

Bundle Charitable Funds Committee 8 December 2020

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9th March 2021

Charitable Funds Committee Agenda

Meeting to be held on Tuesday 8th December 2020 via Webex 09:00am

CF20/31	Apologies & Declarations of Interest <i>Arpan Guha</i>	
CF20/32	Welcome & Introductions	
CF20/33	Minutes of the previous meeting held on 10th September 2020: CF20/33.1 Accuracy CF20/33.2 Matters arising and summary action plan	
CF20/34	Annual Report and Financial Statements for 2019/20: CF20/34.1 Annual Report, Financial Statements and Letter of Representation CF20/34.2 Audit Wales ISA260 Report <i>Ms Amanda Hughes, Wales Audit Office in attendance for this item</i>	
CF20/35	Charitable Funds Finance Report Q2 2020/21 <i>Ms R Hughes</i>	
CF20/36	Charitable Funds Fundraising Report Q2 2020/21 (Including Charity Strategy and update on Strategic Appeals) <i>Ms K Thomson</i>	
CF20/37	Third Sector Groups Report <i>Ms K Thomson</i>	
CF20/38	Staff Lottery Update <i>Ms K Thomson</i>	
CF20/39	Investment Portfolio <i>Ms R Hughes</i>	

<u>Items for Decision</u>		
CF20/40	Summary of Expenditure Approvals <i>Ms R Hughes</i>	
<u>Items of Governance</u>		
CF20/41	Marketing, Advertising and Sponsorship Policy <i>Ms K Thomson</i>	
CF20/42	Charity Impact Report <i>Ms K Thomson</i>	
<u>Items for Information</u>		
CF20/43	Issues of significance to report to the Health Board	-
CF20/44	Date of next meeting: 9 th March 2021	-

CHARITABLE FUNDS COMMITTEE

Draft Minutes of the meeting held on Thursday 10th September 2020 Via Webex

Present:

Ms Jackie Hughes	Independent Member (Chair)
Ms Cheryl Carlisle	Independent Member
Dr David Fearnley	Executive Medical Director
Mrs Sue Hill	Acting Executive Director of Finance
Mr Mark Wilkinson	Executive Director of Planning & Performance

In Attendance:

Ms Kirsty Thomson	Head of Fundraising
Ms Faye Pritchard	PA to Executive Director of Finance
Ms Rebecca Hughes	Charity Accountant
Mr Arpan Guha	Deputy Executive Medical Director
Ms Sophie Ffoulkes	Financial Management Graduate Trainee

Agenda Item	Action
<p>CF20/24 Apologies for absence & Declarations of interest</p> <p>No formal apologies were received but Independent Member Ms Helen Wilkinson was unable to join the meeting.</p> <p>Declarations of Interest were received as follows:</p> <p>The Head of Fundraising is the Deputy Chair of NHS Charities Together.</p> <p>The Chair's daughter is employed by the Royal Voluntary Service (RVS) at Bangor and they are referenced in today's papers.</p>	

<p>CF20/25 Minutes of the previous meeting held on 25th June 2020</p> <p>CF20/25.1 Accuracy</p> <p>The minutes from the previous meeting held on 25th June 2020 were approved as an accurate record.</p> <p>CF20/25.2 Matters arising and review of summary action plan</p> <p>The committee reviewed the summary action plan in detail and updated accordingly. The Chair queried a handful of actions that have been closed that need to remain open *ACTION*</p>	<p>KT</p>
<p>CF20/26 Charitable Funds Finance Report Q1 2020/21 <i>Ms R Hughes</i></p> <p>The Charity Accountant presented the report and noted the key highlights to the committee.</p> <p>Donation and fundraising income is significantly higher than for the same period last year (up £316,000 / 132%). This is because of the donations made to the COVID-19 fund. To the end of Month 3, these totalled £367,000, comprising 67% of all donated income. Included in this figure is £164,500 from NHS Charities Together. Donated income to other funds within the charity was down by £51,000 (21%) compared to last year.</p> <p>The only legacy income this quarter was the receipt of a previously accrued legacy.</p> <p>Grant funded expenditure of £565,000 is £234,000 (71%) higher than expenditure in Quarter 1 last year.</p> <p>Grants of £307,000 have been awarded from COVID-19 funds, which comprises 54% of total grants in Quarter 1. COVID-19 grants have been open to all divisions, regardless of the specific funds they may hold.</p> <p>The investment portfolio fell significantly in March, due to the impact of COVID-19 on financial markets. However, most of the loss has been regained during the first quarter of 2020/21. The portfolio value at the end of June was £227,000 below the peak seen in December 2019. This has given a first quarter gain on investments of £693,000, which equates to 9% of the brought forward portfolio value. Although this gain is unrealised, it is included in General Funds as income.</p> <p>The Investment Management contract was put out to tender at the end of 2019/20. COVID-19 led to delays in awarding the tender; however, Brewin Dolphin have now been appointed as the successful applicants. Discussions are scheduled for September to arrange the transfer of the portfolio from Rothschild to Brewin Dolphin. The Charity Accountant noted that they've also offered Trustee training to committee members, alongside reviewing and refreshing the portfolio.</p>	

<p>The committee approved the report and the actions being taken.</p>	
<p>CF20/27 Fundraising Report <i>Ms K Thomson</i></p> <p>The Head of Fundraising presented the report, which was taken as read and noting the key highlights to the committee.</p> <p>The Head of Fundraising explained that consideration is being given to how income can be generated (specifically for applications made for general funds) through new and different funding streams, including Trusts and Foundations. The Head of Fundraising will include recommendations on the Fundraising Update at the December Committee *ACTION*</p> <p>One of the main points that the Head of Fundraising wanted to highlight was that we're going to be receiving more money from NHS Charities Together. In England grant stage 2 of NHS Charities Together funding is being allocated by Sustainability and Transformation Partnership (SPT) area, so multiple NHS Charities will work together with Local Authorities and others, and decide how the funds will be spent regionally. Due to how Welsh Health Boards are set up (overseeing all primary and secondary services as well as third sector commissioning) all Health Board charities will receive the stage 2 grants.</p> <p>The Head of Fundraising informed the committee of current working with Mr Glynne Roberts, BCUHB's Programme Director for Well North Wales and others involved in the Social Prescribing Community of Practice for North Wales, as well as BCUHB's Research and Innovation Team to ascertain what the COVID-19 Appeal Fund Priority 2 focus should support and help develop robust grant applications that meet the NHSCT grant criteria.</p> <p>The Head of Fundraising asked the committee members for their opinions on what the charity's priorities should be for spending this additional COVID-19 funding.</p> <p>The Chair agreed with the social prescribing work as it's something we've been working towards anyway; excellent idea. The Chair suggested supporting ethnic minority communities, as Covid-19 hits them badly. Also look to support the patients in the recovery phase of Covid-19 – mental and physical impact. The Chair noted that the disabled community also lacks support.</p> <p>Independent Member Ms C Carlisle fully supported the Chair's suggestions and also suggested supporting carers, as carers are in crisis after 6 months and without our carers our whole system collapses.</p> <p>The committee agreed with all suggestions and approve the recommendations.</p>	<p>KT</p>

<p>The Head of Fundraising informed the committee that an application for carers support has already been submitted and that it'll definitely be a priority moving forward. A bereavement group connecting third sector, local authority and BCUHB representatives has also been set up by the Head of Patient Experience.</p> <p>The Head of Fundraising confirmed that £50k has been received specifically for Ethnic Minorities and the team have been liaising with the Associate Director Of Health, Safety & Equality's team. Deputy Executive Medical Director informed the committee that he's involved in this group and a lot of energy needs to be pushed into this forum.</p> <p>The Chair suggested the Head of Fundraising contacts the Head Of Equality And Human Rights who will have contacts within the equalities forum with disabled groups. *ACTION*</p> <p>The Chair alerted the Head of Fundraising to page two, point 3 of the report – 'Awyr Las Strategic Appeal', should read March 2021 and not March 2020. *ACTION* Head of Fundraising to amend.</p> <p>No further questions were asked and the committee thanked the Head of Fundraising for a very clear report.</p> <p>The Committee noted the information included within the BCUHB Fundraising Update Report and approved the section 4.3 recommendation to fund a social prescribing programme, subject to the receipt of detailed applications from lead clinical and support staff.</p>	<p>KT</p> <p>KT</p>
<p>CF20/28 Any Other Business</p> <p>N/A.</p>	
<p>Items for Information</p> <p>N/A.</p>	
<p>CF20/29 Issues of significance to report to the Health Board</p> <p>N/A.</p>	
<p>CF20/30 Date of next meeting: 8th December 2020 at 9.00am, Webex</p>	

Actions from 20.06.19 meeting				
Summary Action Plan – arising from meetings held in public				
Office	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
	CF19/20 Charitable Funds Finance Report Q4 2018/19.6 The Estates lead to provide an update by end of July 2019, regarding the number of projects delayed.	01.09.19	<p>August 2020:</p> <ul style="list-style-type: none"> Assistant Accountant assessing all outstanding funded E&F projects to ensure all are up to date. Behind schedule & additional costs will be reported in December 2020 CFC. Date and time for completion added to application form so a report can be produced for all new applications <p><u>Behind schedule & additional costs will be reported in December 2020 CFC.</u></p> <p>All updates are included in the notes on Appendix 4 (Outstanding Commitments) of the Finance Report. Due to Covid-19 related delays, some applications have been awarded extensions. Where this is not appropriate, the applications have been withdrawn, commitment closed and the balance returned to the relevant fund. The assistant accountant monitors the commitments regularly to ensure they are all being drawn down in a timely manner; if the funds are not being drawn down the grant funding is retracted. <i>The Head of Fundraising requests that this action is closed because Estates provide the assistant accountant with updates, and these are included in the report where relevant.</i></p>	08.12.20
Ms K Thomson	CF19/20 Charitable Funds Fundraising Report Q4 2018/19.6 Ms K Thomson to draft an e-mail on behalf of the Chair to send out to Executives and Independent Members	01.09.19	<p>August 2020:</p> <p>KT is organising 1:1s with all IMs to ascertain interests, experience and knowledge so all IMs can</p>	09.03.21

	regarding needing an Executive and an Independent Member sponsor for each of the four schemes.		<p>be allocated a strategic lead role. The 4 x Strategic Appeals are on hold for 20/21 as the Resilience Campaign is now the focus for the charity.</p> <p>The 1:1s with IMs and Executives will be taking place from January once the Charity Strategy has been approved.</p> <p>Rather than IMs and Executives taking responsibility to oversee specific appeals, the IMs and Executives will be offered the opportunity to oversee specific strategic objectives.</p>	
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Actions from 04.10.19 meeting

Ms K Thomson	CF19/34.1 The committee discussed the idea of a newsletter being sent out across the organisation on behalf of the Executive Team to remind divisions about the charitable funds that are available to them.	02.12.19	25.06.20: KT to provide an interim Strategy & Comms Plan for 20/21 only at the Sept 2020 meeting.	Closed
		10.12.19	<p>A 2021-2026 Strategy and Communications Plan will be presented to the CFC at the March 21 meeting, following stakeholder engagement activity, including with all members of the Health Board.</p> <p><u>August 2020:</u> Strategy & Comms Plan for 20/21 included in the Sept 2020 meeting papers.</p> <p>A newsletter has not been sent out because the Communications Team and the Awyr Las Support Team have instead worked together to increase information about the charity on the staff App and intranet to encourage people to apply for funding. Additional targeted monthly messages are being</p>	

			sent out to Hospital & Area Management Teams and Fund Advisors.	
Actions from 10.12.19 meeting				
Ms K Thomson	CF19/49 Head of Fundraising to re write and share with committee members prior to the end of February. Committee members to send feedback to Head of Fundraising, and Head of Fundraising to also engage with all people who use spaces, trade unions etc. to address the Chair's concerns.	March 2020	<p><u>August 2020:</u> The BCUHB position currently is that cafes, shops and charity tables will remain closed. As part of the 2021/25 strategic plan, HMTs and Community Hospital Lead Clinicians are contributing to the development of a long term plan for BCUHB space. This document will be further amended, and broadened to include Marketing, Advertising and Sponsorship as part of the Awyr Las Strategy. The previous document is therefore no longer relevant in Post Covid times.</p> <p>Head of Fundraising includes an interim Marketing, Advertising and Sponsorship (MAS) Policy plan in the December 2020 CFC Meeting Papers. The MAS Policy Development will remain as a standing item within the Fundraising Update until the final policy has been drafted.</p>	09.03.21
Ms K Thomson	CF19/53 The committee discussed the role of the independent Shooting Star charity (SSCS) going forward. KT to draw up a draft MoU with the SSCS Trustees.	March 2020	<p>A draft MOU was drawn up but not agreed. The Shooting Star Appeal is on hold due to the Covid-19 Initial Response Period.</p> <p><u>August 2020:</u> Both KT and SH have met with representatives of SSCS. A Business Plan for the project is being drawn up and an update on SSCS will be included in the Fundraising Update for all CFC meetings.</p> <p>Head of Fundraising to include SSCS MOU in March 2021 CFC papers.</p>	09.03.21
Ms K	CF19/48.1 KT to devise a short paper to	June 2020	The Impact Report has not been completed due to	

Thomson	measure the charity's grants and support services impact and benchmark charity team performance and financial position against others (Impact report) by June 2020.		Covid-19 Initial Response Period. The Impact Report (10 Years of your NHS Charity) is included in this December 2020 paper	Closed
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Actions from 10.03.20 meeting

Ms K Thomson	CF20/04.1 Head of Fundraising to ensure Trade Union representative on Working Group.	June 2020	<p>This Working Group has not been set up due to Covid-19 Initial Response Period.</p> <p>25.06.20: KT to sort out as soon as possible.</p> <p><u>August 2020:</u> TU and other representatives have been invited to join the Staff Lottery Working Group, which will be officially set up when the Manager role is in place</p> <p>Head of Fundraising has included members list and update of the Staff Lottery Working Group in the December 2020 CFC meeting</p>	09.03.21
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Actions from 25.06.20 meeting

Ms K Thomson	CF20/19 Independent Member, Ms Cheryl Carlisle requested an update from the Head of Fundraising and Workforce & Organisational Development on Volunteering Scheme when things are a little less hectic.	September 2020	<p><u>August 2020:</u> KT has requested that the W&OD report findings back to Awyr Las Support Team. The findings are also being shared in a WCVA NHS and Volunteering session in mid-September that W&OD and Awyr Las Support Team members will be involved in. The outcomes of this public session will be shared with all CFC members once completed.</p> <p>Head of Fundraising has included this update in the Fundraising December 2020 CFC paper</p>	Closed
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BCUHB CHARITABLE FUNDS COMMITTEE**Summary Action Plan – arising from meetings held in public**

Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
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Actions from 10.09.20 meeting

Ms K Thomson	CF20/25.2 The Chair queried a handful of actions on the summary action plan that had been closed that need to remain open	September 2020	KT has completed this action, as seen on this action list.	Closed
Ms R Hughes	CF20/26.1 The Chair wanted raised the fact that two grant applications have spent money before it's been agreed. RH to remind all staff that money must not be spent until agreed. The Charity Accountant agreed to send reminder to all service leads via Chief Finance Officers as a reminder. KT agreed to add reminder onto electronic applications to note that applicants must not spend before being allocated funding.	September 2020	Action completed by RH and KT.	Closed
All Committee Members	CF20/26.2 The committee decided to review and approve applications via email for all members using voting buttons and a fortnightly meeting between the Chair and Executive Director of Finance. These arrangements will be reviewed at next Charitable Funds Committee meeting.	December 2020	All members will review at the December 2020 CFC meeting	08.12.20
Ms K	CF20/27.1 The Head of Fundraising	December	Head of Fundraising has included this in the	08.12.20

Thomson	explained that consideration is being given to how income can be generated (specifically for applications made for general funds) through new and different funding streams, including Trusts and Foundations. The Head of Fundraising will include recommendations on the Fundraising Update at the December Committee.	2020	Awyr Las Strategy (Supporting document)	
Ms K Thomson	CF20/27.2 The Chair suggested the Head of Fundraising contacts the Head Of Equality And Human Rights who runs a Disabled forum.	September 2020	Head of Fundraising is now in regular contact with Stephen Doore, BCUHB Equality And Inclusion Manager	08.12.20
Ms K Thomson	CF20/27.3 The Chair alerted the Head of Fundraising to page two, point 3 of the report – ‘Awyr Las Strategic Appeal’, should read March 2021 and not March 2020.	September 2020	Head of Fundraising corrected the date on the paper.	Closed

Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 8 th December 2020		
Cyhoeddus neu Breifat: Public or Private:	Public		
Teitl yr Adroddiad Report Title:	Annual Report and Financial Statements 2019/20		
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Acting Executive Director of Finance		
Awdur yr Adroddiad Report Author:	Rebecca Hughes, Charity Accountant		
Craffu blaenorol: Prior Scrutiny:	Acting Executive Director of Finance		
Atodiadau Appendices:	<u>Appendix 1:</u> Financial Statements <u>Appendix 2:</u> Annual Report <u>Appendix 3:</u> Accounts <u>Appendix 4:</u> Letter of Representation		
Argymhelliad / Recommendation:			
The Annual Report and Accounts, along with the Letter of Representation are approved by the Committee and signed by the Chair of the Charitable Funds Committee and the Acting Executive Director of Finance, on behalf of the Committee.			
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)			
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	Ar gyfer sicrwydd For Assurance
			Er gwybodaeth For Information
Sefyllfa / Situation:			
The attached Annual Report (Appendix 1) and Financial Statements (Appendix 2), which have been subject to audit, provide the formally reported position for the charity for 2019/20.			
Audit Wales require the charity to sign a Letter of Representation (Appendix 3) as part of their audit evidence.			
The ISA260 (Appendix 4) is the formal report from Audit Wales on the accounts.			
Cefndir / Background:			
The Charitable Funds Accounts have been prepared in accordance with the timetable set by the Charity Commission and in line with Charities SORP. The accounts were prepared and submitted to Audit Wales at the end of September 2020, with the audit taking place throughout October and November. The submission of the accounts was delayed this year due to COVID-19.			
The Charitable Funds Committee has delegated authority to approve the final accounts. The Board (as Charitable Trustees) will formally receive the accounts at a meeting to be arranged in early 2021. The deadline for submission to the Charity Commission is the 31 st January 2021. The accounts will not be submitted to Welsh Government.			
Asesiad / Assessment:			

Strategy Implications

Aligned to the Awyr Las Charity Strategy.

Options considered

Not applicable – information on the financial position of the charity.

Financial Implications

Statement of Financial Activities

The Statement of Financial Activities (SoFA) summaries the charity's income and expenditure for the year. Income for the year totalled £2.6m; expenditure was £2.5m, with a loss on investments of £0.3m, giving a net decrease in funds of £0.2m (increase in funds of £0.2m in 2018/19).

Incoming Resources

Total income of £2.6m shows an increase of 30% year on year (£2.0m in 2018/19). Of this, £0.5m relates to an increase in legacies and £0.1m from higher fundraising income.

Legacies in particular are a volatile and unpredictable source of income that can vary greatly from year to year. Part of the charity's strategy over the long term is to increase the legacy income it receives.

Expenditure

Expenditure of £2.5m was 14% higher year on year (£2.2m in 2018/19). 'Note 7. Analysis of expenditure on raising funds' and 'Note 8. Analysis of charitable activity' provides the breakdown of expenditure between the running costs of the charity, fundraising costs and grants made.

The primary reason for the increase in expenditure is an increase in grants awarded of 29% (£2.2m in 2019/20 compared to £1.7m in 2018/19). The analysis of this over the different grant categories is shown below.

Type of Grant	2019/20 £000	2018/19 £000	Movement £000
Grants for NHS Capital expenditure	507	159	348
Staff education and welfare	611	521	90
Patient education and welfare	1,011	962	49
Medical research	82	102	(20)
Total	2,211	1,744	(467)

The largest increase has been in grants for NHS Capital. Capital grants in 2019/20 included an Electromagnetic Navigation Bronchoscopy (ENB) costing £0.1m, additional equipment for the YGC Hybrid Theatre (£0.1m) and an Ambulatory ECG Monitoring System (£0.05m). There were no significant capital schemes funded by the charity in 2018/19.

Movement in Investments

Many of the donations and legacies that the charity receives cannot be spent immediately, as they need to be accumulated to fund the most appropriate purchases. These donations are therefore invested in order to generate income and protect their value in real terms. During 2019/20, losses on these investments totalled £0.3m compared to a gain of £0.4m in 2018/19. The COVID-19 pandemic resulted in a significant fall in the stock market in February and March 2020, which led to a loss of £0.9m in the portfolio over the two months, outweighing the gains seen earlier in the year. All of this loss has been recovered in 2020/21.

Balance Sheet

The funds of the charity at the end of the year totalled £7.6m, comprising £3.8m of unrestricted funds and £3.8m of restricted funds. Restricted funds are those that have a legal restriction placed on them, such as legacies. These funds are further split into general funds and designated (earmarked) funds, which are identified to specific areas and/or services.

Fixed Assets

During 2017/18 a piece of land located in Porthmadog was donated to the charity. The land was valued by the District Valuer and was brought onto the charity's balance sheet at £0.1m. The charity is currently still holding this land, although there are parties interested in purchasing it.

The year-end balance held in investments was £7.7m, which is a decrease of £0.3m from 2018/19.

Current Assets

Debtors, as analysed in 'Note 16. Analysis of current debtors' have increased by 54% to £0.5m (£0.3m in 2018/19). This is due to an increase in accrued income for legacies, where we have been confirmed as a beneficiary in a Will and probate has been granted, but the distribution of the estate had not been completed.

Cash balances of £0.9m are the same as at the end of 2018/19. Cash held at the end of the year is higher than would usually be held, but is required to pay creditors that fall due at the start of the new financial year.

Liabilities

Creditors, as can be seen in 'Note 18. Analysis of liabilities', amounted to £1.6m which is a 4% increase year on year (£1.5m in 2018/19). This is due to an increase in accruals for grants owed to NHS bodies, which are the funding commitments made by the charity.

Other Notes

Other key items included in the financial statements are as follows.

Related Party Transactions (Note 2)

This note identifies the transactions made with the Health Board. As the Health Board and Charitable Funds accounts are produced under different accounting regulations, there is a timing difference as to when a grant that has been awarded by the charity is recognised. Therefore, this note contains two disclosures; one that mirrors that in the Health Board accounts and one that agrees to the expenditure reported through the charity accounts.

This note also includes details on Board members' interests where appropriate.

Post Balance Sheet Events (Note 22)

Due to the time delay between the balance sheet date and the date of signing the accounts, plus the materiality of the investments to the charity, a post balance sheet event is always recorded showing the movement in the value of the investments over this time.

This year, a note on COVID-19 has also been included.

Risk Analysis

Not applicable

Legal And Compliance

Not applicable.

Impact Assessment

Not applicable.



ANNUAL REPORT & ACCOUNTS

2019/20

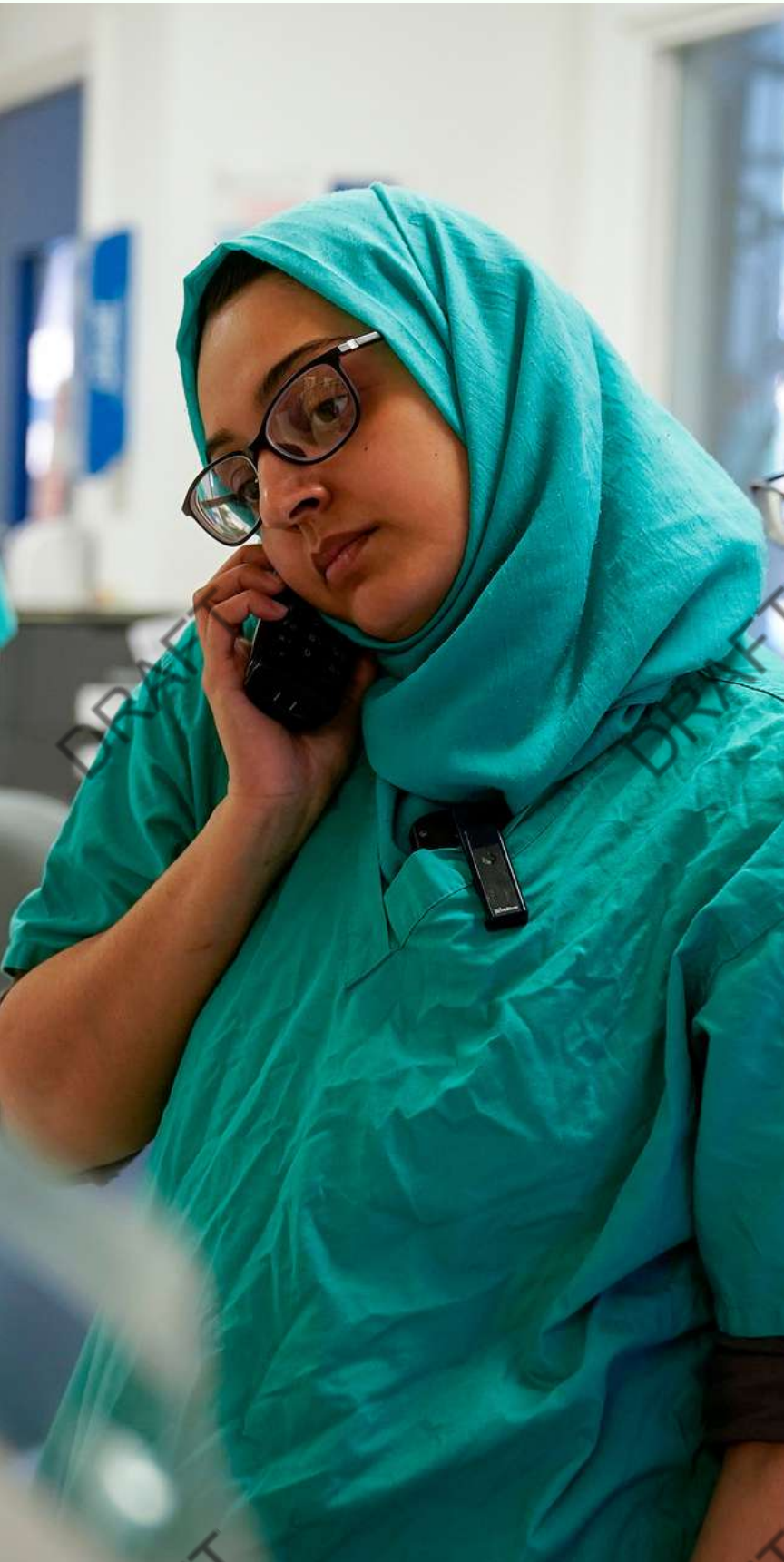
AWYR LAS / BLUE SKY IS THE WORKING TITLE
OF BETSI CADWALADR UNIVERSITY HEALTH
BOARD CHARITY & OTHER RELATED CHARITIES
REGISTERED CHARITY NUMBER 1138976



Awyr Las
Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

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AUDIT REPORT

WELCOME FROM THE HONORARY PRESIDENT

I am pleased to present the Awyr Las Annual Report & Accounts for 2019/20.

Annual reports are usually written from a clear vantage point of retrospection – imbued with the knowledge and certainty of how decisions made within a given time-frame have shaped the fortunes of the subsequent period.

Following the cataclysmic events that occurred at the tail-end of this financial year, the Charity finds itself reporting from a perspective that is shrouded in uncertainty. The onset of a global pandemic in December 2019 presented the Charity with a set of challenges that were completely alien. The response to these required rapid adaptation, and the Charity was forced to frequently reappraise its position and priorities at a moment's notice.

There is no denying that COVID-19 has had a profound impact on the NHS in Wales and the communities it serves. At the time of writing, the pandemic remains a looming spectre; there is little in our day-to-day lives that remains untouched by the shadow COVID-19 has cast.





It is difficult therefore to reflect on the year that has passed without doing so through the prism of this wretched virus.

That said, please join me in celebrating some of the Charity's achievements from 2019/20. It is also a chance to reflect on the bold and definite decisions taken at the height of the pandemic that have enabled the Charity to mobilise in the face of the crisis and move forward with a tentative optimism.

The year saw the Charity building upon partnerships with other NHS charities in Wales, solidifying relationships that would be called upon during the pandemic.

The successful "Hearts & Minds" small grant scheme trialled last year was scaled up. Again, it offered staff across Betsi Cadwaladr university Health Board (BCUHB) the opportunity to quickly access modest amounts of funding that would help them make small changes on their wards that would result in big differences for their patients.

Building on the success of Hearts & Minds, the Awyr Las Support Team worked with colleagues from both Mental Health and Workforce & Organisational Development to launch two themed small grant schemes; the "I CAN" Mental Health small grant scheme, and the Staff Experience small grant scheme.

Over 140 applications were submitted across all three grant schemes, confirming the appetite among frontline staff to innovate and use charitable funding to enhance the experience of their patients and colleagues.

The campaign – which raised over £6,000 in twelve weeks – provided an ideal stepping off point, from which the Charity's formal COVID-19 Response Appeal was launched later that month.

In total, the Charity awarded over £2.1m of funding this year, an increase of 20% compared to the year ending 31st March 2019 (£2,211,000 vs £1,838,000).

Towards the end of the financial year, Awyr Las took up its important role in helping staff contend with the pandemic.

At the beginning of March 2020, as COVID-19 took root around the globe, the Awyr Las Support Team began working with a local family on a pre-emptive fundraising campaign to help Ysbyty Gwynedd's Intensive Care Unit prepare for the likely impact of the pandemic in North Wales.

By 31st March 2020, the COVID-19 Response Appeal had raised almost £4,000, primarily from donations given by local individuals. The Board also agreed to allocate £65k of existing funds to the appeal.

At this point, I would like to take a moment to extend my heartfelt thanks to the communities of North Wales. I and everyone involved with the Charity have been humbled by the community's response to the pandemic. The outpouring of generosity from every part of North Wales (and beyond) was truly overwhelming. You truly have been the Blue Sky for NHS staff and patients affected by COVID-19.

Diolch yn fawr.



As well as the physical and emotional toll that the pandemic has taken, COVID-19 has, seemingly irreversibly, changed the fundraising landscape. Its effects will continue to be felt in this regard for a long time, and as the Charity moves into the new financial year, there is a high level of uncertainty around the future of fundraising.

Mass participation challenge events and community gatherings, the bread and butter of fundraising, are on hold for the foreseeable future.

In spite of this, our network of supporters has been incredibly resourceful. They have shown a great deal of innovation, with individuals taking their fundraising online, or adapting events so that they can continue to raise money whilst remaining socially distant.

We are all incredibly grateful for this support.

Yet we are mindful that this surge in support for Awyr Las and other NHS Charities has created a buffer that has, to date, shielded the Charity from the full extent of the impact that COVID-19 has had on the wider sector. The true impact of the pandemic on the Charity's ability to fundraise in the future remains to be seen.

To counter this, the Charity's 2021 – 2026 strategy will have a focus on making fundraising for the Charity easy and safe in the context of COVID-19, with significant attention paid to how the Charity can do more to offer donors and supporters meaningful, fulfilling experiences using digital and remote channels.

Similarly, we will work to ensure that we are able to communicate effectively about the impact of donations. In the absence of being able to visit hospital sites and see the fruits of their labour in action, we will develop alternative methods for donors to be able to see the impact of their support.

The onset of the pandemic has seen the Charity revise its processes radically. Early on, it became possible for staff to claim refunds online for unforeseen expenditure – for example, essential items for vulnerable patients – with many being reimbursed the same day, thanks to dedicated support from the Charity's accountants.

Requests for larger sums of money were being turned around within five days, and decisions on some of the largest scale projects were often able to be made "out of committee".



This agile approach to grant making is something that the Charity wishes to expand upon in the new financial year.

The Awyr Las Support Team, working remotely, has shown remarkable commitment in often difficult circumstances.

The board have also played their part in helping develop a response to unprecedented need which is swift, flexible and straightforward.

As we continue to navigate this uncharted territory together, may we continue to hold our National Health Service and Awyr Las close to our hearts and enable them both to flourish in the face of adversity, so that so that everyone in North Wales can lead healthy, happy lives.

Barry Jones



RT HON LORD BARRY JONES P.C.
HONORARY PRESIDENT OF AWYR LAS

ABOUT THE CHARITY

Awyr Las is the NHS Charity for North Wales, the area served by Betsi Cadwaladr University Health Board (BCUHB). Put simply, the Charity exists to help the NHS do more.

It does this by funding cutting-edge equipment and brand-new facilities; specialist and additional staff training, world-class research and innovation projects, special projects and additional services; complementary therapies, and extra patient comforts.

All of which go beyond what the NHS can provide on its own, and – when combined – ensure people in North Wales can benefit from better NHS services when they need them the most.

The Charity funds projects in hospitals and in the community.

Since 2010, the Charity has funded over £27m of projects to improve healthcare across North Wales, making a genuine difference to the lives of patients, families, and NHS staff.

The Charity does not replace the core funding that the NHS receives from the government.



This means that the money given and raised by the public genuinely improves the care that is available to people in North Wales. Your money funds things that would not otherwise be possible.

Awyr Las (Blue Sky) is the working name of the Charity. Its official name is Betsi Cadwaladr University Health Board Charity and other related Charities. It is a Registered Charity (number 1138976). It was constituted under a trust deed on the 23rd of September 2010.

The Charity's registration incorporates a linked Charity, the North Wales Cancer Appeal (NWCA). A very active subsidiary, NWCA volunteers work alongside NHS staff in the North Wales Cancer Treatment Centre and raise additional funds for priority projects that benefit patients and families affected by cancer.

The Charity has a sole Corporate Trustee, the Betsi Cadwaladr University Health Board (BCUHB). Whilst BCUHB Members undertake responsibility for the administration of the Charity's funds as part of their tenure of the Board, they do not hold trustee status as individuals.

Designated Funds

Within Awyr Las, there are over 400 designated funds. Almost every BCUHB ward, service, department and project across North Wales is represented within these funds. These funds are attached to the ward, service or department that they are aligned with. Designated funds can only be used to fund projects within that healthcare area. To this end, each fund has at least one Fund Advisor. These individuals have a special role, in that they act as guardians for their designated fund. It is their responsibility to uphold the fund's objectives and ensure that expenditure is only authorised when it is in furtherance of the goals that their fund was set up to achieve.

When donors give money to a designated fund, it goes directly and promptly to that ward or department, ready for frontline staff to use towards projects and priorities decided at the ward level.



Non-Designated Funds

Those few wards and departments that do not have a fund can receive support from the Awyr Las Support Team to establish one, or they can request funding from the Charity's non-designated fund.

When donors give to the Charity without expressing a preference as to where the money should go, the donation is assigned to the Charity's non-designated fund. Though in the minority, these donations are incredibly important. This is because they enable staff without a fund of their own, or without sufficient

monies in their fund, to still draw on funding from the Charity. In some circumstances, non-designated donations are funnelled towards a priority fund; a pertinent example being the newly established COVID-19 Response Fund.

Fundamentally, donations from the public help dedicated NHS staff in hospitals and in communities across North Wales to offer an enhanced healthcare service, offering patients and their families the very best care and treatment available.

Levels of funding

Projects costing less than £5,000 can be authorised by a Fund Advisor, thus enabling frontline staff to gain prompt access to funding.

Because of this, staff can quickly implement their ideas, meaning the tangible positive differences they wish to achieve for their patients or colleagues can be realised almost immediately.

There is a formal application and scrutiny process for applications that request £5,000 or more. The process is designed to be accessible, whilst ensuring projects receive rigorous scrutiny to ensure they are robust, innovative, and realistically able to meet the objectives set out by the applicant.



**DID YOU
KNOW?**

Derived from the geography of North Wales, the Awyr Las heart motif is symbolic of the Charity's duty to enhance healthcare for everyone in the region.



MISSION, PURPOSE & STRATEGY

The Charity has a mission to enhance Betsi Cadwaladr University Health Board's ability to improve the health and wellbeing of people across North Wales and deliver excellent care.

Mission

In other words, the Charity's mission is to help the Health Board to do more for its patients.

Purpose

There are two main reasons why the Charity exists. Both purposes are equally important and each has a significant bearing on the treatment and care that patients receive.

These are to ensure that:

- BCUHB's strategic priorities for improving healthcare can be met, and;
- Those who want to give back to specific healthcare services can do so in a way that supports local priorities.

NHS charities are not new – they, like the NHS itself, have been in existence since 1948.



NHS charities have always had an important role to play in achieving the above, but as we are living longer, many of us with complex health conditions and diseases, there is an increasing need for the additional support that the Charity can provide in pursuit of excellent healthcare.

The impact of COVID-19 and the associated challenges it throws the part the Charity must play into sharp relief.

Traditionally, the charity has had a focus on secondary care, particularly cancer services. The 2016 – 2021 strategy highlights two pressing issues which the Health Board in conjunction with the Charity must address.

1. Around 90% of the care people receive is from primary care and community services. With predicted rises in cases of dementia and other mental health issues, cancer, diabetes and heart conditions there will be ever increasing demands on these services.

2. Health inequalities mean that those living in the least deprived areas of North Wales are likely to live 13 years longer in better health than those living in the most deprived areas.

COVID-19 compounds these two issues; we already know that the pandemic has disproportionately affected some sections of our community, such as Black, Asian and Minority Ethnic people. There is also the emerging concept of “long-COVID”, which will present challenges and place demands on both Primary and Secondary Care.

The challenge for the Charity is to continue to provide the support for wards and departments in secondary care settings whilst simultaneously securing the support needed to address the two pressing issues outlined above.

The Awyr Las Support Team

The Charity’s Support Team is made up of made up of finance, fundraising and administrative support staff. It is in place to make sure that the Charity can carry out its mission effectively.



The Support Team's responsibilities

The responsibilities of the Charity Support Team are varied, but in brief it is in place to:

- Effectively manage the Charity's financial accounts, investment portfolio and grant programmes
- Support the Charity's Fund Advisors, the gatekeepers for the Charity's designated funds, with guidance and practical assistance
- Provide a great experience for the fundraisers that generously choose to organise events and activities in aid of the Charity by giving support, advice and encouragement
- Raise the Charity's profile in hospitals and the community, so more people can become inspired to donate, fundraise or act as ambassadors
- Communicate well with supporters and the wider community, from direct communication with fundraisers to broad messaging via social media
- Maximise the value of donations to the Charity by reclaiming Gift Aid
- Add value to the work of the Health Board and the Charity by supporting independent charities like the Leagues of Friends who provide additional direct charitable support to BCUHB

Vision

"A North Wales Health Service which promotes equality for all with an emphasis on staying well and active."

Values

The Charity shares the same set of values as the Health Board. These are:

- Put patients first
- Work together
- Value and respect each other
- Learn and innovate
- Communicate openly and honestly

The Awyr Las Support Team and the Board, along with the circa 17,000 staff that make up BCUHB – who are the embodiment of Awyr Las – are responsible for making sure everything the Charity does reflects these values.

In addition to the above, the work of the Charity is informed by three guiding principles:

- Patients are at the heart of Awyr Las
- Frontline NHS staff are the lifeblood of Awyr Las
- Be true to those who support Awyr Las

Goals

The principal goals for the Charity are to help create transformational change for the most vulnerable across the region and to support impactful change for patients and their families at a local level.

Transformational Change

The Charity prioritises programmes that contribute to improved health and wellbeing for the most vulnerable people in North Wales. Awyr Las provides support for all patients, but in order to make transformational change happen, a greater emphasis is placed upon:

- Older people
- Children
- Mental health services

Impactful Change

To bring about impactful change, the Charity Support Team works alongside operational staff, patients and their carers to identify local priorities, so that donations to the Charity are directed towards the key projects that will make a difference at the local level.

Looking ahead

A new Awyr Las strategy is in development. This plan will cover the period 2021 – 2026.

The impact of COVID-19, and its anticipated medium to long term effects on the community, the NHS, and the Third Sector, will shape the formation of this plan.

The strategy will align to BCUHB's priorities as set out in the "Living Healthier, Staying Well" plan, which was developed after the current Awyr Las strategy. These priorities are:

- Setting up lifestyle services that help people make the right choices and keep well
- Tackling health inequalities and promoting equality
- Making the most of our partnership working
- Strengthening our protection and prevention services
- Concentrating on health in the early years

The 2021 – 2026 strategy will build upon the four pillars of the Charity: "The Bens", who are at the heart of everything the Charity does.

- Beneficiaries – the patients and families we serve
- Benefactors – the donors whose gifts ensure the Charity can continue to enhance healthcare provision
- Bendigedig – The NHS staff across North Wales
- Benevolent – the volunteers who give their time to support the Charity

THE YEAR AT A GLANCE



5,757

Total number of donations given to Awyr Las

Value of average donation to the Charity

£233

51%

Proportion of total income from Donations & Fundraising

Proportion of total income from Legacy Gifts

45%

41%

Proportion of donations towards Cancer Care

Proportion of donations to non-General Funds

99%



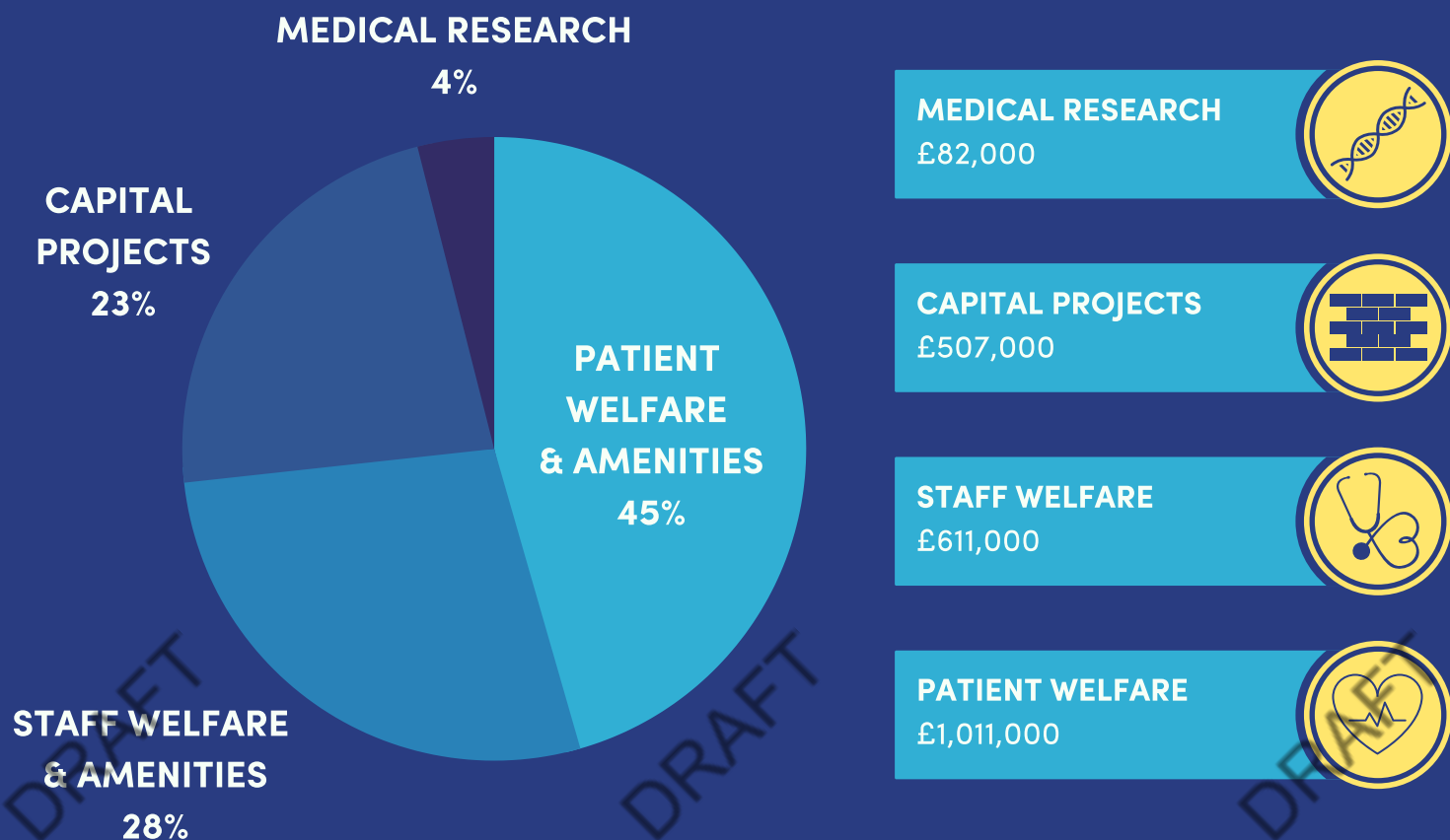
£2,631,000

INCOME 2019/20

+30% COMPARED TO PREVIOUS YEAR

INCOME IN 2018/19:
£2,023,000

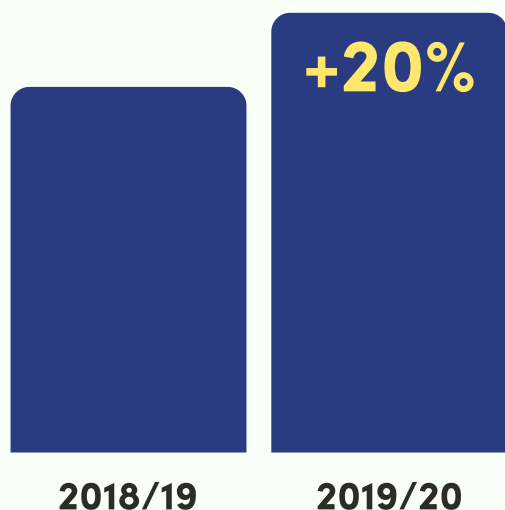
DISTRIBUTION OF EXPENDITURE



£2,211,000

Total expenditure on charitable activity

This represents an increase of 20% compared to the financial year ending 31st March 2019 (£1,838,000)



NOTABLE EVENTS

During the year, the Charity organised and participated in several successful fundraising events, including the annual NHS Big Tea.

Velocity 2 Zip Wire

In June, 80 BCUHB colleagues took part in a mass sponsored Zip Wire challenge as part of the Zip World Rocks festival, organised by the Love Hope Strength Foundation in partnership with ZipWorld. The 80 daredevils raised almost £30,000 for 30 different Awyr Las funds.

The winner was Sonia King, a Radiographer at North Wales Cancer Treatment Centre.

The competition again proved valuable in increasing the Charity's online audience.

The Awyr Las Facebook page gained 210 likes and achieved an average post reach of 2,203 during the period that the competition was live.

Cake Competition

This year, 14 people took part in the annual cake decorating competition.



SMALL GRANTS

The successful “Hearts & Minds” small grant scheme trialled last year was scaled up in 2019/20.

Hearts & Minds

A total of 52 applications were submitted to the Hearts & Minds small grants scheme, illustrating the significant demand that exists among frontline staff for ready access to modest amounts of funding.

After the evaluation process, 10 projects received a total of £6,695 in funding. A further £20k has been allocated for future awards.

The Awyr Las Support Team worked alongside colleagues in Mental Health and Workforce & Organisational Development to trial

the Hearts & Minds model as a method to commission themed projects using their funds.

I CAN

A total of 37 applications for a small grant were received under the I CAN scheme.

Staff Experience

In total, 54 applications for a small grant were received under the Staff Experience scheme; £24k has been allocated to fund a selection of these projects.



FUNDING CASE STUDY

Electromagnetic Navigation Bronchoscopy (ENB) uses GPS like technology to create a 3D map of the lungs.

State of the art technology will help early detection of lung cancer

New technology capable of detecting lung cancer in its early stages is now available for patients across North Wales, thanks to funding of £130,000 from Awyr Las.

It is a minimally invasive procedure that allows doctors to diagnose and prepare to treat cancerous lesions using a single procedure, as quickly as possible. The procedure will be carried out at Glan Clwyd Hospital by the

Lung Cancer team, which includes Dr Robin Poyner, Dr Daniel Menzies, Dr Sakkarai Ambalavanan and Dr Abou Haggar.

Glan Clwyd Hospital is the first district general hospital in Wales, and only second in the UK to use the Illumisite Navigation system by Medtronic.

Dr Daniel Menzies, Consultant in Respiratory Medicine, said:

“Up until now it has been difficult to get an early diagnosis, sometimes



because of the location of the cancer in the patient's chest. With this new piece of equipment, it can detect lung cancer in its early stages, sometimes before other symptoms have become evident.

"This means there is potential for earlier treatment and a good outcome for the patient."

One patient who has already benefited from this new technology is Ann Bedford, from Holyhead, who was offered this procedure during a trial last year.

The 74-year-old was first diagnosed with lung cancer three years ago in her left lung, and last year discovered the cancer had returned.

She said:

"When I was first diagnosed with lung cancer I had to undergo surgery and chemotherapy.

"Last year I went back into hospital after I became unwell and following some tests I was referred to Glan Clwyd Hospital where I was offered this new procedure.

"This diagnosed the second cancer in my right lung so much quicker and the procedure was much less invasive – the staff were fantastic and explained the process very clearly to me.

The technology, worth £130,000, has been funded by the generous donations of patients and the community through NHS' North Wales charity, Awyr Las.

Dr Robin Poyner, Consultant in Respiratory Medicine, said he and the team were extremely grateful for the donation that has allowed them to purchase this life-saving equipment.

He said:

"We are very grateful to Awyr Las for their support in purchasing the ENB equipment we need to further enhance our service.

"By introducing this new service it will also bring waiting times down for CT guided lung biopsies and reduce the number of CT scan follow ups, which will be hugely beneficial for our patients.

"Most patients who have ENB treatment can go home on the same day so this is a major advancement in technology for us, and will lead to a significant improvement in cancer care in North Wales."



KEY DETAILS

THEME
Cancer Care

COST
£130,000

LOCATION
Ysbyty Glan Clwyd

CATEGORY
Patient Welfare

FUND
North Wales Cancer Treatment Centre

Kirsty Thomson, Head of Fundraising for Betsi Cadwaladr University Health Board, added:

"This is an excellent example of how donations to our healthcare services are helping frontline staff to lead the way in providing new and innovative treatment.

"This equipment was funded thanks to hundreds of generous donations from local people that wanted to give back to say thank you, or that chose to give to help ensure patients here in North Wales can receive the very best care.

"We are all hugely grateful to the fundraisers that have made this possible."

Mike Pidding from Medtronic also wished to thank the charity for their support in purchasing the equipment.

He added:

"We would like to thank the charity for kindly purchasing the system and to the consultants for their dedication and passion to set up and offer this service to the patients of North Wales.

"Without the charity and donations this would not have been possible."



THE ROBINS VOLUNTEER SCHEME

The Robins volunteer scheme is part-funded through donations to Awyr Las. The support given by volunteers in hospitals and the community makes a huge difference for patients.

Always close at hand

The Robins Volunteer Scheme again made a significant contribution to BCUHB during 2019/20.

There were a total of 239 active Robins across North Wales during this period.

The volunteers provided support across the three acute sites, and in 15 community hospitals.

Collectively, the Robins volunteers

gifted 21,013 hours to the Health Board during this financial year. Using the National Living Wage, the monetary value of this support is equivalent to £183,233.

Recognition

Joyce Tudor (who volunteers in Ysbyty Maelor Wrexham) and Andy Fewings (who volunteers in Ysbyty Gwynedd) both won the Seren Betsi award this year, in August and September respectively.



COVID-19 RESPONSE APPEAL

On 15th March, the Charity launched its COVID-19 Response Appeal. Over the next 16 days, the JustGiving campaign received over £8,000, an average of £500 per day.

Supporting our staff

To ensure support was available for staff immediately, £65,000 was transferred from the Staff Development Fund into the COVID-19 Staff Support Fund (£50,000) and the COVID-19 Response Fund (£15,000).

Fast Track requests

During the early stages of the pandemic, the support available was concentrated on grants for NHS staff to spend quickly on enhancing the wellbeing of their patients, and safeguarding their own emotional and

physical health, and that of their colleagues.

In 2019/20, £6,000 was committed to support staff on the frontline of the coronavirus crisis.

Our future with COVID-19

As we moved into the 2020/21 financial year, the Charity's focus shifted to rebuilding and resilience, with work underway to ensure our NHS staff are equipped to deal with subsequent waves and the long-term impact of COVID-19.



GOVERNANCE

Many of the donations the Charity receives cannot be spent immediately, as they need to be accumulated to be able to fund the most appropriate purchases that improve patient care.

The Charity's investments

Because of this, Awyr Las invests these donations in order to generate income and protect their value in real terms. The Charity's Investment Managers are currently Rothschild Wealth Management Limited.

Ethical investment framework

The Trustee has adopted an ethical framework for investments, with underlying principles supporting an ethical component of the overall investment strategy.

Investment strategy

This has given direction to the Investment Managers to develop a suitable investment strategy.

The investment strategy is consistent with these ethical principles, whilst affording sufficient flexibility to provide the best balance of risk and reward for the Charity.

The portfolio is managed in accordance with this agreed strategy, which can be found overleaf.



Investment strategy

It is recommended that there is negative exclusion of investment in companies manufacturing and distributing:

- Alcoholic products
- Tobacco products
- Any products which may be considered in conflict with the Health Board's activities

Investment in companies which have a poor record in human rights and child exploitation and/or which derive their profits from countries with poor human rights records should not be permitted.

In addition, investment in companies that demonstrate compliance with the principles of the Equality Act 2010 should be supported.

Investment performance is monitored by the Charitable Funds Committee at its quarterly meetings.

The Committee receives reports from the investment managers explaining the portfolio's performance, the level of risk seen and expectations for the future.

Trustee Recruitment, Appointment and Induction

The Board Members of the Health Board make up the corporate trustee.

The Chair and Independent Members of the Health Board are appointed by the Minister for Health and Social Services of the Welsh Government, with the Executive Directors being appointed in accordance with Health Board policy.

New members of the Board are provided with appropriate induction and training on behalf of the Executive Director of Finance.

Orientation documentation provided for new members includes the previous year's Annual Reports and Financial Statements, copies of the Charity's Governing Documents, and relevant Charity Commission publications.



Charity staff

The Charity does not directly employ any staff. The day-to-day management of the charity is delegated to the Executive Director of Finance. Members of the Awyr Las Support Team are employed by the Health Board and then recharged to the charity in accordance with the proportion of their time that has been spent on charity work.

The Health Board Senior Manager responsible for the administration of the charity is Sue Hill, Executive Director of Finance. The Charity Accountant is Rebecca Hughes, and the Head of Fundraising is Kirsty Thomson.

Key Management Personnel Remuneration

The trustees have concluded that the Corporate Trustee through the Charitable Funds Committee comprises the key management personnel of the Charity as they are in control of directing the Charity.

The Charity does not make any payments for remuneration nor to reimburse expenses to the Charity trustees for their work undertaken as trustee. Trustees are required to disclose all relevant interests, register them with the Health Board and withdraw from decisions where a conflict of interest arises.

All related party transactions are disclosed in note 2 to the accounts.

The Charity's advisors

Bankers

NatWest Bank, 5 Queen St, Rhyl, Denbighshire, LL18 1RS

Investment advisors

Rothschild Wealth Management, New Court, St Swithin's Lane, London, EC4N 8AL

Registered auditors

Wales Audit Office, 24 Cathedral Road, Cardiff, CF11 9LJ



CHARITABLE FUNDS COMMITTEE

Operational responsibility for the administration of the charity is delegated to a Charitable Funds Committee (CFC). The CFC is a committee of the full Health Board.

Purpose

The purpose of Betsi Cadwaladr University Health Board's Charitable Funds Committee is to make and monitor arrangements for the control and management of the Health Board's Charitable Funds, held within the BCUHB charity, Awyr Las.

All voting members of the Health Board can act as corporate trustees of the charity.

The committee meets quarterly.

Membership

Members: Up to four Independent Members, including the Chair and Vice Chair of the committee, plus three Executive Members

Chair: An Independent Member

Vice Chair: Another Independent Member

Executive Members: Executive Director of Finance (Lead Director), Executive Director of Strategy, Executive Director Nursing and Midwifery



BCUHB BOARD MEMBERSHIP 2019/20

MR MARK POLIN - CHAIR

MRS MARIAN WYN JONES - VICE CHAIR (TO 30/11/19)

Area of expertise / representation role: Community, Primary Care, Mental Health

MRS LUCY REID - INDEPENDENT MEMBER, VICE CHAIR (WEF 03/12/19)

Area of expertise / representation role: Community, Primary Care, Mental Health

MRS LYN MEADOWS - INDEPENDENT MEMBER

Area of expertise / representation role: Community

[Member of Charitable Funds Committee \(to 22/12/19\)](#)

CLLLR CHERYL CARLISLE - INDEPENDENT MEMBER

Area of expertise / representation role: Community

CLLLR MEDWYN HUGHES - INDEPENDENT MEMBER

Area of expertise / representation role: Local Authority

PROF NICHOLA CALLOW - INDEPENDENT MEMBER (WEF 05/06/19)

Area of expertise / representation role: University

MS HELEN WILKINSON - INDEPENDENT MEMBER

Area of expertise / representation role: Third Sector

[Member of Charitable Funds Committee](#)

MRS JACKIE HUGHES - INDEPENDENT MEMBER

Area of expertise / representation role: Trade Union

[Chair of Charitable Funds Committee](#)

MR JOHN CUNLIFFE - INDEPENDENT MEMBER

Area of expertise / representation role: Community

MR EIFION JONES - INDEPENDENT MEMBER (WEF 05/08/19)

Area of expertise / representation role: Community

MR GARY DOHERTY - CHIEF EXECUTIVE (TO 07/02/20)

MR SIMON DEAN - INTERIM CHIEF EXECUTIVE (WEF 10/02/20)

MR RUSSELL FAVAGER - EXECUTIVE DIRECTOR OF FINANCE (TO 28/04/19)

Lead Executive for Charitable Funds Committee (to 28/04/19)

MS SUE HILL - ACTING EXECUTIVE DIRECTOR OF FINANCE (WEF 29/04/20)

Lead Executive for Charitable Funds Committee (wef 29/04/19)

MISS TERESA OWEN - EXECUTIVE DIRECTOR OF PUBLIC HEALTH

MRS SUE GREEN - EXECUTIVE DIRECTOR OF WORKFORCE & ORGANISATIONAL DEVELOPMENT

BCUHB BOARD MEMBERSHIP 2019/20 (CONT.)

MR MARK WILKINSON - EXECUTIVE DIRECTOR PLANNING AND PERFORMANCE

Member of Charitable Funds Committee

DR EVAN MOORE - EXECUTIVE MEDICAL DIRECTOR (TO 31/07/19)

DR DAVID FEARNLEY - EXECUTIVE MEDICAL DIRECTOR (WEF 01/08/19)

Member of Charitable Funds Committee (wef 04/09 /19)

DR CHRIS STOCKPORT - EXECUTIVE DIRECTOR PRIMARY AND COMMUNITY SERVICES

MRS GILL HARRIS - EXECUTIVE DIRECTOR NURSING & MIDWIFERY / DEPUTY CHIEF EXECUTIVE (WEF 01/07/19)

Member of Charitable Funds Committee (to 03/09/19)

MRS DEBORAH CARTER - ACTING EXECUTIVE DIRECTOR NURSING AND MIDWIFERY (01/04/19 - 31/08/19)

Member of Charitable Funds Committee

MR ADRIAN THOMAS - EXECUTIVE DIRECTOR THERAPIES & HEALTH SCIENCES

MRS GRACE LEWIS-PARRY - BOARD SECRETARY (TO 31/08/19)

MS DAWN SHARP - ACTING BOARD SECRETARY (WEF 01/09/19)

MRS LIZ JONES - ACTING BOARD SECRETARY (18/12/19 - 05/02/20)

MRS JUSTINE PARRY - ACTING BOARD SECRETARY (06/02/20 - 27/04/20)

ASSOCIATE BOARD MEMBERS

MR ANDY ROACH - DIRECTOR OF MENTAL HEALTH AND LEARNING DISABILITIES

MRS LESLEY SINGLETON - ACTING DIRECTOR OF MENTAL HEALTH AND LEARNING DISABILITIES (WEF 06/11/19)

MRS MORWENA EDWARDS - ASSOCIATE MEMBER

Area of expertise / representation role: Director of Social Services, Gwynedd

MR FFRANCON WILLIAMS - ASSOCIATE MEMBER

Area of expertise / representation role: Chair - Stakeholder Reference Group

MR GARETH EVANS - ASSOCIATE MEMBER

Area of expertise / representation role: Chair - Healthcare Professionals Forum

PERFORMANCE

The Charity's overall objective is to provide additional support to benefit staff and patients within Betsi Cadwaladr University Health Board in accordance with the wishes of donors.

Connecting with staff

In order to achieve this objective, the Charity Support Team prioritises activities that raise awareness among staff, helping them to learn about fundraising, the funds available to them. The team also has a focus on demystifying the mechanisms for accessing funding, along with supporting staff to become empowered to innovate and draw down funding (or, where no funding exists, to proactively generate the necessary income) to help them implement their ideas.

Evaluating requests for funding

To ensure that the Charity's money is well spent and meets with its objectives, all applications for grants over £5,000 require approval from the Charitable Funds Committee, which is a Committee of the full Health Board.

The Charitable Funds Advisory Group (CFAG) was established at the start of 2016 to provide further scrutiny of applications. Because of COVID-19, the CFAG has been stood down.



Given the uncertainty over the coming months, the CFAG will remain inactive until January 2021. High levels of scrutiny remain in place via the Charitable Funds Committee.

Evaluating applications for funding

Applicants are required to provide details on the outcomes of their project and how they will be measured. They are also required to demonstrate that they have evaluated the risks and considered mitigation. All requests for funding must demonstrate how their proposal helps to address health inequalities.

Charity Support Team

To help meet the Charity's objectives, the Awyr Las Support Team is transitioning from working geographically to working thematically.

In practice, this guarantees that East, West and Central still have a dedicated point of contact, but that individual members of the team can undertake projects that are more defined and closely aligned with their skills and experience.

Broadly, the specialisms within the team are:

- Community Fundraising & Corporate Sponsorship
- Nurturing Internal Relationships & Partnership with Independent Charities
- Digital & Data

The aim of this evolution is to enable the team to work more efficiently and be more effective within the current capacity. The Charity did not receive any official fundraising-related complaints in the past year.

The Charity Support Team continues to streamline its processes and develop relationships with other teams within BCUHB to ensure it can provide the highest possible level of donor care.

The Awyr Las Support Team has not uncovered any failure to comply with Fundraising Regulation by staff or Awyr Las volunteers in 2019/20.



GRANT MAKING

Awyr Las makes grants from both its restricted and unrestricted funds. These funds are further split into non-designated (general) funds and designated (earmarked) funds.

Non-designated funds

These funds are given to the Charity with no preference expressed by the donor. They are used to fund things that are either needed across the region, or in areas/services that do not have their own fund. The Finance Director – Operational Finance acts as the Fund Advisor on non-designated funds and so can authorise expenditure up to £5,000.

Non-designated funds have been decreasing in value significantly over recent years.

This is an ongoing challenge for the Charity as it limits the things that can be funded where there is no suitable designated fund.

Designated funds

Within Awyr Las, most donations sit in one of the 400+ designated funds which are aligned to specific wards and departments.

Every fund has at least one Fund Advisor, who is the authorised signatory on the fund for purchases up to £5,000.

Fund Advisors receive monthly statements outlining the income and expenditure on the fund. For all expenditure over £5,000, a scheme of delegation is in place whereby additional approvals are required from the senior team for that area in the Health Board and the Charitable Funds Committee. This ensures that applications are fully reviewed and assessed alongside the objectives of the Charity.

Public benefit

In planning activities for the year and when considering applications for grant funding, the trustees always consider the Charity Commission's guidance on public benefit.



FINANCIAL SUMMARY

The following figures are taken from the full accounts approved on 30th of November 2020, which carry an unqualified audit report.

The accounts should be viewed in full if more details are required. This part of the Trustee's annual report comments on key features of those accounts.

The full accounts have also been logged with the Charity Commission.

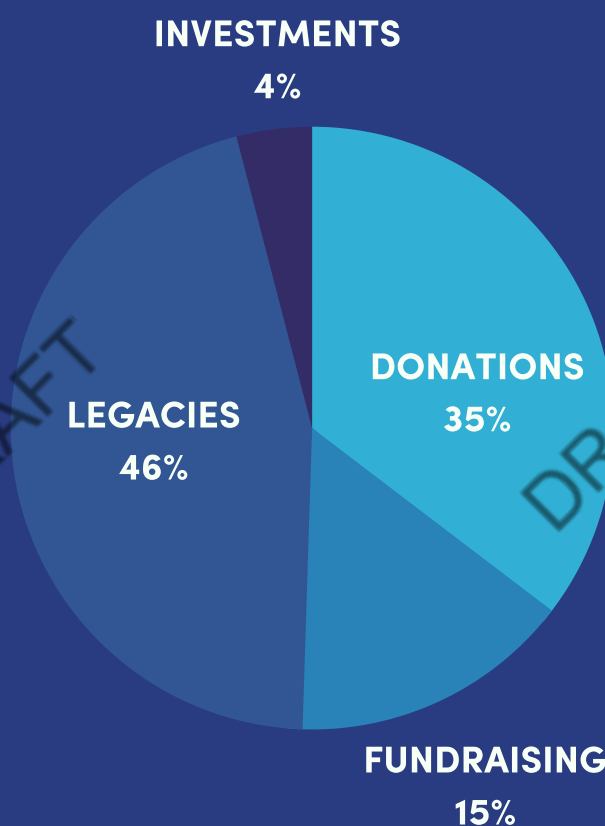
Almost all the Charity's income comes from the voluntary efforts of NHS staff and the general public. This year, donations generated £929,000 – 35% of the Charity's total income.

Fundraising accounted for 15% of the Charity's total income (£411,000).

Legacy gifts formed 46% of the Charity's income (£1,194,000).

Investment of funds not immediately required by the Charity has generated £97,000 in returns, equating to 4% of Awyr Las' total income.

INCOME 2019/20



TOTAL: £2,631,000

Financial health

The assets and liabilities of Awyr Las as at 31st March 2020 are shown overleaf, compared with the position at 31st March 2019.

Further details can be seen in the financial statements section.

BALANCE SHEET AS AT 31 MARCH 2020

	Note	Unrestricted funds £000	Restricted income funds £000	Total 31 March 2020 £000	Total 31 March 2019 £000
Fixed assets:					
Tangible assets	14	135	0	135	135
Investments	15	3,756	3,917	7,673	7,962
Total fixed assets		3,891	3,917	7,808	8,097
Current assets:					
Debtors	16	270	273	543	352
Cash & Cash Equivalents	17	440	444	884	910
Total current assets		710	717	1,427	1,262
Liabilities:					
Creditors: Amounts falling due within one year	18	-746	-751	-1,497	-1,473
Net current assets / (liabilities)		-36	-34	-70	-211
Total assets less current liabilities		3,855	3,883	7,738	7,886
Creditors: Amounts falling due after more than one year	18	-42	-42	-84	-48
Total net assets / (liabilities)		3,813	3,841	7,654	7,838
The funds of the charity:					
Restricted income funds	21	0	3,841	3,841	3,434
Unrestricted income funds	21	3,813	0	3,813	4,404
Total funds		3,813	3,841	7,654	7,838

RISK ANALYSIS

As part of the Charitable Funds Committee meetings that take place at least four times a year, the trustees consider the major risks facing Awyr Las.

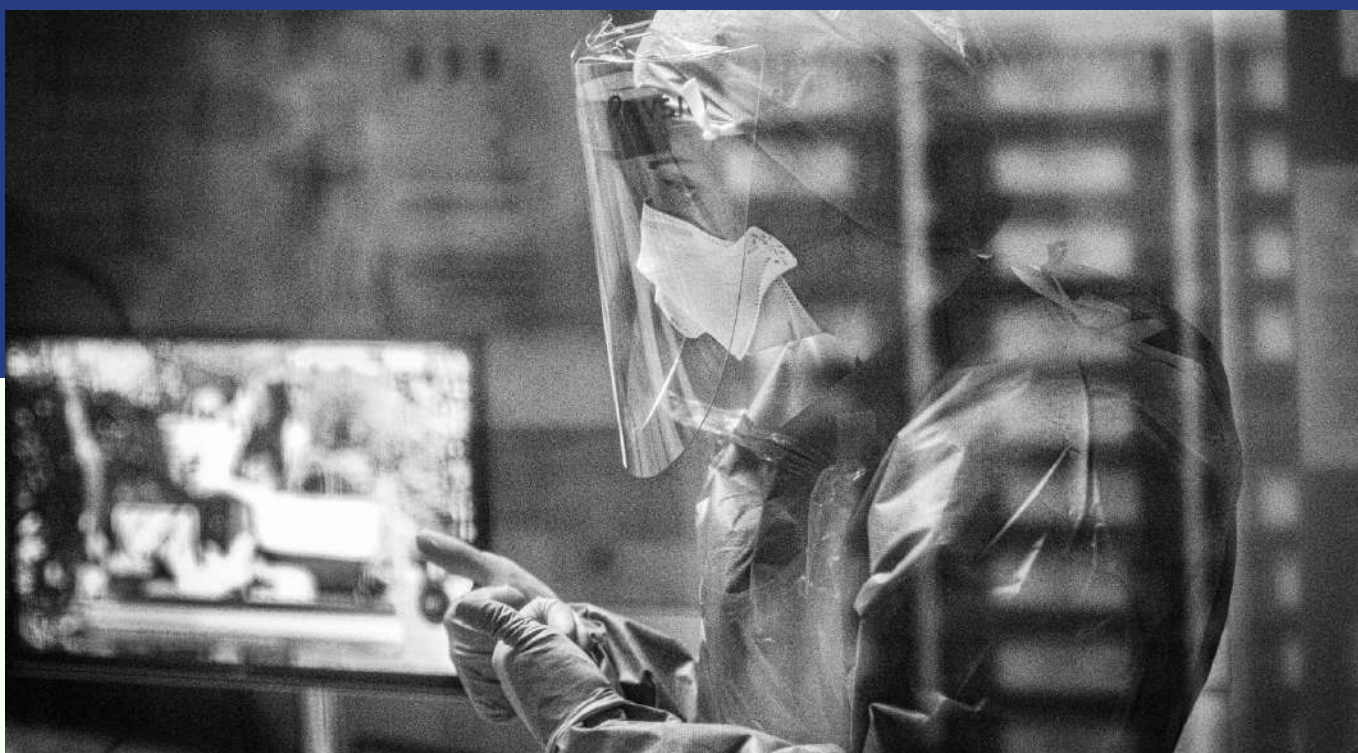
Managing risk

The main risks to the charity are reviewed by the Committee on an annual basis, every March. The Charity's Risk Register was most recently reviewed on 10th March 2020.

The Committee has identified steps to mitigate the identified risks. Eight "High" or "Moderate" risks have been identified. Arrangements have been put in place to mitigate those risks. There are currently no red ("Extreme") rated risks.

As we move into the new Financial Year, the Risk Register will be reviewed again to evaluate how COVID-19 is likely to affect the risks already identified, and whether it will pose any new risks that need to be incorporated into the register moving forward.

An individual Risk Analysis is completed for all Awyr Las events and activities, and for new processes and ways of working introduced by members of the Awyr Las Support Team.



Risk 1: Fundraising

There is a risk of non-compliance with fundraising regulations.

This could be due to:

- Involvement with third parties
- Not being aware of all the fundraising taking place in the Charity's name
- Lack of resources meaning basic processes are not in place
- New regulations which the Charity is not aware of

The impact of this could be damage to the Charity's reputation and potential investigation/fine by the Fundraising Regulator.

Controls in place

The Joint Working Protocol, which has established the need for signed Joint Working Agreements (JWA) for all relationships with third parties in order to clearly set out the terms and expectations of the relationship.

The Charity Support Team maintains a log of fundraising that is taking place in the Charity's name.

The Fundraising Support team is working towards set targets for ensuring basic processes are in place.

The Charity Strategy provides the direction for the Charity and is crucial for informing what its priorities are and where fundraising efforts should be directed.

The Charity is a member of NHS Charities Together which provides updates on new legislation and regulations that may impact the Charity.

Further action to achieve target risk score

Establish a marketing materials and stewardship plan to be reviewed by the BCUHB Data Protection Officer to provide assurance that the new legislation is being met. All new or different engagement projects must be checked by a Fundraising Regulator representative to ensure all activity complies with GDPR and Fundraising Regulation.

Ensure that all new third-party relationships have a signed Joint Working Agreement (or Memorandum of Understanding if more appropriate).

Continue to establish and maintain good communication links with staff, the public and donors so that everyone is aware of the need to seek approval from the Charity for any fundraising being undertaken in its name.

Risk 2: Fund Advisors

There is a risk that the Charity's Fund Advisors are unaware of their role and responsibilities.

This could be due to:

- Lack of training
- Lack of understanding of a Charity and the appropriate rules and regulations.

The impact of this could be that the Charity's funds are not spent or not spent in accordance with its objectives.

Controls in place

A Fund Advisor Handbook was developed and issued to all Fund Advisors, to provide guidance and support in discharging their responsibilities.

Fund Advisor training days are held at various dates throughout the year.

An Accountability Agreement for all Fund Advisors was established to ensure that roles and responsibilities are understood and accepted.

The Handbook includes a requirement for all Fund Advisors to undertake an Annual Review of their fund and prepare an expenditure plan.

A review of dormant funds is undertaken every year. Funds that are not being utilised and do not have future expenditure plans in place are referred to divisional management teams.

Further action to achieve target risk score

A new online Accountability Agreement system is being established for 2020/21 Accountability Agreements and budget plans.

The Fundraising Team needs to undertake further work to engage with Fund Advisors of the lesser active funds to help establish expenditure plans.

Fund Advisors need to be aware that funds should be used, and they need to be clear and transparent about their plans.

Training sessions for Fund Advisors set up for 2020/21.



Risk 3: Appeals

There is a risk that the charity is unable to identify a potential major Appeal.

This could be due to:

- Lack of detailed information about the priorities for charitable support.
- The geography of BCUHB making it difficult to identify one appeal for the whole Health Board.

The impact of this could be that the charity does not undertake a major appeal and loses out on potential income.

Controls in place

The Charity Support Team reviews the unfunded requests submitted to voluntary organisations and those on the capital register.

The Annual Review section in the Accountability Agreement requires Fund Advisors to formally document their priorities and identify any future fundraising that may be required.

Initial engagement with the Planning Team has taken place to help align the priorities of the charity with those of the Health Board.

Discussions of the Health Board as Trustee have identified four key priority areas (Mental Health, Older People, Younger People and Cancer Care) as key strategic priorities for the Charity. Projects aligned to these areas will be a focus for the Charity over the next year.

Further action to achieve target risk score

Campaign leads are now in place and Business Plans are being developed.



Risk 4: Staff Engagement

There is a risk that staff are disengaged, or unaware of the charity.

This could be due to:

- Lack of training. The size of the Health Board making it difficult to communicate messages.
- Negative media impacting on their opinion of the charity.
- Difficulty with placing orders.

The impact of this could be that staff do not positively promote the Charity with patients and potential donors and it loses out on potential income.

Controls in place

The introduction of the Charitable Funds Advisory Group has allowed front line staff to become involved in decision making on charitable expenditure.

The Fund Advisor Handbook highlights to Fund Advisors that they have a key role to play in promoting the benefits of the charity. This is reinforced through the Fund Advisor training days.

An action plan for staff engagement, including working with Workforce & Organisational Development and the Communications team has been developed as part of the Communication Strategy.

The use of social media has been increased and used to promote good news stories about the charity, as well as responding to any negative media coverage.

A process for ordering items not available on Oracle has been agreed with Procurement, to ensure that staff can order the items that they want, whilst still complying with Procurement procedures and maintaining an audit trail.

Further action to achieve target risk score

A network of Charity Champions at ward, department or locality level is being established to aid the promotion of the Charity and the work that it is doing.

Staff communications will be issued around the Charity's Annual Report to help inform staff of the work that the charity does and how they can become involved.

A Staff Lottery, due to be launched in 2020/21, aims to assist with staff engagement and communicating key messages more effectively.

Risk 5: Investments

There is a risk that the investment portfolio falls significantly in value.

This could be due to:

- Changes in the markets or economy.
- Poor performance from the investment managers.

The impact of this could be that a severe impairment to the Charity's ability to support future projects.

Controls in place

The Charity's investment portfolio is monitored on a monthly basis by the Charity Support Team and on a quarterly basis by the Charitable Funds Committee.

The investment policy is reviewed by the Committee on an annual basis, in conjunction with the Investment Managers, to ensure it remains relevant to the Charity's long-term strategy.

The Investment Managers attend Committee meetings on an annual basis, but are available to answer any issues raised throughout the year.

Further action to achieve target risk score

Monitoring of investments and the portfolio performance needs to be a continual process. The investment policy needs to be reviewed considering the income and capital needs of the charity for the short to medium term.



Risk 6: Financial

There is a risk that the charity does not have sufficient reserves to support the projects it wishes to.

This could be due to:

- Reduction in the income to the charity.
- Approval of expenditure above the level of resources available.

The impact of this could be that a severe impairment to the Charity's ability to support future projects.

Controls in place

Funds available are monitored through the Reserves Policy, which is updated and reviewed by the Committee on an annual basis.

The level of reserves is monitored against the target and reported to the Committee on a quarterly basis.

Individual funds are checked to ensure there is enough monies available before any expenditure is approved from them.

Available General Funds are monitored closely and reported to the Committee on a quarterly basis.

Further action to achieve target risk score

Further work needs to be done to establish income plans in order to develop new and different income streams.

A Staff Lottery is being launched in 2020/21 with the intention of increasing undesignated income to help fund small and medium sized applications for funding from priority services, which don't traditionally receive charitable funding.



Risk 7: Use of Technology

There is a risk that the charity is not using technology as effectively as possible.

This could be due to:

- Lack of resources meaning the basics are not in place.
- Lack of expertise.

The impact of this could be a lack of engagement with donors.

Controls in place

The Charity's internet site is being redeveloped. Much of this is now live, although there are some sections that require further development.

The Communications Strategy includes specific actions around social media to engage widely with the population of North Wales.

New ways of donating, via text giving, Facebook and debit/credit card have been introduced to maximise the use of technology in this area.

Further action to achieve target risk score

Further developments to the internet site are required to allow the charity to significantly improve its engagement with donors, volunteers and staff, whilst providing a platform for the promotion of events and social media streams.

A member of the Awyr Las Fundraising Section will be responsible for Data and Digital from March 2020. Having a dedicated point person for digital and data projects will enable the team to improve use of existing resources and trial new technology.



Risk 8: Reputation

There is a risk that the Charity's reputation is damaged.

This could be due to:

- Adverse publicity in the media.
- Disagreement with a funding decision among donors/supporters/the public.

The impact of this could be a reduction in the income that the charity receives.

Controls in place

The Charity's Fund Advisors make decisions on how funds should be spent, so involving front line staff in decision making.

The use of the Charity's social media platforms has increased and is used to promote good news stories about the charity, as well as responding to negative media coverage.

There is an external audit and sign off for the Charity's accounts and annual report by Wales Audit Office.

Regular reporting of any complaints received to the Charitable Funds Committee, so that they can be monitored, and assurance given that actions have been taken to address them.

Further action to achieve target risk score

Regular updates on grant making need to be maintained on the Charity's internet site and social media to continue to improve engagement with staff, donors and the public.

Consideration needs to be made of the public and donor view in all funding decisions, to ensure that grants awarded would pass the 'Tabloid Test', as recommended by NHC Charities Together.

Improvements are being made to the funding application form to ensure that it allows applicants to clearly identify the impact that the grant will have for patients. This will help to support funding decisions.



RESERVES POLICY

Reserves that are part of a Charity's unrestricted funds which are freely available to spend on any of the Charity's purposes.

The reserves policy explains why a charity is holding a particular amount of reserves and should consider the Charity's financial circumstances and other relevant factors.

To establish the Charity's target level of reserves, several factors were considered:

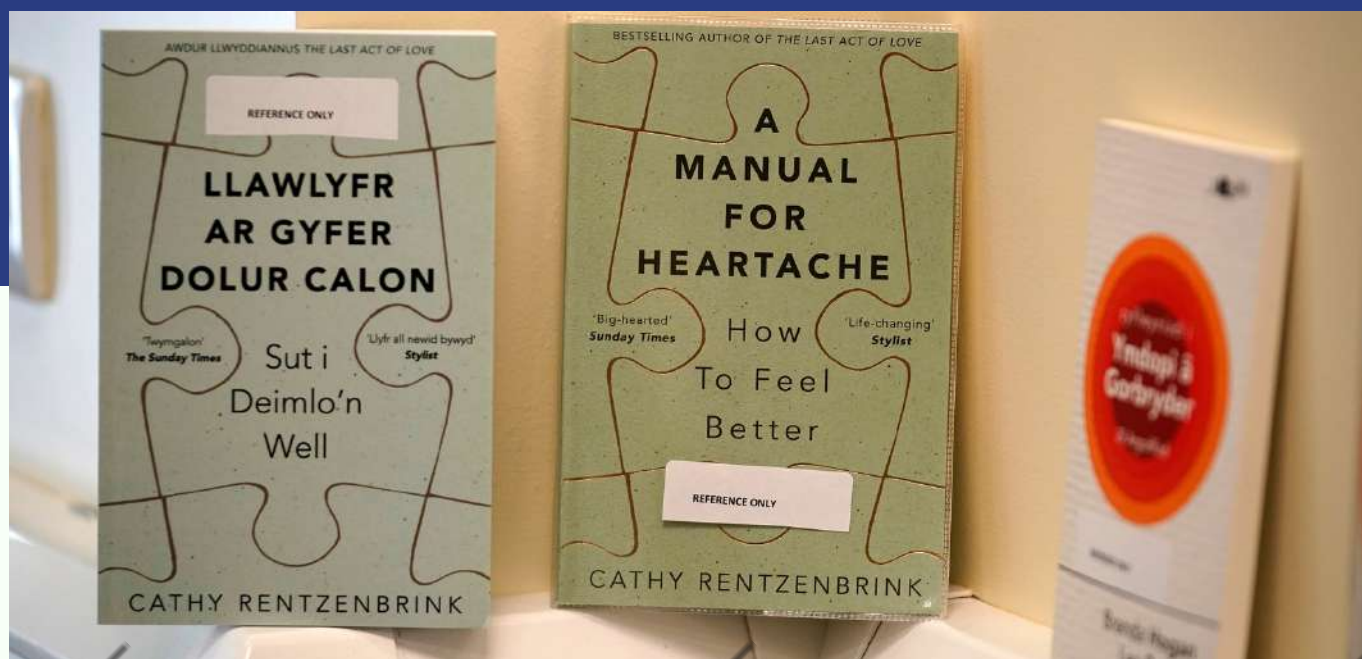
- Anticipated levels of income and expenditure for the current and future years
- Anticipated levels of expenditure for the current and future years
- Future needs and opportunities, commitments and risks

This includes looking at future plans, projects or other spending needs that cannot be met from the income of a single year's budget.

Taking these into account, this is the Charity's reserves policy for 2019/20.

The reserves policy has the objective of ensuring that the Charity has sufficient funds available to maintain liquidity, cover unforeseen risks and provide for future opportunities.

The Charity relies heavily on income from donations, fundraising and legacies.



These are unpredictable sources that can vary year to year.

Therefore the Charity needs sufficient reserves to be able to continue its activities in the event of fluctuations in its income.

The Charity has a target level of reserves of £2,811,000.

This is based on the following calculation, with average figures taken from the last three years of audited accounts:

- One year's administration costs (support costs, fundraising costs and investment management costs)
- 25% of the value of investments held
- 25% of the grant funded activity expenditure.

The target level of reserves will be reassessed on an annual basis. The Board will review the actual reserves held against the target throughout the year, to ensure that sufficient funds are held within the charity, whilst also continuing to utilise funds within a reasonable period of receipt.



BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY & OTHER RELATED CHARITIES

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

Foreword

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

Statutory Background

The Betsi Cadwaladr University Local Health Board is the corporate trustee of the charity under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The Trustees have been appointed under s11 of the NHS and Community Care Act 1990.

Awyr Las, the working name of the Betsi Cadwaladr University Health Board Charity and other related Charities, is a registered charity and is constituted under a trust deed dated 23rd September 2010.

Within the charity group registration there are two subsidiary charities:

- Betsi Cadwaladr University Health Board Charity
- The North Wales Cancer Appeal

Main purpose of the Funds held on Trust

The main purpose of the Charity is to apply income for any charitable purposes relating to the National Health Service wholly or mainly for the services provided by the Betsi Cadwaladr University Local Health Board.



STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2020

	Note	Unrestricted funds £000	Restricted income funds £000	Total funds 2019-20 £000
Incoming resources from generated funds:				
Donations and legacies	3	896	1,277	2,123
Other trading activities	5	324	87	411
Investments	6	57	40	97
Total incoming resources		1,277	1,354	2,631
Expenditure on:				
Raising funds	7	171	122	318
Charitable activities	8	1,257	714	1,838
Total expenditure		1,428	836	2,156
Net gains / (losses) on investments	15	-135	-189	-324
Net income / (expenditure)		-286	102	-184
Transfer between funds	20	-305	305	0
Net movement in funds		-591	407	-184
Reconciliation of funds				
Total funds brought forward	21	4,404	3,434	7,838
Total funds carried forward		3,813	3,841	7,654

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2019

	Note	Unrestricted funds £000	Restricted income funds £000	Total funds 2019-20 £000
Incoming resources from generated funds:				
Donations and legacies	3	911	733	1,644
Other trading activities	5	247	59	306
Investments	6	43	30	73
Total incoming resources		1,201	822	2,023
Expenditure on:				
Raising funds	7	196	122	318
Charitable activities	8	1,124	714	1,838
Total expenditure		1,320	836	2,156
Net gains / (losses) on investments	15	229	145	374
Net income / (expenditure)		110	131	241
Transfer between funds	20	-21	21	0
Net movement in funds		89	152	241
Reconciliation of funds				
Total funds brought forward	21	4,315	3,282	7,597
Total funds carried forward		4,404	3,434	7,838

BALANCE SHEET AS AT 31 MARCH 2020

	Note	Unrestricted funds £000	Restricted income funds £000	Total 31 March 2020 £000	Total 31 March 2019 £000
Fixed assets:					
Tangible assets	14	135	0	135	135
Investments	15	3,756	3,917	7,673	7,962
Total fixed assets		3,891	3,917	7,808	8,097
Current assets:					
Debtors	16	270	273	543	352
Cash & Cash Equivalents	17	440	444	884	910
Total current assets		710	717	1,427	1,262
Liabilities:					
Creditors: Amounts falling due within one year	18	-746	-751	-1,497	-1,473
Net current assets / (liabilities)		-36	-34	-70	-211
Total assets less current liabilities		3,855	3,883	7,738	7,886
Creditors: Amounts falling due after more than one year	18	-42	-42	-84	-48
Total net assets / (liabilities)		3,813	3,841	7,654	7,838
The funds of the charity:					
Restricted income funds	21	0	3,841	3,841	3,434
Unrestricted income funds	21	3,813	0	3,813	4,404
Total funds		3,813	3,841	7,654	7,838

The notes on pages 52 to 74 form part of these accounts.

Signed:

Name: (Chair of Trustees) 8th December 2020

STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 31 MARCH 2020

	Note	Total funds 2019-20 £000	Total funds 2018-19 £000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	19	-88	-23
Cash flows from investing activities:			
Dividend, interest and rents from investments	6	97	73
Proceeds from the sale of investments	15	1,528	1,429
Purchase of investments	15	-1,378	-1,408
(Increase) / decrease in cash awaiting investment	15	-185	-37
Net cash provided by (used in) investing activities		62	57
Change in cash and cash equivalents in the reporting period		-26	34
Cash and cash equivalents at the beginning of the reporting period	17	910	876
Cash and cash equivalents at the end of the reporting period	17	884	910

NOTE ON THE ACCOUNTS

1 ACCOUNTING POLICIES

(a) Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the key risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meets the definition of a public benefit entity under FRS 102.

NOTE ON THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

(b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:

- A restricted fund, or;
- An endowment fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from appeals or legacies for specified purposes.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are subanalysed between those where the Trustees have the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment). The charity has no permanent or expendable endowment funds.

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are subanalysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 21.

NOTE ON THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

(c) Incoming resources

Income consists of donations, legacies, income from charitable activities and investment income.

Donations are accounted for when received by the charity. All other income is recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point.

Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year and deferred and shown on the balance sheet as deferred income.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable, whichever falls sooner.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy, and;
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

NOTE ON THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

(e) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event.
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement.
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(f) Recognition of expenditure and associated liabilities as a result of grants

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant.
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant.
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

NOTE ON THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

(f) Recognition of expenditure and associated liabilities as a result of grants (continued)

The Trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees and any of the above criteria have been met then a liability is recognised.

Grants are not usually awarded with conditions attached. However, when they are those conditions have to be met before the liability is recognised.

Where an intention has not been communicated, then no expenditure is recognised but an appropriate designation is made in the appropriate fund. If a grant has been offered but there is uncertainty as to whether it will be accepted or whether conditions will be met then no liability is recognised but a contingent liability is disclosed.

(g) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 11.

(h) Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objects. The costs of generating funds represent fundraising costs together with investment management fees. Fundraising costs include expenses for fundraising activities and a fee paid to a related party, the Health Board, under a fundraising agreement. The fee is used to pay the salaries and overhead costs of the Health Boards' fundraising office.

NOTE ON THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

(i) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 8.

(j) Tangible assets

Tangible fixed assets are stated at cost less accumulated depreciation and accumulated impairment losses. Cost includes the original purchase price (or value of the asset on a full replacement cost basis if donated), costs directly attributable to bringing the asset to its working condition for its intended use, dismantling and restoration costs. Tangible fixed assets are capitalised if they are capable of being used for more than one year and have a cost equal to or greater than £5,000.

Land is stated at open market value. Valuations are carried out professionally at five-yearly intervals with an impairment review undertaken in all other years. No depreciation is applied to land.

Tangible fixed assets are derecognised on disposal or when no future economic benefits are expected. On disposal, the difference between the net disposal proceeds and the carrying amount is recognised in the Statement of Financial Activities (SoFA).

(k) Investments

Investments are a form of basic financial instrument. Fixed asset investments are initially recognised at their transaction value and are subsequently measured at their fair value (market value) at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year.

NOTE ON THE ACCOUNTS

1 ACCOUNTING POLICIES (CONTINUED)

(k) Investments (continued)

The main form of financial risk faced by the charity is that of volatility in equity markets and other investment markets due to wider economic conditions, the attitude of investors to investment risk and changes in sentiment concerning equities and within particular sectors. Further information on the charity's investments can be found in note 15.

(l) Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

(m) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in notice interest bearing savings accounts.

(n) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

Amounts which are owed in more than a year are shown as long term creditors.

(o) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (purchase date if later). Unrealised gains and losses are calculated as the difference between the closing and opening carrying values, adjusted for purchases and sales.

NOTE ON THE ACCOUNTS

2 RELATED PARTY TRANSACTIONS

During the year none of the Trustee's Representatives or members of the key management staff or their close relatives have undertaken any material transactions with the Betsi Cadwaladr University Health Board Charitable Funds.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

The Charity has made grant payments for revenue and capital to the Betsi Cadwaladr University Health Board. Such payments are for specific items which are in furtherance of the Charity's objectives. The Betsi Cadwaladr University Health Board prepares its accounts in accordance with the Government Financial Reporting Manual (FReM) and International Financial Reporting Standards (IFRS), whereas the Charity prepares its accounts in accordance with FRS 102. The Charity therefore recognises a constructive obligation when it awards a grant, whereas the Health Board recognises it when the grant is received. This creates a timing issue as the Charity recognises expenditure before the Health Board does.

In its accounts and under FRS 102, the Charity recognises that it has made grant payments to the Betsi Cadwaladr University Health Board totalling £2.11 million (2018-19: £1.74 million). Under the FReM and IFRS, grant payments to the Betsi Cadwaladr University Health Board totalled £2.18 million (2018-19: £2.11 million). The audited accounts of the Betsi Cadwaladr University Health Board are included in their annual report and are available from their website.

NOTE ON THE ACCOUNTS

2 RELATED PARTY TRANSACTIONS (CONTINUED)

HEALTH BOARD MEMBER NAME

DETAILS OF POSITIONS HELD DURING THE FINANCIAL YEAR

DETAILS OF INTEREST DECLARED

DIRECTORS / EXECUTIVE DIRECTORS

Mr S Dean	Interim Chief Executive	Seconded civil servant employed by Welsh Government.
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INDEPENDENT BOARD MEMBERS

Mr M Polin OBE QPM	Chair	Spouse is employed by the Health Board.
Mrs M W Jones	Independent Member and Vice Chair	Chair of Council, Bangor University. Vice Chair of Arts Council Wales.
Mrs L Reid	Independent Member and Vice Chair (01.12.19 – 31.03.20)	Committee Chair for the Primary Care Appeals Service of NHS Resolution.
Cllr C Carlisle	Independent Member	County Councillor, Conwy Council.
Mr J Cuncliffe	Independent Member	Member of the Joint Audit Committee, North Wales Police and Crime Commissioner. Spouse is employed by the Health Board.
Prof N Callow	Independent Member (University Representative)	Dean of the College of Human Sciences at Bangor University
Mrs J F Hughes	Independent Member (Trades Union Representative)	Two children are employed by the Health Board and one works voluntarily within the Health Board. Chair of the Welsh Council of the Society and College of Radiographers.
Cllr R Medwyn Hughes	Independent Member (Local Authority Representative)	County Councillor, Gwynedd Council.
Mr H E Jones	Independent Member	Member of Gwynedd County Council Standards Committee.

ASSOCIATE BOARD MEMBERS

Mrs M Edwards	Associate Board Member – Director of Social Services	Corporate Director and Statutory Director of Social Services at Gwynedd Council.
Mr G Evans	Associate Board Member – Chair, Healthcare Professionals Forum	Spouse is employed by the Health Board.

NOTE ON THE ACCOUNTS

2 RELATED PARTY TRANSACTIONS (CONTINUED)

Material transactions between the Charity and related parties disclosed during 2019-20 were as follows:

	Expenditure with related party £000	Amounts owed to related party £000	Income from related party £000	Amounts owed by related party £000
Bangor University	7	(1)	0	0
Conwy County Borough Council	2	0	0	0
North Wales Police	1	0	0	0
Arts Council of Wales	0	0	30	8
Welsh Government	0	0	1	1

NOTE ON THE ACCOUNTS

3 INCOME FROM DONATIONS AND LEGACIES

	Unrestricted funds £000	Restricted income funds £000	Total 2019-20 £000	Total 2018-19 £000
Donations	896	33	929	969
Legacies	0	1,194	1,194	675
	896	1,227	2,123	1,644

4 ROLE OF VOLUNTEERS

Like all charities, the Betsi Cadwaladr University Health Board Charity is reliant on a team of volunteers for our smooth running. Our volunteers perform two roles:

- **Fund advisors**

Within the Charity there are 397 designated funds which are aligned with specific areas and/or services. Every fund has at least one fund advisor, who acts as the authorised signatory on the fund for purchases up to £5,000 and receives monthly statements as to the income and expenditure on the fund. Fund advisors are responsible for ensuring that the expenditure they authorise from their funds is appropriate and fits in with the objects of the fund and the Charity. They are also responsible for ensuring that their designated fund is never in a deficit position.

- **Fundraisers**

A number of volunteers actively support the Charity by running events such as coffee mornings, sponsored walks and sports tournaments, as well as supporting events directly organised by the charity.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

NOTE ON THE ACCOUNTS

5 OTHER TRADING ACTIVITIES

Income from other trading activities arises from fundraising events that are organised by the charity, or by volunteers in aid of the charity. These include events such as coffee mornings, cake bakes, sporting challenges and sponsored walks.

6 GROSS INVESTMENT INCOME

	Unrestricted funds £000	Restricted income funds £000	Total 2019-20 £000	Total 2018-19 £000
Fixed asset equity and similar investments	56	40	96	72
Short term investments, deposits and cash on deposit	1	0	1	1
	57	40	97	73

7 ANALYSIS OF EXPENDITURE ON RAISING FUNDS

	Unrestricted funds £000	Restricted income funds £000	Total 2019-20 £000	Total 2018-19 £000
Fundraising office	104	75	179	214
Fundraising events	32	6	38	41
Investment management	29	21	50	47
Support costs	6	7	13	16
	171	109	280	318

NOTE ON THE ACCOUNTS

8 ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITY

	Grant funded activity £000	Support costs £000	Total 2019-20 £000	Total 2018-19 £000
Grants for NHS Capital expenditure	476	31	507	192
Staff education and welfare	581	30	611	545
Patient education and welfare	975	36	1,011	995
Medical research	78	4	82	106
	2,110	101	2,211	1,838

9 ANALYSIS OF GRANTS

The charity does not make grants to individuals. All grants are made to the Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity, is disclosed in Note 8.

The Trustees operate a scheme of delegation for the charitable funds, under which fund advisors manage the day to day disbursements on their projects, in accordance with the directions set out by the Trustees in the Charity Standing Financial Instructions. Funds managed under the scheme of delegation represent ongoing activities and it is not possible to segment these activities into discrete individual grant awards. The Trustees do make grant awards based on invited applications from the Health Board.

NOTE ON THE ACCOUNTS

10 MOVEMENTS IN FUNDING COMMITMENTS

	Current liabilities £000	Non-current liabilities £000	Total 31 March 2020 £000	Total 31 March 2019 £000
Opening balance at 1 April (see Note 18)	871	48	919	1,437
Increase / (decrease) in liabilities	406	36	442	-518
Closing balance at 31 March (see Note 18)	1,277	84	1,316	919

As described in notes 8 and 9, the charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year.

However, some grants, especially those relating to research and development or for funding specific posts, are multi-year grants paid over a longer period.

11 ALLOCATION OF SUPPORT COSTS

Governance costs are those support costs which relate to the strategic and day to day management of a charity.

Support and overhead costs are allocated between fundraising activities and charitable activities based on the proportion of expenditure incurred against them both during the year. These support and overhead costs are then further allocated to unrestricted and restricted funds based on the balance held in these funds.

NOTE ON THE ACCOUNTS

11 ALLOCATION OF SUPPORT COSTS (CONTINUED)

	Raising funds £000	Charitable activities £000	Total 2019-20 £000	Total 2018-19 £000
Governance				
External audit	1	9	10	10
Finance and administration	6	44	50	48
Total governance	7	53	60	58
Finance and administration	5	41	46	48
Other costs	1	7	8	4
	13	101	114	110
	Unrestricted funds £000	Restricted income funds £000	Total funds 2019-20 £000	Total funds 2018-19 £000
Raising funds	6	7	13	16
Charitable activities	50	51	101	94
	56	58	114	110

12 TRUSTEES' REMUNERATION, BENEFITS AND EXPENSES

The charity does not make any payments for remuneration nor to reimburse expenses to the charity trustees for their work undertaken as trustees.

13 AUDITORS REMUNERATION

The auditors remuneration of £10,250 (2018-19: £10,250) related solely to the audit of the statutory annual report and accounts.

NOTE ON THE ACCOUNTS

14 TANGIBLE FIXED ASSETS

	Freehold land 2019-20 £000	Freehold land 2018-19 £000
Cost and valuation		
Balance brought forward	135	135
Additions	0	0
Disposals	0	0
Balance at 31st March	<u>135</u>	<u>135</u>
Depreciation and impairments		
Balance brought forward	0	0
Disposals	0	0
Impairments	0	0
Balance at 31st March	<u>0</u>	<u>0</u>
Net book value at 1st April	135	135
Net book value at 31st March	<u>135</u>	<u>135</u>

During 2017-18, a piece of land located in Porthmadog was donated to the charity, for the benefit of the Madog Community & Hospital fund. The land was independently and professionally valued at open market value by the District Valuer in March 2018. There has been no impairment to the land in 2019-20. The charity intends to dispose of the land on the open market.

NOTE ON THE ACCOUNTS

15 FIXED ASSET INVESTMENTS

	Total 2019-20 £000	Total 2019-20 £000
Market value brought forward	7,962	7,572
Add: additions to investments at cost	1,378	1,408
Less disposals at carrying value	-1,528	-1,414
Increase / (decrease) in cash awaiting investment	185	22
Add net gain / (loss) on revaluation	-324	374
Market value as at 31st March	7,673	7,962

All investments are carried at their fair value.

All of the Charity's investments are held within a portfolio managed by Rothschild Wealth Management Limited. The key objective of the portfolio is to preserve and grow the investments' value in real terms, in order to continue to support charitable distributions over the long term. In order to meet this objective, the Trustees have agreed on a 'balanced' approach for the investment strategy. A 'balanced' portfolio is intended to achieve steady growth over the long term through a diversified approach to investment. Attention is paid to avoiding the worst of the downside and capturing some, but not all, of the upside of financial market returns. Capital preservation in real terms over a long time horizon is the primary objective, and some volatility is acceptable in order to achieve this.

In line with this investment strategy, at the 31st March 2020 the portfolio had a 66% allocation to return assets. Return assets are expected to drive long-term performance but are also likely to be volatile over shorter periods. In addition, the portfolio held a 34% allocation to diversifying assets. These assets are included to provide real diversification and protection in difficult market conditions. Overall, the portfolios remain relatively defensively positioned. This approach provides protection on the downside, but allows the addition of return assets opportunistically, taking advantage of attractive prices particularly during market turbulence.

NOTE ON THE ACCOUNTS

15 FIXED ASSET INVESTMENTS (CONTINUED)

During the last two months of the year, the COVID-19 pandemic resulted in a significant fall in the stock market, which led to a loss of £0.9m in the portfolio, outweighing gains made earlier in the year. The diversifying assets held in the portfolio meant that the loss suffered was not as severe as that seen by the stock market as a whole.

The environment for investors remains challenging and fraught with risks. In managing our portfolios, Rothschild Wealth Management Limited assess these risks and the potential impact they will have on the portfolio on an on-going basis. They also adjust investments to make the most of opportunities and to protect against risks as they see them. Risks promote uncertainty and make markets unpredictable over short periods. A solid allocation to diversifying assets and portfolio protection has therefore been maintained, resulting in risk within the portfolio being considerably lower than the broader equity markets.

16 ANALYSIS OF CURRENT DEBTORS

Debtors under 1 year	Total 31 March 2020 £000	Total 31 March 2019 £000
Accrued income	537	340
Prepayments	2	1
Other debtors	4	11
	543	352

NOTE ON THE ACCOUNTS

17 ANALYSIS OF CASH AND CASH EQUIVALENTS

	Total 31 March 2020 £000	Total 31 March 2019 £000
Cash in hand	884	910
	884	910

No cash or cash equivalents or current asset investments were held in non-cash investments or outside of the UK.

18 ANALYSIS OF LIABILITIES

	Total 31 March 2020 £000	Total 31 March 2019 £000
Creditors under 1 year		
Trade creditors	42	120
Creditors owed to BCU	144	401
Accruals for grants owed to NHS bodies	1,277	871
Other accruals	34	81
	1,497	1,473
Creditors over 1 year		
Accruals for grants owed to NHS bodies	84	48
	84	48
Total creditors	1,581	1,521

NOTE ON THE ACCOUNTS

19 RECONCILIATION OF NET INCOME / EXPENDITURE TO NET CASH FLOW FROM OPERATING ACTIVITIES

	Total 31 March 2020 £000	Total 31 March 2019 £000
Net income / (expenditure) (per Statement of Financial Activities)	-184	241
Adjustment for:		
(Gains) / losses on investments	324	-374
Dividends, interest and rents from investments	-97	-73
Donated fixed assets	0	0
(Increase) / decrease in debtors	-191	489
Increase / (decrease) in creditors	60	-306
Net cash provided by (used in) operating activities	-88	-23

20 TRANSFER BETWEEN FUNDS

There have been the following transfers between material designated funds:

- £305,381 was transferred from General Funds (unrestricted) to various restricted funds to reimburse net overall charity costs, less income from interest and investment gain/loss. This is included in Other Funds in Note 21.b., offset by the transfers in totalling £65,000 that are noted below.
- £65,000 was transferred out of the Staff Development Fund moved to the COVID-19 Staff Support Fund (£50,000) and the COVID-19 Response Fund (£15,000) to help support staff during the COVID-19 pandemic.

NOTE ON THE ACCOUNTS

21 ANALYSIS OF FUNDS

A. ANALYSIS OF RESTRICTED FUND MOVEMENTS

	Balance 1 April 2019 £000	Income £000	Expenditure £000	Transfers £000	Gains and (losses) £000	Balance 31 March 2020 £000
General Fund, YG	534	8	-19	34	-20	537
BCU Legacies Fund	250	120	0	0	0	370
North Wales Cancer Appeal	284	95	-27	28	-17	363
General Fund, YGC	280	12	-11	20	-12	289
Wrexham Medical Institute	274	3	-10	17	-10	274
Cancer Fund, YGC	0	538	-322	60	-45	231
General Fund, Llandudno	202	3	-7	12	-7	203
Cardiology Fund, YMW	224	2	-54	15	-8	179
Leukaemia/Allied Blood Disease, YMW	167	1	-6	10	-6	166
General Fund, YMW	160	8	-6	11	-7	166
Pathology Leukaemia/Haematology, YGC	114	1	-8	7	-4	110
Other Funds	945	563	-593	91	-53	953
	3,434	1,354	-1,063	305	-189	3,841

The objects of each of the restricted funds are to benefit the patients of the area, department or service stated in the funds' name, in accordance with the Charity's overall objectives. There is one fund listed above that is not aligned to a specific area:

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

The Trustees have set an opening or closing balance of £100,000 or above as the threshold for the separate reporting of material designated funds. In the interests of accountability and transparency a complete breakdown of all such funds is available upon written request.

NOTE ON THE ACCOUNTS

21 ANALYSIS OF FUNDS (CONTINUED)

B. ANALYSIS OF UNRESTRICTED AND MATERIAL DESIGNATED FUND MOVEMENTS

	Balance 1 April 2019 £000	Income £000	Expenditure £000	Transfers £000	Gains and (losses) £000	Balance 31 March 2020 £000
Cancer Fund, YGC	615	97	-13	6	0	705
Alaw Ward, YG	406	183	-7	0	0	582
Cancer Support Group, YMW	303	120	-84	0	0	339
Investment Gains	660	0	0	0	-328	332
Madog Community & Hospital	135	0	0	0	0	135
General Fund, Llandudno	130	0	0	0	0	130
General Fund, YG	130	0	0	0	0	130
Cardiology Department, YGC	114	9	0	0	0	123
Gynae Services – West	105	5	-2	0	0	108
Staff Development Fund	155	0	-24	-65	0	66
Palliative Care Fund, YMW	104	9	-55	0	0	58
Other Funds	1,547	854	-1,243	-246	193	1,105
	4,404	1,277	-1,428	-305	-135	3,813

The objects of each of the unrestricted funds are to benefit the patients of the area, department or service stated in the funds' name, in accordance with the Charity's overall objectives. There is one fund listed above that is not aligned to a specific area:

- The Investment Gains fund holds the unallocated and unrealised gains and losses on the investment portfolio. This fund is used to protect the other designated funds from fluctuations in the investment values.

The General Funds include all donations for which a donor has not expressed any preference as to how the funds shall be spent. These funds are applied for any charitable purpose to the benefit of the patients of the Health Board, at the discretion of the Trustees.

The Trustees have set an opening or closing balance of £100,000 or above as the threshold for the separate reporting of material designated funds. In the interests of accountability and transparency a complete breakdown of all such funds is available upon written request.

NOTE ON THE ACCOUNTS

22 POST BALANCE SHEET EVENTS

The following have not been adjusted for in the accounts:

The accounting statements are required to reflect the conditions applying at the end of the financial year. No adjustments are therefore made for any changes in the market value of the investments between the 1st April 2020 and the date the accounting statements are approved. The market value of the investments held by the Charity as at the 31st March 2020 have increased by a material amount in the intervening period as follows:

	31 March 2020 £000	26 November 2020 £000	Movement £000	Movement %
Investments	<u>7,673</u>	<u>9,393</u>	<u>1,720</u>	<u>22.42%</u>

The charity was notified at the end of March of potential funding from NHS Charities in response to the COVID-19 pandemic, however the sum to be received was not disclosed at this point. £164,500 was received in the first quarter of 2020-21.

STATEMENT OF THE TRUSTEE'S FINANCE REPRESENTATIVE'S RESPONSIBILITIES

As the Trustee's Finance Representative for the Charity, I am responsible for:

- The maintenance of financial records appropriate to the activities of the funds.
- The establishment and monitoring of a system of internal control.
- The establishment of arrangements for the prevention of fraud and corruption.
- The preparation of annual financial statements which give a true and fair view of the Charity and the results of its operations.

In fulfilment of these responsibilities I confirm that the financial statements set out on pages 29 to 45 attached have been compiled from and are in accordance with the financial records maintained by the Trustee and with applicable accounting standards and policies for the NHS.

.....

Trustee's Finance Representative
8th December 2020



STATEMENT OF THE TRUSTEE'S RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The Trustee's Representatives are required under the Charities Act 2011 to prepare accounts for each financial year. The Welsh Government, with the approval of HM Treasury, directs that these accounts give a true and fair view of the financial position of the Charity. In preparing those accounts, the Trustee's Representatives are required to:

Apply on a consistent basis accounting policies laid down by the First Minister for Wales with the approval of HM Treasury.

Make judgements and estimates which are reasonable and prudent.

State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Trustee's Representatives confirm that they have complied with the above requirements in preparing the accounts.

The Trustee's Representatives are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Charity and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction by the Welsh Government. They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

By order of the Trustees.

.....

Trustee's Representative

8th December 2020

.....

Trustee's Finance Representative

8th December 2020

AUDIT REPORT TO THE TRUSTEE OF THE BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the Betsi Cadwaladr University Health Board Charity for the year ended 31 March 2020 under the Charities Act 2011. These comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows, and related notes including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2020 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

AUDIT REPORT TO THE TRUSTEE OF THE BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY

CONTINUED FROM PREVIOUS PAGE

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Report on other requirements

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustees are responsible for the other information in the annual report and accounts. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

AUDIT REPORT TO THE TRUSTEE OF THE BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY



CONTINUED FROM PREVIOUS PAGE

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report;
- sufficient accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities

Responsibilities of the trustees for the financial statements

As explained more fully in the statement of trustee responsibilities, the trustees are responsible for preparing the financial statements in accordance with the Charities Act 2011, for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

AUDIT REPORT TO THE TRUSTEE OF THE BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY



CONTINUED FROM PREVIOUS PAGE

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Adrian Crompton
Auditor General for Wales

24 Cathedral Road, Cardiff
CF11 9LJ

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Your North Wales NHS Charity



There are so many ways in which you can help your local NHS Charity, either as an individual, a business, a community group, a school, or other organisation.

Help the ward that's close to your heart do more for their patients now and in the future by giving a regular gift

Share the Charity's work on social media

**Text AWYR LAS
to 70500
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The Charity will receive 100% of your donation!

Organise a digital fundraising event

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**Select Awyr Las
as your Charity
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For more information about how you can get involved and make a difference for patients and their families, and NHS staff across North Wales, please contact the Awyr Las Support Team.

01248 384 395 • awyrlas@wales.nhs.uk

**THANK
YOU!**



/AWYRLASCHARITY



**THE ADDRESS OF THE CHARITY
AND THE CORPORATE TRUSTEE'S
PRINCIPAL OFFICE IS:**

Awyr Las
Ysbyty Gwynedd
Penrhosgarnedd
Bangor
Gwynedd
LL57 2PW



Awyr Las: The North Wales NHS Charity
Registered Charity Number 1138976
www.awyrlas.org.uk



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BETSI CADWALADR UNIVERSITY HEALTH BOARD CHARITY & OTHER RELATED CHARITIES

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

FOREWORD

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

STATUTORY BACKGROUND

The Betsi Cadwaladr University Local Health Board is the corporate trustee of the charity under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The Trustees have been appointed under s11 of the NHS and Community Care Act 1990.

Awyr Las, the working name of the Betsi Cadwaladr University Health Board Charity and other related Charities, is a registered charity and is constituted under a trust deed dated 23rd September 2010. Within the charity group registration there are two subsidiary charities:

- Betsi Cadwaladr University Health Board Charity; and
- The North Wales Cancer Appeal.

MAIN PURPOSE OF THE FUNDS HELD ON TRUST

The main purpose of the charity is to apply income for any charitable purposes relating to the National Health Service wholly or mainly for the services provided by the Betsi Cadwaladr University Local Health Board.

Statement of Financial Activities for the year ended 31 March 2020

		Unrestricted funds £000	Restricted Income funds £000	Total Funds 2019-20 £000
	Note			
Incoming resources from generated funds:				
Donations and legacies	3	896	1,227	2,123
Other trading activities	5	324	87	411
Investments	6	57	40	97
Total incoming resources		1,277	1,354	2,631
Expenditure on:				
Raising Funds	7	171	109	280
Charitable activities	8	1,257	954	2,211
Total expenditure		1,428	1,063	2,491
Net gains / (losses) on investments	15	(135)	(189)	(324)
Net income / (expenditure)		(286)	102	(184)
Transfer between funds	20	(305)	305	0
Net movement in funds		(591)	407	(184)
Reconciliation of Funds				
Total Funds brought forward	21	4,404	3,434	7,838
Total Funds carried forward		3,813	3,841	7,654

Statement of Financial Activities for the year ended 31 March 2019

		Unrestricted funds £000	Restricted Income funds £000	Total Funds 2018-19 £000
Incoming resources from generated funds:				
Donations and legacies	3	911	733	1,644
Other trading activities	5	247	59	306
Investments	6	43	30	73
Total incoming resources		1,201	822	2,023
Expenditure on:				
Raising Funds	7	196	122	318
Charitable activities	8	1,124	714	1,838
Total expenditure		1,320	836	2,156
Net gains / (losses) on investments	15	229	145	374
Net income / (expenditure)		110	131	241
Transfer between funds	20	(21)	21	0
Net movement in funds		89	152	241
Reconciliation of Funds				
Total Funds brought forward	21	4,315	3,282	7,597
Total Funds carried forward		4,404	3,434	7,838

Balance Sheet as at 31 March 2020

		Unrestricted	Restricted	Total	Total
	Note	funds	Income	31 March	31 March
		£000	funds	2020	2019
			£000	£000	£000
Fixed assets:					
Tangible assets	14	135	0	135	135
Investments	15	3,756	3,917	7,673	7,962
Total fixed assets		3,891	3,917	7,808	8,097
Current assets:					
Debtors	16	270	273	543	352
Cash and cash equivalents	17	440	444	884	910
Total current assets		710	717	1,427	1,262
Liabilities:					
Creditors: Amounts falling due within one year	18	(746)	(751)	(1,497)	(1,473)
Net current assets / (liabilities)		(36)	(34)	(70)	(211)
Total assets less current liabilities		3,855	3,883	7,738	7,886
Creditors: Amounts falling due after more than one year	18	(42)	(42)	(84)	(48)
Total net assets / (liabilities)		3,813	3,841	7,654	7,838
The funds of the charity:					
Restricted income funds	21	0	3,841	3,841	3,434
Unrestricted income funds	21	3,813	0	3,813	4,404
Total funds		3,813	3,841	7,654	7,838

The notes on pages 5 to 16 form part of these accounts

Signed :

Name :(Chair of Trustees)

Date : 8th December 2020

Statement of Cash Flows for the year ending 31 March 2020

	Note	Total Funds 2019-20 £000	Total Funds 2018-19 £000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	19	(88)	(23)
Cash flows from investing activities:			
Dividend, interest and rents from investments	6	97	73
Proceeds from the sale of investments	15	1,528	1,429
Purchase of investments	15	(1,378)	(1,408)
(Increase) / decrease in cash awaiting investment	15	(185)	(37)
Net cash provided by (used in) investing activities		62	57
Change in cash and cash equivalents in the reporting period		(26)	34
Cash and cash equivalents at the beginning of the reporting period	17	910	876
Cash and cash equivalents at the end of the reporting period	17	884	910

Note on the accounts

1 Accounting Policies

(a) Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the key risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meets the definition of a public benefit entity under FRS 102.

(b)

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:

- A restricted fund or
- An endowment fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from appeals or legacies for specified purposes.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are subanalysed between those where the Trustees have the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment). The charity has no permanent or expendable endowment funds.

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are subanalysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 21.

(c) Incoming resources

Income consists of donations, legacies, income from charitable activities and investment income.

Donations are accounted for when received by the charity. All other income is recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year and deferred and shown on the balance sheet as deferred income.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable, whichever falls sooner.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

(e) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(f) Recognition of expenditure and associated liabilities as a result of grants

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

(f) Recognition of expenditure and associated liabilities as a result of grants (cont.)

The Trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees and any of the above criteria have been met then a liability is recognised.

Grants are not usually awarded with conditions attached. However, when they are those conditions have to be met before the liability is recognised.

Where an intention has not been communicated, then no expenditure is recognised but an appropriate designation is made in the appropriate fund. If a grant has been offered but there is uncertainty as to whether it will be accepted or whether conditions will be met then no liability is recognised but a contingent liability is disclosed.

(g) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 11.

(h) Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objects. The costs of generating funds represent fundraising costs together with investment management fees. Fundraising costs include expenses for fundraising activities and a fee paid to a related party, the Health Board, under a fundraising agreement. The fee is used to pay the salaries and overhead costs of the Health Boards' fundraising office.

(i) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 8.

(j) Tangible assets

Tangible fixed assets are stated at cost less accumulated depreciation and accumulated impairment losses. Cost includes the original purchase price (or value of the asset on a full replacement cost basis if donated), costs directly attributable to bringing the asset to its working condition for its intended use, dismantling and restoration costs. Tangible fixed assets are capitalised if they are capable of being used for more than one year and have a cost equal to or greater than £5,000.

Land is stated at open market value. Valuations are carried out professionally at five-yearly intervals with an impairment review undertaken in all other years. No depreciation is applied to land.

Tangible fixed assets are derecognised on disposal or when no future economic benefits are expected. On disposal, the difference between the net disposal proceeds and the carrying amount is recognised in the Statement of Financial Activities (SoFA).

(k) Investments

Investments are a form of basic financial instrument. Fixed asset investments are initially recognised at their transaction value and are subsequently measured at their fair value (market value) at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year.

The main form of financial risk faced by the charity is that of volatility in equity markets and other investment markets due to wider economic conditions, the attitude of investors to investment risk and changes in sentiment concerning equities and within particular sectors. Further information on the charity's investments can be found in note 15.

(l) Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

(m) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in notice interest bearing savings accounts.

(n) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

Amounts which are owed in more than a year are shown as long term creditors.

(o) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (purchase date if later). Unrealised gains and losses are calculated as the difference between the closing and opening carrying values, adjusted for purchases and sales.

2. Related party transactions

During the year none of the Trustee's Representatives or members of the key management staff or their close relatives have undertaken any material transactions with the Betsi Cadwaladr University Health Board Charitable Funds.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

The Charity has made grant payments for revenue and capital to the Betsi Cadwaladr University Health Board. Such payments are for specific items which are in furtherance of the Charity's objectives. The Betsi Cadwaladr University Health Board prepares its accounts in accordance with the Government Financial Reporting Manual (FReM) and International Financial Reporting Standards (IFRS), whereas the Charity prepares its accounts in accordance with FRS 102. The Charity therefore recognises a constructive obligation when it awards a grant, whereas the Health Board recognises it when the grant is received. This creates a timing issue as the Charity recognises expenditure before the Health Board does.

In its accounts and under FRS 102, the Charity recognises that it has made grant payments to the Betsi Cadwaladr University Health Board totalling £2.11 million (2018-19: £1.74 million). Under the FReM and IFRS, grant payments to the Betsi Cadwaladr University Health Board totalled £2.18 million (2018-19: £2.11 million). The audited accounts of the Betsi Cadwaladr University Health Board are included in their annual report and are available from their website.

A number of the Health Board's members have declared interests in related parties as follows:

Name	Details of positions held during the financial year	Details of interest declared
<u>Directors/Executive Directors</u>		
Mr S Dean	Interim Chief Executive	Seconded civil servant employed by Welsh Government
<u>Independent Board Members</u>		
Mr M Polin OBE QPM	Chair	Spouse is employed by the Health Board.
Mrs M W Jones	Independent Member and Vice Chair	Chair of Council, Bangor University. Vice Chair of Arts Council Wales.
Mrs L Reid	Independent Member and Vice Chair (01.12.19 - 31.03.20)	Committee Chair for the Primary Care Appeals Service Resolution.
Cllr C Carlisle	Independent Member	County Councillor, Conwy Council.
Mr J Cuncliffe	Independent Member	Member of the Joint Audit Committee, North Wales Fire & Crime Commissioner. Spouse is employed by the Health Board.
Prof N Callow	Independent Member (University Representative)	Dean of the College of Human Sciences at Bangor University
Mrs J F Hughes	Independent Member (Trades Union Representative)	Two children are employed by the Health Board and voluntarily within the Health Board. Chair of the Welsh Council of the Society and College of Radiographers
Cllr R Medwyn Hughes	Independent Member (Local Authority Representative)	County Councillor, Gwynedd Council.
Mr H E Jones	Independent Member	Member of Gwynedd County Council Standards Committee
<u>Associate Board Members</u>		
Mrs M Edwards	Associate Board Member - Director of Social Services	Corporate Director and Statutory Director of Social Services, Gwynedd Council.
Mr G Evans	Associate Board Member - Chair - Healthcare Professionals Forum	Spouse is employed by the Health Board.

Material transactions between the Charity and related parties disclosed during 2019-20 were as follows:	Expenditure with related party £000	Amounts owed to related party £000	Income from related party £000	Amounts owed by related party £000
Bangor University	7	(1)	0	0
Conwy County Borough Council	2	0	0	0
North Wales Police	1	0	0	0
Arts Council of Wales	0	0	30	8
Welsh Government	0	0	1	1

3. Income from donations and legacies

	Unrestricted funds £000	Restricted Income funds £000	Total 2019-20 £000	Total 2018-19 £000
Donations	896	33	929	969
Legacies	0	1,194	1,194	675
	896	1,227	2,123	1,644

4. Role of volunteers

Like all charities, the Betsi Cadwaladr University Health Board Charity is reliant on a team of volunteers for our smooth running. Our volunteers perform two roles:

- Fund advisors – Within the Charity there are 397 designated funds which are identified to specific areas and/or services. Every fund has at least one fund advisor, who acts as the authorised signatory on the fund for purchases up to £5,000 and receives monthly statements as to the income and expenditure on the fund. Fund advisors are responsible for ensuring that the expenditure they authorise from their funds is appropriate and fits in with the objects of the fund and the Charity. They are also responsible for ensuring that their designated fund is never in a deficit position.
- Fundraisers – A number of volunteers actively support the Charity by running events such as coffee mornings, sponsored walks and sports tournaments, as well as supporting events directly organised by the charity.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

5. Other trading activities

Income from other trading activities arises from fundraising events that are organised by the charity, or by volunteers in aid of the charity. These include events such as coffee mornings, cake bakes, sporting challenges and sponsored walks.

6. Gross investment income

	Unrestricted funds £000	Restricted Income funds £000	Total 2019-20 £000	Total 2018-19 £000
Fixed asset equity and similar investments	56	40	96	72
Short term investments, deposits and cash on deposit	1	0	1	1
	57	40	97	73

7. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted Income funds £000	Total 2019-20 £000	Total 2018-19 £000
Fundraising office	104	75	179	214
Fundraising events	32	6	38	41
Investment management	29	21	50	47
Support costs	6	7	13	16
	171	109	280	318

8. Analysis of expenditure on charitable activity

	Grant funded activity £000	Support costs £000	Total 2019-20 £000	Total 2018-19 £000
Grants for NHS Capital expenditure	476	31	507	192
Staff education and welfare	581	30	611	545
Patient education and welfare	975	36	1,011	995
Medical research	78	4	82	106
	2,110	101	2,211	1,838

9. Analysis of grants

The charity does not make grants to individuals. All grants are made to the Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity, is disclosed in note 8.

The Trustees operate a scheme of delegation for the charitable funds, under which fund advisors manage the day to day disbursements on their projects, in accordance with the directions set out by the Trustees in the Charity Standing Financial Instructions. Funds managed under the scheme of delegation represent ongoing activities and it is not possible to segment these activities into discrete individual grant awards. The Trustees do make grant awards based on invited applications from the Health Board.

10. Movements in funding commitments

	Current liabilities £000	Non-current liabilities £000	Total 31 March 2020 £000	Total 31 March 2019 £000
Opening balance at 1 April (see note 18)	871	48	919	1,437
Increase / (decrease) in liabilities	406	36	442	(518)
Closing balance at 31 March (see note 18)	1,277	84	1,361	919

As described in notes 8 and 9, the charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year. However, some grants, especially those relating to research and development or for funding specific posts are multi-year grants paid over a longer period.

11. Allocation of support costs

Governance costs are those support costs which relate to the strategic and day to day management of a charity.

Support and overhead costs are allocated between fundraising activities and charitable activities based on the proportion of expenditure incurred against them both during the year. These support and overhead costs are then further allocated to unrestricted and restricted funds based on the balance held in these funds.

	Raising funds £000	Charitable activities £000	Total 2019-20 £000	Total 2018-19 £000
Governance				
External audit	1	9	10	10
Finance and administration	6	44	50	48
Total governance	7	53	60	58
Finance and administration	5	41	46	48
Other costs	1	7	8	4
	13	101	114	110

	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2019-20 £000	Total Funds 2018-19 £000
Raising funds	6	7	13	16
Charitable activities	50	51	101	94
	56	58	114	110

12. Trustees' remuneration, benefits and expenses

The charity does not make any payments for remuneration nor to reimburse expenses to the charity trustees for their work undertaken as trustees.

13. Auditors remuneration

The auditors remuneration of £10,250 (2018-19: £10,250) related solely to the audit of the statutory annual report and accounts.

14. Tangible fixed assets

	Freehold land 2019-20 £000	Freehold land 2018-19 £000
Cost and valuation		
Balance brought forward	135	135
Additions	0	0
Disposals	0	0
Balance at 31st March	135	135
Depreciation and impairments		
Balance brought forward	0	0
Disposals	0	0
Impairment	0	0
Balance at 31st March	0	0
Net book value at 1st April	135	135
Net book value at 31st March	135	135

During 2017-18, a piece of land located in Porthmadog was donated to the charity, for the benefit of the Madog Community & Hospital fund. The land was independently and professionally valued at open market value by the District Valuer in March 2018. There has been no impairment to the land in 2019-20. The charity intends to dispose of the land on the open market.

15. Fixed asset investments

Movement in fixed assets investments

	Total 2019-20 £000	Total 2018-19 £000
Market value brought forward	7,962	7,572
Add: additions to investments at cost	1,378	1,408
Less disposals at carrying value	(1,528)	(1,414)
Increase / (decrease) in cash awaiting investment	185	22
Add net gain / (loss) on revaluation	(324)	374
Market value as at 31st March	7,673	7,962

All investments are carried at their fair value.

All of the Charity's investments are held within a portfolio managed by Rothschild Wealth Management Limited. The key objective of the portfolio is to preserve and grow the investments' value in real terms, in order to continue to support charitable distributions over the long term. In order to meet this objective, the Trustees have agreed on a 'balanced' approach for the investment strategy. A 'balanced' portfolio is intended to achieve steady growth over the long term through a diversified approach to investment. Attention is paid to avoiding the worst of the downside and capturing some, but not all, of the upside of financial market returns. Capital preservation in real terms over a long time horizon is the primary objective, and some volatility is acceptable in order to achieve this.

In line with this investment strategy, at the 31st March 2020 the portfolio had a 66% allocation to return assets. Return assets are expected to drive long-term performance but are also likely to be volatile over shorter periods. In addition, the portfolio held a 34% allocation to diversifying assets. These assets are included to provide real diversification and protection in difficult market conditions. Overall, the portfolios remain relatively defensively positioned. This approach provides protection on the downside, but allows the addition of return assets opportunistically, taking advantage of attractive prices particularly during market turbulence.

During the last two months of the year, the COVID-19 pandemic resulted in a significant fall in the stock market, which led to a loss of £0.9m in the portfolio, outweighing gains made earlier in the year. The diversifying assets held in the portfolio meant that the loss suffered was not as severe as that seen by the stock market as a whole.

The environment for investors remains challenging and fraught with risks. In managing our portfolios, Rothschild Wealth Management Limited assess these risks and the potential impact they will have on the portfolio on an on-going basis. They also adjust investments to make the most of opportunities and to protect against risks as they see them. Risks promote uncertainty and make markets unpredictable over short periods. A solid allocation to diversifying assets and portfolio protection has therefore been maintained, resulting in risk within the portfolio being considerably lower than the broader equity markets.

16. Analysis of current debtors

Debtors under 1 year	Total 31 March 2020 £000	Total 31 March 2019 £000
Accrued income	537	340
Prepayments	2	1
Other debtors	4	11
	543	352

17. Analysis of cash and cash equivalents

	Total 31 March 2020 £000	Total 31 March 2019 £000
Cash in hand	884	910
	884	910

No cash or cash equivalents or current asset investments were held in non-cash investments or outside of the UK.

18. Analysis of liabilities

	Total 31 March 2020 £000	Total 31 March 2019 £000
Creditors under 1 year		
Trade creditors	42	120
Creditors owed to BCU	144	401
Accruals for grants owed to NHS bodies	1,277	871
Other accruals	34	81
	1,497	1,473
Creditors over 1 year		
Accruals for grants owed to NHS bodies	84	48
	84	48
Total creditors	1,581	1,521

19. Reconciliation of net income / expenditure to net cash flow from operating activities

	Total 2019-20 £000	Total 2018-19 £000
Net income / (expenditure) (per Statement of Financial Activities)	(184)	241
Adjustment for:		
(Gains) / losses on investments	324	(374)
Dividends, interest and rents from investments	(97)	(73)
Donated fixed assets	0	0
(Increase) / decrease in debtors	(191)	489
Increase / (decrease) in creditors	60	(306)
Net cash provided by (used in) operating activities	(88)	(23)

20. Transfer between funds

There have been the following transfers between material designated funds:

- £305,381 was transferred from General Funds (unrestricted) to various restricted funds to reimburse net overall charity costs, less income from interest and investment gain/loss. This is included in Other Funds in Note 21.b., offset by the transfers in totalling £65,000 that are noted below.
- £65,000 was transferred out of the Staff Development Fund moved to the COVID-19 Staff Support Fund (£50,000) and the COVID-19 Response Fund (£15,000) to help support staff during the COVID-19 pandemic.

21. Analysis of funds

a. Analysis of restricted fund movements

	Balance 1 April 2019 £000	Income £000	Expenditure £000	Transfers £000	Gains and (losses) £000	Balance 31 March 2020 £000
General Fund, YG	534	8	(19)	34	(20)	537
BCU Legacies Fund	250	120	0	0	0	370
North Wales Cancer Appeal	284	95	(27)	28	(17)	363
General Fund, YGC	280	12	(11)	20	(12)	289
Wrexham Medical Institute	274	3	(10)	17	(10)	274
Cancer Fund, YGC	0	538	(322)	60	(45)	231
General Fund, Llandudno	202	3	(7)	12	(7)	203
Cardiology Fund, YMW	224	2	(54)	15	(8)	179
Leukaemia/Allied Blood Disease, YMW	167	1	(6)	10	(6)	166
General Fund, YMW	160	8	(6)	11	(7)	166
Pathology Leukaemia/Haematology, YGC	114	1	(8)	7	(4)	110
Other Funds	945	563	(593)	91	(53)	953
	3,434	1,354	(1,063)	305	(189)	3,841

The objects of each of the restricted funds are to benefit the patients of the area, department or service stated in the funds' name, in accordance with the Charity's overall objectives. There is one fund listed above that is not aligned to a specific area:

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

The Trustees have set an opening or closing balance of £100,000 or above as the threshold for the separate reporting of material designated funds. In the interests of accountability and transparency a complete breakdown of all such funds is available upon written request.

b. Analysis of unrestricted and material designated fund movements

	Balance 1 April 2019 £000	Income £000	Expenditure £000	Transfers £000	Gains and (losses) £000	Balance 31 March 2020 £000
Cancer Fund, YGC	615	97	(13)	6	0	705
Alaw Ward, YG	406	183	(7)	0	0	582
Cancer Support Group, YMW	303	120	(84)	0	0	339
Investment Gains	660	0	0	0	(328)	332
Madog Community & Hospital	135	0	0	0	0	135
General Fund, Llandudno	130	0	0	0	0	130
General Fund, YG	130	0	0	0	0	130
Cardiology Department, YGC	114	9	0	0	0	123
Gynae Services - West	105	5	(2)	0	0	108
Staff Development Fund	155	0	(24)	(65)	0	66
Palliative Care Fund, YMW	104	9	(55)	0	0	58
Other Funds	1,547	854	(1,243)	(246)	193	1,105
	4,404	1,277	(1,428)	(305)	(135)	3,813

The objects of each of the unrestricted funds are to benefit the patients of the area, department or service stated in the funds' name, in accordance with the Charity's overall objectives. There is one fund listed above that is not aligned to a specific area:

- The Investment Gains fund holds the unallocated and unrealised gains and losses on the investment portfolio. This fund is used to protect the other designated funds from fluctuations in the investment values.

The General Funds include all donations for which a donor has not expressed any preference as to how the funds shall be spent. These funds are applied for any charitable purpose to the benefit of the patients of the Health Board, at the discretion of the Trustees.

The Trustees have set an opening or closing balance of £100,000 or above as the threshold for the separate reporting of material designated funds. In the interests of accountability and transparency a complete breakdown of all such funds is available upon written request.

22. Post balance sheet events

The following have not been adjusted for in the accounts:

The accounting statements are required to reflect the conditions applying at the end of the financial year. No adjustments are therefore made for any changes in the market value of the investments between the 1st April 2020 and the date the accounting statements are approved. The market value of the investments held by the Charity as at the 31st March 2020 have increased by a material amount in the intervening period as follows:

	31 March 2020 £000	26 November 2020 £000	Movement £000	Movement %
Investments	7,673	9,393	1,720	22.42%

The charity was notified at the end of March of potential funding from NHS Charities in response to the COVID-19 pandemic, however the sum to be received was not disclosed at this point. £164,500 was received in the first quarter of 2020-21.

Statement of the Trustee's Finance Representative's Responsibilities

As the Trustee's Finance Representative for the Charity, I am responsible for:

- the maintenance of financial records appropriate to the activities of the funds.
- the establishment and monitoring of a system of internal control.
- the establishment of arrangements for the prevention of fraud and corruption.
- the preparation of annual financial statements which give a true and fair view of the Charity and the results of its operations.

In fulfilment of these responsibilities I confirm that the financial statements set out on pages 29 to 45 attached have been compiled from and are in accordance with the financial records maintained by the Trustee and with applicable accounting standards and policies for the NHS.

.....

Trustee's Finance Representative

8th December 2020

Statement of the Trustee's Responsibilities in Respect of the Account

The Trustee's Representatives are required under the Charities Act 2011 to prepare accounts for each financial year. The Welsh Government, with the approval of HM Treasury, directs that these accounts should give a true and fair view of the financial position of the Charity. In preparing those accounts, the Trustee's Representatives are required to:

- apply on a consistent basis accounting policies laid down by the First Minister for Wales with the approval of HM Treasury.
- make judgements and estimates which are reasonable and prudent.
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Trustee's Representatives confirm that they have complied with the above requirements in preparing the accounts.

The Trustee's Representatives are responsible for keeping proper accounting records which show with reasonable accuracy at any time the financial position of the Charity and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction by the Welsh Government. They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

By order of the Trustees

Trustee's Representative	8th December 2021
Trustee's Finance Representative	8th December 2021

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Audit report of the Auditor General to the Trustee of the Betsi Cadwaladr University Health Board Charity

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the Betsi Cadwaladr University Health Board Charity year ended 31 March 2020 under the Charities Act 2011. These comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows, and related notes including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2020 and of its resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have also complied with other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainty that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements were authorised for issue.

Report on other requirements

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustees are responsible for the other information. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

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Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- the information given in the financial statements is inconsistent in any material respect with trustees' report;
- sufficient accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities

Responsibilities of the trustees for the financial statements

As explained more fully in the statement of trustee responsibilities, the trustees are responsible for preparing the financial statements in accordance with the Charities Act 2011, for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether from fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee. An audit conducted in accordance with ISAs (UK) will always detect a material misstatement where Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is available on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description is part of my auditor's report.

Adrian Crompton
Auditor General for Wales

24 Cathedral Road
Cardiff
CF11 9LJ

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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Auditor General for Wales
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

Dyddiad / Date: 8th December 2020

Representations regarding the 2019-20 financial statements

This letter is provided in connection with your audit of the financial statements of Betsi Cadwaladr University Health Board Charity for the year ended 31 March 2020 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for the preparation of the financial statements in accordance with legislative requirements and the Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith.

We acknowledge our responsibility for the design, implementation, maintenance and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- Full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Betsi Cadwaladr University Health Board Charity and involves:
 - management;

- employees who have significant roles in internal control; or
- others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions.

Specific representations

Market value of investments: a material increase of £363,000 in the market value of investments (as at 26th November 2020) held by the Charity has been reported since the balance sheet date and is referred to as a non-adjusting post balance sheet event in the financial statements.

Representations by those charged with governance

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Charitable Funds Committee on the 8th December 2020.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been



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NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:
Chair of the Charitable Funds Committee
and Trustees Representative – on behalf
of those charged with governance

8th December 2020

Signed by:
Executive Director of Finance of the
Corporate Trustee and Trustee's
Finance Representative – on behalf of
management

8th December 2020

Audit of Accounts Report – Betsi Cadwaladr University Local Health Board Charity

Audit year: 2019-20

Date issued: November 2020

Document reference: 2174A2020-21

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

We intend to issue an unqualified audit report on your Accounts. There are some issues to report to you prior to their approval.

Audit of Accounts Report

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Audit of Accounts Report

Introduction

- 1 We summarise the main findings from our audit of your 2019-20 annual report and accounts in this report.
- 2 We have already discussed these issues with the Executive Director of Finance and her team.
- 3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled.
- 4 We set this level at £50,000 for this year's audit.
- 5 There are some areas of the accounts that may be of more importance to the reader and we have set a lower materiality level for these, as follows:
 - Related Party Transactions £1,000
- 6 We have now substantially completed this year's audit, but the following work is outstanding:
 - Receipt of the external confirmation from the Charity's banking provider
- 7 In our professional view, we have complied with the ethical standards that apply to our work; remain independent of yourselves; and our objectivity has not been compromised in any way. There are no relationships between us and yourselves that we believe could undermine our objectivity and independence.

Impact of COVID-19 on this Year's Audit

- 8 The COVID-19 pandemic has had a significant impact on all aspects of our society and continues to do so. You are required by law to prepare accounts and it is of considerable testament to the commitment of your accounts team that you have succeeded in doing so this year in the face of the challenges posed by this pandemic. We are extremely grateful to the professionalism of the team in supporting us to complete our audit in such difficult circumstances.
- 9 The pandemic has unsurprisingly affected our audit and we summarise in **Exhibit 1** the main impacts. Other than where we specifically make recommendations, the detail in **Exhibit 1** is provided for information purposes only to help you understand the impact of the COVID-19 pandemic on this year's audit process.

Exhibit 1 – impact of COVID-19 on this year's audit

Timetable	<p>Prior to the pandemic, we had agreed with the Health Board that we would receive the draft accounts in July 2020, complete the audit in August and report to the Charitable Funds Committee in September</p> <p>However, following the outbreak of the pandemic and the understandable pressures on relevant officers within the Health Board, a revised timetable was agreed deferring the timetable by a quarter.</p> <p>In line with the revised timetable, we received the draft accounts on 25/10/2020 and we expect your audit report to be signed on 9/12/2020 following the Charitable Funds Committee on 8/12/2020</p>
Electronic signatures	<p>Given current social distancing requirements, it may be difficult for signing and certification of the accounts in hard copy this year. We may need to use electronic signatures for this purpose and will agree suitable arrangements with officers.</p>
Audit evidence	<p>Due to social distancing measures, Audit Wales and Health Board staff are currently working remotely from home. As a result, all audit evidence was provided electronically.</p>
Other	<p>Video conferencing has enabled the audit team to correspond effectively with officers throughout the audit. Attendance at the Charitable Funds Committee will also be facilitated by video conferencing.</p>

- 10 We will be reviewing what we have learned for our audit process from the COVID-19 pandemic and whether there are innovative practices that we might adopt in the future to enhance that process.

Proposed Audit Opinion

- 11 We intend to issue an **unqualified audit opinion** on this year's accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**.
- 12 We issue a 'qualified' audit opinion where we have material concerns about some aspects of your accounts; otherwise we issue an unqualified opinion.
- 13 The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards.

14 Our proposed audit report is set out in **Appendix 2**.

Significant Issues arising from the Audit

Uncorrected misstatements

15 There are no misstatements identified in the accounts, which remain uncorrected.

Corrected misstatements

16 There were initially misstatements in the accounts that have now been corrected by management. However, we believe that these should be drawn to your attention and they are set out with explanations in **Appendix 3**.

Other Significant Issues arising from the Audit

17 In the course of the audit, we consider a number of matters relating to the accounts and report any significant issues arising to you. There was one issue relating to the preparation of the financial statements and one governance and oversight issue that we want to bring to your attention.

An annual impairment review of tangible fixed assets has not been undertaken

18 The Statement of Recommended Practice: Accounting and Reporting by Charities (SoRP) requires that assets must be reviewed for impairment at each reporting date. This did not take place in respect of the Charity's tangible fixed assets. We are satisfied that any potential impairment would not be material.

The Charitable Funds have been exposed to unnecessary risk as the procurement exercise to appoint an investment manager did not commence early enough

- 19 The contract with Rothschild to actively manage the charitable funds came to an end on 31 March 2020. To allow the transfer of funds, should Rothschild not be re-appointed through competitive tender, the procurement process should have been completed before the end of 2019.
- 20 However, the procurement process was not formally commenced until January 2020 and the contract not awarded until the end of July 2020. As the contract was awarded to a new fund manager, Rothschild gave notice that they would stop actively managing the fund on 10 August 2020.

- 21 As a result of the time needed to complete due diligence steps prior to the transfer of the fund assets, they remain with Rothschild at the end of November 2020. Consequently, the funds have not been actively managed for almost four months. Whilst we recognise that the fund is managed with a longer term view, it is nonetheless the case that the fund has been exposed to unnecessary risk as no corrective action to manage risk has been able to take place and returns may not have been maximised.
- 22 There is one other aspect of the procurement that also needs further consideration in future. Nine contractors submitted applications and the Charity shortlisted and subsequently interviewed five prospective providers. However, the tender documentation did not set out any shortlisting criteria and therefore the process adopted by the Charity could have been subject to challenge. Fortunately, this was not the case, but it could have led to further unnecessary delay.

Recommendations

- 23 It is pleasing to note that the Charity has implemented recommendations raised in previous years.
- 24 The recommendations arising from our 2019-20 audit are set out in **Appendix 4**. Management has responded to them and we will follow up progress against them during next year's audit. Where any actions are outstanding, we will continue to monitor progress and report it to you in next year's report.

Appendix 1

Final Letter of Representation

[Audited body's letterhead]

Auditor General for Wales

Wales Audit Office

24 Cathedral Road

Cardiff

CF11 9LJ

8 December 2020

Representations regarding the 2019-20 financial statements

This letter is provided in connection with your audit of the financial statements of Betsi Cadwaladr University Health Board Charity for the year ended 31 March 2020 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for the preparation of the financial statements in accordance with legislative requirements and the Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith.

We acknowledge our responsibility for the design, implementation, maintenance and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- Full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

- Our knowledge of fraud or suspected fraud that we are aware of and that affects Betsi Cadwaladr University Health Board Charity and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions.

Specific representations

Market value of investments: a material increase of £1.72 million in the market value of investments (as at 26 November 2020) held by the Charity has been reported since the balance sheet date and is referred to as a non-adjusting post balance sheet event in the financial statements.

Representations by those charged with governance

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Charitable Funds Committee on 8 December 2020.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Chair of the Charitable Funds
Committee and Trustees
Representative – on behalf of those
charged with governance

8 December 2020

Signed by:

Executive Director of Finance of the
Corporate Trustee and Trustee's
Finance Representative – on behalf of
management

8 December 2020

Appendix 2

Proposed Audit Report

The independent auditor's report of the Auditor General for Wales to the trustees of the Betsi Cadwaladr University Health Board Charity.

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the Betsi Cadwaladr University Health Board Charity for the year ended 31 March 2020 under the Charities Act 2011. These comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows, and related notes including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2020 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Report on other requirements

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustees are responsible for

the other information in the annual report and accounts. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report;
- sufficient accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities

Responsibilities of the trustees for the financial statements

As explained more fully in the statement of trustee responsibilities, the trustees are responsible for preparing the financial statements in accordance with the Charities Act 2011, for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Adrian Crompton
Auditor General for Wales
9 December 2020

24 Cathedral Road
Cardiff
CF11 9LJ

Appendix 3

Summary of Corrections Made

During our audit we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process.

Exhibit 2: summary of corrections made

Value of correction	Nature of correction	Reason for correction
£1,000	Note 2 Related Party Transactions: Additional disclosure to reflect transactions with North Wales Police	To comply with disclosure requirements
Narrative amendment	Note 2 Related Party Transactions: Non relevant disclosures removed	To ensure that the disclosure only contained details of relevant related parties
£123,880	Note 15 Fixed Asset Investments: Disposals and cash awaiting investment both increased to reflect the carrying value and to reconcile to the cashflow statement	To ensure that the cashflow and the investment disclosure notes reconcile
Narrative amendment	Note 15 Fixed Asset Investments: Additional narrative included to explain the impact of Covid-19 on the year end investment balance.	To provide some context to the readers of the accounts.

£164,500	<p>Note 22 Post Balance Sheet Events:</p> <p>To include details of COVID-19 monies received in the first quarter of 2020-21 from NHS Charities Together.</p> <p>This is a material PBSE event that relates to conditions that existed at the year end.</p>	To provide details of a material PBSE to the readers of the accounts.
Narrative amendment	<p>Statement of Trustee's Responsibilities in respect of the accounts:</p> <p>Reference to legislation updated to reflect that the accounts are required by the Charities Act 2011.</p>	To reflect the most relevant legislation

Appendix 4

Recommendations

We set out all the recommendations arising from our audit with management's response to them. We will follow up these next year and include any outstanding issues in next year's audit report:

Exhibit 3: matter arising 1

Matter arising 1 – All tangible assets need to be considered for impairment on an annual basis	
Findings	<p>The tangible fixed assets note states that 'There has been no impairment to the land in 2019-20'. However, an impairment review had not been undertaken.</p> <p>The Statement of Recommended Practice: Accounting and Reporting by Charities (SoRP) requires an impairment review to be undertaken annually for tangible fixed assets, this consideration should be undertaken by a sufficiently qualified professional and clearly documented.</p>
Priority	High
Recommendation	That, in future years, the charity ensures that an impairment review is undertaken by a suitably qualified professional on an annual basis for all tangible assets.
Benefits of implementing the recommendation	Compliance with the SORP.
Accepted in full by management	Yes
Management Response	Although this has not been raised as an issue in previous years, we will ensure that a formal impairment review of the land takes place each year going forward

Implementation Date	March 2021
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Exhibit 3: matter arising 2

Matter arising 2 – There are lessons to be learned from the procurement of the new Fund manager	
Findings	The procurement process for appointment of a Fund manager did not commence sufficiently early to ensure that Funds were transferred on a timely basis to a new Fund manager. In addition, the tender documentation did not contain details of the criteria to be adopted when shortlisting applications.
Priority	High
Recommendation	That the Charity undertake a post project learning exercise in relation to the procurement to ensure that appropriate lessons are taken forward into future procurements.
Benefits of implementing the recommendation	To ensure that the funds are managed effectively and to ensure compliance with procurement law.
Accepted in full by management	Yes
Management response	We will discuss the issues that have been encountered with Procurement, to ensure that the lessons learnt are incorporated into future tender processes
Implementation date	March 2021



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Website: www.audit.wales

We welcome correspondence and
telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.

Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 8 th December 2020					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Charitable Funds Finance Report Q2 2020/21					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Acting Executive Director of Finance					
Awdur yr Adroddiad Report Author:	Rebecca Hughes, Charity Accountant					
Craffu blaenorol: Prior Scrutiny:	Acting Executive Director of Finance					
Atodiadau Appendices:	<u>Appendix 1:</u> Legacies <u>Appendix 2:</u> COVID-19 Grants <u>Appendix 3:</u> Income and expenditure <u>Appendix 4:</u> Outstanding commitments <u>Appendix 5:</u> Analysis of funds by service <u>Appendix 6:</u> Glossary of terms					
Argymhelliad / Recommendation:						
The Committee is asked to approve the report and the actions being taken.						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						
The Charitable Funds Committee has responsibility for overseeing the financial management and stewardship of the charitable funds. This is the Finance Report for the charity as at the 30 th September 2020, reporting the financial position over the second quarter of 2020/21.						
Cefndir / Background:						
<p>NHS charitable funds are defined as all monies donated to the Health Board for purposes related to the NHS and include voluntary donations, legacies and fundraising. Awyr Las's objects, as recorded with the Charity Commission, are <i>'for any charitable purpose or purposes relating to the National Health Service'</i>.</p> <p>The vision of the Charity expands on this further: <i>'To use Charitable Funds to make a real difference to our patients, their families and staff across North Wales in the delivery of safe and effective healthcare'</i>. The Charity's focus is always on the ultimate patient benefit and funding items that go over and above the core NHS service.</p>						
Asesiad / Assessment:						
Strategy Implications						
Aligned to the Awyr Las Charity Strategy.						
Options considered						
Not applicable – paper is for information on the financial position of the charity.						

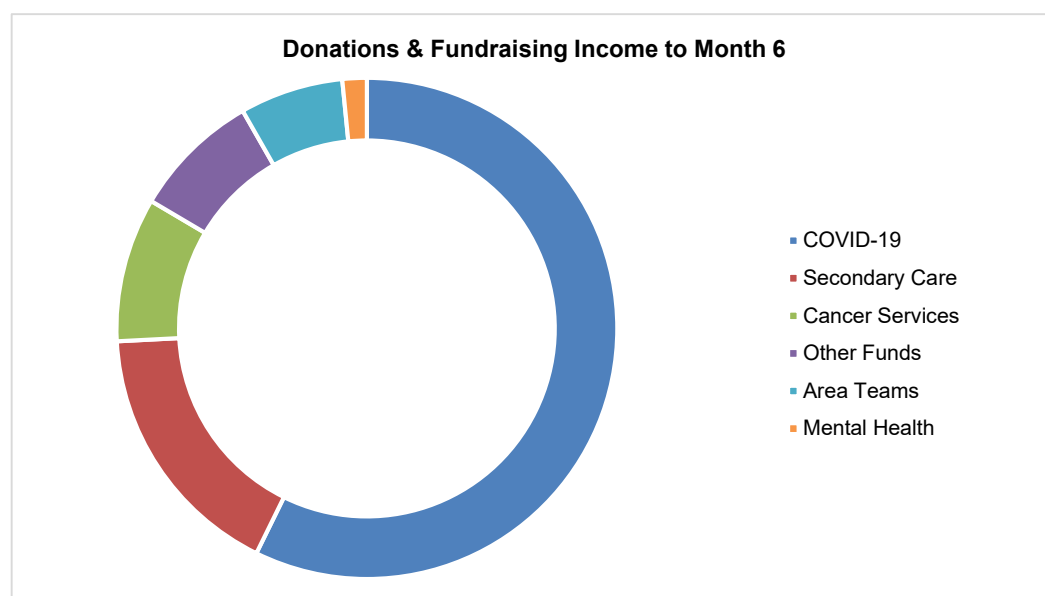
Financial Implications

Statement of Financial Activities

	Quarter ended 30 th September 2020 £000	Year to 30 th September 2020 £000	Quarter ended 30 th September 2019 £000
Donations & fundraising	208	763	630
Legacies	92	91	235
Investment income	33	71	67
Total income	333	925	932
Grants funded	(163)	(728)	(741)
Governance & support costs	(25)	(54)	(54)
Fundraising costs to date	(54)	(107)	(109)
Charity budget commitment	(103)	(268)	(277)
Investment management	(10)	(24)	(27)
Total expenditure	(355)	(1,181)	(1,208)
Gain/(loss) on investments	486	1,179	341
Net movement in funds	464	923	65

Income

- Donation and fundraising income for the year to date totals £763,000, which is £133,000 (21%) higher than for the same period last year. This is because of the donations made to the COVID-19 fund. To the end of September, these totalled £437,000, comprising 57% of all donated income. Included in this figure is £214,500 from NHS Charities Together. Donated income to other funds within the charity was down by £304,000 (48%) compared to the same period last year.



- Legacy income this for the first half of the year totals £91,000, which is £144,000 (61%) lower than at the same point last year. Further details on legacies are included in Appendix 1.

Expenditure

- Grant funded expenditure of £728,000 is £13,000 (2%) lower than at the same point last year. Grants of £424,000 have been awarded from COVID-19 funds, which comprises 58% of total grants for the year to date. Further detail on COVID-19 grants is included in Appendix 2.
- The charity budget commitment relates to the costs for the whole of the year that are chargeable to General Funds, as per the approved budget. These are committed at the start of the year, so that the General Funds balance accurately reflects what is available to use in grant awards. The commitment is reduced throughout the year as costs are realised.
- Further detail on items of income and expenditure over £25,000 is included in Appendix 3.

Fundraising Costs

	Total Budget £000	Month 6 Budget £000	Month 6 Actual £000	Month 6 Variance £000
Fundraising Team Pay Costs	225	113	92	(21)
Fundraising Team Non-Pay Costs	50	25	12	(13)
Total Fundraising Team	275	138	104	(34)
Other Fundraising Costs	28	14	3	(11)
Total Fundraising Costs	303	152	107	(45)

- The Fundraising Team costs are £34,000 under spent for the year to date. The team currently has one vacancy, a 30 hour Band 6 Fundraising Support Manager, which is resulting in the under spend on staff costs. Non-pay costs are also under spent, with many fundraising events unable to take place during the pandemic.

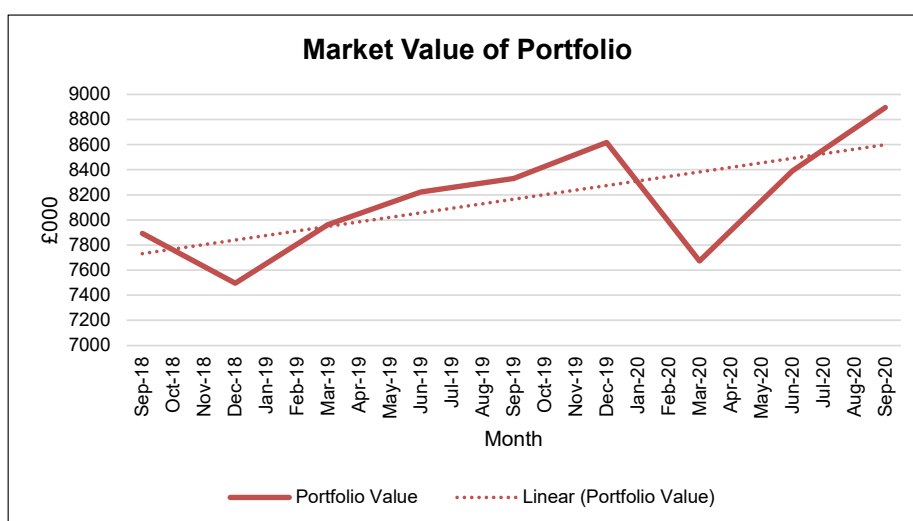
Balance Sheet

	As at 30/09/20 £000	As at 31/03/20 £000
Long term investments	8,896	7,673
Land	135	135
Total fixed assets	9,031	7,808
Debtors	396	543
Cash at bank and in hand	776	884
Total current assets	1,172	1,427
Creditors	(151)	(220)
Net current (liabilities)/assets	1,021	1,207
Creditor for commitments	(1,475)	(1,361)
Net assets	<u>8,577</u>	<u>7,654</u>
Unrestricted fund balances	4,900	3,813
Restricted fund balances	3,677	3,841
Net assets	<u>8,577</u>	<u>7,654</u>

Investments

- The investment portfolio fell significantly at the end of 2019/20, due to the impact of COVID-19 on financial markets. All of the loss suffered has been regained during the first half of 2020/21 and the portfolio is now £279,000 higher than at the peak last year. This has given a second quarter gain on investments of £464,000. The year to date gain of £923,000 equates to 12% of

the brought forward portfolio value. Although this gain is unrealised, it is included in General Funds as income.



- Further details on the investment portfolio and the investment manager tender are included in the Investment Portfolio report.

Assets and liabilities

- Total cash held has decreased by £108,000 during the first six months of the year. It is forecast that the cash held is sufficient to meet current needs.
- The provision for commitments has increased by £114,000 (8%) compared to the end of the last financial year. Many projects that received approval prior to March were put on hold during the initial COVID-19 response. Extensions were given to all commitments, to ensure that applicants were not disadvantaged by the pandemic, with business as usual being severely disrupted. Applicants with outstanding approvals that have not progressed have been contacted during October to determine their status. Many applicants have asked for further extensions as they anticipate being able to restart projects over the next few months. Grants that have not progressed and have no plan to restart have been cancelled. Further details of outstanding commitments are included in Appendix 4.

Funds Analysis

- Available unrestricted fund balances total £4,900,000 compared to a target level of £2,811,000.
- Available General Funds total £399,000. This balance is after the running costs of the charity for 2020/21 have been removed. General Funds have increased during the second quarter due to the unrealised gains made on the investments.
- An analysis of funds by service is included in Appendix 5.
- A glossary of terms used in this report is included in Appendix 6.

Risk Analysis

The risks of the charity are reviewed by the Committee on an annual basis, every March. There are currently no red rated risks and so the risk register has not been included on the agenda for this meeting.

Legal And Compliance

Not applicable.

Impact Assessment

Not applicable.

Appendix 1 – Legacies

Open Legacies – Quarter 2 2020/21						
Name	Date of Notification	Pecuniary / Residuary	Fund to Benefit	Received in Period £	Total Received £	Current Status
Cunliffe, N M	May-20	Residuary	Cancer Centre YGC, Ophthalmology ABH & Audiology YGC	0	0	A letter received from the executing solicitors. They are in the process of collating assets and liabilities to apply for Grant of Probate.
Ellison, F	Jul-19	Residuary	Ruthin Hospital General Purpose Fund	0	0	Grant of Probate has now been awarded.
Lewis, J E	Mar-20	Residuary	Cancer Centre YGC & Ophthalmology ABH	80,000	80,000	All cash assets have been collected and an interim distribution made. The property is on the market and an offer has been received.
Staniforth, J E	Jul-19	Residuary	Cancer Centre YGC	0	100,000	Two distributions have been received from the Estate and there is a small amount outstanding.
Williams, C J L	Dec-19	Residuary	Renal Unit YG	0	0	Grant of Probate has now been awarded.
Williams, E L	Jan-20	Residuary	Parents and Friends of Rhuddlan Children's Centre	0	0	The solicitors are in the process of obtaining Grant of Probate.
Young, G A	Nov-19	Residuary	Aberconwy Ward Llandudno General Hospital & Gwynedd Breast Cancer Research Fund	0	0	A sale has been agreed on the property in Llandudno.
Total open legacies				80,000	180,000	

Appendix 1 – Legacies

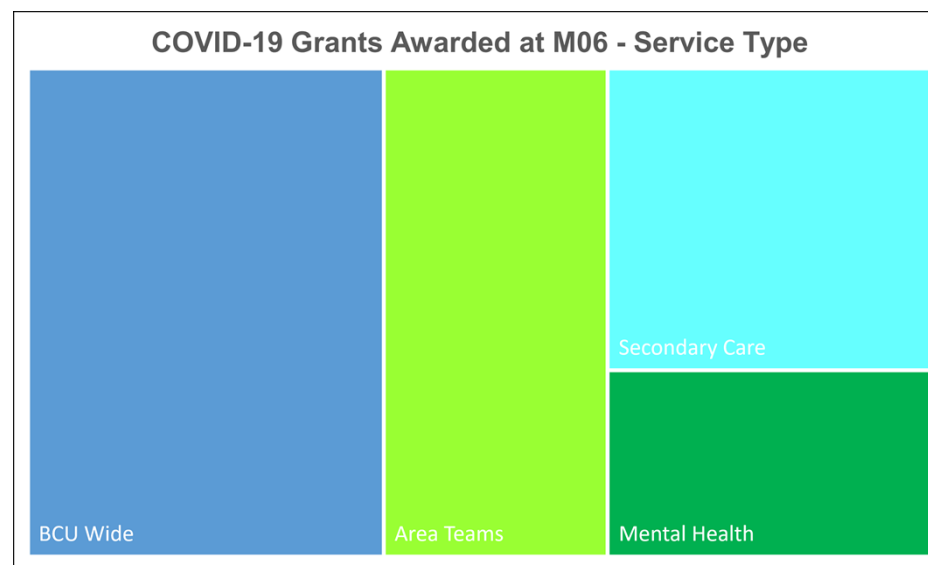
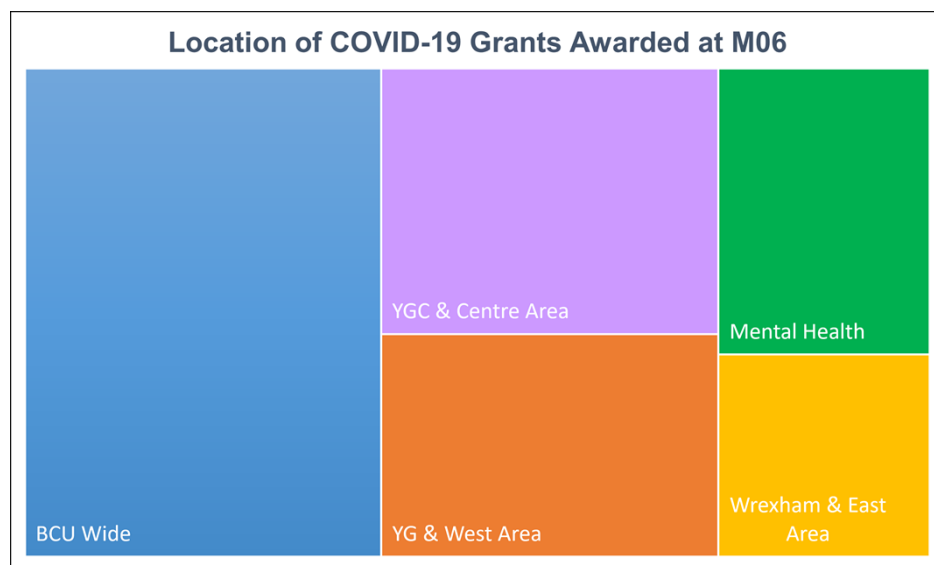
Closed Legacies – Quarter 2 2020/21				
Name	Pecuniary / Residuary	Fund to Benefit	Received in Period £	Total Received £
Audas, M O	Residuary	Conwy East General Fund & General Funds: Centre, West & Llandudno	218	121,263
Bailey, S A	Pecuniary	Cancer Fund YGC	5,500	5,500
Baker, WF	Residuary	Dwyfor Locality - Bryn Beryl General Purposes	51	6,825
Davies, G O	Pecuniary	Cancer Fund YGC	750	750
Phillips V	Pecuniary	Friends of Llandudno Hospital	5,000	5,000
Total closed legacies			11,519	139,338
Legacies Accrued in prior years			0	
Total Legacies Received in Quarter 2			91,519	

Appendix 2 – COVID-19 Grants

COVID-19 grants have been available to all divisions, regardless of the specific funds they may hold. 39% of grants have been for use on a Health Board wide basis, with the remainder going to specific areas. A summary of the location and service type of these grants is shown below.

Location	£000
BCU Wide	167
YGC & Centre Area	86
YG & West Area	72
Mental Health	58
Wrexham & East Area	41
Total	424

Service Type	£000
BCU Wide	167
Area Teams	105
Secondary Care	94
Mental Health	58
Total	424



Appendix 3 – Income and Expenditure

Items over £25,000

Income & Expenditure Items Over £25,000				
Division	Fund	Income £'000	Expenditure £'000	Description
Income				
COVID-19	8T52 – COVID-19 Response	50		Grant - NHS Charities Together
Ysbyty Glan Clwyd & Abergel and Cancer - YGC	8N04 – Ophthalmic Unit, Abergel & 8Q02 - Cancer Charitable Fund, YGC	40		Legacy – J E Lewis
Expenditure				
Ysbyty Wrexham Maelor	7B67 - Cardiology Fund, East		(37)	Ambulatory ECG Monitoring System
Cancer - YG	8Q04 - Alaw Fund, YG		(36)	Replacement Flooring
Total		90	(73)	

Appendix 4 – Outstanding Commitments

Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
31/10/2020	PhD Prudent Healthcare (KESS Scholarships)	8T28	General Funds - Awyr Las	4,000	3,500	500	The student undertaking the PhD withdrew in September 2018 after 2 years on the project. It is hoped that the funding for the final year, some of which is held by Bangor University and some by the charity, can be converted into a 1 year Masters. The submission request for this was in the final call before the lockdown. The project proposals submitted to the call now have to go to the KESS 2 Approval Panel and a date is in the process of being set for that meeting. Eighteen month extension awarded.	
30/11/2020	Supporting Primary Care Placements for Nurses and Student Nurses	8T28	General Funds - Awyr Las	4,800	3,450	1,350	Ongoing project. First cohort of students commenced at the end of 2017. There was a delay due to the university having to undertake full work based audits on all the practices that have said they will take a student. All have now been audited and there are 14 practices that are currently taking student nurses. The project was on hold during the initial COVID-19 period, but it is planned to restart shortly. Three & half year extension awarded.	
31/03/2021	North Wales Adolescent Service (NWAS): Experience Based Co-design (EBCD) Project	8F17	Denbighshire Child Development Centre	4,720	2,589	2,131	Ongoing project. The main project has been undertaken, but there are some outcomes still outstanding - framing service user artwork, purchasing items of furniture and signage for the building. Some of this work had to be suspended during the lockdown period, but is expected to resume shortly. Three year extension awarded.	

Appendix 4 – Outstanding Commitments

Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
31/10/2020	Staff Mental Health and Wellbeing Awareness	8T28	General Funds - Awyr Las	3,000	2,667	333	Commitment closed in October and remaining balance returned to fund.	
31/07/2021	Nasal Mucous Collection - Study 2	8T28	General Funds - Awyr Las	5,700	2,611	3,089	Ongoing project. Project now planned to cover three hay fever seasons and so take longer than originally anticipated. Two year extension awarded.	
31/10/2020	KESS Studentship	8Q03	Cancer Research Fund - Glan Clwyd	7,500	3,125	4,375	Ongoing project.	
31/12/2020	Equipment and Flooring - Alaw Ward	9Q04	Janet Jones (Alaw) - YG	56,000	44,575	11,425	Estates project. The equipment has been received and paid for. The flooring project is now underway and expenditure has been incurred during Autumn 2020. Two year extension awarded.	
31/03/2021	Hybrid Theatre	8B66	Livsey Fund	500,000	375,330	124,670	Large scale Estates project. Orders raised from November 2018 onwards, in line with the project plan. Two year extension awarded.	
30/09/2020	Clinical Psychology Input - Critical Care Follow Up Services	9N01	ITU/HDU Staff - YG	7,000	6,178	822	Commitment closed in October and remaining balance returned to fund.	
30/09/2020	Operating table/couch for the Pacing Theatre	8B42	Cardiology Department Central - Patients Fund	31,504	27,557	3,947	The table has been received. Procurement did not include a VAT exemption certificate with the order and so VAT of £5,511 has been charged. The company are refusing to issue a retrospective credit. This will take the cost £1,565 above the approved amount. Approval sought from Committee.	

Appendix 4 – Outstanding Commitments

Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
31/01/2021	Purchase and installation of 8 televisions for the new Coronary Care Unit	8B42	Cardiology Department Central - Patients Fund	24,000	0	24,000	The installation of the TVs is a larger project than originally anticipated. Due to service pressures, it has been decided to postpone it until after the winter pressure period is over. Two year extension awarded.	
30/09/2020	Complimentary Therapist - 12 months	9Q18	#TeamIrfon	23,296	14,605	8,691	Commitment closed in October and remaining balance returned to fund.	
31/01/2021	Advancing the Primary Care Nursing Workforce across North Wales	8T48	Staff Development Fund	50,000	19,255	30,745	Difficulty with booking courses due to Procurement regulations around block booking. This has delayed the project. The first cohort of courses took place in September and October 2019. The programme has restarted in August 2020. 1 year extension awarded.	
31/03/2021	Project Support for ChemoCare Version 6 Upgrade and Roll-out to Haematology	8Q02	Cancer Charitable Fund - Glan Clwyd	92,000	25,674	66,326	Ongoing project	
31/10/2020	Exploring Healthcare Professionals perspectives on Advance Care Planning: another piece of the puzzle	7Q03	Palliative Care Fund - YMW	23,993	0	23,993	The project is being led by Bangor University and has now been completed, but the university have not yet issued an invoice. Costs are invoiced in arrears. Six month extension awarded.	
30/09/2020	Patient Information Display Screens	8Q02	Cancer Charitable Fund - Glan Clwyd	9,800	0	9,800	Application withdrawn in October 2020. Commitment closed and balance returned to fund.	
30/09/2020	Wet Rooms - Enfys Ward	8Q02	Cancer Charitable Fund - Glan Clwyd	20,000	19,521	479	Commitment closed in October 2020 and remaining balance returned to fund.	

Appendix 4 – Outstanding Commitments

Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
30/09/2020	Complimentary Therapist - 12 months	7Q02	Cancer Support Group - YMW	10,000	3,973	6,028	Commitment closed in October 2020 and remaining balance returned to fund.	
31/03/2021	Additional Equipment – Hybrid Theatre	8B66	Livsey Fund	75,300	0	75,300	This is linked to the main Hybrid Theatre application and the approval expiry date has been set to match. Orders are raised in line with the project plan.	
31/07/2021	MSc Biomedical Science 2 year part-time course	9J06	Microbiology Research - YG	7,500	0	7,500	Ongoing project.	
31/12/2020	Staff Experience Application	8T48	Staff Development Fund	24,000	0	24,000	Small grants scheme administered by the Fundraising Team. This was put on hold due to COVID-19, but will be restarting shortly. Six month extension awarded.	
30/09/2020	Replacement Flooring, Tywyn Hospital	9B34	Tywyn General Purposes Fund	6,209	0	6,209	Ongoing project. There were initially delays in commencing due to some asbestos work that needed to be carried out. Then COVID-19 delayed the project further. The hospital team are waiting for Estates to commence the work as soon as they are able to. One year extension awarded.	
31/03/2021	Cancer Care Self Help Group - 2020	8Q02	Cancer Charitable Fund - Glan Clwyd	500	0	500	Ongoing project.	
31/03/2022	Cancer Care Self Help Group - 2021	8Q02	Cancer Charitable Fund - Glan Clwyd	500	0	500	Ongoing project.	

Appendix 4 – Outstanding Commitments

Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
31/03/2021	Minor Works Scheme - Ysbyty Alltwen	9B10	Madog Community and Hospital Fund	29,700	0	29,700	Estates have confirmed that due to other priority COVID-19 works the contractor has been undertaking, we have put the job back. It is unlikely that the work will commence until 2021, as it is very difficult to get contractors willing to work on COVID-19 sites. One year extension awarded.	
30/09/2021	Assessing the mental health of patients on the Alaw Cancer Care Unit	9Q18	#TeamIrfon	52,038	0	52,038	Project was put on hold due to COVID-19. Discussions have now started about when the project can commence.	
30/11/2020	Patient Journey App	9N17	Trauma & Orthopaedic (West) CPG GP Fund	13,400	6,400	7,000	Initial order placed and paid for in November 2019. Six month extension awarded.	
31/05/2021	Gwynt Y Mor Community Fund - Motiv8 Project	8D12	Motiv8 North West Wales	47,190	0	47,190	Due to COVID-19 the project was put on hold. The job advert went out in October 2020 and once an individual has appointed, the project will commence.	
31/03/2023	Evaluating Musical Interaction Therapy (MIT) for Autism with Cross-BCU Impact	8T28	General Funds - Awyr Las	16,500	6,412	10,088	Ongoing project.	
31/12/2020	Hearts and Mind Grants 2019.20	8T38	Awyr Las Hearts & Minds Fund	5,695	2,770	2,925	Small grants scheme administered by the Fundraising Team. This was put on hold due to COVID-19, but will be restarting shortly. Nine month extension awarded.	
31/12/2020	Hearts and Mind Grants 2019.20	9Q01	Cancer Research - YG	1,000	0	1,000	Small grants scheme administered by the Fundraising Team. This was put on hold due to COVID-19, but will be restarting shortly. Nine month extension awarded.	

Appendix 4 – Outstanding Commitments

Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
31/01/2021	Wet Rooms - Enfys Ward	8Q02	Cancer Charitable Fund - Glan Clwyd	11,231	0	11,231	The communal wet room has been completed, but the bathrooms in the single rooms are still outstanding. Work has been delayed due to COVID-19. Six month extension awarded.	
31/03/2023	Study - Correlation between novel biomarker expression and interventional treatment in chronic back pain (Pain Management, Wrexham)	8T28	General Funds - Awyr Las	51,500	0	51,500	Ongoing project.	
30/09/2020	Operating Lighting Theatre	8N04	Ophthalmic Unit - H M Stanley	22,386	19,386	3,000	Commitment closed in October 2020 and remaining balance returned to fund.	
30/09/2020	Hill-Rom Golvo 9000 Hoist	8Q02	Cancer Charitable Fund - Glan Clwyd	6,394	5,948	446	Commitment closed in October 2020 and remaining balance returned to fund.	
30/09/2020	Super Dimension Electro Navigational Equipment	8Q02	Cancer Charitable Fund - Glan Clwyd	129,000	128,000	1,000	Commitment closed in October 2020 and remaining balance returned to fund.	
30/04/2021	Complimentary Therapy 2020	7Q02	Cancer Support Group - YMW	16,000	0	16,000	Commitment for 2020/21.	
30/04/2021	Complimentary Therapy 2020	8Q02	Cancer Charitable Fund - Glan Clwyd	26,000	1,805	24,195	Commitment for 2020/21.	

Appendix 4 – Outstanding Commitments

Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
30/04/2021	Complimentary Therapy 2020	9Q18	#TeamIrfon	33,000	0	33,000	Commitment for 2020/21.	
30/04/2021	Oncology Wigs 2020	7Q02	Cancer Support Group - YMW	25,000	90	24,910	Commitment for 2020/21.	
30/04/2021	Oncology Wigs 2020	8Q02	Cancer Charitable Fund - Glan Clwyd	25,000	1,980	23,020	Commitment for 2020/21.	
30/04/2021	Oncology Wigs 2020	9Q04	Janet Jones (Alaw) - YG	25,000	630	24,370	Commitment for 2020/21.	
31/10/2020	Ambulatory ECG Monitoring System	7B67	Cardiology Fund - East	45,000	36,663	8,337	Final payment made in November. Commitment closed and remaining balance returned to fund.	
30/04/2021	Dermatology Wigs 2020 - East	8T28	General Funds - Awyr Las	10,000	1,980	8,020	Commitment for 2020/21.	
30/04/2021	Dermatology Wigs 2020 - West	8T28	General Funds - Awyr Las	10,000	2,916	7,084	Commitment for 2020/21.	
30/04/2021	Dermatology Wigs 2020 - Central	8T28	General Funds - Awyr Las	10,000	4,860	5,140	Commitment for 2020/21.	
30/09/2020	Delivering vital eye care out-of-hours through telecommunications – equipment requirement	8T28	General Funds - Awyr Las	25,556	0	25,556	Equipment paid for in October 2020. Commitment closed.	

Appendix 4 – Outstanding Commitments

Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
30/04/2021	Hearts & Minds Regular Grants Scheme	8T28	General Funds - Awyr Las	20,000	0	20,000	Small grants scheme for 2020/21.	
30/04/2021	International Year of the Nurse and Midwife	8T28	General Funds - Awyr Las	10,000	0	10,000	Ongoing project.	
30/09/2020	Replacement Chairs - Acton Ward	7B18	Wrexham Rehab General Purposes Fund - East	5,518	0	5,518	Application withdrawn in October 2020. Commitment closed and balance returned to fund.	
31/03/2021	CV-19 Grant - YGC	8T52	COVID-19 Response Fund	2,000	932	1,068	COVID-19 initial response small grants scheme.	
31/03/2021	CV-19 Grant - WMH	8T52	COVID-19 Response Fund	2,000	1,788	212	COVID-19 initial response small grants scheme.	
31/05/2022	Keep the Beats Officer	7B67	Cardiology Fund - East	30,000	12,493	17,507	Ongoing project.	
31/05/2022	Keep the Beats Officer	8B42	Cardiology Department Central - Patients Fund	26,000	10,827	15,173	Ongoing project.	
31/05/2022	Keep the Beats Officer	9K08	Cardiology Department - West	18,000	7,495	10,505	Ongoing project.	
30/11/2020	Bereavement Support Provision	8T52	COVID-19 Response Fund	20,000	3,108	16,892	Ongoing project.	

Appendix 4 – Outstanding Commitments

Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
30/09/2020	Baby Pod	7F09	Children's Ward Charity Ball Fund	6,590	5,996	594	Commitment closed in October and remaining balance returned to fund.	
31/03/2021	Charity Budget 2020/21	8T28	General Funds - Awyr Las	449,497	170,382	279,115	Budget for 2020/21.	
31/12/2020	Diathermy Unit - Dermatology	8T52	COVID-19 Response Fund	18,662	5,300	13,362	Some of the equipment has been received and paid for. The remainder has been ordered but not yet received. Three month extension awarded.	
31/12/2020	Provision of Parabl Talking Therapy	8T52	COVID-19 Response Fund	21,274	10,438	10,836	Ongoing project.	
31/05/2021	Covid-19 Medical Education Fellowship	8T52	COVID-19 Response Fund	39,200	0	39,200	Ongoing project.	
31/12/2020	Nathan Wyburn - Thank you BCUHB/NHS/Artwork	8T52	COVID-19 Response Fund	4,500	500	4,000	Ongoing project.	
31/12/2020	Nathan Wyburn - Thank you BCUHB/NHS/Artwork	8T27	Creative Well Fund	2,500	0	2,500	Ongoing project.	
31/12/2020	Lesotho Family Medicine Specialty Training Program	8T52	COVID-19 Response Fund	9,857	0	9,857	Ongoing project.	
31/12/2020	Ipad Grant Scheme	8T52	COVID-19 Response Fund	50,000	29,228	20,772	COVID-19 project. First group of iPads purchased in July 2020 and remainder ordered November 2020.	
31/12/2020	Virtual Hospital Scoping Project	8T52	COVID-19 Response Fund	5,000	0	5,000	Ongoing project.	

Appendix 4 – Outstanding Commitments

Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
28/02/2021	BAME NHSCT Grant	8T52	COVID-19 Response Fund	50,000	2,800	47,200	COVID-19 grant from NHS Charities Together to be used for BAME projects.	
31/12/2020	Cultural Competence Training	8T52	COVID-19 Response Fund	2,800	0	2,800	COVID-19 grant from NHS Charities Together to be used for BAME projects.	
31/10/2020	CV-19 Funding Requests - £101 to £4,999	8T52	COVID-19 Response Fund	140,678	39,678	101,000	COVID-19 grants awarded and not yet spent.	

Key to Status coding:

TOTAL

1,486,571

Approval closed
Ongoing
Extension awarded
Overdue

Appendix 5 – Analysis of Funds by Service

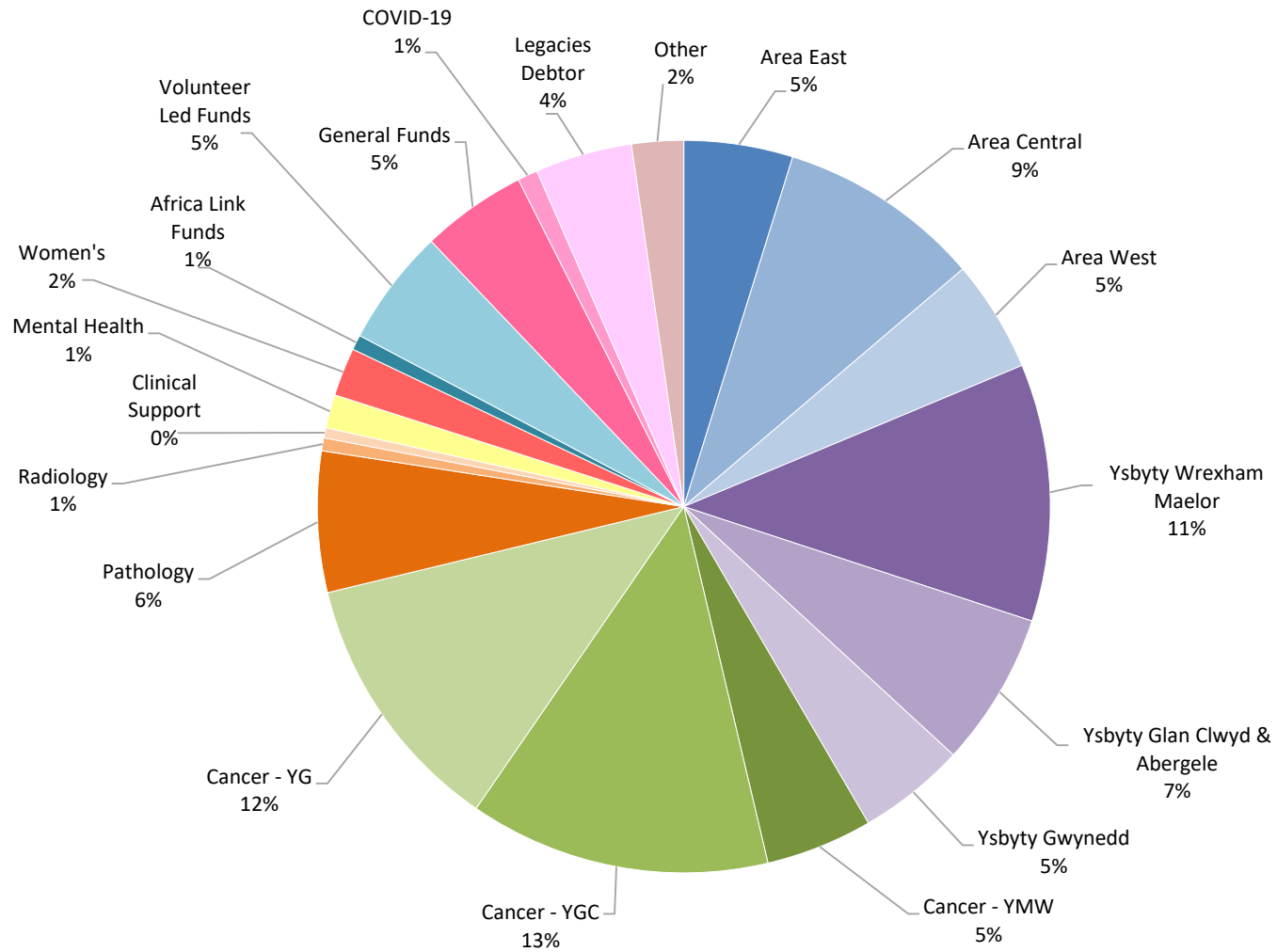
	Opening position M01 £000	Income £000	Expenditure £000	New Unspent Commitments £000	Closing position M06 £000
Area East	431	18	(36)	(1)	412
Area Central	769	18	(18)	0	769
Area West	434	20	(31)	0	423
Area Teams	1,634	56	(85)	(1)	1,604
Ysbyty Wrexham Maelor	971	55	(34)	(18)	974
Ysbyty Glan Clwyd & Abergelge	554	63	(19)	(15)	583
Ysbyty Gwynedd	410	47	(33)	(17)	407
Women's & Maternal Care	180	4	(1)	0	183
Pathology	533	0	0	0	533
Radiology	48	1	0	0	49
Clinical Support	37	1	0	0	38
Secondary Care	2,733	171	(87)	(50)	2,767
Cancer - YMW	384	16	4	0	404
Cancer - YGC	1,097	62	(20)	0	1,139
Cancer - YG	954	42	2	0	998
Cancer Services	2,435	120	(14)	0	2,541
Mental Health	114	12	1	0	127
Africa Link Funds	69	(1)	(11)	0	57
Volunteer Led Funds	441	9	(7)	0	443
General Funds	(452)	1,229	(111)	(267)	399
COVID-19 Funds	63	437	(153)	(271)	76
Legacies Debtor	371	(4)	0	0	367
Other	246	75	(122)	(3)	196
Other Funds	738	1,745	(404)	(541)	1,538
Total Charity Balance	7,654	2,104	(589)	(592)	8,577

Service Type	£000	%
Area Teams	1,604	19%
Secondary Care	2,767	32%
Cancer Services	2,541	30%
Mental Health	127	1%
Other	1,538	18%
	8,577	

Health Economy	£000	%
East	1,790	21%
Centre	2,491	29%
West	1,828	21%
BCU Wide	2,468	29%
	8,577	

Appendix 5 – Analysis of Funds by Service

Fund Balance by Service at Month 6



Appendix 6 – Glossary of Terms

Donations

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

Fundraising income

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

Governance and support costs

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

Fundraising costs

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

Long term investment

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

Unrealised gains

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

Commitments

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

Unrestricted funds

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

Restricted funds

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

Appendix 6 – Glossary of Terms

Reserves

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

Designated Funds

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

General Funds

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

Legacies Debtor Fund

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

Dormant Funds

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

Semi-dormant Funds

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

Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 8th December 2020
Cyhoeddus neu Breifat: Public or Private:	<i>Public</i>
Teitl yr Adroddiad Report Title:	BCUHB Fundraising Update Report
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, BCUHB Acting Executive Director of Finance
Awdur yr Adroddiad Report Author:	Kirsty Thomson, BCUHB Head of Fundraising
Craffu blaenorol: Prior Scrutiny:	<i>No prior scrutiny</i>

Argymhelliad / Recommendation:

The Committee is asked to note the information included within the BCUHB Fundraising Update Report, discuss the draft Awyr Las 2021-25 Strategy and approve the following:

- *NHS Charities Together Stage 2 & 3 Grant Request Outlines*
- *The case to procure a new CRM System*

Appendices:

Appendix 1: Draft Awyr Las 2021-25 Strategy Overview

Appendix 2: Draft Awyr Las 2021-25 Supporting Information

Appendix 3: NHS Stage 2 & 3 Grant Request Outlines

Appendix 4: Business Case for a new CRM

Appendix 5: Awyr Las Commissioned Report: WCVA Third Sector Covid19: Lessons, Learning and recovery

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
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Sefyllfa / Situation:

This paper provides an update on the following key areas of the Fundraising Section of the Awyr Las Support Team's activity:

- 1. Awyr Las 2021-25 Strategy*
- 2. Complaints Report*
- 3. NHS Charities Together Stage 2 & 3 Grant Request Outlines*
- 4. Case for a New CRM System*
- 5. Shooting Star Unit Update*
- 6. Volunteering Update*

This paper seeks to provide assurance on the main activities, direction and focus of the Fundraising Section of the Awyr Las Support Team for BCUHB's Board representatives who form the Charitable Funds Committee membership. This should be read in conjunction with the Awyr Las Finance Report.

Cefndir / Background:

1. Awyr Las 2021-25 Strategy

Appendix 1 and 2, the Awyr Las 2021-25 Strategy and a supporting document have been drawn up following a series of informal discussions with colleagues, research into giving trends, a benchmarking exercise against specific NHS Charities, formal workshops with Charitable Funds Committee members and the Awyr Las Support Team (ALST). The Charitable Funds Committee is asked to review the draft Strategy overview and the draft strategy background and context and discuss its content.

2. Complaints Report

The Awyr Las Support Team (ALST) received one complaint this quarter. The complainant was received from a colleague that had applied for a large grant and had not been made aware of the outcome of the decision. The complaint was managed through the official complaints process and the complainant was satisfied with the prompt and thorough response they received from both the Head of Fundraising and Executive Director of Finance. Action has been taken to ensure applications that are submitted can be managed in a timelier manner, and the complaint is closed.

3. NHS Charities Together Stage 2 & 3 Grant Request Outlines

The Charitable Funds Committee is asked to scrutinise Appendix 3, the NHS Charities Together (NHSCT) Stage 2 and 3 Outline Grant applications and approve the applications' submission.

4. The Case for a New CRM System

A full business case for the New CRM System is included in Appendix 4. The names of the current system used by the Awyr Las Support Team and the preferred option are not included in the report or in the Appendix because the information included could be considered commercially sensitive.

Background

A Customer Relationship Management package (CRM) is a tool that helps charities better organise and access supporter data. The Awyr Las Support Team (ALST), made up of fundraising and finance staff, currently uses a CRM and Charitable Accounting package from a provider that was chosen 8 years ago because it was favoured by NHS charities at that time. The CRM that the ALST currently uses is outdated, and needs to be replaced.

Situation

Digital now plays a huge part in the charity's work: Facebook donations have grown exponentially over the last 2 years and JustGiving remains the go to platform for fundraisers. There has been an increase in traffic to the website, with large volumes of donations coming through the online payment gateway, Stripe. The charity needs to apply a 'digital-first' approach, offering supporters and donors a quicker, smoother and more personalised experience.

The advance of technology has had an impact on people's expectations; convenience and immediacy are key. Many of the charity's aspirations for growth hinge on having a seamless supporter and donor journey and stewardship plan – this is increasingly dependent on having an effective, well integrated CRM. The charity is constantly exploring new avenues for income generation; many of these new avenues include a digital element, or are wholly digital ventures. There has been rapid innovation in CRM technology over the past 5 years.

Multiple “challenger” providers have entered the market, offering lightweight and cloud-based systems with automatic integrations with popular software packages and platforms as standard which the system that the ALST currently uses do not offer. Multiple NHS charities have changed CRM provider in the last 18 months, moving from the ALST’s current provider.

The Digital and Data Manager within the ALST, Emma Jones, has carried out anonymous surveys with the team and has attended webinars with other NHS Charities and carried out in-depth analysis to understand what is available on the market. The ALST’s vision is to have a CRM that makes it possible for Awyr Las to offer a great experience for all stakeholders, supported by integrations with relevant platforms and software. This will significantly reduce the need for manual input and free up precious time; time that is currently spent on manual data input and rectifying errors, which would be better spent elsewhere on the things that matter, like meaningful interactions with supporters and beneficiaries. The Accounting system that is currently in use is flawed and needs upgrading. The system change would ensure that improvements will happen from an accounting perspective as well as from a relationship management perspective. The finance section of the Awyr Las Support Team has already been involved and will continue to be involved in every state of the decision making process.

Options

- Do nothing: This is not a viable option
- Invest time and money in making the current provider better: No amount of investment from ALST will change the lack of integrations offered by this provider
- Change to another “off the shelf” system (e.g. Donorfy, Beacon): The charity could adopt an “off the shelf” system that suits the needs of ALST. One particular system has received excellent feedback from other NHS charities and other third sector organisations
- Invest in a fully customised system (e.g. Salesforce, Raiser’s Edge): The size of the charity’s supporter base, and the charity’s needs at this time, does not warrant a high spec, custom system. This is not a viable option

Anticipated Costs

Current cost of provider:

- Accounting System: £2,802.00 + vat (£3,362.40)
- CRM System: £1,905.00 + vat (£2,286.00)
- Total: £5,648.40 (per annum)

Projected cost of recommended provider:

- Maximum possible total: £6,621.60

Additional costs of changing provider

Accounting System (annual)

One accounting software provider offers complete integration with the preferred option with an annual fee of £259.20, or it may be possible to adopt a system that is already in use within BCUHB. The current accounting software package could continue to be used, but there are flaws in the system and it is not built to work with the recommended provider.

Recommendations

The Digital and Data Manager has produced a business case for the ALST outlining the benefits, challenges and risks and the ALST has unanimously voted to move to a new CRM system. A full costing and performance analysis can be presented to BCUHB’s procurement team to assist with the procurement exercise.

The Charitable Funds Committee can be confident that with a new CRM system:

- Donors will have a significantly improved experience
- The ALST will have a better experience because cloud-based system will be quicker and easier to access away from the office
- The time is right to do this now, alongside the migration to Office 365; additional powerful integrations are possible when using the preferred provider in conjunction with Office 365
- BCUHB informatics will be involved in the decision making on this
- This will help generate more income, because the improved experience should contribute to repeat donors and upgrades to monthly giving, plus the function to automatically reclaim Gift Aid
- With a dedicated Digital and Data Manager who has the skills, knowledge and expertise to oversee the introduction and development of the system, everyone within ALST can work more effectively

The Charitable Funds Committee are asked to approve the request to change the Awyr Las CRM package.

5. Shooting Star Unit Update

The Head of Fundraising has met with the Chair of Shooting Star Cancer Support (SSCS) and Graham Alexander who is overseeing the business case for the Shooting Star Unit development project three times this quarter. The business case has progressed significantly and is due to be completed by March. It is expected that a total of £1.7 million will need to be raised. The Shooting Star Cancer Support Trustees and the Head of Fundraising are planning to meet in January to agree the terms of a Memorandum of Understanding. It has not yet been decided which organisation will take responsibility for managing a dedicated fundraiser – Awyr Las or SSCS – but it is clear that dedicated resource will be required.

6. Volunteering Update

Representatives from the Awyr Las Support Team have attended two volunteering information sharing events with Workforce colleagues this quarter. 'Volunteering to Support the NHS: looking forward in light of Covid-19' organised by the WCVA and a meeting organised by Welsh Government's Third Sector Team to discuss funding for voluntary activity. The aim of the WCVA meeting was to share best practice across Wales, and the outcome of the latter was to ensure the NHSCT Stage 2 funding is aligned with and complements specific Welsh Government funding that Community Voluntary Councils are due to receive.

7. Additional Information

The BCUHB Research and Innovation Team received £5,000 in June to fund a 'Virtual Hospital for North Wales' scoping project. This project is being led by Rupa Chilvers, the Programme Lead for Adopt and Spread Innovation at the Bevan Foundation. Rupa has offered to provide a verbal report on progress with the project for the Charitable Funds Committee. The final report and its recommendations will be published in early January; the intention is to include it in the Trustees Reports for the Awyr Las Trustees meeting on 21st January.

In October 78 staff members and supporters took part in the Virtual Snowdonia Marathon, collectively raising £5,000. The feedback from the participants was so positive that a similar virtual event, 1 Million Steps, has been launched for January. Sincere thanks must go to all the staff that participated and to the ever supportive Snowdonia Marathon team.

Two Christmas themed activities have been launched for staff and supporters to get involved in: Light Up Christmas virtual and real light display, enabling people to shine a light on loved ones or show thanks, and a Christmas Clothing Day.

Asesiad / Assessment & Analysis

Strategy Implications

This report is underpinned by the Awyr Las Strategy 2016-21, see <https://awyrlas.org.uk/content/downloads/The-Awyr-Las-Strategy-2016-to-2021.pdf>.

Options considered

All fundraising, marketing and resourcing options are considered by the Awyr Las Support Team (ALST) during planning phases. All relevant information is included in the Background Section of this paper, where appropriate.

Financial Implications

The items outlined in this report are all costed within the agreed Awyr Las Support Team and Fundraising Activity budget / included in the draft Awyr Las 2021-25 Strategy for discussion.

Risk Analysis

An individual Risk Analysis is completed for all Awyr Las events and activities, and for new processes and ways of working introduced by members of the Awyr Las Support Team (ALST). The ALST's perceived main risks are included in the Charity's Risk Register.

Legal and Compliance

All items within this report will be monitored and will be updated on at the March 2021 Charitable Funds Committee meeting.

Impact Assessment

Impact Assessments are carried out for all Awyr Las events and activities, and for new processes and ways of working introduced by members of the ALST.



AWYR LAS STRATEGY

2021 – 25

AWYR LAS / BLUE SKY IS THE WORKING TITLE
OF BETSI CADWALADR UNIVERSITY HEALTH
BOARD CHARITY & OTHER RELATED CHARITIES
REGISTERED CHARITY NUMBER 1138976



Awyr Las
Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity



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INTRODUCTION

Over the past decade patients have seen significant improvements to their hospitals and community services as a result of the £28 million that Awyr Las has invested in new services, better facilities and equipment, additional resources, research and education.

Over the next four years we will continue to invest in excellence in healthcare to make even greater positive change, so patients in North Wales can have the very best experience possible.





VISION

Patients in North Wales have the best experience possible in our hospitals and in our communities.

MISSION

Our mission is to support patients in hospitals and communities across North Wales to give them the best experience possible, through funding improvements to the hospital environment, supporting additional staff and patient wellbeing services and providing grants for research and innovation.



OBJECTIVES

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

2. We will **invest in and develop our NHS staff**. We will support staff health and wellbeing to ensure our staff are taken care of, helped to remain resilient and feel supported to do their best every day. We will also invest in research, staff development, training, mentoring and ongoing development programmes to ensure they are supported to work well in the challenging and dynamic environment of 21st century healthcare.

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

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

5. We will **continue to build and develop our charity infrastructure** to ensure that we grow to be the healthcare charity of choice in North Wales, making a difference to patients every day.





CORE PRINCIPLES

- **Consistency**

We are a small charity supporting patients with different needs who are accessing multiple healthcare services. We must focus on being consistent in all aspects of what we do in order to achieve real impact.

- **Place-based**

We serve communities across North Wales. We have site-specific locations with specific communities surrounding them. We will bring all our energies and resources to support these locations and build strong collaborations so that together we can focus on the issues that are relevant to our patients and communities and seek to have a significant impact on these issues.

- **Evidence-based**

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

- **Open-minded**

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





PRIORITY AREAS

- **First 1,00 Days**

Supporting healthcare services for pregnant women and children up to the age of two in the community and in our hospitals.

- **Cardiology Services in the Community**

Awyr Las already funds North Wales' Public Access Defibrillators (PADs) Support Officer, and will support the development this and associated services in line with the North Wales' Cardiology Service's plans.

- **Cancer Care**

The Cancer Services Team aim to improve their facilities and equipment and enhance the additional support given to patients' pre, post and during treatment.

- **Mental Ill Health**

The Mental Health Team have ambitious plans to develop I CAN hubs in the community and expand the support they can provide to help prevent hospital admissions.

- **Care of the Elderly**

An ageing population, with more complex health needs and co-morbidities are posing significant challenges for services in the community and in our hospitals. Awyr Las will fund new facilities, equipment and support services in line with the priorities highlighted by staff caring for the elderly.

- **Social Prescribing**

Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services.

- **Volunteering**

This can have a significant effect in enhancing and improving the patient experience as well as releasing nursing staff time and energy to focus on their core role. It can have a hugely beneficial impact on patients and staff.





THE AWYR LAS SUPPORT TEAM ROLE

The Awyr Las Support Team provides finance, grant management, fundraising and communications support for the Betsi Cadwaladr University Health Board and its employees.

In order to achieve Objective 5, the Awyr Las Support Team has specific goals:

- Increase income
- Raise profile
- Effective governance and systems
- Fund Advisor Priority Plans

In order to deliver this ambitious strategy, Awyr Las will invest in expanding and developing the Support Team.

ROLE	BAND	WTE
Head of Advancement	Band 8a	0.60
Community Fundraiser	Band 6	0.60
Digital & Data Manager	Band 7	1.00
Donor Care Administrator	Band 3	0.80
Grants Officer	Band 6	0.80
Communications Officer	Band 6	0.80
Lottery Fundraiser	Band 6	1.00
Partnerships Support Officer	Band 6	1.00
Partnerships Administrator	Band 3	0.60
Charity Accountant	Band 8a	0.60
Assistant Accountant	Band 6	1.00

The Awyr Las Support Team rate of return for fundraising activities target: 8:1*

*The overall average rate of return for all fundraising activities is 4.5: 1



THE FOUR YEAR PLAN TO ACHIEVE OUR GOALS

GOAL 1: INCREASE INCOME

KEY OUTCOMES

- **YEAR 1 (2021/22):**

Sustain income into the charity. Target £2.7 million.

- **YEAR 2 (2022/23):**

Increase income by 7%. Target £2.89 million.

- **YEAR 3 (2023/24):**

Increase income by 3% on previous year. Target £2.97 million.

- **YEAR 4 (2024/25):**

Increase income by 3% on previous year. Target £3.06 million.

GOAL 2: RAISE PROFILE

KEY OUTCOMES

- **YEAR 1 (2021/22):**

'Resilience' public campaign increase support for priorities, following on from the Covid-19 Appeal. PR & Communications with monthly reports on progress. Events & Marketing Plan with Birthday & Christmas activities. Staff lottery launch.

- **YEAR 2 (2022/23):**

NHS 75th Anniversary Celebrations launch.

- **YEAR 3 (2023/24):**

NHS 75th Anniversary Celebrations.

- **YEAR 4 (2024/25):**

Awyr Las promotion on all wards / departments / community services. Staff Survey 95% aware of Awyr Las, public survey 75% choose Awyr Las as top 5 charity to support.



THE FOUR YEAR PLAN TO ACHIEVE OUR GOALS (CONT.)

GOAL 3: EFFECTIVE GOVERNANCE AND SYSTEMS

KEY OUTCOMES

- **YEAR 1 (2021/22):**

Recruit new Awyr Las Support Team members. Complete Priority Projects businesses cases for Year 2-4. Introduce new CRM and new digital Awyr Las grant management system.

- **YEAR 2 (2022/23):**

Finalise a BCUHB-Awyr Las manifesto, agreeing new means to recognise the charity and its supporters. Formal review of all Charity Standard Operating Procedures

- **YEAR 3 (2023/24):**

CRM system and grant management evaluation

- **YEAR 4 (2024/25):**

Implement evaluation recommendations

GOAL 4: FUND ADVISOR PRIORITY PLANS

KEY OUTCOMES

- **YEAR 1 (2021/22):**

All Fund Advisors to submit budget plans for existing funds & complete online charity training module.

- **YEAR 2 (2022/23):**

All Fund Advisors to complete fundraising plans.

- **YEAR 3 (2023/24):**

All Fund Advisors to organise own NHS 75th Anniversary Celebration.

- **YEAR 4 (2024/25):**

All Fund Advisors to produce a 4 year plan.



PRIORITY

One or more of the charity's objectives must be met in all grant applications submitted for designated funding in one of the charity's existing 400+ funds.

In addition to this, the charity's objectives will be met through its focus on the following priority areas:

PRIORITY AREA: FIRST 1,000 DAYS

KEY OUTCOMES

- **YEAR 1 (2021/22):**

Support £250,000 improvements for stage 1 of the BCUHB Parental Accommodation improvements plan

- **YEAR 2 (2022/23):**

Provide a minimum of 3 x £10,000 grants for service improvements

- **YEAR 3 (2023/24):**

Provide a minimum of 3 x £10,000 grants for service improvements

- **YEAR 4 (2024/25):**

Deliver on stage 2 of the BCUHB Parental Accommodation improvements strategy





PRIORITY (CONT.)

PRIORITY AREA: CARDIOLOGY SERVICES IN THE COMMUNITY

KEY OUTCOMES

- **YEAR 1 (2021/22):**

Support the Team to develop a three year strategy. Provide a minimum of 3 x £10,000 grants for new equipment in the community

- **YEAR 2 (2022/23):**

Provide a minimum of £70,000 funding to meet the strategic needs of the service

- **YEAR 3 (2023/24):**

Provide a minimum of £70,000 funding to meet the strategic needs of the service

- **YEAR 4 (2024/25):**

Provide a minimum of £70,000 funding to meet the strategic needs of the service





PRIORITY (CONT.)

PRIORITY AREA: CANCER CARE

KEY OUTCOMES

- **YEAR 1 (2021/22):**

Support the Team to develop the Shooting Star Unit fundraising plan and wider Cancer Services Fundraising strategy. Recruit additional fundraising resources as required and launch fundraiser.

- **YEAR 2 (2022/23):**

Deliver on the agreed objectives for the Shooting Star Unit fundraising plan

- **YEAR 3 (2023/24):**

Deliver on the agreed objectives for the Shooting Star Unit fundraising plan

- **YEAR 4 (2024/25):**

Shooting Star Unit development to be completed





PRIORITY (CONT.)

PRIORITY AREA: MENTAL ILL HEALTH

KEY OUTCOMES

- **YEAR 1 (2021/22):**

Develop the I CAN Volunteering Academy, committing £55,000

- **YEAR 2 (2022/23):**

Establish I CAN Hubs and broaden reach of the Mental Health First Aid training with a grant of £50,000

- **YEAR 3 (2023/24):**

Sustain the I CAN Academy and Hubs with a grant of £50,000

- **YEAR 4 (2024/25):**

Sustain the I CAN Academy and Hubs with a grant of £50,000





PRIORITY (CONT.)

PRIORITY AREA: CARE OF THE ELDERLY

KEY OUTCOME

Provide a minimum of £30,000 for grants on annual basis for Care of the Elderly services.

PRIORITY AREA: SOCIAL PRESCRIBING

KEY OUTCOME

- **YEAR 1 (2021/22):**

Provide a minimum of £30,000 for grants to fund Social Prescribing programmes in North Wales.

PRIORITY AREA: VOLUNTEERING

KEY OUTCOMES

- **YEAR 1 (2021/22):**

Publish a BCUHB Volunteering strategy to include the Robins, I CAN, International support and Third Sector Groups partnerships

- **YEAR 2, 3, 4 (2022-2025):**

Provide a minimum of £30,000 for grants to support volunteering on an annual basis.





DECISION-MAKING STANDARDS

The charity's core principles will be at the heart of all business cases for the strategic objectives.

All business cases must consider:

- **Patient priority and strategic fit**

Does this fit with the strategic priorities for Betsi Cadwaladr University Health Board? Does this go over and above, but also complement, what the Health Board is already funding? Does this fit with the aims of specific Fund Advisors, or the Charity's priority areas.

- **Consistency**

This applies to communications, Support Team processes and fundraising plans, as well as all grant requests. Does this provide a consistent approach to and message around patient experience, staff experience and / or the charity's supporters experience? Need and impact. Have the communities that stand to benefit been involved in the decision making? Can we test, measure and track the impact? Is this within the scope of our vision and mission?

- **Need and impact**

Have the communities that stand to benefit been involved in the decision making? Can we test, measure and track the impact? Is this within the scope of our vision and mission?

- **Feasible**

Are there existing funds, or is there a robust income generation plan in place? Are those involved sufficiently skilled, trained and have the resource and support to make this a success?

- **Risk**

Have the risks been adequately considered and managed?





FINANCE PLAN: INCOME

INCOME STREAM	2021/22 %	2021/22 INCOME £'000	2022/23 %	2022/23 INCOME £'000	2023/24 %	2023/24 INCOME £'000	2024/25 %	2024/25 INCOME £'000
Legacies	35%	945	33%	954	33%	980	33%	1,009
Major Donors	2%	54	3%	867	3%	89	5%	92
Trusts & Foundations	4%	108	6%	173	7%	208	8%	249
Corporates	3%	81	3%	86	4%	119	4%	122
Regular Giving*	4%	108	6%	173	8%	237	10%	306
Events & Communities	52%	1,404	49%	1,416	45%	1,337	42%	1,285
TOTAL		2,700		2,890		2,970		3,060

*Staff Lottery, Give As You Earn, Direct Debit Schemes



FINANCE PLAN: EXPENDITURE

	2021/22	2022/23	2023/24	2024/25
	£'000	£'000	£'000	£'000
PAY COSTS				
BCU recharge – Finance staff	90	90	90	90
Fundraising staff costs	275	283	292	300
Partnership costs	65	67	69	71
TOTAL PAY COSTS	430	440	451	71
NON-PAY COSTS				
BCU recharge – overheads	6	6	6	6
Fundraising Team costs	70	70	70	70
Other fundraising costs	30	30	30	30
Investment management fee	55	55	55	55
Audit fees	12	12	12	12
Bank & other admin charges	6	6	6	6
Software fees	8	8	8	8
TOTAL NON-PAY COSTS	187	187	187	187
TOTAL COSTS	617	627	638	648

Fundraising Update Appendix 2: Awyr Las Strategy 2021-25 Background

This paper provides background information for the Awyr Las Strategy 2021-25 and should be read in conjunction with the Awyr Las Strategy Overview 2021-25. This paper does not provide business cases for the priority areas included in the strategy, and nor does it provide in depth operational plans.

1. Expert advice

The Awyr Las 2021-25 Strategy was developed with support and guidance from Yellow Chair Consulting. Jonathan Rennison, founder of Yellow Chair is an organisational psychologist and an expert in third sector strategy and governance. An experienced Non-Executive Director, Jonathan is currently on the Board of the West Hertfordshire Hospitals NHS Trust and is the Chair of the Charitable Funds Committee for Raise, the West Hertfordshire NHS Charity.

2. Awyr Las and NHS Charities

Whilst NHS Charities have existed since 1948, 2020 has provided the NHS Charities sector a moment to demonstrate their real value like never before. NHS Charities, because of the national NHS Charities Together (NHSCT) Covid-19 appeal and local increased voluntary support for NHS services, now face opportunities for growth as well as challenges to manage the increased scrutiny that will be upon them as a result of the huge success of the NHSCT appeal.

Betsi Cadwaladr University Health Board (BCUHB) is Awyr Las' Corporate Trustee. A Corporate Trustee is a single corporate entity that is appointed as a Trustee of a charity. Awyr Las does not have individual trustees. It is a requirement that a Corporate Trustee demonstrates that it takes decisions separate to its associated NHS Board or Trust and that it can demonstrate independence in its decision making, i.e., that it takes decisions in the best interests of the charity independently of the interests of its associated NHS Board or Trust.

In 2014, legislation changed to allow NHS charities to become fully independent and appoint an independent board of Trustees. There are 27 independent NHS charities, with the remainder (225) continuing to use the corporate trustee structure. Those that have become fully independent now have responsibility for recruiting and appointing their own trustees. In becoming independent, these charities remain NHS charities as their charitable objects continue to state that they exist to provide support for the patients of their associated trust and the NHS more widely. In converting to independence, the charities can, to some extent, redefine their charitable objects, but they must retain their core purpose of providing support to patients of the NHS.

NHS charities are supported by a national membership organisation, the Association of NHS Charities. This has recently rebranded as NHS Charities Together (NHSCT). NHSCT provide a single voice for NHS charities and were instrumental in negotiating the legal changes required for NHS charities to become independent. They engage directly with the regulators (DHSC, Charity Commission, Fundraising Regulator, etc) to ensure that the unique circumstances of NHS charities are understood and that their interests are considered. They are a repository of information and resources for NHS

charities and actively collect and share data which allows NHS charities to benchmark performance and identify high performance organisations to learn from. They provide access to best practice and a suite of documents and templates to support charities in developing good governance.

3. NHS Charity Challenges

The Corporate Trustee structure presents some challenges, which it is important to understand.

3.1 There is often confusion about who the trustees of the charity are. Groups of individuals can sometimes be wrongly labelled as the trustees, operate as the trustees and even be thought to be the trustees. For example:

- a. The members of a NHS Board or Trust can be thought to be the trustees of the charity and therefore behave and operate as a group of individual trustees.
- b. Members of the Charitable Funds Committee can be labelled as the trustees and are expected to take decisions and approve things, which are reserved only for the trustee.
- c. Individual fundholders and advisors may sometimes be labelled as trustees.

At all times, it must be remembered that there is only a single trustee and that is the NHS body that has been appointed as the corporate trustee.

3.2 The agency of staff in receiving donations.

There can be a perception that those who solicit, collect or receive funds from donors within the NHS acquire a trusteeship role in relation to those donations. In particular, there is a belief that those individuals can direct or determine the spending of those charitable funds they receive.

The correct approach, which arises from the statutory basis on which NHS trustees are appointed, is that any donation made by a third party for charitable purposes:

- In a hospital or other NHS service setting
- Through an employee of an NHS trust in the course of their employment

Falls automatically into the trusteeship of the NHS appointed trustee. This is on the proviso that those purposes are within the statutory remit of the trustee.

Accepting or soliciting funds for non-NHS charitable purposes will not result in those funds belonging to the NHS trustee. If employees want to raise funds for other (non-NHS) charitable purposes during the course of their employment, however, they must of course seek proper authority. This is not least because that fundraising may be in competition with the trustee's fundraising efforts. An NHS body is also entitled to control what activities take place on its sites and during the paid hours of employment of its employees.

3.3 What is the dividing line between exchequer and 'charitable' spending by the NHS body?

The dual role of a statutory service provider and corporate trustee of charitable funds can create a conflict of interest for an NHS body when deciding how to apply the charitable funds. The Charity Commission's policy on charities and public service delivery is set out in its publication *Charities and public service delivery: an introduction* (CC37). In very broad terms there are few legally defined boundaries for services that must only be provided and funded directly by the public sector. It is therefore legitimate for charities to consider becoming involved in the delivery of such services provided:

- A clear charitable purpose is served that falls within the trusts of the charity concerned
- The decision is made in the interests of the charity to further its charitable objects
- There is a clear open, and independent process of decision making by the trustee to support the decision to apply charitable funds in this way (including an assessment of how far the public sector body's duty of provision extends)

The principles of proper trustee decision making are set out in the Charity Commission guidance: *It's your decision: charity trustees and decision making* (CC27). In summary, for corporate NHS trustees the underlying issue is not that certain types of spending are automatically ruled out with regard to the charitable funds. Instead the issue is that the corporate trustee must be able to demonstrate that, before applying charitable funds towards service delivery, there has been a clear and open decision-making process. That process must be independent of that body's decisions concerning the use of its exchequer funds.

4. UK Charity Fundraising Overview

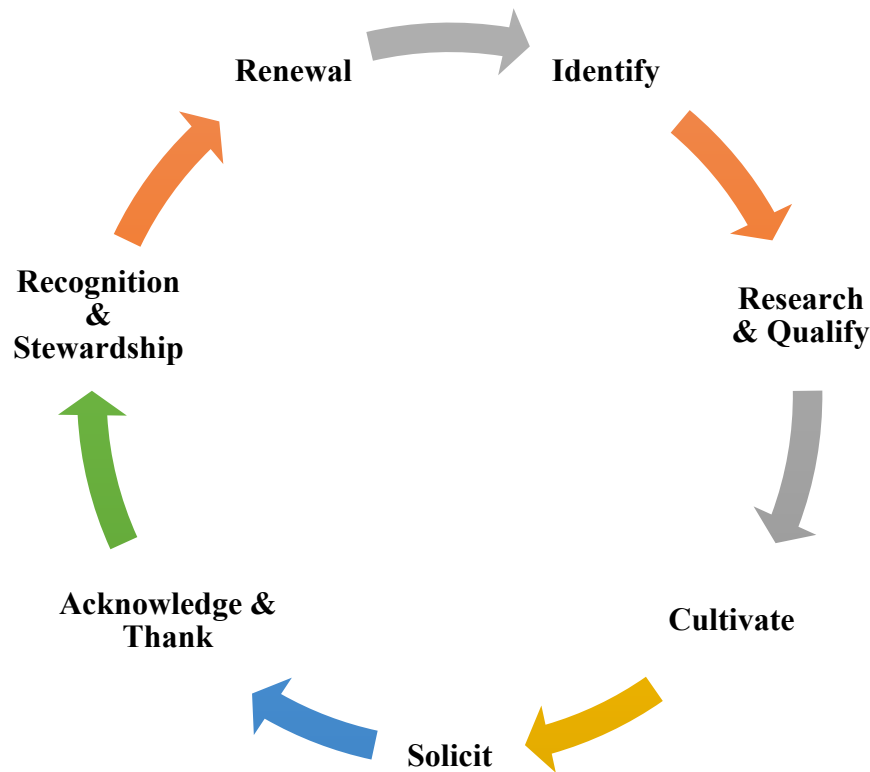
Fundraising and philanthropy have a long history in the UK, in particular in the area of health and social care. The healthcare sector in the UK is one of the largest recipients of public donations and despite the huge levels of exchequer funding, it continues to rely on philanthropy and proactive fundraising to innovate, drive change and ensure ongoing cutting-edge research. Exchequer funding will always be required but equally, ensuring a high-quality patient experience and innovation relies on income from a more diverse range of sources. The largest supporters of Health and wellbeing in the UK are:

- Individual or Public Giving
- Corporate Giving
- Trusts and Foundations
- Major Donors

Fundraising has professionalised significantly over the past 10 years, in particular in response to scandals such as the Olive Cook scandal and the resulting public outcry and punitive sanctions from the Information Commission and the Charity Commission. This has resulted in greater investment in the professionalisation of fundraising across the whole charity sector and a focus on ensuring that trustees fully understand their responsibilities to ensure fundraising is conducted in a professional and compliant manner.

Many charities have now adopted a formalised approach to securing donations as it is recognised that this adheres to principles of best practice and because it builds secure income in a sustainable manner. The approach that is now seen as the most reliable and successful is a seven-step fundraising cycle:

Figure 1: Funding relationship cycle



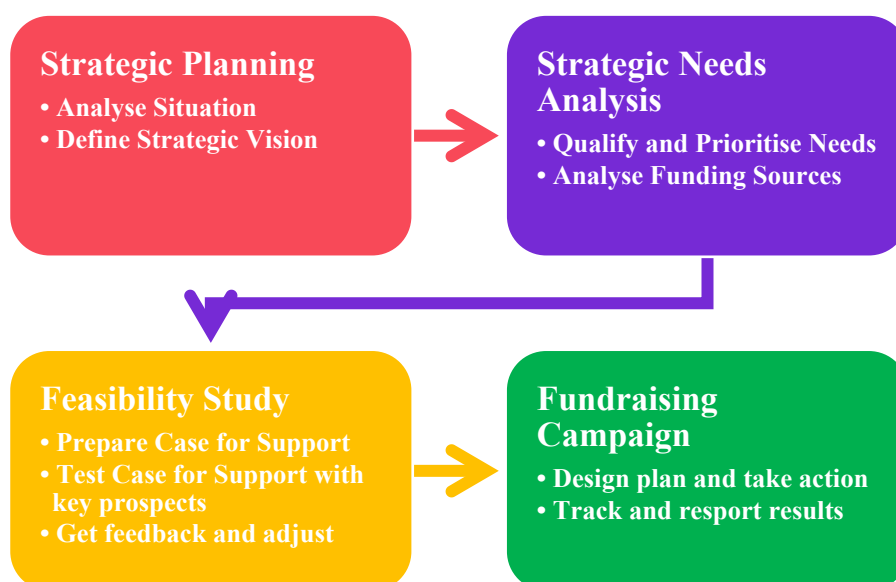
There is a structured process for fundraising and this cycle can be applied to all funders. Completing this cycle and securing income from a funder can take at least nine months and for some funders it can take 18 – 24 months (Major Donors and some large Corporate Funders). It must be remembered that how each stage applies to different funders will vary. For example, Trusts and Foundations can often have a structured application process, which means the cultivation stage can become redundant. However, even in this scenario building a good and positive relationship with the Trust Administrator and Trustees during the application process will help and can be considered as cultivation type activities.

Due to the time taken to get to donation (at least nine months), it is important that this is treated as a proactive continuous process where prospects are being identified and researched so that at any given time a charity has multiple prospects at each stage of the process. This builds a long-term pipeline of funding prospects as well as helping to retain funders and convert them to repeat givers.

Successful fundraising:

In developing an organisation's approach to fundraising there are a number of key principles to follow for success. Many of these key principles are simply good practice in running a successful organisation regardless of whether it is a charity, business or public sector organisation. The key principles are presented below:

Figure 2: Key Principles for Successful Fundraising



Elements of Success:

The key principles for successful fundraising are underpinned by six elements for success:

- **An essential need** – this refers to having a clear strategic vision or plan. It presents a clear vision of the future that specifies the improved benefits of the programme for patients, your key constituencies and stakeholders. It will provide a clear impetus for organisational or institutional advancement and makes it clear why now is the time to act. It will have a clear budget and will set fundraising goals.
- **A compelling case for support** – this will establish a unique identity for the project and will clearly define the competencies and strengths of the proposed way forward. It will have a specific mission, goal and objectives and set out clearly the constituencies or stakeholders (including patients). The case for support will become an effective marketing and cultivation tool for the organisation.
- **Inspired and influential leadership** – it is vital to ensure that leadership is of top quality and based on both influence and affluence. This is important in having people in position who can make the 'ask'. It will require high levels of commitment and involvement and the use of significant peer relationships – people give to people. The leadership must be willing to use their relationships and networks to ask for money and to unlock access to people with the ability and propensity to give.
- **Sufficient prospects to meet the goals** – this involves identifying individuals, corporations, trusts and foundations that have a rationale for involvement in this

project and for whom we have effective methods to cultivate them and solicit a donation. This is also important as it provides a means to market and promote the project and build interest in it over time. It can lead to a cascade effect of giving based on the ripple effect.

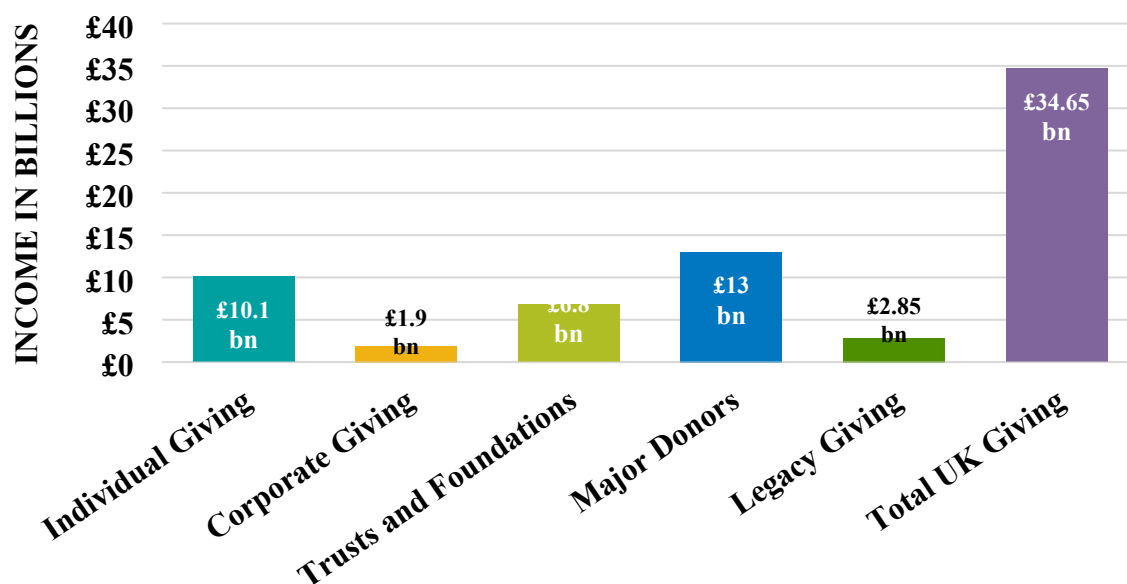
- **Plan of action** – this ensures that there is a clear blueprint to reach specific fundraising goals and provides a clear schedule/timetable to deliver the strategy. It focuses on the most productive approach that is based on tried and tested principles and experiences. It achieves success by matching high quality leadership/volunteers with prospects/prospective donors.
- **Sound management** – there will need to be a clearly defined lead for all fundraising activities and that ensures opportunities are maximised. Fundraising can often rely on enthusiastic volunteers of affluence and influence (patrons, members, trustees). The management role must focus on motivating, coordinating and sustaining the volunteer team throughout the process to ensure maximum success.

It is important in seeking to grow a charity that these elements of success are used to plan and implement a strategy and business plan. These are the criteria that will ensure success.

Value of the UK fundraising market

A key question when considering how to deliver these elements of success is how to resource them and understanding what investment in fundraising may be required. Understanding the value of the fundraising market and benchmarks for return on investment can help with this planning for investment. There a large fundraising market in the UK and people and organisations give to a diverse range of charitable activities. Understanding these can help with planning an appropriate fundraising structure to tap into the most lucrative fundraising markets. Figure 3 below presents the total value of the UK fundraising market. The total annual value of the UK fundraising market is estimated to be **£34.65 billion**.

Figure 3: Value of Philanthropic Giving in the UK



Similar to any organisation, Awyr Las needs to have a clearly defined purpose, with specific and achievable outcomes that can be used for a fundraising ask. These must be compelling, engaging and have a clear emotional connection with the target audience. In addition to this, the Awyr Las Support Team, which includes all Finance and Fundraising and other support staff within the charity, must be resourced appropriately to have the best chance of success. The following section sets out what sectors or issues that funders prioritise for giving.

Individual Donors

The total donated to charity by individuals in 2018 was **£10.1 billion**. 34% or **£3.434 billion** of individual donations went to healthcare or health related causes (Medical Research, Children and Young people, Hospitals and Hospices, Physical and Mental Healthcare and Elderly).

Corporate Giving

The primary source of data for corporate giving is the CAF FTSE 100 Corporate Giving Report. Their most recent report from 2018 found that:

- FTSE 100 companies gave an annual total of **£1.9 billion** to charity.
- Between 2009 - 2016, FTSE 100 companies donated **£17.3 billion** to charity.
- FTSE 100 Healthcare companies are responsible for **33%** of all donations to charity.
- Between 2009 - 2016, Healthcare companies have donated **£6.7 billion** to charity.

The Institute of Fundraising (2015) also found that over 35% of company-giving in the UK went to healthcare charities. A further 13% went to social care charities, and an additional 25% was given to children and young people related causes. Additionally, the Institute of Fundraising reported that the average income from corporate givers was £500,000 per annum.

Corporate sector giving is led by healthcare companies and is focused on giving to issues that are relevant to NHS charities: healthcare, social care, children and young people.

Trust & Foundation Giving

Trusts and foundations are incredibly generous in the UK and during 2016/17 donated **£6.8 billion** to charity in the UK. The top 300 foundations accounted for **£3.3 billion** of this. Grant giving in the UK grew by 10.9% in 2016/17. There are over 8,000 trusts and foundations in the UK. **39%** of trusts & foundations support **health** and **healthcare** charities in the UK. Health-related charities are the third most popular cause and are funded by 39% of trusts and foundations, but health-related charities receive the largest proportion of funding, accounting for 23% or **£1.56 billion** of all expenditure by trusts and foundations.

Major Donors

Very little information is available on major donors in the UK. It is estimated that in 2016/17 they donated **£13 billion** to charity

Legacy Income

Legacies are a significant part of the giving culture in the UK, and over **£2.85 billion** is given to charities through legacies each year. Only 6% of the UK population bequest money to charities in the wills, yet this accounts for 13% of private philanthropy in the UK.

- In 2017-18 there was a **53% increase** in legacy gifting to charities in the UK.
- Cancer charities were the top cause remembered in wills.
- Children's charities, health and wellbeing, and elderly causes were also very popular coming fourth, fifth and sixth in the list of top causes.

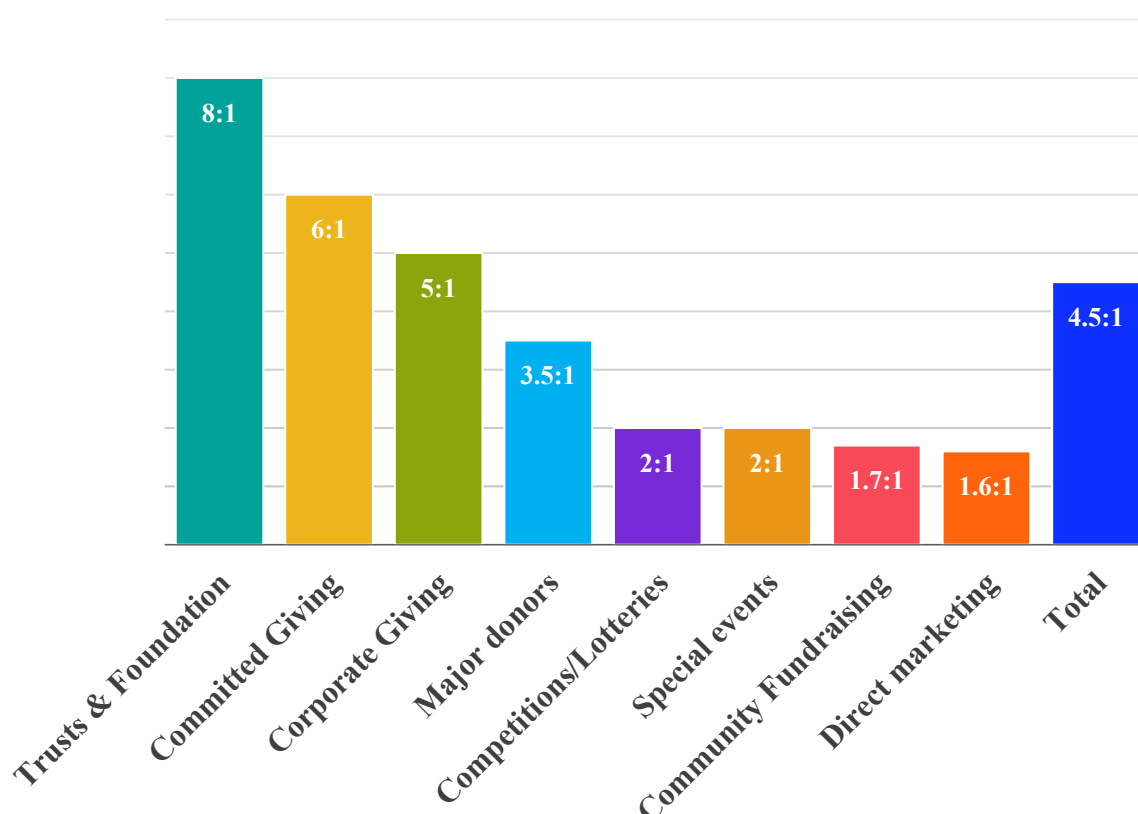
Summary

This would indicate that the UK fundraising market is significant, and that healthcare is a top priority for many funders, including individuals, communities, and trusts and foundations. It will be important that the Awyr Las Charity is ready to access this market and build a strong and attractive offer so that it can gain a share of this fundraising market.

5. Return on Investment

In considering the resourcing required for proactive fundraising, it is helpful to use data on fundraising ratios. This data enables an organisation to understand the levels of investment and spending that are necessary for success. It also helps us to understand the return on investment that they can expect. Fundraising ratios must be used with caution as they are dependent on having a well-structured, cohesive and high-performance team.

Figure 4: UK Fundraising ratios



Source: Fundraising Ratios, 2014.

Trusts and foundations provide the highest return on investment, with an average return of 8:1. Committed giving, i.e., long-term givers usually giving monthly donations via direct debit are the next highest giving a return of 6:1. The third highest return on investment is from corporate giving, with a return of 5:1. Major donor fundraising is the fourth highest but only provides a 3.5:1 return on investment. This relatively low level of return due to the amount of investment that is required to run a successful major donors programme.

The overall average rate of return for all fundraising activities is 4.5: 1. It must be noted that it takes, on average, 18 – 24 months for a newly established fundraising team to achieve this level of performance. In some areas of fundraising, it could take longer to generate a competitive return on investment. Areas such as major donors and legacy giving are much harder to predict. Using this measure, Awyr Las is achieving an excellent ROI at 6:1 in the most recent financial period. However, when compared to successful NHS charities, who have and ROI of 10:1 or 11:1, then the Awyr Las Charity can be seen to be lagging behind a little.

Additionally, if this is viewed in the context of the charity's income and ROI over a six year period, it can be seen that the ROI and Income have been on a downward trend.

Figure 5: Awyr Las income trend

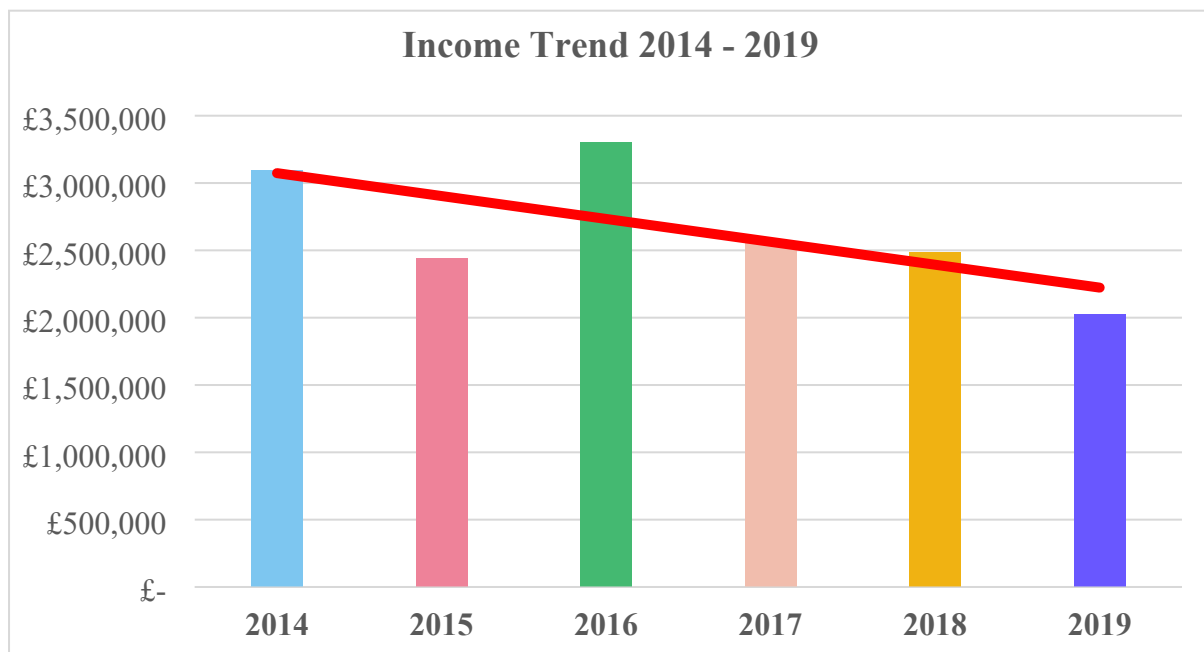
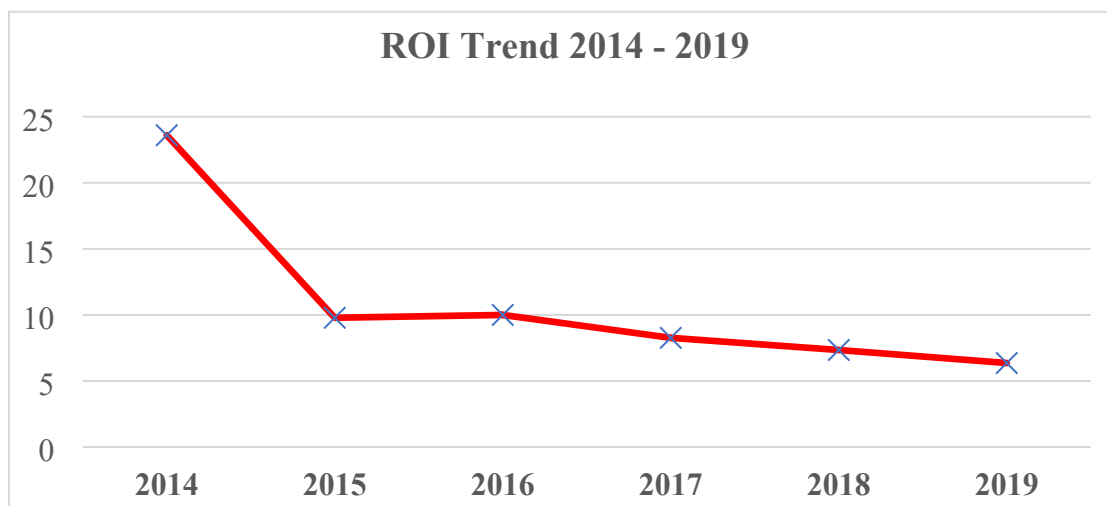


Table: Income date 2014 - 2020

	2014	2015	2016	2017	2018	2019
<i>Income</i>	£3,092,000	£2,437,000	£3,300,000	£2,555,000	£2,483,000	£2,023,000
<i>Fundraising Costs</i>	£131,000	£249,000	£330,000	£309,000	£338,000	£318,000
<i>ROI</i>	24	10	10	8	7	6

If we then plot the ROI over the same period, we can see the same decline over time.

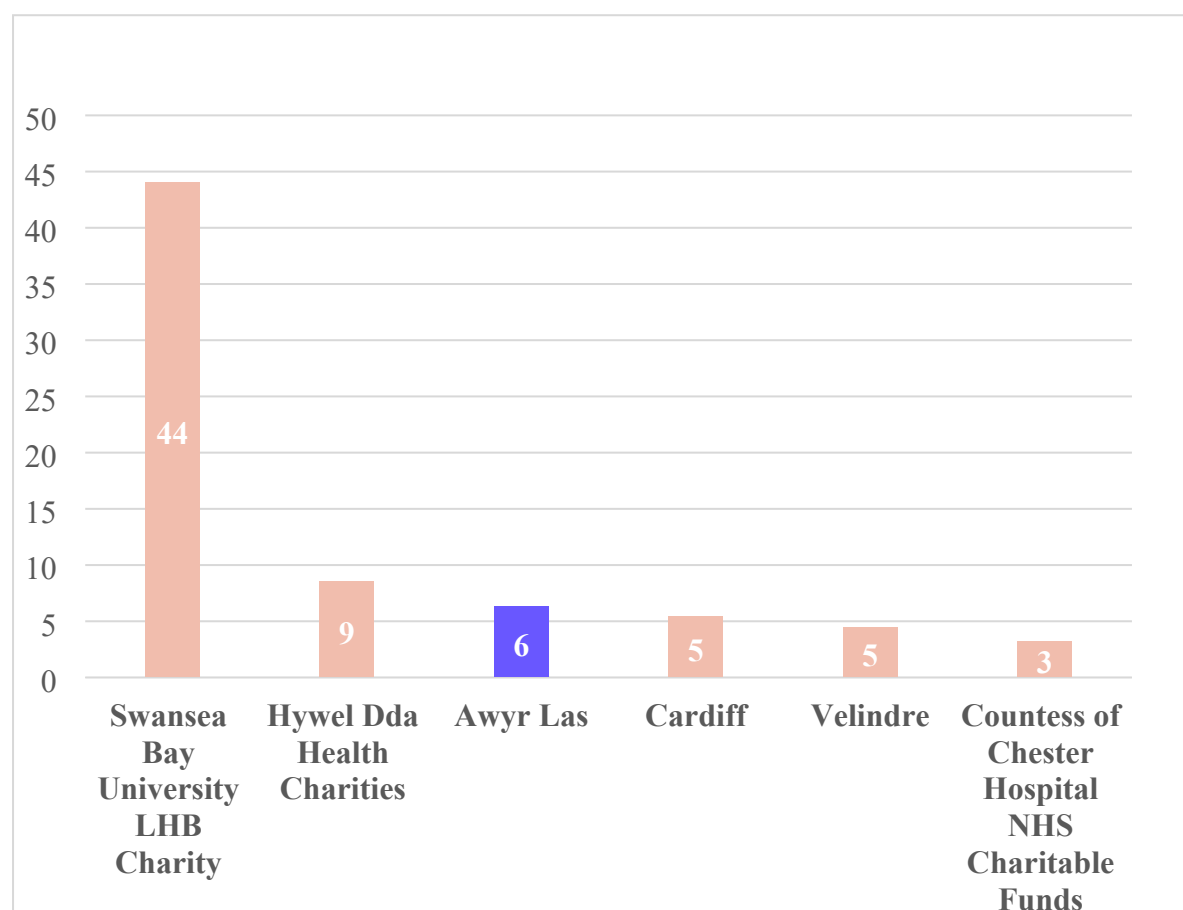
Figure 6: Awyr Las ROI Trend 2014-2019



Whilst Awyr Las still performs exceptionally well when compared to charity benchmarks nationally, the decline in performance over the past five years, which is largely due to a reduction in legacy income, cannot be ignored. It is vital to invest in the charity to grow income and ensure that it can perform as well as other NHS Charities in England and Wales. In comparing the charity further with other charities in Wales of a similar size, either in income or investments we can understand the performance of Awyr Las in the context of Welsh NHS Charities. One neighbouring trust in England is included in this comparison.

One important consideration must be given here. Over 20% of the Awyr Las Support Team's fundraising costs are attributed to support provided to third sector organisations that collectively gift over £1 million to BCUHB, but these donations are not given to Awyr Las. The ROI for Awyr Las is therefore not representative of the actual figure raised with the support given by the Awyr Las Support Team. The actual ROI raised with the support of the fundraising element of the Support Team should be significantly higher.

Figure 7: Return on Investment Fundraising Costs to Income Ratio

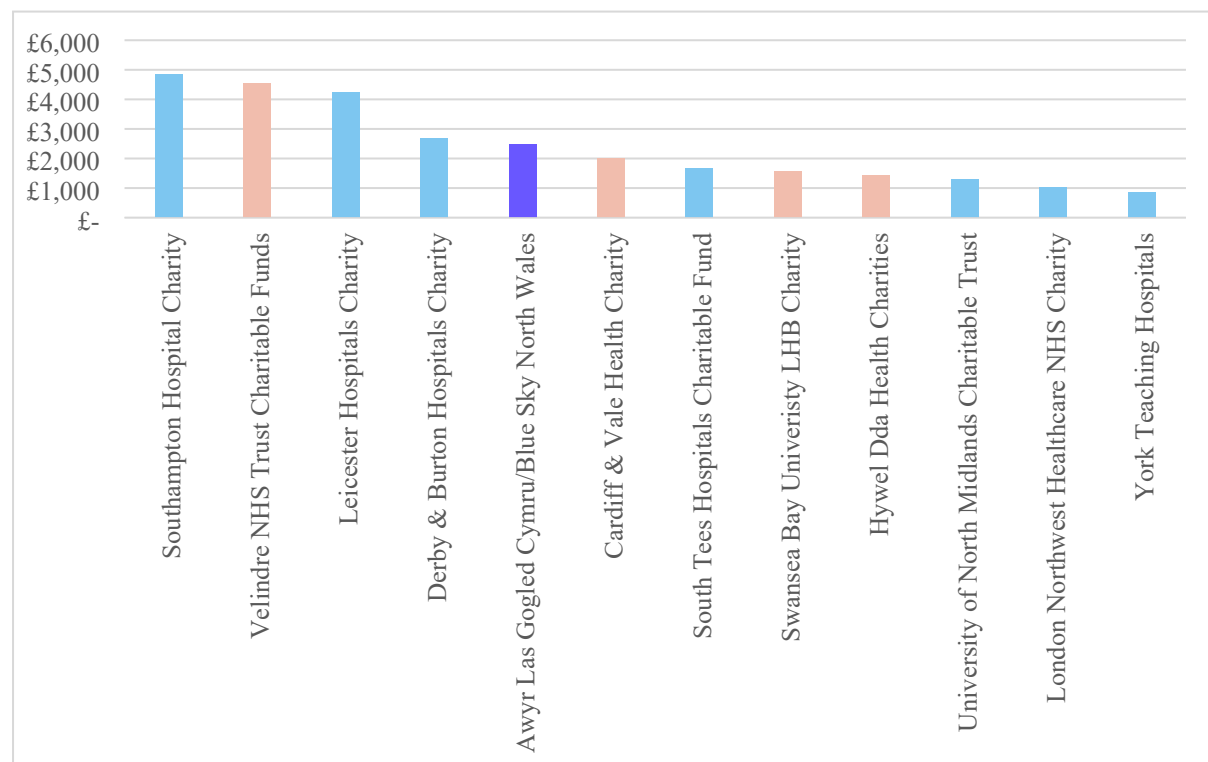


Note, the Swansea Bay University LHB Charity performance must be treated with caution as it is based on their annual accounts and the amount they are presenting as fundraising expenses in their accounts, and the fundraising team is new and now growing. This is not reflected in their annual accounts. If Swansea is ignored, then it

can be seen the Awyr Las is performing as well as most of its competitors, only trailing Hywel Dda Health Charities, which is also planning to grow its charity support team. However, if examined in the context of NHS Charities of similar size of investments across England and Wales, we can see a different picture.

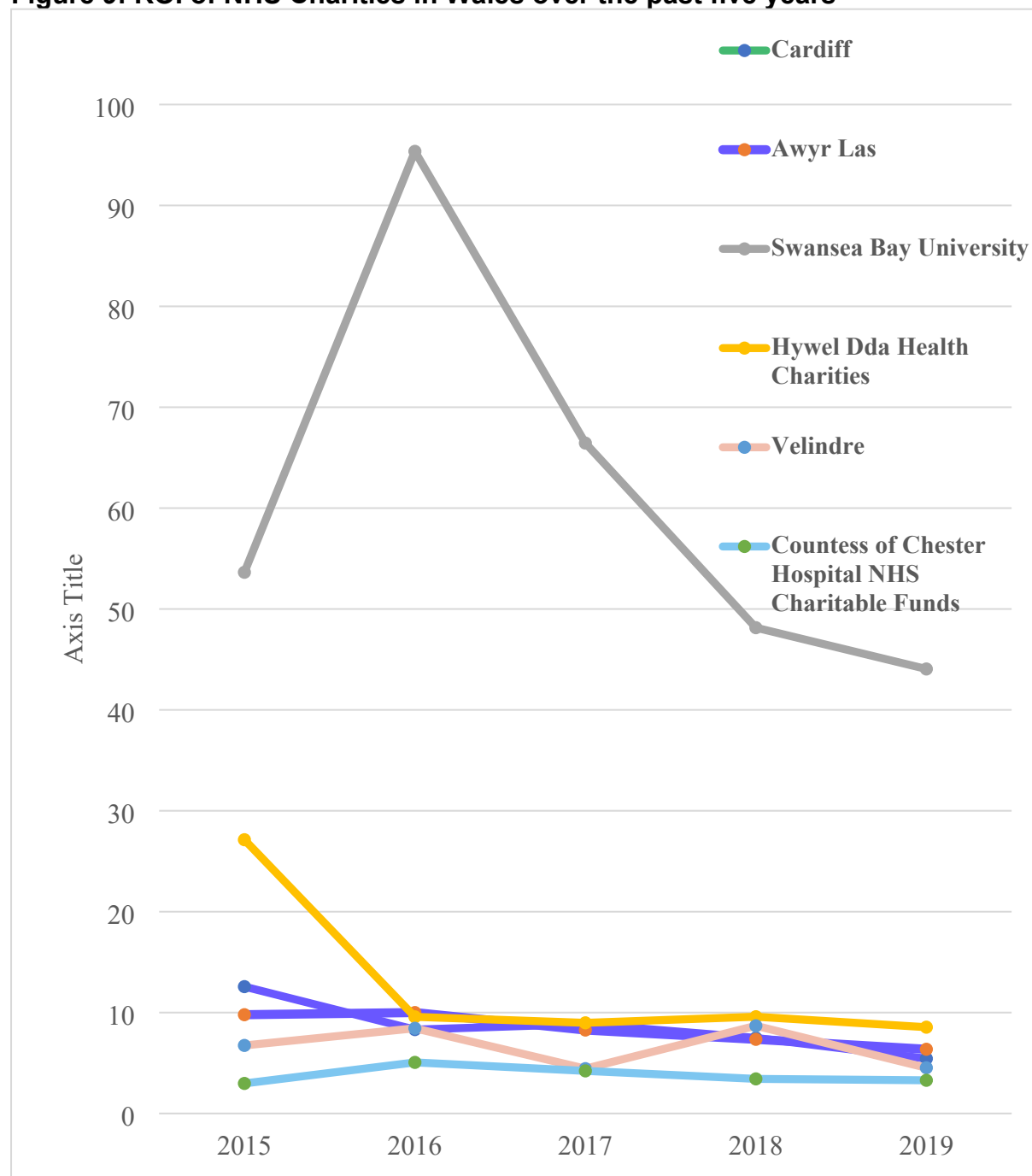
Awyr Las is still performing well, but it is in the middle of the pack, with the best performing NHS Charities raising close to £5 million per annum. Understanding why these charities perform so well is important.

Figure 8: Comparison of income for a selection of NHS Charities with investments greater than £5.5 million



If we return to the specific context of Wales and examine the ROI of NHS Charities in Wales over the past five years, we can see that Awyr Las's declining ROI is mirrored by most NHS Charities in Wales. The only exception to this is the Velindre NHS Charity.

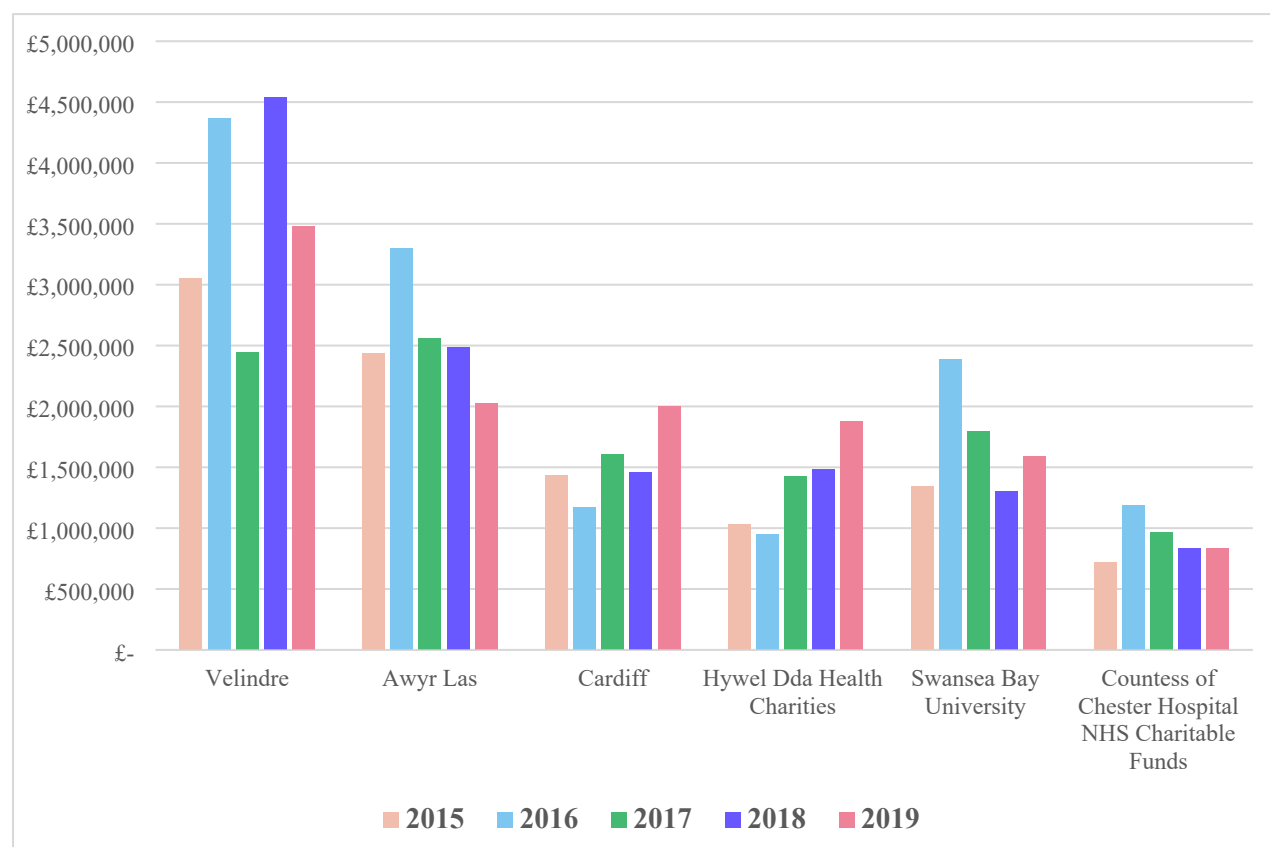
Figure 9: ROI of NHS Charities in Wales over the past five years



For all charities there is an overall downward trend in their ROI over the past five years. While Awyr Las has higher income than Hywel Dda each year, Awyr Las has a lower ROI. So, while Awyr Las is raising more money than Hywel Dda, it is not doing so as effectively as Hywel Dda.

If we examine income for NHS Charities over a five-year period for each of these charities, we can see that Velindre, as a specialist Trust has far greater income. The income for Velindre tends to mirror the income for higher performing NHS Charities in England.

Figure 10: Five year income comparison for NHS Charities in Wales



If we use Velindre as an initial comparison and seek to understand why it is so successful the following can be identified.

- It has a more clearly defined purpose and ask.
- It has a stronger strategic focus and plans its fundraising activities well in advance, with increased income for special appeals every two years.
- It has a clearly aligned leadership that is focused on addressing the needs of cancer patients.
- The charity knows and understands the needs of its associated NHS Trust and works closely with them and vice versa. The Trust understands the charity and what it needs to fundraise successfully and delivers on this.
- They invest in and support active fundraising.

As can be seen their income varied significantly between years. This is because they have special fundraising appeals. One of the advantages of this is that they are attracting new funders in appeal years, some of whom will stay with them in the longer term. They are building the funder and prospect base strategically, which enables them to raise more money in the longer term. This all comes back to having clear leadership, a strong strategic purpose and being well aligned. When we examine high-performing NHS bodies in England and Wales then a similar picture emerges.

Figure 11: Charity Fundraising Staff Team comparisons

Charity Name	Income £000	ROI	Number of Staff	Number of F/R staff
Southampton Hospital Charity	£ 4,851	10	14	11
Velindre NHS Trust Charitable Funds	£ 4,535	16	9.6	9.6
Leicester Hospitals Charity	£ 4,235	12	14	10
Royal Berkshire NHS Foundation Trust Charity	£ 3,058	11	3.5	3.5
Derby & Burton Hospitals Charity	£ 2,692	11	8	4
Awyr Las	£ 2, 023	6	6	3.2

In examining NHS charities generating strong income and a strong ROI (6 or above), then they tend to have significant staff teams and have strong fundraising teams to grow revenue to a sustainable level of £3 million or more. The fundraising team at Awyr Las is smaller than those charities delivering more than £4 million annually; however, for its current size its ROI is low. There are two things to consider here:

- Greater ROI may come at scale and therefore more people are needed.
- The fundraising team could be more effective, and it will be important to understand what is hampering its effectiveness now.
- Not all charitable income raised with the support of the Fundraising section of the Awyr Las Support Team is included in the charity's income.

Greater ROI may come at scale

The challenge with fundraising is that without appropriate resources, it cannot grow. Greater income requires more management to support donor stewardship and engagement, which results in increased giving from funders. So, once at a certain scale the ROI can improve and grow. Awyr Las needs to review its structure and ability to grow high return areas of fundraising to improve its ROI.

Fundraising & Charity Effectiveness

In examining NHS Charities, it is often the case that they do not get much focus or space on an NHS Board meeting agenda. It is hard for them to get clear leadership and visibility within busy NHS Trusts. This means that they are little understood by the Trust board and staff, which results in the charity sitting outside the NHS Board or Trust with little access to information and intelligence that enables effective fundraising. Requests from the charity are low on people's priority list and so opportunities to grow income are missed. The more successful NHS charities have strong and visible leadership within the Board or Trust, who is listened to and is proactively supported. These roles are focused on building strong relationships into

the Trust so that the charity has a clear pipeline of strong projects for long-term fundraising and strategic growth. Additionally, they bring new ideas into the Trust and stimulate the development of new projects for an enhanced patient experience. Initially, the critical focus of this role is building relationships, trust and buy-in from within the Board or Trust so that the charity is seen as an equal priority, that people give time, energy and leadership to.

There are four distinguishing features for successful NHS Charities:

- A clear, understood and well supported **strategy**
- Strong **Leadership**
- Excellent **relationships with and within the Trust**
- Strong and right-sized **fundraising team**

To develop Awyr Las, it will be important to examine each of these factors, but in particular it will be important to get the resourcing and the staff structure right. It must have the right skills and resources to underpin growth and build long-term sustainable income and achieve significant growth over the next 3 – 5 years.

In developing the Awyr Las Strategy for 2021-25 the Head of Fundraising, supported by other members of the Awyr Las Support Team has:

- Researched other NHS Charities' strategies and liaised with CEOs of other NHS Charities
- Carried out a series of workshops for Charitable Funds Committee members and Awyr Las Support Team members
- Interviewed and consulted with colleagues from different services

6. Priority Areas

6. 1 The Objectives of the charity:

- I. We will **invest in the physical and technical environment** of our healthcare facilities in North Wales to ensure the very best patient experience. This will result in great hospital buildings, the latest equipment and the best technology. Patients will benefit from enhanced care and a high-quality environment for patients and staff alike.
- II. We will **invest in and develop our NHS staff**. We will support staff health and wellbeing to ensure our staff are taken care of, helped to remain resilient and feel supported to do their best every day. We will also invest in research, staff development, training, mentoring and ongoing development programmes to ensure they are supported to work well in the challenging and dynamic environment of 21st century healthcare.
- III. We will **invest in innovation and research** to help drive improvements in the quality of care and the patient experience in North Wales. We support pilot projects, quality improvement initiatives and activities that are focused on improving the quality of our patients' care and treatment.
- IV. We will **work in partnership and collaborate** with health and social care providers, local charities, our communities, and our patients and their families to

build strong relationships that enable us to find creative solutions to the challenges we face. Whether with local businesses, fundraising groups, volunteer groups or healthcare providers, our primary focus is working together to support excellent health care across North Wales.

- V. We will **continue to build and develop our charity infrastructure** to ensure that we grow to be the healthcare charity of choice in North Wales, making a difference to patients every day.

All grant applicants will be required to explain which objectives they will meet with their grant and how they will meet those objectives.

6. 2 The Awyr Las Support Team Goals

The Awyr Las Support Teams will ensure the objectives can be met by working towards the following Four Year Plan:

The Awyr Las Support Team Goals	Key Outcomes
Increase income	Year 1 (2021/22): Sustain income into the charity. Target £2.7 million Year 2 (2022/23): Increase income by 7%. Target £2.89 million Year 3 (2023/24): Increase income by 3% on previous year. Target £2.97 million Year 4 (2024/25): Increase income by 3% on previous year. Target £3.06 million
Raise profile	Year 1 (2021/22): 'Resilience' public campaign increase support for priorities, following on from the Covid-19 Appeal. PR & Communications with monthly reports on progress. Events & Marketing Plan with Birthday & Christmas activities. Staff lottery launch. Year 2 (2022/23): NHS 75 th Anniversary Celebrations launch. Year 3 (2023/24): NHS 75 th Anniversary Celebrations. Year 4 (2024/25): Awyr Las promotion on all wards / departments / community services. Staff Survey 95% aware of Awyr Las, public survey 75% choose Awyr Las as top 5 charity to support.
Effective governance and systems	Year 1 (2021/22): Recruit new Awyr Las Support Team members. Complete Priority Projects businesses cases for Year 2-4. Introduce new CRM and new digital Awyr Las grant management system. Year 2 (2022/23): Finalise a BCUHB-Awyr Las manifesto, agreeing new means to recognise the charity and its supporters. Formal review of all Charity Standard Operating Procedures Year 3 (2023/24): CRM system and grant management evaluation Year 4 (2024/25): Implement evaluation recommendations

Fund Advisor Priority Plans	<p>Year 1 (2021/22): All Fund Advisors to submit budget plans for existing funds & complete online charity training module.</p> <p>Year 2 (2022/23): All Fund Advisors to complete fundraising plans.</p> <p>Year 3 (2023/24): All Fund Advisors to organise own NHS 75th Anniversary Celebration.</p> <p>Year 4 (2024/25): All Fund Advisors to produce a 4 year plan.</p>
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6. 3 Priority Areas

The following priority areas have been selected because:

- Data and evidence from donor communications shows these areas appeal to potential donors, and there is a broad range for potential supporters to chose from
- These healthcare areas are all priorities for BCUHB. Senior staff including representatives from planning were consulted about what should be prioritised
- All these areas have active staff and volunteers that are keen to be part of fundraising appeals
- Social prescribing and volunteering are both cross cutting, in that they interlink with the other priority areas. These have been included as priorities because there is synergy between the activities of the Awyr Las Support Team's networks and these areas, and the long term planning of both could run alongside Awyr Las' donor journey planning and engagement strategies¹.

Priority Area	Key Outcomes
First 1,000 Days	<p>Year 1 (2021/22): Support £250,000 improvements for stage 1 of the BCUHB Parental Accommodation improvements plan with</p> <p>Year 2 (2022/23): Provide a minimum of 3 x £10,000 grants for service improvements</p> <p>Year 3 (2023/24): Provide a minimum of 3 x £10,000 grants for service improvements</p> <p>Year 4 (2024/25): Deliver on stage 2 of the BCUHB Parental Accommodation improvements strategy</p>
Cardiology Services in the Community	<p>Year 1 (2021/22): Support the Team to develop a three year strategy. Provide a minimum of 3 x £10,000 grants for new equipment in the community</p>

¹ An example of the correlation between these two areas and Awyr Las would be when potential corporate supporters, an events company for example, could offer a social prescribing opportunity or volunteers for long term projects.

	<p>Year 2 (2022/23): Provide a minimum of £70,000 funding to meet the strategic needs of the service</p> <p>Year 3 (2023/24): Provide a minimum of £70,000 funding to meet the strategic needs of the service</p> <p>Year 4 (2024/25): Provide a minimum of £70,000 funding to meet the strategic needs of the service</p>
Cancer Care	<p>Year 1 (2021/22): Support the Team to develop the Shooting Star Unit fundraising plan and wider Cancer Services Fundraising strategy. Recruit additional fundraising resources as required and launch fundraiser.</p> <p>Year 2 (2022/23): Deliver on the agreed objectives for the Shooting Star Unit fundraising plan</p> <p>Year 3 (2023/24): Deliver on the agreed objectives for the Shooting Star Unit fundraising plan</p> <p>Year 4 (2024/25): Shooting Star Unit development to be completed</p>
Mental Ill Health	<p>Year 1 (2021/22): Develop the I CAN Volunteering Academy, committing £55,000</p> <p>Year 2 (2022/23): Establish I CAN Hubs and broaden reach of the Mental Health First Aid training with a grant of £50,000</p> <p>Year 3 (2023/24): Sustain the I CAN Academy and Hubs with a grant of £50,000</p> <p>Year 4 (2024/25): Sustain the I CAN Academy and Hubs with a grant of £50,000</p>
Care of the elderly	Provide a minimum of £30,000 for grants on annual basis for Care of the Elderly services.
Social Prescribing	Year 1 (2021/22): Provide a minimum of £30,000 for grants to fund Social Prescribing programmes in North Wales.
Volunteering	<p>Year 1 (2021/22): Publish a BCUHB Volunteering strategy to include the Robins, I CAN, International support and Third Sector Groups partnerships</p> <p>Year 2, 3, 4 (2022-2025): Provide a minimum of £30,000 for grants to support volunteering on an annual basis.</p>

7. Conclusion

In order to ensure that Awyr Las can meet its objectives, the Head of Fundraising recommends the following:

7.1 Create a robust and sustainable infrastructure for the charity

a. *Review and refresh the staff structure, with a focus on building strong relationships and leadership within the Trust and investing in fundraising growth.*

The Head of Fundraising recommends that:

Two new roles are created within the Awyr Las Support Team: Awyr Las Grants Manager (Band 6, P/T 0.8) to oversee Awyr Las' grant requests and research and relationships with Trusts and Foundations, and an Awyr Las Communications Manager (Band 6, P/T 0.8).

The Partnership Support element of the charity support team is recognised as a different section of the Awyr Las Support Team, to ensure accurate reporting and effective support for organisations that don't give to Awyr Las, but who support the mission and donate directly to BCUHB services.

The costs of the revised structure and the total team costs are outlined in Figure 12 and 13 below.

Figure 12: Proposed budget for Fundraising & Partnerships sections 2021-25

Role	Band	WTE	3%	3%	3%	3%
			2021/22	2022/23	2023/24	2024/25
			£	£	£	£
Head of Advancement	Band 8a	0.60	40,179	41,385	42,626	43,905
Community Fundraiser	Band 6	0.60	29,265	30,143	31,047	31,979
Digital & Data Manager	Band 7	1.00	57,506	59,231	61,008	62,839
Donor Care Administrator	Band 3	0.80	21,331	21,971	22,630	23,309
Grants Officer	Band 6	0.80	39,020	40,191	41,397	42,638
Communications Officer	Band 6	0.80	39,020	40,191	41,397	42,638
Lottery Fundraiser	Band 6	1.00	48,775	50,239	51,746	53,298
			275,097	283,350	291,851	300,606
Role	Band	WTE	2021/22	2022/23	2023/24	2024/25
			£	£	£	£
Partnerships Support Officer	Band 6	1.00	48,775	50,239	51,746	53,298
Partnerships Support Administrator	Band 3	0.60	15,998	16,478	16,973	17,482
			64,774	66,717	68,718	70,780

Figure 13: Awyr Las Operating Costs 2021-25

	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000
BCU recharge - Finance staff	90	90	90	90
Fundraising staff costs	275	283	292	300
Partnership costs	65	67	69	71
Total pay costs	430	440	451	461
BCU recharge - overheads	6	6	6	6
Fundraising Team costs	70	70	70	70
Other fundraising costs	30	30	30	30
Investment management fee	55	55	55	55
Audit fees	12	12	12	12
Bank & other admin charges	6	6	6	6
Software fees	8	8	8	8
Total non-pay costs	187	187	187	187
Total Costs	617	627	638	648

With a team of this size the ROI calculation, based on the income projections (see Figure 14 below) and the anticipated fundraising staff and team marketing budget in the proposed staff structure² is 8:1, year on year. If the charitable income that's overseen by the Partnerships section of the Awyr Las Support Team was given through Awyr Las, BCUHB's charitable arm, rather than directly to BCUHB, the ROI calculation for Awyr Las would change. Due to an anticipated fall in income from Leagues of Friends in 2021/22 because of inactivity in cafes and shops during the Covid Response Period, the ROI would remain at 8:1, but from 2022/23 the anticipated ROI would rise to 9:1.

b. Strengthen and improve the governance of the charity

The Head of Fundraising recommends the following:

- Rename the Charitable Funds Committee to be the Charity Committee and rename the Head of Fundraising role as Head of Advancement, as the role incorporates overseeing the charity strategy, fundraising and partnerships.
- Review what directorate the charity reports to. It is traditional for NHS Charities to sit in the Finance Directorate as historically they have been concerned with managing funds and investments. With proactive fundraising and service delivery,

² This staff structure is subject to the approval of the Charitable Funds Committee

NHS charities are now looking to be placed in and managed within different directorates, such as Communications & Marketing or with the Chief Nurse, due to the shared focus on patient experience. The critical issue to address is which executive lead will proactively support the charity and will have the capacity to provide senior leadership and sponsorship. In Wales the NHS Charity reports in to different directorates, including Nursing and Communications.

- Review the role description, registration and guidance for Fund Advisors. Each year the fund Advisors will need to prepare a proposed spending plan which sets out their proposal for how their funds could be spent in the year ahead. This plan should will be approved by the Charitable Funds Committee.

c. Improve the visibility and presence of the charity within Health Board sites and in Health Board Communications

The Head of Fundraising recommends the following:

- Draft up a BCUHB – Awyr Las Manifesto with key signatories to ensure the charity features in Estates and Planning, Hospital Management and BCUHB Communications plans. The outcome is for the charity to be more visible on BCUHB premises and patient and staff communications.

7. 2 To build the capacity and capability of the charity to run a strategic capital appeal to support the Trust.

The Head of Fundraising recommends the following

- a) Have a Shooting Star capital appeal for the charity with an income target of between £1.5 - £2 million in addition to the core strategic plan, which will launch during 2021/22. This will need additional resource and all income will be in addition to the Strategic plan.
- b) Plan for a large scale £2 million capital campaign from 2025/26.

7.3 To grow income sustainably

Figure 14 below shows the expected growth in income, with a breakdown of income sources, from 2021-25 if the Awyr Las Support Team restructure is approved and suitable candidates are recruited. The calculations are based on income received by Awyr Las over the past 10 years and giving trends in the UK³ as well as the income generation activity that the Awyr Las Support Team will be focussing on⁴. Figure 15 shows the specific income targets for the different priority areas. As Awyr Las is

³ Insights from the What Good Looks Like UK Fundraising Benchmarking 2019 Lark Owl Report, NHSCT Annual Benchmarking Survey and the CAF UK Giving 2019 Report were used to determine feasible income targets.

⁴ Changes in giving trends due to Covid-19 have been considered. Data from the following two reports influenced the conservative income predictions: <https://www.cafonline.org/docs/default-source/about-us-publications/caf-report-coronavirus-how-charities-and-donors-are-reacting.pdf> and Lark Owl's 'The Calm Before the Storm UK Fundraising ROI 2020'.

committed to building support for all existing services as well as the priority areas, the targets incorporate designated funds⁵ as well as priority areas.

Figure 14: Charitable Income projections for 2021-25

Income stream	2021/22 %	2021/22 Income £'000	2022/23 %	2022/23 Income £'000	2023/24 %	2023/24 Income £'000	2024/25 %	2024/25 Income £'000
Legacies	35%	945	33%	954	33%	980	33%	1,009
Major Donors	2%	54	3%	867	3%	89	3%	92
Trusts and Foundations	4%	108	6%	173	7%	208	8%	249
Corporates	3%	81	3%	86	4%	119	4%	122
Regular Giving (Staff Lottery, GAYE, Direct Debit Schemes)	4%	108	6%	173	8%	237	10%	306
Events and Communities	52%	1,404	49%	1,416	45%	1,337	42%	1,285
Total		2,700		2,890		2,970		3,060

⁵ Designated funds refer to the 450 ward, department and service specific funds within Awyr Las. In the 5 years from 2014-2019 96% of all donations were given to specific designated funds.

Figure 15: Charitable income targets for 2021-25

Priority Focus	2021/22 %	Income Target 2021/22 £'000	2022/23 %	Income Target 2022/23 £'000	2023/24 %	Income Target 2023/24 £'000	2024/25 %	Income Target 2024/25 £'000
First 1,000 Days	0	250	0	30	0	30	0	30
Cardiology Services in the Community	0	30	0	70	0	70	0	70
Cancer Care	0	0	0	0	0	0	0	0
Mental Ill Health	0	55	0	50	0	50	0	50
Care of the Elderly	0	30	0	30	0	30	0	30
Social Prescribing	0	30	0	30	0	30	0	30
Volunteering	0	0	0	30	0	30	0	30
Designated funds & Additional priority grants	0	2305	0	2650	0	2730	0	2820
Total		2700		2890		2970		3060

In 2021/22 the Awyr Las Support Team will work towards the following KPI's to ensure the targets laid out in Figure 4 will be met:

Trusts and Foundations in 2021/22

- Recruit an Independent Member to champion this income stream.
- Develop and embed a streamlined, easy to use and fast process to identify projects, ideas and issues that require funding within the Trust. This will help to generate a pipeline of projects and ideas that are suitable for fundraising. This must cover a wide range of values from low value projects of £3,000 - £5,000 to very large strategic projects of several million
- Conduct extensive prospect research to generate a list of 10-15 trusts and foundations for strategic funding applications. Note there is an element of being fundraising led in this approach. This funding can only ever be pursued where there is a strong alignment between the funders' priorities and what Awyr Las and BCUHB want to achieve
- Submit 10-15 high-quality funding bids requesting support for no more than 3-4 project ideas to secure the £281,000 2 year 2021-23 target
- Pilot a small trust mailing requesting unrestricted funding for the Charity and their work. This mailing should target 100 - 120 small trusts each year and secure £10,000 - £15,000 each year

- Identify key ambassadors within the Trust that can meet with Trusts and Foundations

Regular Giving in 2021/22

- Recruit an Independent Member to champion this income stream.
- Launch the Staff Lottery in line with the plans included in the BCUHB Staff Lottery business case
- Launch a regular giving Text Donate campaign
- Relaunch the Pennies from Heaven scheme

Events and Communities in 2021/22

- Recruit an Independent Member to champion this income stream.
- Launch a digital 'resilience' campaign to demonstrate the impact that donations have had and will have post-Covid with the aim of increasing website traffic by 25% compared with 2020/21
- Set up a distribution network to refresh on ward communications and develop 'resilience' campaign leaflets to encourage giving to Awyr Las. The new leaflets will be available visible on at least 40 wards / departments.
- Minimum of 3 x charity led events planned for the year to include: Cake competition & NHS birthday team party; Christmas fundraiser; 1 Million Steps Challenge
- 2 x mailing to all undertakers in the region.
- 1 x mailing to 150 selected community groups
- Refresh all 'fundraise for us' materials
- Research and develop a proposal for a direct marketing campaign in partnership with the Trust. This would involve contacting patients and their families and introducing them to the charity and a specific appeal. This would need to be done as a part of a broader Trust mailing and not solely as a charity mailing.

Corporate Support in 2021/22

- Recruit an Independent Member to champion this income stream.
- Research and establish a new pipeline of 25 potential local corporate supporters to develop Charity of the Year (COTY) partnerships
- 2 x mailing to 150 selected suppliers and follow up in addition to those in the pipeline for COTY
- Establish a collection box and text donate promotion system for 20 relevant businesses

Legacy Giving in 2021/22

- Recruit an Independent Member to champion this income stream.
- Review the Legacy Marketing Strategy
- 2 x mailing to all solicitors
- Identify two 2 x e-mailing to all staff

Major Donors in 2021/22

- Recruit an Independent Member to champion this income stream.
- Carry out a prospect research project to identify potential major donors. Establish a new pipeline with 15 potential major donors

Fundraising Update Appendix 3

Awyr Las: NHS Charities Together Grant Outline

Background

The NHS Charities Together (NHSCT) Covid-19 Appeal has raised over £130 million since March. Awyr Las have received a total of £264,500 through Grant Stage 1, which was designed to support urgent staff and patient wellbeing through funding additional services, innovation programmes, extra equipment and facilities. The total amount that Awyr Las is due to receive from NHSCT is £993,646.

The Awyr Las Support Team is now due to submit applications for Stage 2 and Stage 3 funding.

Outline grant criteria for Stage 2: Strategic integrated community and social care pathway Grants

Grants to NHS charities to support their voluntary and primary care sector so that NHS patients can leave hospital more quickly and safely, stay or remain out of hospital. NHS charities are encouraged to fund collaborative projects.

Outline grant criteria for Stage 3: COVID-19 Recovery and Post pandemic grants

Grants to NHS charities on supporting the mental health and recovery of NHS staff, their services and their communities.

Total due to Awyr Las in Stage 2 and Stage 3:

- ✓ Stage 2 £311,146 (% of £30m based on population figures in STP / Health Board area)
- ✓ Stage 3 £418,000 (£22 per NHS staff member)

Timetable the Awyr Las Support Team (ALST) are working towards:

- Charitable Funds Committee Meeting: 08/12/20
- NHSCT Initial Grant Proposal deadline: 10/12/20
- NHSCT Full Application deadline: 25/01/21
- NHSCT Grants Review Panel: 08/02/21
- NHSCT Trustees Board Authorisation: 24/02/21
- Transfer of 50% of funds within one week of authorisation given, further 50% transferred 6 months later / as requested

Grant Stage 2 Outline Application

Members of the Awyr Las Support Team have spoken with Health Board colleagues and members of the North Wales Covid-19 Community Resilience Sub-group (C19 CRSG) to determine how NHSCT Grant Stage 2 can best enable patients to leave hospital more quickly and safely or remain out of hospital. The membership of the C19 CRSG includes local Community Voluntary Councils, emergency response third sector groups operating in the region, local authorities and all emergency services.

In addition, in May this year Awyr Las commissioned the Wales Council for Voluntary Action (WCVA) to organise a workshop and produce a report with the aim of carrying out a 'deep dive' into the lessons that were learnt by the voluntary sector in Wales during the initial Covid Response Period. The aim was to understand what support communities in Wales require in order to recover and build resilience in the future and what voluntary organisations planned to do differently in order to meet their communities' needs. Awyr Las' intended outcome of this projects was to:

- Better understand how Awyr Las, and potentially other NHS Charities and other funders in Wales, should partner with local charitable organisations to help meet the needs of vulnerable and disadvantaged communities
- Identify what the perceived gaps in NHS provision are, and understand how the issues raised could be addressed through collaborative working

This commissioned project (see Appendix 5 of the Fundraising Update Report for the final report) and requests from clinical colleagues in both primary care and secondary care have informed which programmes should be prioritised for Grant Stage 2.

Awyr Las is due to be awarded £311,146 in Grant Stage 2. 60% of this grant will provide support in the community for disadvantaged communities in target areas within the region with the aim of maintaining health and wellbeing. 40% will provide support to help keep some of the most vulnerable people in North Wales out of hospital by giving them the tools to be safe and supported at home. All programme leads will monitor and evaluate their projects and provide exit strategies in accordance with Awyr Las policy.

The programmes that aim to keep some of the most vulnerable people in North Wales out of hospital by giving them the tools to be safe and supported at home will focus on the patient groups listed below:

Brief Outline	Patient Focus	Amount
The Heart Failure Team will use technology to empower patients and carers, preventing avoidable heart failure & hospital admission.	Existing and potential Heart Failure patients	£25,000
The Talking Therapies programme which has already been part funded by Stage 1 NHSCT funding provides an early intervention for people experiencing low mood, anxiety and depression. People self-refer onto the service, and from April referrals have increased by 50%. The therapy is delivered by talking therapy specialists who provide group therapy or 1:1 counselling or Cognitive Behavioural Therapy. COVID-19 has clearly heightened the need for this service. The service is provided in partnership with Mind and Advanced Brighter Futures.	People that would otherwise need the support of the Mental Health Service (MHS), or those who are already receiving support from the MHS in the community.	£20,000

A part time Patient Advice & Liaison Support Officer will provide additional support for Carers as part of a broad plan being implemented by the Health Board's Patient Experience Team. This role holder will provide additional support for vulnerable patients' families and carers, signposting them to local voluntary provided support schemes and helping to ensure carers have the information and capacity to provide the support that patients need in order to reduce the likelihood of hospital admittance.	Carers	£34,000
The I CAN scheme, which works alongside the Talking Therapies programme, was established by the Health Board in partnership with local voluntary agencies to help provide mental health support for people 'pre crisis'. As part of its wide reaching plan to reduce unnecessary hospital admissions, the Mental Health Team will establish a Volunteer Academy with the aim of providing more Mental Health First Aid training, initially focussing on local businesses and NHS staff.	People that would otherwise need the support of the Mental Health Service (MHS), or those who are already receiving support from the MHS in the community.	£44,000

The programmes that aim to maintain people's health and wellbeing by providing additional support in the community will focus on the patient groups listed below:

A Project Coordinator for a co-produced Food Waste/Poverty programme will develop a scheme that has been developed by Health Board, local enterprise, voluntary agencies and community groups over the past 18 months. The programme will help upskill as well as provide meaningful activities and education on health and wellbeing in targeted communities.	Unemployed and as well as the elderly from disadvantaged communities	£68,000
Home from Hospital support will provide food parcels for elderly and those who need additional support upon discharge from a hospital. This programme will be delivered in partnership with the local social services and voluntary sector representatives. A pilot programme is being launched in two local hospitals, and the aim is to provide this across all of North Wales.	Vulnerable patients at the point of being discharged from hospital	£20,000

The Social Prescribing programme will build on what the Health Board and its academic and third sector partners have already achieved in developing a robust social prescribing service in North Wales through the collaborative 2025 Movement (https://2025movement.org/). The grant will fund a Social Prescribing Co-ordinator to cover the counties that currently don't have this necessary resource, and it will fund the delivery of social prescribing projects in target areas where there are gaps in provision	Community	£100,000
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Grant Stage 3 Outline Application

Awyr Las has supported the Staff Wellbeing Support Service through the NHSCT Grant Stage 1. An addition £50,000 grant from existing Awyr Las funds has been allocated to support staff wellbeing programmes. Feedback collated from colleagues demonstrates that one of the most significant means of improving staff wellbeing and increasing staff satisfaction is by enhancing the hospital environment and also providing solutions to improving patient experience. Evidence carried out by researchers confirms this is the case, for example according to the 'Space to Breathe' study carried out by the Centre for Sustainable Healthcare, gardens and green spaces at hospital sites have an important role to play in supporting staff wellbeing.

The Grant Stage 2 £418,000 will therefore be divided as follows:

65% will fund improvements to the hospitals' environment and 45% will fund portable equipment, which will help frontline staff monitor patients remotely, providing more flexible care packages for patients.

Brief Outline	Patient Focus	Amount
A new Patient Advice and Liaison suite in Ysbyty Gwynedd. This will provide patients with a better experience. All staff in the hospital that need help with signposting additional services and providing extra support for patients will also benefit from having this new designated space.	Patients and their families in Ysbyty Gwynedd	£18,000
New furniture for staff and patient areas in the Health Board's mental health units.	Patients on mental health units	£5,500
New software for the MRI Scanner in Wrexham Maelor's hospital.	Patients using radiology services in Wrexham	£14,000

Four 'Green spaces in hospitals' projects will receive 'seed funding' to develop a space for staff, patients and visitors to enjoy.	Patients and staff across North Wales	£10,000
New wheelchairs. These will be of particular benefit for Porter staff.	All patients requiring a wheelchair and all staff that need to move patients	£40,000
A new rest and eating area for staff to be able to rest and relax at a social distance.	Staff in Ysbyty Glan Clwyd	£40,000
As part of BCUHB's commitment to enhance care that families receive during a child's 'first 1,000 days', improvements will be made to parental accommodation provision across North Wales. In Ysbyty Gwynedd the plans will see a new area for children's ward staff to use as a learning and rest space, as well as new en-suite facilities in the parents' bedrooms.	Parents of babies and children in SCBU and on Children's Ward, and staff.	£100,000
New portable equipment, for example Echocardiogram, Ultrasound and ECG equipment.	Radiology, cardiology and rheumatology patients	£189,000

Useful information for the Charitable Funds Committee

Stage 2 Breakdown (N.B. these are examples of what could be funded. Should existing funds can be applied to the below grant requests, or if the grant requests are retracted, the NHSCT funding can be applied to other programmes that fit within the ‘type’)

Stage	Ref:	Description	Department	Type	Site	Amount
Stage 2	CA-20/47	Using technology to empower patients and carers, preventing avoidable heart failure & hospital admission	Heart Failure Team	Keeping out of hospital	West	£25,000
Stage 2	NOT YET SUBMITTED	Parable Talking Support Service	MH	Keeping out of hospital	BCU Wide	£20,000
Stage 2	CA-20/18	Patient Advice & Liaison Support Officer – Supporting Carers Support Implementation	Patient Advice & Liaison	Keeping out of hospital	BCU Wide	£34,000
Stage 2	NOT YET SUBMITTED	I CAN Volunteer Academy	MH	Keeping out of hospital	BCU Wide	£44,146
Stage 2	CA-20/37	Project Coordinator for Food Waste/Poverty programme	Well North Wales	Support in Community	BCU Wide	£68,000
Stage 2	NOT YET SUBMITTED	Home from Hospital Support	Pilot in East	Support in Community	BCU Wide	£20,000
Stage 2	NOT YET SUBMITTED	Social Prescribing	Community	Support in Community	BCU Wide	£100,000

£311,146

Stage 3 Breakdown

Stage	Ref:	Description	Department	Type	Site	Amount
Stage 3	CA-20/33	PALS Hub	Patient Advice & Liaison	Improving environment	YG	£18,000
Stage 3	CA-20/50	Replacement Furniture - Ty Llywelyn	Ty Llywelyn	Improving environment	MH&LD	£5,502
Stage 3	CA-20/54	Software Upgrade For MRI Scanner	Radiology, Wrexham	Improving environment	Radiology	£14,313
Stage 3	NOT YET SUBMITTED	Green spaces in hospitals	Well North Wales	Improving environment	BCU Wide	£10,000
Stage 3	CA-20/27	Wheelchairs	Estates	Improving environment	BCU Wide	£39,627
Stage 3	CA-20/57	Staff Rest and Eating area, YGC	YGC	Improving environment	YGC	£42,372
Stage 3	NOT YET SUBMITTED	Parental Accommodation	Childrens	Improving environment	BCU Wide	£100,000
Stage 3	CA-20/32	Portable Echocardiogram Machine	Cardiology	Portable equipment	YGC	£35,000
Stage 3	CA-20/43	Rheumatology Portable Ultrasound	Rheumatology	Portable equipment	Central	£22,490
Stage 3	CA-20/49	Icentia CardioSTAT Ambulatory ECG Service	Cardiology	Portable equipment	BCU Wide	£130,696

£418,000

Fundraising Update Appendix 4: Business Case for a new CRM

Please note that the name of the CRM system in use currently has been replaced with XXX and the preferred provider's name has been replaced with AAA as this information could be deemed commercially sensitive.

1. Background

- The Awyr Las Support Team (ALST) currently uses the “XXX Software” Customer Relationship Management (CRM) package¹
- XXX Software also offer a Charitable Accounting package, which some finance colleagues who support ALST use
- ALST chose to adopt XXX mainly because of their track record of working with NHS charities²
- XXX has been the Awyr Las CRM and accounting software provider for 8 years

2. Context

- Digital now plays a huge part in the charity's work
- Facebook donations have grown exponentially over the last 2 years
- JustGiving remains the go to platform for fundraisers
- There has been an increase in traffic to the website, with large volumes of donations coming through the online payment gateway, Stripe
- The charity is striving for a “digital-first” approach, offering supporters and donors a quicker, smoother and more personalised experience

“The donor journey is the natural path prospective donors take to become aware of, evaluate and donate to causes that touch them and align with their values. Before the digital age, donors relied on donor-development professionals for information about non-profits. Now prospective donors have access to information on multiple devices at a time and place of their choosing. By the time they contact you, they know more about your organisation than ever before.”

MagnifyGood³

- The advance of technology has had an impact on people's expectations; convenience and immediacy are key
- Many of the charity's aspirations for growth hinge on having a seamless supporter and donor journey and stewardship plan – this is increasingly dependent on having an effective, well integrated CRM
- The charity is constantly exploring new avenues for income generation; many of these new avenues include a digital element, or are wholly digital ventures⁴
- There has been rapid innovation in CRM technology over the past 5 years
- Multiple “challenger” providers have entered the market, offering lightweight and cloud-based systems with automatic integrations with popular software packages and platforms as standard⁵

¹ A CRM is a tool that helps charities better organise and access supporter data

² Cardiff & Vale Health Charity use XXX and were used as a case study by Awyr Las

³ “The Donor's Journey: What is it and why is it important?”; www.magnifygood.com

⁴ In the age of COVID-19, this is an increasingly pressing matter

⁵ Integration refers to the process of combining two pieces of software in order to solve the problem of isolated data

- ALST has never fully embedded XXX in its work (see section 3)
- XXX offers no automated integrations
- XXX is limited in terms of non-automated integration⁶
- Multiple NHS charities have changed CRM provider in the last 18 months, moving from XXX after many years to another provider

3. Feedback from ALST and other NHS Charities

- ALST members were invited to complete an anonymous survey to evaluate XXX
- The consensus is that XXX is underused by the team and is “more hindrance than help”

Feedback summary

- Duplicates have been a recurring issue with XXX from the outset – multiple attempts have been made to cleanse the data, always falling short or resulting in data loss
- The nature of how the charity uses the system, plus the flaws in the CRM and its user-friendliness, leaves room for error and duplicate entries
- The interface is outdated, slow, and prone to crashing, freezing or lagging - making good data entry and hygiene more challenging than it should be. Consequently, some colleagues are reluctant to use the system because they have had a bad experience – using the CRM has become a chore rather than an integral part of their working practice, an afterthought
- Colleagues desire an accessible system that is user friendly
- It is becoming increasingly apparent that XXX is not the right fit, and its inflexibility means it is difficult and time consuming to find workarounds to make it perform the necessary function
- The software is modular, so the charity pays a base rate for the software, plus additional fees for extra modules, like the Raffle and merchandise module; these don't necessarily work in the desired way, resulting in wasted investment and effort
- The software needs to be updated and patched manually, meaning there are times when the charity is not running the most recent version, missing out on new or improved features and security updates
- XXX offers training sessions and phone support, but the quality of this has declined and it can be difficult to access
- There is an additional cost for every user on the XXX system; this makes it difficult to streamline thanking and banking processes through, for example, enabling General Office colleagues to input donations directly onto the system, because the cost for additional users would be exorbitant

⁶ It offers an Outlook integration, which enables a user to flag emails to import into the CRM – they then need to be manually added to a record when the system is next opened

4. Case for change

- CRM software has evolved since Awyr Las selected XXX 8 years ago
- XXX does not offer integrations
- There are a myriad of integrations available which now come as standard with most CRMs
- The current CRM is seen as a hindrance rather than a help
- The current system is not being used to its full potential, because a) it is not user-friendly b) it is slow and prone to crashing c) colleagues have an aversion to using it because it has not offered a good experience in the past
- Some donors are falling through the cracks because the data is not being captured accurately, resulting in them receiving incorrect or severely delayed than you letters, or no correspondence at all
- There are delays in the system which result in delays in the donor receiving communications⁷
- The data on the CRM is poor quality, with many duplicates
- The charity is using digital more than ever before; it needs a CRM that can keep pace
- There is expertise and enthusiasm within the team to oversee migration
- The change to Office 365 within BCUHB offers the potential for more powerful integrations with the charity's CRM – for example, using Power BI to visualise donation trends, or Power Automate to notify a relevant member of the team when a particular type of donation is made, or enquiry submitted

5. Vision

A CRM that makes it possible for Awyr Las to offer a great experience for all stakeholders, supported by integrations with relevant platforms and software, significantly reducing the need for manual input and freeing up precious time; time that is currently spent on manual data input and rectifying errors, which would be better spent elsewhere on the things that matter, like meaningful interactions with supporters and beneficiaries.

6. Options

Do nothing

- The system is not working and ALST is not using it effectively because of the issues outlined above, resulting in wasted time and money
- This is not a viable option

⁷ Donations taken at General Offices are currently entered onto a spreadsheet, which is uploaded weekly to the CRM by finance colleagues. A thank you letter follows, with the donor usually receiving it in the post within 10 days of making the donation. A different CRM could enable GO colleagues to input the donation on the system, triggering an automated thank you email and receipt for the donor, plus a customised letter that could be printed and sent the same day.

Invest time and money in making XXX better

- The ALST could invest in improving its use of XXX and retain it as its CRM and accounts software provider
- Investment could be put into additional training and support from XXX to fix the issues
- This does not guarantee that the changes will be longstanding
- Once support is withdrawn, the issues may arise again
- It does not address the issue of lagging, freezing and crashing and general unfriendly interface
- No amount of investment from ALST will change the lack of integrations offered by XXX

Change to another “off the shelf” system (e.g. AAA, Beacon)

- The charity could adopt an “off the shelf” system that suits the needs of ALST
- A new system would offer enhanced functionality and integrations that vastly improve the donor journey, supporter communications, and the thanking and banking process
- Following extensive research, AAA is possible solution
- The system has received excellent feedback from other NHS charities and other third sector organisations
- AAA has onboarded several NHS charities recently so have experience of the associated quirks and idiosyncrasies
- The AAA interface is renowned for being user-friendly and contemporary
- AAA offers 1:1 support remotely (via video conferencing) and a suite of free “deep dive” training videos
- AAA is a cloud-based system, meaning it would be quicker and more responsive than XXX, which must be hosted locally
- Moving to AAA would result in additional annual cost and an upfront outlay, but the projected benefits significantly outweigh this
- This is the preferred option

Invest in a fully customised system (e.g. Salesforce, Raiser’s Edge)

- The size of the charity’s supporter base, and the charity’s needs at this time, does not warrant a high spec, custom system
- These types of system require a great deal of input and customisation to get them working effectively
- They also present their own user-friendliness issues
- They require significant investment in training and mentoring to realise their full potential
- They are also (generally) more expensive than “off the shelf” solutions
- This is not a viable option

7. Objectives and Benefits

Objectives	Benefits
To integrate the CRM with relevant software and platforms already in use by the charity and its supporters	<ul style="list-style-type: none"> • Automatically add or update JustGiving fundraisers as constituents (records on the CRM), including daily totals of the amounts raised • Bring Facebook and Instagram fundraisers and donations into the CRM so that they can be tracked and thanked in one place⁸ • Option to change Text Donation provider so these too are automatically recorded on the CRM • Synchronisation between CRM records and audience on Mailchimp (e-newsletter provider) • Link Eventbrite events to Campaigns in CRM, automatically adding booking, attendance and check-in information to the supporter's record • Option to set up GoCardless⁹ to facilitate monthly giving programmes, with full integration with CRM
To automate processes that take up the most time and generate the most errors	<ul style="list-style-type: none"> • Time currently spent writing thank you letters and inputting data can be better spent on fundraising activity • Automated Gift Aid claim via HMRC portal means less GA going unclaimed, increasing the charity's income and maximising value of donations • ALST better able to run reports from the CRM, helping them to make evidence-based decisions around events, marketing materials, and appeals • Better access to data making donor comms more tailored and effective • CRM will be linked to the website donations, meaning data is

⁸ Currently this is done manually, and is sporadic because of the amount of time it requires

⁹ GoCardless is a separate provider. Service is available at an additional cost.

	<p>transferred directly and automatically onto the CRM, and matched to the donor's profile (if they exist) or a new profile added for new donors¹⁰</p> <ul style="list-style-type: none"> • Unlimited templates for thanking, can be sent by email or printed
To widen access to the CRM system with unlimited users and cloud-based technology	<ul style="list-style-type: none"> • Potential to streamline and speed up thanking and banking by giving more people access to the CRM • GO colleagues and ALST admin could input donations straight onto the CRM, which would instantly trigger an automated email receipt to the donor • Cloud-based software means ALST can access donor records quickly and securely from anywhere, making home working more efficient
To provide an excellent experience for new and repeat donors	<ul style="list-style-type: none"> • Indication that AAA could work bilingually, with some adjustments • Better quality data will help ALST be better informed about donors, enabling more meaningful interactions and a personalised experience (especially relevant for repeat donors) • Possible for donors to give and receive an instant e-receipt, followed by a thank you (digital or paper) at a specified point in the future

8. Financial case

Current cost of XXX

- Accounting System: £2,802.00 + vat (£3,362.40)
- CRM System: £1,905.00 + vat (£2,286.00)
- Total: £5,648.40 (per annum)

¹⁰ currently website donations need to be added to the CRM manually by the finance colleagues

Projected cost of AAA

AAA has a pricing scale related to the number of constituents held on the CRM. There are currently 34,571 entries on XXX. The cost for up to 40,000 constituents (records) on AAA is £419 + vat per month (£502.80), equivalent to £6,033.60 per annum, plus a £49 per month for a dedicated Azure database.

Note that it is likely a significant number of entries on XXX will be duplicates, so the number of constituents needed may be lower initially.

- Total: £6,621.60

Additional costs of changing provider

Accounting System (annual)

AAA is not an accounting package. It may be possible to continue using XXX as the accounting package, should the ALST, finance colleagues and trustees deem this to be the best option.

However, as AAA brings additional functionality, it may be possible to change to a simpler and more cost-effective accounting package, with finance colleagues making more use of the CRM system for day-to-day management and administration of funds. Currently there is one accounting software provider, Xero, that offers complete integration with AAA. This would provide automated integration, though a separate appraisal on the suitability of this (or any system) will need to take place separately, with a significant lead from finance colleagues. A standard plan on Xero is £24 + vat per month (£28.80). Xero offers a 25% discount for non-profits, so the monthly cost would be £18 + vat (£21.60), equivalent to £259.20.

It is possible to make almost any finance package work with any CRM, if good coding is used.

It may be possible to adopt a system that is already in use within BCUHB.

- Total: TBD (Dependent on the system selected)

Data cleanse and migration (one off)

It would be prudent to enlist the support of a technology partner to support the ALST with the migration, for which the charity would incur an additional one-off cost. This would ensure that ALST “get it right the first time”; doing this in house would save money in the short term but likely result in issues that need resolution and investment further down the line.

- Total: TBD (Dependent on the partner selected)

Supporter base growth (not guaranteed)

The more constituents on the database, the greater the monthly charge for AAA. Significant growth in the supporter database would be positive, and a corresponding growth in income would likely accompany this, mitigating the increased CRM cost.

- Total: TBD (Dependent on number of constituents on CRM)

Financial case summary

- Changing to AAA would represent an increase annual cost
- There would be one-off set up costs to consider as well, to ensure a smooth transfer of data
- The cost savings with XXX are moot – the charity is currently paying £2,286 per annum for a CRM that it does not use effectively and £3,362 for an accounting package that is flawed
- Associated with the current CRM is duplication of effort, backtracking to rectify errors, and time wasted on manually inputting data, or trying to devise and implement workarounds to make the system function in the desired way; the financial implication of this is difficult to quantify, but it's likely that a different CRM would rectify these issues
- There is also the matter of lost donors who have had a less than great experience with the charity because of errors and delays; it's realistic to say that different CRM would help the ALST to provide high quality, consistent experience for all donors and supporters, potentially resulting in repeat donations or upgrades to monthly gifts

9. Challenges

- Migration of data is a long and complex process; there may be some disruption to normal service for the set-up period (one NHS charity migrated to AAA during lockdown and found the process relatively straightforward)
- The data will need to be cleansed before migrating to AAA; to do this properly, ALST requires support from a technology partner
- ALST will require training and support to properly embed the new system; there may be some resistance to change
- Additional consideration is required to make sure AAA can function adequately bilingually
- A replacement for the finance system will be needed; should another system be adopted, it will take time to ensure that the CRM and finance package integrate satisfactorily

10. Conclusion

- XXX is lacking in terms of functionality and user friendliness
- Feedback from ALST and finance colleagues suggests it is time for the charity to move away from XXX
- There is appetite among ALST and finance colleagues to explore new solutions
- There are multiple “off the shelf” CRMs that offer exceptional functionality for the price
- Other NHS charities have adopted AAA as their preferred CRM and have had a good experience
- A cloud-based system will be quicker and easier to access away from the office, something that is a bigger consideration in the age of COVID-19
- Donors deserve an exceptional experience, and it would be wise for the charity to invest in software that is going to improve the experience people have when interacting with Awyr Las

- Changing CRM now would tie in with the migration to Office 365; additional powerful integrations are possible when using AAA in conjunction with Office 365
- Any migration would need input and guidance from BCUHB informatics (to make the most of possible integration with existing systems) and - ideally - an external technology partner
- It's vital that there is a resource within ALST that has the time and remit to champion use of the CRM, to help colleagues adapt to the new system by providing training and mentoring and troubleshooting support and ensure that the migration is successful
- Any increase in cost is likely to be mitigated by ALST having more time to dedicate to fundraising, as well as the improved experience contributing to repeat donors and upgrades to monthly giving, plus the function to automatically reclaim Gift Aid

Thank you to Emma Jones, Digital and Data Lead for Awyr Las, who has carried out extensive research into CRM systems and who prepared this report.

**NHS CHARITIES
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NHS Charities in Wales

Post-Covid-19: health, social care and the voluntary sector in Wales

Session Report

Richard Newton
Richard Newton Consulting
12th June 2020
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Executive Summary

NHS Charities in Wales have received significant funding from NHS Charities Together through the public's response to the Coronavirus pandemic to fund the wellbeing of NHS patients and staff.

The voluntary and community sector has played a key role in Wales' Coronavirus response during spring 2020. Much of this has been delivered by organisations who face concerns in respect of longer-term funding given the negative impact of the pandemic on fundraising capacity.

The response to the pandemic has seen changes in working models and approaches from both the public and voluntary sector which has learning for future delivery. A workshop and survey with the sector in Wales sought to explore this through discussing three questions -

- Changing our approach through Covid-19: what worked and what was challenging?
- The Covid legacy: what learning or different ways of working do we want to retain?
- What are our priorities for development moving forward, from quick wins through to policy changes?

This report captures this discussion and the key areas for development. There is recognition that much of the work was implemented quickly and needs some investment in further evaluation. That said, there are cases for support for investment in -

- Further development of social prescribing networks.
- Galvanising and sustaining the community response.
- Strengthening the role of the voluntary and community sector to support those entering and exiting mainstream provision.
- To evaluate the digital and remote support solutions that have been developed
- To strengthen relationships between the voluntary / community sector and public sector service providers.

The next round of grants for NHS Charities in Wales from NHS Charities Together are likely to fund projects that are co-created with wider partners (including the voluntary and community sector), and this report is intended to inform some initial planning in relation to the forthcoming grant round.

Introduction and Context

This report was commissioned by Awyr Las, the North Wales NHS Charity, on behalf of all of the NHS Charities in Wales. Awyr Las and the other NHS Charities in Wales have raised funds through Covid-19 appeals to fund wellbeing for patients and NHS staff affected by the Coronavirus pandemic.

All NHS Charities in Wales have also received grants from NHS Charities Together, the national membership charity for the 250 NHS Charities across the UK. To date, NHS Charities Together's Covid-19 Appeal has raised over £100 million in the three months since March 2020. The next round of grants for NHS Charities in Wales from NHS Charities Together are expected to support strategic partnerships to help strengthen medium- and long-term resilience and recovery.

It is recognised that the Covid pandemic has seen significant co-working between the NHS and other voluntary and community bodies (as well as wider public and private sector organisations) in order to respond to the wellbeing needs of those affected by Covid-19; this includes patients, carers and front-line staff. It is hoped that experiences from this collective working may inform the strategic partnerships that NHS Charities aspire to support through the next round of grant funding.

Developing this Report

This report was authored in June 2020 by [Richard Newton Consulting](#). It captures the feedback from over 100 participants from 85 voluntary and community organisations who took part in a short survey and a structured discussion group (held digitally via Microsoft Teams). A list of the organisations who registered is included at Appendix A. The session was chaired by Kate Young who is Director of the All Wales Forum of Parents and Carers, Trustee of Wales Council for Voluntary Action (WCVA), and Health and Social Care representative for the Third Sector Partnership Council.

The event was free to attend and was facilitated by WCVA who promoted the event (along with other partners) via their social media channels. Discussion focused around three questions –

- Changing our approach through Covid-19: what worked and what was challenging?
- The Covid legacy: what learning or different ways of working do we want to retain?
- What are our priorities for development moving forward, from quick wins through to policy changes?

Participating organisations were asked for immediate thoughts in relation to the questions upon registration in order to provide themes for the discussion. These were captured in a brief for the Chair (Appendix B) and minutes were taken of the discussion (Appendix C).

This report seeks to establish themes and actions rather than create a summary of what was said. It reflects the survey responses and contributions during the events, rather than NHS Charities Together, WCVA or Richard Newton Consulting's positions. We cannot verify if these themes and actions are wholly accurate or are people's perceptions.

About [NHS Charities Together](#)

NHS Charities Together (NHSCT) is a membership body that represents, supports and champions the work of the NHS' official charities. NHS Charities give £1million a day to the NHS, providing vital funds to help the NHS do more. Through NHS Charities Together, member charities collaborate on nationwide fundraising and advocacy campaigns, such as celebrating the NHS Birthday every year on 5th July with the NHS Big Tea.

NHSCT also provides specialist advice and guidance to members through visits, and one-to-one support via email and phone calls. NHSCT's bespoke conferences and training days cover the most relevant issues and development needs for NHS Charities, as well as providing opportunities for networking and mutual support. Members also have access to online resources and support through the exclusive members area on the NHSCT website.

NHS Charities Together also provides the national (all UK) voice for NHS Charities, championing key projects and themes that best enhance patient care and experience, and the impact NHS Charity funds make.

NHS Charities in Wales

NHS Charities in Wales operate on a geographical basis aligned to health board areas.

The NHS Charities in Wales are:

[Aneurin Bevan Local Health board Charitable Fund](#)

[Awyr Las, the charitable arm of the Betsi Cadwaladr University Health Board](#)

[Cardiff and Vale Health Charity](#)

[Cwm Taf Morgannwg University Health Board's Charitable Fund](#)

[Hywel Da Health Charities](#)

[Powys Teaching Health Board Charitable Fund](#)

Swansea Bay Health Charity

Velindre NHS Trust Charitable Funds

NHS Charities in Wales - health, social care and the voluntary sector

Changing our approach through Covid-19: what worked and what was challenging?

Voluntary sector organisations across Wales report changing their approach as a result of the Coronavirus pandemic. This can be as a response to a number of factors –

- To deliver new / additional services to support those affected (patients, carers, frontline workers) by Coronavirus
- To adhere to social distancing – including developing remote / digital delivery methods (note in some cases this has resulted in the closure of services)
- To respond to changes in funding. For the majority of voluntary sector organisations this has required responding to reduced levels of philanthropic income.

Those participating identified a number of key areas where they had ‘delivered differently’ –

- i. Activities to reduce hospital admissions / support discharge. The voluntary and community sector has played a key role in this – at times through formalised service delivery and at other times as part of the grass roots community response. Of note –
 - Much of this work has linked with NHS Services remotely – phoning in to discharge meetings was cited – and where this was part of a substantive programme of work, this remote contact was viewed as efficient (particularly in rural settings) and a programme improvement.
 - It is recognised that there are particular communities i.e. BAME that need additional support in these settings, and this was not always readily available – particularly at the start of the pandemic.
 - A co-ordinated approach - such as the CUSP programme (Carmarthenshire) – can link a network of voluntary / community agencies together, helping to prevent professionals and patients feeling overwhelmed.
 - Much of the new work is funded through the diversion of funds or through Covid-19 emergency response funds. If this is to be sustained in the long-term, it needs to be made a funding priority.
 - There is the need for voluntary / community activity to link with both health and social care services to be effective – where voluntary / community activities are formally commissioned there are reports of them being biased to either health or social care depending on the funding routeway.

“There should be sustainable funding for local community groups. We have a project called CUSP - the Carmarthenshire United Support Project - made up of nine voluntary organisations that work together to help people live independently.”

- ii. Support needs to reach all groups. In particular it was reported that those individuals who fitted the stereotype of ‘being vulnerable’ were well served from the start. Those with ‘hidden’ vulnerabilities were less well served – this includes

younger people who had been instructed to shield, and those who had previously been perceived by those around them as independent i.e. those who had worked despite their medical conditions. Support for these groups has improved through the pandemic but this support has often been delivered through the community response rather than a 'condition-focused' charity.

- iii. There is a risk that the urgency of the response needed meant that the response to many vulnerable people was informed by a medical model of disadvantage rather than a social model of disadvantage. We need to recognise that those who are vulnerable in the pandemic can be affected by attitudinal, environmental and institutional barriers in society, as well as the medical condition that they faced in relation to Covid-19.
 - This was particularly emphasised by those representing the disabled and BAME sectors where reports of barriers to accessing healthcare extended to issues such as accessibility of transport and language.
 - Whilst essential medical appointments for this vulnerable group had been retained, wider support functions have been cancelled / postponed with concern for long term health implications.
 - To address this, organisations need to ensure that a person-centred approach is maintained that takes into account the voice of the service-user at all times. This is in line with the Social Services and Wellbeing Act.
- iv. Community Transport is essential for ensuring the wellbeing of the population and traditionally serves some of the more disadvantaged co-horts. However, the Covid-19 pandemic has presented some issues for providers.
 - Many of the volunteer drivers are over 70 and are in the shielding cohort so have withdrawn from volunteering duties.
 - Social distancing on a minibus is impossible unless you reduce capacity by around 80% which has implications to the cost model.
 - Younger people have come forward as volunteers. This may be temporary given additional available time due to furlough.

“The issue over transport can be resolved with common booking systems - booking of a Hospital appointment directly linked to Community and Hospital transport. Hereford and Worcester Health Board reduced no shows by 50% by having common bookings”

- v. Social prescribing – many providers highlighted the important impact that this has on patient wellbeing. A number of activities that were traditionally delivered in physical settings have moved to virtual delivery. This has improved the reach of these with many reporting additional attendees from a wider catchment area. A full evaluation however needs to take place to appraise these benefits against some of the changes to provision; in particular there is a lack of face-to-face contact and potential continued isolation faced by service-users. As is common throughout much of this work, there are concerns in relation to equity of access when services move to an on-line / distanced delivery model.

“Social Prescription is a key factor for Tenovus Cancer Care and features strongly in our 2021 Senedd Manifesto. Key among these are our 'Sing with Us' choirs to support people affected by cancer. We've managed to keep a version of these going during COVID with virtual choirs.”

- vi. A focus on Covid-19 medical / support services has led to a reduction in referrals for other services. This reduction can be due to a suspension in services as the NHS re-prioritised resources to respond to the pandemic; or can be due to a reluctance from the public to attend the NHS facilities during the pandemic. Mental health and rehabilitation services were particularly highlighted as affected.

To seek to address this -

- Voluntary and community services were adapting service provision to maintain contact with clients – though this has challenges if they have to be delivered in location focused settings.
- The voluntary / community sector needs to work collectively (and with the NHS) to understand the volume and nature of support that will be required after the lifting of lockdown restrictions.
- In some cases, there is a risk that a present lack of referral threatens the long-term sustainability of services which are likely to be essential as society re-emerges from the pandemic.

“We are also finding this [sic. Mental health providers being quiet] and wondered if it is because of hierarchy of needs - people are facing difficulties with food and prescriptions etc and need to address them and feel secure enough before they are then in the right place to talk about mental health.”

An additional change which affected service provision was to the make-up of income for many voluntary sector groups. Charitable organisations (including many NHS charities) reported a reduction in income from community, event and corporate funding.. This threatened the sustainability of some new initiatives as well as the sectors ability to innovate, and to retain existing services funded through charitable income. The opportunity to co-fund some activities with NHS Charities was welcomed. There is a perception however, from the wider charitable sector that NHS charities had not faced a drop in income

The Covid legacy: what learning or different ways of working do we want to retain?

There was a feeling that the crisis response has resulted in changes to the way that organisations operate and some of these could be retained to deliver long-term improvement. Many of these changes in service delivery were implemented very quickly and would benefit from further evaluation including input from service-users as to their appropriateness.

- i. Remote working

Digital technology has played a key role in supporting patients, carers and front-line workers throughout the pandemic. That said, it is recognised that digital technology can be impersonal, and some professionals have highlighted the positive impact that telephone work has had in getting to know service-users and their support workers.

The main issue with remote working is linked to accessibility. Where this was addressed organisations were able to reach beyond the geographical constraints that they previously faced.

Of note –

- There is a need to increase digital inclusion – this is not just in terms of the digital literacy of service users but also the infrastructure available, including equality of access to broadband, and financial capacity to engage with this infrastructure.
- Where people are not online, they need parity of access to information and support, to those who are online.
- Closure of services such as day centres, to which vulnerable groups were often automatically referred, has resulted in the development of bespoke rather than generic services. This may yield better results for service-users and should be fully evaluated.
- Digital / Remote provision cannot replace the human touch, the eye-to-eye and physical contact; there is still a real risk of isolation for some, or the potential failure to diagnose conditions as a result of remote support.
- Some introverted individuals may be enjoying lockdown and will need support to re-engage with community services when lockdown is lifted.
- How confident can we be that some service users have not been ‘lost’ in the transition to remote provision, and are interventions in place to identify and reach out to those who have become lost in the rapid changes to service provision?
- If organisations are able to extend their geographical reach does this have questions for the structural make-up of voluntary / community sector support?

“Feedback from day services for those with severe learning disabilities has shown in some cases there has been a very positive affect on clients and the situation has allowed alternative services to be explored which have suited them far better than day centre visits.”

“Digital access is critical - to access vital information and keep connected socially. Increasingly public sector services are online - NHS, DWP. But we know that digital doesn't reach everyone. For our client group, we have introduced a hard copy COVID bulletin to ensure information about shielding etc reaches them, but digital is vital to sustain services. How can we work together to make a step change with digital access?”

“In Pembrokeshire, PAVS and the local authority set up a COVID Community Hub very quickly. We have a website for the Hub and the local authority did a every household leaflet drop, which we felt was really important to ensure those not online know about the Hub.”

- ii. Supporting the mental health of front-line workers and volunteers.

Those organisations who have been involved in the delivery of front-line services report responding with the redeployment of staff and extension of hours to meet the exceptional demand that they were facing. This crisis level response cannot be sustained in the long-term. That said, as we adjust as a society to living in the shadow of Covid-19 and supporting those affected by it, these services have to be retained - and potentially be able to be ramped up again should further waves of the virus hit. As living in a world affected by Covid becomes the new normal, it is important to recognise the stresses that have been placed on staff and volunteers – and the ongoing trauma that they face. Support needs to be put into place to support these staff and to create a resilient and sustainable workforce to address the medium- to long-term requirements of Covid.

iii. Sustaining the volunteer / community response

The community response has been unprecedented and in the majority of cases has originated at a grass roots level and has been very ‘place focused’. This response has had a significant positive impact on the wellbeing of individuals across Wales. This includes those who have been supported by the volunteers, along with those volunteering. There is a desire amongst leaders within the voluntary sector to sustain this response for the typical profile of volunteers. In some places, Community and Town Councils have led on the response, building new roles for these organisations.

Many volunteers have not fitted the traditional profile of volunteers, many for instance are younger (many are in their 20s and 30s). This has had many benefits in terms of mobility and the digital capacity of these individuals. There are many examples of volunteers supporting skills transfer, as well as completion of tasks for vulnerable community members.

To sustain this response, we need to understand more as to the reasons why people volunteer. Is it driven by a crisis response? Is it empowered by its hyper-local impact (many reported about how a sense of community is returning)? Additionally, is it powered by the additional capacity that this working-age population have as a result of working from home and furlough – which may change in the long term? This hyper-local volunteering engagement is a direct contrast to wider accessibility of some services that are being offered through remote / digital delivery.

Whilst some of these volunteer groups are looking to become sustainable, and there are reports of some groups constituting, there are also reports of a number of people losing interest and some volunteering levels already declining. Formalisation of these groups increases safeguarding and the potential for long term sustainability, but it is apparent that some volunteers are deterred by bureaucracy and regulation.

“In Cardiff, some groups that stopped as we went into lockdown they are now starting back where possible but delivering differently. Some new groups in neighbourhoods started enthusiastically and they are now stepping back, whilst others started and are now looking to become constituted groups.”

What are our priorities for development moving forward, from quick wins through to policy changes?

In exploring the priorities for development there was a combination of suggestions for changes to service delivery and revision of approaches to working. This is particularly pertinent given the realisation that these organisations will need to work within a Covid impacted environment for the foreseeable future.

In terms of service delivery –

i. Infrastructure

The voluntary and community sector infrastructure is an essential contributor to the wellbeing of the wider population in Wales. It is a complex of organisations of different sizes, operating purposes and governance structure. All need support. In particular –

- The role of volunteers is essential, and we need to be able to maintain engagement with the large numbers of volunteers who have been recruited as part of the community response. Equally we need to be able to support those who formerly volunteered but have suspended their volunteering as they form part of the shielding / vulnerable group.
- The network of community groups needs support to evolve and develop. Some groups may cease, some may merge, and some may grow - but these groups need support to make informed choices as to their future.
- Core funding needs to be considered for groups if they are to sustain.
- The move to remote / digital working requires different skills and equipment which requires investment. Long term remote / digital working can be cheaper than face-to-face delivery but this should not automatically make this a value for money consideration for commissioners.

“At a community level many Community Councils have taken the lead on Street Level volunteering- they have stepped into a space that they had not operated in very much before.”

“Clwyd Alyn Housing reported that they had set up a Wellbeing group and had been contacting their residents via telephone starting with the most vulnerable. They said that they had a much better relationship with residents and felt that they were getting in touch much sooner with issues.”

“Going forward I think there will be more specific calls to action, and to counter the effect of those returning to work, there are many thousands now volunteering who may not have done before (many of those combining work with volunteering/retired/semi-retired)”

ii. Social Prescribing

This is seen as a key area for development but there is still uncertainty as to the best way to implement this. There are challenges that need to be addressed in order to ensure to develop social prescribing as a key intervention, available universally across Wales. These include –

- Recognising that the strategic development of social prescribing is not at the same level across Wales, and some areas need greater investment.
- The community based services / activities (i.e. art classes, exercise classes) which referrals are 'prescribed to' need to be sustainable. This requires the availability of long term funding for the organisations providing these activities.
- Assessing if the digital / remote delivery models established as part of the Covid-19 response increase social prescribing capacity, through removing some of the place based challenges in respect of locality of provision.
- On-going evaluation needs to take place to further evidence the case for social prescribing.

"Our social prescribing link workers have been mapping services locally - need to keep this up to date as old groups aren't able to deliver but new groups spring up. Constantly changing! Websites like Dewis and InfoEngine can help but usually don't provide the granularity and up to date info..."

"there hasn't been a strategic development of social prescribing - different things happening in different areas. Could be more strategic development."

iii. Interdependence of statutory and third sector services

The pandemic period has proven that the third / voluntary sector plays an essential role in service delivery. There is an interdependence which needs to be recognised, evidenced and funded. During the pandemic decision making has been quick and some bureaucracy has been lifted. Work needs to explore how this can be sustained – both in terms of the services which have developed as well as maintaining the culture that has empowered this to happen. Collective working needs to focus on outcomes, rather than barriers to working.

The third sector can evidence being a key deliverer of themes within the Wellbeing of Future Generations Legislation, and the Social Services and Wellbeing Act. Many of the quickly initiated response programmes provided solutions for problems ahead of policy analysis of the issue. The role of the voluntary sector in terms of initiating responses needs to be evaluated and shared. There then needs to be a structure to allow this work to be able to quickly inform policy makers via Regional Partnership Boards, Future Generations Commissioner and Welsh Government.

"Interdependence of third sector and statutory organisations has become very clear when one piece of the support offered to families has been missing or more limited at this time. We should use this evidence to lobby for a more joined up approach or potential consortia going forward."

Summary and Actions

The funding that has already been received from NHS Charities Together by NHS Charities in Wales has been granted specifically to support NHS staff and patient wellbeing and has helped to fund equipment and extra services.

This forum has provided some clear feedback from the voluntary and community sector in Wales with regard to sector priorities. The next stage of funding from NHS Charities Together should see co-working and co-funding with partners including the voluntary and community sector. Projects will be identified by NHS staff as per the operating model of NHS charities.

This forum provides some clear direction as to priorities from the sector to explore as co-production opportunities:

- To develop further social prescribing, establishing equity across Wales.
- To explore the benefits of digital / remote delivery into the social prescribing providers network. Developing evaluation further to influence policy makers.
- Galvanising and sustaining the community response (in particular volunteering) and linking this into the wider service delivery network.
- Recognise the role of the voluntary and community sector in supporting citizens to enter and exit mainstream services. This includes responding to the particular challenges that the Community Transport network face.
- To evaluate, and where appropriate, mainstream some of the digital and remote support solutions that have been implemented, whilst ensuring equality of services to all.
- Assess the impact of the wider reach of digital / remote delivered services against the community response which has been in the main hyper-local focused.
- To develop channels to build a relationship between the voluntary and community sector, and public sector service providers, which are based on evidence and outcomes and can be used to influence service provision.

“We need to ensure that the Wales evaluation of the Covid period and response has a full input from the Third Sector across Wales as there are very many levels of response and these all have a value in a collaborative review. Hopefully a review could highlight the value of what Third Sector have undertaken and the added value of the sector.”

Appendix A - List of organisations who registered to take part in the discussion forum.

Over 100 individuals registered to take part from the following organisations.

Age Cymru Gwynedd a Mon
Alzheimer Society
Antur Wanfawr
Autistic Women's Empowerment Project
Association of Voluntary Organisations in Wrexham (AVOW)
Awyr Las
Betsi Cadwaladr University Health Board (BCUHB)
Bodreinallt Surgery
Bowel Cancer UK
Bridgend Association of Voluntary Organisations (BAVO)
Bridges Centre
Bridges Centre (Community Car Scheme)
British Liver Trust
British Red Cross
British Red Cross Society
Bron Afon Community Housing
CAIS & Hafal
Cardiff and Vale Action for Mental Health
Cardiff and Vale College
Cardiff Third Sector Council
Carmarthenshire Association of Voluntary Services (CAVS)
Carmarthenshire Youth and Children's Association
Ceredigion Association of Voluntary Organisations (CAVO)
Citizens Advice Denbighshire
Community Housing Cymru
COPAC
Community Transport Association (CTA)
Community and Voluntary Support Conwy (CVSC)
Cwm Taf Morgannwg Health Board
Cwmaman Town Council
Disability Wales
Down to Earth Project
Dyfi Donkeys
ELITE Supported Employment
Ethnic Minorities & Youth Support Team (EYST) All Wales BAME Engagement Programme
Fair Treatment for the Women of Wales (FTWW)
Flintshire Local Voluntary Council
Glamorgan Voluntary Services (GVS)
Groundwork Wales
Gwent Association of Voluntary Organisations
Hafan Cymru
Hospice of the Valleys
Hospice UK
Innovate Trust

INTERLINK
Kidney Wales
Lloyds Bank Foundation
Maggie's Cardiff
Mantell Gwynedd
Medrwn Mon
Mind Cymru
National Lottery Heritage Fund
Neath Port Talbot Council for Voluntary Service (NPTCVS)
Nesta
NHS Wales
Pembrokeshire Coast National Parks Authority (PCNPA)
Pembrokeshire Association of Voluntary Services (PAVS)
Plant Dewi
Powys Association of Voluntary Organisations (PAVO)
Public Health Wales
Race Council Cymru
Reach Rural Development Bridgend County Borough Council
Rhondda Cynon Taf County Borough Council
Richard Newton Consulting
Snowdonia Donkeys
St David's Children Society
St John Ambulance Cymru
Swansea Carers Centre
Swansea University
Tempo Time Credits
Tenovus Cancer Care
The Fostering Network
The Pituitary Foundation
The Welsh NHS Confederation
Torfaen & Blaenau Gwent MIND
Torfaen Voluntary Alliance
University of South Wales/PRIME Centre Wales
University of South Wales (USW) Measuring the Mountain: What Really Matters in Social Care to Individuals in Wales.
Valleys Regional Park
Voluntary Action Merthyr Tydfil (VAMT)
Wales Council for Voluntary Action (WCVA)
Welsh Government

Appendix B – Copy of Chair’s brief, collating the themes from the advanced responses

Post COVID-19 – NHS Charities Together - health, social care and the voluntary sector

Changing our approach through Covid-19: what worked and what was challenging?

What has worked?

- The third sector has been quick and flexible in its response to Covid-19.
- The response from the local communities and working with local volunteers
- Due to time constraints some organisations have seen a reduction in the levels of bureaucracy.
- Flexibility in funding so that the work can be targeted appropriately and helping those in most need.
- The emergence of technology as a means of communication was a common theme as a challenge but more positively as an enabler. Multiple organisations stated that it has seen them reach out to more people and has become a great source of communication internally and externally (Teams, zoom and Google hangouts).

What has been a challenge?

- The challenges around this new technology were identified as poor networking especially in rural communities coupled with a lack of appropriate computer equipment, working on different digital platforms and anxiety around its use has resulted in digital isolation in some communities.
- The speed of the organisations’ response to Covid -19 – solutions had to be in place as soon as possible.
- Communication with other organisations has been an issue and resulted in duplication of services.

The Covid legacy – what learning or different ways of working do we want to retain?

- A common response to this question has been flexibility and speed – it is important that the third sector continues to offer this responsiveness to statutory organisations and maintains its involvement in quick decision making across the sectors.
- A reduction in the levels of bureaucracy would improve efficiency.
- Other popular options were working from home and the multiple benefits it can bring along with digital technology as a means of communication.
- New partnership working.

What are our priorities for development moving forward, from quick wins through to policy changes?

There were a number of specific organisation priorities which were detailed but the common themes for moving forward were:

- Building on the strong connections with new partners, and the sharing information in a more open way. Equal representations.

- Getting involved earlier with statutory bodies in strategy planning for supporting specific groups in the community.
- Challenge policy and decision makers for change now there is a substantial body of evidence to support changes in statutory working.
- Funding – mobilise the current goodwill for the third sector into action plans around sustainability and cost recovery.
- Use the new digital platforms and social media to communicate with new communities.

Appendix C – Minutes of the main discussion forum

Post-Covid-19: health, social care and the voluntary sector

Video conference

8 June 2020, 2pm- 3 30 pm

A discussion forum hosted by Awyr Las, the North Wales NHS Charity, for charities, local authorities and other not-for-profit stakeholders working in the health and social care environment to identify learning from the Covid-19 pandemic and to explore priorities for co-working and investment from NHS Charities Together Covid-19 Appeal funds in Wales.

- Chaired by Kate Young WCVA Trustee
- Introduced by Alison Pritchard, Sustainable Funding Manager at WCVA
- Joined by Kirsty Thomson, Deputy Chair of NHS Charities Together

Awyr Las, the North Wales NHS Charity, and other NHS Charities in Wales, have COVID-19 Appeals to help fund immediate wellbeing for patients and NHS staff affected by COVID-19. All the NHS Charities in Wales have received grants from NHS Charities Together, the national membership charity for the 250 NHS Charities across the UK. NHS Charities Together's Covid-19 Appeal has raised over £100 million in the past three months. The next stage of grants for NHS Charities from NHS Charities Together are expected to support strategic partnerships to help medium- and long-term recovery and resilience.

Kate Young

Asked the participants to think about

- Community resilience and recovery
- How the funding can have the greatest impact - as part of collaborative working – and how we can shape strategic discussions and lead to a sustainable legacy

Highlighted the points made to date

- Need for flexibility
- Making the best use of local assets
- Gaps in funding

Three questions for discussion

1. Changing our approach through Covid-19: what worked and what was challenging?
2. The Covid legacy – what learning or different ways of working do we want to retain?
3. Priorities for development moving forward – quick wins through to policy changes

Q1. Changing our approach through Covid-19: what worked and what was challenging?

1. Supporting hospital discharge

Challenges

How to support staff and patients in hospital - and at home – at a distance?

What is working now post-discharge and what will work in the future?

Which communities need additional support e.g. BAME, learning disability?

2. Supporting patients in the community to avoid hospital and to link people to 3rd sector for discharge

Community connectors in Powys

Action - Joining ward discharge meetings remotely to maintain the discussions about supporting families and carers as well as patients.
This has been beneficial and time effective.

3. Managing too many people contacting a patient post-discharge

ACTION –CUSP (Carmarthenshire United Support Project) made up of 9 voluntary organisations that work together to help people live independently which was pre-existing. On discharge, a patient is contacted by the CUPS team who refer to other services for them, and carry on with support e.g. weekly/monthly calls

For 18+

Next step - looking at a recovery plan for easing out of lockdown

1. Measuring the Social Value of Social Prescribing

Project in Arfon - social prescribing for patients mainly from GP surgery referrals and for some coming out of hospital.

ACTION - Social Return on Investment (SROI) Report produced on measuring the Social Value of the work.

The report will be shared with WCVA for circulation with the participants of the discussion.

2. Resisting the move to a medical framework for disabled people

Working to support people in the shielded groups and their access to support groups.

Problems - Current appointments cancelled, the impact of backlog of appointments and how they will access health care.

ISSUE- How support is being framed for disabled people? i.e. from a social to a medical model/framework

Chair - What is the most important thing to focus on through collaboration to stop this approach increasing?

Answer

- including the perspectives of disabled people at all points/stages
- person centred approach for individuals

3. Overcoming Access barriers for BAME

This includes asylum seekers and refugees - whose access to health care is challenging at best of times e.g. access to language support and transport to access healthcare especially as public transport is limited.

Gwent BAME programme – funded by WG - holds forums with different age groups and will share findings.

4. Supporting overlooked shielded groups

Some shielded groups were not being discussed - in particular early on in the lockdown the focus was on older people and not on the 16/25 and 25/55 who had difficulty accessing support.

Things have improved.

ISSUE – still groups e.g. with cancer, disabilities, young carers (and their families) with no services or support.

Are charities also ignoring this group?

5. Fundraising drawn away from health charities

Possible impact of high-profile NHS fundraising campaign.

ACTION – Can we broker conversations between health and care charities and the NHS e.g. look at co-funding opportunities for sustained services.

This would also impact on sustainability.

ISSUE – Do health boards and the NHS perceive charities to be more aligned to social care than health?

In Powys it was noted that there has been a shift during Covid 19 with the number of referrals from social care increasing dramatically.

6. Improving wellbeing through social prescribing

For Tenovus, choirs are a key part of social prescription for those affected by cancer – for emotional well-being.

ACTION – moved to virtual choirs and involved a significant number of people.

Post lockdown – looking at how to continue this online access for people can't attend physically.

7. Maintaining Community Transport

Community transport for access to appointments and care e.g. podiatry appointments for Diabetes patients

ISSUE - Operators working to provide services but a reliance on drivers who are over 70 has led to a loss of workforce

ACTION - Work with CVCs to recruit new and younger volunteers – this worked best when doing deliveries for shopping etc but not for transporting people

BUT

- how can they deliver services safely – on a minibus moving from 16 to 2/3 people?
- how can they train people to drive minibuses?
- how will this be sustained if the volunteers were furloughed?

8. Other challenges highlighted in the chat room

- Sustainable funding for community groups
- Hard to reach groups
- Partnership working and sharing communication approaches in order to maximise impact and minimise disruption

Q2 The Covid legacy – what learning or different ways of working do we want to retain?

Kate Young asked the participants to think about

- The positive use of digital technology. The sector responded quickly using e-technology - how to build on this?
- Volunteers and resilience – how to sustain the surge in new volunteers?

Digital technology

1. Overcoming lack of digital access

People find it hard to access information if they are not online – one group provided a hard copy newsletter to 1200 dialysis patients in collaboration with other charities - but this is not sustainable.

Others have used household drops for leaflets.

ISSUES

- How do we increase digital inclusion i.e. the kit, the skills, and the training when it cannot be done face-to-face?
- What are the specific challenges linked to BAME, age, location (lack of broadband in areas), poverty?

2. Positive impacts

- Reaching more people than before by going online because transport was a barrier – and going beyond own geographical area
- Providing better alternative services

EXAMPLES

- a. There was a set package of support where people were taken to day services etc - now moving to individualised services and responses from clients are more positive. Looking at how to do this moving forward
- b. How our partners have engaged differently. A well-being group has moved to phoning individuals – they now know the residents of the housing association a lot better than they did working face to face and are getting back to them on issues a lot sooner
- c. Carers support group – moved to telephone support and connected with who didn't attend before and /or brought new support needs to the fore that weren't shared before. Likely to result in greater referrals in the future

3. Negative impacts

- Are people who were accessing services before now put off by the digital access?
- Without face to face mentoring, isolated individuals can be frustrated and feel very lonely although they are with family/partner.
- Some introverted individuals may be quite enjoying lockdown, so it may be a challenge to get people back out into the community once lockdown is lifted.
- Human touch is precious –

4. Reduction in Mental Health referrals

- Is this because of increased demand to meet physical need e.g. food and prescriptions? A hierarchy of needs.
- Will there be an increase of referrals and requests as lockdown eases? In what areas?
- Social Services/Domestic Abuse referrals are down - as families are in isolation - support staff unable to meet with families to allow them to share concerns/to observe potential support needs

- WG launched loneliness and isolation strategy – could part of the response to COVID look at people's health and wellbeing and new approaches to helping mental health

5. Supporting the mental health of front-line workers – Blue project

MIND Cymru currently running a project and this will be even more important post-Covid

- Working with 4 local MINDS to adapt the service
- Mobilising active monitoring in 17/22 areas in Wales

Vital to have the ability to adapt at this time and recognise the mental health pressures.

How much more support will people need and what are the barriers to being able to engage with them?

Harnessing volunteers

1. Positive support from younger volunteers e.g. with BAME communities

Using young volunteers to overcome digital exclusion for BAME Adults and elderly.

BAME groups – gradually people are learning to use zoom, although access can still be a barrier

How to support post Covid?

Trying to make links to look into well-being of BAME Communities especially for young people and with adults and elderly being affected due to isolation or deaths within their families.

BAME – young are supporting families including older people– but not all older BAME people are with family

Bringing in new volunteers – people now more active in taking part though slow to start

2. Changing picture in communities

- New groups built on place and neighbourhoods now
 - losing interest and drifting
 - looking for support to become a constituted group
- Regular groups who had to stop put in measures and policies and starting to come back and doing different things

Risk – gaps/duplications where there weren't before especially in Cardiff (4000 plus groups)

Hard to keep an eye on

At a community level many Community Councils have taken the lead on Street Level volunteering- they have stepped into a space that they had not operated in very much before.

Communities have gone back to how they used to run. We have more and more food banks set up and assisting people obtain food

Q3 Priorities for development moving forward – quick wins through to policy changes

Kate Young asked participants to consider

- existing mechanisms and opportunities to enhance these through collaborative working
- informing and influencing policy and decision makers– how to shape policy going forward as a result of what we have learnt

1. Infrastructure

- Do we need more groups?
- How do we accept some will close?
- Other groups who have adapted may be needed more because they have adapted to a new way of engagement and developed online services that will now be more relevant than groups that have not adapted.
- Need to maintain the community response – also understand that Covid is not going to go we need to work with it
- What will be the impact of availability of funding if new and old groups are to be sustainable?

2. Social prescribing

- Need sustainable services for the referrals i.e. long-term funding
- Need to continue to collect the evidence to show impact of social prescribing
- Strategic development of social prescribing is not the same across Wales and access to social prescribing is not the same in all areas.

3. Interdependence of statutory and third sector services

During this period interdependence of third sector and statutory organisations has become very clear when one piece of the support offered to families has been missing or more limited at this time. We should use this evidence to lobby for a more joined up approach or potential consortia going forward.

We had permission for new ways of working and collaborative relationships – how can this be sustained i.e. in structures and support?

There is also the interdependency of voluntary sector partners – if one service falls down can others pick it up.

4. Other positive points

- Beneficiaries are adapting as much as we are e.g. using video calls, what's app, zoom
- What we campaigned for is now seen as essential
- Community connectors are key
- Driven by the community upwards - Keep citizens at the heart of developments

5. What to focus on

- How to support groups so they do not 'drown in paperwork' – bureaucracy was removed from the third sector to allow flexible working and thinking. How can we maintain focus on broader outcomes?
- Funders and Commissioners to be lobbied to allow (currently funded and future funded) Third Sector to adapt their delivery models
- Flexible funding and longer-term funding for sustainability

- Co-production and co-delivery are critical – it is happening at grassroots and needs to be at a strategic level
- The Covid 19 response has been the SS & WB Act in practice - community response complementing statutory, key pathways for all who need support. How do we maintain the same level of activity and at a citizen/community level?
- Evaluation and impact of collaborations
- Regional Partnership Boards should be using the evidence from the current situation for setting priorities for joint health and social care projects addressing the gaps that we have found. How we can ensure regional boards/public services boards/Welsh Government involve the third sector? Or will they go back to how they were working before? They have been asked to look at funding for rehabilitation and discharge – what has taken place?
- SS & WB Act refers to alternative ways of working – how can this become a reality? How many alternative approaches (short-term funded projects) have become mainstream or transformed a service area? Or are they being used to prop up mainstream services?
- Going forward I think there will be more specific calls to action, and to counter the effect of those returning to work, there are many thousands now volunteering who may not have done before (many of those combining work with volunteering/retired/semi-retired)

Contribution from Kirsty Thomson, Deputy Chair of NHS Charities Together

I am the Head of Funding for Awyr Las and I have been recently redeployed working in other part of Health board, working with CVCs and third sector partners. We had been focusing on working with NHS and now looking to work much more collaboratively with the third sector. As Deputy Chair of NHS Charities Together, we have seen many people giving especially people giving large donations who have expressed a desire to see less silo working in the primary and secondary care sectors (as is already happening in Wales) plus how to better work with LAs on health and social care and with third sector groups moving forward – aim to look at how NHS charities work now and in future.

Key points

- The funding that has already been received in Wales is for NHS charities for staff and patient wellbeing and has included equipment and extra services. Next stage is to find out what the priorities are for the third sector so we can collaborate and potentially match fund
- Interested in the work on social prescribing – especially a pan-Wales strategy and flexible funding
- Would like to look at the process to reduce bureaucracy and red tape - some things have moved forward very quickly which we can all learn from
- The decision makers for the allocation of the funding are NHS staff who apply for funds - we want to offer them the priorities in Welsh communities and highlight essential collaborative working with our third sector colleagues

Q Do we have to be a member to access NHS charities funding?

Application to be submitted by NHS staff – so can be eligible if a project is co-produced or involves NHS staff in some way. WCVA will disseminate info.

We will look at the report from the WCVA plus look at what NHS staff identify and bring the two together.

Kate Young - Summary and conclusions

The key points from the discussion today are

1. Integration of funding and brokering opportunities and partnerships
2. Flexibility for funding
3. Outcomes and evidence should be a greater focus than targets
4. Not too much bureaucracy
5. Mental health is important
6. Engaging citizens back into wider services – balance new COVID support and existing systems
7. Digital ways of working are positive and further work and projects are needed to increase digital inclusion
8. Non-silo working – across different groups
9. Monitoring and reviewing are key elements
10. Co-production needs to be at a strategic level for joint partnership working
11. Social model of working is critical – not a medical model
12. Ensuring resilience and sustainability for the sector in the future – decide what we need to keep and what is not appropriate any more going forward

Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 8th December 2020					
Cyhoeddus neu Breifat: Public or Private:	<i>Public</i>					
Teitl yr Adroddiad Report Title:	BCUHB Third Sector Group Report					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, BCUHB Acting Executive Director of Finance					
Awdur yr Adroddiad Report Author:	Kirsty Thomson, BCUHB Head of Fundraising					
Craffu blaenorol: Prior Scrutiny:	<i>No prior scrutiny</i>					
Argymhelliad / Recommendation:						
<i>The Committee is asked to note the information included within this report.</i>						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	✓	Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information
Sefyllfa / Situation:						
<i>The Awyr Las Support Team's Partnerships Support Manager continues to work closely with Third Sector Groups that support BCUHB services, particularly those that run cafes, shops or tea trolley facilities on BCUHB premises.</i>						
Cefndir / Background:						
<u>Existing Third Sector Partners</u>						
<p>The cafes and shops on BCUHB premises that are run by third party organisations have been closed since March and continue to be closed at the request of Infection Control, Health and Safety and Estates and Facilities. Representatives from these teams meet monthly with the Partnerships Support Manager and Head of Fundraising to discuss BCUHB's position. The Partnerships Support Manager continues to provide support for these third party organisations during what is an exceptionally challenging time for them.</p> <p>The financial impact of the temporary (but necessarily extended) shop and café closures on these third sector partners has been immense, with some having to make staff redundant. The impact on the patient services they ordinarily support will be felt in 2021/22. This year the organisations have been able to pledge their support for their hospital's services from the funds they raised in 2019/20. The following has been pledged this financial year:</p> <ul style="list-style-type: none"> ▪ League of Friends in Ysbyty Glan Clwyd: £260,000 ▪ League of Friends in Wrexham Maelor: £175,000 						

- MVS in Wrexham Maelor: £220,000
- Ysbyty Gwynedd League of Friends: £53,000
- Deeside, Denbigh, Dolgellau, Ruthin and Abergele League of Friends and the Holywell Good Companions have together given: £39,000

It must be noted that, despite being unable to open their facilities, all of these groups have continued to support healthcare staff in different ways, and their continued commitment to our hospitals and dedication to our patients must be applauded.

Additional Third Sector Organisations:

The Head of Fundraising has entered into discussions with Maggie's Centre at the request of the Cancer Services Team. Maggie's Centres is a national charity that provides cancer care in its own premises on hospital property. Representatives from the Cancer Services Team had been approached by Maggie's 18 months ago. A feasibility study for working in partnership with Maggie's needs to be drawn up before discussions move further, focussing on patient need and existing cancer support provision in North Wales. I have agreed that this will be done so that it can be presented to the Charitable Funds Committee for discussion in March 2021. Should the Charitable Funds Committee be in favour of developing a partnership with Maggie's, a formal Business Case would then need to follow the normal BCUHB business case process.

Asesiad / Assessment & Analysis

Strategy Implications

This report is underpinned by the Awyr Las Strategy 2016-21, see <https://awyrlas.org.uk/content/downloads/The-Awyr-Las-Strategy-2016-to-2021.pdf>.

Options considered

The options for reopening cafes and shops are considered by senior representatives from BCUHB's Infection Control, Health and Safety and Estates and Facilities Teams.

The options for working in partnership with Maggie's Centres will be presented to the Charitable Funds Committee in March 2021.

Financial Implications

The fact that shops and cafes have been unable to open will have an impact on charitable income given directly to BCUHB from the Leagues of Friends.

Risk Analysis

A Risk Analysis has been drawn up for all the cafes and shops on BCUHB premises.

A Risk Analysis will be included in the Maggie's Centre report at the March 2021 Charitable Funds Committee.

Legal and Compliance

All items within this report will be monitored and will be updated on at the March 2021 Charitable Funds Committee meeting.

Impact Assessment

An Impact Assessment will be carried out as part of the Maggie's Centre report.



Portfolio Report

BCUHB ACCOUNTS

in GBP
01/09/2020 to 30/09/2020



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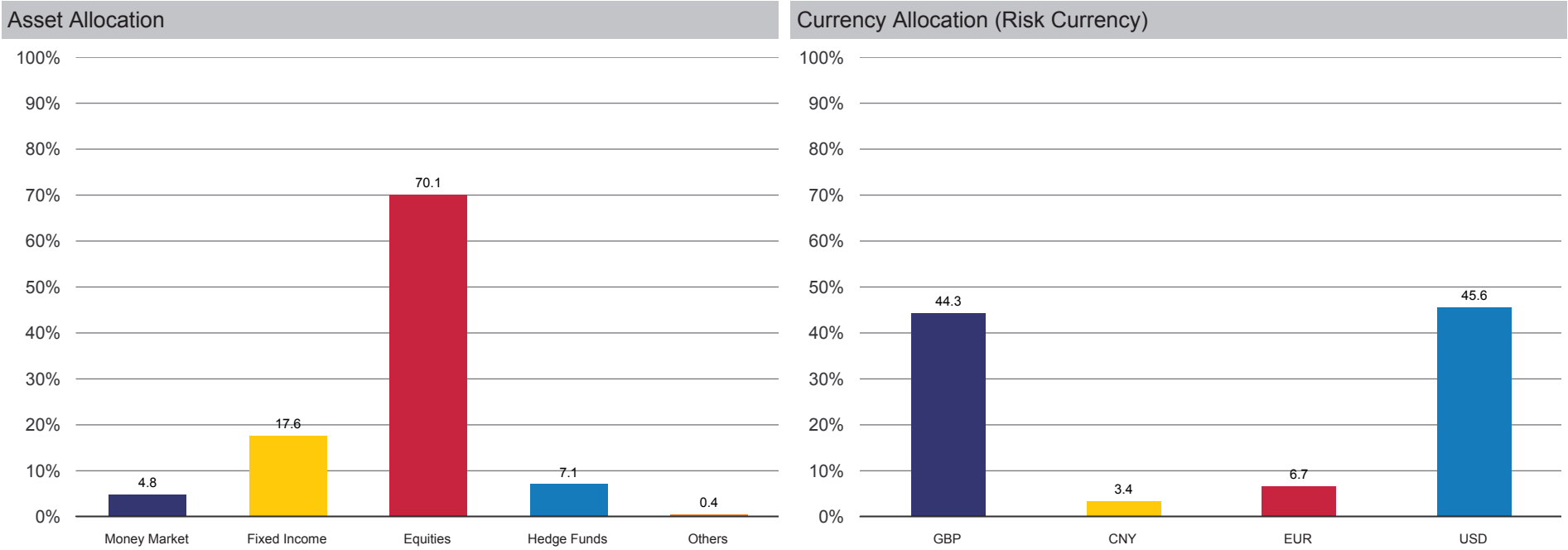
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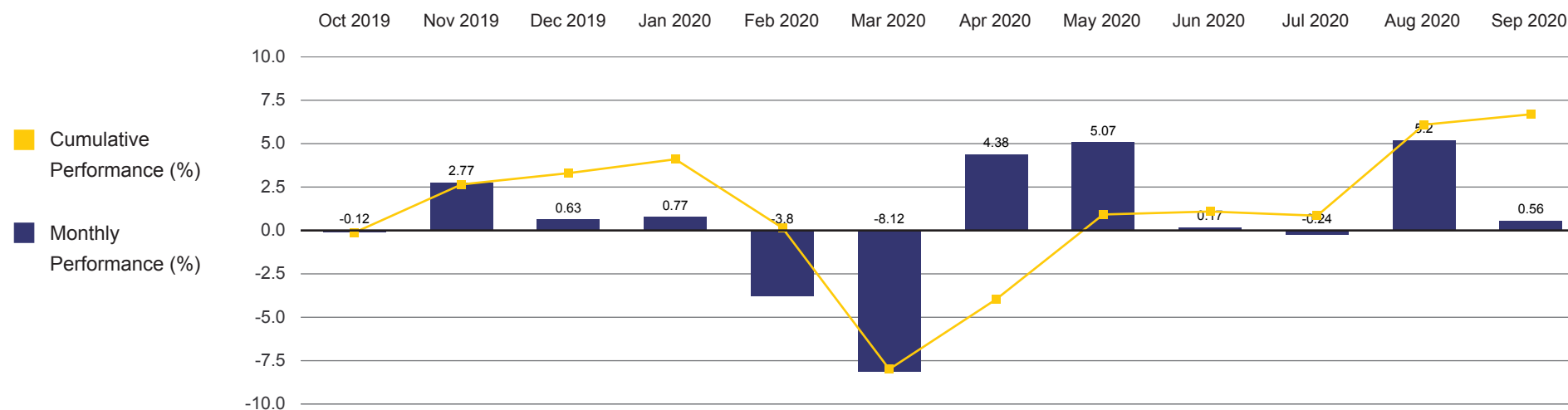
Overview

Portfolio	Pound Sterling			Performance	Performance YTD
	Value as at 01/09/2020	Contributions / Withdrawals	Market movements		
1202739.01 BCUHB MAIN ACCOUNT GBP	8,849,265.14	0.00	49,819.73	+0.56%	+3.28%





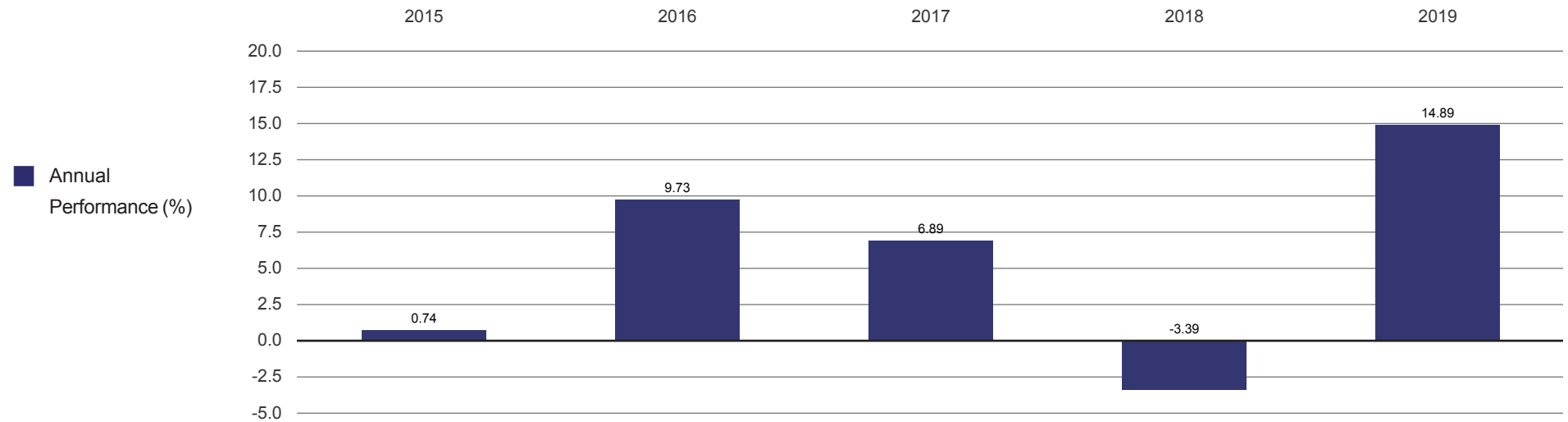
Performance Overview - 12 Month Rolling



Period (in GBP)	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020
Opening Value	8,341,324	8,331,391	8,562,369	8,616,668	8,683,283	8,353,426	7,675,164	8,011,325	8,417,855	8,432,144	8,411,918	8,849,265
Closing Value	8,331,391	8,562,369	8,616,668	8,683,283	8,353,426	7,675,164	8,011,325	8,417,855	8,432,144	8,411,918	8,849,265	8,899,085
Contributions / Withdrawals	0	0	0	0	0	0	0	0	0	0	0	0
Monthly Performance (%)	-0.12%	+2.77%	+0.63%	+0.77%	-3.80%	-8.12%	+4.38%	+5.07%	+0.17%	-0.24%	+5.20%	+0.56%
Cumulative Performance (%)	-0.12%	+2.65%	+3.30%	+4.10%	+0.15%	-7.99%	-3.96%	+0.92%	+1.09%	+0.85%	+6.09%	+6.69%



Performance Overview - Historical

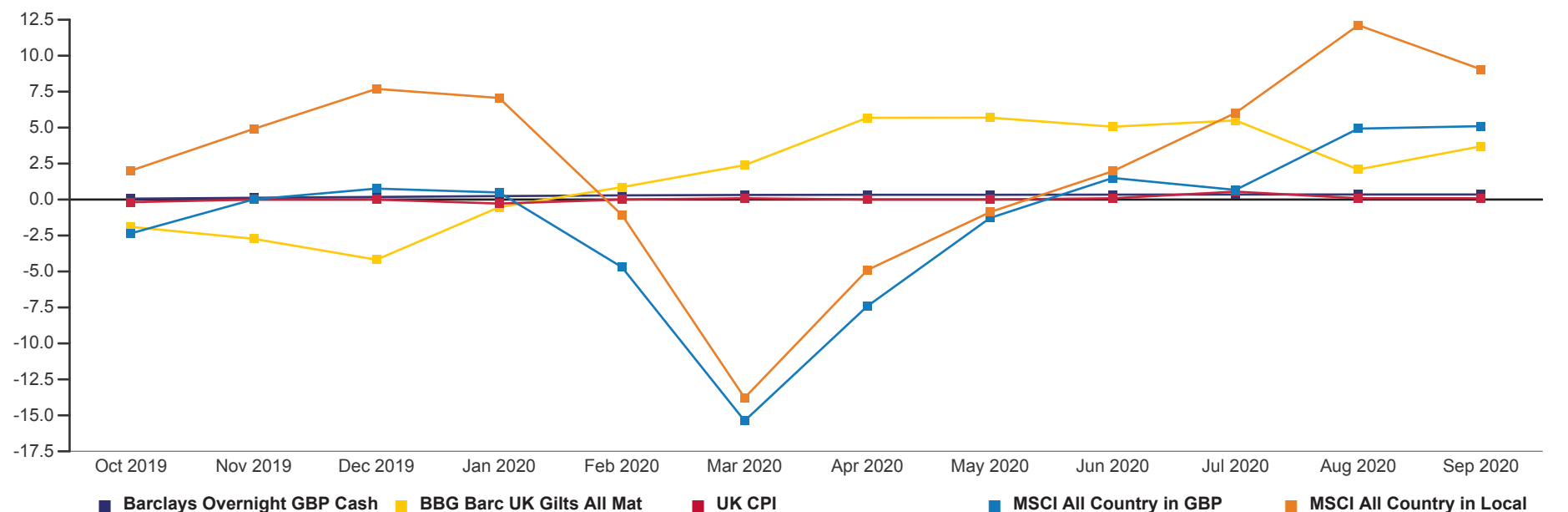


Period (in GBP)	2015	2016	2017	2018	2019
Opening Value	8,818,935	8,388,863	8,627,567	7,763,640	7,500,171
Closing Value	8,388,863	8,627,567	7,763,640	7,500,171	8,616,668
Contributions / Withdrawals	-499,940	-528,584	-1,400,000	0	0
Annual Performance (%)	+0.74%	+9.73%	+6.89%	-3.39%	+14.89%

Opening date: 06/09/2011



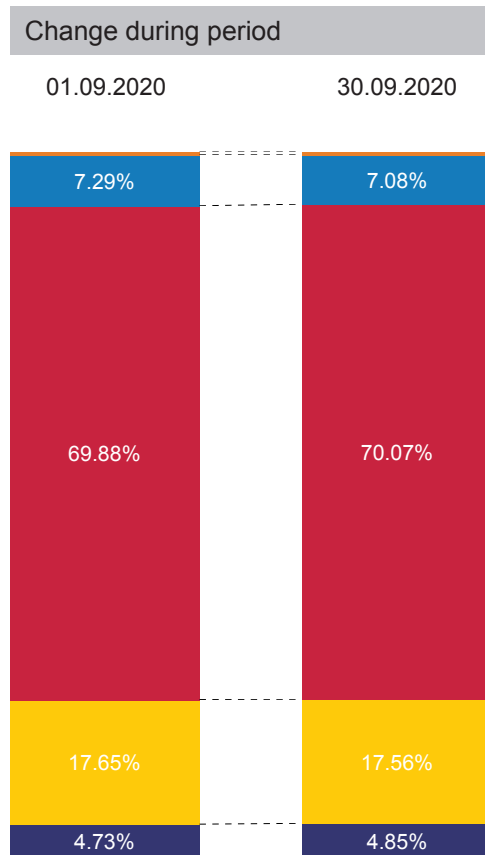
Performance of selected Indices



■ Barclays Overnight GBP Cash			■ BBG Barc UK Gilts All Mat		■ UK CPI		■ MSCI All Country in GBP		■ MSCI All Country in Local	
Month	Month	Cumulative	Month	Cumulative	Month	Cumulative	Month	Cumulative	Month	Cumulative
Oct 2019	+0.06%	+0.06%	-1.90%	-1.90%	-0.18%	-0.18%	-2.35%	-2.35%	+2.01%	+2.01%
Nov 2019	+0.06%	+0.12%	-0.85%	-2.73%	+0.18%	-0.00%	+2.42%	+0.01%	+2.85%	+4.91%
Dec 2019	+0.06%	+0.18%	-1.49%	-4.18%	+0.00%	-0.00%	+0.75%	+0.76%	+2.65%	+7.69%
Jan 2020	+0.07%	+0.24%	+3.81%	-0.53%	-0.28%	-0.28%	-0.27%	+0.49%	-0.59%	+7.06%
Feb 2020	+0.05%	+0.29%	+1.40%	+0.86%	+0.28%	-0.00%	-5.16%	-4.70%	-7.59%	-1.07%
Mar 2020	+0.03%	+0.32%	+1.52%	+2.39%	+0.09%	+0.09%	-11.20%	-15.38%	-12.85%	-13.78%
Apr 2020	+0.01%	+0.33%	+3.22%	+5.68%	-0.09%	-0.00%	+9.41%	-7.41%	+10.31%	-4.90%
May 2020	+0.01%	+0.33%	+0.01%	+5.69%	+0.00%	-0.00%	+6.62%	-1.28%	+4.24%	-0.87%
Jun 2020	+0.01%	+0.34%	-0.59%	+5.06%	+0.09%	+0.09%	+2.82%	+1.50%	+2.86%	+1.97%
Jul 2020	+0.01%	+0.35%	+0.42%	+5.50%	+0.46%	+0.55%	-0.82%	+0.67%	+3.97%	+6.02%
Aug 2020	+0.00%	+0.35%	-3.23%	+2.09%	-0.46%	+0.09%	+4.24%	+4.93%	+5.76%	+12.12%
Sep 2020	+0.00%	+0.35%	+1.57%	+3.70%	+0.00%	+0.09%	+0.16%	+5.10%	-2.74%	+9.05%



Asset Allocation



Analysis as at 30.09.2020						in GBP
Asset class	Value as at 30/09/2020	%	Performance in Listing Currency	FX effect	Performance	Contribution
Money Market	431,496.20	4.85%	-2.64%	+0.01%	-2.63%	-0.13%
Fixed Income	1,562,847.93	17.56%	+0.06%	+0.00%	+0.06%	+0.01%
Equities	6,235,443.26	70.07%	-1.11%	+2.37%	+1.24%	+0.87%
Hedge Funds	629,906.11	7.08%	-3.53%	+1.17%	-2.40%	-0.18%
Others	39,391.37	0.44%	-3.51%	+2.07%	-1.52%	-0.01%
Total	8,899,084.87	100.00%				



Currency Allocation (Risk Currency)



FX forwards are valued on a daily basis using a combination of the current FX rates and the relevant interest rate curves. The values of the FX forwards in their respective risk currencies are shown as per the opening trade amount and as such do not account for the daily change in the interest rate curve.

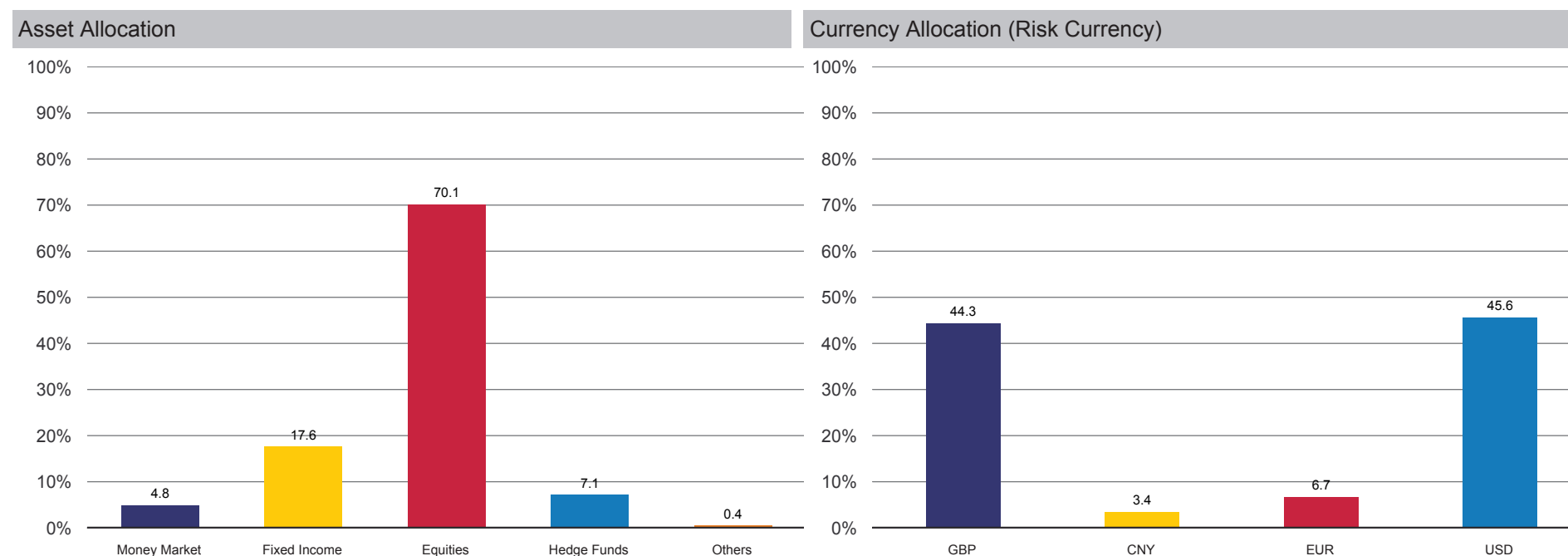


Portfolio Name	1202739.01 BCUHB MAIN ACCOUNT GBP
Reference Currency	Pound Sterling
Reporting period	01/09/2020 - 30/09/2020

Overview



Portfolio	Pound Sterling			Performance	Performance YTD
	Value as at 01/09/2020	Contributions / Withdrawals	Market movements		
1202739.01 BCUHB MAIN ACCOUNT GBP	8,849,265.14	0.00	49,819.73	+0.56%	+3.28%





Portfolio Statement

Money Market						in Pound Sterling		
Money Accounts								
Units / Nominal	Listing currency	Description	Current FX Rate	Accrued interest	Book cost	Total G/L	Market value	% of assets
0	CHF	Capital Account / GB93ROSW40643910003983	1.186064	0.00	0.00	0.00	0.00	0.00%
0	CHF	Income Account / GB12ROSW40643910003986	1.186064	0.00	0.00	0.00	0.00	0.00%
0	EUR	Capital Account / GB28ROSW40643910003989	0.908060	0.00	0.00	0.00	0.00	0.00%
403,087.51	GBP	Capital Account / GB66ROSW40643910003984	1.000000	0.00	403,087.51	0.00	403,087.51	4.53%
25,393.33	GBP	Income Account / GB82ROSW40643910003987	1.000000	0.00	25,393.33	0.00	25,393.33	0.29%
0	JPY	Capital Account / GB39ROSW40643910003985	136.315357	0.00	0.00	0.00	0.00	0.00%
0	JPY	Income Account / GB55ROSW40643910003988	136.315357	0.00	0.00	0.00	0.00	0.00%
0	NOK	Capital Account / GB71ROSW40643910003991	12.099176	0.00	0.00	0.00	0.00	0.00%
0	SGD	Capital Account / GB98ROSW40643910003990	1.764108	0.00	0.00	0.00	0.00	0.00%
0	USD	Capital Account / GB44ROSW40643910003992	1.292150	0.00	0.00	0.00	0.00	0.00%
Total Money Accounts					428,480.84	0.00	428,480.84	4.81%
Pending dividends								
Units / Nominal	Listing currency	Description	Current FX Rate	Accrued interest	Book cost	Total G/L	Market value	% of assets
1,526.84	USD	Pending dividends - Deere & Co Reg Shs (924235)	1.292150	0.00	1,187.05	-5.42	1,181.63	0.01%
2,369.46	USD	Pending dividends - Fox Corp -A- Reg Shs (46187409)	1.292150	0.00	1,771.76	61.97	1,833.73	0.02%
Total Pending dividends					2,958.81	56.55	3,015.36	0.03%
Total Money Market					431,439.65	56.55	431,496.20	4.85%



Portfolio Statement

Fixed Income						in Pound Sterling		
Fixed Income - GBP								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	YTM	Book cost	Total G/L	Market value	% of assets
4,785 GBP	Multi Units Luxembourg SICAV - Lyxor Core US TIPS (DR) UCITS ETF Shs -Dist- Dist Shs LU1452600601	111.53	2,679.56	0.00%	519,096.42	14,574.63	533,671.05	6.00%
103,434.862 GBP	Rothschild & Co WM SICAV-SIF - Investment Grade Bonds Shs -GBP UKRep Inc X- Dist Shs LU1073122423	9.95	23,169.86	0.00%	1,036,335.69	-7,158.81	1,029,176.88	11.56%
Total Fixed Income GBP			25,849.42		1,555,432.11	7,415.82	1,562,847.93	17.56%
Total Fixed Income			25,849.42		1,555,432.11	7,415.82	1,562,847.93	17.56%
Equities						in Pound Sterling		
Equities - UK								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	Yield	Book cost	Total G/L	Market value	% of assets
10,374 GBP	Admiral Group PLC Reg Shs GB00B02J6398	26.11	11,546.17	4.26%	167,856.39	103,008.75	270,865.14	3.04%
7,315 GBP	Ashtead Group PLC Reg Shs GB0000536739	28.00	2,973.58	1.45%	156,213.74	48,606.26	204,820.00	2.30%
546,861 GBP	Lloyds Banking Group PLC Reg Shs GB0008706128	0.26355	16,803.42	11.66%	322,630.29	-178,505.07	144,125.22	1.62%
1,859.649 GBP	Pentaris QIAIF - Phoenix Equity Fund - F Class IE00BYSQ2G70	83.66936	0.00	0.00%	183,468.63	-27,872.99	155,595.64	1.75%
969.162 GBP	Pentaris QIAIF - Phoenix Equity Fund - S Class IE00BGPFV972	77.93959	0.00	0.00%	96,916.20	-21,380.11	75,536.09	0.85%
Total Equities UK			31,323.16		927,085.25	-76,143.16	850,942.09	9.56%



Portfolio Statement

Equities - Europe ex UK								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	Yield	Book cost	Total G/L	Market value	% of assets
29,620 EUR	Ryanair Holdings PLC Reg Shs IE00BYTBXV33	11.41	0.00	0.00%	224,671.73	82,220.04	306,891.77	3.45%
Total Equities Europe ex UK			0.00		224,671.73	82,220.04	306,891.77	3.45%
Equities - North America								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	Yield	Book cost	Total G/L	Market value	% of assets
4,172 USD	American Express Co Reg Shs US0258161092	100.25	5,553.38	1.72%	202,954.13	120,725.78	323,679.91	3.64%
2,167 USD	Berkshire Hathaway Inc -B- Reg Shs US0846707026	212.94	0.00	0.00%	132,235.10	224,875.90	357,111.00	4.01%
65 USD	Booking Holdings Inc Reg Shs US09857L1089	1,710.68	0.00	0.00%	86,387.85	-334.22	86,053.63	0.97%
139 USD	Cable One Inc Reg Shs US12685J1051	1,885.43	995.04	0.49%	73,656.83	129,163.87	202,820.70	2.28%
347 USD	Charter Communications Inc -A- Reg Shs US16119P1084	624.34	0.00	0.00%	82,684.55	84,978.63	167,663.18	1.88%
7,249 USD	Comcast Corp -A- Reg Shs US20030N1019	46.26	5,048.96	1.95%	205,287.21	54,232.77	259,519.98	2.92%
2,009 USD	Deere & Co Reg Shs US2441991054	221.63	4,726.66	1.37%	120,641.13	223,943.22	344,584.35	3.87%
10,302 USD	Fox Corp -A- Reg Shs US35137L1052	27.83	3,667.49	1.65%	280,613.45	-58,731.58	221,881.87	2.49%
605 USD	Liberty Broadband Corp Series -C- Reg Shs US5303073051	142.87	0.00	0.00%	38,807.17	28,086.26	66,893.43	0.75%
1,640 USD	Linde PLC Reg Shs IE00BZ12WP82	238.13	551.88	0.18%	143,681.42	158,553.77	302,235.19	3.40%
948 USD	Mastercard Inc -A- Reg Shs US57636Q1040	338.17	1,173.77	0.47%	154,950.62	93,151.50	248,102.12	2.79%



Portfolio Statement

Equities - North America								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	Yield	Book cost	Total G/L	Market value	% of assets
1,489 USD	Moody's Corp Reg Shs US6153691059	289.85	2,512.06	0.75%	163,501.23	170,505.39	334,006.62	3.75%
2,434.556 USD	Pentaris QIAIF PLC - Bares US Equity Fund Shs -F- USD Shs IE00BD0SCN18	218.27436	0.00	0.00%	196,860.70	214,392.76	411,253.46	4.62%
1,249 USD	S&P Global Inc Reg Shs US78409V1044	360.60	2,590.48	0.74%	170,257.67	178,300.47	348,558.14	3.92%
8,545 USD	Wells Fargo & Co Reg Shs US9497461015	23.51	10,779.17	6.93%	253,662.99	-98,191.14	155,471.85	1.75%
Total Equities North America			37,598.90		2,306,182.05	1,523,653.38	3,829,835.43	43.04%
Equities - Asia, Far East								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	Yield	Book cost	Total G/L	Market value	% of assets
1,967.544 USD	Pentaris QIAIF PLC - Vanda Fund Shs -F- USD Shs IE00BTGCYL19	198.42223	0.00	0.00%	143,892.54	158,243.02	302,135.56	3.40%
Total Equities Asia, Far East			0.00		143,892.54	158,243.02	302,135.56	3.40%
Equities - Global								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	Yield	Book cost	Total G/L	Market value	% of assets
1,585.740697 GBP	Lansdowne Developed Markets Long Only Fund Limited Shs -B- GBP Shs KYG5555M1446	100.74	0.00	0.00%	165,000.00	-5,252.48	159,747.52	1.80%
Total Equities Global			0.00		165,000.00	-5,252.48	159,747.52	1.80%
Equities - Others								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	Yield	Book cost	Total G/L	Market value	% of assets
1,590 GBP	Pentaris QIAIF PLC - Intrinsic Value Europe Shs -F- Unhedged GBP Shs IE00BJBLDC78	161.82616	0.00	0.00%	141,685.29	115,618.30	257,303.59	2.89%



Portfolio Statement

Equities - Others								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	Yield	Book cost	Total G/L	Market value	% of assets
32,290 GBP	Rothschild & Co WM SICAV-SIF - Selected Opportunities Fund Shs -GBP UKRep Inc X- Dist Shs LU0945520442	16.37	284.38	0.05%	332,589.19	195,998.11	528,587.30	5.94%
Total Equities Others			284.38		474,274.48	311,616.41	785,890.89	8.83%
Total Equities			69,206.44		4,241,106.05	1,994,337.21	6,235,443.26	70.07%
Hedge Funds								
Hedge Funds - Diversifiers								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	Yield	Book cost	Total G/L	Market value	% of assets
10.6420 GBP	36 South Funds ICAV - Okura Fund Accum Shs -C- GBP Shs IE00BX9BYY66	782.90	0.00	0.00%	11,880.83	-3,549.21	8,331.62	0.09%
23.8040 GBP	36 South Funds ICAV - Okura Fund Accum Shs -C- GBP Shs IE00BX9BYY66	782.90	0.00	0.00%	26,802.68	-8,166.53	18,636.15	0.21%
42.1296 GBP	36 South Funds ICAV - Okura Fund Accum Shs -C- GBP Shs IE00BX9BYY66	782.90	0.00	0.00%	32,000.00	983.26	32,983.26	0.37%
25.3427 GBP	36 South Funds ICAV - Okura Fund Accum Shs -C- GBP Shs IE00BX9BYY66	782.90	0.00	0.00%	15,000.00	4,840.80	19,840.80	0.22%
86.4996 GBP	36 South Funds ICAV - Okura Fund Accum Shs -C- GBP Shs IE00BX9BYY66	782.90	0.00	0.00%	44,000.00	23,720.54	67,720.54	0.76%
28.3119 GBP	36 South Funds ICAV - Okura Fund Accum Shs -C- GBP Shs IE00BX9BYY66	782.90	0.00	0.00%	10,892.41	11,272.98	22,165.39	0.25%
1,960 USD	ACL Alternative Fund SAC Ltd Shs -A- Abbey Focus Fund Series A Shs BMG0071J3299	93.75436137	0.00	0.00%	151,617.35	-9,405.88	142,211.47	1.60%
169.2879 GBP	CFM Institutional Systematic Trends Fund Limited Red.Ptg.Shs -GBP 1.5xd- Distributing Shares Shs VGG2104K1259	1,012.77	0.00	0.00%	185,000.00	-13,550.29	171,449.71	1.93%



Portfolio Statement

Hedge Funds - Diversifiers								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	Yield	Book cost	Total G/L	Market value	% of assets
698.926 GBP	InRIS UCITS PLC - InRIS CFM Trends Shs -WD- Hedged GBP Shs IE00BYVG4917	105.48	0.00	0.00%	69,892.60	3,830.11	73,722.71	0.83%
899.081 USD	Pentaris QIAIF PLC - Artemis Volatility Trading Fund Shs -F- USD Shs IE00BF4R7990	104.69131	0.00	0.00%	67,579.80	5,264.66	72,844.46	0.82%
Total Hedge Funds Diversifiers			0.00		614,665.67	15,240.44	629,906.11	7.08%
Total Hedge Funds			0.00		614,665.67	15,240.44	629,906.11	7.08%
Others								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	Yield	Book cost	Total G/L	Market value	% of assets
46 EUR	Wts Citigroup 18.12.2020 ESTX50 EUR P 3100 resetttable put LU1924392720	104.48	0.00	0.00%	4,238.84	125.37	4,364.21	0.05%
73 EUR	Wts Citigroup 19.03.2021 ESTX50 EUR P EUR 3250 resetttable put LU2064604155	221.99	0.00	0.00%	6,660.86	8,054.50	14,715.36	0.17%
176 EUR	Wts Citigroup 19.03.2021 ESTX50 EUR P EUR 2600 put LU2079248493	59.43	0.00	0.00%	36,531.96	-27,033.94	9,498.02	0.11%
172 EUR	Wts Citigroup 18.12.2020 ESTX50 EUR P EUR 2250 put LU2079247172	6.62	0.00	0.00%	17,343.83	-16,309.88	1,033.95	0.01%
119 USD	Wts JP Morgan SP 18.09.2020 S&P 500 2450 put NL0012652135	1.45	0.00	0.00%	8,211.86	-8,078.32	133.54	0.00%
90 USD	Wts Citigroup 18.12.2020 S&P 500 USD 2800 put LU1924392563	33.73	0.00	0.00%	8,333.92	-5,984.58	2,349.34	0.03%



Portfolio Statement

Others								
Units / Nominal Listing currency	Description ISIN	Current Price	Income	Yield	Book cost	Total G/L	Market value	% of assets
99 USD	Wts BNP Paribas Iss 18.06.2021 S&P 500 USD 2700 put NL0013533078	95.24	0.00	0.00%	12,623.05	-5,326.10	7,296.95	0.08%
Total Others			0.00		93,944.32	-54,552.95	39,391.37	0.44%
Total			95,055.86		6,936,587.80	1,962,497.07	8,899,084.87	100.00%



Cash Statement

1202739.01

Capital Account / GBP / GB66ROSW40643910003984

Value Date	Trade Date	Transaction	Units	Price	Debit	Credit	Balance
Opening balance 01/09/2020:							411,845.14
02/09/2020	02/09/2020	Incoming Payment - Credit from: BCUHB GB91ROSW08661020273962				2,937.81	414,782.95
30/09/2020	30/09/2020	Fee Transfer - Management fee Account RPM clients GBP - Capital zero Deb			11,695.44		403,087.51
Closing balance 30/09/2020:					11,695.44	2,937.81	403,087.51

Income Account / GBP / GB82ROSW40643910003987

Value Date	Trade Date	Transaction	Units	Price	Debit	Credit	Balance
Opening balance 01/09/2020:							2,397.91
01/09/2020	06/08/2020	Security Event Transaction - Cash dividend Wells Fargo & Co Reg Shs (966021) 8,545 @ 0.10				539.90	2,937.81
04/09/2020	17/08/2020	Security Event Transaction - Cash dividend Cable One Inc Reg Shs (28318642) 139 @ 2.50				222.03	3,159.84
10/09/2020	19/08/2020	Security Event Transaction - Cash dividend Moody's Corp Reg Shs (1130337) 1,489 @ 0.56				543.24	3,703.08
10/09/2020	25/08/2020	Security Event Transaction - Cash dividend S&P Global Inc Reg Shs (32303352) 1,249 @ 0.67				544.94	4,248.02
11/09/2020	13/08/2020	Security Event Transaction - Cash dividend Ashtead Group PLC Reg Shs (370440) 7,315 @ 0.335				2,450.53	6,698.55
Revised opening balance 01/09/2020:							6,698.55
02/09/2020	02/09/2020	Payment - Standing order to ROTHSCHILD AND CO BANK INTERNAT.LTD (WEALTH MANAGEMENT) ST. PETER PORT Beneficiary: BCUHB			2,937.81		3,760.74
09/09/2020	02/09/2020	Security Event Transaction - Cash dividend Pentaris QIAIF - Phoenix Equity Fund - F Class (29800580) 1,859.65 @ 2.487				4,624.95	8,385.69



Cash Statement

1202739.01

Income Account / GBP / GB82ROSW40643910003987

Value Date	Trade Date	Transaction	Units	Price	Debit	Credit	Balance
09/09/2020	02/09/2020	Security Event Transaction - Cash dividend Pentaris QIAIF PLC - Intrinsic Value Europe Shs -F- Unhedged GBP Shs (47534315) 1,590 @ 1.126				1,790.34	10,176.03
09/09/2020	02/09/2020	Security Event Transaction - Cash dividend Pentaris QIAIF - Phoenix Equity Fund - S Class (45602603) 969.16 @ 3.086				2,990.83	13,166.86
09/09/2020	02/09/2020	Security Event Transaction - Cash dividend Pentaris QIAIF PLC - Vanda Fund Shs -F- USD Shs (26452539) 1,967.54 @ 1.019				1,540.59	14,707.45
18/09/2020	02/09/2020	Security Event Transaction - Cash dividend Linde PLC Reg Shs (37962490) 1,640 @ 0.963				1,224.79	15,932.24
02/10/2020	03/09/2020	Security Event Transaction - Cash dividend Admiral Group PLC Reg Shs (1956510) 10,374 @ 0.912				9,461.09	25,393.33
Closing balance 30/09/2020:					2,937.81	21,632.59	25,393.33



Important Information

Custody of Assets

All assets shown in this Portfolio Report are held, unless otherwise stated, by Rothschild & Co Bank International Limited as custodian under the terms of the custody agreement with you. The valuation is prepared on a trade date basis, and constitutes the statement from Rothschild & Co Bank International Limited of all the custody assets held for you and for which Rothschild & Co Bank International Limited is accountable or which are in the course of settlement. In addition, Rothschild & Co Bank International Limited holds assets which were sold during the period where the sale transactions are still in the course of settlement; these assets are not shown as they are accounted for on a trade date basis.

Cash Statement

Client cash relating to ISA Capital and Income accounts are held in a designated client bank account and protected under the UK Financial Conduct Authority client money rules.

Your Investments

For our discretionary and advisory clients, the investments in your portfolio have been made in line with your preferences, objectives, circumstances and risk profile, as set out in the Portfolio Strategy agreed with you, a copy of which has been provided to you.

Income

The figures shown in the column headed 'Income' reflect the estimated full year's dividends (assuming that the portfolio holdings are held for a full year based on last year's dividend rates) and estimated full year's income on cash / deposits (assuming that the amount of cash and the interest rate applicable remain constant throughout one year). These are estimates only and are not guaranteed.

Performance Returns

These are shown after the effect of management fees, where the fee is deducted directly from the portfolio.

Fees and Commissions

The portfolio may be invested in collective investment schemes ("Funds") whose investments are managed by Rothschild & Co Wealth Management and for which Rothschild & Co Wealth Management receive a periodic charge of up to a maximum of 1.50% per annum payable out of the assets of the relevant fund (depending on the particular fund's charging structure). Holdings in such funds are not included for the purposes of calculating the annual management fee on the Portfolio.

Risk Warnings

Past performance is not an indication of future performance. The value of investments and the income therefrom, may fall as well as rise.



Important Information

Pricing

The portfolio valuation has been prepared using the last traded or mid-market prices where available; where it has not been possible to value the securities on this basis, investments have been valued on a basis considered appropriate.

Opening Positions

Due to a variety of reasons arising from the booking of the transactions, the opening positions may differ from the closing positions in previous Portfolio Reports provided to you.

Dealing charges

Rothschild & Co Wealth Management UK Limited or Rothschild & Co Bank International Limited may execute transactions through a third party broker who may charge commission. The commission is in addition to any Rothschild & Co fees and other transaction charges, for example stamp duty. A breakdown of costs and charges paid from the portfolio will be provided annually and can be provided at any time upon request.

Regulatory

For accounts that are managed by Rothschild & Co Wealth Management UK Limited (which is authorised and regulated by the Financial Conduct Authority) this statement constitutes the investment manager's periodic report for the portfolio.

Rothschild & Co Bank International Limited is licensed and regulated by the Guernsey Financial Services Commission for the provision of Banking and Investment Services. Company number 1088.



BREWIN
DOLPHIN

Advice Proposal for Betsi Cadwaladr University Health Board Charity

Date: 09/11/2020

Prepared by Paul Mathias

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Introduction

About this document

This document is our advice proposal. It has been divided into key sections and plays back our understanding of the Charity's objectives, a summary of its financial position and our risk assessment. Most importantly, it includes our recommendations and the associated costs for providing these services.

For your convenience we have also set out the requirements for the on-going management of the investments.

Please read this advice proposal carefully.

The Charity has an existing investment portfolio managed by Rothschild Wealth Management Limited and the Trustees wish for the portfolio to be transferred to Brewin Dolphin. The valuation of the portfolio as at 31st August 2020 was c. £8.849m.

Charity Background

The Charity's objective is ensuring people across North Wales benefit from better NHS services when they need them the most.

Awyr Las (officially titled Betsi Cadwaladr University Health Board Charity and other related Charities) is a registered Charity and is constituted under a trust deed dated 23rd September 2010.

Within the Charity group registration, there are two subsidiary charities: Betsi Cadwaladr University Health Board Charity and The North Wales Cancer Appeal.

The Betsi Cadwaladr University Health Board (BCUHB) is the Charity's legal corporate trustee. This means that, whilst the Board members are responsible for the administration of the funds, they are not individually trustees of the Charity.

The Charity is the umbrella charity for over 400 Charitable Funds. Together, these funds support wards, units, departments, specialities and community projects right across North Wales.

Donations given through the Charity help dedicated NHS staff in hospitals and in communities across North Wales to offer an enhanced healthcare service, offering patients and their families the very best care and treatment available.

The Charity's priorities are decided by frontline nursing and medical staff.

Investment Policy Statement

For charities registered in England and Wales it is a Charities Commission requirement to have an Investment Policy Statement (IPS) where funds are invested with a discretionary fund manager. This ensures we are clear about what you as Trustees require of us and that we understand your aims, what, if any, investment restrictions are in place, together with any other considerations we need to take into account in relation to investment matters. You have advised me you have not yet formally created an Investment Policy Statement. Karen Norris has provided our 'Guide for Charity Trustees' to assist you in completing one.

Reserves Policy

As at 31st March 2019, the Charity has a target level of reserves of £3.06m (based on a three-year average of one year's administration costs, 25% of the value of the investments held and 25% of the grant funded activity expenditure).

Our recommendations

Your objectives

Our understanding of the Charity's financial objectives and reasons for investing are as follows:

- **You want to grow your capital over the investment period to generate a total return ahead of UK inflation from the combination of the generation of income and capital growth**

Many of the donations and legacies the Charity receives cannot be spent immediately, as they need to be accumulated to be able to fund the most appropriate purchases that improve patient care.

Therefore, the Charity invests these donations in order to generate income and protect their value in real terms.

Your knowledge, experience and understanding

We have considered the knowledge and experience of those individuals who have authority to instruct on behalf of the Charity as shown in the stakeholder table in the Charity Details section. Taking the highest level from this group we have deemed all Charity stakeholders who have authority to instruct to have some knowledge, experience and understanding of investments.

We discussed the characteristics of the main asset classes that we may use to construct your portfolio (using the Brewin Dolphin 'Risk Guide'), the pros and cons of investing and the risk / reward trade-off. You had the opportunity to ask questions and confirmed that you now have a much better appreciation of some of the main types of investment risk.

Our risk discussion






During our conversation I highlighted that we would normally ask a client to complete our Client Risk Questionnaire (CRQ) to provide an objective starting point for our discussion about risk tolerance. However, we did not ask you to complete one as your own attitude to risk is not necessarily relevant, as the monies to be invested relate to the Charity.

We did, however, discuss the subject in depth, utilising the Brewin Dolphin 'Risk Guide', and I explained the characteristics of the different risk levels, explored your views and understanding of market volatility and how any fluctuation in the value of the investment may affect the Charity. These are all important factors when establishing risk propensity. Specifically, I sought to understand the Trustees' level of composure, which is the emotional reaction during periods of market uncertainty, your focus on reward and your focus on risk.

The results of this discussion are reflected in the assessment and recommendations sections of this document.

Our assessment of your ability to absorb losses

Willingness to accept risk and demonstrating an understanding of the risk / reward trade-off was only part of our risk discussion. While considering and discussing the Trustee's feelings on this subject, we also had to consider the Charity's ability to withstand potential losses from within the portfolio. This you may recall as 'capacity for loss' (CFL). Investments, and any income derived from them, can fluctuate and have the potential to lose some or all their value. This can happen at any point during the investment time horizon, including when access to funds may be required and may impact the ability of the investment to meet the Charity's financial objectives. It was, therefore, important that we discussed and agreed the Trustees' willingness and the Charity's ability to absorb the potential loss of capital and reduction in any income from within the portfolio.

 Assets £9,359,000	 Liabilities £1,521,000
 Income £ 2,397,000	 Expenditure £ 2,156,000
 Investment time horizon >10 years	

Summary of our assessment

The Charity's investment objective is to generate a total return ahead of UK inflation from the combination of the generation of income and capital growth. The Trustees understand they need to take some risk in order to meet the Charity's investment objectives.

You will recall there are three factors to consider when assessing the Trustees' appetite for risk, namely focus on risk, focus on reward and composure. Focus on risk indicates the degree to which the investor considers the potential downsides of investing rather than balancing them with the rewards. Focus on reward indicates the degree to which the investor considers the potential returns rather than balancing them with the risks of investing. Composure is the degree to which the investor would be concerned about the fluctuation in the value of investment.

We identified that the Trustees have a medium focus on reward and risk, suggesting they are equally concerned with generating the returns required to meet their objectives, whilst not taking on any more risk than is needed.

We discussed the Trustees' experience of the peaks and troughs of investment markets, otherwise known as volatility, over the years in their role as Trustees. There is some experience of investing and discharging the responsibilities of Trustees at the Investment Committee level, having had a discretionary portfolio with Rothschild for over 10 years. As a result, the Trustees confirmed they would not be overly concerned by market movements and would be happy to stay invested for the longer term.

You will recall the risk categories range from Risk Category 3 up to Risk Category 8 with higher risk categories consisting of higher allocations to equities and lower risk categories allocating proportionately larger weightings to defensive assets such as fixed income, cash and alternatives. Our Risk Guide brochure outlines the recommended asset allocations for each risk category and you will recall a Risk Category 6 portfolio typically allocates 68.5% to equities, 17% to fixed income, 12% to alternatives and 2.5% to cash.

Lower risk categories typically achieved lower returns but with lower volatility and shorter recovery periods. Given you are investing for the long term, the Trustees accept volatility risk in order to generate a higher return and were prepared to remain invested during periods of volatility.

You will also recall we referred to the Risk Guide brochure to review the levels of risk associated with different risk categories. We discussed the Brewin Risk Measure (BRM) which is used to estimate the risk to the portfolio's capital value based on volatility of the underlying assets, and that you would only expect to see a month to month decline of 12.6-17.6% that is associated with a Risk Category 6 portfolio on the worst 1% of occasions.

Put simply, working on the basis of a 15.1% BRM (the mid-point of the Risk Category 6 range), there would be 25 days (roughly 1% of a 10 year period) on which the portfolio could be expected to show a loss of 15.1% or more on the value one month before.

As part of the risk assessment, we also evaluated whether the Charity has sufficient capacity for loss (i.e. capability to maintain current financial commitments in the event of the portfolio not performing as expected). Capacity for loss can be broken down into two areas;

- Income, where the variation in the income is of importance to the Charity. As it currently

stands, the income generated in the portfolio is to be reinvested to further grow the capital value in real terms. A material fall in the income generated by the portfolio is therefore unlikely to have a significant effect on the day-to-day operations of the Charity.

- Capital, where the variation in the capital is of importance to the Charity. The investment portfolio is predominantly long term funds and therefore the Trustees do not expect to rely on the capital value of the portfolio in the foreseeable future.

We therefore agreed the Charity has a good capacity for loss overall, commensurate with the level of risk associated with a Risk Category 6 portfolio.

The Trustees have previously indicated that the investment is likely to be in place for perpetuity, therefore giving the Trustees a long term time horizon.

In light of the Charity's objectives to generate a total return ahead of UK inflation from the generation of income and capital growth, the long term time horizon and the capacity for loss, we believe that a Risk Category 6 with a Capital Growth mandate is suitable.

Once the account is set up, we will liaise with Rothschild to arrange the transfer of assets from their management to ours. On completion, we will restructure the portfolio to bring the asset allocation and stock selection in line with our views and as per the investment mandate agreed.

Our investment process revolves around flexing the asset allocation $\pm 7.5\%$ either side of the agreed benchmark (please see our Risk Guide brochure, Page 14).

Our recommendations

To meet the Charity’s identified financial objectives, we recommend the following:

	Total value	Investment time horizon	Objective	Service type	Risk category
Betsi Cadwaladr UHB Charity Mandate	£8,342,000	>10 years	Income and capital growth	Discretionary	6

Account name	Value	Account type	Treatment of income instructions
Betsi Cadwaladr UHB Charity Portfolio	£8,342,000	Investment Account	Reinvest income

Our fees and charges

Set out below are our fees and charges for the service that we provide. There will be other fees and charges associated with your investment. Examples of these include external fund charges. Once a year we will send you full details of what has been paid in our summary of fees and charges document.

Annual Management Fee:

Flat rate - 0.35%

Minimum quarterly fee is £250.

UK VAT is applied on fees and charges in line with applicable legislation.
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Charity information

Your financial summary

We have summarised below our understanding of the Charity's current financial position:

Assets and liabilities

	Total £	%
Total assets	9,359,000	100.0 %
Cash	910,000	9.7 %
Property	135,000	1.4 %
Investments	7,962,000	85.1 %
Other assets	352,000	3.8 %
Total liabilities	1,521,000	100.0 %
Other liabilities	1,521,000	100.0 %

Income and outgoings

	Total £	%
Total annual income	2,397,000	100.0 %
Unearned income	2,397,000	100.0 %
Total annual outgoings	2,156,000	100.0 %
Essential expenditure	318,000	14.7 %
Discretionary expenditure	1,838,000	85.3 %

Charity details

The tables below detail key information pertaining to Betsi Cadwaladr University Health Board Charity and our understanding of those persons authorised to engage with us on its behalf, their respective roles and level of authority in relation to the on-going management of the investment. If any of this information is incorrect, please contact me immediately.

Stakeholders

Name	Charity role(s)	Authority to instruct Brewin Dolphin	Signatory power	Knowledge & experience level
Arpan Guha	Trustee	Suitability Dealing Instructions Stock Transfers Payment Instructions	Yes	Some
Mark Wilkinson	Trustee	Suitability Dealing Instructions Stock Transfers Payment Instructions	Yes	Some
Rebecca Hughes	Official Correspondent	Stock Transfers	Yes	Some
Susan Hill	Trustee	Suitability Dealing Instructions Stock Transfers Payment Instructions	Yes	Some

Charity information

Charity name	Betsi Cadwaladr University Health Board Charity
Charity registration number	1138976
Charity type	Unincorporated Charity (incl. Charitable Trusts)
Country of establishment	United Kingdom
Country of registration	United Kingdom
Charity classification	Advancement of health or saving of lives

How we manage your investments

Below we have summarised our understanding of your requirements regarding the on-going management of the investments:

Betsi Cadwaladr University Health Board Charity

Restrictions	At your request we have applied the following investment restrictions: <ul style="list-style-type: none"> • Alcohol • Tobacco • Human Rights
Total return strategy	Although the Trustees have not formally adopted a total return strategy, they do seek to achieve the best overall return from the portfolio without regard for the proportion of return that derives from income or capital.
Permanently endowed funds	None of the investments within this portfolio are permanently endowed.
Investment Statement Policy	Does not have one

Ethical Investment restrictions

Our ethical investment restriction screening is currently limited to companies listed in the following major indices:

- FTSE AWD
- FTSE 350
- S&P 500
- S&P TSX
- Russell 1000
- Russell 3000
- SBF 120

Ethical investment restrictions will not apply to collective investment schemes or other packaged retail investment products due to difficulty in obtaining reliable and up to date information regarding the underlying investments within these products. Please also be aware that any such restrictions may affect the performance of the portfolio. The definitions of the restrictions are set out below:

Category	Type	Definition
Alcohol	Ethical	The restriction will apply where a proportion of a company's turnover is derived from production or distribution of alcoholic beverages. Production and distribution include the production of beers, spirits, cider or wines and the blending and bottling of alcoholic drinks where 10% of revenues is derived from the sale of own products. Distribution includes wholesale and retail distribution of alcoholic beverages manufactured by other companies where revenue is 10% of more.
Human Rights	Ethical	The restriction will apply to companies that hold more than £100m in Third World debt, companies that have broken the International Code on Marketing of Breast Milk Substitutes in the Third World or companies that have broken the IFPMA Code of Pharmaceutical Marketing practices in the Third World. This assessment considers, unsafe products, health impacts and product safety incidents.
Tobacco	Ethical	The restriction will apply where a proportion of a Company's turnover is derived from the production or distribution of tobacco: Production of tobacco includes ownership of tobacco plantations and the manufacture of tobacco products, including revenues from the sale of own products which is currently 10% or more of turnover, whereas the Distribution of tobacco, covers the wholesale and retail distribution of tobacco products manufactured by other companies whose turnover is 10% or greater.

Our contact details

Your Brewin Dolphin contact

Your investment manager	Paul Mathias
Phone number	+442920347833
Key contact details	paul.mathias@brewin.co.uk



Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 8 th December 2020					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Investment Portfolio					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Acting Executive Director of Finance					
Awdur yr Adroddiad Report Author:	Rebecca Hughes, Charity Accountant					
Craffu blaenorol: Prior Scrutiny:	Acting Executive Director of Finance					
Atodiadau Appendices:	<u>Appendix 1:</u> Rothschild Portfolio Statement at 30 th September 2020 <u>Appendix 2:</u> Brewin Dolphin Client Advice Proposal					
Argymhelliad / Recommendation:						
The Committee is asked to note the report.						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information ✓
Sefyllfa / Situation:						
<p>The Investment Manager contract was put out to tender at the beginning of 2020. COVID-19 led to delays in awarding the tender; however, Brewin Dolphin were appointed as the successful applicants in August. The process of transferring the portfolio from Rothschild to Brewin Dolphin is ongoing, due to the significant due diligence checks that need to be undertaken. It is envisaged that this will be completed before the end of 2020. In the meantime, Rothschild continue to hold the portfolio, although it is not being actively managed and therefore no fee is being charged.</p>						
Cefndir / Background:						
<p>Many of the donations and legacies that the charity receives cannot be spent immediately, as they need to be accumulated to fund the most appropriate purchases. These donations are therefore invested in order to generate income and protect their value in real terms.</p> <p>The charity has used Rothschild & Co to manage its investments for the last ten years, taking a moderate risk (through a balanced portfolio), long-term strategy. Rothschild adhere to the charity's ethical investment policy. The key objective of the portfolio is to preserve and grow its value in 'real' terms, in order to continue to support charitable distributions over the long term.</p> <p>A 'Balanced' portfolio is intended to achieve steady growth over the long term through a diversified approach to investment. Attention is paid to avoiding the worst of the downside and capturing some but not all of the upside of financial market returns. Capital preservation in real terms over a long time horizon is the primary objective, and some volatility is acceptable in order to achieve this.</p>						

Asesiad / Assessment:**Strategy Implications**

Aligned to the Awyr Las Charity Strategy.

Financial Implications

The Rothschild portfolio report for the 30th September 2020 is included in Appendix 1. The portfolio performed strongly, appreciating by 5.5% in the quarter, bringing the year to date returns to 15.1%. Significant losses were seen during February and March, but despite this, over the rolling twelve month period, the portfolio has increased by 6.7%.

Following the award of the investment manager tender to Brewin Dolphin in August, Rothschild have ceased to actively manage the investments. Therefore, the portfolio allocations will remain the same until they are transferred to Brewin Dolphin. As the portfolio is constructed based on a long term strategy, it is not expected that this short period of inactivity will have any impact.

It is anticipated that the portfolio will be transferred to Brewin Dolphin before the end of December 2020. Brewin Dolphin have issued their Client Advice Proposal for the investments, which is included in Appendix 2 for information. This summarises their investment proposal and includes information that was provided as part of the tender and discussions that have taken place since. The risk level they propose for the portfolio is equivalent to that under which Rothschild managed the portfolio.

Following the transfer of the portfolio, Brewin Dolphin will be invited to the March Committee meeting to meet Committee members and discuss the charity's strategy for its portfolio.

An Investment Policy for the charity, including an updated Ethical Investment Policy, will be submitted to the March Committee meeting.

Risk Analysis

Not applicable – the Charity Risk Register is reported separately.

Legal And Compliance

Not applicable.

Impact Assessment

Not applicable.



Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 8 th December 2020						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Summary of Expenditure Approvals						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Acting Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Rebecca Hughes, Charity Accountant						
Craffu blaenorol: Prior Scrutiny:	Acting Executive Director of Finance						
Atodiadau Appendices:	<u>Appendix 1</u> : Expenditure Approvals Awarded to Month 6 2020/21						
Argymhelliad / Recommendation:							
The Committee is asked to note the applications that have been approved. The Committee is asked to approve the grants that require additional funding.							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
The Charitable Funds Committee has responsibility for the management and stewardship of Charitable Funds. This includes approval of expenditure from the charity, as per the Scheme of Delegation.							
Cefndir / Background:							
Since March 2020, the COVID-19 pandemic has required the charity to approve grants in a short timescale, in order to respond to the demands on the NHS. It was therefore agreed that applications over £5,000 that require Committee approval would be considered outside of meetings.							
Asesiad / Assessment:							
<u>Strategy Implications</u> Aligned to the Awyr Las Charity Strategy.							
<u>Financial Implications</u>							
Grants approved Between April and September 2020, 21 applications over £5,000 have been approved outside of Committee meetings, at a total cost of £339,164. These applications are listed in Appendix 1.							

Grants needing additional funding

There are two previously approved applications where the cost is now higher than the original grant awarded. These are detailed below:

Description	Fund	Approval Ref	Grant Awarded £	Additional Grant Required £	Total Required Grant £	Reason
Operating table/couch for the Pacing Theatre	8B42 - Cardiology Department Central - Patients Fund	CF18/38.3	31,504	1,565	33,069	Procurement did not include a VAT exemption certificate with the order and so VAT of £5,511 has been charged. The company are refusing to issue a retrospective credit. This will take the cost £1,565 above the approved amount (the cost of the table was less than originally expected).
Bedside Chart Workstations	9P03 - ITU/HDU Equipment – YG	CA20/14	10,447	2,075	12,522	When the application was submitted, it was believed that the goods would be VAT exempt. However, it has been determined that this is not the case and so VAT of £2,075 has been charged.

The Committee is asked to approve the additional cost of these applications.

Risk Analysis

Not applicable.

Legal And Compliance

Not applicable.

Impact Assessment

Not applicable.

Appendix 1 – Expenditure Approvals Awarded to M06 2020/21

Description	Approval Ref	Date Approved	Fund No	Fund Name	Amount Approved £
CPAP Trilogy Ventilator	CA20/1	23/04/2020	9F01	YG Paeds Inpatient & OPD Fund	6,503
Keep the Beats Officer	CA20/2	24/04/2020	7B67, 8B42 & 9K08	Cardiology Fund - East / Cardiology Department Central - Patients Fund / Cardiology Department - West	74,000
Bladder Scanner x 2	CA20/3	24/04/2020	9B94	Emergency Department - YG	13,620
Bereavement Support Provision	CA20/7	14/05/2020	8T52	COVID-19 Response Fund	20,000
Storage boxes	CA20/4	14/05/2020	8T52	COVID-19 Response Fund	5,297
Phototherapy System	CA20/10	21/05/2020	9M16	SCBU - YG	5,008
Baby Pod	CA20/11	27/05/2020	7F09	Children's Ward Charity Ball Fund	6,589
Bladder Scanner	CA20/12	27/05/2020	8B12	Community Fund - Central	7,686
Bladder Scanner	CA20/13	27/05/2020	9B34	Tywyn General Purposes Fund	6,825
Bedside Chart Workstations	CA20/14	27/05/2020	9P03	ITU/HDU Equipment - YG	10,447
BYS Hospice Grant - Nightingale House	CA-20/9.1	26/06/2020	8T36	By Your Side End of Life Fund	8,975
BYS Hospice Grant - Ty Gobaith	CA-20/9.2	26/06/2020	8T36	By Your Side End of Life Fund	8,500
BYS Hospice Grant - St Kentigerns	CA-20/9.3	26/06/2020	8T36	By Your Side End of Life Fund	9,000
Diathermy Unit - Dermatology	CA20/15	26/06/2020	8T52	COVID-19 Response Fund	18,662
Provision of Parabl Talking Therapy	CA20/16	26/06/2020	8T52	COVID-19 Response Fund	21,274
Covid-19 Medical Education Fellowship	CA20/17	26/06/2020	8T52	COVID-19 Response Fund	39,200
Nathan Wyburn - Thank you BCUHB/NHS/Artwork	CA20/21	26/06/2020	8T52 & 8T27	COVID-19 Response Fund / Creative Well Fund	7,000
Trolley mounted HD VC With Eagle Eye Acoustic Camera	CA20/22	26/06/2020	8T52	COVID-19 Response Fund	5,722
Lesotho Family Medicine Specialty Training Program	CA20/23	26/06/2020	8T52	COVID-19 Response Fund	9,857
IPad Grant Scheme	CA20/24	26/06/2020	8T52	COVID-19 Response Fund	50,000
Virtual Hospital Scoping Project	CA20/25	26/06/2020	8T52	COVID-19 Response Fund	5,000
Total					339,164

Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 8th December 2020					
Cyhoeddus neu Breifat: Public or Private:	<i>Public</i>					
Teitl yr Adroddiad Report Title:	BCUHB Marketing, Advertising and Sponsorship Policy Update					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, BCUHB Acting Executive Director of Finance					
Awdur yr Adroddiad Report Author:	Kirsty Thomson, BCUHB Head of Fundraising					
Craffu blaenorol: Prior Scrutiny:	<i>No prior scrutiny</i>					
Argymhelliad / Recommendation:						
<i>The Committee is asked to note the information included within this report and approve the recommendation to establish a BCUHB Marketing, Advertising and Sponsorship Task and Finish Group.</i>						
Please tick as appropriate						
Ar gyfer penderfyniad /cymradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						
<i>This paper seeks to update BCUHB's Board representatives who form the Charitable Funds Committee membership on the timetable to finalise a Marketing, Advertising and Sponsorship Policy for the Health Board.</i>						
Cefndir / Background:						
<p>The Head of Fundraising presented a BCUHB Use Of Space Plan to the Charitable Funds Committee for discussion in December 2019 outlining a new process for all third parties to follow when requesting to promote their services on BCUHB premises. More consultation was underway before the final version of this document was presented for approval, but the situation has changed since the pandemic and this document needs updating. Following discussions with colleagues, a decision was made to broaden out the scope of this exercise so all aspects of Marketing, Advertising and Sponsorship relating to BCUHB premises could be considered within this document.</p> <p>The Head of Fundraising has carried out research into what other NHS Trusts and Charities have in place, and now recommends that a BCUHB Marketing, Advertising and Sponsorship Task and Finish Group is set up so representatives from across BCUHB can contribute to development of the policy document.</p>						
Asesiad / Assessment & Analysis						

The Marketing, Advertising and Sponsorship Policy Task and Finish Group will consider all aspects of promoting other organisations, including businesses as well as third sector partners, on BCUHB premises and in BCUHB activity. This Group will consider BCUHB's use of space as well as considerations that will include naming opportunities and use of established BCUHB communications channels.

The Marketing, Advertising and Sponsorship Policy Task and Finish Group will meet virtually for the first time in January 2021 and Terms of Reference will be agreed then, with subsequent interactions taking place via email. The recommendations from the group and the draft document will be shared with colleagues in other Health Boards in Wales for comments.

A draft policy will be presented at the March 2021 Charitable Funds Committee for discussion. The policy publication will follow the BCUHB policy authorisation process.

Representatives from the following teams will be invited to be part of the Marketing, Advertising and Sponsorship Policy Task and Finish Group:

- Board Secretary's Office
- Counter Fraud
- Finance
- Planning
- Communications
- Engagement

Advice will also be sought from the following:

- Procurement
- Equality and Inclusion
- Trade Unions
- Information Governance
- Occupational Health
- HMT and Area Management teams
- Estates and Facilities

Strategy Implications

This report is underpinned by the Awyr Las Strategy 2016-21, see

<https://awyrilas.org.uk/content/downloads/The-Awyr-Las-Strategy-2016-to-2021.pdf>.

Options considered

The Head of Fundraising has noted that NHS Trusts vary in their approach to Marketing, Advertising and Sponsorship and therefore recommends that a BCUHB Marketing, Advertising and Sponsorship Task and Finish Group is set up so all options can be considered.

Financial Implications

There are no financial implications at the stage of drawing up the policy, but the content of the policy will influence possible income generation for BCUHB, Awyr Las and partner charities.

Risk Analysis

An individual Risk Analysis is completed as part of the decision making process around the policy. The ALST's perceived main risks are included in the Charity's Risk Register.

Legal and Compliance

BCUHB's process for finalising policies will be followed at all times, and Information Governance and others will contribute to ensure compliance.

Impact Assessment

An Impact Assessment on this policy will be carried out with the support of BCUHB's Equality and Inclusion Manager.

10 Years of Your NHS Charity

Enhancing healthcare for everyone in North Wales



2010/11 Income £3,292,000 Expenditure £2,756,000

Formation of a single NHS charity for North Wales, incorporating the three charities dissolved following the health organisation merger

2011/12 Income £2,836,000 Expenditure £3,732,000

Development of an Arts in Health programme at Ysbyty Glan Clwyd, improving patient wellbeing through direct participation in the arts

2012/13 Income £2,123,000 Expenditure £4,260,000

Refurbishment of the Abergele Ophthalmology unit, including a new eye day unit and treatment lasers

2013/14 Income £3,092,000 Expenditure £3,283,000

Adoption of a new working title for the Betsi Cadwaladr University Health Board Charity, "Awyr Las" (Blue Sky)

2014/15 Income £2,436,000 Expenditure £2,003,000

Work begins on the Alaw Unit extension, the start of a £1.2m redevelopment of Ysbyty Gwynedd's Cancer Treatment Centre

SEPTEMBER 2010

NHS charities are not new – they, like the NHS itself, have been around since 1948.

Originally known as "Charitable Funds" and later relaunched as "Awyr Las", the charity currently incorporates over 400 funds, representing every ward, service and department within BCUHB. The Awyr Las heart logo is based on the shape of North Wales, symbolic of the charity's mission to enhance healthcare for everyone in the region.



MAY 2014

CAMHS Nurse Manager Irfon Williams, who was diagnosed with bowel cancer in January 2014, launches his #TeamIrfon campaign.

Irfon tragically died in 2017, but his legacy lives on. #TeamIrfon has raised over £200k and has focused on supporting the emotional wellbeing of people living with cancer; funding wigs, complementary therapies, and specialist mental health support.



2015/16 Income £3,300,000 **Expenditure** £4,418,000

Launch of a £68,000 research project examining abnormal blood vessel function in rheumatoid arthritis patients

2016/17 Income £2,555,000 **Expenditure** £1,413,000

Purchase of new furniture for Deeside Community Hospital, providing a multi-purpose space away from the ward to aid rehabilitation

2017/18 Income £2,483,000 **Expenditure** £2,762,000

Provision of a "Trilogy" non-Invasive Ventilation Machine for Critical Care Unit, Ysbyty Gwynedd

2018/19 Income £2,023,000 **Expenditure** £1,838,000

Opening of a new hybrid theatre for vascular surgery at Ysbyty Glan Clwyd, supported by a legacy of £500,000 from the Livsey Trust

2019/20 Income £2,631,000 **Expenditure** £2,211,000

First human cases of COVID-19 reported by officials in Wuhan City (China) in December 2019; the UK's first confirmed cases followed in January

2020/21 What lies ahead? Our future with COVID-19

The Awyr Las "Resilience" fundraising campaign will help the NHS in North Wales and local communities adapt to life with COVID-19

JULY 2018

The NHS and NHS Charities celebrate their 70th anniversary.

On 5th July 2018, supporters across North Wales joined NHS staff in celebrating this special milestone. As part of the #Big7Tea campaign, Awyr Las held its first cake decorating competition, inviting NHS colleagues and members of the community to create fantastic designs honouring the NHS.

MARCH 2020

Awyr Las launches its COVID-19 Response Appeal.

Thanks to overwhelming support from the North Wales community, the appeal had raised over £400k as of 31/10/20. Donations have funded a range of support, from training and equipment to help staff prepare for redeployment to the frontline of the pandemic, to mental health resources for vulnerable or isolated patients.



COVID-19 Response Appeal

Income £436,576*

Expenditure £171,813*

Commitments £289,858*

*As of 31/10/20

We had funding so we could purchase more equipment for the practice development team. We were able to purchase phlebotomy arms to assist with 'back to the floor' training for redeployed nurses and care home staff. This additional training has been more important than ever since March because of COVID-19. We purchased an additional phlebotomy arm to train nurses to obtain blood samples, and iPads have enabled us to teach the theory remotely, which has been incredibly useful. These extras have made life easier for all of us, and it has meant that nurses could be upskilled quickly. We appreciate this extra support so much, it really has made a difference for nurses in care homes and in our community healthcare settings, which of course means that it has made a difference for our patients, too. Thank you.

Kara Rich - Practice Development Lead Nurse



**Emergency Department
COVID-19 Simulation Suite**

£3,907



**Equipment to help staff
prepare for redeployment**

£2,450



**Tablets and digital devices
for staff & patients**

£20,772



**Virtual support for chronic
pain**

£4,968

Awyr Las has received £214,500 from NHS Charities Together, and over the next six months the charity expects to receive a further £717,194 through additional grant rounds. The £214,500 from NHS Charities Together has already made a real impact on NHS staff in North Wales and on patients in the region receiving care both in our hospitals and in their homes.

Thanks to the generosity of those supporting NHS Charities Together's Covid-19 Appeal, Awyr Las has been able to make a difference for NHS staff by funding the Staff Wellbeing Support Service which provides psychological support for NHS staff. We have also been able to purchase many additional wellbeing items for frontline staff, including beverages, white goods, devices & furniture for new staff breakout areas and staff and volunteers have together been able to take part in an important virtual arts project too.

Patient care has been transformed in some cases thanks to the additional support given. The donations funded small but significant items like baby monitors that are used to implement a safe monitoring service for patients in hospitals, and blood pressure machines to monitor heart failure patients in their own homes. The support funded large, life changing programmes like the Health Board's bereavement support service, its carers support service, the chronic pain management virtual support service and a talking therapy service for mental health service users.

Young people benefitted in hospitals, with frontline staff organising children's inpatient activity bags, and at home with a small grant given to help provide extra monitoring equipment for children with diabetes. Frontline NHS staff have been able to give extra support to mental health service users in the community by providing self-care and wellness helping hand bags. They've also been able to give patients across many different services in our hospitals a much needed boost by purchasing digital devices for virtual visiting and entertainment. Thanks to the funding from NHS Charities Together more people have been able to take an active role in improving the care that our patients receive, with grants funding volunteer expenses and extra equipment to help train up nursing staff in care homes as well as hospitals.

Funding received from NHS Charities Together has helped NHS staff learn and share their learning from the initial Covid-19 response period. NHS Charities Together has funded a COVID-19 Medical Education Fellowship, a Covid-19 Simulation Suite for one of our Emergency Departments, three innovation projects that are being led by local NHS staff and new equality and inclusion programmes. All this support goes over and above what the NHS can provide.

**NHS CHARITIES
TOGETHER**



**COVID-19
Medical
Education
Fellowship**

£39,200



**Staff Wellbeing
and
Support
Service**

£15,386

The Talking Therapies programme, provided in partnership with Mind and Advanced Brighter Futures, provides an early intervention for people experiencing low mood, anxiety and depression. People self-refer onto the service, and from April referrals have increased by 50%. The therapy is delivered by talking therapy specialists who provide group therapy or 1:1 counselling or Cognitive Behavioural Therapy. COVID-19 has heightened the need for this service – now our valued partners are able to increase their capacity, which has drastically improved waiting times.

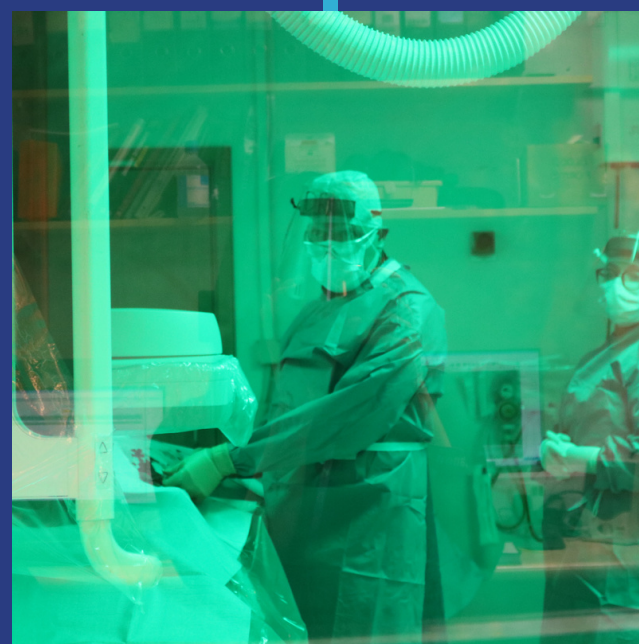
Ruth Robinson – Commissioning Manager for Mental Health & Learning Disabilities

The blood pressure monitors funded have helped our team of nurses to continue the vital work of monitoring cardiac patients who are self-isolating at home. These monitors have been, and continue to be, invaluable. Thank you to everyone who made the support we've received possible.

Andy Bennett, Heart Failure Specialist Nurse

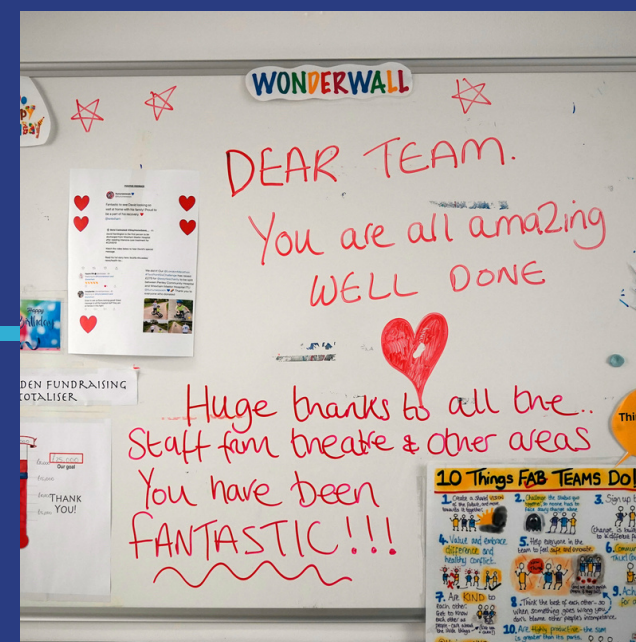
Nathan Wyburn, a Welsh artist, has created nine collages of our staff members made from thousands of photos of different NHS staff and NHS volunteers from North Wales. These will be on display in our hospitals, and prints will be available for staff as a lasting reminder of the incredible commitment of our NHS staff here in North Wales, and the huge sacrifice that so many people made during the initial COVID response period. It was a wonderful project for staff to be involved in.

Andrea Davies, Arts In Health & Wellbeing Project Coordinator



Home equipment for patients with diabetes

£300



Arts in Health initiatives

£4,500



Blood pressure monitors for patients self-isolating

£1,760



Provision of Talking Therapies

£20,000

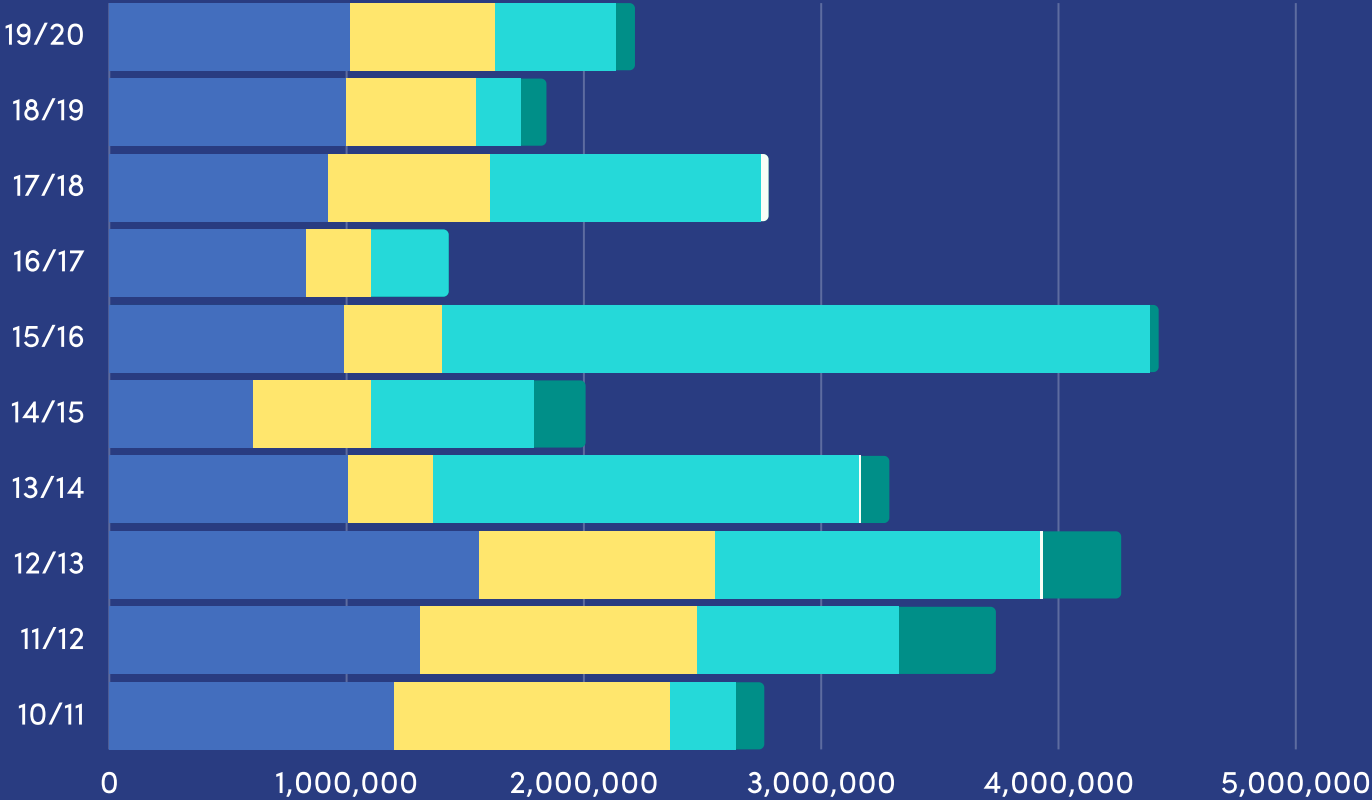
Overview 2010–2020

Income £26,771,000 **Expenditure** £28,676,000



The significant impact that the charity has had on patient and staff experience cannot be underestimated, and nor can the power of people coming together to help make change. The charity has played an important role in helping to transform patient services thanks to inspirational fundraisers and supporters from across North Wales and beyond. This has only been possible because of our NHS staff’s dedication and desire to improve care and treatment for patients, and because of the passion and commitment of North Wales’ communities. There is much work left to do to make sure all patients in hospitals and in our communities can receive the very best care possible, but all those that have given to, or worked in partnership with, the charity and everyone that has played a part in improving care with Awyr Las grants, should be very proud of what has been achieved over the past ten years.

Rt Hon Lord Barry Jones P.C. - Honorary President of Awyr Las



Expenditure by Theme 2010 - 2020

<div></div>	Patient Welfare & Amenities	£	10,403,000	36%
<div></div>	Staff Welfare & Amenities	£	6,703,000	23%
<div></div>	Grants for NHS Capital Expenditure	£	10,119,000	35%
<div></div>	Miscellaneous	£	54,000	1%
<div></div>	Research	£	1,397,000	5%

Total: £28,676,000



Awyr Las
Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

Thank you to everyone who has made this possible!



Awyr Las: The North Wales NHS Charity

Registered Charity Number 1138976

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/AWYRLASCHARITY