des Gale was with the military and then Fife Police, he now also works for Police Scotland.

It is important to understand what their Patient Advisor role is and more importantly what it isn't. Both are qualified counsellors and would be the first to say they couldn't do their jobs without being counsellors, but they don't offer actual counselling as such due to the limitations of the two week treatment period. Obviously it is vitally important that they do not open things up that they cannot then close within a patients stay at the Centre. They do offer a confidential listening service and the ability to use their knowledge and experience to signpost a way forward for patients; identify support services and assistance that may be appropriate for patients to access after leaving the Centres.

Other interventions we offer include relaxation techniques and help with stress management to achieve a good work/life balance. At Castlebrae this takes the form of classes each week whereas at St Andrews this is offered more on a one to one basis, however the aims are always the same and the sessions tend to be very well received by patients. We have recently begun to introduce a couple of psychotherapy interventions, firstly EFT, Emotional Freedom Technique which involves the use of self-administered acupressure by tapping on points of the body as a coping strategy to reduce stress levels. Secondly we have introduced Eye Movement Desensitisation and Reprocessing (EMDR) which is a psychotherapy technique which can be used in the treatment of Post-Traumatic Stress Disorder (PTSD). It should be emphasised that we only offer these techniques to a very small number of carefully selected patients who we assess as being suitable to benefit from them, but they can be very powerful interventions when used appropriately.

Patients also have a range of exercise classes which they can access Thai Chi and Yoga in particular are gentle classes which aid relaxation and emphasise the need for breathing control. The relaxation classes use visualisation and muscle relaxation techniques and there is also the chance to join the Physiotherapy classes and use the cardio vascular equipment in the gyms or swim in the pools. There is a well-established link between exercising and improving mental health. It is usually described as increasing endorphin levels. It is also certainly true that those who have stopped exercising because of other pressures in their lives really do benefit from having the chance to get back into a routine whilst they stay at the Centres. One other class worthy of mention is Pilates which can be particularly useful for those who present with neck or shoulder pain related to stress when they almost literally carry the weight of the world around with them on their shoulders. Improving their posture and movement control can have excellent results.

How effective is the treatment at the PTC? Well we have recently been running audits to assess just that. At St Andrews we use the Core Ten outcome measure which looks at anxiety, depression, trauma, physical problems and risk to self. We ask patients to complete the scoring tool on initial assessment and again on discharge and what we found was an average improvement of around 59% which is incredibly high for a two week treatment period. At Castlebrae patients were asked to use a recognised process to self-rate their mood, sleep pattern, anxiety and stress levels on a scale of 1 to 10 on admission and again on discharge and similarly there have been significantly high levels of improvement found across all those factors. This seems to suggest we are doing OK really and offering a very effective service for all your officers.

One other form of help that we offer at both Centres is the respite or wellbeing events. In recent times we have seen groups such as family liaison officers, public protection units, accident investigation units and other teams who have dealt with particularly difficult cases who have come to us as a group for a short stay together. These groups have come from a variety of forces. The events are run on a Friday to Sunday basis at each Centre and basically comprise; health checks and a complementary therapy session for each participant, use of the gym and pools, use of meeting rooms and also particular classes and workshops for the group depending on their individual requirements.

In summary, we are seeing an increasing number of officers referred with stress related issues, now whether that is because of increasing incidents of stress or an increasing awareness of the issues or maybe a combination of the two, I really don't know, but numbers are certainly showing an upward trend. The Police Treatment Centres can offer a safe harbour for officers; it is somewhere that officers find a supportive and calm environment. The two week period can't totally solve every issue but it does offer a unique chance for an officer to escape from their home and work pressures and concentrate solely on their own health for a short period. Lastly, it is possible to signpost a way forward to better times and the help that may be available elsewhere.

To finish, a selection of recent patient feedback that we've had regarding the programme:

- *"The Centre allowed me to return to my best self after a very difficult twelve months in the workplace".*
- *A helpful, supportive and caring environment, the whole stay has helped me keep my sanity and not an easy thing in today's climate".*
- *"If Carlsberg ran a convalescent home it still wouldn't be as excellent at this one".*

There were no questions.

Michael Baxter commented that there could be no-one in the room who at some time or other, or currently, was not suffering from workplace stress given the demands on the service and the people who operate that service. So the PTC is moving forward to assist in that respect.

He then moved on to fundraising with a short introduction. Revenue income - the Treasurer's report has already set out the current position and some of the future challenges. Our annual operating costs, although they have been held steady for the last four years are still around £4 million per year, £11,000 a day, and that's a key priority for us. You are going to hear some of the things we are doing to meet running costs. Earlier this year Trustees agreed to help new officers because of the reduction in starting salaries by exempting them from the first twelve months' donations to the Charity and that does emulate some things other benevolent funds already do in their forces, but it is one way of trying to secure access to treatment for new recruits. Not all new recruits take it up and the new recruit profile in forces is changing.

Approved by: _____ Chairman, Mr Ian Poultney Date _____

Capital income – we have completed the planned St Andrews refurbishment, however, a problem with the pool roof which has unexpectedly arisen, but nonetheless the vast majority of the facilities have been improved and that final phase became a major priority for us last May with the Home Office grant of £500,000 which had to be spent by March 2013. To spend it we had to do the work and to do the work we had to find the other £500,000 to match that grant. By and large we have done that but as you have already heard we're still a little short of the final total needed.

At Castlebrae the treatment is excellent but the facilities are not now adequate and are stretched in meeting capacity. The Castlebrae Main Scheme is fully planned and this will bring Castlebrae facilities up to the standard of St Andrews. The Scheme is planned in five phases which will take more than two years to complete but Phases One and Two, which are the major improvements to treatment facilities would take 21 months to complete at a cost of £2.9 million. You will hear that we are not quite there in fundraising yet. M Baxter then illustrated the planned improvements with a slide.

5.2 Fundraising

Presented by Amanda Carter, Fundraising and PR Manager

Thank you for giving me the opportunity to speak to you today and tell you a little bit about what the PTC fundraising team are doing.

We all know that times are hard and money is short and charities have to work that much harder and smarter for the money that they need and the PTC is no different to any other charity. In times like this, it is usually the charity donation, gym subscription or the dog's health insurance that is dropped but usually it's the charity donation. The PTC donation is a little different because our charity donation actually could be a benefit to the people who are donating. It could be that it could actually save an officer's police career.

A leading investment company recently came up with some interesting research findings:

- Charities have to work smarter and harder for their money
- Donors want to be sure their money is being used effectively and is value for money
- People not only want to know how the money is spent but see how it is improving outcomes

You've heard earlier today from our Treasurer about the PTC administration costs and how low they are; all our money is going to the sharp end, it's going there to help officers get back into operational duties.

In 2009 the PTC undertook research with Glasgow Caledonian University which proved that our treatment gets officers back into operational duties much faster. The Report also produced some very interesting information about value for money. It said that at least a 3:1 cost benefit to police forces was gained by officers coming to the PTC; in some chronic cases this is 26:1; so at the least that's a £3,000 cost benefit to a police force for every £1,000 the PTC spends. That proves we can help Chief Constables and Police and Crime Commissioners get their sickness levels down and help force budgets.

Revenue fundraising – this is currently primarily the new lottery and donor recruitment campaigns in forces. The lottery is the result of consultation with NARPO and the RPOAS Executives and Branches. They preferred a lottery to a regular nation of any form. We were a little worried that the lottery filed may be oversubscribed, but they said no, that the RPOAS lottery was very successful. A key factor was that a lottery would be open to everyone not just retired officers. A proposal was agreed by the Trustees in January 2013 and the lottery will go live in July 2013.

Although we've only started the marketing it is going very well but we have to sell 2,500 tickets in order to set it going fully live and we are hoping to do so by the end of July. There are lottery leaflets on your seats, please take them away, join yourself, encourage others to join, it's going to be a major source of fundraising for us to replace the donations because we are losing officers who are donating to us. We are hoping that there will be a significant addition to our funding and will eventually raise at least £70,000 per year, similar organisations have managed to achieve this.

In terms of increasing the number of officers donating to support the PTC it's interesting that in some forces there are less than 50% of officers who are PTC donors. That is 17,000 officers who can't access PTC services free of charge and sometimes it means that the force may pay for an officer because they want them back on duty so much. A Carter drew attention to a slide showing the strengths of forces and donations and remarked that it was difficult to imagine the number of police officers who would not give £1.30 a week to potentially save their, or a colleagues, career.

Because the PTC does not have direct access to non-donors this makes recruitment difficult and in order to run a successful recruitment campaign it is necessary to work closely with the local Police Federation and also have the support of the Chief Constable, the PCC and HR. During 2013 there will be donor recruitment campaigns in 12 police forces: Nottingham, BTP, Humberside, West Yorkshire, South Yorkshire, Northumbria, North Wales, Cleveland and finally in North Yorkshire, Durham, CNC and MOD Police.

A Carter then moved on to speak about capital fundraising and began with detail of the Castlebrae Main Scheme fundraising which was necessary because although clinical and service standards at Castlebrae remain high, we had regular and increasing feedback from patients about the difficulty they have accessing classes because of lack of facilities. Although the whole Scheme had a cost of around £4.5 million the priority Phases One and Two, which would vastly improve the treatment facilities, had a cost of £2.9 million of which £1.7 million had already been raised; including £450,000 from six of the eight Scottish forces as they merged into the single police force for Scotland and this had been a great boost to fundraising for the Scheme.

She said that innovative and new ideas were needed, which can benefit both charities, and that there was a lot of hard work and networking to undertake, particularly in Scotland, in order to achieve this. Current work included; 'High Net Worth' with current positive engagement one in particular where a large donation may be forthcoming and hopefully that would encourage others to donate in a similar vein; Trusts and Foundations research and applications when the timing is right; Corporates - Research and networking.

In regard to St Andrews an unexpected need had arisen with the pool roof requiring urgent work with a cost estimate of around £150,000. It is fairly urgent so, although we are applying to Trusts and Foundations, there is urgency there and so we have also applied to PFEW Joint Branch Boards and force Benevolent Funds who have not previously helped us with St Andrews seeking their help.

So - How can you help? What can you do for us? We need your help, without which we can't raise the money that we need for revenue or for capital projects. We can clearly demonstrate to Police and Crime Commissioners and Chief Constables how we can get their absence down and support their policing needs with getting their officers back into operational duties which is where they want them and where the public want them. We can demonstrate to HR how we can get sickness levels down but need their support to use us. Some forces use us less than others and there are lots of myths which need to be dispelled such as; "you can only apply for treatment if you've been injured on duty" (False); or "you can't come if you've got children" (False). We need to raise our profile within forces and tell everyone involved what we can do for them and how they can help us.

Approved by: _____ Chairman, Mr Ian Poultney Date _____

Everyone here today in this room can help us, please do so, because without your help we cannot succeed in raising the revenue funding or the capital funding necessary. We can reciprocate and make sure that your officers are fit and healthy and back on duty and get your absence down, but only with your support.

There were no questions.

St George's Police Trust

M Baxter continued by reminding the AGCM of the aim of the Trust which is to support children and young people in families where one of their parents who is a police officer has either died or become incapacitated and they are suffering from hardship or even poverty. He added that don't think that every police officer family is well off, some are not, particularly those who were injured or died young in service and there is a very strong role for this Trust in supporting children in such families.

The Trust differs from the Police Dependants' Trust in one key aspect and that is that the Trust deals with those who die or who are incapacitated on AND off duty whereas the Police Dependants' Trust does some excellent work in supporting those who have received on-duty injuries, incapacitation or even death. The Trust provides support and help in a range of cases such as: cancer, heart attack, holiday accidents, and leisure accidents.

At the end of December 2012 293 children received cash benefits. Those range from a single Christmas gift to those families that are actually fairly well off, to £50 per child per week for those who are not and there are quite a few of those. As mentioned earlier in the Chairman's report we also support young people moving from school into Further Education whether that's college, university or vocational training. So 375 young people are receiving support from the Trust. It is important to emphasise that every single person on the Trust's roll receives something even if it's only a cash gift at Christmas.

The Chairman mentioned that as at 1 January 2013 the Trust became a not for profit incorporated charitable company. The logo has changed, the emphasis being to include the word "Children" because people don't know what we do and it makes it quite clear who the beneficiaries and recipients of grants are, but there are other differences as well. The major difference is that it modernises the 50 year old sealed scheme and it allows the Trust to do things it didn't do before and be more proactive in supporting children and young people.

The Treasurer mentioned fundraising in his report and you will have noted that the Trust's Medium Term Financial Strategy forecasts a £40,000 deficit in three years' time and unless we do something that means benefits to recipients will have to be cut because there is no other way of meeting the budget, this is the last thing any of us would want to do. So rather like the Police Treatment Centres, these are the key strands:

- The donor recruitment campaigns have been run in conjunction with the Police Treatment Centres campaigns
- Former Beneficiaries – those who have had a good start in life, who have had that support from the Trust and the precursor Charities that form it and asking if they would support children in the way that they were supported.
- A legacy strategy.
- Branding

There were no questions about the PTC, the Clinical Services, Fundraising or St George's Police Trust.

To conclude M Baxter echoed the words of the Chairman and thanked the whole team at the Police Treatment Centres for what they have achieved. They do a magnificent job, control costs, improve the service and the feedback is absolutely tremendous. He also thanked those individuals and organisations who have supported the two charities so far, particularly those who have given money to the Police Treatment Centres to help improve the facilities and these range from the Home Office, the Police Dependents' Trust, one or two local benevolent funds and Police Federation branches.

I would also like to thank the Trustees for their support, it's not been an easy two years, we have gone through an incorporation process and through some very difficult financial times but have planned ahead to face those challenges.

There are clearly some who don't think they have to do anything because someone else will. Well that's not necessarily the case because we are in a very different and very difficult financial environment at this time and, whilst the challenges of the last five years have been met, the real enemy now is complacency in thinking that it's been done, because it hasn't and I agree exactly with the Treasurer in that there is still work to do and we still have to bridge the forecasted funding gap.

To address the future at the end of September the Trustees are holding a Strategic Workshop and they'll be looking at some very straightforward questions such as:

- What treatment should the PTC offer?
- What facilities will support those treatments?
- Who do we offer it to?

There are fewer police officers than before and if they're not signing up to support and donate to the Charity income drops. When people say well it's all about money, well it is. Because without that money we can't provide the service, we can't pay people to provide that service, we can't maintain facilities. The two charities have existed for 115 years now and I don't think there is anybody in this room whether they are a Trustee, an employee or one of our stakeholders, who would want the two charities to reduce the service which they have built up and increased particularly in recent years.

This is where the clear and high quality evidence that we have is critically important demonstrating what we achieve in supporting officers in their return to better health and through that back to work; and also supporting retired officers in a healthy retirement and family life. These achievements support and benefit the objectives of many in this room such as Police Federations, Police Forces, Chief Constables, Police and Crime Commissioners; in that we support you in meeting your statutory objectives of welfare and efficiency

The PTC in particular has some unique selling points that we mustn't lose:

- Excellent quality of treatment
- Speedy access to that treatment.
- A high standard of facilities in which that treatment is delivered
- A low cost £1.30 per week which will be held this year and next year. That can't go on forever but it will still be a low cost compared to the high efficiency gains that police forces get from it.

We have to work together in a common aim of supporting serving and retired officers in their lives.

M Baxter ended the presentation by inviting everyone for lunch at St Andrews and to view the improved facilities.

6. Presentation of Trustee Certificate

A presentation of a Charity Certificate of Service was then made by Ian Poultney, Chairman to Dave Whatton, Cheshire, a former Trustee for his service and contribution to the Charities.

There being no further business, The President declared the meeting closed at 11.55 a.m. and invited those present to attend a buffet lunch, and tour of the facilities, at St Andrews.

ENDS