

Bundle Charitable Funds Advisory Group 31 January 2019

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CHARITABLE FUNDS ADVISORY GROUP COMMITTEE

**Minutes of the Meeting Held on Thursday 29th November 2018 at 9.30am
Meeting Room 1 Carlton Court, St. Asaph**

Present:

Ms Rebecca Hughes	Charitable Funds Accountant (Chair)
Prof Rob Atenstaedt	Consultant in Public Health Medicine & Associate Director of Public Health in North Wales
Mr Steve Morris	Lay Member
Ms Christine Hoyle	Lay Member & Former Haematology Consultant
Ms Beryl Roberts	Lead Cancer Nurse
Ms Gail Critchley	Compliance And Workforce Coordinator
Mr Andrew Gralton	Assistant Director Of Children's Services
Ms Lynne Joannou	Assistant Director Primary Care Contracting
Mr Ian Fearn	Deputy Head of Podiatry & Orthotics

In Attendance:

Ms Paula Clayton	Assistant Financial Charity Accountant
Ms Wendy Marles	Minute Taker

Agenda Item	Action
CFAG18/37 APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS Apologies of absence were noted from Ms Ffion Johnstone, Ms Keeley Twigg, Ms Frances Vernon, Ms Eryl Gilliland, Ms Tracy Sellars and Ms Anne Dennis.	
CFAG18/38 MINUTES OF PREVIOUS MEETING HELD ON 11th October 2018 CFAG18/38.1 Accuracy Ms R Hughes gave an overview of the actions from the previous meeting. CFAG18/38.2 Matters arising and summary action plan Ms Hughes updated the group that all the action points were closed apart from CFAG18/33.10 Patient Wigs – Dermatology and CFAG18/33.11 Complimentary Therapy which are both awaiting approval in the next Charitable Funds Committee meeting.	

CFAG18/39 REQUEST FOR EXPENDITURE APPROVALS**CFAG18/39.1 Ultrasound Probe, YG - £15,000**

Ms Hughes gave a brief overview of the application, which is to purchase an additional probe for a BK Ultrasound machine to support urological biopsies (charitable funds supported the purchase of the original ultrasound machine).

Ms Hughes informed the group that Mr Barry Williams had been unsuccessful in gaining funds from General Surgery hence the application to General Funds. The current probe is on loan and they now wish to purchase one to ensure ongoing appropriate investigation for diagnosis of patients.

Ms L Joannou questioned if General Funds should purchase it and commented that it was a poor application and was not complete. It was agreed to feed this back to the applicant.

Ms Hoyle added that there is a large amount of funds within Urology and queried why they were not able to access the funds from there.

Ms Hughes explained that the large amount of Urology funds sits within YGC and therefore cannot be used in the West.

Prof Atenstaedt informed the group that there has been a recent review in Urology which is ongoing. However it was agreed that this would not affect the need for this probe.

The group agreed to approve this bid from General Funds, noting that the service had used their own funds for the original ultrasound purchase. Approval is pending Medical Devices approval.

Outcome – Approved**CFAG18/39.2 Erw Groes: Opening Doors, Enhancing Lives - £15,000**

Ms Hughes informed the group that this was a revised application from the last meeting and this is to support a dedicated part time Health Visitors' (employed 18.5 hours a week) (part funded by BCUHB). Ms Hughes gave an overview of the presentation to members of the group who did not attend the previous meeting.

Mr A Gralton explained that this was a better application than the previous one which had grown out of context from the original.

Ms L Joannou stated that this was an excellent submission and very detailed and felt this application should be supported. Ms Joannou questioned why they did not have an exit strategy for the end of the lottery funding, but noted that there were several options included for the exit strategy at the end of the 12 months' funding being requested.

The group felt happy to approve but it should be monitored and evaluated over 12 months and the applicants will need to seek substantive funding going forward.

PC

PC

Ms P Clayton informed the group that an application for future funding from the lottery had been applied for.

It was noted that as the application is for staff costs, it will need to go to the December Charitable Funds Committee for approval.

Outcome – This application was recommended for approval by the Charitable Funds Committee.

RH

APPLICATIONS FOR COMMENT

CFAG18/39.3 Advancing the Primary Care Nursing Workforce, across North Wales - £55,000

Ms Hughes informed the group that this was a revised application from the last presentation with more detail around the courses and with the approach of charging external GP's for the service. The cost of the application has also been reduced substantially.

Mr A Gralton commented that he had spoken to the leads on this project and was impressed with the proposal that they have developed, the planning that has been undertaken and how they are already looking for substantive funding to support this in the future.

Ms Hughes explained that the income generated from charging external practices would be used to provide further courses.

Ms L Joannou said that the long-term benefits of this application of up-skilling nurses would be beneficial and could lead to relieving pressures on secondary care.

The group agreed they were happy to support this bid.

Outcome – This application was recommended for approval by the Charitable Funds Committee.

RH

CFAG18/39.4 Disabled Bathroom and Sensory Room on Children's Unit, YG - £154,468

Ms Hughes informed the group that this application was for additional costs for the development on Dewi Ward. £105,000 has been approved but the cost of tenders received is significantly higher and there are also some items for the sensory room that were not included in the original application. As a result, the total cost is an additional £50,000.

The application is not to seek extra funding from General Funds; the additional funds would be sought from supporters including Gafael Llaw, Trusts and Foundations and local community groups. The fundraising team are working with the Unit to raise the additional monies required.

The group felt that Estates should be asked to look at their estimation process for these types of capital scheme as there have been several applications recently where costs

<p>have been more than originally estimated. Ms Hughes agreed to feedback to the Estates team.</p> <p>It was noted that Gafael Llaw are keen to see this development as they had approved funds some time ago.</p> <p>The group were happy to support.</p> <p>Outcome – This application was recommended for approval by the Charitable Funds Committee.</p>	<p>RH</p> <p>RH</p>
<p>CFAG18/40 FUND BALANCES AS AT 30th September 2018</p> <p>Ms R Hughes presented the fund balances for information.</p>	
<p>CFAG18/41 Any Other Business</p> <p>There was no other business.</p>	
<p>CFAG18/42 DATE OF NEXT MEETING</p> <p>Next meeting to take place on: Thursday, 31st January 2019 <i>at 9.30 a.m.</i></p> <p><i>Finance Meeting Room, Ysbyty Gwynedd</i></p> <p><i>Meeting Room 1, Carlton Court</i></p> <p><i>Chairman's Office, Wrexham Maelor</i></p>	

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

BCUHB CHARITABLE FUNDS ADVISORY GROUP Summary Action Plan				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
Actions From 29.11.18				
R Hughes	CFAG18/33.10 Patient Wigs - Dermatology Charitable Funds Committee approval outstanding	13.12.18	13.12.18 – Charitable Funds Committee approval	Closed
R Hughes	CFAG18/33.11 Complimentary Therapy Charitable Funds Committee approval outstanding	13.12.18	13.12.18 – Charitable Funds Committee approval	Closed
P Clayton	CFAG18/39.1 Ultrasound Probe Medical Devices Group approval outstanding	31.01.19	19.12.18 – Medical Devices Group approval	Closed
R Hughes	CFAG18/39.2 Erw Groes: Opening Doors, Enhancing Lives Charitable Funds Committee approval outstanding	13.12.18	13.12.18 – Charitable Funds Committee approval	Closed
R Hughes	CFAG18/39.3 Advancing the Primary Care Nursing Workforce access across North Wales and Enhancing Lives Charitable Funds Committee approval outstanding	13.12.18	13.12.18 – Charitable Funds Committee approval	Closed
R Hughes	CFAG18/39.4 Disabled Bathroom and Sensory Room on Childrens Unit, YG Charitable Funds Committee approval outstanding	13.12.18	13.12.18 – Charitable Funds Committee approval	Closed

Charitable Funds Advisory Group Coversheet

Name of Committee Charitable Funds Advisory Group Date 31 st January 2019 Item CFAG19/03	 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> GIG CYMRU NHS WALES </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div>
To improve health and provide excellent care	

Title:	Request for Expenditure Approvals															
Author:	<i>Paula Clayton, Assistant Charity Accountant</i>															
Responsible Director:	<i>Russell Favager, Executive Director of Finance</i>															
Public or In Committee	<i>Public</i>															
Strategic Goals	<i>(Indicate how the subject matter of this paper supports the achievement of BCUHB's strategic goals –tick all that apply)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">1. Improve health and wellbeing for all and reduce health inequalities</td> <td style="text-align: center; width: 50px;">x</td> </tr> <tr> <td style="padding: 5px;">2. Work in partnership to design and deliver more care closer to home</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="padding: 5px;">3. Improve the safety and outcomes of care to match the NHS' best</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="padding: 5px;">4. Respect individuals and maintain dignity in care</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="padding: 5px;">5. Listen to and learn from the experiences of individuals</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="padding: 5px;">6. Use resources wisely, transforming services through innovation and research</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="padding: 5px;">7. Support, train and develop our staff to excel.</td> <td style="text-align: center;">x</td> </tr> </table>		1. Improve health and wellbeing for all and reduce health inequalities	x	2. Work in partnership to design and deliver more care closer to home	x	3. Improve the safety and outcomes of care to match the NHS' best	x	4. Respect individuals and maintain dignity in care	x	5. Listen to and learn from the experiences of individuals	x	6. Use resources wisely, transforming services through innovation and research	x	7. Support, train and develop our staff to excel.	x
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6. Use resources wisely, transforming services through innovation and research	x															
7. Support, train and develop our staff to excel.	x															
Approval / Scrutiny Route	<i>The Report is brought for approval by the Charitable Funds Advisory Group.</i>															
Purpose:	<i>The funding application requests received for this Charitable Funds Advisory Group are itemised in the following paper.</i>															
Significant issues and risks	<i>The summary report details the individual funding applications, the amounts requested and the funding source. Each request is supported by an individual application which provides a more detailed explanation and justification. These are attached as appendices to this report.</i>															
Equality Impact Assessment	<i>Not applicable – the report does not impact directly on staff or patients</i>															
Recommendation/ Action required by	<i>The Charitable Funds Advisory Group is asked to review each application for approval rejection and comment</i>															

the Charitable Funds Advisory Group	
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Request for Expenditure Approvals

1.0 Introduction

The following summarises the funding application requests submitted for consideration by the Charitable Funds Advisory Group.

2.0 Applications for Decision

Item	Title of Funding Application	Amount of Application £	Funding Source	Division
.1	Replacement Flooring, Endoscopy Corridor	5,040	Fund 9N02 & Fund 9B91	Ysbyty Gwynedd
.2	Digital Reminiscence Therapy Software	5,995	Fund 7B09	East Area
.3	Study Assistance – Dr K Mottart – Kings Fund Top Management Programme	12,739	Fund 9B83	Ysbyty Gwynedd
.4	Electro Navigational Bronchoscopy (ENB) consumables	13,074	Fund 8Q02	NWWS
.5	Teasdale Modified Axillar Retractor and Accessories	13,560	Fund 7Q05	NWWS
.6	Training Manikins for Advanced Life Support Courses	18,300	General Funds	Ysbyty Gwynedd

Total £68,708

The total amount requested from General Funds is £13,560. The balance on General Funds is **£-230,912.30**

3.0 Applications for Comment

Item	Title of Funding Application	Amount of Application £	Funding Source	Division
.7	Security Access, NWCTC	28,200	Fund 8Q02	NWWS
.8	North Wales community Public Access Defibrillator Support Officer	30,000	Fund 7B49, Fund 8B42, Fund 9K08	Wrexham, Glan Clwyd, Ysbyty Gwynedd
.9	ENT Equipment	66,000	Fund 8Q02 Fund TBC	NWWS
.10	Project Support for ChemoCare Version 6 Upgrade and Rollout to Haematology	92,000	Fund 8Q02	NWWS

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Total £216,200

The total amount requested from General Funds is nil.

4.0 Recommendation

The Charitable Funds Advisory Group is asked to review each application for approval or rejection.

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Replace carpeted flooring in Endoscopy public corridor with vinyl flooring	
<u>Name & Job Title of Lead Applicant</u>	Sandra Robinson-Clark, Matron, Endoscopy	
<u>Name & Job Title of Other Applicants</u>	Sandra Jones, Endoscopy Unit Manager	
<u>Maximum Expenditure Requested</u>	£4,200 plus VAT = £5,040.00	
<u>Fund to be Sourced</u>	<u>Fund Number & Title</u>	Endoscopy Unit - Fund 9N02 - £2,709.60
	<u>Current Uncommitted Balance</u>	YG Patient Amenities Fund – Fund 9B91 - £5,987.55
<u>Introduction and Background</u>		
<ul style="list-style-type: none"> • Current flooring is carpeted, and there is a square metre of the floor (by the main entrance from the stairwell) which has no carpet at all due to the extension work being carried out by the Emergency Department extension on the 1st floor. • Replacement flooring will be vinyl flooring • 		

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
Comply with Infection Prevention standards				
Easier to clean, More hygienic				
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Non-pay				
Quote or Estimate?	Description			
4,200 exc VAT	Polyflor Prestige Vinyl flooring			
Total Pay and Non-pay				£5 k
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
Non compliance with Infection Control Prevention Standards		Replace flooring
Contamination of carpet due to potential spillage of human body fluids (patients have to consume bowel prep prior to colonoscopy procedure,)		Would require deep clean from domestic service if spillage of human body fluids or even replacement flooring depending on severity of spillage
Potential for trips as carpet tiles loose due to poor adhesion		
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?		YES/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
Fund Advisor	Sandra Jones 18.01.19	
Capital Approval (Estates/IM&T/Medical Devices)	N/A	
Chief Financial Officer	Adrian Butlin 23.01.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Martin Jones 23.01.19	
Charitable Funds Advisory Group		

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>		Digital reminiscence therapy software
<u>Name & Job Title of Lead Applicant</u>		Jane Jones Head of Nursing Community Hospitals
<u>Name & Job Title of Other Applicants</u>		Caren Broster Matron
<u>Maximum Expenditure Requested</u>		£5,995.00
<u>Fund to be Sourced</u>	Fund Number & Title	Chirk Charitable fund 7B09
	Current Uncommitted Balance	£ 53,732.03
<u>Introduction and Background</u>		
<ul style="list-style-type: none"> • Equipment required for social activities for patients • Interactive equipment encouraging patients to improve mental recall, dexterity and concentration • Improve patient experience • 		
<u>Key Service Benefits and Measures</u> (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
Improvement in patients mental wellbeing				Patient involvement
Improve patients journey				Feedback
Part of rehabilitation programme				Reduced LOS
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
				0
Non-pay				
Quote or Estimate?	Description			
Estimate	Digital reminiscence therapy software			5,995.00
Total Pay and Non-pay				£5,995.00
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£0
Less: Savings generated by this application				£0
Net ongoing revenue costs charged to NHS budgets				£ 0
Risk Assessment				
Risk (insert further rows if needed)			Mitigation	
No risk the equipment will enhance patient experience				

Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
N/A	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
This equipment fully supports the dementia strategy as research has demonstrated that patients with a dementia diagnosis who are involved in activities of reminiscing and memory stimulation recover quicker and do not demonstrate challenging behaviour	
Health Inequalities (State how the scheme addresses health inequalities)	
Improved patient journey	
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.	

Equipment available for all patients		
Approvals		
	Name & Date Approved	Comments
Fund Advisor	Jane Jones 13.11.18	Approved due to the benefit to the patients journey and positive effect on hospital stay.
Capital Approval (Estates/IM&T/Medical Devices)	Sion Jones 10.12.18	
Chief Financial Officer	Paul Carter 15.11.18	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Rob Smith 15.11.18	
Charitable Funds Advisory Group		

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>		Study assistance For Dr K Mottart, Medical Director – Ysbyty Gwynedd to attend King’s Fund Top Management Programme
<u>Name & Job Title of Lead Applicant</u>		Mr J M Jones, Hospital Director – Ysbyty Gwynedd (Interim)
<u>Name & Job Title of Other Applicants</u>		N/A
<u>Maximum Expenditure Requested</u>		£12,738.72 – 100% of current balance
<u>Fund to be Sourced</u>	Fund Number & Title	9B83 O V Jones Bursary – West
	Current Uncommitted Balance	£12,738.72
<u>Introduction and Background</u>		
<ul style="list-style-type: none"> • Dr K Mottart is Medical Director at Ysbyty Gwynedd • BCUHB has committed to strong clinical engagement and clinical leadership. • Dr Mottart has identified the King’s Fund Top Management Programme as a development route by which she can develop her leadership skills through a formal programme and discourse with other leaders across the UK’s NHS. 		

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
<p>Dr K Mottart has provided clinical leadership across the spectrum of services across YG and the wider Health Board. She has been instrumental in developing the safely huddle that operates at YG each day and for championing the adoption of the SAFER initiative. The Top Managers Programme will develop her leadership competencies and her personal resilience.</p> <p>It is difficult to identify a single measure of success as this is about building the confidence and capability of Dr Mottart.</p> <p>Dr Mottart’s role is pivotal in securing improvements in patient services, patient safety and the effective and efficient use of resources. In this regard, the investment in Dr Mottart as a clinical leader will bring benefits across all dimensions.</p>				<p>It is proposed that Dr Mottart is asked to provide a 6 monthly statement on her activities on the programme, written in a reflective style on what she has learned and gained from the programme.</p>
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Non-pay				
Quote or Estimate?	Description			
	Course fees - £9500 plus VAT = £11,400.00			
	Subsistence and travel - £1,338.72			
Total Pay and Non-pay				£12,738.72

Ongoing Revenue Costs	
Ongoing revenue costs which will be charged to NHS budgets	£0
Less: Savings generated by this application	£0
Net ongoing revenue costs charged to NHS budgets	£ 0
Risk Assessment	
Risk (insert further rows if needed)	Mitigation
Dr Mottart is unable to attend due to clinical and managerial work pressures	Release has been agreed by both the Hospital Director and Department of Anaesthetics and forms part of Dr Mottart's personal development plan. This commitment will ensure that Dr Mottart is released.
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
There are no ongoing costs. Once committed, the course fees will be consumed.	
The proposal would use all resources within the O V Jones Bursary after which it is proposed that the Charitable Funds Committee close this particular fund.	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
Dr Mottart has championed that work of clinical staff who have achieved a recognition by the Alzheimer's society of YG being the first dementia friendly DGH in Wales.	

Health Inequalities (State how the scheme addresses health inequalities)		
Dr Mottart will be better able to fulfil her clinical leadership role and play an active part as one of BCUHB's most senior clinical leaders in challenging issues of health inequalities and agreeing actions to address them.		
Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?		YES /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 is an application for the support of an individual in a clinical leadership position. The gender mix in consultant grades is skewed to males, so in some ways it might be argued that it represents positive discrimination on the grounds of gender – albeit that 3 of the 4 Medical Directors in secondary care are female.		
Approvals		
	Name & Date Approved	Comments
Fund Advisor		
Capital Approval (Estates/IM&T/Medical Devices)	N/A	

Chief Financial Officer	Adrian Butlin 21.12.18	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Martin Jones 19.12.18	Fully support the application for use of charitable funds to support Dr Mottart's attendance at this programme. Whilst she has secured a place on the programme, BCUHB has been unable to identify a revenue source to support this application for personal development. J M Jones
Charitable Funds Advisory Group		

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Electro navigational bronchoscopy (ENB), Funding of consumables for 15 training cases									
<u>Name & Job Title of Lead Applicant</u>	Dr Robin Poyner (Respiratory Consultant YGC)									
<u>Name & Job Title of Other Applicants</u>	Dr Daniel Menzies (Respiratory Consultant YGC) Dr Sakarai Ambalavanan (Respiratory Consultant YGC)									
<u>Maximum Expenditure Requested</u>	<p>£13,074 (Cost of 15 cases to train staff and assess feasibility of running a ENB service in YGC/BCU)</p> <p><u>Costing for 15 cases:</u></p> <table> <tr> <td>Edge procedure kit @ £773 x 15</td> <td>£11595</td> </tr> <tr> <td>Bronchoscopy adaptor @ £86 x 15</td> <td>£1290</td> </tr> <tr> <td>Patient sensor patches @ £189 x 1</td> <td><u>£189</u></td> </tr> <tr> <td>TOTAL</td> <td>£13,074</td> </tr> </table>		Edge procedure kit @ £773 x 15	£11595	Bronchoscopy adaptor @ £86 x 15	£1290	Patient sensor patches @ £189 x 1	<u>£189</u>	TOTAL	£13,074
Edge procedure kit @ £773 x 15	£11595									
Bronchoscopy adaptor @ £86 x 15	£1290									
Patient sensor patches @ £189 x 1	<u>£189</u>									
TOTAL	£13,074									
<u>Fund to be Sourced</u>	<u>Fund Number & Title</u>	Cancer Charitable Fund – Glan Clwyd - Fund 8Q02								

Current Uncommitted Balance

£ 642,959.98

Introduction and Background

Patients with suspected lung cancer currently receive a high standard of care, but there are a number of deficiencies and inefficiencies within the current diagnostic and treatment pathway. Specific problems in BCU, all of which are subject to national monitoring and reporting via the lung cancer standards, relate to:

- Lack of capacity to undertake CT guided lung biopsy
- Referral to Liverpool heart and chest hospital for complex CT guided biopsies which incurs cost and delay
- Difficulty in obtaining definitive pathological diagnosis in a specific patient group with tumours relatively inaccessible to conventional biopsy techniques including CT guided biopsy
- Overall low lung cancer resection rates across North Wales, but particularly in Glan Clwyd hospital

Access to Electronavigational bronchoscopy (ENB), a new technology, would help us to address these issues, improve patient care and lung cancer performance against national targets. ENB uses new technology to create a 3D map of the lungs and guides the physician to the area of the lung where the tumour is located to take a sample. It can reach tumours that cannot be reached by traditional bronchoscopy, biopsy lesions only accessible via CT guided biopsy and lesions CT guided biopsy in our centre is potentially unable to sample. It therefore has the potential to improve patient care and speed up the patient pathway

ENB also has a potential role in the assessment of small nodules in the lungs which are classified as indeterminate pulmonary nodules. Patients with small nodules in their lungs, often found incidentally or during staging CT's for non thoracic cancer, are referred to respiratory medicine for further assessment. In these circumstances the nodules are frequently small, and cannot be easily sampled by any existing biopsy technique. There are tools to work out the risk of cancer within the lung, but we are unable to provide certainty. This usually leads to a prolonged period of surveillance using CT scanning (the usual follow up is between 2 and 4 years when no known extrathoracic cancer is present), waiting to see if the nodule grows suggesting a primary cancer or metastases. This can be a very anxious time for patients, and leads to uncertainty for oncologists as to whether to offer further treatment or not. ENB could potentially increase the number of cases where we can biopsy the nodule rather than perform CT follow up and thereby reduce anxiety, the need to follow up and guide clinicians when making treatment decisions.

ENB is an increasingly established technique across Europe and the rest of the world. It is safe and reliable with good clinical data to support its use. It has been underutilized in the UK, partly because of the current diagnostic pathways, and partly because of the commissioning structure within NHS England.

What is the demand for this procedure A conservative assessment is 1 -2 cases per week across BCU when introduced

Who will it serve? – This service can be offered to all appropriate patients within BCUHB, and will apply to patients with suspected lung cancer, as well as patients with known tumours arising elsewhere in the body (e.g. breast, colon, skin, upper GI tract) in whom there is concern the disease may have spread to the lung.

How will this service be introduced? - Training for both physicians and endoscopy staff is provided by the company for the first 15 cases during which the feasibility of running an ENB service within the trust is established.

To undertake the training Medtronic who have developed the technology provide the core equipment free of charge (we are submitting a bid to the medical directorate to buy this equipment following a successful period of training and the demonstration that a service can be run in BCU. The cost of this equipment is £128,000 with lifespan of 10 years) but funding is required to buy the consumables to support the 15 training cases. Our application is to fund these 15 cases.

Costing for 15 cases:

Edge procedure kit @ £773 x 15	£11595
Bronchoscopy adaptor @ £86 x 15	£1290
Patient sensor patches @ £189 x 1	£189
	<u>TOTAL £13,074</u>

•

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
A prospective audit will be undertaken to determine the clinical utility of and demand for this	

service development.				
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
N/A				N/A
Non-pay				
Quote or Estimate?	Description			
	Edge procedure kit @ £773 x 15			11,595.00
	Bronchoscopy adaptor @ £86 x 15			1,290.00
	Patient sensor patches @ £189 x 1			189.00
Total Pay and Non-pay				£13,074.00
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£
Less: Savings generated by this application <u>Potential Savings (per patient compared to existing methods for biopsy)</u>				£
Cost of CT guided lung biopsy (inc staff time) (approx £627)				
Cost of 1 x bed day (£250 - £300)Reduction in follow up appointments for this group of patients (usually have 2-4 years of virtual OPD review with a minimum of 3 x CT scans per patient).				
Net ongoing revenue costs charged to NHS budgets				£
Risk Assessment				
Risk (insert further rows if needed)			Mitigation	

ENB is an increasingly established technique across Europe and the rest of the world with data from over 1000 cases published in the Navigate trial demonstrating its safety.	
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
Request is for funding to cover the cost of the 15 trial cases only.	
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?	YES/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.		
All patients with lesions suitable for biopsy will be able to utilise the service.		
Approvals		
	Name & Date Approved	Comments
Fund Advisor	Cancer Centre Sub Committee 21.01.19	
Capital Approval (Estates/IM&T/Medical Devices)	N/A	
Chief Financial Officer		Approval Outstanding
Area/Hospital/Secondary Care/Mental Health/Executive Director		Approval Outstanding
Charitable Funds Advisory Group		

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>		Teasdale Modified Axillary retractor and accessories
<u>Name & Job Title of Lead Applicant</u>		R A Cochrane Consultant Surgeon
<u>Name & Job Title of Other Applicants</u>		Caren Broster Matron
<u>Maximum Expenditure Requested</u>		£13,560.00
<u>Fund to be Sourced</u>	Fund Number & Title	Breast Cancer Fund – Fund 7Q05
	Current Uncommitted Balance	£14,943.54
<u>Introduction and Background</u>		
<ul style="list-style-type: none"> • Mr Gate and I have just come off the on call rota. • All our junior and trainees are now shared with emergency teams. With sickness, study and annual leave together with emergency and night cover Mr Gate and I regularly find ourselves working alone. • There are some operations such as mastectomy (which are difficult) and others such as axillary clearance that are impossible without assistance. • I have assessed an earlier version of this equipment (which is a variation of the abdominal omnitract) used by Mr Khatak in Bangor • The engineer has visited Mr Gate and I with an updated version. • This would enable us to perform these procedures without an assistant and will avoid cancellation and delay of USC patients. 		

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
Possible to operate safely without an assistant				Fewer cancellations
				Shorter time to surgery for cancer patients
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
				0
Non-pay				
Quote or Estimate?	Description			
Quote	Teasdale Modified Axillary Retractor and Accessories			£13,560.00
Total Pay and Non-pay				£13,560.00
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£0
Less: Savings generated by this application				£0
Net ongoing revenue costs charged to NHS budgets				£ 0
Risk Assessment				

Risk (insert further rows if needed)		Mitigation
Not purchasing the retractor, struggling and getting complications		Cancel and or delay the cancer patients
Exit Strategy (Charitable Funds cannot fund ongoing commitments)		
N/A		
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)		
This equipment fully supports the dementia strategy		
Health Inequalities (State how the scheme addresses health inequalities)		
Improved patient journey		
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.		

Equipment available for all patients		
Approvals		
	Name & Date Approved	Comments
Fund Advisor	Dr R A Cochrane 07.01.19	Mr Gate and I have assessed this equipment as suitable for our needs
Capital Approval (Estates/IM&T/Medical Devices)		Approval Outstanding
Chief Financial Officer		Approval Outstanding
Area/Hospital/Secondary Care/Mental Health/Executive Director		Approval Outstanding
Charitable Funds Advisory Group		

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Training Manikins for Advanced Life Support courses at Ysbyty Gwynedd x 5	
<u>Name & Job Title of Lead Applicant</u>	Mr Alun Mowll. Resuscitation Manager, BCUHB WEST	
<u>Name & Job Title of Other Applicants</u>		
<u>Maximum Expenditure Requested</u>	£18,300.00	
<u>Fund to be Sourced</u>	Fund Number & Title	General Funds - £-230,912.30
	Current Uncommitted Balance	
<u>Introduction and Background</u>		
<ul style="list-style-type: none"> In order to facilitate Advanced and Immediate Life Support training for the staff in the West, five (5) new ALS manikins are a necessity. The current manikins that the department have are failing, and are no longer supported by the manufacturers. Some of the manikins that the department are currently using are over 18 years old. After trialling different makes and models, we have opted for the cheapest ALS torso on the market that will do exactly what is needed on these courses. To facilitate a thirty (30) candidate Advanced Life Support course, five (5) ALS manikins are required to facilitate the five (5) teaching rooms. 		

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 manikins will support the training of BCU staff in immediate and advanced life support training as part of their mandatory and statutory training.				
This will then enhance patient safety.				
Income generation opportunities – both internal (i.e. junior Drs) and external.				Level of income generation in future years for ALS related courses.
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
N/A	N/A			
Non-pay				
Quote or Estimate?	Description			
£18, 300.00	Five (5) x Simmuluids Advanced Life Support Manikins @ £3,660 each inc VAT			
Total Pay and Non-pay				£18,300.00
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				£ N/A
Risk Assessment				

Risk (insert further rows if needed)		Mitigation
Non-functioning manikins will hinder the amount of training delivered to the clinical staff.		Purchase of new manikins
The standard of the training would decline, resulting in sub-optimal care of the patient.		As above
Survival rates of cardiac arrest patients would decline.		As above
Exit Strategy (Charitable Funds cannot fund ongoing commitments)		
N/A		
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?		YES/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.		



<u>Approvals</u>		
	Name & Date Approved	Comments
Fund Advisor		Application made against the Awyr Las General Fund (8T28)
Capital Approval (Estates/IM&T/Medical Devices)	N/A	
Chief Financial Officer	Adrian Butlin	<i>Adrian Butlin</i>
Area/Hospital/Secondary Care/Mental Health/Executive Director	Karen Mottart 18/12/2018	<i>[Signature]</i>
Charitable Funds Advisory Group		

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Security Access NWCTC	
<u>Name & Job Title of Lead Applicant</u>	Julie Green, Business Manager	
<u>Name & Job Title of Other Applicants</u>		
<u>Maximum Expenditure Requested</u>	£23,500 + Vat = £28,200	
<u>Fund to be Sourced</u>	Fund Number & Title	Cancer Charitable Fund, Glan Clwyd – Fund 8Q02
	Current Uncommitted Balance	£642,959.98
<u>Introduction and Background</u>		
<p>Following a recent incident within the Cancer Centre which involved a member of the public roaming the centre and sleeping in the centre overnight and urinating in a carpeted corridor. This exposed how vulnerable staff and patients were out of hours and the vulnerable of the security of the centre.</p> <p>In addition, patients and staff on our in-patient ward are at risk having open access to two access points on the ward, with no facility to secure these entrances. This has been highlighted as a risk; however it is not seen as a significant risk for the any current capital programme.</p> <p>There are a number of areas of the centre which have open access with equipment at risk to theft and damage in excess of £6million pounds.</p>		

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
Improved safety for in-patients.				Feedback from nursing staff.
Improved safety for staff.				Feedback from staff.
Improved security for equipment and facilities.				
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Non-pay				
Quote or Estimate?	Description			
Quotation	Quotation from ADT.			£23,500
Total Pay and Non-pay				£0.00
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£0.00
Less: Savings generated by this application				£0.00
Net ongoing revenue costs charged to NHS budgets				£0.00
Risk Assessment				

Risk (insert further rows if needed)		Mitigation
Exit Strategy (Charitable Funds cannot fund ongoing commitments)		
One off request for funding.		
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)		
In line with Priority 5 – All healthcare environments will be dementia supportive and enabling, ensuring refurbishments meet the 2016 National Standards with a dementia supportive and enabling environment. In addition to ensure that the areas meets 'Well Organised Workspace' programme, meeting the approach to simplify the area and reduce waste by having everything in the right place, at the right time, ready to go and through this enable provision of safer care for our patients. Safeguarding vulnerable patient in our care, providing a safe and secure environment.		
Health Inequalities (State how the scheme addresses health inequalities)		
Equal access for all.		
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
Fund Advisor	Cancer Centre Sub Committee 21.01.19	
Capital Approval (Estates/IM&T/Medical Devices)		Approval Outstanding
Chief Financial Officer		Approval Outstanding
Area/Hospital/Secondary Care/Mental Health/Executive Director		Approval Outstanding
Charitable Funds Advisory Group		



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Appendix 4

AWYR LAS FUNDING APPLICATION FORM

Title of Funding Application	North Wales Community Public Access Defibrillator Support (PADS) Officer	
Name & Job Title of Lead Applicant	Julie Starling Advanced Arrhythmia Clinical Nurse Specialist, YGC, BCUHB	
Name & Job Title of Other Applicants	N/A	
Maximum Expenditure Requested	£30,000	
Fund to be Sourced	Fund Number & Title	8B42 (Cardiology Department Central - Patients Fund) £10,000 [Supported by Dr Chris Bellamy] 9K08 (Cardiology Department – West) £10,000 [Supported by Dr Mark Payne] 7B49 (Cardiac Care - YMW) £10,000 [Supported by Dr Richard Cowell]
	Current Uncommitted Balance	8B42 – £ 185,558.36 9K08 – £ 85,913.78 7B49 – £ 23,707.15
Introduction and Background (concise, in bullet points)		



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Every 60 minutes someone in Wales suffers a cardiac arrest. A patient's chance of surviving an out of hospital cardiac arrest (OHCA) decreases by an estimated 10% with every passing minute that CPR is not commenced. Bystander CPR before the ambulance arrives can double to quadruple the chance of Return Of Spontaneous Circulation (ROSC) and survival. Defibrillation within 3-5 minutes of collapse can result in survival rates as high as 70%. The Welsh Cardiac Network has been working with the Welsh Ambulance Service (WAST) and although not yet ratified early data suggests that BCUHB OOHCA survival rates to 30 days is about 6%. Much less than other countries within Europe, whose OOHCA survival rates are as much as 25%.

- Total number of OOHCA in BCUHB: 1248
- Total number OOHCA with bystander CPR: 325
- Total Number OOHCA CPR attempted: 623
- Total number of ROSC at some point: 129
- Total Number of ROSC on arrival to hospital: 63
- Outcome of those with ROSC:
 - 15 died same day
 - 10 survived 1-7 days
 - **38 survived to 30 days**

On assessment of communities within BCUHB the following issues were highlighted.

- There was no local contact for communities requiring information or CPR training in North Wales
- Community Public Access Defibrillator (CPAD) sites were not being registered with the ambulance service (WAST can direct 999 callers to their nearest CPAD site while they await an ambulance)
- CPADs were being put in place without future planning for the payment of the aforementioned consumables (batteries and pads) to keep them operational
- Communities were being left stranded should their AED (Automated External Defibrillator) detect a malfunction, meaning AEDs were becoming non-



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operational

- No data collection from AED following a cardiac arrest was occurring
- Incompatible pads were being left with CAPD sites
- CPADs were being left dirty post use
- CPADs were being left with low batteries
- Failed CPAD sites resulting in the defibrillator not being operational when it is needed in a cardiac arrest emergency, with added risk of 999 callers being directed to a non-functioning AED

With the financial support of the Cardiac charity SADS UK and a memorandum of understanding between BCUHB and WAST, we have been able to appoint a North Wales Community Public Access Defibrillator Support (PADS) Officer who will:

- Ensure all CPAD sites are registered with the Ambulance service and located correctly
- Be available to exchange consumables as and when required
- Data collection post arrest for Welsh database
- Data collection available for BCUHB to aid with diagnosis post OOHCA
- Assist communities to maintain CPAD sites and keep CPADs operational
- Community CPR / AED training post arrest
- Arrange CPR training sessions for communities, increasing knowledge and confidence
- Support communities regarding advice about CPADs
- Point of contact for a failed CPAD site, support to make CPAD operational again
- Ambassador for WAST striving to gain better communication and collaborative working with charities working within North Wales to standardise AEDs.

This role, although in its infancy, is making an impact within BCUHB within its initial 3 months:



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- 70 CPAD sites have been made available to WAST and registered on WAST database
- 65 CPAD sites have had information updated onto WAST database
- 26 failed CPAD sites have been identified and put back on line ready for use
- 411 people have received both CPR and AED training
- 3 OOHCA have been supported by CPAD support Officer

The Cardiac Charity SADS UK kindly offered to fully finance this project for its first year. They do, however, wish to continue to support BCUHB with this project by offering to match fund the project for a further 2 years. The PADS Support Officer will be self-employed and will invoice SADS UK monthly to a total of £30,000 in the first year. The PADS Support Officer will be available for 40 hours a week to perform the duties as outlined in the PADS support officer responsibilities. Working hours will be Monday to Friday but flexibility in working hours is required to meet service demand.

This application is supported by Dr Mark Payne Consultant cardiologist Ysbyty Gwynedd, Dr Chris Bellamy consultant cardiologist Central and lead cardiology consultant for BCUHB Dr Richard Cowell Wrexham Maelor.

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
Find and register CPAD sites that are not currently registered with the ambulance service, and are not therefore available in an emergency to WAST	Number of newly registered CPAD sites with WAST
Ensure all CPAD sites information including; named person and pads and battery expiry dates etc. is up to date on WAST data base	Number of CPAD site information updates on WAST system
Failed CPAD sites will be identified and put back online ready for use.	Number of failed CPAD sites put back online
Raise awareness of the need to learn CPR/AED	Number of people who have received both CPR and AED training/ annual BCUHB OOHCA data



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Raise awareness of the need for people to attempt CPR (any CPR is better than none). Raise awareness and lead on “Save a life Cymru” in North Wales.				BCUHB ROSC and survival of OOHCA rates	
Financial Management and Costing					
Pay					
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role		£
N/A	N/A	N/A	N/A		N/A
Non-pay					
Quote or Estimate?	Description				
	2 years funding to support the cost of the self-employed North Wales Community Public Access Defibrillator Support (PADS) Officer. A further £30,000 in match funding will be provided by the Cardiac Charity SADS UK. Written confirmation of this can be provided.				£30,000
Total Pay and Non-pay					£ 30,000
Ongoing Revenue Costs					
Ongoing revenue costs which will be charged to NHS budgets					£N/A
Less: Savings generated by this application					£N/A
Net ongoing revenue costs charged to NHS budgets					£ N/A
Risk Assessment					
Risk (insert further rows if needed)				Mitigation	
<ul style="list-style-type: none">Failure to continue to appoint a North Wales Community Public Assess Defibrillator Support Officer will directly impact on the ability to improve BCUHB Out Of Hospital Cardiac Survival rates.					



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<ul style="list-style-type: none"> Failed CPAD sites not rectified CPAD sites not registered on WAST database CPAD sites becoming non-operational even in “easy fix” situations (e.g. replacement batteries, pads) 	
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
<p>In December 2017 the Welsh Assembly published a document called Out Of Hospital Cardiac Arrest Plan for Wales. One year later the Welsh Assembly committed just over £500,000 their new project “Save a Life Cymru” and have tasked the Welsh Cardiac Network to implement it. The Welsh Cardiac Network have appointed someone to project manage “Save a Life Cymru”, but she has not yet commenced in her role and so funding is not available at this time. The Welsh Cardiac Network fully support the North Wales Community Public Access Defibrillator Support Officer’s role and once established, they appreciate that if it is to continue in the long term it will need financial support from “Save a Life Cymru”.</p>	
Dementia Strategy (State how the scheme meets the Health Board’s dementia strategy)	
N/A	
Health Inequalities (State how the scheme addresses health inequalities)	
<ul style="list-style-type: none"> To improve out of hospital cardiac arrest survival rates across region served by BCUHB Ensures equitability of access across North Wales to functional CPAD sites 	
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.	
<ul style="list-style-type: none"> CPR and Defibrillator training will be offered to all racial equality groups, in both Welsh and English. 	



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- Community PADS Officer's remit is to support communities across North Wales – training and support is adapted to be suitable for all groups (e.g. schools, community centers)

Approvals

	Name & Date Approved	Comments
Fund Advisor	Dr Chris Bellamy (Central) Dr Richard Cowell (East) Gillian Roberts (West)	
Capital Approval (Estates/IM&T/Medical Devices)	N/A	
Chief Financial Officer		Approval Outstanding x 3
Area/Hospital/Secondary Care/Mental Health/Executive Director		Approval Outstanding x 3
Charitable Funds Advisory Group		



GIG
CYMRU
NHS
WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Memorandum of Understanding

between

The Welsh Ambulance Service NHS Trust (WAST)

Achub Calon y Dyffryn,

Betsi Cadwaladr University Health Board (BCUHB)

SADS UK

This Memorandum of Understanding defines the responsibilities of the four parties above in supporting a SADS UK funded North Wales Community Public Access Defibrillator Support Officer.

This memorandum of understanding is between: The Welsh Ambulance Service Trust (WAST), Achub Calon y Dyffryn, Betsi Cadwaladr University Health Board (BCUHB) and SADS UK, being collectively 'the parties'.

This is a joint partnership initiative between 'the parties' to support a North Wales community public access defibrillator support officer (PADS support officer) to:

1. Support communities with community public access defibrillator (CPAD) sites, ensuring they are on the CAD system and are well maintained and kept operational.
2. Improve data collection for North Wales post out of hospital cardiac arrest.
3. Provide communities with CPR and familiarisation training on how to use the CPAD.

The aim of the memorandum of understanding is to set out the responsibilities of 'the parties' as follows:

PADS Support Officer Responsibility

1. Advise and support communities when setting up and establishing CPAD sites.
2. Provide Welsh Ambulance Service NHS Trust CAD System Manager, SADS UK and Achub Calon Y Dyffryn with details of new CPAD sites.
3. Review accuracy and data quality of existing CAD Database of North Wales CPAD sites
4. Assist communities to maintain CPAD sites to ensure they remain operational and fit for purpose.
5. Advise WAST of any CPAD sites out of commission (temporarily or otherwise).
6. Re-instate AEDs deployed in response to an incident and make fit for purpose as soon as is practically possible.
7. Offer CPR/ AED training to communities
8. Collect data from AED post cardiac arrest and provide to WAST for national audit and collate information as part of quarterly report to all parties.
9. Data post cardiac arrest to be obtained from AED and forwarded to receiving hospital within BCUHB to aid with diagnosis and long term treatment.
10. Provide communities with familiarisation training on how to use the CPAD.

Welsh Ambulance Trust Responsibility

1. The PADS Support Officers activities defined under PADS support Officer Responsibilities above will be managed by the WAST Public Access Defibrillation Officer.

2. Detailed Work Packages developed and approved in partnership with all parties will be assigned to the PADS Support Officer by the WAST Public Access Defibrillation Officer.
3. The PADS Support Officer will comply with and operate to WAST Code of Conduct and Policies and Procedures
4. Provide technological equipment to aid with data collection and communication ie phone and laptop.
5. Provide an all wales email address to aid with communication and sharing of data.
6. Provide annual statutory and mandatory training in line with Community First Responder requirement.
7. Provide a uniform consistent with the existing North CFR uniform model provided by Brodwaith and to include Hi-Viz Jacket, Polo Shirt (identifying as PADS Support Officer).
8. Signpost communities setting up CPADs to PADS Support Officer.
9. Register CPAD sites on CAD System as advised by PADS Support Officer.
10. Inform PADS Support Officer of any failed PAD sites.
11. Inform PADS Support Officer when a CPAD site has been used, to enable CPAD site to be assessed and kept operational, it will also allow for data collection to take place.
12. Provide PADS Support Officer with replacement ancillaries, batteries and pads
13. Travel costs, reimbursed at Community First Responder rate

Betsi Cadwaladr University Health Board responsibility

1. BCUHB will support PADS support Officer within BCUHB locality. The nature of the support will depend on service need and can be disused and agreed via clinical colleagues within BCUHB, this support will be ongoing for the duration of the partnership.
2. Free annual ILS training to be provided by the resuscitation training department within BCUHB.

SADS UK Responsibility

The PADS Support Officer will be self-employed and will invoice SADS UK monthly to a total of £30,000 in the first year. The PADS Support Officer will be available for 40 hours a week to perform the duties as outlined in the PADS support officer responsibilities. Working hours will be Monday to Friday but flexibility in working hours is required to meet service demand.

Communication

The 'parties' are to share expertise and experience.

Quarterly progress reports to be sent to WAST, BCUHB Cardiac Strategic Group and SADS UK.

The parties are to discuss areas of mutual concern.

Publicise the work being undertaken in North Wales in partnership with WAST Corporate Communications, no parties shall communicate independently with the media. This does not include posting on social media regarding installation of new CPAD or CPR training events.

Overarching Governance Arrangements – 12 months duration from for review.....

1. The period covered by this agreement is from the date of signing for a year or until either party terminates the agreement.
2. Either party may terminate this memorandum of understanding by giving two months' notice in writing.
3. At the end of the agreement consideration shall be given for renewal by all parties.
4. This memorandum of understanding is not legally binding and is not intended to create legal relationships between the 'Parties'

Signatures:

On behalf of the Welsh Ambulance service Trust

Signature

Date

Printed name

On Behalf of Betsi Cadwalidir University Health Board

Signature

Date

Print name

On behalf of SADS UK

Signature

Date

Print name

On behalf of Achub Calon y Dyffryn

Signature

Date

Printed name



Ymddiriedolaeth GIG
Gwasanaethau
Ambiwylans Cymru

Pencadlys Rhanbarthol Ambiwylans a Chanolfan Cyfathrebu Clinigol
Regional Ambulance Headquarters and Clinical Contact Centre
Ty Vantage Point / Vantage Point House, Ty Coch Way, Cwmbran. NP44 7HF
Tel/Ffon 01633 626262 Fax/Ffacs 01633 626299

Ms Julie Starling
BHF Arrhythmia Advanced clinical nurse specialist
BCUHB

15th October 2018

Dear Julie,

I am writing to formally recognise and support the partnership development between Welsh Ambulance NHS Trust (WAST), the Betsi Cadwaladar University Health Board, Achub Calon y Duffryn and SADS UK.

This is a vitally important development in improving out of hospital survival from cardiac arrest (OHCA) and is an integral part of the OHCA plan for Wales. Raising public awareness is paramount in ensuring early recognition and prompt intervention in OHCA. Early recognition and immediate initiation of bystander CPR can double or quadruple survival from OHCA whilst the use of a defibrillator within minutes of collapse can significantly improve survival rates.

I am told that the public of North Wales are already realising the benefits of having a dedicated person supported by SADS UK to improve the co-ordination and placement of community defibrillators. I am looking forward to receiving updates on our partnership and how WAST PADS and clinical teams are working together to improve outcomes in North Wales.

The regular updates will be presented at WAST Cardiac Conditions Group which meets monthly and would like to extend an invite to you and your team to join one of our meetings in the near future.

Please do not hesitate to contact me on 077133913658 or via email
Gregory.lloyd@wales.nhs.uk

Yours sincerely



Greg Lloyd
Head of Clinical Operations WAST



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Anne Jolly MBE
SADS UK
By email
sadsuk@btconnect.com

Catrin Hanks
Cardiac Strategic Lead
Ivanhoe House
Abergele Hospital
LL22 8DP

E-bost / Email: catrin.hanks@wales.nhs.uk

Dyddiad / Date: 1st May 2018

Dear Anne,

**RE: JOINT COLLABORATION TO ESTABLISH NORTH WALES COMMUNITY PUBLIC ACCESS
DEFIBRILLATOR (PADS) OFFICER**

The above work has been brought to the kind attention of the BCUHB Cardiac Strategic Implementation Group (SCIG) by Julie Starling. At the meeting on the 26th April 2018, Julie provided a progress report on the joint initiative and recent developments culminating in the appointment of the full time PADS Officer post funded by SADS UK.

We are writing to firstly thank SADS UK for generously funding this important post and to acknowledge all the partners who have made this initiative happen, namely WAST, Achub Calon y Dyffryn and Julie Starling. Julie was formally congratulated on her part in this work by members of the BCUHB SCIG at the recent meeting.

Secondly we are writing on behalf of BCUHB SCIG to formally support this work; where communities with public access defibrillators sites will be well maintained; out of hospital cardiac arrest data will be improve and importantly communities will be provided with CPR and familiarisation training on the use of the community public access defibrillators.

As you know, the Welsh Government published The Out of Hospital Cardiac Arrest (OHCA) Plan for Wales in June 2017. The plan is designed to improve a person's chance of survival and recovery following an out of hospital cardiac arrest and set out key actions to do so. The so called Chain of Survival's first three actions include prompt recognition and call for help; early CPR to buy time; early defibrillation to restart the heart. This initiative is one of the Health Board's cardiac priorities and your partnership initiative supports this work.

You may be interested to learn that we have a separate group of health professions working collaboratively to improve the rest of Chain of Survival; rapid access to advanced resuscitation; prompt high quality post resuscitation care by transporting to the nearest appropriate hospital and co-ordinated rehabilitation services.

Once again, may we congratulate and thank all parties on the work so far. If you require further information, please do not hesitate to contact myself at Catrin.Hanks@wales.nhs.uk or Dr Richard Cowell at Richard.cowell@wales.nhs.uk.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Kind regards,

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Catrin Hanks'.

Catrin Hanks
Cardiac Strategic Lead
BCUHB

A handwritten signature in black ink, appearing to read 'Richard Cowell'.

Dr Richard Cowell
Cardiology Consultant Clinical Lead
BCUHB

Copy to: Julie Starling, Arrhythmia Specialist Nurse, Ysbyty Glan Clwyd, BCUHB

Meinir Williams, Hospital Director, Ysbyty Gwynedd, BCUHB

Achub Calon Y Dyffryn

WAST Colleagues:

Andrew Long and Duncan Robertson, WAST SCIG Members

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>		ENT Equipment
<u>Name & Job Title of Lead Applicant</u>		Mr. H Zeitoun Head and Neck Surgeon Consultant
<u>Name & Job Title of Other Applicants</u>		Mr. E Flook Clinical lead ENT Consultant Mr. E Prades ENT Specialist
<u>Maximum Expenditure Requested</u>		£ 66,000.00 - 50% Funding from Cancer Charitable Fund, Glan Clwyd & 50% TBC
<u>Fund to be Sourced</u>	Fund Number & Title	Cancer Charitable Fund – Fund 8Q02
	Current Uncommitted Balance	£ 642,959.98
<u>Introduction and Background</u> (concise, in bullet points)		
<ul style="list-style-type: none"> • We are based in YGC and our ENT department became Head and Neck cancer centre 3 years ago. • We are managing patients with Head and Neck cancer for all North Wales (750,000 population) and our work load keeps increasing steadily. 		

- It is required to be up to date with national standards of cancer management and we are falling behind due to lack of updated instruments for diagnosis of cancer.
- The required equipment deemed necessary for upgrading our department to provide standard service to our community consists of and not limited (complete breakdown in attached documents) : one flexible nasal endoscopy with electronic recorder, one Stroboscopy, one Narrow Band imaging, one Endoscopic stack with video recorder, one regular printer, one ear endoscopic camera with recording images.
- This equipment is essential to be able to manage adequately patients with head and neck cancer, and it will serve the interest of our community.
- 50% of patients treated will be cancer patients.

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
1. It will help us to improve our clinic/theatre examination/new equipment more precise, higher resolution .Having the facility of the monitor would allow magnification of the image would give a better assessment of the condition of the post nasal space, hypopharynx and larynx. Having a better ability to examine the area's where commonly head & neck cancer can hide would lead to a better of target of patients with suspected head & neck cancer.	The number of direct laryngoscopy, pharyngoscopy performed in 6 months period prior to buying the endoscope will be compared to the number after providing the new equipment and compared the number of positive biopsies will be compared.
2. To improve documentation/keep all recordings, video, pictures in notes. Better recording and documentation of the condition of the post nasal space, hypopharynx and larynx would allow more accurate comparison to the changes that is taking place in patients who are monitored (pre or post treatment of cancer)	The number of direct laryngoscopy, pharyngoscopy performed in 6 months period prior to buying the endoscope will be compared to the number after providing the new equipment and compared the number of positive biopsies will be compared.
3. To improve record keeping/ for example to keep every examination findings, pictures, videos in patients notes, will help doctors to keep on patients progress or to	An audit will be performed for the accuracy and clarity of the documentation of post nasal space, hypopharynx and larynx

<p>see progression of disease. Our clinic performed not by the same doctors who examine patients first time, it is variety of doctors like: locum, registrars, SHO, and they may not see patients findings before, and if no picture or other recorded information would be in patients notes it will be difficult to assess patients condition and can lead to misdiagnosis and delaying patients management.</p>	<p>for a period of 6 weeks prior to introduction of the new equipment and 6 weeks after. Variation in the accuracy and clarity of the documentation would be audited.</p>
<p>4. To save time of examination/old equipments require use more time to examine, not clear picture make it more difficult to see pathology, so diagnosis can be misled which can have significant impact on our patients life and future management/</p>	<p>The number of direct laryngoscopy, pharyngoscopy performed in 6 months period prior to buying the endoscope will be compared to the number after providing the new equipment and compared the number of positive biopsies will be compared.</p>
<p>Narrow Band Imaging is an optical enhancement technology for use with flexible nasendoscopy. It enables better visualisation of vascular patterns in the tissue being examined and can improve detection of small or subtle lesions. In conjunction with a high-definition video screen it can also enable recording, photographing or demonstration of the examination to the patient or another clinician.</p> <p>Benefits of NBI when compared to our current practice:</p> <ul style="list-style-type: none"> • NBI is associated with superior demonstration of upper aerodigestive tract cancersⁱ. This could enable earlier detection of tumours and reduce the number of patients listed for examination under anaesthetic and biopsy • NBI is specifically associated with a more sensitive detection of nasopharyngeal carcinomaⁱⁱ • Due to earlier detection of disease, there may be a reduction in the number of patients requiring major surgery for advanced cancer 	<p>An audit will be performed over a period of 4 weeks in which patients who had been referred with suspected head & neck cancer would be examined with and without narrow band imaging. Documentation of the change of plan of management if any once the use of narrow band imaging examination took place will be used in order to determine whether the benefit of that modality has been achieved.</p>

- NBI has a high accuracy in differentiating between true malignancy and post-radiotherapy treatment changeⁱⁱⁱ. If NBI were to be adopted locally we might expect to see a reduction in the number of patients investigated incorrectly for recurrent disease.
- Reduced operative time cost: due to early detection the area to treat is smaller and involves only superficial layers of mucosa
- Reduced theatre time
- Reduced number of unnecessary biopsies.

The above benefits are associated with a potential cost reduction in relation to reduced need for theatre usage, anaesthetic investigations, histological investigation and laboratory resources, radiological investigation, major treatment and repeated clinic attendance.

Potential benefits to patients:

If disease can be detected at an earlier stage, the number of patients requiring major surgery or aggressive chemotherapy or radiotherapy may decrease, with a clear benefit in avoiding side effects and complications associated with these. Superior differentiation between disease which appears benign or malignant may also reduce the number of patients exposed to the risks and potential harm of general anaesthetic and biopsy. Shorter hospital stay and less recurrence due to high rate of clear margins after surgery.

Allowing to compare images, will be able to identify changes quicker having direct impact to patients and earlier cancer diagnosis.

Conclusion:

We request funding for the purchase of Narrow-Band Imaging facilities to enable more sensitive detection of upper aerodigestive tract malignancy. This would likely be associated with significant cost reduction in the long term and a clear benefit to patient experience.

<p>¹ Piazza C, Cocco D, Del Bon F et al. Acta Otorhinolaryngol Ital. 2011 Apr;31(2):70-5</p> <p>¹ Yang H, Zheng Y, Chen Q, et al. J Otorhinolaryngol Relat Spec. 2012;74(5):235-9</p> <p>¹ European Laryngological Society: ELS recommendations for the follow-up of patients treated for laryngeal cancer. Simo R, Bradley P, Chevalier D et al. Eur Arch Otorhinolaryngol. 2014 Sep;271(9):2469-79</p> <p>There is an expectation that there will be some cost reduction due to increased need for biopsies.</p>	
<p>To improve managing patients with early cancer and hoarseness (Stroboscopy)</p> <p>Stroboscopy is the optimal means of laryngeal examination and it is the worldwide standard in the last 20 years. The main symptom studied in a voice clinic is 'hoarseness'. Most of the population will experience this symptom to some extent during their lifetime but if the symptom persists for more than 3 weeks it deserves further study to rule out cancer.</p> <p>Presentations to the voice clinic are varied, including patients from all ages and with much different pathology.</p> <p>We attend cancer patients with side effects from their treatments and early diagnosis laryngeal cancers.</p> <p>We attend professionals with heavy load of the voice such as teachers, from nursery to university.</p> <p>We attend patients with neurological pathologies with impairment of their voice.</p> <p>We attend local professional and semi-professional singers with high active live activity.</p> <p>There are no doubts that stroboscope examination is keystone in the treatment and in the study of the pathologies of the vocal fold. In that sense, that has been its central role for the</p>	<p>The benefit of reviewing patients with an early malignancy of the vocal cords using stroboscopy is well documented in the literature. It is also well documented in the literature that stroboscopy is a good means in differentiating between early small malignancies of the vocal cord and other benign lesions due to its ability to determine whether there is a change in the glottic wave formation. It is impossible to examine the glottic wave formation without the use of stroboscopy. It is unfortunate that Glan Clwyd Hospital has been deprived of this equipment for the last two years (approximately). Attempts to acquire the equipment from the capital budget has failed although there has been some disadvantage to some of our patients, particularly those with early small malignancy of the larynx.</p> <p>Therefore it is not felt that there is a necessity to undertake an audit specifically in relation to stroboscopy.</p>

last 20 years. Unfortunately, our stroboscope broke down more than 2 years ago beyond repair and it has not been replaced (1). And that means that minor cancer can be missed or have a delayed diagnosis.

Professional associations and reference books in laryngology recommend the use of stroboscopy as the main examination in a voice clinic (2-4). The British Laryngology Society has sent a letter to support our demand (4) to improve the quality of assistance to our patients in Glan Clwyd Hospital. Both Bangor and Wrexham Hospitals have the facilities for stroboscope examination.

Our department is giving support to Speech Therapists since they have a fundamental role in educating and rehabilitating patients' voice in minimum time. That includes particularly patients with voice impairment after Surgery or Radiotherapy treatments. This allows patients to keep up with their actual life and continue developing their activities. However, when there is a delay in the diagnosis or an inaccurate diagnosis, patients' treatment can be suboptimal, delay their recovery and it can be particularly frustrating in patients that rely on their voice as a means of living. In this sense, it is of maximum interest to provide the speech therapist and the patient with the most accurate diagnosis. In order to offer the most accurate diagnosis in our 'voice clinic' we must be able to perform Stroboscopic examination. This is the reason for our request and for looking for funding support.

To sum up, many cancer patients will benefit from access to a stroboscopy examination which is the common standard for the last 20 years.

1. Letter to Managers with support of Consultants (attached letter)
2. <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942600§ion=Assessment> (15/12/2017)

3. Curr Opin Otolaryngol Head Neck Surg. 2012 December ; 20(6): 429–436. doi:10.1097/MOO. (Attached paper).
4. Rubin JS, Rubin, Sataloff RT et al. Diagnosis and Treatment of Voice Disorders. Plural Pub Incorporated; 2014
5. E-mail support from British Laryngologic Society. 2017 (attached e-mail)
6. To improve monitoring our patients on progress or on progression of tumour.
7. To improve teaching to our registrar and junior, essential when examining patients.
8. Improve quality of service to patients.

Financial Management and Costing

Pay

Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
NONE			N/A	

Non-pay

Quote or Estimate?	Description	
	Equipment by Olympus or Karl Storz	
Total Pay and Non-pay		£66,000.00

Ongoing Revenue Costs	
Ongoing revenue costs which will be charged to NHS budgets	£0.00
Less: Savings generated by this application	
Net ongoing revenue costs charged to NHS budgets	£
Risk Assessment	
Risk (insert further rows if needed)	Mitigation
<p>Regards to the risk, the procedures are at present performed with poor quality equipment and the risk is missing malignancy or on poor monitoring of malignancy. Upgrading of the equipment with better view of upper aero-digestive tract will not increase the risk of the procedure. Add benefit to patients due to recorded images – compare.</p>	
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
<p>There is no ongoing funding required except minimal funding for paper and ink for printers, which will be resourced by the department.</p>	
Health Inequalities (State how the scheme addresses health inequalities)	
<p>A lot patients with Head and Neck cancer has other co-morbidities that requires hospital stay in case of biopsy under general anaesthesia. Patient with high co morbidities are often delayed from biopsies to confirm cancer since we are waiting for confirmation from anaesthetist and from other specialities such as cardiology to list patient for Biopsy and General Anaesthesia. That can delay diagnosis few weeks which is crucial. In current hospital situation with a shortage of beds that means even further cancellation and delay. That system avoid some of the biopsies to be taken and if need to be taken will be done in office as a one day procedure and do not require general anaesthesia.</p>	
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.		
Based on Local Hospital Policy to treat everyone equal without any discrimination. Regarding use of the machinery, all stacks will be protected with password that are in agreement with hospital policy.		
Approvals		
	Name & Date Approved	Comments
Fund Advisor	Cancer Centre Sub Committee 21.01.19	Committee agreed to contribute 50%, and the remaining 50% to be identified. Possible funding to be sourced from the By Your Side Charity Fund – Fund 8T36
Capital Approval (Estates/IM&T/Medical Devices)		Approval Outstanding
Chief Financial Officer		Approval Outstanding
Area/Hospital/Secondary Care/Mental Health/Executive Director		Approval Outstanding
Charitable Funds Advisory Group		

ⁱ Piazza C, Cocco D, Del Bon F et al. Acta Otorhinolaryngol Ital. 2011 Apr;31(2):70-5

ⁱⁱ Yang H, Zheng Y, Chen Q, et al. J Otorhinolaryngol Relat Spec. 2012;74(5):235-9

ⁱⁱⁱ European Laryngological Society: ELS recommendations for the follow-up of patients treated for laryngeal cancer. Simo R, Bradley P, Chevalier D et al. Eur Arch Otorhinolaryngol. 2014 Sep;271(9):2469-79

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>		Project Support for ChemoCare Version 6 Upgrade and Roll-out to Haematology
<u>Name & Job Title of Lead Applicant</u>		Geraint Roberts, Cancer Division General Manager
<u>Name & Job Title of Other Applicants</u>		Tracy Parry-Jones, Lead Cancer Services Pharmacist (ChemoCare Project Lead)
<u>Maximum Expenditure Requested</u>		£ 92,000.00
<u>Fund to be Sourced</u>	Fund Number & Title	Cancer Fund – Fund 8Q02
	Current Uncommitted Balance	£ 642,959.98
<u>Introduction and Background</u>		
<ul style="list-style-type: none"> • Cancer Division has a pan BCUHB e-prescribing system for prescribing chemotherapy called 'ChemoCare'. This facilitates the safe prescribing of chemotherapy across all three hospital sites in North Wales. • In addition to its prescribing function, ChemoCare is also used by pharmacy, nursing teams, the acute oncology team, the triage service so that they have all the details they need to safely advise patients who are unwell without having to contact the team managing them. • Continuation of the system is essential to these services. A wide range of staff use the system from prescribers, pharmacists and nurses to clinical 		

coders, supporting a multidisciplinary approach to patient care.

- In 2013, as part of a project to install a single instance of ChemoCare across BCUHB. Version 6 (a web-based) version was purchased, however was not available for release at the time. Version 5.3.4 was installed with a view to upgrade as soon as V6 became available.
- To date all solid tumours and some clinical trials have been successfully implemented on all 3 sites. However, there is a significant risk remaining in Glan Clwyd for Haematology where prescribing is via an obsolete and unsupported e-prescribing system OPMAS which will not function with Windows 7. The time frame for implementation of haematology protocols is estimated to be 18 months. The risk of running two prescribing systems for an extended period posed an unacceptable risk to patient safety. The risks are compounded by the fact that in October 2016, a new PAS system was implemented in Glan Clwyd. The new PAS system only operates on PCs and Laptops with an operating system of Windows 7 or later. OPMAS software is not compatible with Windows 7. This means that all the clinician's PC's and laptops that have been updated to accommodate PAS will no longer be able to run OPMAS. This is already having an effect in Glan Clwyd, access to computers that host OPMAS is very limited, which effects the safety and timeliness of the prescribing process. Clinicians often have to visit Pharmacy to prescribe, which disrupts the work of the pharmacists and increases the risk of errors whilst checking prescriptions.
- The current ChemoCare software v 5.3.4 will no longer be supported in the medium term by CIS Oncology (See user notice).



ChemoCare USER
NOTICE NUMBER 01_2

This application is to secure the funding for additional project support (for 2 years) to assist with the essential software upgrade but also to expedite the roll-out of ChemoCare protocols to Haematology, thus minimising the risks arising from the current obsolete system OPMAS. Ultimately this will significantly reduce the errors associated with prescribing and preparing chemotherapy, and improve patient safety for all Haematology patients across BCUHB.

•

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 new version of the system will ensure business continuity and maintain patient safety as any issues with the current version that cannot be easily fixed may cause the system to be unsafe to use. We have been warned by the supplier that we need to upgrade as soon as possible.				Upgrade to Version 6 completed
The new version will facilitate the expansion of homecare services which not only free up money and capacity in the hospitals but also allow patients to receive treatment at home rather than having to travel to the unit.				Software to support Homecare is due to be released in early 2019
Version 6 Software has greater functionality and enhanced safety features to improve the quality and safety of cancer treatment.				For example; the ability to flag drug-drug interactions to the prescriber at the time of prescribing. This is a significant benefit for oral anti-cancer medicines, which interact with a number of commonly prescribed medicines
Worksheet and label module – the technician will be able to populate the software with local worksheets and labels to facilitate a single instance of worksheet and label production across BCUHB. This software is integrated into the prescribing and checking functions of the software and reduces the risks of errors.				Reducing transcribing error rate in the aseptic preparation of chemotherapy
Roll-out of Haematology Protocols – the technician will provide more build capacity which will expedite roll-out of Haematology protocols to all 3 sites.				Fewer prescribing errors Improved formulary management within haematology
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
ChemoCare Technician	£45,808	24	Project support- delivery of training, protocol build, system maintenance, support for worksheet and label module implementation and roll-out of haematology protocols.	91,616

Non-pay				
Quote or Estimate?	Description			
Total Pay and Non-pay				£ 91,616
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	
The current version of software will not be supported by CIS Oncology in the future. This means that when issues occur that cannot be easily fixed, it may cause the system to be unsafe to use.			Project support required to facilitate upgrade	
No further developments or functionality will be facilitated e.g. homecare module, administration module are not compatible with current software			None	
OPMAS software is unsupported and is already prone to not functioning, causing major disruption to services. If the system fails, paper prescriptions would be the required. Prescribing chemotherapy on paper prescriptions is in itself a risk as identified in the NCEPOD audit.			Project Support could expedite roll-out of Haematology so that OPMAS will no longer be in use.	
Exit Strategy (Charitable Funds cannot fund ongoing commitments)				

<ul style="list-style-type: none"> The funding application is for a fixed term secondment of 2 years only. The software upgrade has already been funded within the initial tender. Annual maintenance costs for the software are incorporated into the Cancer Division budget. 	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
N/A	
Health Inequalities (State how the scheme addresses health inequalities)	
ChemoCare software is used for all cancer patients, regardless of gender, age, race, language, religion or disability.	
Equalities Impact	
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?	YES/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
Fund Advisor	 Geraint Roberts, General Manager, Cancer Division	
Capital Approval (Estates/IM&T/Medical Devices)	N/A	
Chief Financial Officer		Approval Outstanding
Area/Hospital/Secondary Care/Mental Health/Executive Director		Approval Outstanding
Charitable Funds Advisory Group		

Charitable Funds Advisory Group 31 st January 2019 CFAG19/04	 <div style="display: inline-block; vertical-align: middle;"> GIG CYMRU NHS WALES </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p><i>To improve health and provide excellent care</i></p>
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Report Title:	<i>Charitable Funds Balances as at 31st December 2018</i>														
Report Author:	<i>Paula Clayton, Assistant Charity Accountant</i>														
Responsible Director:	<i>Russell Favager, Executive Director of Finance</i>														
Public or In Committee	<i>Public</i>														
Strategic Goals:	<p><i>(Indicate how the subject matter of this paper supports the achievement of BCUHB's strategic goals –tick all that apply)</i></p> <table border="1" data-bbox="507 824 1485 1321"> <tr> <td>1. Improve health and wellbeing for all and reduce health inequalities</td><td style="text-align: center;">x</td></tr> <tr> <td>2. Work in partnership to design and deliver more care closer to home</td><td style="text-align: center;">x</td></tr> <tr> <td>3. Improve the safety and outcomes of care to match the NHS' best</td><td style="text-align: center;">x</td></tr> <tr> <td>4. Respect individuals and maintain dignity in care</td><td style="text-align: center;">x</td></tr> <tr> <td>5. Listen to and learn from the experiences of individuals</td><td style="text-align: center;">x</td></tr> <tr> <td>6. Use resources wisely, transforming services through innovation and research</td><td style="text-align: center;">x</td></tr> <tr> <td>7. Support, train and develop our staff to excel.</td><td style="text-align: center;">x</td></tr> </table>	1. Improve health and wellbeing for all and reduce health inequalities	x	2. Work in partnership to design and deliver more care closer to home	x	3. Improve the safety and outcomes of care to match the NHS' best	x	4. Respect individuals and maintain dignity in care	x	5. Listen to and learn from the experiences of individuals	x	6. Use resources wisely, transforming services through innovation and research	x	7. Support, train and develop our staff to excel.	x
1. Improve health and wellbeing for all and reduce health inequalities	x														
2. Work in partnership to design and deliver more care closer to home	x														
3. Improve the safety and outcomes of care to match the NHS' best	x														
4. Respect individuals and maintain dignity in care	x														
5. Listen to and learn from the experiences of individuals	x														
6. Use resources wisely, transforming services through innovation and research	x														
7. Support, train and develop our staff to excel.	x														
Approval / Scrutiny Route	<i>The Report is brought for the information of the Charitable Funds Advisory Group</i>														
Purpose	<i>Attached is a summary of the Charity Fund Balances as at 31st December 2018</i>														
Significant Issues and risks	<i>Provides the Advisory Group of the fund balances held under our Charity Registration.</i>														
Equality Impact Assessment	<i>Not applicable – the report does not impact directly on staff or patients</i>														
Recommendation/Action Required by the Charitable Funds Advisory Group	<i>The Advisory Group is asked note the report.</i>														

*Disclosure:**Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

Ysbyty Glan Clwyd & Abergel

Summary Statement - December 2018

Fund	Name	Bal B/fwd	Inc	Exp	Bal C/fwd	Outstanding Approvals	Potential Bal
		£	£	£	£	£	£
		01.12.18			31.12.18		31.12.18
8B01	Respiratory Unit - Glan Clwyd Hospital	14,276.44	0.00	0.00	14,276.44	0.00	14,276.44
8B05	Stroke Ward	50,727.02	84.56	0.00	50,811.58	0.00	50,811.58
8B25	Accident & Emergency - Glan Clwyd	2,194.40	0.00	0.00	2,194.40	0.00	2,194.40
8B29	Gastroenterology - Central	4,271.47	0.00	0.00	4,271.47	0.00	4,271.47
8B32	Kidney Diseases Charitable Fund - Central	33,305.19	126.00	107.15	33,324.04	0.00	33,324.04
8B42	Cardiology Department Central - Patients Fund	257,808.04	417.00	8,849.16	249,375.88	63,817.52	185,558.36
8B47	AMU/RAU Nurses Fund	430.02	60.00	60.00	430.02	0.00	430.02
8B48	Ward 19 Dementia Fund - Glan Clwyd Hospital	0.00	0.00	0.00	0.00	0.00	0.00
8B50	Acute Medicine Unit - Patients Amenities	1,538.03	95.00	19.68	1,613.35	0.00	1,613.35
8B55	The Amesthyst Centre (SARC)	2,613.75	490.50	0.00	3,104.25	0.00	3,104.25
8B61	Glan Clwyd Ward Funds - Patient Amenities	9,315.80	148.85	250.00	9,214.65	0.00	9,214.65
8B62	Glan Clwyd Hospital Ward Funds - Staff Amenities	7,686.74	0.00	0.00	7,686.74	0.00	7,686.74
8B63	Ward 19 COTE Equipment Fund	23.32	0.00	0.00	23.32	0.00	23.32
8B64	The Friends of the Activities Room	7,202.97	0.00	0.00	7,202.97	0.00	7,202.97
8B65	Outpatient Department - Glan Clwyd	57.40	0.00	0.00	57.40	0.00	57.40
8B66	Livsey Fund	500,880.00	0.00	1,360.00	499,520.00	498,640.00	880.00
8M01	Breast Unit - Glan Clwyd	14,032.36	360.00	0.00	14,392.36	0.00	14,392.36
8N02	Diagnostic and Treatment Facility - Urology Fund -	56,194.54	0.00	0.00	56,194.54	0.00	56,194.54
8N04	Ophthalmic Unit - H M Stanley	37,651.07	154.00	7,494.00	30,311.07	0.00	30,311.07
8N05	H M Stanley Low Vision Support Group	95.52	0.00	0.00	95.52	0.00	95.52
8N06	Maxillo Facial Unit - Glan Clwyd	14,403.99	0.00	0.00	14,403.99	0.00	14,403.99
8N08	Operating Theatre - Glan Clwyd	6,165.25	0.00	0.00	6,165.25	0.00	6,165.25
8N09	Orthodontic Department - Glan Clwyd	229.05	0.00	0.00	229.05	0.00	229.05
8N10	Ivor Lewis Memorial Fund - Glan Clwyd	3,217.02	0.00	0.00	3,217.02	0.00	3,217.02
8N13	Urology - Glan Clwyd	36,280.00	0.00	0.00	36,280.00	0.00	36,280.00
8N14	Laparoscopic Urology Fund - Glan Clwyd	6,998.99	0.00	0.00	6,998.99	0.00	6,998.99
8N16	DOSA Patient Fund	620.83	0.00	0.00	620.83	0.00	620.83
8N18	Ward 4 Patients - ENT/MF/Oral - Glan Clwyd	6,454.63	0.00	0.00	6,454.63	0.00	6,454.63
8N19	Ward 5 Vascular & Urology - General Surgery	59.50	0.00	0.00	59.50	0.00	59.50
8N21	Surgical Assessment Unit Patients - Glan Clwyd	188.64	200.00	0.00	388.64	0.00	388.64
8N22	Surgical Assessment Unit Staff - Glan Clwyd	6,826.59	0.00	160.00	6,666.59	0.00	6,666.59
8N27	Urology Day Unit Nurses Fund - Glan Clwyd	1,648.20	0.00	0.00	1,648.20	0.00	1,648.20
8N28	Stoma Care Fund - Central	4,699.13	0.00	2,711.40	1,987.73	0.00	1,987.73
8N29	Colorectal Surgical Development Fund - Central	26,495.92	0.00	0.00	26,495.92	0.00	26,495.92
8N30	Glaucoma Support Group - Central	254.65	0.00	0.00	254.65	0.00	254.65
8P02	Intensive Therapy Unit - Glan Clwyd	44,706.95	1,601.58	294.50	46,014.03	0.00	46,014.03

8P03	Paediatric Anaesthesia Educational & Training Fund	0.00	0.00	0.00	0.00	0.00	0.00
8P06	Pain Clinic - Glan Clwyd	2,760.54	0.00	0.00	2,760.54	0.00	2,760.54
8P09	Anaesthesia Ultrasound Course Fund	21,421.16	75.00	3,828.50	17,667.66	0.00	17,667.66
8T04	Senior Medical Social Workers - Glan Clwyd	41.21	0.00	0.00	41.21	0.00	41.21
8T12	Library - Glan Clwyd	2,971.81	0.00	0.00	2,971.81	0.00	2,971.81
8T13	Falls Steering Group - Central	179.19	0.00	0.00	179.19	0.00	179.19
8T23	NWCS Education Fund (Central)	6,698.44	0.00	0.00	6,698.44	0.00	6,698.44
Site Total		1,193,625.77	3,812.49	25,134.39	1,172,303.87	562,457.52	609,846.35

Ysbyty Gwynedd**Summary Statement - December 2018**

Fund	Name	Bal B/fwd	Inc	Exp	Bal C/fwd	Outstanding Approvals	Potential Bal
		£	£	£	£	£	£
		01.12.18			31.12.18		31.12.18
8K09	General OPD - Patient Environment Fund - YG	1,046.36	0.00	0.00	1,046.36	0.00	1,046.36
8T35	Awyr Las Older People Fund - Glaslyn Ward	4,942.14	853.00	325.00	5,470.14	0.00	5,470.14
9B03	Surgical Admission Unit - YG	4,596.38	773.86	0.00	5,370.24	0.00	5,370.24
9B04	Aran Patient Amenities - YG	10,331.15	43.00	155.00	10,219.15	0.00	10,219.15
9B44	CCU - YG	21,563.11	540.93	600.00	21,504.04	0.00	21,504.04
9B46	Hebog Ward	1,925.78	0.00	0.00	1,925.78	0.00	1,925.78
9B47	Moelwyn Ward - YG	38,823.55	790.00	16.04	39,597.51	0.00	39,597.51
9B53	Meningitis - YG	3,455.26	0.00	0.00	3,455.26	0.00	3,455.26
9B56	Respiratory - YG	6,262.79	0.00	0.00	6,262.79	0.00	6,262.79
9B57	Tryfan Patient Amenities - YG	5,293.27	603.33	0.00	5,896.60	0.00	5,896.60
9B58	Glyder Patient Amenities - YG	8,468.66	1,228.72	120.00	9,577.38	0.00	9,577.38
9B59	Gogarth Ward Patient Amenities - YG	7,605.51	624.66	140.00	8,090.17	0.00	8,090.17
9B61	Prysor Patient Amenities - YG	6,738.67	1,307.70	530.00	7,516.37	0.00	7,516.37
9B71	Renal Unit - YG	85,635.51	0.00	31.07	85,604.44	29,041.00	56,563.44
9B83	O V Jones Bursary - West	12,738.72	0.00	0.00	12,738.72	0.00	12,738.72
9B91	Bangor Ward Funds - Patients Amenities	6,116.96	0.00	129.41	5,987.55	0.00	5,987.55
9B92	Bangor Ward Funds - Staff Amenities	8,395.16	0.00	0.00	8,395.16	0.00	8,395.16
9B94	Emergency Department - YG	26,533.35	285.00	153.22	26,665.13	0.00	26,665.13
9B95	Ogwen Ward	1,971.28	92.00	0.00	2,063.28	0.00	2,063.28
9B96	Dementia Lounge Activities Fund - YG	3,433.63	740.00	0.00	4,173.63	0.00	4,173.63
9B97	Ambulatory Care Unit - YG	477.83	0.00	0.00	477.83	0.00	477.83
9B98	Computerised Reaction & Mobility Monitoring-CRAMM	634.01	0.00	0.00	634.01	0.00	634.01
9K08	Cardiology Department - West	85,913.78	0.00	0.00	85,913.78	0.00	85,913.78
9M08	G U Medicine - YG	15,155.09	0.00	0.00	15,155.09	0.00	15,155.09
9N01	ITU/HDU Staff - YG	11,690.17	0.00	0.00	11,690.17	7,000.00	4,690.17

9N02	Endoscopy Unit - YG	2,406.60	300.00	0.00	2,706.60	0.00	2,706.60
9N05	Robin Owen Memorial - YG	553.96	0.00	0.00	553.96	0.00	553.96
9N15	Vascular (West) General Purpose Fund	22,453.84	506.60	1,050.00	21,910.44	0.00	21,910.44
9N16	Urology (West) GP Fund	25,626.63	90.00	0.00	25,716.63	23,000.00	2,716.63
9N17	Trauma & Orthopaedic (West) CPG GP Fund	23,138.52	25.00	0.00	23,163.52	0.00	23,163.52
9N18	ENT (West) General Purpose Fund	8,142.07	70.00	0.00	8,212.07	0.00	8,212.07
9N19	Maesdu (West) General Purpose Fund	8,703.76	0.00	0.00	8,703.76	0.00	8,703.76
9N20	GS/Colorectal (West) General Purpose Fund	36,944.62	75.28	140.00	36,879.90	32,000.00	4,879.90
9N21	Ophthalmology (West) General Purpose Fund	5,030.62	0.00	0.00	5,030.62	0.00	5,030.62
9N22	Conwy Ward - Dementia Fund	475.68	0.00	0.00	475.68	0.00	475.68
9P02	Anaesthetics Dept - YG	7,157.74	750.00	50.00	7,857.74	0.00	7,857.74
9P03	ITU/HDU Equipment - YG	15,000.42	1,258.86	27.00	16,232.28	0.00	16,232.28
9P04	Community High Dependency Team - West	0.00	0.00	0.00	0.00	0.00	0.00
9T03	Dr E C Benn Prize - West	1,900.97	0.00	0.00	1,900.97	0.00	1,900.97
9T07	Jean Williams Postgrad Centre - YG	21,463.40	30.00	0.00	21,493.40	0.00	21,493.40
9T08	Jean Williams Postgrad GP VTS - YG	4,185.18	0.00	0.00	4,185.18	0.00	4,185.18
9T13	Samaritans - YG	157.69	0.00	0.00	157.69	0.00	157.69
9T17	Research & Development - West	0.00	0.00	0.00	0.00	0.00	0.00
9T22	Catering Dept - YG	2,934.72	0.00	420.47	2,514.25	0.00	2,514.25
9T24	Human Resources Training - West	0.00	0.00	0.00	0.00	0.00	0.00

Site Total

566,024.54	10,987.94	3,887.21	573,125.27	91,041.00	482,084.27
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Ysbyty Wrexham Maelor**Summary Statement - December 2018**

Fund	Name	Bal B/fwd	Inc	Exp	Bal C/fwd	Outstanding Approvals	Potential Bal
		£	£	£	£	£	£
		01.12.18			31.12.18		31.12.18
7B30	Erddig Ward	0.00	0.00	0.00	0.00	0.00	0.00
7B31	Acute Cardiac Unit - YMW	1,216.40	0.00	0.00	1,216.40	0.00	1,216.40
7B32	Bersham Ward - YMW	12,063.15	1,199.00	(2,487.00)	15,749.15	0.00	15,749.15
7B33	Morris Ward	4,325.20	0.00	0.00	4,325.20	0.00	4,325.20
7B34	A & E Nurse Fund - YMW	8,644.34	0.00	0.00	8,644.34	0.00	8,644.34
7B35	Emergency Department - YMW	6,090.46	0.00	0.00	6,090.46	0.00	6,090.46
7B40	Gastroenterology Fund - YMW	10,263.69	300.00	0.00	10,563.69	0.00	10,563.69
7B41	Chest Diseases Fund - YMW	34,924.35	210.00	0.00	35,134.35	0.00	35,134.35
7B43	Renal Dept Trainee Grants - YMW	10,810.89	0.00	0.00	10,810.89	0.00	10,810.89
7B46	Renal Patients/Staff Comfort Fund - YMW	35,718.31	966.31	597.42	36,087.20	0.00	36,087.20
7B47	Maelor Renal & Diabetes Fund - East	48,094.21	0.00	0.00	48,094.21	48,000.00	94.21
7B49	Cardiac Care - YMW	23,707.15	0.00	0.00	23,707.15	0.00	23,707.15
7B50	Cardiac Nurses Fund - East	8,850.31	1,000.00	0.00	9,850.31	0.00	9,850.31

7B56	Evington Ward - YMW	1,892.67	100.42	0.00	1,993.09	0.00	1,993.09
7B57	Cunliffe Ward	1,347.08	100.00	0.00	1,447.08	0.00	1,447.08
7B58	Mason Ward - YMW	2,412.47	430.00	0.00	2,842.47	0.00	2,842.47
7B66	Nutritional Support Fund - YMW	52.41	0.00	0.00	52.41	0.00	52.41
7B67	Cardiology Fund - East	242,089.63	0.00	0.00	242,089.63	0.00	242,089.63
7B68	Tissue Viability Fund - YMW	4,594.56	0.00	0.00	4,594.56	0.00	4,594.56
7B72	Welshpool Dialysis Fund	5,263.19	30.00	95.00	5,198.19	0.00	5,198.19
7B73	Adolescence Diabetes Care & Support Fund	11,466.34	0.00	0.00	11,466.34	0.00	11,466.34
7B80	Wrexham Ward Funds - General Purposes	9,633.15	155.00	0.00	9,788.15	0.00	9,788.15
7B81	Evington & Morris Ward Dementia Activity Fund	2,695.44	0.00	0.00	2,695.44	0.00	2,695.44
7B82	Outpatient Department - Wrexham Maelor Hospital	872.94	0.00	0.00	872.94	0.00	872.94
7N01	Pantomime Ward - YMW	406.03	0.00	29.98	376.05	0.00	376.05
7N04	Orthopaedic Resource & Education - YMW	16,061.82	0.00	0.00	16,061.82	0.00	16,061.82
7N06	Orthopaedic Department - YMW	6,473.75	0.00	0.00	6,473.75	0.00	6,473.75
7N07	Glyndwr Ward - YMW	66.73	0.00	0.00	66.73	0.00	66.73
7N09	SAU - Bright Ward - YMW	0.00	0.00	0.00	0.00	0.00	0.00
7N11	Medical Day Unit - YMW	2,272.44	0.00	2,234.88	37.56	0.00	37.56
7N14	Surgical Department Charitable Fund - YMW	37,066.29	0.00	0.00	37,066.29	0.00	37,066.29
7N17	Urology Fund - YMW	6,451.00	0.00	0.00	6,451.00	5,000.00	1,451.00
7N18	Maxillofacial Department - YMW	7,063.11	0.00	0.00	7,063.11	0.00	7,063.11
7N24	Ear Nose & Throat unit - YMW	2,674.57	0.00	0.00	2,674.57	0.00	2,674.57
7N25	Ent Equipment - YMW	(856.26)	856.26	0.00	0.00	0.00	0.00
7N27	Eye Unit - YMW	58,099.49	(706.26)	0.00	57,393.23	0.00	57,393.23
7N28	Eye Unit - Childrens Amenities - YMW	6,628.70	0.00	0.00	6,628.70	0.00	6,628.70
7N29	Eye Unit Laser - YMW	34,152.41	0.00	0.00	34,152.41	0.00	34,152.41
7N31	Colorectal Fund - YMW	6,967.38	0.00	0.00	6,967.38	0.00	6,967.38
7N34	Nth Wales Clinical Reserach Centre(NWCRC)	3,036.26	0.00	0.00	3,036.26	0.00	3,036.26
7P01	Gutsy Fund - YMW	3,051.65	0.00	0.00	3,051.65	0.00	3,051.65
7P03	Education/Develop Resus Wales - East	690.06	0.00	0.00	690.06	0.00	690.06
7P04	Critical Care Garden Fund	0.00	670.00	0.00	670.00	0.00	670.00
7P05	ITU / Yale Ward - YMW	18,665.81	1,603.87	2,390.43	17,879.25	0.00	17,879.25
7P06	Anaesthetics Fun - East	1,586.68	0.00	(50.00)	1,636.68	0.00	1,636.68
7P10	Edmondson Educational Fund	4,034.40	0.00	0.00	4,034.40	0.00	4,034.40
7R01	Richard Davies Memorial Library - YMW	192.60	0.00	0.00	192.60	0.00	192.60
7R02	Samaritan Fund - YMW	0.00	0.00	0.00	0.00	0.00	0.00
7R04	Patients Amenities Fund - YMW - Closed	0.00	0.00	0.00	0.00	0.00	0.00
7R06	Lister Ward General Purposes	3,675.32	0.00	0.00	3,675.32	0.00	3,675.32
7T07	BCG Income Fund - East	12,877.66	0.00	0.00	12,877.66	0.00	12,877.66
7T08	Acute & Critical Care Medicine - YMW	5,609.73	2,000.00	0.00	7,609.73	0.00	7,609.73
7T09	North Wales Health Research Fund	3,081.82	0.00	0.00	3,081.82	0.00	3,081.82
7T10	Wrexham Medical Institute	273,409.17	0.00	0.00	273,409.17	0.00	273,409.17
7T11	GP Vocational Training Fund - East	7,031.44	2,500.00	985.60	8,545.84	0.00	8,545.84
7T13	Wrexham Maelor Canteen	65.00	0.00	0.00	65.00	0.00	65.00

Site Total

1,007,563.40	11,414.60	3,796.31	1,015,181.69	53,000.00	962,181.69
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Area East

Summary Statement - December 2018

Fund	Name	Bal B/fwd	Inc	Exp	Bal C/fwd	Outstanding Approvals	Potential Bal
		£	£	£	£	£	£
		01.12.18			31.12.18		31.12.18
7B01	Mold Locality - Mold Hospital GP	12,501.28	388.34	2,889.66	9,999.96	0.00	9,999.96
7B07	Deeside Locality General Purposes Fund	31,398.40	2,076.03	3,013.00	30,461.43	0.00	30,461.43
7B08	Deeside Community Hospital - ENT Fund	195.93	(195.93)	0.00	0.00	0.00	0.00
7B09	South Wrexham Locality - Chirk General Purposes	54,045.51	210.00	523.48	53,732.03	0.00	53,732.03
7B12	Community Fund - East	12,196.07	654.00	1,562.50	11,287.57	0.00	11,287.57
7B13	IV Suite - East Area	1,893.54	0.00	0.00	1,893.54	0.00	1,893.54
7B14	Practice Development Fund - YMW	1,124.84	0.00	0.00	1,124.84	0.00	1,124.84
7B15	Breast Feeding Grant Coedpoeth	0.00	0.00	0.00	0.00	0.00	0.00
7B16	South Wrexham Locality - Penley General Purposes	2,795.34	0.00	0.00	2,795.34	0.00	2,795.34
7B18	Wrexham Rehab General Purposes Fund - East	7,336.88	80.00	73.18	7,343.70	0.00	7,343.70
7B24	Community Doctors - East	3,389.76	0.00	0.00	3,389.76	0.00	3,389.76
7B28	Medicine for the Elderly Education and Resource Fu	16,481.19	0.00	0.00	16,481.19	0.00	16,481.19
7B37	Dermatology Department - YMW	2,264.40	0.00	0.00	2,264.40	0.00	2,264.40
7B42	Diabetic Unit - East	37,352.98	0.00	333.15	37,019.83	0.00	37,019.83
7B52	BCUHB Dermatology Patient Panel Fund	0.00	0.00	0.00	0.00	0.00	0.00
7B55	Rheumatology Department - YMW	7,184.53	0.00	0.00	7,184.53	0.00	7,184.53
7B70	Diabetes Resources Fund - YMW - Closed	0.00	0.00	0.00	0.00	0.00	0.00
7B71	Clinical Dermatology Fund - East	1,907.51	0.00	0.00	1,907.51	0.00	1,907.51
7B83	Beechley Medical Centre	3,685.74	0.00	0.00	3,685.74	0.00	3,685.74
7B84	Community Care Hub	0.00	0.00	0.00	0.00	0.00	0.00
7B85	Hillcrest Medical Centre	0.00	92.00	0.00	92.00	0.00	92.00
7E01	Pharmacy Department - YMW	36,846.28	0.00	0.00	36,846.28	0.00	36,846.28
7F01	Child & Family Service - YMW	13.37	0.00	0.00	13.37	0.00	13.37
7F02	Diana Nursing Fund - YMW	5,604.65	135.00	0.00	5,739.65	0.00	5,739.65
7F03	Childrens Ward - YMW	20,476.06	4,308.17	1,885.89	22,898.34	371.00	22,527.34
7F04	Childrens Ward Play Room Fund	3,319.30	749.00	(44.24)	4,112.54	0.00	4,112.54
7F05	Pre-School Development Team	1,176.51	40.00	0.00	1,216.51	0.00	1,216.51
7F07	Childrens OPD Fund - East Area	0.00	0.00	0.00	0.00	0.00	0.00
7F08	Paediatric Department Diabetic - YMW	4,190.45	0.00	0.00	4,190.45	0.00	4,190.45
7F09	Children's Ward Charity Ball Fund	0.00	0.00	0.00	0.00	0.00	0.00
7F10	Acute Children's Comm Service - YMW	11,459.60	0.00	0.00	11,459.60	0.00	11,459.60
7F11	Premature Baby Unit - YMW	24,950.98	2,809.64	872.80	26,887.82	0.00	26,887.82
7F14	Community Health Visiting & School Nursing	83.14	75.00	0.00	158.14	0.00	158.14
7K03	Therapy Services - East	679.65	50.00	251.00	478.65	0.00	478.65
7K04	Posture and Mobility Services - East	453.90	0.00	0.00	453.90	0.00	453.90

7K05	TCS General Fund - East	1,119.72	53.00	0.00	1,172.72	0.00	1,172.72
7Q03	Palliative Care Fund - YMW	106,266.80	1,073.30	1,626.80	105,713.30	0.00	105,713.30
7T03	Preswylfa Staff Amenities Fund	170.43	58.50	0.00	228.93	0.00	228.93
8Q05	Specialist Palliative Care Team	29,486.97	0.00	146.31	29,340.66	0.00	29,340.66
9Q08	Palliative Care - West	22,205.66	512.16	(7.20)	22,725.02	0.00	22,725.02

Area East Total

464,257.37	13,168.21	13,126.33	464,299.25	371.00	463,928.25
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Area West**Summary Statement - December 2018**

Fund	Name	Bal B/fwd	Inc	Exp	Bal C/fwd	Outstanding Approvals	Potential Bal
		£	£	£	£	£	£
		01.12.18			31.12.18		31.12.18
9B01	Madog Community & Hospital Fund - Land	135,000.00	0.00	0.00	135,000.00	0.00	135,000.00
9B10	Madog Community and Hospital Fund	64,245.96	0.00	700.00	63,545.96	20,003.20	43,542.76
9B16	Arfon Locality - West	3,933.86	600.00	77.30	4,456.56	0.00	4,456.56
9B17	Dwyfor Locality - Dwyfor Community	4,716.29	650.00	0.00	5,366.29	0.00	5,366.29
9B18	Mon District Nurses	0.00	1,210.00	0.00	1,210.00	0.00	1,210.00
9B19	Arfon District Nurses	0.00	80.00	0.00	80.00	0.00	80.00
9B21	Dwyfor Locality - Bryn Beryl GP	4,560.51	0.00	139.58	4,420.93	0.00	4,420.93
9B24	Ysbyty Alltwen - Dementia Fund	654.30	0.00	0.00	654.30	0.00	654.30
9B25	Dwyfor Locality - Alltwen GP	5,628.38	0.00	160.00	5,468.38	0.00	5,468.38
9B31	Canolfan Goffa Ffestiniog - Y Feddygfa	0.00	0.00	0.00	0.00	0.00	0.00
9B33	Meirionydd Locality - Meirionydd Community	0.00	0.00	0.00	0.00	0.00	0.00
9B34	Tywyn General Purposes Fund	91,318.20	0.00	1,069.84	90,248.36	0.00	90,248.36
9B38	Mon Locality - Penrhos Stanley GP	6,324.28	1,565.00	(1,109.85)	8,999.13	0.00	8,999.13
9B41	Llanfairpwll Health Centre - West	1,272.10	0.00	0.00	1,272.10	0.00	1,272.10
9B42	Meirionydd Locality - Nursing Ser B'mouth	16,363.99	288.00	0.00	16,651.99	0.00	16,651.99
9B45	Care of the Elderly - YG	3,132.45	0.00	0.00	3,132.45	0.00	3,132.45
9B50	Diabetic Department - West	18,893.36	0.00	0.00	18,893.36	0.00	18,893.36
9B52	Rheumatology - YG	0.00	0.00	0.00	0.00	0.00	0.00
9B55	Dermatology Department - West	554.08	0.00	0.00	554.08	0.00	554.08
9B99	Heart Failure Nurse Specialist Fund	3,719.82	0.00	0.00	3,719.82	0.00	3,719.82
9D04	Gwynedd Child Guidance - West	3,727.03	95.00	0.00	3,822.03	0.00	3,822.03
9D20	Early Counselling Project - West - Closed	0.00	0.00	0.00	0.00	0.00	0.00
9E01	Pharmacy - YG	751.91	0.00	0.00	751.91	0.00	751.91
9E02	Clinical Pharmacy Diploma	5,000.00	0.00	0.00	5,000.00	0.00	5,000.00
9F01	YG Paeds Inpatient & OPD Fund	13,449.21	(3,519.08)	6,613.18	3,316.95	0.00	3,316.95
9F05	Neurodevelopmental Service - West Area	834.00	0.00	0.00	834.00	0.00	834.00
9F06	Community & Spec Childrens Service	674.10	0.00	0.00	674.10	0.00	674.10
9F07	Health Visiting & School Nursing - Mon & Gwynedd	122.00	0.00	0.00	122.00	0.00	122.00

9F08	Paed Research & Development - YG	10,710.14	0.00	0.00	10,710.14	0.00	10,710.14
9F09	Mon Holyhead Teenage Project - West	4,361.13	0.00	184.44	4,176.69	0.00	4,176.69
9F12	Cystic Fibrosis Fund - YG	9,124.41	0.00	0.00	9,124.41	0.00	9,124.41
9F15	Gafael Llaw Oncology Childrens Social Fund	15,450.02	0.00	121.50	15,328.52	0.00	15,328.52
9F16	Gafael Llaw Children's Ward YG Fund	1,789.86	(119.86)	1,670.00	0.00	0.00	0.00
9F17	YG Childrens Special Projects Fund	6,847.82	0.00	0.00	6,847.82	0.00	6,847.82
9F18	Derwen Integrated Team for Disabled Children	5,513.03	0.00	0.00	5,513.03	0.00	5,513.03
9F19	Dewi Ward Development - Gafael Llaw	102,152.50	5,262.00	0.00	107,414.50	151,620.50	(44,206.00)
9F20	Ty Enfys Fund	0.00	0.00	0.00	0.00	0.00	0.00
9K03	Therapy Services - West	3,371.60	0.00	0.00	3,371.60	0.00	3,371.60
9K05	TCS General Fund - West	1,493.01	0.00	0.00	1,493.01	0.00	1,493.01
9M15	CWTSH - SCBU Staff Fundraising Fund	4,290.30	2,797.36	1,582.00	5,505.66	0.00	5,505.66
9M16	SCBU - YG	9,957.27	0.00	878.06	9,079.21	0.00	9,079.21
Area West Total		559,936.92	8,908.42	12,086.05	556,759.29	171,623.70	385,135.59

Area Central**Summary Statement - December 2018**

Fund	Name	Bal B/fwd	Inc	Exp	Bal C/fwd	Outstanding Approvals	Potential Bal
		£	£	£	£	£	£
		01.12.18			31.12.18		31.12.18
7B03	Holywell Hospital General Purposes	11,523.44	845.00	0.00	12,368.44	0.00	12,368.44
7F13	Wakestock Welfare Fund	8,187.32	0.00	0.00	8,187.32	0.00	8,187.32
8B02	Rheumatology Unit - Glan Clwyd Hospital	10,067.10	0.00	0.00	10,067.10	0.00	10,067.10
8B07	Conwy West Locality GP Fund	5,686.44	236.00	0.00	5,922.44	0.00	5,922.44
8B12	Community Fund - Central	9,470.92	165.00	0.00	9,635.92	0.00	9,635.92
8B13	RAH & North Denbighshire Locality Fund	1,180.15	0.00	0.00	1,180.15	0.00	1,180.15
8B15	Denbigh South Locality - DI General Purposes Fund	56,741.08	0.00	(399.00)	57,140.08	266.00	56,874.08
8B16	Denbigh South Locality - Ruthin General Purposes	3,904.36	0.00	0.00	3,904.36	0.00	3,904.36
8B17	Denbigh Infirmary Staff Fund	2,863.06	0.00	340.00	2,523.06	0.00	2,523.06
8B18	Ruthin Community Hospital Staff Fund	5,379.44	0.00	0.00	5,379.44	0.00	5,379.44
8B19	Denbigh Infirmary Cancer Care Fund	60,594.65	173.24	0.00	60,767.89	0.00	60,767.89
8B20	Ruthin Hospital Cancer Care Fund	667.81	0.00	0.00	667.81	0.00	667.81
8B21	Conwy East Locality GP Fund	10,166.43	236.14	0.00	10,402.57	476.00	9,926.57
8B22	Colwyn Bay Hospital - Dementia Fund	1,556.47	210.00	0.00	1,766.47	0.00	1,766.47
8B27	Diabetes & Endocrinology - Central	101,790.71	0.00	696.99	101,093.72	254.47	100,839.25
8B28	Diabetes Nurse Education	3,020.00	0.00	0.00	3,020.00	0.00	3,020.00
8B30	Dermatology Department - Central	6,936.32	0.00	0.00	6,936.32	0.00	6,936.32
8B31	Sexual Health Fund - Central	12,733.02	0.00	0.00	12,733.02	0.00	12,733.02
8E01	Pharmacy Department - Glan Clwyd	2,645.01	0.00	0.00	2,645.01	0.00	2,645.01
8F01	Diana Nurses Fund - Central	275.00	0.00	0.00	275.00	0.00	275.00

8F02	North Wales Adolescent Service - Central	1,271.28	10.00	0.00	1,281.28	0.00	1,281.28
8F04	Paediatric Academic/Asthma Fund	5,057.36	0.00	392.20	4,665.16	0.00	4,665.16
8F05	Special Care Baby Unit - Glan Clwyd	16,876.37	680.47	2,895.20	14,661.64	0.00	14,661.64
8F06	SCBU Support Group "Cuddles" - Glan Clwyd	30,493.31	10,828.99	187.50	41,134.80	0.00	41,134.80
8F08	Children with Leukaemia Fund (CLIC) - Central	8,348.46	0.00	0.00	8,348.46	0.00	8,348.46
8F09	Paediatric Department - Glan Clwyd	80,812.53	843.80	193.00	81,463.33	0.00	81,463.33
8F11	Paddington Ward in Memory of Elain Aur Jones	0.00	0.00	0.00	0.00	0.00	0.00
8F12	Conwy Child Development Centre - Central	8,337.77	0.00	0.00	8,337.77	0.00	8,337.77
8F14	Childrens OPD Fund	114.56	0.00	0.00	114.56	0.00	114.56
8F15	Conwy CAMHS Charitable Fund - Central	293.20	0.00	0.00	293.20	0.00	293.20
8F17	Denbighshire Child Development Centre	65,998.99	0.00	382.78	65,616.21	3,060.40	62,555.81
8F18	The Big Back Garden Project - Paeds, YGC	6,188.67	0.00	0.00	6,188.67	0.00	6,188.67
8K03	Therapy Services - Central	4,503.93	47.00	0.00	4,550.93	0.00	4,550.93
8K05	TCS General Fund - Central	980.48	0.00	0.00	980.48	0.00	980.48
8K10	Physiotherapy Dept - CBCH	49,997.20	0.00	0.00	49,997.20	0.00	49,997.20
8N61	Community Dental Services Fund	0.00	0.00	0.00	0.00	0.00	0.00
8T24	Parents & Friends of Rhuddlan Childrens Centre	18,196.47	0.00	0.00	18,196.47	0.00	18,196.47
9B43	The Assessment & Therapy Unit, LLGH - Closed	0.00	0.00	0.00	0.00	0.00	0.00
9B48	Llandudno CCU - Closed	0.00	0.00	0.00	0.00	0.00	0.00
9B62	Llandudno Geriatrics	5,422.05	0.00	191.98	5,230.07	0.00	5,230.07
9B64	Llandudno Outpatients Fund	0.00	0.00	0.00	0.00	0.00	0.00
9B65	Llandudno Parkinsons Patient Amenities	13,882.31	0.00	(128.50)	14,010.81	0.00	14,010.81
9B66	Peter Maddison Rheumatology Centre, LLGH	13,319.04	0.00	85.00	13,234.04	0.00	13,234.04
9B67	Llandudno Aberconway Day Patient Amenities	12,444.75	0.00	0.00	12,444.75	0.00	12,444.75
9B68	LLGH Dementia Activities Fund	6,980.54	527.65	252.00	7,256.19	0.00	7,256.19
9B93	Llandudno Hospital Ward Funds - Patient Amenities	3,305.11	0.00	300.00	3,005.11	0.00	3,005.11
9T12	LLandudno Patients	76.99	25.15	0.00	102.14	0.00	102.14
9T15	Llandudno Samaritans	2,875.29	0.00	0.00	2,875.29	0.00	2,875.29
9T20	LLandudno Staff Amenities	15,120.00	100.00	4,610.00	10,610.00	0.00	10,610.00
9T26	Friends of Llandudno Hospital	78,637.16	150.00	179.86	78,607.30	0.00	78,607.30
Area Central Total		764,922.55	15,078.44	10,179.01	769,821.98	4,056.87	765,765.11

Mental Health

Summary Statement - December 2018

Fund	Name	Bal B/fwd	Inc	Exp	Bal C/fwd	Outstanding Approvals	Potential Bal
		£	£	£	£	£	£
		01.12.18			31.12.18		31.12.18
7D02	Helyg Day Hospital	111.18	0.00	0.00	111.18	0.00	111.18
7D16	Mental Health Fund - East Area	5,000.00	0.00	0.00	5,000.00	0.00	5,000.00

8D01	Bodnant Memory Service	1,072.94	0.00	0.00	1,072.94	0.00	1,072.94
8D03	North Wales Brain Injury Service	0.00	0.00	0.00	0.00	0.00	0.00
8D04	Ablett Unit - Patients and General Fund	2,445.14	50.00	0.00	2,495.14	0.00	2,495.14
8D05	Cynnydd Ward - Ablett Unit	566.59	0.00	0.00	566.59	0.00	566.59
8D06	Nant-y-Glyn MHRC Patient Amenities	36,253.87	0.00	0.00	36,253.87	0.00	36,253.87
8D08	"U Can Cope" Charitable Fund	68.28	0.00	0.00	68.28	0.00	68.28
8D09	MH & LD CPG Patient Amenities Fund	6,459.69	1,720.68	8,523.48	(343.11)	0.00	(343.11)
8D10	MH & LD CPG Staff Amenities Fund	2,770.46	0.00	0.00	2,770.46	0.00	2,770.46
8D11	Prescribed Medication Service Fund	10,867.87	0.00	426.30	10,441.57	0.00	10,441.57
8D12	Motiv8 North West Wales	1,811.32	0.00	0.00	1,811.32	0.00	1,811.32
8D13	Hafan And Ala Road Day Services	1,160.13	0.00	0.00	1,160.13	0.00	1,160.13
8D14	Coed Celyn Rehabilitation Unit	149.54	233.39	100.00	282.93	0.00	282.93
8D15	Tegid Ward - Ablett Unit	1,467.95	0.00	0.00	1,467.95	0.00	1,467.95
8D16	Mental Health Fund - Central Area	5,000.00	0.00	0.00	5,000.00	0.00	5,000.00
9D08	Sue Owen Fund - Hergest Unit	11,468.28	0.00	0.00	11,468.28	0.00	11,468.28
9D09	Uned Meirion Fund - Dolgellau Hospital	3,683.01	353.00	0.00	4,036.01	0.00	4,036.01
9D10	Mental Health West Fund	8,837.52	95.00	600.00	8,332.52	0.00	8,332.52
9D11	Cemlyn Ward - Cefni Hospital	41.94	0.00	0.00	41.94	0.00	41.94
9D15	Carreg Fawr - BYN	167.21	0.00	0.00	167.21	0.00	167.21
9D16	Mental Health Fund - West Area	1,022.75	0.00	0.00	1,022.75	0.00	1,022.75
9D17	Learning Disability Inpatients - BYN	920.08	250.00	(560.00)	1,730.08	0.00	1,730.08
9D25	Ty Llywelyn Academic	16.38	0.00	0.00	16.38	0.00	16.38
9D31	Gwynedd Community Learning Disability Team	3,424.28	123.50	24.89	3,522.89	0.00	3,522.89
9D35	Ty Llywelyn Activities Fund	23.68	5.00	50.00	(21.32)	0.00	(21.32)
9D36	Coleg Gwella	148.00	0.00	0.00	148.00	0.00	148.00
9Q06	Folated Research - West	1.26	0.00	0.00	1.26	0.00	1.26
Mental Health Total		104,959.35	2,830.57	9,164.67	98,625.25	0.00	98,625.25

Women's and Maternal Care

Summary Statement - December 2018

Fund	Name	Bal B/fwd	Inc	Exp	Bal C/fwd	Outstanding Approvals	Potential Bal
		£	£	£	£	£	£
		01.12.18			31.12.18		31.12.18
7B26	Wrexham Community Midwives	138.00	0.00	0.00	138.00	0.00	138.00
7F12	Perinatal Bereavement Trust Fund - YMW	2,063.09	0.00	0.00	2,063.09	0.00	2,063.09
7M01	Rhian Lloyd Davies Memorial Fund - East	270.58	0.00	0.00	270.58	0.00	270.58
7M04	Maternity Unit Fund - YMW	2,953.98	10.00	0.00	2,963.98	0.00	2,963.98
7M06	Lawson Taid & Simpson Ward	0.00	196.00	50.00	146.00	0.00	146.00
7M08	Obs & Gynae Education Fund - YMW	19,656.44	0.00	0.00	19,656.44	0.00	19,656.44
7M11	Gynaecology Fund - East	4,852.85	0.00	332.40	4,520.45	0.00	4,520.45

8M06	Womens & Childrens Bereavement Fund - Central	3,262.32	0.00	0.00	3,262.32	0.00	3,262.32
8M08	Womens & Maternal Care CPG Fund - Central	1,286.10	62.00	0.00	1,348.10	0.00	1,348.10
8M09	Denbighshire Community Midwives	0.00	0.00	0.00	0.00	0.00	0.00
9M02	Maternity - YG	6,128.83	320.00	50.00	6,398.83	0.00	6,398.83
9M03	Obs & Gynae - YG	10,052.87	0.00	0.00	10,052.87	0.00	10,052.87
9M05	Community Midwives - West	1,112.81	0.00	0.00	1,112.81	0.00	1,112.81
9M07	Bladder Scanner Fund - YG	1,119.90	0.00	0.00	1,119.90	0.00	1,119.90
9M09	Breastfeeding Clinic Service	5,691.94	0.00	0.00	5,691.94	0.00	5,691.94
9M17	Gynaecology Services - Equipment Fund	15,038.77	0.00	0.00	15,038.77	0.00	15,038.77
9M19	Cronfa Mamolaeth Cariad a Chysur - Love & Comfort	1,653.58	0.00	0.00	1,653.58	0.00	1,653.58
9Q15	Gynae Services - West	104,322.36	0.00	0.00	104,322.36	0.00	104,322.36
Women's and Maternal Care Total		179,604.42	588.00	432.40	179,760.02	0.00	179,760.02

BCU Wide**Summary Statement - December 2018**

Fund	Name	Bal B/fwd	Inc	Exp	Bal C/fwd	Outstanding Approvals	Potential Bal
		£	£	£	£	£	£
		01.12.18			31.12.18		31.12.18
8B60	PCSM CPG General Purpose Fund - Closed	0.00	0.00	0.00	0.00	0.00	0.00
8N60	Surgery & Dental CPG General Purposes Fund	2,803.30	57.10	120.00	2,740.40	0.00	2,740.40
8P01	Anaesthetics Training and Education Fund	7,164.49	0.00	0.00	7,164.49	0.00	7,164.49
8T10	Spiritual Care Fund - BCU	3,820.24	0.00	0.00	3,820.24	0.00	3,820.24
BCU Wide Total		13,788.03	57.10	120.00	13,725.13	0.00	13,725.13

Miscellaneous Other**Summary Statement - December 2018**

Fund	Name	Bal B/fwd	Inc	Exp	Bal C/fwd	Outstanding Approvals	Potential Bal
		£	£	£	£	£	£
		01.12.18			31.12.18		31.12.18
7T02	General - East	106,439.97	14.85	0.00	106,454.82	0.00	106,454.82
8T05	General Fund - Glan Clwyd	292,300.94	71.71	0.00	292,372.65	0.00	292,372.65
8T08	Ethiopia Link Charitable Fund - Central	45,549.38	1,079.15	798.07	45,830.46	179.48	45,650.98
8T09	The North Wales Cancer Centre Appeal Fund	254,276.05	3,447.75	0.00	257,723.80	0.00	257,723.80
8T11	Friends of Renal Care Glan Clwyd Hospital - Centra	87,018.97	3,439.89	2,258.36	88,200.50	0.00	88,200.50
8T15	Nth Wales Cancer Centre App Invesment Portfolio	0.00	0.00	0.00	0.00	0.00	0.00
8T25	BCUHB Robins Fund	5,540.57	0.00	468.00	5,072.57	0.00	5,072.57

8T26	Yirga Alem Hospital Link	12,684.27	0.00	582.60	12,101.67	0.00	12,101.67
8T27	Creative Well Fund	39,035.90	0.00	7,513.09	31,522.81	0.00	31,522.81
8T28	Awyr Las General Fund	(1,547,566.59)	(4,043.40)	30,740.29	(1,582,350.28)	266,066.83	(1,848,417.11)
8T29	Nurse Training General Fund	9,064.00	0.00	0.00	9,064.00	0.00	9,064.00
8T30	BCU Legacies Fund	50,698.71	(46,800.00)	0.00	3,898.71	0.00	3,898.71
8T31	Dementia Care Fund	1,517.04	0.00	15.00	1,502.04	0.00	1,502.04
8T32	Iaith Gymraeg/Welsh Language Fund	564.75	0.00	0.00	564.75	0.00	564.75
8T33	Public Health	0.00	0.00	0.00	0.00	0.00	0.00
8T34	Awyr Las Children & Young People Fund	487.15	0.00	0.00	487.15	0.00	487.15
8T36	"By Your Side Appeal" Fund	109,031.86	0.00	2,998.27	106,033.59	13,501.73	92,531.86
8T37	Awyr Las R & D Fund	546.56	0.00	0.00	546.56	0.00	546.56
8T38	Awyr Las Hearts & Minds Fund	5,147.65	5,000.00	0.00	10,147.65	0.00	10,147.65
8T39	Awyr Las Arts, Health & Wellbeing Fund	174.53	0.00	0.00	174.53	0.00	174.53
8T41	Awyr Las 5K Run & Fun Run	0.00	0.00	0.00	0.00	0.00	0.00
8T42	Elen Meirion Fund	24,804.20	1,286.48	8,075.00	18,015.68	0.00	18,015.68
8T43	C-Difficile Research Study Fund - Closed	0.00	0.00	0.00	0.00	0.00	0.00
8T44	"By Your Side Appeal" Marketing Fund	0.00	0.00	0.00	0.00	0.00	0.00
8T45	Infection Prevention Charitable Fund	2,419.44	0.00	0.00	2,419.44	0.00	2,419.44
8T46	Awyr Las "Pennies From Heaven" Fund	2,432.48	271.16	0.00	2,703.64	0.00	2,703.64
8T47	Walking For Dementia	5,649.29	5.00	0.00	5,654.29	0.00	5,654.29
8T48	Staff Development Fund	356,809.51	0.00	7,951.01	348,858.50	193,964.25	154,894.25
8T49	Project SEARCH	1,006.90	111.00	0.00	1,117.90	0.00	1,117.90
8T50	I CAN Fund	3,674.18	0.00	0.00	3,674.18	0.00	3,674.18
8T70	#Give70	813.77	274.37	0.00	1,088.14	0.00	1,088.14
9T10	Ysbyty Gwynedd General Purposes	585,072.25	9.60	0.00	585,081.85	0.00	585,081.85
9T16	Corporate Communications - YG	2,428.32	0.00	1,745.96	682.36	0.00	682.36
9T21	LLandudno General Purposes	299,482.93	0.00	0.00	299,482.93	0.00	299,482.93
9T27	Betsi-Quthing Fund	17,697.36	20.00	0.00	17,717.36	15,000.00	2,717.36
9T28	Research Grant Fund - North Wales	0.00	0.00	0.00	0.00	0.00	0.00
9T30	NHS Wales Informatics Service in Africa	0.00	0.00	0.00	0.00	0.00	0.00
Miscellaneous Other Total		774,802.34	(35,812.44)	63,145.65	675,844.25	488,712.29	187,131.96

North Wales Wide Services

Summary Statement - December 2018

Fund	Name	Bal B/fwd	Inc	Exp	Bal C/fwd	Outstanding Approvals	Potential Bal
		£	£	£	£	£	£
		01.12.18			31.12.18		31.12.18
7B62	Leukaemia/Allied Blood Disease - YMW	237,662.60	315.00	0.00	237,977.60	0.00	237,977.60
7H01	X-Ray Department - YMW	26,481.35	550.00	6,825.00	20,206.35	0.00	20,206.35
7J02	Path Lab - Staff Training - YMW	6,607.75	500.00	620.00	6,487.75	0.00	6,487.75

7J03	Microbiology Training Fund - YMW	2,885.33	0.00	0.00	2,885.33	0.00	2,885.33
7Q01	Cancer Fund - YMW - Closed	0.00	0.00	0.00	0.00	0.00	0.00
7Q02	Cancer Support Group - YMW	308,327.00	17,362.21	4,397.29	321,291.92	33,710.00	287,581.92
7Q05	Breast Cancer Fund - YMW	14,943.54	0.00	0.00	14,943.54	0.00	14,943.54
8H01	Scanner Charitable Fund - Glan Clwyd	0.00	0.00	0.00	0.00	0.00	0.00
8H02	X-Ray Department - Glan Clwyd	5,174.19	0.00	0.00	5,174.19	0.00	5,174.19
8H03	Interventional Radiographers & Nurses Educ. Fund	0.00	0.00	0.00	0.00	0.00	0.00
8J02	Pathology Leukaemia/Haematology - Glan Clwyd	197,276.70	0.00	620.00	196,656.70	0.00	196,656.70
8J03	Pathology Chemical - Glan Clwyd	10,857.47	0.00	119.40	10,738.07	0.00	10,738.07
8J04	Leukaemia & Cancer Laboratory Research Fund - Glan	18,341.99	0.00	0.00	18,341.99	0.00	18,341.99
8K01	Audiology CPG Fund	18,974.11	845.22	24.86	19,794.47	0.00	19,794.47
8K02	Medical Physics - Glan Clwyd	7,398.92	0.00	0.00	7,398.92	0.00	7,398.92
8Q01	Oncology - Glan Clwyd	6,658.00	0.00	(309.77)	6,967.77	0.00	6,967.77
8Q02	Cancer Charitable Fund - Glan Clwyd	691,376.47	52,778.77	10,453.19	733,702.05	90,742.07	642,959.98
8Q03	Cancer Research Fund - Glan Clwyd	28,389.92	0.00	287.00	28,102.92	11,250.00	16,852.92
8Q04	KKLF Award Fund - Closed	0.00	0.00	0.00	0.00	0.00	0.00
8Q06	Cancer "Wigs" Fund	4,271.51	0.00	0.00	4,271.51	0.00	4,271.51
8Q07	Brain Tumour Patient Amenities Fund	33,932.14	281.00	0.00	34,213.14	0.00	34,213.14
8Q08	Radiotherapy Research Fund	4,781.38	0.00	0.00	4,781.38	0.00	4,781.38
9H01	Scanner - YG	6,459.27	0.00	0.00	6,459.27	0.00	6,459.27
9H02	Ultrasound - YG	16,308.20	0.00	0.00	16,308.20	0.00	16,308.20
9H03	Ysbyty Gwynedd Radiolgy	9,822.75	110.00	0.00	9,932.75	0.00	9,932.75
9J02	Ysbyty Gwynedd Haematology	23,236.06	0.00	39.98	23,196.08	0.00	23,196.08
9J03	Path Lab Educ & Training - YG	2,300.38	0.00	0.00	2,300.38	0.00	2,300.38
9J04	Microbiology - YG	5,878.01	0.00	0.00	5,878.01	0.00	5,878.01
9J06	Microbiology Research - YG	27,962.34	0.00	0.00	27,962.34	0.00	27,962.34
9J07	Microbiology Staff - YG	6,905.96	0.00	0.00	6,905.96	0.00	6,905.96
9J08	Pathology Dr Caslin - YG	0.00	0.00	0.00	0.00	0.00	0.00
9J09	Mortuary - YG	2,231.27	0.00	0.00	2,231.27	0.00	2,231.27
9J10	Ysbyty Gwynedd Biochemistry General Purposes	4,292.38	0.00	0.00	4,292.38	0.00	4,292.38
9J11	Cellular Pathology & Immunology - YG	172.50	0.00	0.00	172.50	0.00	172.50
9Q01	Cancer Research - YG	96,844.56	0.00	0.00	96,844.56	0.00	96,844.56
9Q02	Gwynedd Breast Cancer Research	71,811.58	390.45	0.00	72,202.03	0.00	72,202.03
9Q03	Haematology and Cancer - YG	57,281.49	0.00	32.56	57,248.93	0.00	57,248.93
9Q04	Janet Jones (Alaw) - YG	471,314.95	7,479.23	15,216.47	463,577.71	75,524.00	388,053.71
9Q05	Complimentary Therapy - YG	0.00	0.00	0.00	0.00	0.00	0.00
9Q09	Palliative Care Lymph Nursing - West	5,891.31	0.00	0.00	5,891.31	0.00	5,891.31
9Q10	Leukaemia Research - West	5,775.68	0.00	0.00	5,775.68	0.00	5,775.68
9Q14	Bowel Cancer Research - YG	37,844.32	0.00	0.00	37,844.32	0.00	37,844.32
9Q17	Alaw Unit Development Project	137.31	0.00	0.00	137.31	0.00	137.31
9Q18	#TeamIrfon	113,432.88	3,023.18	3,054.12	113,401.94	32,851.05	80,550.89
North Wales Wide Services Total		2,590,243.57	83,635.06	41,380.10	2,632,498.53	244,077.12	2,388,421.41

BCU - Unapportioned Income & Expenditure

Summary Statement - December 2018

Fund	Name	Bal B/fwd £	Inc £	Exp £	Bal C/fwd £	Outstanding Approvals £	Potential Bal £
		01.12.18			31.12.18		31.12.18
ZZ01	Unapportioned Investment Gains / Losses	734,700.16	(400,587.60)	0.00	334,112.56	0.00	334,112.56
ZZ02	Unapportioned Investment Income	54,158.22	12,502.02	0.00	66,660.24	0.00	66,660.24
ZZ03	Unapportioned Administration Expenditure	(96,263.21)	0.00	19,997.42	(116,260.63)	0.00	(116,260.63)
ZZ04	Unapportioned Fund-Raising Costs	0.00	0.00	0.00	0.00	0.00	0.00
ZZ05	Working Account - Main Charity	0.00	0.00	0.00	0.00	0.00	0.00
ZZ06	Working Account - Ron & Margaret Smith Cancer Appe	0.00	0.00	0.00	0.00	0.00	0.00
ZZ07	Provisions Fund - Main Charity	0.00	0.00	0.00	0.00	0.00	0.00
ZZ08	Unapplied Income	1,757.23	0.00	0.00	1,757.23	0.00	1,757.23
ZZ09	Pre Payment Fund	0.00	0.00	0.00	0.00	0.00	0.00
Unapportioned Income & Expenditure Total		694,352.40	(388,085.58)	19,997.42	286,269.40	0.00	286,269.40
Totals		8,914,080.66	(273,417.19)	202,449.54	8,438,213.93	1,615,339.50	6,822,874.43

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Motiv8	
<u>Name & Job Title of Lead Applicant</u>	Mark Morris – Occupational Therapist	
<u>Name & Job Title of Other Applicants</u>	Gaynor Gaskell – Head Occupational Therapist	
<u>Maximum Expenditure Requested</u>	£47,150	
<u>Fund to be Sourced</u>	<u>Fund Number & Title</u>	Motiv8 – Fund 8D12
	<u>Current Uncommitted Balance</u>	£1,811.32
<u>Introduction and Background</u>		
<ul style="list-style-type: none"> It is intended to fund this project by submitting an application to Gwynt Y Mor Community Fund (External Funding) to be transferred into Awyr Las Charity, Motiv8 Charity Fund This project would be a stepping stone and support for service users, who use the adult mental health services in Conwy to participate in activities, in order to build their confidence to engage with locally available community-based groups and third sector organisations. This would be done in several ways: Firstly, this would be done by developing a model of engagement, used by the Occupational Therapy department, where service users participate in groups in Nant y Glyn initially. For example, the recovery workshops or the art and craft group in order to build their confidence and then move with 		

support to community-based groups together. Although only trialled on a small basis evidence to date has demonstrated a good success rate, with service users maintaining their involvement with organisations, such as Mind or local art and craft group, and therefore requiring less involvement with statutory services.

- Secondly, we also want to develop activity groups jointly run with a variety of organisations. This would support the introduction of service user to these groups allowing them to continue their involvement in the long term. It is hoped that this would be both a benefit to organisations who may have limited knowledge of the needs of those with mental health issues and support service users to have the confidence to attend a variety of groups.
- Thirdly, we also want to support the use of activities at leisure centres by developing sports and other activity groups and supporting service users to participate in activities such as the inclusive rugby team, badminton, drama, music, meditation and football, which are in the process of being established. We would also be approaching other organisations e.g. archery, water sports etc to provide a variety of taster sessions for clients throughout the year.
- Fourthly, to support in the setting up and promotion of Motiv8 annual event to showcase how all of the first 3 points have progressed and to develop further links within the community and with other providers in order to look at alternative. With the promotion of Motiv8 on social media, this would be utilised throughout the year to promote activities within the community and to offer a signposting service to individuals who may require less support.

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
Patient benefits – alternative approaches to medication and provide other treatment and social prescribing options	Case studies, monitoring of GP referrals and those requiring medication vs those who attended sessions and so didn't require medication
Increase in engagement in local resources, developing a person's confidence and ability to participate with activities and interests through working with the Occupational Therapy department	Amount of people engaging in the activities
Number of people continuing to engage in activities ongoing and showing the journey travelled by individuals	Feedback forms/patient stories at 3 stages of the process, utilising the MOHOST (Model of Human Occupation) in order to monitor clinic evidence, producing qualitative and

				quantitively data
Looking at and addressing the relationship between physical health conditions and mental health needs through participation in activity and introducing service users to other organisations such as stop smoking wales, disability sports wales etc				Feedback forms/patient stories at 3 stages of the process, utilising the MOHOST (Model of Human Occupation) in order to monitor clinic evidence, producing qualitative and quantitatively data
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Motiv8 Activities and Development Officer	£19,410	24	Please see induction and background	£38,820
			Gwynt y Mor Community Fund (External Funding) -	
Non-pay				
Quote or Estimate?	Description			
Estimate	Based on previous Motiv8 events to include:			
	Instructors / taster sessions, fundraising, advertising, venue, refreshments, translation, technology			£8,330
	(£4,165 per year)			
Total Pay and Non-pay				£47,150
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£0
Less: Savings generated by this application				PLEASE FIND ATTACHED SUPPORTING EVIDENCE
Net ongoing revenue costs charged to NHS budgets				£0
Risk Assessment				

Risk (insert further rows if needed)		Mitigation
Risk of injury during activities		Ensure all instructors and organisations have their own insurance and risk assessments for the activity
Risk of injury during activities		Ensure clients are encouraged to see the GP to ensure their own physical level fitness to be able to participate in their chosen activity
People's mental health deuterating		Ensuring the development officer understands and receives adequate training (through the trust) in order to deal with and support individuals when required
Exit Strategy (Charitable Funds cannot fund ongoing commitments)		
Evaluating the effectiveness of the pilot project and providing evidence to apply for further funding including lessons learnt		
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)		
<p>Priority 1 – safeguarding vulnerable people in our care – ensuring we follow the trusts safeguarding policy and seek advice alongside utilising the clear guidelines, also ensuring that organisations we work with are signposted to safeguarding training available in the community</p> <p>Priority 2 – deliver safe, effective and compassionate care – ensuring we follow the BCUHB guidelines and officer receives the training and focusing on person centred care throughout the project</p> <p>Priority 3 – carers will feel welcomed, valued and supported – ensuring we encourage carers to participate in activities, alongside their loved ones or as a respite opportunity to manage their own mental health</p> <p>Priority 4 – inclusion and engagement around dementia care will be a natural part of what we do – including and signposting the general public to dementia services and ensuring we signpost to educate those providers working with us</p> <p>Priority 5 – all healthcare environments will be dementia supportive and enabling – as we utalise public buildings, we will explore dementia friendly techniques and aim to incorporate these where possible</p>		

Priority 6 – there will be timely access to assessment for dementia and once the diagnosis has been there will be meaningful support – we will make relevant connections with dementia services and ensure we signpost to relevant services when required

Health Inequalities (State how the scheme addresses health inequalities)

We would be offering a range of activities which would be adaptable to meet the needs of participants. For example, working with inclusive rugby and adapted cycles and other activities that can be flexible to meet the needs of individuals.

Equalities Impact

Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme? YES/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 is an open access project which will not discriminate against any of the protected characteristic groups and we will empower those individuals to express their potential within activities.

Approvals

	Name & Date Approved	Comments
Fund Advisor	Mark Morris Gaynor Gaskell	8D12
Capital Approval (Estates/IM&T/Medical Devices)	N/A	
Chief Financial Officer		Approval Outstanding

Area/Hospital/Secondary Care/Mental Health/Executive Director		Approval Outstanding
Charitable Funds Advisory Group		

Summary of the project.

This project would be a stepping stone and support for service users, who use the adult mental health services in Conwy to participate in activities, in order to build their confidence to engage with locally available community-based groups and third sector organisations. This would be done in several ways:

Firstly, this would be done by developing a model of engagement, used by the Occupational Therapy department, where service users participate in groups in Nant y Glyn initially. For example, the recovery workshops or the art and craft group in order to build their confidence and then move with support to community-based groups together. Although only trialled on a small basis evidence to date has demonstrated a good success rate, with service users maintaining their involvement with organisations, such as Mind or local art and craft group, and therefore requiring less involvement with statutory services.

Secondly, we also want to develop activity groups jointly run with a variety of organisations. This would support the introduction of service user to these groups allowing them to continue their involvement in the long term. It is hoped that this would be both a benefit to organisations who may have limited knowledge of the needs of those with mental health issues and support service users to have the confidence to attend a variety of groups.

Fourthly, to support in the setting up and promotion of Motiv8 annual event to showcase how all of the first 3 points have progressed and to develop further links within the community and with other providers in order to look at alternative. With the promotion of Motiv8 on social media, this would be utilised throughout the year to promote activities within the community and to offer a signposting service to individuals who may require less support. Finally, we also hope to be a resource to service user and other staff regarding what is available and promote these local groups and events etc This would be achieved by having a notice board in reception and regular newsletters, regular drop in sessions for clients to meet organisations and discuss their needs as well as using social media such as the Motiv8 Facebook and twitter pages already established, so that services users are regular informed of what activities are available.

The funding will be used to fund the recovery and sports groups, provide equipment for groups, and fund organisations to attend and offer taster sessions and promotion of activities.

Who will the project benefit?

This project will benefit anyone using adult mental health services in the county of Conwy, both primary and secondary care services. In primary care it is hoped that by introducing service users to activities as positive coping strategies to manage stress, lessen anxiety and deal with low mood it will prevent their mental health from deteriorating further and requiring secondary care support.

Within secondary care it is hope that this will provide an additional level of support that will aide recovery and as well supporting those with serious mental illness such as schizophrenia in engaging with healthy activities thus preventing physical health problems.

How many people would benefit throughout the course of the project?

Figures provided by the measure lead for BCULHB gave currently the referrals for the first six months of 2018 in the county of Conwy, GPs have made an average of 209 referrals a month to the Local

primary mental health service. This figure does not include any other referrers such as CID 16's, EDT and psychiatric liaison services which on average will add on a further 101 referrals a month. The project would be available to all these service users if felt appropriate, however even if only 10% of all referral engaged with this project that would be approximately 372 people over a 12 month period in primary care alone.

In secondary care we have approximately 716 clients currently open and this project available to all, again if only 10% participated that would mean a further 71 clients.

These figures do not include those who may be directly referred by GPs.

Aim and outcomes of the project

The aims and outcomes of the project would be to:

Develop on the current partnership with community groups, third sector and voluntary services to provide support and regular opportunities for service users to engage with these organisations throughout the year.

To develop a person's confidence and ability to participate with activities and interests through working with the Occupational Therapy department.

Looking at and addressing the relationship between physical health conditions and mental health needs through participation in activity and introducing service users to other organisations such as stop smoking wales, disability sports wales etc

Giving advice and education on how activity can help improve and help manage mental health by improving resilience, prevent relapse, improving health and wellbeing, lessen social isolation and managing stress.

To prevent and reduce the need for referrals to mental health services, thus reducing the pressure on statutory services.

To offer alternative approaches to medication and provide other treatment and social prescribing options for those in primary care with the aim of preventing a need for a referral to secondary services.

To provide a pathway and community support to improve recovery and discharge from secondary care services.

To offer alternatives to prescribed medication to manage mental health symptoms and thus reduce the cost and use of prescribed medication.

How have you identified this need?

As Occupational Therapists we have been aware that many service users struggle with engaging in activities and accessing community facilities due to a number of issues e.g. poor confidence, low motivation due to depression, negative symptoms of schizophrenia etc. They can require a great deal of support to attend. However we are aware that when they do engage it can have a significant positive impact on their mental health and aide their recovery. We feel this project will allow us to support more service users with this.

Motiv8 is a community group supported by the North Wales NHS Charity, Awyr Las, and includes staff from BCUHB's Conwy Adult Mental Health Occupational Therapy services, Conwy Voluntary Services Council, third sector organisations and service users.

The Motiv8 event has been held for the past 2 years at Eirias Park Leisure Centre in Colwyn Bay. It is a free event to current and former users of mental health services, their carers, and anybody who is concerned about their own mental health. The all-day event provides those attending with an opportunity to try new activities including tai chi, meditation, African drumming, arts and crafts, football and activities provided by the Welsh Rugby Union. It is hoped that those attending will decide to take up one or more of these activities as a regular hobby in order to help them effectively manage and improve their mental health and wellbeing and lessen their reliance on mental health services. Staff from local support agencies including Disability Sports Wales, the National Exercise Referral Scheme, Conwy Library Services CVSC, Conwy Wellbeing Team, Denbighshire Navigators, Denbighshire MIND and Denbighshire Arts society, Stop smoking Wales and more were also on hand to provide advice and information on activities running through their organisations as well Conwy Social Services.

Lesley Singleton, BCUHB's Head of Strategy & Partnerships for Mental Health, stated "The Motiv8 programme is a wonderful example of how we are working proactively with our partners and community organisations to give people the skills and opportunities to take positive action to improve their mental wellbeing. By focusing on promoting mental wellbeing and preventing mental ill health we can help people to lead fulfilling lives in their communities, reducing the need for them to come into contact with our acute hospital services."

This year over a 150 people attended the event despite having appalling weather on the day and the feedback received by all involved was very positive. The Conwy Occupational Therapy team now want to apply for this grant to extend the work started by Motiv8 and supporting those users of mental health service in access community activities throughout the year.

What evidence do you have to support this?

Together for mental health - a strategy for mental health and wellbeing in Wales (2016) states "Other evidence-based psychosocial, occupational and non-verbal and creative psychological therapies such as art and music therapy should be available where clinically indicated. They should be delivered by suitably trained and supervised multi-disciplinary staff."

Creative Health: The Arts for Health and Wellbeing Report Director of Public Health Briefing (July 2017) stated regarding Mental health: "There is ample evidence that the arts help to overcome mental health problems. Arts-on-prescription programmes can give rise to significant reductions in anxiety, depression and stress. One such programme in Gloucestershire and Wiltshire showed that GP consultation rates dropped by 37 percent and hospital admissions by 27 percent, representing a saving of £216 per patient."

The Arts in Health and Wellbeing Action Plan for Wales (2009) recognises that the impact of the arts on mental health. The Arts Council for Wales' (ACW) Art of Good Health "emphasises how music, literature and the visual arts can provide relaxation, emotional relief and opportunities for self-expression and social contact. They support increased self-esteem, confidence and raised aspirations. "

There is also growing evidence that sporting activities and balanced exercise can be effective in improving the mental wellbeing of the general public, largely through improved mood and self-

esteem, and is effective as a treatment for mild to moderate depression and anxiety. To support the Programme for Government, Sport Wales are committed to making physical activity as important as reading and writing. The evidence linking physical activity with enhanced mental health and wellbeing is now well described. The Royal College of Psychiatrists recognise exercise prescription as a treatment modality for a wide range of mental health conditions stating "Physical activity can be used in treatment for depression, and be used as a standalone treatment, or as a combination therapy with medication and/or psychological therapy. Strong evidence exists showing a 20-30% reduction in depression in adults who participate in physical activity daily. Exercise has potential advantages over antidepressants with fewer side effects, and perhaps less stigma attached to it as treatment modality in comparison to counselling or psychotherapy."

Having a mental health problem can put a person at even higher risk of developing serious physical health problems than other people. Those with a mental health problem are, twice as likely to die from heart disease, four times as likely to die from respiratory disease and on average, likely to die between 10 and 17 years earlier than the general population, if they have schizophrenia or bipolar disorder. Therefore, promoting exercise and healthy living is vital.

The Welsh NHS Confederation produced a briefing to provide an overview of social prescribing projects in Wales following the publication of the Programme for Government 'Taking Wales Forward 2016 – 2021'. The Programme for Government outlines the key priorities that the Welsh Government will take forward, including "Prioritise mental health treatment, support, prevention and de-escalation, including a pilot Social Prescription scheme". It includes "any intervention that promotes well-being and self-care, encourages social inclusion and builds resilience for the individual and the community. Social prescribing is about treating the patient – not the illness. Social prescribing represents an innovative way to manage the increasing demand placed on NHS Wales."

Creative Minds is a charity hosted by South West Yorkshire NHS Foundation Trust. The charity's aim is to develop creative activities in partnership with community organisations that help improve the health and wellbeing of people who use Trust services. Since its launch in November 2011 Creative Minds has delivered more than 150 creative projects in partnership with over 50 community organisations. This has benefited over 4000 people. It has supported staff, voluntary organisations and community groups to deliver creative activities as part of healthcare interventions. This clearly is a very successful project and our aim is to replicate this on a smaller scale to find out if this would be as successful in Conwy.

This project would also meet the five ways to wellbeing developed by the New Economics Foundation which sets out 5 actions to improve personal wellbeing: connect, be active, take notice, keep learning and give. This is also highlighted in the Social Services and Well-being (Wales) Act 2014 which focusses on wellbeing. It defines it as "well-being means a person is happy, healthy and is comfortable with their life and what they do." It says well-being is made up of eight main parts: Being physically, mentally and emotionally happy, Making sure you have your rights, Having education, training, sports and play, You are protected from abuse, harm and neglect, Positive relationships with family and friends, Being part of the community, Having a social life and enough money to live a healthy life, Having a good home.

We feel this project will work towards these local and national policies. It is also in line with some of the BCUHB visions (2018) "We will improve the health of the population, with particular focus upon the most vulnerable in our society" and "We will do this by developing an integrated health service which provides excellent care delivered in partnership with the public and other statutory and third sector organisations."

How will you measure the difference your project makes?

This will be monitored by the number of referrals received, the amount services users using the groups and the number who continue their involvement in the activity in the long term. We also plan on measuring this through feedback forms from clients and staff. We intend to repeat this after 6 months to see if engagement with activities have continued and whether this has had a positive impact on mental and physical wellbeing. We already collect and produce evidence for our recovery workshops in order to prove their clinical and cost effectiveness. We will also consider the MOHOST observational tool from the Model of human Occupation to assess the positive impact on a client's functioning who have attended the groups.

It is hoped that if this project is found to be clinically and cost effective that the trust will wish to provide further funding as it will be provided with evidence to its cost effectiveness. We believe we could have a significant impact on mental health services in Conwy and help develop a clinically and cost-effective service which offer service users a variety of options to help prevent the need for long term support from statutory services