

Bundle Charitable Funds Committee 10 December 2019

Meeting to be held on 10th December 2019 in the Boardroom, Carlton Court, St Asaph Business Park, LL17 0JG at 09:00am.

- 1 CF19/45 Apologies & Declarations of Interest
- 2 CF19/46 Minutes of the previous meeting held on 4th October 2019:
- 3 CF19/46.1 Accuracy
CF19-46.1.docx
- 4 CF19/46.2 Matters arising and summary action plan
CF19-46.2.docx
- 5 CF19/47 Charitable Funds Finance Report Q2 2019/20
Ms R Hughes
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- 6 CF19/48 Charitable Funds Fundraising Report Q2 2019/20
Ms K Thomson
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- 7 CF19/49 Third Sector Groups Report
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- 8 CF19/50 Legacy Strategy
Ms K Thomson
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- 9 CF19/51 Charity Risk Register
Ms R Hughes
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- 10 CF19/52 Rothschild Portfolio Report: Report to 30th September 2019
Ms R Hughes
CF19-52 - Cover.docx
CF19-52.pdf
- 11 CF19/53 Awyr Las Strategic Priorities:
Ms K Thomson
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CF19-53 - Appendices 1.pptx
- 12 CF19/53.1 Older People
Suzie Southey, Consultant Nurse for Dementia in attendance for this item
- 13 CF19/53.2 Cancer Care
Beryl Roberts, Head Of Nursing for Cancer Services in attendance for this item
- 14 CF19/53.3 Mental Health Support
Lesley Singleton, Director of Partnerships for MH&LD in attendance for this item
- 15 CF19/53.4 Younger People
Jane Trowman, Head Of Strategy & Health Planning in attendance for this item
- 16 ITEMS FOR DECISION
- 17 CF19/54 Request for Expenditure Approvals:
Ms R Hughes
CF19-54.docx
- 18 1. Monitors for Enhanced Care – Children’s Ward, YGC
CF19-54.1.doc
- 19 2. Golvo 9000 Patient Hoist – Enfys Ward, YGC

	<u>CF19-54.2.doc</u>
20	3. Bladder Scanner - Stroke Unit, YGC
	<u>CF19-54.3.doc</u>
21	4. Capsule Endoscopy – Gastroenterology, YG
	<u>CF19-54.4.doc</u>
22	5. Equipment Storage - Glaslyn Ward, YG
	<u>CF19-54.5.docx</u>
23	6. Wet Rooms - Enfys Ward, YGC
	<u>CF19-54.6.doc</u>
24	7. Evaluating Musical Interaction Therapy (MIT) for Autism with Cross-BCU Impact – Children's, West Area
	<u>CF19-54.7.docx</u>
25	8. Faecal Incontinence – Surgery, YG
	<u>CF19-54.8.doc</u>
26	9. Operating Lights - Ophthalmology, Abergele
	<u>CF19-54.9.doc</u>
27	10. Flooring Replacement and Upgrading of Nurses' Station - Alaw Ward, YG
	<u>CF19-54.10.doc</u>
28	11. Study - Correlation between novel biomarker expression and interventional treatment in chronic back pain – Pain Management, Wrexham
	<u>CF19-54.11.doc</u>
29	ITEMS OF GOVERNANCE
30	CF19/55 Charitable Funds Committee Terms of Reference
	<i>Ms R Hughes</i>
	<u>CF19-55 - Cover.docx</u>
	<u>CF19-55.doc</u>
31	CF19/56 Charitable Funds Advisory Group Terms of Reference
	<i>Ms R Hughes</i>
	<u>CF19-56 - Cover.docx</u>
	<u>CF19-56.doc</u>
32	ITEMS FOR INFORMATION
33	CF19/57 Issues of significance to report to the Health Board
34	CF19/58 Date of next meeting:
	<i>10th March 2019 at 9.00am, Carlton Court</i>
35	Exclusion of the Press and Public
	<i>Resolution to Exclude the Press and Public "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</i>

CHARITABLE FUNDS COMMITTEE

Draft Minutes of the meeting held on Friday 4th October 2019 in the Boardroom, Carlton Court

Present:

Ms Jackie Hughes	Independent Member (Chair)
Ms Lyn Meadows	Independent Member
Mr Mark Wilkinson	Executive Director of Planning and Performance
Mrs Sue Hill	Executive Director of Finance

In Attendance:

Ms Kirsty Thomson	Head of Fundraising
Ms Faye Pritchard	PA to Executive Director of Finance
Ms Rebecca Hughes	Charity Accountant
Ms Amanda Hughes	Audit Manager, Wales Audit Office
Mr David Tomalin	Graduate Trainee, Wales Audit Office

Agenda Item	Action
<p>CF19/31 Apologies for absence & Declarations of interest</p> <p>Apologies for absence were noted for Mr David Fearnley (Executive Medical Director) and Ms Helen Wilkinson (Independent Member).</p> <p>No Declarations of interest were received.</p>	
<p>CF19/32 Minutes of the previous meeting held on 20th June 2019:</p> <p>CF19/32.1 Accuracy</p> <p>The minutes from the meeting held on 20th June 2019 were approved as an accurate record.</p> <p>CF19/32.2 Matters arising and review of summary action plan</p> <p>The committee reviewed the summary action plan in detail and updated accordingly.</p>	
<p>CF19/33 Charitable Funds Accounts 2018/19</p> <p><i>Amanda Hughes and Mr David Tomalin, Wales Audit Office in attendance for this item</i></p>	

The Charity Accountant informed the committee that the accounts were prepared and submitted to the Wales Audit Office (WAO) with the audit work taking place throughout August and September 2019.

The timing for the submission of the accounts had been brought forward from previous years as WAO have been able to accommodate an earlier audit.

The Charity Accountant reminded the committee that the Board (As Charitable Trustees) will formally receive the accounts at a meeting arranged for early January 2020. The audited Accounts will be submitted to the Charity Commission prior to 31st January 2020.

The Charity Accountant noted the key highlights to the committee of the paper.

Total income of £0.2m shows a decrease of 20% year on year (£2.5m in 2017/18). Of this, £0.2m relates to a fall in donations, £0.2m due to a decrease in legacies and £0.1m as a result of less fundraising income.

Expenditure of £2.2m was 29% lower year on year (£3.1m in 2017/18).

The funds of the charity at the end of the year totalled £7.8m, comprising £4.4m of unrestricted funds and £3.4m of restricted funds.

During 2018/19 gains on investments totalled £0.4m compared to a gain of £0.1m in 2017/18.

The Charity Accountant informed the committee of a Post Balance Sheet Event, which is included every year, and relates to a change in the value of the investments between the balance sheet date and the date of signing the accounts. There is also one unadjusted misstatement concerning recognition of grant commitments. The effect of this is not material to the 2018/19 financial statements and the costs have been recognised in 2019/20.

The Committee approved the Charitable Funds Annual Report and Financial Statements for 2018/19 and signed the Letter of Representation.

CF19/33.1 Annual Report, Financial Statements and Letter of Representation

The committee were pleased with the improved quality, design and content of the Annual Report. The Head of Fundraising noted that Emma Louise Jones (Fundraising Support Manager) has led on the report on behalf of the charity.

The committee discussed the use of the report being a public document, and the Head of Fundraising confirmed that they have a shortened version for hard copy use and that details are within the internal and external Communications Plan as to which audiences this document will reach, such as to solicitors, undertakers, the carousel on the intranet, social media and team briefs across the Board.

For the next Annual Report, Independent Member Ms L Meadows suggested that an area on third sector grants be included, highlighting the close work carried out with the third sector.

The Chair suggested a number of amendments to the Head of Fundraising to action in the Annual Report which were noted.

CF19/33.2 Wales Audit Office ISA260 Report

Audit Manager (WAO) presented the Audit of Financial Statements Report, confirming that an unqualified audit report on the financial statements will be issued, with the Auditor General in line to sign opinion on Wednesday 9th October 2019.

Audit Manager (WAO) reiterated that the accounts were presented to the WAO at the end of July 2019 and were prepared to a good standard.

There was one uncorrected misstatement in relation to grant commitments of £20,000 which weren't accrued in accordance with the Charity's accounting policy. The effect of this is not material to the 2018/19 financial statements. All other misstatements were corrected.

Audit Manager (WAO) informed the committee that she will write to the Board Secretary regarding Related party transactions, to ask her to address the required change of wording in the Declaration of Interest (DOI) forms, which need to explicitly reference the charity.

The signed letter of representation confirms that the charity made all of the appropriate disclosures, including why the charity chose not to correct the immaterial misstatement.

The Charity Accountant informed the committee that the issue relates to orders that go through Oracle on a Charitable Funds subjective code. When the orders are approved on oracle, there's no accrual in the system until they have been receipted. Therefore, orders approved but not received have not been included in grant expenditure.

The Executive Director of Finance recommended that the system way of recognising expenditure needs to be explored as opposed to changing the charity policy. The committee agreed for the policy to be reviewed and explored such as what other health boards do as we don't want to be an outlier.

Audit Manager (WAO) and the Executive Director of Finance agreed to speak to other health boards about their governance arrangements around the processing and approval of charity business cases. ***ACTION***

AH/ SH

The Executive Director of Planning and Performance made a valid point regarding the potential of a tick box asking if you've considered Charitable Funds on business cases.

Audit Manager (WAO) will talk to colleagues to find out how other welsh health board charities recognise expenditure. ***ACTION***

AH

<p>Audit Manager (WAO) stated that she is satisfied that we do not have material error in our accounts.</p> <p>The Chair thanked WAO on behalf of the committee and the health Board for all of their hard work.</p>	
<p>CF19/34 Charitable Funds Finance Report Q1 2019/20 <i>Ms R Hughes</i></p> <p>The Charity Accountant presented the Charitable Funds Finance report Q1 2019/20 report to the committee which is at the 30th June 2019. The Charity Accountant took the committee through the main highlights of the report.</p> <p>Income from Donations and Fundraising is £7,000 higher and legacy income is £55,000 higher than in Quarter 1 of 2018/19.</p> <p>Grant funded charitable expenditure of £689,000 is £270,000 (64%) higher than expenditure for the first quarter last year, which is promising to note as it's in line with the Charity's strategy.</p> <p>The gain on investments totals £237,000, which equates to 3% of the brought forward portfolio value.</p> <p>Commitments have increased by £301,000 (33%) compared to the end of the last financial year, reflecting the rise in grants awarded in the first quarter.</p> <p>Available unrestricted reserves total £4,470,000, compared to a target level of £3,060,000, and available General Funds totalled £159,000.</p> <p>The committee discussed the fund balances by division, and General funds only holds a small percentage (2%) of the charity's fund balances, with many designated holds lined to specific services. The top five funds make a quarter of the balances with four relating to cancer services.</p> <p>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. *Action*</p> <p>The committee discussed the need to understand where funds are held and where they aren't being spent. They therefore requested that the Charity Accountant brings a matrix to the next committee meeting in December 2019 showing the number of funds in each value bracket by division. *ACTION*</p> <p>In memory donations continue to be the charity's largest donation area to date in 2019/20, totalling £95,000. Quarter 1 has seen an increase in the percentage of donations from runs & challenges, in aid of events and solicited events. The Charity</p>	<p>KT/ RH</p> <p>RH</p>

<p>Accountant informed the committee that the Fundraising Support Team will focus on further increasing these types of income.</p> <p>Independent Member Ms L Meadows raised her concern over gift aid being so low and that a more positive targeted action is needed to help boost gift aid.</p> <p>The Executive Director of Finance queried the amount of outstanding commitments listed, but the Charity Accountant clarified that outstanding commitments are continually monitored and all have valid reasons why they are delayed and the processes are being worked through.</p> <p>The Executive Director of Finance informed the Charity Accountant to withdraw funding if reasons are unrealistic as to why the money's not been spent in a timely manner.</p> <p>The committee want to be informed where issues lie when applicable so that they can intervene if needs be.</p> <p>The committee approved the report and the actions being taken.</p>	
<p>CF19/35 Charitable Funds Fundraising Report Q1 2019/20 <i>Ms K Thomson</i> <i>Ms R Willmot, PhD Student at Bangor University in attendance for this item</i></p> <p>The Head of Fundraising presented the Charitable Funds Fundraising Report Q1 2019/20 to the committee.</p> <p>She went through the key highlights noted in the report, and with regard to the 'In aid events' the committee requested more precise data giving actual amounts, with no 'TBC' entries listed.</p> <p>The Chair confirmed that a discussion outside of the meeting will need to take place regarding the charity team organisation structure of process, costs and committee process. *ACTION*</p> <p>The Head of Fundraising then presented a brief PowerPoint to the committee on the new support team, new grants, new application system, new ways of compiling priority projects and what it all means.</p> <p>The Head of Fundraising began by informing the committee of the new structure in the team. The new structure has been done following many 1:1 meetings as a lot of duplication work was being carried out across the geographical area.</p> <p>The new structure will minimise duplication, increase job satisfaction and allow the team to take ownership and engage with new audiences.</p> <p>The focus projects for 2020 are all detailed in the Awyr Las strategy and Communications plan with KPI's included.</p>	<p>JH/ KT</p>

<p><i>Ms R Wilmot entered the meeting, PhD Student at Bangor University. (The charity part funded Ms R Wilmot's PhD in collaboration with Bangor University).</i></p> <p>Independent Member Ms L Meadows noted the importance of successful collaborative work. The Chair agreed to make contact with Nichola Callow (Independent Member to the Board) to discuss the collaborative research and it's impact, and explore other potential ways in which the research carried out can have more of an impact. *ACTION*</p> <p>The Chair noted the positive psychology and link to the research, with how we support them with healthy lifestyle and asked Ms R Wilmot to highlight to colleagues and friends where the funding came from.</p> <p>The committee thanked Ms R Wilmot and noted the outcomes.</p> <p>Ms F Pritchard to circulate both PowerPoint presentations mentioned above to all committee members. *ACTION*</p>	<p>LM</p> <p>FP</p>
<p>CF19/36 Third Sector Groups Report <i>Ms K Thomson</i></p> <p>The Chair expressed to the committee that it's the charity's responsibility to ensure all third sector groups' safety whilst on BCUHB property, therefore a risk assessment must be carried out. *ACTION*</p> <p>The committee noted the Third Sector Groups Report.</p>	<p>KT</p>
<p>CF19/37 Legacy Strategy <i>Ms K Thomson</i></p> <p>Independent Member Ms L Meadows expressed to the committee that it is positive to note the increase in legacies.</p> <p>Chair, Ms J Hughes requested that more narrative in the column is required to suggest what's been done. *ACTION*</p> <p>The committee noted the Legacy Strategy.</p>	<p>KT</p>
<p>CF19/38 Charitable Funds Advisory Group: <i>Ms R Hughes</i></p> <p>CF19/38.1 Minutes from 18th July 2019</p> <p>The Chair reiterated to the Charity Accountant to be mindful of quoracy of attendees at the Charitable Funds Advisory Group meetings.</p>	

<p>The committee requested to review the Terms of Reference for the Charitable Funds Advisory Group meetings alongside the Terms of Reference for the committee.</p> <p>*ACTION*</p> <p>With regards to the Bladder scanner bid that was discussed during the meeting on the 28th July 2019, the committee picked up on the governance perspective and the way in which it was reflected in the minutes, but the Charity Accountant informed the committee that the minutes in this case are misleading with the discussion that was had.</p> <p>With regards to the Staff experience application of £155k, the Charity Accountant reminded the committee of the concerns raised around original grant, which is why a trial run was agreed with a small amount as the full amount was rejected.</p> <p>The Executive Director of Finance stated that whatever the recommendation was it should have come to the Charitable Funds Committee.</p> <p>The committee requested a brief of what is going to be done with the £24k approved for the trial.</p> <p>The Chair informed the committee that she'll urgently meet with the Executive Director of Workforce and Organisational Development for her opinion over the next couple of weeks regarding the Staff Experience Application (£155k) and also to discuss and review the Terms of Reference for both the Charitable Funds Committee and the Charitable Funds Advisory Group meetings. *ACTION*</p> <p>CF19/38.2 Draft minutes from 5th September 2019</p> <p>The committee approved the draft minutes from 5th September 2019 meeting.</p>	<p>SH/ JH/ RH</p> <p>JH</p>
<p>CF19/39 Charity Risk Register <i>Ms R Hughes</i></p> <p>The committee reviewed and noted the Charity Risk Register.</p>	
<p>CF19/40 Rothschild Portfolio Report: Report to 30th June 2019</p> <p>The committee reviewed and noted the updated Rothschild Portfolio Report.</p>	
<p>ITEMS FOR DECISION</p>	
<p>CF19/41 Request for Expenditure Approvals: <i>Ms S Hill</i></p> <ol style="list-style-type: none"> 1. Applications approved by the Charitable Funds Advisory Group For Ratification 2. Minor Works Scheme at Ysbyty Alltwen 	

<p>3. Olympus Stack and Diathermy Unit for Urology Diagnostic Unit at YGC</p> <p>4. Assessing the Mental Health of Patients on the Alaw Cancer Care Unit: 2 Year Project</p> <p>All of the above expenditure approvals were approved by the committee.</p> <p>The Chair raised a question as to what happens at the end of each fixed term contract and the implications for future working.</p>	
ITEMS OF GOVERNANCE	
<p>CF19/42 Committee Terms of Reference <i>Ms R Hughes</i></p> <p>This agenda item is going to be picked up separately outside during an urgent meeting between the Chair and the Executive Director of Finance. *ACTION*</p> <p>The Chair informed the committee that this can be ratified offline if necessary via Chairs action.</p>	SH/ JH/ RH
ITEMS FOR INFORMATION	
<p>CF19/43 Issues of significance to report to the Health Board</p> <p>N/A.</p>	
<p>CF19/44 Date of next meeting:</p> <p>Tuesday 10th December 2019 at 09:00am, Boardroom, Carlton Court.</p>	

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

Actions from 20.06.19 meeting				
Summary Action Plan – arising from meetings held in public				
Officer	Minutes, Report and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
	CF19/19 Charitable Funds Finance Younger persons, Older Persons, Cancer, I CAN MHLA to be invited to the next Charitable Funds Committee meeting.		The Head of Fundraising will provide a plan to demonstrate how the 4 priority areas are being promoted, and how new priorities within these 4 areas will be selected in the future. 04.10.19 Action reopened - The four groups are to be invited to the next committee meeting being held on 10.12.19. The agenda will be focused as vitally important prior to Board Trustees meeting taking place in January 2020.	10.12.19
K Thomson	CF19/19 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	Outstanding. The Head of Fundraising will liaise with Estates on this matter to ensure a report on current projects is available before the December Charity Committee.	December 2019
K Thomson	CF19/20 Charitable Funds Fundraising Report Q4 2018/19.4 A new agenda item to next committee meeting 'Update on Strategic Priorities'	01.09.19 10.12.19	Included in the Fundraising Report. 04.10.19 Strategic Priorities update paper agenda item at the next committee meeting being held on 10.12.19.	
K Thomson	CF19/20 Charitable Funds Fundraising Report Q4 2018/19.5 A revised Staff Lottery Scheme paper to come back to the next committee meeting.	01.09.19	The Staff Lottery Scheme is included within the Fundraising Report. The Head of Fundraising is involved in a Staff Lottery working group of NHS Charities which is meeting on 24/09/19 to discuss findings. A full business case will be brought to the December Charity Meeting.	December 2019
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 regarding needing an Executive and an	01.09.19	This was put on hold until the team has the online system in place to effectively collate and prioritise all funding requests. The online system is currently being tested. Executive and Independent Members will then be needed to sponsor the priority areas and an email will be sent by Ms	December 2019

	Independent Member sponsor for each of the four schemes.		Thomson before the December Charity Committee Meeting.	
R Hughes	CF19/23.2.2 Charitable Funds Advisory Group Draft minutes from 23rd May 2019 The committee agreed for Ms R Hughes to look at the attendance lists of the Charitable Funds Advisory Group meetings.	Timescale 01.09.19	The attendance list has been reviewed. Additional members have been invited to join the group. This action has been put on hold pending the review of the Advisory Group.	Timescale December 2019
A Crisford/ R Hughes	CF19/25 Rothschild Portfolio Report: Report to 31st March 2018 Update the authorised signatories list, with the recent changes in committee membership and Executive posts.	01.09.19	Following confirmation of the Executive members who will sit on the Charitable Funds Committee, the due diligence documentation required for submission to Rothschild to amend the signatories is being collated. The signatories list has been updated	31.10.19 Closed
N Thomas	CF19/26.1 Staff Engagement Strategy Update An Organisational Development department newsletter once a month to update on ongoing work and progress.	01.09.19	Verbal update to be provided. 04.10.19 F Pritchard to email N Thomas to provide an update that F Pritchard will then circulate via e-mail to committee members.	02.12.19

Actions from 04.10.19 meeting

A Hughes (WAO)/ S Hill	CF19/33.2.1 WAO Audit manager A Hughes and S Hill agreed to speak to other health boards about their governance arrangements around the processing and approval of charity business cases.	02.12.19	Ms A Hughes confirmed that she has spoken to her counterparts who audit the other health bodies and received some relevant information that she has shared with officers for their consideration.	December 2019
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RCUHB 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
A Hughes (WAO)	CF19/34.2.2 AAC Audit Manager A Hughes will talk to colleagues to find out how the Finance and Operations teams recognise expenditure.	02.12.19	Ms A Hughes confirmed that she has spoken to her counterparts who audit the other health bodies and received some relevant information that she has shared with officers for their consideration.	December 2019
K Thomson/ R Hughes	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	This is being sent out as part of a reminder about the Hearts and Minds & Staff Experience grants schemes and a reminder about the Christmassy Clothing Day.	December 2019
R Hughes	CF19/34.2 The committee discussed the need to understand where funds are held and where they aren't being spent. They therefore requested that the Charity Accountant brings a matrix to the next committee meeting in December 2019 showing the number of funds in each value bracket by division.	02.12.19	This is included in the Finance Report.	Closed
J Hughes/ K Thomson	CF19/35.1 The Chair confirmed that a discussion outside of the meeting will need to take place regarding the charity team organisation structure of process, costs and committee process.	02.12.19	K Thomson continues to work with Workforce and Organisational Development on this and will update at the December Charity Committee meeting.	December 2019
L Meadows	CF19/35.2 Independent Member Ms L Meadows noted the importance of successful collaborative work. The Chair agreed to make contact with Nichola Callow (Independent Member to the Board) to discuss the collaborative research and its impact, and explore other potential ways in which the research carried out can have more of an impact.	02.12.19		
F Pritchard	CF19/35.3 Ms F Pritchard to circulate	02.12.19	Ms F Pritchard circulated both presentations to	Closed

	both PowerPoint presentations mentioned above to all committee members.		committee members on 03.12.19 via e-mail.	
Officer K Thomson	CF19/36 Terms of Reference and Action Agreed The committee expressed its view to the committee that it's the charity's responsibility to ensure all third sector groups' safety whilst on BCUHB property, therefore a risk assessment must be carried out.	Original Timescale 02.12.19	Latest Update Position Risk assessments are included in the new Advertising, Promotion, Sponsorship and Sales on BCUHB Premises Scheme. A new Risk Assessment log for all charities operating on BCUHB premises will be in place before March 2019.	Revised Timescale December 2019
K Thomson	CF19/37 Chair, Ms J Hughes requested that more narrative in the column is required to suggest what's been done.	02.12.19	K Thomson has included more narrative as requested.	December 2019
S Hill/ J Hughes/ R Hughes	CF19/38.1 The committee requested to review the Terms of Reference for the Charitable Funds Advisory Group meetings alongside the Terms of Reference for the committee.	02.12.19	The revised Terms of Reference for both CFC and CFAG are on the agenda for December's committee meeting for approval.	Closed
J Hughes	CF19/38.2 The Chair informed the committee that she'll urgently meet with the Executive Director of Workforce and Organisational Development for her opinion over the next couple of weeks regarding the Staff Experience Application (£155k) and also to discuss and review the Terms of Reference for both the Charitable Funds Committee and the Charitable Funds Advisory Group meetings.	02.12.19	The Chair held a short discussion meeting and agreed that the Executive Director of Workforce and Organisational Development will hold a discussion with her team and agree a way forward.	
S Hill/ J Hughes/ R Hughes	CF19/42 This agenda item is going to be picked up separately outside during an urgent meeting between the Chair and the Executive Director of Finance.	02.12.19	Same as above CF19/38.1.	Closed

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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Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 10 th December 2019						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Charitable Funds Finance Report Q2 2019/20						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Rebecca Hughes, Charity Accountant						
Craffu blaenorol: Prior Scrutiny:	Executive Director of Finance						
Atodiadau Appendices:	<u>Appendix 1:</u> Legacies <u>Appendix 2:</u> Income and expenditure analysis <u>Appendix 3:</u> Outstanding commitments <u>Appendix 4:</u> Analysis of funds by service						
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	<input type="checkbox"/>
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 2019, reporting the financial position over the second quarter and for the year to date.							
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.

Financial Implications

Statement of Financial Activities

	Quarter ended 30 th September 2019 £'000	Year to 30 th September 2019 £'000	Year to 30 th September 2018 £'000
Donations & fundraising	391	630	567
Legacies	179	235	191
Investment income	28	67	54
Total income	598	932	812
Grant funded charitable	(329)	(1,018)	(1,056)
Governance & support costs	(25)	(54)	(54)
Fundraising expenditure	(55)	(109)	(129)
Investment management	(12)	(27)	(26)
Total expenditure	(421)	(1,208)	(1,265)
Gain/(loss) on investments	104	341	304
Net movement in funds	281	65	(149)

Income

- Donation and fundraising income is up by £63,000 (11%) on the same period last year. The number of donations received has increased by 24% (from 2,339 to 2,893), but the average donation value has fallen from £241 to £216. Legacy income has also increased; by £44,000 / 23% compared to quarter 2 of 2018/19. Further details of legacies can be seen in Appendix 1.
- Overall, total income has increased by £120,000 or 15%; a positive improvement. Income for 2019/20 is currently forecast to be slightly higher than in 2018/19, however it is still lower than the three years preceding. Total income forecast for 2019/20 is £2,100,000, which is 35% less than that received in 2015/16.
- In memory donations continue to be our largest donation area to date in 2019/20, totalling £221,000. In aid of events, runs and challenges and Awyr Las events have brought in a higher percentage of income during the first half of 2019/20 compared to last year as a whole. These are the types of income that the Fundraising Support Team are focusing on increasing and so are benefitting from this work. Income from Trusts and Foundations, which generally relates to specific applications, and also corporates is reduced compared to last year.

Expenditure

- Grant funded charitable expenditure of £1,018,000 is £38,000 (4%) lower than expenditure for the first half of last year and can be broken down as follows:
 - Actual expenditure in year: £455,000
 - Commitments awarded in 2019/20 not yet spent: £563,000

- Notable grants awarded in the second quarter of 2019/20 are £38,000 for patient furniture at Llandudno Hospital, £20,000 for Ophthalmology equipment in Wrexham and £15,000 for Contrast Enhanced Digital Mammography Examination Software in Cancer Services.
- Grant expenditure is particularly variable. Large scale projects have a significant impact on the grants awarded in any one year. Expenditure for 2019/20 is currently forecast to be in line with the prior year at £2,100,000. This is slightly below the average of £2,700,000 for the last four years. However significant projects, such as the Linear Accelerator and Hybrid Theatre, have inflated expenditure in previous years.
- Further detail on income and expenditure is included in Appendix 2.

Fundraising Costs

- Total fundraising expenditure is £20,000 lower than for the same period last year and includes the costs of fundraising by individual wards and departments, as well as the pay and non-pay costs of the Fundraising Team to date.
- The Fundraising Team costs are £36,000 under spent for the year to date. The team currently has one vacancy, a 30 hour Band 6 Fundraising Support Manager, which is the primary reason for the under spend.

	2019/20 Month 6 Budget £'000	2019/20 Month 6 Actual £'000	2019/20 Month 6 Variance £'000
Fundraising Staff Costs	109	89	(20)
Non-Pay Costs	25	9	(16)
Total	134	98	(36)

- The costs of fundraising for events organised by fundraisers from outside the team totalled £11,000 against a year to date budget of £20,000.

Investments

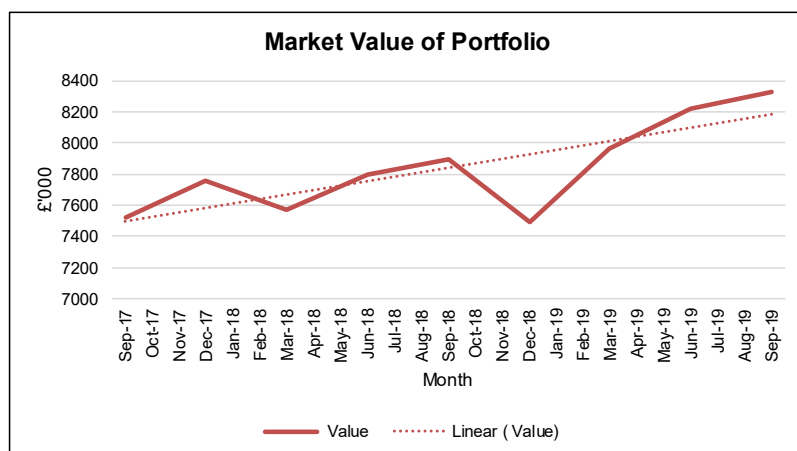
- The gain on investments totals £341,000, which equates to 4% of the brought forward portfolio value.

Balance Sheet

	As at 30/09/19 £'000	As at 31/03/19 £'000
Long term investments	8,331	7,962
Land	135	135
Total fixed assets	8,466	8,097
Debtors	183	418
Cash at bank and in hand	532	910
Total current assets	715	1,328
Creditors falling due within one year	(162)	(668)
Net current (liabilities)/assets	553	660
Creditor for commitments	(1,116)	(919)
Net assets	7,903	7,838
Unrestricted fund balances	4,907	4,404
Restricted fund balances	2,996	3,434
Net assets	7,903	7,838

Assets and liabilities

- Long term investments have increased by £369,000 over the 2018/19 year end valuation, continuing the upward trend. The change in the value of the investments reflects the revaluation gain on the portfolio plus investment income, offset by investment management costs.



- Total cash held has decreased by £378,000 during the first half of the year. A high cash balance was held at the end of 2018/19 and this was not invested as it was expected that additional expenditure would arise at the start of 2019/20 due to the high year end creditor balance. This has been the case and the cash balance is now much reduced.
- The provision for commitments is the value of outstanding expenditure that has been approved at past Committee meetings and is still unspent. Commitments have increased by £197,000 (21%) compared to the end of the last financial year, although this is a reduction of £104,000 from quarter 1. Further details of outstanding commitments are included in Appendix 3.

Reserves

- Available unrestricted reserves total £4,907,000 compared to a target level of £3,060,000. Therefore the Charity is holding sufficient reserves.
- Available General Funds totalled £287,000 at the 30th September 2019.

Funds Analysis

- An analysis of funds by service is included in Appendix 4.

Risk Analysis

Not applicable – the Charity Risk Register is reported separately.

Legal And Compliance

Not applicable.

Impact Assessment

Not applicable.

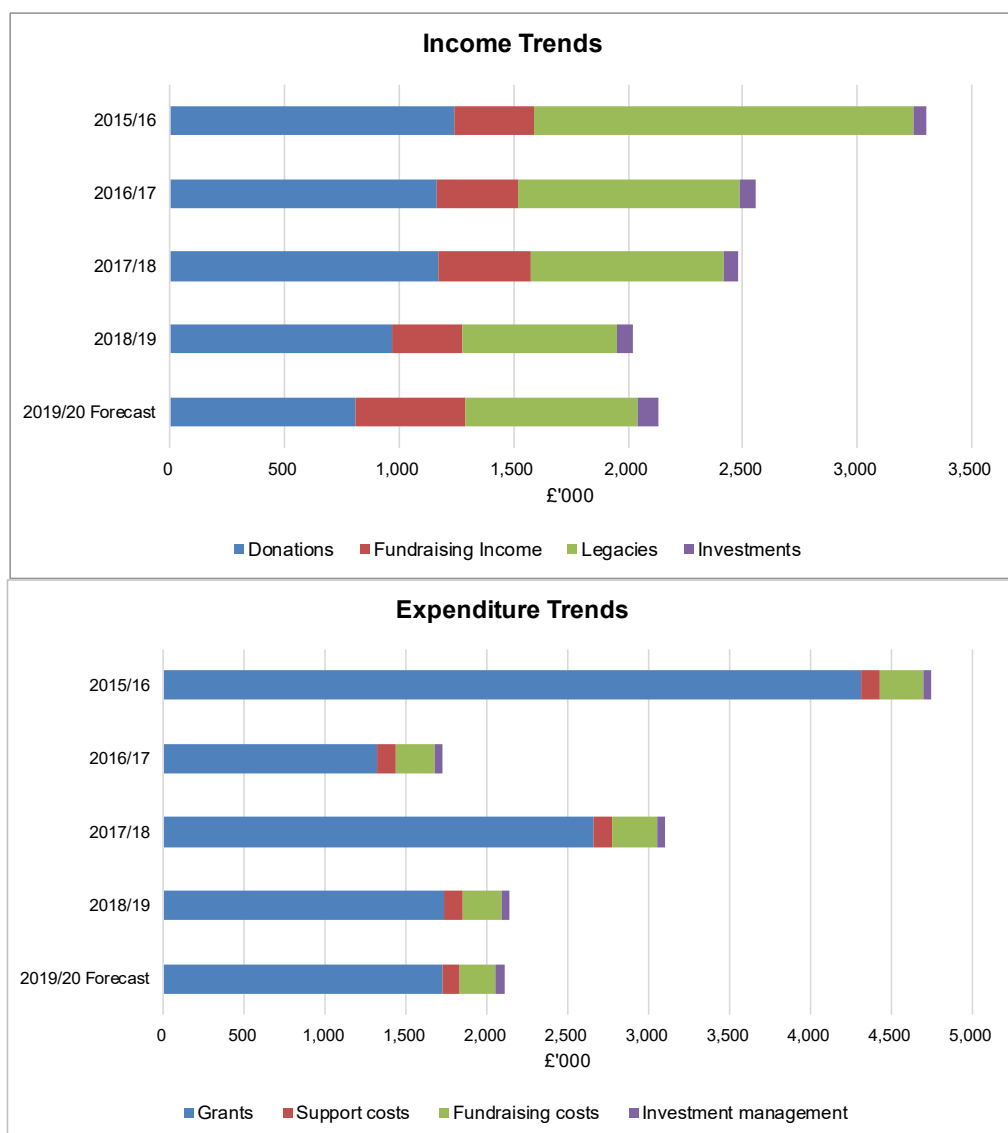
Appendix 1 – Legacies

Open Legacies						
Name	Date of Notification	Pecuniary / Residuary	Fund to Benefit	Received in Period £	Total Received £	Current Status
Byrne, B	Oct-18	Residuary	Cancer Centre, YGC	0	0	Grant of Probate awarded 04.10.18. Statement of receipts and payments has been received, reviewed and approved.
Ellison, F	Jul-19	Residuary	Ruthin Hospital General Purpose Fund	0	0	Sole beneficiary of the Estate. Application from Grant of Probate has been submitted.
Jones, V	Dec-18	Residuary	Respiratory Fund, YGC	0	0	Half share of the residuary Estate left to the Chest Unit. Grant of Probate has now been awarded.
Langrish, N M	Jul-16	Residuary	North Wales Cancer Appeal	0	56,000	The solicitors have forwarded a copy of the death certificate, Will and Grant of Probate. Probate was granted in September 2017. The NWCA is due an 8th share of the Estate. A letter requesting an update has been sent to the solicitors.
Lloyd, R O	Jan-19	Residuary	Cancer Centre, YGC	80,000	80,000	Executing solicitors have written informing the Cancer Centre they have been left 40% of the residual Estate. Grant of Probate has not been granted as yet. A letter has been sent requesting a copy extract of the Will.
Rowlands, M	Mar-16	Residuary	Alaw Ward, YG	0	70,000	The sale has been completed and an interim distribution has been received. A copy of the Preliminary Administration Account has been received. The solicitors have confirmed that a tax refund has been received. A letter requesting an update has been sent to the solicitors.
Staniforth, J E	Jul-19	Residuary	Cancer Centre, YGC	0	0	Under the terms of the Will, 1/4 residue of the Estate has been left. A copy of the extract of the Will has been received. The solicitors are in the process of collating the assets and liabilities in order to apply for Grant of Probate.
Titterton, J C	Jan-19	Residuary	Oncology Unit, YGC	0	0	Bequest to the Oncology Unit, YGC to purchase equipment and/or facilities - 19th share of the residual Estate. An offer has been received on the deceased's property.

Appendix 1 – Legacies

Closed Legacies				
Name	Pecuniary / Residuary	Fund to Benefit	Received in Period £	Total Received £
Hughes, M	Residuary	Cancer Centre, YGC	2,675	2,675
Johnson, J	Residuary	Cancer Centre, YGC	34	46,548
Livsey, R	Pecuniary	Cardiology Department, YGC	75,300	682,180
Nock, F I	Pecuniary	Cancer Centre, YGC	10,000	10,000
Nock, F I	Pecuniary	Holywell Community Hospital	10,000	10,000
Owen, M	Residuary	Endoscopy Unit, YG	1,000	1,000
Legacies Accrued in 2018/19			(34)	
		TOTAL LEGACIES IN PERIOD	£178,975	

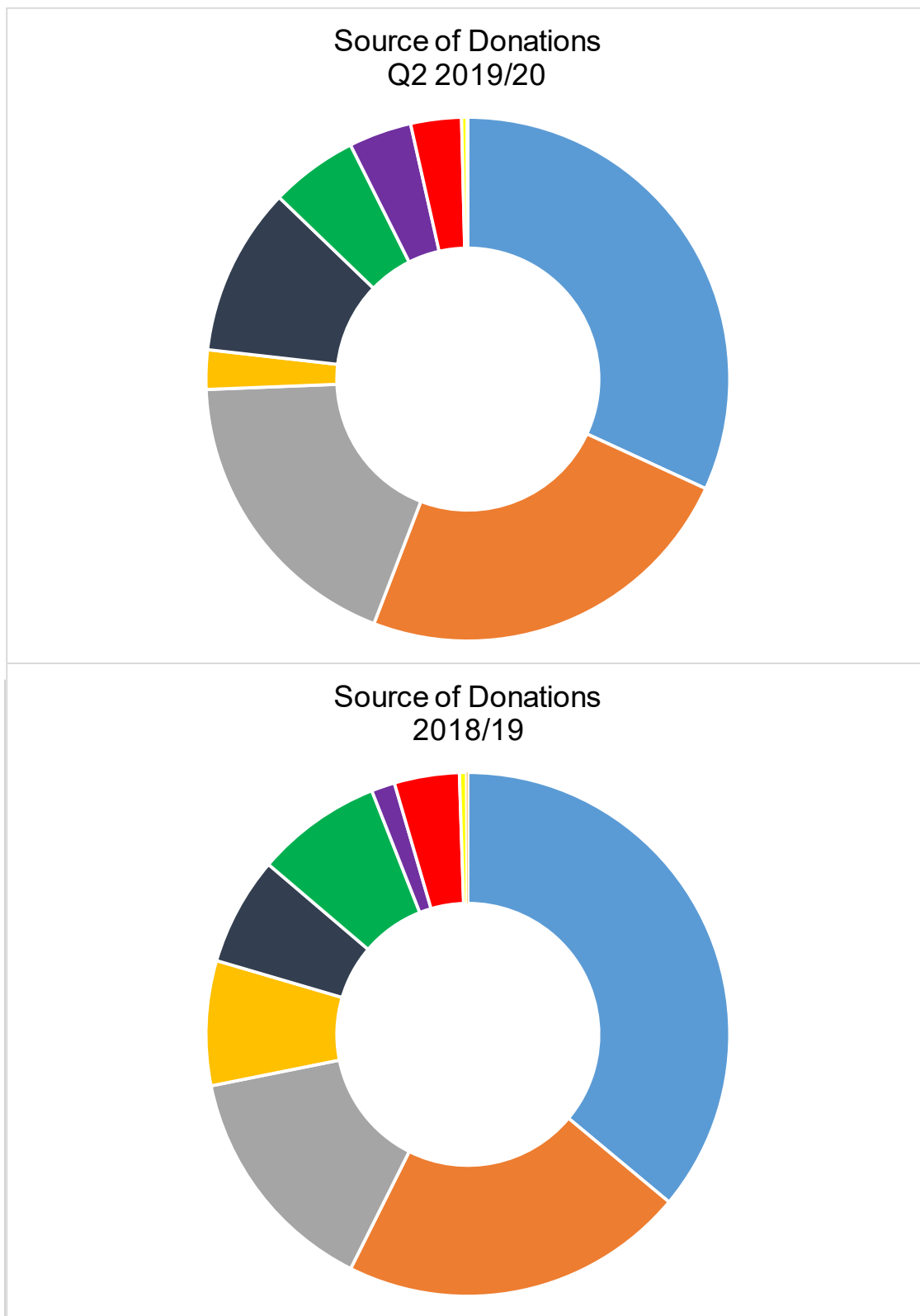
Appendix 2 – Income and Expenditure Analysis



- The forecasts for 2019/20 shown above are based on an extrapolation of income/expenditure to date, adjusted for quarterly fluctuations as seen in previous years.

Income & Expenditure Items Over £25,000				
Division	Fund	Income £'000	Expenditure £'000	Description
Income				
Cancer – YGC	8Q02 - Cancer Charitable Fund YGC	80		Legacy – R O Lloyd
Ysbyty Glan Clwyd & Abergel	8B66 – Livsey Fund	75		Legacy – Livsey Trust
Cancer - YMW	7Q02- Cancer Support Group YMW & 7Q05 - Breast Cancer Fund YMW	55		Donation – Offermore Ltd
Expenditure				
Cancer – YG	9Q04 – Alaw YG		(34)	Therapy Chairs
Area West	9F19– Dewi Ward Development (Gafael Llaw)		(32)	Dewi Ward Development
Total		210	(66)	

Appendix 2 – Income and Expenditure Analysis



■ In memory	■ Unsolicited donations	■ In aid of events	■ Trusts and Foundations
■ Runs and challenges	■ Corporates	■ Awyr Las events	■ Solicited donations
■ Collection Tins	■ Merchandise	■ Text donations	

Appendix 3 – Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
04/09/2015	30/04/2020	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. This is currently awaiting approval. One year extension awarded.	
29/09/2016	30/05/2020	Supporting Primary Care Placements for Nurses and Student Nurses	8T28	General Funds - Awyr Las	4,800	3,150	1,650	Ongoing project. Some delay in commencement whilst project was established. First cohort of students commenced at the end of 2017 with project expected to last longer than originally anticipated. There has been 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. Three year extension awarded.	
22/11/2016	31/03/2020	North Wales Adolescent Service (NWAS): Experience Based Co-design (EBCD) Project	8F17	Denbighshire Child Development Centre	4,720	2,557	2,163	Ongoing project. Some initial delays, but project is now underway. Two year extension awarded.	
01/04/2018	30/09/2019	Thermometers for Patients Receiving Chemotherapy Treatment	9Q18	#TeamIrfon	750	660	90	Approval closed in Quarter 3.	
12/06/2017	31/12/2019	Staff Engagement Strategy	8T48	Staff Development Fund	245,107	203,695	41,412	Funds utilised and approval closed in October 2019.	

Appendix 3 – Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
31/08/2017	31/01/2020	Staff Mental Health and Wellbeing Awareness	8T28	General Funds - Awyr Las	3,000	1,624	1,376	Ongoing project. Project lead sickness did delay the spending. The remaining funds will be used for Mental Health first aid training for staff champions which is arranged for October 2019. Eighteen month extension awarded.	
31/08/2017	31/07/2020	Nasal Mucous Collection Study	8T28	General Funds - Awyr Las	5,700	2,414	3,286	Ongoing project. Project now planned to cover three hay fever seasons and so take longer than originally anticipated. Twelve month extension awarded.	
16/11/2017	31/10/2020	KESS Studentship - 3 Years	8Q03	Cancer Research Fund - Glan Clwyd	11,250	5,625	5,625	Ongoing project.	
05/03/2018	31/12/2019	Equipment and Flooring - Alaw Ward	9Q04	Janet Jones (Alaw) - YG	56,000	6,186	49,814	Estates project. The equipment has been received and paid for. The cost of the flooring project is now forecast to be higher than originally anticipated and so an application for additional funding has been submitted. The project has been delayed awaiting the outcome of this. Twelve month extension awarded.	
11/10/2018	31/12/2019	Dermatology Suite, Ysbyty Alltwen	9B10	Madog Community and Hospital Fund	15,000	8,610	6,390	Additional funding of £11,000 approved at October 2018 CFAG and £4,000 at January 2019 CFAG. There is one invoice outstanding for the work and this is being followed up with Estates. Twelve month extension awarded in line with additional approval.	

Appendix 3 – Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
18/09/2017	31/03/2020	Hybrid Theatre	8B66	Livsey Fund	500,000	377,777	122,223	Large scale Estates project. Orders raised from November 2018 onwards, in line with the project plan. Twelve month extension awarded.	
17/05/2018	31/12/2019	North Wales Urological Research Centre	7N17	Urology Fund - YMW	5,000	3,750	1,250	Funds utilised and approval closed in October 2019.	
17/05/2018	31/12/2019	North Wales Urological Research Centre	8T28	General Funds - Awyr Las	6,250	0	6,250	Ongoing project.	
05/07/2018	31/12/2019	VistaScan digital X Ray processor	8T28	General Funds - Awyr Las	15,985	6,628	9,357	Order placed in September 2018 and equipment received in December 2018, however the payment has not been made due to invoice being on hold. There is also an issue with the VAT. Procurement are investigating. Fourteen month extension awarded.	
17/09/2018	31/03/2020	Clinical Psychology Input - Critical Care Follow Up Services	9N01	ITU/HDU Staff - YG	7,000	3,112	3,888	Start of project was delayed until May 2019. Project is planned to last 10 months, so six month extension awarded to allow completion.	
17/09/2018	31/12/2019	Operating table/couch for the Pacing Theatre	8B42	Cardiology Department Central - Patients Fund	31,504	0	31,504	There were delays with the ordering of equipment due to a query over whether the pacing theatre is lead lined. Order was placed in October 2019. Twelve month extension awarded.	

Appendix 3 – Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
17/09/2018	31/03/2020	Wigs for Cancer Patients	7Q02	Cancer Support Group - YMW	25,000	10,098	14,902	Original application was to cover the period October 2018 to September 2019. Costs have been less than anticipated and so the approval has been extended to cover the remainder of the financial year. A new application will be submitted for 2020/21 costs. Six month extension awarded.	
17/09/2018	31/03/2020	Wigs for Cancer Patients	8Q02	Cancer Charitable Fund - Glan Clwyd	25,000	13,842	11,158	Original application was to cover the period October 2018 to September 2019. Costs have been less than anticipated and so the approval has been extended to cover the remainder of the financial year. A new application will be submitted for 2020/21 costs. Six month extension awarded.	
17/09/2018	31/03/2020	Wigs for Cancer Patients	9Q04	Janet Jones (Alaw) - YG	25,000	10,872	14,128	Original application was to cover the period October 2018 to September 2019. Costs have been less than anticipated and so the approval has been extended to cover the remainder of the financial year. A new application will be submitted for 2020/21 costs. Six month extension awarded.	
11/10/2018	31/12/2019	Urgent Care Pathways - BQL	9T27	Betsi-Quthing Fund	15,000	9,973	5,027	Originally a twelve month project, the final spend is currently being agreed. Three month extension awarded.	

Appendix 3 – Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
11/10/2018	31/01/2020	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. Twelve month extension awarded.	
03/12/2018	30/09/2019	Healthy Family Challenge	8T28	General Funds - Awyr Las	4,656	0	4,656	Approval utilised and closed in October 2019.	
01/02/2019	31/01/2020	Erw Groes: Opening Doors & Enhancing Lives	8T28	General Funds - Awyr Las	15,940	10,560	5,380	Ongoing project which commenced in August 2019.	
13/12/2018	31/12/2019	Patient Wigs - Dermatology Patients - East	8T28	General Funds - Awyr Las	10,000	5,940	4,060	Twelve month approval.	
13/12/2018	31/12/2019	Patient Wigs - Dermatology Patients - West	8T28	General Funds - Awyr Las	10,000	8,010	1,990	Twelve month approval.	
13/12/2018	31/12/2019	Patient Wigs - Dermatology Patients - Central	8T28	General Funds - Awyr Las	10,000	8,010	1,990	Twelve month approval.	
13/12/2018	31/01/2020	Complimentary Therapist - 12 months	7Q02	Cancer Support Group - YMW	10,000	5,750	4,250	Twelve month approval.	
13/12/2018	31/01/2020	Complimentary Therapist - 12 months	8Q02	Cancer Charitable Fund - Glan Clwyd	26,000	14,500	11,500	Twelve month approval.	
13/12/2018	31/01/2020	Complimentary Therapist - 12 months	9Q18	#TeamIrfon	23,296	7,305	15,991	Twelve month approval.	

Appendix 3 – Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
13/12/2018	31/01/2021	Advancing the Primary Care Nursing Workforce across North Wales	8T48	Staff Development Fund	50,000	0	50,000	Difficulty with booking courses due to Procurement regulations around block booking. This has delayed the project. The first cohort of courses is booked for September and October 2019. The next cohort will be booked for February and March 2020, avoiding the main flu season when there is difficulty in releasing staff to attend. It is anticipated that courses will then be arranged throughout 2020. 1 year extension awarded.	
20/12/2018	31/12/2019	Hearts & Minds - Applications x 12	8T38	Awyr Las Hearts & Minds Fund	9,850	5,963	3,887	Grants are being monitored by the Fundraising Team and expenditure is still coming through across some of the twelve grants. Six month extension awarded.	
20/12/2018	31/12/2019	Hearts & Minds - Application 1-14	8T36	"By Your Side Appeal" Fund	1,000	0	1,000	Delays with agreeing the precise equipment required. This is being followed up by the Fundraising Team. Six month extension awarded.	
20/12/2018	31/12/2019	Hearts & Minds - Application 1-36	9B21	Dwyfor Locality - Bryn Beryl GP	500	0	500	Delays with the order of equipment This is being followed up by the Fundraising Team. Six month extension awarded.	
20/12/2018	31/12/2019	Hearts & Minds - Application 1-3	9B10	Madog Community and Hospital Fund	1,000	0	1,000	An assessment of the existing fencing is required before the project can proceed. This is being followed up by the Fundraising Team. Six month extension awarded.	

Appendix 3 – Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
31/01/2019	31/10/2019	Replacement Flooring endoscopy Corridor	9N02	Endoscopy Unit - YG	2,707	1,868	839	The work has been completed. The approval was closed in November 2019 and the remaining monies returned to the fund.	
31/01/2019	31/10/2019	Replacement Flooring endoscopy Corridor	9B91	Bangor Ward Funds - Patients Amenities	2,333	1,591	742	The work has been completed. The approval was closed in November 2019 and the remaining monies returned to the fund.	
07/03/2019	31/03/2021	Project Support for ChemoCare Version 6 Upgrade and Roll-out to Haematology	8Q02	Cancer Charitable Fund - Glan Clwyd	92,000	2,968	89,032	Ongoing project	
02/05/2019	30/04/2020	Exploring Healthcare Professionals perspectives on Advance Care Planning: another piece of the puzzle	7Q03	Palliative Care Fund - YMW	23,993	0	23,993	Ongoing project.	
23/05/2019	29/02/2019	Cancer Centre Gardens	8Q02	Cancer Charitable Fund - Glan Clwyd	7,322	0	7,322	The project has gone out to tender and hence the procurement of a supplier has been delayed. Six month extension awarded.	
23/05/2019	30/11/2019	Patient Information Display Screens	8Q02	Cancer Charitable Fund - Glan Clwyd	9,800	0	9,800	Screens are in the process of being procured. There has been a delay in placing the order. Three month extension awarded.	
23/05/2019	29/02/2019	Equipment for Minor Operations Room - Ysbyty Alltwen	9B10	Madog Community and Hospital Fund	12,000	9,050	2,950	Equipment has been ordered. Some orders have been received and others are awaited. Six month extension awarded.	
23/05/2019	30/11/2019	Wet Rooms - Enfys Ward	8Q02	Cancer Charitable Fund - Glan Clwyd	20,000	0	20,000	Estates project. It is anticipated that costs may be higher than the original approval. Confirmation of expected cost is awaited from Estates.	

Appendix 3 – Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
23/05/2019	31/01/2020	Complimentary Therapist - 12 months (extension to ref 35/19)	7Q02	Cancer Support Group - YMW	10,000	0	10,000	Ongoing project.	
07/03/2019	31/03/2020	Fundraising Budget 2019/20	8T28	General Funds - Awyr Las	437,000	160,423	276,577	Charity Team budget for 2019/20.	
20/06/2019	31/03/2020	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.	
09/07/2019	31/10/2019	Bladder Scanner - Enfys Ward	8Q02	Cancer Charitable Fund - Glan Clwyd	7,783	0	7,783	Order is expected in Quarter 3.	
18/07/2019	31/10/2019	Bladder Scanner - Conwy Ward	9B03	Surgical Admission Unit - YG	6,825	6,795	30	Approval utilised and closed in October 2019.	
19/08/2019	31/12/2019	TV's - Ward 1 (COTE), YGC	8B61	Glan Clwyd Ward Funds - Patient Amenities	3,976	0	3,976	Order placed in November 2019.	
18/07/2019	31/07/2021	MSc Biomedical Science 2 year part-time course	9J06	Microbiology Research - YG	7,500	0	7,500	Ongoing project.	
14/08/2019	31/01/2020	Patient Advice & Liaison Support Service	8T28	General Funds - Awyr Las	1,830	0	1,830	Approval utilised and closed in October 2019.	
05/09/2019	31/12/2019	Bladder Scanner - Abergele DN	8B08	Abergele District Nursing Fund	6,405	0	6,405	Awaiting purchase of equipment.	
05/09/2019	31/12/2019	Replacement Bedside Tables	9T26	Friends of Llandudno Hospital	18,810	0	18,810	Order placed in September 2019.	

Appendix 3 – Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
05/09/2019	31/12/2019	Replacement Patient Chairs	9T26	Friends of Llandudno Hospital	18,981	0	18,981	Order placed in September 2019.	
18/07/2019	30/06/2020	Staff Experience Application	8T48	Staff Development Fund	24,000	0	24,000	Ongoing project.	
05/09/2019	31/12/2019	RITA System x 1	8T35	Awyr Las Older People Fund - Glaslyn Ward	5,995	0	5,995	Approval utilised and closed in October 2019.	
05/09/2019	31/12/2019	Replacement Flooring, Tywyn Hospital	9B34	Tywyn General Purposes Fund	6,209	0	6,209	Ongoing project.	
05/09/2019	31/12/2019	Ophthalmology Equipment/consumables	7N27	Eye Unit - YMW	20,255	0	20,255	Approval utilised and closed in October 2019.	
05/09/2019	31/03/2020	Contrast Enhanced Digital Mammography Examination Software	8Q02	Cancer Charitable Fund - Glan Clwyd	15,000	0	15,000	Ongoing project.	

Key to Status coding:

TOTAL

£1,115,526

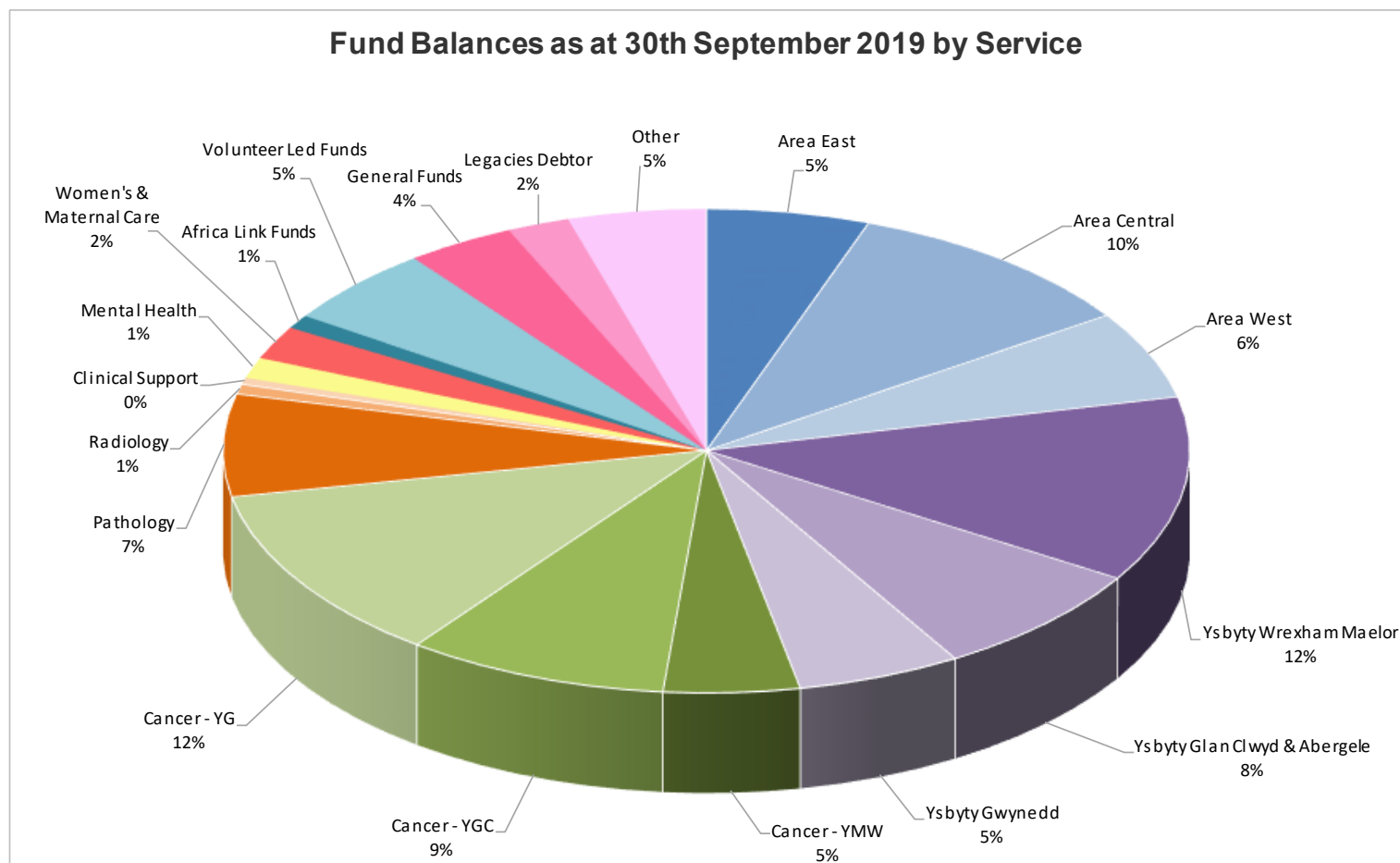
Approval closed
Ongoing
Extension awarded
Overdue

Appendix 4 – Analysis of funds by service

	Opening position at 1 April 2019 £000	Income £000	Expenditure £000	New Unspent Commitments £000	Closing position at 30 th September	Income as % of fund balance	Expenditure as % of fund balance	Commitments as % of fund balance
Area East	446	71	-62	-24	431	16%	14%	5%
Area Central	770	105	-33	-44	798	14%	4%	6%
Area West	487	27	-40	-9	465	6%	8%	2%
Area Teams	1,703	203	-135	-77	1,694	12%	8%	5%
Ysbyty Wrexham Maelor	984	46	-29	-20	981	5%	3%	2%
Ysbyty Glan Clwyd & Abergel	611	111	-45	-79	598	18%	7%	13%
Ysbyty Gwynedd	439	58	-58	-6	433	13%	13%	1%
Women's & Maternal Care	174	12	-10	0	176	7%	6%	0%
Pathology	549	0	-1	-8	540	0%	0%	1%
Radiology	53	0	-1	0	52	0%	2%	0%
Clinical Support	33	7	-4	0	36	21%	12%	0%
Secondary Care	2,843	234	-148	-113	2,816	8%	5%	4%
Cancer - YMW	307	84	-22	-10	359	27%	7%	3%
Cancer - YGC	622	152	-21	-60	693	24%	3%	10%
Cancer - YG	807	174	-55	0	926	22%	7%	0%
Cancer Services	1,736	410	-98	-70	1,978	24%	6%	4%
Mental Health	100	24	-14	0	110	24%	14%	0%
Africa Link Funds	58	24	-10	0	72	41%	17%	0%
Volunteer Led Funds	367	60	-12	0	415	16%	3%	0%
General Funds	334	357	-125	-279	287	107%	37%	84%
Legacies Debtor	315	-150	0	0	165	-48%	0%	0%
Other	382	111	-103	-24	366	29%	27%	6%
Other Funds	1,456	402	-250	-303	1,305	28%	17%	21%
Total Charity Balance	7,838	1,273	-645	-563	7,903	16%	8%	7%

Note: The Legacies Debtor 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. This is shown as negative income.

Appendix 4 – Analysis of funds by service



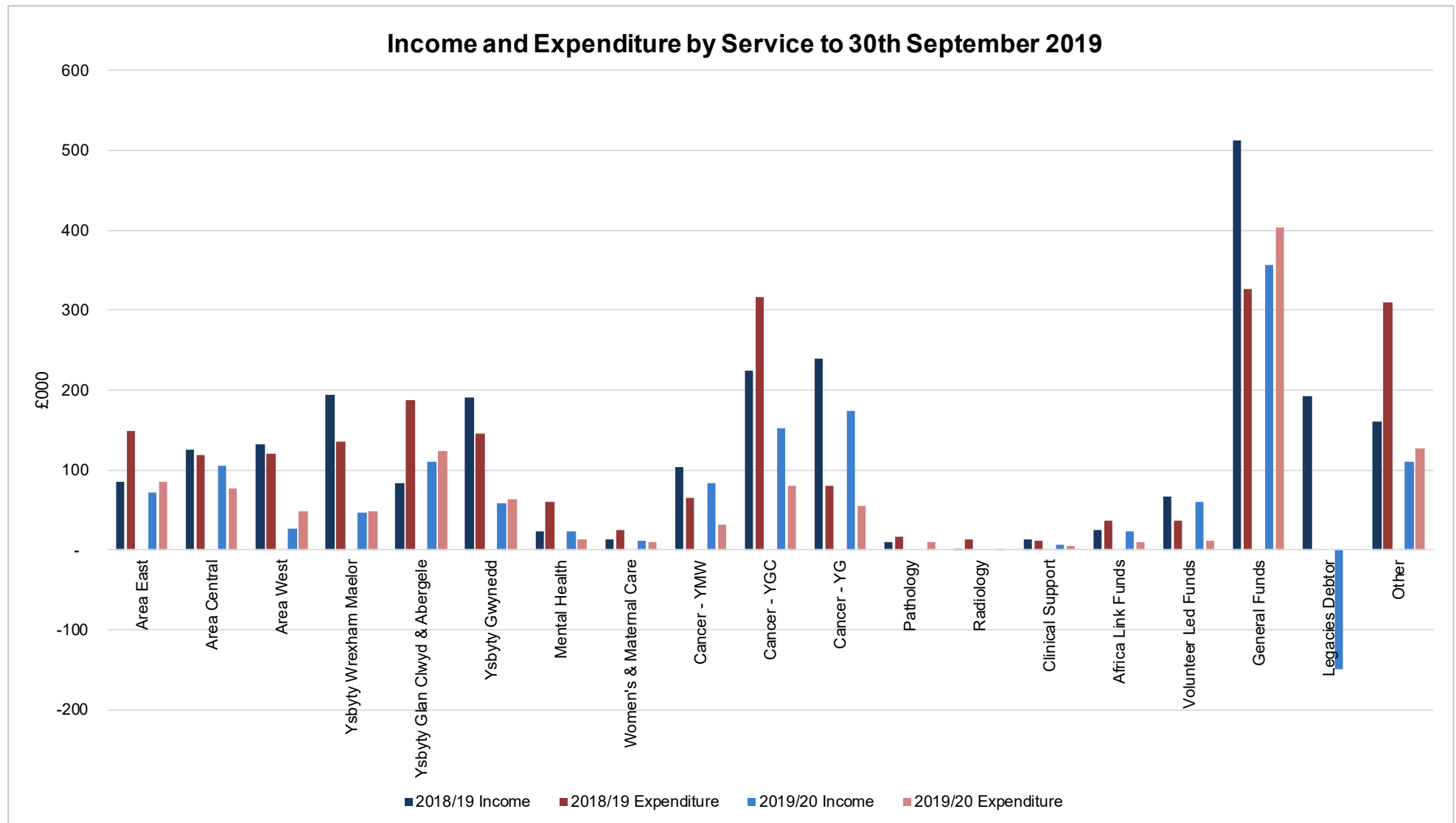
Service Type	£'000	%
Area Teams	1,694	21%
Secondary Care	2,816	36%
Cancer Services	1,978	25%
Mental Health	110	1%
Other	1,305	17%
	7,903	

Health Economy	£'000	%
East	1,771	22%
Centre	2,089	26%
West	1,824	23%
BCU Wide	2,219	28%
	7,903	

Appendix 4 – Analysis of funds by service

Number of Funds by Balance and Service at 30th September 2019											
Service	£0 - £250	£251 - £500	£501 - £1,000	£1,001 - £5,000	£5,001 - £10,000	£10,001 - £25,000	£25,001 - £50,000	£50,001 - £100,000	£100,001 - £200,000	£201,000 +	Grand Total
Ysbyty Wrexham Maelor	7		6	17	6	10	6			2	54
Area Central	5	2	2	10	9	8	4	6			46
Ysbyty Glan Clwyd & Abergelle	4	3	3	12	8	4	6	1	1		42
Area West	2		5	16	9	5	1	2	1		41
Ysbyty Gwynedd	2	3	4	8	11	9	1	2			40
Mental Health	6	6	6	17	1	1	1				38
Area East	6	1		10	7	4	6	1			35
Other	3		4	8	4	1	3	1	1		25
Women's and Maternal Care	1	1		8	3	2			1		16
Pathology	1			4	3	4			1	1	14
Cancer - YG	1			1	1		2	4		1	10
Cancer - YGC				1	2	1	1			1	6
Radiology				1	2	2					5
Africa Link Funds			1			2	1				4
Cancer - YMW						1				1	2
Clinical Support					1		1				2
Volunteer Led Funds								1		1	2
General Funds										1	1
Legacy Debtor									1		1
Grand Total	38	16	31	113	67	54	33	18	6	8	384

Appendix 4 – Analysis of funds by service



Charitable Funds Committee Report



Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 10/12/19						
Cyhoeddus neu Breifat: Public or Private:	<i>Public</i>						
Teitl yr Adroddiad Report Title:	Fundraising Support Team Report December 2019						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director Of Finance						
Awdur yr Adroddiad Report Author:	Kirsty Thomson, Head of Fundraising						
Craffu blaenorol: Prior Scrutiny:	<i>No prior scrutiny</i>						
Atodiadau Appendices:	<i>Appendices 1: Awyr Las 'In Aid Of' Events, December 2019</i> <i>Appendices 2: BCUHB Staff Lottery Business Casel, December 2019</i>						
Argymhelliad / Recommendation:							
<i>The Committee is asked to note the report and approve Appendices 2, the BCUHB Staff Lottery Business Case</i>							
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 type="checkbox"/>
Sefyllfa / Situation:							
The purpose of this report is to provide the Charitable Funds Committee with an update on the activities of the fundraising section of the Awyr Las Support Team. This should be read in conjunction with the Finance Report, which provides an update on the financial activity in the same period.							
Cefndir / Background:							

1. **Good News snapshot & General Update**

- I CAN Grant and Staff Experience Grants These grants closed at the end of November and the successful applicants will be announced in December. 37 I CAN grant applications were received and 54 Staff Experience Grants were received.
- Training The Awyr Las Support Team (ALST) organised workshops and feedback sessions for all General Office Staff. The information gleaned from these sessions have informed changes to the thanking and banking process, which will be updated and implemented in Q4 2019/20
- Development A Fundraising Manager attended an external Gift Aid Workshop to learn about the Gift Aid Small Donations Scheme (GASDS). Subsequently members of the ALST are looking into the possibility of whether Awyr Las may be eligible to claim significantly more funds through Gift Aid. The outcomes of this project will be presented to the March Charitable Funds Committee.
- International Funds The Head of Fundraising (HoF) presented on Awyr Las' Africa-Betsi Link Funds at the all Wales International Health summit in October, which was part of the Annual Public Health Wales Conference. The HoF signed the International Charter re-dedication on behalf of the Health Board
- Events The Glitter Ball for the Children's Ward in Wrexham Maelor raised over £25,000, more than the previous year's event. The successful event organising template used by the Organising Committee and the Fundraising Manager is now being replicated by other wards and departments.
- Regulatory Updates The new Fundraising Regulator Code of Practice has been enforced from 1st November. The Standard Operating Procedures (SOPs) are in the process of being reviewed and updated so all aspects of the Support Team's practices are carried out in line with the new national Fundraising Code of Practice. All SOPs will be updated by 1st April 2020
- Social Media A new Facebook appeal for the Betsi Kenya Health Link has been launched, 'Shillings for Sheets', with the aim of raising £2,000. £361 has been raised since it was launched in November. This has been a useful exercise in using different messaging and features on social media to encourage donations from new audiences
- Useful information The Chief Executive of the Imperial Charity in London has agreed to come to North Wales to provide workshops for the Awyr Las Support Team, Communications Team and other interested parties. These will be provided on a pro-bono basis with the aim of looking at how we can enhance our working practices to better promote giving to our healthcare services
- Awyr Las Team structure The Head of Fundraising has worked with the Workforce and Organisational Development lead to ensure all Awyr Las Support Team members are involved in any re-organisation of the team and their specific responsibilities. Any decision to implement the changes outlined in the October 2019 Charitable Funds Committee meeting, will be subject to a consultation process involving the team and WOD. From January 2020, the Fundraising Managers will take on the responsibility to oversee one strategic priority. The Head of Fundraising will lead on cancer care, and the three Fundraising Managers will all take responsibility for one of the following: older people, younger people, mental health support.
- Awyr Las Annual Report The Awyr Las Annual Report has not been translated. It is scheduled to be translated in January. The publicly available full version is in English only currently.
- Grants Monitoring and Evaluation The Awyr Las Impact Report for the 10-year anniversary of the date of the establishment of the charity, when North Wales' different NHS Charities came together as one charity is on target to be published in September 2020. Local notable community figures are being asked to share a message to include in the publication.

2. **Complaints**

The Awyr Las Fundraising Support Team did not receive any complaints in Quarter 3 2019/20.

3. Collaborative Working Agreements Register

The Awyr Las Collaborative Working Protocol was updated in September 2018, see: <https://awyrlas.org.uk/collaborativeworkingprotocol>.

Awyr Las Collaborative Working Agreements:

Total	62
Open (ongoing relationship, agreements reviewed annually)	5
Closed (project based relationship, project complete)	57
Complete	62
Awaiting Signature	0

4. Awyr Las Events 2020

The Awyr Las Support Team will work with colleagues to set up the following key events in 2020:

- Big Tea 2020 [Financial Target £20,000]
- Celebration events for the anniversaries of the opening of the North Wales Cancer Treatment Centre (NWCTC) and the Alaw Unit [Stewardship events with no financial target set]
- Launch events for the four strategic priorities [Cultivation events with no financial target set]
- Christmassy Clothing Day [Financial Target £15,000]
- A Christmas fundraising event in each area [Financial Target £15,000]

5. 'In Aid Of' Events

Appendices 1 provides an overview of the events in Quarter 3 organised by individual fundraisers, for which the Awyr Las Support Team provided advice and support (N.B. Awyr Las Charity Support Team led events are not included in this table).

6. BCUHB Staff Lottery Scheme

A paper outlining possible benefits of introducing a BCUHB Staff Lottery Scheme was brought to the March Charity Committee. The paper was shared with Union representatives and further research into launching a lottery scheme has been carried out. See Appendices 2, BCUHB Staff Lottery Business Case. The timetable for delivery remains as follows:

Action	Responsibility	Deadline
If CC approval granted, Staff Lottery Working group to be established	Head of Fundraising	December 2019
If CC approval granted, business case to be presented to the Executive Board	Head of Fundraising	January 2020

Staff Lottery launch	Head of Fundraising	June 2020	
Asesiad / Assessment & Analysis			
Strategy Implications			
<p><i>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.</i></p>			
Financial Implications			
<p><i>The items outlined in this report, including the Staff Lottery, are all costed within the agreed Awyr Las Support Team and Marketing Materials budget.</i></p>			
Risk Analysis			
<p><i>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 ALST. The ALST's perceived main risks are included in the Charity's Risk Register.</i></p>			
Legal and Compliance			
<p><i>All items within this report will be monitored and will be updated on at the March 2020 Charitable Funds Committee meeting.</i></p>			
Impact Assessment			
<p><i>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.</i></p>			

Awyr Las Fundraising Support Team Report December 2019 Appendices 1

Awyr Las 'In Aid Of' Events List (August 2019 – August 2020)

Event	Month in 2019	Year	Area of support	Region (C, E, W, All)	Amount raised (under £100, £100-£500, £501-£1,000, £1,001-£5,000, over £5,000)
Bowling Event	August	2019	Shooting Star Unit	East	£100-£500
Sponsored Walk	August	2019	Bryn y Neuadd	West	£100-£500
Skydive	August	2019	NWCTC	Central	£100-£500
3 Peaks	August	2019	NWCTC	TBC	£100-£500
Speed Sheering Event	August	2019	NWCTC	Central	£1,001-£5,000
Shaving of Head	August	2019	Alaw Ward YG	West	£1,001-£5,000
Shaving of Head	September	2019	Shooting Star Unit	East	£1,001-£5,000
Calendars	September	2019	Alaw Ward YG	West	over £5,000
Shaving of Head	September	2019	Cardiology Department YG	West	£1,001-£5,000
Dawn till Dusk Event	September	2019	Alaw Ward YG	West	£1,001-£5,000
Annual Garden Party	September	2019	Awyr Las	West	£100-£500
Tough Mudder	September	2019	Cuddles Support Group	Central	£100-£500
Two half Ironmans	September	2019	Critical Care Team Wrexham	Wrexham	£1,001-£5,000
Charity Football Match	September	2019	Alaw Ward YG	West	£100-£500
Charity Cycle Ride	September	2019	Neonatal Unit YG	West	£100-£500
Daf's Angels Event	September	2019	Alaw Ward YG	West	TBC
Charity Night	September	2019	Bereavement Department YG	East	£1,001-£5,000
Bangor 10k Run	October	2019	Palliative Care West	West	£100-£500
Cardiff Half Marathon	October	2019	#Team Irfon	West	TBC
Cardiff Half Marathon	October	2019	NWCTC	Central	TBC
Cardiff Half Marathon	October	2019	CCU YG	West	TBC
Cardiff Half Marathon	October	2019	Alaw Ward YG	West	TBC
Charity Bingo Evening	October	2019	Gwynedd Learning Difficulties	West	£100-£500
Charity walk along the NW coastal path	October	2019	Women's + Children's Bereavement Fund	West	TBC
The Fairways Defibrillators	October	2019	Keep the Beats	West	TBC
Brave the Shave	October	2019	Alaw Ward YG	West	TBC
Snowdonia Marathon	October	2019	Awyr Las	West	TBC
Snowdonia Marathon	October	2019	Alaw Ward YG	West	TBC

Emergency Department Fundraiser	October	2019	ED, Wrexham	East	TBC
Cake Stall and Blood Pressures	October	2019	Prysor Ward YG	West	TBC
Knitting Master Class	October	2019	Wales for Africa	East	TBC
Tombola	November	2019	Young Onset Dementia	West	TBC
Teen Great British Beauty	November	2019	Childrens Ward Ysbyty Gwynedd	West	TBC
Tombola (and Raffle)	November	2019	SCBU Ysbyty Gwynedd	West	TBC
Selling hats	November	2019	Conwy Ward YG	West	TBC
Tiny Miss Great British Beauty	November	2019	Childrens Ward Glan Clwyd Hospital	Central	TBC
Debenhams Collection Tin on counters	November	2019	SCBU, Wrexham	East	TBC
Debenhams VIP Beauty Event	November	2019	SCBU, Wrexham	East	TBC
Movember	November	2019	Cardiology Department YGC	Central	TBC
Fundraising Event	November	2019	Wales for Africa	East	TBC
Charity Bingo Evening	November	2019	SCBU Wrexham Maelor	East	TBC
Redrow COTY Fundraising	November	2019	NWCTC	Central	TBC
Conwy Half Marathon	November	2019	Stroke Unit, YGC	Central	TBC
Chocolate Tombola	November	2019	Glyder Ward YG	West	TBC
Christmas Fair	November	2019	Cwtsh SCBU YG	West	TBC
Various Activities	November	2019	Gwynedd and Mon Memory Clinic	West	TBC
Writing Santa Letters	November	2019	SCBU Wrexham Maelor	East	TBC
Santa Stroll	December	2019	Alaw Ward YG	West	TBC
Firewalk	December	2019	Shooting Star Unit Wrexham	East	TBC
Tombola and Raffle	December	2019	Dulas Ward YG	West	TBC
Christmas Fair	December	2019	4 x Wards at Ruthin Hospital	East	TBC
Tombola	December	2019	Tudno Ward YG	West	TBC
Medium Evening and Raffle	December	2019	SCBU Ysbyty Gwynedd	West	TBC
Back Pack at Morrisons Bangor	November	2019	Alaw Ward YG	West	TBC

Brave the Shave	December	2019	Adolescent Mental Health and Cancer YGC	Central	TBC
Raffle	December	2019	Tan y Coed Therapeutic Support Service BYN	West	TBC
Boxing Day Dip	December	2019	North Wales Brain Injury Service	Central	TBC
Redrow Quiz Night	December	2019	NWCTC	Central	TBC
Shillings for Sheets Fundraising Event	December	2019	Betsi Busia Kenya Link	East	TBC
Heddfan Christmas Party	December	2019	Heddfan	East	TBC
Christmassy Clothes Day	December	2019	Heddfan	East	TBC
Fakin2 Running Challenge	January	2020	ICAN	Central	TBC
Sky Dive	March	2020	SCBU YG	West	TBC
London Marathon	April	2020	Vascular Dementia and Blood Cancer YGC	Central	TBC
Maternity Charity Ball	TBC	2020	Maternity Bereavement Fund	East	TBC
Half Marathons and walks + Raffle	June	2020	Shooting Star Unit	East	TBC
3 Peaks Challenge	June	2020	Alaw Ward and Cancer Research YG	West	TBC

Appendices 2, BCUHB Staff Lottery Business Case

Division / Area / Department	Awyr Las, the North Wales NHS Charity
Development or Scheme Title	BCUHB Staff Lottery
Author/s	Kirsty Thomson, Head of Fundraising
Executive Sponsor	Sue Hill, Executive Director of Finance
Version	1
Date	10th December 2019

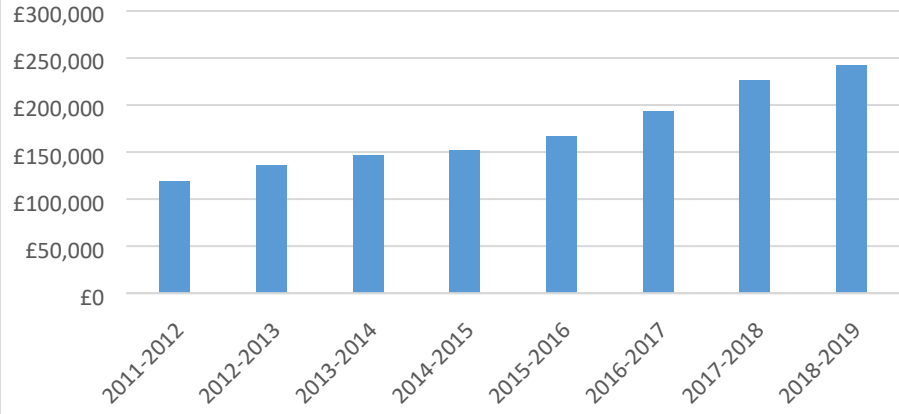
1.	Executive Summary
	<p>The case for a BCUHB Staff Lottery has never been stronger, for the following reasons:</p> <ol style="list-style-type: none"> 1. <u>Support Strategic Priorities</u> NHS Staff lotteries provide ‘undesigned’ funds (general funds that aren’t given for a specific ward or department), which can be directed to supporting strategic priorities that are otherwise unlikely to benefit from charitable funding 2. <u>Opportunities to raise significant funds</u> A well-promoted BCUHB Staff Lottery has the potential to gross over £1million in five years 3. <u>Union and Staff support</u> A proposal to set up a Staff Lottery was agreed in principle by Union and BCUHB Staff Representatives in April 2019 4. <u>Evidence of successful NHS Charity Staff Lotteries</u> A recent survey of NHS Charities showed that 51% of those taking part already have an established lottery and the remaining charities are keen to establish one based on the success of existing staff lotteries in other NHS Charities 5. <u>Mechanism to promote important messages</u> Currently 40% of surveyed staff were unaware that Awyr Las was their NHS Charity. Key messages can be better shared through regular interactions with staff members if a Staff Lottery is in place 6. <u>Funding for the Lottery can be budgeted for</u> The Awyr Las Support Team currently has a Band 6 vacancy, so it is possible for the Awyr Las Support Team to include a Band 5 designated Staff Lottery Officer, a new role with the responsibility of coordinating the BCUHB Staff Lottery, in its 2020/21 budget. From 2021/22 the coordinator role would be funded through the Staff Lottery. After costs, there would be a projected £50,000+ to fund charitable grants per annum from Year 1. <p>This paper sets out the need for a BCUHB Staff Lottery, provides options of managing a lottery and recommends that the Staff Lottery is managed in-house by the Awyr Las Support Team.</p>
2.	The Strategic Case
2.1	<p>Introduction</p> <p>In March 2019 a proposal to set up a BCUHB Staff Lottery was presented to the BCUHB Charitable Funds Committee. The Head of Fundraising then attended a meeting in May 2019 with Union and BCUHB Staff Representatives to present the case for a BCUHB Staff Lottery, which was supported on the condition that measures are put in place to prevent anyone from spending an unreasonable amount of money on the lottery.</p>

	<p>Concerns were raised around promoting gambling, and the Head of Fundraising was asked to ensure that this was considered when plans for a Staff Lottery were drawn up.</p> <p>The original proposal was supported by the Charitable Funds Committee on the basis that a Staff Lottery scheme will provide the NHS Charity with 'undesigned' funds to support innovative strategic projects, which may not otherwise attract significant charitable support.</p>
2.2	<p>Strategic Context</p> <p>Awyr Las currently faces two significant challenges.</p> <ol style="list-style-type: none"> 1. 94.2% of the donations Awyr Las received in 2017-18 were designated donations, whereby donors specified exactly which service or ward they wished to support. Donations of £92,590 were given to undesigned (also known as general) funds in 2017-18. This means that currently that there aren't sufficient undesigned funds available to: <ol style="list-style-type: none"> a) Support new grant requests from services that don't have designated funds b) Pay for the operational costs of the charity. 2. 40% of BCUHB staff that were recently polled were not aware that Awyr Las was their NHS charity and 80% were not able to say what Awyr Las had supported in the last 12 months. BCUHB staff are not well informed about the charity. <p>The Awyr Las Support Team is establishing priority area appeals in order to generate funds to support priority services that do not have designated funds and the Team has developed plans to ensure that internal communications are improving. Nevertheless an additional funding stream is still required to increase the generation of undesigned funds and more needs to be done to increase BCUHB affinity to the charity.</p> <p>The most effective way of managing these challenges is to establish a BCUHB Staff Lottery. A Staff Lottery will:</p> <ul style="list-style-type: none"> ▪ Potentially create matched funding for projects which may be part funded by charitable sources like Trusts and Foundations, therefore opening opportunities to new and different income streams ▪ Help promote giving to healthcare services in general and build affinity with the Awyr Las brand. One Lottery provider uses the phrase 'people love prizes, prizes fuel engagement, and engagement drives income.' A Staff Lottery has the potential to promote legacy giving and other fundraising streams.
2.2.1	<p>Organisational Overview</p> <p>The Awyr Las Support Team does not currently run a Staff Lottery Scheme. The Awyr Las Support Team does have the necessary Small Society Lottery license required to carry out a lottery with an income of less than £250,000 per annum.</p>

	<p>The Awyr Las Support Team currently has a Band 6 vacancy, so it is possible for the Awyr Las Support Team to include a Band 5 designated Staff Lottery Officer, a new role with the responsibility of coordinating the BCUHB Staff Lottery, in its 2020/21 budget. From 2021/22 the coordinator role would be funded through the Staff Lottery. After costs, there would be a projected £50,000+ to fund charitable grants per annum from Year 1 (see section 4 for financial expectations).</p> <p>The Awyr Las Support Team is part of the BCUHB Finance Division. The Payroll Team and Communications Team would play a significant role in ensuring that the Staff Lottery runs smoothly.</p>
2.2.2	<p>Relevant National and Local Strategies</p> <p>A recent survey of 49 NHS Charities showed:</p> <ul style="list-style-type: none"> ▪ 51% have an established lottery and the remaining charities are keen to establish one based on the success of existing staff lotteries in other NHS Charities ▪ 48% of those with a lottery run a staff only lottery which is not open to the public ▪ 25% of those with a lottery opened their lottery in the past 18 months ▪ 50% use external agencies to manage their lottery schemes and 50% run it internally. NHS Charities vary in how they use external agencies; some contract for the administration of the lottery only, and others use an external agency to manage all aspects of their lottery including the marketing and promotion of it. ▪ The average (median) Staff Lottery annual income was shown to be £30,000. The highest Staff Lottery annual income of the participating charities was £530,000 per annum. ▪ The greatest perceived barriers to growing a staff lottery were recruitment and resourcing. <p>Public Health representatives and others have contributed to the planning of the Staff Lottery and have advised that one person should be allowed two 'plays' (numbers) per week only. N.B. One 'play' is £1, so all staff will be permitted to have two lottery numbers, totaling £2 per week only.</p>
2.2	<p>The Case for Change</p> <p>Evidence suggests that the introduction of a Staff Lottery can be overwhelmingly positive, not only because of the increase in income into a charity. One Fundraising Manager interviewed by the Head of Fundraising suggested that Staff Lotteries can be 'unifying' as colleagues feel part of a 'collective', and they also felt that the positive stories generated through staff 'wins' and Staff Lottery funded projects were 'invaluable'.</p> <p>Strengths</p>

	<ul style="list-style-type: none"> ▪ Existing strong working relationships between Workforce and Organisational Development, the Communications Team, the Board Secretary's Office and the Awyr Las Support Team. A Staff Lottery Working Group can easily be set up to help establish the Staff Lottery ▪ Experienced database supervisor within the Awyr Las Support Team and BCUHB IT support who can oversee the introduction of technical aspects of the Staff Lottery scheme ▪ Awyr Las already has payroll fundraising programmes, so this scheme should be relatively simple to set up for the payroll team ▪ Positive messaging because of the benefits to staff (both through 'wins' and through charitable grants) <p>Weaknesses</p> <ul style="list-style-type: none"> ▪ Internal communication channels are not robust, and will need to be improved in order to effectively share the message about the Staff Lottery ▪ Capacity in other teams to engage with the scheme and help deliver and promote the Staff Lottery ▪ Staff disinterest due to not being engaged <p>Opportunities</p> <ul style="list-style-type: none"> ▪ Offers for Peer to Peer Support and Mentoring from NHS Charities with existing Staff Lotteries mean that a support network is already in place ▪ Other NHS Charities in Wales have well established Staff Lottery Schemes, so it is not a new concept ▪ Positive stories, particularly as it is not an imposition on other local charities, as no other charity could hold a staff lottery for the NHS and this is a Staff only lottery for that purpose <p>Threats</p> <ul style="list-style-type: none"> ▪ Negative press from local charities feeling that a Staff Lottery will take away from their own lotteries ▪ Negative comments from anti-gambling campaigners
2.2.1	<p>Existing Arrangements</p> <p>The Awyr Las Support Team has a vacancy within the team currently. A permanent staff member will be required to coordinate the promotion and administration of a Staff Lottery. This is the case regardless of which Staff Lottery Management option is selected.</p> <p>The Head of Fundraising has budgeted for a Band 5 Fundraising Officer, a new role with the sole responsibility of coordinating the BCUHB Staff Lottery. The new staff member will be line managed by the Head of Fundraising and supported by the Fundraising Manager who is responsible for managing the Fundraising Team's supporter database.</p> <p>If the request to establish a Staff Lottery is successful, a pan-BCUHB multi-disciplinary Staff Lottery Working Group, led by the Head of</p>

	<p>Fundraising, would be established to ensure good governance and set up:</p> <ul style="list-style-type: none"> ▪ Administration processes ▪ Prize giving (Terms and Conditions as well as insurances) ▪ Promotional plans & Sponsorship Opportunities ▪ Staff Lottery Grants Schemes
2.2.2	<p>Issues and Risks with the Existing Arrangements – What is Wrong with the Status Quo</p> <p>Your NHS Charity, Awyr Las, is missing out on what should potentially be over £50,000+ in undesignated (i.e. it can fund any area of healthcare, not a specific ward or department) funds per year for charitable grants. The charity is also missing huge opportunities to share important key messages with the charity's most important stakeholders – BCUHB staff.</p>
2.2.3	<p>Scope of the Case</p> <p>A Staff Lottery will provide undesignated funds and it will help increase engagement with Awyr Las more generally.</p> <p>An example of the benefits of having a Staff Lottery can be seen in the Cardiff and Vale Healthcare Charity:</p> <p><i>The Cardiff and Vale Staff Lottery was introduced in September 2005 to raise funds for the benefit of both staff and patients. The Staff Lottery now gives staff at the Cardiff and Vale University Health Board (CVHB) the chance to win £1,000 on each weekly draw. In addition, staff can win two Super Draws each year which include a brand new car in the summer and a grand prize of £10,000 in January. Currently, there are 4720 plays (numbers) allocated each week in Cardiff and Vale.</i></p> <p><i>All CVHB staff can join the lottery. Every penny in profit goes to charitable funds and all areas across CVHB could benefit from grants. The lottery programme is run using a fundraising database, Harlequin Software. Payroll lottery deductions are imported into the system and reconciled against every lottery member before each draw. In order to comply with audit recommendations, the weekly lottery draw is undertaken on the last Friday of each month. The four or five lucky winners are notified and details are placed on the intranet.</i></p> <p><i>CVHB is regulated by the local council. They hold a Small Society Lotteries licence and are required to submit lottery income returns after each draw. The graph below shows the last eight years of gross income from the CVHB Staff Lottery before costs.</i></p>

	<p style="text-align: center;">Lottery Income</p>  <table border="1"> <caption>Lottery Income Data</caption> <thead> <tr> <th>Year</th> <th>Income (£)</th> </tr> </thead> <tbody> <tr> <td>2011-2012</td> <td>125,000</td> </tr> <tr> <td>2012-2013</td> <td>140,000</td> </tr> <tr> <td>2013-2014</td> <td>150,000</td> </tr> <tr> <td>2014-2015</td> <td>155,000</td> </tr> <tr> <td>2015-2016</td> <td>170,000</td> </tr> <tr> <td>2016-2017</td> <td>195,000</td> </tr> <tr> <td>2017-2018</td> <td>230,000</td> </tr> <tr> <td>2018-2019</td> <td>245,000</td> </tr> </tbody> </table>	Year	Income (£)	2011-2012	125,000	2012-2013	140,000	2013-2014	150,000	2014-2015	155,000	2015-2016	170,000	2016-2017	195,000	2017-2018	230,000	2018-2019	245,000
Year	Income (£)																		
2011-2012	125,000																		
2012-2013	140,000																		
2013-2014	150,000																		
2014-2015	155,000																		
2015-2016	170,000																		
2016-2017	195,000																		
2017-2018	230,000																		
2018-2019	245,000																		
2.2.4	<p>Objectives and Benefits</p> <p>See section 2.2 for benefits and section 4 for financial objectives.</p>																		
2.2.5	<p>Constraints</p> <ul style="list-style-type: none"> ▪ A new initiative like this will take time to embed ▪ A successful lottery requires a dedicated resource. A committed and focused Band 5 staff member is crucial to its success 																		
2.2.6	<p>Dependencies</p> <ul style="list-style-type: none"> ▪ The Payroll team and Communications Team must be committed to supporting the development of the Staff Lottery ▪ Guaranteed funding for Year 1's annual prize payouts is a requirement 																		
3.	Options																		
3.1	<p>Criteria for Option Appraisal</p> <ul style="list-style-type: none"> ▪ Cost & value for money ▪ Impact on reputation of the charity internally and externally ▪ Ability to promote key messages of the organisation as part of the Staff Lottery promotion 																		
3.2	<p>Longlist of Options</p> <ol style="list-style-type: none"> 1. In house Staff Lottery – total fulfillment including website pages (using existing website); website & database interface (using recommended software and BCUHB IT support); database (using existing Harlequin software); BCUHB payroll support; producing own marketing materials (using in house printing service); recruiting volunteers to help promote it; providing own prizes; organising own sponsorship for specific special or additional prizes. 																		

	<p>2. In house Staff Lottery – partial fulfillment, using an external provider to manage all aspects of the lottery except marketing and promotion.</p> <p>3. External Operator – and external agency oversees all aspects of the lottery including the marketing and promotion</p> <p>The following lottery agencies could provide services for options two and three:</p> <p>Burden and Burden: https://www.burdenandburden.co.uk/</p> <p>Make a Smile Lottery: https://www.makeasmilelottery.org.uk/</p> <p>Zaffo: https://info.zaffo.com/</p> <p>Sterling Lotteries: http://www.sterlinglotteries.co.uk/</p>
3.3	<p>Appraisal of Longlist and Creation of Shortlist of Options</p> <p>Less than 20% of participating charities in the Staff Lottery Survey managed their lotteries entirely in-house. The reasons cited for this was that this was not an option when they signed contracts with external providers, or they didn't have the capacity internally to oversee the administration of the lottery.</p> <p>The charities that took part in the study with the largest incomes from Staff Lotteries attributed the success of their lotteries to having dedicated internal support functions to promote the lottery.</p> <p>The minimum annual cost identified for option two was £600 for the web-functionality and a charge of 10p per £1 to administer the donations. With an anticipated income of £100,000 in Year 1, this cost would amount to £10,600. This annual cost could be reduced to £0 with option one.</p>
3.4	<p>Appraisal of Shortlisted Options</p> <p>Option one is the preferred option because it provides cost savings, and BCUHB has the software and expertise to run a Staff Lottery in house in the same way that CVHB do currently. A Band 5 would need to oversee the administration of the Staff Lottery as well as the promotion; it is expected that a full time staff member will have the capacity to do that.</p>
3.4.1	<p>Appraisal against Non-Financial Criteria</p> <p>Option 1 is the preferred option for the following reasons:</p> <ul style="list-style-type: none"> ▪ Negative feedback from other charities about their experiences with external lottery agencies ▪ BCUHB directive to charities promoting services on BCUHB premises stating that third party fundraising agencies are not permitted to operate on BCUHB premises ▪ Upskilling existing workforce (including IT Support) to use different software and processes ▪ Ability to promote other key charity messages if the Lottery Coordinator is internal

	<ul style="list-style-type: none"> ▪ The Staff Lottery would be better embedded in all Awyr Las & BCUHB activity if the Lottery Coordinator is internal
3.4.2	<p>Comparative Costs</p> <p>See section 4</p>
3.4.3	<p>Risk Appraisal</p> <p>Option 1: Risks</p> <ul style="list-style-type: none"> ▪ Lack of capacity to carry out all tasks (mitigated by regular 1:1s with line manager) ▪ Lack of internal knowledge of lottery systems (mitigated by fundraising training budget) <p>Option 2: Risks</p> <ul style="list-style-type: none"> ▪ Lack of control due to external operators overseeing data (mitigated by regular meetings) ▪ No options to make systems bespoke, for example bilingual websites and information (mitigated by co-producing materials, though there may be an additional charge to this) <p>Option 3: Risks</p> <ul style="list-style-type: none"> ▪ Third party operators promoting the charity with little knowledge or training, and sometimes with little understanding of local services, communities or the Welsh language (mitigated by in depth training from Awyr Las Support Team Members and insistence on Welsh speakers only)
3.4.4	<p>Conclusion – Preferred Option</p> <p>Option 1 is the preferred option. The primary reason for this is to ensure that other charity activity can be promoted alongside the Staff Lottery, and that the Staff Lottery recruitment and player retention service is of a consistent high standard.</p>
3.5	Preferred Option Detailed Analysis
3.5.1	<p>Full Description of the Proposed Change</p> <p>The introduction of a Staff Lottery managed in-house by the Awyr Las Support Team.</p>
3.5.2	<p>Impact on Activity and Performance</p> <p>The income from the Staff Lottery is expected to be raised in addition to the charity's regular income. The regular KPIs for Awyr Las Support Team staff will not change; an additional financial KPI to meet the proposed financial 5-year targets will be added.</p>

3.5.3	<p>Other Areas affected by the Proposal / Interdependencies / Assumptions</p> <ul style="list-style-type: none"> ▪ It's assumed that Payroll, Communications, IT and Workforce and Organisational Development will all support with setting up processes and promoting the Staff Lottery ▪ It's assumed that the BCUHB Executive Team will encourage all staff to promote the Staff Lottery widely
3.5.4	<p>EqIA of the Preferred Option</p> <p>The Awyr Las Support Team Will ensure that the Staff Lottery is promoted bilingually, that it is promoted across all BCUHB sites and services, and that all data will be managed in line with BCUHB policy.</p>
4.	<p>The Financial Case</p>
4.1	<p>Revenue Cost</p> <p><u>Band 5 coordinator post per annum £37,406</u> Laptop, telephone and travel £5,000 Promotional materials £5,000 Harlequin software £500 <i>Annual cost not including annual prize giving: £47,906</i></p> <p><u>Year 1 annual prize giving</u> £500 Weekly prize draw £26,000 £5,000 Introductory prize £5,000 £5,000 Christmas prizes £5,000 <i>Total annual prize giving: £36,000</i></p> <p><i>Total revenue cost year 1: £83,906</i> <i>[£47,906 funded through the Awyr Las Support Team budget in Year 1, as budget is available due to a Band 6 vacancy. From Year 2 all revenue costs will be funded through the Staff Lottery income]</i></p> <p><u>Year 2 & 3 annual prize giving</u> £500 Weekly prize draw £26,000 £10,000 Summer prizes £10,000 £10,000 Christmas prizes £10,000 <i>Total annual prize giving: £46,000</i></p> <p>NOTE:</p> <ul style="list-style-type: none"> ▪ <u>Option 1</u> Year 1 costs: £83,906 for Band 5 post, promotion and annual prize giving ▪ <u>Option 2</u> Year 1 costs: £83,906 for Band 5 post, promotion and annual prize giving + anticipated costs of £10,600 for software and support ▪ <u>Option 3</u> Year 1 costs: £83,906 for Band 5 post, promotion and annual prize giving + anticipated costs of £40,600 for software, lottery recruitment and support

	Other NHS Charities have reported that a BCUHB member of staff would be required to promote the lottery and liaise with other BCUHB departments that are involved in promoting the lottery, for example communications. For this reason the Band 5 staff member would be required for all three options.
4.2	Capital Cost (If Any) N/A
4.3	<p>Affordability and Source of Funding</p> <p>The Awyr Las Band 6 vacancy budget will be used to fund the Band 5 Staff member, set-up and ongoing marketing costs in 2020/21. From 2021/22 the Band 5 post will be funded through the Staff Lottery income.</p> <p>The lottery agencies that have been contacted have suggested that, with dedicated resource and budget for continuous promotion to boost retention alongside a commitment to promote the lottery from BCUHB's senior leadership team, BCUHB should expect to see the following staff population participation expectations in the first five years:</p> <p>Year 1: 12% staff participation Year 2: 20% staff participation Year 3: 25% staff participation Year 4: 30% staff participation Year 5: 35% staff participation</p> <p><i>Based on a staff population of 16,000 we can expect to raise the following through the Staff Lottery:</i></p> <p><u>Year 1 (2020/21)</u> 1,923 x £1 plays per week = £100,000 income [£36,000 costs / potential £64,000 charitable grants]</p> <p><u>Year 2 (2021/22)</u> 3,200 x £1 plays per week = £166,400 [£93,906 costs / potential £72,494 charitable grants]</p> <p><u>Year 3 (2022/23)</u> 4,000 x £1 plays per week = £208,000 [£93,906 costs / potential £72,494 charitable grants]</p> <p><u>Year 4 (2023/24)</u> 4,800 x £1 plays per week = £249,600 [Annual prize giving and operating costs to be determined]</p> <p><u>Year 5 (2024/25)</u> 5,600 x £1 plays per week = £291,200 [Annual prize giving and operating costs to be determined]</p>

5.	Governance and Project Management		
5.1	Approval Route <ul style="list-style-type: none"> Charitable Funds Committee 10/01/19 Awyr Las Trustees Meeting 23/01/20 		
5.2	Project Management <ul style="list-style-type: none"> Led by the Head of Fundraising, Supported by the Fundraising Manager (Digital and Data). Working Group – with representation from across the Health Board – to meet monthly from January 2020 		
5.3	Project Plan – Implementation Timeline <ul style="list-style-type: none"> Health Board Authorisation: January 2020 Recruitment: March 2020 Staff Lottery Official Launch June 2020 		
5.4	Post Implementation Review <ul style="list-style-type: none"> Staff Lottery to be a Charitable Funds Committee fixed agenda item from March 2020 Staff Lottery to become an Annual Trustees Meeting fixed agenda item from January 2021 		
6.	Conclusions and Recommendations		
<p>Following extensive research into giving trends and NHS Staff Lotteries across the UK, it is recommended that BCUHB launch a Staff Lottery by July 2020. It is expected that a well-promoted BCUHB Staff Lottery will generate in excess of £1million in its first 5 years.</p> <p>The recommendation is for the Awyr Las Support Team to manage the lottery in-house in order to ensure that the charities key messages are promoted well alongside the lottery.</p>			
7.	Declarations		
<input type="checkbox"/> The above information has been reviewed to ensure it is accurate and represents a true and fair view of the service to be provided, the benefits and the costs			
<input type="checkbox"/> Where third parties have provided information this is in writing/e-mail format and they have confirmed it is correct to the best of their knowledge			
<input type="checkbox"/> Where the business case has an impact on another Area/Division/Department the impact has been agreed with that Area/Division/Department in writing and the relevant Mangers have signed below to confirm			
Signed by:			
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <p>.....</p> <p>Area/Corporate/Secondary Care Director</p> </div> <div> <p>.....</p> <p>Area/Secondary Care Nurse Director</p> </div> <div> <p>.....</p> <p>Area/Secondary Care Medical Director</p> </div> </div>			
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <p>.....</p> <p>Chief Finance Officer</p> </div> <div> <p>.....</p> <p>Director / Asst. Director</p> </div> <div> <p>.....</p> <p>Director / Asst. Director</p> </div> </div>			

	(Other Area/Corporate if required)	(Other Area/Corporate if required)
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Charitable Funds Committee Report



Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 10/12/19					
Cyhoeddus neu Breifat: Public or Private:	<i>Public</i>					
Teitl yr Adroddiad Report Title:	Third Sector Groups Report December 2019					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director Of Finance					
Awdur yr Adroddiad Report Author:	Kirsty Thomson, Head of Fundraising					
Craffu blaenorol: Prior Scrutiny:	<i>No prior scrutiny</i>					
Atodiadau Appendices:	<i>Appendices 1, Draft Guidance: Use of Space on BCUHB Premises BCUHB</i>					
Argymhelliad / Recommendation:						
<i>The Committee is asked to approve Appendices 1 and note the report for information</i>						
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 purpose of this report is to provide the Charitable Funds Committee with an update on activity relating to:</p> <ol style="list-style-type: none"> 1. The working relationships with the 19 third sector groups that regularly support BCUHB directly with donations for equipment, new facilities and special projects. 2. The third sector groups - separate legal entities from Awyr Las (for example, the local children's charity, Gafael Llaw) - that give through the charity 3. The third sector groups and other organisations that benefit from the use of charity tables on BCUHB premises 4. Developments with the BCUHB Third Sector Strategy 						
Cefndir / Background:						
<p>Since 2014, relationships with the third sector groups that regularly support BCUHB directly have been overseen by the Partnerships Support Manager (PSM), a member of the Awyr Las Support Team. The Awyr Las Support Team will continue to support these groups, but from January 2020 all of these charities will have a designated local 'point person'. All items of significance will continue to be included in this Charity Committee report.</p>						

1. Third Sector Groups that directly support BCUHB

The introduction of the 'point person' for all charities has been delayed from November to January to ensure all necessary support is in place. The below actions, originally set for October – December, will now be realised in Q4 2019/20.

ACTIONS FOR Q4 2019/20:

- i. Complete hand over of responsibility for the groups from the Partnerships Support Manager to the Area / Hospital representatives
- ii. Set up the systems to ensure the Charitable Partners Registry is maintained and quarterly reporting mechanisms are in place for the Area / Hospital representatives
- iii. Ensure every stage of the third sector grants process has an updated standard operating procedure
- iv. Monitor new structure and feedback risks and issues to the Charity Committee

2. Third Sector Groups giving to Awyr Las

A number of small registered charities give to healthcare services through Awyr Las, but not all are receiving the recognition they deserve. Whilst the below actions, originally set for October – December, have begun to be addressed, they are not completed. These actions will be completed by the end of Q4.

ACTIONS FOR Q4 2019/20:

- i. Complete a review of groups / charities that have given through the charity and ensure all regular supporters have a Collaborative Working Agreement in place
- ii. Increase awareness of the need to make the Awyr Las Support Team aware of partnerships / support from third sector groups
- iii. Update the Awyr Las Stewardship plan & implement a system within the supporter database to ensure these groups receive the recognition they deserve

3. Use of Charity Tables on BCUHB premises

Following complaints by patients and staff members, the Awyr Las Support Team reviewed how charity tables on BCUHB premises are used. The Team has surveyed a cross section of staff and patients, and carried out research into other NHS Trusts' policies on use of space and business' policies on allowing charities to use their spaces to fundraise and promote their services or campaigns. Please see Appendices 1 for the draft proposal for the Use of Space in BCUHB premises guidance.

The BCUHB Use of Space on Health Board Premises Guidance is part of a larger policy piece, which now needs to be updated: the BCUHB Advertising, Sponsorship and Commercial Use guidance.

ACTIONS FOR Q4 2019/20:

- Complete draft guidance: BCUHB's Advertising, Sponsorship and Commercial Use.

4. BCUHB Third Sector Strategy

The Awyr Las Support Team has not received any reports of further developments with the drafting of a new BCUHB Third Sector Strategy. The development of the Awyr Las volunteering strategy has been scheduled into 2020/21 workloads

ACTIONS FOR Q4:

- Ensure members of the Awyr Las Support Team are included in the BCUHB Third Sector Working Group

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>.

Financial Implications

All expenditure relating to this paper has been budgeted for within the Awyr Las Fundraising budget.

Risk Analysis

Risks relating to Third Sector Groups are included on the Awyr Las Risk Register.

Legal and Compliance

Third Sector Groups that support BCUHB are independent Charities and are responsible for ensuring they comply with all regulation. BCUHB does have a responsibility for all third sector groups operating on BCUHB premises. The Awyr Las Support Team, working with the Groups' 'Point People', will ensure all Third Sector Groups are recorded on the Charitable Partners Registry.

The Awyr Las Support Team will ensure all other charities working with Awyr Las or operating on BCUHB premises have a Collaborative Working Agreement in place.

Impact Assessment

All interactions with Third Sector Groups take place in Welsh when preferred.

Guidance name:	BCUHB Use of Premises (for promotional purposes)
Author & Title:	Kirsty Thomson, Head of Fundraising
Responsible dept / director:	Finance, Executive Director of Finance
Version:	1
Date approved:	DRAFT
Documents to be read alongside this document:	N/A
Date of next review:	December, 2020
Date EqIA completed:	TBC
First operational:	TBC

BCUHB USE OF PREMISES BACKGROUND

Over the past 12 months, Betsi Cadwaladr University Health Board (BCUHB) General Office teams and other staff members have received a number of complaints from visitors, patients, staff and volunteers concerning charities' fundraising practices on BCUHB premises. Patients and visitors have accused some charities of employing 'forceful' tactics to encourage patients, staff and visitors to register to their lottery and regular giving schemes.

NHS Boards and Trusts differ in their stance on encouraging external charities to promote their services and fundraising opportunities on hospital premises. Some NHS Boards and Trusts have a 'zero tolerance' approach to allowing external charities to fundraise on their premises. BCUHB intends to make sure charities that work with the Health Board to both provide and improve patient services are able to continue to promote their services on BCUHB premises. At the same time, BCUHB must put measures in place to protect vulnerable patients and visitors and ensure the presence of charities and organisations organising collections or promotions does not negatively affect people's overall experience on BCUHB premises.

This guidance relates to the promotion of services and goods on BCUHB premises by charities, voluntary representatives of charities, and businesses. This guidance covers:

- The use of 'charity tables' and 'stands' on all BCUHB premises (herein referred to as a 'promotions station')
- The use of noticeboards, leaflet stands and semi-permanent pop-up stands and similar promotional notices on all BCUHB premises

This guidance does not cover:

- The use of space to operate café, shop or tea bar facilities
- The sponsorship of BCUHB premises and grounds

This guidance refers to charities and organisations. This description includes:

- All national and local registered charities
- Awyr Las, the North Wales NHS Charity
- NHS staff organising healthcare promotional campaigns

- All unregistered community and support groups
- All registered companies, schools and religious bodies
- All other organisations including Trade Unions

This guidance refers to collections and promotions. This description includes:

- Fundraising initiatives using Collection Tins
- Lottery and regular giving promotions
- Raffle, tombola and product sales
- Healthcare campaign promotions
- NHS staff and patient support initiatives
- Entertainment in public areas (this does not apply to entertainment on wards)
- All other events and activities carried out to advertise or market an organisation or product

BCUHB USE OF PREMISES GUIDANCE

1. The BCUHB Use of Premises Code of Conduct must be adhered to by all charities and organisations that wish to organise a collection or promotion on BCUHB premises. The BCUHB Use of Premises Code of Conduct applies to all BCUHB staff members and registered BCUHB volunteers as well as all representatives of external charities and organisations.

2. ALL lead charity / organisation representatives* must sign up to the BCUHB Use of Premises Code of Conduct if they intend to:

- a) Use a 'charity table' and 'stand' on any BCUHB premises (herein referred to as a 'promotions station')
- b) Use a noticeboard, leaflet stand and semi-permanent (in position for longer than a one week period) pop-up stand or similar promotional tool on any BCUHB premises

A signed BCUHB Use of Premises Code of Conduct is valid for two years. After two years the signatory must sign up again.

**A lead charity / organisation representative is the person that is responsible for overseeing a collection or promotion on any given day. One organisation may have multiple lead representatives; all of these lead representatives must sign up to the BCUHB Use of Premises Code of Conduct.*

3. The Code of Conduct aims to provide a standard of behaviour expected on all BCUHB premises. It is not, however, always appropriate to have charities and organisations holding collections and promotions on BCUHB premises. Ultimately, the decision to allow charities and organisations to collect / promote at hospital or BCUHB Health Centre lies with the specific Hospital / Health Centre's Senior Management Team. The Hospital / Health Centre's Senior Management Team reserve the right to refuse admittance to charities and organisations wishing to collect or promote.

4. All charity / organisation bookings for any collection and promotion activity must be recorded by the Hospital / Health Centre Charity Promotions Representative (see contacts for more details). All Code of Conduct registrations must be recorded on the Code of Conduct Registrations Record.

5. Should a patient, visitor or staff member wish to complain about a charity / organisation's conduct whilst they are collecting or promoting on BCUHB premises, the relevant Hospital / Health Centre Charity Promotions Representative and the Awyr Las Support Team should be notified (see contacts for more details). The BCUHB Complaints Procedure must be followed at all times.

6. A minimum of 14 days' notice is required when booking a collection or promotion on BCUHB premises. BCUHB reserves the right to cancel a pre-existing booking. BCUHB will aim to give a minimum of 7 days' notice should a booking need to be cancelled.

7. A prioritisation and restriction directive aims to help ensure important healthcare promotions take precedent over all other activity:

Priorities (highest to lowest)

- NHS and Public Health Wales healthcare promotional campaigns
- Recognised national campaigns**
- Entertainment (BCUHB organised, in partnership with organisations)
- Awyr Las, the North Wales NHS Charity
- Recognised charities providing financial support for BCUHB services
- Local hospices and recognised support groups
- Other local registered charities
- National charities and unregistered community groups
- All registered companies

**Recognised national campaigns: Poppy Appeal

Restrictions

The following restrictions do not apply to NHS and Public Health Wales healthcare promotional campaigns, Awyr Las related activity or the Poppy Appeal:

- Maximum of one collection / promotion every two weeks (unless given special approval by the BCUHB Head of Fundraising)
- Maximum of 20 collections / promotions per year (unless given special approval by the BCUHB Head of Fundraising)
- Permitted collection / promotion times: 10:00 to 16:00
- All charities / organisations must sign in with the General Office / Reception upon arrival and sign out on departure
- All charities / organisations must declare the amount they have raised / made at the General Office / Reception before signing out on departure
- Maximum of one charity / organisation permitted at a promotions station per day
- Maximum of two persons from one charity / organisation permitted at a promotions station at one time
- All non-charitable organisations must give a £75 donation to the Awyr Las Hearts and Minds Fund in advance of arriving at the Promotions Stand (N.B. charities are not expected to give a £75 donation). Failure to give the donation will lead to the promotion being cancelled. A £75 donation must be given for every promotion day that a non-charitable organisation books.

8. Where possible, charities / organisations should be given the same given day when they are regularly booking (for example, Charity X is given every 1st Monday of the month).

9. The Code of Conduct outlines acceptable and unacceptable behaviour at a promotions station. All BCUHB members of staff are expected to adhere to the BCUHB Code of Conduct (WP6) when volunteering on BCUHB premises. Independent third party fundraisers, paid to carry out fundraising activity on behalf of a charity, are not permitted to operate on BCUHB premises under any circumstances.

10. Charity / Organisation leaflets and promotional posters may be permitted in a Hospital / Health Centre. All leaflet and poster distribution must be recorded by the Hospital / Health Centre Charity Promotions Representative on the Charity / Organisation booking register. When a charity / organisation receives permission to have promotional materials on display on BCUHB premises, the promotional materials must be displayed in an agreed location and taken down by the charity / organisation. Failure to make a request to have promotional materials on display may lead to a charity / organisation losing the right to hold a collection / promotion on BCUHB premises.

BCUHB USE OF PREMISES CONTACT

Useful Contacts:

- Hospital / Health Centre Charity Promotions Representatives
- General Office / Reception
- Awyr Las Support Team

A list of the above useful contacts is available from the Awyr Las Support Team.

Email: awyrilas@wales.nhs.uk

Telephone: 01248 384395

BCUHB USE OF PREMISES SYSTEMS

The following systems are used by the Awyr Las Support Team members and Hospital / Health Centre Charity Promotions Representatives. The responsibility for the maintenance of these systems lies with the BCUHB Head of Fundraising.

- BCUHB Charity / Organisation Booking Register
- BCUHB Code of Conduct Registrations Record

BCUHB USE OF PREMISES CODE OF CONDUCT

General Guidance:

1. This BCUHB Use of Premises Code of Conduct must be adhered to by all charities and organisations that wish to organise a collection or a promotion on BCUHB premises at any promotions station (charity or promotional table or stand). The BCUHB Use of Premises Code of Conduct applies to all BCUHB staff members and registered BCUHB volunteers as well as all representatives of external charities / organisations.
2. All those representing a charity or an organisation (including Betsi Cadwaladr University Health Board staff) undertaking activity which is considered to be a collection / promotion must be given a copy of this signed code of conduct by the charity / organisation.
3. The decision to allow charities and organisations to collect / promote at hospital or BCUHB Health Centre lies with the specific Hospital / Health Centre's Senior Management Team. The Hospital / Health Centre's Senior Management Team reserve the right to refuse permission to charities / organisations without giving the reason for refusal.
4. All those undertaking fundraising activities must ensure they are acting in accordance with the Code of Fundraising Practice. All fundraising by means of lotteries, e.g. raffles, etc. must comply with required licensing arrangements. All fundraising publicity must state clearly which charity will benefit from money raised.
5. All charities / organisations carrying out a collection / promotion must have valid Public liability Insurance at the time of the collection / promotion. All charities / organisations must carry out their own risk assessments for the collection / promotion.
6. Independent third party fundraisers, paid to carry out fundraising activity on behalf of a charity, are not permitted to operate on BCUHB premises under any circumstances.
7. BCUHB cannot take responsibility for or look after any bags that representatives from a charity / organisation may bring on BCUHB premises. The monies collected / raised by a charity / organisation are the responsibility of the charity / organisation. BCUHB accepts no responsibility for these monies at any time.

Booking to use BCUHB premises for a collection / promotion:

8. A minimum of 14 days' notice is required when booking a collection / promotion on BCUHB premises. BCUHB reserves the right to cancel a pre-existing booking. BCUHB will aim to give a minimum of 7 days' notice should a booking need to be cancelled.
9. These restrictions apply to all charities and organisations except for NHS and Public Health Wales healthcare promotional campaigns, Awyr Las related activity or the Poppy Appeal:

- Maximum of one collection / promotion every two weeks (unless given special approval by the BCUHB Head of Fundraising)
- Maximum of 20 collections / promotions per year (unless given special approval by the BCUHB Head of Fundraising)
- Permitted collection / promotion times: 10:00 to 16:00
- Maximum of two persons from one charity / organisation permitted at a promotions station at one time
- All non-charitable organisations must give a £75 donation to the Awyr Las Hearts and Minds Fund in advance of arriving at the Promotions Stand (N.B. charities are not expected to give a £75 donation). Failure to give the donation will lead to the promotion being cancelled. A £75 donation must be given for every promotion day that a non-charitable organisation books.

10. Charity / Organisation leaflets and promotional posters may be permitted in a Hospital / Health Centre. All leaflet and poster distribution must be recorded by the Hospital / Health Centre Charity Promotions Representative on the Charity / Organisation booking register. When a charity / organisation receives permission to have promotional materials on display on BCUHB premises, the promotional materials must be displayed in an agreed location and taken down by the charity / organisation. Failure to make a request to have promotional materials on display may lead to a charity / organisation losing the right to hold a collection / promotion on BCUHB premises.

On the day of a collection / promotion:

11. All charity / organisation representatives must report to the Hospital / Health Centre's General Office / Reception. All representatives must sign in and receive a safety brief before any activity commences. All charity / organisation representatives must bring valid photo identification (passport / driving licence / NHS staff identification badge) with them.

12. All charity / organisation representatives must bring evidence of this signed Code of Conduct form from the charity / organisation or a valid charity / organisation identification. Anyone without the required identification will be denied permission to take part in the collection / promotion.

13. All representatives under 18 years old from a charity / organisation must be accompanied by an adult.

14. All funds raised / made (including number of regular giving or lottery registrations made) must be declared by the charity / organisation to the General Office / Reception at the end of a collection / promotion. Failure to declare income may lead to your charity / organisation being refused future collections / promotions

15. All charities / organisations must sign out on departure with the General Office / Reception.

Acceptable activity and behaviour:

16. Representatives of a charity / organisation must be courteous at all times.

17. No activity may be undertaken in such a manner that is likely to harass, inconvenience or annoy any person or impede someone's movement at any time.

18. The 'shaking' of collection buckets is not permitted.

19. No physical contact can be made with anyone that is not connected to the activity.

20. All representatives of charities / organisations are expected to remain behind or next to a promotion station. They should not approach patients, visitors or staff members.

21. Representatives of charities / organisations are not permitted to raise their voices to attract attention whilst at a promotions station.

22. BCUHB operates a strict alcohol and drugs policy. Any representatives of charities / organisations that are under the influence of drink or drugs will be removed from the promotions station and any future applications from that charity / organisation will be refused.

23. It is the responsibility of the representatives of the charity / organisation to remove all waste generated as a result of the collection / promotion.

24. On the day of a collection / promotion, BCUHB reserves the right to ask a charity / organisation to vacate themselves from the premises, should it become necessary due to operational requirements or should they fail to act in a manner satisfactory to BCUHB.

Declaration

I can confirm that I have read the BCUHB Use of Premises Code of Conduct. I agree to abide by all the points set out in the Code of Conduct. I understand that if I do not comply with all aspects of the Code of Conduct the charity / organisation I am representing may not be permitted to hold future collections / promotions on BCUHB premises.

1. I declare that the information given on this form is correct and complete.

2. I understand by providing this information I am a lead representative for the charity / organisation I am representing and it is my responsibility to make all volunteers / staff involved in the collection / promotion I am leading aware of all of the points set out in this Code of Conduct.

Please note that the information you provide will be held on BCUHB's Code of Conduct Registrations Record in accordance with the Betsi Cadwaladr University Health Board data protection policy. Your information will also be held on the BCUHB Charity / Organisation Booking Register. If you have any queries concerning data protection, please contact the BCUHB Data Protection Officer using the contact details below.

Name:

Signature:

Date of signature:

Charity / Organisation:

Email:

Telephone:

OFFICE USE ONLY

Expiration date (2 years after date of signature):

Received by (name and title):

Location (Hospital / Health Centre):

Useful Contacts:

- **Hospital / Health Centre Charity Promotions Representatives**
- **General Office / Reception**
- **Awyr Las Support Team**

A list of the above useful contacts is available from the Awyr Las Support Team.

Email: awyrlas@wales.nhs.uk

Telephone: 01248 384395

If you have any questions about anything in this Code of Conduct please contact the Awyr Las Support Team.

Charitable Funds Committee Report



Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 10/12/19					
Cyhoeddus neu Breifat: Public or Private:	<i>Public</i>					
Teitl yr Adroddiad Report Title:	Legacy Strategy Update Report December 2019					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director Of Finance					
Awdur yr Adroddiad Report Author:	Kirsty Thomson, Head of Fundraising					
Craffu blaenorol: Prior Scrutiny:	<i>No prior scrutiny</i>					
Atodiadau Appendices:	<i>N/A</i>					
Argymhelliad / Recommendation:						
<i>The Committee is asked to note the report.</i>						
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:						
The purpose of this report is to provide the Charitable Funds Committee with an update on plans outlined in the Awyr Las Legacy Strategy 2018/21.						
Cefndir / Background:						
The Awyr Las Legacy Strategy 2018/21 was presented to the Charity Committee in December 2018. The full strategy document can be found at: https://awyrlas.org.uk/legacystrategy .						
Asesiad / Assessment & Analysis						

Strategy Implications

This Update Report outlines the work carried out by the Awyr Las Support Team (ALST) to promote legacy giving to healthcare service. This work is underpinned by the Awyr Las Strategy, see <https://awyrlas.org.uk/content/downloads/The-Awyr-Las-Strategy-2016-to-2021.pdf>.

Financial Implications

All legacy giving activity is included in the main Awyr Las Marketing budget, which is currently underspent.

Risk Analysis

Challenge	Risk Associated	What could happen?	Existing Control Measures	Current Risk Rating (High / Medium / Low)	Action Required	Included on BCUHB Main Risk Register
Internal silo working and lack of interest from frontline staff and people within BCUHB	Lack of promotion in our hospitals, which would be targeting those most likely to want to leave a gift in their legacy	People don't know they can leave a legacy gift, so legacy donations decrease	Regular meetings with frontline staff and others	Medium	Increase meetings, visual tools in wards and departments to promote legacies	No
Lack of information on how legacy gifts make a difference - the necessary case for support to engage potential supporters	No clarity on what donations will fund (lacking important messaging, for example £50 could fund X)	Lack of interest and trust from potential supporters. No significant donations. Legacy giving will stall.	Increased number of platforms on which people can read about legacy giving (e.g. social media, intranet)	Medium	Regularly update and share content on legacy giving	No

Lack of trust in the organisation	People don't want to give significant donations in their wills.	Miss out on significant donations	As above.	High	1:1s with solicitors	No
Insufficient capacity to manage four campaigns	Unable to execute plans	KPIs aren't met and agreed timetables slip	Regular budget monitoring, Regular 1:1s & reporting with ALST members.	Medium	Continue to monitor progress and update Charitable Funds Committee	No

Legal and Compliance

1. KPIs for 2019/20

a) Social media: minimum one reference to legacy giving per month

Q1 2019/20 66% fulfilled, Q2 2019/20 100% fulfilled, Q3 2019/20 100% fulfilled

b) Press coverage: minimum one press release issued per quarter

Q1 2019/20 100% fulfilled, Q2 2019/20 100% fulfilled, Q3 2019/20 100% fulfilled

c) Meet timetable 2019/20 timetable of activity

SURVEY: 50% Q3 activity moved to Q4 (Survey for solicitors prepared but not been issued, Survey for Fund Advisors issued but awaiting results)

VIDEO: 50% Q3 activity moved to Q4 (Video content prepared, but it hasn't been filmed)

MAILINGS: 50% Q3 activity moved to Q4 (Three 1:1 meetings held, mailing postponed. Section of solicitors received Christmas mailing in its place.

Q3 ACTIVITY NOT COMPLETED *Reasons for delay: want to include survey with the Annual Report mailing, which will not be translated until the New Year; data cleanse incomplete due to competing priorities; video delayed until New Year due to scheduling and availability of film crew and interviewees.*

2. Monitoring and Evaluation

a) Increase in request for legacy packs / information and reason for choosing to leave a legacy *Increase. Three requests this quarter.*

b) Interest in specific legacy events

Promotion of legacy events to begin in 2020

c) Feedback from surveys / discussions with solicitors and supporters

Surveys for Fund Advisors and Solicitors are ready but will not be issued until the New Year with feedback presented in March

3. Complying with Regulation and Best Practice

Local solicitors Breese Gwyndaf continue to offer their expertise and guidance on a pro bono basis to ensure all wording used on legacy promotions and information packs is in line with current regulation and to ensure best practice is followed at all times. All new materials are compliant with the new Fundraising Regulator Code of Fundraising Practice.

4. ACTIONS FOR DECEMBER - MARCH:

- I. Send survey to solicitors, monitor return rate, evaluate responses
- II. Complete film and new leaflet & issue on web and basic internal communications
- III. Cleanse Groups and Associations data, segment data and issue legacy mailing to 33%, Annual Report mailing to 33% and Priorities Brochure to 34%
- IV. Hold a minimum of 5 x 1:1 meetings with solicitors
- V. Complete plan for the first Awyr Las legacy month, due to be held in 2020

Impact Assessment

All legacy materials are produced bilingually and all electronic materials can be printed off and sent to those who cannot access a computer.



Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 10 th December 2019						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Charity Risk Register						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Rebecca Hughes, Charity Accountant						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to review and 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	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:							
The Charitable Funds Committee has responsibility for the management and stewardship of Charitable Funds. This includes overseeing the risks of the charity.							
Cefndir / Background:							
<p>The charity's risks have all been entered onto the Health Board's Datix system, mirroring that of the Health Board.</p> <p>As agreed at the Charitable Funds Committee meeting in March 2019, the full charity risk register will be brought to the Committee on a yearly basis. This will be added to the Committee Cycle of Business for review every March. In intervening Committee meetings only red rated risks will be brought to the Committee for review.</p>							
Asesiad / Assessment:							
<p><u>Strategy Implications</u> Aligned to the Awyr Las Charity Strategy.</p> <p><u>Financial Implications</u> Not applicable.</p> <p><u>Risk Analysis</u> At November 2019 there are no red rated risks for the charity and so no risks are included in this paper.</p>							

Legal And Compliance

Not applicable.

Impact Assessment

Not applicable.

Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 10 th December 2019						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Rothschild Portfolio Report: Report to 30 th September 2019						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Ms Annick Crisford, Rothschild						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	<u>Appendix 1</u> : Q3 2019 Portfolio Report						
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:							
This is the Investments Report for the Charity as at the 30 th September 2019. It reports the movements in the charity's portfolio and provides a summary of the outlook over future months. Note that Rothschild reports in calendar years,							
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 uses Rothschild & Co to manage its investments, 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

This quarter saw the return of some surprising market dynamics. Strong bond markets signalled potential deflation/recession ahead. The BCUHB portfolio, however, appreciated by +1.42% in Q3 bringing year-to-date returns to +11.21% to the 30th September 2019.

While some market indicators seemed to be signalling the approaching end of this long cycle, others remained in good health – labour markets globally continued to improve; the combination of subdued inflation and respectable growth means that corporate profitability should remain healthy.

We estimate the long term projected returns we should expect to receive to remain comfortably above prospective inflation rates. We also consider that whilst the global economy may be slowing, it is not collapsing, which suggests we should not yet be poised for a more dramatic reversal in profits.

Overall, the portfolio maintains a solid allocation of 69.9% to ‘return’ assets. We continue to expect these assets to drive long-term performance, but, they are also likely to be volatile over shorter periods. The portfolio remains focused on the selection of high quality businesses and funds that are trading at valuations, which we believe should enable attractive forward returns over the long term. The ‘return’ assets performed positively in Q3 2019.

The portfolio continues to maintain a notable allocation of 30.1% to ‘diversifying’ assets - these assets are included to provide real diversification and protection in difficult market conditions. The diversifying assets in the portfolio are primarily held to protect against a pronounced and protracted market sell-off.

Risk Analysis

Not applicable – the Charity Risk Register is reported separately.

Legal And Compliance

Not applicable.

Impact Assessment

Not applicable.



BCUHB

Q3 2019 Portfolio Report

September 2019

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3	The portfolio	7
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1

Executive summary – Investment report to 30th September 2019



Current portfolio positioning

An overview for Q3 2019

- 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.
- 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.
- This quarter saw the return of some surprising market dynamics. Strong bond markets signalled potential deflation/recession ahead, with negative yielding debt spreading and the US treasury curve inverting (albeit briefly): concern over a global industrial downturn - particularly in Germany, which seemed poised to enter a technical, if shallow, recession in the third quarter – strengthened. The BCUHB portfolio, however, appreciated by +1.42% in Q3 bringing year-to-date returns to +11.21% to the 30th September 2019.
- In the background, the reshuffling of the geopolitical 'wall of worry' was fuelled by some old concerns (Iran, Argentina) and some new (Hong Kong, Saudi Aramco). But perhaps most visible were the erratic trade relations, where a typically abrasive President Trump subjected a further \$300bn of Chinese imports to higher duties, to be followed by a retaliatory response from Beijing. But amidst all this political bluster and ominous market dynamics, we still see scope for a constructive approach: it has yet to be officially confirmed, but this is now the longest cycle on record – over a decade for the US expansion – and despite the slowdown, growth remains close to trend in most regions, inflation is all but absent and central banks globally (with the exception of Norway's Norges Bank) are leaning towards more accommodative policy. suit, pushing its deposit rate further into negative territory to -0.5% and introducing a new round of asset purchases. The US Federal Reserve implemented two rate cuts during the quarter, lowering the Federal Funds target rate by 50bps to 1.75%-2.0% range. The European Central Bank followed suit, pushing its deposit rate further into negative territory to -0.5% and introducing a new round of asset purchases. Even the Bank of England has now finally conceded that rates may have to fall to combat the fallout of a disorderly succession from the EU. We may wonder whether such moves are warranted, but they will have a supportive effect on economies and markets.
- While some market indicators seemed to be signalling the approaching end of this long cycle, others remained in good health – labour markets globally continued to improve, with the US unemployment rate holding steady at 50-year lows and a more convincing upturn in wage growth suggesting consumer spending remains well supported. The combination of subdued inflation and respectable growth means that corporate profitability should remain healthy: US earnings defied expectations of an outright fall in Q2 – expanding modestly +2% year-on-year and on track to expand by mid-single digits for the full year. Margins may be elevated by historical standards, but then borrowing costs are subdued – a point taken advantage of by corporate treasurers, who issued a record \$434bn of debt globally in September – and the arrival of this late-cycle monetary easing should support earnings for the time being.
- We estimate the long term projected returns we should expect to receive to remain comfortably above prospective inflation rates. We also consider that whilst the global economy may be slowing, it is not collapsing, which suggests we should not yet be poised for a more dramatic reversal in profits.
- Overall, the portfolio maintains a solid allocation of 69.9% to '**return**' assets. We continue to expect these assets to drive long-term performance, but, they are also likely to be volatile over shorter periods. The portfolio remains focused on the selection of high quality businesses and funds that are trading at valuations, which we believe should enable attractive forward returns over the long term. The 'return' assets performed positively in Q3 2019.
- The portfolio continues to maintain a notable allocation of 30.1% to '**diversifying**' assets - these assets are included to provide real diversification and protection in difficult market conditions. By way of reminder, the diversifying assets in the portfolio are primarily held to protect against a pronounced and protracted market sell-off.



Portfolio update – Q3 2019

Below we have provided an overview of the portfolio's performance and changes made within the portfolio over the course of the third quarter of 2019

Portfolio changes – Q3 2019

New positions

S&P 500 Put 2450 - Sep 2020	Diversifier	Sep
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Increases

Ryanair	Return - Special Sit	Aug
Vanda Fund	Return - Special Sit	Aug

Sales

Lansdowne Developed Markets	Return - Core	July
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Decreases

CFM Trends	Diversifier	Sep
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Portfolio activity – Q3 2019

- Portfolio activity was limited over the quarter, although we continue to monitor our existing holdings thoroughly, work to find new sources for investment and widen our collective knowledge base.
- We did add to our position in Ryanair, the low-cost carrier, in August. We continue to see consolidation in the airline industry: Germania, Flybmi and WOW have been joined by Aigle Azur, XL, Adria and – most notably in the UK – Thomas Cook as casualties of 2019's shakeout. In the short term such events may lead to volatility, but they present attractive buying opportunities and, in the long term, Ryanair's leading position as the lowest cost, highest volume carrier leads us to think that they are likely to be net beneficiaries.

- New positions:** After the strong run in equity markets this year, we wanted to maintain protection in the portfolio, therefore we also added a new put option warrant to the portfolio in September ahead of the expiry of a similar

- Our biggest detractors over the period were Middleby (-13.9%) and Fox (-13.4%). In both cases there was no clear catalyst for their declines. These are both relatively new positions in the portfolio (August 2018 and March 2019 respectively), and we continue to believe that they exhibit attractive attributes in their respective niches.

Performance contributors – Q3 2019

- Over Q3 2019, the BCUHB portfolio returned +1.4%. Our best performer this quarter – up 8.8% – was the CFM IS Trends Fund. CFM IS Trends is a trend-following strategy which aims to benefit from sustained trends in futures and currency markets. The strategy systematically applies trend-following rules across these markets – that is, buying when prices are trending up and selling (or shorting) when prices are trending down. The idea, in short, is that they can benefit in both rising and falling markets and therefore make for a more robust overall portfolio. The fund was able to benefit from a number of strong trends over the period, particularly in fixed income markets. Another of our funds with a significant trend-following component – ACL Alternative – similarly benefited, appreciating 4.7% for the quarter.
- Among our direct equities, S&P Global was our strongest performer (+7.7% for the period). This was partially driven by a positive reaction to second quarter financial results, which showed group revenue increasing 6% (7% organic) and operating margins improving to 51.3%. S&P is one of two rating agencies we hold in the portfolio alongside Moody's. Both companies, we feel, have strong competitive advantages from the network effect they enjoy amongst debt investors and issuers and can continue to price ahead of inflation.



Our investment view

Slower growth, revived trade tension. But slowdown remains moderate, and policy is lenient

POLITICS	TRUMP		A cornered president may be even more unpredictable. Trade tensions have faded as talks have resumed, and we remain optimistic that a positive outcome is eventually possible, but risks clearly remain. Potential impeachment aside, the Democrat challenge in 2020 remains unconvincing, and political dysfunction will continue. The Fed is offering some monetary insurance
	GEOPOLITICS		Unresolved trade issues, the Middle East's evolving trauma, Hong Kong protests, Venezuela's predicament, sustainability issues - all are unsettling. A resurgence in collectivism would be a potential game changer. But for now, the economic effects remain manageable. Meanwhile, some concerns have become less pressing: European populism has lost some momentum
	EUROPE		The risk of an imminent no-deal Brexit seems to have receded as the UK heads to the polls - its third general election in less than four years. Meanwhile, Macron continues to pursue both French liberalisation and EU integration; and while euro area economic data remain among the weakest, the ECB, like the Fed, is offering some support
ECONOMY	CHINA		Data are still consistent with a gradual slowdown – subject to those unresolved tariff risks. The government continues to use its monetary and fiscal flexibility, with more still in reserve. The cheaper renminbi helps – though it has not been intentional, whatever Mr Trump thinks. We see China's debt as remaining a largely domestic issue
	INTEREST RATES		The Fed has delivered a third rate cut to help mute those trade-related and other cyclical risks. Markets still expect more, though we remain sceptical. The ECB is delivering more stimulus; the BoJ plans to remain accommodative into 2020; but the Bank of England seems likely to remain on hold while Brexit and domestic politics are uncertain
	BUSINESS CYCLE		Data have softened further but economies are still slowing, not in freefall. The US expansion in July likely became the longest ever, but consumers still have fuel in the tank. Risks remain most focused on German manufacturing, and the UK (where a Brexit-related inventory cycle is blurring the picture). Generally, there are still few macro excesses requiring correction
MARKETS	VALUATIONS		Stocks have risen to new highs and as trade tensions have faded, the risk seems more evenly balanced. However, profitability remains healthy, and they remain the most likely asset to deliver long-term inflation-beating returns. Many bonds by contrast remain prohibitively expensive, with most yields well below even today's subdued inflation rates
	MARKET DYNAMICS		Implied volatility has fallen back as we'd thought it could, despite the economic slowdown and trade uncertainties. Friendly monetary policy continues to keep many derivatives cheap. Until monetary policy changes course we expect such prices to trend at low levels, making derivatives a more cost-effective form of portfolio insurance than bonds, for example

Source: Rothschild & Co

KEY

	OPTIMISM		Changing view: OPTIMISM ► NEUTRAL
	NEUTRAL VIEW		Changing view: NEUTRAL ► OPTIMISM
	CAUTION		

2

Investment approach for the BCUHB portfolio



Our understanding

We have summarised our understanding of the investment approach for the BCUHB charitable portfolio, based on our meetings and discussion

Background	<ul style="list-style-type: none"> • Charity details: The Betsi Cadwaladr University Health Board charity is a UK registered NHS charity covering the whole of North Wales. The overall objective of the charity is to provide additional support for the benefit of staff and patients within the Betsi Cadwaladr University Health Board, in accordance with the wishes of donors. • Source of wealth: Donations and fundraising, legacies and investment income. • Attitude to the charity assets: The Trustees aim to maintain and, if possible enhance the real value of the invested funds. Diversification is important, as is the minimisation of losses.
Income and Tax	<ul style="list-style-type: none"> • Income: There is no specific income requirement from the investment portfolio, although this will depend on the generation of new funds and expenditure commitments. • Tax: As a registered charity, the fund is not subject to income tax or CGT. VAT payable on investment management fees can be reclaimed back by the charity.
Return objective and risk	<ul style="list-style-type: none"> • Return: The Trustees wish to preserve and grow the real value (after inflation) of the portfolio and to generate a balance of capital growth and income. • Risk: The Trustees have agreed to adopt a 'balanced' portfolio strategy following the meeting in July 2015. • Time Horizon: Long-term time horizon (10 years+). • Ongoing: We recommend reviewing your return objectives and risk tolerance on a regular basis and confirm that nothing is 'set in stone'.
Currency	The reference or base currency for the portfolio is Pounds Sterling.
Comparators	The portfolio is reviewed against a range of indices.
Constraints	No direct investment is permitted into areas which may be in conflict with the principles of the BCUHB. Specifically this excludes direct investment into the following areas: Armament and weapon production, child labour, tobacco and alcohol, pornography and prostitution and companies known to cause substantial environmental damage.
Reporting	Contract notes, audited quarterly valuations, fee invoices and an annual tax pack are currently sent to Rebecca Hughes at Wrexham Maelor hospital. Monthly and quarterly valuations are also uploaded to eAccess for Rebecca Hughes. We are happy to attend regular update meetings with the investment committee and provide ad-hoc investment reports.

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.

3

The portfolio



Performance

The table below shows the performance and value of the portfolio compared to its return objective for a 'Balanced' investment strategy

Performance (net of all fees) to 30 th September 2019			
Period	BCUHB	Inflation*	Return objective (Inflation + 3%)
Cumulative since inception (6th September 2011)	+60.77%	+15.67%	+46.28%
Annualised since inception (6th September 2011)	+6.06%	+1.82%	+4.83%
2019 (to 30.09.19)	+11.21%	+1.31%	+3.55%
2018	-3.39%	+2.10%	+5.10%
2017	+6.89%	+2.94%	+5.94%
2016	+9.75%	+1.60%	+4.60%
2015	+0.94%	+0.20%	+3.20%
2014	+6.58%	+0.50%	+3.50%
2013	+8.23%	+2.05%	+5.05%
2012	+5.46%	+2.63%	+5.63%
2011 (06.09.11)	+3.88%	+1.39%	+2.34%
BCUHB portfolio value			£8,344,107
Estimated annual income & gross yield		£76,645	0.92%

'Balanced'
investment strategy

'Cautious'
investment strategy

The portfolio has generated an annualised return of 6.1% since inception, which equates to a return of 4.3% above inflation per annum.

Source: Rothschild & Co, Bloomberg

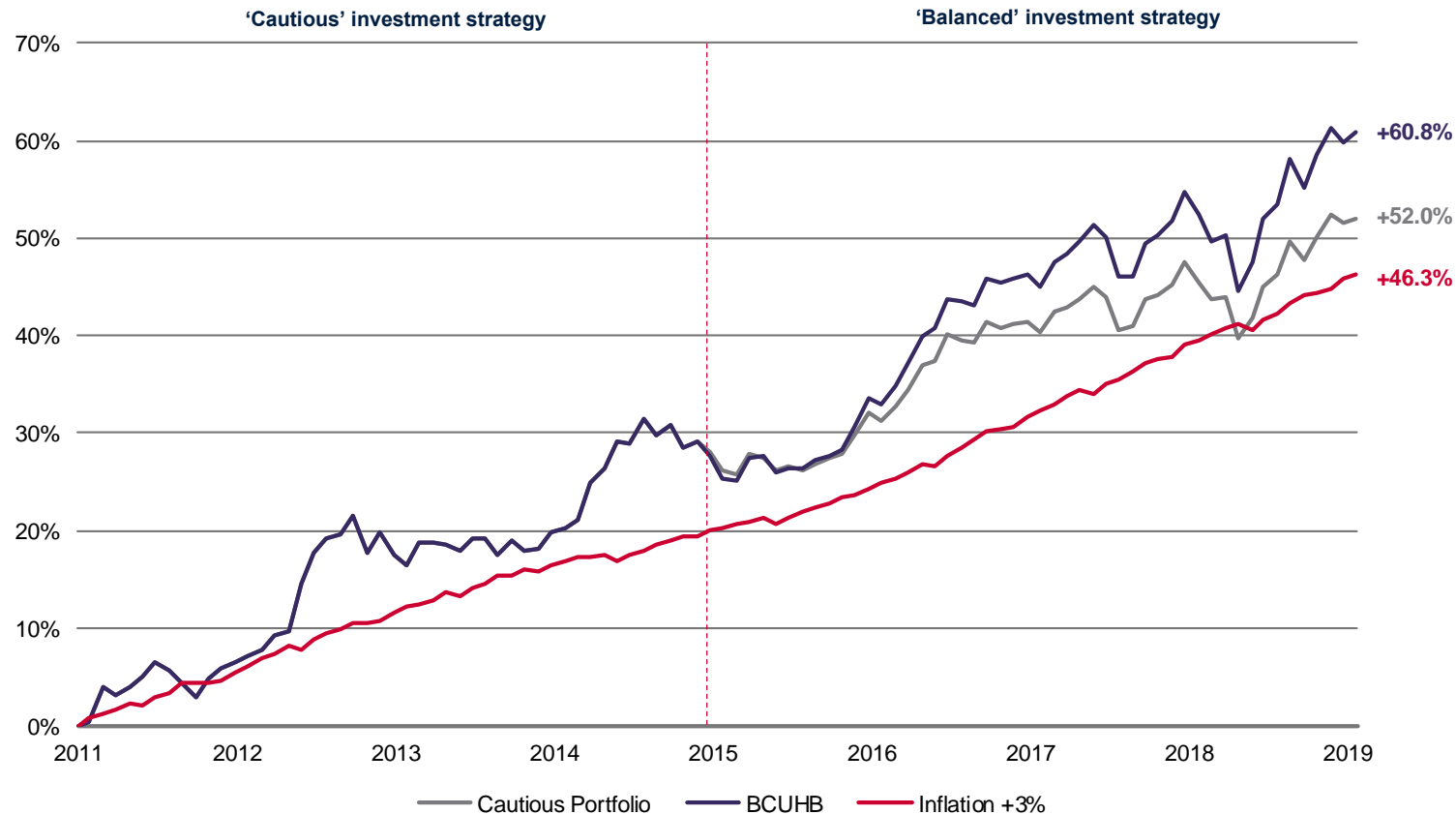
Notes

- * Inflation data is calculated from 31st August 2011 to 30th September 2019.
1. Past performance is not indicative of future performance and the value of investments and income from them can fall as well as rise.
2. Returns may increase or decrease as a result of currency fluctuations.
3. Portfolio performance is shown after all fees. Performance shown is total return, combining income and capital growth.
4. Index used: Inflation (UK Consumer Price Index EU Harmonised YoY NSA).
5. All performance shown is for the BCUHB Main Portfolio and excludes the BCUHB re Ron and Margaret Smith portfolio which was closed in April 2016.
6. The investment strategy for the BCUHB portfolio changed in July 2015 from a "cautious" approach to a "balanced" approach.



Portfolio performance

Performance is not linear. The portfolio has achieved a return in excess of the return objective since inception to 30th September 2019



Annualised Return

BCUHB	6.1%
Cautious Portfolio	5.3%

Historical Volatility

BCUHB	5.1%
Cautious Portfolio	4.7%
UK Equities	10.5%
World Equities (£)	10.1%

Maximum Drawdown

BCUHB	-6.5%
Cautious Portfolio	-5.2%
UK Equities	-12.5%
World Equities (£)	-10.9%

Source: Rothschild & Co, Bloomberg

Notes

1. Inflation data is calculated from 31st August 2011 to 30th September 2019.
2. Past performance is not indicative of future performance and the value of investments and income from them can fall as well as rise. Returns may increase or decrease as a result of currency fluctuations. Portfolio performance is shown after all fees. Performance shown is total return, combining income and capital growth.
3. Volatility is calculated as the annualised standard deviation of monthly returns. Maximum Drawdown is a measure of risk and shows, in percentage terms, the worst peak to trough decline over the period.
4. Indices used are: Inflation (UK Consumer Price Index EU Harmonised YoY NSA). UK Equities (MSCI UK All Caps Net Total Return). World Equities (MSCI World AC Net Total Return in sterling terms).

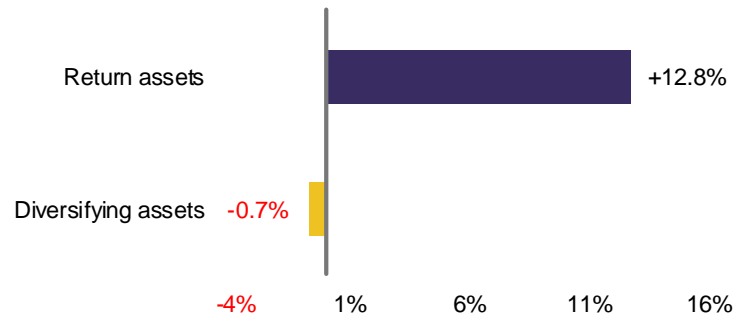
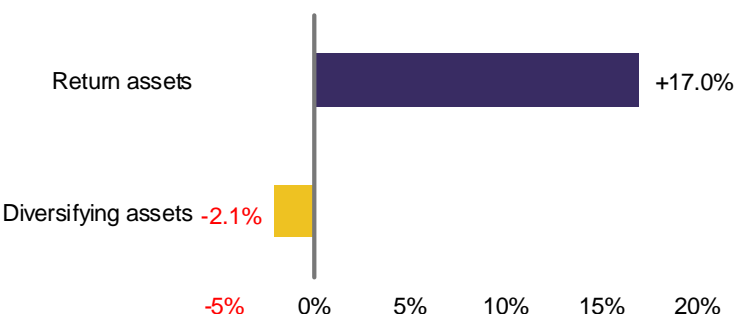


Performance contribution

The tables below show the top contributors and detractors in the portfolio from 1st January 2019 to 30th September 2019

Top contributors			Top detractors		
Security	Performance	Contribution	Security	Performance	Contribution
Moody's	+0.47%	+1.28%	Fox Corporation	-0.23%	-0.37%
S&P Global	+0.45%	+1.23%	Euro Stoxx 50 Put 2900 - Jun 19	-1.00%	-0.25%
American Express	+0.25%	+1.00%	S&P 500 Put 2350 - Sep 19	-1.00%	-0.22%
Comcast	+0.34%	+0.85%	S&P 500 R Put 2300 - Dec 19	-0.94%	-0.18%
Linde	+0.26%	+0.77%	Okura	-0.10%	-0.17%
Vanda Fund	+0.37%	+0.77%	Lansdowne Developed Markets	-0.09%	-0.14%
Mastercard	+0.44%	+0.74%	Euro Stoxx 50 Put 2800 - Mar 19	-1.00%	-0.09%
Cable One	+0.54%	+0.71%	Artemis Volatility	-0.09%	-0.06%
Bares US Equity	+0.11%	+0.63%	Euro Stoxx 50 R Put 2950 - Mar 20	-0.59%	-0.06%
TCI	+0.18%	+0.58%	Rubicon	-0.07%	-0.05%

Special Situation
Core
Diversifier



Source: Rothschild & Co

Notes

1. Performance shown is total return i.e. combining income and capital growth and in the security's local currency.
2. Past performance is not a reliable indicator of future results. The value of investments and income from them can fall as well as rise.
3. The above holdings illustrate investments made within the portfolio at the discretion of Rothschild & Co Wealth Management (UK) Limited. They are not shown as a solicitation, recommendation or promotion of any security or fund on a standalone basis. Holdings are subject to change without notice.
4. Put options behave like insurance; we pay a premium for them and hope that they expire worthless, losing only the premium (a very small deduction). They will make money if equity markets fall, thereby providing portfolio protection.
5. FX hedges (which contributed negatively to year-to-date returns to the end of Q3 2019 by -0.9%) are not included in the calculation of diversifying asset performance and contribution in the above bar charts.



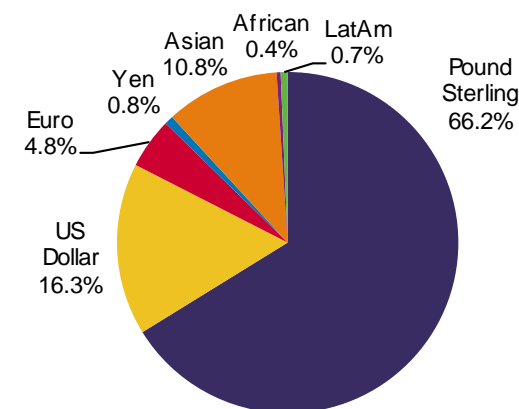
Portfolio

The table below shows the portfolio split between Return and Diversifying assets as at 30th September 2019

RETURN ASSETS (68.6%)		DIVERSIFYING ASSETS (31.4%)	
Equities - Companies	20.8%	Equities - Companies	21.2%
Admiral	3.4%	American Express	3.9%
Cable One	1.7%	Comcast	2.8%
Charter Communications	1.4%	Deere	3.0%
Fox Corporation	1.6%	Linde	2.9%
Liberty Broadband	0.6%	Mastercard	2.0%
Lloyds	3.0%	Moody's	3.3%
Middleby Corporation	1.8%	S&P Global	3.3%
Ryanair	3.6%		
Wells Fargo	3.6%		
		Equities - Funds	19.3%
Equities - Funds	7.3%	Bares US Equity	4.3%
Albizia ASEAN*	1.8%	Berkshire Hathaway	4.4%
Vanda Fund	3.0%	IVI European	3.3%
Ward Ferry Asian Smaller Cos*	2.5%	Phoenix UK	3.9%
		TCI	3.4%
		Alternative Strategies	6.1%
		Abbey Capital	1.9%
		Artemis Volatility	0.8%
		CFM IS Trends	2.4%
		CFM Trends	1.0%
		Portfolio Protection	1.5%
		Okura	1.3%
		Euro Stoxx 50 R Put 2950 - Mar 2020	<0.1%
		S&P 500 Put 2450 - Sep 2020	0.1%
		S&P 500 R Put 2300 - Dec 2019	<0.1%
		S&P 500 Put 2500 - Jun 2020	0.1%
		Fixed Income - Investment Grade	22.5%
		RMW Investment Grade Bond Fund	22.5%
		Cash	1.4%
		Cash	<0.1%
		Cash / T Bills (SOF)*	1.4%
		Currency Hedges	
		GBP FX Hedge	20.2%
		EUR FX Hedge	-3.9%
		USD FX Hedge	-16.3%

Special Situation
Core
Diversifier

Currency exposure



Source: Rothschild & Co

Notes

* Position held via the Selected Opportunities Fund (SOF). This is a Rothschild vehicle that allows us to allocate to talented managers with limited capacity or liquidity. We do not charge an investment management fee within the SOF and RWM Investment Grade Bond Fund.

- Percentages may not sum to 100% due to rounding. The above shows a summary composition of the portfolio. For a more detailed composition, please rely on official publications. The above holdings illustrate investments made within the portfolio at the discretion of Rothschild Wealth Management UK Limited. They are not shown as a solicitation, recommendation or promotion of any security or fund on a standalone basis. Holdings are subject to change without notice.
- We show the currency exposures of the portfolio on a "see-through" basis, looking into the currency exposures of underlying holdings. We do this to provide a more accurate view of actual economic currency exposures rather than use the base currencies of holdings (such as a security listed in USD or a Fund in GBP) which do not provide that currency exposure insight. The information is based on the most up to date information from the underlying security and fund providers.

4

Important information

Important information

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Charitable Funds Committee Report



Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 10/12/19						
Cyhoeddus neu Breifat: Public or Private:	<i>Public</i>						
Teitl yr Adroddiad Report Title:	Awyr Las Strategic Priorities Report December 2019						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director Of Finance						
Awdur yr Adroddiad Report Author:	Kirsty Thomson, Head of Fundraising						
Craffu blaenorol: Prior Scrutiny:	<i>No prior scrutiny</i>						
Atodiadau Appendices:	<i>Appendices 1: Awyr Las Strategic Priorities Presentation</i>						
Argymhelliad / Recommendation:							
<i>The Committee is asked to approve the fundraising focuses, timescales and outline plans for the four Awyr Las Strategic Priorities: Cancer Care; Older People; Younger People; Mental Health Support</i>							
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 type="checkbox"/>
Sefyllfa / Situation:							
<p><i>This paper provides the outline plans for the development of four strategic fundraising appeals, all of which will be launched in 2020 and closed by the end of the 2023/24 financial year. This document and the accompanying presentation aims to provide Charity Committee members with:</i></p> <ul style="list-style-type: none"> ▪ <i>An introduction to the plans for the four appeals</i> ▪ <i>Demonstrable targets that must be met in order for these four appeals to be successful</i> 							
Cefndir / Background:							
<p><i>The 2016-21 Awyr Las Strategy set out the Awyr Las Support Team's (ALST) intention to focus all proactive fundraising efforts on four strategic priorities: Cancer Care; Older People; Younger People; Mental Health Support. All marketing carried out by the ALST has always, and will continue to, promote the key message that all supporters can 'support a ward or healthcare service close to their heart'. All supporters will continue to be able to do so; there is no intention to reduce the number of active funds within the charity. In line with plans outlined in the Awyr Las Strategy (see https://awyrlas.org.uk/content/downloads/The-Awyr-Las-Strategy-2016-to-2021.pdf) since 2016 the ALST has worked with frontline colleagues to identify small key projects within the four strategic priority areas, and the ALST has proactively encouraged potential supporters to give to these areas (for an example of this see https://awyrlas.org.uk/neldelsheartsandminds). In 2018 the Hearts and</i></p>							

Minds Grant (see <https://awyrlas.org.uk/heartsandminds>) was launched with the purpose of encouraging all staff to help determine and priorities these small key projects.

Throughout 2019 the ALST has worked with senior managers, frontline staff and patient representatives to identify large projects which require charitable funding. The businesses plans for the four strategic priority fundraising campaigns are now in development, and the fundraising feasibility assessment will commence in January for the following four campaigns:

- **OLDER PEOPLE:** A virtual learning and training facility and equipment to improve care for patients with dementia and complex needs across North Wales (£150,000 charitable campaign, 2020-2022)
- **CANCER CARE:** Shooting Star Cancer Care Unit (Wrexham Maelor Hospital) Development Project (£3million charitable campaign, 2020-2022)
- **MENTAL HEALTH SUPPORT:** I CAN Centres across North Wales (£150,000 charitable campaign, 2020-2023)
- **YOUNGER PEOPLE:** First 1,000 Days Campaign (£100,000 charitable campaign, 2020-2023)

Asesiad / Assessment & Analysis

Strategy Implications

The fundraising campaigns will consider all five of the ways of working within the Wellbeing of Future Generations Act (WFGA):

- ✓ The campaigns are being designed to develop services which address long term needs
- ✓ Consideration will be given to all seven well-being goals as plans are being executed (for example, environmentally beneficial fundraising initiatives will be prioritised)
- ✓ Patients and stakeholders will be involved at all stages of the campaign
- ✓ Colleagues from across Betsi Cadwaladr University Health Board (BCUHB) will be involved in designing and executing the campaign
- ✓ All of the campaigns will include a public health prevention element, they will not just address the needs of patients with existing physical and mental illnesses and conditions.

OLDER PEOPLE:

- **BCUHB Priorities** The Dementia Care Team's (DCT) plans aim to address BCUHB's plans for care closer to home and referral to treatment.
- **WFGA** The Older People's Campaign will achieve a healthier Wales and a Wales of Cohesive Communities.
- **BCUHB Approval** No approval has been granted for the virtual learning and training facility and equipment business plan to date. The Business Plans will have been presented to all necessary authorising panels by March 2020.

CANCER CARE:

- **BCUHB Priorities** The Cancer Care Team (CCT) plans aim to address BCUHB's plans for referral to treatment.
- **WFGA** The Cancer Care Campaign will achieve a healthier Wales and a Wales of Cohesive Communities.
- **BCUHB Approval** A Project Board has been convened, but approval has been granted for the Shooting Star Development Project plan or associated staffing increase plan to date. The Business Plans will have been presented to all necessary authorising panels by March 2020.

MENTAL HEALTH SUPPORT:

- **BCUHB Priorities** The I CAN Team (ICT) plans aim to address BCUHB's plans for unscheduled care, referral to treatment and care closer to home.
- **WFGA** The I CAN Campaign will achieve a healthier Wales and a Wales of Cohesive Communities.
- **BCUHB Approval** The I CAN Campaign was soft launched in 2018 and it has thus far focussed on small scale priorities (see <https://awyrlas.org.uk/icangrant>). The I CAN campaign will continue to focus on smaller projects (under £25,000) until a detailed plan has been agreed.

YOUNGER PEOPLE: First 1,000 Days Campaign (£100,000, 2020-2023)

- **BCUHB Priorities** This campaign aims to address BCUHB's plans for unscheduled care, referral to treatment and care closer to home.
- **WFGA** This campaign will achieve a healthier Wales and a Wales of Cohesive Communities.
- **BCUHB Approval** The team overseeing the campaign focus will finalise the fundraising priorities by March 2020.

Financial Implications

All financial implications of the strategic projects which form the focus of the campaigns will be included in the campaign's businesses cases.

The strategic campaigns must attract additional charitable support to that already given to the charity, N.B. the ALST aims to use the campaigns to draw in support from new and different funding sources. The financial implications of the fundraising campaigns are:

1. Additional resource is required to conduct a £3million cancer care campaign. A dedicated Cancer Care Campaign fundraiser is required for a minimum of 22.5 hours per week for 2 years. This person will need to be funded through the Cancer Care Team's Funds. Annual cost:
 - £28,200 Fundraising Coordinator (Band 6)
 - £15,000 Additional costs (laptop, travel and marketing)
 Total cost over a 2-year campaign: £86,400. There are sufficient existing funds within the Shooting Star Unit Fund (7Q02) to fund this and to commit to three years of funding for regular activity which will need to continue (for example, patient wigs and complementary therapy) The Head of Nursing and General Manager for Cancer Care have agreed in principle to these costs.
2. The ALST's current vacant post must be filled in order for the team to have the capacity to oversee all four campaigns
3. The Staff Lottery management budget must be in place to ensure sufficient marketing budget is available to promote the campaigns

Risk Analysis

Challenge	Risk Associated	What could happen?	Existing Control Measures	Current Risk Rating (High / Medium / Low)	Action Required	Included on BCUHB Main Risk Register
Robust joint working arrangements in place with third party volunteer fundraisers and partners	Breakdown of working relationship and associated reputational and financial complications	Public complaints and loss of charitable income	Regular meetings, Clear Point of contact, Agreements in place	High	MOUs & Volunteer Agreements for all involved in campaign fundraising	No

Internal silo working and lack of involvement from key departments and people within BCUHB	Breakdown of working relationships leading to poorly executed plans and communication	KPIs not achieved and unsuccessful campaign	Regular meetings, Clear lead staff and lay members, Agreements in place	High	Joint Working Agreements (JWA) for all leading on the fundraising campaign	No
Lack of information on the healthcare project and clear need behind the campaign - the necessary case for support to engage potential supporters	No clarity on what donations will fund (lacking important messaging, for example £50 could fund X)	Lack of interest and trust from potential supporters. No significant donations. Campaign will stall.	Business case planning. Case for support examples from campaigns from successful NHS Charities	High	Business Case Updates. Joint Working Group regular meeting schedule set up. Case for support workshop for all involved in the campaign development	No
Disinterest in campaigns internally and externally, due to competing appeals	Not able to attract new and different funding streams	Miss out on significant donations	Regular surveying. Awareness of external campaigns. Prioritise workloads of ALST staff to ensure people aware of Awyr Las.	Medium	Detailed feasibility studies for all four campaigns to identify major donors and possible public appeal advocates	No
Insufficient capacity to manage four campaigns	Unable to execute plans	KPIs aren't met and agreed timetables slip	Regular budget monitoring, Regular 1:1s & reporting with ALST members. Foster culture of openness.	Medium	Detailed budget plans to be submitted to Charity Committee in March 2020	No

Legal and Compliance

- *A Memorandum of Understanding must be drawn up between Shooting Star Cancer Care, the independent charity that wishes to spearhead the Cancer Care Campaign, and the Awyr Las Support Team. TO BE COMPLETED & SIGNED BY MARCH 2020.*

KPIs

- *Campaign Joint Working Agreements between Awyr Las Support Team and the four Priority Area Services must be drawn up. The signatories must include: Charity Accountant; Head of Fundraising; Executive Lead for the Campaign; Operational Lead; Planning Lead; Patient Lead; Community Representative Lead; Charity Committee Lead; Communications Lead; Finance Lead; Awyr Las Lead Manager. TO BE COMPLETED & SIGNED BY MARCH 2020.*
- *Feasibility Studies on all four campaigns. TO BE COMPLETED & PRESENTED TO CHARITABLE FUNDS COMMITTEE BY MARCH 2020.*
- *Three Year Fundraising Plans for all four campaigns. TO BE COMPLETED & PRESENTED TO CHARITABLE FUNDS COMMITTEE BY MARCH 2020.*

Impact Assessment

All Strategic Project Business Cases will include Impact Assessments. All Fundraising Plans will include Impact Assessments.



Awyr Las
Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

Strategic Priorities Campaigns

Your NHS Charity

Registered Charity Number 1138976



/awyrlascharity



/awyrlascharity



/awyrlascharity

Strategic Priorities Background

Over 400 different funds in Awyr Las
Hearts and Minds Grants

Four Strategic Priorities

In addition to maintaining current support

Planning and feasibility stage

Public once secured major donations

Workshops & regular meetings

Risks



Key People

Charity Accountant
Head of Fundraising
Executive Lead for the Campaign
Operational Lead
Planning Lead
Patient Lead
Community Representative Lead
Charity Committee Lead
Communications Lead
Finance Lead
Awyr Las Lead Manager
Third Sector Groups – Partners



Older People

A virtual learning and training facility and equipment to improve care for patients with dementia and complex needs across North Wales

£150,000 from 2020-2022

Public Appeal Launch 01/10/2020,
International Day for Older People

Suzie Southey, Consultant Nurse for
Dementia



Mental Health

The I CAN Campaign

Soft launched in 2018

£150,000 from 2020-2023

Public Appeal Launch Sat 10/10/2020,
World Mental Health Day

Lesley Singleton, Director of Partnerships
Mental Health & Learning Disabilities



Younger People

The First 1,000 Days

Public Health initiatives, community and hospital based projects, including parental / carers accommodation

£100 a day for £1,000 days

Public Appeal Launch Sun 14/06/2020,
Children's Day

Jane Trowman, Head Of Strategy & Health
Planning



Cancer Care

Shooting Star Cancer Care Charity
partnership

£3million by 2022

Public Appeal Launch Thurs 24/09/2020, in
the month of many 'cancer awareness'
initiatives

Additional ALST Member required

Beryl Roberts, Head of Nursing for Cancer
Care Services



www.awyrlas.org.uk





Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 10 th December 2019		
Cyhoeddus neu Breifat: Public or Private:	Public		
Teitl yr Adroddiad Report Title:	Requests for Expenditure Approvals		
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance		
Awdur yr Adroddiad Report Author:	Rebecca Hughes, Charity Accountant		
Craffu blaenorol: Prior Scrutiny:	None		
Atodiadau Appendices:	<u>Appendix 1:</u> Monitors for Enhanced Care – Children’s Ward, YGC <u>Appendix 2:</u> Golvo 9000 Patient Hoist – Enfys Ward, YGC <u>Appendix 3:</u> Bladder Scanner - Stroke Unit, YGC <u>Appendix 4:</u> Capsule Endoscopy – Gastroenterology, YG <u>Appendix 5:</u> Equipment Storage - Glaslyn Ward, YG <u>Appendix 6:</u> Wet Rooms - Enfys Ward, YGC <u>Appendix 7:</u> Evaluating Musical Interaction Therapy (MIT) for Autism with Cross-BCU Impact – Children’s, West Area <u>Appendix 8:</u> Faecal Incontinence – Surgery, YG <u>Appendix 9:</u> Operating Lights - Ophthalmology, Abergele <u>Appendix 10:</u> Flooring Replacement and Upgrading of Nurses’ Station - Alaw Ward, YG <u>Appendix 11:</u> Study - Correlation between novel biomarker expression and interventional treatment in chronic back pain – Pain Management, Wrexham		
Argymhelliad / Recommendation:			
The Committee is asked to review each application for approval or rejection.			
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 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:

The report details the individual funding applications that have been submitted, the amounts requested and the funding source. Each request is supported by an individual application which provides a more detailed explanation and justification. These are attached as appendices to this report.

Asesiad / Assessment:

Strategy Implications

Aligned to the Awyr Las Charity Strategy.

Financial Implications

The applications received for consideration are summarised below:

Item	Title of Funding Application	Amount of Application £	Funding Source	Service
.1	Monitors for Enhanced Care – Children's Ward, YGC	6,155	8F09 - Paediatric Department, Glan Clwyd	Centre Area
.2	Golvo 9000 Patient Hoist – Enfys Ward, YGC	6,394	8Q02 - Cancer Charitable Fund, Glan Clwyd	Cancer - YGC
.3	Bladder Scanner - Stroke Unit, YGC	6,825	8B05 - Stroke Ward	Ysbyty Glan Clwyd & Abergele
.4	Capsule Endoscopy – Gastroenterology, YG	9,659	8T28 - General Funds	Ysbyty Gwynedd
.5	Equipment Storage - Glaslyn Ward, YG	10,000	8T35 - Awyr Las Older People Fund - Glaslyn Ward	Ysbyty Gwynedd
.6	Wet Rooms - Enfys Ward, YGC	11,231	8Q02 - Cancer Charitable Fund, Glan Clwyd	Cancer - YGC
.7	Evaluating Musical Interaction Therapy (MIT) for Autism with Cross-BCU Impact – Children's, West Area	16,500	8T28 - General Funds	West Area
.8	Faecal Incontinence – Surgery, YG	24,000	9N20 - GS/Colorectal (West) General Purpose Fund & 8T28 - General Funds	Ysbyty Gwynedd
.9	Operating Lights - Ophthalmology, Abergele	25,773	8N04 - Ophthalmic Unit	Ysbyty Glan Clwyd & Abergele
.10	Flooring Replacement and Upgrading of Nurses' Station - Alaw Ward, YG	36,000	9Q04 - Janet Jones (Alaw), YG	Cancer - YG
.11	Study - Correlation between novel biomarker expression and interventional treatment in chronic back pain – Pain Management, Wrexham	51,500	8T28 - General Funds	Wrexham Maelor

The total amount requested from General Funds is £99,659. Available General Funds totalled £287,000 at the 30th September 2019.

Risk Analysis

Not applicable.

Legal And Compliance

Not applicable.

Impact Assessment

Not applicable.

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Monitors for Enhanced Care – Children’s Ward YGC	
<u>Name & Job Title of Lead Applicant</u>	Jayne Thomas Childrens Clinical Services Manager	
<u>Name & Job Title of Other Applicants</u>	Cara Roberts Ward Manager – Childrens Unit	
<u>Maximum Expenditure Requested</u>	£6,155	
<u>Fund to be Sourced</u>	<u>Fund Number & Title</u>	Paediatric Department – Glan Clwyd Hospital – Fund 8F09
	<u>Current Uncommitted Balance</u>	£ 81,147.25
<u>Introduction and Background</u>		
<ul style="list-style-type: none"> • This is for close monitoring of children within the high dependency bed within the Childrens unit. • This includes continuous monitoring of their heart rate, blood pressure, oxygen levels and respiratory rate. • These children are very sick and have a potential to deteriorate quickly therefore, close monitoring is essential. • Ability to monitor will also detect improvement and the need to step down any treatments. 		

PLEASE RETURN COMPLETED FORMS TO: AWYR LAS FINANCE SUPPORT TEAM, ABERGELE HOSPITAL, LLANFAIR ROAD, ABERGELE, LL22 8DP
or E-MAIL TO rebecca.hughes2@wales.nhs.uk

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)				
Service Benefit (insert further rows if needed, must include patient care and financial benefits)				Measure
Non-invasive continuous monitoring of children improving patient care delivery				Children are monitored and there is early detection of changes in their condition – both deterioration and improvement.
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Non-pay				
Quote or Estimate?	Description			
	Purchase of Monitors			6,155
Total Pay and Non-pay				£6,155
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£
Less: Savings generated by this application				£
Net ongoing revenue costs charged to NHS budgets				£

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Risk Assessment	
Risk (insert further rows if needed)	Mitigation
There is a risk very sick children will not have their condition monitored and will rapidly deteriorate without the knowledge of clinicians	Use of old equipment that is unreliable and can be temperamental, but may have to be taken from another area of the ward. Risk that bed area becomes cluttered preventing timely access to very sick children
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
This is a one off purchase, that will not require ongoing funding	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
N/A	
Health Inequalities (State how the scheme addresses health inequalities)	
This will be used for all children requiring high dependency care.	
Equalities Impact	
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?	NO

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or E-MAIL TO rebecca.hughes2@wales.nhs.uk**

If YES, then please submit a copy of the Equality Impact Questionnaire with this form.

If NO, then state below what information/evidence the decision is based on.

This is for all children that require high dependency or intensive care (while waiting for the team to take them to a PICU)

Approvals


	Name & Date Approved	Comments
Fund Advisor	Jayne Thomas 31.10.19	
Capital Approval (Estates/IM&T/Medical Devices)	Medical Devices Group 18.11.19	
Chief Financial Officer	Nigel McCann 01.11.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Bethan Jones 01.11.19	
Charitable Funds Committee		

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or E-MAIL TO rebecca.hughes2@wales.nhs.uk**

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Golvo 9000 Patient Hoist – Enfys Ward, YGC	
<u>Name & Job Title of Lead Applicant</u>	Natalie Griffiths Ward Manager	
<u>Name & Job Title of Other Applicants</u>	Manon Williams Matron	
<u>Maximum Expenditure Requested</u>	£6,394	
<u>Fund to be Sourced</u>	Fund Number & Title	Cancer Charitable Fund – Glan Clwyd – Fund 8Q02
	Current Uncommitted Balance	£ 789,271.85
<u>Introduction and Background</u>		
<ul style="list-style-type: none"> • Previous Hoist has been condemned • Enfys ward does not currently have full hoist. • Full hoist required for, appropriate moving and handling purposes and the health and safety of patients and staff. • Maintenance for the hoist is already in place 		

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Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)				
Service Benefit (insert further rows if needed, must include patient care and financial benefits)				Measure
The Hoist is needed to mobilise complex patients and to maintain the safety of the staff.				
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Non-pay				
Quote or Estimate?	Description			
Quote	Purchase of hoist			
 Patient Hoist - Quote.pdf				
Total Pay and Non-pay				£6,394
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£

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Less: Savings generated by this application	£
Net ongoing revenue costs charged to NHS budgets	£
Risk Assessment	
Risk (insert further rows if needed)	Mitigation
If hew hoist is not sourced this poses a risk to patient safety and the staff.	
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
This is a one off purchase	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
Dementia friendly	
Health Inequalities (State how the scheme addresses health inequalities)	
This will be used for all patients who require a hoist	
Equalities Impact	

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Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?		YES/NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Approvals		
	Name & Date Approved	Comments
Fund Advisor	NWCTC Charity Group	
Capital Approval (Estates/IM&T/Medical Devices)	Medical Devices Group 18.11.19	
Chief Financial Officer	Paula Jones 27.11.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Geraint Roberts 28.10.19	
Charitable Funds Committee		

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AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Bladder Scanner - Stroke Ward (Ward 14), YGC	
<u>Name & Job Title of Lead Applicant</u>	Janet Lloyd Jones, Ward Sister	
<u>Name & Job Title of Other Applicants</u>	Tracy Sellar, Deputy General Manager, Medicine Directorate	
<u>Maximum Expenditure Requested</u>	£ 6,825	
<u>Fund to be Sourced</u>	Fund Number & Title	Stroke Ward - Fund 8B05
	Current Uncommitted Balance	£44,285.23
<u>Introduction and Background</u>		
<ul style="list-style-type: none"> • The bladder scanner on ward 14 has been condemned. It is an essential piece of equipment and purchase from the charitable fund is requested. • Bladder scanners will provide timely and high quality access and care to patients. Early diagnosis and treatment of patients ultimately leads to early recovery and prompt/appropriate discharge of patients. • Bladder scanning is used to estimate the amount of residual urine in a patient. Bladder scanning is a faster process than the traditional urethral catheterisation, it carries a lower risk of infection, costs less and is less uncomfortable for the patients. Ultrasound imaging uses sound waves with a 		

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frequency above the upper limit of human hearing. They are pulsed into the body and the echoes can be recorded, measured and used to build a picture of the soft tissues of the body. Ultrasound scanning is a non-invasive procedure. The use of bladder scanning instead of urethral catheterisation for estimating residual uring has reduced the incidence of urinary tract infections and care costs for hospitalised adults (Patraca, 2005; Moore and Edwards 1997). It also saves a patient the discomfort of catheterisation and associated risk of developing systemic infection. Using a bladder scan to measure post-void residual uring volume can reduce the frequency of catheterisation and save staff time (Teng et al, 2005).

- If the bladder scanner is not replaced in a timely manner patient care will be adversely affected because timely access to bladder scanning will not be possible. Other wards have access to bladder scanners however ward 14 is isolated from other ward areas and "borrowing" scanners from other wards is difficult and timely. Also if a scanner is borrowed from another ward that ward in turn will not have access to the scanner. Also the other bladder scanners within medicine will become overused and not reach their full life potential (as has happened with other machines). If a bladder scanner cannot be made available then patients may have to undergo urethral catheterisation instead of bladder scanning. As detailed above, this has been proven to lead to an increased number of infections compared with bladder scanning procedures. Cost efficiencies and time savings would not be realised without the purchase of additional bladder scanners. Urethral catheterisation, an invasive procedure with risks of infection, used to be regarded as the gold standard for measuring residual urine volume. It has now been superseded by an ultrasound scan of the bladder estimating the post-void residual urine (Martin et al, 2006). Bladder scanning for estimating residual urine is faster than urethral catheterisation, carries a lower risk of infection, costs less and is less uncomfortable for patients. O'Farrell et al (2001) compared 105 paired ultrasound measurements on 45 patients. The ultrasound assessment changed nursing practice in 51% of the cases; the most common change (32%) was that nurses did not catheterise the patient.
- A request for this purchase has been made via the capital equipment replacement process however as capital is not usually allocated until year end ward 14 cannot wait that long for replacement.


Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
All service benefits fully detailed above.	

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Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
n/a				
Non-pay				
Quote or Estimate?	Description			
Quote  Bladder Scanner - Quote.pdf	Purchase of replacement bladder scanner			6,825
	Consumables			Negligible
Total Pay and Non-pay				6,825
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£
Less: Savings generated by this application				£
Net ongoing revenue costs charged to NHS budgets				£
Risk Assessment				
Risk (insert further rows if needed)			Mitigation	
Risks fully detailed above.				

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Exit Strategy (Charitable Funds cannot fund ongoing commitments)		
n/a		
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)		
All patients will be treated regardless of condition, age, gender etc. This purchase will support the dementia strategy, as it will ensure dementia patients have access to appropriate treatment in a timely way.		
Health Inequalities (State how the scheme addresses health inequalities)		
It will ensure patients have access to timely treatment as soon as possible.		
Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?		no
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
All patients will be treated equally regardless		
Approvals		
	Name &	Comments

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	Date Approved	
Fund Advisor	Tracy Sellar 13.11.19	
Capital Approval (Estates/IM&T/Medical Devices)	Medical Devices Group 18.11.19	
Chief Financial Officer	Paula Jones 27.11.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Emma Jane Hosking 21.11.19	
Charitable Funds Committee		

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AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Capsule Endoscopy – Gastroenterology, YG (and Llandudno General Hospital for the surrounding BCUHB population)	
<u>Name & Job Title of Lead Applicant</u>	Joanna Elis-Williams, Deputy Medical Directorate General Manager	
<u>Name & Job Title of Other Applicants</u>	Dr Rachel Newbould, Consultant Gastroenterologist Dr Jonathan Sutton, Consultant Gastroenterologist	
<u>Maximum Expenditure Requested</u>	£9, 659	
<u>Fund to be Sourced</u>	Fund Number & Title	General Funds – Fund 8T28
	Current Uncommitted Balance	£ 297,280.22
<u>Introduction and Background</u>		
<p>Modern endoscopic techniques have revolutionized the diagnosis and treatment of diseases of the upper gastrointestinal tract (esophagus, stomach, and duodenum) and the colon. The small intestine has been a difficult organ in which to make diagnoses and treat without performing surgery. Radiological procedures, specifically the upper GI series with small bowel follow-through, which involves following swallowed barium as it passes through the intestine with x-ray films, have been available for diagnosis, but these radiological procedures are time-consuming and are not accurate in identifying small tumors and other subtle abnormalities of the small intestine. The demand for improved capabilities in the small intestine has been less because a minority of intestinal diseases involve the small intestine beyond the reach of the upper gastrointestinal endoscope and the colonoscope. Nevertheless, improved diagnostic and therapeutic capabilities in the small intestine would be very useful, particularly in uncovering the causes of abdominal pain, diarrhea, and anemia due to intestinal loss of blood and diagnosing diseases that may involve only the small intestine, for example, Crohn's disease. One of the newer technologies that expands the diagnostic capabilities in the small intestine is capsule endoscopy.</p>		

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Capsule endoscopy is a technology that uses a swallowed video capsule to take photographs of the inside of the esophagus, stomach, and small intestine. For capsule endoscopy, the intestines are first cleared of residual food and bacterial debris with the use of laxatives. A large capsule is swallowed by the patient. The capsule contains one or two video chips (cameras), a light bulb, a battery, and a radio transmitter. As the capsule travels through the esophagus, stomach, and small intestine, it takes photographs rapidly. The photographs are transmitted by the radio transmitter to a small receiver that is worn on the waist of the patient who is undergoing the capsule endoscopy. At the end of the procedure, approximately 8 hours later, the photographs are downloaded from the receiver into a computer, and the images are reviewed by a physician.

Until recently Gastroenterologists in BCUHB have referred patients to the Royal Liverpool Hospital for Small Bowel capsule, in 2018/19 30 patients were outsourced to the Royal Liverpool Hospital (15 patients from East, 11 patients from West and 4 from the Central region). The current contract cost price is £836.00 per patient; based on undertaking the same activity as 2018/19, there would be an approximate cost of £25,060 (of which £9,196 would approximately be aligned to the West area). As the contract to the Royal Liverpool is limited, many patients are therefore investigated with alternative imaging, against current NICE, European Society Gastrointestinal Endoscopy (ESGE) and British Society of Gastroenterology (BSG) guidelines; risking delay of diagnosis and treatment.



NICE
wireless-capsule-en



ESGE Guidelines on
Small-Bowel Capsule

It has been suggested that there is a potential demand for 120 Capsule Endoscopies (for patients with OGIB, IDA and Suspected Crohns) per 500,000 people in the UK, per year; for the population of BCUHB this would approximately equate to 166 capsule endoscopies per year (based on a population size of 694,000). To break this down, in the West, Anglesey and Gwynedd serve a population of 192,000 (an approximate 46 capsule endoscopies per year).

The Gastroenterology service in Ysbyty Gwynedd would like to commence a capsule endoscopy service to allow patients to be treated in compliance with National and European best practice allowing patients to have swift diagnosis of previously difficult diseases and disorders of the small intestine. Staff members are keen to provide this service and have been able to alter existing job plans to enable the development of a sustainable service.

The Medical Directorate have already paid for two consultants to undertake training in capsule endoscopy and have altered job plans to support the service

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commencing. The additional resource required is to purchase the equipment and software package required to undertake the service and the ongoing revenue costs of capsule purchase (offset against the lack of patients transferring out of BCUHB to attain the capsule endoscopy service / additional imaging requests currently undertaken).





Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
The primary benefit of the small bowel capsule endoscope is its ability to provide physicians with complete and direct visualization for evaluation of the small bowel. Thus, by having direct visualization, the physician has a greater ability to detect vascular abnormalities that cause GI bleeding and other symptoms	
Benefits for the patient compared to traditional radiologic imaging modalities include lower risk from the absence of exposure to radiation and minimal patient discomfort. Additionally, compared to endoscopic procedures, capsule endoscopy is a minimally invasive procedure that is sedation-free. The patient can ingest the capsule endoscope, and go about their normal, daily routine while receiving a full examination of the small bowel, and simply return the equipment at the end of the day.	Reduction in radiological requests
Care closer to home for patients in the BCUHB West catchment area initially (if the service has the capacity ability after initial set up, there is a potential to grow the service in LLGH to allow patients from the Central area catchment to also benefit).	Elimination of resource outsourcing for capsule endoscopy for the BCUHB West population.

Financial Management and Costing

Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
N/A	N/A	N/A	N/A	0

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Non-pay		
Quote or Estimate?	Description	
Quote	<div>  <p>MED-3209 Ysbyty Gwynedd Hospital.f</p> </div> <p>Given Diagnostic Imaging system</p>	£7,840 (excl. VAT)
Quote	<div>  <p>MED-3210 Ysbyty Gwynedd Hospital.f</p> </div> <p>Patency Scanner</p>	£1818.90 (excl. VAT)
Quote	<div>  <p>MED-3211 Ysbyty Gwynedd Hospital.f</p> </div> <p>Endoscopy Capsules (available of NHS Wales framework) £431.50 per capsule (£4315.00 for 10) for remainder of 2019/20 financial year.</p>	£4315.00 (excl. VAT)
Total Pay and Non-pay		£13,973.90
Ongoing Revenue Costs		
<div>  <p>MED-3211 Ysbyty Gwynedd Hospital.f</p> </div> <p>Ongoing revenue costs from Endoscopy Capsules (available of NHS Wales framework) £431.50 per capsule (£4315.00 for 10). Initially the service will maintain the service levels being currently outsourced to English NHS trusts (20 per year).</p>		£8630.00
Less: Savings generated by this application		£9196
Net ongoing revenue costs charged to NHS budgets		£+566 – however there will also be gains with greater efficiency and capacity
Risk Assessment		
Risk (insert further rows if needed)		Mitigation
Ongoing sustainability of the service		2 consultants have been trained in performing and analysing

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	capsule endoscopies in order to provide a sustainable service.
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
The request is for an initial purchase of equipment in preparation for commencing a capsule endoscopy service. Future replacement will be managed by the BCUHB capital programme.	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
This would allow the service to provide a greater variety of procedures, with different levels of sedation requirements and invasiveness, which will allow the service to respond to patients needs to a greater extent recognising the need for treatments to be sympathetic to the needs of both the Health Boards Dementia strategy but also the Older persons strategy.	
Health Inequalities (State how the scheme addresses health inequalities)	
This service has previously been provided on a small selective scale and taking place outside of the BCUHB geographic area. Introducing this service will allow patients to be cared for closer to home and in a responsive, caring way. Avoid further procedures.	
Equalities Impact	
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?	NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.	
If NO, then state below what information/evidence the decision is based on.	
There will be no detriment in providing this equipment.	

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Approvals		
	Name & Date Approved	Comments
Fund Advisor	Dr K Mottart 21.08.19	
Capital Approval (Estates/IM&T/Medical Devices)	N/A	
Chief Financial Officer	Jemma Orlik, on behalf of Adrian Butlin 05.09.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Barry Williams 21.08.19	
Charitable Funds Committee		

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AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Equipment Storage - Glaslyn ward, YG	
<u>Name & Job Title of Lead Applicant</u>	Clare Wilding, Ward manager	
<u>Name & Job Title of Other Applicants</u>		
<u>Maximum Expenditure Requested</u>	£ 10,000	
<u>Fund to be Sourced</u>	Fund Number & Title	Glaslyn Ward Fund – Fund 8T35
	Current Uncommitted Balance	£ 10,321.32
<u>Introduction and Background</u>		
<p>Our bathroom, which was a storage room, has been turned into a family room, for families to stay over, (for the John's Campaign). We now do not have storage and are using showers rooms and toilets to store hoists, steds and backs trolleys, which at present is a falls risk for patients. Following Moelwyn Ward plans, we would like to convert cubicle 6 into cube for patients with a partition wall for storage for hoists etc. that coincides with safe clean care campaign.</p>		

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Glaslyn Ward -
1.pdf



Glaslyn Ward -
2.pdf

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Bene Quality Improvement – Clinical Outcomes, Patient Experience

Measure

fit (insert further rows if needed, must include patient care and financial benefits)

Safe care: at present is a falls risk to patients, by having equipment stored around the ward.

Ward accreditation

No financial impact on ward budget, team Glaslyn fundraising to make the ward safe

Clean , tidy ward

Financial Management and Costing


Pay

Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£

Non-pay

Quote or Estimate?	Description	
Estimate	See Moelwyn Ward Cube 6 plans below	10,000

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	 Glaslyn Ward - 3.xlsx	
Total Pay and Non-pay		£10,000
Ongoing Revenue Costs		
Ongoing revenue costs which will be charged to NHS budgets		£
Less: Savings generated by this application		£
Net ongoing revenue costs charged to NHS budgets		£
<u>Risk Assessment</u>		
Risk (insert further rows if needed)		Mitigation
SEE RISK REDUCTION ABOVE		
<u>Exit Strategy</u> (Charitable Funds cannot fund ongoing commitments)		
No ongoing commitments		
<u>Dementia Strategy</u> (State how the scheme meets the Health Board's dementia strategy)		
Dementia friendly ward, by having falls risk stored away safely		

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Health Inequalities (State how the scheme addresses health inequalities)		
Applicable to all.		
Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?		NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Approvals		
	Name & Date Approved	Comments
Fund Advisor	Clare Wilding 20.11.19	
Capital Approval (Estates/IM&T/Medical Devices)	Capital Estates	
Chief Financial Officer	Adrian Butlin 30.10.19	

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Area/Hospital/Secondary Care/Mental Health/Executive Director	Mandy Jones 29.10.19	
Charitable Funds Committee		

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AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Enfys Wet Rooms – Enfys Ward, YGC	
<u>Name & Job Title of Lead Applicant</u>	Manon Williams	
<u>Name & Job Title of Other Applicants</u>	Previous bid from Julie Green	
<u>Maximum Expenditure Requested</u>	£11,231	
<u>Fund to be Sourced</u>	Fund Number & Title	Cancer Charitable Fund – Glan Clwyd – Fund 8Q02
	Current Uncommitted Balance	£ 789,271.85
<u>Introduction and Background</u>		
<p>Following a meeting with the estates department the following information was established regarding the increased funds required for the original project bid.</p> <p>The charitable funds budget allocation is 20K</p> <p>Scheme cost £26, 026.02 + vat</p> <p>Below, highlighted, is the narrative from the original bid which was approved</p>		

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The Karen Keating fund provided a donation of £10,000 a number of years previously in respect of upgrading the bathroom on Enfys into a wet room. Work on this project had stalled due to a variety of reasons outside of our control; however, a design is now underway to prepare for tendering by Mott Macdonald the approved design agency for the Health Board. The cost of design, specification and tender documentation is £5,983.98 excluding VAT, which will be available by May 2019. Following a site visit, the bathroom requires a total re-configure, does not confirm with current legislation, and will need to be extended. Until tendering has been undertaken, we are only able to provide estimate cost of reconfiguration at this stage. However, to not delay the work and to allow the tendering process to proceed we are requesting that funds are ring fenced to allow this work to be undertaken which is in addition to the £10,000 contribution received due to the costs of the design.

H Richards, Ruthin Choir, have donated a further £13,000 and the fundraisers have requested that the funds go direct to supporting the wet room on Enfys.

By upgrading the bathroom, it will comply with current DDA legislation and provide ease of use for disabled patients who struggled to use the current facilities. It will also reduce the number of trips and falls experienced by patients when using the bathrooms.

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
Improved hygiene facilities for patients.	Feedback via nursing staff/patient experience questionnaires. Ward accreditation
Accessibility for disabled/wheelchair users.	Feedback via nursing staff/patient experience questionnaires.
Provide improved dignity and independence for patients.	Feedback via nursing staff/patient experience questionnaires.
Reduce trips and falls within Enfys Bathroom.	Audit datix incidents.

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Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
			£20,000 initially approved but current costings have highlighted that there is an increase of £11,231.00	Scheme cost £26'026.02 + vat
Non-pay				
Quote or Estimate?	Description			
Estimate				26,026.02
	VAT			5,205.20
				31,231.22
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£0.00
Less: Savings generated by this application				£0.00
Net ongoing revenue costs charged to NHS budgets				£0.00
Risk Assessment				
Risk (insert further rows if needed)			Mitigation	

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Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
One off request for funding.	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
In line with Priority 5– All healthcare environments will be dementia supportive and enabling, ensuring the any refurbishments meet the 2016 National Standards with a dementia supportive and enabling environment. In addition to ensure that the areas meets 'Well Organised Workspace" programme, meeting the approach to simplify the area and reduce waste by having everything in the right place, at the right time, ready to go and through this enable provision of safer care for our patients.	
Health Inequalities (State how the scheme addresses health inequalities)	
Equal access for all.	
Equalities Impact	
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?	No
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.	
If NO, then state below what information/evidence the decision is based on.	

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Approvals		
	Name & Date Approved	Comments
Fund Advisor	NWCTC Charity Group 29.04.19	
Capital Approval (Estates/IM&T/Medical Devices)	Capital Estates Approval	Estates approved application that went to CFAG in May 2019
Chief Financial Officer	Paula Jones 27.11.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Geraint Roberts 29.04.19	
Charitable Funds Committee		£20,000 funding was approved at the May 2019 Charitable Funds Advisory Group – CFAG19/57.7. The tender process has been completed and the costs are in excess of amount approved. An additional £11,231 is required. The overall cost of the project will be £31,231.22

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AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	<p>Evaluating <u>Musical Interaction Therapy (MIT) for Autism</u> with Cross-BCU Impact – Children’s, West Area:</p> <p>Producing evidence to support plans for MIT <u>as a BCU-Wide Core Service</u></p> <p>(Small complementary funding required to enable acceptance of existing offer of £135K)</p>
<u>Name & Job Title of Lead Applicant</u>	<p>Dr. Dawn Wimpory Consultant Clinical Psychologist, Lead for Autistic Spectrum Disorders (ASD) in BCUHB and Lecturer in Bangor University (joint appointment, whole post salaried by BCUHB).</p>
<u>Name & Job Title of Other Applicants</u>	<p>Mrs Judit Elias Masiques (prospective PhD student) Assistant Psychologist (since 2017, temporary post due to end early 2020).</p>
<u>Maximum Expenditure Requested</u>	<p>£16,500 (£5,500 annually over three years)</p>

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Fund to be Sourced	Fund Number & Title Current Uncommitted Balance	General Funds – Fund 8T28
		£ 297,280.22

Introduction and Background

Introduction to Musical Interaction Therapy and Project Background:

Our research will evaluate the effects of Musical Interaction Therapy (MIT) on the sociability of children with Autism Spectrum Disorders (ASD). Although Musical Interaction Therapy (MIT) has so far only been made available through external grant funding in Gwynedd & Anglesey, **it has recently been included in BCUHB's Health Economy Plans as a first step towards it being accepted as core provision across BCUHB. MIT's progression through such plans would be enhanced by evaluative evidence.** Substantial international funding has already been attracted for such evaluative research but this funding requires a small partnership charitable contribution as confirmation of local commitment to the evaluation/goals outlined in this bid.

MIT targets the more severe end of the Autistic continuum. This form of Autism represents a serious disability that impairs social communication and this impacts negatively on the ability to make relationships. Relationships with others are needed to secure an individual's long term well-being.

Early on, children with Autistic Spectrum Disorders (ASD) show difficulty with social timing. Social timing is something parents can usually take for granted in their children; it's the ability to maintain a flow of interaction through body language, turn-taking, tone of voice and sensitive patterns of eye-contact. In typical development, social timing serves as an important foundation for later developments in communication, empathy, teasing, imagination and relationships. Social timing impairment is observed clinically in ASD, even in high-functioning autistic adults. From infancy, this impairment results in reduced opportunities to practise and develop interactive skills with negative developmental repercussions throughout the lifespan.

Fortunately, ASD does not appear to involve an impairment in *musical* timing. Musical Interaction Therapy (MIT) is provided by BCUHB through intermittent clinical (non-research) grant funding. MIT involves a Musical Therapist using live music to support a parent's play with their young pre-verbal autistic child. Through this active parental participation, MIT offers an enjoyable means to address social timing difficulties. It is

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clinically observed to enhance pre-verbal communication and social interaction skills in ASD.

Our project will investigate how effectively MIT can help to establish and maintain a flow of interaction through facilitating musically-supported social timing, and thereby enable engagement with affected children who otherwise remain unreceptive to their parents' social overtures. Our current therapeutic work with music is the focus of a book chapter in *"Autism & Music Therapy across the Lifespan"* (Ed Dunn et al, 2019). Quotes pertaining to recent MIT clinical cases are given, with pseudonyms, below.

Excerpt from a MIT clinical case report by Dr D. Owen, BCUHB:

"The change in Daniel can be clearly seen. He started the sessions being completely disconnected. He was just overwhelmed by being in the room and would react with rejection and aggression to his Mum's invitations to engage in play. After two terms of weekly therapy, he is now actively participating in the sessions. His eye contact and facial expressions have improved greatly and he is joining in song routines (eg) by clapping...".

Feedback from different parents participating in MIT:

"He is initiating more all the time. For example, in the park he will look at me - he is looking for my reactions (...) MIT has taught me how to have a non-verbal conversation with Daniel. It has given me so much hope for the future and enabled me to see how wonderful he is."

"Both Sion and I really enjoy MIT and I see a big change in him since starting. I feel we have a closer relationship in the sessions and it's helped Sion to become a lot more tolerant... We are really happy and grateful".

Our project proposes formal evaluation of clinical observations through the use of rigorous research methods and statistical analyses. We will use precision social timing measures to conduct video analysis of interactions, for up to 50 children and their parents. Each dyad will serve as their own control, through videos recorded within and beyond MIT on the same day, on at least 3 occasions during their course of MIT.

These measures will be complemented with scientifically validated social interaction measures such as the synchrony of parental response to their child's focus and/or percentage of mutual shared attention from the Dyadic Communication Measure for Autism (DCMA) and episodes of social engagement from the Coding of Active Sociability in Pre-schoolers with Autism (CASPA). We shall also use questionnaires for parents to record changes perceived in their relationship with their child via the Confidence in Parenting Scale and changes in their state of well-being, via the Warwick-

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Edinburgh Well-being Scale (WEMWBS).

In addition, social timing will be investigated in children diagnosed with ASD vs other disabilities presenting with social communication difficulties. This will be to tease out the temporal qualitative differences in the interactional flow of social engagement by children with ASD, as opposed to where symptoms are instead due to: Developmental Delay, Attachment Disorder and/or Language Disorder, etc. Social timing will be also be explored in adults as well as children, with and without ASD, to help further determine its value in more precisely delineating the diagnostic boundary of ASD.

Formal Senior Management level discussions are planned to determine whether MIT might be consistently provided as a BCUHB core service in the future. This project would provide objective evidence to assist in this debate. In addition, our research will develop a video-analysis-based precision instrument to measure social timing problems in well-diagnosed ASD. Social timing difficulties appear to be a distinctive characteristic of individuals with ASD while, in contrast, for example, adults who have undergone trauma in childhood may develop sensory or relationship difficulties, while their social timing remains intact. The tool and its findings may then assist diagnostically to help identify ASD more precisely and to differentiate ASD from other conditions that are at risk of being misdiagnosed as ASD but actually need different treatment. Defining the diagnostic boundaries of ASD should also help in fair allocation of ASD resources in the long term.

A more extensive summary of this proposed research can be found in the attached KESS 2 application.

Introduction to the EU's Complementary funding, offered to our project in partnership with a much smaller contribution requested from Awyr Las:

Despite the political situation, the EU is still offering a remainder allocation of funds to strengthen Welsh charities/companies/organisations through links to research and relevant staffing. Awyr Las is thereby offered an opportunity to facilitate a 3 year ASD research programme to evaluate BCUHB's Musical Interaction Therapy within Bangor University. Approximately £135,000 of EU funding has been agreed for this specific purpose, even if there is a 'no deal' Brexit, *so long as* smaller funds are provided from a local charity as partnership support. This offer, for use from January 2020, from the Knowledge Education & Scholarship Scheme (KESS2) would benefit patients with ASD and their families, as well as Awyr Las/BCUHB, as outlined below (though it would not cover any clinical obligations of BCUHB).

To release the £135,000 already offered, the EU requires a partnership contribution of £5,500 per year of collaborative complementary

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funding for each of the three years of this project. This would enable PhD level research to be undertaken. In return, Awyr Las/BCUHB would be offered equivalent of up to a month's full time contribution each year from the PhD candidate (a postgraduate psychologist with two relevant Masters degrees) whose contribution is negotiable.

This contribution could be, for example, filming some of the MIT sessions. In addition to contributing some of the data needed for the proposed research, these video recordings could be used to benefit patients (all with consent from clinical/information governance and ethical permission). For example, they could be shown to those patients' parents who are *not otherwise* participating in the therapy sessions; inviting them to review and learn from the video sessions to enhance the benefits of their children's therapy. Alternatively or additionally, the video-recordings could be used to raise public awareness of MIT through creating a website (again in collaboration with governance/ethics bodies) helping, for example, to better inform the expectations of future families.

In summary, a small partnership charitable contribution is sought as confirmation of local commitment to the evaluation/goals outlined above. This would enable acceptance of the offer of significant EU funding to evaluate the effects of Musical Interaction Therapy that is currently only available through temporary external grant funding and therefore only offered in Gwynedd and Anglesey. **Such evaluative evidence is required to enhance MIT's progression to become permanent core provision across the breadth of BCUHB**

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
<p><u>Evaluation of Musical Interaction Therapy:</u></p> <p>Research evaluation of the efficacy-related evidence for Musical Interaction Therapy (MIT) offered within BCUHB, would objectively demonstrate its benefits for patients and their families. This would help ensure and maintain the quality of patient care.</p>	<p>To be reported by:</p> <p>i) Submission of recruitment confirmation of at least 50 patients undergoing MIT (including pre-recorded patients) (end of year one);</p>

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	<p>ii) Submission of preliminary analysis results of the data acquired (end of year 2);</p> <p>iii) Production of journal article for scientific publication to disseminate findings (end of year 3).</p>
<p><u>Raising MIT public awareness:</u></p> <p>Raising public awareness of MIT and improving public understanding of ASD through creating a website (in collaboration with information governance).</p>	<p>To be reported by:</p> <p>i) Provision of the website link once its design has been completed (end of year one);</p> <p>ii) Provision of analyses of website traffic (end of year 2 and 3).</p>
<p><u>Highlighting and refining Social Timing as a diagnostic component:</u></p> <p>Identifying the ASD/disability subtypes, that are most likely to benefit from MIT's focus on social timing, is of patient benefit because it enables more fruitful targeting of MIT resources. This is more efficient and therefore financially beneficial too.</p>	<p>To be reported by:</p> <p>i) Submission of recruitment confirmation of at least 10 Typical Developing Children, 10 ASD diagnosed children and 10 children diagnosed with other developmental difficulties (including pre-recorded patients) (end of year 1);</p> <p>ii) Submission of preliminary analysis results of the data acquired (end of year 2);</p> <p>iii) Production of journal article for scientific publication to disseminate findings (end of year 3).</p>
<p><u>Production of evidence to inform Senior Service Managers' consideration of adoption of MIT as a routinely available core service throughout BCUHB:</u></p> <p>Evidence-based research could objectively inform Senior Service Managers in their decision-making on whether MIT can become permanent provision throughout BCUHB.</p>	<p>To be reported by:</p> <p>i) Informing those Senior Service Managers, considering whether to make MIT a core service, of the initial (end of year 2) and final (end of year 3) results of</p>

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Without such evidence, MIT will likely remain inconsistently available and limited to West BCUHB only through periodic grant funding. This service benefit, resulting from the proposed research, thereby would include greater equity/parity of care.	the research validation of the efficacy-related evidence for Musical Interaction Therapy.
<p><u>Enhancing well-being and parental confidence in families undergoing therapy:</u></p> <p>Pilot analyses and clinical observations suggest that families undergoing Musical Interaction Therapy perceive their parent-child relationship more positively as well as report being satisfied with the therapy. Formally ensuring that this is the case, would be of service benefit.</p>	<p>To be reported by:</p> <ul style="list-style-type: none"> i) Submission of recruitment confirmation of at least 20 patients undergoing MIT therapy (from 2017 to 2020) (end of year 1). ii) Submission of preliminary analysis of parent satisfaction with Music Interaction Therapy together with preliminary analysis of parental perceptions of improvement in the parent-child relationship (end of year 2) iii) Production of journal article for scientific publication to disseminate findings (end of year 3).
<p><u>Long term financial benefits:</u></p> <p>In the long term, the improvements in communication facilitated through Musical Interaction Therapy will be protective for families who want to keep their child living with them. This is because good communication reduces the frequency of factors that can lead to the breakdown of family care, such as challenging behaviour, aggression, etc.</p> <p>Relationships are formed though communication but without appropriate therapy, the difficulties that arise from severe ASD can necessitate care outside of the family or even outside of BCUHB, with massive cost implications.</p> <p>Health economics research has found that the lifetime cost for an individual with ASD is</p>	<p>To be reported by:</p> <ul style="list-style-type: none"> i) Submission of recruitment numbers of MIT therapy (end of year 1, 2 and 3). ii) Submission of preliminary analysis results of the data acquired (end of year 2); iii) Production of journal article for scientific publication to disseminate findings (end of year 3).

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£0.92 million, in terms of treatment, lost earnings, and care and support. ASD patients receiving MIT, most frequently have additional learning disabilities. This most common comorbidity raises the lifetime cost of ASD to £1.5 million. Such financial figures highlight the urgent need for more effective interventions such as MIT to treat ASD, particularly in early life whilst there is greater developmental neuroplasticity and therefore greater change of facilitating lasting change.

On the basis of previous research, the long-term benefits of MIT can be assumed as proportional to measured changes in parent-child communication (synchrony). Data on this will therefore be submitted (as above). However, the time scale of this project cannot allow for direct measures of the long term benefits.

Financial Management and Costing

Pay

Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
PhD studentship			The PhD student contributing to this project will receive a stipend from Bangor university using KESS collaborative funding whilst working under the supervision of Dr. Dawn Wimpory's research programme.	None

Non-pay

Quote or Estimate?	Description	
Quote	KESS2 Collaborative seed-corn funding of £16,500 is required to complement the offered £135,000 (approx.) from the European KESS2 scheme to support formal research evaluation of Musical Interaction Therapy.	£16,500
Total Pay and Non-pay		£16,500

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Ongoing Revenue Costs	
Ongoing revenue costs which will be charged to NHS budgets	£0
Less: Savings generated by this application	£0
Net ongoing revenue costs charged to NHS budgets	£ 0
Risk Assessment	
Risk (insert further rows if needed)	Mitigation
Potential risks for patients participating in the research of this project are fatigue, distress, and discomfort, just as they may happen during regular clinical practice.	Sensitive session management can avoid most distressing situations before they occur. If participants become distressed then the clinician will offer to terminate filming and remind the parents of their right to withdraw. Dr Wimpory deals clinically with children and routinely supervises MIT sessions, so there should not be risk of distress as she is appropriately experienced and qualified so will be aware of any risks and burdens for the participants.
Further risks concern matters of confidentiality. Participating in this research will involve giving consent to record video-material for analyses.	Utmost care will be taken in processing the video data and only members of the research team will be able to access them. Participants will be informed and consent acquired for the filming and storage of these videos. We will use the minimum of identifiable information and videos will not be associable with names outside of NHS storage systems. These procedures are as required by clinical governance, ethical permissions, etc.
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	

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Long term funding is not required for this evaluation project. The project will provide BCUHB with evidence of the efficacy of one of its therapies and therefore continual research will not be required.

Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)

This project focuses on a therapy for young children with autism spectrum disorder and their carers and, hence, we believe a concrete dementia strategy for our research is not applicable. However, we will meet the Health Board's dementia strategy by respecting the voice of people affected with dementia and consulting, listening and redirecting to the support needed should any of our participants or carers need it.

Health Inequalities (State how the scheme addresses health inequalities)

A recent study (Mason et al., 2018) found that self-reported quality of life for autistic adults was lower than for the general population. One of the indicators for better quality of life was associated with being in a relationship.

Social timing forms the basis of social reciprocity and human relationships and so is particularly important in ensuring the emotional wellbeing of people with ASD and their family/carers throughout their lifespan. If someone with a learning disability is able to engage in a flow of interaction with another person, they will, therefore, have a key skill to help ensure a better quality of life for them even when their family are no longer able to provide their care.

The current project addresses the BCUHB's commitment to reducing health inequalities within its population. This will have a significant impact on people whose families are affected by ASD living in Wales, both in the present and in the future. Addressing social timing difficulties in Autism Spectrum Disorder early on can have immediate benefits for those patients and their family/carers.

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Initial clinical observations already suggest Musical Interaction Therapy (MIT) impacts important aspects of communication such as mutual shared attention (the amount of time parent/carer and child have a shared focus of attention increases after MIT) and parental synchrony (after MIT parents/carers are more 'in tune' with the child's actions or mental states). This therapy is currently being offered not only to patients diagnosed with ASD, but to those young children displaying social communication difficulties, who may need to receive a diagnosis on a later date.

Guided by the principles and practice envisaged within the Wellbeing of Future Generations Act, such advances would extend to long term improvements as social timing is essential for typical preverbal interaction and its levels in infancy predict later years' developments of communicative language, attachment, pretend play, theory of mind and empathy, all areas affected in individuals with ASD.

By enabling an autism-sensitive social timing assessment tool and combining it with MIT, not only could one improve social communication difficulties but one could also prevent these difficulties from creating a developmental cascade which otherwise leads to a worse quality of life for individuals with ASD. This follows the BCUHB objective of stepping in early to avoid problems getting worse while promoting well-being and supporting people to meet their own needs.

Identification and measurement of a specific and core social timing deficit in ASD by this autism-sensitive assessment tool would assist greatly in trying to tease out those children who should have symptom severity noted as part of their ASD diagnosis. This would help target resources to where they would make the most difference and lead to more children being appropriately diagnosed.

Dr Dawn Wimpory's 'translational post' and joint role as Clinical Psychologist - Lead for ASD would enable immediate impact of the benefits of these results across BCUHB. Her national role, eg within the National Neurodevelopmental Steering Group, would enable these benefits to cascade across Wales. This would afford appropriate recognition for BCUHB's pioneering work with ASD.

Equalities Impact

Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme? NO

If YES, then please submit a copy of the Equality Impact Questionnaire with this form.

If NO, then state below what information/evidence the decision is based on.

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MIT therapy is currently being offered to patients and their carers with no discrimination with respect to any issues such as ethnicity, gender, disability, sexual orientation, language and religion. The NHS and Bangor university ethics committees have granted ethical approval to all research projects involved in the evaluation of MIT. In both instances, the ethics project documentation clearly states that there will be no exclusion on the grounds of ethnicity, language, religion, sexuality or gender for participant recruitment in this research.

Approvals

	Name & Date Approved	Comments
Fund Advisor		
Capital Approval (Estates/IM&T/Medical Devices)	N/A	
Chief Financial Officer	Viv Vandenblink 27.11.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Lynne Grundy 27.11.19 Ffion Johnstone 27.11.19	
Charitable Funds Committee		

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AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Faecal Incontinence – Surgery, YG	
<u>Name & Job Title of Lead Applicant</u>	Mr Barry Williams	
<u>Name & Job Title of Other Applicants</u>	Mr Edgar Gelber, Consultant Surgeon	
<u>Maximum Expenditure Requested</u>	£24,000	
<u>Fund to be Sourced</u>	Fund Number & Title	GS/Colorectal (West) Fund – Fund 9N20 - £2,000.00 General Funds - £22,000.00
	Current Uncommitted Balance	9N20 - £ 2,916.85 8T28 - £ 297,280.22
<u>Introduction and Background</u>		
<p>This application is seeking approval to purchase equipment to support diagnostic investigation of patients suffering from faecal incontinence in line with a report of the All Wales Task and Finish group. Typically, first line treatment for faecal incontinence is conservative treatment in the community by GP's or specialist continence advisers but where satisfactory outcome is not achieved GPs refer to a colorectal surgeon in secondary care at which time the patient will undergo anorectal physiology, endo –anal ultrasound and proctography after which an appropriate treatment plan can be developed for the patient (this is in line with All Wales Pathway).</p> <p>There is currently no site providing endo-anal ultrasound in BCU therefore if approved this service could support diagnostic pathways for patients from across North Wales in line with NICE guidance subject to support to purchase the probe to undertake endo-anal ultrasound.</p>		

Faecal incontinence can affect anyone but the largest group is women both young and old due to an association with pregnancy and obstetric injury. It is estimated that faecal incontinence may affect 10% of the adult population and the incidence increasing with age – 7% in 20-29 yrs age group, 22% in the 50-59 age group rising to 50% in Nursing homes.

In addition to the above, NICE recommends that any obstetric patients that have a traumatic delivery with a possible rupture should be offered endo-anal ultrasound – this is currently not being offered in BCU.

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)

Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
Early diagnosis for patients presenting with faecal incontinence that cannot be managed in primary care	Time to diagnosis and treatment
Reduce cost to health board as patients being referred externally	Reduced costs
Improved quality of life for patients	Patient survey

Financial Management and Costing

Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
N/A				
Non-pay				
Quote or Estimate?	Description			
Estimate	Anorectal 3D transducer			£15,000
Estimate	Colorectal & Pelvic floor application pack			£9,000
				£24,000
Ongoing Revenue Costs				

Ongoing revenue costs which will be charged to NHS budgets	£1k per annum
Less: Savings generated by this application	
Net ongoing revenue costs charged to NHS budgets	£1k
Risk Assessment	
Risk (insert further rows if needed)	Mitigation
Inability to fulfil all Wales pathway for patients suffering from faecal incontinence and delay to planning treatment options	Refer to other provider and incur associated costs and inappropriate travel time for patients with such symptoms
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
N/A	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
N/A	
Health Inequalities (State how the scheme addresses health inequalities)	
Local service provision	



<u>Equalities Impact</u>		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?		No
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Service available to all patients referred		
<u>Approvals</u>		
	Name & Date Approved	Comments
Fund Advisor	Barry Williams 30.05.19	
Capital Approval (Estates/IM&T/Medical Devices)	Medical Devices Group 09.07.19	
Chief Financial Officer	Adrian Butlin 30.05.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Meinir Williams 30.5.19	
Charitable Funds Committee		

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Operating Lighting - Ophthalmology, Abergele Hospital	
<u>Name & Job Title of Lead Applicant</u>	Alwenna S. Burns, Sister, Eye Theatre	
<u>Name & Job Title of Other Applicants</u>	Helen Jukes-Hughes, Matron, Ophthalmology / Mark Chapman, Senior ODP, Ophthalmology	
<u>Maximum Expenditure Requested</u>	£ 19,386 (equipment) £ 3,000 (engineering costs)	
<u>Fund to be Sourced</u>	Fund Number & Title	Ophthalmic Unit – Fund 8N04
	Current Uncommitted Balance	£ 30,502.19
<u>Introduction and Background</u> (concise, in bullet points)		
<ul style="list-style-type: none"> • Theatre Operating Lights were inherited from Orthopaedics when we redeveloped in 2012 • The lights are old and outdated, lighting is poor • No longer fit for purpose for Ophthalmic Surgery, regularly trip the electrical supply • The lights migrate by themselves when in use 		

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Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)				
Service Benefit (insert further rows if needed, must include patient care and financial benefits)				Measure
Theatre is used for both Oculoplastic and Squint Surgery, updated lighting will greatly improve surgical field of view and therefore surgical outcomes				Improve surgical lighting
This will replicate lighting quality in Theatre1				Up to date LED lighting
Rotas' for theatre have to be amended when booking these surgical specialities which impacts on theatre efficiency				Both theatres can be used for these specialities
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Non-pay				
Quote or Estimate?	Description			
Quote Q9366F_01	MarLED E9i D Operating Lights x 2			13,995
	HD SurgiCam preparation + Mimic Control Pad + Adapter			3,199
	3 Hours Battery Backup Unit and Remote Alarm			2,050
	Delivery, Installation and Commissioning			3,940
Total Pay and Non-pay				£23,184 – £3,798 discount = £19,386 +

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		VAT
Ongoing Revenue Costs		
Ongoing revenue costs which will be charged to NHS budgets		£0
Less: Savings generated by this application		£0
Net ongoing revenue costs charged to NHS budgets		£0
Risk Assessment		
Risk (insert further rows if needed)	Mitigation	
Inadequate lighting	Microscope only lists	
Continued problems with current lights	Potential cancelled surgery	
Exit Strategy (Charitable Funds cannot fund ongoing commitments)		
Place Capital Bid to replace aging lighting system on an annual basis		
Health Inequalities (State how the scheme addresses health inequalities)		
The current lighting system produces significantly more heat than the suggested replacement, which is detrimental to both Patients and Staff		
Equalities Impact		

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or E-MAIL TO rebecca.hughes2@wales.nhs.uk**



Awyr Las
Blue Sky

Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme? NO		
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Ophthalmic surgical cases are listed based on clinical need only		
Approvals		
	Name & Date Approved	Comments
Fund Advisor	Helen Jukes-Hughes	
Capital Approval (Estates/IM&T/Medical Devices)	Medical Devices Group 18.11.19	This application may be included on the Capital Programme for 2020/21. A decision as to whether this is included will not be made until March/April 2020. It is dependent on the Capital allocation.
Chief Financial Officer	Paula Jones 27.11.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Emma Jane Hosking, Medical Director 13.11.19	
Charitable Funds Committee		

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AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Flooring Replacement and Upgrading of Nurses' Station - Alaw Ward, YG	
<u>Name & Job Title of Lead Applicant</u>	Sara Hardy, Senior Ward Sister	
<u>Name & Job Title of Other Applicants</u>	Manon Williams, Matron Cancer Division	
<u>Maximum Expenditure Requested</u>	£36,000	
<u>Fund to be Sourced</u>	Fund Number & Title	Alaw Fund – Fund 9Q04
	Current Uncommitted Balance	£ 527,107.47
<u>Introduction and Background</u>		
<ul style="list-style-type: none"> • £49,000 has been earmarked previously from a £109,000 legacy donation towards Alaw. • The £49,000 was the estimated cost of flooring replacement. • Since then we have been advised that the chosen flooring must be in line with the rest of YG and the safe clean care and dementia friendly colours and specification • In addition, the Alaw Charitable Fund Committee have approved for transformational work to be done involving replacing the current Nurses' 		

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Station. This will ensure that the Ward hub/reception area will conform with access and safe care principles.				
Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)				
Service Benefit (insert further rows if needed, must include patient care and financial benefits)				Measure
Improvement in maintaining safe, clean, care which leads to maximising our efforts to prevent the spread of infection.				
Improving/modernising the nurse's station which is the first impression of the ward (this has not been done for 20 years. (addressing feedback from users via Cancer Patient forum)				
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Non-pay				
Quote or Estimate?	Description			
Quote	Additional on top of the £49,000 earmarked for the work			36,000
Total Pay and Non-pay				£36,000
Ongoing Revenue Costs				

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Ongoing revenue costs which will be charged to NHS budgets	£
Less: Savings generated by this application	£
Net ongoing revenue costs charged to NHS budgets	£
Risk Assessment	
Risk (insert further rows if needed)	Mitigation
This work will have to be carried out in the next few years as wear and tear/ Infection prevention and modernisation issues are involved	
Exit Strategy (Charitable Funds cannot fund ongoing commitments)	
N/a	
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)	
All work carried out will be Dementia Friendly	
Health Inequalities (State how the scheme addresses health inequalities)	
Applicable to all.	

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or E-MAIL TO rebecca.hughes2@wales.nhs.uk**

Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?		NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
Approvals		
	Name & Date Approved	Comments
Fund Advisor	Alaw Charity Committee	
Capital Approval (Estates/IM&T/Medical Devices)	Capital Estates	Estates supported the original application that was approved by Charitable Funds Committee in March 2018. Minute Reference: CF18/09.3
Chief Financial Officer	Paula Jones 21.11.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Geraint Roberts 27.11.19	
Charitable Funds Committee		

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AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>	Study - Correlation between novel biomarker expression and interventional treatment in chronic back pain – Pain Management, Wrexham	
<u>Name & Job Title of Lead Applicant</u>	Professor Thomas Haag Pain Management Consultant, Wrexham Maelor Hospital (NHS)	
<u>Name & Job Title of Other Applicants</u>	Professor Stephen Fôn Hughes Academic & Scientific Director NWCRC	
<u>Maximum Expenditure Requested</u>	£ 51,500	
<u>Fund to be Sourced</u>	Fund Number & Title	General Funds – Fund 8T28
	Current Uncommitted Balance	£ 297,280.22
<u>Introduction and Background</u> (concise, in bullet points)		
<p>Introduction</p> <p>Currently in the UK, it is estimated that more than 40% of the population have chronic pain lasting three months or longer, including over 28 million adults (British Pain Society, 2016). With respect to North Wales, the incidence of chronic pain is particularly high. Chronic pain is a heterogenous condition encompassing long-term pain caused by traumatic injury, arthritis, or surgery. Due to its subjective nature and lack of robust objective biomarkers, chronic pain is difficult to diagnose and manage, and primary care for chronic pain patients is estimated to total £69 million per year (Phillips 2009). Inappropriate and ineffective treatments have a major impact on patient's lives. High recurrence rates of chronic pain after surgical intervention mean patients are under surveillance and require repeated hospital appointments, leading to high financial burden for the health service. It also exposes patients to several procedures and loss of</p>		

productivity.

Chronic Pain in North Wales

According to research by The British Pain Society, 43% of the population experience chronic pain (pain lasting for 3 months or longer) with up to up to 14.3% living with chronic pain that is either moderately or severely disabling. For the population of North Wales of almost 700.000 inhabitants this equates to about 300.000 suffering from chronic pain with over 100.000 inhabitants affected in its most severe form.

There are 3 specialist Pain Services across North Wales based at Gwynedd (West), Glan Clwyd (Central) and Maelor (West) hospitals receiving a total of over 5000 patients per annum from mainly North, Mid Wales and Shropshire. The capacity of the Pain Service does not meet the increasing demand with waiting times for some treatments exceeding 2 years. In the face of limited resources and increasing demand on Pain Services appropriate monitoring to treatment response becomes highly relevant.

Aims and objectives

The main aims and objectives of this pilot clinical observational study is to evaluate the role of routine and novel biomarkers in chronic lumbar facet joint pain before and after denervation of the medial nerve branches of the dorsal rami by means of standard (conventional) and cooled radio-frequency ablation. Specifically, we aim to investigate the role of biomarkers in chronic lumbar facet joint pain patients, which may subsequent help predict and monitor patient's response to treatment. We believe this could improve current pain treatment and management protocols by identifying clinically relevant and measurable biomarkers that can be monitored in patients. For example, certain changes to biomarkers may be indicative of response to treatment. In the future, these biomarkers (or likely a panel of biomarkers) could potentially be used in addition to, or in combination with, currently used scoring systems to predict or monitor pain treatment and management.

Materials & Methods

This will be a collaborative clinical pilot study involving the Departments of Pain Management at Wrexham Maelor Hospital (WMH), Wrexham Glyndwr University (WGU) and the newly established North Wales Clinical Research Centre (NWCRC). The NWCRC is based at Wrexham, opposite the Medical Institute. It comprises of research laboratories, housing state of the art laboratory equipment, such as flow cytometer, fluorescence microscopy and molecular analysers. The North Wales Clinical Research Centre is a BCUHB Research & Development initiative, working in collaboration with Wrexham Glyndwr University.

In this research, 100 patients (n=100) diagnosed with chronic lumbar facet joint pain and scheduled for elective sensory nerve radio frequency denervation at the Wrexham Maelor Hospital/Spire Yale Hospital Wrexham, Ysbyty Gwynedd and Glan Clwyd Hospital will be recruited. A definitive diagnosis will be based on a positive response to one set of bilateral diagnostic medial nerve branch blocks at levels L4 to S1 achieving more than 50% pain relief. Ethical approval for the

project is currently being sought via IRAS.

Baseline venous blood and saliva samples will be taken from each patient before treatment. Subsequently, blood and saliva samples will be taken at 1, 3, 6, 12 and 18 months. Patients' participation in the study will be complete after the 18-months post-surgery sampling and assessment is completed.

Chronic pain will be scored using the current platforms [e.g. S-LANSS/GCPS, etc.]. Measurement of the selective biomarkers will be carried out using appropriate assays, including ELISA and flow cytometry. The outcome measure will assess the correlation between biomarkers and post-surgery pain recurrence and post-operative complications.

Potential Conclusions

Overall, it is hypothesised that a simple blood test, or panel of blood tests could monitor response to interventional treatment, which can be validated with commonly used largely subjective pain scores. This would allow a more objective measure of pain relief as a result of effective interventional treatment. Future pain treatment trials may produce quicker and more meaningful results thorough objective measure of pain relief. This would potentially have significant impact on patients and health care provision.

Funding requested:

This application seeks financial support from Awyr Las General Funds to cover the PhD tuition fees, stipend (living costs) and essential consumables to undertake the study. This funding is requested for a period of 3 years. The PhD student will be registered with Wrexham Glyndwr University during his/hers study, with the work being undertaken at BCUHB WMH and the NWCRC.

Professor Thomas Haag (lead-applicant) and Professor Stephen Hughes (co-applicant) salaries are already funded by NHS for the duration of the project. This application, however, seeks to provide the newly appointed PhD student with an opportunity to work as a postgraduate researcher (PhD student) to undertake studies involving Chronic Pain sufferers in North Wales.

The BCUHB NWCRC laboratory (based at Wrexham, opposite the Medical Institute) houses all the relevant analytical analysers, including Biochrom EZ400 ELISA plate readers, Coulter AcT Diff blood analysers, molecular kits, Biomerieux mini-vidas, Konelab20 automated clinical chemistry analysers, and a BD Accuri C6 flow cytometer. However, funding for *essential* consumables such as ELISA kits, chemicals, reagents and disposables is requested. Without the support to purchase these essential consumables, our proposed research study will not be able to be carried out. Additionally, financial support is also requested to cover dissemination costs, such as article processing fees, attending and presenting at national/international conferences.

Key Service Benefits and Measures (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)	
Service Benefit (insert further rows if needed, must include patient care and financial benefits)	Measure
Having a research active health board will attract high caliber clinicians and healthcare professionals to North Wales. At present, BCUHB struggles with the recruitment and retention of specialist staff to work in the area.	Development, training, recruitment and retention of junior/middle/senior level staff (e.g. developing and inspiring research active consultants)
To develop long-term collaborative partnerships with local HE institutions (i.e. Wrexham Glyndwr University) and commercial organizations.	To develop sustainable working collaborative with local HE institutions (e.g. Wrexham Glyndwr and Bangor University); providing excellent educational and staff development opportunities. To increase number of commercial studies that BCUHB are undertaking.
To increase the number of research studies that have been adopted on to the Health & Care Research Wales the Clinical Research Portfolio and Commercial portfolio.	At present, BCUHB R&D funding has been reduced by Welsh Government due to decrease in patient recruitment on to clinical studies. Increasing the number of clinical studies undertaken at BCUHB, will in-turn provide more funding from Welsh Government, and in turn provide opportunities for creating new posts
It will maximize research impact and ensure research feeds into the Health Board's mechanism for uptake of best practice and service change improvement, which will ultimately benefit the patients and the public.	Outcomes of the increased research activity being undertaken by the Dep. Of Pain Management, may identify areas for service improvement and uptake of best practice across the board.

				Measuring a panel of biomarkers in chronic lumbar facet joint pain patients, may help predict and monitor patient's response to treatment. Subsequently this could improve current pain treatment and management protocols by identifying clinically relevant and measurable biomarkers that can be monitored in patients. For example, certain changes to biomarkers may be indicative of response to treatment. In the future, these biomarkers (or likely a panel of biomarkers) could potentially be used in addition to, or in combination with, currently used scoring systems to predict or monitor pain treatment and management.
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
PhD student	Year 1: £10,000 (£5000 tuition fees; £5000 living costs) Year 2: £11,000 (£5500 tuition fees; £5500 living costs) Year 3: £12,000	36	Postgraduate student primarily involved in undertaking the project under the direct supervision of Prof Thomas Haag and Prof Stephen Hughes. The appointed PhD student will be registered as a postgraduate student with Wrexham Glyndwr University for the duration of the project.	33,000

	(£5000 tuition fees; £5000 living costs)			
Non-pay				
Quote or Estimate?	Description			
Quote	Specific ELISA kits (e.g. cortisol, IL-6, TNF-alpha, etc.), and assay reagents (e.g. LDL, HDL, cholesterol, Hs-CRP, etc.) Breakdown of funding. Year 1: £4000, Year 2: £4000, Year 3: £2000			£10,0000
Quote	Chemicals & disposables (e.g. tubes, eppendorf tubes and tips, plastic pipettes, etc.) Breakdown of funding. Year 1: £2000, Year 2: £2000, Year 3: £1500			£5,500
Quote	Dissemination Costs (e.g. journal article processing fees, conference attendance fees, etc.) Breakdown of funding. Year 1: £500, Year 2: £1000, Year 3: £1500			£3,000
Total Pay and Non-pay				£51,500
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£
Less: Savings generated by this application				£
Net ongoing revenue costs charged to NHS budgets				£
Risk Assessment				
Risk (insert further rows if needed)			Mitigation	
No risk to patients, public or staff			N/A	
Risk of not receiving the funding to cover the costs for running the project (i.e. tuition fees, living costs, consumables and dissemination).			This exciting, novel and potentially practice changing clinical study involving chronic pain sufferers would not be able to go ahead.	
Exit Strategy (Charitable Funds cannot fund ongoing commitments)				
N/A – one of purchase.				

Health Inequalities (State how the scheme addresses health inequalities)		
N/A		
Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?		YES/NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		
There is no impact on any racial equality group.		
Approvals		
	Name & Date Approved	Comments
Fund Advisor	General Funds	
Capital Approval (Estates/IM&T/Medical Devices)	N/A	
Chief Financial Officer	Andy Whitfield 27.11.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Dr Lynne Grundy Associate Director Research and Innovation 24.11.19	
Charitable Funds Committee		



Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 10 th December 2019		
Cyhoeddus neu Breifat: Public or Private:	Public		
Teitl yr Adroddiad Report Title:	Charity Funds Committee Terms of Reference		
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance		
Awdur yr Adroddiad Report Author:	Rebecca Hughes, Charity Accountant		
Craffu blaenorol: Prior Scrutiny:	Executive Director of Finance		
Atodiadau Appendices:	Appendix 1: Revised Charitable Funds Committee Terms of Reference		
Argymhelliad / Recommendation:			
The Committee is asked to review and approve the Terms of Reference.			
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 type="checkbox"/>
Sefyllfa / Situation:			
The Charitable Funds Committee to replace the Executive Director of Nursing and Midwifery member with the Executive Medical Director as member of the committee.			
Cefndir / Background:			
Asesiad / Assessment:			
<u>Strategy Implications</u>			
<u>Impact Assessment</u>			

Betsi Cadwaladr University Health Board

Terms of Reference and Operating Arrangements

CHARITABLE FUNDS COMMITTEE

1. INTRODUCTION

- 1.1 In accordance with standing orders (and the LHB scheme of delegation), the Board shall nominate a committee to be known as the **Charitable Funds Committee** “the Committee”. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. CONSTITUTION

- 2.1 The Betsi Cadwaladr University LHB was appointed as the corporate trustee of the charitable funds by virtue of Statutory Instrument and its Board (acting as The Board of Trustees) serves as its agent in the administration of the charitable funds held by the LHB.
- 2.2 The purpose of the Committee” is to make and monitor arrangements for the control and management of the LHBs Charitable Funds.

3. SCOPE AND DUTIES

- 3.1 Within the budget, priorities and spending criteria determined by the LHB as trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents, including the “Declaration of Trust” (Trust Deed).
- 3.2 To ensure that the LHB policies and procedures for charitable funds investments are followed. To make decisions involving the sound investment of charitable funds, managing the risk of any loss in capital value alongside producing a return consistent with prudent investment in the long term and ensuring compliance with:-
- Trustee Act 2000
 - The Charities Act 1993
 - The Charities Act 2006
 - Terms of the fund’s governing documents
- 3.3 To receive at least four times per year reports for ratification from the Executive Director of Finance, and to make and enact investment decisions taken through delegated powers upon the advice of the LHB’s investment adviser.
- 3.4 To oversee and monitor the functions performed by the Executive Director of Finance as defined in Standing Financial Instructions.

- 3.5 To respond to, and monitor the level of, donations and legacies received, including the progress of any Charitable Appeal Funds.
- 3.6 To monitor and review the LHB's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.
- 3.7 To ensure that funds are being utilised appropriately in line with both the instructions and wishes of the donor. To ensure such funding provides added value and benefit to patients and staff, and that all expenditure is reasonable, clinically and ethically appropriate,,
- 3.8 To keep the reserve policy under review to ensure that balances are not inappropriately retained.
- 3.9 To establish and approve the Terms of Reference and Scheme of Delegation for a Charitable Funds Advisory Group to review specific funding applications. To receive reports from the Chair of the Advisory Group at each Committee meeting for scrutiny and ratification.
- 3.10 To ensure that there is a clear strategy and framework for decision making, agreed by the Board of Trustees, against which bids for funding can be evaluated by Fund Advisors, other Health Board staff, the Charitable Funds Advisory Group and the Committee.
- 3.11 To receive, scrutinise and approve the Charity's Annual Report and Accounts on behalf of the Health Board.

4. DELEGATED POWERS AND DUTIES OF THE DIRECTOR OF FINANCE

- 4.1 The Executive Director of Finance has prime responsibility for the LHB's Charitable Funds as defined in the LHB's Standing Financial Instructions. The specific powers, duties and responsibilities delegated to the Executive Director of Finance are:-
 - Administration of all existing charitable funds;
 - To identify any new charity that may be created (of which the LHB is trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity;
 - Provide guidelines with respect to donations, legacies and bequests, fundraising and trading income;
 - Responsibility for the management of investment of funds held on Trust;
 - Ensure appropriate banking services are available to the LHB;
 - Prepare reports to the LHB Board including the Annual Accounts and Annual report;

- To monitor the balance of monies held within the Fund
- To ensure that all expenditure (where appropriate) is ordered through the procurement process

5. AUTHORITY

5.1 The Committee is empowered with the responsibility for:-

- Day to day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the trustee and the requirements of the LHB's Standing Financial Instructions.
- The appointment of an investment manager to advise it on investment matters. The Committee may delegate day-to-day management of some or all of the investments to that investment manager. In exercising this power the Committee must ensure that:
 - a) The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;
 - b) There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;
 - c) The performance of the person or persons exercising the delegated power is regularly reviewed;
 - d) Where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986;
 - e) Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Executive Director of Finance.
- Ensuring that the banking arrangements for the charitable funds should be kept entirely distinct from the LHB's NHS funds.
- Separate current and deposit accounts should be minimised consistent with meeting expenditure obligations.
- The amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments.
- The operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the Health Board for

applying accrued income to individual funds in line with charity law and Charity Commissioner guidance.

- Obtaining appropriate professional advice to support its investment activities.
- Regularly reviewing investments to see if other opportunities or investment managers offer a better return.

5.2 Authority

5.2.1 The Committee is authorised by the Board of Trustees to investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- Employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
- Any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

5.2.2 The Committee is authorised by the Board of Trustees to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Boards procurement, budgetary and other requirements.

6. MEMBERSHIP

6.1 Members

Seven (7) Members

Members	Up to four (4) Independent Members including the Chair and Vice Chair of the committee, plus three (3) Executive Members
Chair	An Independent Member
Vice Chair	Another Independent Member of the Committee
Executive members	Executive Director of Finance (Lead Director) Executive Director of Planning and Performance Executive Medical Director
Secretary	As determined by the Board Secretary

6.2 In attendance

6.2.1 The Committee may require the attendance for advice, support and information routinely at meetings from:

Charitable Funds Accountant
Charitable Funds Fundraising Manager
LHB Investment Advisor

6.2.2 Other Directors will attend as required by the Committee Chair, as well any others from within or outside the organisation who the committee considers should attend, taking into account the matters under consideration at each meeting.

6.2.3 Trade Union Partners are welcome to attend the public session of the Committee

6.3 Member Appointments

6.3.1 The membership of the Committee shall be determined by the Board of Trustees, based on the recommendation of the LHB Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 2 years. Tenure of appointments will be staggered to ensure business continuity. Independent Members may be reappointed up to a maximum period of 4 years.

6.3.3 In order to demonstrate that there is a visible independence in the consideration of decisions and management of charitable funds from the LHB's core functions, the Board of Trustees should consider extending membership to the Charitable Funds Committee to individuals outside of the Board.

6.4 Secretariat

6.4.1 Secretary: as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- Co-ordinate the provision of a programme of organisational development for committee members.

7. COMMITTEE MEETINGS

7.1 Quorum

7.1.1 At least three members must be present to ensure the quorum of the

Committee, one of whom should be the committee Chair or Vice-Chair and one Executive Director.

7.2 Frequency of Meetings

7.2.1 Meetings shall be held quarterly and otherwise as the Committee Chairs deems necessary - consistent with the LHB's annual plan of Board Business.

7.3 Withdrawal of individuals in attendance

7.3.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

8. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

8.1 The Committee, through the Committee Chair and members, shall maximise cohesion and integration across all aspects of governance and assurance through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information, as appropriate .

8.2 The Committee shall embed the LHBs corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business, , and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

8.3 The requirements for conduct of business as set out in the LHBs Standing Orders and Board Standards are equally applicable to the operation of the Committee.

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board of Trustees on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports, as well as the presentation of an annual report;
- bring to the Board of Trustee's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the LHB Chair, Chief Executive or Chairs of other relevant committees of any

urgent/critical matters that may affect the operation and/or reputation of the LHB.

- 9.2 The Board Secretary, on behalf of the Board of Trustees, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 10.1 The requirements for the conduct of business as set out in the LHB/Trusts Standing Orders are equally applicable to the operation of the Committee, except in the following areas :

- Quorum

11. REVIEW

- 11.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Health Board for approval.

12. CHAIR'S ACTION ON URGENT MATTERS

- 12.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Committee Secretariat as appropriate, may deal with the matter on behalf of the Board of Trustees – after first consulting with two other Members of the Committee, one of whom must be an Executive Member. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 12.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

13. DATE OF ACCEPTING THE TERMS OF REFERENCE AND APPROVAL

Approved XXXXX
V9.01

Cyfarfod a dyddiad: Meeting and date:	Charitable Funds Committee 10 th December 2019		
Cyhoeddus neu Breifat: Public or Private:	Public		
Teitl yr Adroddiad Report Title:	Charity Funds Advisory Group Terms of Reference		
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance		
Awdur yr Adroddiad Report Author:	Rebecca Hughes, Charity Accountant		
Craffu blaenorol: Prior Scrutiny:	Executive Director of Finance		
Atodiadau Appendices:	Appendix 1: Revised Charitable Funds Advisory Group Terms of Reference		
Argymhelliad / Recommendation:			
The Committee is asked to review and approve the Terms of Reference.			
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 /cymradwyaeth 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 type="checkbox"/>
Sefyllfa / Situation:			
The Charitable Funds Committee has responsibility for the management and stewardship of Charitable Funds. This includes oversight of all grants awarded by the charity, under the Scheme of Delegation.			
Cefndir / Background:			
In December 2015, the Charitable Funds Committee introduced a Charitable Funds Advisory Group to consider all applications for funding between £5,000 and £25,000. The intention was to increase the scrutiny of these applications and demonstrate engagement in the use of funds. The Advisory Group sits bi-monthly to review applications received and approve or reject them. The decisions of the Advisory Group are reported retrospectively to the Charitable Funds Committee. For applications over £25,000, the Group makes a recommendation, with the final decision being made by the Committee.			
Asesiad / Assessment:			
Strategy Implications Aligned to the Awyr Las Charity Strategy.			
Financial Implications Not applicable.			

Risk Analysis

Not applicable.

Legal And Compliance

A review of the Advisory Group membership and the attendance of members at meetings has been undertaken, in conjunction with an appraisal of other Welsh NHS charity approval processes. As a result, it is recommended that the membership of the Advisory Group is changed.

Strengthening the membership to ensure that all divisions are involved would broaden the knowledge and understanding of the Group, so enhancing decision making. It is also recommended that a Board Member attends each meeting, on a rotational basis, to provide a key link between the Trustee and the Group.

The revised Charitable Funds Advisory Group Terms of Reference are included in Appendix 1.

It is proposed that, if approved by the Committee, the revised Terms of Reference will be submitted to the Audit Committee for approval on the 12th December 2019.

Impact Assessment

Not applicable.

Betsi Cadwaladr University Health Board Guidelines

CHARITABLE FUNDS ADVISORY GROUP

1. INTRODUCTION

- 1.1 The Charitable Funds Committee (the 'Committee') has established the Charitable Funds Advisory Group. The function of this group is to consider funding applications from £5,000 to £25,000 from general or specific charitable funds and approve or reject those applications. The decision to approve or reject an application is undertaken on behalf of the Charitable Funds Committee under the Charitable Funds Scheme of Delegation.
- 1.2 The Health Board's scheme of delegation sets out the rules for approval for all levels of funding applications. Funding for applications over £25,000 must be approved by the Charitable Funds Committee. Such applications may also be reviewed by the Advisory Group to provide comments and reflections to support the Charitable Funds Committee in discharging its responsibility.

2. DUTIES OF THE CHARITABLE FUNDS ADVISORY GROUP

- 2.1 The Charitable Funds Advisory Group reviews funding applications from £5,000 to £25,000 to ensure that they meet the objectives of the charity, and approves or rejects these applications.
- 2.2 The Charitable Funds Advisory Group reviews funding applications over £25,000 and provides comments and a recommendation to the Charitable Funds Committee.

3. AUTHORITY

- 3.1 The Advisory Group has authority to approve funding applications under the Charitable Funds Committee Scheme of Delegation.
- 3.2 The Advisory Group is authorised by the Charitable Funds Committee to investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any Employee (and all employees are directed to cooperate with any legitimate request made by the Advisory Group)

4. MEMBERSHIP

4.1 Members

A panel of 11 members including the following:

- Representatives from each of the three Hospital Sites
- Representatives from each of the three Areas
- Representative from Mental Health
- Representative from Cancer Services
- Representative from North Wales Clinical Services
- Representative from Womens
- Representative from Corporate Services

Chair/ Vice Chair

- The Chair and Vice Chair will be nominated members from the Group.

Secretary

- As determined by the Executive Director of Finance

4.2 In attendance

4.2.1 The Advisory Group will require the attendance for advice, support and information routinely at meetings from:

- Trustee representative (Board Member on a rotational basis)
- Charitable Funds Accountant
- Head of Fundraising

4.3 Membership

4.3.1 The membership of the Advisory Group shall be determined by the Charitable Funds Committee, based on the recommendation of the Committee Chair, taking account of the balance of skills and expertise necessary.

4.3.2 Group Members shall hold office on the Advisory Group for a minimum period of a year.

5 ADVISORY GROUP MEETINGS

5.1 Quorum

At least 6 members must be present to ensure the quorum of the Advisory

Group, one of whom should be the Chair or Vice-Chair.

5.2 Frequency of Meetings

Meetings shall be held bi monthly and otherwise as the Advisory Group Chair deems necessary.

6 REVIEW

- 6.1 These Guidelines shall be reviewed annually by the Charitable Funds Committee and any changes recommended to the Health Board for approval.

7 DATE OF ACCEPTING THE GUIDELINES AND APPROVAL

Approved by Audit Committee:

Ratified by Board:

Reported to Charitable Funds Committee: