

Bundle Charitable Funds Committee 3 October 2023

- 1 09:30 – CF23/48 Welcome and Introductions
- 2 09:33 – CF23/49 Apologies and Declarations of Interest
- 3 09:35 – CF23/50 Minutes of the previous meeting
Accuracy of Minutes
Matters arising and table actions
CF23_50Minutes040723Final
CF23_50ActionLog
- 4 Items for Information
- 5 09:45 – CF23/51 Brewin Dolphin, Quarterly Investments Presentation and Report
Paul Mathias, Investment Manager, Brewin Dolphin
CF23_51 Brewin Dolphin, Cover Sheet
CF23_51 Brewin Dolphin, Quarterly Investments Presentation and Report
CF23_51Risk Guide
CF23_51 Market Commentary
- 6 10:15 – CF23/52 Charitable Funds Finance report Q1 2023/24
Andrea Hughes, Director of Finance
CF23_52 Charitable Funds Finance report Q1 202324
- 7 10:25 – CF23/53 Charitable Funds and Charitable Partnerships Support Team Update Q2 2023/24
Kirsty Thomson, BCUHB Head of Charitable Partnerships and Charitable Funds
CF23_53 Charity Support Team Update Report Q2 2023_24
CF23_53 Appendix 1_Team Update NHS75 evaluation overview
CF23_53 Appendix 2_Team Update Enthuse SBAR
CF23_53 Appendix 3_Team Update Communications overview
CF23_53 Appendix 4_Team Update Scoping of Volunteering Programmes and Partnerships BCUHB
CF23_53 Appendix 5_Team Update NHSCT Covid Response Fund Overview
- 8 Items for Assurance
- 9 10:35 – CF23/54 Committee Work Plan for 2023/24
Helen Stevens-Jones, BCUHB Director of Partnerships, Engagement and Communications
CF23_54 Charitable Funds Committee Work Plan_Covernote
CF23_54 Appendix 1_Committee Work Plan for 2023.24
- 10 Items for Decision
- 11 10:40 – CF23/55 Three Year BCUHB Charitable Funds and Charitable Partnerships Strategy and Operational Plan
Kirsty Thomson, BCUHB Head of Charitable Partnerships and Charitable Funds
CF23_55 Three Year BCUHB Charitable Funds Charitable Partnerships Strategy (2023–26) Operational Plan_Covernote
CF23_55 Appendix 1_CFCP 3 Year Strategic plan (2023–26)_Final Draft
CF23_55 Appendix 2_CFCP 3 year Operational Plan_V3
- 12 10:55 – CF23/56 Three Year Budget Plan (Charitable Funds and Charitable Partnerships) and Charity Costs Allocation Policy
Bethan Roberts, Principal Finance Manager Financial Reporting
CF23_56 Three Year Budget Plan (Charitable Funds and Charitable Partnerships) and Charity Costs Allocation Policy
- 13 11:10 – CF23/57 Minutes of the 14/08/2023 CFC Grant Decision Meeting and Expenditure Approvals
Kirsty Thomson, BCUHB Head of Charitable Partnerships and Charitable Funds
Expenditure Approvals_Cover sheet
Appendix 1_Draft Minutes_Charitable Funds Grants decision meeting_14.08.23
Appendix 2_Suggested Charitable Funds Grant Application coversheet
Appendix 3a_CA23-10
Appendix 3b_Vascular App – Triage Report
Appendix 4_CA23-12
Appendix 5a_CA23-13
Appendix 5b_Hoverjack quote
Appendix 5c_Risk assessment for Flat lifting equipment

Appendix 6a_CA23-17
Appendix 6b_Quote
Appendix 7a_CA23-19
Appendix 7b_ Bladder Scanner quote
Appendix 8a_CA23-20
Appendix 8b_Quote_Llandudno General Hospital
Appendix 9a_CA23-22
Appendix 9b PHD Fees
Appendix 10_CA23-42
Appendix 11a_CA23-44
Appendix 11b_Quotation_AJH9650 Pen Y Bryn
Appendix 12a_CA23-31
Appendix 12b_April 2023 revised audiology application
Appendix 13_CA23-37
Appendix 14_CA23-38
Appendix 15_CA23-39
Appendix 16_CA23-49

- 14 Items for Information
- 15 12:10 – CF23/58 Review of Reserves Policy – Verbal Update
Andrea Hughes, Director of Finance
- 16 12:20 – CF23/59 Review of Actions
- 17 12:23 – CF23/60 Review of risks highlighted within the meeting
- 18 12:25 – CF23/61 Issues of significance to report to the Health Board
- 19 12:28 – CF23/62 Review of meeting Effectiveness
- 20 Date of next meetings
Trustee Board Workshop: Thursday 30th November, time TBC
CFC Meeting: Thursday 11th January, 2024, 1400 – 1700
Trustees AGM: Thursday 25 January 2024, time TBC

CHARITABLE FUNDS COMMITTEE MEETING

Tuesday July 4th 9.30am 11.30 am 2023
Board Room Carlton Court

Present:

Mr Dyfed Jones Independent Member (Chair)
Mrs Karen Balmer Independent Member

In Attendance:

Ms Cath Broderick External Advisor on Engagement
Mr Russell Caldicott Interim Executive Director of Finance
Ms Paula Clayton Assistant Financial Accountant
Mr Richard Coxon Interim Head of Corporate Affairs (via teams)
Mr Dylan Evans Grants and Data Manager (via teams)
Miss Amy Harding Communications Officer
Ms Andrea Hughes Interim Director of Finance
Dr Jim Mcguigan Deputy Executive Medical Director
Mrs Natalie Morrice-Evans PA to Executive Director of Finance / Committee secretariat
Mrs Bethan Roberts Principal Finance Manager Financial Reporting
Ms Helen Stevens- Jones Director Of Partnerships, Communications and Engagement
Miss Elena Thomas Charity Administrator (via teams)
Ms Kirsty Thomson Head of Fundraising
Mrs Angela Wood Executive Director of Nursing and Midwifery

CF23/32	Welcome & Introductions	
CF23/33	<p>Apologies & Declarations of Interest</p> <p>Apologies were received from: Rhian Watcyn-Jones – IM</p> <p>The Chair declared an interest as trustee of the Anglesey Charitable trust in his role as a Councillor on Anglesey CC.</p> <p>The Head of Fundraising declared an interest as Deputy Chair, Charities Together and involvement in Love, Hope Strength Charitable Foundation as a volunteer and advisor. She advised that family business has donated a gift to the Awyr Las charity.</p>	

	<p>Independent Member Karen Balmer declared an interest as CEO of the Groundwork North Wales Group of Charities which includes: Groundwork North Wales Wild Ground Refurbs Flintshire</p> <p>The Interim Executive Director of Finance declared interests as follows: Fellow of the Association of Chartered Certified Accountants (ACCA) Member of the Healthcare Financial Management Association (HFMA) Liaison Strategic Advisor Director for P4eH Limited</p>	
CF23/34	Minutes of the previous meeting:	
CF23/34.1	Accuracy	
CF23/34.2	<p>The minutes of the previous meeting were approved as a true record.</p> <p>Matters arising and table of actions</p> <p>The table of actions were updated and completed actions closed.</p>	
CF23/35	<p><u>Item for Discussion</u></p> <p>Awr Las Introductory video</p> <p><i>Kirsty Thomson, BCUHB Head of Charitable Partnerships and Charitable Funds</i></p> <p>It was agreed that the video would be shared via email to members of the meeting.</p>	NME
CF23/36	<p>Charitable Funds Finance report Q4 2022/23 Andrea Hughes, Director of Finance</p> <p>CF23/36.1 The Interim Director of Operational Finance gave an overview of the charity finance report for the 12 months ending 31st March 2023, reporting the draft financial position up to the end of the fourth quarter of 2022/23.</p>	

	<p>CF23/36.2 The Director of Finance confirmed that the figures presented in this report are draft figures for 2022/23, that these figures are therefore subject to the closure and submission of the final accounts for 2022/23 and the subsequent audit by Audit Wales.</p> <p>CF23/36.3 A committee member asked if the charity had a reserves policy. The Head of Fundraising confirmed that this was currently being reviewed and would be discussed at the next CFC meeting in October 2023.</p> <p>CF23.36.4 An Independent Member asked which bank the Charity held their accounts with and what interest it paid. The Principal Financial Accountant confirmed that the charity banked with NatWest, receiving 1% on funds held within the account and that monies could be withdrawn at any time without notice. Discussion ensued around the different types of accounts available at present on the market for charities and it was confirmed that these options would be looked.</p> <p>CF23.36.5 A committee member enquired if the Fund raising costs were in line with comparable charities. The Head of Fundraising explained that it was highlighted within the latest independent bench marking study that the charity had lower costs than that of comparable charities. The Head of Fundraising confirmed in future when benchmarking against other NHS Trusts for the Volunteering Scoping Exercise, ensure that the Trust / NHS charity is quoted.</p> <p>It was resolved that the Committee: Noted the report.</p>	
<p>CF23/37</p>	<p>Brewin Dolphin, Quarterly Investments Report <i>Andrea Hughes, Director of Finance</i></p> <p>CF23/37.1 The Director of Finance gave an overview of the Investment Report prepared by Brewin Dolphin. The committee were made aware that a Brewin Dolphin representative would be at the next committee meeting in October to discuss the portfolio and answer any queries.</p> <p>CF23/37.2 Discussion ensued, the Chair asked what the contract length time remaining was for Brewin Dolphin. The Head of Fundraising confirmed that she would share the Brewin Dolphin contractual agreement and length of contract with EDoF, DoF and Chair.</p> <p>It was resolved that the Committee: Noted the report.</p>	<p>KT</p>

<p>CF23/38</p>	<p>Charity Support Team Update Report Q1 2022/23 <i>Kirsty Thomson, BCUHB Head of Charitable Partnerships and Charitable Funds</i></p> <p>CF23/38.1 The Head of Fundraising discussed the paper and informed the committee of the positive work that had been happening within the team. Including updating on staffing numbers, development opportunities and notable events.</p> <p>CF23/38.2 The Communications officer gave details of the fund raising activities happening for the anniversary with over 40 'Big Tea Parties' happening across the sites. Along with the event for staff being held at 'Zip World' that had so far raised over £25,000 for the charity.</p> <p>CF23/38.3 The Head of Fundraising thanked The Communications officer and PA to Director Of Partnerships, Communications and Engagement for all their efforts and input into the sold out event being held at 'Zip World' where over 250 staff would be attending and raising funds for the charity. Proving a huge success in staff engagement and fund raising.</p> <p>CF23/38.4 The Head of Fundraising updated the committee on two papers being submitted to the Health Board Leadership Team.</p> <ol style="list-style-type: none"> 1. A Situation-Background-Assessment-Recommendation Report (SBAR) requesting that charitable partners have 15-year lease agreements (with 2-year break clauses) in place of the tenancy at will documents that have been introduced post-pandemic, to afford all of the partners and BCUHB the ability to plan long term. 2. An SBAR requesting that the Royal Voluntary Service (RVS) volunteering welcome services in Ysbyty Gwynedd and Ysbyty Glan Clwyd be transferred to BCUHB-Awyr Las and the catering and BCUHB-Awyr Las manage retail facilities previously operated by the RVS. <p>The Head of Fundraising advised that updates would be provided at the next CFC in October.</p> <p>It was resolved that the Committee: Noted the report.</p>	
<p>CF23/39</p>	<p>Strategy Progress Discussion Paper <i>Kirsty Thomson, BCUHB Head of Charitable Partnerships and Charitable Funds</i></p> <p>CF23/39.The Head of Fundraising talked through the presentation and confirmed that a workshop would be</p>	<p>KT</p>

	<p>organised with CFC members and team so strategic planning can be shared in advance of the next CFC meeting in October.</p> <p>It was resolved that the Committee: Noted the report.</p>	
<p>CF23/40</p>	<p>Expenditure Approvals <i>Kirsty Thomson, BCUHB Head of Charitable Partnerships and Charitable Funds</i></p> <p>CF23/40.1 The Committee agreed that funding proposals over £5,000 could be approved outside of committee at monthly meetings attended by the Chair and Executive Director of Finance (EDoF), or representatives of both, from July – October 2023. The Head of Fundraising agreed to circulate the terms of this agreement and liaise with the PA to the EDoF to arrange the meetings.</p> <p>CF23/40.2 The expenditure approvals were discussed individually and the outcomes were:</p> <ol style="list-style-type: none"> 1. Complementary Therapy funding – the committee approved the expenditure. The Head of Fundraising will ask whether patients receiving care in primary care settings can access / be referred into the cancer services complementary therapies programme (for interest, not a caveat of approval) 2. Replacement Bath funding – the committee approved the paper 3. Conversion of Decontamination Room funding – the committee approved the funding on the provision that: the team can evidence the quality assessment that has taken place and confirm whether an agreement for a change of use is in place. 4. Patient wig funding – the committee approved the funding <p>CF23/40.3 Discussion ensued around applications and the process behind them, it was agreed that all applications are to include Quality Assessment (evidence one has taken place), Equality Assessment (EqIAs - Equality Impact Assessment (sharepoint.com)) and a socio-economic impact assessment (Socio-Economic Duty (SED) (sharepoint.com)) on all application forms submitted for requests over £5k (or include why not required) from September.</p> <p>CF23/40.4 The Head of Fundraising highlighted an ongoing charity project she had been made aware of regarding a third party charity donating to fund an additional helipad in YG. The</p>	<p>KT</p> <p>KT</p> <p>DE</p> <p>DE</p> <p>KT</p>

	Head of Fundraising agreed to liaise with the Helipad YG Project Board and provide assurance to the CFC that all necessary governance is in place by the October CFC meeting.	
CF23/41	<p>Charity Risk Register <i>Kirsty Thomson, BCUHB Head of Charitable Partnerships and Charitable Funds</i></p> <p><i>It was resolved that the Committee:</i> Noted the report.</p>	
CF23/42	<p>Committee Work Plan for 2023/24 <i>Helen Stevens-Jones, BCUHB Director of Partnerships, Engagement and Communications</i></p> <p><i>It was resolved that the Committee:</i> Noted the report.</p>	
CF23/43	<p>Review of actions</p> <p>CF23/43 Committee actions agreed at the meeting would be updated in the summary action table following the meeting.</p>	KT/NME
CF23/44	<p>Review of risks highlighted within the meeting</p> <p>No risks were highlighted within the meeting.</p>	
CF23/45	<p>Issues of significance to report to the Health Board</p> <p>CF23/45.1 There were no issues of significance to raise to the Health Board. It was agreed a Chairs Assurance Report would be taken to the next Health Board Meeting. It was agreed this must include the challenges of current financial position.</p> <p>CF23/45.1 The Head of Fundraising proposed she draw up a draft Chair's report for the Chair to review.</p>	KT
CF23/46	<p>Review of meeting effectiveness</p> <p>The meeting was deemed as effective. The Chair thanked the committee members for their valuable input into the meeting and it was suggested that subsequent meetings be for three hours to ensure all items are given adequate time.</p>	
CF23/47	<p>Dates CFC strategy workshop and working lunch: Tuesday 5th October, 2023, 12:00 - 15:00</p> <p>Dates CFC meetings: Tuesday 3rd October, 2023, 9:30 - 12:30 Tuesday 9th January, 2024, 9.30 - 12.30</p>	


	Dates Trustees meetings:	
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Thursday 30th November, 2023, after Health Board meeting

Thursday 25th January, 2024, AGM after Health Board meeting

**CHARITABLE FUNDS COMMITTEE
TABLE OF ACTIONS LOG – ARISING FROM MEETINGS HELD IN PUBLIC**

Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Revised timescale/ Action status (O/C)	RAG status
Actions from 04.07.23					
Natalie Morris Evans	CF23/35 It was agreed that the video would be shared via email to members of the meeting.	31/08/23	Sent on Teams meeting message and via email.	Closed	
Kirsty Thomson	CF23/37.2 The Head of Fundraising confirmed that she would share the Brewin Dolphin contractual agreement and length of contract with EDoF, DoF and Chair	31/08/23	Email sent to DoF 10/07/23 confirming current position. Information included in CFC member update 08/08/23	Closed	
Kirsty Thomson	CF23/39.The Head of Fundraising talked through the presentation and confirmed that a workshop would be organised with CFC members and team so strategic planning can be shared in advance of the next CFC meeting in October.	31/08/23	Workshop scheduled for 05/09/23 1200-1500. Information included in CFC member update 08/08/23	Closed	
Kirsty Thomson	CF23/40.1 The Committee agreed that funding proposals over £5,000 could be approved outside of committee at monthly meetings attended by the Chair and	31/08/23	2 x Grants Approval Meetings scheduled: 14/08/23: Grants approvals meeting	Closed	

	Executive Director of Finance (EDoF), or representatives of both, from July – October 2023. The Head of Fundraising agreed to circulate the terms of this agreement and liaise with the PA to the EDoF to arrange the meetings.		11/09/23: Grants approvals meeting		
Kirsty Thomson	CF23/40.2 The Head of Fundraising will ask whether patients receiving care in primary care settings can access / be referred into the cancer services complementary therapies programme (for interest, not a caveat of approval)	03/10/23	Response from Cancer Services: this particular funding is for patients who are either in-patients or outpatients within clinical areas. There are no designated rooms for the therapists. They tend to provide simple therapies at the bedside or in treatment areas. The contract set up through procurement did not include providing treatment in primary care settings and the time they have available would not allow capacity for this. The palliative care team can arrange complementary therapy within the hospice setting.	Closed	
Dylan Evans	CF23/40.2 Conversion of Decontamination Room funding – the committee approved the funding on the provision that: the team can evidence the quality assessment that has taken place and confirm whether an agreement for a change of use is in place.	03/10/23	Quality assessment received from Laura Vernon, Deputy Divisional General Manager, Wed 13/09/2023  Pilot Quality Impact Assessment Tool - D	Closed	

Dylan Evans	CF23/40.3 Discussion ensued around applications and the process behind them, it was agreed that all applications are to include Quality Assessment (evidence one has taken place), Equality Assessment (EqIAs - Equality Impact Assessment (sharepoint.com)) and a socio-economic impact assessment (Socio-Economic Duty (SED) (sharepoint.com)) on all application forms submitted for requests over £5k (or include why not required) from September.	31/08/23	Application system to move online and include upload of assessment information, but a preferred system has not yet been procured.	15/12/23	
Kirsty Thomson	CF23/40.4 The Head of Fundraising agreed to liaise with the Helipad YG Project Board and provide assurance to the CFC that all necessary governance is in place by the October CFC meeting.	03/10/23	Met with the Project Board and funder. Updated timetable to ensure good governance in place included in the Team Update.	Closed	
Kirsty Thomson	CF23/43 Committee actions agreed at the meeting would be updated in the summary action table following the meeting.	31/08/23	Completed	Closed	
Kirsty Thomson	CF23/45.1 The Head of Fundraising proposed draws up draft Chair's report for the Chair to review as required.	31/08/23	Pre-prepared for the 03/10/23 meeting, to be finalised that day following the CFC meeting.	03/10/23	
Actions from 18.01.23					
M Marcu	CF23/09.2 Review any changes and subsequent implications to The Charities Act 2011.	02/03/2023	The changes, noted here: Charities Act 2022: information about the changes being	Closed	

			introduced - GOV.UK (www.gov.uk) Will be included in a Trustees update scheduled for circulation by 31/08/23.		
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Teitl adroddiad:	Investment Manager's Portfolio Report				
Report title:					
Adrodd i:	Charitable Funds Committee				
Report to:					
Dyddiad y Cyfarfod:	Tuesday, 03 October 2023				
Date of Meeting:					
Crynodeb Gweithredol:	This paper is a regular paper prepared by Brewin Dolphin, brought to the Charitable Funds Committee.				
Executive Summary:	The Charitable Funds Committee are asked to scrutinise the report and note the key themes within the paper.				
Argymhellion:	The Committee is asked to note the Investment Manager's Portfolio Report				
Recommendations:					
Arweinydd Gweithredol:	Russell Caldicott, Interim Executive Director of Finance				
Executive Lead:					
Awdur yr Adroddiad:	Paul Mathias, Investment Manager, Brewin Dolphin				
Report Author:					
Pwrpas yr adroddiad:	Purpose of report:	I'w Nodi For Noting <input checked="" type="checkbox"/>	I Benderfynu arno For Decision <input type="checkbox"/>	Am sicrwydd For Assurance <input type="checkbox"/>	
Lefel sicrwydd:	Assurance level:	Arwyddocaol Significant <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:					
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:					
Cyswllt ag Amcan/Amcanion Strategol:	Aligned to the Awyr Las Charity Strategy				
Link to Strategic Objective(s):					
Goblygiadau rheoleiddio a lleol:					
Regulatory and legal implications:					
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	Equality Impact (EqlA) and a socio-economic (SED) impact assessments not applicable.				
In accordance with WP7 has an EqlA been identified as necessary and undertaken?					

<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>The risks of the charity are reviewed by the Committee on a quarterly basis.</p> <p>Key Risks: ▪ Without an investment management plan and regular scrutiny of its investments, the corporate trustee cannot fulfil its duty (The essential trustee: what you need to know, what you need to do - GOV.UK)</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>See Risk Register</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p><i>Next Steps:</i> <i>Implementation of recommendations</i></p>	<p>The Committee is asked to note the report.</p>
<p>Rhestr Atodiadau List of Appendices:</p>	<ol style="list-style-type: none"> 1. Quarterly Investment Report 2. Risk Guide 3. Market Commentary

Investment Manager's Presentation and Portfolio Report
Charitable Funds Committee, In public
Tuesday 3rd October 2023

1. Introduction/Background

Brewin Dolphin provides the Investment Management services for the charity. The key objective of the portfolio is to preserve and grow its value in 'real' terms, in order to continue to support charitable grantmaking over the long term.

Brewin Dolphin provide a quarterly investment portfolio report and attend the Charitable Funds Committee meeting twice a year to present this report.

2. Corff yr adroddiad / Body of report

See Appendices:

Appendix A: Presentation pack

Appendix B: Brewin Dolphin Market Commentary

3. Goblygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications

There are budgetary implications associated with this paper, though these are not explicit.

4. Rheoli Risg / Risk Management

The risks associated with the Investments are included in the Charity Risk Register

5. Goblygiadau Cydraddoldeb ac Amrywiaeth / Equality and Diversity Implications

This report relates to a 'strategic decision', i.e. the outcome will affect how the Charity fulfils its purpose over a significant period of time. It is not considered to be a 'day to day' decision. A Socio-economic Duty (SED) Impact Assessment (SEIA) as well as a completed Equality Impact (EqIA) were completed when the Tender (BCU-OJEU-43739) was issued for the provision of investment manager services for the charity.



Brewin
Dolphin



Awyr Las
Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

Paul Mathias, Assistant Director – Investment Manager

3 October 2023

Data prepared 22 September 2023

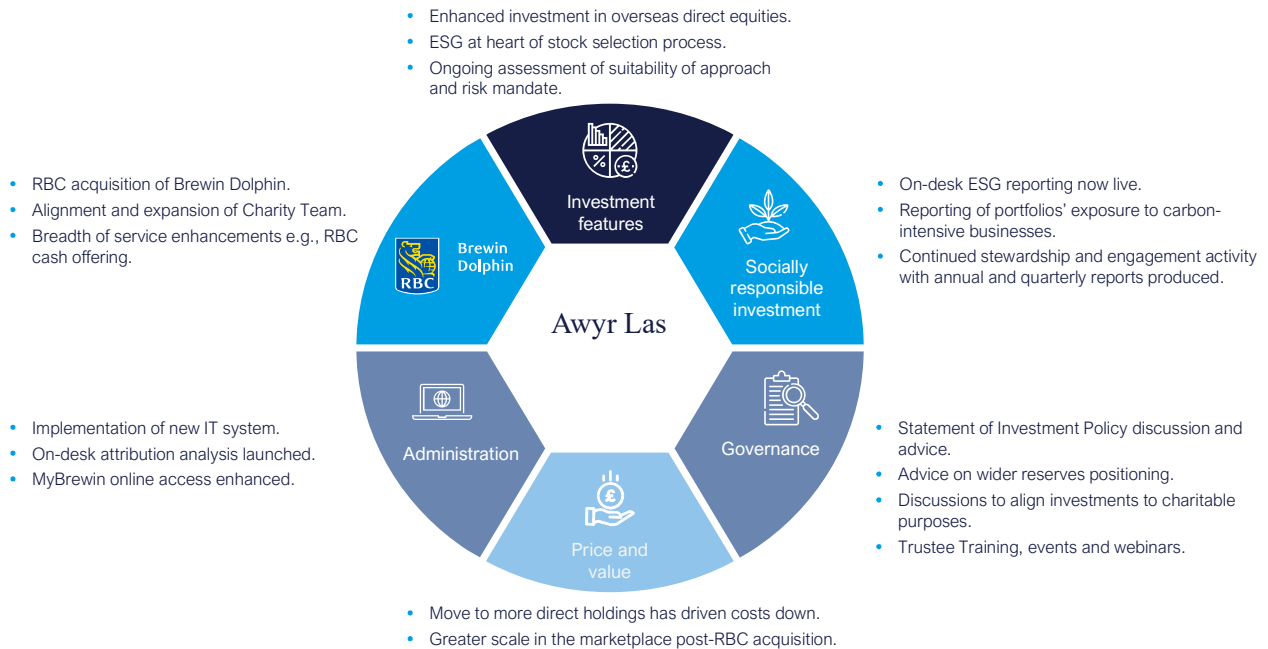
Presentation Summary

1. Developments to be aware of
2. Confirmation of Mandate and Investment Criteria
3. Market Review and Outlook
4. Activity and Performance
5. ESG and Stewardship update



Developments to be aware of

Charity developments



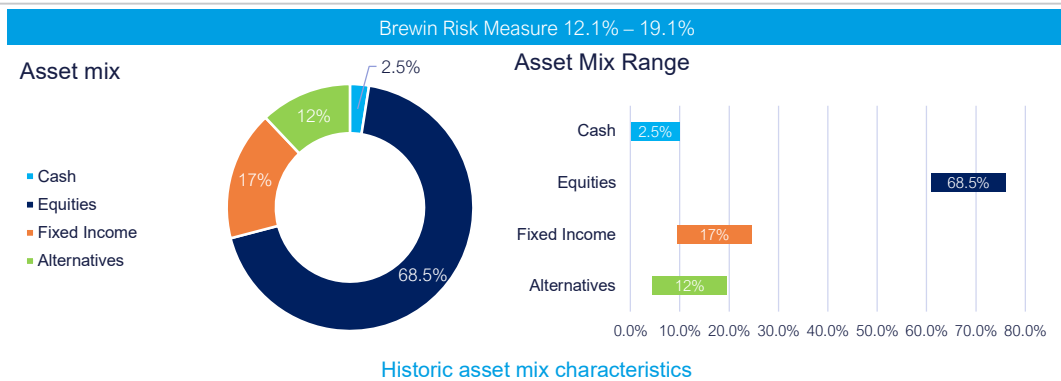


Confirmation of Mandate & Investment Criteria

Confirmation of Mandate & Investment Criteria

- **Strategic aim:** To enhance Awyr Las' ability to improve the health and wellbeing of people across North Wales and deliver excellent care.
- **Funds available for investment:** c. £10.0m at 31 August 2023. [Note proposal to withdraw funds]
- **Investment objectives:** To preserve and grow the portfolio against inflation.
- **Attitude to risk:** Moderate, with the ability to tolerate short-term volatility.
- **Time horizon:** Long-term (greater than 10 years).
- **Income requirement:** There is no specific requirement, anticipating a balance of growth and income. [Note proposal to withdraw income generated – currently c. £187k per annum but will fall if funds are withdrawn]
- **Reserves policy:** The Charity has a target level of reserves of c.£3.8m (based on a three-year average of one year's operational costs, 25% of the value of the investments held and 25% of the anticipated grant funded activity expenditure).
- **Ethical policy:** Negative screening is to be applied to exclude companies manufacturing and distributing alcoholic products, tobacco products and any products which may be considered in conflict with the Health Board's activities [now interpreted to mean armaments, civilian firearms, adult entertainment and gambling]. Investment in companies which have a poor record in human rights and child exploitation or which derive their profits from countries with poor human rights records should not be permitted. Direct investment in Russian or Belarussian securities is excluded.

Characteristics of Risk Profile 6



Historic asset mix characteristics

	Last 5 years	Last 10 years	Last 15 years
Average total return per year*	5.2%	8.1%	6.8%
Average capital return per year	3.0%	5.7%	4.3%
Average yield	2.1%	2.1%	2.3%
Gain over the period*	29.1%	116.9%	167.9%
Largest fall in value during the period*	14.2%	14.2%	25.1%
Longest time to recover	13 months	15 months	24 months

* Based on total return

Source: RBC Brewin Dolphin, Refinitiv Datastream from 31 December 2007 to 31 December 2022

The above information is for illustrative purposes only and is not intended as investment advice. Past performance is not a guide to future performance.

Performance is shown before charges which will have the effect of reducing the performance illustrated.



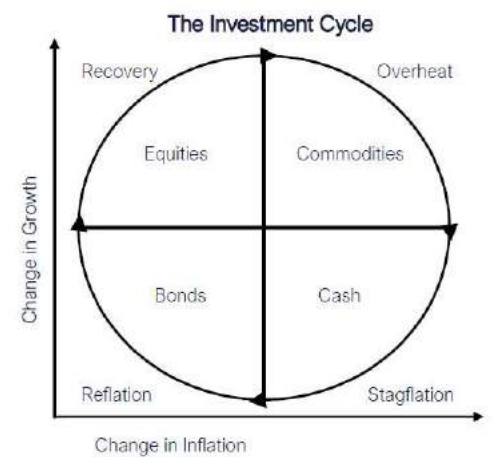
Market Review and Outlook

Investment philosophy & cycle

- Inflation and recession risks remain at the top of investors' concerns. Over the course of 2023, fears of another banking crisis and a US debt default have passed. Markets continue to fluctuate based on the latest data on inflation and whether it might have reached its peak, and central bank pronouncements on the likely direction of interest rates. This 'hiking cycle' is now the fastest since 1981.
- Whilst economic growth has so far been more resilient than anticipated, the sustained period of inflation at multi-decade highs will act as a drag, particularly as higher prices, most notably for energy and food, and increased borrowing costs (notably mortgages) weigh on household net incomes. Companies will similarly see their profit margins squeezed as costs rise and demand reduces. We are 'late cycle'.
- These factors reduce an economy's growth potential, meaning recession risks remain high, although the probability the US will be able to avoid a recession – a so called 'soft landing' scenario – has increased, and global fund managers now think this to be the most likely outcome. China is engaging in more stimulus to offset weakness there.
- Whilst the labour market has recently eased somewhat, and wage growth appeared to soften after finally outpacing inflation, this has been the main source of the economy's strength, with very low levels of unemployment and job openings in abundance. Governments around the world have shielded the most vulnerable from the surge in energy costs and, in aggregate, households built up savings over the course of the pandemic that have so far cushioned the blow of the cost-of-living crisis.
- These factors suggests the length and depth of any recession are likely to be relatively mild, and very different from the global financial crisis and Covid-19. Longer term, anticipated adoption of artificial intelligence should positively impact economic growth and profitability.
- We are currently carrying a relatively 'neutral' portfolio position. Equity valuations do not appear to reflect an undervaluation, especially relative to real bond yields. We have been comfortable adding more 'duration' to our bond exposure in anticipation of the peak of interest rates, and the next phase of the investment cycle, but feel it is too soon to add to equities yet.
- We continue to believe markets will remain volatile in the near term, until inflation proves to truly be tamed. With inflation set to ease, interest rates near their peak and a recession expected to be relatively mild, sentiment should then turn more positive.

Investment philosophy & cycle

Asset Class	Very Underweight	Underweight	Neutral	Overweight	Very Overweight
Bonds			■		
Government				●	
Corporate		●			
Equities			■		
UK		●			
Overseas:				●	
North America				●	
Europe ex UK			●		
Japan			●		
Asia ex Japan			●		
Emerging Market		●			
Alternatives			■		
Property		●			
Others				●	
Cash			■		





Brewin
Dolphin

Portfolio Review

Portfolio Overview

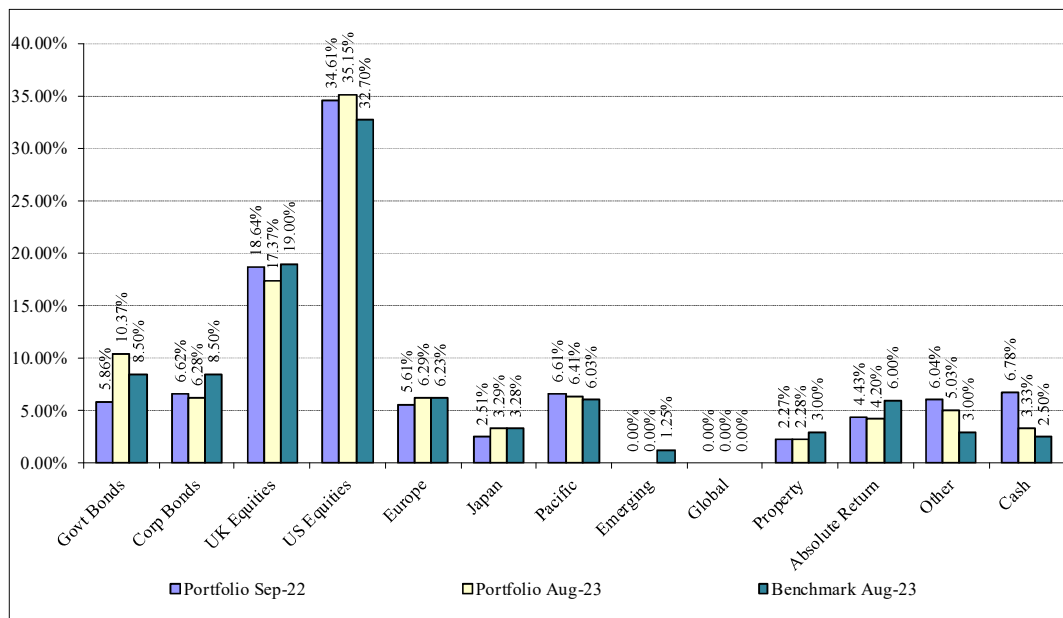
31 August 2023							
RBC Brewin Dolphin Investment Portfolio Summary							
	Book Cost	Market Value	% Holding	Benchmark	Yield	Gross Income	
Fixed Interest							
Govt Bonds	£ 1,173,706.83	£ 1,048,463.80	10.47%	8.50%	2.21%	£ 23,164.68	
Corp Bonds	£ 757,107.57	£ 627,858.06	6.27%	8.50%	2.90%	£ 18,232.44	
Accrued Interest	£ -	£ -	0.00%	0.00%	0.00%	£ -	
Total Fixed Interest	£ 1,930,814.40	£ 1,676,321.86	16.74%	17.00%	2.47%	£ 41,397.12	
UK Equities	£ 1,799,199.15	£ 1,697,095.31	16.94%	19.00%	2.98%	£ 50,585.93	
Overseas Equities							
US	£ 3,131,378.01	£ 3,562,236.46	35.56%	32.70%	0.90%	£ 31,946.09	
Europe	£ 618,710.60	£ 616,354.55	6.15%	6.23%	0.20%	£ 1,262.79	
Japan	£ 383,388.47	£ 320,152.80	3.20%	3.28%	1.82%	£ 5,833.99	
Pacific	£ 655,200.24	£ 623,273.20	6.22%	6.03%	1.67%	£ 10,427.08	
Emerging	£ -	£ -	0.00%	1.25%	0.00%	£ -	
Global	£ -	£ -	0.00%	0.00%	0.00%	£ -	
Total Overseas	£ 4,788,677.32	£ 5,122,017.01	51.14%	49.50%	0.97%	£ 49,469.95	
Alternatives							
Property	£ 247,115.87	£ 227,804.16	2.27%	3.00%	3.05%	£ 6,945.02	
Absolute Return	£ 450,240.71	£ 428,823.94	4.28%	6.00%	1.89%	£ 8,120.50	
Other	£ 572,708.19	£ 504,785.02	5.04%	3.00%	4.10%	£ 20,705.63	
Total Alternatives	£ 1,270,064.77	£ 1,161,413.12	11.60%	12.00%	3.08%	£ 35,771.15	
Total Investments	£ 9,788,755.64	£ 9,656,847.30	96.41%		1.84%	£ 177,224.15	
Cash							
Cash Product	£ 197,525.00	£ 197,525.00	1.97%		4.98%	£ 9,835.44	
Capital Ledger	£ 124,132.65	£ 124,132.65	1.24%		0.00%	£ -	
Dividends Pending	£ 26,165.22	£ 26,168.49	0.26%		0.00%	£ -	
Income Ledger	£ 11,673.66	£ 11,673.66	0.12%		0.00%	£ -	
Total Cash	£ 359,496.53	£ 359,499.80	3.59%	2.50%			
Total Fund	£ 10,148,252.17	£ 10,016,347.10	100.00%				
Ex. Accrued Interest	£ 10,110,413.29	£ 9,978,504.95	100.00%		1.87%	£ 187,059.59	
	Monthly	Quarterly	Six Monthly	Annual	Inception	05/07/2021	
Portfolio	-0.70%	1.87%	1.18%	2.17%	-4.71%		
Benchmark	-1.11%	2.40%	2.39%	3.35%	3.49%		
<i>FT All Share</i>	-2.50%	1.05%	-3.23%	5.23%	7.58%		
<i>FT All Stocks</i>	-0.44%	-0.09%	-2.41%	-9.46%	-25.91%		
<i>ARC Sterling Steady Growth ACI</i>	N/A	N/A	N/A	N/A	N/A		
<i>BoFE Base Rate</i>	0.43%	1.25%	2.33%	3.89%	4.60%		
<i>Bank of England Base Rate</i>	5.25%						
<i>FTSE 100 Value</i>	7439.13						

Performance commentary

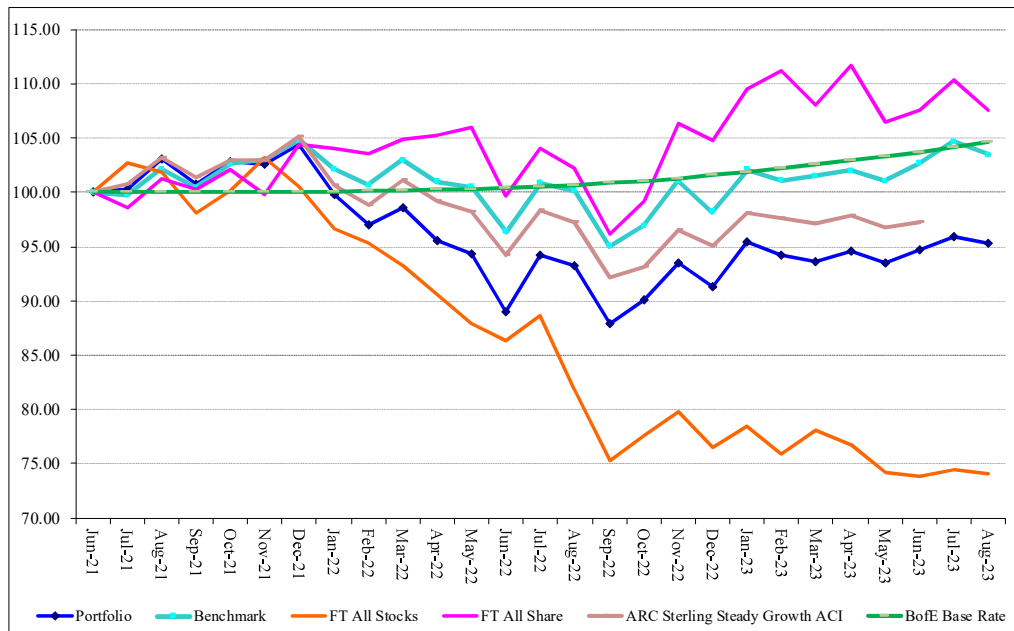
- Our US equity performance has disappointed of late. 2023 has been an extreme year for narrow leadership. The top 10 leading stocks have contributed to c. 80% of the S&P 500's positive returns year to date, with notable performance amongst mega-caps NVIDIA, Meta, Tesla, Amazon, Alphabet, Apple, and Microsoft. Because of their size, Apple and Microsoft alone account for almost 50% of the entire positive performance of the S&P 500, which is more than any two companies have represented since 1979.
- This mega-cap narrow leadership creates a tough environment for active investors. For example, Apple and Microsoft make up c. 7.5% and 7.0% of the S&P 500 respectively, meaning that a fund manager would need to be at least equal to these weights to benefit from their positive performance.
- However, we have not been immune to the benefits of this narrow performance. We hold Alphabet, Microsoft, and the Baillie Gifford American fund, which have benefitted from these dynamics, albeit not in the same weights as required to outperform the S&P 500 (which we also hold passively at c. 5.0% in the portfolio).
- Separately, infrastructure projects have performed poorly in the year to date, as their relative attractiveness has waned in a higher interest rate environment and sentiment towards them is weak. In the case of renewable technologies, power prices have been volatile.
- We believe in the underlying soundness of the projects and, given a change in sentiment towards the sector when inflation and interest rates have peaked, we would expect a reversal of the current 'discounts' to their net asset value.



Fund structure through the year



Fund Performance



Administration

Cashflows

- None since inception

Income

- Currently reinvested into the portfolio.
- Income delivered:
 - 1 April 2023 – 22 September 2023 - £105,592.34
 - FY 31 March 2023 - £192,343.30
 - FY 31 March 2022 - £101,378.21
- Income delivered over last 12-months: **£185,399.25**

Trading

Q1 2023

- In February, we reduced equities slightly. Within the UK, we disposed of Lloyds and GSK, and we increased the position in consumer healthcare business Haleon, which our analysts favour following its demerger from GSK, and introduced AstraZeneca as our preferred pharmaceutical business within the UK.
- Within the US, we further trimmed some of the larger positions including American Express, Berkshire Hathaway, Comcast, Deere & Company, Mastercard, Moody's Corporation, S&P Global Inc, and Wells Fargo. Similarly, in Europe we trimmed the position in Ryanair Holdings.
- With part of the proceeds, we introduced prestige beauty company Estée Lauder, medical technology company Stryker, and Dodge & Cox US Stock Fund, a value-orientated fund to balance the style within US equities. We also added to the position in Comgest Growth Europe Fund, to retain an appropriate allocation to Europe, as well as the Baillie Gifford Japanese and Invesco Asia UK funds.
- With the remaining proceeds we added to both government bonds and alternative assets through Vanguard US Government Bond Index Fund and Blackrock iShares Environment & Low Carbon Tilt Real Estate Index Fund to increase the diversification of the portfolio.

Q2 2023

- In May, we took the decision to exit our position in Estée Lauder, where a loss in the company's competitive edge became apparent in their most recent results, and we did not wish to risk further capital on this basis.
- We used the proceeds to introduce a new position in Copart which provides a platform for running online salvage auctions. Copart is the larger company in a duopoly which covers 80% of the US market, maintaining a seemingly irreplaceable network. Copart has a strong balance sheet, attractive returns on invested capital and provides exposure to a relatively unique market with long-term structural drivers.

Trading

Q2 2023 (continued)

- In June, we slightly restructured the portfolio's exposure to infrastructure by trimming positions in International Public Partnerships and HICL Infrastructure and used the proceeds to introduce a new position in The Renewables Infrastructure Group (TRIG). TRIG offers exposure to renewable energy infrastructure (primarily wind and solar), a key area of the world's current and future power supply that should benefit from significant growth given external pressure on traditional fuels and the focus to become 'net zero'. As with other infrastructure trusts, TRIG offers inflation linked, long-term stable and attractive income streams.
- We trimmed the position in Ferguson to take profits and slightly reduce exposure to the US, to rebalance the portfolio following strong performance in US markets.
- Later in June, we rebalanced the regional allocations within equities by trimming the position in Deere & Co and disposing of the entire position in Ryanair Holdings. We used the proceeds to add to positions in Baillie Gifford American Fund, Comgest Growth Europe Fund and Baillie Gifford Japanese Fund.
- Within alternative assets, we trimmed the position in BNY Mellon Sustainable Global Dynamic Bond Fund in order to introduce a new position in JPMorgan Global Macro Opportunities Fund. The JPMorgan fund aims to produce attractive returns with limited volatility. The team look to set their key macroeconomic themes and select appropriate investment strategies to implement these themes in a precise, accurate and efficient way, and the process is implemented with a strong focus on risk management which reduces the correlation with equities.
- We used the proceeds to increase exposure to the Fixed Interest sector, by adding to the existing position in Vanguard US Government Bond Index Fund. As central banks continue to raise base rates, the entry point for government bonds has become increasingly attractive.
- Finally, given recent interest rate rises, we used part of the monies available on deposit to invest in the BlackRock Sterling Liquidity Fund, to improve the rate of return we are generating from the allocation to cash assets. The fund currently yields c. 4.75%. Please note, we took care not to risk overdrawing the account when investing into the cash fund, and the purchase was therefore delayed until after the reporting period to ensure sufficient cash was available.

Trading

Q3 2023

- In late July, we disposed of the short-dated treasury stocks we purchased in late 2022 and used proceeds to add to our position in the Insight Government All Maturities Bond fund. We believe we are approaching the peak in base rates and by switching into longer dated issues, we lock in the attractive yields for longer, and expect the longer-dated issues to outperform should interest rates fall during the life of the bonds.
- In early August, we disposed of the holding in Barclays, reallocating the monies to the US through the Vanguard S&P 500 ETF to provide what we feel will be more defensive equity exposure.
- Also in August, we rebalanced within the US equity portion of the portfolio. We sold Mastercard and replaced this with a new purchase in Visa, favouring the greater scale and operating margins we perceive Visa to have. We also sold S&P Global Inc and, with the proceeds, added to our higher conviction holdings in Copart (to make the portfolio position size similar to the other US holdings) and Charles Schwab (on the back of share price weakness). We reduced the holding in Microsoft following strong performance in the company this year. Finally, we added to the Vanguard S&P 500 ETF to ensure the passive exposure remains meaningful within the portfolio.
- In early September, we also disposed of the position in St James's Place. We used the proceeds to introduce a position in medical technology firm Smith & Nephew, which recently reported positive underlying growth, steady progress in operational performance, and increased sales guidance for the full year. We believe Smith & Nephew will be more resilient through periods of economic weakness and the position therefore further increases the defensiveness of the portfolio.



ESG and Stewardship Update

ESG Risk Report

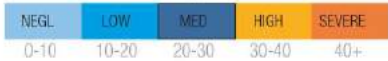
The ESG risk score measures the degree to which the underlying investments' economic value may be at risk driven by material environmental, social, and governance factors. A portfolio with a higher score indicates higher exposure to ESG related risk. We believe transparency is important, that is why we are sharing the ESG risk of your portfolio with you. It is one of many data sources considered by our central Research team when performing ESG integration. Please be aware that this score is not set as a portfolio objective.

ESG risk scores

ESG risk score data coverage of the portfolio: 82.46%

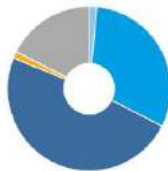
ESG risk score		Portfolio E, S, & G scores	
Portfolio	20.49	Environmental risk score	3.16
Comparator (Vanguard FTSE All World)	22.01	Social risk score	6.50
Source: Morningstar/Sustainalytics		Governance risk score	7.44

Medium Risk



Exposure by ESG risk categories

The chart below shows the % of holdings by market value in each ESG risk category in the portfolio.



ESG risk category	Market value at 31/08/2023	% of holdings
Negligible	151,070.80	1.51
Low	3,104,325.09	30.99
Medium	4,868,909.00	48.61
High	135,212.54	1.35
Severe	0.00	0.00
Not Covered*	1,756,829.67	17.54
TOTAL	10,016,347.10	100.00

Source: Morningstar/Sustainalytics

The portfolio ESG risk score is an asset-weighted average of all the ESG risk scores for all covered securities in the portfolio. It is important to note that if the portfolio coverage increased or decreased, this could materially impact the ESG risk score.

*Not Covered indicates all sovereign bonds, and securities that either do not qualify for the Sustainalytics ESG risk scores (such as short positions, cash and currency, as well as derivatives and synthetic holdings) or the companies/funds that do not yet have a Sustainalytics ESG risk score.

ESG Risk Report

Lowest and highest ESG risk scores

5 lowest ESG risk assets - by risk score

Asset name	Classification	ESG risk score
RELX PLC GBP0.1444	Negligible	5.34
MOODYS CORP COM USD0.01	Low	10.50
BLACKROCK FUND MANAGERS LTD BR CIF I	Low	13.37
THERMO FISHER SCIENTIFIC INC COM USD1	Low	13.58
BNY MELLON INVESTMENT FUNDS BNY MLN	Low	14.73

Source: Morningstar/Sustainalytics

5 highest ESG risk assets - by risk score

Asset name	Classification	ESG risk score
WELLS FARGO & COMPANY COM USD1.666	High	31.50
STRYKER CORP COM STK USD0.10	Medium	28.52
ES RIVER AND MERCANTILE ICVC ES R&M U	Medium	26.90
ALPHABET INC CAPITAL STOCK USD0.001 CL	Medium	24.60
CHARTER COMMUNICATIONS INC COM USD0	Medium	24.25

Carbon intensity

Carbon intensity data coverage of the portfolio: 72.25%

Carbon intensity measures a portfolio's exposure to carbon intensive businesses and is a recommended metric for assessing carbon risk by the Task Force on Climate Related Financial Disclosures (TCFD). It is calculated as a weighted average of each portfolio company's total scope 1 and 2 carbon emissions* divided by their annual sales, with a lower score representing lower carbon intensity.

Weighted Average Carbon Intensity	tCo2e/\$M Revenue
Portfolio	73.40
Comparator (Vanguard FTSE All World)	207.43

Source: Morningstar/Sustainalytics

Portfolio Weighted Average Carbon Intensity is an asset-weighted average of all covered securities. It is important to note that if the portfolio coverage increased or decreased, this could materially impact the carbon intensity.

* Scope 1: All direct GHG emissions from sources owned or controlled by the company (e.g. emissions from combustion in owned boilers, furnaces). Scope 2: Indirect GHG emissions that occur from the generation of purchased electricity, steam or heat consumed by the company.

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Stewardship activities – selected examples

Remuneration in the cost-of-living crisis context:

- Croda – consultation on remuneration policy.
- Ashtead – shareholder dissent on remuneration.

Climate Action 100+

- Regarding Berkshire Hathaway.

Rio Tinto

- Concurrent engagements on a large firm holding around gender diversity, climate, and indigenous rights.

BP

- Voted against the re-election of the Chair in response to backtracking on aspects of Net Zero strategy.

Transition Pathway Initiative

- Second round of engagement to assess indirect exposure to high-emitting companies.

Microplastics

- Continued engagement independently and via Investor Forum membership.

Valuation Report



Brewin
Dolphin

BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY MAIN

For the period from 31/08/2022 to 31/08/2023
Generated on 21/09/2023

PORTFOLIO INFORMATION

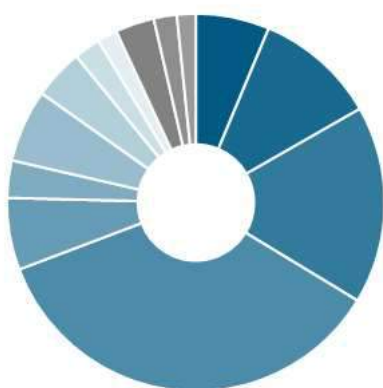
Portfolio Number	BETSI0001
Service Category	Discretionary
Risk Profile	Risk Level 6
Investment Strategy	Income and Capital Growth
PRC6 Code	651651

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Asset Allocation

Asset Allocation



Asset Allocation	Market Value at 31/08/2023	% of Holdings
UK Bonds	631,142.48	6.30
Overseas Bonds	1,045,179.38	10.43
UK Equities	1,697,095.31	16.94
North American Equities	3,562,236.46	35.56
European Equities	616,354.55	6.15
Japanese Equities	320,152.80	3.20
Asia Pacific Equities	623,273.20	6.22
Absolute Return	428,823.94	4.28
Property	227,804.16	2.27
Commodities	170,925.90	1.71
Other Investments	333,859.12	3.33
Cash Product	197,525.00	1.97
Cash	161,974.80	1.62
TOTAL	10,016,347.10	100.00



Valuation report for BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY MAIN
 For the period from 31/08/2022 to 31/08/2023
 All values and returns reported in British Pounds
 Valuations as at today use the previous trading day's closing prices.
 For backdated valuations prices are at the period end date.

Holdings Summary

Quantity	Security Name	SubPortfolio ID	Price	Accrued Interest	Book Cost	Market Value	Est. Gross Income	Est. Gross Yield %	Ptf %
UK Bonds									
Government Bonds									
538,095	INSIGHT INV DISCRETIONARY FDS ICVC INSIGHT INV UK GOVT ALL MATRITS BD GRS P	BETSI0001	0.7904 GBP		473,307.03	425,310.29	9,912.79	2.33	4.25
Open Ended Collectives									
218,135	ROYAL LONDON BOND FUNDS II ICVC ROYAL LONDON ETHICAL BOND Z GBP DIS	BETSI0001	0.9436 GBP		258,723.38	205,832.19	8,442.04	4.10	2.05
Sub Total UK Bonds					732,030.41	631,142.48	18,354.83	2.91	6.30
Overseas Bonds									
Government Bonds									
4,445	VANGUARD INVESTMENT SERIES PLC VANGUARD U S GOVT BOND IDX GBP HGD DIS	BETSI0001	87.3042 GBP		427,377.86	388,067.17	9,657.37	2.49	3.87
Index Linked Bonds									
48,905	ISHARES II PLC USD TIPS UCITS ETF GBP DIS HEDGED	BETSI0001	4.807 GBP		273,021.94	235,086.34	3,594.52	1.53	2.35
Corporate Bond Funds									
265,965	JANUS HENDERSON FUND MGMT UK LTD JANUS HEND FXD INT MTHLY INC GQ GBP DIS	BETSI0001	0.4567 GBP		146,774.65	121,466.22	5,983.15	4.93	1.21
2,985	ROBEKO CAPITAL GROWTH FUNDS ROBECOSAM GLOBAL SDG CREDITS IH GBP	BETSI0001	100.69 GBP		351,609.54	300,559.65	3,807.25	1.27	3.00
Sub Total Overseas Bonds					1,198,783.99	1,045,179.38	23,042.29	2.20	10.43



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Holdings Summary

Quantity	Security Name	SubPortfolio ID	Price	Accrued Interest	Book Cost	Market Value	Est. Gross Income	Est. Gross Yield %	Ptf %
UK Equities									
Chemicals									
1,970	CRODA INTERNATIONAL ORD GBP0.10609756	BETSI0001	55.22 GBP		135,300.60	108,783.40	2,127.60	1.96	1.09
Industrial Support Services									
3,270	ASHTREAD GROUP ORD GBP0.10	BETSI0001	55.24 GBP		69,831.70	180,634.80	2,596.05	1.44	1.80
Personal Goods									
3,915	UNILEVER PLC ORD GBP0.031111	BETSI0001	40.42 GBP		155,190.43	158,244.30	5,879.16	3.72	1.58
Pharmaceuticals & Biotechnology									
852	ASTRAZENECA ORD USD0.25	BETSI0001	106.62 GBP		93,260.92	90,840.24	1,998.79	2.20	0.91
34,320	HALEON PLC ORD GBP0.01	BETSI0001	3.225 GBP		103,678.17	110,682.00	1,441.44	1.30	1.11
Media									
5,860	RELX PLC GBP0.1444	BETSI0001	25.78 GBP		111,057.82	151,070.80	3,275.74	2.17	1.51
Travel & Leisure									
6,835	COMPASS GROUP PLC ORD GBP0.1105	BETSI0001	19.93 GBP		108,771.95	136,221.55	2,535.78	1.86	1.36
Gas, Water & Multiutilities									
8,705	NATIONAL GRID ORD GBP0.12431289	BETSI0001	9.902 GBP		90,432.89	86,196.91	4,826.05	5.60	0.86
Non-Life Insurance									
4,215	ADMIRAL GROUP ORD GBP0.001	BETSI0001	24.9 GBP		68,200.76	104,953.50	3,730.28	3.55	1.05



Valuation report for BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY MAIN
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Holdings Summary

Quantity	Security Name	SubPortfolio ID	Price	Accrued Interest	Book Cost	Market Value	Est. Gross Income	Est. Gross Yield %	Ptf %
UK Equities									
Life Insurance									
50,810	LEGAL & GENERAL GROUP ORD GBP0.025	BETSI0001	2.187 GBP		139,351.42	111,121.47	9,979.08	8.98	1.11
7,280	ST JAMES'S PLACE ORD GBP0.15	BETSI0001	8.848 GBP		104,452.08	64,413.44	3,859.86	5.99	0.64
Open Ended Collectives									
48,210	ES RIVER AND MERCANTILE ICVC ES R&M UK LISTED SMALLER COMPANIES S DIS	BETSI0001	2.929423 GBP		176,880.81	141,227.48	3,841.14	2.72	1.41
242,055	JUPITER INVESTMENT MNGMT SERIES I JUPITER UK MID CAP U2 GBP DIS	BETSI0001	1.044 GBP		442,789.60	252,705.42	4,494.96	1.78	2.52
Sub Total UK Equities					1,799,199.15	1,697,095.31	50,585.93	2.98	16.94



Valuation report for BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY MAIN
 For the period from 31/08/2022 to 31/08/2023
 All values and returns reported in British Pounds
 Valuations as at today use the previous trading day's closing prices.
 For backdated valuations prices are at the period end date.

Holdings Summary

Quantity	Security Name	SubPortfolio ID	Price	Accrued Interest	Book Cost	Market Value	Est. Gross Income	Est. Gross Yield %	Ptf %
North American Equities									
Industrial Engineering									
310	DEERE & CO COM STK USD1	BETSI0001	410.94 USD		18,615.60	100,522.69	1,320.93	1.31	1.00
Industrial Support Services									
800	FERGUSON PLC ORD GBP0.10	BETSI0001	161.56 USD		77,201.16	101,987.71	1,893.80	1.86	1.02
Medical Equipment and Services									
456	STRYKER CORP COM STK USD0.10	BETSI0001	283.55 USD		98,794.81	102,027.79	1,079.47	1.06	1.02
350	THERMO FISHER SCIENTIFIC INC COM USD1	BETSI0001	557.1 USD		166,199.93	153,859.81	386.65	0.25	1.54
Telecommunications Service Providers									
347	CHARTER COMMUNICATIONS INC COM USD0.001 CLASS A	BETSI0001	438.12 USD		82,684.55	119,962.79	0.00	0.00	1.20
3,225	COMCAST CORP COM USD0.01 CL A	BETSI0001	46.76 USD		91,330.01	118,994.86	2,951.97	2.48	1.19
Banks									
2,120	SCHWAB(CHARLES)CORP COM USD0.01	BETSI0001	59.15 USD		133,185.78	98,949.73	1,672.86	1.69	0.99
4,150	WELLS FARGO & COMPANY COM USD1.666	BETSI0001	41.29 USD		123,195.02	135,212.54	4,584.59	3.39	1.35
Non-Life Insurance									
2,045	BROWN & BROWN INC COM STK USD0.10	BETSI0001	74.1 USD		106,439.09	119,573.66	742.29	0.62	1.19
Life Insurance									
745	BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B'	BETSI0001	360.2 USD		45,461.54	211,750.27	0.00	0.00	2.11



Valuation report for BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY MAIN
 For the period from 31/08/2022 to 31/08/2023
 All values and returns reported in British Pounds
 Valuations as at today use the previous trading day's closing prices.
 For backdated valuations prices are at the period end date.

Holdings Summary

Quantity	Security Name	SubPortfolio ID	Price	Accrued Interest	Book Cost	Market Value	Est. Gross Income	Est. Gross Yield %	Ptf %
North American Equities									
Investment Banking and Brokerage Services									
785	AMERICAN EXPRESS CO COM USD0.20	BETSI0001	157.99 USD		38,187.68	97,864.06	1,486.64	1.52	0.98
1,860	INTERCONTINENTAL EXCHANGE INC COM USD0.01	BETSI0001	117.99 USD		162,884.23	173,173.78	2,465.73	1.42	1.73
515	VISA INC COM STK USD0.0001 'A'	BETSI0001	245.68 USD		100,010.31	99,839.18	731.48	0.73	1.00
Open End and Miscellaneous Investment Vehicles									
7,490	VANGUARD FUNDS PLC S&P 500 UCITS ETF USD DIS	BETSI0001	67.5397 GBP		479,865.77	505,872.35	6,407.86	1.27	5.05
Software & Computer Services									
1,560	ALPHABET INC CAPITAL STOCK USD0.001 CL A	BETSI0001	136.17 USD		160,588.14	167,621.62	0.00	0.00	1.67
65	BOOKING HOLDINGS INC COM USD0.008	BETSI0001	3,105.03 USD		86,387.85	159,258.69	0.00	0.00	1.59
579	MICROSOFT CORP COM USD0.00000625	BETSI0001	327.76 USD		125,048.36	149,747.13	1,242.72	0.83	1.50
Open Ended Collectives									
21,910	BAILLIE GIFFORD OSEAS GTH FDS ICVC BAILLIE GIFFORD AMERICAN FUND W1 DIS	BETSI0001	10.81 GBP		381,485.30	236,847.10	0.00	0.00	2.36
16,855	DODGE & COX WORLDWIDE FUNDS PLC U S STOCK INC NAV	BETSI0001	29.66 GBP		482,221.55	499,919.30	3,977.78	0.80	4.99
Finance and Credit Services									
412	MOODYS CORP COM USD0.01	BETSI0001	336.8 USD		45,240.10	109,494.75	1,001.32	0.91	1.09
Consumer Services									
2,820	COPART INC COM USD0.0001	BETSI0001	44.83 USD		126,351.23	99,756.65	0.00	0.00	1.00



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Holdings Summary

Quantity	Security Name	SubPortfolio ID	Price	Accrued Interest	Book Cost	Market Value	Est. Gross Income	Est. Gross Yield %	Ptf %
Sub Total North American Equities					3,131,378.01	3,562,236.46	31,946.09	0.90	35.56
European Equities									
Open Ended Collectives									
51,065	COMGEST GROWTH PLC COMGEST GROWTH EUROPE EX UK Y GBP DIS	BETSI0001	12.07 GBP		618,710.60	616,354.55	1,262.79	0.20	6.15
Sub Total European Equities					618,710.60	616,354.55	1,262.79	0.20	6.15
Japanese Equities									
Open Ended Collectives									
21,720	BAILLIE GIFFORD OSEAS GTH FDS ICVC BAILLIE GIFFORD JAPANESE FUND W1 DIS	BETSI0001	14.74 GBP		383,388.47	320,152.80	5,833.99	1.82	3.20
Sub Total Japanese Equities					383,388.47	320,152.80	5,833.99	1.82	3.20
Asia Pacific Equities									
Open Ended Collectives									
110,560	FIRST SENTIER INVESTORS ICVC STEWART INVRS ASIA PAC LDRS SUST B GBP D	BETSI0001	2.9249 GBP		341,672.85	323,376.94	2,708.10	0.84	3.23
121,180	INVESCO FAR EASTERN INVESTMENT SRS INVESCO ASIAN UK D DIS	BETSI0001	2.4748 GBP		313,527.39	299,896.26	7,718.98	2.57	2.99
Sub Total Asia Pacific Equities					655,200.24	623,273.20	10,427.08	1.67	6.22



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Holdings Summary

Quantity	Security Name	SubPortfolio ID	Price	Accrued Interest	Book Cost	Market Value	Est. Gross Income	Est. Gross Yield %	Ptf %
Absolute Return									
Corporate Bond Funds									
232,675	BNY MELLON INVESTMENT FUNDS BNY MLN SUST GBL DYNM BD NWT INSTL 3 DIS	BETSI0001	0.9074 GBP		232,546.07	211,129.30	8,120.50	3.85	2.11
Single Manager									
139,280	JPMORGAN FUND ICVC JPM GLOBAL MACRO OPPORTUNITIES C NET DIS	BETSI0001	1.563 GBP		217,694.64	217,694.64	0.00	0.00	2.17
Sub Total Absolute Return					450,240.71	428,823.94	8,120.50	1.89	4.28
Property									
Closed Ended Collectives									
138,420	BLACKROCK FUND MANAGERS LTD BR CIF ISHS ENV & LOW CAR TILT R/EST IDX	BETSI0001	1.645746 GBP		247,115.87	227,804.16	6,945.02	3.05	2.27
Sub Total Property					247,115.87	227,804.16	6,945.02	3.05	2.27
Commodities									
Precious Metal Commodities									
5,730	ISHARES PHYSICAL METALS PLC ISHARES PHYSICAL GOLD ETC USD (GBP) ACC	BETSI0001	29.83 GBP		165,914.04	170,925.90	0.00	0.00	1.71
Sub Total Commodities					165,914.04	170,925.90	0.00	0.00	1.71



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Holdings Summary

Quantity	Security Name	SubPortfolio ID	Price	Accrued Interest	Book Cost	Market Value	Est. Gross Income	Est. Gross Yield %	Ptf %
Other Investments									
Infrastructure Inv Trust									
83,600	HICL INFRASTRUCTURE PLC ORD GBP0.0001	BETSI0001	1.338 GBP		142,198.71	111,856.80	6,897.00	6.17	1.12
86,122	INTERNATIONAL PUBLIC PARTNERSHIP ORD GBP0.0001	BETSI0001	1.32 GBP		144,325.96	113,681.04	6,829.47	6.01	1.13
99,560	THE RENEWABLES INFRASTRUCTURE GRP ORD NPV	BETSI0001	1.088 GBP		120,269.48	108,321.28	6,979.16	6.44	1.08
Sub Total Other Investments					406,794.15	333,859.12	20,705.63	6.20	3.33
Cash Product									
Open Ended Collectives									
197,525	INSTITUTIONAL CASH SERIES PLC BR ICS STERLING LQDTY PREM T1 GBP DIS	BETSI0001	1 GBP		197,525.00	197,525.00	9,835.44	4.98	1.97
Sub Total Cash Product					197,525.00	197,525.00	9,835.44	4.98	1.97



Valuation report for BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY MAIN
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Holdings Summary

Quantity	Security Name	SubPortfolio ID	Price	Accrued Interest	Book Cost	Market Value	Est. Gross Income	Est. Gross Yield %	Ptf %
Cash									
Cash									
124,132.65 GBP	Capital	BETSI0001		0.00	124,132.65	124,132.65			1.24
11,673.66 GBP	Income	BETSI0001		0.00	11,673.66	11,673.66			0.12
0 GBP	Dealing	BETSI0001		0.00	0.00	0.00			0.00
24,432.24 GBP	Dividends Pending	BETSI0001		0.00	24,432.24	24,432.24			0.24
2,200.33 USD	Dividends Pending	BETSI0001		0.00	1,732.98	1,736.25			0.02
	Sub Total Cash			0.00	161,971.53	161,974.80			1.62
TOTAL IN GBP				0.00	10,148,252.17	10,016,347.10	187,059.59	1.87	100.00



Valuation report for BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY MAIN
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Transaction Details (from 01/09/2022 to 31/08/2023)

BETSI0001

Date	Transaction	Quantity	Security Name	Price	Net Amount
BETSI0001					
13/10/2022	PURCHASE	179,975.00	UNITED KINGDOM(GOVERNMENT OF) 5% SNR BDS 07/03/2025 GBP1000	102.12 %	-183,790.47
04/11/2022	PURCHASE	184,550.00	UNITED KINGDOM(GOVERNMENT OF) 4.125% BDS 29/01/2027 GBP1000	102.29 %	-188,774.35
19/01/2023	SALE	425.00	MASTERCARD INCORPORATED COM USD0.0001 CLASS A	364.60 USD	125,153.40
19/01/2023	SALE	2,045.00	WELLS FARGO & COMPANY COM USD1.666	42.87 USD	70,798.59
19/01/2023	SALE	7,170.00	RYANAIR HOLDINGS PLC ORD EURO.006	14.55 EUR	91,191.88
19/01/2023	SALE	420.00	DEERE & CO COM STK USD1	422.22 USD	143,228.84
19/01/2023	SALE	700.00	AMERICAN EXPRESS CO COM USD0.20	146.26 USD	82,687.35
19/01/2023	PURCHASE	23,700.00	BLACKROCK FUND MANAGERS LTD BR CIF ISHS ENV & LOW CAR TILT R/EST IDX	1.76 GBP	-41,692.28
19/01/2023	PURCHASE	16,855.00	DODGE & COX WORLDWIDE FUNDS PLC U S STOCK INC NAV	28.61 GBP	-482,221.55
19/01/2023	PURCHASE	3,860.00	COMGEST GROWTH PLC COMGEST GROWTH EUROPE EX UK Y GBP DIS	11.17 GBP	-43,116.20
28/02/2023	Sell	2,050.00	COMCAST CORP COM USD0.01 CL A	37.16 USD	62,608.93
28/02/2023	Sell	248.00	MOODYS CORP COM USD0.01	289.23 USD	58,980.21
28/02/2023	Sell	232,360.00	LLOYDS BANKING GROUP ORD GBP0.10	0.53 GBP	122,266.83
28/02/2023	Sell	550.00	BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B'	305.00 USD	137,940.24
28/02/2023	Sell	218.00	S&P GLOBAL INC COM USD1	340.27 USD	60,995.03
28/02/2023	Sell	7,864.00	GSK PLC ORD GBP0.3125	14.23 GBP	111,874.15



Transaction Details (from 01/09/2022 to 31/08/2023)

BETSI0001

Date	Transaction	Quantity	Security Name	Price	Net Amount
28/02/2023	Buy	852.00	ASTRAZENECA ORD USD0.25	109.46 GBP	-93,260.92
28/02/2023	Buy	492.00	ESTEE LAUDER COMPANIES INC COM USD0.01 CLASS A	240.82 USD	-97,867.50
28/02/2023	Buy	456.00	STRYKER CORP COM STK USD0.10	262.43 USD	-98,794.81
28/02/2023	Buy	8,246.93	INVESCO FAR EASTERN INVESTMENT SRS INVESCO ASIAN UK D DIS	2.52 GBP	-20,807.83
28/02/2023	Buy	24,490.00	HALEON PLC ORD GBP0.01	3.20 GBP	-78,393.49
01/03/2023	Buy	4,190.00	BAILLIE GIFFORD OSEAS GTH FDS ICVC BAILLIE GIFFORD JAPANESE FUND W1 DIS	15.65 GBP	-65,573.50
02/03/2023	Buy	1,553.00	VANGUARD INVESTMENT SERIES PLC VANGUARD U S GOVT BOND IDX GBP HGD DIS	87.57 GBP	-135,996.52
28/04/2023	Dividend Cash Book Cost Adjustment	0.00	BLACKROCK FUND MANAGERS LTD BR CIF ISHS ENV & LOW CAR TILT R/EST IDX		299.61
31/05/2023	Sell	492.00	ESTEE LAUDER COMPANIES INC COM USD0.01 CLASS A	190.19 USD	75,458.55
31/05/2023	Buy	1,065.00	COPART INC COM USD0.0001	88.61 USD	-76,329.37
05/06/2023	Sell	47,875.00	INTERNATIONAL PUBLIC PARTNERSHIP ORD GBP0.0001	1.38 GBP	66,102.89
05/06/2023	Buy	99,560.00	THE RENEWABLES INFRASTRUCTURE GRP ORD NPV	1.21 GBP	-120,269.48
06/06/2023	Sell	37,095.00	HICL INFRASTRUCTURE PLC ORD GBP0.0001	1.44 GBP	53,536.43
20/06/2023	Sell	580.00	FERGUSON PLC ORD GBP0.10	148.90 USD	67,726.55
28/06/2023	Sell	7,640.00	RYANAIR HOLDINGS PLC ORD EUR0.006	16.90 EUR	111,171.75
28/06/2023	Sell	105.00	DEERE & CO COM STK USD1	410.11 USD	33,993.95
28/06/2023	Sell	236,815.00	BNY MELLON INVESTMENT FUNDS BNY MLN SUST GBL DYNM BD NWT INSTL 3 DIS	0.92 GBP	217,467.21



Transaction Details (from 01/09/2022 to 31/08/2023)

BETSI0001

Date	Transaction	Quantity	Security Name	Price	Net Amount
28/06/2023	Buy	9,885.00	COMGEST GROWTH PLC COMGEST GROWTH EUROPE EX UK Y GBP DIS	12.32 GBP	-121,783.20
29/06/2023	Buy	139,280.00	JPMORGAN FUND ICVC JPM GLOBAL MACRO OPPORTUNITIES C NET DIS	1.56 GBP	-217,694.64
29/06/2023	Buy	1,880.00	BAILLIE GIFFORD OSEAS GTH FDS ICVC BAILLIE GIFFORD JAPANESE FUND W1 DIS	15.26 GBP	-28,688.80
29/06/2023	Buy	5,600.00	BAILLIE GIFFORD OSEAS GTH FDS ICVC BAILLIE GIFFORD AMERICAN FUND W1 DIS	10.95 GBP	-61,320.00
30/06/2023	Buy	825.00	VANGUARD INVESTMENT SERIES PLC VANGUARD U S GOVT BOND IDX GBP HGD DIS	88.11 GBP	-72,688.61
30/06/2023	Dividend Cash Book Cost Adjustment	0.00	BAILLIE GIFFORD OSEAS GTH FDS ICVC BAILLIE GIFFORD JAPANESE FUND W1 DIS		465.00
03/07/2023	Buy	197,525.00	INSTITUTIONAL CASH SERIES PLC BR ICS STERLING LQDTY PREM T1 GBP DIS	1.00 GBP	-197,525.00
31/07/2023	Sell	179,975.00	UNITED KINGDOM(GOVERNMENT OF) 5% SNR BDS 07/03/2025 GBP1000	99.94 %	179,867.02
31/07/2023	Sell	184,550.00	UNITED KINGDOM(GOVERNMENT OF) 4.125% BDS 29/01/2027 GBP1000	97.50 %	179,936.25
01/08/2023	Sell	47,045.00	BARCLAYS PLC ORD GBP0.25	1.53 GBP	71,778.85
01/08/2023	Buy	1,095.00	VANGUARD FUNDS PLC S&P 500 UCITS ETF USD DIS	67.68 GBP	-74,106.86
01/08/2023	Buy	390,660.00	INSIGHT INV DISCRETIONARY FDS ICVC INSIGHT INV UK GOVT ALL MATRITS BD GRS P	0.79 GBP	-310,184.04
22/08/2023	Split	1,065.00	COPART INC COM USD0.0001		76,329.37
22/08/2023	Split	2,130.00	COPART INC COM USD0.0001		-76,329.37
31/08/2023	Sell	325.00	MASTERCARD INCORPORATED COM USD0.0001 CLASS A	413.36 USD	105,719.38
31/08/2023	Sell	166.00	MICROSOFT CORP COM USD0.00000625	329.29 USD	43,009.86



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Transaction Details (from 01/09/2022 to 31/08/2023)

BETSI0001

Date	Transaction	Quantity	Security Name	Price	Net Amount
31/08/2023	Sell	347.00	S&P GLOBAL INC COM USD1	393.42 USD	107,507.13
31/08/2023	Buy	515.00	VISA INC COM STK USD0.0001 'A'	245.59 USD	-100,010.31
31/08/2023	Buy	570.00	SCHWAB(Charles)CORP COM USD0.01	59.78 USD	-26,956.67
31/08/2023	Buy	690.00	COPART INC COM USD0.0001	45.05 USD	-24,578.74
31/08/2023	Buy	1,545.00	VANGUARD FUNDS PLC S&P 500 UCITS ETF USD DIS	67.71 GBP	-104,604.23



Important Information

Basis of Valuation

This valuation was prepared for your information on the date shown. Please note that the values listed will not necessarily be those achieved on sale of the holdings. Valuations will be prepared, generally, on the basis of the middle market price at the close of business on the valuation date, and as supplied by external information providers. For certain securities, the price may be on a different basis, e.g. last trade or bid price. Tax information will be sent to you separately from this report on an annual basis. Where an estimated yield or income is displayed, this is forecast based on the past 12 months' dividend payments and represents the gross income received. Where we have treated a holding to be Negligible Value for CGT purposes, we have removed the stock from the portfolio. Should we receive a liquidation payment it will be credited to your account. Unless securities are held in our custody, we cannot accept any liability for error. In particular, figures included on the Performance Summary page could be inaccurate. Please ensure that the holdings shown on this valuation are correct. No liability will be accepted for errors beyond our control. Where original cost figures are not available the notation N/A may be used or a nominal sum may be inserted. This may make the total book cost figures inaccurate but will not affect the current value. Please note that the book costs used in this valuation are calculated on a 'straight line' basis with transactions pooled chronologically. This can differ considerably from the cost used for Capital Gains Tax calculations due to the complex share identification rules. If you have any queries, please consult your investment advisor before dealing.

Custody of Investments

The investments listed in the valuation are held in your own name or on your behalf by and registered in the name, or held for the account of, our nominee company (which is a company in our Group and which does not itself trade). Foreign securities and certain other types of securities will be held by a sub-custodian and (save in the case of bearer securities) registered in the name of the sub-custodian's nominee. We hold and protect assets in your portfolio under the FCA custody rules. Please note that where we are showing memorandum asset entries on your valuation that you are holding with another third party and not RBC Brewin Dolphin, these are shown for your information only and these assets are not protected by RBC Brewin Dolphin under the FCA custody rules.

Capital Account Statement

The report excludes any outstanding settlements at the date of this report.

Interest Rate Notification

The interest rates payable to you on uninvested credit balances have recently changed. Please visit www.brewin.co.uk/fees-and-charges to view the current rates under 'Interest Rate Notifications'.

**Glossary:**

Portfolio return – The compound growth of the portfolio as a percentage. This includes investment income (e.g. dividends and interest) and capital appreciation/depreciation.

Linked benchmark return – The compound growth of the benchmark which has been agreed as matching your investment objectives.

Net amount added/withdrawn – The net value of all asset movements in or out of the portfolio during the period. This includes the value of stocks transferred, cash transfers, income payments and fees deducted from the account.

Capital appreciation/depreciation – The change in value of capital in the portfolio.

Income received – The total of all cash income credited during the period.

Dividend pending – This represents dividends that are pending, yet to be received, but have been confirmed by the company; also known as the ex-dividend date.

Net effect of dividend pending changes – This figure is the difference in value between the dividends that were due, but not paid, at the start of the period compared to the value of the dividends due, but not paid, at the end of period. This does not reflect a cash transaction.

Transaction Statement and Cash Movements

If you require further information in relation to the transactions set out in the Transaction Details and Cash Movements sections then please contact your usual Investment Manager.

Suitability

We regularly review the assets in your portfolio to ensure they remain suitable in achieving your investment objectives. There may be instances when the assets you hold are not aligned to our strategic asset allocation for your risk mandate. This could happen in the following instances:

- Current market conditions
- Cash / stock movements into or out of your portfolio
- Holdings where we are restricted from acting (e.g. cherished holdings, CGT constraints)
- In times of significant market risk



Indices data

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Asset Confirmation

As part of our commitment to keeping you informed about your assets we will write to you once a quarter to provide details of the securities and assets held by RBC Brewin Dolphin.

This report contains a schedule for each account listed. If you transferred your portfolio to our custody recently, this statement only reflects what has been received by us on or before the end date of this valuation. Please note that we have included all assets held within group nominee companies or safe custody, including any securities that are held in ISA accounts and any foreign securities that we hold on your behalf. Where applicable the schedules also include cash held on your behalf. In some instances, defunct or suspended stock may be included on this report. As these stocks continue to be registered as held by us, we are required to include them in this report, even if your account has been closed.

General Disclosures

All assets shown within your Holding Summary are held by RBC Brewin Dolphin on your behalf and are subject to the rules of the UK law on markets in financial instruments.



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Client Money
We hold and protect money in your portfolio under the FCA Client Money rules.

How is Your Money Protected?

In the unlikely event that a particular bank becomes insolvent; added protection may be available through the UK's Financial Services Compensation Scheme (FSCS) for eligible deposits.

For more information about the FSCS, please see the following:

- the FSCS home page, which can be found here: <https://www.fscs.org.uk> and
- the FSCS's questions and answers page, which can be found here: <https://www.fscs.org.uk/what-we-cover>

What to do next?

* This report does not require any action on your part unless you have a query regarding the holdings or cash position. In which case please notify us in writing, to the address below, or by sending an email to AssetConfirmation@brewin.co.uk. Alternatively, you can telephone 0203 201 3230 between 09:00-17:00 (GMT) Monday to Friday and speak to a member of our asset confirmation team.

- ASSET CONFIRMATION TEAM, RBC BREWIN DOLPHIN, 12 SMITHFIELD STREET, LONDON, EC1A 9BD.

* If you have a question relating to investment decisions, and wish to request a valuation or give notification of an address change, then please contact your usual Investment Manager.



Risk warning

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Brewin
Dolphin

Risk guide

Understanding risk

RBC Brewin Dolphin Domestic Strategy

Important information

All of the investment solutions we offer involve some form of investment risk. You should be aware that the value of investments and any income from them can fall and you may get back less than originally invested.

If you invest in currencies other than your own, fluctuations in currency value will mean that the value of your investment will move independently of the underlying asset.

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We may provide guidance on using tax-efficient structures such as making use of tax allowances. You should be aware that tax structures are subject to changes in legislation and depend on your personal circumstances. Your adviser will be happy to discuss any of these in greater detail.

You have sole responsibility for the management of your tax and legal affairs including all applicable tax filings and payments for complying with applicable laws and regulations. We are not specialist tax advisers and will not provide you with tax or legal advice and recommend that you obtain your own independent tax and legal advice, tailored to your individual circumstances.

Past performance is not an indication of future performance. In this document performance is quoted before fees, charges, levies and taxes and these may have the effect of reducing the illustrated performance. All performance shown is based upon any income generated being re-invested, except for the Average Capital Return and Average Yield figures.

The expected returns shown are based on our long-term forecasts, for a mix of assets similar to a portfolio suitable for an investor aligned to the Risk Category indicated.

The data in our sample charts is based on reasonable assumptions which are in turn based on objective data. There are no guarantees that these levels of performance will be achieved, in which case any returns will differ from those illustrated.

All data as at 31 December 2022

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Overview

Introduction

This document provides a brief overview of the risk categories used by RBC Brewin Dolphin to determine an investment mandate. We set out the types of investments a portfolio is likely to be composed of and we also give an indication of the level of risk and potential return.

We provide example charts – based on our Domestic Strategy – to help you understand the financial concepts involved and what could happen to the portfolio.

How long should you invest for?

In general terms, the longer the time horizon the better, particularly if you need to maximise your capital growth. Investing with a longer-term view – for example, 10 years or more – gives more time to recover losses on the portfolio which may be caused by periods of market volatility and therefore sits relatively well with higher-risk investment strategies. Investing on a shorter-term view, such as three to five years reduces the time available to recover losses and costs. Investing with a higher-risk investment strategy over the short-term will require a greater ability to withstand volatility.

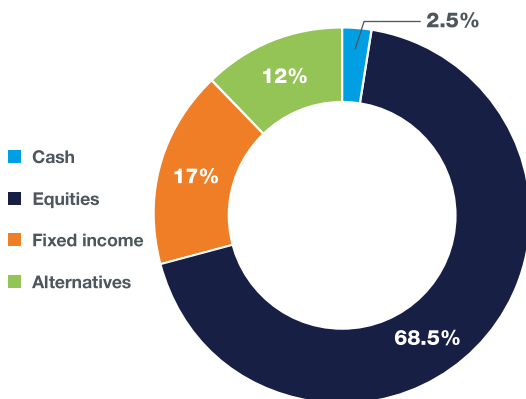
What will your portfolio be invested in?

How the portfolio is constructed will depend on the investment mandate, and we will consider how much return you are trying to achieve in the context of your willingness and ability to accept risk.

We will agree a mandate with you to help achieve your objectives by investing in a mix of asset classes such as fixed income, equities, cash and alternative investments. The mix of assets is important as it influences the possible return and the amount of risk within the portfolio.

Please refer to the appendix for more information.

Example asset mix (Risk Category 6)



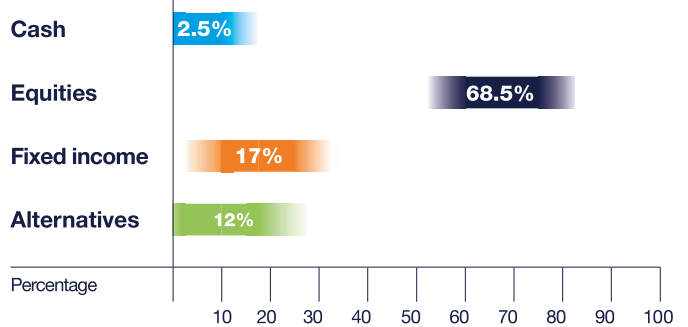
We set limits on this mix of assets to control risk and over time we will review these to ensure that they are still appropriate.

The sample chart below shows our Strategic Asset Allocation for a risk category 6 portfolio. Our Investment Managers can adjust the asset mix and weightings in accordance with RBC Brewin Dolphin tactical asset allocation views to take account of both the specific investment objectives and the prevailing market conditions.

Example asset mix range (Risk Category 6)



Asset mix range



We have three broad categories of investment objectives to choose from:

- **Income** (where your priority is to generate an income from your investments)
- **Capital growth** (where you have a priority to grow your investments)
- **Income and capital growth** (where you require a combination of both income and capital growth from your investments).

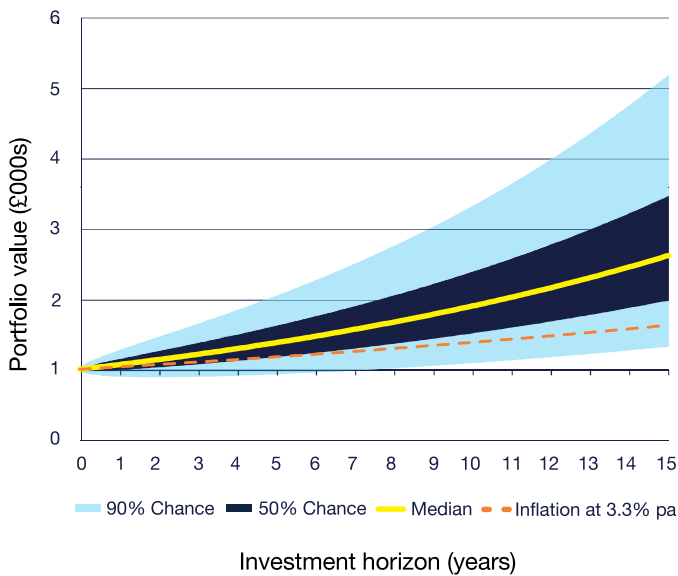
How much could the portfolio grow?

The market changes a great deal but your investment manager, supported by our research team, will endeavour to manage the portfolio to achieve your investment objectives. The longer the period you invest for, the more chance the portfolio has to grow.

For illustrative purposes, the following chart shows the range of likely returns, based on a risk category 6 mandate. As you can see, in the early years the range of returns is smaller but easier to predict. In the long term, the returns are greater, but more difficult to predict as shown by the widening shaded area on the chart.

Example projected accumulation of wealth (Risk Category 6)

The potential value of a portfolio of £1,000 over a projected 15-year period from 31 December 2022



Source: Brewin Dolphin Limited, Refinitive Datastream as at 31 December 2022
Please note, in the example chart above, we have used a market-based rate of 3.3% for inflation. Forecasts are not a reliable indicator of future performance. Performance is quoted before charges which will reduce illustrated performance.

The yellow line on the chart represents the mid-point of the range of forecast outcomes. This means that there is an equal probability of the value of the portfolio either being above or below the yellow line at any point in time.

The expected returns detailed in the above sample chart are based on RBC Brewin Dolphin's return forecasts for a mix of assets similar to a portfolio Risk Category 6. The size of the shaded bands is based on historical market data covering the previous 15 years up to 31 December 2022.

The sample chart shows the expected amount of return that could be created in a portfolio over a 15-year period with an initial investment of £1,000. For illustrative purposes, the chart shows the total return assuming that all income generated by the portfolio is reinvested.

Two key points that sample charts like these aim to illustrate are:

- The longer the period invested, the less predictable the returns achieved will be
- The more investment risk accepted, the less predictable the returns achieved will be.

The shaded areas of the chart represent various forecasts showing the likelihood of achieving a level of asset accumulation, as follows:

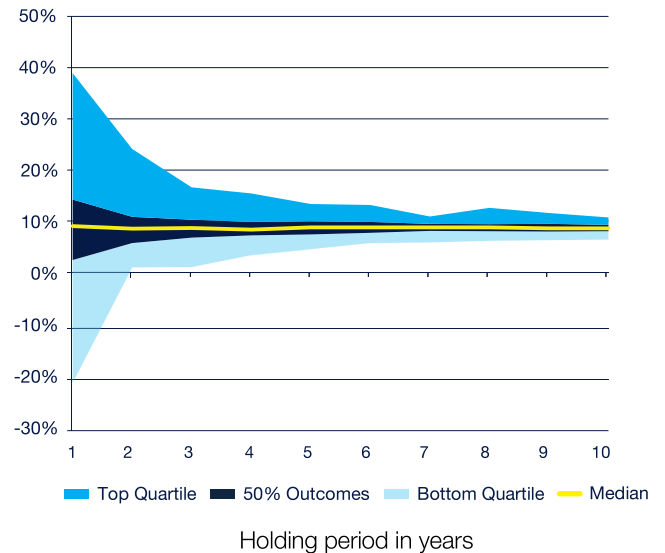
- The dark blue area shows 50% of all forecasts
- The lighter coloured areas represent less likely outcomes with 90% of all forecasts falling within this illustration. For example, we believe that there is 90% probability that the accumulated assets in the portfolio shown would range between £1,300 and £5,150 after 15 years.
- There is a further 10% probability that the value of the portfolio could be outside of the ranges shown in this illustration – either above or below the ranges shown.

Please see the Important information on page 2

What is the advantage of investing over a longer time horizon?

Example annualised historical returns for Risk Category 6

The chart below illustrates the range of annualised returns that an investor would have historically received over different periods. For shorter periods there is a wider range of outcomes, but as the time held lengthens, the range narrows. The shorter-term variability of returns is smoothed over time. The chart shows holding periods covering data up to 10 years.



Source: Brewin Dolphin Limited, Refinitive Datastream as at 31 December 2022
Neither simulated nor actual past performance are reliable indicators of future performance. Performance is quoted before charges which will reduce illustrated performance.

RBC Brewin Dolphin's risk categories

The following table provides a brief description of the 10 risk categories we have identified, including the level of investment risk represented by each category.

We consider that the risks posed by our Discretionary Investment Management services are suitable for clients placed in the risk categories from 3 to 8. We judge our Wealth Management and Financial Planning services to be suitable for clients generally in the risk categories from 2 to 9.

Risk Category	Description
1	You are completely averse to any investments that could put your capital at risk. You accept that, in light of inflation, this is highly likely to have the effect of eroding the purchasing power of your capital. This typically means that your money will be held in cash, building society accounts or national savings.
2	Preservation of capital remains important to you and you accept that investment returns may not meet or exceed the rate of inflation. You are prepared to accept only a very limited risk of loss to your capital. As a result, your portfolio will typically comprise of cash and cash like investments, meaning that the value of the portfolio may experience a small degree of fluctuation
3	You place a higher priority on preserving the value of your investments over investment returns and typically will be sensitive to large negative movements in the value of your investment. You are looking to maintain the real value of your investments against inflation and are happy to accept a small degree of fluctuation in the value of the portfolio to achieve this. As a result, the portfolio will hold a greater proportion in lower risk asset classes, such as cash, fixed income and alternatives, relative to the higher risk asset class of equities.
4	Preserving the value of your investments remains important to you and you would like to maintain the real value of your investments against inflation. Your portfolio is likely to be more evenly balanced between equities and fixed income investments. The amount invested in equities is such that your portfolio is likely to experience some market volatility in exchange for the potential of increased levels of return.
5	You are looking to maintain the real value of your investments by achieving returns above inflation. Preserving the value of your investment remains important, but you are willing to accept short term volatility to generate potentially higher long-term investment returns. The portfolio will be more evenly balanced between equities and the combined asset classes of cash, fixed interest and alternatives.
6	You are prepared to have a greater proportion of your investment held in equities with the aim of achieving a higher investment return over the long-term. The greater allocation to equities means the portfolio may experience heightened levels of volatility over the investment term. The portfolio will typically include two thirds of the assets invested in equities whilst the remainder will be split between cash, fixed income and alternatives. You are prepared to accept fluctuations in the value of the portfolio to achieve your investment goals.
7	You are seeking to generate higher investment returns through an increased exposure to equities to help achieve your long-term investment goals. The portfolio will typically have a very high proportion of the investment held in equities and very low levels of fixed income, cash and alternative asset classes. A larger proportion invested in equities increases the likelihood of volatility and degree of change in the overall value of the portfolio.
8	You are looking to maximise your investment returns by having a portfolio invested almost entirely in equities. Significant levels of volatility and more frequent changes in the value of the investments can be expected, but you are willing to accept these risks to achieve your investment goals.
9	You are willing to invest in higher-risk and speculative investments to achieve high possible returns and accept the risk of losing all, or a substantial part of, your investment. Typically, this could include very high-risk investments such as venture capital trusts, enterprise investment schemes and other specialist investments.
10	You are prepared to make wholly speculative investments, fully aware of and accepting the possibility of losing all of your capital. This could typically be in the form of derivatives and contingent liability investments, which often include gearing which means you could lose more than your initial capital investment. You are totally insensitive to risk.

What is the difference between the risk categories?

The following pages show the difference between Risk Categories 3 to 8. Investments classified as Risk Category 2 generally consist of liquidity funds as part of a wider investment strategy, whilst investments classified as Risk Category 9 often benefit from HM Revenue & Customs (HMRC) reliefs such as those provided by Venture Capital Trusts (VCTs) and Enterprise Investment Schemes (EIS). As such, they do not have dedicated pages in this document. Typically, they form part of an overall investment plan for higher earners and sophisticated clients with significant assets. Tax relief is provided to encourage investment into certain areas such as regeneration projects, renewable energy and forestry. Whilst to some the tax benefits can be very attractive, this must be balanced with a higher risk of loss and reduced liquidity.

What is the RBC Brewin Dolphin Risk Measure?

The method we use for measuring risk in a portfolio of assets is called the RBC Brewin Dolphin Risk Measure (RBCBDRM), which is calculated according to an industry standard for risk estimation. By considering what has happened in the past, it aims to provide a reasonable indicator of what could happen in the future. While we expect the value of the portfolio to increase over the longer term, it is important that you understand your investment will be exposed to risk.

Simply put, the RBCBDRM is a way of giving a feel for how much the portfolio value could fall over a single month. We consider the worst 1% of actual historical price movements for each of the asset classes in the portfolio and we assess the impact that these would have on the portfolio value.

Example RBCBDRM range (Risk Category 6)

RBC Brewin Dolphin Risk Measure 12.1% - 19.1%

We use RBCBDRM as a guide for our Investment Managers to monitor the amount of risk within a client portfolio across RBC Brewin Dolphins Risk Categories. Each Risk Category has its own unique RBCBDRM range and wherever possible our Investment Managers will endeavor to build and manage a portfolio that operates within these ranges. For example, if we are managing a portfolio for a client in Risk Category 3, then the RBCBDRM parameters will be at a lower level than in Risk Category 8 and so on. In short, we will be taking less investment risk for a client in Risk Category 3 than for a client in Risk Category 8. The RBCBDRM enables us to monitor this effectively.

How much might the portfolio reduce in value?

We cannot say with certainty how much a portfolio value could change. However, we can estimate the possible change based upon historical data. Although the past performance of financial markets is not a reliable guide to how any investment will perform in the future, it can provide a useful guide to help you understand the changes that the portfolio might experience.

In the illustration shown, we can see a significant drop in the value of the asset mix. The fall took the portfolio value to £749. However, as you can see the value of the portfolio then increased over time and would have been worth £2,679 over the full 15-year period.

How long could the portfolio take to recover?

The following table shows the biggest falls in value and the longest period to recover the value of the portfolio in the example chart.

Example historical asset mix characteristics for the last 15 years (Risk Category 6)

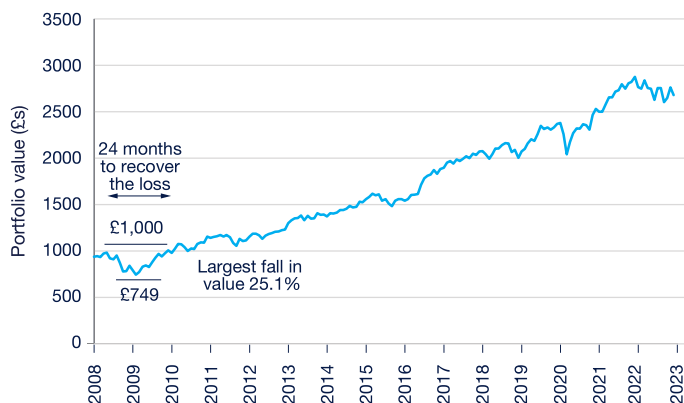
Average total return per year	6.8%
Average capital return per year	4.3%
Average yield	2.3%
Gain over the period*	167.9%
Largest fall in value during the period*	25.1%
Longest time to recover (months)*	24

Source: Brewin Dolphin Limited, Refinitive Datastream as at 31 December 2022

* Based on total return

Example historical 15 year performance

The past performance of a mix of assets similar to a portfolio suitable for an investor in Risk Category 6.



Source: Brewin Dolphin Limited, Refinitive Datastream from 31 December 2007 to 31 December 2022

LOWER RISK

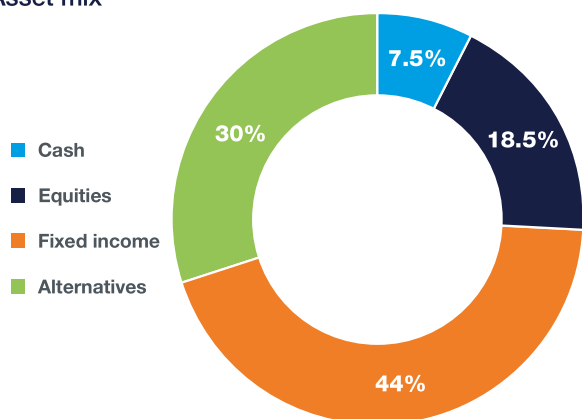
HIGHER RISK

RISK CATEGORY 3
RBC Brewin Dolphin Domestic Strategy

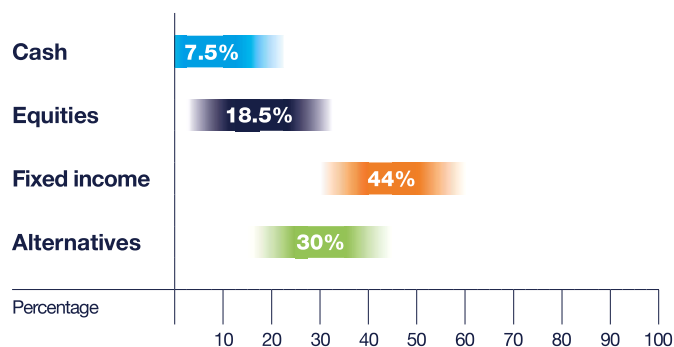
RBC Brewin Dolphin Risk Measure 3.9% - 10.9%

You place a higher priority on preserving the value of your investments over investment returns and typically will be sensitive to large negative movements in the value of your investment. You are looking to maintain the real value of your investments against inflation and are happy to accept a small degree of fluctuation in the value of the portfolio to achieve this. As a result, the portfolio will hold a greater proportion in lower risk asset classes, such as cash, fixed income and alternatives, relative to the higher risk asset class of equities.

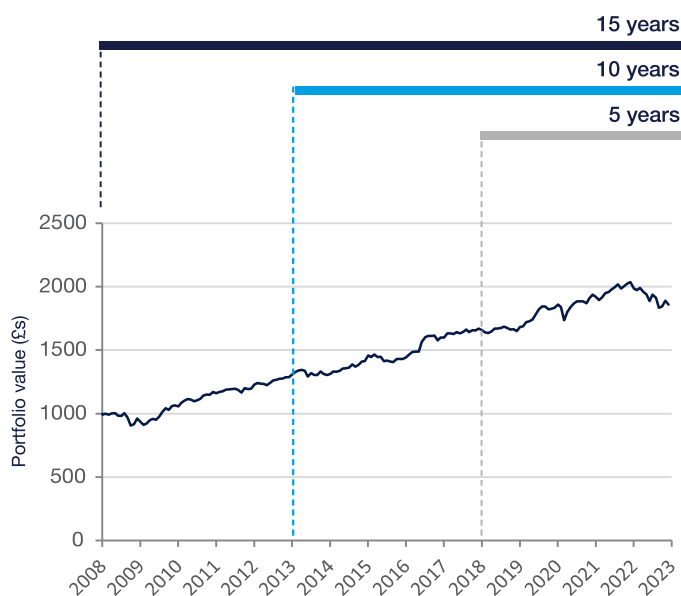
Asset mix



Asset mix range



Performance for this asset mix over the past 15 years



For more information about our performance benchmarks, please refer to the section entitled 'Our domestic performance benchmarks' on page 14.

Source: Brewin Dolphin Limited, Refinitive Datastream from 31 December 2007 to 31 December 2022

Historical asset mix characteristics for the past 15 years

Average total return per year	4.2%
Average capital return per year	2.5%
Average yield	1.5%
Gain over the period*	86.0%
Largest fall in value during the period*	9.9%
Longest time to recover (months)*	13

Historical asset mix characteristics for the past 10 years

Average total return per year	3.8%
Average capital return per year	2.2%
Average yield	1.3%
Gain over the period*	44.6%
Largest fall in value during the period*	9.9%
Longest time to recover (months)*	13

Historical asset mix characteristics for the past 5 years

Average total return per year	2.2%
Average capital return per year	0.8%
Average yield	1.2%
Gain over the period*	11.5%
Largest fall in value during the period*	9.9%
Longest time to recover (months)*	13

* Based on total return

Please see the Important information on page 2

LOWER RISK

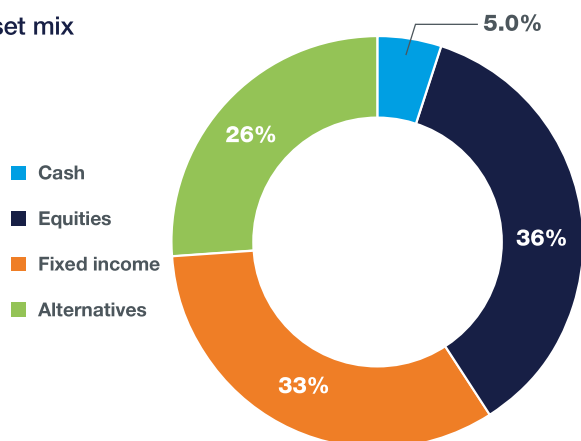
HIGHER RISK

RISK CATEGORY 4
RBC Brewin Dolphin Domestic Strategy

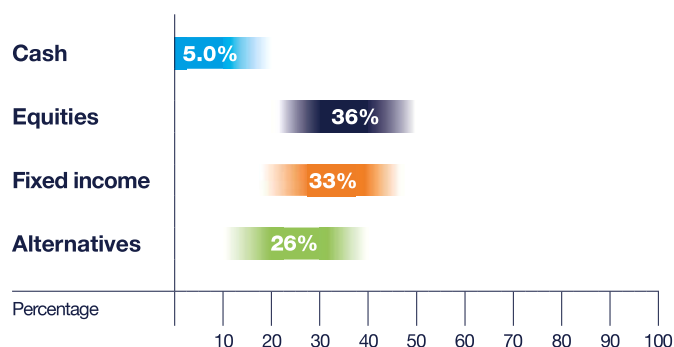
RBC Brewin Dolphin Risk Measure 6.7% - 13.7%

Preserving the value of your investments remains important to you and you would like to maintain the real value of your investments against inflation. Your portfolio is likely to be more evenly balanced between equities and fixed income investments. The amount invested in equities is such that your portfolio is likely to experience some market volatility in exchange for the potential of increased levels of return.

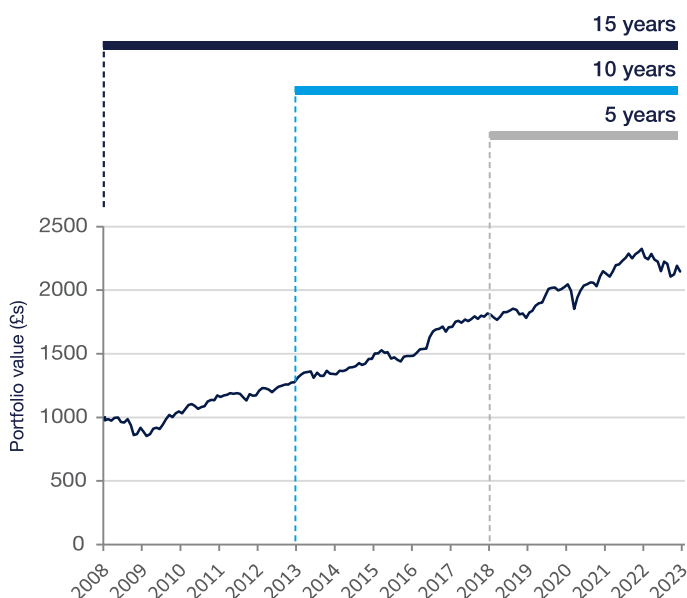
Asset mix



Asset mix range



Performance for this asset mix over the last 15 years



For more information about our performance benchmarks, please refer to the section entitled 'Our domestic performance benchmarks' on page 14.

Source: Brewin Dolphin Limited, Refinitive Datastream from 31 December 2007 to 31 December 2022

Please see the Important information on page 2

Historical asset mix characteristics for the past 15 years

Average total return per year	5.2%
Average capital return per year	3.3%
Average yield	1.8%
Gain over the period*	114.6%
Largest fall in value during the period*	14.9%
Longest time to recover (months)*	21

Historical asset mix characteristics for the past 10 years

Average total return per year	5.4%
Average capital return per year	3.6%
Average yield	1.5%
Gain over the period*	68.4%
Largest fall in value during the period*	9.5%
Longest time to recover (months)*	13

Historical asset mix characteristics for the past 5 years

Average total return per year	3.4%
Average capital return per year	1.8%
Average yield	1.5%
Gain over the period*	18.3%
Largest fall in value during the period*	9.5%
Longest time to recover (months)*	13

* Based on total return

LOWER RISK

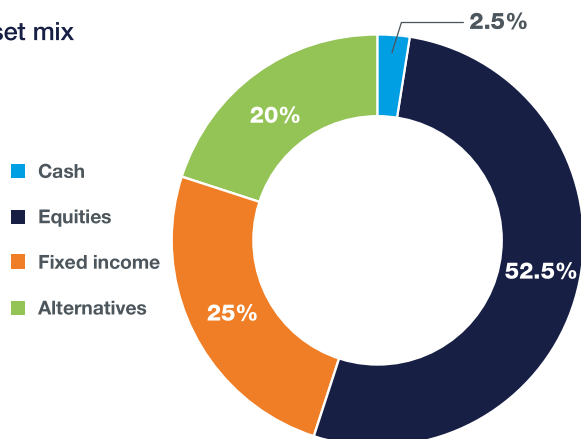
HIGHER RISK

RISK CATEGORY 5
RBC Brewin Dolphin Domestic Strategy

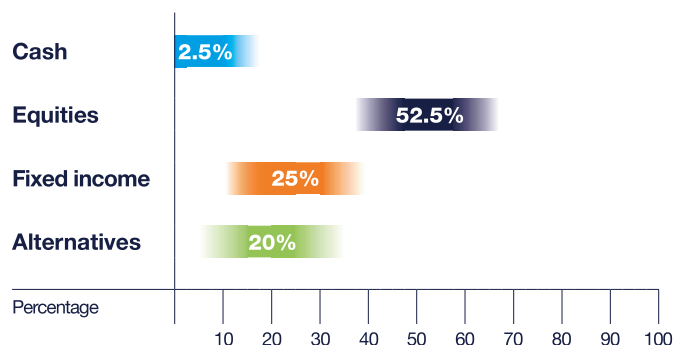
RBC Brewin Dolphin Risk Measure 9.4% - 16.4%

You are looking to maintain the real value of your investments by achieving returns above inflation. Preserving the value of your investment remains important, but you are willing to accept short term volatility to generate potentially higher long-term investment returns. The portfolio will be more evenly balanced between equities and the combined asset classes of cash, fixed interest and alternatives.

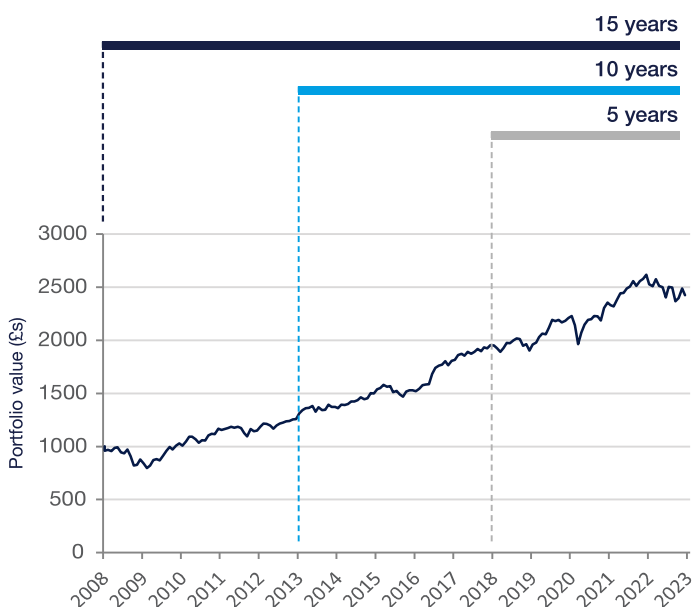
Asset mix



Asset mix range



Performance for this asset mix over the last 15 years



For more information about our performance benchmarks, please refer to the section entitled 'Our domestic performance benchmarks' on page 14.

Source: Brewin Dolphin Limited, Refinitive Datastream from 31 December 2007 to 31 December 2022

Historical asset mix characteristics for the past 15 years

Average total return per year	6.1%
Average capital return per year	3.9%
Average yield	2.0%
Gain over the period*	142.5%
Largest fall in value during the period*	20.3%
Longest time to recover (months)*	23

Historical asset mix characteristics for the past 10 years

Average total return per year	6.8%
Average capital return per year	4.7%
Average yield	1.8%
Gain over the period*	92.7%
Largest fall in value during the period*	12.0%
Longest time to recover (months)*	13

Historical asset mix characteristics for the past 5 years

Average total return per year	4.4%
Average capital return per year	2.5%
Average yield	1.8%
Gain over the period*	24.0%
Largest fall in value during the period*	12.0%
Longest time to recover (months)*	13

* Based on total return

Please see the Important information on page 2

LOWER RISK

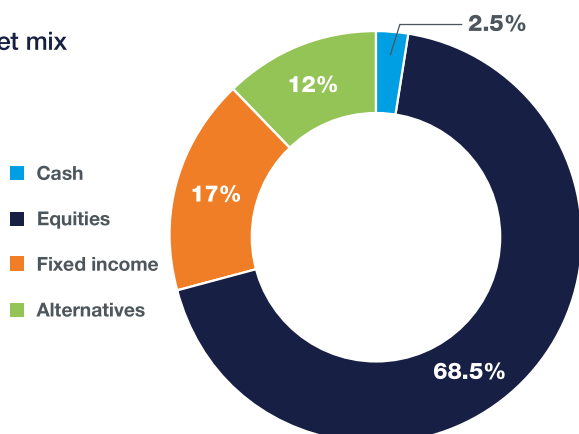
HIGHER RISK

RISK CATEGORY 6
RBC Brewin Dolphin Domestic Strategy

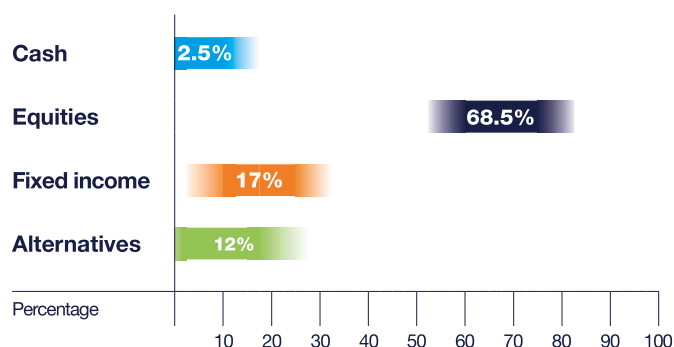
RBC Brewin Dolphin Risk Measure 12.1% - 19.1%

You are prepared to have a greater proportion of your investment held in equities with the aim of achieving a higher investment return over the long-term. The greater allocation to equities means the portfolio may experience heightened levels of volatility over the investment term. The portfolio will typically include two thirds of the assets invested in equities whilst the remainder will be split between cash, fixed income and alternatives. You are prepared to accept fluctuations in the value of the portfolio to achieve your investment goals.

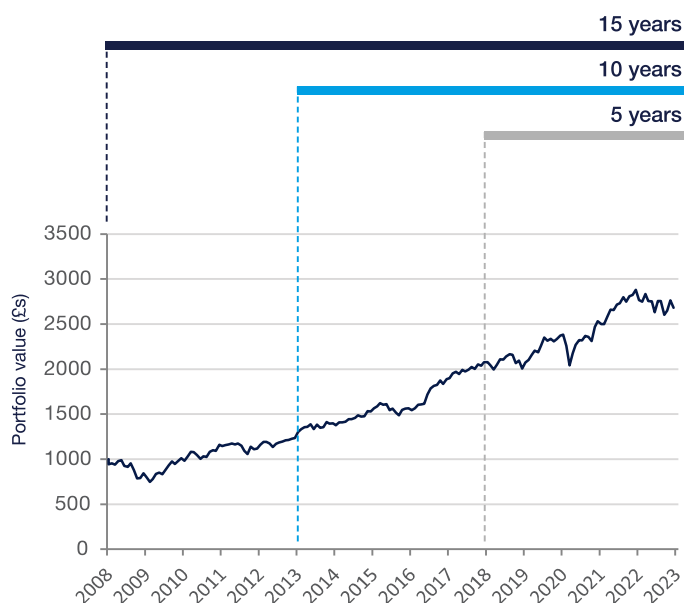
Asset mix



Asset mix range



Performance for this asset mix over the last 15 years



For more information about our performance benchmarks, please refer to the section entitled 'Our domestic performance benchmarks' on page 14.

Source: Brewin Dolphin Limited, Refinitive Datastream from 31 December 2007 to 31 December 2022

Please see the Important information on page 2

Historical asset mix characteristics for the past 15 years

Average total return per year	6.8%
Average capital return per year	4.3%
Average yield	2.3%
Gain over the period*	167.9%
Largest fall in value during the period*	25.1%
Longest time to recover (months)*	24

Historical asset mix characteristics for the past 10 years

Average total return per year	8.1%
Average capital return per year	5.7%
Average yield	2.1%
Gain over the period*	116.9%
Largest fall in value during the period*	14.2%
Longest time to recover (months)*	15

Historical asset mix characteristics for the past 5 years

Average total return per year	5.2%
Average capital return per year	3.0%
Average yield	2.1%
Gain over the period*	29.1%
Largest fall in value during the period*	14.2%
Longest time to recover (months)*	13

* Based on total return

LOWER RISK

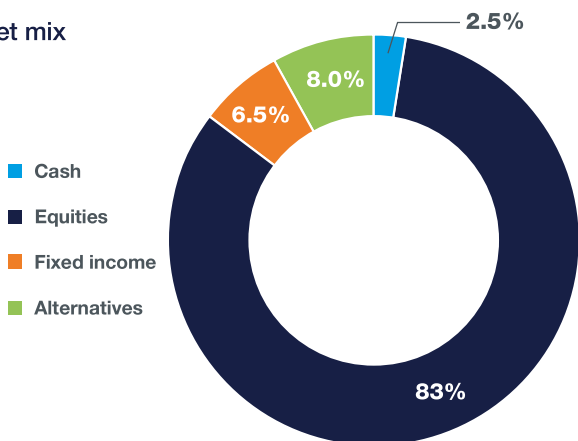
HIGHER RISK

RISK CATEGORY 7
RBC Brewin Dolphin Domestic Strategy

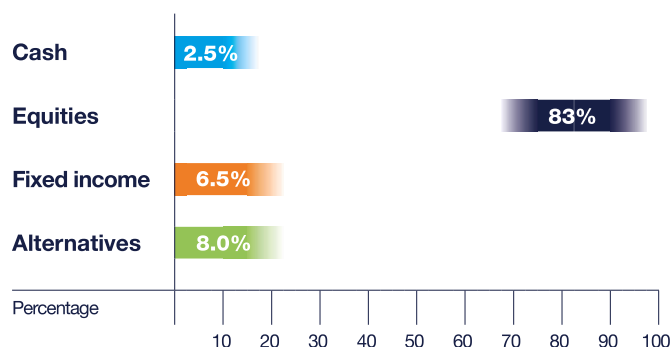
RBC Brewin Dolphin Risk Measure 14.6% - 21.6%

You are seeking to generate higher investment returns through an increased exposure to equities to help achieve your long-term investment goals. The portfolio will typically have a very high proportion of the investment held in equities and very low levels of fixed income, cash and alternative asset classes. A larger proportion invested in equities increases the likelihood of volatility and degree of change in the overall value of the portfolio.

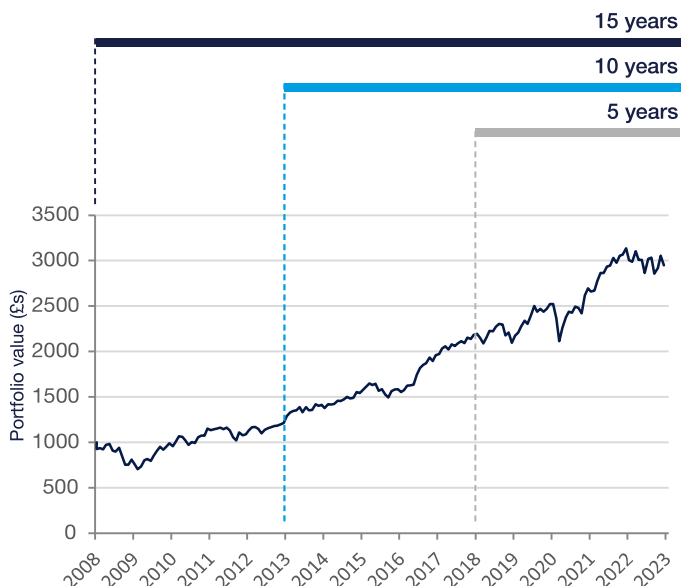
Asset mix



Asset mix range



Performance for this asset mix over the last 15 years



For more information about our performance benchmarks, please refer to the section entitled 'Our domestic performance benchmarks' on page 14.

Source: Brewin Dolphin Limited, Refinitive Datastream from 31 December 2007 to 31 December 2022

Please see the Important information on page 2

Historical asset mix characteristics for the past 15 years

Average total return per year	7.5%
Average capital return per year	4.8%
Average yield	2.4%
Gain over the period*	195.0%
Largest fall in value during the period*	29.4%
Longest time to recover (months)*	26

Historical asset mix characteristics for the past 10 years

Average total return per year	9.3%
Average capital return per year	6.8%
Average yield	2.3%
Gain over the period*	144.0%
Largest fall in value during the period*	16.3%
Longest time to recover (months)*	15

Historical asset mix characteristics for the past 5 years

Average total return per year	6.2%
Average capital return per year	3.8%
Average yield	2.3%
Gain over the period*	35.0%
Largest fall in value during the period*	16.3%
Longest time to recover (months)*	13

* Based on total return

LOWER RISK

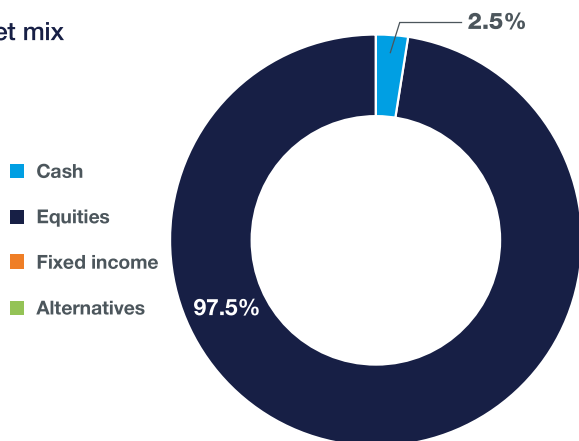
HIGHER RISK

RISK CATEGORY 8
RBC Brewin Dolphin Domestic Strategy

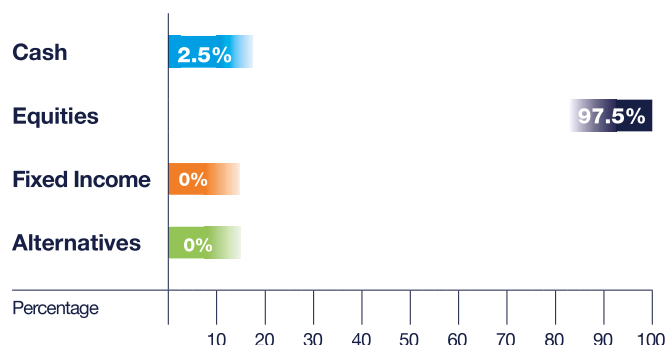
RBC Brewin Dolphin Risk Measure 17.0% - 24.0%

You are looking to maximise your investment returns by having a portfolio invested almost entirely in equities. Significant levels of volatility and more frequent changes in the value of the investments can be expected, but you are willing to accept these risks to achieve your investment goals.

Asset mix



Asset mix range



Performance for this asset mix over the last 15 years



For more information about our performance benchmarks, please refer to the section entitled 'Our domestic performance benchmarks' on page 14.

Source: Brewin Dolphin Limited, Refinitive Datastream from 31 December 2007 to 31 December 2022

Historical asset mix characteristics for the past 15 years

Average total return per year	8.1%
Average capital return per year	5.2%
Average yield	2.7%
Gain over the period*	219.6%
Largest fall in value during the period*	33.3%
Longest time to recover (months)*	27

Historical asset mix characteristics for the past 10 years

Average total return per year	10.4%
Average capital return per year	7.6%
Average yield	2.6%
Gain over the period*	170.1%
Largest fall in value during the period*	18.5%
Longest time to recover (months)*	15

Historical asset mix characteristics for the past 5 years

Average total return per year	6.9%
Average capital return per year	4.2%
Average yield	2.6%
Gain over the period*	39.4%
Largest fall in value during the period*	18.5%
Longest time to recover (months)*	13

* Based on total return

Please see the Important information on page 2

Our domestic performance benchmarks

Each investment mandate has its own performance benchmark (a yardstick to measure the performance of a portfolio) which we construct from a combination of market indices which represent the asset classes that make up each mandate (Equities, Fixed Income, Alternatives and Cash). For example, for Equities we use two indices – the FTSE All Share for UK equities and the FTSE All World ex UK for overseas equities.

The weighting of each of the individual indices in the overall benchmark for each Risk Category will depend on the asset mix

for that particular Risk Category. For example, for Risk Category 6, the asset mix includes 68.5% in Equities, broken down into 19.0% in UK equities and 49.5% in overseas equities. This means that 68.5% of the benchmark will be made up of equity indices – 19.0% in the FTSE All Share for the UK equity component and 49.5% in the FTSE All World ex UK for the overseas equity component. Please see the table below for details of the individual indices for each asset class (on the right hand side of the table) and their weightings in the bespoke benchmark for each Risk Category.

Please note that the benchmark composition numbers in the table below are based on the strategic asset allocations for each Risk Category and that the benchmark for the portfolio may be tailored to meet its individual needs.

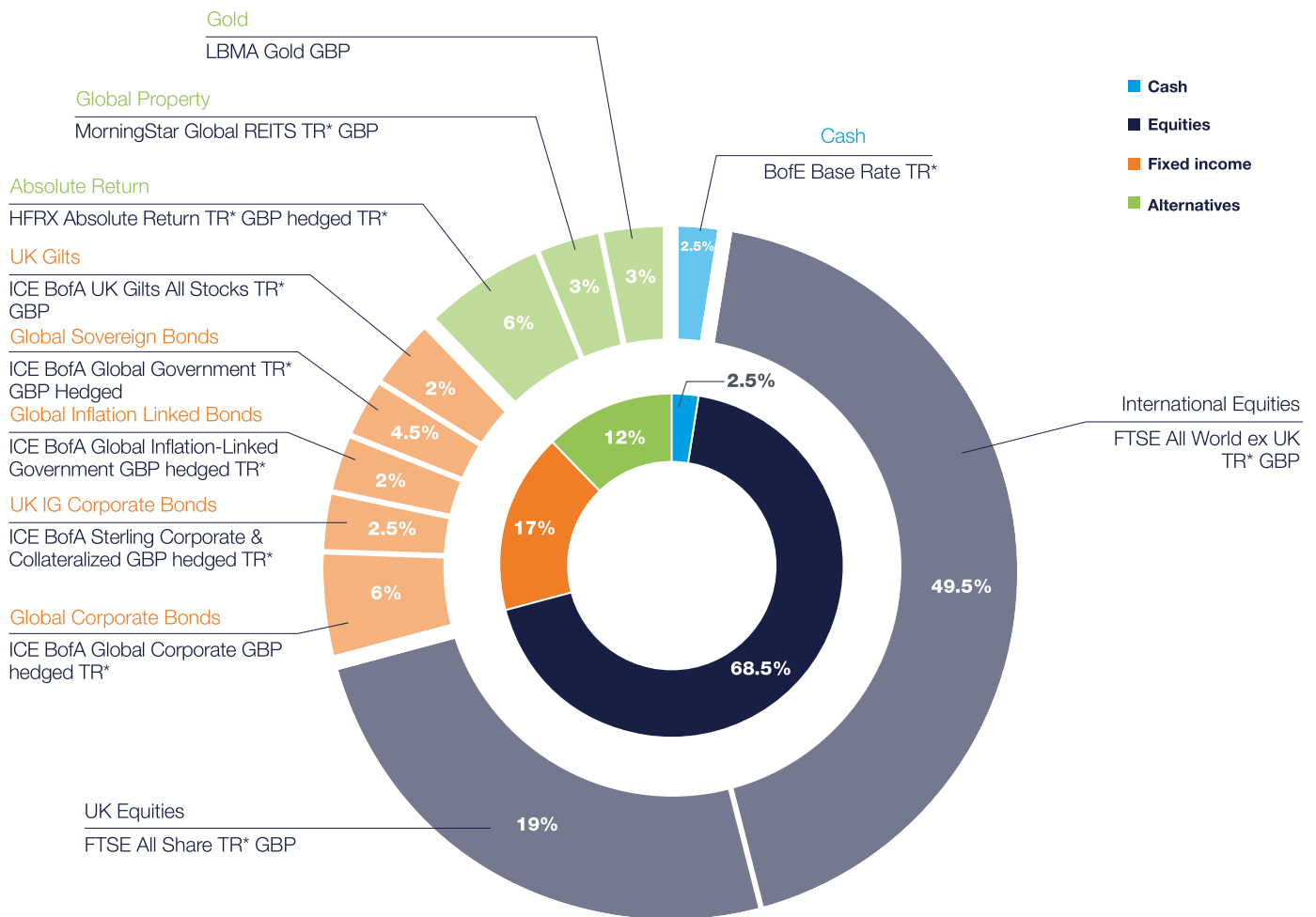
Composition of domestic benchmarks for each Risk Category

Asset class	Sub asset class	Risk Category 3	Risk Category 4	Risk Category 5	Risk Category 6	Risk Category 7	Risk Category 8	Index
Cash	Cash	7.5%	5.0%	2.5%	2.5%	2.5%	2.5%	BofE Base Rate TR*
Equities	UK Equities	5.0%	10.0%	14.5%	19.0%	23.0%	27.0%	FTSE All Share TR* GBP
	International Equities	13.5%	26.0%	38.0%	49.5%	60.0%	70.5%	FTSE All World ex UK TR* GBP
Fixed Income	UK Gilts	4.5%	3.5%	2.5%	2.0%	1.0%	0.0%	ICE BofA UK Gilts All Stocks TR* GBP
	Global Sovereign Bonds	12.0%	9.0%	7.0%	4.5%	1.5%	0.0%	ICE BofA Global Government TR* GBP Hedged
	Global Inflation Linked Bonds	5.5%	4.0%	3.0%	2.0%	1.0%	0.0%	ICE BofA Global Inflation-Linked Government GBP hedged TR*
	UK IG Corporate Bonds	6.0%	4.5%	3.5%	2.5%	1.0%	0.0%	ICE BofA Sterling Corporate & Collateralized GBP hedged TR*
	Global Corporate Bonds	16.0%	12.0%	9.0%	6.0%	2.0%	0.0%	ICE BofA Global Corporate GBP hedged TR*
Alternatives	Absolute Return	15.0%	13.0%	10.0%	6.0%	4.0%	0.0%	HFRX Absolute Return TR* GBP hedged TR*
	Global Property	7.5%	6.5%	5.0%	3.0%	2.0%	0.0%	MorningStar Global REITS TR* GBP
	Gold	7.5%	6.5%	5.0%	3.0%	2.0%	0.0%	LBMA Gold GBP

*TR – Total Return is the return an investor receives when income is reinvested

Please see the Important information on page 2

Example composite of domestic benchmark for Risk Category 6



*TR – Total Return is the return an investor receives when income is reinvested

Appendix

A description of assets and a guide to their risks

Most of the solutions we offer involve some form of investment risk and you should be aware that the value of investments and any income from them can fall and you may get back less than the amount invested.

Our services provide exposure to financial assets – such as equities and bonds – all of which are subject to some form of investment risk. It is important to understand that the level of return you can expect from an investment that is made is related to the amount and type of risk for that investment.

Below we discuss in detail the many types of risk that can impact upon the performance of an investment. First, we will look at the broad categories of investment risk and second at the different types of investment asset and the specific risks that apply to each.

Please note that this does not necessarily mean that the portfolio(s) will contain these types of investment directly.

Types of investment risk

Volatility risk

'Volatility' is a measure of the relative rate at which the price of a particular investment moves up and down. If the price of an investment moves up and down rapidly over short time periods it can be described as having high volatility. If the price changes relatively infrequently, it can be described as having low volatility.

The movements in price of an investment could be caused by events in the domestic or global economy, changes in interest rates or currency exchange rates, general political factors or company or investment-specific factors. Some investments are more volatile than others – for example, equities would generally be more volatile than government bonds, and cash would be the least volatile.

However, it is important to understand that there is a 'trade-off' between the level of volatility you are prepared to accept and the return you can expect to achieve from an investment. As a general rule, the higher the volatility of an asset, there is not only the greater potential for positive returns but also the greater potential for losses. This is often referred to as the trade-off between risk and reward. Overall, it is important to remember that investments and the income from them may go down and you may get back less than the amount invested.

Inflation risk

If you are investing over a long period of time, you need to be aware of the long-term impact of inflation. Inflation erodes the 'purchasing power' of assets – i.e. it reduces how much they will be able to buy at future price levels. Of course, inflation risk can have an impact on all types of investment but some types are more at risk than others. For example, cash is among the asset classes most vulnerable to inflation risk. If the interest rate payable on a cash deposit in a bank or building society is consistently below the rate of inflation over time, then the 'real' value (after inflation) of that cash will be eroded. This is particularly relevant to the market conditions we have experienced in the last few years, where interest rates available on deposit accounts have been generally lower than the prevailing level of inflation for some time.

Currency risk

This form of risk relates to all investments denominated in foreign currency, for example US government bonds or Continental European company shares. These assets will generally be priced in the currency of the country of origin – US government bonds will generally be denominated in US dollars and Continental European company shares will generally be priced in euros. UK investors – whose investment portfolios will usually be priced in sterling – therefore need to be aware that the value of the foreign assets that they own will depend not only on the price movements of the assets themselves in the local foreign currency but also on the movements of the exchange rate of the currencies against sterling. This can mean that investments denominated in foreign currency can be more volatile than those denominated in sterling. Movements in exchange rates may cause the value of an investment to fluctuate either in a favourable or unfavourable manner and also independently of the value of the underlying asset.

Liquidity risk

The investment term 'liquidity' essentially means the ease with which an investment can be bought and sold. For example, the shares of large companies in developed countries such as the UK have a relatively high level of liquidity – there are typically a large number of buyers and sellers in these markets and these shares can usually be bought and sold readily. They can therefore be said to have a low level of liquidity risk – should you want to 'cash in' the investment held in the shares of a large UK company you will generally be able to do so easily and relatively quickly. On the other hand, there are a number of assets which can be described as having a relatively high level of liquidity risk. These could include the shares of very small, relatively unknown companies where there is a narrow market for the shares (i.e. a relatively small number of potential buyers and sellers) and they are therefore infrequently traded. An investor who owns such 'illiquid' shares and wants to sell them may find that it takes a considerable amount of time to find a buyer, or that they will need to reduce the price they are prepared to sell the shares for in order to sell them quickly. It is this latter point particularly that you should be aware of when considering investing in relatively illiquid assets – it can sometimes prove difficult to sell these investments in a timely way and there may be a significant risk of capital loss. In extreme cases an investment may become 'non-readily realisable'. In this case the investment may not be easily tradable, and it may be difficult to obtain any reliable independent information about the value and risks associated with such an investment.

Leverage/gearing risk

Collective funds (such as investment trusts) and companies may make use of borrowing in order to enhance returns. This is known as leverage or gearing and increases both the volatility and the risk level of an investment. It applies if a company has borrowed

significant amounts of money, or if an investment vehicle (such as an investment trust) otherwise allows an investor to gain much greater exposure to an asset than is paid for at the point of sale (i.e. money is borrowed to obtain the increased exposure to that asset). It also applies if an investor borrows money for the specific purpose of investing.

The impact of leverage can mean that movements in the price of an investment lead to much greater volatility in the value of the leveraged position, and this could lead to sudden and large rises and falls in value. The impact of interest costs from borrowing may also lead to an increase in any rate of return required to break even while there is also a risk that the investor may receive nothing back once the leverage is repaid if there are significantly large falls in the value of the investment.

Stabilisation

This activity enables the market price of a security to be maintained artificially during the period when a new issue of securities is sold to the public. Stabilisation may affect not only the price of the new issue but also the price of other securities relating to it. Stabilisation can help to counter the fact that, when a new issue comes onto the market for the first time, the price can sometimes drop for a time before buyers are found due to the excess supply of shares. Stabilisation is carried out by a 'stabilisation manager' (normally the firm chiefly responsible for bringing a new issue to market). As long as the stabilisation managers follow a strict set of rules, they are entitled to buy back securities that were previously sold to investors or allotted to institutions which have decided not to keep them. The effect of this may be to keep the price at a higher level than it would otherwise have been during the period of stabilisation.

Settlement risk

This is the risk that one counterparty to a transaction does not deliver a security or its value in cash as agreed when the security was traded after the counterparty has delivered either the cash or security as per the trade agreement.

Legal risk

We instruct various agents and third parties to provide us with a service or product to enable us to administer your account such as a market counterparty to buy or sell a stock in the market. Another example is client money held by a bank instructed by us. We take great care in selecting reputable agents and third parties, however, should they default or be unable to perform their obligations by reason of any cause beyond our control, this may mean that you will bear the loss of the default to your account or change to our service. Your investments will be pooled with investments owned by other clients, therefore your individual investments are not separately identifiable. Stocks are regularly reconciled but in the unlikely event that there is an irreconcilable shortfall, you may not receive your full entitlement and share in the shortfall in proportion to your holding. The majority of our clients' pooled investments in the UK are held by one of our wholly-owned nominee companies for which we would be responsible if it acted wrongly.

There is an additional risk of investing in overseas stocks as they are held by an overseas custodian or sub-custodian which may be pooled and subject to different rules and laws governing investment. We take care in appointing the custodian and perform periodic reviews on the custodian but should it become insolvent, this may cause delay in settling a transaction or transferring investments or worse, a loss to your investment. Unless we have been negligent in appointing the custodian, we will not be responsible for the custodian's insolvency.

Investment-specific risks

In the following, we look at the various asset classes and the investment risks that are specific to each.

Equities

Company shares – attributes

Equities or company shares – and collective funds that invest in them – are commonly used by investors seeking longer-term capital growth.

- Each company share represents a stake in the ownership of that firm. In most cases, the company will be listed on a stock exchange (such as the London Stock Exchange)
- Most large company shares can be readily bought and sold under most market conditions. They entitle the shareholder to the payment of dividends – a regular payment made out of the company's profits
- Although a company is not obliged to pay a dividend its management can be held accountable by shareholders if they do not provide a reasonable return
- Over the longer term company shares have historically provided a reasonable return together with a degree of inflation protection. Although past performance is not a guide to future performance.

Specific risks

- Returns on company shares cannot be guaranteed. The price of a company's shares can go up and down and you may get back less than you originally invested
- The price variability of international shares denominated in a currency other than sterling may be higher or lower than that of UK shares once foreign currency exchange rates are taken into account
- As ownership of an equity represents a direct stake in the company concerned this will give you full exposure to the economic risks faced by the company and its value can therefore fall as well as rise. The price volatility of equity markets can change quickly and cannot be assumed to follow historic trends
- In times of particularly difficult market conditions, there is the potential to suffer irrecoverable capital losses. In the worst case, a company could fail and, if this happens, its equity can become worthless.

Examples of typical company characteristics which could mean a heightened level of equity investment risk are:

- The company's market value is relatively low (otherwise known as the 'market capitalisation')
- The products that the company offers are undiversified (i.e. it relies on one or a few product lines or services for the bulk of its profits) or the company relies on a single market as a major source of income
- A significant reliance on borrowing as a source of finance
- A significant level of up-front fixed costs to pay (for example, payments for the leasing of business premises) which are not directly related to the company's level of production
- Major income sources which are seasonal or 'cyclical' (i.e. they vary according to prevailing economic conditions) in nature
- Companies trading primarily in developing countries, particularly during poor market conditions, or in countries where legal property rights may be difficult to enforce.

Most shares that we would buy for you can be readily bought and sold under most market conditions, although this might not always be the case with shares from some very small companies. The shares of some smaller companies may trade in very low volumes, and an investment in these kinds of shares will usually involve a proportionately large difference between the market buying and selling price. This could mean that a purchase of shares of this kind followed by an immediate sale may lead to a significant loss. Some smaller companies may not be subject to the rules of a listing authority (for example, the London Stock Exchange). Such companies are likely to be higher-risk ventures and may have an unproven trading history or management team. These shares may not be readily sold, and it could be difficult to value them independently as they are not easily tradable.

Overall, the risks involved in investing in company shares can often be managed by using collective funds (such as unit trusts and investment trusts) which have a diversified portfolio of holdings or by investing directly in a wide range of shares which give exposure to a variety of industries, countries and currencies.

Collective investment schemes – attributes

A collective investment scheme is a form of investment fund that enables a number of investors to ‘pool’ their assets and invest in a professionally managed portfolio of investments – typically company shares and fixed income investments.

- Collective funds are an easy way for investors to obtain diversity in a portfolio or exposure to a particular sector
- A reduction in risk is achieved because the wide range of investments in a collective investment scheme reduces the effect that any one investment can have on the overall performance of the portfolio
- By pooling the assets of many investors, collective funds offer ‘economies of scale’. The collective fund will buy and sell investments in large amounts and the costs of this will be shared by all of the investors in the fund. The costs of investing would therefore usually be lower for each individual investor than if they were investing privately
- Investors may benefit from the skills, experience and resources a professional management company can offer
- Collective investments may be more expensive due to additional fund management fees.

Specific risks

- The price of a collective investment scheme is determined by the price of the underlying assets of the fund. Therefore the price of a fund may rise or fall in line with the underlying rise or fall of underlying asset values
- Returns on company shares, and therefore the investment funds that invest in them, are not guaranteed
- As with company shares, in times of particularly difficult market conditions, there is the potential to suffer irrecoverable capital losses
- Some collective investments may be in unquoted investments or property and therefore potentially higher risk and illiquid and therefore not easily realisable
- There may be exposure to foreign currency fluctuations which could amplify losses that may be incurred on typical investments.

As the underlying components of collective investment schemes are chiefly company shares and fixed income investments, please see these sections for fuller explanations of their attributes and the associated risks to which you may be exposed.

Investment trusts – attributes

Investment trusts (specialist companies set up for the purpose of investment that are listed on a stock exchange) are a type of collective fund – an equity investment that pools money from many different investors.

- Investment trusts are known as ‘closed ended’ – that is, they have a set number of shares that can be traded on a stock exchange (although investment trusts do occasionally issue more shares or buy some of their shares back)
- The share price of an investment trust is determined by supply and demand for the shares and can be higher or lower than the value per share of the underlying assets (this is called the ‘net asset value’ or NAV). When the share price is higher than the NAV, the investment trust will be trading at a ‘premium’ but when the share price is lower than the NAV it will be trading at a discount. The concept of investment trust discounts and premiums is a key risk for investors to be aware of – it is important that you refer to the specific risks set out below for further information
- Investment trusts can make use of borrowing in order to enhance returns (known as ‘leverage’ or ‘gearing’) or may invest in other companies that may use gearing.

Specific risks

- While gearing can potentially produce stronger investment returns if used successfully it also increases both the volatility (a measure of the relative rate at which the price of a particular investment moves up and down) and the overall risk level of an investment in investment trust shares
- As a result, movements in the value of the leveraged position (the investments purchased using the borrowed funds) may be more volatile than the movements in the price of the underlying investment. The value of the leveraged position may be subject to sudden and large falls in value and you may get back nothing at all if the fall in value is sufficiently large
- Investing in the shares of an investment trust is subject to similar risks to investing in company shares, although the share price can also be impacted by the performance of the underlying investments
- While the share price of an investment trust may be influenced by the performance of the underlying investments and thus the NAV, there is no guarantee that a discount will close or that an investment trust will move to a premium even if the underlying investments are performing well.

Structured products – attributes

A structured product is the generic term for manufactured investment products used by investors to provide exposure to a wide range of underlying asset classes (for example, equities).

- Generally they have a limited lifespan and a maturity date
- An investor in structured products should be aware of both the nature of the underlying assets and the extent of the exposure to those assets. In some cases, structured products may offer a high income or a high level of access to the capital growth of the underlying assets

- Structured products are generally issued by investment banks. The solvency of these institutions is crucial for not only the investment return but also for the ability of investors to buy and sell structured products (i.e. their 'liquidity')
- The level of income and/or capital growth provided by a structured product is usually linked in some way to the performance of a specified underlying asset class. Some structured products aim to at least return the initial capital invested at the end of the term
- Structured products can also come in the form of credit-linked notes, where product performance is linked to a fixed income index or a particular bond. This type of product is more likely to behave like an ordinary bond that pays a regular coupon and so should be categorised in the fixed income asset class. However, structured product returns are never guaranteed
- The investment return (i.e. the level of income and/or capital growth) is usually linked in some way to the performance of the relevant underlying assets
- Structured products can be complex – supported by our Research Team, we will examine closely the precise details of an individual product before investing.
- It is important to be aware that the product terms for a structured product will only apply to investors who invest at launch and who hold the product until final maturity. Early redemption or purchase after launch could result in a capital loss, even where the product aims to return the amount purchased. These products may also not be readily realisable, which means that it may be difficult to sell a product of this type
- Investors should only invest in structured capital at risk products if they are prepared to accept the risk of sustaining a total or substantial loss of the money they have invested, plus any commission or other transaction charges. Furthermore, some structured products may not be covered by the Financial Services Compensation Scheme or the Financial Ombudsman Service
- The payoff of a structured product can be linked to the performance of any asset class such as equities, fixed income or commodities. The type of asset will largely determine the risk/return profile of the structure. If the product performance is linked to an equity index such as the FTSE 100 then the structure will exhibit equity-like risk-return characteristics and so it should be allocated to the equity asset class. Some structured products with partial capital protection may be linked to more than one asset class at the same time. An example of this would be a 'geared supertracker' where the product performance is linked to the gold price while the capital protection is linked to an equity index.

Specific risks

- You should be aware that the return of capital invested at the end of the investment period is not guaranteed, and therefore you may get back less than was originally invested
- Structured products can expose you to a range of different investment risks. We will monitor these risks and associated risks on an ongoing basis. This is crucial as the risk of structured products evolves as time passes
- Structured capital-at-risk products (known as SCARPs) aim to return the original money invested at the end of the term unless the index or asset price to which the product is linked has fallen below a predetermined threshold. If this happens you can quickly lose all or part of the original capital invested
- Prices can fluctuate below the level at which originally invested, due to market forces such as interest rates. If the product is sold before its maturity date the return may be less than invested, irrespective of the performance of the underlying asset
- Structured products will not necessarily outperform the underlying asset to which they are linked
- In a similar way to bonds and debt instruments, most structured product strategies are exposed to the credit risk of the product issuer, meaning that investments could be entirely lost if the issuer is not able to repay the sums due under the terms of the product
- Structured products generally include leverage (i.e. borrowing), and their value can be subject to sudden and large falls if conditions arise which mean that the product is unable to repay the full amount invested
- Investors should review detailed product information and other literature carefully for details of any factors which might impact how the payout from a structured product may change under different economic or market conditions. In particular, where a product aims to repay the amount invested, which is subject to certain conditions being met, the value of an investment will be exposed to the full risk of the underlying assets if these conditions are not met

Fixed income bonds and bond funds – attributes

A fixed income investment is a security that pays a known return, often with lower risk than equities. Bonds are the most common form of fixed income security – these are loans mainly issued by governments, companies or other organisations.

- The bond issuer promises to repay the amount borrowed at the end of the bond's life and also promises to make predetermined interest payments during the life of the bond
- There are various types, ranging from bonds issued by robust governments/countries, where the risk that an investor will not be repaid tends to be very low, to corporate bonds (bonds issued by companies) where the risk is generally higher
- Government bonds can generally be bought and sold easily while corporate bonds vary more in terms of the ease with which they can be traded
- The price of bonds often moves inversely to changes in cash interest rates.

Specific risks

- Bonds issued by major governments (e.g. UK government bonds, often referred to as 'gilts') or supranational bodies (for example, the European Investment Bank) tend to be lower-risk investments
- The risks of other types of bonds (such as those issued by developing countries or individual companies) can vary greatly
- For example, if an issuer is in financial difficulty, there is an increased risk that they may be unable to meet the payments to bondholders that they are due to make. In this event, little or no capital may be recovered and any amounts repaid may take a significant amount of time to obtain
- The payments received from bonds are typically fixed (hence the term 'Fixed Income') which means that inflation can erode their 'real' value to some extent.

The value of bonds can generally be expected to be more stable than that of company shares. However, in some circumstances the value of most bonds can also be volatile and prices can go up or down. The factors which are likely to have an impact on the value of a bond are:

- The financial position of the bond issuer
- Changes to market interest rate expectations
- The bond issuer's credit rating (which reflects their ability to repay the amounts payable when they fall due)
- The amount of interest payable (otherwise known as the 'coupon')
- The length of time until the debt falls due for repayment
- Where the bond ranks in terms of the issuer's other liabilities (referred to as the 'seniority'), and the quality of any security available. Should a company be wound up, bonds rank above equities in terms of claims on the company's assets and are therefore less risky.

Government bond investments can generally be sold easily to release funds if required. Corporate bond investments (loans to companies) vary more in terms of the ease with which they can be bought or sold. Holding bonds in an investment portfolio can partially reduce the level of risk in a portfolio as bonds often make gains when company share prices fall. However, the price of bonds often moves inversely to changes in cash interest rates.

Cash – attributes

The main form of cash for investment purposes is savings or deposit accounts which generally (but not always) pay interest on the amount deposited.

- Our investment managers will generally hold a certain amount of cash in a portfolio to enable them to take advantage of investment opportunities as and when they arise
- Cash is also used to reduce the volatility of a portfolio and this can be of particular use in terms of helping to protect its value during periods of falling markets.

Specific risks

- Broadly speaking, cash has virtually no short-term risk of capital loss (other than due to a default by the institution taking the cash deposit) and can be readily accessed (e.g. an instant access deposit account will allow you to withdraw cash whenever you want to)
- However, cash frequently provides a return that is below the prevailing rate of inflation – particularly in recent years as interest rates have been at historically low levels – meaning that the 'real' value, i.e. buying power, of cash is eroded over time.

Alternative investments

'Alternative investments' are a range of assets which have different characteristics from equities, bonds and cash and may be used by our investment managers for diversification and risk management purposes. Diversifying through alternative investments may be used to further mitigate against the investment risks within a portfolio.

These investments may involve unique or unusual risks as a result of providing alternative sources of return for a portfolio. It is important that investors understand the properties of the particular type of assets they are planning to use before making such an investment. Many alternative investments are structured as unregulated funds. This

means that standards of operation, administration and management are determined privately by the operator of the fund, rather than being driven by regulation. It is important to understand that it may be difficult to sell an investment of this type, or to obtain an independently determined fair valuation for a holding in this kind of investment.

In addition, investors may not be protected by financial regulations or compensation schemes in the event that a company operating an alternative investment scheme acts unlawfully and causes a loss to investors when managing fund assets. Such risks can be mitigated by conducting thorough research prior to investment, or through investment via a professionally managed fund of funds.

You should only invest in these products if you are prepared to sustain a total or substantial loss of the money invested, plus any commission or other transaction charges. The term 'alternative investments' covers a very wide range of investment products – the attributes and risks specific to the most widely used categories of these products are set out here.

Absolute Return – attributes

Absolute Return funds aim to deliver positive returns in any market condition, but returns are not guaranteed. Absolute Return is a very broad category that encompasses most asset classes and investment techniques.

- An Absolute Return fund may invest in any asset class such as equities, bonds, currencies, commodities or derivatives
- Absolute Return funds employ various investment strategies, many of which are similar to the strategies employed by hedge funds. Below are some examples:
 - Short selling – selling securities and buying them back at a later date if a security price is expected to fall
 - Relative value trades – selling one security whilst simultaneously buying another one with similar characteristics
 - Trend/Momentum trades – buying or selling securities based on their recent performance
 - Curve/Duration trades – buying or selling bonds with different maturities according to portfolio managers' interest rate expectations
- Absolute Return funds can be complex – supported by our Research Team, we will examine the details of individual funds to try and reduce the risk of investing.

Specific risks

- Although Absolute Return funds aim to achieve positive returns, this objective is not guaranteed
- Absolute Return funds often invest in derivatives which can have additional risks associated with them
- Selling assets ('going short') exposes the investors to a higher level of risk than buying securities. This is because the losses are potentially unlimited as the price of sold securities can go up perpetually. Additionally there is a regulatory risk, e.g. the Financial Conduct Authority (FCA) may place a ban on short sales
- Absolute Return funds may employ leverage either through borrowing or through derivative positions. Whilst it can enhance the potential returns it also exaggerates potential losses
- Often Absolute Return funds take positions in exotic or thinly traded assets to earn extra returns from holding illiquid assets.

Property – attributes

The main type of property that is typically purchased for investment portfolios is commercial property – this encompasses shops, offices and other types of business premises and is usually acquired via units in a property fund.

- Investment in commercial property entitles the holder to rents paid by the tenant as well as the disposal proceeds if property is sold
- Over longer periods the capital growth and income returns it can generate have historically provided a level of protection against inflation. Although past performance is not a guide to future performance.

Specific risks

- The rental income from and value of a given property will be impacted by demand, although it is important to emphasise that property can be difficult to value independently. There is no guarantee that the underlying properties invested in by a property fund will remain occupied and they may incur significant maintenance or restoration costs which could impact on the returns available. All property is subject to local risks which may be unique in nature and may be caused by factors such as prevailing legal, economic, environmental or political circumstances
- One of the key risks of investing in property is that it is the least 'liquid' of the main asset types – that is to say the relatively long time it can take to buy and sell property means that direct investment in this asset class will generally not offer quick access to your money if you want to sell. In weak market conditions it may prove more difficult to sell a property
- Our investment managers use specialist property collective investment schemes (funds) such as Real Estate Investment Trusts (REITs) or Property Authorised Investment Funds (PAIFs) that invest in property, meaning they can usually sell holdings on any working day. However, there have historically been a few examples of funds having to suspend investors' rights to withdraw money, sometimes for a substantial period of time, in order to balance the interests of investors exiting a property fund with those staying in the fund
- These delays can be up to six months in duration in the case of funds which invest directly or indirectly in buildings or land
- Investment in property development funds carries additional risks related to the successful completion of the development project both on time and according to budget. Even if a project is successfully completed, there is no guarantee that properties will either be sold or become occupied with tenants at the intended price or within the intended timeframe
- Commercial property is also subject to risks related to the type of use associated with the property, and the prosperity of the local or national economy relevant to the tenants and their business. Returns available from property funds may also be affected by leverage where borrowing is used to finance either construction or purchase.

Hedge funds – attributes

Hedge funds are pooled investments which, in contrast to conventional collective funds, will use a wide variety of different trading strategies in order to produce returns.

- One example of this is 'short selling' – an investment technique that enables a fund to potentially benefit from falling share prices
- The type of strategies and investments used by a hedge fund will be a key determinant of how risky the investment will be
- Our investment managers may use absolute return funds and funds of hedge funds in client portfolios (these offer diversified exposure to a range of types of hedge fund and are managed by specialists dedicated to hedge fund analysis).

Specific risks

- Strategies may range from lower-risk funds which aim to deliver a positive return regardless of market conditions (known as 'absolute return funds') to high-risk or speculative funds which make use of borrowing (or 'leverage') in an attempt to maximise returns
- While this borrowing will serve to magnify positive returns it will also make losses larger than they would have been had the borrowed money not been invested
- Investments made by hedge funds may also be narrowly based around a specific type of asset or trading strategy and the returns experienced by investors in these funds may be adversely affected by very specific market or industry circumstances. It is therefore important to understand the type of strategy and investment to be used
- Potential for high volatility
- Returns on hedge funds are not guaranteed, you may get back less than you invested.

Infrastructure – attributes

The term infrastructure refers to investment in vital economic assets including roads, railways, airports, oil and gas storage and transportation facilities, marine ports and electricity and water utilities.

- Investing in infrastructure offers the potential for capital growth as well as a degree of protection from inflation – broadly speaking, infrastructure investments tend to generate relatively stable levels of income (although this cannot be guaranteed).

Specific risks

- A key risk to investing in this sector is that companies involved in infrastructure-related industries are subject to environmental considerations and government regulation, which may impact on returns to investors.

Commodities-linked products – attributes

This broad term refers to natural resources that are either mined, extracted or harvested. Commodities encompass energy (i.e. oil, coal and natural gas), 'soft' commodities (i.e. agricultural goods such as coffee and wheat), 'hard' commodities (i.e. industrial metals such as copper and tin) and precious metals such as gold.

- A key reason for investing in commodities is that it can offer some protection from inflation. Virtually everything that is produced, bought and sold makes either a direct or indirect use of commodities of one form or another so a general rise in prices is likely to be associated with a rise in the price of at least some key commodities. Therefore, getting exposure to commodities should in theory help to maintain the purchasing power of an investment portfolio

- Investment in commodities (including precious metals) is often achieved either via a structured product based on a commodities index or basket of different commodities, or by using a commodity derivative (a financial contract which derives its value from the performance of an underlying asset or market index), or by the use of an Exchange-Traded Fund (ETF) which aims to track the price of the commodity itself
- Precious metals have their own distinct characteristics and a key reason for using these in a portfolio (indirectly through an ETF) is that their value is generally not connected to the performance of the other more mainstream asset classes such as company shares or bonds
- In particular, gold and other precious metals are seen as more likely to hold or even increase their value during times of severe economic and social turbulence as theoretically investors will flock to them as 'safe havens' and this has proved to be the case on a number of occasions in history.
- A further risk is that as private companies do not have to meet the requirements of a company that lists on a stock exchange, there is a risk of a lower level of scrutiny of the management of these companies. As a result, the management may be less accountable to shareholders for decisions that they make than the management teams of public companies
- One of the features of private equity fund investment is a concept called 'capital commitment'. This is an agreement between an investor and a private equity fund under which the investor is obliged to contribute money to the fund. The investor may pay all of the committed capital at one time or over a period of time (known as the 'capital commitment period'). Investors must therefore be capable of making payments to satisfy the requests for capital made throughout the commitment period
- Private equity investment may involve a focused portfolio of investments, which could lead to exposure to undiversified underlying assets. It may also involve the use of significant leverage or borrowing, which amplifies potential risks

Specific risks

- A key risk to be aware of is that commodity prices can be extremely volatile – that is the price can change dramatically from month to month or over very short time periods
- They can also be very difficult to predict – commodities may be affected by a variety of political, economic, environmental and seasonal factors which impact on the demand for or the available supply of the given commodity. For example, the prices of agricultural goods will be impacted if severe weather events affect crop yields, while the price of oil has historically been strongly linked to global political events such as tensions in the Middle East.

Private Equity – attributes

This term refers to investment in companies that are not traded on a public stock exchange (for example, the London Stock Exchange), but can offer access to strong growth potential.

- These companies raise finance privately and are not subject to the stringent requirements faced by companies that do list on a stock exchange
- The type of unlisted companies that a private equity fund may invest in could range from small start-up companies to larger firms with a long and established trading history
- By definition private equity is not dealt on public stock exchanges and is therefore generally difficult to trade in. Our investment managers tend to access private equity through collective investments which are usually dealt on a daily basis.

Specific risks

- As private equity investments are not traded on public stock exchanges, there is a risk that they may prove difficult to sell as it may take time to find a buyer – i.e. they can be significantly less 'liquid' than other investments
- This may also affect the price at which the investment can be sold (i.e. you may have to accept a price that is lower than fair value in order to achieve a sale)

- Payments to investors from private equity funds are generally made in cash. However, if a fund is unable to sell its interest in a private company, it may instead distribute holdings in these companies to investors in the fund.

Overall, it is important that you are familiar with the terms of, and risks associated with, any private equity fund that you invest in.

Other investment products and their risks

Derivatives for hedging and income enhancement – attributes

In some circumstances, derivatives (securities whose price is dependent upon or derived from one or more underlying assets – the derivative itself is a contract between two or more parties) may be used to offset certain risks that may exist in a portfolio. This is known as 'hedging'.

- For instance, a holding in a foreign company exposes an investor to the movements of the currency that the company is denominated in, as well as the economic risks of the company. It is possible to offset some of the currency risk by purchasing an appropriate derivative contract
- Similarly, derivative contracts which aim to cover risks associated with interest rate movements, company defaults or falls in equity values can also be purchased.

Specific risks

- The cost of the derivative contract may lower the returns that a portfolio might have otherwise earned if the risk was left 'unhedged'
- The derivative contract may not perfectly offset the risk that it is intended to offset
- The counterparty which issues the derivative may default and not be able to honour the contract
- The price of a derivative can move independently of underlying assets
- The use of derivatives may amplify losses.

In some instances derivatives may be used to enhance the income of a portfolio and the same risks are applicable.

Exchange Traded Funds (ETFs) and Exchange Traded Notes (ETNs) – attributes

ETFs and ETNs are exchange traded funds which try to match a specified benchmark index. There are a number of different structures that are used to create these funds.

Specific risks

- The risks that an investor is exposed to depend partly on the structure of the fund and partly on the index that the fund is designed to track
- If the benchmark index is an equity index then an investor is exposed to the same risks as those for equity funds. Similarly, if the benchmark index is a bond index then an investor is exposed to the same risks as those for bond funds
- The benchmark index could instead be related to commodities or some other index which may have its own idiosyncratic risks
- Further to the risks inherent in the benchmark, the structure of the ETF or ETN may give rise to the following risks:
 - A fund may not fully replicate the benchmark index and may therefore not produce the intended results
 - The fund may engage in securities lending. Securities lending involves the risk that the fund may lose money because the borrower of the loaned securities fails to return them in a timely manner or at all
 - Where a fund uses derivatives to recreate the benchmark index returns, there is a risk that the counterparty which issues the derivative may default and not be able to honour the contract.

Non-Mainstream Pooled Investments (NMPI) – attributes

Non Mainstream Pooled Investments (NMPIs) are pooled investments or funds, which are characterised by unusual, speculative or complex assets, product structures, investment strategies and/or terms and features.

- NMPIs are a particular type of pooled investment vehicle and are generally regarded as high-risk products that often invest in assets which are typically not traded in established markets and which are therefore difficult to value and may be highly illiquid
- The investments are often complex and difficult to understand and performance information may be unavailable or unreliable
- NMPIs may invest in one or more volatile assets, such as property, emerging market stocks, renewable energy or fine wine, and therefore the risk of an investor losing all or part of their money are much higher than other investment types
- A NMPI encompasses:
 - Units in an Unregulated Collective Investment Scheme (UCIS)
 - Units in a Qualified Investor Scheme (QIS)
 - Securities issued by special purpose vehicles (SPVs) (other than excluded securities)
 - Traded life policy investments (TLPIs); and Rights to or interests in investments in any of the above.

- NMPIs are unlikely to be suitable for the average or ordinary retail investor; they are more likely to be appropriate for professional or institutional investors and to those clients who are sophisticated investors, and have significant investment experience of investing in these types of investments, and understand all the associated risks
- While our investment managers may make occasional use of UCIS in client portfolios, these are not a core investment type.

Specific risks

- High risk and illiquid
- A client investing in a NMPI could lose some or all of their investment
- Unlike regulated CIS, NMPI may not be subject to investment and borrowing restrictions aimed at ensuring a prudent spread of risk, therefore the risk of a total or partial loss of capital is much higher. As a result they are generally considered to be a high-risk investment and you should always ensure that you understand the risks before investing
- You may not be covered by the Financial Ombudsman Service (FOS), should you have a complaint about the fund, or the Financial Services Compensation Scheme (FSCS) should you need to seek compensation
- Some investments do not have cancellation rights
- UCIS are not regulated by the UK (or other) authorities and therefore do not provide the same protections as regulated investment funds. Furthermore, their holdings are difficult to value because of the lack of market pricing.

Investment bond products – attributes

An investment bond is a medium to long-term investment contract which is issued by an insurance company.

- An investment will be subject to the ability of the insurance company to repay the sums owing to an investor when they fall due for payment
- This means that the creditworthiness of the insurance company is important, much in the same way as for any other bond
- Investment bond providers generally maintain a range of collective investment funds with different asset allocations and market exposure.

Specific risks

- In some cases, the returns available from an investment bond are linked directly to a specific pool of assets held by the insurance company
- In other cases, the returns could be linked more generally to the profits of the insurance company in general, which reduces the overall transparency of returns.

If you wish to invest in an investment bond, you will be presented with specific information about the type of contract, its terms, charges and more general information about the insurer and its financial strength. Please refer to this information for specific details about the policy and a more detailed description of the risks.

Warrants – attributes

A warrant is a security that entitles the holder to buy the underlying stock of the issuing company at a fixed exercise price until the expiry date.

- A relatively small movement in the price of the underlying security can result in a disproportionately large movement, unfavourable or favourable, in the price of the warrant
- Warrants may appear in clients' portfolios after the process of an initial public offering of an investment trust as they are often issued with ordinary shares at the same time
- It is however, unlikely that an investment manager would include warrants in a client's portfolio.

Specific risks

- The price of warrants can be volatile
- It is essential for anyone who is considering purchasing warrants to understand that the right to subscribe which a warrant confers is invariably limited in time – should the investor fail to exercise this right within the predetermined time-scale then the investment becomes worthless.

Warrants are usually only appropriate for clients with the willingness and ability to take a high degree of risk with their investments – you should not buy a warrant unless you are prepared to sustain a total loss of the money you have invested plus any commission or transaction fees.

The value of investments and any income from them can fall and you may get back less than you invested.

Information is provided only as an example and is not a recommendation to pursue a particular strategy.

If you invest in currencies other than your own, fluctuations in currency value will mean that the value of your investment will move independently of the underlying asset.

Please note that this document was prepared as a general guide only and does not constitute tax or legal advice. While we believe it to be correct at the time of writing, RBC Brewin Dolphin is not a tax adviser and tax law is subject to frequent change.

Tax treatment depends on your individual circumstances; therefore you should not rely on this information without seeking professional advice from a qualified tax adviser.

Past performance is not an indication of future performance. In this document performance is quoted before fees, charges, levies and taxes and these may have the effect of reducing the illustrated performance. All performance shown is based upon any income generated being re-invested, except for the Average Capital Return and Average Yield figures.

The expected returns shown are based on our long-term forecasts, for a mix of assets similar to a portfolio suitable for an investor aligned to the Risk Category indicated.

The data in our sample charts is based on reasonable assumptions which are in turn based on objective data. There are no guarantees that these levels of performance will be achieved, in which case any returns will differ from those illustrated.

RBC Brewin Dolphin Market Commentary – 3 October 2023 *[written 22 September 2023]*

Investors foremost concerns continue to revolve around inflation and recession risks. In 2023, we've seen the passing of fears regarding another banking crisis and a U.S. debt default. The market's ongoing volatility hinges on the latest inflation data and central bank pronouncements about interest rates. Notably, the current hiking cycle is the fastest since 1981.

Despite these concerns, equity markets have displayed remarkable resilience this year. This resilience has been driven in large by a handful of tech giants often referred to as the “magnificent 7” - Meta, Alphabet, Apple, Amazon, Microsoft, NVIDIA, and Tesla.

We believe that interest rates have either reached or are near their peak levels. This belief is underpinned by progress on inflation, which has subsided significantly. The UK still faces some inflationary challenges (6.7% in August 2023), but the US has made substantial improvements (3.7% in August 2023).

Market expectations currently price in no further hikes in the US and approximately 1% in rate cuts over the next year. In contrast, consensus towards the Bank of England leans towards one more rate hike to 5.5% (currently 5.25%) with no rate cuts anticipated next year. The significant gap in inflation between the UK and the US continues to persist.

Despite the high interest rate environment, the US economy has shown surprising resilience, which can be partially attributed to its unique mortgage landscape. New home buyers currently face effective interest rates of approximately 7.5% on 30-year mortgages, however many Americans refinanced during the pandemic at historically low rates, often opting for long term mortgages rather than short term options.

Currently, existing homeowners enjoy a rate of roughly 3.5%. Mortgage rates in the UK, new variable and fixed, stand at approximately 5.5% and 4.5%. The average outstanding fixed rate, currently around 2.5%, is trending higher. This upward trend is expected to persist, outpacing US rates due to the UK landscape tailored towards much shorter mortgage durations.

While economic growth has been resilient, sustained high inflation, notably in energy and food prices, alongside increased borrowing costs, will weigh on household incomes and squeeze corporate profit margins. We find ourselves in the 'late cycle' phase. US job data suggests the economy's growth capacity is diminishing, reflected in near-record low unemployment and an increased labour participation rate nearing pre-pandemic peaks. Economies are driven by labour and productivity, and with labour signalling it is nearing its constraints, a limitation to economic growth is signalled. Additionally, data from economic surveys (Purchasing Managers Index, PMIs) indicate that global manufacturing is contracting and optimism for the services sector is declining.

However, a 'soft landing' scenario for the US economy has increased in probability due to nearing peak interest rates, slowing inflation, positive wage growth, amongst other promising indicators. While the labour market has eased somewhat and wage growth softened after outpacing inflation, a positive shift is occurring. Slower inflation has allowed for positive real wage growth, reversing a 12–18-month trend of negative real wage growth, known as the 'cost of living crisis.' Governments globally have protected vulnerable populations from energy cost surges, and households have saved during the pandemic, cushioning the cost-of-living impact.

We retain a 'neutral' position, given the ongoing risk of recession, despite better-than-expected data. We believe that equity valuations do not indicate undervaluation, especially compared to real bond yields. Short-term bond yields are attractive, leading us to increase 'duration' in our bond exposure ahead of peak interest rates. However, we remain cautious about adding to equities due to headwinds: the late cycle phase, tight monetary policy and high valuations.

We expect continued market volatility until inflation is convincingly tamed. As inflation eases, and with interest rates nearing their peak alongside a relatively mild recession, sentiment should turn more positive.

Teitl adroddiad: <i>Report title:</i>	2023/24 Charitable Funds Finance Report – Quarter 1			
Adrodd i: <i>Report to:</i>	Charitable Funds Committee 3 rd October 2023			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 03 October 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The Charitable Funds Committee has responsibility for overseeing the financial management and stewardship of the charitable funds. This is the Finance Report for the Charity for the first quarter ending 30 th June 2023.			
Argymhellion: <i>Recommendations:</i>	The Charitable Funds Committee is asked to note the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Russell Caldicott, BCUHB Interim Executive Director of Finance			
Awdur yr Adroddiad: <i>Report Author:</i>	Bethan Roberts - Principal Finance Manager, Financial Reporting			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/>	Derbyniol <i>Acceptable</i> <input type="checkbox"/>	Rhannol <i>Partial</i> <input type="checkbox"/>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Aligned to the Awyr Las Charity Strategy.			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.			

<i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.
<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	The risks of the charity are reviewed by the Committee on an annual basis, every March and are included as a separate agenda item.
<i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	
<i>Financial implications as a result of implementing the recommendations</i>	See below report – Section 3.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	
<i>Workforce implications as a result of implementing the recommendations</i>	Not applicable – paper is for information on the financial position of the charity.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	
<i>Feedback, response, and follow up summary following consultation</i>	Not applicable – paper is for information on the financial position of the charity.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	
<i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Amherthnasol
<i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	The Committee is asked to note the report.
Rhestr Atodiadau List of Appendices:	<u>Appendix 1</u> : Legacies <u>Appendix 2</u> : Income and expenditure <u>Appendix 3</u> : Outstanding commitments <u>Appendix 4</u> : Analysis of funds by service <u>Appendix 5</u> : Glossary of terms

2023/24 CHARITABLE FUNDS COMMITTEE FINANCE REPORT – Quarter 1

1. Cyflwyniad / Introduction

The Charitable Funds Committee has responsibility for overseeing the financial management and stewardship of the charitable funds. This is the Finance Report for the charity reporting the financial position up to the end of the first quarter of 2023/24.

This report is written based upon the historic accounting methodology.

2. Cefndir / Background:

NHS charitable funds are defined as all monies donated to the Health Board for purposes related to the NHS and include voluntary donations, legacies and fundraising. Awyr Las's objects, as recorded with the Charity Commission, are *'for any charitable purpose or purposes relating to the National Health Service'*.

The vision of the Charity expands on this further: *'To use Charitable Funds to make a real difference to our patients, their families and staff across North Wales in the delivery of safe and effective healthcare'*. The Charity's focus is always on the ultimate patient benefit and funding items that go over and above the core NHS service.

3. Goblygiadau Ariannol / Financial Implications

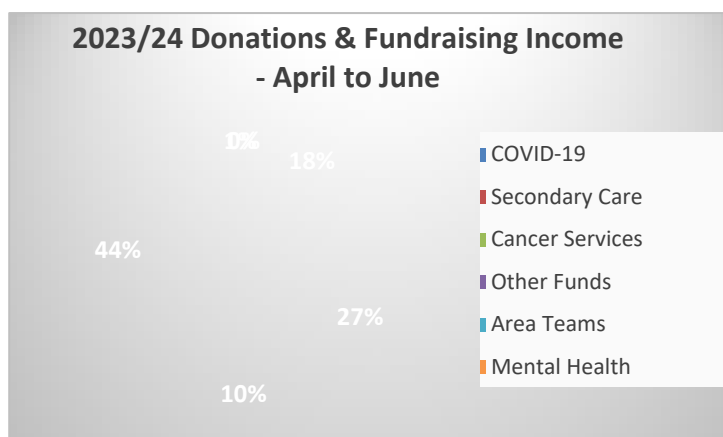
The below table summarises the Statement of Financial Activities for the 1st quarter of 2023/24 from 1st April to 30th June.

2023/24 Statement of Financial Activities – Quarter 1

	Quarter ending 30 th June 2023 £'000	Quarter ending 30 th June 2022 £'000
Donations & fundraising	353	290
Legacies	0	1
Investment income	64	58
Total income	417	349
Grants funded	(217)	(166)
Governance & support costs	(14)	(29)
Fundraising costs	(83)	(53)
Charity Budget Commitment	(131)	(484)
Investment management	(1)	(1)
Total expenditure	(446)	(733)
Gain/(loss) on investments	66	(1,052)
Gain/(loss) on revaluation of fixed assets		
Net movement in funds	<u>37</u>	<u>(1,436)</u>

Income

- Total income for the quarter ending 30th June 2023 is £417,000, an increase of £68,000 from quarter ending 30th June 2022, of which £63,000 is increase in Donations and Fundraising income. See below graph for Quarter 1 analysis of Donations and Fundraising income.



- No Legacy income has been reported in the first quarter ending 30th June 2023, except for the receipt of previously accrued legacies. Further details on legacies are included in Appendix 1. The Debtors value in the Balance Sheet is predominately in relation to Legacy income.
- Investment income for the first quarter is £64,000, of which £4,000 is interest earned from the Special Bearing Interest Account and £60,000 earned from investments interest and dividends.

Expenditure

- Grant funded expenditure is £217,000 for Quarter 1, an increase of 51,000 from Quarter 1 expenditure in the previous year. Grant expenditure is particularly variable depending on projects approved, which can have a significant impact on the grants awarded in any one year.
- The Charity budget commitment relates to the costs that are chargeable to General Funds, as per the approved budget. These are committed at the start of the year, so that the General Funds balance accurately reflects what is available to use in grant awards. The commitment is reduced throughout the year as costs are realised.
- Further detail on items of income and expenditure over £25,000 is included in Appendix 2.

Fundraising Costs

- The 2023/24 Charity Budget was approved up to end of September 2023, with the remaining 6 months to be approved at the October Charitable Funds Committee. The Fundraising Team costs are £12,000 overspent as at end of Quarter 1, of which Pay is £1,000 overspent and Non-Pay is £11,000 overspent. This is offset by an underspend of

£30,000 against Other Fundraising Costs, which includes Investment Management Fee, Audit Fee, Banking charges, Harlequin Fees and Finance Staff support costs.

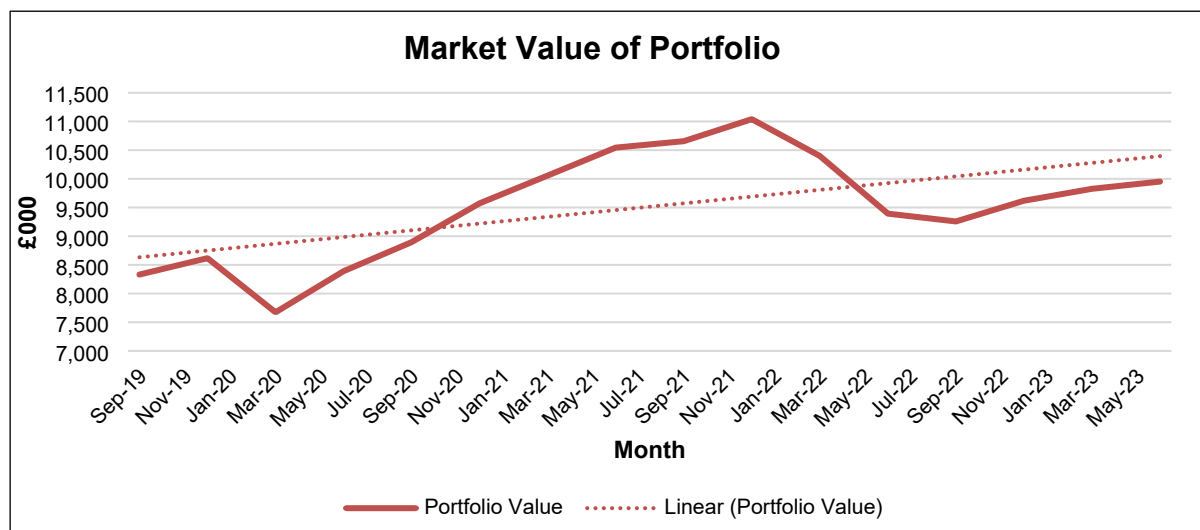
	2023/24 6 Months Budget Approved £000	2023/24 April – June YTD Budget £000	2023/24 April - June Actual £000	2023/24 April – June Variance £000
Fundraising Team Pay Costs	100	50	51	1
Fundraising Team Non-Pay Costs	39	19	30	11
Total Fundraising Team	139	69	81	12
Other Fundraising Costs	92	46	16	(30)
Total Charity Fundraising Budget	231	115	97	(18)

Balance Sheet

	As at 30/06/23 £000	As at 31/03/23 £000
Long term investments	9,952	9,826
Land	150	150
Total fixed assets	10,102	9,976
Debtors	1,394	1,647
Cash at bank and in hand	1,616	1,484
Total current assets	3,010	3,131
Creditors	(193)	(269)
Net current (liabilities)/assets	2,817	2,862
Creditors for commitments	(1,061)	(1,017)
Net assets	11,858	11,821
Unrestricted fund balances	5,425	5,341
Restricted fund balances	6,418	6,465
Revaluation Reserve	15	15
Net assets	11,858	11,821

Investments

- Long Term Investments have increased by £126,000 during the first quarter of 2023/24, and is consistent with the gradual upward trend in investments performance during the last 9 months. Although this gain is unrealised, it is included within General Funds as income. Under the current accounting methodology, this would be apportioned at year end, after netting off charity costs (fundraising team costs and other fundraising costs). See revised charity costs policy.
- The investment portfolio is a separate agenda item as per papers presented by Brewin Dolphin.



Assets and liabilities

- Total cash held at end of June 2023 was £1,616,000, an increase of £132,000 during the first quarter. It is forecast that the cash held is sufficient to meet current commitments.
- The provision for commitments is £1,061,000, which is an increase of £44,000 compared to the end of the end of last financial year at March 2023. All commitments are continually being reviewed. Further detail of outstanding commitments are included in Appendix 3.

Funds Analysis

- Available unrestricted fund balances totals £5,425,000 and after excluding the unrealised investment gain balance (for unrestricted funds) of £1,396,000, provides a value of £4,029,000 compared to a target level of £3,754,000.
- Restricted Funds Balances totals £6,418,000 as at end of June 2023.
- The General Funds Balance as at end of Quarter 1 2023/24 is £125,000 which comprises of a negative balance of -£1,272,000 which is an accumulation of both historic charitable costs and general fund expenditure and a Unrestricted - Unrealised Investments Gain/Losses Fund balance of £1,396,000. The £125,000 balance currently contains the first 6 months interim Charity Budget commitment of £228,000. The total remaining 6 months charge for October – March 2023/24 would be £241,000, which would result in the General Funds having a net negative balance of -£116,000. This position is based on the current principles; however, a revised Charity Costs Policy for 2023/24 is pending formal ratification as per the Charitable Funds Committee agenda in October 2023.
- The updated Charity Costs Policy sets out a revised apportionment basis and revised treatment of the Unrealised Investment Gains/Losses. There will now be two new funds titled 'Restricted' and 'Unrestricted' Unrealised Investment Gains/Losses'. Only when Investment Gains and Losses are realised will they be apportioned to individual funds (taking into consideration any unrealised funds historically apportioned already). The revised Charity Costs Policy also proposes to apportion the Charity Costs Budget net of Interest and Dividends, across all Restricted and Unrestricted Designated Funds.

- An analysis of funds by service is included in Appendix 4. A review of all dormant funds is currently being undertaken.
- A glossary of terms used in this report is included in Appendix 5.

Dadansoddiad Risk / Risk Analysis

The risks of the charity are reviewed by the Committee on the Charity Risk Register which is reported separately.

Asesiad Effaith / Impact Assessment

Not applicable.

Appendix 1 - Legacies

Reference	Date of Notification	Pecuniary / Residuary	Fund to benefit	Received in period £	Total received £	Current Status
MJB	May-23	Residuary	Breast Unit - YGC	0	0	The Breast Unit has been left one quarter of the estate. The solicitors are in the process of obtaining Grant of Probate. Last correspondence - May 2023
NC	May-20	Residuary	Cancer Centre, YGC/Ophthalmology, ABH, Audiology YGC - Each to receive 10% of half of the residual value of the Estate	0	108,000	Accountants have been liaising with H M Revenue & Customs to finalise the deceased's tax affairs. The Tax Return has been processed. The Estate Accounts will be sent out for approval. Last Correspondence - August 2023
FRE	Jan-23		Care of the Elderly, YGC	0	0	A copy of the Will has been requested, along with an update as to whether Grant of Probate has been granted. Last Correspondence - March 2023
BH	Oct-22	Residuary	Cancer Centre, YGC	0	0	A letter received from the executing solicitors. 50% of the residual estate to the Cancer Centre. DWP have requested a list of assets and liabilities and are staking a claim in the estate. The Estate Accounts have been sent and approved. Last Correspondence - June 2023
PJ	Apr-23	Pecuniary	Kidney Diseases Fund	0	0	A letter received from the executing solicitors. £5k has been gifted. The solicitors are in the process of applying for a Grant of Representation. Last correspondence - April 2023
AJ	Oct-22	Residuary	Glan Clwyd Hospital	0	14,000	Grant of Probate has been granted in August 2022. Interim payment has been received. A letter requesting an update

Appendix 1 - Legacies

						has been sent. Last correspondence - June 2023
EJ	Feb-22	Residuary	Glan Clwyd Hospital	0	35,000	Grant of Probate has been granted. The solicitors have notified that the sale of the property has been completed and the Estate Accounts will be sent out. Last correspondence - June 2023
GJ	Jan-21	Residuary	Alaw Unit, YG	0	0	Grant of Probate was granted 11.06.2021. The solicitors are in a position to distribute the Estate but are waiting for suggestions as to how it should be used. A letter has been sent requesting an update. Last correspondence - April 2023
RM	Sep-21	Residuary	Renal Unit, Wrexham Maelor	0	0	Grant of probate granted 09.08.21. Property has been sold and sale proceeds in the solicitors clients account. A letter has been sent requesting an update. Last Correspondence - June 2023
GM	Jan-23	Residuary	Childrens Ward - YG	0	0	A family member has renounced his position as Executor. A solicitor has been appointed to act as Executor. Last correspondence - January 2023
SMR	Sep-21	Residuary	Renal Unit, Glan Clwyd Hospital	0	0	Letter received from the executing Solicitors. 50% of the residuary estate to the Renal Unit in Glan Clwyd. Grant of Probate was granted 26.03.22. The solicitors are in the process of settling the income tax liabilities for the estate. A letter has been sent requesting an update. Last correspondence - April 2023
GMR	Jan-21	Residuary	Llandudno General Hospital	0	0	Solicitors are in process of making the final legacy payments and then they will be in a position to distribute the residue.

Appendix 1 - Legacies

						This will be early in the new year. A letter requesting an update has been sent. Last correspondence - June 2023
KS	May-23	Pecuniary	Cancer Centre, YGC	0	0	Grant of Probate has been granted on 11.05.23. Solicitors are finalising the assets and liabilities. Last correspondence - May 2023
BAW	Mar-22	Residuary	Friends of Colwyn Bay Hospital/Awyr Las	0	0	Letter received from the solicitors. 5% of the residuary estate has been left to the Friends of Colwyn Bay Hospital. Probate has been granted. Property is yet to be placed on the market. A letter has been sent requesting an update. Last correspondence - June 2023
ELW	Jan-20	Residuary	Parents and Friends of Rhuddlan Children's Centre	0	0	Letter received from Solicitors. Grant of Probate has been granted. A letter has been sent requesting an update. Last correspondence - June 2023
GW	May-21	Residuary	Cancer Centre, YGC	0	57,500	Administration of the account is nearing completion. There are shareholding still to be sold. Last correspondence - October 2022
JTW	May-23	Residuary	Wrexham Maelor Hospital	0	0	The Trust is a Life interest Trust created under the terms of the will. The trust is to his daughter, and on her death the trust is to be divided equally between the Wrexham Maelor Hospital and St Dunstons in London. The Trust consists of stocks and shares and a property. Last correspondence - May 2018
Total Open Legacies				0	214,500	

Appendix 1 - Legacies

Closed Legacies - Quarter 1 2022/23				
Name	Pecuniary / Residuary	Fund to benefit	Received in period £	Total received £
BLMB	Residuary	Renal Unit, YG/Ophthalmology, ABH	38	89,917
EH	Residuary	Urology Department & Cardiology Unit, YGC	173,867	173,867
Total Closed Legacies			173,905	263,785

Appendix 2 – Income and Expenditure

Items Over £25,000 2023-24: Quarter 1

Income & Expenditure Items Over £25,000 - Quarter 1				
Division	Fund	Income £'000	Expenditure £'000	Description
Income				
Area East IHC	7B10 – Chirk Hospital Ultrasound Machine Fund	95		Donation: Ultrasound Machine
Glan Clwyd - Central IHC	8B42 - Cardiology Fund	87		Legacy Re EH
Glan Clwyd - Central IHC	8N13 - Urology	87		Legacy Re EH
Expenditure				
North Wales Wales Clinical Services	8Q02 - Cancer Fund - Glan Clwyd		(35)	Paxman Scalp Cooling System
Total		269	(35)	

Appendix 3 – Outstanding Commitments

Approval Expiry	Description	Fund No	Fund Name	Amount Approved	Amount Paid	OPO Feed	Amount Outstanding	CFC Note
30/09/2023	Additional Equipment – Hybrid Theatre	8B66	Livsey Fund	75,300.00	56,986.48		18,313.52	This is linked to the main Hybrid Theatre application and the approval expiry date has been set to match. Orders are raised in line with the project plan.
30/09/2023	Minor Works Scheme - Ysbyty Alltwen	9B10	Madog Community and Hospital Fund	29,700.00	25,923.90		3,776.10	Estates have confirmed that due to other priority works the contractor has been undertaking, the job has been delayed. It is scheduled to start end of February and the materials required have been ordered. One year extension awarded.
31/03/2024	Assessing the mental health of patients on the Alaw Cancer Care Unit - Yr 1	9Q18	#TeamIrfon	26,019.00			26,019.00	Project was put on hold due to COVID-19. Discussions have now started about when the project can commence.
31/03/2025	Assessing the mental health of patients on the Alaw Cancer Care Unit - Yr 2	9Q18	#TeamIrfon	26,019.00			26,019.00	Project was put on hold due to COVID-19. Discussions have now started about when the project can commence.
30/06/2023	Gwynt Y Mor Community Fund - Motiv8 Project - Year 1	8D12	Motiv8 North West Wales	23,595.00	19,023.71		4,571.29	Due to COVID-19 the project was put on hold. However, the project has now recommenced and the person appointed to lead it started in mid-February.
31/03/2024	Gwynt Y Mor Community Fund - Motiv8 Project - Year 2	8D12	Motiv8 North West Wales	23,595.00			23,595.00	Due to COVID-19 the project was put on hold. However, the project has now recommenced and the person appointed to lead it started in mid-February.
31/03/2024	Study - Correlation between novel biomarker expression and interventional treatment in chronic back pain – Pain Management, Wrexham	8T28	General Funds - Awyr Las	17,000.00			17,000.00	

Appendix 3 – Outstanding Commitments

30/09/2023	BAME NHSCT Grant	8T52	COVID-19 Response Fund	50,000.00	36,300.90	2,500.00	11,199.10	COVID-19 grant from NHS Charities Together to be used for BAME projects. Individual projects are being identified and when approved, they will be set up as separate projects and this ring-fenced amount reduced accordingly.
30/09/2023	Diagnosis of Meningitis in newborn babies - Equipment	8T28	General Funds - Awyr Las	13,473.00	2,078.69		11,394.31	Ongoing research project.
30/04/2024	KESS 2 Transplant Decliners Research - Emma Jones - Yr 4	7B43	Renal Dept Trainee Grants - YMW	518.40			518.40	
30/04/2024	KESS 2 Transplant Decliners Research - Emma Jones - Yr 4	8T11	Friends of Renal Care Glan Clwyd Hospital - Central	518.40			518.40	
30/04/2024	KESS 2 Transplant Decliners Research - Emma Jones - Yr 4	9B71	Renal Unit - YG	518.40			518.40	
30/09/2023	Outdoor activity sessions with National Outdoor Centre	8T53	COVID-19 Staff Support Fund	10,000.00	2,600.00		7,400.00	
31/03/2024	Parkinsons Study - PhD Student - Yr 1	8T28	General Funds - Awyr Las	5,000.00			5,000.00	
31/03/2025	Parkinsons Study - PhD Student - Yr 2	8T28	General Funds - Awyr Las	5,500.00			5,500.00	
31/03/2026	Parkinsons Study - PhD Student - Yr 3	8T28	General Funds - Awyr Las	6,000.00			6,000.00	

Appendix 3 – Outstanding Commitments

31/03/2024	Parkinsons Study - Elisa Kits - Yr 1	8T28	General Funds - Awyr Las	4,000.00	1,487.40		2,512.60	
31/03/2025	Parkinsons Study - Elisa Kits - Yr 2	8T28	General Funds - Awyr Las	4,000.00			4,000.00	
31/03/2026	Parkinsons Study - Elisa Kits - Yr 3	8T28	General Funds - Awyr Las	2,000.00			2,000.00	
31/03/2024	Parkinsons Study - Chemicals & Disposables	8T28	General Funds - Awyr Las	2,000.00			2,000.00	
31/03/2025	Parkinsons Study - Chemicals & Disposables	8T28	General Funds - Awyr Las	2,000.00			2,000.00	
31/03/2026	Parkinsons Study - Chemicals & Disposables	8T28	General Funds - Awyr Las	1,500.00			1,500.00	
31/03/2024	Parkinsons Study - Dissemination costs - Yr 1	8T28	General Funds - Awyr Las	500.00			500.00	
31/03/2025	Parkinsons Study - Dissemination costs - Yr 2	8T28	General Funds - Awyr Las	1,000.00			1,000.00	
31/03/2026	Parkinsons Study - Dissemination costs - Yr 3	8T28	General Funds - Awyr Las	1,500.00			1,500.00	
31/07/2023	Patient Wigs - Oncology	7Q02	Cancer Support Group - YMW	25,000.00	14,400.00		10,600.00	
31/07/2023	Patient Wigs - Oncology	8Q02	Cancer Charitable	25,000.00	17,910.00		7,090.00	

Appendix 3 – Outstanding Commitments

			Fund - Glan Clwyd					
31/07/2023	Patient Wigs - Oncology	9Q04	Janet Jones (Alaw) - YG	25,000.00	9,180.00		15,820.00	
31/07/2023	Patient Wigs - Dermatology - East	8T28	General Funds - Awyr Las	13,000.00	11,330.00		1,670.00	
31/07/2023	Patient Wigs - Dermatology - West	8T28	General Funds - Awyr Las	13,000.00	12,470.00		530.00	
31/03/2024	Research Project - Infec & Mild Sepsis - Tuition Fee - Yr 1	8T28	General Funds - Awyr Las	3,350.00			3,350.00	
31/03/2025	Research Project - Infec & Mild Sepsis - Tuition Fee - Yr 2	8T28	General Funds - Awyr Las	3,350.00			3,350.00	
31/03/2026	Research Project - Infec & Mild Sepsis - Tuition Fee - Yr 3	8T28	General Funds - Awyr Las	3,350.00			3,350.00	
31/03/2027	Research Project - Infec & Mild Sepsis - Tuition Fee - Yr 4	8T28	General Funds - Awyr Las	3,500.00			3,500.00	
31/03/2028	Research Project - Infec & Mild Sepsis - Tuition Fee - Yr 5	8T28	General Funds - Awyr Las	3,500.00			3,500.00	
31/03/2027	Research Project - Infec & Mild Sepsis - Supervision Time	7N17	Urology Fund - YMW	7,620.00			7,620.00	
31/03/2027	Research Project - Infec & Mild Sepsis - Supervision Time	8T28	General Funds - Awyr Las	17,130.00			17,130.00	

Appendix 3 – Outstanding Commitments

31/03/2024	Research Project - Infec & Mild Sepsis - Chemicals & Disposables	8T28	General Funds - Awyr Las	26,400.00			26,400.00	
31/03/2024	Research Project - Infec & Mild Sepsis - Kits	8T28	General Funds - Awyr Las	3,500.00			3,500.00	
31/03/2028	Research Project - Infec & Mild Sepsis - Dissemination Costs	8T28	General Funds - Awyr Las	4,500.00			4,500.00	
31/10/2023	Colwyn Bay Hospital Nature Project	8B23	Friends of Colwyn Bay Hospital	4,860.00	4,288.00		572.00	
30/09/2023	Audiology Mobile Unit	8K01	Audiology CPG Fund	50,000.00			50,000.00	
30/09/2023	Audiology Mobile Unit	8T28	General Funds - Awyr Las	24,000.00			24,000.00	
30/09/2023	Mental Health Stakeholder Training - Grant WA Rd10_40	9T27	Betsi-Quthing Fund	66,063.00	45,976.75		20,086.25	
30/06/2023	Cold Caps	7Q02	Cancer Support Group - YMW	34,916.00	0.00		34,916.00	
30/06/2023	Pressure relieving Chairs for Colwyn Bay Wards	8B21	Conwy East Locality GP Fund	12,120.00			12,120.00	
31/08/2024	NHS Charities Together (NHSCT) Funded Project: 100 Stories	8T52	COVID-19 Response Fund	24,024.00			24,024.00	
31/08/2024	NHS Charities Together (NHSCT) Funded Project: 100 Stories	8T52	COVID-19 Response Fund	25,000.00			25,000.00	

Appendix 3 – Outstanding Commitments

31/03/2024	Parent Accommodation - IMO Reece Thomson	8T42	Gift of Life Fund	4,546.50			4,546.50	
30/09/2023	Upgrade of large ward storeroom to create an OT Assessment Kitchen / Seating Area	9B34	Tywyn General Purposes Fund	34,778.40	24,769.65		10,008.75	
30/06/2023	22 Bedside Lockers and 10 Adjustable Tables	8B16	Denbigh South Locality - Ruthin General Purposes	11,626.48	7,814.56		3,811.92	
31/10/2023	Image Viewing Equipment -Breast MDT	7Q02	Cancer Support Group - YMW	14,568.69			14,568.69	
31/10/2023	Image Viewing Equipment -Breast MDT	8Q02	Cancer Charitable Fund - Glan Clwyd	14,568.69			14,568.69	
31/10/2023	Image Viewing Equipment -Breast MDT	9Q04	Janet Jones (Alaw) - YG	14,568.69			14,568.69	
31/10/2023	Arts and Minds: mental health and arts with prisoner populations	8T27	Creative Well Fund	28,440.00	4,561.99	4,616.00	19,262.01	
31/07/2023	Parabl Talking Therapy and mental health support	8T52	COVID-19 Response Fund	11,350.00			11,350.00	
31/07/2023	Parabl Talking Therapy and mental health support	8T52	COVID-19 Response Fund	12,268.00			12,268.00	
31/07/2024	Staff Wellbeing Grant Scheme	8T53	COVID-19 Staff Support Fund	67,797.00			67,797.00	
31/07/2024	Staff Wellbeing Grant Scheme	8T53	COVID-19 Staff Support Fund	35,000.00			35,000.00	

Appendix 3 – Outstanding Commitments

31/07/2024	Staff Wellbeing Grant Scheme	8T48	Staff Development Fund	50,000.00			50,000.00	
31/07/2024	Ty Enfys	9F20	Ty Enfys Fund	48,853.00			48,853.00	Approval was given for Phase 1 of the project to begin IF / WHEN there are sufficient funds to do so. Phase 2 of the project cannot begin until all necessary funds have been secured.
31/07/2024	Ty Enfys	9F20	Ty Enfys Fund	50,000.00			50,000.00	
31/07/2024	Ty Enfys	9F01	YG Paeds Inpatient & OPD Fund	5,000.00			5,000.00	
31/03/2024	Volunteering Scoping Exercise - NHS Development Grant	8T28	General Funds - Awyr Las	30,000.00	0.00		30,000.00	
30/04/2024	Prehab2 Rehab for Gynae Cancer – Service Development	9Q15	Gynae Services - West	20,701.00			20,701.00	
31/10/2023	YGC SuRNICC install blue tooth access control	8F06	SCBU Support Group "Cuddles" - Glan Clwyd	9,062.40	0.00		9,062.40	
31/03/2024	Charity Budget 2023/24 - April to September 2024	8T28	General Funds - Awyr Las	228,000.00	96,628.77		131,371.23	
30/06/2023	ENT Equipment for Ethiopia	8T08	Ethiopia Link Charitable Fund - Central	21,010.24	0.00		21,010.24	
			Total	2,236,946.98	1,169,099.49	7,116.00	1,060,731.49	

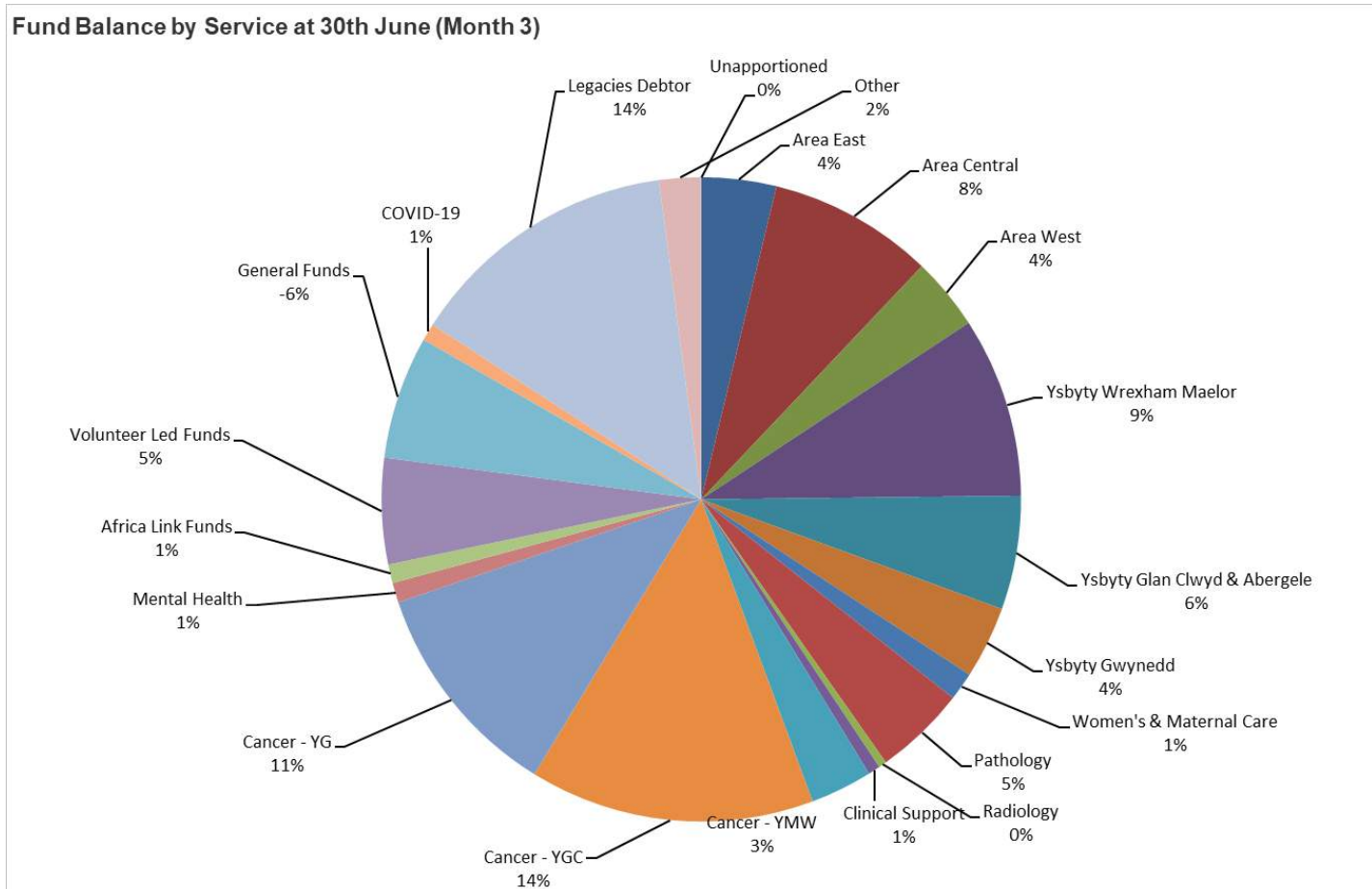
Appendix 4 – Analysis of Funds by Service

	Month 1 (April) Opening position £000	Income £000	Expenditure £000	New Unspent Commitments £000	Closing position M3 (June 2023) £000
Area East	483	27	(24)	0	486
Area Central	1,154	14	(17)	0	1,151
Area West	420	114	(6)	0	528
Area Teams	2,057	155	(47)	0	2,165
Ysbyty Wrexham Maelor	1,130	19	(22)	0	1,127
Ysbyty Glan Clwyd & Abergel	674	184	(27)	0	831
Ysbyty Gwynedd	446	25	(12)	0	459
Women's & Maternal Care	162	10	(5)	0	168
Pathology	582	0	(1)	0	581
Radiology	51	0	0	0	51
Clinical Support	27	0	(1)	0	26
Secondary Care	3,072	238	(68)	0	3,243
Cancer - YMW	322	41	(13)	0	350
Cancer - YGC	1,887	13	(9)	0	1,891
Cancer - YG	1,407	40	(19)	0	1,428
Cancer Services	3,616	94	(41)	0	3,669
Mental Health	252	3	(3)	0	252
Africa Link Funds	44	0	(2)	(21)	21
Volunteer Led Funds	757	16	(8)	0	765
General Funds	210	134	(88)	(131)	125
COVID-19 Funds	57	0	0	0	57
Legacies Debtor	1,556	(174)	0	0	1,382
Other	200	16	(37)	0	179
Other Funds	2,824	(8)	(135)	(152)	2,529
Total Charity Balance	11,821	482	(294)	(152)	11,858

Appendix 4 – Analysis of Funds by Service

Service Type	£000	%
Area Teams	2,165	18%
Secondary Care	3,243	27%
Cancer Services	3,669	31%
Mental Health	252	2%
Other	2,529	21%
Total	11,858	

Health Economy	£000	%
East	1,963	17%
Centre	3,873	33%
West	2,415	20%
BCU Wide	3,607	30%
Total	11,858	



Donations

Donations include all income received by the charity as gifts made to it on a voluntary basis.

Fundraising income

This includes income from all fundraising activities, events and sponsorship.

Governance and support costs

These include the recharge from the Health Board for Finance and administration support, external audit fees, software fees, bank costs and other admin charges.

Fundraising costs

This is the total costs of fundraising. It includes the costs of fundraising by individual wards and departments, as well as the pay and non-pay costs of the Fundraising Team.

Long term investment

Fixed asset investments are held to generate income and for their investment potential. For the charity, this consists of the investment portfolio managed by Brewin Dolphin.

Unrealised gains

An unrealised gain is a potential profit that exists on paper, resulting from an investment. It is an increase in the value of an asset that has yet to be sold for cash, such as a stock position that has increased in value but still remains open. The gains and losses reported in the charity's accounts are unrealised as the investments are still held. They would only become realised if the assets were sold and converted to cash.

Commitments

The value of all the grants that have been approved by the charity, but not yet spent.

Unrestricted funds

Unrestricted funds are spent or applied at the discretion of the trustees to further any of the charity's purposes. Trustees may choose to set up designated funds that remain part of the unrestricted funds of the charity. This is because the designation has an administrative purpose only and does not legally restrict the trustees' discretion in how to apply the unrestricted funds that they have earmarked.

Restricted funds

Funds held on specific trusts under charity law are classed as restricted funds. The resources of each restricted fund are held and maintained separately from other funds. This is in recognition of the circumstances in which the resources were originally received, and/or the restrictions on the fund that determine the way those resources are subsequently to be treated. Restricted funds in Awyr Las primarily come from legacies. However there are also some specific designated funds that are wholly restricted.

Reserves

Reserves are the funds that the charity has which can be freely spent on any of its charitable purposes. This therefore excludes restricted income funds, but includes unrestricted designated funds.

Designated Funds

Funds that are aligned to specific wards, departments and services. They can be restricted or unrestricted. These funds are managed by Fund Advisors.

General Funds

These are the funds held by the charity that are not designated. They can be restricted (where there is a broad restriction to the Health Board rather than a particular service) or unrestricted. General Funds receive the unrealised gains or losses on the investments. General Funds pay for the running costs of the charity – all governance and support costs, plus the costs of the Fundraising Team.

Legacies Debtor Fund

This fund holds the accruals for legacies where probate has been granted, but we have not yet received the cash. This fund is used to protect the designated funds from fluctuations in the final legacy received. When the legacy is received, it will be credited to the designated fund specified in the Will and the accrual will be reversed out from the Legacies Debtor fund.

Dormant Funds

These are designated funds, which have not had any income or expenditure in the preceding year.

Semi-dormant Funds

These are designated funds, which have not had any expenditure in the preceding year, but have received income.



Teitl adroddiad: <i>Report title:</i>	Charitable Partnerships and Charitable Funds Support Team Update Report Q2 2023/24			
Adrodd i: <i>Report to:</i>	Charitable Funds Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 03 October 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p><i>This paper is presented at all Charitable Fund Committee meetings for information.</i></p> <p><i>This paper includes updates on the following:</i></p> <ol style="list-style-type: none"> <i>1. Complaints report</i> <i>2. Staffing update</i> <i>3. Notable events and activities</i> <i>4. Fundraising Appeals Update</i> <i>5. Charitable Partnerships governance and services</i> <i>6. Volunteering Scoping Exercise</i> <i>7. Helicopter Pad, Ysbyty Gwynedd</i> <i>8. Annual Accounts and Report drafting note</i> <i>9. NHS Charities Together funding</i> <p><i>Appendices are provided to give Charitable Funds Committee members further information only. A verbal presentation on Appendix 4 (Volunteering Scoping Exercise Final Report) and 5 (NHSCT funding) will be given during the meeting.</i></p>			
Argymhellion: <i>Recommendations:</i>	<i>The Board is asked to note this report</i>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Helen Stevens-Jones, BCUHB Director of Partnerships, Engagement and Communications			
Awdur yr Adroddiad: <i>Report Author:</i>	Kirsty Thomson, Head of Fundraising			
Atodiadau: Appendices:	Appendix 1: NHS 75 th Anniversary Events Evaluation Appendix 2: Enthuse SBAR Appendix 3: Communications overview Appendix 4: HICO Volunteering Scoping Exercise – Final Report Appendix 5: NHSCT Funding briefing			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i></small>

	High level of confidence/evidence in delivery of existing mechanisms/objectives	General confidence / evidence in delivery of existing mechanisms / objectives	Some confidence / evidence in delivery of existing mechanisms / objectives	
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	All Strategic Objectives (About the Health Board - Betsi Cadwaladr University Health Board (nhs.wales))			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Charity Commission Guidance, HMRC regulation			
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	No			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	No			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	Included within the Charity Risk Register			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	There are no implicit financial implications included in this report.			
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	N/A			
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation				
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)				
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	N/A			

Charitable Funds Committee, In public

Tuesday October 3rd, 2023

Charitable Funds Support Team Update Report Q2 2023/24

1. Complaints Report

The Charitable Funds and Charitable Partnerships Support Team have not received any formal complaints in quarter 2. The Team were asked by IT services to remove its online cognito information gathering system, explained further in section 3.

2. Staffing Updates

Rebecca Hulme, Partnerships Engagement and Communications Senior Secretary has been supporting the team for 2 days per week from May to help with coordinating partnerships, fundraising and communications related activities.

There are currently the following members within the team:

- Dylan Evans, Grants and Data Manager (1 FTE)
- Amy Harding, Communications Officer (1 FTE)
- Elena Thomas, Administrator (0.8 FTE)
- Kirsty Thomson, Head of Charitable Funds and Charitable Partnerships (CF&CP) (1 FTE)
- Paula Clayton, Assistant Accountant (1 FTE)
- Bethan Roberts, Accountant (0.2 FTE)
- Kirsty McGregor, Finance Analyst (0.2 FTE)

Two part time former RVS staff members will join the team from 30/09/23

All Job descriptions are currently being reviewed as part of the financial / operational review of the charity.

In Q2 team members took part in the following development opportunities:

- The Head of Fundraising completed 40% of the five week King's Fund Top Manager programme and will complete the course by December 2023 (in person)
- The Communications Officer attended a quarterly Welsh NHS Charities information sharing session and NHSCT workshops (online)

3. Notable events and activities, 2023/24

- The Team Irfon Pier to Pier Swim, Bangor, on September 16th was a success, having been postponed the previous year. Congratulations to Amy Harding and volunteers Trystan Williams, Anna Jones and Duncan and the Seawake team for all their effort and hard work leading up to the event and on the day.

Upcoming events in Q3 2023/24:

- BCUHB Staff Achievement Awards – 20 October 2023
- Snowdonia Eryri Marathon – 28 October 2023
- Denbighshire Community Mental Health team charity walk – 28-29 October 2023
- Friends of Colwyn Bay Christmas Afternoon Tea – 3 November 2023
- Colwyn Bay Community Hospital Christmas Fayre – date to be confirmed
- Christmas card competition (children's wards) – 13 November until 10 December 2023
- Giving Tuesday – 28 November 2023

- Light Up (virtual) Christmas – 1-31 December 2023
- Free coffee day with Starbucks (we will make this Christmassy) – 6 December 2023
- Festive Clothing Week – 7-14 December 2023

- Please note, all in aid of events are currently promoted on Awyr Las social media and the Betsinet charity page

Please see Appendix 1 for a summary evaluation of the 75th Anniversary events.

Over the past five years, the Charitable Funds and Charitable Partnerships Support Team have used Cognito software to help take online donations (attached to the payment mechanism, Stripe), organise events and activities and collate online feedback. Cognito is no longer approved by NHS Wales, so this functionality has had to be taken off the charity website. In its place, the Support Team has proposed using the Enthuse platform, and the Communications Officer has completed all the necessary IT and IG documentation for this to be fully implemented. See Appendix 2, an approved SBAR outlining the need for Enthuse and the associated costs.

Appendix 3 provides a summary of recent digital communications activity, which includes promotion of events, fundraising activities and grant-making / impact reporting.

4. Fundraising Appeals

Children's Services:

The Ty Croeso and Ty Enfys capital improvements will be the main focus for proactive winter fundraising efforts, but this is expected to be light touch – additional on-site promotion and a digital campaign – given the limited resource currently to support a larger appeal.

Cancer Services:

A meeting between members of the Charitable Funds and Charitable Partnerships Team and Cancer Services SLT is scheduled in October to agree next steps with the Shooting Star Development Project, Alaw Unit and North Wales Cancer Treatment Centre capital projects. No progress has been made to date on the development of business cases for these capital projects.

MRI Scanners Ysbyty Glan Clwyd and Wrexham Maelor:

Radiology Services and members of the Charitable Funds and Charitable Partnerships Team plan to meet with key stakeholders in Q3 2023/24 to assess feasibility of funding new equipment, following an expression of interest in supporting radiology services by charitable partners.

5. Charitable Partnerships governance and services

- A template Heads of Terms lease agreement for charitable partners with a 15-year agreement (with 2-year break clauses, in place of the tenancy at will documents that were introduced post-pandemic) has been circulated to partners for feedback. The aim of this is to afford all partners and BCUHB the ability to plan long term. Once all feedback has been received, an SBAR for the BCUHBLT will be submitted for approval so new lease agreements can be fully implemented.
- A working group has been established to consider options for additional catering services in Ysbyty Gwynedd following the closure of the Royal Voluntary Service (RVS) café-hub in September.

6. Volunteering Scoping Exercise

The NHS Charities Together funded BCUHB Volunteering Scoping Exercise, overseen by the Head of Charitable Funds and Charitable Partnerships and the Robins Volunteering Manager has now been completed. See Appendix 4 for Hugh Irwin Consultancy (HICO) comprehensive final project report. It is proposed that this report be the main focus of the scheduled Trustee Board workshop on 30th November.

7. Helicopter Pad, Ysbyty Gwynedd

The HELP Appeal charity ([Hospital helipads for air ambulance helicopters – HELP Appeal](#)), which is dedicated to funding NHS hospital helipads, approached BCUHB's Associate Director For Emergency Care, Geraint Farr, and other colleagues approximately 18 months ago to express an interest in funding helipads in North Wales. Geraint and colleagues in Ysbyty Gwynedd took this request forward and agreed to receive a grant of £40,000 from the HELP Appeal charity to fund a scoping exercise to ascertain what may be required in YG and what the costs of building a new helipad may be. The Civil Aviation Authority report, funded by the HELP Appeal, confirmed the need for improvements to the existing YG helipad. This team had received permission from the BCUHB Capital Improvement Group in the summer of 2022 to carry out this initial scoping exercise, but does not yet have Health Board approval for the capital project.

Gwynedd Council has given planning approval to construct two new helipads at Ysbyty Gwynedd. A full procurement process needs to be carried out, but the anticipated cost is in excess of £1m. Following a fatal incident in 2022 involving a helicopter at the Derriford Hospital in Plymouth, a formal Health and Safety review has been conducted, and the final report is due for imminent release. It is expected that it will result in some serious changes for all Helicopter landing sites (HLS) on NHS sites which will need to be implemented at pace. The anticipated recommendations in this report have been considered in the redesign of the helipad in YG. The funders have expressed an interest in supporting the development of helipads elsewhere in North Wales, but, in partnership with key partners involved in this project including BCUHB staff, have made the conclusion that the YG should be prioritised.

The Helipad Project Director is Neil Rogers, and the Project Lead is Geraint Farr. The timetable to ensure all necessary approvals are in place is as follows:

- 29/09 Business Case to be completed
- 02/10 Business Case published for Capital Improvement Group
- 09/10 Capital Improvement Group Meeting to approve Business Case
- 17/10 Business Case published for Performance Finance Information Governance (PFIG)
- 26/10 Performance Finance Information Governance Meeting to ratify Business Case & Charitable Funds Committee approval.

8. Annual Accounts and Report 2022/23

The Principal Finance Manager for Financial Reporting is in the process of finalising the Annual Accounts for 2022/23. The Head of CF&CP and Communications Officer are in the process of drawing up the Annual Report. A draft version of the report will be circulated to Charitable Funds Committee members for comments at the end of October.

9. NHS Charities Together (NHSCT) Funding

The Head of CF&CP has completed the submissions for all NHSCT funding stages. See Appendix 5 for more information on these. A total of £912,724.38 will have been received by NHSCT between 2020 and 2025 when the funding apportionment will end. The existing funding agreements are being reassessed by the CF&CP Support Team, and may need to be revised with the approval of the NHSCT grants team, given changes to the approved projects. Impact reports on all stages of the grants are due by the end of November 2023.

Charitable Funds and Charitable Partnerships Support Team NHS75 Evaluation

Background information

The NHS' 75th Anniversary was on Wednesday 5th July 2023. The Big Tea was launched on the 70th in 2018 and was a big success with staff dressing up in traditional uniforms and raising money for their local charity by hosting bake sales, and has taken place every year subsequently. A decision was made to focus attention on the Big Tea and a large-scale Zip challenge event.

For the 75th Anniversary, the Charitable Funds and Charitable Partnerships Support Team have been working on staff engagement and thought this would be a great opportunity to engage more with staff and find out what they would like to see from their NHS Charity.

The original plan was to host the Big Tea across all BCUHB sites and encourage wards and departments to host their own Big Tea to raise money for their own ward or department. In May a decision was taken to partner with Zip World to offer staff the opportunity to take part in Velocity 2 and raise money for their ward/department or a priority project (chosen by Awyr Las). We worked closely with Zip World and offered tickets to 264 staff members at £10 each, with a minimum sponsorship of £75 for a priority project or £150 for a ward/department of their choice.

Alongside the #NHSBigZip, a card competition was held on the children's wards across the acute hospitals, a cake competition for staff and the public was organised, and wards/departments were encouraged to host their own Big Tea to raise money. A Small Grants Scheme was also established.

Statistics per activity



The cake competition received five entries, with the winner being a staff member from Ruthin Community Hospital, prize money was donated to Menlli Ward at the hospital. The card competition received 38 entries, with the winner being a patient from Ysbyty Glan Clwyd.

Income and expenditure

Income	Expenditure
Donations = £33,227.26	Zip World tickets = £21,120.00
Ticket sales = £2,719.84	
Total = 35,947.10	Total = £21,120.00

Total net income = 14,827.10

JustGiving page breakdown

- Cost of the zips equalled £21,120 which came from a Covid staff wellbeing fund. Monies raised will not replace the money from this fund and will go to those areas specified.
- Total money raised online through JustGiving = £28,928.51 (including GiftAid).

Destination of donations

Total amount of donations = £28,928.51 (including GiftAid and cash donations)

Donations to priority projects = £11,180.68

Donations to wards/departments of choice = £17,747.83

What to consider next time

- An easier way of booking people into timeslots for the Zip challenge event – a suggestion to use EventBrite for this
- Considerations around additional activities on the day for friends and family to get involved in – this year a tombola and music worked well.
- Communication with Zip World – ensure Catering are involved in conversations and that the invoice outlines exactly what is included in the package as things were changed along the way
- Banners – In the future, if banners have a one-time use we will order reusable ones (more expensive), but if they have a long-term use (more generic - cheaper but still good quality).

What did other NHS charities do in Wales to celebrate the NHS 75th Anniversary?

- Cardiff and Vale Charity – held an NHS75 skydive, Big Tea, photography competition, Cardiff half marathon. [NHS 75 | Cardiff & Vale Health Charity](#)
- Cwm Taf – no known activities
- Aneurin Bevan Charity – dressed up in old uniforms, hosted tea parties, social media content sharing old archived photos
- Powys Health Charity – Big Tea only
- Hywel Dda Health Charity – Big Tea and advertised different ideas of what people could do. [NHS75 Challenge - Hywel Dda Health charities](#)
- Swansea Bay – card competition

Appendix 2: Request to implement Enthuse system -SBAR

Situation:

Awyr Las have used Cognito forms since the charity was first set up, it was used to create forms to collect donations, event registrations and for surveys. Recently, Cognito has been blocked by the Health Board's IT due to a diminishing reputation and increase of phishing incidents, meaning all online donations have been redirected to our JustGiving page, and any other event registration that doesn't require payment has moved to Microsoft Forms, which cannot take payment if we need it to. Due to this, I have been looking into a cloud-based software called Enthuse which is able to take donations and be tailored to what charity's require. It is currently used by Hywel Dda Health Charity and Swansea Bay Charity.

Background:

Enthuse began in 2012 as CharityCheckout, and rebranded to Enthuse with their new events and fundraising platform in 2020, they support over 4,000 charities including many NHS charities within the UK. The two platforms within Enthuse which would be beneficial to Awyr Las are the donations platform and the events and fundraising platform. Both platforms are able to be edited to be bilingual.

Donations platform @ £34.99 + VAT per month:

- Can be tailored to Awyr Las and manipulate the donation form to meet our requirements.
- Enthuse have a 35% marketing opt-in rate.
- Automated thank you messages can be set up to say what we need and send to every donor who opts in to our marketing.
- Option for donors to leave a message with their donation to thank teams for their care – this is something I have looked into as a separate project previously, but this would be a simpler way of including this and providing us with content and morale boosts for staff.
- There are no charges on donations made through Enthuse, we will receive 100% of the donation and GiftAid, all donations go through Stripe, which we are already using with Cognito. Donors have the option to pay for the processing fee with Stripe.
- There is an option for donors to make one-off donations, or choose regular giving on a monthly, quarterly or annual basis. We don't currently do regular giving in an easy and efficient way, this would improve the regular giving rate.
- There is an option for donors to donate to Enthuse as well, although this is optional.

Fundraising and events platform @ £29.99 + VAT per month:

- Functions similarly to JustGiving, has options to create events and campaigns especially for our charity.
- Option to create different types of event registrations – free/paid events, multiple ticket options, questions created to suit our needs.
- All events come with a mail merge option to email all participants easily, these can be scheduled and sent at certain times, or one-off emails can be sent as well.
- Once a fundraiser has signed up to an event with Enthuse for us, they will have a fundraising page created automatically for them, all they need to do is add a picture, include a story (one will be pre-written for them) and share the link to their page. Fundraisers can also create teams if they are taking part in a group event, this would be good for staff who are doing team challenges.

- We would have full control over what questions we would like to ask and what information we want to gather.
- We have the option to add merchandise shop on there – some charities charge for their t-shirts so we could add this on to make a profit, or offer them for free.

In terms of the data, we will own this and it isn't shared with Enthuse. We will have full payment overview on Enthuse and also on Stripe, which is already used, and we have the option to download all reports. Enthuse also partner with Donorfy, a CRM system we have been looking into. If we chose Donorfy as our CRM then we would be able to automatically transfer our data over to Donorfy from Enthuse to prevent manual input, we would also be able to mail merge with those who have selected to receive marketing from us.

We can also have as many log-ins to our account as needed.

Action:

To begin the process of using Enthuse, approval of monthly spend has been given to move forward with this. Data Protection have been notified and a form has been completed with them to ensure that the Health Board's IT team are aware of the platform and approve of it. Enthuse will then begin setting up our designated pages, as we can no longer use Cognito they understand our urgency with this and can create a page in less than a week for us. Once this has been done, I can begin work on creating our donation page to reflect what we had on Cognito and embed this into our website.

Recommendation:

I recommend that we use both the donation platform and the fundraising and events platforms as we cannot use JustGiving and Microsoft Forms together to do this. If approval is given, we would be able to embed a donations form into our website within 24 hours of Enthuse completing our designated page.

Although Enthuse can do what JustGiving does, in terms of receiving donations, host campaigns and events, I would not recommend closing JustGiving down just yet as it has a good name amongst our supporters internally and externally. It will also take some time to transfer everything from both Cognito and JustGiving over to the Enthuse platform.

(Embedded: more information on the functionality of Enthuse)

Submitted: Amy Harding, Communications Officer 01/09/23

Approved: Kirsty Thomson, Head of Charitable Funds and Charitable Partnerships 01/09/23



Awyr Las &
Enthuse.pdf



Communications overview

27/06/2023 – 25/09/2023 (past 90 days)

Facebook

Reach
51,364

Followers
12,766

Page visits
6,383

Top-performing organic posts

Here are posts that have performed well over the last 90 days. Understanding what's working can help you decide what to create and share next, so you can keep up the great work.

Highest reach on a post ⓘ



Facebook post
What a fantastic evening we had last night at Zip World! ❤️ A huge thank you
6 Jul 2023, 03:35

This post's reach (17,671) is **515%** higher than your median post reach (2,875) on Facebook.

Highest reactions on a post ⓘ



Facebook post
Diolch yn fawr iawn i Swyddfa NFU Llangefni Office sydd wedi...
28 Aug 2023, 04:30

This post received **980%** more reactions (432 reactions) than your median post (40 reactions) on Facebook.

Highest comments on a post ⓘ



Facebook post
Tomorrow is the #TeamIrfon Pier to year, our 2022 swimmers will finally
15 Sep 2023, 09:39

This post received **1,550%** more comments (33 comments) than your median post (2 comments) on Facebook.

Twitter

Impressions
46,219

Followers
3,478

Page visits
894

Top media Tweet earned 2,061 impressions

Tea parties are in full swing across North Wales! The amazing team at Llys Dyfrig, Llandudno, have been celebrating all day! justgiving.com/campaign/gig75 pic.twitter.com/2t4gfOEFuP



£3.5 13

Top mention earned 202 engagements



Some more pictures from our charity match vs @FCUtdofWxm for the #Wrexham Maelor Children's Ward justgiving.com/page/wrexham-m... @NWPolice @awyrilascharity @VancityReynolds @RMCelhenney pic.twitter.com/qUPuVwnNAO



£3.6 21

Children from Ysgol Penygalii hosted a 'Crazy Hair Day' to help raise money for ongoing projects at the Children's Ward at Wrexham Maelor Hospital! The school raised an incredible £237.10 that will be used to buy new toys for children who stay on the ward!



18:10 - 25/08/2023 from Earth - 503 Views

Instagram

Reach
6,385

Followers
772

Page visits
639



View Insights

Boost post



Liked by sianhughesjones and 21 others
awyrilascharity What a fantastic evening we had last night at @zip_world! ❤️

A huge thank you goes to the 264 members of Betsi Cadwaladr staff that took part in the event, and to their friends, family and colleagues for coming along to support them too.

Over £30,000 was raised from the #NHSBigZip which will go towards supporting priority projects across North Wales, as well as individual wards and department. 🙌



View Insights

Boost post



Liked by sianhughesjones and 19 others

awyrilascharity Diolch yn fawr iawn i NFU Mutual Llangefni sydd wedi cyfrannu'r swm anhygoel o £6,400 o'u 'Cronfa Rhoddion' i Ward Alaw a Ward Dewi yn Ysbyty Gwynedd!

Mae 'Cronfa Rhoddion' yr NFU Mutual yn gyfrifol am ddsbarthu £1.92 miliwn i elusennau lleol ar draws y DU yn 2023 ac mae Awyr Las yn hynod o ffodus i dderbyn rhodd hael iawn o £6,400!



View Insights

Boost post



Liked by _kathryn_jay_ and 17 others
awyrilascharity Yfory yw diwrnod gweithgaredd nofio o Bier i Bier #TimIrfon! Eleni, bydd nolwyr 2022 yn cael cyfle o'r diwedd i gyfrannu yn y gweithgaredd. Bu'n rhaid ei ohirio y llynedd. 🙌

Gyda'r gilydd, mae'r nolwyr wedi codi dros £10,000, a bydd yr arian yn cael ei ddefnyddio i brynu cap oer newydd ar gyfer cleifion sy'n cael cemothepari yn Ward Alaw Ward yn Ysbyty Gwynedd. 🙌

Cynigir capiau oer i gleifion sy'n cael cemothepari leded Gogledd Cymru, a'u diben yw cynorthwyo i leihau cyfanswm y gwallt a gollir yn sgil triniaethau. Defnyddir y





Scoping of Volunteering Programmes and Partnerships

Betsi Cadwaladr University Health Board

September 2023

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Executive Summary

Betsi Cadwaladr University Health Board (BCUHB) is committed to developing a Volunteering and Volunteer Support Strategy which will deliver positive outcomes for those involved including, enhance its patients' and service users' experience, provide additional support for paid staff and improve the well-being of local people wishing to volunteer for the Health Board.

During this piece of engagement and review we spoke with many stakeholders internal and external to the Health Board. Surveys were also conducted with the Community and Voluntary Councils in North Wales, BCUHB staff and BCUHB existing volunteers.

Our findings point to widespread support and recognition of the value volunteering brings to BCUHB. Positive examples of volunteering were highlighted. Enablers and barriers to volunteering were discussed alongside some practicalities currently experienced in the Health Board which can provide a confusing picture for staff members wishing to involve volunteers and for potential volunteers wishing to offer their time.

The findings have been presented as 15 different themes.

1. The importance of volunteering in delivering effective healthcare is widely recognised.
2. Volunteering within clinical and other NHS settings forms part of a wider 'economy' in which non-paid workers care for people within the community. They deliver the preventative care, identified within the Social Services and Wellbeing (Wales) Act, as critical to reduce the need for formal support.
3. The NHS is a popular choice for people wanting to volunteer, due to its perceived values and the potential for volunteers to progress into paid employment in the sector. The community and voluntary sectors in North Wales regularly refer and recommend people wishing to volunteer to do so with the Health Board.
4. This appreciation of the role of volunteers within the NHS is strongly reflected in North Wales.
5. Currently there is no clear organisational vision defining volunteering, setting out why it is important and how it can contribute to the service delivery.
6. There are examples of effective practice in relation to volunteering and volunteers across the Health Board.
7. A range of benefits of volunteering within the Health Board were identified by stakeholders.
8. A current lack of data relating to volunteering, including numbers and location of volunteers working across the Health Board, skills and outcome/impact data hinders the Board's ability to manage and develop both the 'function' and individual volunteers.
9. Awareness of volunteering opportunities within the Health Board is patchy. High profile schemes such as the Robins are more widely recognised than others.
10. Additional areas where volunteering could add value, including in non-clinical settings, have been identified. These provide the potential for reducing pressure on non-frontline services, capitalising specialist skills of potential volunteers and improving the image of the Health Board.
11. People generally don't know how to get information and advice about volunteering, or where to go to get it.
12. Promotion of volunteering within the Health Board needs to improve. Whilst existing volunteers feel this is done effectively, many staff and partners think it could be done better.
13. Governance arrangements are currently inconsistent, with some volunteers recruited directly by the Health Board and others working for independent charities. There appears to be a

genuine lack of understanding about which systems apply in different contexts.

14. The lack of a corporate volunteering 'function' and single 'front door' for volunteers diminishes the Health Board's ability to develop and improve arrangements for volunteering in a consistent way.
15. A range of barriers and incentives to volunteering within the Health Board have been identified.

These themes have led to the development of 10 recommendations which should be viewed as enablers:

Leadership

1. Establishment of a Volunteering Task Group
2. Volunteer contribution embedded within the organisational culture
3. Development of BCUHB's Volunteering Strategy

Partnership and relationships

4. Partner with Welsh Government, Helpforce and other Health Boards
5. A Volunteer Charter

Tools

6. Production and implementation of an Annual Plan
7. Adoption of corporate volunteering function providing oversight across the organisation
8. Consistent governance and support arrangements

Resources

9. Volunteer contact centre
10. Active promotion of volunteering

Change will require resources, but there are opportunities to redirect existing resources and phase the transformation journey to make it affordable and balance investment with the clear potential benefits.

The delivery of our recommendations should be through the lens of the Well-being of Future Generations (Wales) 2015 Act, embracing the five ways of working and looking to the long-term sustainability of a volunteer-centric Health Board for North Wales.

1. Introduction

Betsi Cadwaladr University Health Board (BCUHB) is committed to developing a five-year Volunteering and Volunteer Support Strategy for 2023-28 which will underpin an informed, coherent and flexible programme, delivering:

- Enhanced experience for patients and service users
- Additional support for paid staff
- Improved wellbeing for local people who wish to volunteer for BCUHB and/ or a partner organisation and BCUHB staff who chose to volunteer

Current arrangements for volunteering within BCUHB comprise:

- The Robins scheme (through which volunteers provide befriending and informal support to patients on wards) and Public Volunteers, each with a robust governance framework for volunteer recruitment and deployment for specific duties in approved locations and services
- Additional volunteering initiatives e.g. the hearing aid volunteer service and breast feeding peer support
- Awyr Las, Leagues of Friends and other charitable groups supporting fundraising, catering, retail, and welcoming and signposting services on NHS premises. These programmes are supported by the Charity and Charitable Partnerships Team in BCUHB's Partnerships, Engagement, and Communications Division

In addition, there is a range of yet unexplored volunteering opportunities across the Health Board and a number of staff engage in volunteering in their own time or as part of continuous professional development.

Notwithstanding recognised successes such as the branded and well-respected Robins scheme, and promotion of volunteering in parts of the Health Board, current opportunities for volunteering and ultimate impact are hampered by:

- Inconsistent promotion, generally and of specific schemes
- Onerous and inefficient onboarding processes
- Lack of sustained investment in volunteering

HICO was appointed to undertake an independent review of BCUHB's volunteering programmes to provide an evidence base for the development of the new Volunteer Strategy. The project engaged with a range of stakeholders, including volunteers, service managers, the community and voluntary sector and Welsh Government to:

- Understand existing volunteering opportunities and support systems for voluntary partners
- Benchmark arrangements against other NHS bodies and recognised effective practice
- Identify opportunities and present prioritised options to (a) develop and expand volunteering in BCUHB, including among groups with protected characteristics, and (b) offer guidance for

BUHB staff wishing to volunteer in their spare time in any capacity (either for BCUHB, its charitable arm or another charity)

- Quantify the added value of volunteering in complementing rather than duplicating the work of the paid workforce and encouraging wider community participation by staff
- Assess governance, policies and process and provide recommendations for improvement and for embracing and celebrating volunteering
- Provide a framework and Key Performance Indicators for the future development of a BCUHB volunteering and Volunteer Support Strategy
- Advise on budgetary, sustainability and equality and diversity planning, risk management and impact reporting.

The focus was on internal volunteering schemes such as the Robins programme and volunteering opportunities for staff. A review of arrangements with third sector partners such as Awyr Las and League of Friends will be undertaken by the Health Board.

2. Methodology

The review involved a desktop analysis of the context, policy drivers, research, notable practice, local policies and procedures, and existing frameworks and relevant guidelines. This information assisted in the creation of key lines of enquiry for subsequent engagement meetings (see Appendix 1) and the content of stakeholder surveys.

An initial meeting was convened with the County Voluntary Councils (CVCs) in the North Wales region to understand the experiences and views within the sector of volunteering for the Health Board. A lot of rich information was collected, and it was clear this cohort of stakeholders had useful insight into the issue. It was therefore decided to follow up the initial meeting with a community and voluntary sector survey, followed by an additional workshop to explore themes in more depth. Unlike the first, the second workshop was not attended by representatives from the Health Board, to encourage openness in the conversation.

Two further online surveys were developed, which were available in Welsh and English. One was designed to collect the views of existing Health Board volunteers and the other was targeted at Health Board staff. The volunteer survey was circulated by the Robins team. The staff survey was placed on Health Board's intranet. **80** responses were received from volunteers and **74** from staff.

One-to-one conversations were scheduled with a number of internal and external stakeholders including Welsh Government, NHS England, a representative of the Improvement and Transformation team within the Health Board, Workforce and Organisational Development, the Robins, Chaplaincy, Audiology and Breast-feeding Peer Support among others. A full list of contributors is provided in Appendix 2.

Throughout the project we met on a weekly basis with Kirsty Thomson of the Charitable Partnerships and Charitable Funds Support Team and James Johnson, Robins Manager to report on progress and discuss emerging issues.

From the desktop analysis, surveys and interviews we identified key themes, which form the basis of the recommendations provided at the end of the report.

3. National Policy

Welsh Government's volunteering strategy [Supporting communities, Changing Lives](#) aims to increase volunteer involvement in major areas of public service. The focus of the strategy is to improve access to volunteering to people of all ages and all parts of society. This will be achieved through effective involvement of volunteers, including training and raising the status and improve the image of volunteering.

Although the policy is now somewhat dated, Welsh Government has established a Voluntary Cross Sectoral Leadership Group to develop “a new national approach to help Wales become the type of volunteering nation it wants to be”.

The Welsh Government's national plan for health and social care, [A Healthier Wales](#), sets out its commitment to continue to support and invest in the development of volunteers, recognising the vital role played by the informal workforce of unpaid carers and of volunteers in a holistic, whole system approach to care. This reiterates core principles within the [Social Services and Well-being \(Wales\) Act 2014](#), which emphasises the key roles of unpaid carers and volunteers in the delivery of care and support and delivery of preventative approaches. Every day the NHS in Wales relies on the informal support provided in the community to help keep people safe and well, whether in helping a neighbour get to a hospital appointment, checking in on people during a heat wave, or picking up a prescription for someone who cannot get to the pharmacy.

[The Well-being of Future Generations \(Wales\) Act 2015](#) requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change. It sets out five ways of working needed for Public Bodies to achieve seven well-being goals. Volunteering is particularly relevant to the sustainable development principle and by thinking innovatively about organisational practice and service delivery, volunteer roles can contribute to the achievement of many, if not all of the well-being goals.

Under its '[Simple Changes](#)' agenda the Future Generations Commissioner reports that it is estimated that the annual value of formal and informal volunteering in the UK is £45.1 billion. Unlocking time, good will and skills in communities is a priority for public bodies across Wales. Making it easier to volunteer is a key part of this. It is suggested that simple changes such as public bodies considering how they work with existing volunteer centres, often hosted by CVCs, can help raise the profile of volunteering opportunities, assist in the recruitment of volunteers, help match them to local projects, and support the celebration of volunteers and the contribution they make in their communities.

4. Principles and Guidance

There is a plethora of reports citing evidence into the benefits of volunteering to organisations, individuals and recipients. Volunteering delivers social value and contributes to the delivery of health and social services.

[Help Guide](#), an independent non-profit that runs one of the world's leading mental health websites, outlines some of the benefits of volunteering for the individual, which include:

- Connecting people with others, reduction loneliness and social isolation, establishing new friendships and relationships
- Making a positive impact on mental and physical health, reducing stress, combating depression and encouraging physical activity, keeping people mobile.
- Bringing experience with the opportunity to gain new skills, knowledge and enhance careers
- Creating a sense of purpose, permitting exploration of interests, providing fulfilment and increasing confidence.

The [Open University](#) cites Knowhow Non-profit which identifies the benefit to organisations of involving volunteers. These include:

- Engaging a more diverse range of skills, experience and knowledge
- Reaching more beneficiaries
- Raising awareness about the organisation's cause, its profile and what it does
- Building relationships within the community and contribute to supporting others in the community.
- Informing the development and delivery of activities, projects or services by bringing in new opinions, ideas or approaches. This can help organisations to adapt, stay relevant to what their beneficiaries and community need as well as identifying opportunities to improve what they do
- Delivering service or projects in a more effective and efficient way which can help to save money and resources.

The [NHS Volunteering Taskforce - Report and Recommendations](#) recognises that volunteering has been an integral part of the NHS since it began. The Taskforce was set up in 2022 bringing together clinicians, volunteers, voluntary organisations, policy makers and civil servants to better understand how to harness and build on the extensive volunteering activity during the Covid-19 pandemic to optimise the impact of volunteering on services and ensure these individuals have the best experience possible. Albeit focused within NHS England, the principles and recommendations have wider application. They provide a road map to release untapped potential to support current challenges but acknowledges the NHS must raise the status of its volunteering programmes. In addition, it recognises that volunteers are not a substitute for paid staff, but rather add value to services provided. The Taskforce has produced four recommendations:

- *Data and Measure*: develop consistent and appropriate measures as part of workforce returns to track number of volunteers, volunteering hours and diversity data.
- *Leadership* - establish and maintain an influential network of leaders, clinicians and experts to champion volunteering and the role of the Voluntary, Community Sector, enabling their peers to understand how investment in volunteering can contribute to improved outcomes for patients and staff.
- *Volunteer experience* - increase access to health and care volunteering opportunities by simplifying volunteer recruitment processes, enabling organisations to 'share' volunteers to meet changes in demand, and developing national volunteer experience standards that organisations can sign up to.
- *Resilience and emergency support* - use learning from the pandemic to ensure it can stand up appropriate national volunteer support swiftly in an emergency.

A 2022 [Kings Fund report](#) states that NHS trusts are missing valuable opportunities to enhance and capitalise on the contribution of volunteers and that the NHS needs to engage with volunteering as a strategic opportunity. The [WCVA](#) explains that integration of health and social care is high on the agenda and that the contribution of volunteers on a locality basis must be understood. It calls for an end to siloed working with statutory and voluntary sector partners collaborating to support volunteering to deliver national priorities for health and social care, creating opportunities for the widest diversity of individuals to volunteer.

There are a number of tools and guides to help organisations involve volunteers including the WCVA's [charter for volunteering and workplace relationships](#) and [Code of Practice](#), the [Investing in Volunteers quality standard](#) and NCVO's [step by step guidance](#). In addition, the [Framework for Volunteering in Health and Social Care](#) was developed collaboratively and offers a valuable resource to organisations in helping them build upon the positive impact of volunteering during the pandemic.

Additional references and further reading are provided in Appendix 3.

5. Examples of Volunteering in the NHS across the UK

Several NHS organisations have implemented successful volunteer programs that serve as notable practice examples.

Royal Voluntary Service (RVS) in NHS Hospitals: The RVS, a national charity, has a strong presence in many NHS hospitals. They provide a range of volunteer services, including befriending patients, running hospital shops and cafes, and assisting with patient transport. Their volunteers contribute to improving patient experiences and helping hospitals run more smoothly.

Dementia Volunteer Programme: Volunteers in these programs receive specialised training to provide companionship, engage patients in activities, and offer emotional support to patients and their families. These programmes enhance the quality of care for dementia patients.

Maternity Services Volunteers: Volunteers can assist with non-clinical tasks, such as providing information to expectant mothers, helping with administrative tasks, and offering emotional support during labour and childbirth. These programmes help ease the workload of maternity staff and create a supportive environment for new parents.

Patient Experience Volunteers: These volunteers may help with patient surveys, gather feedback, and work with staff to implement changes based on patient input. This approach ensures that patient-centred care remains a priority.

Community Health Champions: These individuals come from the local community and are trained to provide health-related information, promote healthy behaviours, and act as a bridge between healthcare services and the community. They play a crucial role in health promotion and prevention.

Hospital Radio Stations: Many NHS hospitals run volunteer-operated radio stations that provide entertainment and information to patients. These stations are entirely staffed by volunteers who present shows, take requests, and provide a valuable distraction for patients during their stay.

End-of-Life Care Volunteers: Hospice and palliative care units within the NHS often have dedicated volunteers who provide compassionate care to patients in their final stages of life. These volunteers offer companionship, emotional support, and respite for families, ensuring that patients receive the best possible care during this challenging time.

These examples demonstrate the diversity and effectiveness of volunteer programs in the NHS. Best practices often involve proper training, clear roles and responsibilities, ongoing support, and recognition for volunteers. Additionally, successful programmes align with the specific needs of the healthcare organisation and the communities they serve.

Innovative Examples

Bradford District Care Trust [Volunteering Strategy 2021-2024](#) sets out its vision, objectives, key

partners and impacts. Bradford District Care Trust has a larger volunteering team than many NHS acute trusts, with 143 volunteers recruited across 15 services and an average of 30-40 active at any one time. Additionally, it has the Trust's Well Together service maintaining on average 150 volunteers who deliver approximately 70 health and well-being activities in the community every week. The success of the volunteer strategy is dependent on strategic leadership from within the Trust and this approach has been endorsed by the Board. One specific example is the encouragement of patients leaving mental health services to volunteer in a bid to give future patients hope. The Trust operates a 'devolved' model for volunteer development and reports support is working well at minimal cost.

Norfolk and Norwich University Hospitals has adopted an effective approach whereby Chief Nurse and Volunteering Manager work well together. This is supported by their [Hospital Volunteering Policy](#).

[The Big Hospital Experiment](#) documentary on BBC 2 set in the Royal Derby follow 14 young men and women aged 18-24 years placed on a voluntary capacity for 6 weeks. It is controversial as it suggests volunteers are being introduced to alleviate the pressures faced by the NHS on a national basis, however, it does highlight the positive outcomes for both the young people and the patients.

Northumbria Healthcare NHS Foundation Trust was the first trust in the Northeast of England to achieve the Investing in Volunteers quality standard. It was among the first NHS trusts to work with [Helpforce](#) on a national initiative to improve volunteering practice and make a positive difference for patients, volunteers and NHS staff. The initial focus of Northumbria Healthcare NHS Foundation Trust was on youth volunteering, working with local schools it recruits young people to work in pairs dedicating their time to ward patients and facilitating activities to increase social interaction. In addition, the Trust will support volunteers get into employment if they want to.

Other examples of innovative impactful volunteer practice within the NHS are presented throughout in the [NHS Volunteering Taskforce - report and recommendations](#).

6. BCUHB Context

The BCUHB Volunteer Strategy (2016) was developed in partnership with staff and volunteers of the six North Wales CVCs, BCUHB, third sector organisations and local authorities. It was developed to underpin the implementation of the Welsh Government's Volunteering Policy (2015) in the region. The strategy emphasises the collaborative and partnership approach with the third sector.

We did not find evidence of any evaluation of the 2016 Volunteer Strategy, although a review was due in July 2019. However, in September 2020 a Workforce and Organisational Development report was presented to the Board which highlighted inadequate governance arrangements for volunteers.

Current Opportunities with BCUHB

Some volunteering opportunities with the Health Board are presented on its [website](#). These include the Covid-19 public volunteer programme the Robins and Chaplaincy volunteers. Other opportunities, including hearing aid volunteer scheme, grounds maintenance, hospital radio and community first responder are not included. There is no central point of contact and limited information provided regarding the types of roles available, training offered, expectations and opportunities.

Other Welsh Health Boards

[Aneurin Bevan University Health Board](#) provides a description of the process, although does not provide details on the types of roles on offer.

[Cardiff and Vale University Health Board](#) clearly sets out the opportunities it offers with clearly defined sections in which to work. It also describes opportunities for young people aged from 13 years and provides an explanation of the recruitment process visually by way of an infographic.

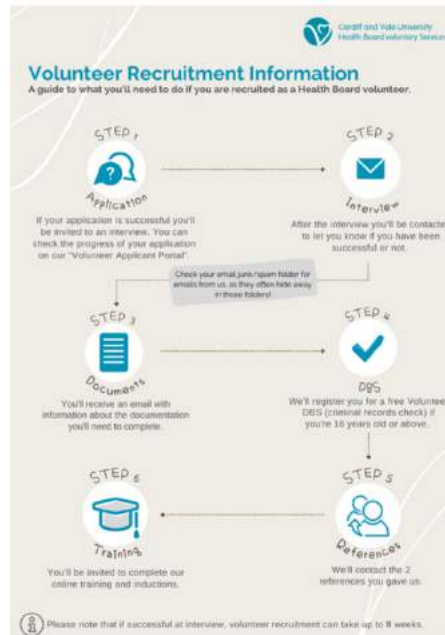


Figure 1: Cardiff and the Vale Volunteer Recruitment Information

[Cwm Taf Morgannwg University Health Board](#) provides current roles available with explanation that new opportunities may arise and describes the recruitment process.

[Hywel Dda University Health Board](#) provides very little information about opportunities or the process to apply. However, this Health Board was cited in one of the engagement sessions as an exemplar due to its focus on Social Value.

[Powys Teaching Health Board](#) has a contractual agreement with their local CVC, Powys Association of Voluntary Organisations (PAVO), for the coordination of its volunteering programmes activity. This arrangement began during the Covid-19 pandemic and focused on the local vaccination programme. This arrangement was referenced during the engagement sessions as working 'brilliantly' due to the capacity, expertise and community links available to PAVO, and conversations with PAVO's Chief Executive confirmed that the impact had been positive. However, we understand that coordination of volunteering has been transferred to the Health Board.

[Swansea Bay University Health Board](#) describes the positive of the impact of volunteers and the roles available, including some for those aged 16+. It also provides an opportunity for those aged 14+ to be part of a youth advisory panel.

7. Benefits and Resources

[The Value of Giving 2022](#) reports volunteering levels have recovered since the pandemic, with the estimated annual value of voluntary work in 2022 in the UK rising to £18.7bn which is a return to pre-Covid-19 levels. It reports the proportion of adults giving up their free time to help good causes rising from 17.9% in 2018/19 to 29.7% in 2022. However, this has been offset by a fall in the average hours spent volunteering. The report found average volunteering hours have halved since 2020, from 12 hours over a four-week period to six hours in 2022.

The assertion that volunteering has recovered needs to be qualified by other trends which suggest issues such as the cost-of-living crisis is having a negative impact on people's ability to give of their time freely. The [Community Life Survey](#) suggests a decline in volunteering since the pandemic. The survey reports formal and informal levels of volunteering are at their lowest recorded rates since data collection commenced on the Community Life Survey in 2014. This is corroborated by popular experience in Wales.

Benefits

The benefits of involving volunteers within BCUHB are potentially significant and include:

- *Quality Improvement:* Volunteers can contribute to quality improvement by assisting with data collection, patient engagement, administrative task and community outreach. This contribution can lead to more effective and patient-centred healthcare services.
- *Improved Patient Satisfaction:* Volunteers can enhance the patient experience by providing additional support and companionship, leading to higher patient satisfaction and fewer complaints.
- *Expanded Service Capacity:* Volunteers can help increase the capacity and capability of healthcare services by adding support services paid staff do not have time to do, allowing the Health Board to assist more patients.
- *Specialised Skills:* Volunteers may possess specialised skills or knowledge that can be beneficial to healthcare settings, such as language interpretation, counselling, or administrative support. Such examples were referenced during the engagement phase, for example, retired health care professions were cited as people with skills and knowledge who can add value and often want to “give back” to the Health Board.
- *Community Engagement:* Involving volunteers fosters community engagement, which can lead to increased support and donations from the local community.
- *Research and Education:* Volunteers can assist in research projects or contribute to the education and training of healthcare professionals, which can have long-term benefits.
- *Reduced Staff Turnover:* A positive volunteer programme can support staff, improving staff morale and reduce turnover rates, which can, in turn, save recruitment and training costs.
- *Donations and Grants:* Engaging volunteers can attract donations and grants from philanthropic organisations that support healthcare initiatives.
- *Cost Savings:* The support offered by volunteers to paid staff can enhance their productivity

and efficiency, which has a knock-on effect, potentially reducing operational costs., Healthcare organisations can allocate their budget to invest in other critical areas of healthcare.

To ascertain financial benefits of involving volunteers to a greater extent in the Health Board will require a detailed cost benefit analysis.

It's important to note that while there are practical and financial benefits to involving volunteers, there are also associated implications and costs in terms of recruitment, training, and supervision. To maximize the benefits, BCUHB will need to have effective volunteer management systems in place and ensure that volunteers are appropriately screened and trained to meet quality and safety standards.

Resources

Resources required for BCUHB to effectively involve and support volunteers will depend on several factors, including the scope of the volunteer programmes, and the roles and responsibilities of the volunteers. Some capacity might be identified from within existing resources but there will inevitably be some additional financial costs if the aspirations articulated by stakeholders are to be realised. Careful phasing of improvements would enable these costs to be managed responsibly. Costs are likely to include:

- *Recruitment and Onboarding:* There are costs associated with recruiting and onboarding volunteers, including advertising volunteer opportunities, conducting background checks, and providing orientation and training.
- *Supervision and Management:* BCUHB need staff to supervise and manage volunteers, which includes coordinating their schedules, providing ongoing support, and ensuring compliance with healthcare regulations. These staff costs should be factored in.
- *Insurance:* To protect both volunteers and BCUHB, insurance coverage may be required. Costs for insurance can vary depending on the level of coverage needed and the specific roles volunteers undertake.
- *Uniforms and Equipment:* Depending on the volunteer roles, there may be costs associated with providing uniforms, badges, or equipment to volunteers.
- *Volunteer Expenses:* Some volunteers may require reimbursement for out-of-pocket expenses incurred while performing their duties, such as travel, meals, or parking fees.
- *Recognition and Appreciation:* Recognising and appreciating volunteers is important for maintaining their engagement. Costs may include hosting volunteer appreciation events, providing certificates or awards, or offering tokens of appreciation.
- *Administration:* Administrative costs, such as maintaining volunteer records, background checks, and reporting, should be considered.
- *Training and Development:* Ongoing training and development for volunteers may involve costs, such as materials or training sessions.

Some of the costs mentioned will be fixed, such as a dedicated staff team to support the volunteers,

Passionate about public sector



while others will be variable such as uniforms, equipment, and expenses.

General evidence and the information gathered during our review suggest that these costs can be outweighed by the benefits of having a dedicated and skilled volunteer workforce that enhances patient care, improves patient experiences and extends the reach of healthcare services. This should be borne in mind when considering the investment required to manage volunteers effectively and optimise its benefits. We suggest later in the report that such investment could be through redirecting existing resources rather than identifying new funding, which we appreciate will be challenging in the current financial climate faced by BCUHB.

8. Key Themes

This section presents the findings from our desktop research, surveys and engagement exercises. Whilst there are clear overlaps, our findings are presented under a number of separate themes.

We have included quotes from surveys and our conversations, these have not been attributed to individuals to safeguard the anonymity of those that contributed.

1. The importance of volunteering in delivering effective healthcare is widely recognised.

Within Wales, the intrinsic value placed on volunteering within legislation such as the Wellbeing of Future Generations (Wales) Act, in respect of which volunteering is one of the [national well-being indicators](#) used to track progress, is echoed within the Social Services and Wellbeing (Wales) Act and 'A Healthier Wales'. Numerous research and policy documents produced across the UK reinforce the critical role played by volunteers in the health and care system.

'[Appreciating the wide and varied roles people play in the joint aim of delivering high quality services] ... requires not only greater parity of esteem between health and care professionals, but also recognising and supporting the vital role played by the informal workforce of unpaid carers and of volunteers, without whom there would be no overall system.' A Healthier Wales

This recognition is mirrored at the local level, with many emphasising the added value of volunteering and others wishing to develop it for their own service areas.

2. Volunteering within clinical and other NHS settings forms part of a wider 'economy' in which non-paid workers care for people within the community. They deliver the preventative care, identified within the Social Services and Wellbeing (Wales) Act, as critical to reduce the need for formal support.

This can take many forms including help at home, connecting people to their communities, supporting people upon discharge from hospital and subsequently in regaining and maintaining independence. Understanding the contribution of volunteers across the health and care system is important because it:

- Highlights the potential for involving volunteers at all stages of a person's care
- Provides a basis for strategic conversations between Health Boards, their statutory partners, the third sector and communities on how voluntary capacity is best deployed and joined up across the pathway, in both clinical and non-clinical settings
- Enables the development of consistent approaches and standards
- Presents potential opportunities for those volunteering within the community to move to similar roles within the Health Board

- 3. *The NHS is a popular choice for people wanting to volunteer, due to its perceived values and the potential for volunteers to progress into paid employment in the sector. The community and voluntary sectors in North Wales regularly refer and recommend people wishing to volunteer to do so with the Health Board.***

However, current difficulties experienced by the Health Board and wider problems affecting the NHS such as pay disputes and industrial action are seen as having a negative impact.

We heard that engagement by the Health Board with CVCs could be improved. There is insufficient dialogue over both the potential need for volunteers and available opportunities in the Health Board and this uncertainty reduces the number of would-be volunteers being referred. There are calls for more regular engagement between BCUHB and CVCs on available positions and for the establishment of a single point of contact for volunteering within the Board to which enquiries could be directed.

‘There is a lack of clarity on whether volunteers are actively being recruited.’

‘We need more information about the roles on offer.’

‘If more people were aware of the exact opportunities, it may instigate more engagement’.

CVCs reported negative experiences of those they referred when enquiring about volunteering possibilities within the Health Board, including not being provided with required information, delays in responses, and the lengthy time period from recruitment to taking up their volunteering roles. This can act as a deterrent for some people.

- 4. *This appreciation of the role of volunteers within the NHS is strongly reflected in North Wales.***

There is a near-universal belief, and tangible evidence, that volunteering can:

- Add value to core services
- Support person-centred care
- Improve outcomes for individuals

In the main, stakeholders feel that volunteers are a significant potential asset and have an invaluable role in the delivery of healthcare to the region. All respondents to the staff survey felt that volunteering can add value to core services and support person-centred care and improved outcomes for individuals. A similar view was expressed by 79 of 80 current volunteers responding to their survey and by the stakeholders we spoke with.

Importantly, volunteers are seen as complementing the work of clinical and ward staff taking on supporting roles, rather than replacing paid staff. This is thought to be critical within a context of stretched budgets and challenges in attracting and retaining staff. Volunteering must not be seen as a

way of filling vacancies through the back door, as this would have serious implications in terms of quality and sustainability of services. People we spoke with felt that clear articulation of what volunteers do and how they fit within the wider system was needed to avoid any unhelpful blurring of respective responsibilities. Experience more widely across the UK suggests that this clarity can be instrumental in overcoming reticence among paid staff to involve volunteers and in achieving buy-in to volunteering as a concept.

5. Currently there is no clear organisational vision defining volunteering, setting out why it is important and how it can contribute to the service delivery.

There is clarity in relation to certain schemes such as the Robins, Breastfeeding Support and the Hearing Aid Service supporting audiology but this does not apply to other areas. We found that the absence of such a vision is leading to misconceptions about what volunteering entails and how it might enhance services, as well as impinging on the ability of the Board to attract, recruit and retain volunteers. This needs to be addressed as part of any new strategic approach.

‘Some staff do not understand what volunteers are there to do and consequently are dismissive or openly hostile.’

6. There are examples of effective practice in relation to volunteering and volunteers across the Health Board.

A number of examples were referred to as being seen as good practice including the Robins, Hearing Aid Volunteers Service and Breastfeeding Peer Supporters to name a few. There was, however, no evidence of this effective practice being routinely shared. This may be due to a variety of reasons such as a lack of capacity to collate and share examples, for example within the transformation team, and / or barriers in communication across departments and services areas. This lack of sharing leads to missed opportunities for improving arrangements and optimising outcomes across the organisation. This lack of cohesion also impacts on the organisation's ability to identify and offer a consistent approach to volunteering.

7. A range of benefits of volunteering within the Health Board were identified by stakeholders.

These include:

- ***Reducing pressure on the system by adding capacity and supporting over-stretched staff:*** Although we saw examples of this across services, for example in Breastfeeding Support and the Hearing Aid Support Service, this benefit was most frequently cited in relation to the Robins scheme. We heard that the Robins ***‘do things that [paid] staff don’t have time to do’*** and ***‘filling the gap’*** by undertaking tasks that clinicians would love to do but don’t have the capacity. This includes sitting down with patients, listening to them, and sharing a cup of tea. Some Robins have begun on different stroke units across North Wales, they talk to people who have had their speech affected by a stroke, assisting and aiding rehabilitation. Whilst not a clinical intervention, this is seen as a critical aspect of overall care. In so doing

they can make what one contributor saw as a *'huge difference to a patient's journey'*.

Another example would be the potential involvement of volunteers in services such as group speech and language therapy, to assist with the setting up and setting down for such sessions and supporting individuals during them. This saves clinicians' time, enables them to focus on the interventions and helps ensure that all patients receive a positive and stress-free experience when receiving support.

- *Improving patient experience and their outcomes through empathy, befriending, practical support and reducing isolation and loneliness:* Once again Robins were highlighted in this regard., Reference should also be made to the Hearing Aid Volunteer Service, many of these volunteers have previously received care from the audiology service themselves and provide practical support and advice to other patients in community settings. For example, helping people fit their hearing aids or change batteries. Whilst averting the need for people to go to hospital for such support, volunteers can also help keep often older patients connected within their local communities.
- *Enhancing the experience of families and carers, for example by helping them navigate hospital sites when visiting:* This is seen as another important function of Robins who, as well as ward-based support, also provide 'meet and greet' and signposting services in the main hospital sites.
- *Enabling health care to be provided more closely to home, without people having to travel to hospitals or other Health Board sites:* The Hearing Aid Volunteer Service and Breastfeeding Support provide examples of this, with support being provided in people's homes or close by. As well as relieving pressure on the 'front door', this can make services more accessible and has environmental benefits in terms of reducing journeys by car or public transport. Consideration needs to be given to engaging with volunteers not only at the main DGH sites, but also within the community settings.
- *Enabling volunteers to give back to the NHS and the wider community either on a temporary or ongoing basis:* A large majority of volunteers responding to our survey cited *'giving something back to the community'* as a reason for volunteering. This echoes wider community benefits, identified in the Welsh Government's Volunteering Policy [Supporting Communities, Changing Lives](#) which include the creation of social cohesion and increased social capital.
- *Enhancing volunteers' wellbeing, developing new skills and providing an opportunity to do something worthwhile with their free time:* Again, there is resonance between what we heard from stakeholders contributing to our review and messages within 'Supporting Communities, Changing Lives', which suggests that volunteering can build individuals' social networks, improve mental and physical health, build skills and create a sense of belonging to an issue or a community.
- *Facilitating social connections and reducing isolation through volunteering:* We heard of instances where retired people, for example, have found personal companionship and

purpose through their volunteering role; once again the Hearing Aid Volunteer Service is one of the schemes referenced in this regard. At a time when loneliness, isolation and poor mental health are significant challenges in Wales ([Age and Loneliness in Wales](#) and [A mentally well Wales](#)), the potential value of volunteering in terms of providing meaningful activity and keeping people active and involved, is clear.

- *Raising awareness of the Health Board and the NHS more widely and enhancing its reputation:* Volunteering provides an insight into the working of the Health Board and NHS more widely. Volunteers can potentially become influential ‘ambassadors’ for services, raising awareness of ‘health literacy’, how things work and encouraging responsible behaviour by individuals, for example in undertaking effective self-care and making right choices about how and when healthcare is accessed.
- *Providing a potential ‘springboard’ for careers within the NHS:* We heard examples of people volunteering in areas such as maternity services, through the Robins scheme, and then going on to train and qualify in this discipline. However, some contributors to the review felt that opportunities were being missed by the Health Board in terms of engaging with schools and colleges and encouraging volunteering by students as a possible route for promoting the Health Board and/ or the NHS as a potential career choice.
- *Potentially making the wider workforce more representative of the communities served by the Health Board, although our review suggests that there is more to be done to achieve this:* We heard that currently volunteers tend to be white, female and over 60. Whilst there is no accessible data to accurately quantify this, our conversations suggest that more needs to be done to ensure that the volunteer base more accurately reflects broader demographics across North Wales. Ideas that were shared with us included actively encouraging relatives of overseas staff employed by the Board to volunteer and working with community groups to explore opportunities to recruit refugees and asylum seekers into volunteering roles. Branding of initiatives such as the Robins is seen by some not to be attractive across genders or age groups and there is view that this could be reconsidered.
- *Deploying resources in areas that are not naturally priority areas:* This can have a positive impact on patients’ and visitors’ experience, such as garden and grounds maintenance.

8. A current lack of data relating to volunteering, including numbers and location of volunteers working across the Health Board, skills and outcome/impact data hinders the Board’s ability to manage and develop both the ‘function’ and individual volunteers.

We understand that work on the development of a volunteers’ portal, which will provide information of Robin and public volunteers available to the Health Board and opportunities for deployment of volunteers, is at an advanced stage. This needs to be broadened so it includes the details of all other volunteers in the Health Board. The aim is to better coordinate volunteering and ensure that available capacity matches need; however, the lack of a central volunteering function (see below) means the full potential of this is unlikely to be realised.



In addition, we saw no evidence of reliable quantitative or qualitative data supporting the impact of volunteering on efficiency of healthcare delivery and outcomes of patients. We were told that some measures had been in place during the Covid-19 pandemic and that occasionally data was collated for events such as Volunteers’ Week, but that this was not done on a consistent basis. Collecting such data would be invaluable in evidencing the benefits stakeholders cited during our review. We would suggest that the development of performance indicators in this area would be critical in developing a case for investing in volunteering, promoting its value across the organisation and monitoring delivery of any future volunteering strategy. Potentially, the improvement of datasets nationally through Volunteering Wales website will further help address the current gaps.

9. Awareness of volunteering opportunities within the Health Board is patchy. High profile schemes such as the Robins are more widely recognised than others.

63 of the 74 respondents to the staff survey were aware of the Robins scheme, compared with just 27 being aware of the iCAN mental health scheme and 15 knowing about the hearing aid volunteering service supporting the audiology service. There were high levels of awareness of charitable organisations including Awyr Las and League of Friends. However, awareness of other initiatives in place in the Health Board was considerably lower. This again highlights the lack of strategic approach, the disjointed nature of engaging with volunteers, and the need to promote the potential of volunteers across the organisation.

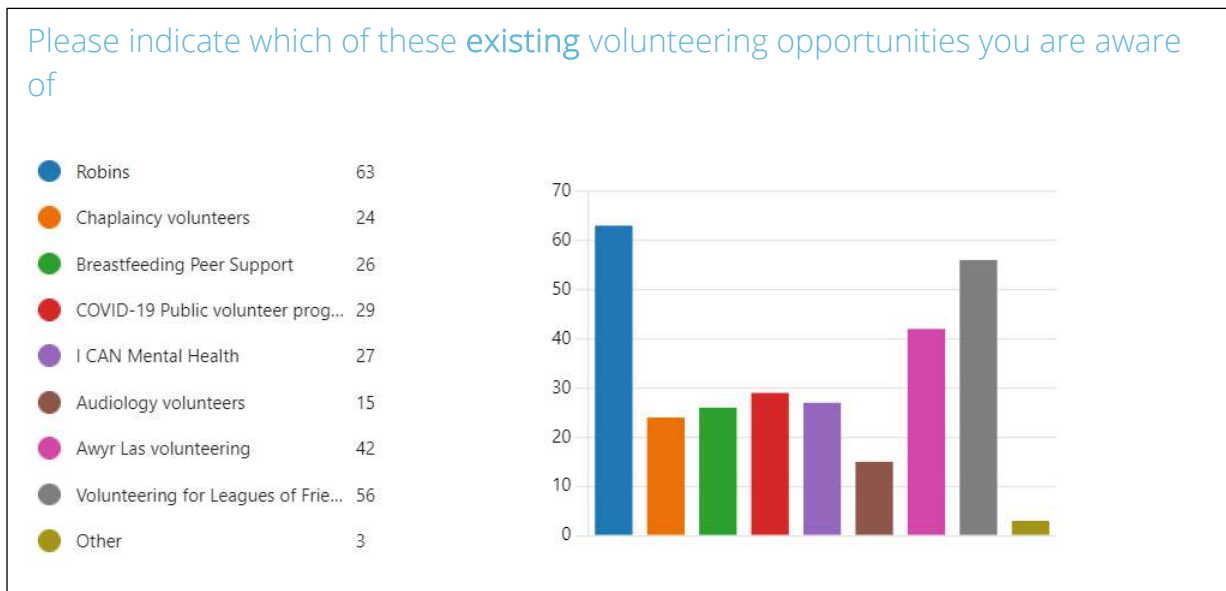


Figure 2: Staff awareness of existing volunteer opportunities

Perhaps not surprisingly, there was wider awareness of opportunities among current volunteers. During our conversations, we heard the terms ‘Robins’ and ‘volunteers’ being used interchangeably, reinforcing the sense that other schemes are far less visible and are not generally recognised across the Board.

Of note is the lack of awareness of staff of the potential to involve volunteers within their own service.

Passionate about public sector

This was evidenced in responses to the staff survey and conversations with individual stakeholders, suggesting that opportunities to deploy existing volunteers and to develop new volunteering schemes are being missed. The potential benefits are therefore not being realised.

Limited awareness of possibilities for volunteering and existing initiatives has implications in terms of take-up of available opportunities and the ability of the Board to optimise the benefits of volunteering across other services.

10. Additional areas where volunteering could add value, including in non-clinical settings, have been identified. These provide the potential for reducing pressure on non-frontline services, capitalising specialist skills of potential volunteers and improving the image of the Health Board.

Specific areas identified by stakeholders included:

- Administration and corporate support
- Promotion and marketing of the Health Board
- Networking and linking with other organisations
- Providing entertainment for children and young people whilst in hospital
- Promoting healthy lifestyles and providing supporting information and advice
- Supporting people with accessing online support and improving digital inclusion

Interestingly, respondents to the staff survey identified a range of factors which might make volunteering unsuitable in some service areas. These included patient and staff confidentiality, clinical speciality, technical complexity (for example in relation to digital systems) and physical risks such as working with machines and chemicals in laboratory settings. Whilst such risks would obviously need to be taken into account, we would suggest that they need not preclude the involvement of volunteers if appropriate training and safeguards are put in place.

11. People generally don't know how to get information and advice about volunteering, or where to go to get it.

Evidence gathered in the review suggests this is a major issue. Only 22 of the 74 respondents to the staff survey said they would know where to go for information and advice for someone who wanted to volunteer for the Health Board.

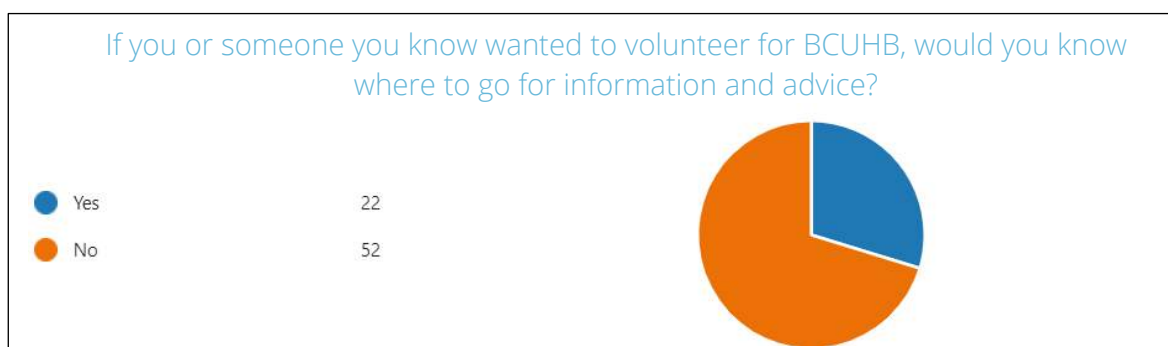


Figure 3: Staff awareness of finding information about volunteering

Just 13 said they would know where to go if they were interested in involving volunteers in their own service. Among those saying they would know where to go, a range of possible sources were identified. These included:

- Human Resources and Organisational Development
- The Intranet
- Another service that uses volunteers
- The informatics portal
- The hospital shop
- Awyr Las

'There may be [people to go to for advice] but I haven't found them, I don't know who they are.'

Some people report directing generic enquiries to the Robins team. Examples include asking about onboarding processes, training and how to manage DBS checks. Whilst members of the Robins team suggested that, when this happens, they try and help, they expressed concern about being asked to assist with enquiries outside their direct remit and about which they may not have direct knowledge. Furthermore, they do not have the capacity to respond to frequent queries of this nature, as answering them can require seeking information from other parts of the Health Board and this can be time consuming and distracting from their core business.

'If I'm honest, I would contact the Robins Coordinators with questions about volunteering.'

12. Promotion of volunteering within the Health Board needs to improve. Whilst existing volunteers feel this is done effectively, many staff and partners think it could be done better.

Current volunteers felt more strongly that the Health Board encourages or promotes volunteering (64 of 80 thinking this was done 'a great deal' or 'a full amount'), than staff, of whom only 20 of 74 thought this was the case. Most stakeholders with whom we spoke felt this was an area for further development.

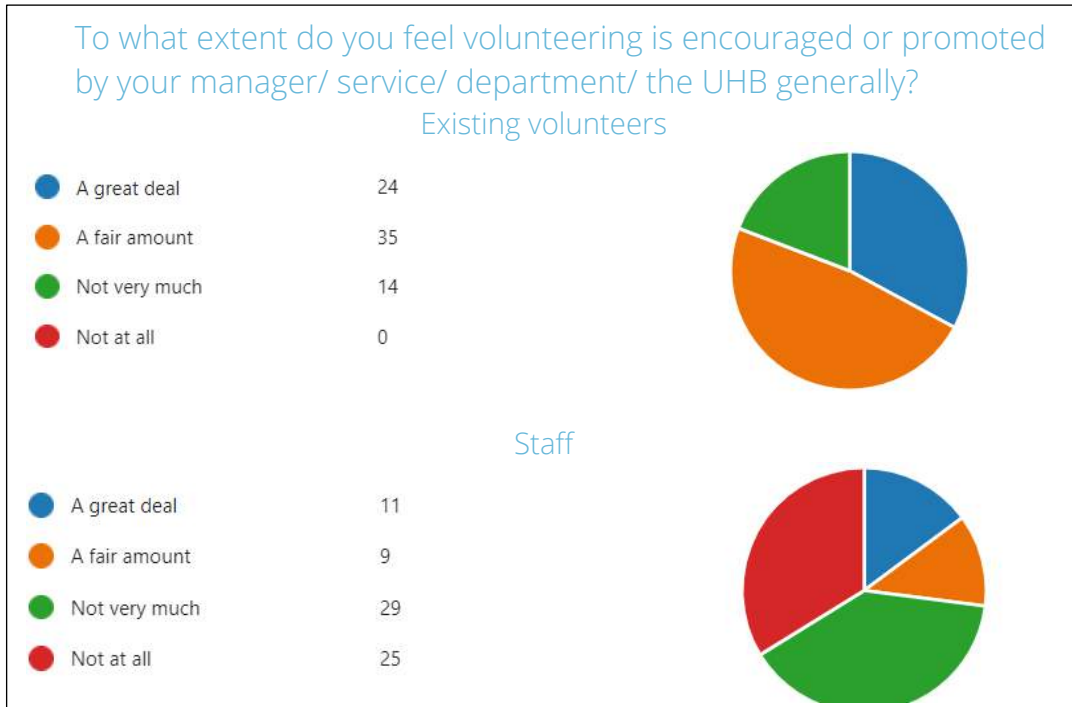


Figure 4: The extent to which survey respondents believe the Health Board promotes volunteering.

It appears that this problem extends beyond North Wales and affects the NHS more generally. There is a perceived problem nationally, with people needing to visit organisational websites to search for volunteering opportunities, and in so doing have no guarantee of finding consistent information. We found this to be the case in BCUHB, with some schemes such as the Robins and the Hearing Aid Voluntary Service well promoted and other opportunities less so. It is felt that enabling people to search by role rather than organisation would be beneficial to would-be volunteers, and that there is a need to differentiate between generic and specific volunteering roles.

In the absence of a consistent, corporate approach to promotion, some services with whom we engaged reported that they have adopted their own approach to promotion. These included adverts placed in the local press by the Hearing Aid Volunteering service and posters asking for volunteers to tend the grounds at Colwyn Bay Hospital. One of the stakeholders we spoke to suggested that a social media campaign to recruit volunteers would be beneficial.

13. Governance arrangements are currently inconsistent, with some volunteers recruited directly by the Health Board and others working for independent charities. There appears to be a genuine lack of understanding about which systems apply in different contexts.

We heard about a range of different governance arrangements for volunteering, including formal internal schemes such as the Robins, ad hoc arrangements whereby volunteers are recruited directly into the organisation but not as part of a formal scheme, and volunteers being brought in through

outside charities. In some areas, including the Hearing Aid Volunteer Service and grounds maintenance, different arrangements are in place in each of the Health Board areas. This leads to a lack of consistency and confusion among both staff and volunteers. It also leads to a risk of people falling between the cracks, not being properly supported or supervised and has high risk insurance implications.

‘There are lots of different volunteers across the Health Board, lots that we don’t know about, lots that don’t sit under any structure or governance framework.’

‘Somebody suddenly comes out of the woodwork, and we find that volunteers have been in place with no apparent formal arrangements.’

14. The lack of a corporate volunteering ‘function’ and single ‘front door’ for volunteers diminishes the Health Board’s ability to develop and improve arrangements for volunteering in a consistent way.

This is a fundamental issue, consequences of which include:

- Inconsistency in core processes such as advertising, recruitment, onboarding, contracts and regulation, supervision, training and development and disciplinary matters. We heard of informal arrangements whereby policies and procedures are shared between different services (e.g. between the Robins and the iCAN scheme), and joint development sessions organised by the Robins that include other services, but these are ad hoc and there is no consistency across the organisation. Some areas reported having spent a lot of time trying to ascertain requirements around health and safety and insurance and being hampered by not having anywhere to go for formal advice on such matters. Whilst in services such as audiology comprehensive training programmes have been developed, opportunities have not been taken to mainstream these, or share elements with other parts of the organisation.
- Lack of consistent standards for volunteers, standards not being defined in some areas and others, such as audiology, following external, national standards rather than those set by the Health Board. This can lead to a lack of confidence among staff concerning the quality of volunteers.
- Additional pressure on recognised schemes such as the Robins as they are approached for information and advice.
- Volunteers being isolated feeling unsupported in their role., leading to a poor volunteer experience, lack of retention and complaints.

‘I think the key to volunteering is [for the organisation] to be there for them and having a contact person so volunteers feel listened to.’

There is a broad consensus among stakeholders that as well as addressing these current shortcomings, a centralised, corporate volunteering function, providing increased capacity and a ‘go to’ place for volunteering, would be hugely beneficial. This needs to be ‘a discrete, well-managed function’. Getting this right would facilitate:

- A genuinely integrated approach across the organisation

- The development of a clear vision and strategy
- Better and more consistent promotion of volunteering
- The establishment of a consistent volunteering brand
- Introduction of consistent governance arrangements
- Effective and efficient deployment of volunteers
- Better monitoring and reporting about the impact of volunteering across the organisation

However, there are different views as to where such a function might be located. Some felt that locating it in a clinical department would elevate the status of volunteering among health professionals and would support meaningful dialogue between clinicians and organisational development and HR colleagues about opportunities for volunteering and how best to develop and manage these within specific settings. Others felt locating within a corporate department such as Workforce and Organisational Development or Partnerships and Engagement would be appropriate. There was agreement that volunteering should not be 'pigeon-holed' and should be seen as something that is core to the delivery of effective healthcare and achieving positive outcomes for patients. Ultimately, the strategy needs to identify mechanisms in which clinical and corporate departments can work together to a common, shared framework.

15. A range of barriers and incentives to volunteering within the Health Board have been identified.

Barriers include:

- *A lack of awareness of opportunities to volunteer and a lack of knowledge of what voluntary roles involve:* Publicity and explanation of roles is currently ineffective.
- *Cumbersome recruitment and onboarding processes which are seen by many as disproportionate:* Stakeholders report that the length of time taken to process applications or expressions of interest are excessive and serve either to discourage people from seeking voluntary roles with the Board or cause them to withdraw midway through the process, through frustration, loss of interest or because they have taken on a role elsewhere.

'I had a volunteer that applied to us, and she also applied to the National Trust. She started there within 2 weeks.'

People told us of applications getting lost in the system without knowing what was causing the delay. DBS checks were also frequently raised as a concern, being required for roles that are felt not to warrant it as they do not involve direct interaction with patients. The prohibitive length of time taken to complete such checks was also highlighted. Similarly, we heard that the level and nature of evidence that is requested from potential volunteers as part of the application process can be excessive. For example, staff retiring from roles within the Health Board and then seeking to return as volunteers are asked to supply career history details which should already be available internally. Such information is seen by some to be extraneous whereas requesting details of applicants' past experience of volunteering rather

than details of previous paid roles is seen as more relevant.

- *Inconsistent, and frequently onerous, training requirements, with core programmes not consistently applied and being seen as excessive for some volunteering roles:* The time required to complete training is off-putting for some. Proportionate training programmes comprising core modules relevant to all volunteering roles and role-specific elements are seen as a way forward. The Robins scheme has made significant improvements in this regard, however it is reported that these amendments took an excessive period of time to gain approval and 'sign-off'.

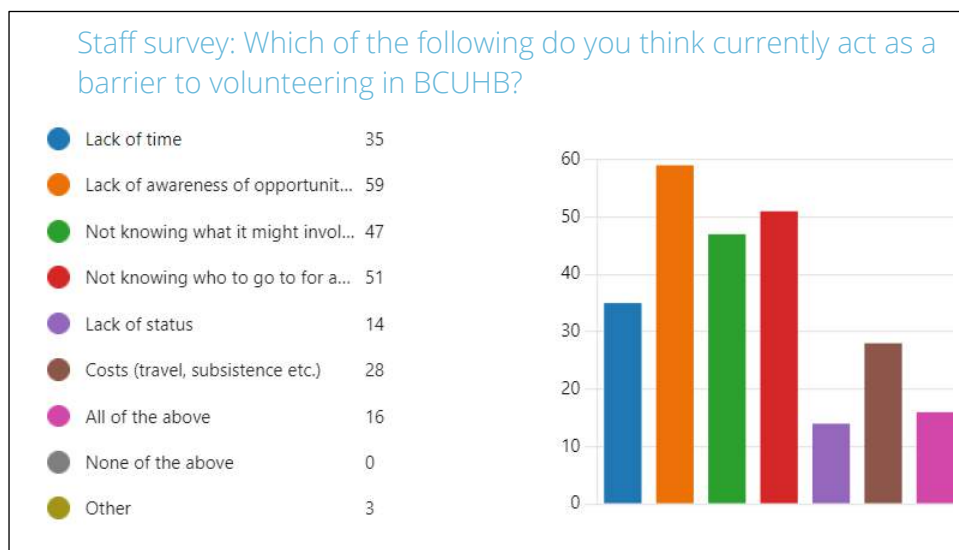


Figure 5: Staff views regarding barriers to volunteering with BCUHB

- *Cultural barriers such as the widespread use of medical acronyms:* Volunteers can find entering the clinical world off-putting and intimidating and require understanding of and explanation by paid staff as they are introduced into their volunteering roles.
- *Pressure of full-time roles discouraging staff to consider volunteering:* Whilst recognising the potential benefits for their emotional health and wellbeing, and wanting to contribute of their time, it appears that the opportunity to do so is not commonly taken up. Only 12 of the 74 respondents to the staff survey said they currently volunteered. Local initiatives to encourage staff to volunteer, for example in maintaining green spaces, have not been successful. Our conversations suggest that possible contributory factors are long hours and stress associated with their paid roles meaning that, although they recognise the personal and wider benefits, they feel unable to provide an additional contribution, either to the Health Board or another organisation, in a voluntary capacity.
- *Costs associated with volunteering:* Travel and subsistence were identified as possible disincentives. This is seen as being exacerbated by the current cost of living crisis, which is forcing people to work longer hours and to delay retirement; this has the effect of reducing the pool of potential volunteers.

- *Lack of support for volunteering among paid staff:* National evidence suggests that there can be suspicion among staff and Trades Unions that volunteering is being used as a way of filling gaps in the paid workforce and cutting overall costs. There can be a perceived threat that more paid roles will be replaced in this way, impacting on quality of care and career opportunities within the NHS. As noted above, clear definition of volunteering and how it can complement paid roles is key in addressing such concerns. Locally within BCUHB, we heard that some staff do worry that volunteers will 'step on their toes' and are unclear of their remits. It is felt that there is a need for staff to be educated on the involvement and potential value of volunteers within the NHS. Staff and Trades Unions are also not generally given the opportunity to discuss how volunteering could enhance their service specifically and co-design potential roles. Another factor is staff concern regarding their capacity to appoint, manage and supervise volunteers. There is also a sense that professional roles can be seen as 'superior' to voluntary positions; this can result in genuine opportunities not being pursued, reluctance among potential volunteers and their feeling 'second class' within the system if they do take up voluntary roles.

Potential incentives suggested by participants in the review include:

- *Paid time off to undertake volunteering duties:* Several contributors to the review suggested that the Health Board should follow the example of other large organisations and, as part of its Corporate Social Responsibility, provide paid time off for staff to volunteer, either for the Health Board or another organisation. The challenging resource implications of such an offer are recognised. It was therefore suggested that paid leave could initially be done on a small scale, for example providing 3 or 4 hours a year for employees. Reciprocal arrangements with other public bodies, for example those represented on the Public Services Boards, were suggested as a means of freeing staff for limited periods to volunteer whilst receiving contributions from employees of partner organisations.
- *Introducing a single, fair and transparent expenses policy to cover travel and subsistence and ensure volunteers are properly compensated for costs associated with their role:* Our understanding is that travel and subsistence are recompensed; however concern over the cost of volunteering is seen as a deterrent for some and it seems sensible that a clear and well publicised expenses policy spanning all opportunities would be helpful in encouraging people to consider a voluntary role.
- *Ability to include volunteering experience within Continuing Professional Development:* Alongside training and development undertaken and skills acquired in paid roles, recognising those associated with volunteering roles could encourage staff to pursue such opportunities to broaden their experience and insight.
- *Considering the feasibility of time credits and working with other organisations to put such arrangements in place.*
- *'Retail' incentives* such as those offered to paid staff, providing discounts at some stores and outlets, were suggested as a further possible incentive.

9. Recommendations

Our recommendations are informed by the findings of our review and are intended to support the Board in the development of a Volunteering Strategy.

The [Framework for Volunteering in Health and Social Care](#) developed by WCVA, Helpforce Cymru, the Bevan Commission and Social Care Wales provides a potentially useful resource for the Board in taking this work forward. Designed to support those involved with health and social care in Wales to 'hold the gain' achieved during the Covid-19 pandemic, the Framework provides examples of effective practice and sets a series of questions to help organisations develop a strategic approach to volunteering alongside a self-assessment tool enabling them to track progress. We would suggest that the Board uses this resource in building and expanding its approach. The questions and helpful links are found on pages 18 to 23 of the framework and the self-assessment tool on Page 38.

The development and delivery of a meaningful strategy will require investment. The evidence from our review suggests that such investment will bring positive returns for the Health Board in terms of improved patient outcomes and enhanced wellbeing for staff.

The financial challenges faced by the Health Board cannot be under-estimated. Conscious that additional funding may be difficult to secure, we would suggest that opportunities are sought to redirect or innovatively use existing resources, for example within the Transformation Team, to provide the infrastructure and support that will be necessary to ensure successful delivery of our recommendations. We do not believe that significant additional costs have to be incurred immediately, as there are a number of no to low-cost actions which can be implemented, although these may involve some time commitment.

The recommendations have been developed to promote a volunteer centric culture in BCUHB. We recognise that culture change is not a quick task. We therefore suggest that an incremental step by step planned approach is taken, initially establishing a foundation, and building upon this. This could be set against the milestones within the Well-being of Future Generations (Wales) Act 2015 fully embracing the five ways of working of long-term, integration, involvement, collaboration, and prevention to become a volunteer centric organisation by 2050.

BCUHB is encouraged to create an enabling environment for the easier and more effective involvement of volunteers. The recommendations we have made fall under one of four enabling themes:

- Leadership
- Partnerships and relationships
- Tools
- Resource

Leadership

Recommendation 1: Establishment of a Volunteering Task Group

This group should comprise senior representatives of all services, relevant partner agencies and representation from existing volunteers to ensure that the whole 'system' works to develop and deliver a Volunteering Strategy that is fit for purpose and realises its strategic aims. Ideally it should be chaired by a Non-Executive Board member.

The initial work plan of the Volunteering Task Group should focus on establishing a baseline of current volunteer activities. The composition of the group will ensure access to data in each of the service areas to build an accurate and reflective picture. This should include:

- A detailed quantitative analysis of voluntary positions in place across BCUHB and deployment of volunteers into these positions
- An audit of further opportunities for volunteers to be used in delivery of services, involving senior managers and taking into account identified community need and the Board's wider strategic objectives
- Classifying identified roles by function and delivery environment (location, level of risk, specialism etc.)
- A comprehensive review of current governance, processes and documentation relating to volunteering, assessing them against corporate and industry standards and recognised good practice
- Development of consistent governance, processes and documentation for approval by the Board

To ensure these actions are completed in a targeted and timely manner there may be a need to deploy capacity to this on a full-time basis initially, and thereafter maintain part-time support to oversee delivery of the Strategy. The Board's Transformation Team might be considered as a source to support this initial work.

Recommendation 2: Volunteer contribution embedded within the organisational culture

Developing a culture within BCUHB that promotes and champions volunteering requires a deliberate and strategic approach.

This must start with clarifying the vision for volunteering at BCUHB and should be ambitious enough to aim for a volunteer centric culture, this should be led by the Volunteering Task Group. This approach needs to include:

- Leadership Commitment: Gaining commitment from senior leadership to support and value the role of volunteers in the organisation. Leadership should set the tone for a culture that welcomes and appreciates volunteers' contributions.
- Provision of training and induction programmes for both staff and volunteers to ensure everyone understands their respective roles and responsibilities. This should also emphasise the BCUHB's values, culture, and expectations.

- Fostering open and ongoing communication between staff and volunteers, encouraging collaboration and teamwork between paid staff and volunteers, emphasising that they are part of the same team working towards common objectives.
- Developing a recognition programme to acknowledge and appreciate volunteers' contributions, celebrating their achievements and regularly express gratitude for their efforts.
- Reviewing opportunities to introduce affordable incentives for volunteering, including those set out in the Findings section of the report.
- Involving volunteers in decision-making processes, especially those that directly affect their roles or the services they support. Seek their input on programme improvements and BCUHB policies.
- Empowering volunteers by providing opportunities for leadership and decision-making within their areas of expertise, encouraging them to take ownership of specific projects or initiatives.
- Evaluating and improving the general approach and processes by continuously assessing the effectiveness of the volunteer programme and make improvements based on feedback and outcomes. Be open to making necessary adjustments to better integrate volunteers into BCUHB.
- Sharing success stories and the impact of volunteers' contributions with staff and the community to raise awareness and support for the programme.
- Establishing feedback mechanisms where both staff and volunteers can provide input and express concerns. Act on feedback to address issues and improve the volunteer experience.
- Ensuring that volunteer opportunities are accessible and inclusive to a diverse range of individuals, considering factors like age, abilities, and backgrounds.
- Measuring and assessing impact and using the data and feedback to continually refine the programme's strategy.

Recommendation 3: Development of BCUHB's Volunteering Strategy

The strategy should be driven by the Volunteering Task Group. The timescale of the strategy should be considered carefully. It could be a 5, 10, 15 or 25-year strategy enabling the organisation to develop a genuinely volunteer-centric culture and embed sustainable change in line with principles of the Wellbeing of Future Generations Act. The strategy should include:

- A Vision for Volunteering which aligns with the Board's corporate vision and strategic priorities as set out in the Annual Plan.
- Strategic objectives, which we suggest could include:
 - recruitment of volunteers to deliver roles identified across the organisation
 - integration of volunteering into core organisational functions
 - achieving parity of esteem for volunteers as an integral part of the workforce
 - providing appropriate support for volunteers to enable them to deliver their roles effectively
 - supporting BCUHB staff in taking up volunteering opportunities within BCUHB or other organisations.
- Consideration needs to be given to engaging with volunteers not only at the main DGH sites, but also within the community settings.
- The role of 'champions' for volunteering across the organisation to support the development of

the approach, facilitating the upscaling of effective practice.

Partnership and Relationships

Recommendation 4: Partner with Welsh Government, Helpforce and other Health Boards

The Welsh Government is reviewing its existing volunteering policy with a view to ensuring that future investment supports the most effective model and associated priorities. This work is supported by a cross sector Volunteering Cross Sector Leadership Group which is looking at volunteering across a range of areas including health and social care. Their work is aimed at identifying immediate actions to halt the apparent decline in volunteering after a post-pandemic rise across Wales, development of public material promoting volunteering and producing resources for public bodies and other organisations to stimulate interest and support.

Sharing learning with Welsh Government and Helpforce Cymru network as these recommendations are implemented will provide an opportunity to promote and potentially upscale effective practice, as well as incorporating wider experience into the ongoing improvement journey in BCUHB.

There are different approaches to volunteering across all of the Welsh Health Boards. Working with these others BCUHB will find that a lot of the platforms, tools, policies and procedures referred to in other recommendations exist in other Health Boards. Many will be able to share their preferred models of working and the lessons they have from these and we would encourage open and active dialogue to facilitate sharing and application of learning.

Recommendation 5: A Volunteer Charter

A 'Volunteer Charter' should be co-produced with the local Community and Voluntary Councils (CVCs). It should establish shared commitments across partner agencies and contain protocols for joint working.

It is advised the Charter sets out how the Board will work with CVCs to promote volunteering, plan strategically to address identified needs and recruit volunteers. It should detail reciprocal arrangements for releasing volunteers between organisations represented on the PSBs.

Tools

Recommendation 6: Production and implementation of an Annual Plan

The Strategy must be underpinned by an annual plan, supported by a sustainable budget and setting out:

- Deliverables for the coming period.
- A balanced set of quantitative and qualitative performance measures for volunteering, and supporting mechanisms for capturing data, to enable effective monitoring of levels of

volunteering and how it impacts:

- service delivery and quality of care
- patient outcomes
- wellbeing of those involved in voluntary activity.

Measures could include the following:

- Numbers of volunteers recruited across the organisation and by service
 - Percentage of vacancies filled
 - Average time taken to complete onboarding process
 - Diversity of volunteers
 - Percentage of volunteers delivering support through the medium of Welsh
 - Percentage of volunteers still working with the Health Board after 6 months and after 12 months
 - Percentage of volunteers that have completed core and service-specific development programmes
 - Percentage of volunteers that report enhanced emotional wellbeing due to their volunteering activity
 - Percentage of patients/ service users reporting a positive experience with volunteers
 - Percentage of patients/ service users reporting improved emotional wellbeing due to the intervention by volunteers
- Mechanisms for core performance indicators to be monitored with a view to identifying quantitative and qualitative improvements following the introduction of volunteers into specific services.

An annual report on volunteering should be published advising on the delivery of the strategy and plan and their impact.

Recommendation 7: Adoption of corporate volunteering function providing oversight across the organisation

A consolidated corporate volunteer oversight function should be established with an Executive Level lead. This function should work collaboratively to deliver the strategy, monitor progress and achievement of outcomes and further develop volunteering across BCUHB.

There are different models in relation to where this function should sit within the organisation. Options should be assessed carefully. Consideration should be given to the following:

- Locating it within a corporate department such as Workforce and Organisational Development or Partnership and Engagement would help ensure prominence and focus, as well as facilitating alignment with the wider workforce strategy and collaborative activity
- Making it part of a clinical service might be helpful in mainstreaming volunteering as an integral part of service development and delivery and ensure that it adds value to the patient experience.

Whichever model is chosen, we would recommend that the strategic lead is supported by a professional 'community' of volunteering partners sitting within each department/ service area and dually accountable to the corporate function and their service managers. This will provide for

consistency of approach across the organisation but with flexibility of the developing model to meet the needs of specific services.

Recommendation 8: Consistent governance and support arrangements

Consistent governance arrangements should be established. Whilst there may be legitimate reasons for different arrangements, we would suggest that work needs to be done to regularise them and to ensure that common standards and processes, for example in relation to onboarding, training and support are introduced where possible.

An 'enabling' approach should be adopted when expanding the involvement of volunteers across BCUHB. This will require the amendment of existing policies and procedures and the development of some new, progressive ones. Specifically, arrangements will include:

- Development and implementation of consistent core processes for recruitment, onboarding, supervision and expenses. These should be clearly documented.
- Development of role specific descriptions and consideration of tailored onboarding checks required for specific roles. There may be an opportunity to engage with in a co-productive manner volunteers to identify what best suits their roles and backgrounds.
- Conduct a review of the training framework to match mandatory and supplementary training in accordance with the role requirements.
- Introduce a 'Volunteer Impact' section on all new service and service reconfiguration proposals. This could be designed and lead by the transformation Team. To introduce this as a new way of thinking some base level training should be rolled out to service managers and relevant staff to help them think differently about service delivery.

Resources

Recommendation 9: Volunteer contact centre

Consistent governance arrangements can be supported by the establishment of a managed and staffed volunteering contact centre to:

- Provide the first point of contact for internal and external enquiries.
- Provide clear consistent information and advice, sign posting queries effectively and efficiently.
- Support other areas of the organisation on the recruitment, onboarding and training of volunteers.
- Support the development and design of new roles or consideration of the value add to service areas that previously or traditionally have not involved volunteers.

Different delivery options could be considered, taking into account relevant opportunities and risks. The centre could sit within the Health Board, or alternatively outsourced to a partner organisation such as one or a number of the CVCs, reflecting arrangements in Powys outlined earlier in the report. This would bring potential benefits including:

- Reducing additional strain and pressure on Health Board capacity and infrastructure
- Profiting from the specialist expertise of community organisations
- Possible attraction of external funding to support the centre and its functions, for example the Welsh Government's [Health and Social Care Regional Integration Fund](#) which supports the transformation of health and social care across Wales and emphasises the importance of social value providers in achieving this
- Fostering direct links with the community
- Enabling a collaborative, cross-sector approach to developing volunteering and growing the number of volunteers

Recommendation 10: Active promotion of volunteering

A comprehensive plan for the active promotion of volunteering with BCUHB should be developed to support the implementation of the strategy and annual plan.

This should include a live Public Relations campaign and a sustained recruitment drive. It should be aimed particularly at under-represented groups to encourage greater diversity and achieve a more representative balance across the volunteer base. It should seek to engage with a range of organisations including schools, colleges and agencies supporting under-represented groups.

The Equality, Diversity and Human Rights department should be involved in advising on innovative ways in which to target individuals to ensure the volunteer profile is reflective of the North Wales populous. This may include inclusion of information about volunteering with BCUHB in packs for overseas workers to share opportunities with family members.

This active promotion should include sufficient resources to ensure positive and successful advertising campaigns are supported by an effective recruitment process to ensure applicants are not lost in delays to joining BCUHB.

10. Conclusion

This review has uncovered significant volunteering activity which is viewed positively within the Health Board. It has also found many areas where existing good practice should be shared and developed. There are many opportunities to improve involvement of volunteers.

The current arrangements across the organisation are insufficient to drive the change envisaged. New thinking and dedicated resource will be required to reap the many benefits greater and well supported involvement of volunteers can deliver for BCUHB.

Deploying volunteers in a diverse range of operations and services in BCUHB can have a range of advantages:

1. *Increased value of money:* Volunteers often provide their services for free or at a lower cost than paid staff, reducing the financial burden on healthcare and social care organizations.
2. *Increased Service Capacity:* Volunteers can help expand the reach and capacity of services, allowing organizations to serve more individuals within their budget constraints.
3. *Diverse Skills:* Volunteers bring a range of skills and experiences, complementing the expertise of paid staff and enhancing the quality of care.
4. *Community Engagement:* Involving volunteers fosters community engagement and strengthens relationships between organizations and the communities they serve.
5. *Enhanced Care:* Volunteers can offer additional support, companionship, and personalization of care, improving the overall well-being of service users.

Critically, managing volunteers effectively and ensuring their roles align with organisational goals and regulatory standards are crucial to realising these benefits while maintaining quality and safety in health and social care settings.

Establishing an accurate baseline of all volunteering activity is important if BCUHB is to achieve focus and clarity. A point of contact in the form of an adequately managed, resourced and staffed contact & volunteer centre could be scoped by initially considering a number of potential models to deliver this.

This approach to delivering the recommendations should be considered in a planned and phased manner, taking time to assess activity and consolidate the approach. This review has set out challenging, yet achievable recommendations for the Health Board. With some innovative thinking, partnership and collaboration a realistic plan can be developed.

Appendix 1 – Key Lines of Enquiry

Key lines of enquiry informed one-to-one conversations, group sessions and the surveys that were undertaken as part of the review. They were tailored and focused as necessary to ensure that areas relevant to individual stakeholders were covered.

1. What is your role and interest in/ experience of volunteering in BCUHB?
2. What do you see as the benefits of volunteering to BCUHB and the NHS generally? What would you say are the particular benefits for core services?
3. How do you think volunteering supports person-centred care and improve outcomes for individuals?
4. How aware are you of the current volunteering opportunities across the organisation?
5. What in your experience might cause some staff to be reluctant to use volunteers?
6. What do you think are the key enablers and barriers to volunteering in BCUHB?
7. How would you rate support mechanisms currently in place, for volunteers and staff looking to use them? How might these be improved, thinking of policies, incentives, promotion, etc.?

Appendix 2 – Contributors

Name	Role
Emma Easton	Head of Volunteering, NHS England
Chris Easton	Director of Strategy and Impact, NHS Charities Together
Aaron Fort	Third Sector Policy Manager, Welsh Government
Chris Buchan	Welsh Government
Sam Shepherd	Deputy Head of Volunteering, Imperial Health Charity
Jenny Griffiths	Chairperson, Maelor Voluntary Service
Stephanie Park	Business Manager, League of Friends, Ysbyty Glan Clwyd
Jenny Usher-Jones	Environment Officer, BCUHB
Leon Marsh	Head of Patient Experience, BCUHB
Mandy Jones	Deputy Executive Director of Nursing, BCUHB
Gwen Scotsman	BCUHB Facilities
Alun Owen	Catering, BCUHB
Greg Bloor	BCUHB Hotel Services
Jake Williams	BCUHB Facilities
June Davies	Facilities, BCUHB
Catrin Plews	Cancer Services, BCUHB
Ceri Harris	Workforce and OD, BCUHB
Wynne Roberts	Chaplain Manager, BCUHB
Joy Lloyd	Workforce and OD, BCUHB
Nia Thomas	Workforce and OD, BCUHB
Suzanne Tyson	Principal Audiologist, BCUHB

Owain Rowlands	Robins Coordinator, BCUHB
Hannah Coles	Robins Coordinator, BCUHB
Julie Parry	Robins Coordinator, BCUHB

Workshops (x2) with North Wales CVCs

Meetings with:

- Awyr Las
- Stakeholder Reference Group
- Partnerships and Engagement Team

Appendix 3 – Further Reading and References

- [Actions to support partnership | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/actions-to-support-partnership)
- [Adding value through volunteering online version.pdf \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/adding-value-through-volunteering-online-version.pdf)
- [Bevan Commission: A workforce fit for future health and care](#)
- [Bevan Commission: Healthy help, enabling people through volunteering](#)
- [Can Volunteering help to achieve better health and care?](#)
- [Education Programme for Patients \(EPP Cymru\)](#)
- [Introducing on-ward volunteers to work with patients with dementia](#)
- [Helpforce Co-creating volunteering innovators programme](#)
- [Helpforce: Integrated Volunteering Responses to COVID 19](#)
- [Helpforce-The-Volunteer-Certificate-Standards.pdf](#)
- [‘Helping in Hospitals’, published by NESTA in July 2016](#)
- [How can a strategic approach online version.pdf \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/how-can-a-strategic-approach)
- [How Volunteering Can Help Your Mental Health, Elizabeth Hopper for the Greater Good Magazine, July 2020](#)
- [Imperial charity Volunteering Strategy Report - 2017-21](#)
- [Investing in Volunteers](#)
- [Learning and development for volunteers Macmillan](#)
- [Models and frameworks for coordinating community responses during Covid 19](#)
- [Monmouthshire Council volunteering strategy](#)
- [NCVO Time Well Spent Volunteer Experience](#)
- [NVCO Time Well Spent Employer Supported Volunteering](#)
- [NCVO Time Well Spent Volunteering Public Sector](#)
- [NCVO Time Well Spent Diversity and Volunteering](#)
- [NCVO Time Well Spent Impact of COVID on the Volunteering Experience](#)
- [Nesta: Boosting Citizen Participation and Volunteering in Public Services](#)
- [Nesta ‘Capturing the skills and energy of volunteers to address city challenges’](#)
- [NHS England Volunteering - Get Involved](#)
- [New project to turn volunteering work into rewarding careers in health and social care Lancaster University 2020](#)
- [Pembrokeshire Association of Voluntary Councils \(PAVS\) \(Most Significant Change\)](#)
- [Public Health Wales; Working to Achieve a Healthier Future for Wales; Equality Plan 2020-24](#)
- [Public health working with the voluntary, community and social enterprise sector: new opportunities and sustainable change](#)
- [Recruiting and managing volunteers in NHS providers practical guide](#)
- [Submission to the Equality, Local Government and Communities Committee inquiry into the impact of Covid-19 on the Voluntary sector](#)

- [The King's Fund Volunteering in health and care Securing a sustainable future](#)
- [The Pennine Lancashire Volunteer Project](#)
- [The Role of Volunteers in the NHS, The King's Fund, December 2018](#)
- [Volunteering Opportunities, Rights and Expenses, UK Government](#)
- [Unison Guidance on Volunteers](#)
- [Use of Volunteers in the Public Sector](#)
- [Supporting Communities, Changing Lives, Welsh Government](#)
- [Volunteering in acute trusts in England: Understanding the scale and impact, published by the Kings Fund in November 2013](#)
- [Volunteering in General practice: opportunities and insights – Kings Fund 2018 approaches to supporting volunteering](#)
- [Volunteering may be good for body and mind, Stephanie Watson, Harvard Women's Health Watch, June 2013](#)
- [Volunteering, health & Wellbeing - Scotland](#)
- [Volunteering Wales](#)
- [WCVA TUC: Charter for volunteering and workplace relationships](#)
- [WCVA: Volunteer passports, do we need them?](#)

Appendix NHS Charities Together Covid-19 Urgent Appeal Funding **(updated 05/09/23 from an original briefing paper 30/03/21)**

Situation

NHS Charities Together (NHSCT) raised over £150 million between March 2020 and December 2020 to help support the NHS' response to Covid-19.

The funds raised are being distributed to all 250 NHS Charity member organisations across the UK. As a result of the increased challenges that the NHS currently faced due to Covid-19, NHS Charities Together moved from being a membership organisation which provided membership services to being a significant grant giving organisation.

All the support provided by NHSCT goes over and above what the NHS can provide, and it supplements the general activity of NHS Charities. Most NHS Charities, including the North Wales NHS Charity, launched successful local Covid-19 Response appeals as well. In total, Awyr Las will receive over £900,000 from NHSCT's national Covid-19 Urgent Appeal.

Background

There were three stages of grants from the NHSCT Covid-19 Appeal. The distribution amounts of these grants can be seen below NHSCT Grant Information.

The three stages are as follows:

Stage 1: COVID-19 Urgent response Grants

This provided grants to NHS charities to spend quickly on enhancing the well-being of NHS Staff, volunteers and patients impacted by COVID-19, such as:

- Helped to fund the Staff Wellbeing Support Service which provides psychological support for NHS staff
- Funded many additional wellbeing items for frontline staff, including beverages, white goods, devices & furniture for new staff breakout areas and staff and volunteers have together been able to take part in an important virtual arts project too.
- Patient care was improved significantly in some cases thanks to the additional support given. The donations funded small but significant items like baby monitors that were used to implement a safe monitoring service for patients in hospitals, and blood pressure machines to monitor heart failure patients in their own homes.
- The support funded large, life changing programmes like the Health Board's bereavement support service, its carers support service, the chronic pain management virtual support service and a talking therapy service for mental health service users.
- Young people benefitted in hospitals, with frontline staff organising children's inpatient activity bags, and at home with a small grant given to help provide extra monitoring equipment for children with diabetes.
- Frontline NHS staff were able to give extra support to mental health service users in the community by providing self-care and wellness helping hand bags. They were also able to give patients across many different services in our hospitals a much needed boost by purchasing additional digital devices for virtual visiting and entertainment.

- Thanks to the funding from NHS Charities Together more people were able to take an active role in improving the care that our patients receive, with grants funding volunteer expenses and extra equipment to help train up nursing staff in care homes as well as hospitals.
- Importantly, the grant received from NHS Charities Together helped NHS staff learn and share their learning from the initial Covid-19 response period. NHS Charities Together funded a COVID-19 Medical Education Fellowship, a Covid-19 Simulation Suite for the YGC Emergency Department, three innovation projects that were led by local NHS staff and new equality and inclusion programmes.

Stage 2: Strategic integrated community and social care pathway Grants

Partnership grants for NHS charities to support their voluntary and care sector, as well as primary care, so that NHS patients can leave hospital more quickly and safely, stay or remain out of hospital. The aim of these grants was to support integrated care partnerships in this way significantly reduces stress on the NHS and provides the wrap around provision for patients which is vitally needed. NHS charities are being encouraged to sustain, develop or establish these partnerships (where they have not done so already) in order to fund collaborative projects.

Stage 3: COVID-19 Recovery and Post pandemic grants

Grants to NHS charities on supporting the mental health and recovery of NHS staff and volunteers and healthcare services. This grant could fund additional equipment, better facilities and extra services or special projects.

Table 1: The NHSCT grants for NHS Charities in Wales

NHS Health Board or Trust (note, the funds are given to the NHS Charity / the charitable arm of the Health Board or Trust, not to the Health Board or Trust itself)	Stage 1.1: £35k for all member charities	Stage 1.2: £7 per staff member as at Dec 2019	Stage 1.3: £50,000 for charities applying for additional funding to focus specifically on communities disproportionately affected by COVID	Stage 1.4: £50,000 for Charities in 'local lockdown' prior to the national lockdown / classed as Tier 3 & 4	Stage 2: % of £30 million based on population figure in the STP / Health Board area	Stage 3: £22 per staff member of the NHS Charity's Health Trust /Board
Aneurin Bevan University Health Board	✓	✓	✓	✓	✓	✓
Betsi Cadwaldr University Health Board	✓	✓	✓	✓	✓	✓

Cardiff & Vale University Health Board	✓	✓	✓	✓	✓	✓
Cwm Taf Morgannwg University Health Board	✓	✓	✓	✓	✓	✓
Hywel Dda University Health Board	✓	✓	✓	✓	✓	✓
Powys Teaching Health Board	✓	✓	✓	N/A	✓	✓
Swansea Bay University Health Board	✓	✓	✓	✓	✓	✓
Velindre University Health Trust	✓	✓	✓	✓	N/A	✓
Welsh Ambulance Service Trust	✓	✓	✓	✓	Ambulance Trusts Grant	✓

Table 2: This table provides an estimate of the funds available for NHS Charities in Wales (note these may not be exact figures these are based on numbers of NHS staff and population figures, and these figures may have been rounded up for grant making)

NHS Health Board or Trust (note, the funds are given to the NHS Charity / the charitable arm of the Health Board or Trust, not to the Health Board or Trust itself)	Stage 1.1: £35k for all member charities	Stage 1.2: £7 per staff member as at Dec 2019	Stage 1.3: £50,000 for charities applying for additional funding to focus specifically on communities disproportionately affected by COVID	Stage 1.4: £50,000 for Charities in 'local lockdown' prior to the national lockdown / classed as Tier 3 & 4	Stage 2: % of £30 million based on population figure in the STP / Health Board area	Stage 3: £22 per staff member of the NHS Charity's Health Trust /Board	Total (these figures are estimates, and not all NHS Charities may choose to accept all the grants available)
Aneurin Bevan University Health Board	£35,000.00	£84,001.40	£50,000.00	£50,000.00	£263,410.11	£264,004.40	£746,415.91
Betsi Cadwaldr University Health Board	£35,000.00	£112,622.30	£50,000.00	£50,000.00	£311,146.28	£353,955.80	£912,724.38
Cardiff & Vale University	£35,000.00	£95,542.30	£50,000.00	£50,000.00	£221,168.26	£300,275.80	£751,986.36

Health Board							
Cwm Taf Morgannwg University Health Board	£35,000.00	£76,384.70	£50,000.00	£50,000.00	£198,346.73	£240,066.20	£649,797.63
Hywel Dda University Health Board	£35,000.00	£65,646.00	£50,000.00	£50,000.00	£171,804.12	£206,316.00	£578,766.12
Powys Teaching Health Board	£35,000.00	£13,113.80	£50,000.00	£0.00	£59,009.48	£41,214.80	£198,338.08
Swansea Bay University Health Board	£35,000.00	£82,925.50	£50,000.00	£50,000.00	£173,477.99	£260,623.00	£652,026.49
Velindre University Health Trust	£35,000.00	£29,166.20	£50,000.00	£50,000.00	£0.00	£91,665.20	£255,831.40
Welsh Ambulance Service Trust	£35,000.00	£23,828.70	£50,000.00	£50,000.00	+ Ambulance service Specialist grant	£74,890.20	£233,718.90
Total received	£315,000.00	£583,230.90	£450,000.00	£400,000.00	£1,398,362.97	£1,833,011.40	£4,979,605.27



Teitl adroddiad: <i>Report title:</i>	Committee Work Plan for 2023/24			
Adrodd i: <i>Report to:</i>	Charitable Funds Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 03 October 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p><i>This paper is presented at all Charitable Fund Committee meetings for information unless amendments have been made, in which case it is brought for Charitable Funds Committee approval. This plan is approved annually in March. This document, last approved in July 2023, has been updated to reflect changes in the presentation of the reserves policy from October 2023 to January 2024 and the 2024/25 Support Team budget from January 2024 to March 2024.</i></p> <p><i>The Charitable Funds Committee are asked to approve the cycle of business for 2023/24.</i></p>			
Argymhellion: <i>Recommendations:</i>	<i>The Board is asked to approve the paper.</i>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Helen Stevens-Jones, BCUHB Director of Partnerships, Engagement and Communications			
Awdur yr Adroddiad: <i>Report Author:</i>	Kirsty Thomson, Head of Fundraising			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>High level of confidence/evidence in delivery of existing mechanisms/objectives</small>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>General confidence / evidence in delivery of existing mechanisms / objectives</small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>Some confidence / evidence in delivery of existing mechanisms / objectives</small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <small>No confidence / evidence in delivery</small>
The 'significant' assurance level has been selected because this paper demonstrates that the workplan set out at the start of the financial year is regularly monitored and that members are made aware of changes to the proposed plan when necessary.				

<p>Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i></p>	<p>All Strategic Objectives (About the Health Board - Betsi Cadwaladr University Health Board (nhs.wales))</p>
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	<p>Charity Commission Guidance, HMRC regulation</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>No</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>No</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Key Risks:</p> <ul style="list-style-type: none"> ▪ Without a defined work plan the Charitable Funds Committee cannot operate effectively
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	<p>N/A</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	<p>N/A</p>
<p>Rhestr o Atodiadau: <i>List of Appendices:</i> Committee Work Plan 2022/23: Appendix 1</p>	

Appendix 1 – Work Plan 2023/24

Agenda Item	March 2023	July 2023	October 2023	January 2024	March 2024
Opening Business					
Apologies & declarations of interest	X	X	X	X	X
Minutes of the previous meeting	X	X	X	X	X
Matters arising and action plan	X	X	X	X	X
Standing Items					
Invited speaker	X		X		X
Finance report	X	X	X	X	X
Strategy Progress Report		X	X	X	X
Charity and Charitable Partnerships Support Team Report	X	X	X	X	X
Charity Risk Register	X	X		X	X
Investment manager's portfolio report	X	X	X	X	X
Overview of expenditure approvals (pre-approved applications for information)				X	X
Items for Decision					
Request for expenditure approvals (applications considered by CFAG requiring decision)	X	X	X		
Budget for forthcoming year	X		X		X
Audited Accounts and Annual report				X	
Charity Strategy & Operational Priorities – Annual Review			X		
Wales Audit Office ISA 260 report				X	
Review of Charity Financial Procedures				X	
Items of Governance					
Investment manager presentation	X		X		X

Appendix 1 – Work Plan 2023/24

Review of reserves policy				X	
Committee work plan for forthcoming year	X	X	X	X	X
Closing Business					
Issues of significance	X	X	X	X	X
Date of next meeting	X	X	X	X	X
Planning / agenda setting for next meeting	X	X	X	X	X
In Year / Ad hoc items					
Charity Development Action Plan (for approval)	X				



Teitl adroddiad: <i>Report title:</i>	Three Year BCUHB Charitable Funds & Charitable Partnerships Strategy (2023-26) & Operational Plan
Adrodd i: <i>Report to:</i>	Charitable Funds Committee
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 03 October 2023
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p><i>The Charity strategy and operational plan is refreshed every three years and requires formal approval from the Charitable Funds Committee. The Charitable Funds Committee are required to monitor the progress of the implementation of the strategy on a quarterly basis and and formally review the strategy annually.</i></p> <p><i>Previously the strategy has focussed on the charity only, so has not considered the wider scope of activity that the Support Team manages. This new Charitable Funds and Charitable Partnerships strategy presents a welcome change in focus, as it includes BCUHB's valued charitable partners, which donate directly to the Health Board and not through Charitable Funds, which previously haven't been recognised in this type of strategy.</i></p> <p><i>Appendix 1 provides a strategy summary, and Appendix 2 Operational Plan gives a breakdown of the 'target tasks' that need to be completed in order for the strategic aims to be successfully achieved. Income and expenditure targets are not included in this strategy, though they will be considered as a measure of success of the North Wales NHS Charity. The aim is for current levels of income and expenditure to be maintained for charitable funds and charitable partners over the 2023-26 period.</i></p> <p><i>The Charitable Funds Committee are asked to approve the strategy and the operational plan for 2023-26.</i></p>
Argymhellion: <i>Recommendations:</i>	<p><i>The Board is asked to approve the paper.</i></p>
Arweinydd Gweithredol:	Helen Stevens-Jones, BCUHB Director of Partnerships, Engagement and Communications

Executive Lead:				
Awdur yr Adroddiad:	Kirsty Thomson, Head of Fundraising			
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
The 'significant' assurance level has been selected because this paper demonstrates that a strategic plan is in place and is underpinned by a simple operational plan.				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	All Strategic Objectives (About the Health Board - Betsi Cadwaladr University Health Board (nhs.wales))			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Charity Commission Guidance, HMRC regulation			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	No			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	No			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	Key Risks: <ul style="list-style-type: none"> Without a defined strategy the Charitable Funds Committee cannot operate effectively 			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	N/A			

<i>Financial implications as a result of implementing the recommendations</i>	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	N/A
<i>Workforce implications as a result of implementing the recommendations</i>	
Rhestr o Atodiadau: List of Appendices: 2023-26 Charitable Funds and Charitable Partnerships Strategy: Appendix 1 2023-26 Charitable Funds and Charitable Partnerships Support Team Operational Plan: Appendix 2	



**BETSI CADWALADR
UNIVERSITY HEALTH
BOARD CHARITABLE
FUNDS AND
CHARITABLE
PARTNERSHIPS
STRATEGY 2023 – 2026**

Final Draft: September 2023
[This is a draft document. Once this document has been finalised it will be available in Welsh and English]

INTRODUCTION

Everyone who gives time or money to our NHS does so because they want to make sure others can access the best possible care. Our aim is to help communities across North Wales receive excellent treatment and support, whilst making sure those who support our healthcare services feel informed, appreciated, and recognised for what they are: significant.

Much of Wales' healthcare was delivered by voluntary hospitals and other voluntary organisations prior to the formation of the NHS in 1948, when receiving charitable gifts became prohibited. The 1980 Health Services Act changed this and allowed for significant charitable activity to take place. Hospitals began to launch fundraising appeals, and now with over 230 NHS Charities in the UK, more than £1 million is gifted each day to enhance and transform NHS services.

North Wales Health Trust charities merged in September 2010 to create the Betsi Cadwaladr University Health Board Charities (registered charity number 1338976), and in 2013 the working name Awyr Las (Blue Sky) was introduced. More recently, the charity has been referred to as The North Wales NHS Charity as it better reflects what the charity does to support North Wales with its 400+ charitable funds. For most Health Board staff, the charity is known as 'charitable funds'.

Within a decade of the establishment of the NHS, there were over 500 independent charitable organisations set up with the purpose of supporting specific hospitals, and by the late 1970s, there were over 1,200 across the UK. Set up by former patients and staff, North Wales is home to more than 25 of these longstanding charitable partners who all add a different special touch to the health service in North Wales, whether that is through supporting a hospital or a specific ward or department. All of the groups encourage volunteering and fundraising in different ways.

'It's so rewarding, 'I just want to show my appreciation', 'I want my family and friends to receive the very best care', 'I get to feel the impact of what I do every time I'm in the hospital. Patients and staff members give me a knowing smile. It's then I know that giving my time is worthwhile', are all phrases we hear often from volunteers, donors and charitable partners. People give time and money because they want to enable our communities, our NHS, to flourish. Times are changing, with the digitalisation of services and changes in treatment and care that patients receive, but the desire to give time and money to improve the experiences of our patients, service users and staff remains.

We recognise the important contribution that our charity supporters, charitable partners and volunteers make, and we value them all equally. Voluntary activity has long played an essential role in helping create the very best healthcare services in the region, and we firmly believe that we can all play a part in doing something extra to help our NHS be even better, help our communities be healthier, and help future generations live well and thrive.

We know that in order for people to volunteer and donate money, we need to have well-managed and adequately resourced support functions to provide advice, guidance, and the helping hand that volunteers, charitable supporters and partners need to effect real change. We must ensure everyone giving time and money can be well informed, kept abreast of and involved in decision, and most importantly, that they can help make a genuine difference for those who are vulnerable and need our support.

We are committed to become a volunteer and supporter centric organisation by 2050. This may sound a long way away, but we know we have far to go to make sure all volunteers, charitable supporters and partners feel as though they are at the core of the organisation, along with patients, service-users and staff. This 2023-26 strategy presents the road map for taking an important step from towards the 2050 milestone.

*Kirsty Thomson, Head of Charitable Funds and Charitable Partnerships
Betsi Cadwaladr University Health Board, September 2023*

“

Voluntary support provided in our hospitals, health centres and in community settings complements – or adds to – what the NHS already provides. It enhances the experience patients receive. Volunteering and charitable funding doesn't replace staff and statutory funding, it just allows NHS staff to do their roles even better.”

Lord Barry Jones, Honorary President of the North Wales NHS Charity and Vice President of the League of Friends membership.

”

THE WELL-BEING OF FUTURE GENERATIONS (WALES) ACT 2015

We are committed to becoming a volunteer and supporter centric organisation by 2050 because we believe that instilling a culture within our NHS services that celebrates and encourages voluntary activity will help strengthen our healthcare services. This ambition aligns with the milestones laid out in Wales' Well-being of Future Generations (Wales) Act (2015).

The Well-being of Future Generations Act requires organisations in Wales like our Health Board to think about the long-term impact of decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty and health inequalities. The Act puts in place seven well-being goals, which we have used to underpin what is important to us:

**A Prosperous Wales, which 'develops a skilled and well-educated population'.
A more equal Wales, which 'enables people to fulfil their potential no matter what their background or circumstances'.**



These two goals relate directly to our commitment to developing volunteering and learning opportunities, especially for young people and those from disadvantaged communities.

A Resilient Wales, which creates a 'healthy, natural environment and better health and well-being'.



This goal reflects our commitment to create more green spaces for patients and staff to enjoy time outside when at our hospitals and health centres, and to provide opportunities for our staff and service-users to make the most of our natural environment through organising and supporting events and funding outdoor activities.

**A Healthier Wales, which will see a 'society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood'.
A Wales of cohesive communities, which will 'deliver a coherent approach to planning, resourcing and delivery of services and infrastructure within communities'.
A Globally Responsible Wales, which sees us 'making the right financial decisions now, to enable future generations to thrive'.**



These three goals will influence grant making decisions, providing a basis upon which we can prioritise charitable funding for our healthcare services.

A Vibrant Culture and Thriving Welsh Language, which provides 'a society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.'



This goal fosters our commitment to helping all voluntary supporters and partners provide a bilingual service wherever possible.

The Well-being of Future Generations Act's Five Ways of Working will also be adopted as principles which will be considered in all charitable funding decisions:

Long-term

Integration

Prevention

Involvement

Collaboration

THE CHARITABLE FUNDS AND CHARITABLE PARTNERSHIPS SUPPORT TEAM

We have a dedicated Charitable Funds and Charitable Partnerships Support Team that will lead on the delivery of this three-year strategy and managing the necessary systems and processes required to implement this strategy well. We recognise that the only way we will achieve our ultimate ambition for the Health Board to be a volunteer and supporter centric organisation by 2050, is if all Health Board staff play a role in empowering our communities to give time, give money and give their suggestions on how we can best do this. Everyone within the Health Board has the opportunity to demonstrate leadership in developing voluntary activities.

Together the Charitable Funds and Charitable Partnerships Support Team has financial management expertise, charity governance and grants management knowledge and communications, fundraising and supporter care experience. In order for this strategy to be successfully executed, it is imperative that the Teams works closely with colleagues from across the Health Board including the Communications, Engagement, Public Affairs and Finance teams, Workforce and Organisational Development, Planning and Estates, Patient Experience and Office of the Board Secretary's teams.

“

“Over the next three years, we can all step up to help patients and healthcare staff meet the challenges and opportunities that face our National Healthcare Service now and in the future.”

Lord Barry Jones

”



LONG-TERM STRATEGIC OBJECTIVES TO SERVE AS A GUIDE FOR MANAGING CHARITABLE FUNDS, WORKING WITH CHARITABLE PARTNERSHIPS AND DEVELOPING VOLUNTEERING PROGRAMMES

1

We shall invest in the physical and technical environment of our healthcare facilities in North Wales to ensure the very best patient experience. This will result in great hospital buildings, the latest equipment and the best technology. Patients will benefit from enhanced care and a high-quality environment for patients and staff alike.

2

We shall invest in and develop our NHS staff and volunteers. We will support staff health and wellbeing to ensure our staff are taken care of, helped to remain resilient and feel supported to do their best every day. We will also invest in staff development, training, mentoring and ongoing development programmes to ensure they are supported to work well in the challenging and dynamic environment of 21st century healthcare. We will develop and resource a Health Board volunteering strategy that both embodies our long-term ambition and provides a feasible plan with clear milestones, which can be adopted easily.

3

We shall invest in innovation and research to help drive improvements in the quality of care and the patient experience in North Wales. We support pilot projects, digital platforms, quality improvement initiatives and activities that are focused on improving the quality of our patients' care and treatment.

4

We shall work in partnership and collaborate with health and social care providers, local charities, our communities, and our patients and their families to build strong relationships that enable us to find creative solutions to the challenges we face. Whether with local businesses, fundraising groups, volunteer groups or healthcare providers, our primary focus is working together to support excellent health care across North Wales.

5

We shall continue to build and develop our support team infrastructure, particularly our digital offering, to ensure that collectively our charitable funds and charitable partners become the leading causes to support in North Wales, making a difference to patients every day.

THE CORE PRINCIPLES UNDERPINNING CHARITABLE FUNDS MANAGEMENT AND CHARITABLE PARTNERSHIPS SUPPORT

CONSISTENCY

We support patients, staff and volunteers with different needs who are accessing and working in multiple healthcare services. We must focus on being consistent in all aspects of what we do in order to achieve real impact.

VALUE-BASED

When serving communities across North Wales, we will bring all our energies together to achieve the best possible healthcare outcomes for communities across North Wales with the resources that we have. Through charitable grants, we will, where possible, seek to improve how patients, service users and their loved ones are involved in decision making. NHS teams will be encouraged to adapt and become more creative to help determine how the resources the charity and charitable partners have will be best used to improve patient and service user outcomes. Both potential socio-economic impact and the inclusion of preventive healthcare interventions will be considered when prioritising charitable grants and during the monitoring and evaluation of charitable grant schemes.

EVIDENCE-BASED

We want to ensure that we test and measure what we do and track the impact that our support team has. This will enable us to build an evidence base of what works and what does not. This will allow us to share our learning with our partners and create new ways of working that achieve meaningful change over time.

OPEN-MINDED

New ideas need time, resource and space to flourish and grow. We want to work with staff, patients, volunteers and partners to take a long-term view, invest in ideas and ensure that they have the opportunity to thrive. We will pump-prime projects and be willing to take risks and support good ideas.



THE NORTH WALES NHS CHARITY, REGISTERED CHARITY NUMBER 1138976 (CHARITABLE FUNDS)



Together, the enhancements made possible by donations to the charity help make sure that people in North Wales can benefit from better NHS services when they need them most. Everything the charity can do is thanks to donations and grants from individuals, organisations and foundations. The charity funds projects and ideas in hospitals and the community, from emergency departments to community resource teams, maternity wards to eye clinics. Through its 450+ designated funds, which are overseen by NHS teams from across Health Board who have a deep understanding of the needs of the population they serve, the charity can support all areas of healthcare in North Wales.

Since 2010, patients have seen significant improvements to their hospitals and community services as a result of the £30+ million that the charity has invested in new services, better facilities and equipment, additional resources, research and education. More of this positive change and more of the passionate support we have all witnessed is needed to ensure patients in North Wales can have the very best experience possible.

VISION

Exceptional care in our hospitals. Healthier in our communities. Thanks to those who go above and beyond what the NHS alone can provide.

MISSION

We will go above and beyond what the NHS alone can provide by collaborating with partners, so together we can help people within our hospitals and in our communities receive exceptional care and lead healthier lives.

“

Small donations have gone a long way to help make a real difference for our patients. Comfy chairs, complimentary refreshments and therapies, access to additional counselling and new equipment. These are important extras, all possible thanks to donations to our charitable fund.

Ward Clerk, Cancer Services

”



“

I wanted others to benefit from the excellent care I had, and I wanted to say thank you to those who have taken such good care of me. Taking on the challenge and smashing my target was a great feeling. Seeing the gratitude from the nursing staff, and knowing I've helped others, is something that will stay with me forever.

Half marathon runner, Denbighshire

”

CHARITY OBJECTIVES 2023-2026



OBJECTIVE 1

Our grants will be impactful by:

- Targeting resources to people who have the greatest needs
- Helping to reduce health and well-being inequalities
- Enhancing patient and service user experience
- Improving health outcomes

A new, improved, streamlined online grant-management system which allows us to better ensure charity grants are meeting this objective will be fully implemented by March 2024.

OBJECTIVE 2

We will support Betsi Cadwaladr University Health Board staff through

- Providing a staff wellbeing grant scheme from December 2023 to help fund improvements, training and wellbeing programmes, and funding the continuation of this scheme through a staff lottery from December 2024
- Developing and investing in volunteering programmes from December 2023

“

My colleagues talk to our patients and their relatives as well as our third sector partners and other NHS teams to help decide how we should use donations given to our charitable fund. We decide together what changes we want to see and then we use the donations we receive to make sure those changes happen for our service users.

Senior Nurse, Cardiology

”



OBJECTIVE 3

A helping hand will be given to those who choose to support their NHS services by

- Offering ongoing fundraising and communications support
- Giving opportunities for supporters to become more involved in supporting our NHS in North Wales in regular communications from March 2024
- Ensuring supporters regularly have the chance to keep up to date on how charitable support is making a difference through social media and other communications platforms.

OBJECTIVE 4

We will ensure the financial sustainability of the charity by reviewing all of the charity's financial policies and procedures by March 2024, and reviewing these on an annual basis.

CHARITABLE PARTNERSHIPS

'Charitable partner' is used to describe the organisations that provide fundraising, catering, retail and radio services for, and on the premises of the Health Board. For the most part, these charities donate directly to the Health Board and not through the North Wales NHS Charity. Many of these organisations have been operating alongside the NHS in the region for decades, for example, the wonderful Good Companions of Holywell Hospitals which runs a tea bar and book stall in the hospital has been in existence for 56 years.

The term charitable partner can also be extended to charitable organisations that do not exclusively support North Wales' healthcare services but do choose to give grants to the North Wales NHS Charity, for example the grant-making and membership organisation NHS Charities Together.

When serving communities across North Wales, we will bring all our energies together to achieve the best possible healthcare outcomes for communities across North Wales with the resources that we have. Through charitable grants, we will, where possible, seek to improve how patients, service users and their loved ones are involved in decision making. NHS teams will be encouraged to adapt and become more creative to help determine how the resources the charity and charitable partners have will be best used to improve patient and service user outcomes. Both potential socio-economic impact and the inclusion of preventive healthcare interventions will be considered when prioritising charitable grants and during the monitoring and evaluation of charitable grant schemes.

CHARITABLE PARTNERSHIPS SUPPORT OBJECTIVES 2023-2026

OBJECTIVE 1

All charitable partners will have up-to-date mutually agreed service and lease agreements in place by the end of 2024.

OBJECTIVE 2

We will support partners in meeting their charitable objects Health Board staff to apply for charitable support from these voluntary partners by

- Developing an improved, streamlined online grant-making system which will be fully implemented by March 2024
- Designing a stewardship framework which allows partners and staff to monitor the grants process to ensure clarity and transparency at every stage by March 2025
- Formally reviewing this system and new process by December 2026

OBJECTIVE 3

A helping hand will be given to charitable partners, as appropriate, by

- Offering ongoing support in: fundraising and communications, volunteer recruitment to ensure succession planning and governance, on-site promotion, health and safety
- Giving opportunities for partners to share best practice and ideas, and collaborate with, other partners through a minimum of two events per year from 2024
- Ensuring partners have the opportunity to keep up to date on how charitable support is making a difference through regular monthly communications from 2024.

The 2023-26 Charitable Funds and Charitable Partnerships Operational Plan provides further details on how this strategy will be executed. Income and expenditure targets are not included in this strategy, though they will be considered as a measure of success of the North Wales NHS Charity. The aim is for current levels of income and expenditure to be maintained for charitable funds and charitable partners over the 2023-26 period.

For more information:

Charitable Funds and Charitable Partnerships Support Team: BCU.CharitableGrants@wales.nhs.uk / 01248 384395

The North Wales NHS Charity: [Charity overview](#), [BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY AND OTHER RELATED CHARITIES - 1138976](#), Register of Charities - The Charity Commission

The Betsi Cadwaladr University Health Board Charitable Funds Committee:
[Charitable Funds Committee - Betsi Cadwaladr University Health Board \(nhs.wales\)](#)

NHS Charity Governance:
[NHS charities guidance - GOV.UK \(www.gov.uk\)](#)



Betsi Cadwaladr University Health Board Charitable Funds and Charitable Partnerships Operational Plan 2023 – 2026

Author: Kirsty Thomson, Head of Charitable Funds and Charitable Partnerships

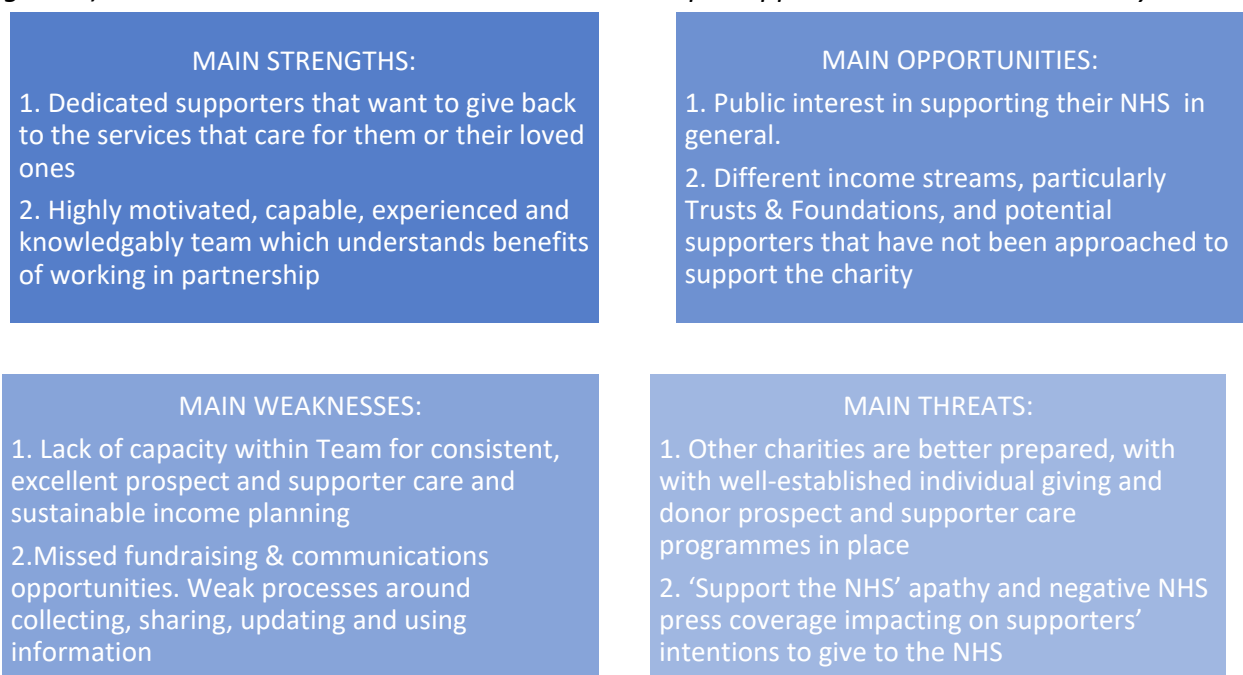
Section 1: Introduction

It has long been recognised that NHS Charities, Volunteers and embedded charitable partners can play a considerable role in building NHS staff wellbeing and engagement, and that Charitable partners and volunteers can only be effective advocates of healthcare services if they are well supported and well informed.

Figure a), below, shows a simplified SWOT analysis carried out when the 2023-26 Charitable Funds and Charitable Partnerships strategy was being developed. The strategy for this period was initially prepared in 2020, and was reviewed and amended in 2021 and again in 2022 to ensure that the strategy could be both ambitious and financially prudent. Three different consultancies and NHS Charities Together have provided expertise to develop this strategy: Yellow Chair Consulting: September – November 2020; UCS Consultants: January – March 2022; Fundraising Training Ltd: May – September 2022. At the core of the 2023-26 strategy is a plan to build the long-term sustainability of the North Wales NHS Charity (charitable funds) and BCUHB’s charitable partnerships. This three-year period is a time for consolidation, stability and preparation, not for growth nor significantly increased activity.

This operational plan provides a series of ‘target tasks’ that should be fully implemented by the end of December 2025 which will afford BCUHB Charitable Funds Committee members time in 2026 to consider the next steps to take to further develop the charity, volunteering programmes and relations with charitable partners. The Charitable Funds and Charitable Partnerships Support Team (CF&CPST) will report on the progress of these key tasks to the Charitable Funds Committee on a quarterly basis.

Figure a) Charitable Funds and Charitable Partnerships Support Team – A SWOT Analysis



Section 2: Charitable Funds and Charitable Partnerships Support Team Structure

Betsi Cadwaladr University Health Board (BCUHB) Charitable Funds and Charitable Partnerships Support Team members report into the Partnerships, Engagement and Communications (PEC) directorate or the finance directorate.

Figure b) Charitable Funds and Charitable Partnerships Support Team – PEC directorate

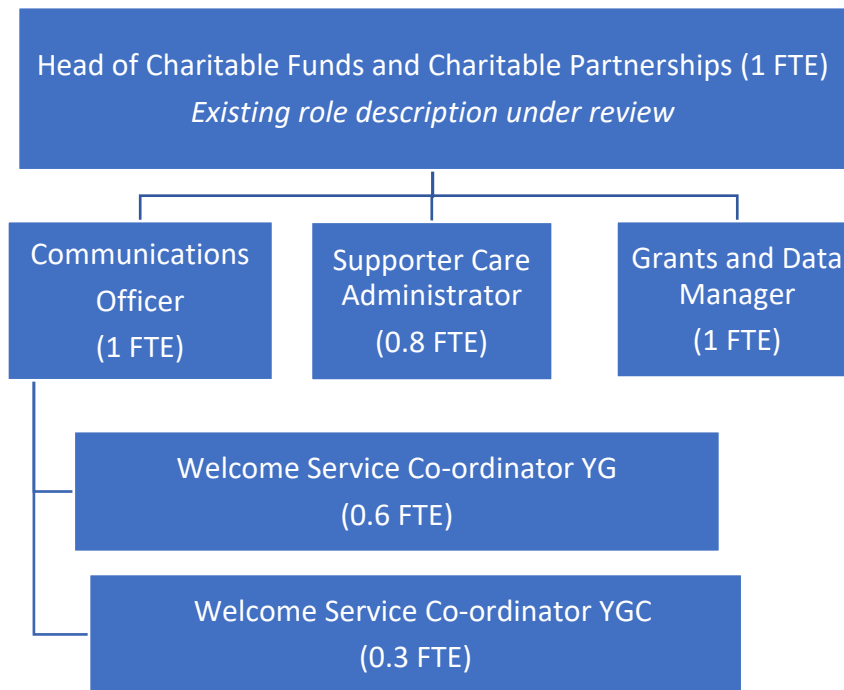
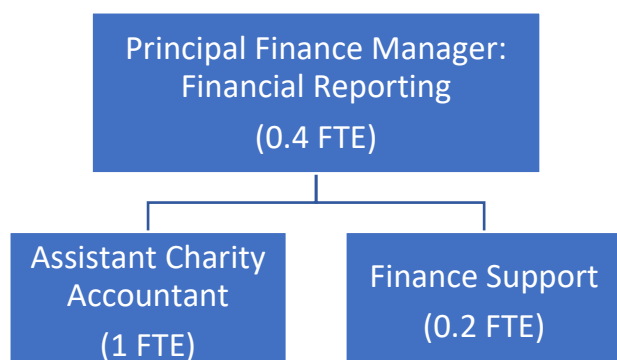


Figure c) Charitable Funds and Charitable Partnerships Support Team – Finance directorate



Section 3: Governance, Financial and Operational Management

This table lists all ‘target tasks’ for the Charitable Funds and Charitable Partnerships Support Teams to achieve between October 2023 and December 2025 relating to Governance and to financial and operational management. Though these tasks will be led by different individuals in the team, specific responsibility for these tasks has not been noted, because all members of the team will be involved in their delivery, as will other colleagues outside of the immediate support team. The team will report on all target tasks on a quarterly basis using a template as follows:

Target task no.	Target task	Target date for implementation	Update on progress (to include appendices as appropriate)	Risks / issues associated with the task & mitigation	RAG(B) rating to demonstrate progress
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Most of these tasks will require formal approval by the Charitable Funds Committee in advance of being implemented. Additional target tasks may be added to the operational plan over the 2023-26 period with the approval of the Director of Finance and the Head of Charitable Funds and Charitable Partnerships.

3.1 Charity’s Investment Portfolio

2023-26 Investment Portfolio Target Tasks	Target date for implementation
Review the Charity’s Reserves Policy with the support of Brewin Dolphin	March 2024

Draw Up the Charity's Investment Strategy	March 2024
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3.2 Governance

2023-26 Governance Target Tasks	Target date for implementation
Review and reformat the current Charity Risk Register	December 2023
Draw up a new Fund Advisor training package and communications plan	March 2024
Following BCUHB process, compile new Terms of Reference for the Charitable Funds Committee	March 2024

3.3 Financial Management

2023-26 Financial Management Target Tasks	Target date for implementation
Complete an Ysbyty Gwynedd specific charitable income generation plan – to include a grateful patient programme - following the planned closure of the YG League of Friends	March 2024
Review Financial Procedures	December 2023

Section 4: Charitable Partnerships and Volunteering 'Target Tasks'

Charitable Partnerships and Volunteering

2023-26 Charitable partnerships and volunteering Target Tasks	Target date for implementation
100% Service Level Agreements & Leases renewed	December 2024
BCUHB Volunteering Strategy (in partnerships with Robins team and other BCUHB teams)	December 2024
Co-design an events and activities plan for both charitable partners & volunteers (e.g. workshops / celebratory events and include AGMs)	March 2024
Revise partners' grant-making schedules (to improve efficiency, ensure collaborative funding where possible and to boost reporting and promotion of charitable partners – this aligns with the grants management tasks listed below)	March 2024

Section 5: Charitable Funds and Charitable Partnerships grant management and communications 2023-26

'Grants' refers to the 'charitable activities' of the North Wales NHS Charity and BCUHB's charitable partners that choose to award a specific sum of money for a particular purpose. All items and services purchased by BCUHB with grant funding, whether funded from charitable funds or from a charitable partners, are the responsibility and property of BCUHB.

The Charitable Funds and Charitable Partnerships grants programme requires improvements in the following area:

- Cohesion between applications for charitable funds and charitable partnerships
- Content and quality of applications through introducing new grants criteria
- Reporting and grant management systems to assist with monitoring and evaluation
- Communications with and engagement of Fund Advisors, Operational and Finance Leads across all services
- Impact reporting at the centre of all communications and key messages demonstrating how grants are enhancing and transforming patient experience

The new grant criteria will prioritise grants for activity that meets the strategic objectives and impact measures listed in the charity strategy (page 06 & 07).

Figure d) demonstrates the four-route pathway of informing charitable grant and fundraising priorities. All of these routes will use the same online grant management system. Figure e) demonstrates how fundraising priorities should be set from the four different routes set out in Figure d).

Figure d) Four routes to informing charitable grant and fundraising priorities

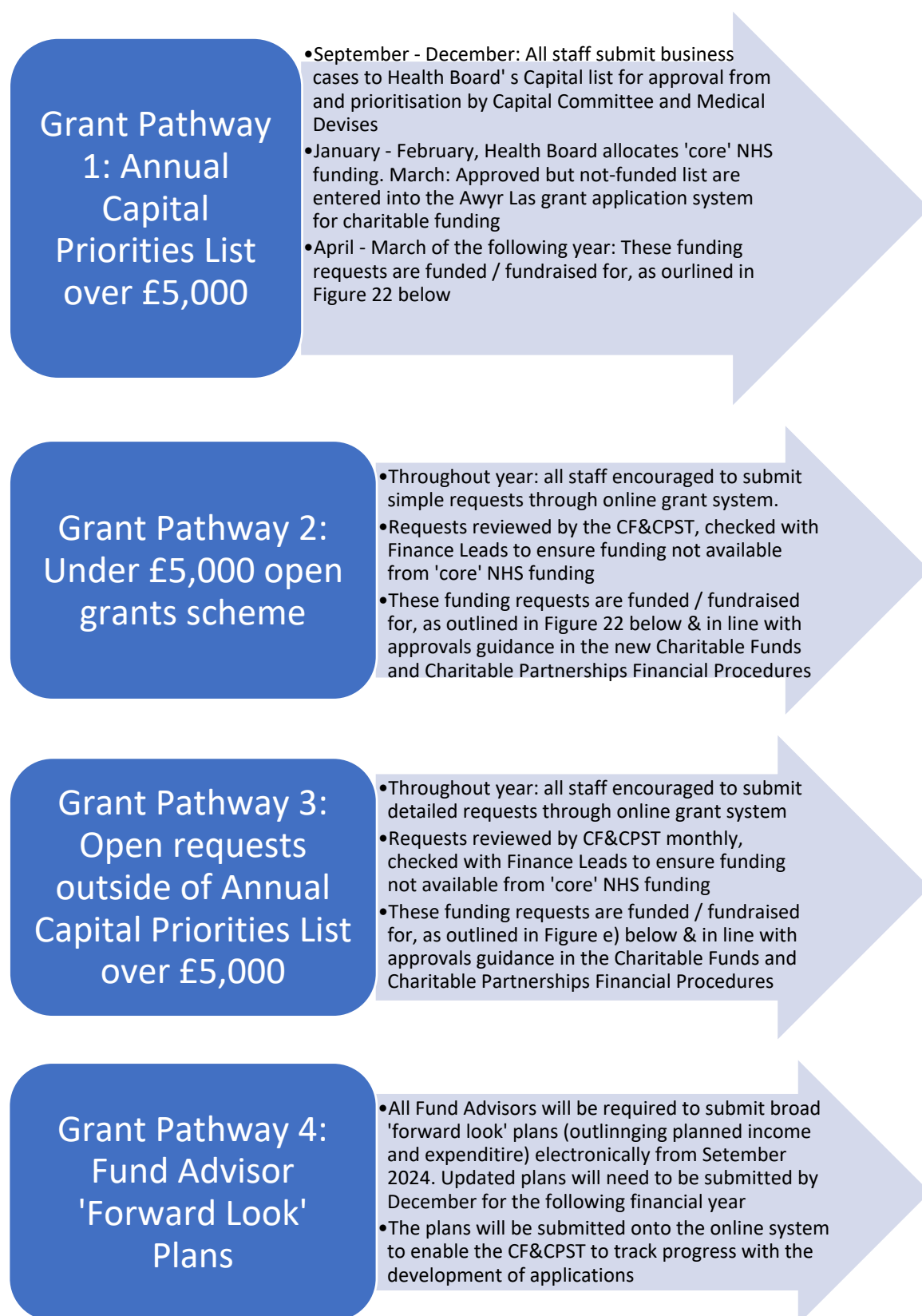
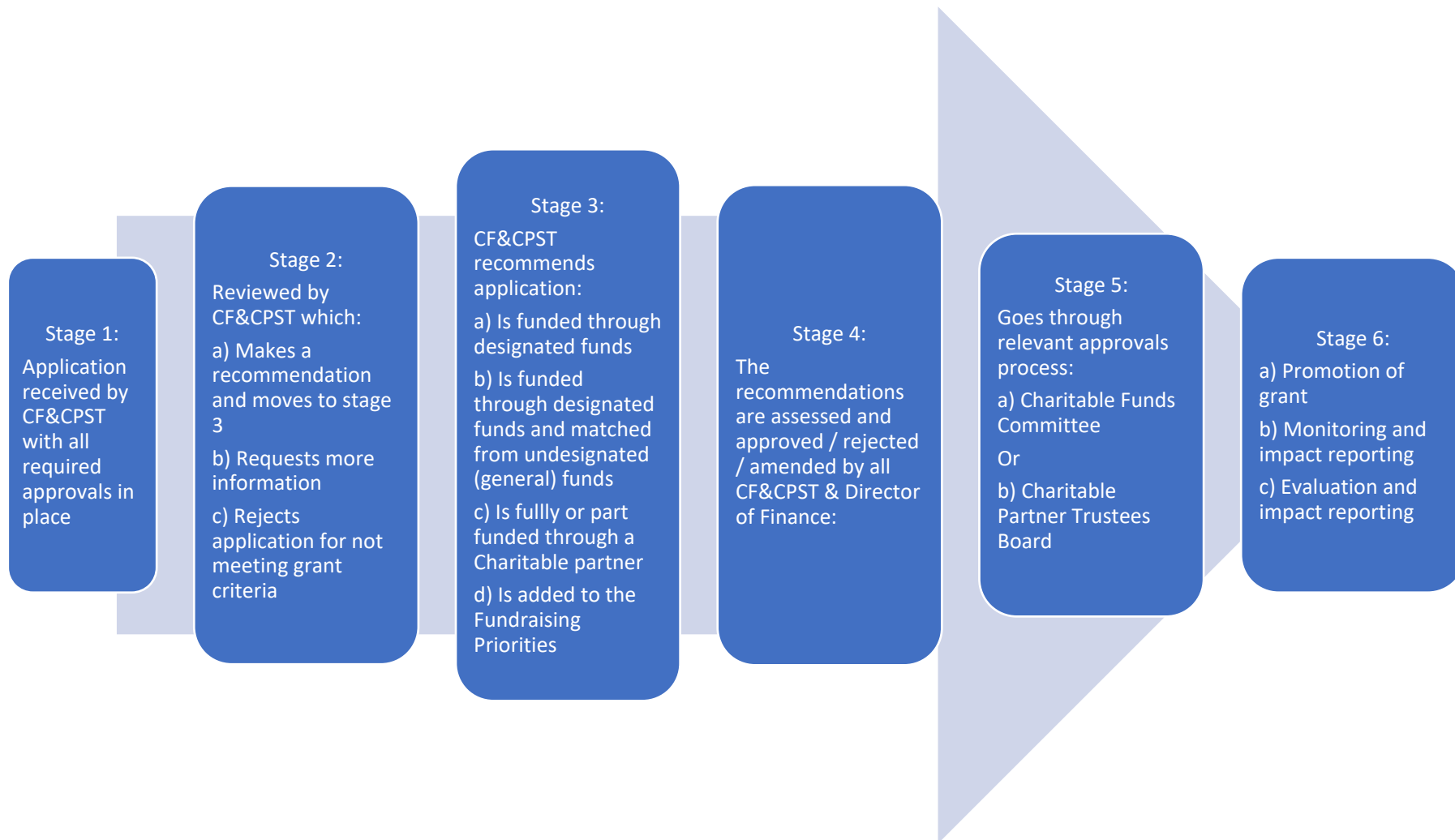


Figure e) Process to identify and confirm application funding once grant application received



5.1 Communications

2023-26 Communications Target Tasks	Target date for implementation
Re-introduce monthly updates for supporters, volunteers & partners	December 2023
Rebranding exercise	March 2024
2-year communications & marketing plan (to include: digital, internal & out of home)	March 2024
Redesign the online & on-site supporter journey	June 2024

5.2 Grant Management

2023-26 Grant Management Target Tasks	Target date for implementation
Basic online revised application and scoring matrix	December 2024
Fund Advisor 'Forward Look' plans for 2025/26	September 2024
Introduction of new digital grants management system with monitoring, evaluation and reporting	March 2024

Section 6: Charitable Funds and Charitable Support Team income generation 'target tasks'

This section of the 2023-26 Operational Plan outlines the 'target tasks' for six different income areas:

6.1 General Donations

2023-26 General Donations Target Tasks	Target date for implementation
Finalise a BCUHB-Charitable Funds & Partnerships manifesto (Marketing, Advertising and Sponsorship Policy) agreeing new means to recognise the charity, its supporters, volunteers and charitable partnerships	June 2024
Launch new In Mem digital platform	December 2024
Text Giving promotional campaign	September 2024
Thank you messaging at targeted BCUHB sites	June 2024
Gift Aid process review (Introduce new system to ensure all donors reminded to 'Gift Aid')	March 2024
Update income and expenditure monitoring process to improve all team reporting (introduce dashboard for weekly update meetings)	June 2024

6.2 General Fundraising and legacy promotion

2023-26 Fundraising and Legacy Target Tasks	Target date for implementation
Establish Collection Tin Volunteer Scheme	June 2024
After dinner speaking service to community groups	December 2024

Update 'in aid of' fundraiser information and third party events promotional practices	June 2024
Activities and digital fundraisers for specific health dates and seasonal events	June 2024
'Giving' promotional information across BCUHB sites plan	March 2024
Legacies promotion on BCUHB sites	March 2024
Solicitors mailing & meeting	June 2024
Legacies digital campaign	December 2024

6.3 Corporate Partnerships and Events

2023-26 Events and Corporate partnerships Target Tasks	Target date for implementation
Create sponsorship package for green spaces on BCUHB premises & agreed priority event / activities	December 2024
Support Team managed events and activities schedule	March 2024

6.4 Regular Giving

2023-26 Regular Giving Target Tasks	Target date for implementation
Relaunch Pennies From Heaven Scheme	June 2024
Launch the Staff Lottery	December 2024
Establish £10 per month Regular Giving Scheme	September 2024

6.5 Trusts and Foundations

2023-26 Trusts and Foundations Target Tasks	Target date for implementation
Review application and approval process and systems	March 2024
Confirm priority cases for support	June 2024
Determine 3 year Trusts and Foundations pipeline (based on 1 in 12 success rate cold, 1 in 3 for warmer approaches)	September 2024
Applications to the value of £200,000 minimum	December 2024

6.6 Major Appeals

2023-26 Major Appeals Target Tasks	Target date for implementation
Major Appeals pipeline agreed by Charitable Funds Committee	December 2024



Teitl adroddiad: <i>Report title:</i>	Three Year Budget Plan 2023-2026 (Charitable Funds & Charitable Partnerships) and Charity Costs Policy			
Adrodd i: <i>Report to:</i>	Charitable Funds Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 03 October 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The Charity's annual budget covers the running costs, including administration, governance and fundraising expenditure.</p> <p>A budget paper is presented to Committee for scrutiny and approval annually in March, relating to the coming year. The 2023/24 Charitable Funds Budget was presented and approved as an interim budget only, covering the six-month period April – September 2023. The full year budget for 2023/24 is now presented, alongside a three-year indicative budget position for information.</p> <p>A revised Charity Costs Policy has been developed, setting out a new approach to the apportionment principles of the costs of running the Charity. The changes also incorporate a clearer approach to the treatment of unrealised investment gains/losses.</p> <p>The Committee is asked to approve:</p> <ul style="list-style-type: none"> the full year Charity Budget for 2023/24 and note the three-year indicative budget the revised Charity Costs Policy 			
Argymhellion: <i>Recommendations:</i>	The Charitable Funds Committee members are asked to review and approve the 2023/24 full year budget and the revised Charity Costs Policy.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Russell Caldicott, Interim Executive Director of Finance			
Awdur yr Adroddiad: <i>Report Author:</i>	Bethan Roberts, Principal Finance Manager-Financial Reporting			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Aligned to the Awyr Las Charity Strategy.
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Charity Commission and HMRC regulation
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	The risks of the charity are reviewed by the Committee on a quarterly basis. The risks associated with the budget are that if the funding model isn't agreed operational improvements, appeals planning and engagement initiatives postponed.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	The financial implications are noted in this paper.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Vacancies have been removed from this interim budget.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	See Risk Register
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion	

<p>Next Steps: Implementation of recommendations</p>	<p>Once approved by the Committee, the Charity Budget for the full year (2023/24) will be adopted in the reporting positions and the revised Charity Costs Policy will be enacted and communicated to all fund managers.</p>
<p>Rhestr Atodiadau: List of Appendices:</p>	<p>Appendix 1: Charity Costs Policy - Draft</p>
<p>Appendix 1 2023/24 Full Year Charitable Funds Operational Budget</p>	
<p>1. Cyflwyniad / Introduction</p>	
<p>The Charitable Funds Committee has responsibility for overseeing the financial management and stewardship of the charitable funds.</p>	
<p>2. Cefndir / Background:</p>	
<p>The Charity's budget for 2023/24 covers the costs of running the Charity, including administration, governance and fundraising.</p> <p>A Budget paper is presented annually to the Charitable Funds Committee in March for the following financial year, for scrutiny and approval. The 2023/24 Charitable Funds Budget was presented and approved as an interim budget for a six month period only from April – September 2023. All staff vacancies, and a significant proportion of the marketing budget, has been removed from the 2023/24 budget.</p> <p>A revised Charity Costs Policy has been developed, setting out a new approach to the apportionment principles of the costs of running the Charity. The historic methodology has resulted in a disproportionate element being centrally held against a general fund, resulting in a material negative position. Changes also incorporate a clearer approach to the treatment of unrealised investment gains/losses, which historically saw gains being distributed to restricted funds in advance of them being released, and all unrealised investment losses, being centrally held in a general fund.</p>	
<p>3. Goblygiadau Ariannol / Financial Implications</p>	
<p>3.1 Charitable Budget</p> <p>All staff who work with the charity are employed by the Health Board. The costs of the Fundraising Team are recharged in full to the charity on a monthly basis. The costs of the staff undertaking the financial roles and duties in the Charity, are included within a monthly recharge from the Health Board.</p> <p>The Charity's non-pay costs predominantly relate to fundraising activities. In addition, there are costs for audit, software fees, bank and other administration charges.</p> <p>Proposed Budget</p>	

The table below details the charity's forecast administration, governance and fundraising costs for 2023/24 and indicative plans for Year 2 and Year 3.

Table 1 below provides an overview of all pay and non-pay costs that are expected to be incurred by the Charitable Funds Support Team for 2023/24.

Table 1: Charity Budget Plan

	WTE	6 Months	6 Months	Total Year 1	Total Year 2	Total Year 3
		2023/24 April - September Costing £	2023/24 October- March Costing £	2023/24 Full Year Cost £	2024/25 Full Year Cost £	2025/26 Full Year Cost £
Pay Costs						
Head of Charitable Funds and Charitable Partnerships	1.00	36,679	36,679	73,358	75,559	77,825
Grants and Data Manager	1.00	27,827	27,827	55,654	57,323	59,043
Communications Officer	1.00	23,669	23,669	47,339	48,759	50,221
Supporter Care Coordinator	0.80	11,246	11,246	22,492	23,167	23,862
Welcome Service Co-ordinator (YG)	0.60		8,109	8,109	8,352	8,603
Welcome Service Co-ordinator (YGC)	0.30		3,899	3,899	4,016	4,136
Principial Finance Manager - Financial Reporting	0.40	12,627	12,627	25,255	26,013	26,793
Assistant Charity Accountant	1.00	27,096	27,096	54,191	55,817	57,491
Finance Support	0.20	4,015	4,015	8,030	8,271	8,519
Total Pay Budget		143,159	155,167	298,326	307,276	316,494
Charitable Funds Team Non Pay						
Staff Development & Training		1,000	1,000	2,000	2,000	2,000
Grants & Digital Systems		5,000	5,000	10,000	10,000	10,000
Promotion Materials		10,000	10,000	20,000	20,000	20,000
RVS Support for Welcome Service		22,794	22,794	45,588	45,588	45,588
Other Charitable Funds Non Pay Costs						
Investment Management Fee		28,000	28,000	56,000	56,000	56,000
Audit Fee		10,500	10,500	21,000	21,000	21,000
Bank & Other Admin Fees		2,500	2,500	5,000	5,000	5,000
HQN Fees		3,000	3,000	6,000	6,000	6,000
Overheads		3,000	3,000	6,000	6,000	6,000
Total Non Pay Budget		85,794	85,794	171,588	171,588	171,588
Total Charity Budget		228,953	240,961	469,914	478,864	488,082

Whilst the indicative pay budget for years 2 and 3 include an estimated uplift of 3% (the actual position will be confirmed by WG following annual pay negotiations for the applicable year), the non pay budgets currently remain without an estimated inflationary uplift. The Welcome Service Co-ordinator posts are for an initial 12-month period (commencing September 2023) and prudently include estimated costs of cessation of employment. This arrangement will be reviewed next year, when the final 2024/25 budget is presented to the Committee.

As previously agreed by the Committee, the investment income and dividends, less all of the administration, governance and central fundraising costs for the Charity, were apportioned between the individual restricted funds and a general fund. The general fund previously received all of the

unrealised investment losses and a proportion of the unrealised investment gains. The balance of any unrealised investment gain was apportioned across the individual restricted funds.

The proposed Charity Costs Policy (see 3.2) sets out a revised apportionment basis and a revised treatment of the unrealised investment gains/losses.

The general fund balance as at end of Quarter 1 2023/24 is a negative balance of -£1,272,000, (excluding the 'Unrealised Investments Gain/Losses Fund' balance of £1,396,000). Combing the two, results in a positive net balance of £125,000. This includes the first 6 months Charity costs still being applied solely to the general fund, pending the decision to adopt the new Costs Policy.

3.2 Revised Charity costs allocation policy

Situation

The historically agreed Charity costs allocation methodology for the administration, governance and central fund-raising costs, are building up issues in terms of how these costs can be funded in the future. The previous methodology for the treatment on unrealised gains/losses requires adjustment to ensure greater clarity and a prudent approach to be adopted.

Background

At present all of the Charity costs, net of interest and dividends received, are charged on an apportionment basis to a single general-purpose fund and across all individual restricted funds at the end of the financial year. The unrealised investment gains are also applied using the same methodology, but the unrealised investment losses are fully applied to the general-purpose fund.

This has resulted in two issues:-

- 1) The general-purpose fund is presenting a material negative value, before consideration of the unrealised gains.
- 2) The restricted funds have seen a benefit of the unrealised gains in advance of them being realised.

Assessment

An independent consultant has been engaged to consider the position and a draft revised Charity Costs Policy is shown in Appendix A.

The main options available, have been discussed with members of the Committee who attended the workshop on the 5th September and in principle the preferred approach was received. At the workshop, the indicative impact on the specific funds was worked through, using the previous years data.

The proposal indicates;

- The Interest and Dividends income, less the charity costs is to be apportioned and applied across all individual funds.
- Unrealised Investment Gains/Losses are not apportioned against the individual funds and instead, two new general funds are created, one for restricted and one for unrestricted.

The practical implications are: at the start of the year the fund holders would receive an estimated value of the costs to be applied based on the previous year data, with the actual value being finalised at the end of year, using the quarterly balances as the methodology. Fund holders would be required to keep sufficient funds to meet the costs. In the event that there are material costs specifically related to one

particular fundraising appeal, then this will be taken into consideration before the final apportionment is applied. In addition, the costs of the Volunteer Welcome Service for the agreed initial 12-month period, will not be apportioned to individual funds and instead will be applied to the general-purpose fund.

In the future when the investment gain is crystallised, the historic apportionment which has already been allocated to the restricted funds will be taken into account (i.e., not issued twice).

If the recommendation is accepted, then a final policy document will be circulated reflecting the agreement and a communications exercise will be undertaken.

The policy will be reviewed by the Trustees approximately every 3 years.

Recommendations

The Committee is asked to approve:

- the full year Charity Budget for 2023/24 and note the three-year indicative budget
- the revised Charity Costs Policy

Appendix 1

Betsi Cadwaladr University Health Board Charities (Awyr Las Charity)

CHARITY COSTS POLICY - DRAFT

CHARITY COSTS POLICY

1. INTRODUCTION

The Corporate Trustee of Betsi Cadwaladr University Health Board Charities (the Charity) has adopted this Charity Costs Policy to ensure the legitimate operating costs of the Charity are apportioned on an equitable basis between the individual restricted and designated funds administered as part of the Charity. The Policy comes into effect and will apply to all accounting periods from 1 April 2023.

2. STATEMENT OF PRINCIPLES

The following general principles, which are informed by and consistent with Charity Law and the Charities SORP, underpin the specific allocation decisions detailed in this Policy:

- Any charity is expected to make proper arrangements for its administration, including where appropriate to incur costs in order to do so.
- The Declaration of Trust specifically authorises the Trustee to charge the funds with the proportion of the cost of administrative overheads incurred in their administration.
- Restricted funds must have all of their income, expenditure, investment returns and administrative expenses applied to those funds. Pooled investments and shared overheads must be apportioned in an equitable way.
- Designated funds are created as a matter of Trustee discretion and therefore the application of income and expenditure is also a matter of Trustee discretion.
- The purpose of investing the Charity's funds is to protect their long term value. Therefore annual investment returns and unrealised gains and losses are not usually cashed in and should not be used to increase the real value of individual funds.
- Any fund (restricted or designated) which has no charitable activity for three consecutive years is considered to be dormant and is liable to be closed at the absolute discretion of the Trustee and the funds returned to the general purpose fund.

3. INVESTMENT COSTS AND INCOME

Investment management costs, including any dealing and transaction costs, should be deducted from the investment income received by the Charity.

The net income (ie dividends and interest less costs) will be allocated each year across all funds (including any general and undesignated funds) pro-rata on the basis of average quarterly balance in the fund that year.

4. UNREALISED INVESTMENT GAINS AND LOSSES

Unrealised investment gains and losses each year are not available for spending by the Charity and should not be allocated to individual funds.

The Charity will maintain two pooling funds, a Restricted - Unrealised Investment Gains and Losses Fund and a Unrestricted - Unrealised Investment Gains and Losses Fund. Each year the Unrealised value will be apportioned between the two based on the total values held in the restricted and unrestricted funds (excluding the general-purpose fund, if in negative value).

The main purpose of the pooling funds is to smooth short term unrealised investment gains and losses.

5. FUNDRAISING COSTS AND INCOME

Fundraising appeals

All planned fundraising appeals will include a budget for costs of fundraising, representing any specific fundraising expenditure planned for that appeal together with a fair proportion of central fundraising costs for the activity required to operate the appeal.

Costs for appeals will therefore be deducted from gross income received before net proceeds are applied to the charitable purposes for which they have been raised.

Fundraising support

Where the fund advisors for a specific restricted or designated fund request specific fundraising support then any costs incurred delivering that support are chargeable against the fund(s) concerned.

Other fundraising costs

All other costs attributed to fundraising activity by the Charity are deemed to be applicable to income raised generally and across all funds (restricted and unrestricted). Costs are therefore attributed to all funds (except income allocated to appeals). The costs of the Volunteer Welcome Service, will be applied to the general purpose fund.

6. REPORTING

At the end of each financial year a report will be made to the Charitable Funds Committee detailing how costs and income have been apportioned across the funds of the Charity.

7. REVIEW

This policy will be reviewed by the Trustee periodically (approximately every three years) as part of the on-going cyclical review of all Charity policies.



Teitl adroddiad: <i>Report title:</i>	Expenditure Approvals (summary of applications which require approvals)
Adrodd i: <i>Report to:</i>	Charitable Funds Committee
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 03 October 2023
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p><i>This paper is presented at all Charitable Fund Committee (CFC) meetings for approval.</i></p> <p><i>This paper contains:</i></p> <ol style="list-style-type: none"><i>1. Minutes of the 14/08/23 Charitable Funds Grants Decision Meeting</i><i>2. A request to permit expenditure approvals being granted on a monthly basis from October - March at virtual meetings attended by Charitable Funds Committee members. This is a continuation of a new grants approvals process introduced in January 2023 and approved for July – October at the July 2023 meeting.</i><i>3. This paper also lists the funding applications which require a decision from the Charitable Funds Committee.</i> <p>A verbal summary of the application will be given by the Head of Charitable Funds and Charitable Partnerships before the Charitable Funds Committee members discuss the application.</p> <p>The members are able to approve an application with no caveats, approve in principle and request further information, or decline an application.</p>
Argymhellion: <i>Recommendations:</i>	<p><i>The Board is asked to approve:</i></p> <ol style="list-style-type: none"><i>1. The minutes of the 14/08/23 Charitable Funds Grants Decision meeting</i><i>2. The request to permit expenditure approvals being granted on a monthly basis from October - March</i><i>3. All applications included within this paper.</i>
Arweinydd Gweithredol: <i>Executive Lead:</i>	Russell Caldicott, Interim Executive Director of Finance
Awdur yr Adroddiad: <i>Report Author:</i>	Kirsty Thomson, Head of Fundraising

Atodiadau: Appendices:	Appendix 1: Minutes of the 14/08/23 Charitable Funds Grants Decision meeting Appendix 2: Suggested Charitable Funds Grant Application coversheet Appendix 3a: CA23/10 Appendix 3b: Vascular App - Triage Report Appendix 4: CA23/12 Appendix 5a: CA23/13 Appendix 5b: Hover jack quote Appendix 6a: CA23/17 Appendix 6b: Quote Appendix 7a: CA23/19 Appendix 7b: Quote Appendix 8a: CA23/20 Appendix 8b: Quote Appendix 9a: CA23/22 Appendix 9b: PHD fees Appendix 10: CA23/42 Appendix 11a: CA23/44 Appendix 11b: Quote Appendix 12a: CA23/31 Appendix 12b: Original application Appendix 13: CA23/37 Appendix 14: CA23/38 Appendix 15: CA23/39 Appendix 16: CA23/49			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
The 'significant' assurance level has been selected because this paper demonstrates that: <ol style="list-style-type: none"> 1. Consideration has been given to piloting a new method of approving applications to speed up the approvals process following feedback from colleagues and funders. 2. All expenditure approvals above £5,000 are subject to rigorous scrutiny by the Grants and Data Manager and the Charitable Funds Advisory Panel prior to approval being granted. 				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	All Strategic Objectives (About the Health Board - Betsi Cadwaladr University Health Board (nhs.wales))			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Charity Commission Guidance, HMRC regulation			

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	No – individual applications carry out an EqIA as required
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	No – individual applications carry out an SEIA as required
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Key Risks:</p> <ul style="list-style-type: none"> All risks associated with the charity are included in the Risk Register and risks associated with the different applications are included in the applications
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	The financial implications of these applications are included within the individual applications.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	Included in the individual applications
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	N/A
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	N/A
<p>Reason for submission of report to confidential board (where relevant)</p>	N/A

1. Request for permission for funding applications over £5,000 to be considered outside of committee on a monthly basis from July 2023 – October 2023

Situation

Fund Advisors and members of the Charitable Partnerships and Charitable Funds Support Team are working on a range of funding applications and funded projects that are currently being developed and are expected to be ready for approval and delivery before the next Charitable Funds Committee, which is scheduled for January 2024. The Charitable Funds Committee and grants approvals are currently being reviewed and will not be approved before January 2024, so an approvals process needs to be in place so these funding requests can be approved at pace.

Background

Prior to the pandemic, requests for charitable funding (grants) over £5,000 were assessed by the Charitable Funds Advisory Group (CFAG, see CFAG guidelines here: [Charitable Funds Advisory Group - Betsi Cadwaladr University Health Board \(nhs.wales\)](#)) which provided recommendations. The applications were then considered by the Charitable Funds Committee which made a decision on which grants would be funded on a quarterly basis in committee meetings (see the current Committee Terms of Reference: [Charitable Funds Committee - Betsi Cadwaladr University Health Board \(nhs.wales\)](#)).

During the initial phase (18 months) of the pandemic the CFAG stepped down and funding decisions were made promptly by the Executive Director of Finance and the Chair of the Charitable Funds Committee on behalf of the committee. This new approvals process was welcomed by all staff and it was agreed that neither the quality of the applications nor the rigour of the scrutiny applied to the applications were compromised as a result of the new process.

From February 2023 the Office of the Board Secretary agreed that the Executive Director could take the funding decisions on behalf of the Committee, as long as the decisions were formally recorded and included in the Committee papers.

At the Charitable Funds Committee on July 3rd 2023, the Charitable Funds Committee members considered different options of how they could approve grant applications. The members took the decision to hold monthly (approximately) virtual meetings to make grant decisions. It was agreed that all Charitable Funds Committee members should receive the papers for these meetings and be invited to attend, and that a minimum of one Executive Member and one Independent Member should attend these meetings.

Assessment

During the Charitable Funds Committee Strategy Workshop, held on 5th September, the Charitable Funds Committee members agreed that the current system, noted below, works well:

1. Scheduled 1 / 1.5 hour meetings – time required dependent on the number of anticipated applications – on a 4-6 weekly basis
2. Applications circulated one week in advance to all CFC members

The Charitable Funds Committee members also agreed ways of improving the existing system. It was agreed that the Grants and Data Manager would provide more detailed summaries and recommendations for the grants. A cover note (see Appendix 2) for all applications was due to be introduced in September as an interim measure until the application process been updated to an online format. Due to unexpected staff absence, this will now not be implemented until November.

Recommendation

It is requested that the Charitable Funds Committee members agree for all funding applications to be considered, and where appropriate approved, outside of Committee at monthly Grant Decision meetings from October – December 2023 . This will ensure funding decisions can be taken promptly.

2. **Expenditure approvals: The below table provides a summary of all of the applications which require a decision on 03/10/23**

Applications with all necessary authorisations included

- A Designated Fund is a specific ward or department's fund. The Fund Advisors are staff that work in that specific service. All Fund Advisors are Band 6 or above.
- Donations may be gifted to a Designated Fund by groups or individuals with a specific intention that has been mutually agreed by a Fund Advisor, for example, funding an agreed piece of equipment. The donation may have been received and committed for this purpose, but the CF&CP Support Team may not be aware of this commitment until a funding application is submitted. N.B. the CF&CP Support Team is reviewing processes to ensure full knowledge of committed funds (for a specific project) is shared in advance of receipt of funding wherever possible.
- An Undesignated Fund is a general fund that can be applied to support projects from across BCUHB. An Undesignated Fund may have specific objectives, for example Staff Wellbeing Support or Covid-19 Response. The Fund Advisors for Undesignated Funds are the Executive Director of Finance and Director of Finance.
- All approvals in place means that authorisation has been given by all of the following: relevant Fund Advisor, Service Director, Finance Director and the business case has been approved by the necessary committee (Medical Devices / Capital etc).

Applications for in principle approval

- These applications do not have all necessary funding / approvals in place currently.
- These applications require *in principle CFC approval* before the next grant round (November, exact date TBC) in order for the related projects to proceed.
- The CFC members are asked to give *in principle approval only* on the understanding that full approval will only be granted once funding and ALL necessary approvals are in place.
- The CFC members are in a position to request caveats or additional information as part of this in principle approval
- By giving *in principle approval only* the CFC is authorising the Executive Director of Finance to allow these projects to proceed once all funding / approvals are in place.
- The CFC provide this authorisation on the understanding that the Executive Director of Finance may delegate responsibility to the Director of Finance as appropriate.
- Updates on these applications will be given at the next grant approval meeting (November, exact date TBC).
- All evidence of necessary approvals will be provided to give the CFC members assurance that the applications that have proceeded are permitted to do so.

Ref:	Description	Department	Site	Fund	Amount	Recommendation
CA23/10	Vascular App	YGC Surgical	YGC	8B66	£35,000	Designated Fund. All necessary approvals in place
CA23/12	Patient Wigs - Dermatology	Dermatology	East/West/Central	7Q02/8Q02/9Q18	£39,000	Designated Fund. All necessary approvals in place
CA23/13	Patient Flat Lift Kit (HoverJack)	Colwyn Bay CH	Colwyn Bay	8B21	£6,990	Not Approved 14.08.23 Designated Fund. All necessary approvals in place
CA23/17	EBUS	Cancer Services	YG	9Q04	£65,000	Designated Fund. Funded by a local fundraising group. All necessary approvals in place.
CA23/19	Bladder Scanner	Bala & Dolgellau DN	West	9B42	£6,340	Not Approved 14.08.23 Designated Fund. All necessary approvals in place.
CA23/20	Replacement Chairs	Bueno Ward	LLGH	9T26	£22,123	Designated Fund. All necessary approvals in place.
CA23/22	PHD - Cancer Testis Antigens	Cancer Services	Pan-BCUHB	9Q04	£15,000	Designated Fund. All necessary approvals in place.
CA23/42	Matron	Cancer Services	Pan-BCUHB	8Q02	£147,076	Designated Fund. All necessary approvals in place.
CA23/44	Internal Alterations - Telephone	Cancer Services	WM	7Q02	£12,000	Designated Fund. All necessary approvals in place.

	Assessment Room					
CA23-31	Audiology Vehicle (Updated previously approved application)	Audiology	Pan – North Wales Service	8K01 (+ NHSCT funding)	£89,150	Designated Fund: Audiology Funding outstanding from NHSCT Quote out of date so cost approximate. Outstanding approval needed: Finance Director Recommendation: Approve subject to all funding and approvals in place.
CA23-37	NHSCT Dementia Support Programme	Older Person's Mental Health	Pan – North Wales Service	NHSCT funding	£97,325	Application with NHSCT needs to be approved by NHSCT Outstanding approval needed: Finance Director Recommendation: Approve subject to having all required approvals in place
CA23-38	NHSCT Ablett Outreach Arts Therapy Programme	MH&LD	Pan-BCUHB	NHSCT funding	£40,160	Application with NHSCT needs to be approved by NHSCT Outstanding approval needed: MH&LD Charity Group & Finance Director Recommendation: Approve subject to having all required approvals in place

CA23-39	NHSCT iCAN Farming Programme	MH&LD	Pan-BCUHB	NHSCT funding & 8T33	<p>Application with NHSCT needs to be approved by NHSCT</p> <p>Outstanding approval needed: MH&LD Charity Group & Finance Director</p> <p>£78,661 (NHSCT) £21,339 (8T33)</p> <p>Recommendation: Approve subject to having all required approvals in place</p>
CA23/49	BCUHB Staff Achievement Awards (Updated previously approved application)	Communications Team (Partnerships, Engagement and Communications Directorate)	Pan-BCUHB	8T48	<p>Designated Fund, using funding received from an NHSCT Staff Wellbeing Grant</p> <p>Sponsorship and ticketing income ongoing</p> <p>Outstanding approval needed: Finance Director</p> <p>Recommendation: Approve, subject to having necessary approvals in place</p> <p>£15,000</p>

CHARITABLE FUNDS GRANTS DECISION MEETING

Monday 14/08/23, 12:00 to 13:30, Teams Virtual Meeting

Present:

Mr Nick Lyons (NL)	Executive Medical Director
Mr Russell Caldicott (RC)	Interim Executive Director of Finance
Mrs Angela Wood (AW)	Executive Director of Nursing and Midwifery
Mrs Karen Balmer (KB)	Independent Member

In Attendance:

Ms Paula Clayton (PC)	Assistant Financial Accountant
Mr Dylan Evans (DE)	Grants and Data Manager
Mrs Bethan Roberts (BR)	Principal Finance Manager Financial Reporting
Ms Kirsty Thomson (KT)	Head of Charitable Funds and Charitable Partnerships

Apologies:

Mr Dyfed Jones (DJ)	Independent Member (Chair)
Ms Andrea Hughes (AH)	Interim Director of Finance
Ms Helen Stevens-Jones (HSJ)	Director Of Partnerships, Communications and Engagement

Welcome & Introductions	All agreed to having the meeting recorded. AW explained Sian Sian Hughes-Jones, Head of Nursing, Cancer Services was shadowing for the day and would be in attendance	Actions
Apologies Declarations of Interest	Agreed declarations from 03/07/23 CFC still apply. No additional declarations	
Brewin Dolphin Investment Management Tender	Discussion: Extend current Brewin Dolphin contract to September 2024 or re-tender in October 2023? Executive Director of Finance to make that decision, or an options appraisal to be presented to the CFC? Decision Delegate to the Executive for Finance	RC to decide whether to extend BD contract or retender. TBC
Volunteering Scoping Exercise	Discussion: Should HICO, which is drawing up final report attend CFC members workshop / Charitable Funds Committee / Board Decision: Attend CFC / Board	KT to arrange attendance SUGGESTED 30/11/23 Trustee Board Workshop
Leases for Charitable Partners	Discussion: The need for lease agreements for charitable partners that occupy spaces on Health Board premises. KB commented funders more comfortable with longer terms.	KT to arrange SBAR for BCUHBLT

<p>Royal Voluntary Service (RVS) catering</p> <p>HELIPADS</p>	<p>KT confirmed there would be a contractual service level agreement in place to govern standards of service. RC stressed need to ensure that tenant is only able to provide the services that they are licenced to deliver, need for governance structure, and definition of a route for dispute. Decision: Requires Health Board oversight.</p> <p>Discussion: Royal Voluntary Service (RVS) catering ending in YG Need for the resumption of additional catering provision Consistency across BCUHB in agreements that govern provisions and services when delivered by charitable partners AW & RC discussed night service – pros and cons Decision: Business case from catering required for development of any new service</p> <p>Discussion: KB & NL raised queries and NL suggested involving Adele Gittoes, Interim Executive Director of Operations. Decision: Business case required</p>	<p>KT receiving feedback from partners Aug-Oct. SBAR for BCUHBLT in Nov</p> <p>KT to arrange for new T&F group to be established to agree future additional catering requirements. Meeting 09/10/23</p> <p>KT to keep CFC abreast of developments INCLUDED TEAM UPDATE</p>
<p>CA23/13 – Flat Lie Equipment</p> <p>CA23/19 Bladder Scanners</p>	<p>APPLICATIONS: Feedback has been received from the Chair and the Director of finance, both of whom could not attend this meeting in person.</p> <p>Discussion: KB Is this something the Health Board should routinely provide? PC & KT There is a clear and identified need across BCUHB, and a lack of resource in core budgets to purchase the equipment. AW stated that this is core patient safety equipment, and therefore NHS and not charity should be funder. RC agreed with the caveat that while the equipment does exist already within wards, the provision of more would expedite patient care and is therefore potentially justified. He asked applicant to define extent of the additionality. NL inequalities on all sites - should not be supported. KT highlighted the need for far more robust and justified applications PC There is a task and finish group discussing this issue AW asked for clarity on number of falls, how and where the requested equipment would be deployed, and the extent of interaction and calls to the fire brigade. Decision: Not approved</p> <p>Discussion: NL stated that the same logic as the former application applies here. AW agreed and questioned the cost. Decision:</p>	<p>DE to seek clarity & further information from applicant and task and finish group and resubmit for approval Resubmitted</p> <p>DE to seek clarity & further information from applicant</p>

<p>CA23/26 – Paediatric Bereavement Suite</p>	<p>Not Approved</p> <p>Discussion: Agreed impactful and recognised fundraising efforts of staff</p> <p>Decision: Approved</p>	<p>and resubmit for approval. Resubmitted</p> <p>DE to inform applicant.</p>
<p>CA23/28 – ICU TVs at Ysbyty Glan Clwyd</p>	<p>Discussion: KB asked for clarity on the number of units requested and the revenue consequences. NL again suggested that this needs clarity over the consistency of need across the Health Board and further definition of the actual need. AW questioned the cost, several members agreed and requested clarity over the costs, specifically if installation is included. RC questioned how the fitting would be possible in a busy patient accessible area, then the ongoing costs, repair, lack of reception. AW suggested that a map of current provision would be useful and an inventory of exactly what would be replaced.</p> <p>Decision: Approved in principle, subject to the Charitable Funds and Charitable Partnerships Support Team receiving sufficient clarity on costs and the procurement process.</p>	<p>DE to request further information and provide approval only once this is received Quote confirmed. No costs for installation. DE to liaise with DoF</p>
<p>CA23/29 – Staff Information Boards</p>	<p>Discussion: Agreed same logic and need for clarity as previous application applies here, as well as clear definition of exactly what will be displayed on screens. KB required clarity of ongoing costs and supported the idea in principle. KT confirmed communications team would have oversight of content. AW stated that there needs to be clarity and definition of messages either at all locations or tailored to each. KB suggested submission of a full business case required before proceeding.</p> <p>Decision: Approved in principle, subject to a full business case being approved by relevant committee and Charitable Funds and Charitable Partnerships Support Team receiving confirmation of approval of this.</p> <p>NL left the meeting.</p>	<p>DE to request further information and provide approval only once this is received. Ongoing</p>
<p>CA23/27 – Music Therapy, Arts Council Funded</p>	<p>Discussion: KT described the history of the application and the involvement of an external funder, and the requirement for approval from the Director of Finance, which is not currently in place.</p> <p>Decision: Approved in principle, subject to receiving approval from the DoF</p>	<p>DE to seek approval from the DoF Ongoing</p>

<p>CA23/30 – Chirk Ultrasound</p>	<p>Discussion: KT defined the financial issues and the need for clarification of the actual cost which have differed at various stages of the application process. Confirmation that £95,000 has been received from the Chirk League of Friends to fully fund this equipment, and more can be received if required. AW raised the points that these kinds of requests require alignment with both diagnostic strategy and the lifecycle of existing equipment, and whether this increases service provision due to a donation from a charitable fund or partner. RC defined the need for clear alignment between fundraising effort, coordination, and strategy. RC emphasised the need for continued dialogue with all our charitable partners. Decision: Approved in principle, subject to clarity on costs and implications on service provision and approval from Director of Finance</p>	<p>KT to seek confirmation of whether this will increase service provision. Confirmed this new equipment will not increase service provision.</p>
<p>General discussion</p>	<p>KB requested information on the depreciation of assets.</p>	<p>DE to liaise with applicant for clarity on costs and to seek approval from the DoF Ongoing</p>
<p>CA23/32 – Ty Enfys & Nurse Stations</p>	<p>Discussion: KT described the financial situation regarding a pledge of £85,000 which required CFC approval in principle to secure the commitment of the funder. Questions around additionality of the nurses stations. Decision: Ty Enfys approved in principle, subject to approval of the final costings by Director of Finance. Nurses stations not approved. Full business case required.</p>	<p>RC/AH to provide explanation for CFC members. AH included a section on informing CFC members on depreciation & accounting for donated items at the 05/09/23 CFC strategy workshop</p>
<p>CA23/33 – Ty Croeso</p>		<p>KT to discuss with the applicant to ensure final costings for Ty Enfys are approved by DoF, and to request a new application for</p>

<p>CA23/34 – Staff Achievement Awards</p>	<p>Discussion: KT explained £140,000 funding given specifically for Phase 2 of this work. Urgency because phase 1 is already underway. Decision: Approved in principle, subject to approval from the Chief Finance Officer (Central)</p>	<p>the nurses stations. Ongoing KT to ensure Chief Finance Officer (Central) approval in place Confirmed.</p>
<p>CA23/35 – Wrexham Maelor Children’s Ball</p>	<p>Discussion: KT described that last year this was £5,000 over budget, hence the inclusion of that allocation in the current year. Decision: Approved, on condition the funds are secured as planned</p>	<p>KT to inform event organisers Additional funding request to be submitted due to lower income generation than previous years</p>
<p>CA23/36 – Welcome Services at Ysbyty Gwynedd and Ysbyty Glan Clwyd</p>	<p>Discussion: Agreed and wished the organisers well for the event Decision: Approved</p>	<p>KT to liaise with organisers and ensure details shared with CFC to attend Completed</p>
<p>CA23/40 – Organ Donation Week Equipment</p>	<p>Discussion: KT described the need, and that two Royal Voluntary Service (RVS) staff members would need to be TUPE’d across deliver what is essentially the same as that which is already being funded. RVS volunteers will effectively transfer to become Health Board volunteers, but not Robins. 2 x staff contracts would be fixed term, exactly as with RVS initially. KT defined the strict remit of the individuals and the specificity of location. Decision: Approved in principle, on condition that the TUPE process is led by and has the support of HR</p>	<p>KT to liaise with HR, legal, Robins Manager and WCVA as required to ensure smooth transition with necessary governance arrangements in place. All necessary approvals in place. Transfer to BCUHB from 01/10/23</p>

<p>CA23/31 – Audiology (updated previously approved application)</p> <p>CA23/37 – NHSC Dementia Support Programme</p> <p>CA23/38 – NHSC Ablett Outreach Arts Therapy programme</p> <p>CA23/39 – NHS iCAN Farming Programme</p>	<p>Decision: Approved</p> <p>Insufficient time to review the application – deferred for next meeting.</p> <p>Insufficient time to review the application – deferred for next meeting.</p> <p>Insufficient time to review the application – deferred for next meeting.</p> <p>Insufficient time to review the application – deferred for next meeting.</p>	<p>KT to notify the organisers Completed</p>
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Charitable Funds Grant Application coversheet

Draft V1: September 2023

Application number:	
Application name:	
Amount requested (note incl/excl VAT:	
Funding context (e.g. designated / undesignated, fundraised / donated for specific purpose):	
Need (summary of why this is required):	
Explanation (summarise what is it and is it a replacement / innovation / test):	
Patient group (who / how many people will benefit / where, e.g. Pan North Wales):	
Brief plan for the item/ new service / etc (e.g. how ensuring that most vulnerable patients benefit from this):	
Engagement internally and externally (have other staff / NHS team members been involved in the decision-making? Benchmarking against other NHS LHBs / Trusts?):	
Equity (is there a plan to see this across BCUHB and if not, why not, e.g. is it a test for other teams to learn from):	
Quality (what assessment has been done to ensure this is value for money / the right option):	
Evidence of timeliness need (has NHS funding been sought):	
Additionality (what additional value is this adding to patient / service-user / community / staff experience):	
'Opinion test' (can this spend be easily communicated to our communities, and if not, why not):	
Process / authorisations (confirm approvals):	
How will this charitable spend be communicated to others (e.g. sticker on equipment etc):	
Recommendation (e.g. approve / approve with the caveat that XYZ in place):	

AWYR LAS
FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>		Second phase development of a mobile application for remote supervised exercise programme
<u>Name & Job Title of Lead Applicant</u>		Mr Soroush Sohrabi, consultant vascular surgeon
<u>Name & Job Title of Other Applicants</u>		
<u>Maximum Expenditure Requested</u>		£35,000
<u>Fund to be Sourced</u>	Fund Number & Title	Livsey Fund – Fund 8B66
	Current Uncommitted Balance	£ 36,083.00
<u>Background & Summary Description</u>		
<p>Intermittent claudication(IC) is a condition in which due to arterial disease patients have limited walking distance presented as pain in leg muscles.</p> <p>The WeCare (WElsh mobile application for patient CARe and Evaluation) mobile app will be developed to address the current gap in providing SEP as the first line of treatment to patients with IC.</p> <p>The app will address several issues in the treatment and follow up of patients with IC as below</p>		

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1. NICE guidelines

The National Institute for Health and Care Excellence (NICE) recommends supervised exercise (SEP) programme as the first line of treatment in patient with IC. Invasive surgical or endovascular (stent, angioplasty) treatments should only be offered to patients who have failed the exercise programme [1].

Failure to adhere to the NICE guidelines has a potential for liability for the health board. Furthermore unnecessary vascular intervention could carry the risk of adverse events such as prolong hospital stay, infection, bleeding and risk to limb and life.

2. Challenges with SEP

- a. **Compliance** In an audit published in the annals of royal college of surgeons of England the 78 UK vascular centres, 59 (76%) responded and were included in the audit. Of these, 27 (46%) were able to offer SET but only 21 (36%) could offer it to all their patients with PAD. Only four (6.8%) offered SET that was fully compliant with current NICE guidelines [2]. The main factor for SEP availability for SEP is the cost of running SEP.

Furthermore, published evidence demonstrates that not all patients with IC can attend SEP because of factors like age; difficulty with patient transfer; lack of SEP programme capacity to see all IC patients; cost of running SEP, and poor patient engagement with SEP.

In a study published in journal of vascular societies in 2022 [3], authors concluded that the uptake and completion rate for supervised exercise in their cohort was low. There was no association between living in a more socioeconomic deprived area and either of these outcomes. The authors believe further qualitative research is needed to understand patients' perspective of barriers to compliance with exercise programmes and how to overcome them. This is a key finding. Even when SEP is offered the uptake appears to be low. It is feasible that the sheer effort of attending classes, and the prospect of being in a class with several other patients, could be off-putting to some individuals.

SEP are particularly challenging in remote areas of NW in which patient travel could be costly and difficult.

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b. Cost

In addition to poor patient compliance to SEP, these programmes are costly.
An average SEP (2 sessions per week for 3 months) costs are as below [4]

Resource use Unit cost: Two physiotherapists £37 (2) per hour One physiotherapist technician £22 per hour Room hire and equipment rental £15 per hour

Associated cost of supervised exercise programme Total programme cost (per 10-person group) = £2,886

Total programme cost per patient (range) = £288 (range: £232 to £345)

A recent audit in NW demonstrated that in outpatient setting (clinics) 20% of review patients and 20% of new referrals have IC. The total number of review and new patient seen in vascular outpatients are 800 and 4000 respectively. This equate to approximately 1000 IC patients seen in vascular outpatients per year.

SEP programme in NW for all IC patients will have a total cost of £288,000 per year (£288 programme cost per patient). The cost of OPC appointments for IC patients per year in NW is £155,000 (£155 per patient visit). A 30-50% reduction in IC OPC visits by using the app will save £50,000 – £77,000 per year. This will further increase the OPC capacity to see by reducing the number of times IC patients are reviewed. The app usage will result in minimum saving of £330,000 per year, excluding the procedure cost for IC patient who can improve by rSEP without surgery.

3. Supervised vs. unsupervised exercise programme (SEP vs. USE)

Currently NW does not offer SEP and patients are told to conduct their own exercise regime, but of course it is them impossible for their clinician to know if anything is actually being done or being achieved. Furthermore a comparison between SEP and USE (unsupervised exercise programme) demonstrated that SEP is more cost-effective than USE in over 75% of model simulations. Reasons identified included insufficient funding, lack of resource and poor patient compliance [5].

4. IC treatment

As per NICE guidelines, invasive vascular intervention should only be offered to patients who have failed SEP. As NW currently does not provide SEP, many patients are offered interventions which might be unnecessary, costly with potentially adverse outcomes such as prolong hospital stay, infection, bleeding, risk to limb and life.

A day case endovascular intervention is typically delivered in 0.5 of a session and an open or hybrid procedure (combined open and endovascular) is

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delivered 1-2 sessions. Hospital stay per night is estimated to cost £300-£350 (excluding UDU/ITU) and on average patients after major surgery will stay in the hospital of 3-14 days. The cost of single use endovascular equipment per case is estimated to be an average £500 which could reach >£10,000 in complex procedures. An estimated cost of vascular intervention on patient with IC average is between **£3000 - >£15000**. This estimate excludes patients who have adverse events after intervention.

5. Patient reported outcome measures (PROM)

PROMs are assessment tools in the forms of questionnaires which evaluate the outcome of treatment/intervention in patients. Delivering PROMs is a Welsh government target by 2027. The **WeCare app** is designed so that all IC patient complete specific PROM questionnaires as part of their remote SEP at the beginning and the end of their treatment.

6. Patient challenges

In a supervised exercise programme patients are required to attend the exercise sessions twice per week for a minimum of 3 months. Travel time and cost has been identified as one of the main obstacles in delivering SEP. Majority of the patients are in the elderly age group in which hospital commute could be difficult.

The **WeCare app** is designed to address these issues. The exercise programmes are delivered in patients' home and in the community, and do not require any special equipment. This will eliminate the need to travel to the hospital.

In summary, the WeCare app is designed to address the following

1. Adherence to NICE guidelines in the treatment of patients with IC
2. Increase patient compliance to exercise programmes
3. Deliver PROMs for IC
4. Reduce patient travel to hospital
5. Deliver care in the community from secondary care
6. Increase vascular OPC capacity by increasing remote IC patient monitoring and treatment
7. Cost reduction by replacing SEP with rSEP (remote SEP)
8. Increase patient satisfaction by delivering treatment and monitoring at home

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9. Potential increase in vascular theatre capacity as patient with successful rSEP will not require intervention
10. Potential reduction in adverse outcomes of unnecessary IC treatment such as angioplasty/stenting and/or open surgery

The first phase of the app, development of wireframes, is now complete. The funding was provided by AgorIP (university of Swansea) for the amount £9300 (attachment).

The app has the potential to **generate income** for the health board in licensing fees. Currently there is no similar app used in clinical practice in the UK. (Triage report attached)

The app also has the potential to be further develop to address pain management in vascular patients which is BCUHB target identified in the independent review of the NW vascular services (2023).

The app would be downloaded by a patient onto their SmartPhone or tablet, and they would use it to record their ability to walk a distance to a certain manageable, personal pain threshold. The app would monitor their progress with walking as the key parameter measured; and allow clinical monitoring centrally and physical clinician intervention only if and when necessary. The app use the smartphone technology to accurately measure the walking distance, walking speed, the number of stops and incline during the walking exercise. It also provides 3 additional exercises with “how to” videos and captures progress for each exercise. None of the exercises require specialised equipment. PROM questionnaires will be completed on the app at the beginning and the end of the SEP to evaluate patient progress or deterioration. The app has the ability to provide feedback to the consultant by the patient at any point of exercise programme.

In summary the **WeCare app** will provide the following;

1. Adherence to the NICE guidelines for the treatment of patients with intermittent claudication
2. Revenue generation for BCUHB (triage report attached)
3. Completion of PROM questionnaires (WG target)

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4. Increase in patient compliance to exercise programmes
5. Cost effectiveness
6. Reduce patient clinic and hospital attendance as patients can be monitored and treated in the community
7. Transferring delivery of care from secondary care to the community
8. The app can be modified and further developed for pain management in vascular patients (BCUHB and Welsh government target as per independent review of the NW vascular services report)

1. [Recommendations | Peripheral arterial disease: diagnosis and management | Guidance | NICE](#)
2. [Few UK vascular centres offer a fully NICE-compliant supervised exercise programme: a national audit | The Annals of The Royal College of Surgeons of England \(rcseng.ac.uk\)](#)
3. [Deprivation and supervised exercise for intermittent claudication \(jvsgebi.com\)](#)
4. [The Cost-effectiveness of Supervised Exercise for the Treatment of Intermittent Claudication - ScienceDirect](#)
5. [The cost-effectiveness of supervised exercise for the treatment of intermittent claudication - PubMed \(nih.gov\)](#)

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
Adherence to NICE guidelines for the treatment of patients with intermittent claudication Cost effectiveness	Currently NW is not compliant with the NICE guidelines for treatment of IC
Revenue generation for BCUHB	Triage report attached , this will generate revenue in licencing fees

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Completion of PROM questionnaires (WG target)	PROM measures improvement of quality of care. Currently in NW PROMs are not completed for vascular patients,			
Reduce patient clinic and hospital attendance as patients can be monitored and treated in the community, this will help to increase outpatient capacity	Reduction in number of OPC attendance per patient as IC patient will be treated and monitored at home.			
Transferring delivery of care from secondary care to the community	Reduction in number of OPC attendance per patient, patients will receive care at home / community			
Cost effectiveness	Reduction in patient episode (detailed above) Saving on on-site SEP (£288,000 per year for NW IC population) Reduction in OPC visit in patients with IC (155,000 per year)			
Increase in patient compliance to SEP	SEP will be delivered at home/community , reduction in patient travel to the hospital			
Pain management	The app can be modified and further developed in pain management in vascular patients (BCUHB and Welsh government target as per independent review of the NW vascular services report)			
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
NA				
Non-pay				

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Quote or Estimate?	Description	
£35,000	Second phase app development (app writing)	
Total Pay and Non-pay		£35,000
Ongoing Revenue Costs		
Ongoing revenue costs which will be charged to NHS budgets		£2500-4000 per year (app maintenance)
Less: Savings generated by this application		£ 330,000 per year
Net ongoing revenue costs charged to NHS budgets		£ -326,000
Risk Assessment		
Risk (insert further rows if needed)		Mitigation
Lack of access to smartphone		Charity funding for smartphone purchase available in wales, new smartphone technology cheaply available (new and second hand, starting from £120), see triage report
Tech savviness		Training will be provided
Exit Strategy (Charitable Funds cannot fund ongoing commitments)		
This is joint health board project and cost savings and income generation will support ongoing costs.		
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)		

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Health Inequalities (State how the scheme addresses health inequalities)		
Majority of these patients have chronic comorbidities resulting in functional disabilities due to limited walking ability and mobility. The costs of travelling to hospital will be reduced significantly. It will also allow patients to be treated and monitored from home.		
Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief) be differently affected by this scheme?		NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Equal access to care for all patient groups. This would specifically advantage patients who are disabled as a result of intermittent claudication		
Approvals		
	Name & Date Approved	Comments
Charitable Funds Finance Team	Date submitted to Charitable Funds: 4th April 2023	
	Date all required information & approvals received:	
Fund Advisor		

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<p>Capital Approval (Estates/IM&T/Medical Devices)</p>	<p>John Thomas</p> <p>Head of ICT Digital Services</p> <p>05.06.23</p>	
<p>Chief Financial Officer</p>	<p>Paula Jones</p> <p>09.08.23</p>	
<p>Area/Hospital/Secondary Care/Mental</p>	<p>Dr Tom Davis</p>	<p>Dear Soroush</p>

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<p>Health/Executive Director</p>	<p>06.04.23</p> <p>Libby Ryan-Davies</p> <p>10.04.23</p>	<p>Thank you for taking the time to discuss this today.</p> <p>You confirmed that the funding will cover the App development and at this stage there is no financial outlay for the HB.</p> <p>You also confirm that you are working closely with Lynn Grundy (Director of R&R) on the technical (IP etc) aspects and your relationship with the HB as the designer of the App.</p> <p>You have also confirmed that you will bring a business case through the Vascular operational governance process once you have established the ongoing requirements of the app.</p> <p>Hopefully you can accept my email as my authorisation on behalf of the IHC Central Director Team, but happy to work with Jenny if an actual signature is required.</p> <p>Many thanks Tom</p> <p>Dr Tom Davis Cyfarwyddwr Meddygol Cymunedau Iechyd Integredig (Canolog) Integrated Health Community Medical Director (Central)</p>
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		<p>From: Libby Ryan-Davies (BCUHB - Corporate Office) <Libby.Ryan-Davies2@wales.nhs.uk> Sent: 10 April 2023 16:43 To: Tom Davis (BCUHB - Office of the Medical Director) <Tom.Davis@wales.nhs.uk>; Soroush Sohrabi (BCUHB - Vascular Surgery) <Soroush.Sohrabi@wales.nhs.uk>; Paula Clayton (BCUHB - Finance) <Paula.Clayton@wales.nhs.uk> Cc: Jenny Farley (BCUHB - Corporate Office) <Jenny.Farley@wales.nhs.uk> Subject: RE: Funding request for second phase development of the vascular app</p> <p>Thanks Tom, also happy to approve on that basis.</p>
Charitable Funds Advisory Group		

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Swansea University Commercialisation of Intellectual Property AgorIP Programme

Triage Report

Project	Vascular App (Supervised Exercise Programme)		
Company Name	N/A		
Company Reg. No	N/A		
Web Site	N/A		
Personnel Met	Mr Soroush Sohrabi Mr. Bryan Griffiths (AgorIP)		
Principal Contact	Mr Soroush Sohrabi		
'Phone	01248 384384	eMail	Soroush.Sohrabi@wales.nhs.uk Soroush01@gmail.com
Report Commissioned by	Bryan Griffiths		
AgorIP Enquiry No	056-0410-00511		
Report prepared by	Peter Brooks and Dr Colin Lucas , Ashgrove Business Strategy, Peter@AshgroveMS.com , 07860 208 245		
Note	<p>This document contains both fact and opinion.</p> <p>Any persons considering making an investment in the Project on the basis of the information contained in this document are urged to seek specific independent professional advice. This is in addition to making their own investigations and forming their own opinion of the Project and its prospects.</p> <p>To the extent permitted by law Ashgrove Business Strategy will not be liable by reason of breach of contract, negligence or otherwise for any loss or consequential loss occasioned to any person acting omitting to act or refraining from acting in reliance upon the materials contained herein or arising from or connected with any error or omission in the materials contained herein.</p> <p>NOTE:</p> <p>As with all business propositions, situations and priorities change with progress, so matters recommended here are likely to change. This report is prepared to reflect the situation at the time of the meeting, and so should be reviewed from time to time.</p>		
Report Details	Meeting held on 23 rd March 2023 Version: Vascular App - Triage Report - 056-0410-00511		

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1. Executive Summary

Intermittent claudication (IC) is the most common symptom of peripheral arterial disease (PAD) and is characterised by discomfort in the legs resulting in limited functional status and increased risk of cardiovascular (CV) morbidity and mortality. NICE recommends supervised exercise (SEP) programme as the first line of treatment, but very few (6.8%) UK Vascular Centres in the UK currently offer a NICE-compliant SET service for all of their patients, and North Wales does not at all. This is largely due to cost and accessibility constraints.

Soroush’s aim is to develop a mobile application for remote supervised exercise programmes (RSEP in this report), which could replace physical on-site SEPs. On average, for any given patient SEPs are held 2-3 times each week over a period of 3 months or so. With an average patient cost per SE programme of £232 - £345, and 800 new IC patients referred per annum in North Wales (equating to 71,000 across the UK), the potential cost savings could be substantial, as well as giving health boards the ability to follow NICE guidelines.

In commercial terms, the RSEP could replace hospital visits and be licensed to other Health Boards, both in Wales, and across the UK, thus generating useful income for Betsi Cadwaladr University Health Board. The app could easily be adapted to cover other conditions, such as managing exercise regimes for osteoarthritis, orthopaedic surgery and after heart attacks. The ultimate goal would be for RSEP to be used in general pain management.

Iterate, through AgorIP, has produced an excellent set of wireframes for the app. The next stage is to commission the first prototype of the app from a developer for trial with the first cohort of circa. 10 patients. Soroush has thought of a name for his app: **WeCare**, with the meaning “Welsh mobile app for patient care and evaluation.” It has ‘first mover advantage’ because so far as is known, there are no other generally available apps that address the problems of managing SEP for patients. Costings and pricing are yet to be determined.

Market research located academic papers, the first of which concluded that currently most patients with peripheral arterial disease are unable to access supervised exercise programmes because of a lack of funding. This study demonstrated that these programmes are cost-effective by international standards, leading to an increased length and quality of life at a reasonable cost. The second paper concluded that the uptake and completion rate for a SEP can be low; possibly because the sheer effort of attending classes and the prospect of being in a class with several other patients. If this is the case, then clearly a remotely monitored SEP (RSEP) though an app such as WeCare could greatly facilitate the completion rate for exercise programmes, again improving overall health outcomes.

The report discussed a number of issues including: registering a trademark; funding for trials and conducting these trials; implementation through the Betsi Cadwaladr Health Board; marketing strategies and creating ‘good news’ stories for PR.

Besides providing compliance with NICE guidelines, which is important from a potential liability standpoint, Soroush’s WeCare app could show tremendous cost-savings to any health board in terms of more efficient clinician time management and savings on the use of hospital facilities.

2. Overview

a. A layman’s description of the service or product that is being developed.

Intermittent claudication (IC) is the most common symptom of peripheral arterial disease (PAD) and is characterised by discomfort in the legs that is brought on by walking and relieved by rest. People with IC often have limited functional status and are at increased risk of cardiovascular (CV) morbidity and mortality. People often adapt by decreasing their level of physical activity, but evidence suggests regular exercise improves walking ability.

People with IC may be offered unsupervised exercise (USE) or supervised exercise programmes (SEP).

The National Institute for Health and Care Excellence (NICE) recommends supervised exercise (SEP) programme as the first line of treatment. Invasive surgical or endovascular (stent, angioplasty) should only be offered to patients who have failed the exercise programme.

Soroush’s idea, which originated in 2018/19 came about because of the fact that currently North Wales does not have an SEP programme, and in fact only 2 out of 4 Health Boards in South Wales can offer hospital-based SEP. This is largely because of the cost of providing supervised programmes – both in terms of the facilities and equipment needed, and also because of the added cost of staff to supervise sessions properly.

Furthermore, published evidence demonstrates that not all patients with IC can attend SEP because of factors like age; difficulty with patient transfer; lack of SEP programme capacity to see all IC patients; cost of running SEP, and poor patient engagement with SEP.

Without SEP, patients are simply told to go home and conduct their own exercise regime, but of course it is them impossible for their clinician to know if anything is actually being done or being achieved.

Soroush’s aim is to develop a mobile application for remote supervised exercise programmes (RSEP), which would be particularly applicable to his own area of expertise in vascular surgery, but which could find usage across a number of clinical conditions.

The app would be downloaded by a patient onto their SmartPhone or tablet, and they would use it to record their ability to walk a distance to a certain manageable, personal pain threshold. The app would monitor their progress with walking as the key parameter measured; and allow clinical monitoring centrally and physical clinician intervention only if and when necessary.

RSEP could replace physical on-site SEPs, which on average for any given patient operate 2-3 times each week over a period of 3 months or so.

Besides providing compliance with NICE guidelines, this app could show tremendous cost-savings to a Health Board in terms of more efficient clinician time management and savings on the use of hospital facilities.

b. The commercial and wider attractions (i.e. the opportunities that arise).

There are several commercial elements to the project:

1. If proven successful, RSEP would replace hospital visits (providing opportunities for substantial cost savings)
2. The app could be licensed to other Health Boards, both in Wales, and further across the UK, thus generating a useful income for Betsi Cadwaladr University Health Board (BCUHB)
3. Although the app will initially be designed for RSEP in respect of intermittent claudication, it could easily be adapted to cover other conditions, such as managing exercise regimes after heart attacks, and after orthopaedic surgery for instance
4. The app could also be expanded in respect of its functionality
5. The ultimate goal would be for the app to be used in general pain management, using pain as a measure. The patient would input the pain level, type of pain, and frequency, and this data could be used by clinician pain specialists for remote assessment and patient management.

Commercial in Confidence

There are however, some limitations to its possible adoption:

1. The time it will actually take to replace existing supervised exercise programmes
2. If distance is being measured it may require the phone used to have GPS capability
3. People in deprived areas who might be in most need of the supervision are most likely to be the ones who don't possess a SmartPhone.
Although usage of these is fairly extensive, some charities will provide such phones to patients in need, especially as the cost reduces (now as little as £120).
4. The ultimate restrictions to possible take-up amongst the general population are:
 - a. Access (or rather non-access) to the technology
 - b. Tech-savviness

c. Competitive Advantage(s) and Unique Selling Proposition(s)

There are a number of advantages to the app-based approach to the problem of SEP.

- 'First-mover' advantage. So far as is known, there are no other generally available apps that address the problems of managing SEP for patients
- RSEP would obviate the need for the patient to actually attend a clinic in hospital, thus:
 - Making life more convenient for the patient, and
 - Substantially reducing the cost to the Health Board with less time needing to be spent with the patient by the clinician
- RSEP would provide hospitals with no SEP capability, a viable alternative
- It would allow the Health Board to provide supervised exercise, thus adhering to NICE guidelines
- Adherence to NICE guidelines becomes very important in cases of poor patient outcomes or patient complaints particularly as these are not always being followed in Betsi Cadwaladr and in other Health Boards across the UK. In case of complaint the first question asked is "are you following NICE guidelines?" This has obvious implications for liability issues.
- Allows SEP without the need for expensive equipped rooms in a hospital staffed by clinical staff, physiotherapists and nurses – all costly
- The app has the potential to generate revenue for BCUHB through licensing
- The applicability could be across a range of clinical conditions, and for general pain management support
- Would promote the 'care in the community' health objective, which is a fundamental objective in delivering future health care
- Would reduce the number of patients that are likely to require surgery, which in turn would reduce the number of expensive surgical complications
- Particular benefits for more rural areas (like North Wales), where hospital facilities may be few and far between.
- Very importantly, the app provides extra capability. As soon as a patient 'signs up' they are directly connected to the hospital and the clinical staff caring for them. The hospital from that point on, is in direct contact with the patient, which is certainly NOT the case with infrequent visits. This means the app system provides "interactive" rather than just "passive" intervention.

For BCUHB, the following factors also come into play:

1. This Health Board is currently under huge pressure from the Welsh Government
2. Within the Health Board there is an on-going urgent need for 'good news' stories
3. Soroush's app could prove to be one of these 'good news' stories

3. Intellectual Property and rights thereon, shareholding details
a. Intellectual Property inc. patents, brands, domains and know-how
<p>The idea is 100% that of Soroush Sohrabi. However, because this is being developed whilst Soroush is an employee of the Betsi Cadwaladr UHB, the copyright ownership would rest with the Health Board.</p> <p>However, the Health Board has a particularly generous scheme for sharing the benefits of inventions with its employees. It is therefore suggested that Soroush tries to bring this to market as soon as possible under the current BCUHB scheme.</p> <p>This is particularly important if there is soon to be an all-Wales IP strategy and agreement for inventions, which could lessen the terms available to a BCUHB inventor; although it is understood that this is not in place yet.</p> <p>IP will rest with copyright (i.e. no formal patents are likely to be possible).</p> <p>Soroush has also thought of a name for his app: WeCare, with the meaning “Welsh mobile app for patient care and evaluation”</p> <p>Trademark and web URLs</p> <p>This would appear to be a good name for the product. The key is now to check whether a trademark might be available in the relevant class(es). Class 44¹ would appear to be the appropriate one, but check this with a professional and / or the IPO office.</p> <p>If the trademark is obtainable it would be worth registering this, and at the same time to purchase relevant web URLs that can be found.</p> <p>Web URLs that were available at the time of checking include: wecare.cymru; wecare.london; wecancare.co.uk; thewecare.com (at a significant premium cost); wecarenow.me (there are other examples – see https://www.123-reg.co.uk/domain-search/?domain=wecare)</p> <p>Appendix A is a brief overview of the naming of brands</p> <p>Appendix B is a record of a Trade Mark Search carried out on 31st March for Class 44, together with a list of services covered within the class.</p> <p>Whilst We Care is registered to the Gibraltar Health Authority (GHA), they have registered a large number of the services covered in Class 44. It is understood that they can only ‘hold on’ to services that they are actually providing², so if BCUHB were to request a registration of WeCare for Class 44 for some specific services, GHA would have to amend their registration to exclude the items requested by BCUHB.</p> <p>This is a complex matter, but it is likely that GHA would agree, particularly as the request would come from a HB. Professional advice for the HB is likely to be needed for this.</p>
b. List all shareholders (and % held) of any limited companies and/or partnerships that are relevant or being considered.
n/a

¹ <https://www.search-uk-trade-mark-classes.service.gov.uk/searchclasses>

² It is understood that if a Registered Trade Mark is not used for ALL aspects of it’s registration, the IPO can withdraw registration.

4. Development Status

a. The current state of development

The app is based on the fundamental measure of the distance a patient is able to comfortably walk. It has to be done this way, as pain is ultimately a subjective measure and an acceptable level of pain will be different for each and every patient. Soroush developed his basic idea during 2018/19.

The primary end point is the distance that can be walked until the threshold of pain causes the patient to stop.

Iterate has been engaged through the AgorIP programme to produce an excellent set of wireframes of the possible application. They have also developed an explanatory pdf file which can be used as a sales and promotion tool for the idea. The team has one remaining 'close-out' session with Iterate during the last week of March.

The next stage is to commission the first prototype of the app from a developer, for trial with the first cohort of 10 (say) patients. A developer has already been selected who is familiar with NHS data requirements, and the Iterate work should enable the brief to be handed straight over. A budget cost has not yet been obtained, but the meeting participants seemed to conclude that this should be able to be done for less than £10K.

Data considerations

It is proposed that the trials will be conducted on a 'permission' basis, with data stored securely in the cloud (i.e. not directly involving the BCUHB system).

Once the product is live (i.e. the patient's NHS number is entered), data would normally be stored on the Health Board's secure server (using Amazon Web Services, or similar).

However, there are likely to be slightly different procedures for each health board, which would need resolution individually.

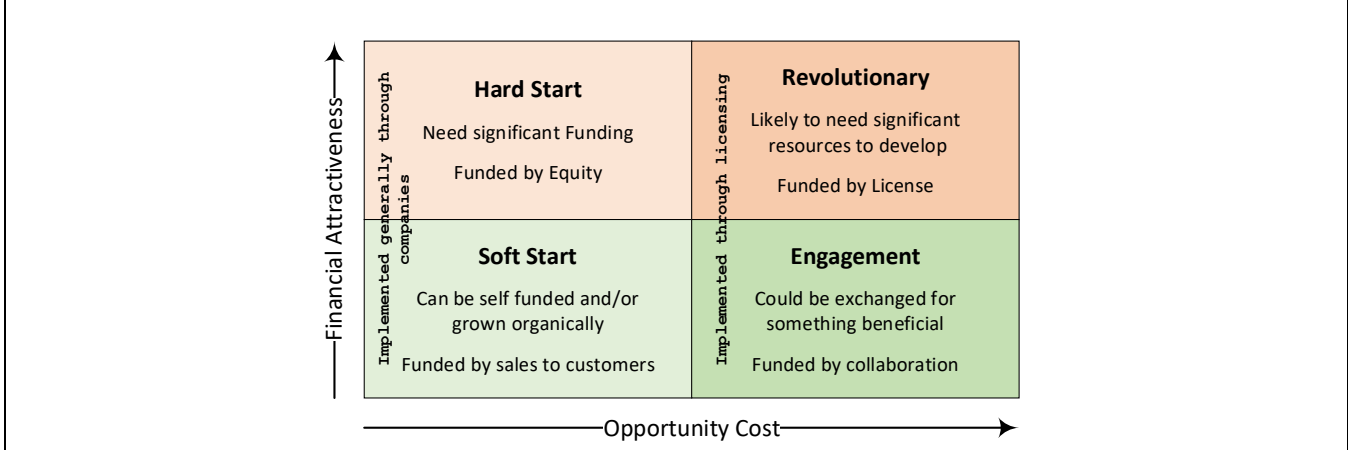
The proposal in the first instance is to follow similar procedures to those used by Consultant Connect³.

b. The assessed Technology Readiness Level ⁴

The assessed TRL is 5 - 6.

Proof of principle exists; product development underway. Trials (validation) to be conducted.

5. Where the proposition fits within the Opportunity Matrix



This is a 'soft start' which has been funded to date largely through AgorIP support.

Monies are needed for development of the app. (estimated >£10K).

³ <https://www.consultantconnect.org.uk/>

⁴ https://en.wikipedia.org/wiki/Technology_readiness_level provides a guide.

6. Product pricings and costs

For each of the actual service(s) or product(s) that will be offered for sale:

Pricing for the WeCare app has not yet been considered, but there are a number of key statistics that are relevant to deriving a pricing policy; these were provided during the meeting by Soroush.

Patients with intermittent claudication conditions are firstly referred by their GP. In North Wales alone, this amounts to referrals of around 800 patients per annum out of a total population of around 750,000. The overall IC prevalence throughout the UK is estimated to be between 3% and 10% of the population.

20% are estimated to have a condition that ideally requires SEP with attendance are required 2 or 3 times a week over a 3-month period, although monitoring can occur over a period of up to a year.

Currently North Wales has around 4,000 patients coming back to the clinic each year; many are simply sent home to exercise (USE). Each clinic visit costs the NHS an estimated £155 per patient per visit.

To provide 'proper' SEP requires:

- A room
- Specific equipment
- 2/3 people to supervise at an average salary of £30K say
- The paper quoted below assesses the cost per patient of a SEP programme as being in the range of £232 to £345 (£288 average) per three month programme.

In cases where treatment (surgery) is ultimately needed, the costs are:

- Cost of treatment typically £2K to £10K (with an average of probably around £5K per patient)
- Single night's stay in hospital = £350
- Operation (assume ½ day) = £5K theatre costs + surgeon/staff salaries as required + £2K equipment usage

NHS England are known to be good at breaking down the costs at every stage whereas in Wales this is more difficult because of the 'block payment' methodology.

However, the cost to BCUHB is currently approaching zero, because the health board is not adhering to NICE guidelines for SEP provision. The actual costs to BCUHB will be the resulting additional surgical procedures necessary because of the lack of provision of SEP; the number of these is not known to the authors.

Very roughly, if it costs £5k per patient per surgical procedure. This equates to the cost of a SEP for 17 patients. If WeCare were to be used to provide RSEP, then at £50 per patient⁵ for a course of sessions, NICE compliance would be achieved. Every operation rendered unnecessary would pay for 100 courses.

For BCUHB, there would probably be a cost saving, but this would take some time to evidence.

An **alternative scenario** is in the academic paper European Journal of Vascular and Endovascular Surgery Volume 46 Issue 6 p. 707-714 December/2013⁶.

Here the cost of a 3-month supervised exercise programme (SEP) is calculated on the following basis:

Programme duration and intensity: 2 hours of class per week for 3 months (13 weeks). Ten people per class.

Resource use Unit cost:

Two physiotherapists £37 (2) per hour
 One physiotherapist technician £22 per hour
 Room hire and equipment rental £15 per hour

Associated cost of supervised exercise programme

Total programme cost (per 10-person group) = £2,886

Total programme cost per patient (range) = £288 (range: £232 to £345)

⁵ An example, not a suggestion!

It would be useful to establish the rate paid by a HB for the Consultant Connect app.

⁶ <https://reader.elsevier.com/reader/sd/pii/S1078588413005637>

Using the figures for BCUHB, 800 patients per annum with IC out of a total population of around 750,000, gives about 71,000 patients per annum from a UK population of 67 million.

From the paper “Few UK vascular centres offer a fully NICE-compliant supervised exercise programme: a national audit”⁷;

“Of the 78 UK vascular centres, 59 (76%) responded and were included in the audit. Of these, 27 (46%) were able to offer SET but only 21 (36%) could offer it to all their patients with PAD. Only four (6.8%) offered SET that was fully compliant with current NICE guidelines.

Reasons identified included insufficient funding, lack of resource and poor patient compliance.”

From 7c below, only about 7% of Trusts / HBs in the UK offer NICE compliant SET programmes. It is not possible without further insight to extrapolate the amount that is being spent on compliant programmes.

Using RSET, there would be a saving in reducing the number of surgical procedures needed and also savings in the costs of SET programmes that are already extant.

7. Markets and Customers

a. What are the target markets?

An estimated 20% of patients coming into vascular clinics have blood flow issues to their legs, which means that they are not able to walk great distances (or indeed any distance at all). All would benefit from a supervised exercise programme.

NICE sets out UK-wide guidelines, recommending SEP as the first line of treatment. Because these guidelines are so thorough, they are also followed in Europe and in North America. This opens licensing potential in other geographic markets.

It is generally recognised that worldwide SEP is only available to around 30% of people who would benefit from it; and in the UK that figure is 50-55%.

The ability to deliver RSEP through an app as an alternative would fundamentally improve the present situation and therefore there is a huge potential patient market where the app could be of direct benefit.

b. What is the target customer profile?

The target customers are ultimately Health Boards across the UK when individual Health Boards will determine whether they need WeCare, and whether they see the benefits to justify a licence fee.

Betsi Cadwaladr is known to be capable of marketing to other health boards, and to this end a new Commercial Director is in place in BCUHB.

It could be sold on the basis of:

1. Once it is known to work (after trials) it could be sold as ‘best practice’
2. Up until this point the app release could be controlled by demonstration, leading to scale-up and sale to interested health boards
3. BCUHB would want to promote its own ‘good news’ story
4. Soroush should consider making some ‘academic noise’ about it at vascular seminars and the like

⁷ <https://pubmed.ncbi.nlm.nih.gov/34788171/>

c. Details of any market research undertaken inc. market size

An academic paper in the European Journal of Vascular and Endovascular Surgery, Volume 46 Issue 6 p. 707-714 December/2013, addresses "The Cost-effectiveness of Supervised Exercise for the Treatment of Intermittent Claudication".

This study concludes: Currently, the majority of patients with peripheral arterial disease are unable to access supervised exercise programmes because of a lack of funding. This study demonstrates that these programmes are cost-effective by international standards, leading to an increased length and quality of life at a reasonable cost. The results of this research were used to inform recommendations for reimbursement of supervised exercise programmes in the UK.

Quoting from the paper:

"Our results show that SEP is more cost-effective than USE in over 75% of model simulations. At a cost of £711 to £1,608 per QALY gained, SEP would be considered highly cost-effective by policy makers worldwide. Currently, the majority of Europeans with IC do not have access to SEP. "

"Our research shows that once established, SE programmes are highly likely to represent good value for money. Implementation of these programmes will require substantial investment. This is likely to pose a challenge particularly in Europe, where expenditures in most countries are divided across several budgets and there is a tendency to consider each in isolation. An intervention like SEP is likely to have an impact across many budgets. For example, programme costs may be incurred in primary or public healthcare settings, whereas savings realised by fewer CV events are likely to be distributed across primary, secondary, and tertiary settings. To be useful as a tool for demonstrating value, decision makers must consider the full impact of an intervention across the healthcare system."

This would seem to provide a substantial argument for providing an SE programme.

An online paper (ahead of publication) in the Journal of Vascular Societies – Great Britain & Ireland, "Deprivation and supervised exercise for intermittent claudication", J.Vasc.Soc.G.B.Irel. 2022; <http://doi.org/10.54522/jvsgbi.2022.035> suggests that supervised exercise is the first-line management for intermittent claudication, and researchers must demonstrate that it is acceptable to patients and sustainable. Noncompliance with supervised exercise is an incompletely understood issue. It is unknown whether living in a more socioeconomically deprived area is associated with non-compliance with supervised exercise.

In this study consecutive patients referred to the National Exercise Referral Scheme (NERS) for intermittent claudication from a single centre from January 2017 to December 2018 were eligible for inclusion. The Welsh Index of Multiple Deprivation (WIMD) was used as a measure of deprivation for small areas in this study. The primary outcome was number of patients attending the NERS programme after referral. Secondary outcomes were number of patients completing the NERS programme, factors associated with attending and completing the NERS programme, and quality of life scores (EQ-5D-5L).

The study showed that of the 164 patients in the cohort, 28 (17.1%) attended the exercise programme and 12 (7.3%) completed the full programme. Living in a more socioeconomically deprived area was not associated with attending the programme or completing the programme. There was insufficient quality of life score data for meaningful analysis.

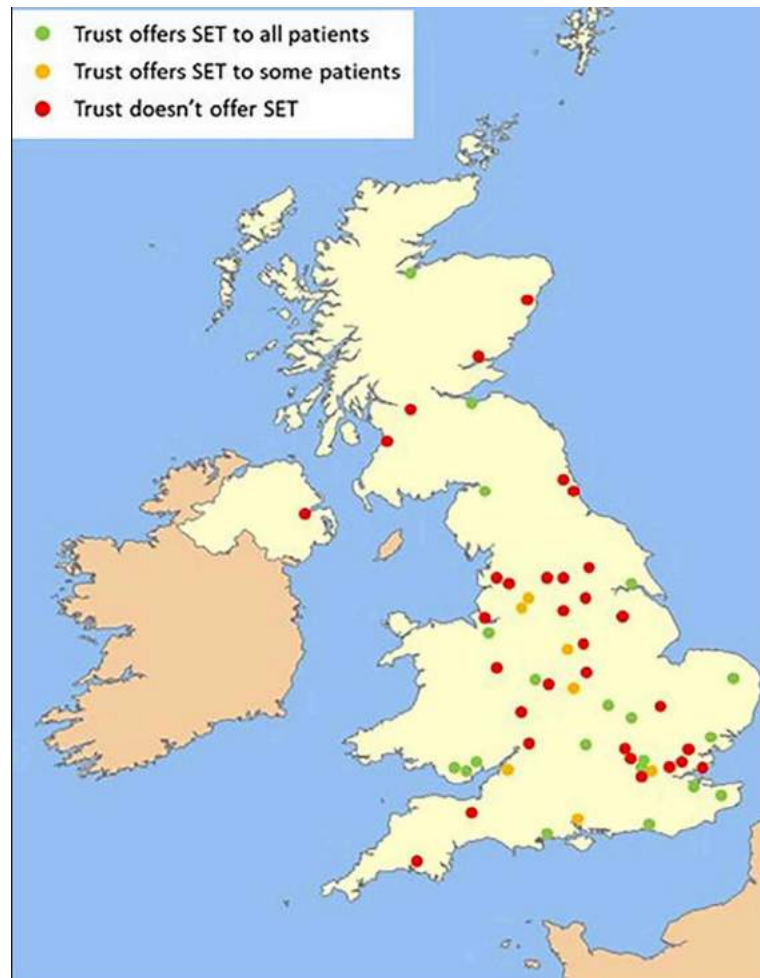
This study concludes that the uptake and completion rate for supervised exercise in this cohort was low. There was no association between living in a more socioeconomic deprived area and either of these outcomes. The authors believe further qualitative research is needed to understand patients' perspective of barriers to compliance with exercise programmes and how to overcome them.

This is a key finding. Even when SEP is offered the uptake appears to be low. It is feasible that the sheer effort of attending classes, and the prospect of being in a class with several other patients, could be off-putting to some individuals. If this is the case, then clearly a remotely monitored SEP through an app such as WeCare could greatly facilitate the completion rate for SEP, again improving overall health outcomes.

"Research on novel methods of delivering supervised exercise that mitigates existing barriers, such as home exercise with remote monitoring, should be prioritised to facilitate optimal management for our patients with PAD."

As can be seen from the figure below, SET provision is patchy.

“Very few (6.8%) UK Vascular Centres currently offer a NICE-compliant SET service for all of their patients. The main barriers to SET are financial constraints and patient adherence.”



SET provisions across trusts⁸

d. Revenue potential inc. projections

The potential for revenue generation for BCUHB could be based on the figure that the WeCare app is likely to save a health board – based presumably on the number of patients that health board has requiring SEP, which would appear to carry a cost of £232 to £345 per patient per programme.

The app could prove to be as effective as providing physical facilities, but only trial over a period of time will determine this, and this could be judged by overall patient performance and satisfaction coupled with a reduction in the number of surgical procedures needed.

⁸ <https://publishing.rcseng.ac.uk/doi/10.1308/rcsann.2021.0126> Fig 2

8. Competition

Soroush understands that one or two apps have been developed in the USA, but he is unsure whether these have actually been applied in patient usage to date; he believes there is nothing else in existence in the UK. This has become apparent through various vascular seminars that he has recently attended. These seminars also offer a mechanism for endorsing the app concept.

Apps in the health service

Consultant Connect⁹ is a telemedicine provider transforming patient care in the NHS. It has an app of the same name which connects GPs to consultants directly, bypassing perhaps lengthy admin procedures. It also now offers many other apps to client HBs.

It would be worth investigating the economics of having WeCare on the Consultant Connect platform.

Each HB funds the licences for the apps that it requires independently.

In overall app terms, the NHS set up an app store about 10 years ago. Some apps were on a 'paid for' basis, and some were free. Some however, were not clinically validated, which resulted in the app store being closed down. In recent times, NHS Digital has taken over that function.

Apps are assessed by ORCHA¹⁰ which will clinically validate them for their risk profile. The WeCare app should be registered on ORCHA in due course.

Other Apps and Trials

The US Society for Vascular Surgery (SVS) Supervised Exercise Therapy (SET) app called '**SVS SET**', which was announced last year, is now in pilot testing (March 2021).

It is primarily aimed at peripheral arterial disease (PAD), but may be available for other specialities. The App has the same funding problem as WeCare:

"A major obstacle to widespread program adoption is reimbursement. While the SVS has funding for the pilot program and an upcoming randomized controlled trial, there is much uncertainty as to what happens down the road."¹¹

"It can't be a free program forever," said Aalami. "We hope that if payors find out it's working, they'll pay to incentivize their members to do it." One possibility is the telemedicine model, which could create reimbursement avenues for providers. "The earliest opportunities for adoption lie within value-based healthcare systems or with providers who participate in alternative payment models such as Medicare Advantage," It is stated to be available on Google Play but the only SVS app found (in the UK) is the SVS iPG app which covers interactive practice guidelines.

In the US, of course, getting the app recognised as saving healthcare costs is vital to persuade the medical insuring community of it's value.

There is another app that has piloted in Germany called **TrackPAD**¹². Regrettably, the name is very similar to Touch pad and similar, so Google returns a great deal of information on mice, trackpads and so on which is unhelpful when looking for an exercise app.... Perhaps fortunately "TrackPAD was only designed for study purposes and not commercial use".

The results look useful – the headline is that about 60% of the trial users were still using the app after 12 weeks.

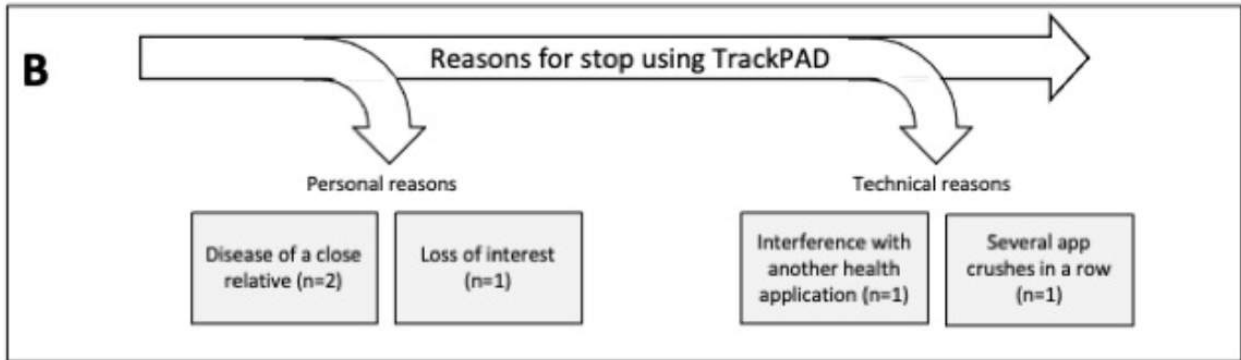
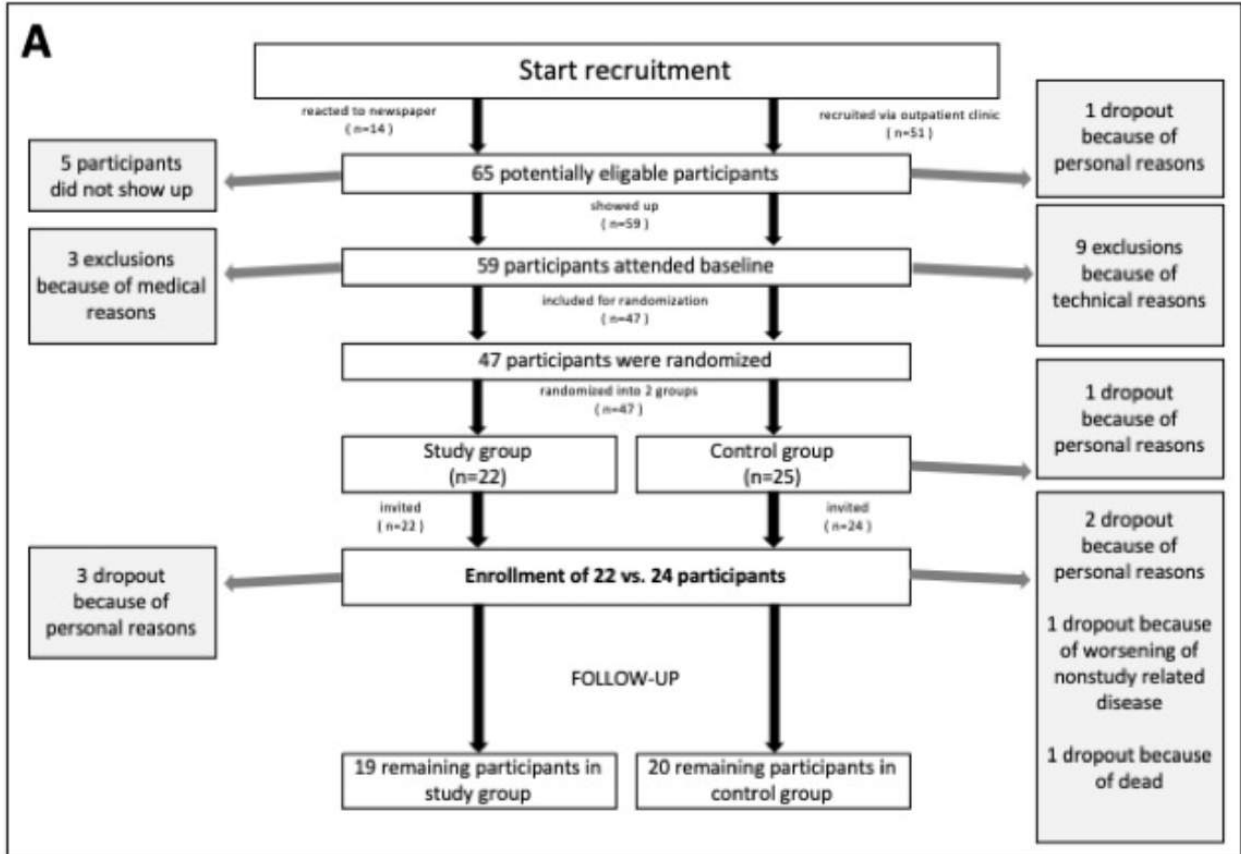
⁹ *ibid*

¹⁰ Organisation for the Review of Care and Health Apps

¹¹ <https://vascularspecialistonline.com/supervised-exercise-therapy-theres-an-app-for-that/>

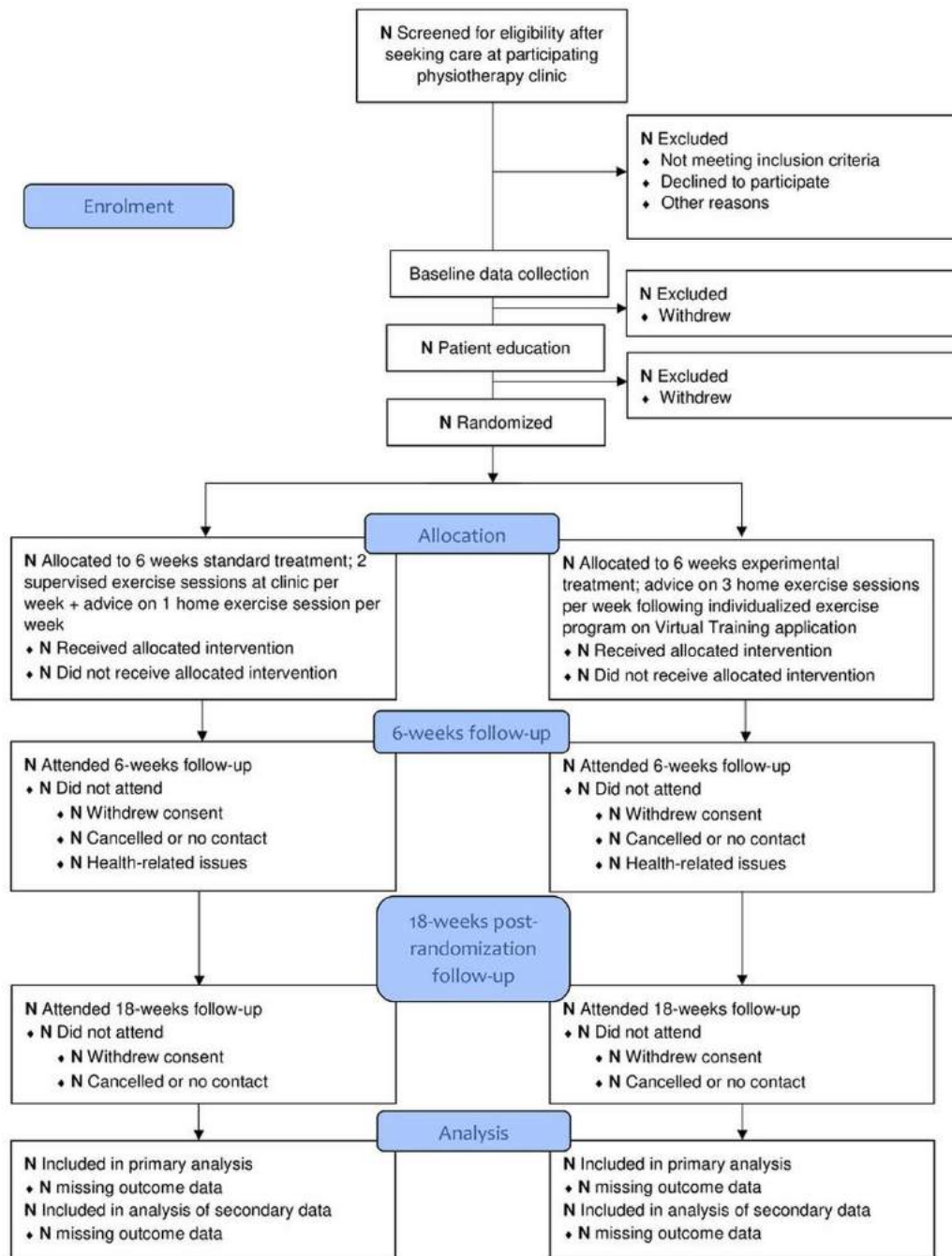
¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8406106/>

Their experience during the trial looks relevant as it almost certainly will apply to WeCare:



Quantitative development of screened patients including reasons for dropouts and exclusions.

A 2022 Norwegian study¹³ of “the robust randomised controlled design evaluating effectiveness of digital exercise programmes in the treatment of osteoarthritis.” Appears to also be relevant. This compares directly “...either 6 weeks of standard treatment (2 weekly sessions of supervised exercise therapy) or experimental treatment (home exercises via the **Virtual Training app (VT)**)”



DigiOA trial flowchart.

In summary:

- No app was found that was readily available
- There is a great deal of research in this area currently
- There are several ‘trial’ apps
- As Soroush has anticipated, the WeCare App could almost certainly be used or adapted to Intermittent Claudication, Peripheral Arterial Disease and Osteoarthritis. There are doubtless more applications.

¹³ <https://bmjopen.bmj.com/content/12/9/e066248>

9. People Involved and Company Policies
a. Names, occupations, time spent on the project:
i. Currently
<p>Soroush Sohrabi</p> <p>Soroush is currently a consultant vascular surgeon in North Wales, working for Betsi Cadwaladr University Health Board. Soroush has a PhD in pancreas transplants, and has previously worked as an academic at the University of Leeds. He has also had a management role as the co-founder of a company.</p>
ii. What is motivation of the above?
<p>Soroush has developed his idea with the aim of improving both patient care management, and for the benefit of the Health Board.</p> <p>He is aware of arrangements for profit share under his employment contract with BCUHB, but does not appear to be primarily driven by the prospect of generating income for himself from the project.</p>
iii. Additional people needed in the future
<p>None required at present. The app development will be sub-contracted out.</p>

10. Project planning and resources
a. Resources including Infrastructure required
<p>No immediate infrastructure is required.</p> <p>The first trial of a prototype app will require a cohort of 10 patients, preferably selected as being likely to give the most honest and useful feedback.</p>
b. Funding required
<p>Funding will shortly be required to develop the first prototype functioning app from the wireframes provided by Iterate. It is estimated that this (hopefully) should cost no more than £10K.</p> <p>This prototype would be used with a first cohort of 10 people. Feedback given may then require a further iteration of the app before it is ready for general market launch.</p> <p>Soroush is aware of a charitable fund within Betsi Cadwaladr UHB, which he believes has in the region of £100K available for vascular projects. Soroush has made tentative enquiries about securing funds to complete the prototype app and has been given the 'verbal OK'.</p> <p>This is going to be important and the next step now that the Iterate work is virtually complete on the wireframes. Persuading BCUHB that this is a worthwhile project for their charitable fund would be an excellent starting point.</p> <p>As a second port of call, the Bevan Commission might be worth contacting https://www.bevancommission.org/programmes/planned-care/</p> <p><i>Ashgrove comment: it is probably worth asking for +50% more than the immediate funding need appears to be as this will soon be used up in any further necessary iterations of the product.</i></p>

11. Principal issues and short term actions

The principal issues are:

1. **Register** WeCare trademark and web URLs
2. **Funding** for the app development
3. **Trials** with the first cohort of patients

The protocol for the first app trial needs to be developed; this can be done now.

The areas that need to be addressed are probably:

- Patient numbers (10?) and source
 - Selection criteria
 - Length of trial and dates
 - Questionnaire for patients to gather useful feedback (both on app user interface and the physical results to the patient of using this app SEP methodology)
 - Criteria for analysing the information gathered
 - Deciding any modifications required for the app, and implementing same
4. **Revisions to app based on patient observations and recommendations from the Trial**
From the first cohort patient trial; particularly the specification and cost of modifications and timeline for the work involved
 5. **Implementation of the finished app into BCUHB as the starting point**
 - Negotiate and firmly establish the financial 'deal' for Soroush Sohrabi based on the assumed value to BCUHB and the licence fee pricing developed for other health boards.
 - Establish the rate paid by a HB for the Consultant Connect app by enquiring within BCUHB. This would be a useful guide to pricing.
 - Resolving any data/cybersecurity issues if any

6. NICE Compliance

The app will be used to provide the RSET (Remote Supervised Exercise Programme).

It will be vital to ensure that RSET provides full compliance with NICE SET guidelines, or that NICE recognises RSET as an acceptable alternative.

7. Deriving the 'good news' stories

The first could be the implementation of the finished app for a major new trial in BCUHB

8. Marketing methodology

Work with BCUHB to try to make sure they will maximise the opportunity across other Welsh HBs and then across the UK

9. Self-promotion

Soroush to promote his idea and its development (and the success data from patient trials) to vascular seminars to give academic credence and provide self-promotion. Academic papers might be a possibility, if this is of interest.

12. Appendix A - Brand Names, Trade Marks and Companies

There is an interesting article on How to Name a Business at <http://www.entrepreneur.com/article/21774> with a video - this covers all the essentials.

When considering ANY trading / brand name, conduct a search to ensure that it is not already registered / has an available domain name / is a registered trade mark.

To do this:

1. Write down a list of names that you want to assess for suitability.
2. Understand the trade mark classification that applies to your product / service.
www.gov.uk/guidance/how-to-classify-trade-marks. If in doubt, email or 'phone the Patent Office.
REMEMBER that your product / service may be covered by more than one classification, in which case you will need to search (and register in) all classes.
3. Search the Register of Trade Marks for the text of the proposed Mark; <https://www.ipo.gov.uk/tmtext.htm> allows you to search for the existing marks that have been registered.
4. Search the Companies House Register of limited companies
<https://find-and-update.company-information.service.gov.uk/>
5. Search for domain names - <http://whois.domaintools.com/> is good because it tells you who has already registered the names you are searching for and gives easy 'one click' access to them (xxxxx.co.uk is best; xxxxx.uk.com next best; xxxx.net if you are in IT; xxxxx.com if you are looking from a US / global perspective).
6. TIMING – when you have decided on a name, register the domain name at the same time as registering the company name or just before so that someone doesn't look at 'new company registrations' and pinch the domain name.....
7. TRADEMARK CLASSES – Be aware that if you register a trade mark in three classes, you must be able to prove that your use covers ALL classes; if it does not and a complaint is made, you might lose the whole registration, not just the registration in the unused class¹⁴. Take professional advice if in any doubt.

¹⁴ <https://businessadvice.co.uk/franchising/legal/mcdonalds-big-mac-trademark>

13. Appendix B – Trade Mark Search for WeCare

UK00003389765

Status: Registered
Mark text: We Care
File date: 05 April 2019
Classes: 35, 41, 44



[✖ Remove from shortlist](#)

UK00914664361

Status: Registered
Mark text: WECARE COMPANY
File date: 09 October 2015
Classes: 3, 5, 10, 35, 41, 44, 45



[✖ Remove from shortlist](#)

UK00801237462

[Trade mark image](#)

Status: Registered
Mark text: WEECARE
File date: 20 October 2014
Classes: 10, 20, 41, 44

[✖ Remove from shortlist](#)

Class 44 – full list

Medical services; veterinary services; hygienic and beauty care for human beings or animals; agriculture, horticulture and forestry services

- Mobile medical clinic services
- Medical tele-reporting [medical services]
- Clinic services (Medical -)
- Clinic (Medical -) services
- Medical clinic services
- Health clinic services [medical]
- Medical and healthcare services
- Medical services
- Medical and healthcare clinics
- Remote monitoring of medical data for medical diagnosis and treatment
- Medical diagnostic services
- Medical clinics
- Clinics (Medical -)
- Medical services in the field of diabetes
- Medical imaging services
- Health resort services [medical]
- Medical testing
- Tele-reporting (medical services)
- Medical nursing services
- Nursing services (Medical -)
- Medical services in the field of oncology
- Medical information
- Medical evaluation services
- Medical care
- Medical nursing

Commercial in Confidence

- Nursing, medical
- Medical counselling
- Medical assistance
- Medical screening services in the field of asthma
- Medical health assessment services
- Medical counseling
- Medical services in the field of nephrology
- Dietetic counselling services [medical]
- Medical screening
- Emergency assistance services in the medical field
- Medical information services
- Medical treatment services
- Medical care services
- Ultrasound services for medical purposes
- Medical spa services
- Health farm services [medical]
- Medical consultation
- Ambulant medical care
- Emergency medical assistance
- Medical examinations
- Medical advisory services
- Medical counseling services
- Providing online medical record services other than dentistry
- Medical counselling services
- Medical analysis services
- Medical consultations
- Medical assistance consultancy provided by doctors and other specialized medical personnel
- Medical assistance services
- Medical advice in the field of pregnancy
- Rental of medical and health care equipment
- Health care consultancy services [medical]
- Providing medical advice in the field of dermatology
- Residential medical advice services
- Providing medical support in the monitoring of patients receiving medical treatments

AWYR LAS
FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>		Wigs for Dermatology Patients that have alopecia (12 month cost)
<u>Name & Job Title of Lead Applicant</u>		Manon Williams ,Matron Cancer Division – Submitted on behalf of the Area Teams
<u>Name & Job Title of Other Applicants</u>		
<u>Maximum Expenditure Requested</u>		£39,000.00 (£13,000 for each East, West and Central Area) – N.B. West Area wigs will be funded from Ysbyty Gwynedd League of Friends. Please see copy extract of e-mail below. A designated Dermatology Wig Fund will be set up under the Awyr Las Charity to accept the grant from YG League of Friends. The Committee are asked to approve the £39k.
<u>Fund to be Sourced</u>	<u>Fund Number & Title</u>	Cancer Support Group, Wrexham – Fund 7Q02 Cancer Charitable Fund, YGC – Fund 8Q02 Alaw Ward Fund – Fund 9Q04 – Funds to be transferred from YG League of Friends to cover the West’s contribution
	<u>Current Uncommitted Balance</u>	7Q02 - £243,100.64 8Q02- £1,667,514.03 YG League of Friends
<u>Background & Summary Description</u>		

PLEASE RETURN COMPLETED FORMS TO: AWYR LAS FINANCE SUPPORT TEAM, ABERGELE HOSPITAL, LLANFAIR ROAD, ABERGELE, LL22 8DP
or E-MAIL TO rebecca.hughes2@wales.nhs.uk

- Historically Cancer Services on the 3 sites have provided the wig service for dermatology patients alongside cancer patients. In 2017/18 it was decided that General Funds would pay for the dermatology wigs
- The cost of each wig is 'capped' at £90.00 per patient. The dermatology patients are allocated 2 wigs per year.
- The contract was renewed via Procurement in 2019
- All wigs are ordered and invoiced through the NHS Wales Shared Services Partnership Accounts Payable Department. Cancer Division is able to continue overseeing this service provided for Dermatology patients alongside cancer division patients.
- There are and will be 3 suppliers and patients can choose to attend a salon in Prestatyn, Chester, Llandudno or Liverpool.
- BCUHB are not unique in funding this service from charitable funds – many Health Boards across England and Wales source the service via similar avenues e.g. Velindre NHS Trust

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
Hair loss can have a huge emotional impact on patients and having this service provided within all three sites means that patients have access to a qualified wig advisor/fitter alongside their appointments for treatment or 'follow-up'	Feedback from patient forums / patient satisfaction questionnaires

Financial Management and Costing

Pay				
Job Title	Annual Salary	Period in	Project Role	£

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or E-MAIL TO rebecca.hughes2@wales.nhs.uk**



	(inc. on-costs)	Months		
				N/A
Non-pay				
Quote or Estimate?	Description			
Estimate	Provision of wigs for a period of 12 months (maximum cost). Any underspend will be released back to the funds.			39,000
Total Pay and Non-pay				£ 39,000.00
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£ N/A
Less: Savings generated by this application				£
Net ongoing revenue costs charged to NHS budgets				£
Risk Assessment				
Risk (insert further rows if needed)			Mitigation	
Core budgets are not able to support the purchase of wigs. Without Charity Funding, patients would not have access to this service. Although not essential to treatment, they do benefit patient's wellbeing.				
Exit Strategy (Charitable Funds cannot fund ongoing commitments)				





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N/A		
Dementia Strategy (State how the scheme meets the Health Board’s dementia strategy)		
N/A		
Health Inequalities (State how the scheme addresses health inequalities)		
All patients undergoing treatment have access to this service.		
Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?		NO/YES
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
The wig service provided caters for all genders and ethnic groups.		
Approvals		
	Name & Date Approved	Comments
Charitable Funds Finance Team	Date submitted to Charitable Funds: 05/06/2023	
	Date all required information & approvals received:	

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Fund Advisor	Sian Hughes-Jones 14.02.23	 Tue 14/02/2023 10:37 Sian Hughes-Jones (BCUHB - Cancer Services) Re: Wigs @ £39,000 for dermatology patients To  Kirsty Thomson (BCUHB - Corporate Services);  Geraint Roberts (BCUHB - Cancer Services);  Laura Vernon (BCUHB - Cancer Services) Cc  Paula Clayton (BCUHB - Finance) Thank you I support as per Geraints email Diolch Sian General Funds Application
Capital Approval (Estates/IM&T/Medical Devices)	N/A	<i>If an Estates project, please confirm date when Estates expect the work to be completed.</i>

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<p>Chief Financial Officer</p>	<p>Paula Jones</p> <p>09.08.23</p>	<p>Delete Respond Quick Steps Move</p> <p>Paula Jones (BCUHB - Finance) Paula Clayton (BCUHB - Finance); Dylan Evans (BCUHB - Corporate O</p> <p>CA23-12</p> <p>Retention Policy NHS Wales Default Exchange Retention Policy (7 years)</p> <p>CA23-12.doc 309 KB</p> <p>Approved</p> <p>Thanks</p> <p>Paula</p>
<p>Area/Hospital/Secondary Care/Mental Health/Executive Director – East Area</p>	<p>Geraint Roberts</p> <p>14.02.23</p>	<p>Tue 14/02/2023 10:33</p> <p>Geraint Roberts (BCUHB - Cancer Services)</p> <p>Re: Re: Wigs @ £39,000 for dermatology patients</p> <p>To Kirsty Thomson (BCUHB - Corporate Services); Sian Hughes-Jones (BCUHB - Cancer Services); Laura Vernon (BCUHB - Cancer Services)</p> <p>Cc Paula Clayton (BCUHB - Finance)</p> <p>Hi Kirsty ,</p> <p>personaly I'd be supportive for the 12 months and if Sian agrees then we can take it to Cancer's F & P committe for a final decision.</p> <p>Geraint</p> <p>Geraint Ellis Roberts Rheolwr Cyffredinol Is-adrannol -Canser Divisional General Manager - Cancer</p>

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Charitable Funds Advisory Group		

From: MYFANWY HARPER <myfanwyharper@aol.com>

Sent: 14 March 2023 13:23

To: Kirsty Thomson (BCUHB - Corporate Services) <Kirsty.Thomson@wales.nhs.uk>

Cc: Dewi Morgan <dewimorgan@live.co.uk>; Paula Clayton (BCUHB - Finance) <Paula.Clayton@wales.nhs.uk>; Amy Harding (BCUHB - Corporate Services) <Amy.Harding2@wales.nhs.uk>; Dylan Evans (BCUHB - Corporate Office) <Dylan.Evans55786@wales.nhs.uk>

Subject: Re: Diolch! Confirmation of what Ysbyty Gwynedd League of Friends have agreed to fund

WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.

Pnawn da

Just to confirm that the meeting of Cyfeillion Ysbyty Gwynedd held on 13 March 2023 approved the funding for all the items listed below. The timing seems appropriate for this round. Would it be possible to receive the next requests as soon as possible? The next meeting of the Cyfeillion is on 17 Apr

Thank you for your assistance with this matter.

Myfanwy

AGREED FUNDING:

1. Children's Ward: Accuvein Finder £3,300 excluding VAT: APPROVED X 2 @ £6,600 SHOULD THE TEAM REQUIRE 2 (ONE FOR WARD DEWI, ONE FOR MINFORDD WARD)
2. Children's Ward: Equipment for the parents' room £500 excluding VAT APPROVED
3. High Dependency Unit: Bladder Scanner £4,000 excluding VAT APPROVED
4. Respiratory Team: sleep study equipment £4,995 excluding VAT & 5 x oximeters to diagnose sleep apnoea, £565 per unit, £2,825 total excluding VAT APPROVED AT A TOTAL OF £7,820
5. Ophthalmic Pre-operative assessment clinic: Accutome A-Scan ranges £12,500 excluding VAT APPROVED
6. Wigs for dermatology patients: £13,000 per annum (April 2023-24) APPROVED

TOTAL AGREED FUNDING: £44,420

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AWYR LAS
FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>	Flat Lie Equipment	
<u>Name & Job Title of Lead Applicant</u>	Jack Roberts	
<u>Name & Job Title of Other Applicants</u>		
<u>Maximum Expenditure Requested</u>	£6,990.00	
<u>Fund to be Sourced</u>	<u>Fund Number & Title</u>	Conwy East Locality GP Fund – Fund 8B21
	<u>Current Uncommitted Balance</u>	£27,842.84
<u>Background & Summary Description</u>		
<p>The Health Board has requested that all hospitals/wards purchase flat lie equipment to help patients who have fallen on the floor. This is equipment will also help bariatric patients be lifted from the floor without injury to them, the staff and to curtail the need to phone the fire service to help.</p>		

PLEASE E-MAIL COMPLETED FORMS TO: Paula.Clayton@wales.nhs.uk




Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)				
Service Benefit (insert further rows if needed, must include patient care and financial benefits)			Measure	
To enable staff to move patients from the floor with no detrimental effect to the patient or staff				
To save money by not calling on the fire service to come and aid the recovery of patients from the floor				
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
N/A				
Non-pay				
Quote or Estimate?	Description			
Quote 00010766	Patient Flat Lift Kit 32" (HoverJack, SPU HoverMatt, Universal Air Supply and Storage Cart)			6,990.00
Total Pay and Non-pay				£6,990.00
Ongoing Revenue Costs				


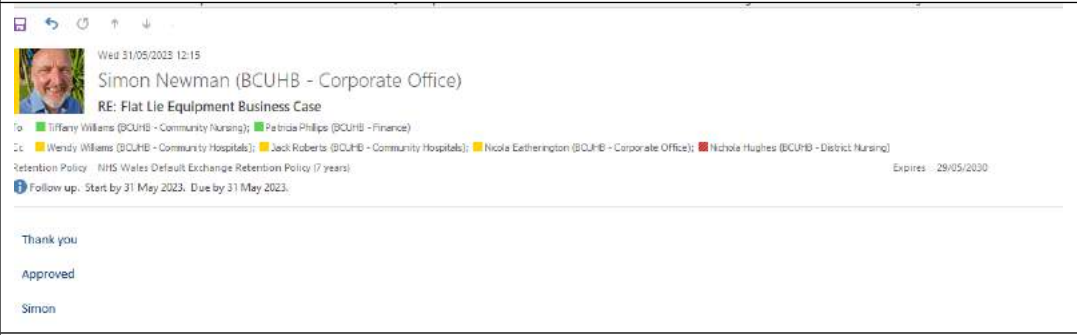
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Ongoing revenue costs which will be charged to NHS budgets	£0
Less: Savings generated by this application	£
Net ongoing revenue costs charged to NHS budgets	£ 0
Risk Assessment	
Risk (insert further rows if needed)	Mitigation
Patient and staff safety	Will ensure patients don't suffer further injury and staff don't hurt themselves
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
One off Purchase	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
Dementia patients can be prone to falling and this would ensure that they are treated and lifted with no further injury to them.	
Health Inequalities (State how the scheme addresses health inequalities)	
This equipment will help health inequalities such as those who are bariatric, it would ensure that they are treated with respect and dignity and not have to wait on the floor whilst the fire service is called.	
Equalities Impact	

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Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief) be differently affected by this scheme?		NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
This piece of equipment is for all groups equally		
Approvals		
	Name & Date Approved	Comments
Charitable Funds Finance Team	Date submitted to Charitable Funds: 26th May 2023	
	Date all required information & approvals received:	
Fund Advisor	Wendy Williams 26.05.23	
Capital Approval (Estates/IM&T/Medical Devices)	MDG 31.07.23	

PLEASE E-MAIL COMPLETED FORMS TO: Paula.Clayton@wales.nhs.uk

<p>Chief Financial Officer</p>	<p>Patricia Phillips, On Behalf of Nigel McCann</p> <p>13.06.23</p>	 <p>Tue 13/06/2023 08:02</p> <p>Patricia Phillips (BCUHB - Finance)</p> <p>RE: Flat Lie Equipment Business Case</p> <p>To: Tiffany Williams (BCUHB - Community Nursing); Paula Jones (BCUHB - Finance)</p> <p>Retention Policy: NHS Wales Default Exchange Retention Policy (7 years) Expires: 1</p> <p>Hi Tiffany</p> <p>In Paula's absence, I am happy to agree.</p> <p>thanks</p> <p><i>Trish</i></p> <p>#hello ty enw i ydy... #hello my name is...</p> <p>Trish Phillips Assistant Chief Finance Officer - Central Area - Cynorothwydd Prif Swyddog Cyllid - Adran Canolog</p> <p>I am currently working from home. If you need to speak to me please call me via TEAMS or if you prefer, email me a contact number for me to call you back.</p>
<p>Area/Hospital/Secondary Care/Mental Health/Executive Director</p>	<p>Simon Newman</p> <p>31.05.23</p>	 <p>Wed 31/05/2023 12:15</p> <p>Simon Newman (BCUHB - Corporate Office)</p> <p>RE: Flat Lie Equipment Business Case</p> <p>To: Tiffany Williams (BCUHB - Community Nursing); Patricia Phillips (BCUHB - Finance)</p> <p>cc: Wendy Williams (BCUHB - Community Hospitals); Jack Roberts (BCUHB - Community Hospitals); Nicola Etherington (BCUHB - Corporate Office); Nichola Hughes (BCUHB - District Nursing)</p> <p>Retention Policy: NHS Wales Default Exchange Retention Policy (7 years) Expires: 29/05/2020</p> <p>Follow up: Start by 31 May 2023. Due by 31 May 2023.</p> <p>Thank you</p> <p>Approved</p> <p>Simon</p>
<p>Charitable Funds Advisory Group</p>		

PLEASE E-MAIL COMPLETED FORMS TO: Paula.Clayton@wales.nhs.uk



Awyr Las
Blue Sky

CA23/13



Risk assessment for
Flat lifting equipme



MDG.pdf



Flat Lift Equipment
new business case 1



Colwyn Bay - Flat
Lie Kit May23.pdf

PLEASE E-MAIL COMPLETED FORMS TO: Paula.Clayton@wales.nhs.uk

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Am iechedd gwell yng Ngogledd Cymru • For brighter, better health in North Wales*



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T : 020 3198 2420 F :020 3918 2421
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Quotation

Quote Number 00010766 Created Date 16/05/2023
Quote Expiration Date 30/06/2023

Prepared By

Prepared By Liberty Reynolds
Prepared By Phone 07477950798
Number.
Prepared By Email liberty@cjmedical.com





Customer Information

Colwyn Bay Community Hospital
Colwyn Bay
Wales

Product Code	Product	Quantity	Sales Price	Total Price
CJM-FK32	Patient Flat Lift Kit 32" (HoverJack, SPU HoverMatt, Universal Air Supply and Storage Cart)	1.00	GBP 6,900.00	GBP 6,900.00

Freight	GBP 75.00
Sub Total	GBP 6,975.00
Vat Amount	GBP 1,395.00
Total	GBP 8,370.00

General Risk Assessment Form

Corporate Function & Department: Corporate Health and Safety Team (Manual Handling)		Date: 06/12/2022	Assessment Ser No:
Section/Area where task takes place: All clinical areas and areas where there may be a need to move or evacuate Larger Persons			
Task/Work Activity: Lifting of Patients using inflatable lifting equipment (e.g. HoverJack and Mangar Elk) vs hoisting and manual assistance. At present, access to flat lifting equipment and Larger Person equipment is severely limited, even in acute areas, limiting ability to safely lift fallen Patients and resulting in occasional need for Fire Service assistance. There is an additional risk associated with emergency evacuation from upstairs clinical areas where there is no adjacent Fire Compartment. Use of inflatable flat lifting equipment in BCUHB is currently limited to Theatres and 1x ED. Awareness of this type of equipment is low.			
Quotations include: X1 Mangar Elk with Airflo24 inflation units and Delivery X1 HoverJack with HoverMatt, mains air supply and storage carts			
Training costs are included. It is proposed to access Charitable Funds in order to purchase this equipment.			
Product Documentation:			
 Hov_HoverjackBroc_hure_0821.pdf	 Hoverjack	 Mangar-ELK-ProductM10442-Issue-6-ELK-t-Sheet-UK.pdf	 User-Instructions-Et
Quotations:			
Assessor(s): Sam Newitt			Job Title: Corporate H&S Advisor

Consequence Score	Likelihood Score				
	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

To obtain the risk rating multiply the appropriate consequence score by the appropriate likelihood score,
e.g. Minor 2 x Likely 4 = 8

RISK RATING ACTION GUIDETABLE

1 - 3	Low Risk- Action only if low cost remedy, easy to implement, re-assess if process/procedure, guidance or legislation changes, keep under review.
4 - 6	Moderate Risk- Action that is cost effective in reducing the risk and planned and implemented within a reasonable time scale.
8 - 12	High Risk- Urgent action to remove or reduce the risk. To be escalated to senior management.
15 - 25	Extreme Risk- Immediate action to remove or reduce risk to tolerable level. Consideration given to stopping process. Inform Senior Management & Risk management/Health & safety Departments at once.

Hazard	Risk Associated	Who Might Be Harmed	Existing Control Measures	Current Risk Rating C X L	Additional Controls Required	Residual Risk Rating C X L	Date Action to be Completed
Manual Lifting/ assistance	<p>Musculoskeletal Injury from lift/drop, particularly likely where:</p> <ul style="list-style-type: none"> • Staff resource is limited and numbers insufficient • Patient weight in bariatric range • Load unstable • Load inaccessible/ in confined space e.g. bathroom • Load difficult to evacuate from confined spaces e.g. bathroom <p>Civil/criminal cases (cost, career, reputation)</p>	Staff/Patient	<p>Patient Handling Training</p> <p>Care Planning (Mobility Assessment/Multifactorial Risk Assessment</p> <p>Rostering</p> <p>CSM resource allocation</p>	4x4 (16)	<p>Purchase sufficient inflatable lifting equipment to cover relevant clinical areas</p> <p>Provide training for staff – include in existing Patient Handling training package, and ensure initial training and refresher</p> <p>Ensure safe storage</p> <p>Ensure decontamination SOPs in place</p> <p>Ensure TILE assessment in place (Task, Individual, Load, Environment) for moving and handling of equipment</p> <p>Ensure competent LOLER inspection (register with EBME)</p>	4x1 (4)	

Hazard	Risk Associated	Who Might Be Harmed	Existing Control Measures	Current Risk Rating C X L	Additional Controls Required	Residual Risk Rating C X L	Date Action to be Completed
Hoisting	<p>Limited access to Larger Person hoists – risk of collapse if inappropriate hoist used.</p> <p>Patient injury from sling.</p> <p>Storage space is limited.</p> <p>Access issues in confined spaces e.g. bathrooms</p> <p>Hire costs.</p> <p>Civil/criminal cases (cost, career, reputation)</p>	Patient	<p>Patient Handling Training</p> <p>Limited awareness of locations/availability of bariatric hoisting equipment</p> <p>Care Planning (Mobility Assessment/Multifactorial Risk Assessment)</p>	4x3 (12)	<p>Purchase sufficient inflatable lifting equipment to cover relevant clinical areas</p> <p>Provide training for staff – include in existing Patient Handling training package, and ensure initial training and refresher</p> <p>Ensure safe storage</p> <p>Ensure decontamination SOPs in place</p> <p>Ensure TILE assessment in place (Task, Individual, Load, Environment) for moving and handling of equipment</p> <p>Ensure competent LOLER inspection (register with EBME)</p>	4x1 (4)	

Hazard	Risk Associated	Who Might Be Harmed	Existing Control Measures	Current Risk Rating C X L	Additional Controls Required	Residual Risk Rating C X L	Date Action to be Completed
Transfer to bed/seat	<p>Musculoskeletal injury, particularly likely where:</p> <ul style="list-style-type: none"> Staff resource is limited and numbers insufficient Patient weight in Larger Person range <p>Civil/criminal cases (cost, career, reputation)</p>	Staff/Patient	<p>Patient Handling Training</p> <p>Care Planning (Mobility Assessment/Multifactorial Risk Assessment</p> <p>Rostering</p> <p>CSM resource allocation</p>	4x4 (16)	<p>Purchase sufficient inflatable lifting equipment to cover relevant clinical areas</p> <p>Provide training for staff – include in existing Patient Handling training package, and ensure initial training and refresher</p> <p>Ensure safe storage</p> <p>Ensure decontamination SOPs in place</p> <p>Ensure TILE assessment in place (Task, Individual, Load, Environment) for moving and handling of equipment</p> <p>Ensure competent LOLER inspection (register with EBME)</p>	4x1 (4)	

Hazard	Risk Associated	Who Might Be Harmed	Existing Control Measures	Current Risk Rating C X L	Additional Controls Required	Residual Risk Rating C X L	Date Action to be Completed
Wait for Fire Service assistance to lift bariatric patients	<p>Potential for worsening of condition of Patient over time – complications or worsening of fracture, bleed or tissue integrity.</p> <p>Potentially chargeable by NWFRS.</p> <p>Patient dignity</p> <p>Civil/criminal cases (cost, career, reputation)</p>	Patient	None	4x2 (8)	<p>Purchase sufficient inflatable lifting equipment to cover relevant clinical areas</p> <p>Provide training for staff – include in existing Patient Handling training package, and ensure initial training and refresher</p> <p>Ensure safe storage</p> <p>Ensure decontamination SOPs in place</p> <p>Ensure TILE assessment in place (Task, Individual, Load, Environment) for moving and handling of equipment</p> <p>Ensure competent LOLER inspection (register with EBME)</p>	1x1 (1)	

Hazard	Risk Associated	Who Might Be Harmed	Existing Control Measures	Current Risk Rating C X L	Additional Controls Required	Residual Risk Rating C X L	Date Action to be Completed
Difficulty evacuating Patients down stairs	Severe harm – smoke inhalation, death Civil/criminal cases (cost, career, reputation)	Patient	There are various evacuation mats in use. Training is inconsistent Horizontal Evacuation Strategy (may not be applicable in some areas e.g. some Community Hospitals where there are upstairs Wards with no adjacent Compartment)	5x2 (10)	Purchase sufficient Hover/Jack Evacuation kits/HoverMatts to cover potentially affected areas Provide training for staff in potential affected areas e.g. Rep, Fire Safety Trainer or Manual Handling Team	5x1 (5)	

Assessors Signatures: *Sarah Newitt* Date: 06/12/2022

Managers Signature:  Date: 15/5/23

Reassessment Date: _____

* Note: Depending on the complexity of the Risk Assessment an Action Plan may be required(Use RA 3)

AWYR LAS
FUNDING APPLICATION FORM

Title of Funding Application		Purchasing of equipment to support further development of the EBUS (Endobronchial Ultrasound) service based in Ysbyty Gwynedd for the surrounding BCUHB population
Name & Job Title of Lead Applicant		Dylan Williams, Medical Directorate General Manager
Name & Job Title of Other Applicants		Dr Ali Thahseen, Consultant Respiratory Physician
Maximum Expenditure Requested		£64,967.14
Fund to be Sourced	Fund Number & Title	Alaw Fund – Fund 9Q04
	Current Uncommitted Balance	£ 944,124.50
Introduction and Background		
<p>Lung cancer is the one of the most frequently occurring forms of cancer in Europe. Early diagnosis and subsequent treatment both enhance survival and the goal with patients presenting with suspected or definite lung cancer should be prompt and efficient establishing of both diagnosis and staging so that an appropriate treatment plan can be put in place. Endobronchial Ultrasound Trans-Bronchial Needle Aspiration or EBUS-TBNA, is becoming increasingly recognised as a useful tool in the initial assessment of patients with suspected lung cancer.</p> <p>Guidelines from bodies such as the National Institute for Health and Clinical Excellence, European Society of Gastrointestinal Endoscopy and the British Thoracic Society recommend that EBUS should be initial staging offered in patients with suspected or proven non-small-cell lung cancer. The use of EBUS as the initial diagnostic procedure for lung cancer staging significantly reduces costs, time to diagnose and/or management decision and the number of overall procedures required for each patient which not only improves individual patient experience but allows for further capacity to be utilised for additional</p>		

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patients.

EBUS prevents futile surgeries and allows for curable operations to be performed on patients previously misdiagnosed by CT or PET scan with studies demonstrating a significantly increase to median survival rates

What actually happens during the procedure?

The procedure is normally carried out using local anaesthesia (with some sedation if required). A flexible fiberoptic bronchoscope with a mini probe or catheter is inserted through the patients nose or mouth and advanced towards the suspected lung lesion using the endobronchial ultrasound EBUS guidance. Once the bronchoscope is in the appropriate location, the mini probe is withdrawn and biopsy forceps or needles are introduced into the channel to take a histology sample of the lesion.

NICE guidelines issued in 2020 advises that patients with smaller lymph node involvement undergo EBUS, which has increased the number of patients requiring the procedure compared to previous guidelines. The number of cancer referrals are increasing year on year. Recent national lung cancer optimal pathway states diagnosis to be made in 21 days and treatment to be started in 49 days. The single cancer pathway is now in effect which adds additional pressure to get patients diagnosed earlier. We now offer the EBUS service alongside our sister sites to patients on twice weekly slots however capacity for patients is limited due to only having one scope, as this has to be thoroughly decontaminated in between patients. The purchase of an additional scope will allow a shorter turnaround of equipment and for more patients to be offered this service in line with current service and future demand.

The Respiratory service in Ysbyty Gwynedd would like to further develop the EBUS service to allow patients to be treated in compliance with National and European best practice allowing patients to have swift diagnosis of diseases and disorders of the lung. Staff members are keen to provide this service and have been able to alter existing job plans to enable the development of a sustainable service. The Medical Directorate have already paid for consultants to undertake training in EBUS use and have altered job plans to support the service commencing. The additional resource required is to purchase an additional EBUS scope

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NICE Guidance
EBUS



Capital Business
Case

It has been suggested that there is a potential demand for xxxx EBUS procedures per year. For the population of BCUHB this would approximately equate to xxx EBUS procedures per year (based on a population size of 694,000).

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)



Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
The main advantage of EBUS guided sampling is that compared with surgical sampling, EBUS is a minimally invasive procedure that can be performed using local anesthesia and moderate sedation.	
This will mean a reduction in the number of diagnostic tests for patients during diagnosis process for Lung cancer which would improve efficiency of service and allow us to increase capacity to offer the EBUS service to patients across out local population in line with care closer to home principles (negating the need for travel to other centres if capacity does not allow local diagnostics offering consistency of service availability across North Wales).	Reduction in diagnostic tests / patient facing appointments
Care closer to home for patients in the BCUHB West catchment area (if the service has the capacity ability after initial set up, there is a potential to grow the service in LLGH to allow patients from other catchment to also benefit).	Elimination of resource outsourcing for EBUS for the BCUHB West population.

Financial Management and Costing

Pay

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Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
N/A	N/A	N/A	N/A	0
Non-pay				
Quote or Estimate?	Description			
Quote	 Olympus Quotation EBUS scope EBUS Scope			£62169.24 (excl. VAT)
Quote	Consumables			Approx. £24000.00 (excl. VAT)
Quote	 North Wales 5 year 24.05.2023 JS EE2.xls Maintenance costs			£11961 (excl. VAT)
Total Pay and Non-pay				
Ongoing Revenue Costs				
xxxx				
Less: Savings generated by this application				
Net ongoing revenue costs charged to NHS budgets				
Risk Assessment				
Risk (insert further rows if needed)			Mitigation	

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Ongoing sustainability of the service	Consultants have been trained in performing and analysing EBUS diagnostics in order to provide a sustainable service.
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
The request is for purchase of equipment in anticipation of expanding current service provision for EBUS. Future replacement will be managed by the BCUHB capital programme.	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
This would allow the service to provide a greater variety of procedures, with different levels of sedation requirements and invasiveness, which will allow the service to respond to patients needs to a greater extent recognising the need for treatments to be sympathetic to the needs of both the Health Boards Dementia strategy but also the Older persons strategy.	
Health Inequalities (State how the scheme addresses health inequalities)	
This service has previously been provided on a small selective scale and prior to implementation within BCU was taking place outside of the geographic area. Bolstering the service will allow for more patients to be cared for closer to home and in a responsive, caring way. Avoid further procedures.	
Equalities Impact	
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?	NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.	
If NO, then state below what information/evidence the decision is based on.	
There will be no detriment in providing this equipment.	
Approvals	

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or E-MAIL TO rebecca.hughes2@wales.nhs.uk**



	Name & Date Approved	Comments
Charitable Funds Finance Team		<p>Date submitted to Charitable Funds:</p> <p>Date all required information & approvals received:</p>
Fund Advisor	<p>Alaw Charity Group</p> <p>05.09.23</p>	<p>From: chas muskett <chas.muskett@hotmail.co.uk> Sent: 04 September 2023 23:59 To: Paula Clayton (BCUHB - Finance) Cc: Dylan Evans (BCUHB - Corporate Office) Subject: Re: EBUS</p> <p>WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you know the content is safe.</p> <p>Hi Paula,</p> <p>I'm fine thanks, hope all good with you. Yes, I can confirm that this has been discussed and approved by the Alaw Charity Group. The only rider is that we have given any commitment to on costs, consumables etc. So, very much a one off payment approval. Hope that makes sense!</p> <p>Best wishes,</p> <p>Chas</p>





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		<p>From: Laura Vernon (BCUHB - Cancer Services) Sent: 19 September 2023 11:46 To: Paula Clayton (BCUHB - Finance); Geraint Roberts (BCUHB - Cancer Services) Cc: Dylan Evans (BCUHB - Corporate Office) Subject: RE: EBUS</p> <p>Hi Paula</p> <p>I can confirm that this was approved at yesterday's SLT for funding on the basis that there are no revenue costs to come from the Alaw charitable fund.</p> <p>Thanks</p> <p>Laura Vernon Deputy Divisional General Manager/Rheolwr Cyffredinol Dirprwyol Cancer Services/Gwasanaeth Canser</p>
<p>Capital Approval (Estates/IM&T/Medical Devices)</p>	<p>Medical Devices Group</p> <p>23.05.23</p>	<p><u>Paula Clayton (BCUHB - Finance)</u></p> <p>From: Wendy Lawlor (BCUHB - Finance) Sent: 17 May 2023 12:58 To: Kirsty Thomson (BCUHB - Corporate Services); Helena Blower (BCUHB - Corporate Office) Cc: Paula Clayton (BCUHB - Finance); Dylan Evans (BCUHB - Corporate Office) Subject: RE: EBUS update?</p> <p>Hi</p> <p>The Medical Devices Group reviewed the request to purchase an additional bronchoscope from charitable funds on Monday. The Group were supportive of the purchase provided clarity was obtained on revenue costs, the business case included consumable costs of £24K but not maintenance costs so these need to be clarified and signed off by Chief Finance Officer. Also can you please get latest manufacturers decontamination instructions and share with Infection Prevention Team, Trevor Garcia included in the email.</p> <p>Thank you</p>

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<p>Chief Financial Officer</p>	<p>Adrian Butlin</p> <p>22.09.23</p>	<p></p> <p> Adrian Butlin (BCUHB - Finance)  Paula Clayton (BCUHB - Finance); <input type="checkbox"/></p> <p>RE: EBUS Application</p> <p>Retention Policy NHS Wales Default Exchange Retention Policy (7 years)</p> <p> You replied to this message on 22/09/2023 10:56.</p> <hr/> <p>Hi Paula,</p> <p>Just to confirm that the EBUS application has my approval.</p> <p>Many thanks</p> <p>Ade Butlin Chief Finance Officer – Ysbyty Gwynedd Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p>
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or E-MAIL TO rebecca.hughes2@wales.nhs.uk



<p>Area/Hospital/Secondary Care/Mental Health/Executive Director</p>	<p>Laura Vernon, On behalf of Geraint Roberts</p> <p>19.09.23</p>	<p>From: Laura Vernon (BCUHB - Cancer Services) Sent: 19 September 2023 13:54 To: Paula Clayton (BCUHB - Finance); Geraint Roberts (BCUHB - Cancer Services) Cc: Dylan Evans (BCUHB - Corporate Office) Subject: RE: EBUS</p> <p>Hi</p> <p>Yes, this is acceptable and in line with the scheme of delegation.</p> <p>Thanks</p> <p>Laura Vernon Deputy Divisional General Manager/Rheolwr Cyffredinol Dirprwyol Cancer Services/Gwasanaeth Canser</p> <hr/> <p>From: Paula Clayton (BCUHB - Finance) <Paula.Clayton@wales.nhs.uk> Sent: 19 September 2023 13:48 To: Laura Vernon (BCUHB - Cancer Services) <LAURA.VERNON@wales.nhs.uk>; Geraint Roberts (BCUHB - Cancer Services) <Geraint.E.Roberts@wales.nhs.uk> Cc: Dylan Evans (BCUHB - Corporate Office) <Dylan.Evans55786@wales.nhs.uk> Subject: RE: EBUS</p> <p>Hi Laura</p> <p>I will put your name against this section in Geraint's absence, given that Geraint is on leave until the 25th, and need to finalise the agenda for circulation on the 26th? Is that acceptable in terms of your Scheme of Delegation?</p> <p>Area/Hospital/Secondary Care/Mental Health/Executive Director</p> <p>Thanks,</p> <p>Paula Clayton</p>
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Awyr Las
Blue Sky

CA23/17

Charitable Funds Committee		
<u>Approvals</u>		

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Am iechyd gwell yng Ngogledd Cymru • For brighter, better health in North Wales*

Olympus Medical is an operating division of KeyMed (Medical & Industrial Equipment) Ltd.
Company Reg'd in England at the above address No 966736
VAT Reg No. GB 250 3174 95

Quotation Number A337102-2

Page No: 1 of 1

Terms and Conditions of Supply available at:
[Olympus UK Terms and conditions of supply](#)

Olympus Warranty Details at:
[Olympus Warranty Products](#)

Customer Information:

Joanne Ellis Williams
Ysbyty Gwynedd
Central Stores
Penrhosgarnedd
Gwynedd
Denbighshire
LL57 2PW

Olympus Contact: Bethany Rooke

Effective: 20/09/2023

Expires: 31/03/2024

THIS QUOTATION CONTAINS CONFIDENTIAL AND SENSITIVE COMMERCIAL INFORMATION. IT SHOULD NOT BE SHARED WITH OR DISCLOSED TO ANY THIRD PARTY WITHOUT THE PRIOR WRITTEN CONSENT OF OLYMPUS

Part Number / Description:	Unit Price: £	Qty:	Total Price: £
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NHS SUPPLY CHAIN FLEXIBLE FRAMEWORK - PROJECT 32

THESE PRICES ARE AVAILABLE IN LINE WITH THE NHS SUPPLY CHAIN IMAGING, RADIO THERAPY, ENDOSCOPY AND ANCILLARY DEVICES FRAMEWORK AGREEMENT (CONTRACT REFERENCE PROJECT 32). TO OBTAIN THESE PRICES, PLEASE CONTACT SIAN CAUSON AT NHS SC ON 0113 3854872, OR E-MAIL SIAN.CAUSON@SUPPLYCHAIN.NHS.UK FOR YOUR UNIQUE REFERENCE NUMBER.

N5773150 BF-UC290F ULTRASONIC BRONCHOSCOPE (normal selling price £66,293.00 each) COMPATIBLE WITH CV-290 (EVIS LUCERA ELITE) & CV-1500 (EVIS X1)	64,967.14	1	64,967.14
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TOTAL BEFORE DISCOUNT: 66,293.00

TOTAL AFTER DISCOUNT: 64,967.14

VAT: 12,993.43

GRAND TOTAL: 77,960.57

Olympus Medical is an operating division of KeyMed (Medical & Industrial Equipment) Ltd.

Company Registered in England No. 966736.

Registered office and address for services as above.
Olympus KeyMed has been certified by BSI to ISO 9001, ISO 13485, ISO 14001 and ISO 45001 under certified numbers FM 20993, MD 83891, EMS 65964 and OHS 592754.



AWYR LAS
FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>		Bladder scanner for the Bala/Dolgellau district nursing team CUBEScan BioCon-700-S Bladder Scanner & carry bag
<u>Name & Job Title of Lead Applicant</u>		Karen Bampffield Deputy Head of Community Nursing
<u>Name & Job Title of Other Applicants</u>		N.A
<u>Maximum Expenditure Requested</u>		£7,500.00
<u>Fund to be Sourced</u>	Fund Number & Title	Meirionydd Locality - Nursing Ser B'mouth – Fund 9B42
	Current Uncommitted Balance	£ 24,335.99
<u>Background & Summary Description</u>		
<p>Within the district nursing services we are frequently, performing bladder scans in the community (clinic environment and patient's homes). We will perform a bladder scan if a patient is present with symptoms of retention, or if we are carrying out a trial without catheter on a patient. This prevents hospital admission and enables the district nursing team to carry out care in the patient's home. The bladder scanner that the team had has broken and been</p>		

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condemned therefore we would like to purchase a new scanner for the team to be used in the community, using funds provided by the local community to support patient care at home

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
Providing care closer to home	Reduced hospital admissions
Ensure that patients have access to rapid intervention	

Financial Management and Costing

Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
n.a				
Non-pay				
Quote or Estimate?	Description			
£7,500	CUBEScan BioCon-700-S Bladder Scanner & carry bag			


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Total Pay and Non-pay	£7,500
Ongoing Revenue Costs	
Ongoing revenue costs which will be charged to NHS budgets	£
Less: Savings generated by this application	£
Net ongoing revenue costs charged to NHS budgets	£
Risk Assessment	
Risk (insert further rows if needed)	Mitigation
Patients having to go to an acute hospital or MIU for this car	To provide care in the patient's own community
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
This is a one off cost	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
n.a	
Health Inequalities (State how the scheme addresses health inequalities)	
Equitable care in all communities	
Equalities Impact	





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Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme? NO		
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Approvals		
	Name & Date Approved	Comments
Charitable Funds Finance Team	Date submitted to Charitable Funds: 08.06.23 Date all required information & approvals received:	
Fund Advisor	Karen Bampfield	
Capital Approval (Estates/IM&T/Medical Devices)	MDG 31.07.23	 <p>Hi</p> <p>I'm pleased to confirm that medical devices capital group approved the purchase of the bladder scanner to come from charitable funds. Please liaise with Paula to ensure everything is in place to obtain charitable funds approval.</p> <p>Thanks</p>

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<p>Chief Financial Officer</p>	<p>Viv Vandenberg 08.06.23</p>	<p>Hi Karen, I am happy to sign off as West Area CFO. Thank you, Viv Vandenberg Prif Swyddog Cyllid Gorllewin/Chief Finance Officer West Area Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board Ffon. Tel 03000 852299 e-bost. e-mail viv.vandenberg@wales.nhs.uk</p>
<p>Area/Hospital/Secondary Care/Mental Health/Executive Director</p>	<p>Ffion Johnstone 08.06.23</p>	<p> Thu 08/06/2023 14:55 Ffion Johnstone (BCUHB - Corporate Office) RE: Action Required: ID:116 - Purchase Requisition 5542940 for Griffiths Thomas, Ann (7500.00 GBP) - Bladder Scanner To  Karen Bampffield (BCUHB - District Nursing);  Viv Vandenberg (BCUHB - Finance);  Wendy Lawlor (BCUHB - Finance) Cc <input type="checkbox"/> BCU DN Liaison Meirion Dwyfor (BCUHB - District Nursing);  Mannon Griffiths (BCUHB - District Nursing);  Catrin James (BCUHB - District Nursing);  Paula Clayton (BCUHB - Finance) Retention Policy NHS Wales Default Exchange Retention Policy (7 years) Expires 01</p> <p>Happy to approve as IHC Director, but now note from email trail that further work required. Diolch Ffion</p>
<p>Charitable Funds Advisory Group</p>		

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Awyr Las
Blue Sky

CA23/19



DeSmit quote -
Bladder Scanner 602

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Quote 6022 - v9



de Smit Medical Systems Ltd
Bristol Road
Cromhall
South Gloucestershire
GL12 8AX

Phone: +44 (0)845 345 4226
Fax: +44 (0)845 345 4227
Email: sales@desmitmedical.com
Website: www.desmitmedical.com

Customer:
LESLIE THOMAS-PUGH, DISTRICT NURSE LIAISON OFFICER
-
BETSI CADWALADR UNIVERSITY LHB
YSBYTY ALLTWEN
GWYNEDD
LL49 9RN

Valid From: 11th May 2023
Valid Until: 11th June 2023

Territory: Darren Maskrey [WMNW]
Requested By: Darren Maskrey
Framework: Not Applicable

Qty	Description	Unit	Discount	Total
1	CUBEScan BioCon-700-S Bladder Scanner Colour touch screen, handheld, bladder scanner with Pre-Scan bladder locator and bladder indicator mark, automatic 3D scanning, Male, Female, Child modes with Child scan depth marker. Annual routine calibration not required. Supplied with a 2 year warranty, E-learning package, 1 x 260g gel and 5 x paper rolls. PRODUCT CODE: BIOCON-700-S	£6,175.00	£0.00	£6,175.00
1	Canvas Bag/Carry Case - Black PRODUCT CODE: 4B70101001	£75.00	£0.00	£75.00
Pre-Discount Total:				£6,250.00
Discount Total:				£0.00
Sub Total:				£6,250.00
VAT:				£1,250.00
Grand Total:				£7,500.00

Terms and Conditions

- All prices quoted in GBP.
- Refer to full Terms and Conditions accompanying the quote.
- VAT exempt orders must be accompanied with a valid VAT exemption certificate.
- VAT exemption not applicable on carriage charges.
- All parts include technical training discount where applicable.
- Items marked as "OPTIONAL" are not supplied unless ordered.
- This quotation complies with NHS conditions of contract for the purchase of goods February 2003.
- PPQ available on request.

TERMS AND CONDITIONS OF SALE OF DE SMIT MEDICAL SYSTEMS LIMITED

1. DEFINITIONS

1.1. In these Terms and Conditions, the following expressions shall have the following meanings:-

"Contact Address" means Bristol Road, Cromhall, South Gloucestershire, GL12 8AX (Telephone: +44 0845 345 4226 / Fax: +44 (0)845 3454227 / Email: sales@desmitmedical.com);
 "Contract" means a contract between de Smit and You for the supply of Goods and/or Services in accordance with these Terms and Conditions;
 "de Smit" means de Smit Medical Systems Limited (Company Number 06585345) whose registered office is at 584 Wellsway, Bath, BA2 2UE;
 "Goods" means the articles that You agree to buy from de Smit;
 "order" means Your order for the Goods and/or Services, as set out in Your purchase order form or Your written acceptance of de Smit's quotation, as the case may be;
 "Services" means the services including without limit repairs, servicing and calibration, that You request de Smit to supply and which de Smit agrees to supply to You;
 "Terms and Conditions" means the terms and conditions set out in this document as varied from time to time in accordance with Condition 2.3;
 "You" "Your" means the individual or organisation who buys or agrees to buy the Goods from de Smit;

1.2. The words "writing" or "written" in these Terms and Conditions include emails but not faxes. Emails shall be sent by de Smit using the email address provided by You in Your order form (or such other email address as You may notify de Smit in writing for that purpose).

2. TERMS AND CONDITIONS

- 2.1. These Terms and Conditions shall apply to all contracts for the sale of Goods and/or Services by de Smit to You and shall prevail over any other documentation or communication from You and You waive any right You might otherwise have to rely on any term endorsed upon, delivered with or contained in any of Your documents that is inconsistent with these Terms and Conditions. They also apply to the Contract to the exclusion of any other terms which are implied by law, trade custom, practice or course of dealing.
- 2.2. Acceptance of delivery of the Goods shall be deemed conclusive evidence of Your acceptance of these Terms and Conditions.
- 2.3. No variation of these Terms and Conditions shall be binding unless agreed in writing by de Smit.
- 2.4. All of these Terms and Conditions shall apply to the supply of both Goods and Services except where application to one or the other is specified.

3. ORDERING

- 3.1. All orders for Goods shall be deemed to be an offer by You to purchase Goods and/or Services pursuant to these Terms and Conditions and are subject to acceptance by de Smit in accordance with these Terms and Conditions. Oral orders shall be confirmed in writing by You within two working days. de Smit's acceptance of Your order brings into existence a legally binding contract between You and de Smit.
- 3.2. If de Smit is unable to accept Your order for any reason, de Smit will inform you of this in writing and will not charge you for the item(s). You are responsible for ensuring that the terms of Your order are complete and accurate.
- 3.3. A quotation for Goods given by de Smit shall not constitute an offer. A quotation shall only be valid for the period stated on the quotation (or if no period is stated on the quotation a period of 30 days from its date of issue).
- 3.4. de Smit reserves the right in its discretion to require payment of the whole price for the Goods and Services (and any VAT and delivery charges) that You order before Your order is accepted. In these circumstances upon receipt of payment de Smit will confirm that Your order has been accepted by sending an email to You at the email address you provide in Your order form. de Smit's acceptance of Your order brings into existence a legally binding contract between You and de Smit.
- 3.5. de Smit may, at its sole discretion, accept amendments to an order after acceptance.
- 3.6. Where the Goods ordered by You are not available from stock de Smit will notify you by email and will give You the option to either wait until the Goods are available from stock or cancel the order and receive a full refund within 30 days of such cancellation.
- 3.7. The images of products on de Smit marketing materials (including its website) are for illustrative purposes only. Although de Smit have made every effort to display the colours accurately, de Smit cannot guarantee that a device's display of the colours or the printed pictures on its website accurately reflects the colour of the products. Your Goods (and their packaging) may vary slightly from those images.

4. PRICE AND PAYMENT

- 4.1. The price of the Goods and the Services shall, unless otherwise agreed in writing by de Smit, be as shown on de Smit's standard price list from time to time. The price is exclusive of VAT which You shall additionally be liable to pay to de Smit at the prevailing rate. The price excludes delivery charges for Goods which shall be as shown on de Smit's standard price list from time to time.
- 4.2. Quotations for Services are valid for 30 days from issue, after which time de Smit reserves the right to apply a re-evaluation fee and in addition de Smit shall be entitled:-
 - 4.2.1. to charge a storage fee at the rate of £12 per service item per day; and/or
 - 4.2.2. to dispose of the item by de Smit according to The Waste Electric and Electronic Equipment (WEEE) Regulations 2013 and charge You a disposal fee of £50 in respect of the costs incurred by de Smit in storing or disposing of the item.
 The rights of de Smit under this Condition shall be in addition to any other rights it may have whether for payment or otherwise.
- 4.3. Save as set out in Condition 3.4 de Smit shall issue an invoice when Goods are despatched or on completion of the Services. You shall pay each invoice submitted by de Smit in full and in cleared funds within 30 days of the date of the invoice or in accordance with any credit terms agreed by de Smit and confirmed in writing to You. Time for payment shall be of the essence of the Contract.
- 4.4. If You fail to make a payment due to de Smit under the Contract by the due date, then, without limiting de Smit's remedies under Condition 10, (Termination), You shall pay interest on the overdue sum from the due date until payment of the overdue sum, whether before or after judgment. Interest under this Condition will accrue each day at 5% a year above the Bank of England's base rate from time to time, but at 5% a year for any period when that base rate is below 0%.
- 4.5. de Smit also reserves the right to apply an administration charge if an invoice is not paid within 30 days of its due date as follows:-

Amount of debt	Administration Charge
Up to £999.99	£40
£1,000 to £9,999.99	£70
£10,000 or more	£100
- 4.6. All amounts due under the Contract shall be paid in full without any set-off, counterclaim, deduction or withholding (other than any deduction or withholding of tax as required by law).
- 4.7. de Smit may agree to offer a discount on the price of Goods against items traded in by You for that purpose. No discount will be applied to a purchase prior to the traded in item being received by de Smit.

5. RIGHTS OF DE SMIT

- 5.1. de Smit reserves the right to adjust the price and specification of any item at its discretion but if such change (other than a change made to ensure compliance with applicable statutory or regulatory standards) occurs after de Smit has accepted Your order de Smit will notify you in writing and You may contact de Smit to end the contract and receive a refund for any Goods paid for but not despatched.
- 5.2. de Smit reserves the right to withdraw any Goods from sale at any time.
- 5.3. de Smit reserves the right to cancel an order:
 - 5.3.1. if de Smit has insufficient stock;
 - 5.3.2. if any of the Goods ordered was listed at an incorrect price due to a typographical error or an error in pricing information received by de Smit from de Smit's suppliers; PROVIDED THAT if de Smit exercises its rights under this Condition it will notify You by email and will as soon as possible (and in any event within 30 days) re-credit to the debit/credit card used for the order any sum deducted. de Smit will not have any liability to You in respect of such cancellation.
- 5.4. de Smit may change the Goods shown on de Smit's marketing materials:
 - 5.4.1. to reflect changes in relevant laws and regulatory requirements; and
 - 5.4.2. to implement minor technical adjustments and improvements which will not adversely affect the use of the Goods.

6. AGE OF CONSENT

- 6.1. Where Goods may only be purchased by persons of a certain age You will be asked when placing an order to declare that You are of the appropriate legal age to purchase the Goods.
6.2. If de Smit discovers that You are not legally entitled to order certain Goods, de Smit shall be entitled to cancel the order immediately, without notice.

7. WARRANTY

- 7.1. Some Goods come with a manufacturer's guarantee or warranty. Where this is the case, for details, You should refer to the manufacturer's guarantee or warranty provided with the Goods.
7.2. de Smit shall not be liable for the Goods' failure to comply with the warranty in Condition 7.1 if:
7.2.1. You make any further use of such Goods after giving a notice in writing to de Smit within a reasonable time of discovery that some or all of the Goods do not comply with the warranty referred to in Condition 7.1;
7.2.2. the defect arises because You fail to follow de Smit's or the manufacturer's oral or written instructions as to the storage, installation, commissioning, use or maintenance of the Goods or (if there are none) good trade practice;
7.2.3. You alter or repair such Goods without the written consent of de Smit;
7.2.4. the defect arises as a result of fair wear and tear, wilful damage, negligence, or abnormal working conditions; or
7.2.5. the Goods differ from their description as a result of changes made to ensure they comply with applicable statutory or regulatory standards.
7.3. de Smit warrants to You that the Services will be provided using reasonable care and skill.
7.4. Save as set out in this Condition 7 all other warranties, conditions, or terms relating to fitness for purpose, merchantability or condition of the Goods, whether implied by statute, common law or otherwise (including without limit the terms implied by sections 13 to 15 of the Sale of Goods Act 1979) are excluded to the fullest extent permitted by law.

8. DELIVERY OF GOODS AND SERVICES AND OWNERSHIP OF GOODS

- 8.1. Goods supplied within the UK will normally (but subject to stock availability) be delivered within 5 working days of acceptance of order.
8.2. Goods supplied outside the UK will normally (but subject to stock availability) be delivered within 14 working days after the day of acceptance of order.
8.3. Where a specific delivery date has been agreed, and where this delivery date cannot be met, You will be notified and given the opportunity to agree a new delivery date or receive a full refund.
8.4. de Smit shall use its reasonable endeavours to meet any date agreed for delivery of Goods and/or the supply of Services. However, the time of delivery is not of the essence. If delivery of the products is delayed by an event, circumstance or cause outside de Smit's reasonable control, then de Smit will contact You as soon as possible to let You know and will take steps to minimise the effect of the delay. de Smit shall not be liable for any losses, costs, damages or expenses incurred by You or any third party arising directly or indirectly out of any delay in delivery of the Goods or supply of the Services that is caused by a Force Majeure Event or Your failure to provide de Smit with adequate delivery instructions or any other instructions that are relevant to the supply of the Goods or Services or your failure to comply with Condition 8.11.
8.5. If de Smit fails to deliver the Goods, its liability shall be limited to the costs and expenses incurred by You in obtaining replacement goods of similar description and quality, less the price of the Goods. de Smit shall have no liability for any failure to deliver the Goods to the extent that such failure is caused by an event, circumstance or cause outside de Smit's reasonable control or Your failure to provide de Smit with adequate delivery instructions or any other instructions that are relevant to the supply of the Goods
8.6. Delivery of the Goods shall be made to the address specified in the order. You shall make all arrangements necessary to take delivery of the Goods whenever they are tendered for delivery. If You fail to take delivery of the Goods when due de Smit may charge reasonable costs of storage from the Delivery Date until delivery is completed.
8.7. de Smit may deliver the Goods by instalments, which (to the extent not already paid for) shall be invoiced and paid for separately. Any delay in delivery or defect in an instalment shall not entitle You to cancel any other instalment.
8.8. Risk in the Goods shall pass to You upon delivery of the Goods to You (or as You direct). Ownership of the Goods shall pass to You upon the later of delivery of the Goods to You (or as You shall direct) and receipt by de Smit of payment in full (in cash or cleared funds) for all Goods that de Smit has supplied to You.
8.9. At any time before title to the Goods passes to You de Smit may require You to deliver up all Goods in Your possession or control that have not been resold, or irrevocably incorporated into another product and if You fail to do so promptly, enter any premises of You or of any third party where the Goods are stored in order to recover them (and You shall procure the consent of any such third party to such entry).
8.10. de Smit may in its discretion accept returns of Goods provided that if any Goods returned by You are not in de Smit's reasonable opinion in "as new" and resaleable condition, are not eligible for credit return and will be returned to You at Your expense. Otherwise the following shall apply:-
8.10.1. Products returned within 30 days of delivery are subject to a restocking charge of 15% of original cost.
8.10.2. Products returned in excess of 30 days after delivery, but prior to 90 days, are subject to a restocking charge of 20% of original cost.
8.10.3. Products may not be returned for a credit return after 90 days from the date of purchase.
8.10.4. Reasonable additional charges for damage and/or missing parts and accessories will be applied to all returns.
8.11. You shall:-
8.11.1. co-operate with de Smit in all matters relating to the Services;
8.11.2. where relevant provide de Smit, its employees, agents, consultants and subcontractors, with access to Your premises, office accommodation and other facilities as reasonably required by de Smit to provide the Services;
8.11.3. where relevant prepare Your premises for the supply of the Services as reasonably required by de Smit;
8.11.4. comply with all applicable laws, including health and safety laws;
8.12. If de Smit's supply of the Services is prevented or delayed by Your act or omission or failure to comply with any of the obligations in Condition 8.11 then without limiting or affecting any other right or remedy available to it, de Smit shall have the right to suspend performance of the Services until You remedy the default, and de Smit may rely on Your default to relieve it from the performance of any of its obligations in each case to the extent Your default prevents or delays de Smit's performance of any of its obligations. You shall reimburse de Smit on written demand for any costs or losses sustained or incurred by de Smit arising directly or indirectly from Your default.

9. DEFECTIVE GOODS AND LIMITATION OF LIABILITY

- 9.1. You shall inspect the Goods immediately upon receipt and if the Goods are not what You ordered or are damaged or defective or the delivery is of an incorrect quantity, de Smit shall have no liability to You unless You notify de Smit in writing at the Contact Address of a problem within 2 working days of the delivery of the Goods in question. If You fail to do so You shall be deemed to have accepted the Goods.
9.2. If You do not receive Goods ordered by You within 30 days of the date on which You ordered them, de Smit shall have no liability to You unless you notify de Smit in writing at the Contact Address of the problem within 40 days of the date on which You ordered the Goods.
9.3. Where a claim of defect or damage is made the Goods shall be returned by You to de Smit in their original packaging and must be adequately insured during the return journey. You shall be entitled to a full refund (including delivery costs) plus any return postal charges if the Goods are in fact defective.
9.4. Goods must be returned by You at Your expense in their original packaging and must be adequately insured during the return journey. You will receive a refund of all monies paid for defective Goods (including delivery charges, if any) except for return postal charges within 14 days of cancellation. Where returned Goods are found to be damaged due to Your fault You will be liable for the cost of remedying such damage.
9.5. If You notify a problem to us under Condition 9.1 or 9.2 and subject to Condition 9.4, de Smit's only obligation will be, at Your option;
9.5.1. to make good any shortage or non-delivery;
9.5.2. to replace or repair any goods that are damaged or defective; or
9.5.3. to refund to you the amount paid by you for the Goods in question in whatever way de Smit chooses.
9.6. Subject to Condition 9.8, de Smit will not be liable to You for any indirect or consequential loss, damage or expenses (including loss of or damage to profits, business or goodwill).
9.7. You must observe and comply with all applicable regulations and legislation, including obtaining all necessary customs, import or other permits to purchase Goods from the de Smit website. The importation or exportation of certain Goods to or by You may be prohibited by certain national laws. de Smit makes no representation and accepts no liability in respect of the export or import of the Goods You purchase.
9.8. Notwithstanding the foregoing, nothing in these Terms and Conditions is intended to limit any liability which cannot legally be limited nor in any way to exclude or limit de Smit's liability for any death or personal injury resulting from de Smit's negligence.
9.9. Subject to Condition 9.8, de Smit's total liability to You shall not exceed the price of the Goods or Services the subject of the claim.
9.10. This Condition 9 shall survive termination of the Contract.

10. TERMINATION

- 10.1. Without limiting its other rights or remedies, de Smit may terminate this Contract with immediate effect by giving written notice to You if:
10.1.1. You commit a material breach of any term of the Contract and (if such a breach is remediable) fail to remedy that breach within 10 days of You being notified in writing to do so;

- 10.1.2. You take any step or action in connection with entering administration, provisional liquidation or any composition or arrangement with Your creditors (other than in relation to a solvent restructuring), obtaining a moratorium, being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of Your assets or ceasing to carry on business or, if the step or action is taken in another jurisdiction, in connection with any analogous procedure in the relevant jurisdiction;
- 10.1.3. You suspend, threaten to suspend, cease or threaten to cease to carry on all or a substantial part of Your business; or
- 10.1.4. Your financial position deteriorates so far as to reasonably justify the opinion that Your ability to give effect to the terms of the Contract is in jeopardy.
- 10.2. Without limiting its other rights or remedies, de Smit may suspend provision of the Goods or Services under the Contract or any other contract between You and de Smit if You become subject to any of the events listed in Conditions 10.1.1 to 10.1.4, or de Smit reasonably believes that You are about to become subject to any of them. Further, if You do not pay de Smit for Goods on the due date for payment and you still do not make payment within 5 days of de Smit reminding you that payment is due, de Smit may suspend supply of Goods or Services to you until you have paid de Smit the outstanding amounts. de Smit will contact You to tell you that the supply of Goods or Services is being suspended. Suspension of the supply of Goods or Services is without prejudice to any other rights or remedies de Smit has under the Contract.
- 10.3. On termination of the Contract for any reason You shall immediately pay to de Smit all of de Smit's outstanding unpaid invoices and interest and, in respect of Goods or Services supplied but for which no invoice has been submitted, de Smit shall submit an invoice, which shall be payable by You immediately on receipt.
- 10.4. Termination of the Contract, however arising, shall not affect either of the parties' rights and remedies that have accrued as at termination, including the right to claim damages in respect of any breach of the Contract which existed at or before the date of termination.
- 10.5. Any provision of the Contract that expressly or by implication is intended to come into or continue in force on or after termination of the Contract shall remain in full force and effect.

11. INTELLECTUALPROPERTY RIGHTS

- 11.1. All Intellectual Property Rights in or arising out of or in connection with the Services (other than Intellectual Property Rights in any materials provided by You) shall be owned by de Smit.
- 11.2. de Smit grants to You a fully paid-up, worldwide, non-exclusive, royalty-free perpetual and irrevocable licence to copy the Deliverables (excluding materials provided by You) for the purpose of receiving and using the Services and the Deliverables in your business.
- 11.3. You shall not sub-license, assign or otherwise transfer the rights granted by Condition 11.2.
- 11.4. You grant to de Smit a fully paid-up, non-exclusive, royalty-free non-transferable licence to copy and modify any materials provided by You to de Smit for the purpose of providing the Services to You.

12. WAIVER

No failure or delay by de Smit (whether express or implied) in exercising or enforcing any of its rights or remedies under the Contract shall constitute a waiver of that or any other right or remedy nor prejudice its rights to do so in the future.

13. FORCE MAJEURE

de Smit shall not be in breach of the Contract nor liable for any delay or failure to perform any of its obligations if the delay or failure results from events or circumstances outside its reasonable control, including but not limited to acts of God, epidemic or pandemic, strikes, lock outs, accidents, war or threat of war, terrorist attack, civil commotion or riots, imposition of sanctions, embargo, or breaking off of diplomatic relations, any law or any action taken by a government or public authority, including without limitation imposing an export or import restriction, quota or prohibition, fire, nuclear, chemical or biological contamination, breakdown of plant or machinery or shortage or unavailability of raw materials from a natural source of supply, non-performance by suppliers or subcontractors and interruption or failure of utility service. In such circumstances de Smit shall be entitled to a reasonable extension of the time for performing its obligations.

14. ASSIGNMENT AND OTHER DEALINGS

- 14.1. de Smit may at any time assign, transfer, mortgage, charge, subcontract, delegate, declare a trust over or deal in any other manner with all or any of its rights or obligations under the Contract.
- 14.2. You may not assign, transfer, mortgage, charge, subcontract, delegate, declare a trust over or deal in any other manner with any or all of its rights or obligations under the Contract without the prior written consent of de Smit.

15. SEVERANCE

If any term or provision of these Terms and Conditions is held invalid, illegal or unenforceable for any reason such provision shall be severed but the remainder of the provisions of the Contract shall continue in full force, validity and effect. If any provision of the Contract is deemed deleted under this Condition 15 You and de Smit shall negotiate in good faith to agree a replacement provision that, to the greatest extent possible, achieves the intended commercial result of the original provision.

16. CHANGES TO TERMS AND CONDITIONS

de Smit shall be entitled to alter these Terms and Conditions at any time, but this right shall not affect the existing Terms and Conditions accepted by You upon making a purchase.

17. GOVERNING LAW AND JURISDICTION

The Contract and any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with it or its subject matter or formation, shall be governed by and construed in accordance with the law of England and the parties hereby submit to the exclusive jurisdiction of the English courts to settle any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with this Contract or its subject matter or formation.

18. ENTIRE AGREEMENT

These Terms and Conditions, together with de Smit's current price list, delivery details, contact details and privacy policy, set out the whole of the Agreement relating to the supply of Goods to You by de Smit. Nothing said by any person on de Smit's behalf should be understood as a variation of these terms and conditions or as an authorised representation about the nature or quality of any Goods offered for sale by de Smit. Save for fraud or fraudulent misrepresentation, de Smit shall have no liability for any such representation being untrue or misleading.

19. THIRD PARTY RIGHTS

Except for de Smit's directors, employees or representatives, a person who is not a party to the Contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of the Contract but this does not affect any right or remedy of a third party that exists or is available apart from that Act.

[AWYR LAS](#)
FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>		Vivid Care – Lento Range Seating for Inpatients
<u>Name & Job Title of Lead Applicant</u>		Dawn Patterson – Ward Manager
<u>Name & Job Title of Other Applicants</u>		
<u>Maximum Expenditure Requested</u>		£22,123.20
<u>Fund to be Sourced</u>	Fund Number & Title	Friends of Llandudno Hospital – Fund 9T26
	Current Uncommitted Balance	£ 96,882.16
<u>Background & Summary Description</u>		
<p>Beuno Ward have an increase in patients who require specialised seating due to no sitting balance, fractures, dislocations and medical conditions. The current seating on the ward does not meet these requirements with foot rests missing, worn covering and risk assessments carried out by the Physio/OT therapy staff have advised they are not suitable for use. We currently have a 19 bedded ward and only the 2 seats we are advised not to use. Approving this request would enable the patients to have a better quality of life whilst an inpatient on the ward. Will assist with PJ paralysis and encourage healing. We have ordered 4 gel cushions to enable the prevention of tissue break down.</p>		

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Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)				
Service Benefit (insert further rows if needed, must include patient care and financial benefits)				Measure
These chairs are pressure relieving and will minimise the risk of pressure sores and assist in maintaining the patient's skin integrity. This will be financially beneficial for the organisation as a reduced amount of pressure sores developing will mean reduced treatment costs for example, antibiotics, dressings, creams etc.				Weekly audit
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Non-pay				
Quote or Estimate?	Description			
Total Pay and Non-pay				£
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£

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Less: Savings generated by this application	£
Net ongoing revenue costs charged to NHS budgets	£
Risk Assessment	
Risk (insert further rows if needed)	Mitigation
Chair coverings are frayed and worn	Infection risk
Missing / inappropriate foot rests	Harm
	Wrong positioning of the patient
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
Correct seating will help the patients have a better quality of life	
Health Inequalities (State how the scheme addresses health inequalities)	
Equalities Impact	
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?	NO / YES
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.	

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If NO, then state below what information/evidence the decision is based on.		
Approvals		
	Name & Date Approved	Comments
Charitable Funds Finance Team	Date submitted to Charitable Funds:	
	Date all required information & approvals received:	

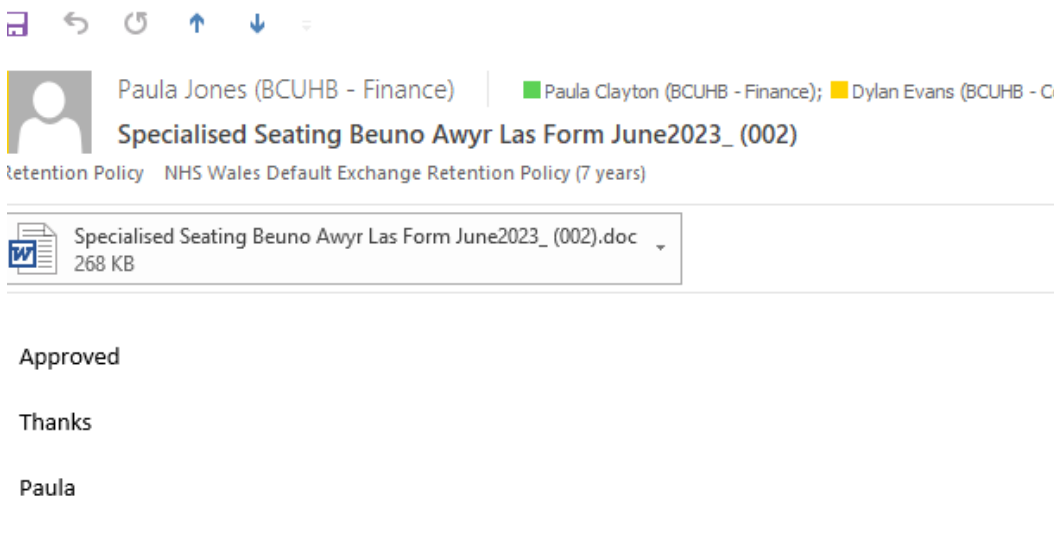
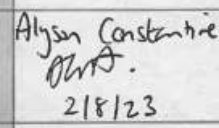
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<p>Fund Advisor</p>	<p>Sali Williams 29.06.23</p>	<p> Thu 29/06/2023 14:48 Sali Williams (BCUHB - Community Hospitals) RE: Specialised Seating Beuno Awyr Las Form June2023 To  Dawn Patterson (BCUHB - Care of the Elderly);  Paula Clayton (BCUHB - Finance) Retention Policy NHS Wales Default Exchange Retention Policy (7 years)  You replied to this message on 29/06/2023 15:17.</p> <hr/> <p>Hi Paula, I am happy to approve this request for the seating that has been requested by Dawn.</p> <p><i>Cofion/Regards</i></p> <p><i>Sali Williams</i> Diprwy Bennaeth Nyrsio Deputy Head of Nursing Central IHC</p> <p>07786676001 sali.williams@wales.nhs.uk</p> 
<p>Capital Approval (Estates/IM&T/Medical Devices)</p>	<p>N/A</p>	<p><i>If an Estates project, please confirm date when Estates expect the work to be completed.</i></p>

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<p>Chief Financial Officer</p>	<p>Paula Jones 09.08.23</p>		
<p>Area/Hospital/Secondary Care/Mental Health/Executive Director</p>	<p>Alyson Constantine 02.08.23</p>		<p><i>Please provide confirmation that the request has been through local Admin divisional review, to ensure there are not similar or duplicated requests.</i></p>
<p>Charitable Funds Advisory Group</p>			

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Quote: 108955

Deliver To:

Llandudno General Hospital
Hospital Road
Llandudno
Llandudno
LL30 1LB

Vivid.Care

Linkside House, Forest Lane Head,
Harrogate, HG2 7TE

Date: 16 May 2023

Valid Until: 16 Jul 2023

Request Date: 16 Jul 2023

Customer Number: 1033102

Freight Forwarder: Delivery By Dependall

Phone: +44 1423 799960

Contact: Jay Ledgeway

E-Mail: jay.ledgeway@vivid.care

Website: www.vivid.care

Invoice To:

Llandudno General Hospital
Hospital Road
Llandudno
Llandudno
LL30 1LB

Further to your enquiry, we confirm our quotation as follows:

Code	Description	Quantity	Price	Tax Rate	Net Value
YCSGCC08960 14	Lento Manual CC - Inf Con - Grey/Black	4 Each	3,289.00	20.0 %	13,156.00
YCSGCC08960 75	Lento High Pressure Gel Cushion Inf Con	4 Each	440.00	20.0 %	1,760.00
YCSGRR08960 15GU	Lento Mobile Dual Motor TIS RR - Inf Con	1 Each	3,080.00	20.0 %	3,080.00
YCSGRR08960 17	Lento RR/Mobile Gel Cushion - Inf Con	1 Each	440.00	20.0 %	440.00

Total Item Net Value		18,436.00 GBP
VAT (%)	20.0 %	3,687.20 GBP
Total		22,123.20 GBP

Service Contracts

Don't forget! We offer service contracts for peace of mind, to ensure your equipment is maintained and your warranty is not compromised. Reach out to Briony at briony.rennison@vivid.care or by calling 01423 799960 extension 332.

Payment Terms: 30 days from Invoice Date, End of month

In dealing with Vivid.Care you accept and agree to comply with our terms and conditions which are available on our website at www.vivid.care/terms-conditions

Vivid.Care is a trading name of CoreCare Global Ltd, a company registered in England & Wales at above Harrogate address. Company Registration No: 08931470. VAT No: GB182145419.

[AWYR LAS](#)
FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>		Funding for PhD fees for Bethan Hughes to complete an otherwise CRW funded 3.5 year Ph.D. under the supervision of Dr R McFarlane (and clinically N Wreglesworth)
<u>Name & Job Title of Lead Applicant</u>		Dr R McFarlane (Senior Lecturer in Biomedical Sciences Bangor University)
<u>Name & Job Title of Other Applicants</u>		Bethan Hughes (Foundation Year 2 Doctor Ysbyty Gwynedd) Nick Wreglesworth (ST5 Medical Oncology Registrar Ysbyty Gwynedd)
<u>Maximum Expenditure Requested</u>		£14,536.00
<u>Fund to be Sourced</u>	Fund Number & Title	Alaw Fund – Fund 9Q04
	Current Uncommitted Balance	£ 944,124.50
<u>Background & Summary Description</u>		
<p>North Wales has numerous health challenges when compared to the rest of Wales and the UK, with cancer rates of up to 21% higher than the Welsh average. Incidence and total deaths in the area have remained largely unchanged over the years, and there are limited opportunities for the local population to participate in cutting edge clinical trials optimising cancer treatment. Evidence shows that the outcomes of patients treated in centres performing clinical research are better than those of centres providing only clinical care. In North Wales there is a limited number of academic clinical staff to facilitate this; increasing the number of clinicians with doctorates in the area both allows for more research to be carried out that is tailored to the local population and</p>		

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increases the attractiveness and capacity of the region to offer clinical trials to the local population.

Dr McFarlane's lab explores a group of genes known as cancer testis antigen (CTA) genes. In healthy individuals, these genes are very specifically expressed only in the reproductive organs. What makes them of clinical interest is that they become activated in a wide range of cancers where they are thought to contribute to oncogenic progression. These features make them of exceptional importance as biomarkers for early diagnosis and patient stratification as well as potential highly cancer-specific therapeutic targets.

The McFarlane and Wreglesworth team have begun to develop platforms by which CTAs can be applied clinically, for example in early diagnosis and prognosis, and have made extensive inroads to the development of new therapeutics that should have limited or no side effects due to the cancer-specific nature of these factors. Indeed, the team have recently been approached for major new investment in the drug discovery space having been selected to undertake the Alderley Park Oncology Development programme, a drug development accelerator funded by CRUK in partnership with Innovate UK, The Medicines Discovery Catapult and four of the larger pharmaceutical concerns (AZ, GSK, J&J and Roche), which indicates the high potential for new therapeutics to come from this work programme. This programme recently successfully received Level 2 Cancer Research Wales funding (~£300K), which will provide the main source to support Dr. Hughes and here we apply for costs currently not covered by the CRW award to enable Dr. Hughes to develop through a Ph.D..

Dr. Hughes is a junior doctor working in Ysbyty Gwynedd hoping to go into a career combining clinical work and research here in Gwynedd, where she is from. Being a Welsh-speaker originally from North Wales, it would be an invaluable opportunity for her to be able to carry this out in the area she grew up and where she hopes to be able to spend her future career. The CRW programme will expose Dr. Hughes to an array of leading national and international collaborators academically, clinically and commercially. It is hoped she will also work in Ysbyty Gwynedd one day per week. This will further develop ties between the university and the hospital.

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
Bethan will work 0.8FTE in the lab but it is our hope (and working with Geraint Roberts [oncology management] that she will be able to work 0.2FTE in clinic for 3+years supporting Pasquale Innominato practise.	The benefit here is that Dr. Hughes is keen to pursue a local career in oncology and could provide valuable additional support to the clinic of Dr. Innominato.

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Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Non-pay				
Quote or Estimate?	Description			
Set University Ph.D. fee	Home fees for Ph.D. research programme at Bangor University.			£14,536.00
Total Pay and Non-pay				£14,536.00
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£
Less: Savings generated by this application				£
Net ongoing revenue costs charged to NHS budgets				£
Risk Assessment				
Risk (insert further rows if needed)			Mitigation	
Risk to working in a lab			Bethan will undertake Bangor University health and safety induction.	
Risk to completing the studies			Bethan will have two supervisors and work in an established	

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		cancer research facility will many senior researchers
Exit Strategy (Charitable Funds cannot fund ongoing commitments)		
This funding will end in 3.5 years.		
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)		
-		
Health Inequalities (State how the scheme addresses health inequalities)		
Bethan/I will be working on translational oncology research that is in a position to transition to clinical practise. The overarching objectives of the programme will result in multiple patient and regional oncology benefits.		
Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?		NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
No evidence as noted above		
Approvals		
	Name & Date Approved	Comments



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Charitable Funds Finance Team	Date submitted to Charitable Funds: 18 th August 2023 Date all required information & approvals received:	
Fund Advisor	Alaw Finance Committee 10.07.23	<p>From: chas muskett <chas.muskett@hotmail.co.uk> Sent: 10 July 2023 22:40 To: Manon Williams (BCUHB - Cancer Services) <Manon.Williams@wales.nhs.uk> Cc: Paula Clayton (BCUHB - Finance) <Paula.Clayton@wales.nhs.uk> Subject: PhD funding</p> <p>WARNING: This email originated from outside of NHS Wales. Do not open links or attachments unless you are expecting them.</p> <p>Dear Manon,</p> <p>Just letting you know that we have approval for PhD funding for Dr Bethan Hughes. It's Wreglesworth and Ramsay McFarlane in Bangor Uni (contributing to cancer research on research).</p>
Capital Approval (Estates/IM&T/Medical Devices)	N/A	<i>If an Estates project, please confirm date when Estates expect the work to be completed.</i>

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<p>Chief Financial Officer</p>	<p>Paula Jones</p> <p>11.09.23</p>	<p> Paula Jones (BCUHB - Finance)  Paula Clayton (BCUHB - Finance)</p> <p>RE: Charitable fund request - PhD - Dr Bethan Hughes</p> <p><small>Retention Policy NHS Wales Default Exchange Retention Policy (7 years)</small></p> <p>i You replied to this message on 11/09/2023 09:25.</p> <hr/> <p>Hi Paula</p> <p>Do I have authority to sign these off as they are from Alaw?</p> <p>Thanks</p> <p>Paula</p> <p>Paula Jones Chief Finance Officer - Centre Site and North Wales Services Tel: 03000 855119</p> <hr/> <p>From: Paula Clayton (BCUHB - Finance) <Paula.Clayton@wales.nhs.uk> Sent: 08 September 2023 11:04 To: Paula Jones (BCUHB - Finance) <Paula.Jones3@wales.nhs.uk> Subject: FW: Charitable fund request - PhD - Dr Bethan Hughes Importance: High</p> <p>Hi Paula</p> <p>Please can you confirm that you are in support of this request. No revenue implications. 100% funded from Alaw.</p> <p>Thanks,</p> <p>Paula Clayton</p>
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Area/Hospital/Secondary Care/Mental Health/Executive Director	Geraint Roberts 23.08.23	<p>Geraint Roberts (BCUHB - Cancer Services) Paula Clayton (BCUHB - Finance); Paula Jones (BCUHB - Finance); Bethan Hughes</p> <p>Re: Awyr Las Funding Application</p> <p>Retention Policy NHS Wales Default Exchange Retention Policy (7 years)</p> <p>PFIG has supported the application this afternoon , so I'm happy to approve - Paula could you do the same please</p> <p>Thanks</p> <p>Geraint</p> <p>Geraint Ellis Roberts Rheolwr Cyffredinol Is-adrannol -Canser Divisional General Manager - Cancer</p>
Charitable Funds Advisory Group		

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Description	Org Unit	Funder
Awry Las Ph.D. fee award Year 1	School Of Medical And Health Sciences	Betsi Cadwaladr University Health Board Charity
Awry Las Ph.D. fee award Year 2	School Of Medical And Health Sciences	Betsi Cadwaladr University Health Board Charity
Awry Las Ph.D. fee award Year 3	School Of Medical And Health Sciences	Betsi Cadwaladr University Health Board Charity
Awry Las Ph.D. fee award Year 4 (6 months)	School Of Medical And Health Sciences	Betsi Cadwaladr University Health Board Charity
Andrew Pierce (Andrew)	School Of Medical And Health Sciences	Betsi Cadwaladr University Health Board Charity
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[AWYR LAS](#)
FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>		Test of concept for a “Matron on each Site” for the Cancer Division within BCU
<u>Name & Job Title of Lead Applicant</u>		Sian Hughes-Jones, Head of Nursing – Cancer Division
<u>Name & Job Title of Other Applicants</u>		
<u>Maximum Expenditure Requested</u>		£147,076
<u>Fund to be Sourced</u>	Fund Number & Title	Cancer Charitable Fund – Fund 8Q02
	Current Uncommitted Balance	£ 1,667,514.03
<u>Background & Summary Description</u>		
<p>The current budgeted establishment for Matrons within the cancer division is 2.60 WTE with 1.0 WTE SACT Lead Nurse. The 2.0 WTE Operational Matrons cover as follows:</p> <p>Matron 1 – Alaw ward, Alaw Day Unit, Enfys Ward (YGC), OPD (YG), CNS & ANP (YG), Line manager for Acute Oncology YG and YGC, Service lead for Acute oncology and development of triage across the division.</p> <p>Matron 2 - Shooting star unit & OPD, Heulwen Unit and OPD YGC, CNS and ANP (YMW and YGC), Line management of the Acute Oncology team, Lead for the</p>		

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Development of the Metastatic cancer CNS roles across division, Service lead for Haematology across the division.

Time therefore has to be split across the 3 sites by two personnel. The demand on the Matrons outweighs the ability to effectively lead the teams and provide visible leadership. Due to historical practices, visible leadership is essential on all three sites to allow the matron to challenge practices and improve the standard of care delivered, ultimately improving quality and patient experience.

The daily challenges faced plus the following cannot be absorbed within current establishment.

- ongoing issues with capacity v. demand
- environmental challenges,
- the need to support the teams (some inexperienced staff at senior roles requiring support and development)
- taking operational lead on service development & innovation .
- Quality and governance
- Quality improvement and transformational initiatives
- close the loop of learning following incidents and complaints

The quality Matron works 3 days per week 0.60 WTE.

- Quality and governance is the core element of a matron's role. The quality Matron supports the 2 operational Matrons to embed learnings & thus the remit for learning sits with the Quality Matron. However the operational Matrons are expected to undertake this as their core business and implement into day to day practice.

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

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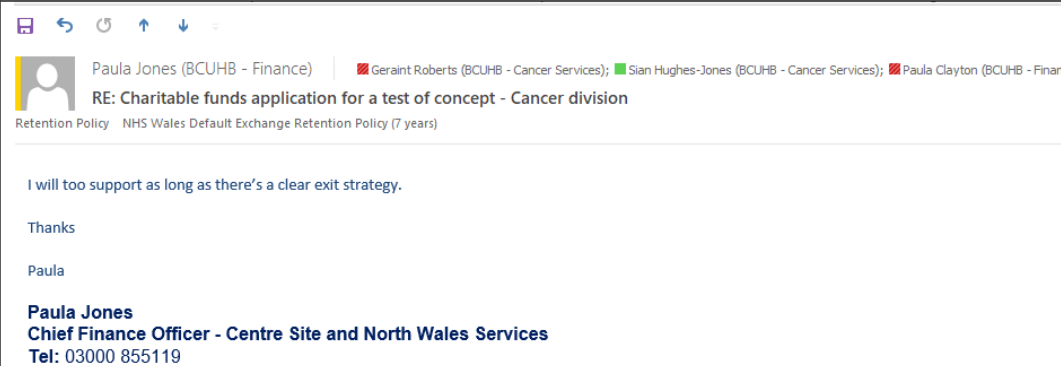
Service Benefit (insert further rows if needed, must include patient care and financial benefits)				Measure
One named leader for each Site enabling visible leadership to the team and patients				Staff Survey pre and post appointment
Enhanced patient experience by the Matron being present to address issues that would potentially affect their experience by being available and visible on site rather than staff contacting by phone or on Teams				Patient experience survey pre and post appointment Reduced complaints Reduced numbers of datix reports
Take ownership of day to day operational issues and lead projects of service improvement that are currently hindered by the Matrons being spread over 2 sites				Review of current action plans in place to take service improvement forward
Reduction in patient harms				Comparative study of harms pre and post appointment
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Matron		24	To evaluate the effectiveness of a Matron per site model for cancer Division within BCUHB	
Non-pay				
Quote or Estimate?	Description			
Total Pay and Non-pay				£
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£
Less: Savings generated by this application				£

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Net ongoing revenue costs charged to NHS budgets		£
Risk Assessment		
Risk (insert further rows if needed)	Mitigation	
Exit Strategy (Charitable Funds cannot fund ongoing commitments)		
<p>It is proposed that this post will begin in January 2024 for a 24 month period to test this concept. There is retirement of 0.60WTE top band 8a during 2026 which will support the exit strategy. Nursing budgets will be reviewed and during this 2 year period to secure 0.40 WTE to support the 1 WTE post</p>		
Dementia Strategy (State how the scheme meets the Health Board’s dementia strategy)		
Health Inequalities (State how the scheme addresses health inequalities)		
Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?)		NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		

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If NO, then state below what information/evidence the decision is based on.		
The post will be open to all registered nurses who can demonstrate that they meet the person specification		
Approvals		
	Name & Date Approved	Comments
Charitable Funds Finance Team	Date submitted to Charitable Funds: 11th August 2023 Date all required information & approvals received:	
Fund Advisor		
Capital Approval (Estates/IM&T/Medical Devices)	N/A	<i>If an Estates project, please confirm date when Estates expect the work to be completed.</i>
Chief Financial Officer	Paula Jones 23.08.23	 <p>Paula Jones (BCUHB - Finance) Geraint Roberts (BCUHB - Cancer Services); Sian Hughes-Jones (BCUHB - Cancer Services); Paula Clayton (BCUHB - Finan</p> <p>RE: Charitable funds application for a test of concept - Cancer division</p> <p>Retention Policy NHS Wales Default Exchange Retention Policy (7 years)</p> <p>I will too support as long as there's a clear exit strategy.</p> <p>Thanks</p> <p>Paula</p> <p>Paula Jones Chief Finance Officer - Centre Site and North Wales Services Tel: 03000 855119</p>

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<p>Area/Hospital/Secondary Care/Mental Health/Executive Director</p>	<p>Geraint Roberts 11.08.23</p>	 <p>Re: Charitable funds application for a test of concept - Cancer division</p> <p>Retention Policy NHS Wales Default Exchange Retention Policy (7 years)</p> <p><i>i</i> If there are problems with how this message is displayed, click here to view it in a web browser.</p> <hr/> <p>I'm happy to support on the basis set out including the exit strategy.</p> <p>Fund 8Q02 please.</p> <p>Geraint</p>
<p>Charitable Funds Advisory Group</p>		

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AWYR LAS
FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>		Internal Alterations to existing Sub – Wait to create a 2-person telephone assessment room
<u>Name & Job Title of Lead Applicant</u>		Matron Emma Hall
<u>Name & Job Title of Other Applicants</u>		Sr Anne Marie Humphreys
<u>Maximum Expenditure Requested</u>		£8,000 - £10,000 + VAT
<u>Fund to be Sourced</u>	<u>Fund Number & Title</u>	Cancer Support Fund – Fund 7Q02
	<u>Current Uncommitted Balance</u>	£ 245,926.18
<u>Background & Summary Description</u>		
Please see attached plans		
 <p>Internal Alteration SSU Sub Wait.pdf</p>		
<p>We have been fortunate to receive a donation of £15,000 into 7Q02 specifically for providing a new facility within the Shooting Star Unit. One of our immediate pressures is around a purpose built space for contacting patients via telephone. This is either to perform a pre SACT assessment service, which YGC & YG currently have, or to speak with patients who require additional assessment during their treatment in the event of an emergency.</p>		

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Due to the environmental constraints of the Shooting Star Unit, despite exploring a few options and making requests for underutilised rooms to be vacated, this has not been successful.

Our last option is to create a space in the sub wait lose 4 waiting area chairs. We have further plans in the near future to upgrade another waiting area that will accommodate our increasing numbers more comfortably.

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

We will be able to manage SACT bookings using a more effective approach by utilising a telephone assessment service, therefore trouble shooting any problems in advance. This will allow us to:-

1. **Order expensive drugs in advance**
2. **Defer SACT production thus avoiding waste**
3. **Maximise the flow through of patients through the Day Unit being able to keep to scheduled appointments time more readily. This will increase patient satisfaction and hopefully avoid lengthy >1 hr wait for a vacant treatment space on the day.**

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
1. Order expensive drugs in advance	Drugs available on the Unit at the patients scheduled appointment time
2. Defer SACT production thus avoiding waste	Pharmacy Tech & Pharmacist time. More availability to produce as above
3. Maximise the flow through of patients through the Day Unit being able to keep to scheduled appointments time more readily. This will increase patient satisfaction and hopefully avoid lengthy >1 hr wait for a vacant treatment space on the day.	Patients booked in for 9am will received their treatment as that scheduled time and not 1-1/2 hrs later. This will be evident when afternoon bottlenecks are no longer evident


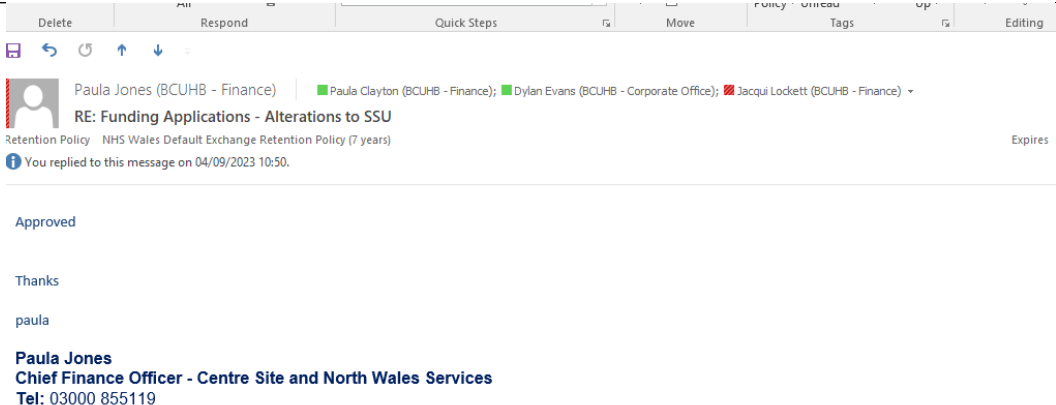
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Financial Management and Costing				
Pay – Staff from within current resources				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Non-pay				
Quote or Estimate?	Description			
Total Pay and Non-pay				£
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£
Less: Savings generated by this application				£
Net ongoing revenue costs charged to NHS budgets				£
Risk Assessment				
Risk (insert further rows if needed)			Mitigation	
No additional risks identified				

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
Exit Strategy (Charitable Funds cannot fund ongoing commitments) N/A		
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy) N/A		
Health Inequalities (State how the scheme addresses health inequalities) A parallel service will be available to all Cancer patients across North Wales		
Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief) be differently affected by this scheme?		NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Equality impact Assessment completed with Nick Such from WOD		
Approvals		
	Name & Date Approved	Comments
Charitable Funds Finance Team	Date submitted to Charitable Funds: 17th August 2023	
	Date all required information & approvals received:	
Fund Advisor	Emma Hall	

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	23.08.23	
Capital Approval (Estates/IM&T/Medical Devices)	Capital Estates 29.08.23	
Chief Financial Officer	Paula Jones 04.09.23	

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<p>Area/Hospital/Secondary Care/Mental Health/Executive Director</p>	<p>Geraint Roberts</p> <p>29.03.23</p>	<p>From: Emma Hall (BCUHB - Cancer Services) <Emma.Hall1@wales.nhs.uk> Sent: 25 August 2023 14:08 To: Laura Penry (BCUHB - Cancer Services) <LAURA.V@wales.nhs.uk>; Arwel Mark Humphreys (BCUHB - Cancer Services) <AWNDAMH@wales.nhs.uk>; Wendy Lawlor (BCUHB - Finance) <Wendy.Lawlor@wales.nhs.uk>; Paula Jones (BCUHB - Finance) <Paula.Jones1@wales.nhs.uk>; Gw Geraint Roberts (BCUHB - Cancer Services) <Geraint.G.Roberts@wales.nhs.uk>; Sam Hughes Jones (BCUHB - Cancer Services) <Sam.Hughes@wales.nhs.uk> Subject: Re: Awyr Las Funding application</p> <p>Dear all, This has been approved at today's PFIG - please see process! Many thanks Emma</p> <p>Erinna Hall Matron / Matron Adran Cancer/ Cancer Division</p> <p>e-bost/Email: EMMA.HALL3@WALES.NHS.UK</p> <p>Ffôn/Tel: 01745 583810 ext 2030 - YGC 01978 727602 ext.</p> <p> Geraint Roberts (BCUHB - Cancer Services)  Paula Clayton (BCUHB - Finance)</p> <p>Re: Awyr Las Funding application</p> <p>Retention Policy NHS Wales Default Exchange Retention Policy (7 years)</p> <hr/> <p>Hi Paula ,</p> <p>yes it was agreed at PFIG - Jacqui is the Finance rep at this meeting so Paula was not present.</p> <p>Geraint</p> <p>Geraint Ellis Roberts Rheolwr Cyffredinol Is-adrannol -Canser Divisional General Manager - Cancer</p>
<p>Charitable Funds Advisory Group</p>		

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Betsi Cadwaladr University Local Health Board



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Denbigh, Denbighshire

LL16 5TA

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mail@penybrynjoinery.co.uk

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FAO Kevyn Breeze

Quotation No AJH 9650
Our VAT No: 419 9437 17

Quotation

Issue Date 12/07/2023
Valid Until 10/09/2023

Description	Net Value
WMH - Shooting Star - Formation of new office - As per drawing SSU-TACP-PB-00-DR-A-101	
Item 1. N/A	
Item 2. Remove amd dispose of existing wall and corner protections	£30.00
Item 3. To form new stud wall as per specification	£982.22
Item 4. Decoration as per specification - Includes door and frame	£552.00
Item 5. To supply and install worktop, upstands, cantilever legs as per specification cost also includes 2no end panels with 50mm upstand to stop items rolling off ends.	£1,133.50
Item 6. To supply and install shelves as per specification	£290.20
Item 7. Fix only marker board	£15.00
Item 8. Cost by others	
Item 9 . Included in item 4	
Item 10 To supply and install door set as per specification	£1,250.00
Prelims - RAMS / Management etc	£250.00

Line Total:	£4,502.92
VAT 20%	£900.58
Total:	£5,403.50



AWYR LAS
FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>		CA23/31 Audiology Vehicle (Updated previously approved application)
<u>Name & Job Title of Lead Applicant</u>		Jane Wild, Consultant Clinical Scientist, Head of Adult Audiology Service
<u>Name & Job Title of Other Applicants</u>		John Day, Consultant Clinical Scientist, Clinical Director Audiology
<u>Maximum Expenditure Requested</u>		£89,150
<u>Fund to be Sourced</u>	<u>Fund Number & Title</u>	8K01, Audiology CPG Fund + NHSCT funding
	<u>Current Uncommitted Balance</u>	8K01 £68,985.94, NHSCT funding £25,000
<u>Background & Summary Description</u>		
<p>The original funding application (CA22/08) received approval from the Charitable Funds Committee on 22 July 2022 All information is contained in the revised (now potentially outdated updated) application from April 2023 – see appendix 12b; a revised application needed to be submitted for approval because the costs of the mobile audiology vehicle had increased from the approved amount of £74,000 to £89,150.</p> <p>Clarity is needed on the following:</p>		

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- Have the costs increased since receipt of the April quote for the work?
- Funding from NHSCT – the outcome of the funding request will not be known until 02/10/23
- Whether this continues to have support from the relevant Finance Director following receipt of the revised quote

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)

Measure

Financial Management and Costing

Pay

Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£

Non-pay

Quote or Estimate?	Description

Total Pay and Non-pay

£

Ongoing Revenue Costs

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Ongoing revenue costs which will be charged to NHS budgets	£
Less: Savings generated by this application	£
Net ongoing revenue costs charged to NHS budgets	£
Risk Assessment	
Risk (insert further rows if needed)	Mitigation
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
Health Inequalities (State how the scheme addresses health inequalities)	
Equalities Impact	
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief) be differently affected by this scheme?	NO/YES
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.	

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If NO, then state below what information/evidence the decision is based on.		
<u>Approvals</u>		
	Name & Date Approved	Comments
Charitable Funds Finance Team	Date submitted to Charitable Funds: Date all required information & approvals received:	
Fund Advisor		
Capital Approval (Estates/IM&T/Medical Devices)		<i>If an Estates project, please confirm date when Estates expect the work to be completed.</i>
Chief Financial Officer		
Area/Hospital/Secondary Care/Mental Health/Executive Director		<i>Please provide confirmation that the request has been through local Admin divisional review, to ensure there are not similar or duplicated requests.</i>
Charitable Funds Advisory Group		

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FUNDING APPLICATION FORM – updated April 2023

<u>Title of Funding Application</u>		Audiology Mobile Unit
<u>Name & Job Title of Lead Applicant</u>		Jane Wild, Consultant Clinical Scientist, Head of Adult Audiology Service
<u>Name & Job Title of Other Applicants</u>		John Day, Consultant Clinical Scientist, Clinical Director Audiology
<u>Maximum Expenditure Requested</u>		£89,150 increased from £74,000 following procurement process and final quotes (£50K to be used from existing audiology charitable funds, £33K from other charitable sources)
<u>Fund to be Sourced</u>	<u>Fund Number & Title</u>	8K01
	<u>Current Uncommitted Balance</u>	£69,209 (at April 2022)
<u>Introduction and Background</u>		
<p>PURPOSE: Provide increased and equitable access for rural communities in support of delivery of community Audiology services closer to patients' homes across North Wales. To support the most vulnerable people, particularly those who are shielding or anxious about attending hospital settings during and following COVID-19 Pandemic. It is estimated that there are more than 35,000 hearing aid users in North Wales that are age 75 years and over and particularly vulnerable to the direct impact of COVID or anxieties related to it. Many do not have their own transport and may rely on public transport if available, to access Audiology for their on-going care. This proposal would particularly benefit this group during the pandemic period and beyond.</p>		

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SUMMARY: To provide an Audiology specialist mobile facility (LGV van) for flexible delivery of Audiology services in more remote/rural community settings. This would enable assessment and rehabilitation for hearing, tinnitus and balance and would mean that individuals shielding or anxious about accessing hospital sites could be seen closer to their own home and avoiding the need to use public or hospital transport and hospital facilities.

Longer term value in helping to achieve the recommendations set out in the Framework of Action for People who are D/deaf or living with Hearing Loss, in line with A Healthier Wales.

Demand for audiology services is increasing as aging population increases. Demand for ongoing support appointments for adults with hearing aids exceeded 30,000 in 19/20 showing an average annual increase of approximately 5% over the last 10 years.

The specialist mobile unit will provide a cost effective and flexible option that will complement increased community Audiology provision in fixed locations. Audiology is planning to incorporate new ways of working into long term future service delivery models which will include enabling patients to increase self-management; increased use of volunteer peer support; remote video consultations and remotely programmable devices; and access to specialist in person support from fixed clinic settings and in a mobile unit.

Similar mobile units have been used successfully elsewhere in audiology and by other disciplines – e.g., vision screening, cardiology, community dentistry, MRI. The Specialist mobile unit will provide a flexible facility that can be moved to where demand is greatest, focusing on where there are gaps in current provision.

The benefits are:

- o Improved accessibility for vulnerable people who are shielding or anxious about attending hospital settings from COVID and unable to access healthcare settings outside of their local community.
- o Increased access to adult audiology services in the communities closer to people's homes, particularly for those living in more rural areas.

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- o More people get specialist Audiology advice and management sooner and closer to home.
- o Patient pathway is shorter for more people.
- o Accessibility for people with hearing, tinnitus and specific balance conditions improves.
- o More equitable access to services across BCU Health Board.

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
Increased access to Adult Audiology services in the communities closer to people's homes.	Number of locations across BCU where people can access audiology services increases
More people get specialist Audiology advice and management closer to home	Number of people required to travel outside of their community to neighbouring community clinics or DGHs reduces
Improved accessibility for vulnerable people who are shielding or at risk due to COVID-19 and unable to access healthcare settings outside of their local community	Number of shielding or at-risk patients delaying their care due to anxiety of attending a hospital setting reduces
Equity of access and services across BCU Health Board	The distance people must travel to receive specialist audiology advice and management is reduced
Increased use of specialist equipment reducing the need for multiple sets of expensive specialist facilities and equipment	Number of pts seen using mobile unit compared to community clinic
Financial Management and Costing	

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Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
NA – no pay costs				
Non-pay				
Quote or Estimate?	Description			
Preliminary quote based on specification	Cost of fully equipped mobile unit Breakdown of costs within full business case attached separately (quote not within date)			74,000
	April 2023 update: Following funding approval the procurement process was followed and the cheapest final quote exceeded amount approved by ~£9K. Application being made for NHS charities together funding to cover the difference. Current quote held via procurement process until end of July 2023 to enable application for funding required.			£89,150
Total Pay and Non-pay				£ 74,000 £89,150
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets: Ongoing running and maintenance costs				£2,000*
Less: Savings generated by this application				
Net ongoing revenue costs charged to NHS budgets				£2,000
* This is an approximate cost to cover annual servicing and maintenance, insurance and fuel costs and will be met through existing audiology revenue funds. Fuel costs will be offset by reduction in travel costs that would have been incurred as staff travelled to community clinics.				

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<u>Risk Assessment</u>	
Risk (insert further rows if needed)	Mitigation
If partly funded risk to raising remaining funds	Specific fundraising plan to be developed focused on audiology mobile unit
<u>Exit Strategy</u> (Charitable Funds cannot fund ongoing commitments)	
Funding application is for initial funding to purchase fully equipped mobile unit. Minimal ongoing costs will be funded through existing audiology revenue budgets. No ongoing staffing costs as mobile unit will be utilised by existing audiology staff.	
<u>Dementia Strategy</u> (State how the scheme meets the Health Board's dementia strategy)	
<p>In listening to people living with dementia, the Audiology department understands the need to support people living with dementia with services that are accessible to them, including closer to their home. Hearing loss is recognised as highly prevalent in those living with dementia (around 80% of those accessing Memory Services), and the Audiology department works closely with Memory Services and Primary Care across BCUHB to ensure that the needs of people living with dementia are supported across the priority areas of the BCUHB dementia strategy. Specifically, this project supports:</p> <ol style="list-style-type: none"> 1. Safeguarding – this proposal will directly support care provision at home, with appointments available in convenient locations closer to home. 2. Effective and compassionate care – this provision aims to further support a service that is already tailored to the individual. 3. Carers valued, welcomed, and supported – carers are essential “communication partners” in Audiology and are valued throughout. 	

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4. Inclusion and engagement – Audiology regularly liaises with people living with dementia on service developments.
5. Healthcare environments dementia supportive – by bringing the service closer to home, in a non-hospital setting, this aims to support those that currently face challenges in these environments.
6. Timely access to assessment for dementia & meaningful support – audiology is working closely with memory assessment services to roll out an innovate service development, where hearing is assessed as part of memory assessment services.

Health Inequalities (State how the scheme addresses health inequalities)

Hearing loss is an important and prevalent health condition that can be cost effectively managed with technology and rehabilitation:

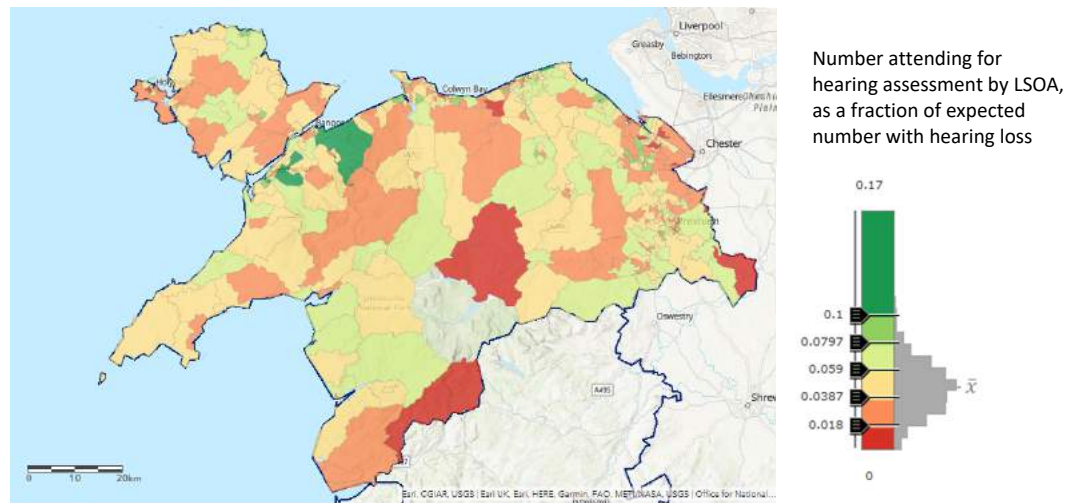
- It is thought that hearing difficulties affect around 575,500 people in Wales and more than 130,000 at BCUHB, with more than 40% of people over 50 years old having hearing loss, rising to 71% of people over the age of 70. This is set to increase to 1 in 5 people in the UK by 2035.
- There is a growing body of evidence of an independent association between hearing loss and dementia. In a recent Lancet Commission ‘Dementia prevention, intervention, and care’, hearing loss was identified as the biggest modifiable risk factor for dementia.
- Hearing impairment is an important long term health condition and in Wales, it is ranked as the fifth highest cause of years lived with disability by the WHO Global Burden of Disease initiative. It is also the leading cause of years lived with disability for those over 70.
- Hearing loss is associated with an increase in chronic health conditions, including diabetes, stroke and sight loss; it presents a greater risk of falls and more visits to healthcare professionals. People with hearing loss are also two and a half times more likely to develop depression than their peers without hearing loss.
- There is evidence that people delay seeking help for hearing loss on average by 10 years and that only 1 in 3 adults who would benefit from hearing aids has accessed services and been provided with them.

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- Early provision of hearing aids to people with hearing loss is cost effective and more cost effective than delayed provision or no provision. (NICE NG98 Appendix N Cost-effectiveness analysis: early versus delayed management of hearing loss).

The Audiology specialist mobile unit will enable those people who are most vulnerable, to access this service from within their own communities and without needing to access a hospital setting. This will ensure that those who are less able to and most anxious about accessing care do not delay.

Audiology has also identified geographical areas where uptake of services is less and how this is linked to rurality and or social deprivation. We will use this information to target services using the mobile unit (see graph below)



Equalities Impact

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Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?		NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Access to the mobile unit will follow same principles of access to other audiology services. The location of the mobile will aim to increase accessibility for those who are currently less able to access services, providing care within communities and closer to people's home. This will be reassessed and based on information related to actual v expected access figures.		
<u>Approvals</u>		
	Name & Date Approved	Comments
Fund Advisor	John Day 8K01 fund advisor 18/03/2022	
Capital Approval (Estates/IM&T/Medical Devices)	Medical Devices Group Capital Programme Management Group 12.04.22	
Chief Financial Officer	Paula Jones 09/06/2022	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Lowri R Williams pp David Fletcher 08/06/22	

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Charitable Funds Advisory Group		
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FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>		CA23/37 NHST Dementia Support Programme
<u>Name & Job Title of Lead Applicant</u>		Tracey Williamson, Nurse Consultant, Older Persons Mental Health
<u>Name & Job Title of Other Applicants</u>		
<u>Maximum Expenditure Requested</u>		£97,325
<u>Fund to be Sourced</u>	Fund Number & Title	NHS Charities Together Funding
	Current Uncommitted Balance	N/A – Application submitted June, funding to be confirmed 02/10/23
<u>Background & Summary Description</u>		
<p>Dementia support education programme (DPE) (£97,325):</p> <p>The DPE will identify patients in care homes and inpatient settings most likely to benefit from additional support and work one-to-one with those residents and inform their person-centred care plan. Both inpatient and care home staff will receive ongoing training in prevention of deconditioning through tailored blended learning.</p> <p>Project Title: Dementia support education programme (DPE): Prevention of deconditioning amongst care home residents admitted to secondary and</p>		

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Project Partners:

BCUHB - lead

Alzheimer's Society

Carers Trust

Carers Outreach

NEWCIS ([Home - NEWCIS](#))

The need for this project:

Considerable numbers of care home residents with dementia were well-documented to have been significantly affected by Covid, leading to high numbers of deaths. Many were isolated to their rooms with lack of professionals visiting leading to a huge increase in deconditioning. Residents who were mobile became bed bound and contracted, leading to many secondary issues e.g poor swallowing, problems with breathing and pressure sores. Inpatients with dementia similarly fared badly.

Care home staff are known to frequently have insufficient skills and knowledge to care optimally for residents with complex needs such as dementia which often sits alongside other long-term conditions adding to complexity. A similar picture of under-met education needs has been identified in inpatient settings. As a Health Board we have a duty to ensure staff have appropriate skills and knowledge, yet we know dementia-related learning opportunities are scant and there are currently no substantive Dementia Practice Educators in the Health Board.

The best way to move from simply raising awareness to quality learning is to have knowledge, skills, attitudes and behaviours development take place real-time at the patient's side/bedside and involving staff and family. A new approach is needed to enhance patient experience and maximise positive patient outcomes.

The aim of this project:

Pilot Dementia Practice Educator (DPE) role for 18 months focused on preventing deconditioning and contractures and optimising positioning in a group of care homes in a specific locality. The DPE will help residents who become inpatients to progress through their hospital stay and back into their care home, at their optimal potential with help to maintain this.

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This novel approach has two prongs:

1. Care home residents will be identified by the DPE before admission or early after admission so that an individualised deconditioning support plan can be tailored and put in place quickly which may prevent admission or help prevent deconditioning after admission. The DPE will support each resident as they prepare to leave hospital and transition back into care home life, to maintain and extend the deconditioning/contracture prevention practices.

The DPE will plan and deliver a range of effective learning opportunities for staff across care home and secondary care and community hospital settings to significantly increase their knowledge of prevention of deconditioning/contractures/effective positioning.

How the funding will be used:

Pre-project: A group of care homes in a specific cluster will be identified considering data on: falls, hospital admission rates, pressure sores, contractures etc, receptivity to being involved. We will focus on 4 care homes initially and expand to a maximum of 6 (depending on care home size), to ensure DPE impact is not diluted. Gain approvals/governance arrangements. Recruit DPE.

Months.1-2: Set-up multi-stakeholder Project Steering Group & Local Planning Group including family/residents/care home/hospital staff. Project publicity planned externally/internally. Project information materials co-produced for staff/families/residents. Protocol detailing project processes and resident inclusion/exclusion criteria produced, alongside timeline, key milestones, agreed outputs and reporting schedule.

Months.3-4: Produce toolkit of educational materials for families/residents/staff using co-production wherever possible. These will be delivered, focusing on the care homes first, following a baseline assessment of current knowledge and skills.

Training :

- Bed/Chair exercises
- Chair/Standing exercises
- Standing/Balance
- Upper-limb/Core strengthening
- Posture/Seating
- Assistive movements (calm, slow movements and less touching to decrease prevalence of high tone and contractures)
- Meaningful activities/occupation
- Your role/contribution to preventing deconditioning

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Formative/Summative evaluation approaches/data gathering measures will be fully developed and in place. Identification of residents for inclusion will have been practiced ready for 'going live'.

Month.5: Initial implementation of the DPE working with specific residents across settings to be tried and formatively evaluated enabling refinements be made to the pilot design. Ongoing review by Project Steering Group and Project Leads (3 co-leads - Nursing/AHP/Care home), with input from others as needed e.g. BCUHB's Transformation team.

Months.6-15: Ten months of pilot fully operational with supporting residents in and out of hospital, developing individual deconditioning-prevention plans and supporting/educating staff/family/residents to use them.

Months.15-18: Summative evaluation. Feedback to residents, families and involved organisations. Delivery of a Dissemination and Impact Plan. Final embedding of pilot insights into learning materials for local and national/international dissemination. Final reporting.

Beneficiaries:

- Care home staff
- Secondary care staff
- Community Hospital staff
- Family members
- Care home residents
- Partner organisations

No. of beneficiaries:

Assuming 4 average sized care homes minimum:

Programme of direct educational/training sessions (approx 90 mins) with:

Care home staff 100

Secondary care staff 100

Community Hospital staff 100

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Family members 60
Residents 20 (depending on ability to engage)

Residents with individualised Support Plans:

40

Workplace/bedside learning support for staff teams working with residents implementing their Support Plans:

40x teams of 8 = 48

Organisations that benefit from better educated staff/better cared for patients, reputation:

10 acute and community hospital wards
4 care homes minimum

Staff and patient/resident/public involvement:

12 in the Local Planning Group - experience of engagement, project conduct, co-production, evaluation

Plus wide general awareness raising to numerous others peri- and post pilot via Dissemination and Impact Plan across Wales and wider UK

Partner organisations: third sector staff on Steering Group will benefit from increased subject knowledge and involvement in developing and distributing learning resources for carers and people living with dementia

Outcomes from the funding:

Resident/in-patient and family carer outcomes:

- Through the use of Patient Reported Experience and Outcome Measures (PREMs and PROMs) we will collate evidence to show improved patient experience and satisfaction.
- This includes involving patients, residents, care home staff, clinical staff and family to become equal partners in producing care plans.
- The interventions will have the potential to reduce stress, anxiety and depression for the patient, family and clinical staff which could be captured through PROMs and PREMs.
- Data obtained by audits, through corporate nursing teams, within the care home may inform reduction of deconditioning/contractures/pressure

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sores/falls, improved comfort, reduced pain, enhanced eating, greater social connection, enhanced health and wellbeing.

- This will also include assessing the numbers trained.

Staff outcomes:

- Staff surveys could be introduced to evidence improved satisfaction, confidence, knowledge, skills, employability, pride in work, motivation, reduced stress, enhanced relationships with families.
- This will also include assessing the number of staff trained.

Care home outcomes:

- The nursing homes will produce key data reports to show increased residents staying at current care home (as no deterioration requiring a move e.g. from developing contractures), lower resident dependency, reduced deconditioning/contractures/pressure sores/falls, reduced costs from reliance on anti-depressants, reduced complaints/concerns, improved patient flow/right place right care, satisfaction of staff/families/residents. Confidence that staff have increased awareness of managing this group of clients more effectively. Improved quality audit results. Potential reduction in 1-1 needs.

NHS outcomes:

- Monthly Datix reports will be analysed to evidence reduced complaints/concerns, increased satisfaction of staff/families/residents.
- Higher quality care through better educated staff.

Wider health/social care community:

- Enhanced evidence base and access to free quality learning materials.

Monitoring and Evaluation:

A robust evaluation framework will be co-designed by the lead applicant (Consultant Nurse for Dementia who is also a Professor of Family and Patient Engagement and experienced evaluation researcher) and delivered using baseline, formative and summative approaches, combining measures e.g. falls; indicators e.g. satisfaction; outcomes e.g. reduced or prevented contractures; and feedback e.g. perceptions of enhanced CV and employability. Multi-methods – qualitative and quantitative approaches will be used with individual and multi-participants as appropriate e.g. surveys, group discussions. Some audit tools in existence e.g. falls, nutrition, hydration, pressure area care, cognition and wellbeing plus others which will be used for pre and post monitoring.

Bespoke user-friendly feedback tools/surveys will be co-designed where needed to capture baseline knowledge and knowledge levels post training/learning

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for family carers, staff and any residents with early stage dementia. Similarly a Discussion Topic Guide will be co-produced so we ask about the outcomes of interest to different stakeholder groups within the project as one-to-one group feedback sessions.

Statistical expertise will be secured via the Steering Group membership from BCUHB Informatics/Transformation team with representation on the Project Steering Group.

Statistical expertise will be secured via the Steering Group membership from BCUHB Informatics/Transformation team with representation on the Project Steering Group.

Project oversight via Project Steering Group (bi-monthly) and Local Planning Group (regularly to meet local need). A project Timeline will be continually reviewed and 'RAG' status applied. Monthly monitoring of data sets and thematic analyses overseen by Project Leads and discussed at each Steering Group meeting. Local Planning Group will regularly receive an appropriate digest of what the data are showing to inform planning/adjustments to pilot delivery.

Reporting will also be via the local Health Board Integrated Health Community Patient Care Experience Group and into its Quality Operational Delivery Group, and will in turn be reported up to the Corporate Quality Operational Delivery Group and the pan-BCU Strategic Dementia Delivery & Transformation Group, where progress and outcomes will be appraised. These groups are also where sustainability and roll-out of the DPE role will be considered post pilot.

The Charitable Funds Committee are asked to provide in principle funding on the condition that:

- **100% funding is approved by the NHS Charities Together Trustees**
- **The Service Director, Finance Director and HR are in agreement with all terms that are attached to the final agreement with NHS Charities Together (N.B. in our experience, NHS Charities Together submissions can change significantly during the NHSCT review phase (currently in progress from June – September))**

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure

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Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Band 6 Dementia Practice Educator (costed at top scale point)	£51, 550	18	To over see this project	£77,325
Non-pay				
Quote or Estimate?	Description			
Teaching resources and travel				£20,000
Total Pay and Non-pay				£97,325
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				
Less: Savings generated by this application				
Net ongoing revenue costs charged to NHS budgets				
Risk Assessment				

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Risk (insert further rows if needed)		Mitigation
Exit Strategy (Charitable Funds cannot fund ongoing commitments)		
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)		
Health Inequalities (State how the scheme addresses health inequalities)		
Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief) be differently affected by this scheme?		NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Approvals		
	Name &	Comments

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	Date Approved	
Charitable Funds Finance Team	Date submitted to Charitable Funds: Date all required information & approvals received: Outstanding approvals required	
Fund Advisor		
Capital Approval (Estates/IM&T/Medical Devices)		<i>If an Estates project, please confirm date when Estates expect the work to be completed.</i>
Chief Financial Officer		
Area/Hospital/Secondary Care/Mental Health/Executive Director		<i>Please provide confirmation that the request has been through local Admin divisional review, to ensure there are not similar or duplicated requests.</i>
Charitable Funds Advisory Group		

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FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>		CA23/38 NHS Charities Together (NHSCT) Ablett Outreach Arts Therapy Programme
<u>Name & Job Title of Lead Applicant</u>		Teri Howson-Griffiths, BCUHB Arts In Heath Strategic Lead, Public Health
<u>Name & Job Title of Other Applicants</u>		Jill Timmins, Programme Director for the Ablett Redevelopment
<u>Maximum Expenditure Requested</u>		£40,160
<u>Fund to be Sourced</u>	Fund Number & Title	NHS Charities Together funding
	Current Uncommitted Balance	N/A Application in progress (outcome to be confirmed funding to be confirmed 02/10/23)
<u>Background & Summary Description</u>		
Project Title: NHSCT Ablett Outreach Arts Therapy Programme An umbrella against the rain: using creativity to improve mental wellbeing post covid-19		
Need for this project: The 2017 BCUHB Together for Mental Health in North Wales plan aims to ensure people of all ages receive the right support, in the right place, at the right time, throughout their lives. The plan underpins a move away from a clinical, specialist model of bed-based care to one which is focussed on community-based prevention and intervention.		

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An Arts & Health Mapping report conducted by the Wales Arts, Health, and Well-being Network in July 2022 for BCUHB identified mental health as one of two priorities. Between September 2020 and August 2021, adult referrals into mental health services in North Wales were at 36,385. Mental health remains a key focus as the after effects of covid are still felt. Research has shown that 'those who were struggling before [the pandemic] have been hit hardest', particularly through 'heightened inequality', particular impacts on young, the effects of loneliness and isolation, and more people needing urgent support (Mind, 2021: 3-4). There are also concerns for the mental health of healthcare workers who worked throughout the pandemic as keyworkers in challenging conditions (De Kock et al., 2021). This project will address these challenges and need through the arts in healthcare.

Project aims:

There is robust evidence for the efficacy of utilising the arts within healthcare (e.g., Fancourt, Warran, & Aughterson 2020). Stimulus, focus, distraction, re-assurance, respite, social, enjoyment and pleasure ... all can be cultivated by creativity.

The project has three components to achieve its aims:

1. Creative activities for patients at the Ablett Mental Health Unit, delivered in partnership by Local Authority Arts Teams, working with experienced professional artists and third sector arts organisations.
2. Creative activities in community settings in Conwy and Denbighshire also in partnership as above to support a wide remit of people experiencing mental health difficulties either: having recently been discharged from Ablett, awaiting treatment for their mental health, or having approached their GP about their mental health. The community element supports the Unit in aiming to reduce pressure on service by supporting those with mental health difficulties sooner as well as for those experiencing ongoing challenges, to support their mental wellbeing.

Arts training and development for healthcare staff at the Ablett Unit to increase confidence, satisfaction, support patient-staff engagement, alongside supporting staff mental wellbeing. This will be delivered in partnership with Glyndwr University who are experienced in delivering short courses and Higher Education provision in Arts, Health and Wellbeing.

How will the funds be used:

We will partner with Conwy and Denbighshire Local Authority Arts teams to deliver arts interventions both on the Unit and in community settings within Conwy and Denbighshire. This means the project can cover a cross spectrum of the population in terms of severity of illness and where placed along timeline for referral, diagnosis, and as a follow-on to treatment. Furthermore, the project is supported by Llais, who we will involve as part of its development. This partnership supports the arts in health strategy (currently in development) in working in partnership to enhance the health of the population of North Wales through the arts.

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Activities will take place as follows:

Year 1:

2 x 10-week blocks of art-making activity on Ablett Unit for patients, staff, and visitors with an artist, 1 residency per local authority

Year 1 and 2:

4 x 10-week blocks of art making activity in the community for those on waiting lists and who are waiting for diagnosis/ treatment, or who have recently left the unit (2 per local authority)

Year 2:

Staff training and professional development around embedding arts in health practice partnered with Glyndwr University.

Evaluation will support the project outcomes in order to ascertain how participants have responded to taking part. Measures will be agreed with the on-site team and may include: self-reporting and observed changes to overall feelings of wellbeing. There is also the potential to look at changes to medication, patients well enough to be transferred from the unit, or participation in other activities. Questions may also address feelings related to taking part on: relief, stimulation, new skills and confidence, improve mood, provide distraction, increase social ability, amongst and staff/ patient engagement. For staff, we will look at staff/patient engagement, their own wellbeing, and new skills and confidence.

Beneficiaries:

Patients and staff of the Ablett Unit. People experiencing mental health challenges in the Conwy and Denbighshire areas.

15 x people per group on unit = 30 patients

Supporting staff at sessions = 5

Community sessions = 60

Staff training and development = 10

Anticipated outcomes:

The activities are designed to happen in hospital settings where arts activities have not been possible through covid-19, to re-introduce the arts. It will support those most unwell who are currently a patient at the Ablett Unit due to their mental health to support post-covid recovery. The aim is to support and enhance their treatment through partaking in arts activities to aide their overall wellbeing. It is intended that the activities may affect areas such as improved

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mood, increased confidence, sense of value and worth, enjoyment and pleasure, distraction and focus, as examples.

It will also provide a wider remit into community settings as a way to reduce pressure on the unit in engaging those with mental ill health early in diagnosis or treatment, or as part of ongoing support after in-patient stay at the Ablett Unit. Similarly, the project should support overall wellbeing in this group, alongside potential improvement in mood, increased confidence, sense of value and worth, enjoyment and pleasure, distraction and focus.

The staff training and development will provide confidence building in integrating the arts within healthcare, support their personal wellbeing, and their engagement with patients. This is intended to have benefits for both the staff and patients to enhance healthcare provision.

In furthering our partnerships with Local Authorities, Higher Education and the charitable sector, the project supports developing the profile of arts in health and wellbeing across North Wales and the potential for longer-term collaborations and funding bids to continue activity both within the Unit and across similar healthcare and community settings in North Wales.

Monitoring and evaluation:

The Arts in Health team will monitor project progress and will seek regular progress updates from both Local Authorities. These will be reported on through channels within Public Health and Mental Health and Learning Disabilities to feedback on development of the project.

We have apportioned budget towards evaluation of the arts activities and will work with the onsite unit staff to look at appropriate measures alongside an evaluation partner to understand the benefits and learnings from the project.

The arts in health team will seek wider sharing opportunities through the North Wales Arts in Health Steering Group with partners, the Cross-party group for Arts in Health to connect with policy makers, and conferences and sharing opportunities via networks such as the Wales Arts Health and Wellbeing Network (WAHWN) – for practitioners, researchers, artists, policy makers and others interested and involved with arts, health and wellbeing, and Engage Cymru – the network for artists, galleries and museums across Wales. We will also make use of Communications channels both internally and externally, where appropriate to share findings. Finally, the arts in health Concordat that will be relaunched later this year by the team, will provide a further platform for sharing project progress and outcomes with partners and networks across the North Wales region.

The Charitable Funds Committee are asked to provide in principle funding on the condition that:

- **100% funding is approved by the NHS Charities Together Trustees**

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- The Director of the Ablett Project, Finance Director and the Executive Director of Public Health are in agreement with all terms that are attached to the final agreement with NHS Charities Together (N.B. in our experience, NHS Charities Together submissions can change significantly during the NHSCT review phase (currently in progress from June – September))

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure

Financial Management and Costing

Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Non-pay				
Quote or Estimate?	Description			
Estimate	Year 1			£32,632
Estimate	Year 2			£7,528
Total Pay and Non-pay				£40,160

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Ongoing Revenue Costs	
Ongoing revenue costs which will be charged to NHS budgets	
Less: Savings generated by this application	
Net ongoing revenue costs charged to NHS budgets	
Risk Assessment	
Risk (insert further rows if needed)	Mitigation
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
Health Inequalities (State how the scheme addresses health inequalities)	
Equalities Impact	
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?	NO

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If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Approvals		
	Name & Date Approved	Comments
Charitable Funds Finance Team		Date submitted to Charitable Funds: Date all required information & approvals received: Outstanding approvals required
Fund Advisor		
Capital Approval (Estates/IM&T/Medical Devices)		<i>If an Estates project, please confirm date when Estates expect the work to be completed.</i>
Chief Financial Officer		
Area/Hospital/Secondary Care/Mental Health/Executive Director		<i>Please provide confirmation that the request has been through local Admin divisional review, to ensure there are not similar or duplicated requests.</i>
Charitable Funds Advisory Group		

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FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>		CA23/39
<u>Name & Job Title of Lead Applicant</u>		
		NHSCT iCAN Farming Programme
<u>Name & Job Title of Other Applicants</u>		
		Claire Waddicor-Evans, Strategic Partnership Manager, Mental Health & Learning Disabilities
<u>Maximum Expenditure Requested</u>		
		£78,661
<u>Fund to be Sourced</u>	Fund Number & Title	NHS Charities Together funding
	Current Uncommitted Balance	N/A Application in progress (outcome to be confirmed funding to be confirmed 02/10/23)
<u>Background & Summary Description</u>		
<p>Project Title: Support to farming communities in North Wales to enhance mental health, wellbeing and resilience: iCAN farming</p> <p>Project Partner: Tir Dewi, Farmers' Support: <u>Tir Dewi – Here to help, always. Yma i helpu, bob tro.</u></p> <p>Supported by: Farmers Union Wales</p>		

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National Farmers Union
Rural North Wales Police Team

Project need:

A Bangor University study suggests farmers in the UK have higher levels of mental ill-health than non-farmers (Hounsome et al, 2012). 92% of farmers under the age of 40 believe that poor mental health is the largest hidden problem facing farmers today (Farm Safety Foundation). Insight from previous local farming engagement work suggests that stigma around mental health issues is a particular concern in this community, and impacts on people's willingness to disclose issues and access timely support. There is a need to undertake targeted mental health and wellbeing support to farming communities (note: farming community includes anyone involved in farming life and their families) in North Wales. This will create a greater awareness of the factors that influence mental wellbeing, reduce stigma, and enhance the opportunities for the farming community to engage with services.

Funding was granted in 2019 to train additional helpline volunteers and for promotional work around the Farming Community Network's Helpline. The Daniel Picton-Jones (DPJ) Foundation helped to deliver training to specific stakeholder groups on suicide prevention. A key learning point from these projects, which ceased during the pandemic: farmers are unlikely to engage in mental health conversations unless the initial engagement relates to physical health e.g. blood pressure screening.

How will the need be addressed:

The Betsi Cadwaladr University Health Board (BCUHB) has a well established iCAN mental health support scheme ([i CAN - Betsi Cadwaladr University Health Board \(nhs.wales\)](https://www.betsi-wales.nhs.uk/our-services/mental-health-services/ican-mental-health-support-scheme)). This funding will specifically create a new iCAN Farming support stream. It will:

- Develop meaningful engagement with farmers and their families to understand the barriers and enablers to supporting their mental health and provide prevention and early intervention mental wellbeing support.
- Understand the wider determinants of mental wellbeing on the farming community, such as cost of living pressures, climate change, increased burden of administrative work associated with modern farming
- Increase levels of emotional resilience, as well as reducing isolation and self-harm by complementing and enhancing the existing engagement with farmers.

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- Ensure that timely and accessible support is promoted for those in the farming community experiencing a mental health crisis.
- Ensure farming communities are able to access the right support within their own environment and networks via the nurse/engagement officer, making it less difficult and daunting asking for help.
- Enable farmers and their families to access a range of services and opportunities in their community to support their mental and physical health and wellbeing, without having to attend a GP appointment unless it is clinically appropriate to do so.

Combine mental health and wellbeing promotion alongside the provision of physical health checks and screening opportunities, contributing to reducing the stigma attached to asking for mental health and wellbeing support.

How will the funding be used:

These activities will be achieved by employing a full time Band 5 iCAN Officer (with nursing and/or engagement skills, recruited through BCUHB process) who would provide both the basic physical health checks commensurate with the role but also provide mental health and wellbeing advice. This would be complemented by additional engagement officer hours to increase the work already underway by Tir Dewi. Funding would enable roll out of this provision across all 6 Local Authority Areas of North Wales.

The funding would enable to project team to:

- Continue to engage, develop insight and build sustainable relationships across farming communities, working directly with farming communities.
- Develop and promote clear pathways to access services and gain the right support at the right time of asking.
- Facilitate opportunities to develop befriending services and peer support.
- Develop a communications campaign directed at farmers and their families to reduce stigma, raise awareness of the risk factors for poor mental wellbeing, suicide and self-harm and highlight the support.
- Provide education and support via engagement evenings, training and education, leaflets, technological platforms.
- Use existing trusted relationships with farmers and their networks to recognise when support may be needed. Facilitate escalation to prevent

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individuals reaching crisis point.

- Use opportunities afforded by physical health checks e.g. regular blood pressure checks, to engage with the farming community around their mental health and wellbeing.
- Recognise and work with other agricultural charities supporting farmers and their families in North Wales to enhance the complement support package available
- Seek other opportunities to enhance the provision and work with partners to co-produce where possible.
- Help run and facilitate farming groups within North Wales – Group Ffermwyr (once monthly).
- Create iCAN Farming internet page to enable farmers and their families to be able to easily access at any time
- Scope opportunities to develop and/or integrate an iCAN Farming App alongside existing resources.

Who will benefit from this project?

There is a large farming population in the North Wales area consisting of 7,000 farms. The majority are situated in rural, isolated and often hard to reach areas. There is a varying population within these farms from large families to often older single occupants, some of which have no access to internet services.

Over the last 12 months, Tir Dewi, a registered charity that provides free confidential support to farmers across North Wales who are experiencing challenging times has provided help and support to over 150 families. The NHSCT funding will be used to increase and enhance contact with the farmers and their families and the iCAN Officer role will allow farmers to be supported in their own environment.

This funding will support families of those employed in agriculture, forestry and fishing across North Wales. Based on the latest data, produced for 2019, 13,800 people were employed in agriculture, forestry and fishing across North Wales:

Workplace employment by Welsh local areas and broad industry

<https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Employment/Jobs/Whole->

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Workforce/workplace employment-by-welshlocalareas-industry

What outcomes should we expect from this project?

Work is underway to develop a logic model which sets out the expected short, intermediate and long term outcomes. The logic model also provides the indicators that will be baselined and tracked in order to demonstrate both the activity and measurable improvements. The planned outcomes are:

- Increased engagement with a group who do not traditionally engage with healthcare and other wellbeing and prevention services.
- Increased awareness about the importance of identifying and addressing low levels of mental health and wellbeing.
- Reduced risk of attempted suicide and self-harm across a high-risk group of residents.
- Improved levels of mental health and wellbeing observed by facilitating access to support services that may actually increase attendance in primary care.
- Increased awareness within services of the impact waiting times have on farmers due to the nature of their profession, helping to avoid GP attendance where clinically appropriate to do so or when appropriate, facilitate enhanced access to primary care.
- Assist with the facilitation and growth of the farmers clubs across North Wales to enhance membership and provide meaningful help and support.

Monitoring and evaluation:

A final Project Logic Model will highlight the the indicators that will be measured and monitored, and reported on to assess the impact of the project. Once funding has been confirmed, detailed analysis of existing data will be undertaken to ensure robust baseline measures are secured, in order to enable progress to be measured during the lifespan of the project, and further into the future.

Governance and project management arrangements reflecting Mental Health & Learning Disability division monitoring and evaluation practices will be established: a multiagency steering group will be created, and Board level reports will be produced for BCUHB's Population Health Executive Delivery Group. The methods of collating data will differ, depending on the different aspects of the project, but the iCAN Officer will be expected to carry out surveys and informal interviews with those from the farming community as well as primary care representatives and other service providers at the beginning of the project and at agreed points throughout the initial project.

The total project costs are £125,000:

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37.5 hours Band 5 iCAN Officer (inclusive of all on-costs):

Yr 1: £41,592 Yr 2 : £41,592 Total = £83,192

Additional Band 3 Engagement officer hours:

Yr 1: £24,808 Yr 2: £0 Total = £24,808

Travel costs for engagement events:

Yr 1: £1,000 Yr 2: £1,000 = £2,000

Funding for communications (including leaflet, event stand, website and app, using existing platforms where possible):

Yr 1: £7,500 Yr 2: £7,500 = £15,000

The additional £46,339 required for this project will be funded through NHS Wales Public Health funding

The Charitable Funds Committee are asked to provide in principle funding on the condition that:

- **100% funding is approved by the NHS Charities Together Trustees**
- **The additional £46,339 required for this project will be funded through NHS Wales Public Health funding (exact sources to be confirmed, and may need to include Fund 8T33 Public Health Fund, current balance £41,339 – N.B. an additional funding application will be required should these funds be required)**
- **The Service Director, BCUHB Finance Director - Commissioning & Strategy and the Executive Director of Public Health have provided in principle approval for the submission of the funding application already. All must be in agreement with all terms that are attached to the final agreement with NHS Charities Together (N.B. in our experience, NHS Charities Together submissions can changes significantly during the NHSC review phase (currently in progress from June – September)**

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure

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Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
iCAN Officer	£41,592	24	Part funding for a 37.5 hours Band 5 iCAN Officer (not inclusive of all on-costs)	£78,661
Non-pay				
Quote or Estimate?	Description			
Estimate				
Total Pay and Non-pay				
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				
Less: Savings generated by this application				
Net ongoing revenue costs charged to NHS budgets				
Risk Assessment				
Risk (insert further rows if needed)			Mitigation	

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Exit Strategy (Charitable Funds cannot fund ongoing commitments)		
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)		
Health Inequalities (State how the scheme addresses health inequalities)		
Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief) be differently affected by this scheme?		NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Approvals		
	Name & Date Approved	Comments
Charitable Funds Finance Team	Date submitted to Charitable Funds:	

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	Date all required information & approvals received: Outstanding approvals required	
Fund Advisor		
Capital Approval (Estates/IM&T/Medical Devices)		<i>If an Estates project, please confirm date when Estates expect the work to be completed.</i>
Chief Financial Officer		
Area/Hospital/Secondary Care/Mental Health/Executive Director		<i>Please provide confirmation that the request has been through local Admin divisional review, to ensure there are not similar or duplicated requests.</i>
Charitable Funds Advisory Group		

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FUNDING APPLICATION FORM

Please note: Applications for funding may not be successful. Expenditure should not be committed until the outcome of the application is known.

<u>Title of Funding Application</u>		CA23/34 Staff Achievement Awards 2023
<u>Name & Job Title of Lead Applicant</u>		Katie Sargent, Assistant Director Of Communications And Engagement
<u>Name & Job Title of Other Applicants</u>		Kirsty Thomson, Head of Charitable Partnerships and Charitable Funds
<u>Maximum Expenditure Requested</u>		15,000
<u>Fund to be Sourced</u>	Fund Number & Title	8T48 (Staff Development / wellbeing Fund)
	Current Uncommitted Balance	£22,150.82
<u>Background & Summary Description</u>		
<p>Over £20,000 has been pledged in sponsorship for the event this year already, but it has not been received to date and the organising team are expecting a possible £15,000 deficit if all sponsorship and anticipated donations are not secured. A further £15,000 is required to ensure that Purchase Orders can be raised in advance of the event, and to cover all anticipated costs should the fundraising associated with this event is not successful.</p> <p>The Charitable Funds Committee are asked to approve a grant of £15,000 from the NHS Charities Together Staff Wellbeing grant funding in Fund 8T48.</p> <p>The annual BCUHB Staff Achievement Awards is a much-anticipate annual event. Organised collaboratively by Workforce and Organisational Development</p>		

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and the Partnerships, Engagement and Communications Team, the event sees volunteers and staff be celebrated for excellence, and it provides an opportunity for stakeholders to see BCUHB at its best.

The full list of the Awards and the finalists for 2023 can be found here: [2023 Achievement Awards Finalists \(sharepoint.com\)](#). Pre-sale tickets for this year's October event have already sold out: [Pre-sale tickets for the 2023 Staff Achievement Awards \(sharepoint.com\)](#).

Last year there were 414 attendees: 289 were nominees / nominated or sponsors and received their places for free, and 125 paid for their tickets. All tickets were subsidised at a cost of £20 per person.

The charge for the bus was £5 per person. There were only 32 bus users, so the actual cost of the transport was £37.50 per person. Transport will not be provided in 2023.

Last year the total income from the event was £26,129.71, with the breakdown of income as follows:

£1,122.89 Raffle

£2,830.99 Ticket sales

£22,175.83 Sponsorship

The total expenditure (including venue hire, meals, payment for entertainment, decoration and transport from hospitals and community locations) was £31,204.30. A grant of 6,245.46 was given from the COVID-19 Staff Support Fund (8T53).

The breakdown of the expenditure was as follows:

£17,306 Venue Cymru

£13,677.95 Awards, Decoration, Printing and Photography

£2,428.05 Entertainment and presenters fees

£1,200 Coach hire

This year there will be no cost for coach hire, the entertainment cost is expected to be under £1,500 and the printing and decoration costs are not expected to exceed £10,000. The cost of the venue is increasing, hence the budget has increased by over £3,000 to £35,000 this year. 36 more people will be able to attend this year/ though there will be an additional cost for these 36 meals, these tickets will generate £720 in income.

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This year 450 people are expected to attend the event. The anticipated total costs of the event are not expected to exceed £35,000. The plan is to attract sponsorship and donations of £30,000 and fund the 14% (£5,000) of the event through the COVID-19 Response Fund (Fund 8T52). Additional income is expected to be generated through the event raffle.

Over £20,000 has been pledged in sponsorship for the event this year already, but it has not been received to date and the organising team are expecting a possible £15,000 deficit if all sponsorship and anticipated donations are not secured. A further £15,000 is required to ensure that Purchase Orders can be raised in advance of the event, and to cover all anticipated costs should the fundraising associated with this event is not successful.

The Charitable Funds Committee are asked to approve a grant of £15,000 from the NHS Charities Together Staff Wellbeing grant funding in Fund 8T48.

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure

Financial Management and Costing

Pay				£
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	
Non-pay				
Quote or Estimate?	Description			

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Total Pay and Non-pay		
Ongoing Revenue Costs		
Ongoing revenue costs which will be charged to NHS budgets		
Less: Savings generated by this application		
Net ongoing revenue costs charged to NHS budgets		
<u>Risk Assessment</u>		
Risk (insert further rows if needed)		Mitigation
<u>Exit Strategy</u> (Charitable Funds cannot fund ongoing commitments)		
<u>Dementia Strategy</u> (State how the scheme meets the Health Board's dementia strategy)		
<u>Health Inequalities</u> (State how the scheme addresses health inequalities)		

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Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?		NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Approvals		
	Name & Date Approved	Comments
Charitable Funds Finance Team	Date submitted to Charitable Funds: Date all required information & approvals received: Outstanding approvals required	
Fund Advisor		
Capital Approval (Estates/IM&T/Medical Devices)		<i>If an Estates project, please confirm date when Estates expect the work to be completed.</i>
Chief Financial Officer		
Area/Hospital/Secondary Care/Mental Health/Executive Director		<i>Please provide confirmation that the request has been through local Admin divisional review, to ensure there are not similar or duplicated requests.</i>

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Awyr Las
Blue Sky

Charitable Funds Advisory Group		

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