

Bundle Charitable Funds Committee 20 June 2019

9.00am Boardroom, Carlton Court, St Asaph LL17 0JG

Agenda attachments

Agenda 20.06.19.docx

- 1 CF19/17 Apologies & Declarations of Interest
- 2 CF19/18 Minutes of the previous meeting held on 7th March 2019:
- 3 CF19/18.1 Accuracy
CF19-18.1.docx
- 4 CF19/18.2 Matters arising and summary action plan
CF19-18.2.docx
- 5 CF19/19 Charitable Funds Finance Report Q4 2018/19
Mr Tony Uttley
CF19-19 cover.docx
CF19-19.docx
- 6 CF19/20 Charitable Funds Fundraising Report Q4 2018/19
Ms K Thomson
CF19-20 cover.docx
CF19-20.docx
- 7 CF19/21 Third Sector Groups Report
Ms K Thomson
CF19-21 cover.docx
CF19-21.docx
- 8 CF19/22 Legacy Strategy
Ms K Thomson
CF19-22 cover.docx
CF19-22.docx
- 9 CF19/23 Charitable Funds Advisory Group:
Mr T Uttley
CF19-23 cover.docx
- 10 CF19/23.1 Minutes from 21st March 2019
CF19-23.1.doc
- 11 CF19/23.2 Draft minutes from 23rd May 2019
CF19-23.2.doc
- 12 CF19/24 Charity Risk Register
Mr T Uttley
CF19-24.docx
- 13 CF19/25 Rothschild Portfolio Report: Report to 31st March 2018
Ms Annick Crisford & Mr Tom Stott, Rothschild in attendance for this item
CF19-25 cover.docx
CF19-25.pdf
- 14 CF19/26 Staff Engagement Strategy Update
Ms Nia Thomas (Head Of Organisational & Employee Development) in attendance for this item
CF19-26 cover.docx
CF19-26.docx
CF19-26 Appendix 1.docx
CF19-26 Appendix 2.pdf
CF19-26 Appendix 3.pdf

CF19-26 Appendix 4.pdf

CF19-26 Appendix 5.pdf

CF19-26 Appendix 6.doc

- 15 Items for Decision
- 16 CF19/27 Request for Expenditure Approvals:
Mr T Uttley
CF19-27 cover.docx
- 17 CF19/27.1 Applications approved by the Charitable Funds Advisory Group For Ratification
CF19-27.1.docx
- 18 CF19/27.2 Replacement Patient Chairs – Alaw Day Unit
CF19-27.2 appendix.pdf
CF19-27.2.doc
- 19 CF19/27.3 Additional Equipment – Hybrid Theatre
CF19-27.3.docx
- 20 Items for Information
- 21 CF19/28 Issues of significance to report to the Health Board
- 22 CF19/29 Date of next meeting:
17th September at 9.30am, Carlton Court

Charitable Funds Committee Agenda

**Meeting to be held on Thursday 20th June at 9.30am
Carlton Court**

CF19/17	Apologies & Declarations of Interest	-
CF19/18	Minutes of the previous meeting held on 7th March 2019: CF19/18.1 Accuracy CF19/18.2 Matters arising and summary action plan	
CF19/19	Charitable Funds Finance Report Q4 2018/19 <i>Mr T Uttley</i>	
CF19/20	Charitable Funds Fundraising Report Q4 2018/19 <i>Ms K Thomson</i>	
CF19/21	Third Sector Groups Report <i>Ms K Thomson</i>	
CF19/22	Legacy Strategy <i>Ms K Thomson</i>	
CF19/23	Charitable Funds Advisory Group: CF19/23.1 Minutes from 21st March 2019 CF19/23.2 Draft minutes from 23rd May 2019 <i>Mr T Uttley</i>	
CF19/24	Charity Risk Register <i>Mr T Uttley</i>	
CF19/25	Rothschild Portfolio Report: Report to 31st March 2018 <i>Ms Annick Crisford & Mr Tom Stott, Rothschild in attendance for this item</i>	
CF19/26	Staff Engagement Strategy Update <i>Ms Sue Green (Executive Director of Workforce & Organisational Development) and Ms Nia Thomas (Head Of Organisational & Employee Development) in attendance for this item</i>	

<u>Items for Decision</u>		
CF19/27	Request for Expenditure Approvals:	
.1	Applications approved by the Charitable Funds Advisory Group For Ratification	
.2	Replacement Patient Chairs – Alaw Day Unit	
.3	Additional Equipment – Hybrid Theatre	
	<i>Mr T Uttley</i>	
<u>Items for Information</u>		
CF19/28	Issues of significance to report to the Health Board	-
CF19/29	Date of next meeting: 17 th September at 9.30am, Carlton Court	-
<u>In-Committee Session</u>		
CF19/30	In-Committee Strategy Review Awyr Las Strategy Summary 2016-21 Awyr Las Communications Strategy 2016-21	

Disclosure:

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

V1.0

CHARITABLE FUNDS COMMITTEE

Draft minutes of the meeting held on Thursday 7th March 2019 in the Boardroom, Ysbyty Gwynedd

Present:

Ms Jackie Hughes	Independent Member (Chair)
Ms Lyn Meadows	Independent Member
Mrs Grace Lewis Parry	Board Secretary

In Attendance:

Ms Rebecca Hughes	Charity Accountant
Ms Kirsty Thomson	Head of Fundraising
Ms Faye Pritchard	PA to Executive Director of Finance

Agenda Item	Action
<p>CF19/01 Apologies for absence & Declarations of interest</p> <p>CF19/01.1 Apologies of absence were noted from Mrs B Russell Williams, Mrs G Harris, Mr W Wilkinson, Ms J Rycroft-Malone and Mr R Favager.</p> <p>CF19/01.2 It was noted that there have been some recent changes to committee membership. Ms Jackie Hughes is now designated chair of the committee and Office of the Board Secretary are awaiting confirmation for Ms Helen Wilkinson (Independent Member) to join membership.</p> <p>CF19/01.3 Unfortunately, due to unforeseen circumstances, the Executive Director of Finance was unavailable; therefore, Ms Grace Lewis Parry attended the committee meeting on his behalf. Mr R Favager provided advice to the committee Chair on each of the papers prior to the meeting.</p> <p>CF19/01.4 Ms K Thomson reiterated her Declaration of Interest volunteering link with 'Love Hope Strength' as did Ms J Hughes regarding her employment with Radiology. No contents within the papers today contained reference to either.</p>	

<p>CF19/02 Minutes of the previous meeting held on 13th December 2018:</p> <p>CF19/02.1 Accuracy The minutes were approved as an accurate record.</p> <p>CF19/02.2 Matters arising and review of summary action plan The committee reviewed the summary action plan and reviewed the following:</p> <ul style="list-style-type: none"> - CF18/45.2: Joint Working Agreements – Ms K Thomson informed the committee that the outstanding unsigned agreements for the League of Friends are being reviewed by 'Attend' (the charity that oversees the League of Friends nationally). Attend have asked for some amendments to the agreement and a suggested new template has been sent through to them to return. Committee to review again in June 2019 committee meeting. Ms K Thomson notified the committee of RVS outstanding agreement, which is due to be signed by the end of April 2019. - CF18/46 Ms J Hughes raised a query on what has happened to the Hearts and Minds grants. Ms J Hughes and Ms K Thomson to liaise outside of the meeting. - CF18/47 Due to Mr R Favager's absence at the meeting, the committee will be provided with an update in June 2019 committee meeting. - CF18/48.1 Ms K Thomson to resend draft letter to Ms G Lewis-Parry, and the original timescale date is to be changed to reflect meeting date in June 2019. - CF18/52 Ms K Thomson to inform Ms J Hughes of Ms B Russell Williams' meeting with Gafael Llaw. <p>CF19/02.3 Ms G Lewis-Parry raised an issue of concern over the charities that do not have SLA's with BCUHB but operate on BCUHB premises. Ms G Lewis-Parry will liaise with the Hospital Management team at YGC to link in with Ms K Thomson and Ms R Hughes. *Action*</p>	GLP
<p>CF19/03 Charitable Funds Finance Report Q3 2018/19 <i>Ms R Hughes</i></p> <p>The Committee received the Charitable Funds Finance Report for Q3 2018/19 and Ms R Hughes stated some key trends from the report. It was noted that Income from Donations and Fundraising had decreased by £70,000 (7%) on the prior year.</p> <p>Legacy income of £195,000 for the year to date is £1,000 (1%) higher than for the same period in 2017/18. Legacies that were accrued for in 2017/18 but received in 2018/19 were not included in this figure.</p> <p>Investments show an unrealised loss of £97,000 for the year to date, compared to a gain of £255,000 for the same period last year.</p> <p>Total cash at bank has decreased by £410,000 (47%) over the first half of the year, as a result of actual cash expenditure exceeding income as expected expenditure commitments are realised.</p>	

<p>Outstanding commitments have increased by £178,000 (12%) from the end of the last financial year to £1,615,000. These include £499,000 for the Hybrid theatre and £123,000 for the 2018/19 charity's administration and fundraising budget.</p> <p>Available unrestricted reserves total £3,935,000, compared to a target level of £3,060,000.</p> <p>A key issue this quarter is the significant unrealised loss on investments on £400k, which has a detrimental impact on general funds balance. (Deficit £232k, £7m– Jan/ Feb. £283k current projected general funds balance). We as a charity are heavily reliant on investments for general funds.</p> <p>Section 3 of the report (Divisional Analysis) still shows North Wales Wide services (Cancer) as the biggest area that people want to fundraise to and donate for. Within the area teams, the largest is East with 21% of the charity's funds, which contradicts staff and public opinion of strong support of services in the West.</p> <p>Ms J Hughes noted that it would be useful to split the cancer funds up by location in future reports. *Action*</p> <p>The committee noted the good use of Section 4 'Source of donations and fundraising income' as it helps to identify the trends of where income's coming from.</p> <p>Ms G Lewis-Parry suggested informing Dr Evan Moore (Executive Medical Director) to reference the Livsey paper at the next Board meeting. *Action*</p> <p>With regards to Fund No. 8B66 Ms G Lewis-Parry requested that the wording be changed to 'To fund equipment for the Hybrid Theatre'. The committee noted that the core funding is provided by WG for the capital scheme, but has been further supported by the Livsey trust for equipment.</p> <p>The Committee noted and approved the report.</p>	<p>RH</p> <p>GLP</p>
<p>CF19/04 Charitable Funds Fundraising Report Q3 2018/19 <i>Ms K Thomson</i></p> <p>Ms L Meadows and Ms J Hughes firstly requested that Ms K Thomson recirculate the Charity strategy to all committee members. *Action*</p> <p>Ms K Thomson firstly began by highlighting some good news stories. The Ty Enfys fund for family accommodation for patients receiving care on the Children's Ward in Ysbyty Gwynedd has now been established, but a lot of work needs to be done in drawing up plans to develop the accommodation.</p> <p>Ms J Hughes queried the commencement date of 2020, but it was confirmed that this is correct.</p> <p>The committee discussed The Livsey Trust's closure and donation of £85,000 in funds to the charity to be used for additional equipment in the Hybrid Theatre. The committee agreed the decision in principal (subject to appropriate governance), for</p>	<p>KT</p>

the Advisory Group to then comment on at their next meeting, giving an increase on the original commitment. The decision will be ratified at the June 2019 Charitable Funds committee meeting but to progress from now.	
Ms K Thomson to e-mail round to all committee members the template used for Joint Collaborative Working agreements. *Action*	KT
It was agreed by all committee members that after the June 2019's Charitable Funds Committee meeting, an in-Committee Strategy discussion would take place. *Action*	KT
On page 2 under 'Opportunities for Improvement' the committee asked for the wording to be changed to 'Awyr Las complaints', with a table to be added to show total number of complaints received, resolved and what sort of complaint it was e.g. Verbal, via the Charity Commission etc.	KT
The committee raised their concern of the outstanding unsigned 25 Collaborative Working agreements. All outstanding agreements must be signed by June 2019 committee meeting. *Action*	KT
The committee discussed that it would be useful to have information such as target dates and benefits realisation to illustrate all that's been achieved in the 'Third Sector Groups' section of the report, specifically relating to the Annual operating plan. It would be useful for risks and trends to also be included. *Action*	KT
The committee agreed that a separate report for third sector groups would be clearer for audit purposes, as an appendix to the main Fundraising report. *Action*	KT
The KPIs (Key Performance Indicators) were discussed in section 6. Ms L Meadows requested to add a row in totalling the figures of each column costs. With regards to the 'Internal Engagement KPI's' in section 6.3, the committee requested that the 'Measurement' column be filled out in more depth as to what the KPI is and include costs. *Action*	KT
With regards to one of the strategic priorities 'I CAN campaign' of MHL D, the committee requested to see clear stories of where funding's going. Planning services will be able to provide an update by September 2019. *Action*	
The committee discussed the importance of circulating dates to all Board members regularly of key Aywr Las events to ensure that diary time is set aside, such as The Big Tea Party and World Mental Health Day (ICAN walk).	KT
The Committee scrutinised the report in detail and approved.	

<p>CF19/05 Legacy Strategy <i>Ms K Thomson</i></p> <p>Ms K Thomson presented an overview paper of the Awyr Las Legacy Strategy 2018/21. The report is on target and has previously been reviewed by Mrs B Russell-Williams.</p> <p>Ms L Meadows suggested that the document be used as an ongoing rolling programme, with dates of completion included. Ms L Meadows also requested the link to the Strategy document be added in to the document.</p> <p>The committee noted the report and approved the actions being taken.</p>	KT
<p>CF19/06 Charitable Funds Advisory Group: <i>Ms R Hughes</i></p> <p>CF19/06.1 Minutes from 31st January 2019</p> <p>The committee approved the minutes from 31st January 2019 meeting.</p>	
<p>CF19/07 Charity Risk Register <i>Ms R Hughes</i></p> <p>The committee discussed the minor amendments that need to be made to the register.</p> <p>Ms G Lewis-Parry suggested Ms R Hughes meet with Mr R Favager to discuss the option of reviewing only the score 16+ risks on the Charity Risk Register quarterly, and once a year all open risks in the Charity Risk Register *Action*</p> <p>The committee approved the Charity Risk Register, subject to amendments.</p>	RH
<p>CF19/08 Rothschild Portfolio Report: Report to 31st December 2018 <i>Ms R Hughes</i></p> <p>The Rothschild Portfolio Investments Report as at 31st December was received and noted. It was reported that following a significant downturn in the markets at the end of 2018, the calendar year reported a loss of 3.39%, which is the first yearly negative return since Rothschild were appointed.</p> <p>Despite these losses, the portfolio is still ahead of the return objective (inflation +3%) and reporting a better position than if a cautious investment approach had been maintained. Markets have picked up again in January and February, overturning the losses seen at the end of the year.</p> <p>The committee noted the report.</p>	

ITEMS FOR DECISION	
<p>CF19/09 Request for Expenditure Approvals: <i>Ms R Hughes</i></p> <p>1. Applications approved by the Charitable Funds Advisory Group For Ratification</p> <p>The committee approved the applications.</p> <p>2. Gwynt Y Mor Community Fund - Motiv8 Project</p> <p>The committee discussed the potential of a joint application with Conwy County Council and/ or Gwynedd County Council as they run Motiv8 events too. Ms R Hughes and Ms K Thomson to explore if engagement has been carried out. *Action*</p> <p>The committee approved the bid in principal, subject to additional work being carried out, along with a clear Exit strategy established. Ms J Hughes and Mr R Favager to review and sign off outside of the committee meeting. *Action*</p> <p>3. Project Support for ChemoCare Version 6 Upgrade and Rollout to Haematology</p> <p>The committee approved the bid.</p>	<p>RH/ KT</p> <p>RF/ JH</p>
<p>CF19/10 Charity Budget for 2019/20 <i>Ms R Hughes</i></p> <p>Ms R Hughes briefly outlined the Charity's proposed budget for 2019/20, which is the same as this current financial year but with a budget movement between categories, such as Fundraising Staff Costs, which are projected to increase due to the NHS pay award and incremental drift.</p> <p>The committee discussed and approved the Charity Budget for 2019/20.</p>	
<p>CF19/11 Staff Lottery <i>Ms K Thomson</i></p> <p>The committee scrutinised the Staff Lottery paper and Ms J Hughes suggested that Staff Side need to be informed of this and discuss first, in case unions aren't comfortable. Ms J Hughes has already discussed with Jan Tomlinson and there was a feeling that Unison may have some concerns in the current financial climate.</p> <p>Ms J Hughes stated that it's important to keep in mind current poverty for staff.</p>	

<p>The committee agreed that more information and assurance needs to be gathered on this, such as to explore what the rest of Wales doing etc. Ms G Lewis-Parry noted that as a committee we need to proceed with caution.</p> <p>Ms J Hughes suggested that this item to go on next Local Partnership Forum meeting agenda and the committee agreed. *Action*</p> <p>Ms K Thomson to explore and request further work and engagement with trade unions to test appetite on this.</p>	KT
ITEMS OF GOVERNANCE	
<p>CF19/12 Charity Reserves Policy <i>Ms R Hughes</i></p> <p>The committee approved the Charity Reserves Policy.</p>	
<p>CF19/13 Charity Work Plan for 2019/20 <i>Ms R Hughes</i></p> <p>The committee approved the Charity Work Plan for 2019/20.</p>	
<p>CF19/14 Staff Engagement Strategy Update</p> <p>The committee agreed to invite Ms Sue Green (Executive Director of Workforce and Organisational Development) and Ms Nia Thomas (Head Of Organisational & Employee Development) to June 2019 Charitable Funds committee.</p> <p>Trajectory of impact to be included into the report for future reference. *Action*</p> <p>The committee felt that The Ward Manager Development programme should be more inclusive of clinical management, or management at that level overall across the organisation, as it's focusing on people managing teams, so it shouldn't be exclusively related to ward.</p> <p>The committee discussed The Senior Leaders Development programme. Ms J Hughes commented on the sentence 'For leaders at Bands 8a and above', and felt that it would be best if the wording was amended slightly to read 'Targeted at Bands 8a and above', so that it gives the opportunity for lower bands to try also.</p> <p>Ms F Pritchard to share feedback from committee with Ms N Thomas and Ms S Green. *Action*</p> <p>The committee noted the report.</p>	<p>FP</p> <p>FP</p>
ITEMS FOR INFORMATION	

CF19/15 Issues of significance to report to the Health Board <ul style="list-style-type: none"> - Staff Lottery – Exploration stage (Add into Chairs Assurance report). - The Livsey Trust - Highlighting the value of the Livsey vascular contribution. - Charity Risk register 	
CF19/16 Date of next meeting: Thursday 20th June 2019 at 09:30am, Carlton Court.	

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

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
Actions from 13.03.17 meeting				
K Thomson	CF17/19 Charity Fundraising Report Ms K Thomson to report progress on the joint working agreements by next committee meeting, in particular ensuring those for the By Your Side walk are signed.	18.09.17	The Joint Working Agreements for the By Your Side Walk are complete and others which have been included on the register will be completed by the end of March 2018.	31.03.18
	CF18/21 Charity Risk Register (11.06.18) Ms K Thomson to complete all Joint Working Agreements as a high priority.		Progress with completing the Joint Working Agreements has been made although this action has not yet been finalised. The timetable for this has been re-profiled and includes slippage due to delays in receipt from third parties.	11.06.18
	CF18/45.2 Matters arising and review of summary action plan (17.12.18) Ms K Thomson to send updates via e-mail to Mr R Favager as and when there's been significant moves forward, in order to provide assurance. A new revised timescale date has been set for all agreements to be signed by the end of February 2019, to be available for next Committee in March.		Priority Joint Working Agreements have been completed or are in draft form. All existing Joint Working Agreements overseen by the Head of Fundraising will be completed by September 2018, those overseen by the Partnerships Manager will be completed by December 2018. Under the revised system which will be implemented by September 2018, all individuals / companies and organisations requiring a JWA will have a specific deadline date.	17.12.18
			The 81 Collaborative Working Documents have all been passed on to the partner organisations or the individual working collaboratively. 50 are completed, 31 are awaiting signature from the partner organisation. All copies will be signed by March 2019.	31.03.19

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
			<p>At 19.02.19 22 Collaborative Working Agreements remain outstanding because Attend, the charity that oversees the Leagues of Friends nationally, is carrying out an independent review into the need for the Joint Working Agreements and in the meantime the charities are awaiting direction from Attend. The Head of Fundraising is in contact with Attend and is awaiting a response which is expected by the end of February 2019. The timescale for completion therefore remains at 31.03.19.</p> <p>All Awyr Las Collaborative Working Agreements are up to date. No Collaborative Working Agreements with external parties that donate directly to BCUHB have been signed. A paper has been drawn up requesting that these groups be removed from the Awyr Las Collaborative Working Agreements Register – action to be closed if paper is approved.</p>	
Actions from 17.12.18 meeting				
K Thomson	CF18/48.1 Fundraising Report Q2 2018/19 Ms K Thomson to provide the Committee with a paper which includes the Give 70 Campaign, to show comparisons with other Health Boards and what we can learn from others.	18.06.19	This piece of work is underway. Ms Thomson is surveying Welsh NHS Charities during an all Wales NHS Charities Meeting on 20.02.19 and other NHS Charities at an Association of NHS Charities Conference on 13.03.19. BCUHB Staff surveys on Give 70 and its legacy have begun and will continue to be carried out in March 2019.	

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
			This is included in the Awyr Las Fundraising Report.	Closed
K Thomson & R Hughes	CF18/48.1 Fundraising Report Q2 2018/19 Members of the Finance team to work with Fundraising team members to ensure system controls are in place over the receipt of monies from in aid of events.	18.06.19	This work has begun and systems controls are in place, explained in the Head of Fundraising's Report. A complete review of the standard operating procedures for thanking, banking and donor support will be carried out in April 2019. The review will be included in the Head of Fundraising's Charity Committee Report in June 2019. The review into thanking and banking is underway and is reported in the Awyr Las Fundraising Report.	Closed
K Thomson	CF18/48.1 Fundraising Report Q2 2018/19 Ms K Thomson is to draft a letter, working with Governance, and share with the Committee prior to the Chairman signing, around the BCU stance on professional fundraising services on our sites.	31.12.18	A reviewed letter has been sent to the Board Secretary for comments and an update on progress with this will be given at the Charity Committee. Meetings have been held with representatives from local charities and an update on this is included in the Awyr Las Fundraising Report	07.03.19 Closed
Actions from 07.03.19 meeting				
G Lewis Parry	CF19/02.2 Matters arising and review of summary action plan Ms G Lewis-Parry raised an issue of concern over the charities that do not have SLA's with BCUHB but operate on BCUHB premises. Ms G Lewis-Parry will liaise with the Hospital Management team at YGC	20.06.19	A verbal update will be provided at the meeting.	

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
R Hughes	CF19/03 Charitable Funds Finance Report Q3 2018/19 It was requested that the Finance Report splits the cancer funds up by location in future reports.	20.06.19	This has been included in the Quarter 4 Finance Report.	Closed
G Lewis Parry	CF19/03 Charitable Funds Finance Report Q3 2018/19 Ms G Lewis-Parry suggested informing Dr Evan Moore (Executive Medical Director) to reference the Livsey paper at the next Board meeting	20.06.19	A verbal update will be provided at the meeting.	
K Thomson	CF19/04 Charitable Funds Fundraising Report Q3 2018/19 Ms K Thomson recirculate the Charity strategy to all committee members	20.06.19		
K Thomson	CF19/04 Charitable Funds Fundraising Report Q3 2018/19 Ms K Thomson to e-mail round to all committee members the template used for Joint Collaborative Working agreements.	20.06.19		
K Thomson	CF19/04 Charitable Funds Fundraising Report Q3 2018/19 After the June 2019's Charitable Funds Committee meeting, an in-Committee Strategy discussion will take place.	20.06.19	Included within the agenda.	Closed
K Thomson	CF19/04 Charitable Funds Fundraising Report Q3 2018/19 Under 'Opportunities for Improvement' the committee asked for the wording to	20.06.19		

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
	be changed to 'Awyr Las complaints', with a table to be added to show total number of complaints received, resolved and what sort of complaint it was e.g. Verbal, via the Charity Commission etc.			
K Thomson	CF19/04 Charitable Funds Fundraising Report Q3 2018/19 The committee raised their concern of the outstanding unsigned 25 Collaborative Working agreements. All outstanding agreements must be signed by June 2019 committee meeting	20.06.19		
K Thomson	CF19/04 Charitable Funds Fundraising Report Q3 2018/19 The committee discussed that it would be useful to have information such as target dates and benefits realisation to illustrate all that's been achieved in the 'Third Sector Groups' section of the report, specifically relating to the Annual operating plan. It would be useful for risks and trends to also be included	20.06.19		
K Thomson	CF19/04 Charitable Funds Fundraising Report Q3 2018/19 The committee agreed that a separate report for third sector groups would be clearer for audit purposes, as an appendix to the main Fundraising report	20.06.19	Included within the agenda as a standing item.	Closed
K Thomson	CF19/04 Charitable Funds Fundraising Report Q3 2018/19	20.06.19		

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
	The KPIs (Key Performance Indicators) were discussed – it was requested to add a row in totalling the figures of each column costs. With regards to the 'Internal Engagement KPI's', the committee requested that the 'Measurement' column be filled out in more depth as to what the KPI is and include costs.			
K Thomson	CF19/04 Charitable Funds Fundraising Report Q3 2018/19 With regards to one of the strategic priorities 'I CAN campaign' of MHL D, the committee requested to see clear stories of where funding is going.	17.09.19	Planning services will be able to provide an update by September 2019.	
K Thomson	CF19/04 Charitable Funds Fundraising Report Q3 2018/19 The committee discussed the importance of circulating dates to all Board members regularly of key Aywr Las events to ensure that diary time is set aside, such as The Big Tea Party and World Mental Health Day (ICAN walk).	20.06.19		
K Thomson	CF19/05 Legacy Strategy The committee requested the link to the Strategy document be added in to the legacy document.	20.06.19		
R Hughes	CF19/07 Charity Risk Register Ms G Lewis-Parry suggested the option of reviewing only the score 16+ risks on the Charity Risk Register quarterly, and	20.06.19	This has been agreed with the Director of Finance	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
	once a year all open risks in the Charity Risk Register.			
R Hughes / K Thomson	CF19/09.2 Gwynt Y Mor Community Fund - Motiv8 Project The committee discussed the potential of a joint application with Conwy County Council and/ or Gwynedd County Council as they run Motiv8 events too. Ms R Hughes and Ms K Thomson to explore if engagement has been carried out	20.06.19	The applicants confirmed that engagement with the Council has been carried out and the Conwy wellbeing team are part of the Motiv8.	Closed
J Hughes / R Favager	CF19/09.2 Gwynt Y Mor Community Fund - Motiv8 Project The committee approved the bid in principal, subject to additional work being carried out, along with a clear Exit strategy established. Ms J Hughes and Mr R Favager to review and sign off outside of the committee meeting.	20.06.19	Approval was received following additional information from the applicants.	Closed
K Thomson	CF19/11 Staff Lottery Ms J Hughes suggested that this item to go on next Local Partnership Forum meeting agenda and the committee agreed.	20.06.19		
F Pritchard	CF19/14 Staff Engagement Strategy Update To invite Ms Sue Green (Executive Director of Workforce and Organisational Development) and Ms Nia Thomas (Head Of Organisational & Employee Development) to June 2019 Charitable Funds committee.	20.06.19	Included as an agenda item.	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
F Pritchard	CF19/14 Staff Engagement Strategy Update Ms F Pritchard to share feedback from committee with Ms N Thomas and Ms S Green.	20.06.19	Feedback was shared following the committee.	Closed

**Charitable Funds
Committee**

 20th June 2019

CF19/19


**GIG
CYMRU
NHS
WALES**

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Charitable Funds Finance Report Q4 2018/19
Report Author:	Rebecca Hughes, Charity Accountant
Responsible Director:	Sue Hill, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	Attached is the Finance Report for the Charity as at the 31 st March 2019.
Approval / Scrutiny Route Prior to Presentation:	The Report is brought for approval by the Charitable Funds Committee.
Governance issues / risks:	There are no governance issues for the Health Board of this paper.
Financial Implications:	<p>Key points to note are:</p> <ol style="list-style-type: none"> 1. The figures presented in this report are draft figures for 2018/19. Adjustments are made to the charity's position up until the draft Financial Statements are produced in July. These draft Financial Statements are then also subject to audit and a final view taken on the figures at that stage. 2. Income from Donations and Fundraising is £312,000 / 20% lower than in 2017/18. 3. Legacy income is £235,000 / 28% lower than in 2017/18. 4. Grant funded charitable expenditure of £1,731,000 is £928,000 (35%) lower than the same period last year 5. Investments show an overall gain of £374,000 (5%) on the 2017/18 portfolio closing value. 6. Total cash at bank has increased by £34,000 over the period due to income received being higher than actual cash expenditure. 7. Outstanding commitments have decreased by £517,000 (36%) compared to the end of the last financial year. 2017/18 ended with some significant commitments (Hybrid Theatre - £500,000, Staff Engagement project - £417,000 and Dewi Ward

	<p>development - £105,000) which have not been replicated in 2018/19. The largest commitment at the 31st March 2019 remains the contribution towards the Hybrid Theatre at YGC, which now has £308,000 outstanding.</p> <p>8. Available unrestricted reserves total £4,343,000 compared to a target level of £3,060,000.</p>
Recommendation:	The Committee is asked to approve the report and the actions being taken.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<i>Not applicable</i>			
Equality Impact Assessment			
<i>Not applicable – the report does not impact directly on staff or patients</i>			

Disclosure:

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Charitable Funds Finance Report

March 2019

Rebecca Hughes

Charity Accountant

Betsi Cadwaladr University Health Board

1. Executive summary

1.1 Items of Significance

- The figures presented in this report are draft figures for 2018/19. Adjustments are made to the charity's position up until the draft Financial Statements are produced in July. These draft Financial Statements are then also subject to audit and a final view taken on the figures at that stage.
- Income from Donations and Fundraising is £312,000 / 20% lower than in 2017/18.
- Legacy income is £235,000 / 28% lower than in 2017/18.
- Grant funded charitable expenditure of £1,731,000 is £928,000 (35%) lower than the same period last year
- Investments show an overall gain of £374,000 (5%) on the 2017/18 portfolio closing value.
- Total cash at bank has increased by £34,000 over the period due to income received being higher than actual cash expenditure.
- Outstanding commitments have decreased by £517,000 (36%) compared to the end of the last financial year. 2017/18 ended with some significant commitments (Hybrid Theatre - £500,000, Staff Engagement project - £417,000 and Dewi Ward development - £105,000) which have not been replicated in 2018/19. The largest commitment at the 31st March 2019 remains the contribution towards the Hybrid Theatre at YGC, which now has £308,000 outstanding.
- Available unrestricted reserves total £4,343,000 compared to a target level of £3,060,000.

2. Summarised financial performance

2.1 Statement of Financial Activities

	Quarter ended 31 st March 2019 £'000	Year to 31 st March 2019 £'000	Year to 31 st March 2018 £'000
Donations & fundraising	366	1,261	1,573
Legacies	412	608	843
Investment income	6	73	67
Total income	784	1,942	2,483
Grant funded charitable expenditure	(201)	(1,731)	(2,659)
Governance & support costs	(36)	(114)	(115)
Fundraising expenditure	(58)	(247)	(280)
Investment management	(10)	(46)	(46)
Total expenditure	(305)	(2,138)	(3,100)
Gain/(loss) on investments	471	374	120
Net movement in funds	<u>950</u>	<u>178</u>	<u>(497)</u>

2.1.1 Income

- Income from Donations and Fundraising is £312,000 / 20% lower than in 2017/18. Both the number of donations received and the average donation value have fallen. The number of donations has dropped by 374 (from 5,193 to 4,819) and the average donation is reduced by £42 (from £303 to £261).
- Legacy income is £235,000 / 28% lower than in 2017/18. The income from legacies is unpredictable and can vary greatly from year to year. A similar number of legacies were received in both years, but 2017/18 benefited from a £557,000 legacy from the Livsey Trust which boosted income.
- There has been a small rise in investment income, although it remains subdued due to the low level of interest rates.
- Overall, total income has fallen by £541,000 or 22%. The continued fall in income needs careful management if the charity is to grow in future years.

2. Summarised financial performance

2.1.2 Expenditure

- Grant funded charitable expenditure of £1,731,000 is £928,000 (35%) lower than the expenditure last year and can be broken down as follows:
 - Actual expenditure in year: £1,294,000
 - Commitments awarded in 2018/19 still outstanding: £437,000
- Expenditure in 2017/18 included the costs of the Hybrid Theatre at YGC (£500,000) and the Staff Engagement project (£417,000), which served to boost figures for the year. Similar projects have not materialised in 2018/19.
- Fundraising expenditure is £33,000 lower than in 2017/18 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. Fundraising expenditure in 2017/18 was inflated by the By Your Side walk, so costs were expected to be lower this year.

2.1.3 Investments

- Investments show an overall gain of £374,000 (5%) on the 2017/18 portfolio closing value. Performance during the last quarter of the year recovered significantly from the third quarter, where large losses were seen, to give an overall larger gain than in 2017/18.

2. Summarised financial performance

2.2 Balance Sheet

	As at 31/03/19 £'000	As at 31/03/18 £'000
Long term investments	7,962	7,572
Land	135	135
Total fixed assets	8,097	7,707
Debtors	269	841
Cash at bank and in hand	910	876
Total current assets	1,179	1,717
Creditors falling due within one year	(581)	(390)
Net current (liabilities)/assets	598	1,327
Creditor for commitments	(920)	(1,437)
Net assets	<u>7,775</u>	<u>7,597</u>
Unrestricted fund balances	4,343	4,315
Restricted fund balances	3,432	3,282
Net assets	<u>7,775</u>	<u>7,597</u>

2.2.1 Assets and liabilities

- Long term investments have increased by 5% (£390,000) over the 2017/18 year end valuation. The change in the value of the investments reflects the revaluation gain on the portfolio plus investment income, offset by investment management costs.
- The land gifted to the charity during 2017/18 is still held, with the Health Board's Estates department actively marketing it for sale.
- Cash deposits at bank and in hand have increased by £34,000 over the period due to income received being higher than actual cash expenditure. It has been decided that the 2018/19 year end cash balance will be held and not invested in order to cover anticipated cash requirements during early 2019/20, which are signified by the high level of creditors showing in the year end balance sheet.

2. Summarised financial performance

- The provision for commitments is the value of outstanding expenditure that has been approved at past Committee meetings and is still unspent. Commitments have decreased by £517,000 (36%) compared to the end of the last financial year. 2017/18 ended with some significant commitments (Hybrid Theatre - £500,000, Staff Engagement project - £417,000 and Dewi Ward development - £105,000) which have not been replicated in 2018/19. The largest commitment at the 31st March 2019 remains the contribution towards the Hybrid Theatre at YGC, which now has £308,000 outstanding.

2.2.2 Reserves

- Available unrestricted reserves total £4,343,000 compared to a target level of £3,060,000. Therefore the Charity is holding sufficient reserves.
- Available General Funds totalled £444,000 at the 31st March 2019. The first call on this for 2019/20 will be the approved charity costs budget of £437,000.

2.3 Further actions

- Continued focus on the implementation of the fundraising strategy to halt the decrease in income for the Charity in both donations and legacies.
- Continued monitoring of the investment performance in light of market conditions.
- Continued monitoring of the cash position and early identification of any requirements to release cash from investments or transfer cash into investments.
- Scrutiny over commitments to ensure that they are used within 3 months of being granted, unless an extension is approved.
- Regular review of reserves against target, with a particular focus on General Funds.

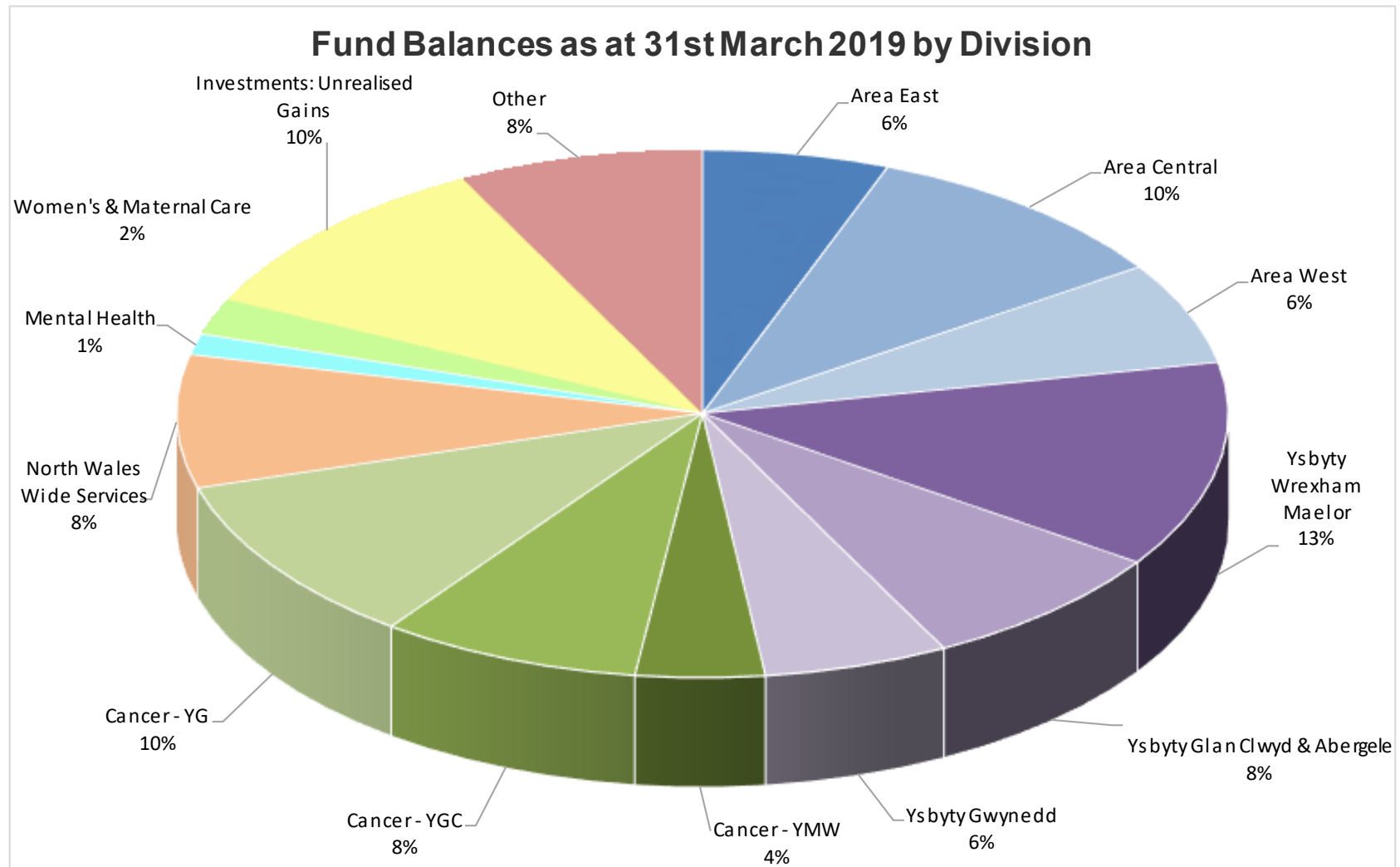
3. Divisional analysis

3.1 Fund balances by division/directorate

	Opening position at 1 April 2018 (Draft) £000	Income £000 (See 2.1)	Expenditure £000 (See 2.1)	New Unspent Commitments £000 (See Appendix 2)	Closing position at 31 st March 2019 £000	Key issues and actions
East Area	509	85	-141	-7	446	<p>Opening fund balances include outstanding commitments as at the end of the last financial year and agree to the 2017/18 accounts.</p> <p>Committed expenditure is the balance on 2018/19 approvals that have not yet been spent.</p> <p>Commitments are first allocated against divisional restricted funds where available.</p>
Central Area	763	125	-119	0	769	
West Area	476	132	-113	-8	487	
Wrexham Maelor Hospital	926	194	-132	-5	983	
Ysbyty Glan Clwyd & Abergel	717	84	-132	-56	613	
Ysbyty Gwynedd	395	191	-133	-12	441	
Mental Health	137	23	-60	0	100	
Women's	186	13	-25	0	174	
North Wales Wide Services	651	24	-41	0	634	
Cancer - YMW	270	103	-38	-27	308	
Cancer - YGC	779	160	-163	-153	623	
Cancer - YG	647	240	-39	-42	806	
BCU Wide	19	1	-5	0	15	
Subtotal	6,475	1,375	-1,141	-310	6,399	
Other Miscellaneous	1,122	941	-561	-127	1,376	This includes the North Wales Cancer Appeal.
Total Charity Balance	7,597	2,316	-1,702	-437	7,775	

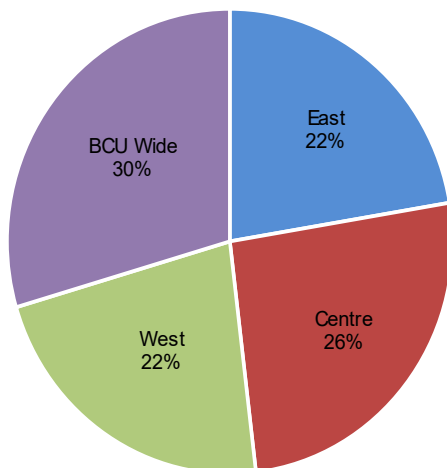
3. Divisional analysis

- The split of fund balances by division/directorate is illustrated on the table above and the chart below. Due to the dominance of Cancer funds within the charity, these have been separated out from the other services included within North Wales Wide Services.



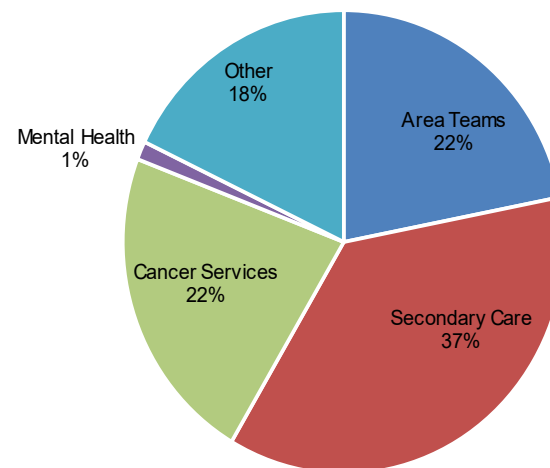
3. Divisional analysis

Fund Balances at 31st March 2019 by Health Economy



- Centre is the largest of the three Health Economies, with West and East taking equal shares.

Fund Balances at 31st March 2019 by Service Type



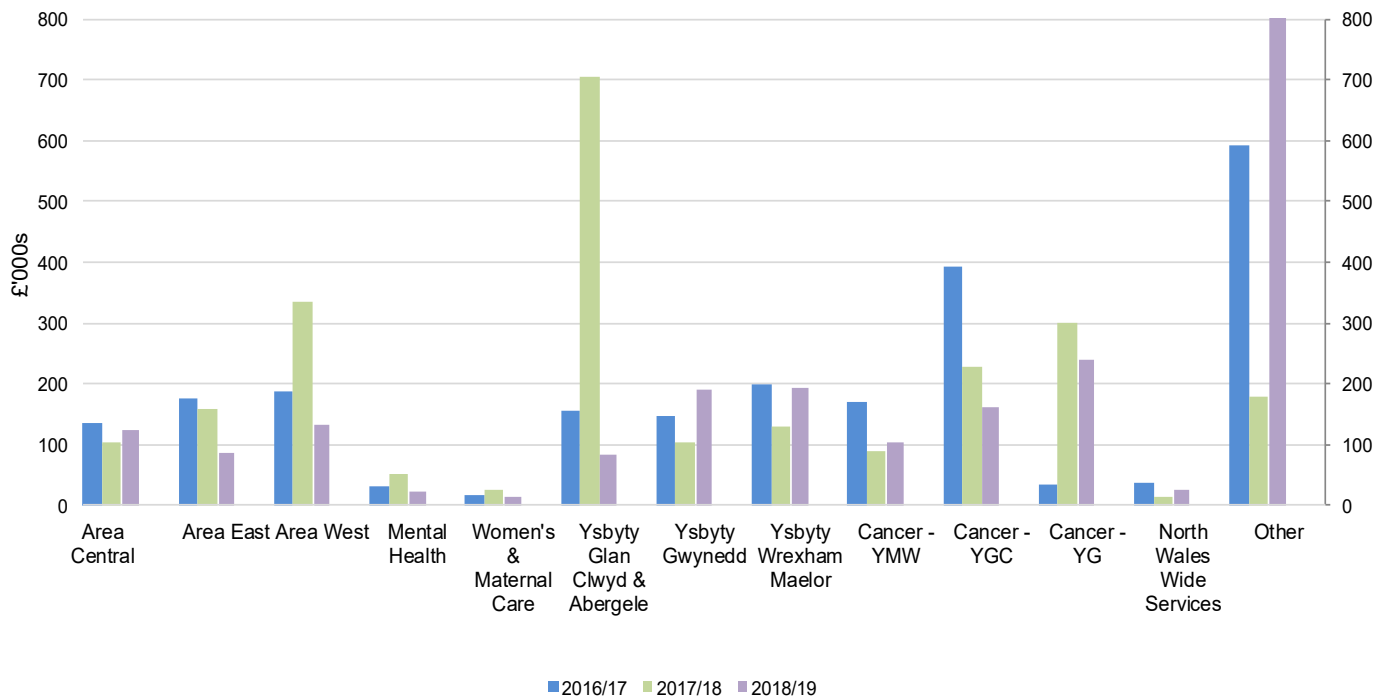
- Cancer Services continue to be a dominant service within the charity, however Secondary Care; which includes the three main hospitals, Women's and North Wales Services, is the largest division by service type.

3. Divisional analysis

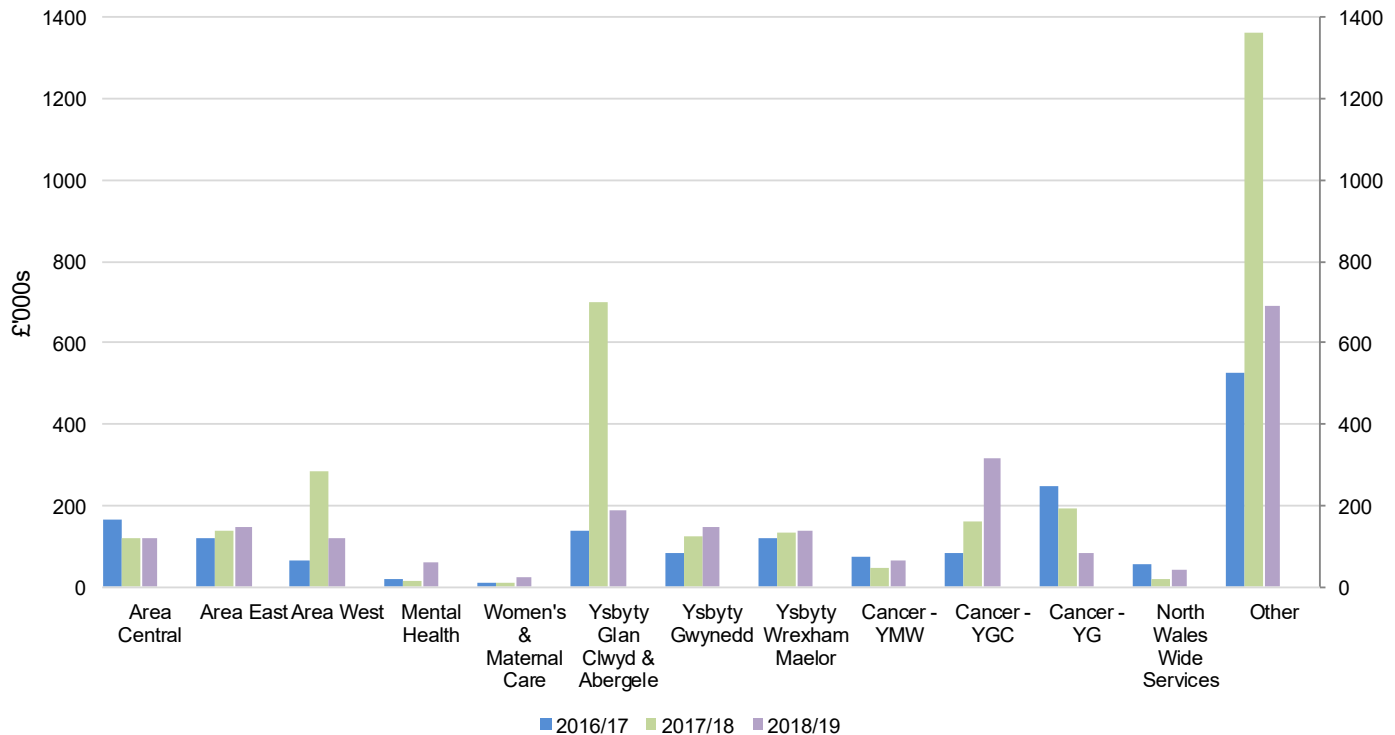
3.2 Income and expenditure by division/directorate

- Income and expenditure trends from 2016/17 onwards are shown on the following two charts.

Donated Income Trends by Division



Charitable Expenditure Trends by Division



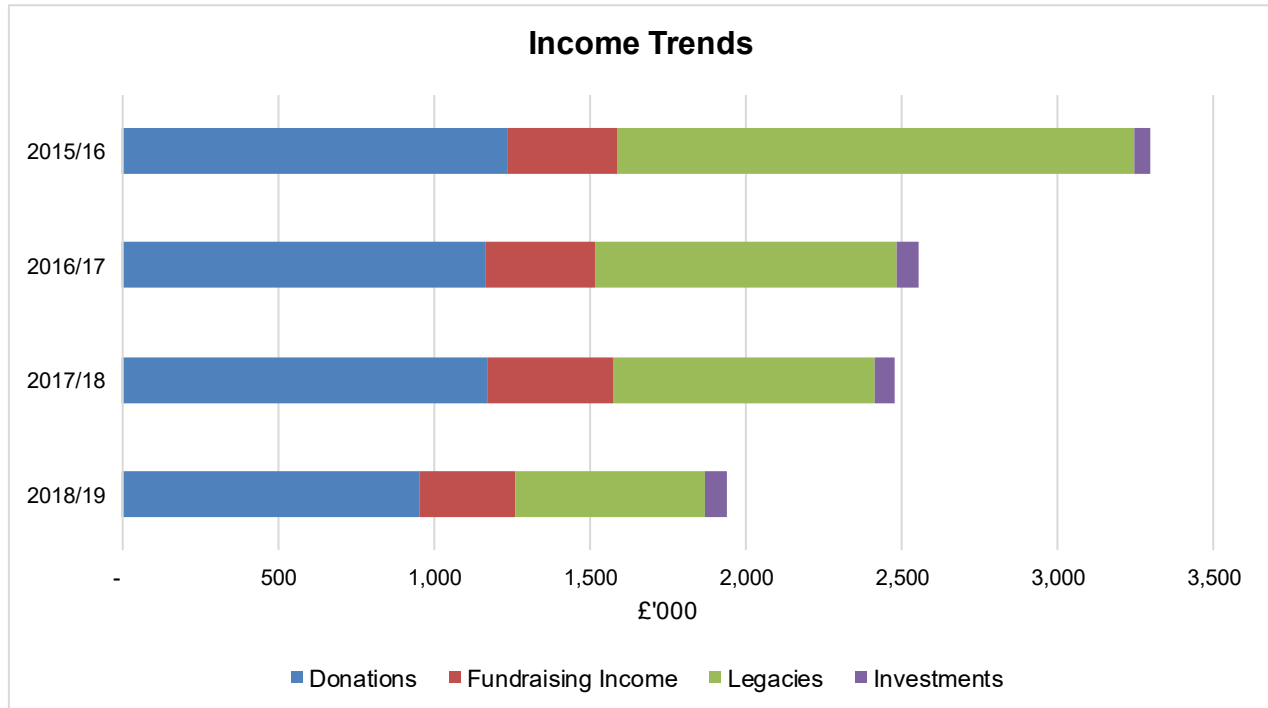
3. Divisional analysis

- The Other category includes General Funds as well as other BCU wide funds such as By Your Side, the Africa link funds, the North Wales Cancer Appeal and the Friends of Renal Care. Expenditure is high for this category as it includes the administration and fundraising costs of the Charity, plus all expenditure approvals that are charged to General Funds.
- There is a spike in both income and expenditure in 2017/18 for Ysbyty Glan Clywd & Abergel. This relates to the £500,000 pledged by the Livsey Trust to fund the Hybrid theatre and the corresponding expenditure commitment.
- The divisions with the highest income in 2018/19 are Cancer – YG, Wrexham Maelor and Ysbyty Gwynedd.
- The division with the highest level of expenditure is Cancer – YGC. This area has been strongly supported in the past, allowing the division to continue to spend, despite the drop in income seen in 2018/19.

4. Income and expenditure

4.1 Income

- Income by year is analysed below, demonstrating the decreasing trend seen over the last four years.

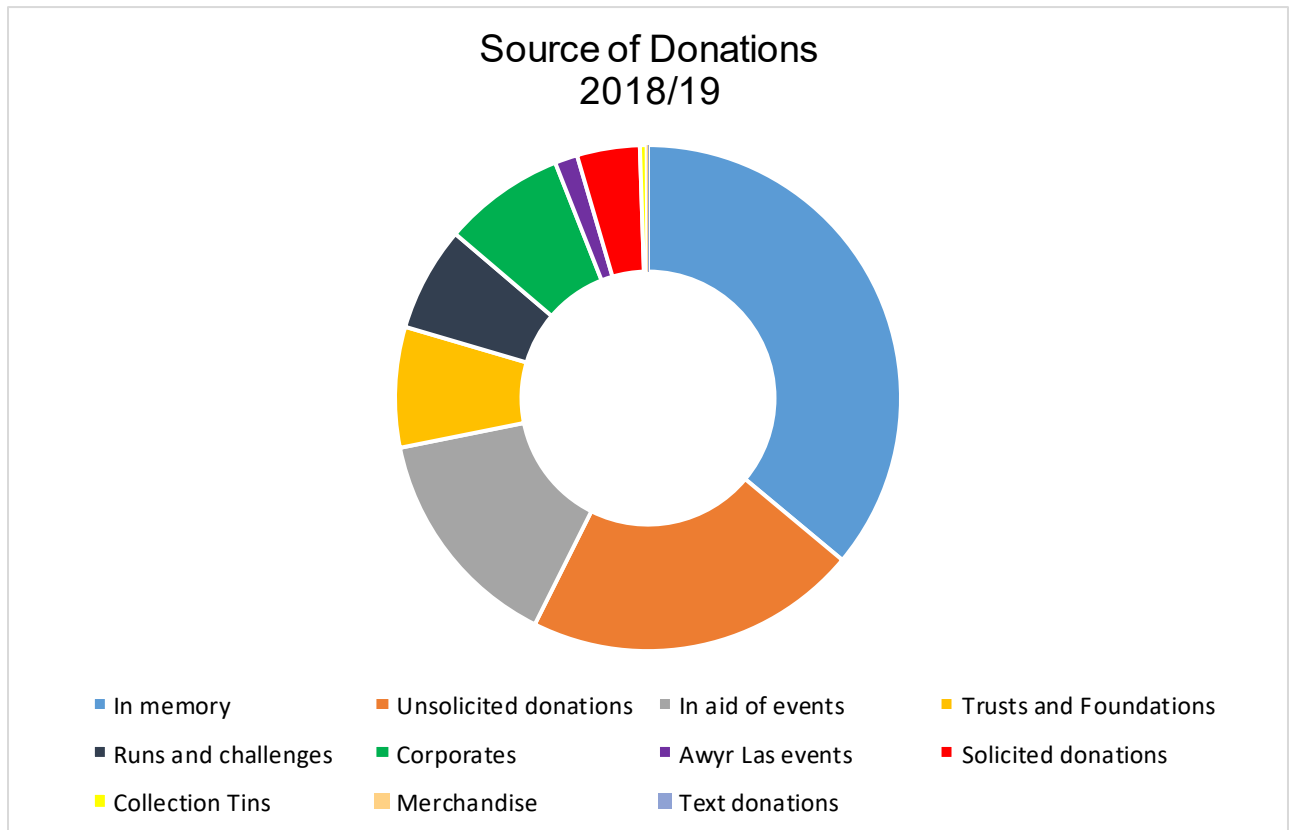


- In 2018/19, legacies accounted for 31% of donated income, compared to 34% for 2017/18, 38% for 2016/17 and 50% for 2015/16. Our reliance on legacies has decreased over the years, highlighting the need to look to other sources to provide a sustainable income stream, whilst also maximising what we can receive from legacies.

4.2 Source of donations and fundraising income

- Analysis of the donated income (donations and fundraising) for 2018/19 is shown on the chart below.

4. Income and expenditure

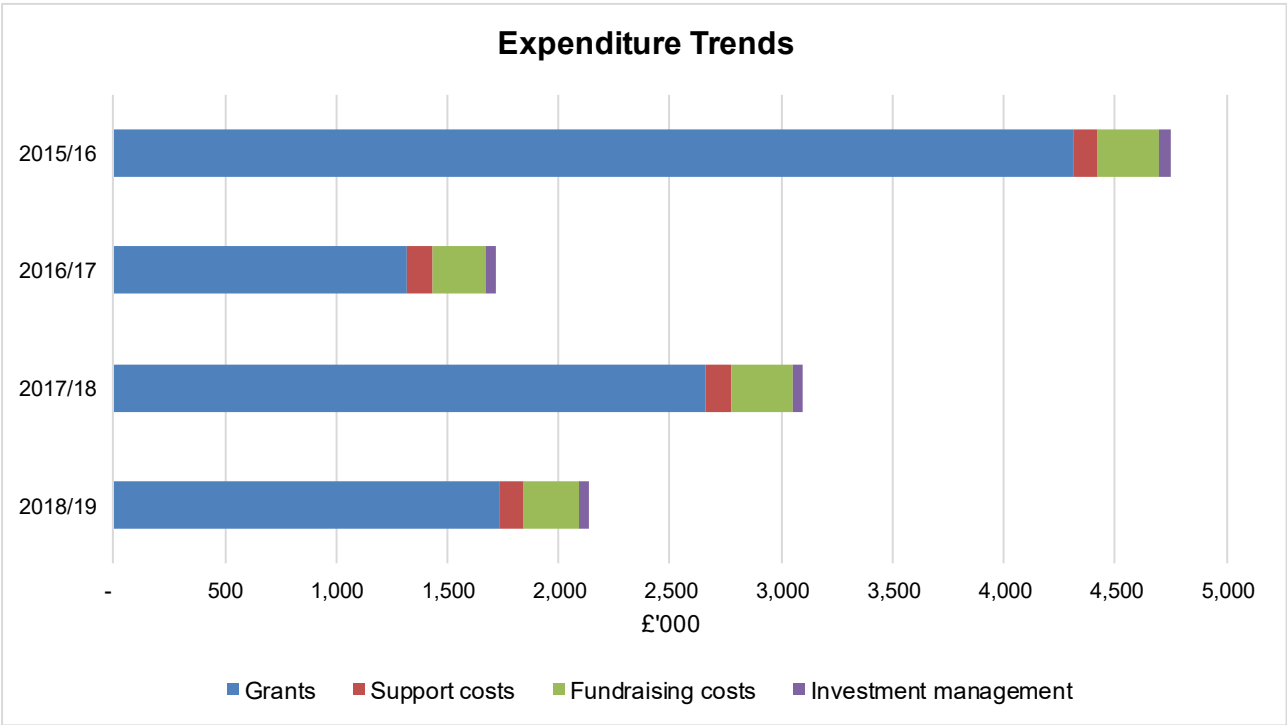


- In memory donations continue to be our largest donation area, totalling £455,000 in 2018/19.
- Over half of donated income arises from donations in memory (36%) and unsolicited donations (21%). Both of these categories are where the donation has not been instigated by Awyr Las, highlighting the underlying support for the charity across North Wales.
- Income from in aid of events has increased during the second half of the year, bringing in donations totalling £182,000 for 2018/19. It is hoped that this area of income will continue to increase as supporters are encouraged to hold events for their local services, aided by the Fundraising Team.
- In the future, analysis of donations sources across years will aid in identifying actions that have an impact on income, helping with the development of fundraising plans going forward.

4.3 Expenditure

- Expenditure by year is analysed below, demonstrating the variability in grant expenditure. Large scale projects, such as the Cath Lab and Hybrid Theatre at YGC, the Alaw development and the staff engagement project have a significant impact on the grants awarded in any one year.

4. Income and expenditure



4.4 Items over £25,000

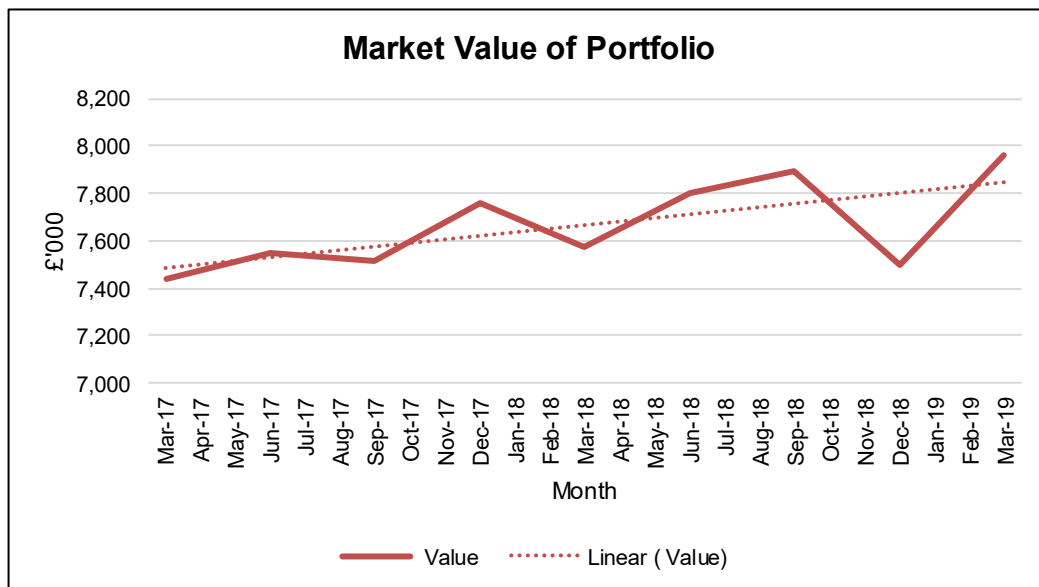
- Income and expenditure items over £25,000 received/paid in the quarter are detailed below. Note that these do not include accrued legacies or committed expenditure.

4. Income and expenditure

Income & Expenditure Items Over £25,000				
Division	Fund	Income £'000	Expenditure £'000	Description
Income				
Other	Ysbyty Gwynedd General Purposes	43		Legacy: B Owen
West Area	Ty Enfys Fund	47		Transfer of funds from Ty Enfys into Awyr Las
Centre Area / Other	Conwy East Locality GP Fund / General Fund - Glan Clwyd / Ysbyty Gwynedd General Purposes / Llandudno General Purposes	121		Legacy: MO Audas
Expenditure				
Wrexham Maelor	Maelor Renal & Diabetes Fund		(27)	Sonosite Edge Ultrasound for Renal Department
Livsey Fund	Ysbyty Glan Clwyd & Abergel		(30)	Patient Monitors for Hybrid Theatre, YGC
Livsey Fund	Ysbyty Glan Clwyd & Abergel		(46)	AngioJet Ultra Thrombectomy System for Hybrid Theatre, YGC
Other / Ysbyty Gwynedd	General Funds / Renal Unit - YG		(58)	Chronic Kidney Disease Research Project
Dewi Ward Development Fund	West Area		(84)	Dewi Ward Development
Total		211	(245)	

5. Management of resources

5.1 Investment performance



Investment	Value at 31/03/19 £'000	Value at 31/03/18 £'000	Movement £'000	Movement %
Rothschild: Main	7,962	7,572	390	5%

- The portfolio has shown an increase in the reported value of £390,000 during 2018/19. Overall there has been an upward trend in the valuation over the last two years.
- As approved by the Committee in June 2015, the Investment Managers have moved the portfolio from a cautious to a moderate risk strategy
- Further detail on the performance of the investments is included in the Investment Managers' report.

5.2 Cash

	Balance at 31/03/19 £'000	Balance at 31/03/18 £'000	Movement £'000	Interest rate %
Cash	910	876	34	0.50%

- Total cash held has increased by £34,000 during the year, due to income being higher than cash expenditure. Cash balances will not be invested as it is expected that additional expenditure will arise at the start of 2019/20 due to the high creditor balance.

6. Fundraising finances

6.1 Fundraising team budgets

	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000
Fundraising Staff Costs	200	200	0
Non-Pay Costs	50	33	(17)
Total	250	233	(17)

- The Fundraising Team staff costs are balanced compared to the budget for the year. The team currently has one vacancy, a 30 hour Band 6 Fundraising Support Manager.
- The Fundraising Team non-pay costs (including travel) are underspent by £17,000 for the year to date. This gives an overall £17,000 underspend for the team.
- The costs of fundraising for events organised by fundraisers from outside the team are not included here. For 2018/19 these totalled £14,000 against a budget of £60,000, reflecting the fact that there has not yet been a significant fundraising event or campaign organised outside of the charity team. The budget for these costs has been reduced in 2019/20, although it is anticipated that costs will be higher than in 2018/19 due to initiatives such as the NHS Big Tea, aimed at encouraging local fundraising.

7. Recommendations

7.1 Recommendations

- The Committee is asked to approve the report and the actions being taken.

Appendix 1.1: Outstanding Legacies

Name	Date of Notification	Pecuniary / Residuary	Fund to Benefit	Received in Period £	Total Received £	Current Status
Buckely, A	Apr-19	Pecuniary	Wrexham Maelor Hospital	0	0	Letter received from the solicitors. A pecuniary legacy in respect of Wrexham Maelor Hospital. It is anticipated that it will be some time before payment can be made. A payment authority has been completed and returned, along with a request for a copy extract of the will. Grant of Probate was awarded on 14/03/19.
Byrne, B	Oct-18	Residuary	Cancer Centre, YGC	0	0	Letter from the Solicitors informing us of the bequest. Grant of Probate awarded 04/10/18. Estate accounts to follow.
Evans, ME	Apr-19	Residuary	Cancer Centre, YGC	0	0	Estate accounts received and approved 08/04/19. Awaiting payment.
Hancock, IE	Jan-19	Pecuniary	Glaslyn Ward	0	0	Grant of Probate awarded 05/12/18. The legacy is dependent on the sale of the property and the solicitors have to realise the assets. The solicitors do not anticipate that they will be in a position to settle the estate for some time.
Hill, S	May-19	Pecuniary	Diabetes & Endocrinology Fund - YGC	0	0	Grant of Probate awarded 10/10/18.
Jones, V	Dec-18	Residuary	Respiratory Fund, YGC	0	0	Letter received from the Executors. Half share of the residuary estate left to the Chest Unit.
Langrish, NM	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.
Lewsey, ER	Apr-19	Pecuniary	Cancer Centre, YGC	0	0	Grant of Probate awarded 21/03/19.
Lloyd, RO	Jan-19	Residuary	Cancer Centre, YGC	0	0	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.
Owen, WT	May-19	Pecuniary	Alaw Ward, YG	0	0	Grant of Probate awarded 21/02/19.

Appendix 1.1: Outstanding Legacies

Name	Date of Notification	Pecuniary / Residuary	Fund to Benefit	Received in Period £	Total Received £	Current Status
Parry, LJ	May-19	Pecuniary	Ysbyty Penrhos Stanley	0	0	Grant of probate awarded 13/03/19.
Rowlands, M	Mar-16	Residuary	Alaw Ward, YG	0	70,000	A tax refund has been received from HMRC. However, matters are still in hand with regard to the income post-death and Estate tax returns.
Sanders, JN	Feb-18	Residuary	Diabetic Unit - East	0	0	A letter received from the executing solicitors - under the terms of the Will, 1/3rd residue of the Estate has been left to the charity. A copy of the extract of the will has been received. Grant of Probate awarded 26/06/18.
Titterton, JC	Jan-19	Residuary	Oncology Unit, YGC	0	0	Letter received from the Executing Solicitors - bequest to the Oncology Unit, YGC to purchase equipment and/or facilities - 19th share of the residual Estate. Solicitors are In the process of applying for Grant of Probate.

Appendix 1.2: Closed Legacies

Name	Pecuniary / Residuary	Fund to Benefit	Received in Period £	Total Received £
Audas, MO	Residuary	CBCH, LLGH, YG, YGC General Fund	121,045	121,045
Hinton, I	Pecuniary	Ward 4, ENT - YGC	500	500
Owen, B	Residuary	Ysbyty Gwynedd General Fund	42,664	42,664
Wood, E	Pecuniary	Audiology Department, YGC	10,000	10,000
Anderson, J	Pecuniary	North Wales Cancer Appeal	180	180
Legacies Accrued in 2018/19			237,809	
		TOTAL LEGACIES IN PERIOD	<u>£412,198</u>	

Appendix 2: Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
04/09/2015	30/04/2019	PhD Prudent Healthcare (KESS Scholarships)	8T28	Awyr Las General Fund	4,000	2,333	1,667	Ongoing project. Final payment made in April 2019.	
29/09/2016	30/05/2019	Supporting Primary Care Placements for Nurses and Student Nurses	8T28	Awyr Las General Fund	4,800	2,000	2,800	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 original anticipated. Two year extension awarded.	
22/11/2016	30/09/2019	North Wales Adolescent Service (NWAS): Experience Based Co-design (EBCD) Project	8F17	Denbighshire Child Development Centre	4,720	2,383	2,337	Ongoing project. Some initial delays, but project is now underway. Eighteen month extension awarded.	
01/04/2018	30/09/2019	Thermometers for Patients Receiving Chemotherapy Treatment	9Q18	#TeamIrfon	750	285	465	Two year approval. Extension of six months granted to allow funds to be utilised.	
25/05/2017	30/04/2019	Disinfectant Dishwashers x 2, plus warranty	8B21	Conwy East Locality GP Fund	8,720	8,244	476	Items purchased. Two year service contract to be paid - final payment made in April 2019 and approval closed.	
12/06/2017	30/06/2019	Staff Engagement Strategy	8T48	Staff Development Fund	245,107	158,820	86,287	Ongoing project.	
31/08/2017	31/07/2019	Staff Mental Health and Wellbeing Awareness	8T28	Awyr Las General Fund	3,000	1,624	1,376	Ongoing project. Twelve month extension awarded due to project lead sickness.	

Appendix 2: Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
31/08/2017	31/07/2019	Nasal Mucous Collection Study	8T28	Awyr Las General Fund	5,700	2,414	3,286	Ongoing project. Project now planned to cover two hay fever seasons and so take longer than originally anticipated. Twelve month extension awarded.	
16/11/2017	30/04/2019	Alenti Chair Hoist - 3 Year Service Contract	8B15	Denbigh South Locality - DI General Purposes Fund	399	266	133	Items purchased. Three year service contract to be paid - final payment made in April 2019 and approval closed.	
16/11/2017	31/10/2020	Kess Studentship	8Q03	Cancer Research Fund - Glan Clwyd	11,250	1,922	9,328	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 on which some work has been done, but the department are waiting for Estates to be available to complete the remaining work. Twelve month extension awarded.	
05/03/2018	31/01/2020	Dewi Ward Development	9F19	Dewi Ward Development - Gafael Llaw	105,000	86,427	18,573	Estates project. Additional funding was required to complete and this was approved in December 2019. Twelve month extension awarded in line with additional approval.	
11/10/2018	31/12/2019	Dermatology Suite, Ysbyty Alltwen	9B10	Madog Community and Hospital Fund	15,000	8,455	6,545	Additional funding of £11,000 approved at October 2018 CFAG and £4,000 at January 2019 CFAG. Twelve month extension awarded in line with additional approval.	

Appendix 2: Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
18/09/2017	30/09/2019	Hybrid Theatre	8B66	Livsey Fund	500,000	192,476	307,524	Large scale Estates project. Orders raised from November 2018 onwards, in line with the project plan. Additional funding from the Livsey Trust to purchase further equipment is included on the agenda. Six month extension awarded.	
17/05/2018	31/12/2019	North Wales Urological Research Centre	7N17 & 8T28	Urology Fund - YMW & Awyr Las General Fund	11,250	0	11,250	Ongoing project.	
05/07/2018	30/04/2019	VistaScan digital X Ray processor	8T28	Awyr Las General Fund	15,985	6,098	9,887	Order placed in September 2018. Some of the equipment has been received, but the remainder is awaited. Six month extension awarded.	
17/09/2018	30/09/2019	Clinical Psychology Input - Critical Care Follow Up Services	9N01	ITU/HDU Staff - YG	7,000	0	7,000	Ongoing project.	
17/09/2018	30/06/2019	Operating table/couch for the Pacing Theatre	8B42	Cardiology Department Central - Patients Fund	31,504	0	31,504	Delays with ordering of equipment due to a query over whether the pacing theatre is lead lined. This will impact on the type of table that is required. Six month extension awarded.	
17/09/2018	30/09/2019	Wigs for Cancer Patients (East) - 12 month funding	7Q02	Cancer Support Group - YMW	25,000	6,210	18,790	Twelve month approval.	

Appendix 2: Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
17/09/2018	30/09/2019	Wigs for Cancer Patients (Central) - 12 month funding	8Q02	Cancer Charitable Fund - Glan Clwyd	25,000	9,432	15,568	Twelve month approval.	
17/09/2018	30/09/2019	Wigs for Cancer Patients (West) - 12 month funding	9Q04	Janet Jones (Alaw) - YG	25,000	5,130	19,870	Twelve month approval.	
11/10/2018	30/09/2019	Server Upgrade for Chemo Care Version 6	8Q02	Cancer Charitable Fund - Glan Clwyd	9,000		9,000	Equipment has been received. Awaiting invoice. Six month extension awarded.	
11/10/2018	30/09/2019	Urgent Care Pathways - BQL	9T27	Betsi-Quthing Fund	15,000	7,889	7,111	Ongoing project.	
11/10/2018	31/07/2019	Purchase of 8 televisions for the new Coronary Care Unit	8B42	Cardiology Department Central - Patients Fund	24,000	0	24,000	Awaiting Estates availability to complete the required installation. Six month extension awarded.	
03/12/2018	30/06/2019	Healthy Family Challenge	8T28	Awyr Las General Fund	4,656	0	4,656	Ongoing project. Three month extension awarded.	
01/02/2019	31/01/2020	Erw Groes: Opening Doors & Enhancing Lives	8T28	Awyr Las General Fund	15,940	0	15,940	Ongoing project	
13/12/2018	31/12/2019	Patient Wigs - Dermatology Patients - East	8T28	Awyr Las General Fund	10,000	1,800	8,200	Twelve month approval.	
13/12/2018	31/12/2019	Patient Wigs - Dermatology Patients - West	8T28	Awyr Las General Fund	10,000	2,880	7,120	Twelve month approval.	
13/12/2018	31/12/2019	Patient Wigs - Dermatology Patients - Central	8T28	Awyr Las General Fund	10,000	3,330	6,670	Twelve month approval.	

Appendix 2: Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
13/12/2018	31/01/2020	Complimentary Therapist (East) - 12 months	7Q02	Cancer Support Group - YMW	10,000	1,800	8,200	Twelve month approval.	
13/12/2018	31/01/2020	Complimentary Therapist (Central) - 12 months	8Q02	Cancer Charitable Fund - Glan Clwyd	26,000	3,500	22,500	Twelve month approval.	
13/12/2018	31/01/2020	Complimentary Therapist (West) - 12 months	9Q18	#TeamIrfon	23,296	1,352	21,944	Twelve month approval.	
13/12/2018	31/01/2020	Advancing the Primary Care Nursing Workforce across North Wales	8T48	Staff Development Fund	50,000	0	50,000	Ongoing project	
07/12/2018	31/04/2019	Business travel insurance	8T08	Ethiopia Link Charitable Fund - Central	179	0	179	2019/20 cost. Approval utilised and closed in April 2019.	
16/01/2019	30/04/2019	London Marathon Events - Golden Bond	8T09	The North Wales Cancer Centre Appeal Fund	1,800	0	1,800	2019/20 cost. Approval utilised and closed in April 2019.	
20/12/2018	30/06/2019	Hearts & Minds - Applications	8T38	Awyr Las Hearts & Minds Fund	9,850	3,023	6,827	Ongoing project	
20/12/2018	30/06/2019	Hearts & Minds - Application 1-14	8T36	"By Your Side Appeal" Fund	1,000	0	1,000	Ongoing project	
20/12/2018	30/06/2019	Hearts & Minds - Application 1-36	9B21	Dwyfor Locality - Bryn Beryl GP	500	0	500	Ongoing project	
20/12/2018	30/06/2019	Hearts & Minds - Application 1-36	9B10	Madog Community and Hospital Fund	1,000	0	1,000	Ongoing project	

Appendix 2: Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
20/12/2018	30/06/2019	Hearts & Minds - Application 1-5	9B94	Emergency Department - YG	180	0	180	Ongoing project	
28/01/2019	30/04/2019	Prudential Ride London 2019	8T09	The North Wales Cancer Centre Appeal Fund	1,350	0	1,350	2019/20 cost. Approval utilised and closed in April 2019.	
31/01/2019	30/04/2019	Replacement Flooring endoscopy Corridor	9N02 & 9B91	Endoscopy Unit - YG & Bangor Ward Funds - Patients Amenities	5,040	0	5,040	Estates are hoping to commence the work shortly.	
31/01/2019	30/04/2019	Electronavigational bronchoscopy (ENB) - Consumables	8Q02	Cancer Charitable Fund - Glan Clwyd	13,074	0	13,074	Approval utilised and closed in April 2019.	
07/03/2019	31/03/2020	Project Support for ChemoCare Version 6 Upgrade and Roll-out to Haematology	8Q02	Cancer Charitable Fund - Glan Clwyd	92,000	0	92,000	Ongoing project	
21/03/2019	30/06/2019	Video conferencing and presentation system	7F03 & 7F10 & 7F11	Childrens Ward - YMW & Acute Children's Comm Service - YMW & Premature Baby Unit - YMW	7,456	0	7,456	Awaiting procurement of required equipment.	

Key to Status coding:

TOTAL

£920,226

Approval closed
Ongoing
Extension awarded
Overdue

Charitable Funds Committee		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
20 th June 2019	To improve health and provide excellent care	
CF19/20		

Report Title:	<i>Charitable Funds Fundraising Report Q4 2018/19</i>
Report Author:	<i>Kirsty Thomson, Head of Fundraising</i>
Responsible Director:	<i>Sue Hill, Acting Executive Director of Finance</i>
Public or In Committee	<i>Public</i>
Purpose of Report:	<i>Attached is the Fundraising Report for the Charity as at the 31st March 2019 to provide Committee members an overview of activity carried out by the Fundraising Support Team along with proposed and scheduled activity.</i>
Approval / Scrutiny Route Prior to Presentation:	<i>The Report is brought for discussion and scrutiny by the Charitable Funds Committee.</i>
Governance issues / risks:	<i>There are no governance issues for the Health Board of this paper.</i>
Financial Implications:	<i>There are no financial implications for the Health Board of this paper.</i>
Recommendation:	<i>The Committee is asked to note the report and approve the actions being taken.</i>

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<i>Not applicable</i>			
Equality Impact Assessment			
<i>Not applicable – the report does not impact directly on staff or patients</i>			

Disclosure:

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



Awyr Las
Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

Fundraising Support Team Report June 2019

Kirsty Thomson, Head of Fundraising
June 2019

The purpose of this report is to provide an update to the Charitable Funds Committee 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.

1. Good News & General Update

- Hearts and Minds Grant The online Hearts and Minds grant will open again from July to September to encourage BCUHB staff across North Wales to request support for small but impactful changes to enhance patient services. Staff are able to request up to £1,000 of funding and five projects will be funded. Those projects that are deemed worthy of support but cannot be funded will in turn become fundraising priorities for the Awyr Las Support Team whilst the business cases and fundraising plans for larger priorities are being agreed.
- Sponsorship Opportunities The Fundraising Support Managers (FSMs) have achieved success with approaching companies for sponsorship of the BCUHB Achievement Awards and other events, securing over £10,000 in support to date and valuable gifts in kind.
- New Funds A Ty Enfys Fund Management Committee has been set up to oversee the family accommodation for patients receiving care on Children's Ward in Ysbyty Gwynedd. Plans are underway to ensure a £100,000 grant, which has been guaranteed for Ty Enfys if the capital project can commence in 2020, can be transferred.
- Training & Development The Awyr Las Support Team set up a Wales wide 'sharing session' for NHS Charity representatives in Quarter 4 of 2018/19. The pan-Wales group met for the first time in May and plans are being drawn up to organise joint working initiatives over the next five years.
- Training & Development Representatives from the Charity Team attended a North West UK NHS Charities Day and are now involved in improving bench marking and communication between the NHS Charities in the area.
- Events 80 members of staff, Robins volunteers and Awyr Las supporters are taking part in an Awyr Las Zip Line Challenge on 15th June as part of the ZipRoc event. The event is set to raise £16,000 for Awyr Las Funds. A BCUHB choir, named 'CorLas', has been formed and will perform for the first time at this event.
- Lessons Learnt The Awyr Las Support Team received a negative message via social media relating to the promotion of Easter Eggs given in kind, so the team is now working with nursing and public health staff to ensure that people are prompted to donate to children's services rather than give chocolate prior to the Christmas and Easter period.

2. Complaints

The Awyr Las Fundraising Support Team received 2 complaints in Quarter 1 2019/20, a 50% increase from last quarter.

Complaint	Action Taken & Lessons Learnt	Status of Complaint
Not-for-Profit Organisation approached for sponsorship	A letter of apology and explanation was issued to the complainant and followed up with a phone call. The Team has taken appropriate steps to ensure this does not happen again by reviewing mailing cleanse processes.	Closed

Third sector group received a request to sign a collaborative working agreement	A letter of apology and explanation was issued to the complainant and a meeting has been arranged with the complainant. Third Sector Groups that aren't affiliated with Awyr Las in any way should not be included on the Collaborative Working Agreement Register. The Collaborative Working Agreement Register has been amended in view of the complaint received.	Open
---	---	------

3. Collaborative Working Agreements Register

The Awyr Las Collaborative Working Protocol was updated in September 2018, see: <https://awyrlas.org.uk/collaborativeworkingprotocol>. The Third Sector groups that donate directly to BCUHB to support equipment and new facilities, for example Leagues of Friends, were included on the first Awyr Las Collaborative Working Agreement Registry. Whilst these groups appreciate the need for formal communications, all of these groups have declined signing a collaborative working agreement, on the grounds that they are independent charities which operate completely separately to BCUHB.

The 26 third sector groups that support BCUHB directly have been removed from the Awyr Las Collaborative Working Agreement Registry. A separate Charitable Partners Registry has been established for these groups, the details of which is included in the Third Sector Groups Report.

Awyr Las Collaborative Working Agreements:

Total	62
Open (ongoing relationship, agreements reviewed annually)	6
Closed (project based relationship, project complete)	56
Complete	60
Awaiting Signature	2

4. Awyr Las Support Team Q1 Planning Focus: The NHS Big Tea Party 2019

Everyone can take part in the NHS Big Tea Party to help raise money for Awyr Las and everyone can find all the details here <https://awyrlas.org.uk/bigtea>. This initiative is being led by the Association of NHS Charities and is being promoted by over 100 NHS Charities across the UK. The Awyr Las Support Team aims to raise £15,000 through the Big Tea Party and it aims to raise the charity's profile with new & priority audiences.

a) The Awyr Las Support Team NHS Big Tea Party 2019 targets for registration:

Fortnight Ending	Internal	External	Total
18/03/19	0	0	0
01/04/19	0	0	0
15/04/19	0	0	0
29/04/19	10	0	10
13/05/19	5	5	10
27/05/19	5	5	10
10/06/19	20	10	40
24/06/19	70	30	80

Total: 150 Big Tea Party initiatives across North Wales from 24/06/19 – 07/07/19

b) Internal Target Audiences: 100 Tea Parties raising £100 each (£10,000)

Executive Members	Grant Recipients
Fund Advisors	Hospital Management Teams
Area Leadership Teams	Charity Champions

c) External Target Audiences : 50 Tea Parties raising £100 each (£5,000)

Local Councils	Cafes
AMs and MPs	Business Groups
Sample of suppliers (catering related)	Solicitors
Undertakers	Care home providers
Child care providers	Merched Y Wawr

d) Communications overview

Fortnight Ending	Communication focus	Method
18/03/19	Save the date	Email & Social Media
01/04/19	Save the date	Email & Social Media, Staff Meetings
15/04/19	Save the date	Email & Social Media, Staff Meetings, Intranet
29/04/19	Save the date	Email & Social Media, Staff Meetings, Intranet and staff weekly notice
13/05/19	Register now	Email & Social Media, Staff Meetings, Intranet and staff weekly notice
27/05/19	Register now	Email & Social Media, Staff Meetings, Intranet and staff weekly notice, leaflets
10/06/19	Example funds to support	Email & Social Media, Staff Meetings, Intranet and staff weekly notice, leaflets,

		phone calls & paper invites
24/06/19	Example impact of donations & save the date for next year	Email & Sponsored Social Media, Staff Meetings, Intranet and staff weekly notice, phone calls

e) Monitoring and Evaluation

The Awyr Las Support Team's performance will be measured on:

- ✓ Number of registrations (150 total target), Income raised (£15,000 target)
- ✓ Social Media Engagement (comparison to 2018 cake competition & Tea Party)
- ✓ Improvements on reporting mechanisms & use of Harlequin (team satisfaction test)
- ✓ BCUHB Evaluation (internal targeted survey) and external participant survey (post event survey to include feedback on activity pack and resources, website)

5. 'In Aid Of' and 'On Behalf Of' Planned Events

The following table provides an overview of the events in Quarter 4 organised by individual fundraisers, for which the Awyr Las Support Team provided advice and support (N.B. Awyr Las charity led events, for example the Awyr Las Raffle or Big Tea, are not included in this table):

Category of event	Number of in aid of events* in Q4 2019/20	Comparison with previous quarter** (Q3 2018/19)	Comparison with same quarter last year (Q4 2018/19)	Total income received***	Comparison with previous quarter (£)	Comparison with same quarter last year (£)
Under £500	8	14	16	£584.00	Decrease of 87% from £4,504	Decrease of 84% from £3,612
£500 to £1,500	5	7	3	£2,762.00	Decrease of 124% from £6,202	Increase of 16% £2,337
£1,501 to £5,000	3	2	1	£4,722.00	Increase of 36% from £3,451	Increase of 177% from £1,702
£5,000 to £25,000	0	0	0	£0.00	EQUAL	EQUAL
£25,000 +	0	0	1	£0.00	EQUAL	Decrease of 100%
TOTAL	16	Decrease of 52% from 33	Increase of 7% from 15	£8,068.00	Decrease of 43% from £14,157	Decrease of 76% from £33,152

*These are the events and activities that the Awyr Las Support Team officially recorded as being events and activities that received fundraising advice and support from the team. A number of other fundraising and awareness raising activities organised in aid of the charity took place during this quarter that the support team were not made aware of until after the event.

**Note more events are always organised for quarter 2 and 3.

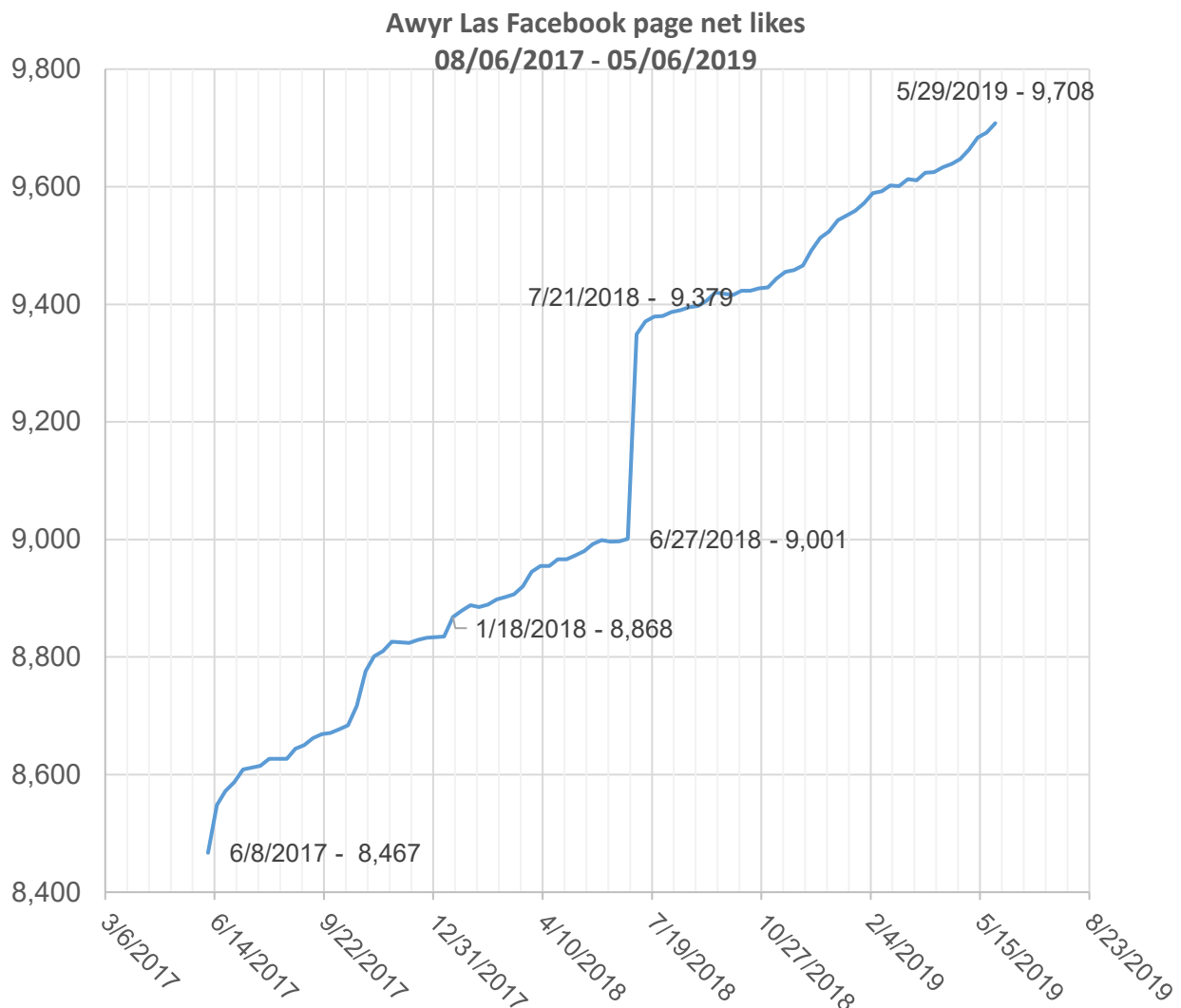
***Whilst there was an increase in the number of events when compared to last year, the income generated through single events was significantly lower, principally because of one £25,000+ event, the Wrexham Children's Ward Ball.

75% of the events registered by individual fundraisers in the quarter above took place in the West area. There are a number of reasons why this may be the case, including more awareness of the Support Team in the West and a better understanding of the benefits of registering an event with the charity support team in the West. Overall, the income from in aid of events is not significantly higher in the West; the above data just shows that more people in the West involve the Support Team when they are preparing for an event.

Events in Quarter 2 & 3 to note:

- NHS Big Tea Party 24th June – 7th July 2019 (North Wales wide)
- #TeamIrfon Big Swim 7th September 2019 (West)
- Wrexham Children's Ward Glitter Ball 27th September 2019 (East)

6. Awyr Las Social Media Update



Social Media Summary

- Growth of the page audience continues and is projected to exceed 10k before the end of 2019
- Post reach is good, although it is desirable to achieve greater consistency
- This is contingent upon consistently high quality, regular post
- With this in mind, it is vital that a high standard of content is maintained
- Efforts have been made to reduce the amount of low-performing posts published by the page (e.g. generic promotion of individual fundraising pages) and replace this with content that is more likely to connect with the audience (e.g. fundraiser backstories)
- Engagement with posts is also good, though again it is always preferable to achieve higher rates of likes and comments. This is dependent on the quality and content of posts, meaning it is essential that page content is always informative, emotive, relatable or – where relevant – incentivised
- Use of Facebook fundraising is increasing, though it is not helpful to show trend data for this at present because it has been in use for just over one year. Having said that, £1,868 has been donated through Facebook in that time, with little to no promotion

- Facebook fundraising functionality continues to develop, as the platform positions itself as a competitor to JustGiving and other market leaders, with it so far proving itself as a valuable method of generating donations from first-time donors. It is a particularly valuable tool because it attracts no processing or commission fees, and collects Gift Aid declarations from donors
- More emotive stories and better engagement is likely to result in more users being motivated to set up a fundraiser, meaning Facebook is quickly becoming a viable and simple method of translating engagement into fundraising income. To this end, our focus must remain on sharing and generating high quality content to connect with the page's growing audience, sparking engagement – be that sharing a post, donating on Facebook, or interacting with the charity 'IRL' (in real life)

For a more detailed social media analysis please see Appendices

7. Awyr Las' Strategic Priorities

The Planning Team are providing the Head of Fundraising with business plans for the following areas:

- I CAN Mental Health: awaiting details of priority projects
- Early Years: awaiting details of priority projects
- Older People: awaiting details of priority projects
- Cancer Care:
 - a) Breast Cancer Services development for additional consultancy rooms and space to perform tests on patients in Llandudno. Awaiting outcome of Board decision on support for business plan to inform the development of a £250,000 charitable appeal.
 - b) Da Vinci Robot to perform surgery on urology patients, over 90% of whom will have cancer. Awaiting business case to inform the development of a £500,000 charitable appeal.
 - c) Shooting Star Unit development for additional consultancy rooms and space for chemotherapy provision and additional services. Awaiting business case to inform the development of a £750,000 charitable appeal.

Supporters are able to donate directly to these priority areas, but these priorities will not be promoted until detailed plans have been received for the specific equipment / capital improvements. The Head of Fundraising is developing feasibility plans to start a silent phase of the fundraising appeals from September 2019. This means that major donors and influencers will be contacted during this time to ask whether they would be interested in supporting these specific projects before the appeals go public.

8. BCUHB Staff Lottery Scheme

A paper outlining possible benefits of introducing a BCUHB Staff Lottery Scheme was brought to the March Charity Committee. Subsequently the paper has been shared with Union representatives and further research into launching a lottery scheme has been carried out. The following action plan is now in place:

Action	Responsibility	Deadline
Report on NHS Charities' Staff Lotteries, collated by the Association of NHS Charities	Head of Fundraising	July 2019
BCUHB targeted Staff Survey	Head of Fundraising	August 2019
Financial options appraisal	Charity Accountant	August 2019
Business Case to present to the Charity Committee (CC)	Head of Fundraising	September 2019
If CC approval granted, business case to be presented the Executive Board	Head of Fundraising	October 2019
Staff Lottery to be operational	Head of Fundraising	January 2020

9. Board support for Awyr Las' Priority Areas

On January 24th the Health Board met for the annual Awyr Las Trustees meeting. The Board agreed to support the I CAN campaign.

In order to help ensure the Board is successful with this, one-to-one telephone and in-person meetings with the Head of Fundraising are being scheduled for all Board Members, Hospital Management Team members and Area Leadership Team members for quarter two. The purpose of these meetings is to ascertain interests and long term plans for different BCUHB departments and areas, seek advice on improving information distribution channels internally and externally, and increase internal awareness of the charity.

Conclusion

Committee members are asked to note this report and planned actions.

Appendices

Appendix 1: Awyr Las Social Media detailed analysis

Appendix 1 Awyr Las Social Media

Background

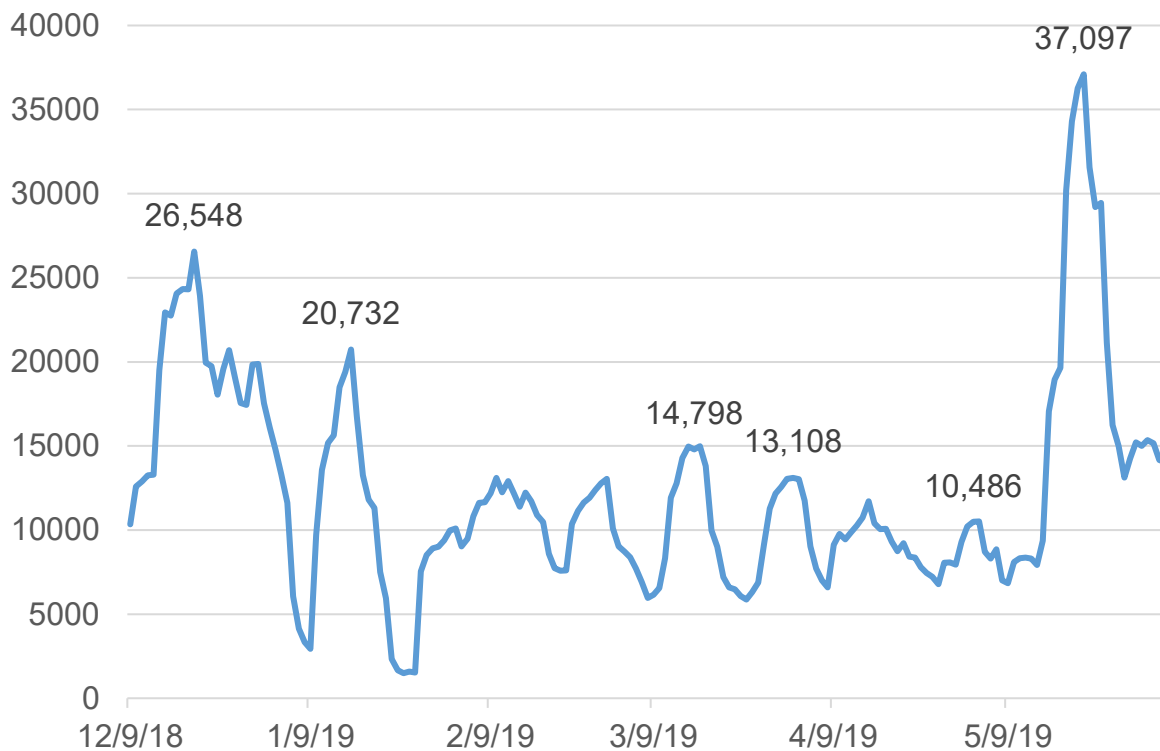
The Awyr Las Support Team set up a Facebook page in 2012. This is the main social medium used by the team, though Instagram and Twitter use is increasing.

The Facebook page gained 1,241 likes in the period 08/06/17 – 08/06/19, an increase of 15%. This represents a mean average gain of 49 likes per month. A notable spike in likes is seen around the 2018 “Big7Tea” campaign, with 384 new likes on the page between 11/06/18 and 29/07/18, with the majority of these (91%) happening in the week preceding the 5th of July, the 70th anniversary of the NHS. If the current mean average is maintained, the page like count will hit the 10k milestone by the end of December 2019.

Awyr Las’ current ‘page likes’ stand at 9,708. Here is a list of current page like count of other NHS and health-related charities in Wales:

Charity	Page likes
Hywel Dda Health Charities	2,495
Hospice at Home Gwynedd & Anglesey	2,210
Cardiff & Vale Health Charity	4,574
Macmillan Cymru	4,837
British Heart Foundation – Wales	5,559
St Kentigern Hospice	5,607
Velindre Fundraising	10,574
Nightingale House Hospice	12,481

Awyr Las Facebook weekly organic post reach
09/12/2019 - 06/06/2019



Facebook weekly organic reach

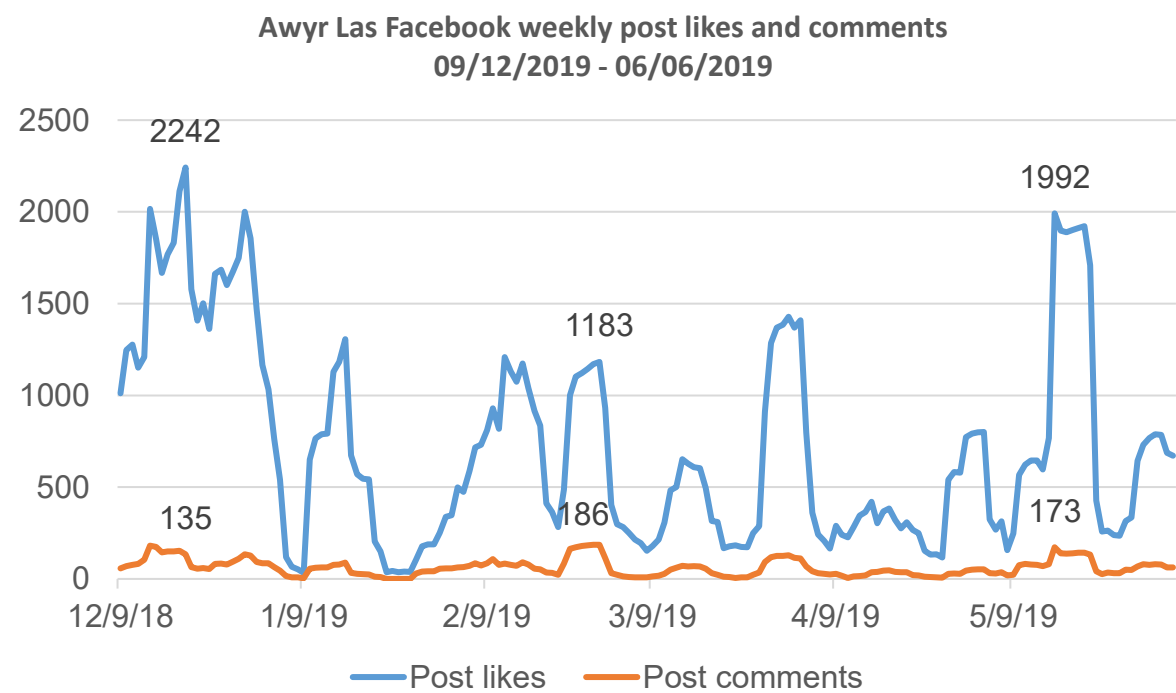
The Facebook page experiences peaks and troughs of organic reach. Facebook’s algorithms significantly affect post reach. This metric is also highly influenced by ‘shareability’ and ‘virality’ of posts. As individuals interact with posts they deem engaging, Facebook will show it to more users, in anticipation that they too will react to the content.

Additionally, posts that users deem worth sharing will achieve higher reach; the more people that share a post, the more other Facebook users – both those who like a page and those who do not – will see (and be “reached” by) the content.

Peaks in Awyr Las post reach are observed when shared content is informative, emotive, relatable or incentivised. An example of this is the peak that happened around December 2018 – a high volume of posts about the Christmas raffle prizes, Father Christmas visits to children’s units, and in-kind donations to wards combined to produce a weekly organic reach (measured on 20/12/18) of >26k. The peak of >37k (measured on 21/05/19) was achieved following a high volume of posts achieving moderate to good organic reach.

High organic reach begets high organic reach; Facebook prioritises content from pages that have a history of good reach, because it is an indicator that the page will produce content that will result in a positive user experience from Facebook’s point of view, (e.g. content triggers shares, reactions, and high dwell time) resulting in more time spent on Facebook. Conversely, Facebook stifles content from

pages that publish content that results in negative user experience (e.g. posts being hidden, user exiting the app / webpage).



Facebook weekly post likes and comments

The trends for engagement with posts (likes and shares) largely follows the peaks and troughs of organic post reach. The more people who see the content, the more engagement the post achieves. High post reach does not automatically result in extremely high engagement – e.g. an organic post reach of 17,059 was measured on 16/05/19. Total post engagements (likes and comments) for the same week was 2,165, meaning 13% of the users the posts published that week reached actively engaged with the content as opposed to passively observing it.

Charitable Funds Committee		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
20 th June 2019	To improve health and provide excellent care	
CF19/21		

Report Title:	<i>Third Sector Groups Report Q4 2018/19</i>
Report Author:	<i>Kirsty Thomson, Head of Fundraising</i>
Responsible Director:	<i>Sue Hill, Acting Executive Director of Finance</i>
Public or In Committee	<i>Public</i>
Purpose of Report:	<i>Attached is the Third Sector Groups Report for the Charity as at the 31st March 2019 to provide Committee members an overview of activity carried out by the Partnership Support Manager along with proposed and scheduled activity.</i>
Approval / Scrutiny Route Prior to Presentation:	<i>The Report is brought for discussion and scrutiny by the Charitable Funds Committee.</i>
Governance issues / risks:	<i>There are no governance issues for the Health Board of this paper.</i>
Financial Implications:	<i>There are no financial implications for the Health Board of this paper.</i>
Recommendation:	<i>The Committee is asked to note the report and approve the actions being taken.</i>

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<i>Not applicable</i>			
Equality Impact Assessment			
<i>Not applicable – the report does not impact directly on staff or patients</i>			

Disclosure:

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

Third Sector Groups Report June 2019

Kirsty Thomson, Head of Fundraising
June 2019

The purpose of this report is to provide an update to the Charitable Funds Committee on the working relationships with the 26 third sector groups that regularly support BCUHB directly with donations for equipment, new facilities and special projects.

1. Background

The relationships with the third sector groups that regularly support BCUHB directly with donations are overseen by the Partnerships Support Manager (PSM), a member of the Awyr Las Support Team.

A number of these charitable groups operate non-medical services (for example snack trolleys and cafes) on BCUHB premises or meet on BCUHB premises and all have close working relationships with BCUHB teams. These 26 charitable groups give a combined £1million a year; these donations are given directly to BCUHB, not through its charitable arm, Awyr Las.

The PSM carries out a range of duties with the aim of ensuring:

- a) All third sector groups that regularly support BCUHB directly with donations have the best possible experience when supporting BCUHB services
- b) All these groups are able to maximise their income generation capabilities

The PSM's responsibilities include:

- Providing advice and guidance with fundraising initiatives
- Signposting to other BCUHB teams where appropriate
- Overseeing grant application process on behalf of the third sector groups
- Organising events and activities to promote the charities and their support for BCUHB services

2. Good News

Here follows a selection of examples of good news relating to the Third Sector Groups

- Over 132 online applications were received in Quarter 4 for funding Maelor Voluntary Service (MVS) and Wrexham Maelor League of Friends. This demonstrates a 30% increase on last year's applications. The total request value was £1.2million, for items ranging from £5 to £125,000
- MVS have subsequently agreed to donate £264,282 in 2019/20. They have supported 27 of the 132 requests for funding. Examples of the items MVS is funding in 2019/20 include: a cardiac output monitor for intensive care; play mats for the preschool development team; interactive falls prevention equipment for the rehabilitation unit for the elderly; ECG machine for general surgery; breast pumps for SCBU.
- The MVS celebrated their 25 year anniversary with a special afternoon tea in May
- Ysbyty Glan Clwyd League of Friends have pledged to give £275,000 in 2019/20 and the Alaw Cancer and Haematology Fundraising Group have gifted £20,000 for equipment for the Alaw Unit in Ysbyty Gwynedd

3. Charitable Partners Registry

The Charitable Partners Registry has been set up to ensure there is one database that is maintained which holds information on the 26 Charitable Partners that the PSM supports. The Registry aims to hold the following information:

- Up-to-date contact details
- Brief outline of the charities purpose and principle activities, including a description of non-medical services provided on BCUHB premises where relevant and whether the charitable partner meets on and promote their organisation in BCUHB premises
- Service level agreements and Estates contracts where relevant or required
- Informal gifting Agreements with BCUHB
- Recent donations to BCUHB by the charitable partners
- Additional useful information, including examples of what the donations have funded

4. BCUHB Third Sector Strategy

In Quarter 1 of 2019 the PSM and the Head of Fundraising (HoF) held internal meetings to help progress the development of a new Third Sector Groups Strategy, which fits within the broader Awyr Las Strategy 2016-21 and a new Awyr Las volunteers Strategy which also fits within the broader Awyr Las Strategy 2016-21. This body of work will complement and may be incorporated within a new BCUHB Third Sector Strategy which is being developed by a working group under the direction of the Assistant Director of Planning. A timeframe for the production of the BCUHB Third Sector Strategy has not yet been agreed; once completed the BCUHB Third Sector Strategy will be presented to the Board, not to the Charity Committee.

The Head of Fundraising and Partnerships Support Manager are drafting the following for comments from the BCUHB Third Sector Strategy Working Group before presenting the final papers to the Charity Committee in September 2019:

- Awyr Las Volunteers Strategy
- Third Sector Groups Strategy, which will include use of BCUHB premises to address existing inequalities in food and beverage provision and gifting by Third Party organisations on BCUHB property
- Use of BCUHB premises by 3rd sector and commercial organisations to promote non-medical services and fundraising (for example at charity tables in BCUHB premises)

Conclusion

Committee Members are asked to note this report and planned actions.

Charitable Funds Committee

 20th June 2019

CF19/22


**GIG
CYMRU
NHS
WALES**

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	<i>Legacy Strategy Update 2018/21</i>
Report Author:	<i>Kirsty Thomson, Head of Fundraising</i>
Responsible Director:	<i>Sue Hill, Acting Executive Director of Finance</i>
Public or In Committee	<i>Public</i>
Purpose of Report:	<i>Attached is an update of the Legacy Marketing Plan for 2018/21. This document provides a roadmap to promote legacy giving internally and externally.</i>
Approval / Scrutiny Route Prior to Presentation:	<i>The Report is brought for scrutiny by the Charitable Funds Committee.</i>
Governance issues / risks:	<i>There are no governance issues for the Health Board of this paper.</i>
Financial Implications:	<i>There are no financial implications for the Health Board of this paper.</i>
Recommendation:	<i>The Committee is asked to note the report and approve the actions being taken.</i>

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. those with an interest and seeking their views	✓

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<i>Not applicable</i>			
Equality Impact Assessment			
<i>Not applicable – the report does not impact directly on staff or patients</i>			

Disclosure:

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



Awyr Las
Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

Legacy Strategy Update June 2019

Kirsty Thomson, Head of Fundraising
June 2019

The purpose of this report is to provide an update to the Charitable Funds Committee on progress with achieving the objectives outlined in the Awyr Las Legacy Strategy 2018/21, which was presented to the Charity Committee in December 2018. The full strategy document can be found at: <https://awyrlas.org.uk/legacystrategy>.

1. Review of progress in 2018/19

1.1 Legacy Marketing Plan 2018/19

The following legacy marketing activity was scheduled for 2018/19:

Audience	Method	Responsibility	Completion
All	Review website copy	Head of Fundraising (HoF)	100%
All	Revised leaflet & distribute	HoF	50%
All	Revised posters & distribute	Fundraising Support Managers (FSMs)	50%
All	Develop and introduce legacy giving video	HoF	50%
Solicitors	Mass mailing	FSMs	100%
Solicitors	Organise and stage event (with Gwynedd Law Society)	HoF	50%

Taking all the above planned legacy marketing activity into consideration, two thirds of the planned activity was completed within the target timescales in 2018/19.

1.2 Outstanding actions from 2018/19

The outstanding activity from 2018/19 is now scheduled for completion in 2019/20 as follows:

Action	Responsibility	Target completion (Quarter)	Fulfilled
Complete planning for legacy event	HoF	Q1	100%
Introduce leaflet & poster to key staff	FSMs	Q2	N/A
Distribute leaflet poster on wide scale	FSMs	Q2	N/A
Complete legacy giving video	HoF	Q2	N/A

2. Legacy Marketing Plan 2019/20

The following primary objectives were listed on the Legacy Strategy Outline 2018-19 for completion in 2019/20

- Surveying
- Legacy promotion video for staff meeting & public areas
- Groups and associations mailing
- Solicitors' mass mailing and meetings

The action plans relating to the above objectives are below:

2.1 Surveying:

Action	Responsibility	Target completion	Fulfilled
Test survey staff	HoF	Q1	100%
Test survey solicitors	HoF	Q1	100%
Review and finalise online survey	HoF	Q2	
Distribute survey	FSMs	Q2	
Monitor results promote	HoF	Q3	
Evaluate responses and create action plan	HoF	Q3	
Report findings	FSMs	Q4	
Revise Legacy Strategy based on findings	HoF	Q4	

2.2 Video at staff meetings:

Action	Responsibility	Target completion	Fulfilled
Review legacy video content	HoF	Q1	100%
Arrange filming	HoF	Q1	100%
Complete filming & edit	HoF	Q2	
Present on website & key locations	FSM	Q3	
Introduce to 1 st stage target staff meetings	HoF & FSM	Q3	
Ensure inclusion in all target staff meetings	FSM	Q4	

2.3 Group and Associations (G & A) mailing:

Action	Responsibility	Target completion	Fulfilled
Cleanse data to ensure quality contact information	HoF	Q1	50%
Review data and broaden reach to new G&As	HoF	Q2	
Produce and distribute mailing	FSMs	Q3	
Follow up all leads to arrange meetings	FSMs	Q4	

2.4 Solicitors' mass mailing and meetings:

Action	Responsibility	Target completion	Fulfilled
Cleanse data to ensure quality contact information	HoF	Q1	100%
Review data and issue non-legacy focused mailing	HoF	Q1	100%
Promote legacy event	FSMs	Q2	
Deliver legacy event	HoF	Q3	
Evaluate event and Draw up plan for subsequent events	HoF	Q3	
Feedback mailing	HoF	Q3	
Introduce 1:1 meetings with solicitors	HoF & FSMs	Q4	

3. KPIs for 2019/20

- a) Social media: minimum one reference to legacy giving per month
Q1 2019/20 66% fulfilled (1 of the 3 posts delayed to ensure quality quote)
- b) Press coverage: minimum one press release covered per quarter
Q1 2019/20 100% fulfilled (Livsey Hybrid Theatre, April 2019)
- c) Meet above timetable 2019/20 timetable of activity
Q1 2019/20 92% of planned legacy marketing activity listed in section 2 was completed within the Q1 target timescales.

4. Monitoring and Evaluation

- a) Increase in request for legacy packs / information and reason for choosing to leave a legacy

No apparent increase to date

- b) Interest in specific legacy events

Promotion of legacy events in October will commence in July

- c) Feedback from surveys / discussions with solicitors and supporters

Surveys for Fund Advisors and Solicitors were tested from March-May and will be issued July-September with feedback presented in December

5. 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.

6. Budget

The planned activity funding continues to be met through the existing agreed fundraising budget.

7. Additional information & key findings

In Q1 members of the Charity Support Team attended an Association of NHS Charities Legacy Marketing Event and a North West NHS Charities Event which focused on legacy giving. The Team is compiling a plan to hold a 'legacy month' to raise awareness of legacy giving, following the success of similar campaigns in England. This may be held in partnership with other NHS Charities or local charities. The first 'legacy month' will be held in 2020 and the above planned activity for 2019/20 will shape how this event will be organised.

Conclusion

Committee members are asked to note this report and planned actions.

Charitable Funds Committee

 20th June 2019

CF19/23


**GIG
CYMRU
NHS
WALES**

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Charitable Funds Advisory Group
Report Author:	Rebecca Hughes, Charity Accountant
Responsible Director:	Sue Hill, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	<p>The minutes provide an update from the Charitable Funds Advisory Group meetings.</p> <p>Attached are the:</p> <ol style="list-style-type: none"> 1. Minutes from the Charitable Funds Advisory Group meeting held on the 21st March 2019. 2. Draft minutes from the Charitable Funds Advisory Group meeting held on the 23rd May 2019.
Approval / Scrutiny Route Prior to Presentation:	The Report is brought for noting by the Charitable Funds Committee.
Governance issues / risks:	There are no governance issues for the Health Board of this paper.
Financial Implications:	There are no financial implications for the Health Board of this paper.
Recommendation:	The Committee is asked to note the discussions of the Advisory Group,

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√

3.To support children to have the best start in life	√	3. those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<i>Not applicable</i>			
Equality Impact Assessment			
<i>Not applicable – the report does not impact directly on staff or patients</i>			

Disclosure:

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



CHARITABLE FUNDS ADVISORY GROUP COMMITTEE

Minutes of the Meeting Held on Thursday 21st March 2019 at 10.00am
Meeting Room 3 Carlton Court, St. Asaph

Present:

Ms Rebecca Hughes	Charitable Funds Accountant (Chair)
Mr Steve Morris	Lay Member
Ms Christine Hoyle	Lay Member & Former Haematology Consultant
Ms Tracy Sellar	Deputy General Manager, Medicine Directorate
Ms Emma Jones	Fundraising Team
Mrs Lynne Joannou	Assistant Director Primary Care Contracting

In Attendance:

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

Agenda Item	Action
<p>CFAG19/07 APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</p> <p>Apologies of absence were noted from Prof Rob Atenstaedt, Ms Beryl Roberts, Mr Ian Fearn, Ms Gail Critchley, Ms Ffion Johnstone, Ms Keeley Twigg, Ms Eryl Gilliland, Ms Frances Vernon and Mr Wyn Thomas.</p>	
<p>CFAG19/08 MINUTES OF PREVIOUS MEETING HELD ON 31st JANUARY 2019</p> <p>Ms Hughes took this opportunity at the beginning of the meeting to inform the group of the current balance of the General funds, which as present stood at -£114,035.97. This was due to a fall in some of the investments, which resulted in the fund falling into deficit. The investments have improved at the beginning of quarter 4 and there was an increase of £381,000 at the end of February.</p> <p>Ms Hughes informed the group that she would bring the up-to-date balance to the next Charitable Funds meeting in May. It is hoped the March investment report will show a further increase resulting in General Funds being in a positive balance. However, the administration and fundraising costs of the charity for 2019/20 will need to come from General Funds and this will negatively affect the balance. Ms Hughes will bring the 2019/20 budget to the next meeting for the group's information.</p> <p>This discussion was just a reminder of how limited the General Funds are, and for the group to be mindful when making decisions on approving applications from General Funds.</p>	<p>RH</p> <p>RH</p>

<p>Ms Hoyle was aware that the Awyr Las Fundraising Team were paid from the General Funds and asked if they have targets to reach within their role.</p> <p>Ms Hughes informed the group that the fundraisers will have KPI's (Key Performance Indicators) to achieve but they are still being written. A copy will be submitted to the meeting once they are approved.</p> <p>Ms Hoyle asked the Group if the funding issue for the ENT Equipment application that was approved in principle at the January meeting had been resolved. Ms Clayton informed the Group that there was still a shortfall in funding for £33k, and it was agreed that the application should go back to the Cancer Centre Committee for them to consider funding. It was also recommended that the ENT Department should consider fundraising in the future to fund future applications.</p> <p>CFAG19/08.01 Accuracy</p> <p>Ms R Hughes gave an overview of the actions from the previous meeting and informed the group that all actions were closed apart from one action: North Wales Public Access Defibrillator Support Officer. The issue around the contract of employment was still ongoing. Ms Sellar will take this forward with the Lead Applicant and report to the Group in May.</p>	<p>RH</p> <p>PC</p> <p>ELJ</p> <p>TS</p>
<p>CFAG19/09 REQUEST FOR EXPENDITURE APPROVALS</p> <p>CFAG19/09.1 Filing Storage Cabinets - £6,897.60 YG</p> <p>Ms Hughes gave a brief overview of the application, which is for alternative storage for medical records due to the confidential nature of the information held. The Sexual Health service has a separate filing system to the rest of the hospital and medical records are stored within the department.</p> <p>They do have sufficient funds for this application but do not wish to use them for this purpose. Ms Clayton did suggest that they contribute towards the purchase. Their funds are to be used for staff development.</p> <p>The group agreed that the department should be using their own funds and would support the application if this was the case, but would not support from General Funds.</p> <p>Outcome – Not Approved from General Funds – Application approved from Department Fund.</p> <p>CFAG19/09.2 Diathermy Machine for Orthopaedic Surgeon in Hossanna £7,250.00</p> <p>Ms Hughes gave a brief outline of the bid, explaining that two reconditioned machines had been previously funded. This application is for a new machine which is based on advice from the surgeon who has worked in Africa. This new machine would be more robust, straightforward to use and likely to have a longer working life.</p>	<p>PC</p>

<p>Ms Clayton informed the group that since the application was received Dr Cameron may have sourced a cheaper model. Ms Clayton will update the group.</p> <p>Ms Clayton informed the group that this was a last minute application, but assured the group that all outstanding approvals would be sought.</p> <p>The group felt that this was good use of their funds.</p>	PC
<p>Outcome – Approved, pending approval from Corporate Accountant and Medical Devices Group</p> <p>CFAG19/09.3 Video Conferencing and Presentation System - £7,455.60</p> <p>Ms Hughes presented the bid, which would be to provide a replacement Video Conferencing Presentation system as their current system is broken and beyond repair. The cost of the equipment is to be apportioned over 3 departmental funds.</p> <p>Ms Sellar agreed that the purchase of this equipment would be a cost saving due to the teaching sessions being presented over the system and saving travel time.</p> <p>Ms Hoyle stated that they are using their own funds and it is to benefit the staff.</p> <p>Ms Clayton informed the group that IM&T approval has been received since the circulation of the meeting papers.</p>	PC
<p>Outcome – Approved, pending approval from Area Director</p> <p>CFAG19/09.4 Implementation of A Sustainable Educational Session to Primary Schools within Central Area on Antimicrobial Stewardship using NICE Accredited EBug Resources - £12,442.50</p> <p>Ms Hughes informed the group that the aim of this application is to deliver sustainable educational lesson plans on the importance of antimicrobial stewardship to Year 5&6 pupils in Primary Schools within Conwy and Denbighshire using NICE accredited Ebug education resources via a ‘train the teacher’ approach.</p> <p>Ms Hoyle enquired whether this was an issue for Public Health Wales and not NHS. Mrs Joannou explained that she had mixed feelings about this application but there were wider long term benefits for children. She thought the costs were excessive and costs saving could be made by contacting the Local Education Authority and using staff inset training days to do the training and using the school nurse resource.</p> <p>The group decided not to fund this application but would be willing to help them source alternative funding.</p> <p>Outcome – Not Approved.</p>	PC

<p>CFAG19/09.5 Exploring Healthcare Professionals perspectives on Advanced Care Planning: Another Piece of the Puzzle - £23,993.00</p> <p>Ms Hughes presented this application. This is a Palliative Care research project on advance care planning it is a patient-led process of structured discussions between person/patient and their healthcare professionals. The discussions are aimed at eliciting and clarifying wishes and preferences of the patient for future care.</p> <p>There is currently not much research evidence and this is one element of a 3 pronged project, funding a research post for 11 months. This would be a stand-alone study which will be carried out by a non-BCU employee.</p> <p>Ms Hoyle expressed that she found it hard to understand the objectives but was happy for them to use their own funds.</p> <p>Mrs Joannou and Ms Sellar felt that the purpose of the application would be beneficial to the service in the long term and that the costs were reasonable.</p> <p>The group agreed that this was good use of their funds.</p> <p>Outcome – Approved, pending approval from Area Director and Chief Financial Officer.</p>	
<p>CFAG19/10 FUND BALANCES AS AT 31st DECEMBER 2018</p> <p>Ms R Hughes presented the fund balances for information.</p>	
<p>CFAG19/11 Any Other Business</p> <p>There was no other business.</p>	
<p>CFAG19/12 DATE OF NEXT MEETING Next meeting to take place on: Thursday, 23rd May 2019 at 10.00 a.m. <i>Finance Meeting Room, Ysbyty Gwynedd</i> <i>Meeting Room 1, Carlton Court</i> <i>Chairman's Office, Wrexham Maelor</i></p>	

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

CHARITABLE FUNDS ADVISORY GROUP COMMITTEE

Minutes of the Meeting Held on Thursday 23rd May 2019 at 10.00am
Meeting Room 3 Carlton Court, St. Asaph

Present:

Ms Rebecca Hughes	Charitable Funds Accountant (Chair)
Mr Steve Morris	Lay Member
Ms Christine Hoyle	Lay Member & Former Haematology Consultant
Prof Rob Atenstaedt	Consultant in Public Health Medicine & Associate Director of Public Health in North Wales
Ms Eryl Gilliland	Head of Podiatry and Orthotics: West
Ms Gail Critchley	Compliance And Workforce Coordinator
Mr Ian Fearn	Deputy Head of Podiatry & Orthotics

In Attendance:

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

Agenda Item	Action
<p>CFAG19/13 APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</p> <p>Apologies of absence were noted from Ms Beryl Roberts, Mr Wyn Thomas, Ms Keeley Twigg, Mr Andrew Gralton, Ms Emma Jones, Ms Dilys Percival, Ms Ffion Johnstone and Ms Tracey Sellar.</p>	
<p>CFAG19/14 MINUTES OF PREVIOUS MEETING HELD ON 21st March 2019</p> <p>CFAG19/14.01 Accuracy</p> <p>The minutes of the previous meeting were approved as accurate.</p> <p>CFAG19/14.02 MATTERS ARISING AND REVIEW OF SUMMARY ACTION PLAN</p> <p>Ms Hughes informed the group committee that all action points were closed apart from the Key Performance Indicators from the fund raising team. This is still open, as the Charitable Funds Committee has not yet approved them. The date of the next Charitable Funds Committee meeting is 20th June 2019.</p>	

CFAG19/15 REQUEST FOR EXPENDITURE APPROVALS**CFAG19/15.02.01 Pagewriter TC30 Cardiograph for Pre-Operative Assessment - £5,368**

Ms Hughes gave a brief overview of the application which should have been purchased from the Charity but was raised against budget P145 in error. As this was raised against the budget in the first instance it is unable to get the equipment VAT exempted. The full cost of the equipment will be charged to the fund.

Ms Gilliland enquired if the maintenance costs would be sought afterward from the General Funds. Ms Hughes reassured the Group that they would have to use their own funds for that purpose.

Outcome –Approved**CFAG19/15.02.02 Cancer Centre Gardens - £7,322**

Ms Hughes gave a brief outline of the bid, explaining this application was to re-structure the garden by removing the decking and wooded gazebo and replace with patio slabs. This will allow wheelchair users to be able to use the garden and will reduce annual maintenance and allow the garden to be re-opened and enjoyed by the patients, staff and visitors.

The group felt that this was good use of their funds as it would be a benefit for everyone.

Ms Clayton informed the group that this application has gone out to tender, so the final amount could possibly be lower.

Outcome – Approved**CFAG19/15.02.03 Bladder Scanner – Enfys Ward - £7,783**

Ms Hughes gave a brief outline of the bid, which would be to provide a replacement as their previous scanner is broken and the quote for repairs was in excess of £700 for repairs.

The group suggested that maybe the old scanner could be refurbished and sent out to Africa for use over there.

The group felt this was good use of their funds.

Outcome – Approved**CFAG19/15.02.04 Patient Information Display Screens - £9,800**

Ms Hughes informed the group that the aim of the display screens is for cancer patients to actively manage their health and well-being whilst under treatment. The

application is for 5 TV screens in all outpatients and day unit reception areas. The information given would be about the management of their treatment and the TV screens will be used as an information source about key messages that are important to patients. In addition, the screens will be used to inform patients, relatives and carers on the items purchased through Charitable donations, so that they are aware of where the money is going. Ms Emma Jones from the fund raising team would like in to promote the charity.

EJ

The group discussed how effective the service would be, would depend on the information displayed and enquired who would be updating this and how frequent would be required.

Outcome – Approved.

CFAG19/15.02.05 Replacement Furniture – Dinas Ward, Ablett Unit - £11,696

Ms Hughes presented this application which is to replace the furniture on Dinas Ward for the male and female wards at the Ablett Unit as the present furniture is old, damaged or beyond repair. Further to a recent HIW inspection, it has been recommended the replacement of the old furniture. They have looking into other funds but there is nothing for this specific area.

Prof Atenstaedt enquired as to whether the Ablett was under review for redevelopment.

Ms Critchley suggested that if that was the case, the new furniture should be fit for purpose and would be used if they did redevelopment the unit.

The group were happy to approve this application but stated that if there was a redevelopment all new furniture should be included.

Outcome – Approved.

CFAG19/15.02.06 Equipment for Minor Operations Room (Dermatology) - Alltwn - £12,000

Ms Hughes presented this application explaining that now that the 'Dermatology Phototherapy Suite' work is now complete further funds are required to purchase the specialised equipment (including Hyfrecator, surgical light and Cautery). Once the equipment has been purchased, the space will not require any further funding.

The money was given specifically for this purpose and there will be additional funds once more land has been sold.

By purchasing this equipment, patients would have better access to various treatment options as close to home as possible, satisfying the Health Boards 'Care Closer to Home' strategy.

Ms Critchley expressed this was good use of the funds provided and should help reduce waiting lists at YG.

<p>Outcome - The group were happy to approve this application subject to the outstanding approvals.</p> <p>CFAG19/15.02.07 Wet Rooms – Enfys Ward - £20,000</p> <p>Ms Hughes informed the group that a large donation of £10,000 from the Karen Keating fund was provided a number of years previously, for the upgrading of the bathroom on Enfys into a wet room. Due to various reasons the project had stalled, however a design is now underway to prepare for the tendering by Mott Macdonald the approved design agency for the health board.</p> <p>There has also been a further donation of £13,000 received by H Richards, Ruthin Choir and the fundraisers have requested that the funds go directly to supporting the wet room on Enfys.</p> <p>The application figure is a large amount but it has gone to tender so could possibly come back with a lower figure.</p> <p>It was felt that delays such as this and do not give a good impression for individuals donating funds.</p> <p>The group were happy to approve as this is what the donations made were to be used for.</p>	
<p>CFAG19/15.03 APPLICATIONS FOR COMMENT</p> <p>CFAG19/15.03.08 Lung Cancer Pathway Co-Ordinator - £19,800</p> <p>Ms Hughes presented this application for a lung cancer pathway co-ordinator which was funded in September 2017 from the Welsh Cancer Network. The application is for funding for 9 months and then they will be sourcing long term funding from Macmillan Cancer Research.</p> <p>The general opinion from the group was that this should be a full time post now as is a good role and initially it was a test of concept. This role has been proven to work so should be included in the revenue budget. It was felt that the application should not be sought from General Funds and should go to the Alaw Committee for funding, with the possibility of it being a permanent role in the future. The group approved in principal if the Alaw Committee approve the funding, but the application is not to come back to the Charitable Funds Advisory Group.</p> <p>Outcome – Not approved from General Funds. Approved in principle from Alaw Funds.</p> <p>CFAG19/15.03.09 Olympus Stack and Diathermy Unit - £34,881</p> <p>Ms Hughes present this application for Olympus Stack and Diathermy Unit, the current stack system can only perform limited procedures and is not capable of performing therapeutic treatments such as bladder biopsies and cystiodiathermy. The new equipment would offer more procedures and potentially run 2 simultaneous lists. The location is already available in UDU at YGC.</p>	

This would ensure the most up to date, cost effective and clinically proven treatment to all patients in North Wales.

The group agreed that this was good use of their monies and were all happy to approve.

Outcome – Approved.

CFAG19/15.03.10 Replacement Patient Chairs – Alaw Day Unit - £40,920

Ms Hughes presented the application for new chairs, which are utilised for up to 10 hours a day/5 days a week and the current chairs are broken. The application is to utilise the charitable funds for the purpose of replacing these chairs has been approved by the Alaw Charitable Funds Committee.

This application is for 11 chairs; Ms Clayton informed the group that VAT exemption would be available on these items so the amount would reduced to £34,000.

Outcome – The group were happy to approve.

CFAG19/15.03.11 Additional Equipment – Hybrid Theatre - £75,300

Ms Hughes presented the application explaining to the group that the Livsey Trust had already donated £500,000 towards the Livsey Hybrid Theatre at YGC. The trustees are looking to close the Livsey fund and this final donation is to be used for additional equipment for the theatre and so the value of the original approval is required to be increased.

The three items of equipment required have already been identified by the service and agreed with the Livsey Trust. There has been a lot of engagement with the trustees and Ms Kirsty Thompson meets with them and the service regularly.

The group were happy to approve.

Outcome – Approved

CFAG19/15.03.12 Super Dimension Electro Navigational Equipment - £128,000

Ms Hughes presented the application informing the group that Awyr Las has already funded the costs for a trial of 15 cases, assessing the feasibility of running an ENB service. Medtronic have provided training for 2 consultants and are supervising the cases.

These cases have already demonstrated how the technology can reduce the time it takes to confirm a diagnosis and improve our ability to assess patients with indeterminate finding where there is a possibility of malignancy.

Ms Hoyle added that this was a good opportunity to be at the forefront of medical treatment and that there are only 5 places in the whole country that have this

<p>technology. It is good for biopsies and has lots of potential.</p> <p>The group felt that this was the exactly the type of thing that charitable funds should be funding.</p> <p>Outcome – Approved</p> <p>CFAG19/15.03.13 Staff Experience Fund Application - £154,893</p> <p>The group felt the application was vague and, based on the information provided, not a good use of general funds/charitable funds as this is not what people donate their money to. Feedback on previous funds given towards staff engagement and what has been achieved is required before additional funds can be approved. The narrative in the application is not clear as to what projects the funds would be used to support. The group would like to see strong examples.</p> <p>Ms Clayton suggested inviting them to the next meeting to explain what they require and show achievements of previous funding.</p> <p>Outcome – Defer and invite to next meeting.</p> <p>CFAG19/15.03.14 Complementary Therapy - £10,000</p> <p>Ms Hughes informed the group that the Complementary Therapy service across North Wales has been a great success. The Shooting Star Unit, Wrexham has been so successful with positive reviews they hope to extend to another day, in order to move further in line with the rest of North Wales.</p> <p>The whole group were happy to approve as this is proven to be successful.</p> <p>Outcome – Approved.</p>	PC
<p>CFAG18/16 FUND BALANCES AS AT 31st MARCH 2019</p> <p>Ms R Hughes presented the fund balances for information. The total amount requested from General Funds is £19,800. The balance on General Funds is £444,463.12</p>	
<p>CFAG18/17 CHARITY BUDGET FOR 2019/20</p> <p>Ms R Hughes provided information of the running costs of the charity for information only.</p>	
<p>CFAG18/18 Any Other Business</p> <p>There was no other business, although it was suggested again to try and gather more members for the group, but possible the length of the meetings maybe put people off joining. It was agreed to make it clear that meetings generally only last about 1 hr 30 mins.</p>	
<p>CFAG18/19 DATE OF NEXT MEETING</p> <p>Next meeting to take place on: Thursday, 18th July 2019 at 10.00 a.m. <i>Finance Meeting Room, Ysbyty Gwynedd</i></p>	

DRAFT

Charitable Funds Committee

 20th June 2019

CF19/24


GIG
CYMRU
NHS
WALES

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Charity Risk Register
Report Author:	Rebecca Hughes, Charity Accountant
Responsible Director:	Sue Hill, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	<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> <p>At June 2019 there are no red rated risks for the charity and so no risks are included in this paper.</p>
Approval / Scrutiny Route Prior to Presentation:	The Report is brought for review by the Charitable Funds Committee.
Governance issues / risks:	The Charity's risks have all been entered onto the Health Board's Datix system, allowing us to automate the way that the risk register is produced to mirror that of the Health Board. This will also ensure that they are reported consistently and concisely, with a robust method of rating.
Financial Implications:	There are no financial implications to the Health Board of this paper.
Recommendation:	The Committee is asked to review the report.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓

2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<i>Not applicable</i>			
Equality Impact Assessment			
<i>Not applicable – the report does not impact directly on staff or patients</i>			

Disclosure:

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

**Charitable Funds
Committee**

 20th June 2019

CF19/25


**GIG
CYMRU
NHS
WALES**

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Rothschild Portfolio Report: 31 st March 2019
Report Author:	Ms Annick Crisford, Rothschild
Responsible Director:	Sue Hill, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	Attached is the Investments Report for the Charity as at the 31 st March 2019.
Approval / Scrutiny Route Prior to Presentation:	The Report is brought for noting by the Charitable Funds Committee.
Governance issues / risks:	There are no governance issues for the Health Board of this paper.
Financial Implications:	<p>Key points to note are:</p> <ol style="list-style-type: none"> 1. The first quarter of 2019 saw equity markets have their best quarter for a decade following declines of a similar magnitude over the final quarter of 2018. The BCUHB portfolio has benefited from the strength in equity markets over Q1 of 2019 and appreciated by +6.2%. 2. Most assets classes performed strongly over the first quarter of 2019, bouncing back from their year-end lows. Global equity markets –which had their best quarter since 2009 –rallied alongside government bonds, corporate credit, hedge funds and commodities. However, the economic backdrop was notably more mixed, with economic data appearing to slow. 3. When we consider the companies that we invest in on behalf of BCUHB, and we estimate the plausible long term projected returns we should expect to receive as investors, these remain comfortably above prospective inflation rates, even if some headroom has been lost at the start of this year. 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.

	<p>4. Overall, the portfolio maintains a solid allocation of 68.1% 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 that are trading at valuations which we believe should enable attractive forward looking returns over the long term. The 'return' assets have performed strongly on Q1 2019.</p> <p>5. The portfolio continues to maintain a notable allocation of 31.9% 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.</p>
Recommendation:	The Committee is asked to note the report.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<i>Not applicable</i>			

Equality Impact Assessment

Not applicable – the report does not impact directly on staff or patients

Disclosure:

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

Board/Committee Coversheet v9.01 draft



BCUHB

Q1 2019 Portfolio Report

June 2019

1

Executive summary – Investment report to 31st March 2019



Current portfolio positioning

An overview for Q1 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.
- The first quarter of 2019 saw equity markets have their best quarter for a decade following declines of a similar magnitude over the final quarter of 2018. For example, The S&P 500 index (the US Equity market index) posted its strongest start to the year since 1987 following the weakest December in over 80 years. The BCUHB portfolio has benefited from the strength in equity markets over Q1 of 2019 and appreciated by +6.2%.
- Indeed, most assets classes performed strongly over the first quarter of 2019, bouncing back from their year-end lows. Global equity markets – which had their best quarter since 2009 – rallied alongside government bonds, corporate credit, hedge funds and commodities.
- However, the economic backdrop was notably more mixed during the first quarter of 2019. Economic data appeared to slow at the start of the year and in January the IMF downgraded its global 2019 GDP forecast by 0.2% to 3.5%. The Eurozone performed more strongly than expected in Q1 of 2019, as Italy emerged from a technical recession with quarter-on-quarter growth at 0.2%, and Euro area unemployment fell to 7.7%, the lowest level in over a decade. However, German business sentiment remains weak and during the quarter leading German economic institutes cut their 2019 growth forecast for 2019 by more than half to 0.8%, warning growth could slow further in the case of a hard Brexit. In the UK, the Bank of England also revised down its growth forecast for 2019 to 1.2% from 1.7% citing Brexit and a global economic slowdown. The US economy defied fears of a slowdown as Q1 GDP grew by 3.2% annualised. However, the Fed has become more doveish during the first quarter of this year citing "cross-currents" to the US economy – trade tensions, Brexit and the shutdown – as reasons for its new caution.
- In addition to a slowing economic backdrop, geopolitical tensions remain with no clear outcome to the US-China trade negotiations, Brexit remaining unresolved and Venezuela in crisis. The outlook for equities today is therefore perhaps less clear than it was at the start of the year.
- That said, when we consider the companies that we invest in on behalf of the BCUHB, and we estimate the plausible long term projected returns we should expect to receive as investors, these remain comfortably above prospective inflation rates, even if some headroom has been lost at the start of this year. 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 68.1% 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 that are trading at valuations which we believe should enable attractive forward looking returns over the long term. The '**return**' assets have performed strongly on Q1 2019.
- The portfolio continues to maintain a notable allocation of 31.9% to '**diversifying**' assets - these assets are included to provide real diversification and protection in difficult market conditions. As previously noted, the diversifying assets in the portfolio are primarily held to protect against a pronounced and protracted market sell-off.



Portfolio update – Q1 2019

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

Portfolio changes – Q1 2018

New positions

Fox Corporation	Return - Special Sit	Mar
Euro Stoxx 50 R Put 2850 - Mar 2020	Diversifier	Mar

Increases

Phoenix UK	Return - Core	Jan
------------	---------------	-----

Sales

Daily Mail & General Trust	Return - Special Sit	Mar
Rubicon	Diversifier	Mar

Portfolio activity – Q4 2018

- During the first quarter we made changes to both the Return and Diversifying holdings in the BCUHB portfolio. On the Return side we added a new direct equity, increased our position in another, and topped up our holding in one of the external managers. On the Diversifying side, we exited one of our alternative strategy funds and replaced an expiring put option warrant.
- Increased an existing position:** As 2018 came to a close, global stock market weakness combined with negative sentiment around Brexit left us feeling that UK domestic companies offered the potential for appetising forward returns. The manager of the Phoenix UK Fund felt similarly, identifying that many of the companies it tracks were trading at very large discounts to its estimate of intrinsic value.

Consequently, we took the opportunity to increase our holding in the Phoenix Fund in early January.

- New positions:** The new direct equity is Fox, a 'new' company that was spun off from 21st Century Fox as it was acquired by Disney. Fox has two main business units – broadcasting and cable programming. The broadcasting business buys the rights to televise live sports and shows such as The Simpsons, Empire and 911. The cable programming business includes Fox News, Fox Business and Fox Sports. Fox is the only large player that leans on the conservative side of the political spectrum, in a market where most channels have a liberal outlook. This unique position has attracted large audiences, which in turn has given the company pricing power. Looking forward, we believe this pricing power gives the potential for attractive shareholder returns.
- We also added a new put option warrant during the quarter in order to maintain the portfolio's protection in the event of a significant decline in equity markets. The new warrant is on the Euro Stoxx 50 index and expires in March 2020. This warrant includes a 'resettable' strike that will move upwards at certain intervals to maintain protection if the index moves higher.
- Sales:** We exited Rubicon, the global macro fund. We initially purchased the fund in 2013 to take advantage of trading opportunities from the macroeconomic environment and to provide an alternative source of returns to equity markets, particularly during downturns. The market backdrop and low levels of volatility resulted in understandable negative performance in 2017. When the situation reversed in 2018 and volatility returned we were disappointed the fund failed to capitalise on the opportunities. This led to our decision to exit the fund.

Over the course of the quarter, we also fully sold the position in Daily Mail & General Trust (DMGT). As part of a plan to simplify its business, DMGT recently returned almost £900m to shareholders in the form of Euromoney (the financial publisher) shares and £200m of cash. Whilst we can certainly see the merit in simplifying DMGT's structure, these corporate actions were helpful in driving a bounce in the share price and we believe this provided a good opportunity for us to exit the position.

Performance contributors – Q4 2018

- Over Q1 2019, the BCUHB portfolio returned +6.2%. The strong performance in the quarter was driven by our Return assets as equity markets rebounded following a particularly weak last quarter of 2018 (the weakest quarter since the Global Financial Crisis a decade ago). Notable contributions came from the credit rating agencies, with Moody's returning +29.6% and S&P Global returning +24.2% in local currency terms. Both businesses reported positive results despite lower bond issuance, which is an important driver of revenue.
- Our Diversifying assets detracted from performance this quarter. This was driven by the positions we held to protect portfolios in falling markets, namely the Okura fund and the put option warrants, which fell in value as we would expect during a period of rising equity markets.



Our investment view

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

POLITICS	TRUMP		President Trump's strengthened position – in the face of a fragmenting Democrat challenge and an inconclusive Mueller report – has quickly been reflected in a more aggressive stance on trade. Whether this episode will do more damage than the earlier tussle remains to be seen. We doubt he has intimidated the Fed – its doveishness is genuine...
	GEOPOLITICS		Trade tensions, European populism, the stand-off with Iran, and the sad situation in Venezuela, all remain worrying. But an eventual positive outcome with China – fully aware that it, not the US, is the most protected big economy – is still feasible, and the EU elections left pro-EU parties with the biggest share of seats
	EUROPE		The UK remains politically dysfunctional. The PM's resignation, and local EU elections, have re-polarised the Brexit debate: a deal is off the table, and both a no-deal exit on October 31 st and a second referendum look more likely than they did. A new PM may not take office for two months. Meanwhile we still think France, not Italy, holds the key to wider EU economic reform
ECONOMY	CHINA		Data are mixed again, but still consistent with a glacial slowdown – subject to renewed tariff risks. The government has been using its monetary and fiscal flexibility, and has plenty still in reserve. China's aggregate debt is a domestic matter: the government's healthy balance sheet is more than capable of supporting the corporate sector's more fragile one
	INTEREST RATES		FOMC comments have further strengthened markets' belief that US rates will fall. We remain sceptical, but they seem likely to be on hold at least for some months yet. The ECB has shelved plans to raise rates this year; the BoJ also plans to remain accommodative into 2020; and the BoE remains hostage to Brexit. Inflation generally remains subdued, however.
	BUSINESS CYCLE		Data have softened again, but economies are slowing, not in freefall. An inventory cycle is at work in the US, where the expansion seems poised in July to become the longest ever; auto-influenced weakness in Germany may be bottoming-out. There seem to be few macro excesses requiring correction: in particular, US consumers still have plenty of fuel in the tank
MARKETS	VALUATIONS		After their fall in May, stocks are no longer noticeably expensive, and seem to be the most likely asset to deliver long-term inflation-beating returns. Corporate profits remain healthy, though tariffs pose a renewed tactical risk. Bond yields have fallen even further below likely inflation rates (and in many cases in Europe, back into nominally negative territory)
	MARKET DYNAMICS		Volatility has rebounded again, but its latest spike is again a relatively muted one (so far). Until the economic outlook worsens more materially, and/or monetary policy becomes less friendly, we suspect implied volatility in particular may continue to trend at relatively low levels by historic standards

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 31 st March 2019			
Period	BCUHB	Inflation*	Return objective (Inflation + 3%)
Cumulative since inception (6th September 2011)	+53.49%	+14.08%	+42.18%
Annualised since inception (6th September 2011)	+5.82%	+1.75%	+4.76%
2019 (to 31.03.19)	+6.17%	-0.09%	+0.65%
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			£7,965,683
Estimated annual income & gross yield		£63,672	0.80%

'Balanced'
investment strategy

'Cautious'
investment strategy

The portfolio has generated an annualised return of 5.8% since inception, which equates to a return of 3.7% above inflation per annum.

Source: Rothschild & Co, Bloomberg

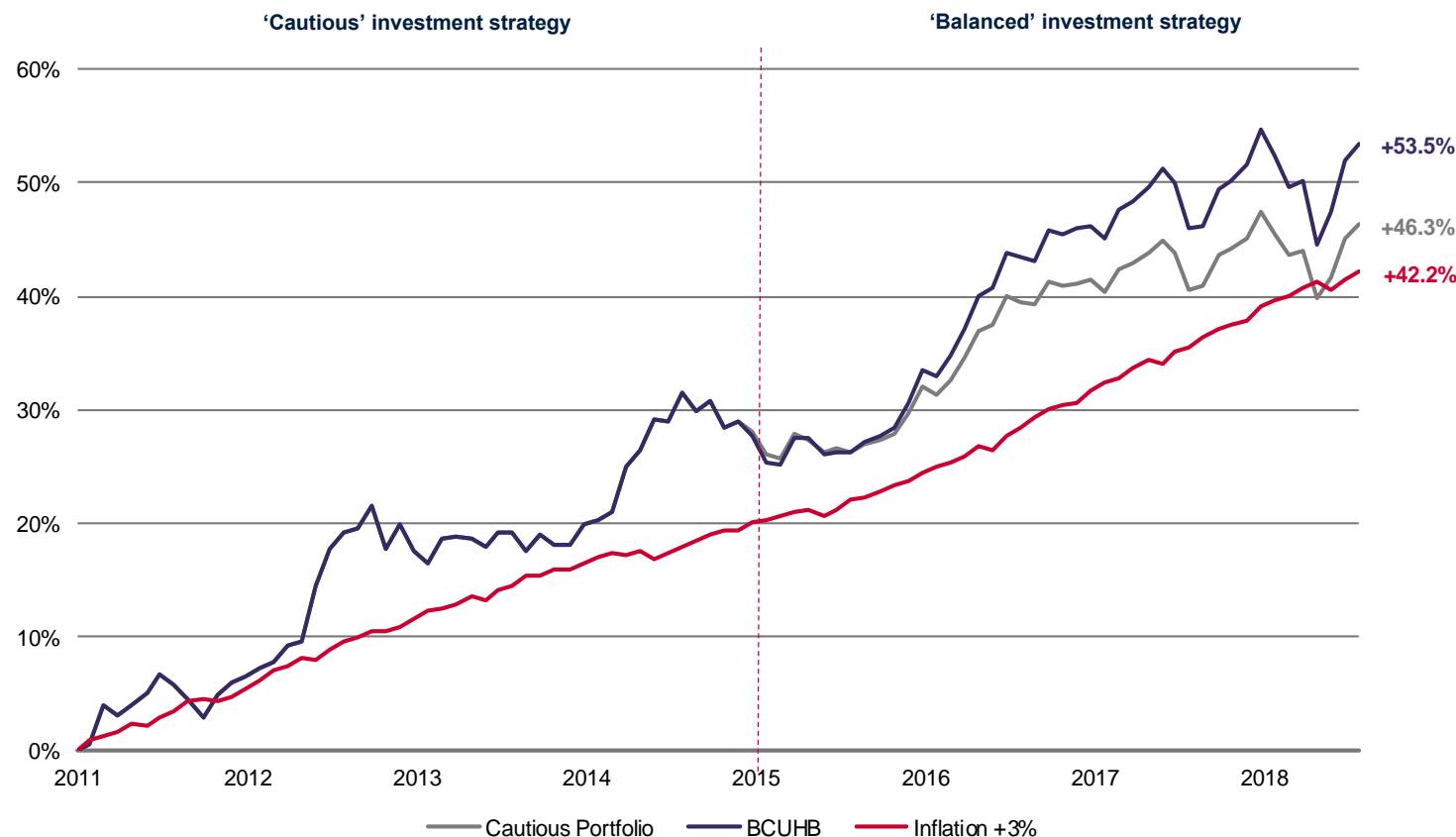
Notes

- * Inflation data is calculated from 31st August 2011 to 31st March 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 31st March 2019



Annualised Return

BCUHB	5.8%
Cautious Portfolio	5.2%

Historical Volatility

BCUHB	5.0%
Cautious Portfolio	4.6%
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

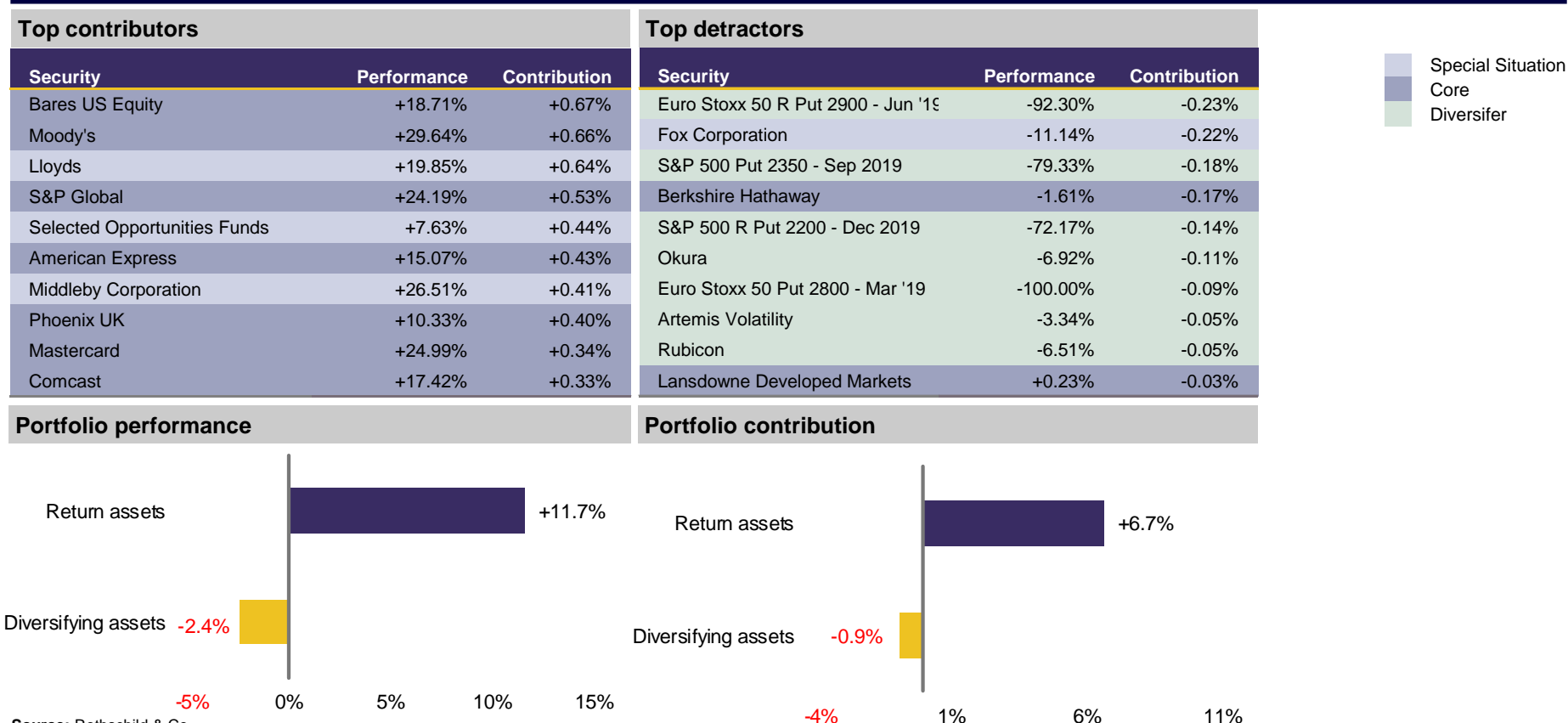
Notes

1. Inflation data is calculated from 31st August 2011 to 31st March 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 the 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 31st March 2019



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 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 detraction). They will make money if equity markets fall, thereby providing portfolio protection.
5. FX hedges (which have contributed positively to returns in Q1 2019 by +0.4%) are not included in the calculation of diversifying asset performance and contribution in the above bar charts.



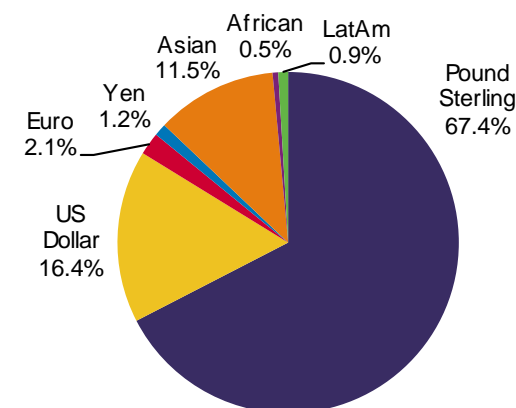
Portfolio

The table below shows the portfolio split between Return and Diversifying assets as at 31st March 2019

RETURN ASSETS (68.1%)		DIVERSIFYING ASSETS (31.9%)	
Equities - Companies	20.0%	Equities - Companies	18.8%
Admiral	3.7%	American Express	3.6%
Cable One	1.3%	Comcast	2.4%
Charter Communications	1.2%	Deere	2.8%
Fox Corporation	1.9%	Linde	2.6%
Liberty Broadband	0.5%	Mastercard	1.7%
Lloyds	3.6%	Moody's	2.9%
Middleby Corporation	2.2%	S&P Global	2.8%
Ryanair	2.7%		
Wells Fargo	3.0%		
Equities - Funds	7.2%	Equities - Funds	22.1%
Albizia ASEAN*	1.8%	Bares US Equity	4.5%
Cederberg Greater China Equity**	2.5%	Berkshire Hathaway	4.2%
Ward Ferry Asian Smaller Cos*	2.9%	IVI European	3.1%
		Lansdowne Developed Markets	2.9%
		Phoenix UK	4.0%
		TCI	3.3%
		Alternative Strategies	5.9%
		Abbey Capital	1.8%
		Artemis Volatility	0.8%
		CFM IS Trends	1.2%
		CFM Trends	1.8%
		Rubicon	0.2%
		Portfolio Protection	1.6%
		Okura	1.4%
		Euro Stoxx 50 R Put 2850 - Mar 2020	0.1%
		Euro Stoxx 50 R Put 2900 - Jun 2019	0.0%
		S&P 500 Put 2350 - Sep 2019	0.0%
		S&P 500 R Put 2200 - Dec 2019	0.1%
		Fixed Income - Investment Grade	20.4%
		RMW Investment Grade Bond Fund	20.4%
		Cash	4.1%
		Cash	3.4%
		Cash / T Bills (SOF)*	0.7%
		Currency Hedges	
		GBP FX Hedge	16.4%
		EUR FX Hedge	-3.7%
		USD FX Hedge	-12.7%

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.

** Position held via the SOF and on a standalone basis.

- 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

This document is strictly confidential and produced by Rothschild & Co for information purposes only and for the sole use of the recipient. Save as specifically agreed in writing by Rothschild & Co, this document must not be copied, reproduced, distributed or passed, in whole or part, to any other person. This document does not constitute a personal recommendation or an offer or invitation to buy or sell securities or any other banking or investment product. Nothing in this document constitutes legal, accounting or tax advice.

The value of investments, and the income from them, can go down as well as up, and you may not recover the amount of your original investment. Past performance should not be taken as a guide to future performance. Investing for return involves the acceptance of risk: performance aspirations are not and cannot be guaranteed. Should you change your outlook concerning your investment objectives and / or your risk and return tolerance(s), please contact your client adviser. Where an investment involves exposure to a foreign currency, changes in rates of exchange may cause the value of the investment, and the income from it, to go up or down. Income may be produced at the expense of capital returns. Portfolio returns will be considered on a "total return" basis meaning returns are derived from both capital appreciation or depreciation as reflected in the prices of The Portfolio's investments and from income received from them by way of dividends and coupons. Holdings in example or real discretionary portfolios shown herein are detailed for illustrative purposes only and are subject to change without notice. As with the rest of this document, they must not be considered as a solicitation or recommendation for separate investment.

Although the information and data herein are obtained from sources believed to be reliable, no representation or warranty, expressed or implied, is or will be made and, save in the case of fraud, no responsibility or liability is or will be accepted by Rothschild & Co as to or in relation to the fairness, accuracy or completeness of this document or the information forming the basis of this document or for any reliance placed on this document by any person whatsoever. In particular, no representation or warranty is given as to the achievement or reasonableness of any future projections, targets, estimates or forecasts contained in this document. Furthermore, all opinions and data used in this document are subject to change without prior notice.

This document is distributed in the UK by Rothschild & Co Wealth Management UK Limited. Law or other regulation may restrict the distribution of this document in certain jurisdictions. Accordingly, recipients of this document should inform themselves about and observe all applicable legal and regulatory requirements. For the avoidance of doubt, neither this document nor any copy thereof may be sent to or taken into the United States or distributed in the United States or to a US person. References in this document to Rothschild & Co are to any of the various companies in the Rothschild & Co Continuation Holdings AG operating / trading under the name "Rothschild & Co" and not necessarily to any specific Rothschild & Co company. None of the Rothschild & Co companies outside the UK are authorised under the UK Financial Services and Markets Act 2000 and accordingly, in the event that services are provided by any of these companies, the protections provided by the UK regulatory system for private customers will not apply, nor will compensation be available under the UK Financial Services Compensation Scheme. If you have any questions on this document, The Portfolio or any elements of our services, please contact your client adviser.

The Rothschild & Co Group includes the following wealth management and trust businesses (amongst others): Rothschild & Co Wealth Management UK Limited. Registered in England No 04416252. Registered office: New Court, St Swithin's Lane, London, EC4N 8AL. Authorised and regulated by the Financial Conduct Authority. Rothschild & Co Bank International Limited. Registered Office: St Julian's Court, St Julian's Avenue, St Peter Port, Guernsey, GY1 3BP. Licensed and regulated by the Guernsey Financial Services Commission for the provision of Banking and Investment Services. Company number 1088. Rothschild & Co Bank AG. Registered Office: Zollikerstrasse 181, 8034 Zurich, Switzerland. Authorised and regulated by Eidgenössischen Finanzmarktaufsicht FINMA.

Source: MSCI. Neither MSCI nor any other party involved in or related to compiling, computing or creating the MSCI data makes any express or implied warranties or representations with respect to such data (or the results to be obtained by the use thereof), and all such parties hereby expressly disclaim all warranties of originality, accuracy, completeness, merchantability or fitness for a particular purpose with respect to any of such data. Without limiting any of the foregoing, in no event shall MSCI, any of its affiliates or any third party involved in or related to compiling, computing or creating the data have any liability for any direct, indirect, special, punitive, consequential or any other damages (including lost profits) even if notified of the possibility of such damages. **No further distribution or dissemination of the MSCI data is permitted without MSCI's express written consent.**

**Health Board /
Charitable Funds
Committee**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

20th June 2019

To improve health and provide excellent care

Report Title:	Staff Engagement Strategy – End of Funding Report June 2019
Report Author:	Nia Thomas, Head of Organisational Development Joy Lloyd, Senior OD Manager
Responsible Director:	Mrs Sue Green Executive Director of Workforce & Organisational Development
Public or In Committee	Public
Purpose of Report:	This paper provides the Charitable Funds Committee with a final report on the implementation of the key elements of the Staff Engagement Strategy that are funded by Charitable Funds. This report complements and builds on previous reports, the last of which was submitted to the Committee in June 2018.
Approval / Scrutiny Route Prior to Presentation:	Staff Engagement Strategy Update reports are also submitted to the Board and Local Partnership Forum upon request.
Governance issues / risks:	
Financial Implications:	
Recommendation:	The Committee is asked to note the update

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

<http://www.wales.nhs.uk/sitesplus/861/page/81806>

Equality Impact Assessment

(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see <http://howis.wales.nhs.uk/sitesplus/861/page/47193>)

Disclosure:

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

1. Purpose of report

This paper provides the Charitable Funds Committee with a final report on the implementation of the key elements of the Staff Engagement Strategy that are funded by Charitable Funds. This report complements and builds on previous reports, the last of which was submitted to the Committee in June 2018.

2. Introduction

In August 2016 the Board approved the Staff Engagement Strategy along with an accompanying Implementation Plan. The implementation plan has been achieved with work continuing to embed the processes that have been introduced as part of the implementation plan. The continuing work to embed staff engagement into the day to day activities of the Health Board has been included in the new Workforce Strategy 2019-22 and subsequent Objectives and Delivery Plan.

The Charitable Funds Committee have supported three key elements of the Strategy. These elements were crucial to support the organisation's effort to develop a listening methodology, deliver a high quality operational and clinical leadership training and development programme and develop cultural analysis tools which supports baseline measurements and identifies improvement trajectories over time. These areas of work are a major factor to support improvements in staff experience at work which influences and improves patient experience, reducing stress at work and supporting all staff to drive service improvement.

The three key areas supported by the Charitable Funds were:

- Pump priming the development of the Staff Listening Methodology - Discover, Debate, Deliver (3D)
- Pump priming the development of the leadership capabilities of senior clinical leaders across the organisation
- Pump priming the commissioning/development of a cultural diagnostic tool to enable organisational and local team level engagement surveys along with toolkits to enable improvements in staff engagement and team development.

3. Development of the Staff Listening Methodology - Discover, Debate, Deliver (3D)



The 3D Framework has evolved into a flexible methodology widely used throughout the Health Board by Staff Engagement Ambassadors and anyone who wishes to

access the comprehensive and interactive toolkit, which is available on-line and bilingually on request. The toolkit includes flowcharts, question banks, templates and all relevant information for utilising 3D. Below is a screen shot of some of the resources available on the [3D web-pages](#) as well as some quotes from Ambassadors who have facilitated events.

Oeddech chi'n gwybod bod ein holl deunyddiau ar gael yn y Gymraeg? Cysylltwch gyda ni!



It's a good idea for implementing change."



We also did 3D via video conferencing with our other site, this again worked well and we have a plan on how to prioritise digitally."

"Inventive times showing just how flexible and adaptable the 3D model can be, I love it."

Many have used the toolkit by accessing the materials on-line whilst others have attended half-day Induction sessions or individual one to one sessions for new ambassadors to learn more about staff engagement and more specifically 3D. Ambassadors then become part of a wider network where there is the opportunity to attend continuous professional development sessions, to have a mentor from the Organisational Development team and the opportunity to attend the Shortlisting Panel for the Annual Achievement Awards.

A number of Ambassadors have gone on to facilitate full or half day events or utilise a more rapid approach focussed on a shorter session, or leaving flip charts up in areas for staff to complete in their own time. Others have attended induction sessions to increase their personal awareness of the tools available so that they can share and cascade with managers and teams as part of their roles; for example, Health & Safety Officers attending to share and encourage the use of 3D as part of Health & Safety Improvement Plans.

Collating case studies and outcomes using the 'You Said, We Did / What Happened Next' approach forms an integral part of the 3D toolkit for feedback and to also capture progress and impact during and after any event. To promote organisational learning these case studies and outcomes can be found on the intranet pages, an example of a completed case study and outcome document can be found overleaf.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr
University Health Board

PHYSIOTHERAPY SERVICE REVIEW –

3D CASE STUDY

Case date: 7/15/16

What we did:

We held a 3D staff engagement event to bring together the Clinical Specialist, Extended Scope Practitioner and Advanced Practitioner Physiotherapists together to review the best aspects of [clinical roles](#), [services](#), [templates](#), [communication](#), [case management](#).

What we engaged with staff around:

Our 3D event gave the opportunity for all the involved clinicians to be open and honest about the best aspects of their work and the opportunity for them to inform change within their clinical area.

Prior to the event, we had already sent a survey out to individuals regarding their roles, team objectives and communication.

Following the 3D Engagement process led us to focus on 3 key themes of 'core time', 'supervision and support' and 'training'.

Why this was important to do?

Physiotherapy covers a wide range of clinical specialties and it is rare that this group of clinicians have the opportunity to meet together to share good practice and consider service improvement.

The group have a wealth of experience and many ideas for how we could make improvements. This event gave us the opportunity to bring everyone together, to formalise an action plan and agreed outcomes.


What we achieved together:

By the end of our event we achieved a set of deliverable actions and outcomes.

Examples included [making adjustments to templates](#), managing time for mandatory training, devising training programmes and arranging peer support groups.


We have planned a review of the actions objectives involving all clinicians who attended the event.

Staff Engagement Ambassador
Stuart Tunstall



Physiotherapy Service Review: Outcomes from applying 3D

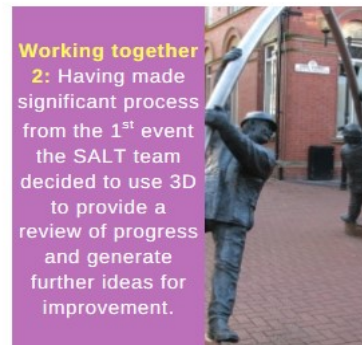
Outcome #	You said...	We did/What happened next...
1	Limit multiple Physio involvement in treatment. (Theme: Patient Treatment)	• Sometimes this is inevitable. Mitigated by appropriate templating – see action plan.
2	Use second opinion slots. (Theme: Patient Treatment)	• Available for use – individual responsibility
3	Patient centred approach, needs analysis, specific to patient using research knowledge. (Theme: Patient Treatment)	• Personal caseload management
4	My effectiveness is limited by waiting times for MSK outpatient appointments. (Theme: Patient Treatment)	• Waiting time is reducing. Actively managing vacancies. Managing the templates. Caseload management.
5	MSK outcomes from start to completion of patient care. (Theme: Patient Treatment)	• See action plan.
6	Being better aware of who to approach with good ideas. (Theme: Service Development)	• Personal responsibility as clinician and supervisor
7	Have more information on the forthcoming Orthopaedic Plan. (Theme: Service Development)	• Approach team leader/Clinical specialist
8	Opportunity for career progression. (Theme: Training)	• Please discuss with Neill McCuskey
		• Career progression opportunities exist in the clinical BA roles, but are dependent upon vacancies being available. Career development in order to be in a position to apply for career progression available at all levels.



The case studies emphasise how flexible 3D can be to fit around specific service needs. Examples include:

- Improving senior leadership visibility for staff at HMP Berwyn through a back to the floor initiative.
- Communication boards to share the positive work of staff, Ambassadors, Proud of, Listening Leads and Seren Betsi winners and nominations from Ysbyty Glan Clwyd.
- Staff wellbeing sessions
- Development of a discharge to assess model
- Creating a consistent approach to developing capability within the Women's Division.

There are currently 39 case studies on-line, some completed and some still in-progress, screen shot of the web page can be seen overleaf.



The promotion of 3D has been undertaken widely across Senior Leadership Teams as well as holding roadshows, team away days, site visits and it was included as part of the first BCUHB Annual Medical and Dental Conference held in partnership with NHS Wales Confederation and BMA Wales. The toolkit is also integrated into Leadership & Management Programmes, included in relevant Senior Leadership Masterclasses as well as being included in the QI Hub

The work currently ongoing in the East Area is an example of good practice. The OD team have supported teams within the Division to develop and drive a 'Proud of' initiative to build staff engagement groups within a number of community hospitals utilising a suite of engagement tools, including 3D. To support the groups, basic guidelines and 'top tips' for setting up have been developed along with a suite of tools and materials to aid staff to promote staff engagement. These include employee of the month certificates, milestone certificates, wonder wall suggestions and thank you/appreciation cards as well as the 3D toolkit and Listening Leads tools. During an event in April 2019 where all Staff Engagement Ambassadors, Listening Leads and Proud of group members were invited to attend, feedback suggested that this was a preferred approach, i.e. to focus on engagement as a whole where groups have a suite of tools, 3D being one, to drive forward staff engagement within their areas. In moving forward all of the roles involved within the Engagement agenda such as Listening Leads, Proud of group members, 3D Staff Engagement Ambassadors will be invited to network and share best practice on a regular basis, they are all also invited to take part in the Seren Betsi selection panel.

Close links continue to be made with other initiatives across the Health Board such as Mental Health & Well-being Champions, Today ICAN and the Improving Quality Together team. The aim is to build better relationships and become better connected

with colleagues from across the Health Board to bring about positive change and increase staff satisfaction, which in-turn has a direct impact on our patients.

A total of 90 Staff Engagement Ambassadors have attended an Induction to 3D with another 43 signed up from the East where 3D forms part of their toolkit to improve staff engagement.

3D (as well as other internal engagement tools) is also an integral part of the Be Proud Pioneer team toolkit – further information can be seen in section 6 of this report.

Key Deliverables	Status
Engaged with Area Leadership teams, Hospital Management teams, MH&LDS senior leadership teams, Estates & Facilities and corporate department senior managers to promote the model, it's benefits and case studies/evidence of best practice in order to share organisational learning and increase use of the model.	Achieved
A minimum of 75 additional Staff Engagement Ambassadors in place and fully “operational” across the organisation	Achieved
Collated a minimum of 35 Case studies of best practice using the 3D model and demonstrated impact on staff/service users in the form of ‘You said/We did’.	Achieved

Funding Breakdown

Development Area	Total spend as at 31 May 2019
Development of the listening methodology: Discover, Debate, Deliver (3D) – staff costs	Band 4 post – £24,662.53 Band 5 post - £25,754.89 Band 7 post - £74,712.67 • Posts are fixed term ending on 31 st May 2019
Final Salary Costs	£125,130.09 (includes oncosts)

4. Generation 2015 Ward Manager Leadership Development Programme.

This programme has been designed to develop management and leadership skills and competencies to enable individuals to build effective capability within their roles as clinical leaders. It provides practical skills and tools which enables the Ward Manager to manage and lead their team effectively in order to improve patient outcomes.

The programme, now called the Ward Managers Development Programme has been refreshed following feedback and consultation with the Executive Director of Nursing, Deputy Director of Nursing and the corporate nursing team. The new programme commenced in March 2019 with 19 delegates attending. A further two cohorts are



planned for 2019, commencing in July and November. (See appendix 1 – Ward Managers Development Programme Brochure).

Key Deliverables	Status
Agreement reached on the revised Generation 2015 programme.	Achieved
Revised programme will have been launched and participants recruited.	Achieved
Demand scoped, capacity v demand established with trajectory for commencing and completing all B7 published – Carried over to 2019-20 objectives	In progress
Established the detailed plans, if required, to expand capacity at current training venues - expansion not required currently	N/A

Funding Breakdown

Development Area	Total Spend as at 31 May 2019
Roll out of Ward Managers Development Programme	£0 (funding no longer required)

5. Improving Leadership capability

A bespoke engaging leadership development programme has been developed in partnership with our external provider Carter Corson. The programme is called 'Leading for Transformation'. The programme supports the ambition to develop an engaging, inclusive and compassionate leadership style across the organisation through enhancing the capability of leaders to deliver results, by better engaging with their staff at an individual and team level, as well as with partners and stakeholders across sites, sectors and services. Carter Corson are delivering the first five cohorts of the programme, cohort dates below: (See appendix 2 – Participant Journey Brochure).



- Cohort 1 - 8th April 2019
- Cohort 2 - 10th April 2019
- Cohort 3 - 1st May 2019
- Cohort 4 - 23rd May 2019
- Cohort 5 - 13th June 2019

Carter Corson hosted a pre-programme session with the Executive team on the 27th March 2019. This session introduced some of the key components of the programme and provided an opportunity for Executive directors to ask questions and clarify expectations. This also ensured alignment of the programme to key priorities and the

need for executive sponsorship to drive leadership behaviour and improvement. (See appendix 3 – Executive Briefing Brochure).

Key Deliverables	Status
Arranged initial meeting with the appointed bidder to establish organisational need and synergies with other leadership development programmes	Achieved
Confirmed and agreed the appointed bidder's leadership development proposal and selection criteria	Achieved
Delivered a presentation to the Board to agree proposal – Proposal agreed by the Executive Team	Achieved
Recruited participants to the first cohort	Achieved

Funding Breakdown

Development Area	Total Spend as at 31 May 2019
Senior Clinical Leadership Development Programme	£58,550 (£80,000 committed from Charitable funds – remaining monies from mainstream funding)
Total:	£58,550
NB Further development costs will be charged Costs for 2019/20 (Delivery of cohorts/coaching clinics/programme evaluation to be funded from mainstream revenue budget)	

6. Implementing a Cultural Diagnostic Tool to enable organisational and team level action planning and improvements.

Support was agreed by the Charitable Funds Committee to procure an effective and easy to apply cultural diagnostic tool. The contract was awarded to an NHS Trust that had developed an online survey which allows organisational and team level surveys along with a 'pioneering champions' training programme. The product is called Go Engage. The tool offers:

- a simple way to understand the science behind staff engagement in terms of cause and effect
- Clear practical recommendations to improve staff engagement
- Regular trend analysis – not a once a year snapshot in time.
- Ability to act quickly on data, two week turnaround from close of survey to presentation of results

- Organisational and team level diagnosis of culture

A full Project Implementation Plan has been developed and progress will be monitored through the Workforce Improvement Programme Group.

The Go Engage cultural diagnostic tool has been re-branded to fit in with the overarching 'Proud of' branding and engagement work within BCUHB and is called:



The tool has 2 elements, the first is an organisational level survey and the second is a team level survey and development programme

Organisational Survey

The Organisational Survey has been redesigned and tailored to BCUHB with additional Wellbeing and Equality & Diversity questions. (see appendix 4 – sample Organisational Survey). Training was provided for the OD Administration Team to run the surveys and reports via the electronic XOPA system. Demographics were agreed for reporting and data extraction was carried out from ESR to the XOPA system to run the first pulse survey covering a third of the Organisation. All staff will have an opportunity to complete the survey once in a 12 month period.

The first pulse survey was launched week commencing 23rd April 2019 to a random sample of staff, this first survey will close on the 14th June 2019. 6,783 surveys were distributed via email and paper copies were made available where required. Further pulse surveys are planned for roll out in July and October 2019. The first Organisational engagement survey report will be available in early July 2019. The main aim of the survey is to review trends of staff engagement across BCUHB and identify the factors that may be enabling or inhibiting staff engagement. The report will highlight staff engagement measures across staff groups and divisions and will highlight areas for development for the Organisation. (see appendix 5 - sample organisational report).

Pioneer Training Programme

This programme is specifically aimed at teams to improve and sustain staff engagement so that they can understand what may be hindering engagement within their team and more importantly support them to build improved engagement behaviours. The programme runs over a 26 week period and starts with a cultural team survey. It includes workshops for 2.5 days, 3 action learning sets and a celebration event. (see appendix 6 – BeProud Pioneer Programme).

Pioneer Teams Training Programme: Cohort One

As part of the ongoing priority work relating to the HASCAS/Ockenden recommendations and in an effort to support Unscheduled care, teams were nominated from these areas to undertake the first Pioneer Team Programme. There are ten teams in Cohort one; 2 teams each from Ysbyty Gwynedd, Ysbyty Glan Clwyd, Ysbyty Wrexham Maelor, 1 team from Pharmacy Dispensary YGC and 3 Teams from Mental Health and Learning Disability Services. The first Cohort started on the 20th March 2019 and will run for 26 weeks. Each team undertook a team survey to establish an engagement baseline measure and are now working on an improvement plan which looks at the three lowest scores within their survey. Each team take ownership to agree which engagement tools they will use to make improvements. At the end of 26 weeks another team survey is undertaken and comparisons are made against the first survey



The first Cohort started on the 20th March 2019 and will run for 26 weeks. Each team undertook a team survey to establish an engagement baseline measure and are now working on an improvement plan which looks at the three lowest scores within their survey. Each team take ownership to agree which engagement tools they will use to make improvements. At the end of 26 weeks another team survey is undertaken and comparisons are made against the first survey

All ten teams have fully engaged with the programme and the response to the programme by the Pioneers and their teams has been excellent and very encouraging.

The Pioneers have used the 3D model to carry out listening events with their team to gain buy in to the programme and clarify priorities going forward. They are in the process of gathering feedback which will inform their 'you said we did'. The example case studies below highlight what the Pioneers did and the reasons why they felt it was important:

Title: Conwy Ward YG Created date: 02/04/2019

What we did:
The Be Proud Pioneers have begun a flexible 3D listening event on the ward following the team's start on the Be Proud programme.

Why this was important to do?
The Pioneers are engaging with staff to obtain everyone's views and plan next steps to continue to make improvements.

What we engaged with staff around:

- Health and wellbeing
- Recognition
- Influence and decision making

Be Proud Pioneers:
Claire Lisk & Karen Mullen

Title: Complex Needs Service Created date: 02/04/2019

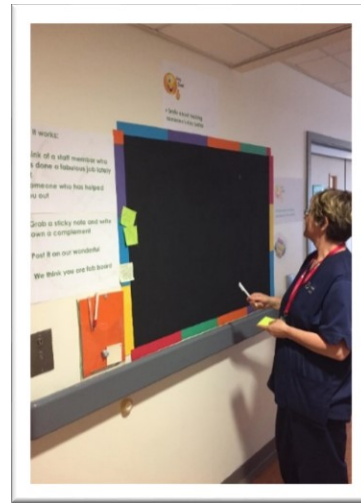
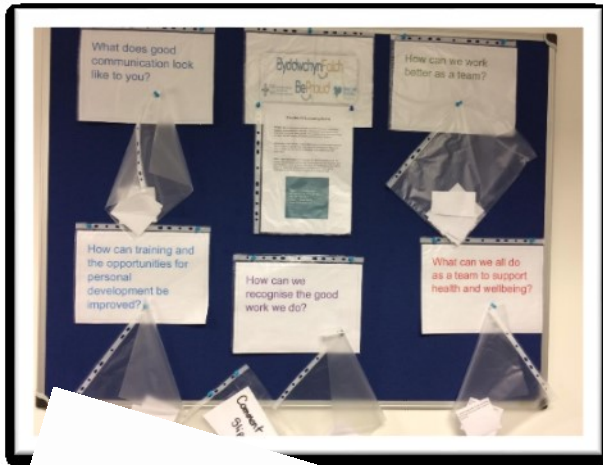
What we did:
The CNS are holding a flexible 3D using one question a week. This week the question was "How can we improve the way we recognise good work?" They received 52 suggestions in the box! This will then be fed back to staff for voting.

Why this was important to do?
To engage with the whole team and obtain suggestions and ideas about what would make the biggest positive difference.

What we engaged with staff around:
Staff recognition was an area which the Pioneers wanted to focus on, following their recent Be Proud Team report.

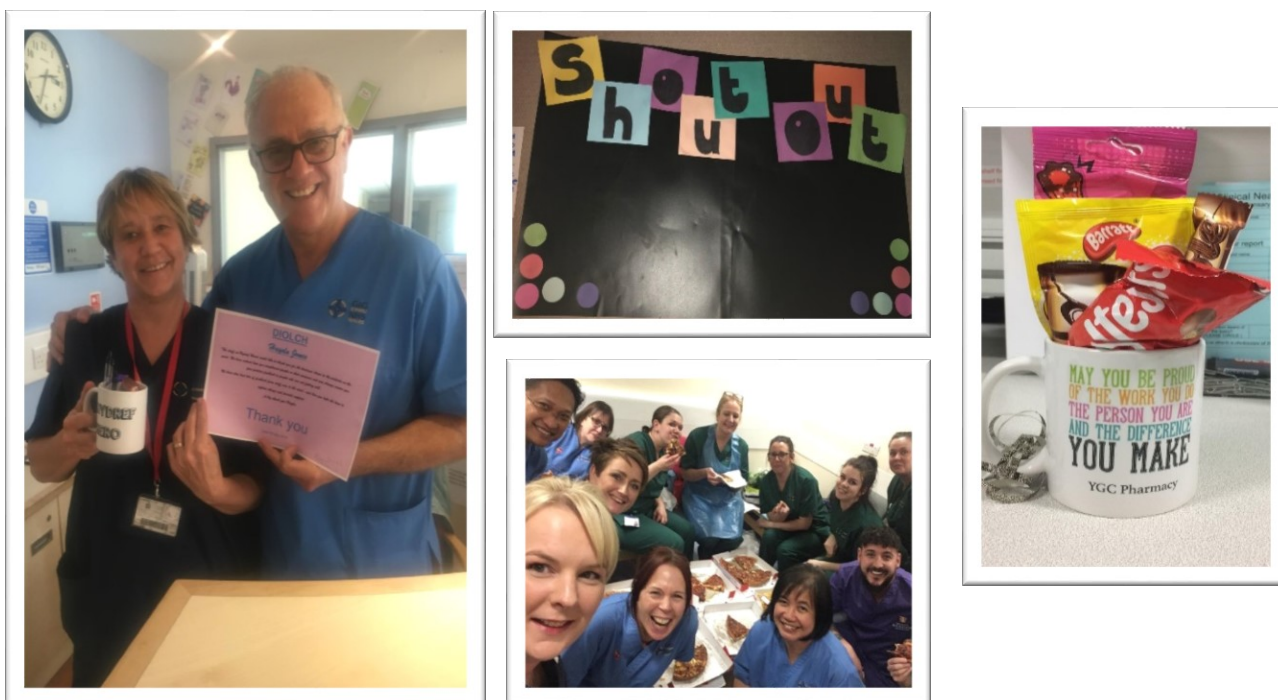
Be Proud Pioneers:
Jon Crabo & Dave Thomas

The Pioneers chose to hold their listening events in a variety of ways, as the following images demonstrate:



The Pioneer teams have been innovative and creative in their use of initiatives to engage teams and celebrate success. They have created noticeboards to share Be Proud news, share positive staff stories and highlight staff recognition. Many have also started the 'You've been Mugged!' campaign which involves someone who has gone the extra mile being awarded a mug filled with goodies at the end of the week. This has been very well received. Some Pioneers have also ordered and designed their own mugs (see examples below from YGC Pharmacy and Hydref Ward, Older Person's Mental Health inpatient service, Wrexham)





The teams have prioritised team building / bonding sessions and have either held or are in the process of organising things like 'pizza for lunch days' to walking up Snowdon for charity. The cohort also has an active WhatsApp group which they use to share photos, ideas and ask questions.

The teams are already seeing significant impact in terms of levels of engagement, which will be measured formally in August 2019 via the end of programme team survey.

Action Learning

The Pioneers have engaged well with their Action Learning Sets (ALS). They have been taught the process of action learning and recognise the benefits of using it collectively to solve problems and remove barriers. These sessions are also an opportunity to update their peers on their progress so far, and gain useful feedback. Comments have included: "brilliant way to brainstorm 'how to deal with negativity' in a proactive and positive way", and "very positive... we have something to aspire to".

Cohort 2

Cohort 2 will begin on 19th June 2019 and run until 12th December 2019. Nominations have been received and nine successful teams have now been selected.

Funding Breakdown

Development Area	Total spend as at 31 May 2019
Adoption of a cultural diagnostic tool	£43,000
Ongoing license costs of circa £10-18,000 to be funded from mainstream revenue budget on an ongoing basis.	

7. Measuring Benefits

Management of the Delivery Plan is aligned to the new Workforce & Organisational Development Strategy 2019-22 and will be through the Workforce Improvement Programme Group chaired by the Executive Director of Workforce and Organisational Development and comprising senior accountable leaders.

The key metrics used to demonstrate improvement in staff engagement will be multi-faceted:

- A. National Staff Survey Data. Using the baseline data of the 2013 and 2016 Survey against the 2018 scores which were published in October 2018, improvement trajectories have been developed against the 2018 scores in preparation for any future national surveys. The data presented for line management and senior management will be closely monitored to ensure leadership development activities focus on the appropriate areas as identified within the survey. Development activities will align with the need to ensure clinical leaders possess the skills to transform clinical services and ensure new and sustainable models of care are developed. It should be noted that national work to review the Staff Survey is underway. Initial discussions include the need to expand the survey to measure colleague experiences at work which needs to be more frequent and at a more local team level.
- B. ByddwchYnFalch/BeProud (Go Engage) Quarterly Organisational Pulse Check Reports. Using the baseline data of the first Quarterly Report, improvement plans and trajectories will be developed and agreed by the Executive Team. Divisional scores will be included in the Divisional Accountability meetings along with progress against Divisional development plans. A number of improvement plans are now in place to support this work, including a retention improvement plan, focusing on the retention of our skilled workforce. It is expected that we will also see improvements in areas such as agency spend, improved patient experience, improved staff health and wellbeing, quality of care and productivity as a result of implementing ByddwchYnFalch/BeProud.
- C. A robust set of Workforce metrics, including pipeline reports/workforce intelligence reports have been developed. The data will track improvements in workforce costs such as absence and agency along with improved Appraisal rates and statutory/mandatory training rates. These metrics will demonstrate

improvement trajectories, which links to the evidence base of improved service outcomes including quality and productivity, improved financial and performance efficiency and staff acting as advocates for the organisation.

8. Funding

Charitable Funds Committee agreed to fund over £450,000 over two financial years 2017-2019

Development Area	Total spend as at 31 May 2019
Development of the listening methodology – Discover, Debate, Deliver (3D) – staff costs	£125,130.09 (includes on costs)
Roll out of Ward Managers Leadership Development Programme	Funding no longer required £000
Senior Leadership Development Programme	£58,500 (£80,000 committed from Charitable funds – remaining monies from mainstream funding)
Adoption of a culture diagnostic tool	£43,000
Total Charitable Funds Spend	£226,630.09

9. Conclusion

Being placed in special measures in June 2015, re-emphasised the importance of engaging with and listening to staff as well as our patients and the public. The Engagement Strategy was implemented in 2016, together with a clear implementation plan focusing on a number of actions aimed at improving levels of staff engagement across the organisation. The Charitable Funds Committee agreed to fund the above 4 key elements, which over time will have an impact in terms of how we engage and lead our workforce.

The organisation has a more robust process for measuring levels of engagement, enabling the use of a set of metrics focused on both behaviours and how staff are feeling in their day to day work. The BeProud tool will help us to understand and analyse feelings and attitudes amongst staff; this in turn can support staff to give their best, even when times are tough. The 3D framework has become a recognisable and well used approach across the organisation, providing an inclusive approach to support staff engagement through listening, conversation, sharing ideas, and problem solving. The Senior Leadership Programme, targeted at our senior leaders will focus on developing compassionate and engaging leaders of the future, role modelling the way and demonstrating these behaviours on a day to day basis.

Staff Experience Hearts and Minds Grants – it is recognised that part monies allocated in 2017 were returned to the Charitable Funds Committee, as certain elements originally agreed were no longer required. As a result a further funding application is being sought to utilise these funds, building on the current Staff Development Fund. A new Staff Experience Grant would further build on existing staff engagement work through the provision of grants of up to £5,000 for staff and teams who could apply for these funds to support staff engagement initiatives in the workplace.

8. Appendices

1. Ward Managers Development Programme Brochure
2. Leading for Transformation – Participant Journey
3. Leading for Transformation – Executive Briefing Brochure
4. BeProud – Sample Organisational Survey
5. BeProud – Sample Organisational Report
6. BeProud – Pioneer Programme

Ward Managers Development Programme 2019

'Delivering service excellence for our patients'

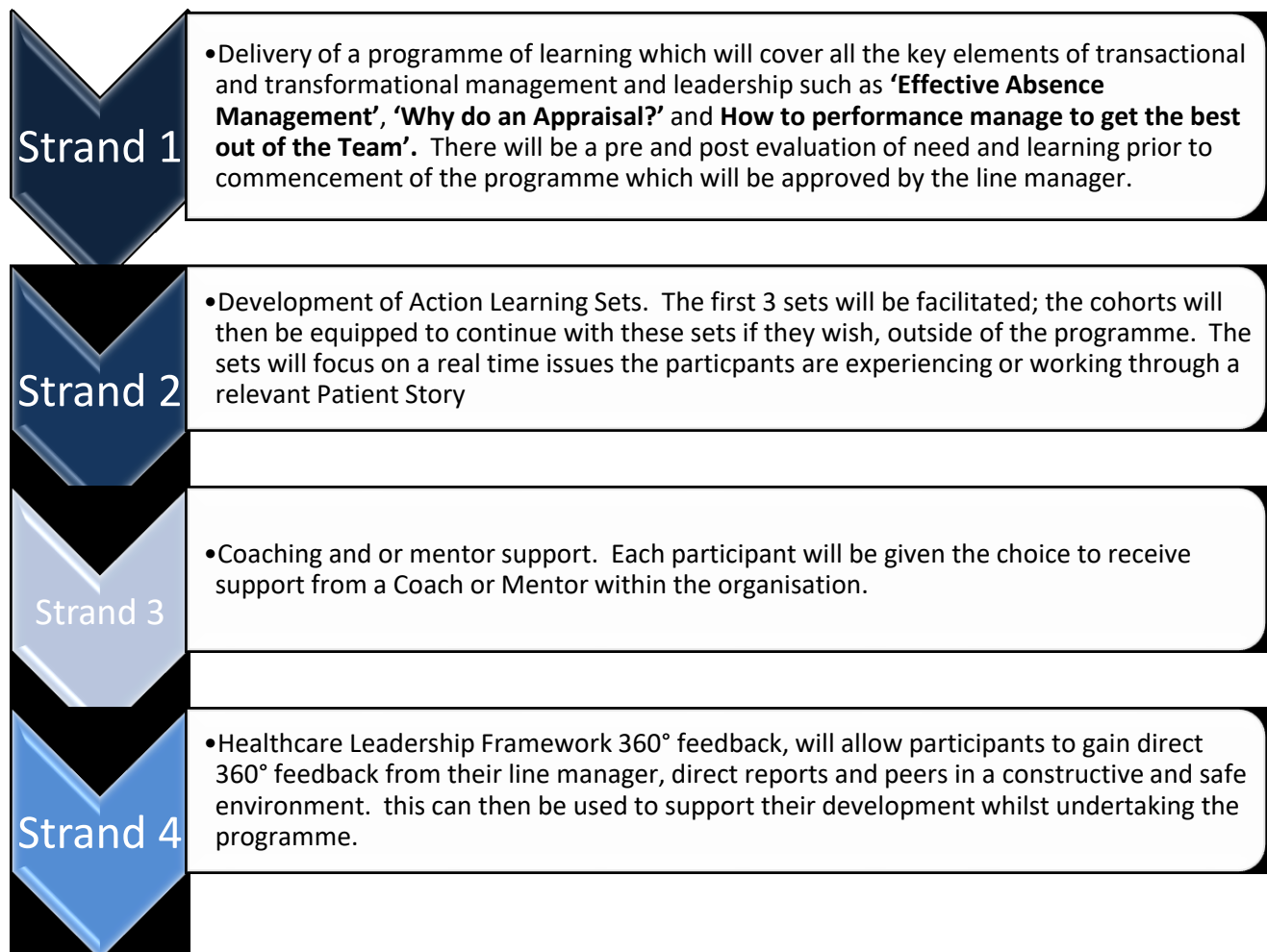
This bespoke programme has been developed to support Ward Managers in their day to day roles as managers and leaders. The NHS is a constantly moving entity and it can be challenging to keep up with the demands of a busy clinical role whilst also juggling the need to lead an effective and high performing team and deliver an excellent service.

The programme has been designed to develop management and leadership skills and competencies to enable individuals to build effective capability within their roles as clinical leaders. It provides practical skills and tools which will enable the Ward Manager to manage and lead their team effectively to enable improved patient outcomes. The programme fits within the NHS Healthcare Leadership Model ensuring all elements of the model are achieved.

The programme enables individuals to develop an understanding of the complexities of healthcare across boundaries, particularly focusing on the relationship between primary and secondary care.

Participants must be available and committed to attend all Modules of the programme and present their work at a final celebratory event.

There are four strands to the programme:



Programme overview:



Programme detail:

The programme is delivered in 20 sessions, held once a fortnight over a 12 month period. Each session is delivered in workshop format which consists of formal learning, group discussions, case studies and problem solving.

Action Learning:

Action learning is a process which involves working on real challenges, using the knowledge and skills of a small group of people combined with skilled questioning, to re-interpret old and familiar concepts and produce fresh ideas. Action learning sets are particularly appropriate for professional and managerial-level learning and personal development; it is a powerful approach for working on difficult problems in professional practice. The process allows groups to focus on real-life practice-related problems, especially those which are open-ended in nature and do not have a right or wrong answer. 3 x half day action learning sets will be integrated into the programme.

Diagnostics – Healthcare Leadership Model – 360° Degree Feedback

Each individual will have the opportunity to complete a 360° appraisal and will receive one-to-one feedback from a qualified facilitator. This will help participants to understand how their leadership behaviours affect the culture and climate they, their teams and colleagues work within. The way that we manage ourselves is a central part of being an effective leader. It is vital to recognise that personal qualities like self-awareness, self-confidence, self-control, self-knowledge, personal reflection, resilience and determination are the foundation of how we behave. Being aware of our strengths and limitations in these areas will have a direct effect on how we behave and interact with others, and they with us. Without this awareness, it will be much more difficult (if not impossible) to behave in the way research has shown that good leaders do. This, in turn, will have a direct impact on our colleagues, any teams we work within, and the overall culture and climate within the team as well as within the organisation. Working positively on these personal qualities will lead to a focus on care and high-quality services for patients and service users, their carers and their families.



Each participant will develop a personal development plan that relates to specific leadership behaviours as identified in their feedback session. There will be a cost of £40 per person for the 360° Report.

Assessment:

IQT Silver – all participants will complete the 2 day IQT Silver training programme, part of which will be to identify a work related improvement project which will be assessed via assignment submission and end of programme presentation.

Reflective Log: All participants will be required to complete a reflective learning log at the end of each session, linked to personal development plans, followed by a summative reflection at the end of the programme.



Leading for Transformation

A Leadership Development Programme for Senior Leaders

Introduction

This is a Senior Leadership Development Programme for leaders at Bands 8a and above in BCUHB. The programme will focus on a number of key areas for developing transformational leadership ability so as our senior leaders can make a real difference, have impact and deliver results with confidence.

Programme Overview

Cohorts are geographically based and drawn from participants working across areas, secondary care, divisions and different staff groups. The focus will be on:

- Creating the right leadership mindset for transformation
- Applied to real-life issues, such as change, transition & service improvement challenges
- And grounded in authentic, compassionate leadership
- Participants complete five core modules and select from a range of additional programme elements
- Applied in a practical project working with colleagues which culminates in a pitch for resources in a Dragons' Den style event where you can hone your capacity to influence senior stakeholders

The programme will be delivered by Carter Corson, a firm of Business Psychologists based in Wilmslow, Cheshire in conjunction with the OD Team at BCUHB.

Application Process

Participants will:

- Be selected to attend the programme via Senior Management structures.
- Demonstrate their commitment to attend and participate with enthusiasm in all elements of the programme.
- Be part of a cohort consisting of multi-professional teams working across Divisional boundaries who will work together on major objectives or service redesign and be able to demonstrate how this will impact on service delivery and staff engagement
- Applications will open in February 2019.



Participant Journey

Once successful you will:

1. Attend five one-day core modules
2. Select from five personalised programme elements
3. Complete action learning and self-directed learning
4. Participate in a Dragons' Den Event to pitch for resources for your project

Five Core Modules

1. Leading Yourself

- Reading people
- Understanding perceptions
- Transactional analysis
- Understanding body language and non-verbal communication
- Reading faces

2. Leading Others

- Exploring 21st Century leadership
- Managing expectations and tensions
- Setting inspiring objectives & creating common purpose
- Having uncomfortable conversations
- Creating accountability
- Inspiring followership

3. Leading Teams

- Building a high performing team
- Resolving conflict
- Motivating performance
- Solution focused coaching for leaders
- High impact communication

4. Leading Change

- Exploring organisational level change
- Leading transition
- Gaining buy in through leadership storytelling
- The psychology of influence
- The neuroscience of trust

5. Leading a System

- Systems thinking
- Mapping systems
- Stakeholder influencing
- Agile decision making
- Exploring political drivers





Personalised Programme Elements:

You can choose from:

(Half day unless stated)

Behavioural Coaching

Developing skills in behavioural and cognitive-behavioural coaching based on psychological models. Understanding mindsets and how to integrate this learning into practice.

Improving Personal Confidence and Impact

Understanding the psychology of confidence and how to develop strong self-belief. Exploring what can undermine confidence and what to do about it e.g. imposter syndrome, perfectionism or negative self-perceptions.

The Psychology of Service Design (1 day)

Blending business model innovation with service design thinking to create customer centric services that delight, whilst improving stakeholder relationships and the reputation of your organisation.

Building Resilience (1 day)

Developing personal resilience and improving tolerance of pressure points. Building team resilience in dealing with emergent change and working through times of transition. Managing conflict, tension and disagreement and creating support networks.

Confident Presenting

Understanding what confidence means and how to look, sound and feel confident. Developing purposeful and authentic presentation skills in your signature style.

BCUHB Skills Builders

You will also participate in skills-builder modules to develop skills in finance management, strategic planning and performance management. Participants who can demonstrate prior experience and/or development in these areas will not have to attend these.



Programme Time Planner

It is important to consider the commitment you and your manager will be making to participate fully in this programme. This planner highlights the time required for activities so that you and your manager can agree how best to protect this time for you.

Participant Time Planner	Participant Commitment	Manager Commitment
Meet with line manager to discuss programme commitments	30 mins	30 mins
Five one-day core workshops	5 days	
Coaching – two sessions over the programme of 90 minutes	3 hours	
Choice of 5 personalised programme elements (max 3.5 days)	3.5 days	
Action learning – working on multidisciplinary projects	1.5 days	
Presentation preparation and Dragons' Den event	1.5 days	Mentoring time if appropriate
Self-directed learning	30 mins +	
Programme evaluation post programme (feedback from participants)	30 mins	
Programme review meeting with line manager to discuss learning and embedding support needed	30 mins	30 mins
Max. Programme time commitment	12 Days	1 hour min

To reflect the level of investment in this programme, we ask that you anticipate attending no less than 80% of this programme.

The delivery team includes



Hazel Carter-Showell – Project Director and Lead Designer

Hazel is a business psychologist and founding Director of Carter Corson. A graduate in business and psychology, Chartered Fellow of the Chartered Institute of Personnel and Development, with postgraduate qualifications in management learning and an expert in human behaviour at work; Hazel is a board coach and facilitator, with a track record of major change in high profile organisations, focusing on leadership, enhanced emotional intelligence, board behaviours and complex change. Hazel works with clients ranging from the House of Commons and the NHS, to KPMG and other high-profile professional service clients.



Hannah Johnson – Psychologist and Coach

Hannah is a business psychologist, coach and Director at Carter Corson. She has a master's degree in Occupational Psychology and trained as a counsellor for two years during her undergraduate degree. Hannah uses her knowledge around the latest thinking in workplace psychology to support organisations, ranging from government to finance, and manufacturing to healthcare. Hannah works to support people development and brings her expertise to create positive change and high impact outcomes. Her person-centred approach to working focuses on how to get the best out of each individual.



Sara Duxbury - Psychologist and Coach

Sara worked for more than ten years in retail management, before making the decision to retrain as a business psychologist in 2010, with the aim of fulfilling a passion for developing others to achieve their full potential. Sara is a qualified executive coach and has a strong commercial and operational HR and learning and development background. She is passionate about making a difference to clients, both with their people and their bottom line.



Susan Stobart – Coach

Sue is a senior assessment and development specialist with over 19 years' experience of assessment and development consultancy across a wide range of clients from financial services to public sector. With an MA in Psychology & Sociology, Sue's early career included sales and marketing in business to business publishing and five years as commercial director of a UK charity. Sue has worked with a wide range of clients from both public and private sector, including HM Treasury, BAE, Unilever, British Gas, e.on and Sky. She has worked with the NHS for over 11 years at senior level.



John Shinnick – Coach and Facilitator

John is an entrepreneurial advisor with a background in business stimulation and growth. Qualifying over thirty years ago as a chartered accountant, he has wide-ranging experience of business dynamics and strategic change. John's role focuses on governance, innovation and growth. John helps to stimulate creative thinking and where requested, assists in the implementation phase; reorganising, recruiting, re-engineering.



Natalie Whitaker – Business Psychologist

Natalie has worked as a consultant in the recruitment and business psychology industry for 10 years across a number of sectors within IT, financial services, professional services, logistics, consumer and industrial. Natalie loves working with Carter Corson clients across a range of areas whether it's designing assessment exercises, providing psychometric feedback or designing and delivering training courses.



Naomi Booth Wade – Psychologist

Naomi joined the Carter Corson team in June 2017 on our Internship Programme whilst studying for her final undergraduate year in Psychology at the University of Manchester. Naomi has now joined the team full-time, since completing her studies for an MSc in Organisational Psychology.

Contents

Agenda	2
Introduction.....	3
Mindsets	10
Changing mindsets.....	12
Conversational intelligence.....	15
Building conversational agility	17
3 Conversations – Harvard Negotiation Project.....	19
The ‘what happened’ conversation.....	19
The feelings conversation	21
The identity conversation	23

Workbook key

Throughout this workbook you will find icons that indicate...



Agenda

Time	Activity
13:30	Intro / programme & session objectives / protocols
13:40	Exploring the participant journey & action learning challenges
14:00	Supporting the programme – being a Dragon, role modelling a growth mindset
14:15	Conversational intelligence – exploring conversations
14:30	C1: Where is the conversational level right now?
14:50	Having conversations that matter
15:15	C2: naming the elephants in the room
15:30	Next steps

© Carter & Corson Partnership Ltd 2019

All rights reserved. No part of this document may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording and/or otherwise without the prior written permission of Carter & Corson Partnership Ltd.

Carter Corson can be reached at: Barons Court, Manchester Road, Wilmslow, Cheshire,
SK9 1BQ

01625 526979 / www.cartercorson.co.uk



Leading for Transformation

Introduction

This is a Senior Leadership Development Programme for leaders at Bands 8a and above in BCUHB. The programme will focus on a number of key areas for developing transformational leadership ability so as our senior leaders can make a real difference, have impact and deliver results with confidence.

Programme overview...

Cohorts are geographically based and drawn from participants working across areas, secondary care, divisions and different staff groups. The focus will be on:

- Creating the right leadership mindset for transformation
- Applied to real-life issues, such as change, transition & service improvement challenges, and grounded in authentic, compassionate leadership
- Participants complete five core modules and select from a range of additional programme elements
- Individually focused development through 1-1 coaching during the programme
- Practical project working with colleagues which culminates in a pitch for resources in a Dragons' Den style event where you can hone your capacity to influence senior stakeholders

The programme will be delivered by Carter Corson, a firm of Business Psychologists based in Wilmslow, Cheshire in conjunction with the OD Team at BCUHB.

Participant involvement...

Participants will need to:

- Demonstrate their commitment to attend and participate with enthusiasm in all elements of the programme
- Have a service improvement project ready to propose and be able to demonstrate how this will have anticipated impact on service delivery and staff engagement



Five Core Modules

1. Leading Yourself

Analysing how you rate yourself as a leader – what works well and what could be better. Exploring the extent to which you feel like a leader.

- Reading people
- Understanding perceptions
- Transactional analysis
- Understanding body language and non-verbal communication

2. Leading Others

Crafting your leadership style

- Exploring 21st Century leadership
- Managing expectations and tensions
- Setting inspiring objectives & creating common purpose
- Creating accountability & inspiring followership

3. Leading Teams

How to build a motivated high performing team, resolving team conflict and developing your leadership coaching skills

- Building a high performing team
- Resolving conflict
- Motivating performance
- Solution focused coaching for leaders

4. Leading Change

Reflecting on what you would like to change and on change processes in the past, the difference between change and transition

- Exploring organisational level change
- Leading transition
- Gaining buy in through leadership storytelling
- The psychology of influence
- The neuroscience of trust

5. Leading a System

Developing your capacity to lead across the system

- Mapping systems
- Stakeholder influencing
- Agile decision making
- Exploring political drivers





Personalised Programme Elements

You can choose from:

(Half day unless stated)

Behavioural Coaching

Developing skills in behavioural and cognitive-behavioural coaching based on psychological models. Understanding mindsets and how to integrate this learning into practice.

Improving Personal Confidence and Impact

Understanding the psychology of confidence and how to develop strong self-belief. Exploring what can undermine confidence and what to do about it e.g. imposter syndrome, perfectionism or negative self-perceptions.

The Psychology of Service Design (1 day)

Blending business model innovation with service design thinking to create customer centric services that delight, whilst improving stakeholder relationships and the reputation of your organisation.

Building Resilience (1 day)

Developing personal resilience and improving tolerance of pressure points. Building team resilience in dealing with emergent change and working through times of transition. Managing conflict, tension and disagreement and creating support networks.

Confident Presenting

Understanding what confidence means and how to look, sound and feel confident. Developing purposeful and authentic presentation skills in your signature style.

BCUHB Skills Builders

You will also participate in skills-builder modules to develop skills in finance management, strategic planning and performance management. Participants who can demonstrate prior experience and/or development in these areas will not have to attend these.



Programme Time Planner

It is important to consider the commitment you and your manager will be making to participate fully in this programme. This planner highlights the time required for activities so that you and your manager can agree how best to protect this time for you.

Participant Journey	Participant Commitment	Manager Commitment
Meet with line manager to discuss programme commitments	30 mins	30 mins
Five one-day core workshops	5 days	
Coaching – two sessions over the programme of 90 minutes	3 hours	
Choice of 5 masterclasses (max 2.5 days)	2.5 days	
Action learning – working on multidisciplinary projects	1 day	
Presentation preparation and Dragons' Den event	1.5 days	Mentoring time if appropriate
Self-directed learning	30 mins +	
Programme evaluation post programme	30 mins	
Programme review meeting with line manager to discuss learning and embedding support needed	30 mins	30 mins
Programme time commitment	10.5 Days	1 hour min

To reflect the level of investment in this programme, we ask that you anticipate attending no less than 80% of this programme.

An introduction to the Carter Corson Team

Carter Corson is a team of Business psychologists who specialise in improving organisational performance by blending behavioural psychology with an understanding of key business drivers to improve individual, team and leaders' performance.

We are a team of ten, but we work with some of the best-known organisations in the UK and beyond; HSBC, Hewlett Packard, the Co-op, KPMG, RSM, the NHS, Public Health Wales, The House of Commons, BAE Systems, the RAC, UK Sport, Unilever, Gunnercooke Law, Aviva, Skype and Imperial College London.

We have great people. Our team of business psychologists and coaches share a passion for helping and supporting others to be the best they can be – the best team, the best leaders, the best managers.

By investing time in understanding your business, your strategic objectives and your ambitions, Carter Corson's people will ensure that we apply our understanding of human behaviour to improve the effectiveness, team cohesion and leadership skills of your people.

We listen. Our programmes and workshops are individually designed around your business needs. There's no 'off the shelf' training or building of Lego towers – we design exercises that are soundly based on the current challenges for your people and your organisation, blended with the latest thinking on leadership development.

Our coaches frequently work in tandem with your leadership programme – building individual self-esteem and capability to dovetail with the content of our modules. We are innovative, we are energetic, and we love what we do – our passion for people means that our interventions are interesting and engaging, and they stick.

The delivery team includes



Hazel Carter-Showell – Project Director and Lead Designer

Hazel is a business psychologist and founding Director of Carter Corson. A graduate in business and psychology, Chartered Fellow of the Chartered Institute of Personnel and Development, with postgraduate qualifications in management learning and an expert in human behaviour at work; Hazel is a board coach and facilitator, with a track record of major change in high profile organisations, focusing on leadership, enhanced emotional intelligence, board behaviours and complex change. Hazel works with clients ranging from the House of Commons and the NHS, to KPMG and other high-profile professional service clients.



Hannah Johnson – Psychologist and Coach

Hannah is a business psychologist, coach and Director at Carter Corson. She has a master's degree in Occupational Psychology and trained as a counsellor for two years during her undergraduate degree. Hannah uses her knowledge around the latest thinking in workplace psychology to support organisations, ranging from government to finance, and manufacturing to healthcare. Hannah works to support people development and brings her expertise to create positive change and high impact outcomes. Her person-centred approach to working focuses on how to get the best out of each individual.



Sara Duxbury - Psychologist and Coach

Sara worked for more than ten years in retail management, before making the decision to retrain as a business psychologist in 2010, with the aim of fulfilling a passion for developing others to achieve their full potential. Sara is a qualified executive coach and has a strong commercial and operational HR and learning and development background. She is passionate about making a difference to clients, both with their people and their bottom line.



Susan Stobart – Coach

Sue is a senior assessment and development specialist with over 19 years' experience of assessment and development consultancy across a wide range of clients from financial services to public sector. With an MA in Psychology & Sociology, Sue's early career included sales and marketing in business to business publishing and five years as commercial director of a UK charity. Sue has worked with a wide range of clients from both public and private sector, including HM Treasury, BAE, Unilever, British Gas, e.on and Sky. She has worked with the NHS for over 11 years at senior level.

John Shinnick – Coach and Facillitator



John is an entrepreneurial advisor with a background in business stimulation and growth. Qualifying over thirty years ago as a chartered accountant, he has wide-ranging experience of business dynamics and strategic change. John's role focuses on governance, innovation and growth. John helps to stimulate creative thinking and where requested, assists in the implementation phase; reorganising, recruiting, re-engineering.

Natalie Whitaker – Business Psychologist



Natalie has worked as a consultant in the recruitment and business psychology industry for 10 years across a number of sectors within IT, financial services, professional services, logistics, consumer and industrial. Natalie loves working with Carter Corson clients across a range of areas whether it's designing assessment exercises, providing psychometric feedback or designing and delivering training courses.

Naomi Booth Wade – Psychologist



Naomi joined the Carter Corson team in June 2017 on our Internship Programme whilst studying for her final undergraduate year in Psychology at the University of Manchester. Naomi has now joined the team full-time, since completing her studies for an MSc in Organisational Psychology.

Mindsets



'A mental attitude or disposition that predetermines a person's responses to and interpretations of situations'.

Dweck, 2006

Fixed vs. growth mindset



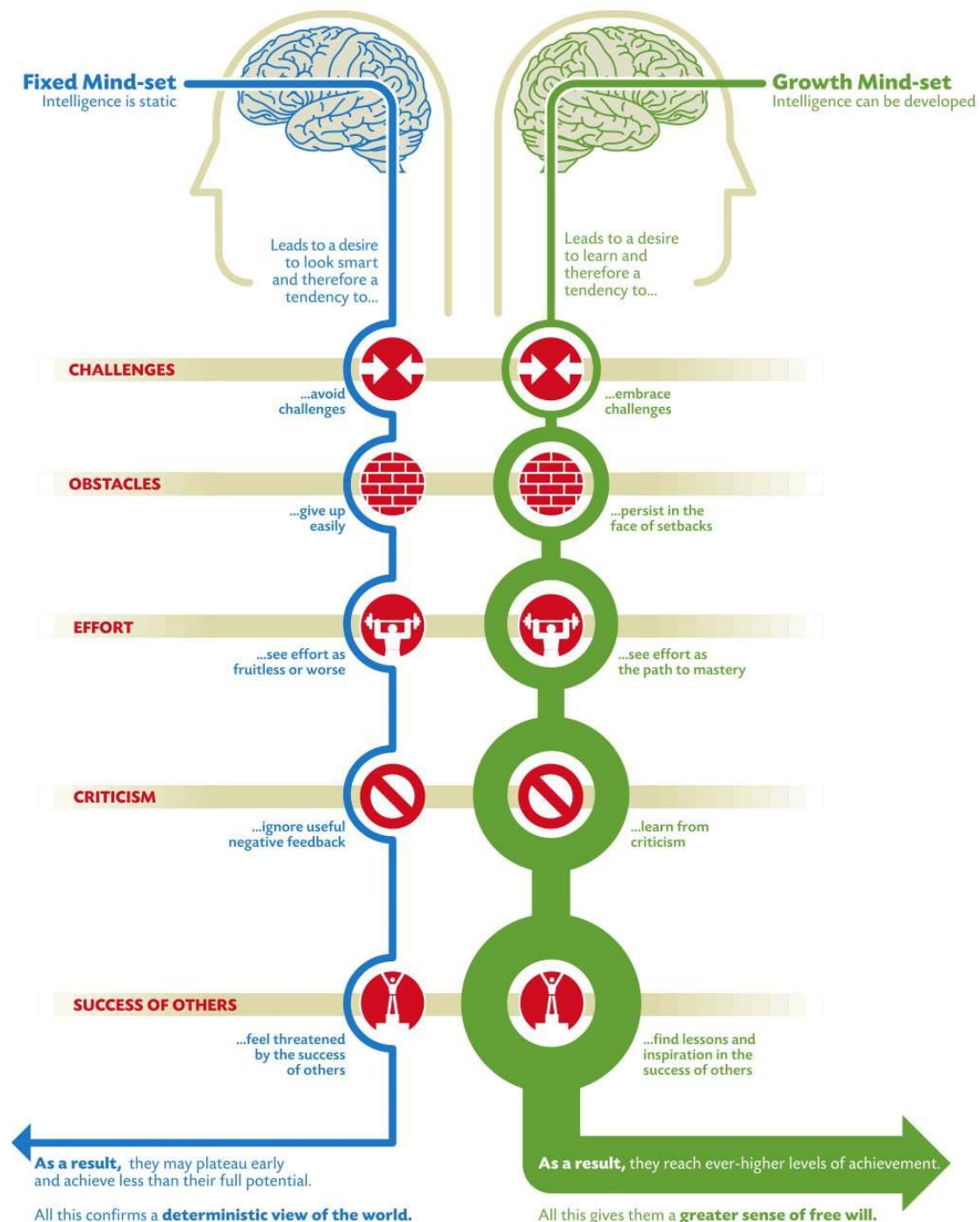
Those with a **fixed mindset** believe that success is dependent on fixed traits i.e. you are born with intelligence or you aren't; you can play chess well or you can't; you have certain traits which you cannot change. Fixed mindset people believe that they are defined by their success – and failure, of any kind, is negative. Failure means you are not good enough and so they have an urgency to prove themselves over and over. People with a fixed mindset would rather stick with what they know they can do without stretching themselves, taking on new challenges or trying something different, as these could lead to them 'coming up short', and they do not want to accept they are not good enough, bright enough, fast enough etc.



The basic belief of a **growth mindset** is that your fundamental qualities can be cultivated and improved through effort and perseverance. Failure is not seen as a bad thing; it is a learning opportunity that allows you to evaluate how you can improve and what you can gain from the experience. People with a growth mindset see challenges as a chance to learn; they take up as many opportunities as they can. This is because they are not afraid of failing – they are not defined by their successes or failures, but by how hard they work, and how enthusiastically they follow their goals.

The way that people perceive others at work is also connected to the individual's mindset. **Fixed mindset** people have a tendency to take a judge-and-be-judged attitude. They highlight others' failings to make themselves feel superior, and are constantly aware of their ranking within a group. It is not uncommon for a fixed mindset manager to take credit for other people's work or dismiss others' ideas if they conflict with their own, even if they are better and make more sense. Ego is a key factor in the fixed mindset, and these people often surround themselves with 'yes-men' and people they consider less intelligent and talented to help them maintain the superior status they believe they deserve. On the other hand, people with a **growth mindset** have more inclination towards a learn-and-help-learn approach. They take pleasure from developing other people's skills, and from learning from people who are better in certain areas than they are. Growth mindset managers don't shy away from surrounding themselves with more talented individuals. They see this as an opportunity to learn and the

people they hire provide them with an opportunity to grow, rather than making them feel flawless. 'Mindset' - Carol Dweck (2006)



GRAPHIC BY NIGEL HOLMES

Changing mindsets

Scenario	Response
<p>You apply for a job that you've wanted for a long time. It is a great job; you have a strong CV and feel the interview went really well. However, you don't get the job.</p>	<p>Fixed mindset</p> <p>Initially you tell yourself it was very competitive and not your fault that someone else got the job. But soon you are telling yourself that you're just trying to justify what happened and in actual fact it was you they didn't want; you're a failure. Eventually you talk yourself around to the first, more complimentary, conclusion and your self-esteem is restored, as far as you're concerned the job is done.</p>
	<p>Growth mindset</p> <p>Think about your goal and about what you could do to stay on track toward achieving it. What steps could you take to help you succeed? What information could you gather?</p> <p>Ask for feedback from the interviewer. Nobody scoffs at an honest plea for helpful feedback and it can provide you with valuable information to improve next time.</p>
<p>You're a competent, intelligent manager and you are very good at your job. However, after being selected for a promotion, you find that you feel out of depth in the new job. Everyone is more efficient and in control, you're making mistakes and feeling stressed and helpless.</p>	<p>Fixed mindset</p> <p>You torture yourself with that fact that you have not settled automatically into the new role and are making mistakes. How can you inspire confidence when you can't get your own act together? The directors who selected you are wondering what has happened to the confident, together person they hired, so you minimise the humiliation by keeping to yourself and avoiding the directors.</p>
	<p>Growth mindset</p> <p>You tell yourself that it was huge step entering this new role, one that requires adjustment and a lot of learning. There are so many things you cannot possibly know yet and you need to start mastering them straight away.</p> <p>You decided to spend time with people who have experience of the new job; you ask plenty of questions and, as a result, start learning. You feel more integrated into the team.</p> <p>Soon you stop feeling like the directors are overpaying for your talent; you start to deliver what they're paying you for through hard work and team spirit.</p>

<p>You feel stuck in a low level job and think 'with my talent I shouldn't have to work like this. I should be up with the big boys, enjoying the good life.' Your boss thinks you have a bad attitude and, when she needs someone to take on more responsibilities, you are not chosen. When promotions come around, you are not included.</p>	<p>Fixed mindset</p> <p>You think, 'she's threatened by me'. You believe you should be automatically thrust into the upper levels of the business. People should see your talents and reward you – 'it isn't fair! Why should you change when you just want what you're due?'</p>
	<p>Growth mindset</p> <p>You decide to use your time to learn more about the business, to work harder and to be more helpful to your colleagues. You can learn a lot at the bottom of the ladder and knowing the nuts-and-bolts of the company can help you in the future when you take on a more senior position. Successful CEOs are the ones who know their companies inside out. You see time spent talking to colleagues as an opportunity to build relationships and to help them develop in ways that they value. People will begin to start to help and support you in return; you begin to view them as collaborators to a common goal, not as adversaries taking what you deserve.</p>

It can be daunting to give up the idea of being superior; you don't want to be an ordinary, run of the mill human being. But it is important to consider the idea that some people stand out for their hard work and commitment. Still, it is likely to be a long time before you enjoy putting in lots of effort, which is not always guaranteed to yield the results you desire. It could potentially be even longer before you actually start thinking in terms of learning.

Growth mindset



I can learn anything I want to.
 When I'm frustrated, I persevere.
 I want to challenge myself.
 When I fail, I learn.
 Tell me I try hard.
 If you succeed, I'm inspired.
 My effort and attitude determine everything.

Fixed mindset



I'm either good at it, or I'm not.
 When I'm frustrated, I give up.
 I don't like to be challenged.
 When I fail, I'm no good.
 Tell me I'm smart.
 If you succeed, I feel threatened.
 My abilities determine everything.

Adapted from: Reid Wilson @wayfaringpath

Maintaining change

Alcoholics Anonymous say to their members that they will always be alcoholics. This highlights that change needs to be permanent and the effort involved must be maintained.

Changing your mindset is not about simply picking up a few hints and tips; it's about changing the way you think. If you adopt a few growth mindset techniques but remain in the fixed state, you will find that the positive results of the changes are short-lived. This is because you aren't maintaining them; the positive change happens and you revert back to the old way of doing things. You get better and stop taking the medicine. In a fixed mindset, you think things shouldn't need much effort, you're either good or you aren't. A growth mindset makes you constantly work at the changes to keep up your progress and maintain learning.

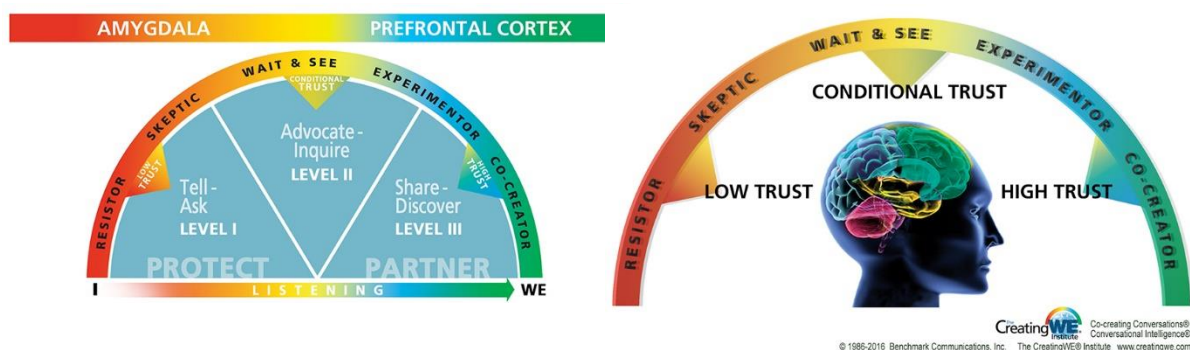
Growth and change take plenty of time, effort and mutual support.



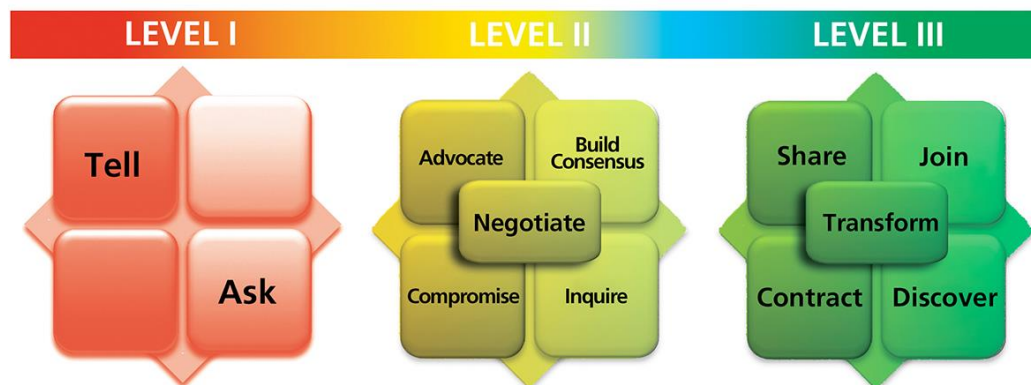
Conversational intelligence



Conversational intelligence was a phrase coined by the CreatingWe Institute to connect the impact of conversations on brain chemistry. In particular, the conversations we have can affect the level of trust we build with others, and their behaviour towards us. Low trust correlates with high levels of cortisol, and generates resistance and scepticism. Where trust is low, conversations often operate to protect the self (I), and are highly transactional – we describe this as a level I conversation. Where conversations are operating at level II, trust is often conditional, resulting in 'wait & see' behaviour.






At level III, conversations generate high levels of oxytocin, the neurochemical associated with bonding and connection. At this level the focus is on 'we', on partnering with the primary behaviours being experimentation and co-creation.



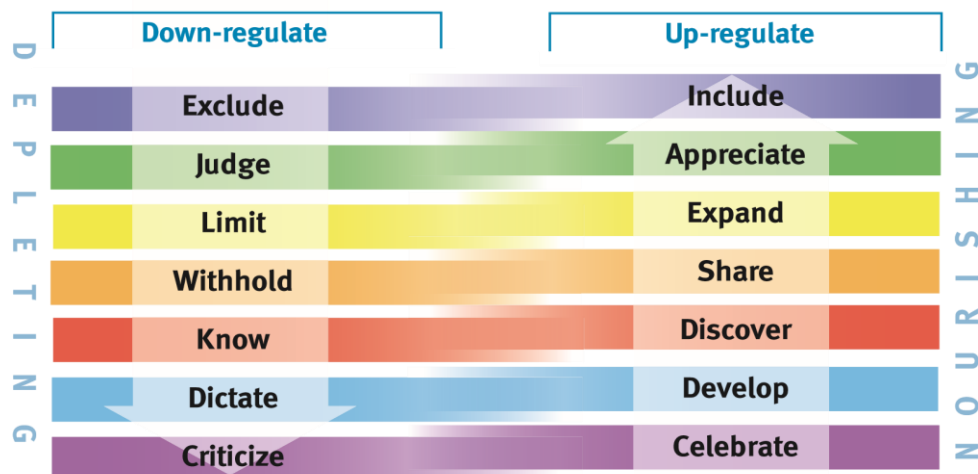
Leaders and organisations can increase trust by enabling the right types of conversations, ensuring individuals have the skills to communicate and listen at level III. To get to the next level depends on the quality of your culture, which depends on the quality of your relationships, which depends on the quality of your conversations. The key skills are therefore:

Down regulating: Minimising the types of conversations that trigger fear, power plays, uncertainty, a need to be right, and groupthink.

Up regulating: Reinforcing the types of conversations that inspire transparency, relationship building, understanding, a shared vision of success, truth and empathy.

	LEVEL I	LEVEL II	LEVEL III
	TRANSACTIONAL Exchange Information 	POSITIONAL Exchange Power 	TRANSFORMATIONAL Exchange Energy 
Purpose	Confirm what you know	Defend what you know	Discover what you don't know
Space	Defines space	Explores space	Creates space
Focus	Giving and receiving information, validating your view of reality.	Persuading and influencing others to agree with your point of view. Exploring other positions and seeking a win-win solution.	Exploring others' perspectives, asking questions for which you have no answers, and listening to connect.
Blindspots and Overuse	Tell-Sell-Yell Syndrome <i>Tendency toward telling more than asking</i>	Addicted to Being Right <i>Tendency to ask questions for which you have all the answers</i>	All Talk, No Action <i>Tendency for too much talk and no action</i>
Interaction Dynamics	Inform	Persuade	Co-create
Listen	To protect	To accept or reject	To connect
I-WE	I-centric	I & WE-centric	WE-centric
Success	My success	Win at all cost	Mutual success
Trust	Low trust	Conditional trust	High trust
Influence	Not open to influence	Desire to influence	Open to influence
Skills to Develop	Ability to ask openended questions and foster "give and take."	Ability to share the conversational space with others; expand power.	Ability to ask questions for which you have no answers; co-creating.

Everything happens through conversation!





Conversational agility

Building conversational agility

When you notice that you are in a protective mode on the Conversational Dashboard, use reframing, refocusing, and redirecting to move yourself from the 'Protect' side of the arc to the 'Partner' side. When people are Resisters or Sceptics, they are either in a fear state or have concerns. They want to wait and see, and they watch what others do. Using your Conversational Intelligence skills, you can nudge them into Experimenter, Level III conversational state using reframing, refocusing, and redirecting. As you learn these skills, you will realise you are helping others to create a mind shift from their primitive brain—the reptilian brain—to their higher brain—the executive brain. You can refocus conversations to elevate the communication abilities of everyone involved, even when dealing with difficult subjects and challenging situations.

Reframing

Reframing is a useful conversational tool for taking a difficult situation and turning it into an opportunity for finding trust and common ground with someone. Even the phrase 'common ground' is provocative and powerful. We know that conversations have 'space', and if the conversational space feels conflicted, people won't step into it with you. If it feels safe, they will—and that is the role of reframing. In reframing, you give the person you are talking with an opportunity to mentally take a break and think in a new way. Reframing can change the context and give new meaning to a situation.

Take the following exchange as an example:

Comment: "I'm so stupid - I make so many mistakes!"

Reframing: "I see making mistakes as taking risks—and that's how we learn. People who take risks and make mistakes have a higher chance of finding the best new ways to do things. Edison made 900 light bulbs before finding the one that worked." (You are elevating the person into a trusting state using Level III sharing).



Refocusing

Refocusing is another conversational tool that allows you to elevate people out of the place where they are stuck and point them towards another part of a larger topic, where they can see connections they had not seen before. There are parts of the brain that are keenly



designed by nature to help us focus, refocus, and even defocus. The reticular activating system (RAS) in the brain, which emanates from the brain stem, is an energy system that enables us to guide our minds and focus our intention. When we do, our brain focuses on specific things, and defocuses on others. The RAS is thought of as an intentional system.

Consider the following as an example:

Comment: “I’m concerned about how much time you spend on small projects that don’t seem to go anywhere and your tendency to keep reworking them.” (The person may be stuck in an anxiety state and be fearful of not getting it right).

Refocusing: “You seem to really care about these projects. It would be great if you could apply the same level of focus to a range of bigger projects rather than focusing on a few smaller ones. This will allow you to bring your expertise to some new and challenging initiatives.” (You are elevating the person’s self-confidence, encouraging them to take more risks).

Redirecting

Redirecting is a helpful conversational tool for taking a difficult situation and turning it into an opportunity for finding trust and common ground with someone. Redirecting helps a person move from being stuck and emotionally bound to a place where they can see new opportunities. This is a great trust builder because it communicates that you care enough to help them see things in a new light, rather than a judgmental message that implies you think they’re inferior.

Comment: “That’s the way we’ve always done it around here – there’s nothing else I can do.” (Stuck in the past).

Redirecting: “Last week I worked with someone with similar issues and challenges. He, too, thought it was a dead end, but decided to involve another team, whose input helped them to develop new ideas that they would never have considered before. Is that something you think you could try?” (Providing trusted insights to alternatives).



3 Conversations – Harvard Negotiation Project



Researchers on the Harvard Negotiation project discovered three conversations that lie at the heart of all difficult conversations:

1. The 'what happened' conversation
2. The feelings conversation
3. The identity conversation

Decoding these conversations lies at the heart of dealing with difficult conversations.



The 'what happened' conversation

This is where we spend far too much of our time wrestling with our different interpretations about who is right, what was meant, and who's to blame. We make common but damaging assumptions about these areas of truth, intentions and blame – with disastrous consequences.

Truth

In this part of the argument we are focusing on who is right and who is wrong. There are so many things that you can be right about but truth is often our subjective interpretation of the facts. The first challenge is to establish that both parties have access to the same facts and are interpreting them in the same way. This means focusing on asking questions to explore the other person's perceptions rather than focusing on proving you are right. Our 'stories' come from our observations of the available information, and how we interpret those observations and what conclusions we draw. People simply attend to different things, even when the data is the same, so don't assume you must have come to the same conclusion.

The challenge is to shift from certainty to getting curious. A useful technique is the 'and stance'. This is where you acknowledge that you both have a point – it isn't "I hear what you are saying, but...." which negates everything you are saying. This permits the possibility that you both have a valid view – which may well be different.

There may be times when you absolutely know you are right. Unfortunately, you might find that being right doesn't get you very far – because that's probably not what the argument is about. Focus on telling the person about the impact of their behaviour on you and help to understand their story – that will get you further than merely being right.

The 'and stance' can also be useful when delivering bad news – when dismissing someone for example. It is still worth understanding their story, even though you have the power to enforce your decision. "I'm letting you go *and* I understand how upsetting this will be for you *and* I know you will want to try to change my mind *and* I'm not altering my decision *and* I know you think I should have given you more support and I'm afraid I don't agree..." "And" helps you to be curious *and* clear.

Intentions

We are often more hurt by our assumptions about others' intentions than what they actually do. Yet intentions are not visible to us – unless we ask, we are only dealing with our perception.

People tend to make **two key mistakes** when trying to understand intentions:

1. **Our assumptions are usually wrong**
 2. **Good intentions don't negate bad impact**
1. Our assumptions are usually wrong because we **assume intentions based on their impact on us**. We feel hurt – so they intended to hurt us. Our thinking is automatic so we are often unaware our conclusion is flawed. We can't imagine they intended anything else.

We **assume the worst** – attributing negative personal characteristics to their behaviour, whereas we treat ourselves more charitably – attributing negative behaviour to environmental causes. If you are late, it is because you are unprofessional. If I am late – I was just stuck in traffic.

We **assume bad intentions mean bad character**. My boss is impossible. This is based on their impact on you – not enough to determine intention or character.

Accusing people of bad intentions tends to create defensiveness. This is most evident when we leak our assumptions through accusatory questions "Why did you want to hurt me?" "Why did you ignore all the signs?" They may misunderstand your intentions and think you are trying to provoke, accuse or malign them.
 2. Thinking our good intentions are all that matter is a real problem. Communication is the effect it has – so the challenge is to really hear what others are saying. Similarly, intentions are rarely good or bad – but complex. By attributing intentions, we can aggravate hostility. The desire to 'sanitise' impact is especially common in situations involving 'differences' like race, gender, or sexual orientation. In this situation, if people don't feel treated equally – that is the real issue – not that the other party didn't intent to do so.

To disentangle impact and intent ask yourself three questions:

1. **Actions:** What did they actually say or do?
2. **Impact:** What was the impact of this on me?
3. **Assumption:** Based on this impact, what assumption am I making about what the other person intended? However, remember this is only an assumption. Until you ask questions to find out more, you simply won't know.



Blame

Trying to find who's to blame is like Truth – this conversation just creates denial, disagreement and very little learning. It generates fear of punishment and either/or answers. Because no one wants to be blamed, we then focus our energy on defending ourselves. Trying to blame distracts from finding out why things went wrong and how we might make sure it doesn't happen again. Instead, focus on understanding how each party contributed to the situation. At its heart, blame is about *judging* and looks backward; contribution is about *understanding* and looks forward.

Contribution is joint and interactive. It can be helpful to see it as a system – with complex interactions. Blaming leaves a bad system undiscovered and it hinders problem solving. Role reversal or trying to step back and think as an objective observer can help in uncovering contribution.



However, exploring the contribution system does not mean putting aside feelings. There are also four hard to spot contributions:

- **Avoiding** – e.g. allowing the problem to continue unchecked
- **Being unapproachable** – people won't raise things and creates a system of avoidance between you
- **Intersections** – differences in background, communication style, personality, preferences or assumptions about relationships. To stay together in the long haul, we need to accept that people are just different, and that sometimes we have to compromise our preferences and meet in the middle.
- **Problematic role assumptions** – if you have a different assumption about your role in a situation, this can also create an intersection if your assumptions differ from others. To change how people interact, they need both a new model and the skills to make that model work.

Once you can talk about your observations of their contribution and yours, with explicit reasoning about what triggered your reactions – clarify what you want them to do differently and explain how this would help you to behave differently too.

The feelings conversation

Difficult conversations are usually emotional. The challenge is how to handle that emotion. Many of us work hard to stay calm and rational in the face of strong emotion – emotions are too messy, scary or just inappropriate. Bringing up feelings can also be deeply uncomfortable and make us feel vulnerable. We get concerned that our feelings might be dismissed or might cause strong feelings of hurt in the other. And once we have vented – we have opened the door to the other person's feelings, and we might just not want to hear them. The problem is

that difficult conversations do not just **involve** feelings they are **about** feelings. The Harvard Negotiating Project team describe this as staging an opera without the music. You'll get the plot but miss the point!

Emotions can feel risky to express, and do take skill and the language to express how you feel – but it is far riskier to suppress them. Sweeping emotions under the rug just creates a lumpy rug – that will definitely trip you up!

Unexpressed feelings also have a tendency to erupt during conversations, to break through – and they can make it very difficult to listen.

We often translate feelings into:

- **Judgements** (If you were a good friend you would have been there for me)
- **Attributions** (Why were you trying to hurt me?)
- **Characterisations** (You're so inconsiderate!)
- **Problem solving** (You need to call me more often)

We can use the urge to blame as a clue to strong feelings. It isn't the failure to express blame that feels unsatisfying – it is the failure to express feelings. They don't need to be rational to be expressed – although you can preface your comments with the fact that you are uncomfortable expressing how you feel, or you are not sure they make sense. The challenge is to express exactly what you feel – which can take practice to express the full spectrum of your feelings. Start with I “feel...”

Some hard to find feelings include:	
Love:	Affectionate, caring, close, proud, passionate
Anger:	Frustrated, exasperated, enraged, indignant
Hurt:	Let down, betrayed, disappointed, needy
Shame:	Embarrassed, guilty, regretful, humiliated, self-loathing
Fear:	Anxious, terrified, worried, obsessed, suspicious
Self-doubt:	Inadequate, unworthy, inept, unmotivated
Joy:	Happy, enthusiastic, full, elated, content
Jealousy:	Envious, selfish, greedy, covetous, anguished, yearning
Loneliness:	Desolate, abandoned, empty, longing

The identity conversation

This is the most subtle and difficult of the conversations but developing mastery in it allows you to manage anxiety and improve your ability to handle the other two conversations.

The identity conversation is about who we are and how we see ourselves. How does what happened affect my self-esteem, my self-image, my sense of who I am in the world? How will it affect my future? In this conversation we assess if we are a good or bad person, competent or incompetent etc. The three most common identity issues are: Am I competent? Am I a good person? Am I worthy of love? Challenging our self-image can leave us feeling off balance and anxious. Difficult conversations can call into question who we thought we were when we started it. Particularly vulnerable identities are:

All-or-nothing syndrome

Thinking you are good or bad, competent or incompetent, with nothing in between can be problematic.

Denial

Clinging to a purely positive self-identity leaves no room for negative feedback – and no room for growth. Denial requires a lot of energy and the bigger the gap between what we hope is true and what we fear is true – the easier it is for us to lose balance.

Exaggeration

An alternative to denial is to exaggeration. In all-or-nothing thinking, taking in negative feedback requires us not just to adjust our self-image, but to flip it. I.e. If I am not competent, then I am completely incompetent.

Feedback defines who we are

When we exaggerate, we act as if the other person's feedback is the only information we have about ourselves. It dictates who we are. One bad report out of 100 and we think "I can't do anything right". By adopting the 'and stance' you identify the aspects of your identity which are most important to you, or are most vulnerable, you can make your self-image more complex. This could include accepting three things about yourself:

1. You will make mistakes
2. Your intentions are complex
3. You have contributed to the problem

It is also important to let go of trying to control their reaction – you can only control your own. If you are prepared to learn from their reaction, you are freed from the need for them to react in a certain way. You are aiming to have a learning conversation. A learning conversation is one where you try to understand the other's point of view, share and understand feelings and work together to figure out a way to manage the problem going forward.

	Battle of messages	Learning conversation
<p>The 'what happened' conversation</p> <p>Challenge: The situation is more complex than either person can see.</p>	<p>Assumption: I know all I need to know to understand what happened.</p> <p>Goal: Persuade them I'm right.</p>	<p>Assumption: Each of us has different information and perceptions, so there might be important things that each of us doesn't know.</p> <p>Goal: Explore each other's stories: how we understand the situation and why.</p>
	<p>Assumption: I know what they intended.</p> <p>Goal: Let them know what they did was wrong.</p>	<p>Assumption: I know what I intended, and the impact of their actions on me. I don't know what their intentions were.</p> <p>Goal: Share the impact on me, and find out what they were thinking. Also, find out what impact I'm having on them.</p>
	<p>Assumption: It's all their fault (or it's all my fault).</p> <p>Goal: Get them to admit blame and take responsibility for making amends.</p>	<p>Assumption: We have probably both contributed to this mess.</p> <p>Goal: Understand the contribution system: how our actions interact to produce the result.</p>
<p>The feelings conversation</p> <p>Challenge: The situation is emotionally charged.</p>	<p>Assumption: Feelings are irrelevant and wouldn't be helpful to share. Or my feelings are their fault and they need to hear about them.</p> <p>Goal: Avoid talking about feelings – or let them have it!</p>	<p>Assumption: Feelings are the heart of the situation. Feelings are usually complex and might need effort to understand.</p> <p>Goal: Address feelings (mine and theirs) without judgment or attribution. Acknowledge feelings before trying to solve the problem.</p>
<p>The identity conversation</p> <p>Challenge: The situation threatens our identity.</p>	<p>Assumption: I am competent or incompetent, good or bad, loveable or unlovable – with no in-between.</p> <p>Goal: Protect my all-or-nothing self-image.</p>	<p>Assumption: There may be a lot at stake psychologically for us both. We are both complex and neither of us is perfect.</p> <p>Goal: Understand the identity issues for each of us. Build a more multi-faceted self-image to maintain better balance.</p>

All this said, one of your key adult choices when facing a difficult conversation is when to raise it, and when to let it go. Not every battle can be fought. The important factor if you decide to let it go, is that it is an active choice, not one made through fear of the consequences. If you think it might cost you the relationship to have the conversation, balance this with what it will cost you to not have it, then decide. If you decide to let it go – then let it go.

Notes

[illegible]



🚩 Report A Problem

Organisational Survey 2019 Quarter 1

Mae'r Arolwg Sefydliadol yn gyfle i chi rannu sut ydych yn teimlo am weithio yma. Mae hyn yn rhan o ymdrech fawr i gysylltu'n well gyda chi. Bydd y wybodaeth a gesglir yn helpu i roi gwybod a ydych chi'n teimlo eich bod wedi ymgysylltu yn eich gwaith, eich timau a'r sefydliad. Mae'n bwysig deall yr hyn sy'n gweithio'n dda a'r hyn y gellir ei wella, er mwyn darparu'r canlyniadau gorau i gleifion a gwneud fan hyn yn rhywle lle rydym i gyd yn hapus ac yn falch o weithio ynddo.

Caiff yr arolwg ei ddosbarthu ar hap i sampl o staff bob chwarter. Bydd bob aelod o staff yn cael cyfle i gwblhau'r arolwg unwaith y flwyddyn. Bydd y cwestiynau'n cael eu rhoi i'r unigolion sydd fwyaf cymwysedig i'w hateb: chi. Felly mae eich adborth yn werthfawr i ni. Bydd y wybodaeth a gesglir yn cael ei rannu ar draws y Sefydliad a bydd yn cael ei ddefnyddio i roi gwybod am newidiadau neu welliannau i'r ffordd yr ydym yn gweithio. Bydd y canlyniadau'n cael eu cyhoeddi'n eang.

Rydym yn rhoi sicrwydd i chi y bydd y wybodaeth a roddir gennych yn cael ei gadw'n hollol gyfrinachol ac ni fydd modd eich adnabod. Ni fydd unrhyw adborth a roddir yn cael ei gysylltu'n uniongyrchol at unrhyw unigolyn.

Bydd yr arolwg yn cymryd tua 10-15 munud i'w gwblhau.

Mae copïau papur o'r arolwg ar gael yn y Gymraeg a'r Saesneg. Os hoffech i ni anfon copi papur atoch anfonwch e-bost atom ar BCU.ABHTrainingGroup@wales.nhs.uk. Byddwn yn rhoi'r cyfeiriad y bydd angen i chi anfon yr arolwg yn ôl ato gyda'r fersiwn papur.

Diolch yn fawr i chi am gymryd rhan!

Sue Green

Cyfarwyddwr Gweithredol Gweithlu a Datblygiad Sefydliadol

The Organisational Survey is an opportunity for you to share how you feel about working here. This is part of a heartfelt effort to connect better with you. The information collected will help inform whether you feel engaged to your work, your teams and the organisation. It's important to understand what works well and what could be improved, to deliver the best outcomes for patients and make this a place where we are all happy and proud to work.

The survey is distributed to a random sample of staff every quarter. Every member of staff will be given the opportunity to complete the survey once a year. The questions are posed to the people who are most qualified to answer them: you. Therefore your feedback is highly valued. The information collected will be shared across the Organisation and will be used to inform changes or improvements to the way we work. The results will be published widely.

Please be assured that the information you provide will remain strictly confidential and your anonymity will be assured. Any feedback provided will not be linked directly to any individual person.

The Survey takes approximately 10-15 minutes to complete.

Paper copies of the survey are available in Welsh and English. If you would like a paper copy posted out to you please email our inbox at BCU.ABHTrainingGroup@wales.nhs.uk. A return address will be sent out to you with the paper version.

Thank you for your participation

Your Information

Division:

☐ Area Central

☐ Area East

☐ Area West

☐ Estates and Facilities

☐ Mental Health and Learning Disabilities

☐ Womens

☐ YGC

☐ YG

☐ YWXM

☐ North Wales Wide Hospitals Services (Cancer Services)

☐ Other Corporate (Chief Executive, PMO, Strategy, Board Sec)

☐ WOD

☐ Finance

☐ Medical Exec (R&D)

☐ Nursing Exec

Staff Group:

☐ Nursing & Midwifery

☐ Health Care Support Workers (inc Housekeepers)

☐ Facilities (e.g Porter, Domestic, Laundry, Catering)

☐ Estates (e.g. Craftsman, ground staff)

☐ Adminstration & Clerical

☐ Additional Scientific & Technical (e.g. Clinical Psychologist, Pharmacist, Social Worker, Chaplain, ODP, Physician Associate)

☐ Allied Cincial Services (e.g. Phlebotomist, Play specialist, Technician, Technical Instructors, Nursery nurse, counsellor)

☐ Healthcare scientist

☐ Consultant

☐ General Practitioner

☐ Dentist

☐ SAS Doctor

☐ Specialty Registrar (Hospitals ST3-8)

☐ Specialty Registrar (GPST)

☐ Trainee Doctor/Dentist

☐ Bank Worker

☐ Allied Health Professional

Job Band:

☐ Band one / Apprentice

☐ Band 2

☐ Band 3

☐ Band 4

☐ Band 5

☐ Band 6

☐ Band 7

☐ Band 8A

☐ Band 8B

☐ Band 8C

☐ Band 8D

☐ Band 9

☐ Non Agenda for Change (Directors)

☐ Medical and Dental

Clarity

Understanding clearly what is expected of you, and what is going on in the Organisation

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I always know what my work responsibilities are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have clear, planned goals and objectives for my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My manager gives me clear feedback on my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The organisation communicates clearly with staff about what it is trying to achieve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am well informed by my line manager about what is going on in our organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I understand the connection between my role and the wider vision of the organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Influence

Being listened to and involved in wider decisions and changes.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My manager involves me in deciding on changes introduced that affect my work area/team/department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe to speak my mind about how things can be improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The organisation encourages staff to suggest new ideas for improving services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The organisation acts on staff feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mindset

Thinking positively and having confidence in your work and the future.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My manager helps me to develop confidence in my ability to do my job well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel positive about working in my work area/team/department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in the future of the organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel able to achieve my work objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel able to overcome challenges and set backs at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Perceived Fairness

Your perceptions of fairness at work

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall the organisation is fair in the way it treats and rewards its staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decisions about people are made using fair procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My immediate manager treats me fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal Development

Having the opportunity to make the most of your strengths, and grow your personal development.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the opportunities I have at work to learn and professionally develop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the opportunities I have to use my skills and abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recognition

Feeling recognised and valued for the work you do.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel satisfied with the extent the organisation values my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied that the recognition or praise I get from my manager for good work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Resources

Having the necessary tools, training and equipment required to do your work.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have adequate materials, supplies and equipment to do my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have received the right level of training to do my job effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trust

Having the freedom to work in your own way.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am trusted to do my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the level of freedom to choose my own method of working.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel satisfied that I have the right amount of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Work Relationships

How supportive your relationships are with immediate managers and colleagues.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the support I get from my immediate manager.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My manager encourages those of us who work for him/her to work as a team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the level of support I get from my work colleagues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The people I work with cooperate to get the job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adaptability

Responding and adapting to changes positively.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I tend to respond positively to changes that occur in my role or the organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it easy to adapt to changes that occur in my role or the organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Advocacy

Your view of the Organisation, and willingness to recommend the Organisation to others. We would like you to think about your recent experience of working in Betsi Cadwaladr University Health Board

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
I would recommend my organisation as a place to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What is the main reason for the answer you have chosen? (may be used in report)						
<input type="text"/>						
I feel positive about the standard of service provided by this organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What is the main reason for the answer you have chosen? (may be used in report)						
<input type="text"/>						

Dedication

Feeling committed to your work and a sense of pride and purpose about the work that you do.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am enthusiastic about my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find the work that I do full of meaning and purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel proud to work for this area/team/department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Discretionary Effort

Stepping outside of your role to help others and more generally the Organisation

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I go beyond my role responsibilities to help my colleagues when required.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often get involved in activity outside of my immediate role, that supports the organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always act upon opportunities to show initiative in my role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Energy

Feeling able to invest energy into your work.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
At work I feel full of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I look forward to going to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Focus

Feeling fully engrossed in your work.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Time passes quickly when I am working.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel happy when immersed in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Persistence

Demonstrating effort over time and perseverance through challenges.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I can continue working for very long periods of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At my job I always persevere, even when things do not go well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Well being questions

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I believe wellbeing is practiced in my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Disagree strongly	Disagree	Niether disagree nor agree	Agree	Strongly Agree
There is a focus on health and safety in my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Disagree strongly	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel conversations regarding my health needs are compassionate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Disagree strongly	Disagree	Neither disagree or agree	Agree	Strongly Agree
I am currently feeling symptoms of stress, anxiety or low mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Disagree strongly	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel I can ask for adjustments if needed to help me at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Disagree strongly	Disagree	Neither disagree or agree	Agree	Strongly Agree
I can approach my line manager to talk openly about flexible working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My line manager treats me fairly in relation to issues relating to age, disability, race, pregnancy, religion and belief, sexual orientation, gender reassignment, marriage/civil partnership, gender or caring responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Information

Which age group do you belong to?

- ☐ < 30
- ☐ 30 - 49
- ☐ 50 +
- ☐ Prefer not to say

Ethnicity?

- ☐ Bangladeshi
- ☐ Indian
- ☐ Pakistani
- ☐ Any other Asian background
- ☐ Black or Black British
- ☐ African
- ☐ Caribbean
- ☐ Any other black background
- ☐ White and Asian
- ☐ White and black African
- ☐ White and black Caribbean
- ☐ Any other mixed background
- ☐ White British
- ☐ White Irish
- ☐ Any other white background
- ☐ Chinese
- ☐ Any other ethnic group
- ☐ Prefer not to say

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

Sexual orientation?

- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual
- ☐ Lesbian
- ☐ Prefer not to say

Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Religion

- ☐ Buddhist
- ☐ Catholic
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ No religion
- ☐ Other
- ☐ Sikh
- ☐ Prefer not to say

Additional Comments (may be included in report)

Thank you for taking the time to complete this survey. Your feedback is appreciated

Staff Engagement the WWL Way

Quarterly Pulse Check Report (Month, Year)

*your hospitals, your health, **our** priority*

Contents

Executive Summary	Page 3
Response Rate	Page 6
Summary Overview	Page 8
Staff Friends and Family Test	Page 11
Trends	Page 13
Divisional Results: Division 1	Page 15
Comparisons	Page 16
Appendix 1: Overall Results	Page 18

Executive Summary

The information contained within this report has been generated from the responses given by a random sample of staff employed by the Trust, to the “Staff Engagement Quarterly Pulse Survey”.

The survey consists of 47 questions and is conducted on a quarterly basis, inviting a quarter of the staff population to complete it each time. This is the first time the Quarterly Pulse Survey to have been issued.

The main aim of the survey is to review levels and trends of staff engagement across the Trust and identify the factors that may be enabling or inhibiting staff engagement.

Overview

- Overall, results from the Quarterly Pulse Check highlights areas of engagement within the Trust which are positive, such as staff dedication, persistence and discretionary effort. In addition areas of engagement were also identified where there is room for improvement. In particular this includes staff energy levels and advocacy, the extent they would recommend the Trust to others.
- The enabler “trust” was the highest scoring enabler for this quarter, and can be considered an area of strength for the Trust. “Trust” refers to the extent that staff feel they have an appropriate level of responsibility, freedom to do their job and choose their own working methods.
- “Recognition”, the extent staff feel valued by their manager and by the Trust as a whole was the lowest scoring enabler, and is a key area for improvement. Several comments made by staff indicated that they do not feel recognised for what they do.
- A second area which has potential for improvement is “mindset”, which refers to how positive and optimistic staff feel about their work and their ability to overcome challenges, as well as how confident they feel in themselves and the future of the Trust. While this was a mid-scoring enabler, an abundance of comments were made indicating negative mindsets amongst staff. In particular, a key theme within these comments was the negative impact that staffing levels within the Trust is having on staff confidence to fulfil their role/duties.
- Comparisons within staff groups identified several areas which had significantly lower enabler/engagement levels. This includes staff in *[various staff groups]*.
- The response rate on this survey was 33.2%, which is a good response rate and indicates that the results can be considered representative of the Trust as a whole.

Recommendations

This report has highlighted a number of staff engagement enablers/measures which are areas for development at the Trust. The following recommendations are advised to address these specific areas of improvement using interventions from the staff engagement toolkit.

- The first of these areas is recognition, as this was the lowest scoring enabler for the Trust. It is recommended that interventions come at a Trust-wide formal level as well locally though informal recognition within departments or teams. Formal recognition programs could include staff awards or employee of the month. In addition, encouraging informal recognition from managers/colleagues and/or patients/public to show their appreciation to individual staff members has also been found to lead to significant improvements in staff feeling recognised. Examples include the setup of appreciation card schemes or team/departmental thank you boards. Communication from the Trust should also focus on the strengths of the organisation, valuing staff and their role to the Trust’s achievements, and should celebrate the Trust in any departmental successes. This will help staff feel appreciated by their organisation and also understand their contribution to the Trust’s values and objectives.
- The second area which is recommended to be of focus is influence, as this was the second lowest scoring enabler for the Trust. As well as improving staff recognition, listening events are also an excellent tool to help staff feel they are able to make suggestions for improvement within the Trust. In order for listening events to have the largest impact on influence, a

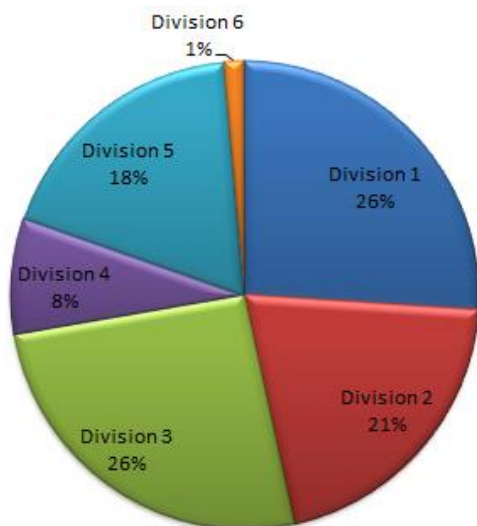
communications plan to feed back to staff the actions and changes made as a result of the feedback from staff are really important.

- A final enabler which has room for improvement in mindset. Techniques to improve mindset include resilience and mindfulness training which improve well-being, and help staff cope with their work demands. These training techniques have potential to be particularly effective in helping staff to cope in pressurised working conditions, for example when staffing levels are low, winter pressures etc. In addition, communicating organisation and departmental strengths and successes can also improve mindset by fostering a sense of security and confidence in the organisation and the services provided.
- The staff engagement dimensions energy and advocacy are also areas for development for the Trust. Analyses were conducted to determine the enablers which are the most predictive of these dimensions, to allow interventions to be appropriately targeted, in order to have to best possible impact.
 - Mindset is the strongest predictor of both energy and advocacy levels of staff within the Trust. This places particular emphasis on prioritising efforts towards improving this enabler, as it is likely to have the largest impact in improving staff engagement at the Trust.
- Compared to other sites within the Trust, *[site 1]* demonstrated significantly lower engagement levels, while *[various staff groups]* also demonstrated several staff engagement enablers which considerably lower than other staff groups within the Trust. It is recommended that it is this site/staff groups which are the focus of staff engagement interventions conducted within the Trust. Targeting these specific areas will enable the most valuable improvements to be made, which can have an all-round positive impact on a Trust-wide scale.

Response Rate

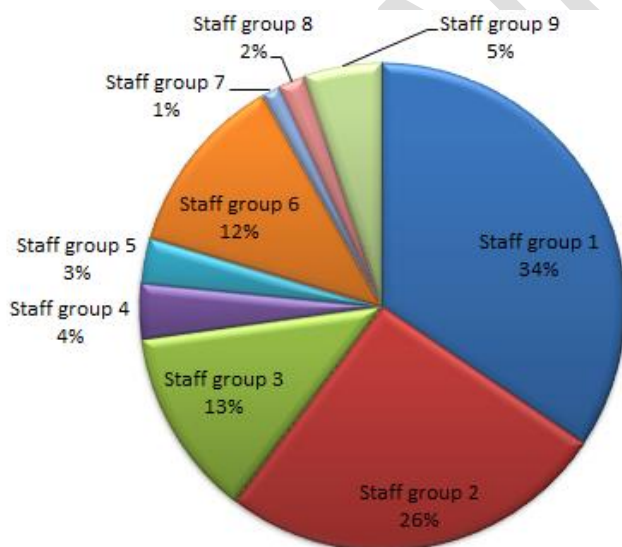
The survey was launched on *date* and was open for one month, closing on *date*. The overall response rate for this quarter is 40.3% (based on 328 completed surveys out of 813 staff invited). This is an excellent response rate, and confidence can be assumed in the representativeness of the sample.

Figure 1, Table 1. Proportional split of responses across divisions.



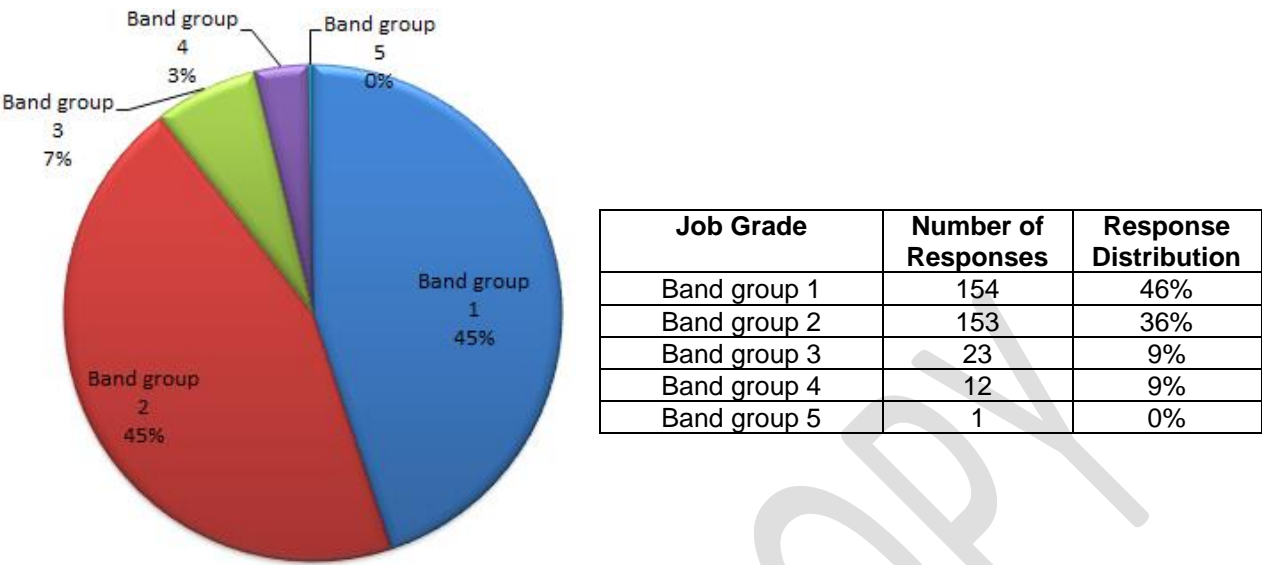
Division	Number of Responses	Response Distribution
Division 1	94	18%
Division 2	74	21%
Division 3	93	26%
Division 4	29	8%
Division 5	66	18%
Division 6	5	1%

Figure 2, Table 2. Proportional split of responses across staff groups.



Staff Group	Number of Responses	Response Distribution
Staff group 1	113	34%
Staff group 2	85	26%
Staff group 3	41	13%
Staff group 4	12	4%
Staff group 5	10	3%
Staff group 6	40	12%
Staff group 7	4	1%
Staff group 8	6	2%
Staff group 9	17	5%

Figure 3, Table 3. Proportional split of responses across job grades



Summary Overview

This Quarterly Pulse Check survey used 47 questions to measure several key factors associated with levels of staff engagement, and factors that are perceived by staff to enable or block their engagement. The results from the survey have been analysed and summarised within this report as follows:

Feeling engaged:

- Energy – the extent to which staff feel willing to invest energy into their work.
- Dedication – the extent to which staff feel strongly involved in their work, experiencing a sense of purpose, inspiration, pride and commitment.
- Focus – the extent to which staff feel fully engrossed in their work.

Engagement related behaviours:

- Discretionary effort – the extent to which staff go beyond their role responsibilities to help others and more generally the Trust.
- Persistence – the extent to which staff demonstrate effort over time and perseverance through challenges.
- Adaptability – the extent to which staff respond to changes quickly and successfully.
- Advocacy – the extent to which staff have a positive view of the Trust, and are willing to recommend the Trust to others.

Enablers or blockers of staff engagement:



Work relationships – the extent to which staff perceive support from their line manager and colleagues



Resources – the extent to which staff believe they have the necessary tools, training and equipment required to do their work.



Clarity – the extent to which staff have a clear understanding of what is expected of them, what the Trust's objectives are, and what is going on in their place of work.



Mindset – the extent to which staff are encouraged to believe in themselves, believe in moving forwards, and have a positive state of mind.



Personal development – the extent to which Staff perceive opportunities for personal growth or experience opportunities to use their strengths.



Influence – the extent to which staff are involved in wider decisions that may impact upon them.



Recognition – the extent to which staff receive recognition and perceive their contributions are valued.



Perceived Fairness – the extent to which staff perceive fair treatment within the Trust.



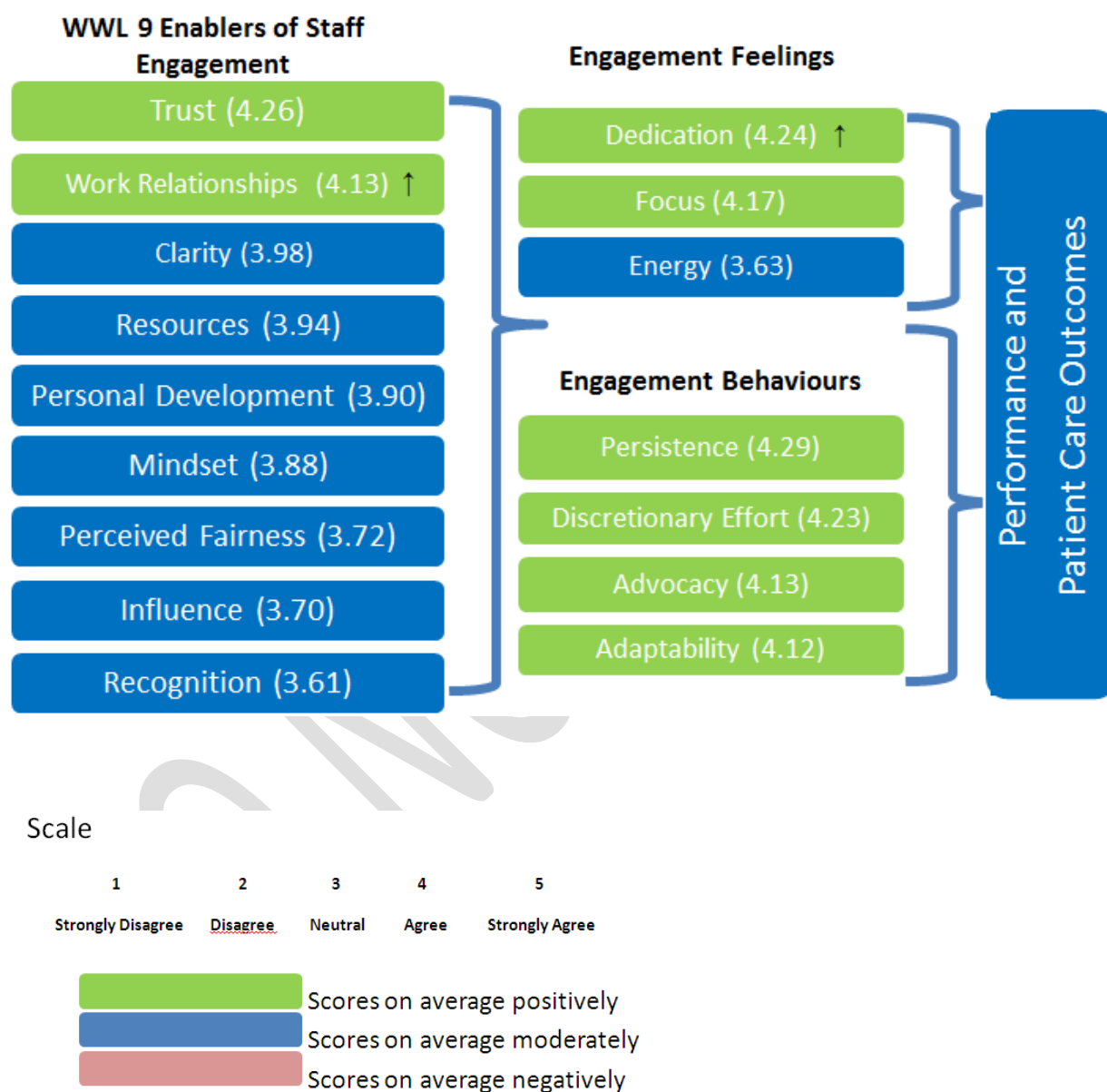
Trust - the extent to which staff are trusted with responsibility and freedom to act

There is vast research evidence to suggest that increasing staff engagement can lead to outcomes such as reduction in sickness absence, reduction in staff turnover, increase in staff performance, improvement in quality of patient care and improvements in safe practice. In future reports it will be possible to measure whether trends in these outcomes vary with the results from the quarterly pulse check survey.

Results Dashboard

Figure 4 shows the overall picture of staff engagement across the Trust, based on a five point likert scale. The findings are presented using the WWL Staff Engagement Pathway model as a framework.

Figure 4. Results Dashboard



↑/↓ = the average score has significantly increased/decreased since the previous quarter

↑/↓ = the average score has significantly increased/decreased in 12 months

Positive Scores

Figure 5. The percentage of positive scores obtained for each staff engagement enabler.

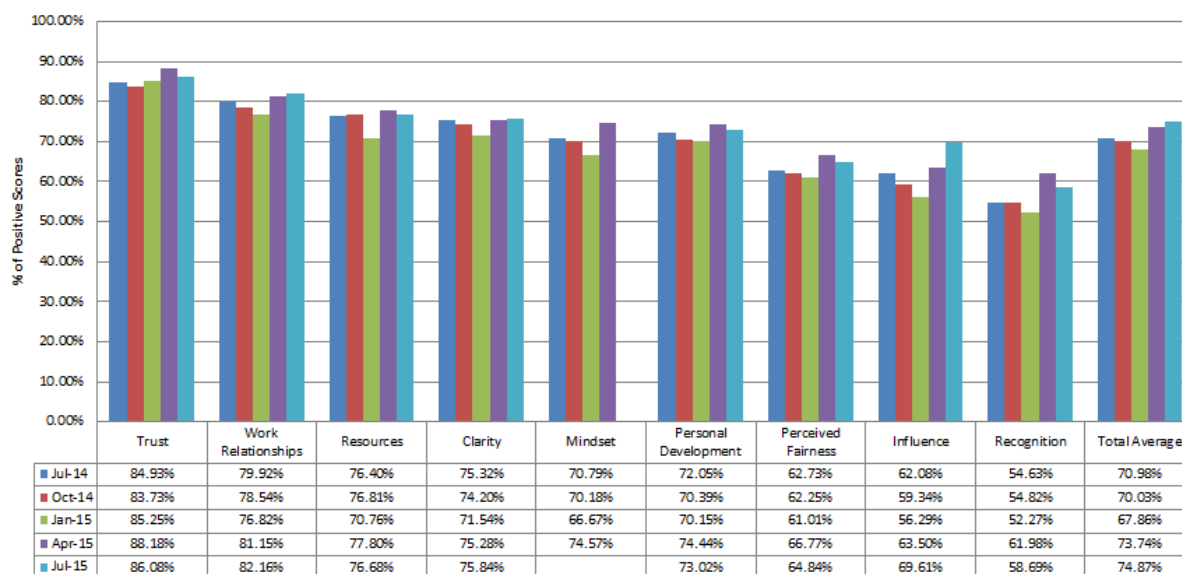
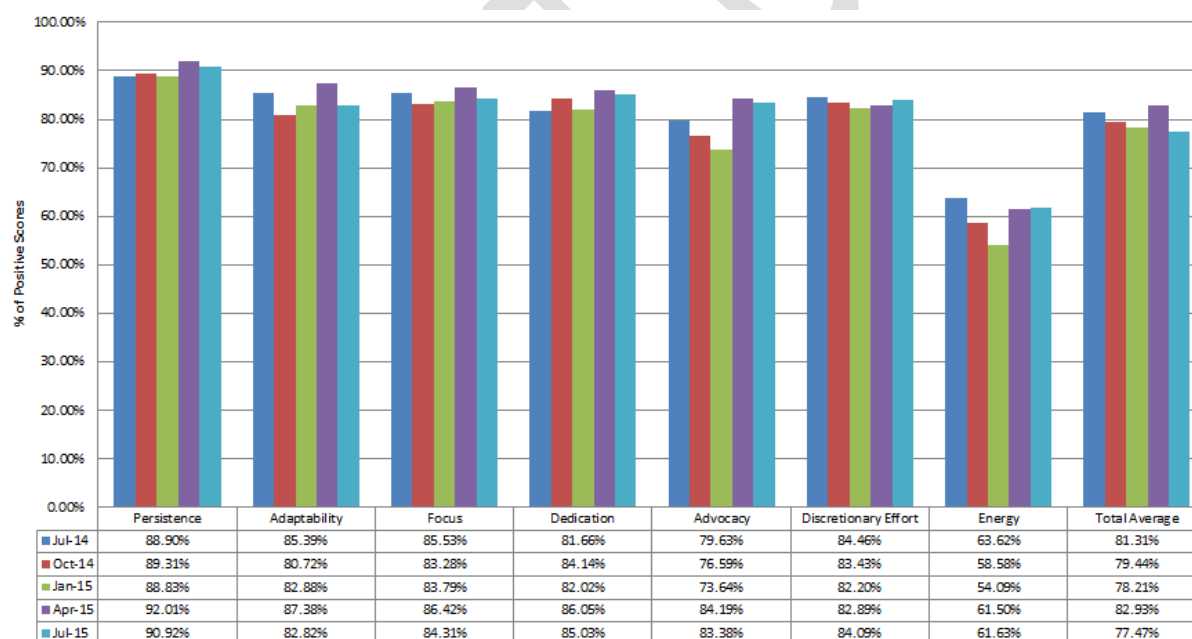


Figure 6. The percentage of positive scores obtained for each staff engagement dimension.

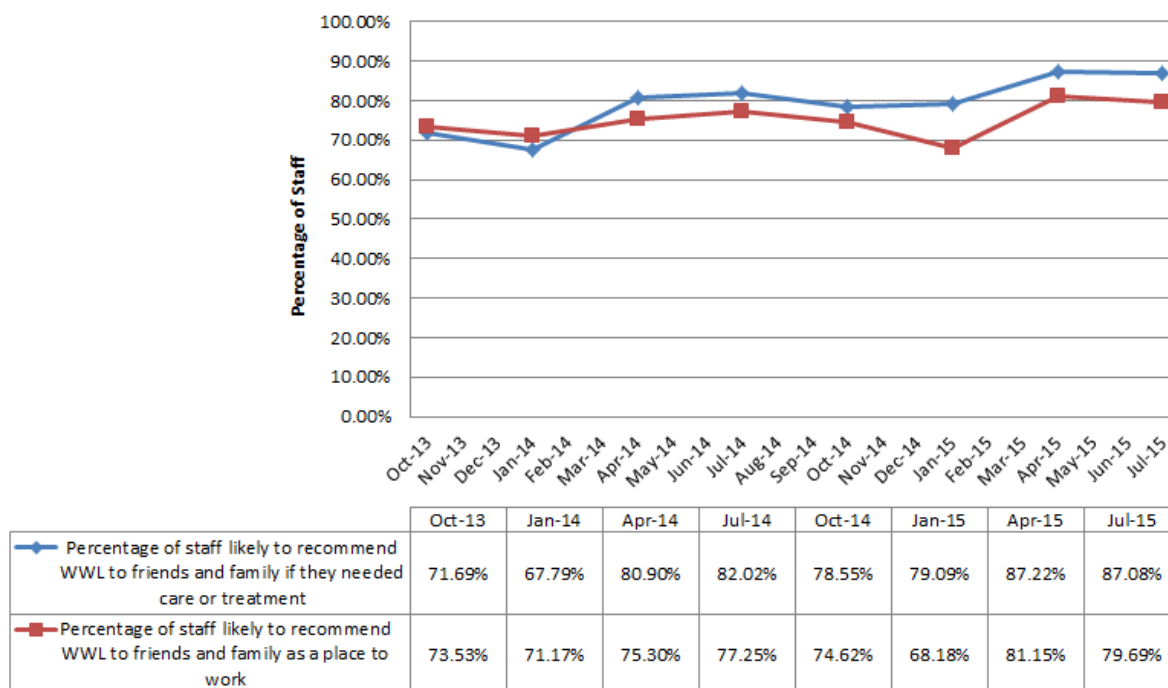


Overall results for individual items in each factor can be found in Appendix 1.

Staff Friends and Family Test

The following figures show the results for the staff Friends and Family Test, for each quarterly survey.

Figure 7. The percentage of positive scores for the staff “Friends and Family Test”



A total of 138 staff gave reasons for why they would be likely to recommend WWL to friends and family if they needed care or treatment. Their reasons included:

- Excellent staff (21)
- Caring, compassionate staff (15)
- High quality care (15)
- Strong patient focus (12)
- Previous personal experience of excellent care/treatment (10)
- WWL is an overall great Trust (10)
- Hard working staff (9)
- Previous personal experience of a friend/relative's excellent care/treatment (8)
- Very experienced consultants/surgeons (7)
- Friendly, supportive staff (6)
- Depends on the department/treatment required (6)
- Cleanliness (6)
- Continual positive changes and improvements (4)
- Better than other Trusts (4)
- Locality (3)
- Good team work amongst staff (3)
- High standards on wards (3)
- Good atmosphere (2)
- Good management (2)
- Efficient (1)
- Minimal waiting times (1)
- Staff engagement (1)
- Procedures followed correctly (1)

- Highly professional (1)
- Good maternity services (1)
- Patients give positive feedback (1)

A total of 29 staff gave reasons for why they would not be likely to recommend WWL to friends and family if they needed care or treatment. Their reasons included:

- Not local (4)
- Depends on the department/treatment required (4)
- Previous experience of a friend/relative's poor treatment (4)
- Targets take priority over patients (2)
- Previous personal experience of poor care/treatment (2)
- Not sufficiently informed on other departments (2)
- Staffing levels (2)
- Unreliable standard of care (2)
- Waiting times (1)
- Problems with patient administration (1)
- Aware of lots of medication errors (1)
- Cancellations (1)
- Uncaring staff (1)
- Poor communication between directorates (1)

A total of 109 staff gave reasons for why they would be likely to recommend WWL to friends and family as a place to work. Their reasons included:

- Great colleagues (13)
- I enjoy my job (12)
- Staff well supported (10)
- The Trust is a great to work for (9)
- A friendly Trust (8)
- Lots of opportunities (6)
- I am happy here (5)
- Good atmosphere (5)
- Training readily available (5)
- Good benefits (4)
- Staff are valued and recognised (4)
- Fair and understanding (3)
- The Trust's values (3)
- Good team work (2)
- Good location (2)
- A safe place to work (2)
- Staff feedback is taken into account (2)
- Depends on the department (2)
- Excellent immediate managers (2)
- Job security (2)
- Flexible working (2)
- Good holidays (2)
- Good relationship with Staffside (1)
- Managers understand importance of engaging/motivating staff (1)
- Forward thinking (1)
- Staff are invested in (1)
- Staff work together for united goals (1)
- An improving place to work (1)
- A rewarding job (1)
- Staff engagement (1)
- Healthier together (1)
- Better than other Trusts (1)

- Strong senior management (1)

A total of 33 staff gave reasons for why they would not be likely to recommend WWL to friends and family as a place to work. Their reasons included:

- Uncertain future (4)
- I'm not happy working here (4)
- Work relationships (3)
- Staff not valued (3)
- Not sufficiently informed on other departments (2)
- Lack of support (2)
- Absence policies too harsh (2)
- Managers aren't clear in guiding staff (1)
- Demands do not match salary (2)
- Depends on the department (2)
- Staffing issues (1)
- Clerical staff are not listened to or recognised (1)
- Lack of resources (1)
- Locality (1)
- Abuse from patients (1)
- Lack of training (1)
- Patient relatives too demanding (1)
- Low morale (1)
- Poor progression opportunities (1)
- Opportunities not fairly distributed (1)
- Management structure (1)
- Unfair ratio of pay between managers and staff (1)
- Poor communication amongst managers (1)
- Managers do not listen to staff concerns (1)
- Blame culture (1)

Trends

Areas of staff engagement that score on average positively and have been sustained over 12 months:

Average scores at 4 or above on the five point likert scale are deemed positive.

Staff Engagement Enablers	Item	July 14 Score	Oct 14 Score	Jan 15 Score	April 15 Score	July 15 Score
Work Relationships	Work Relationships item 1	4.14	4.12	4.13	4.21	4.15
	Work Relationships item 2	4.11	4.12	4.13	4.15	4.12
Clarity	Clarity item 1	4.32	4.31	4.23	4.32	4.32
	Clarity item 2	4.21	4.23	4.15	4.21	4.29
Resources	Resources item 1	4.09	4.12	4.00	4.12	4.09
Trust	Trust item 1	4.42	4.36	4.32	4.46	4.39
	Trust item 2	4.11	4.06	4.02	4.15	4.17
	Trust item 3	4.16	4.05	4.08	4.23	2.21

Staff Engagement Measures	Item	July 14 Score	Oct 14 Score	Jan 15 Score	April 15 Score	July 15 Score
Dedication	Dedication item 1	4.28	4.22	4.16	4.31	4.41
	Dedication item 2	4.24	4.14	4.12	4.21	4.38
Focus	Focus item 1	4.22	4.16	4.08	4.18	4.18
	Focus item 2	4.16	4.12	4.02	4.18	4.18
Persistence	Persistence item 1	4.41	4.36	4.33	4.41	4.37
Advocacy	Advocacy item 1	4.10	4.09	4.06	4.23	4.21

Discretionary Effort	Discretionary Effort item 1	4.29	4.26	4.20	4.29	4.26
	Discretionary Effort item 2	4.47	4.42	4.42	4.42	4.54
Adaptability	Adaptability item 1	4.16	4.18	4.05	4.19	4.05
	Adaptability item 2	4.06	4.11	4.00	4.12	4.02

Areas of staff engagement that have significantly improved over 12 months:

Staff Engagement Enablers	Item	July 14 Score	Oct 14 Score	Jan 15 Score	April 15 Score	July 15 Score
Perceived Fairness	Perceived Fairness item 1	3.50	3.45	3.41	3.59	3.71
	Perceived Fairness item 2	3.46	3.48	3.41	3.56	3.69
Clarity	Clarity item 1	3.88	3.85	3.68	3.79	3.96
	Clarity item 2	3.78	3.75	3.73	3.85	4.08
	Clarity item 3	3.71	3.64	3.51	3.73	3.95
Mindset	Mindset item 1	3.83	3.77	3.61	3.85	3.90
	Mindset item 2	3.97	3.90	3.80	4.01	3.98
Recognition	Recognition item 1	3.40	3.29	3.36	3.50	3.62
Resources	Resources item 1	3.78	3.75	3.62	3.73	4.01

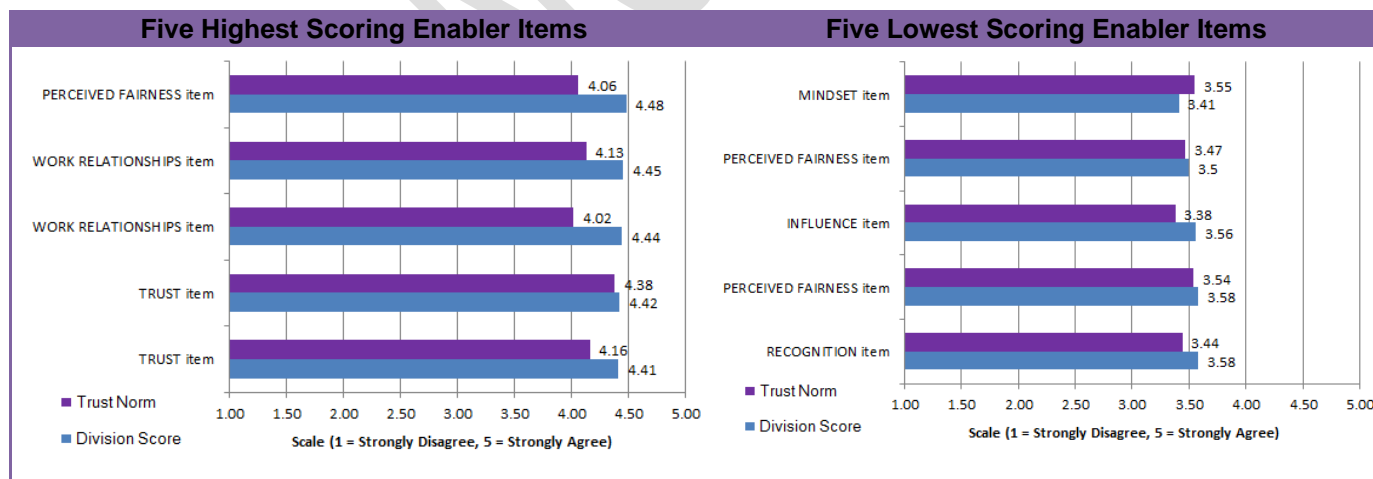
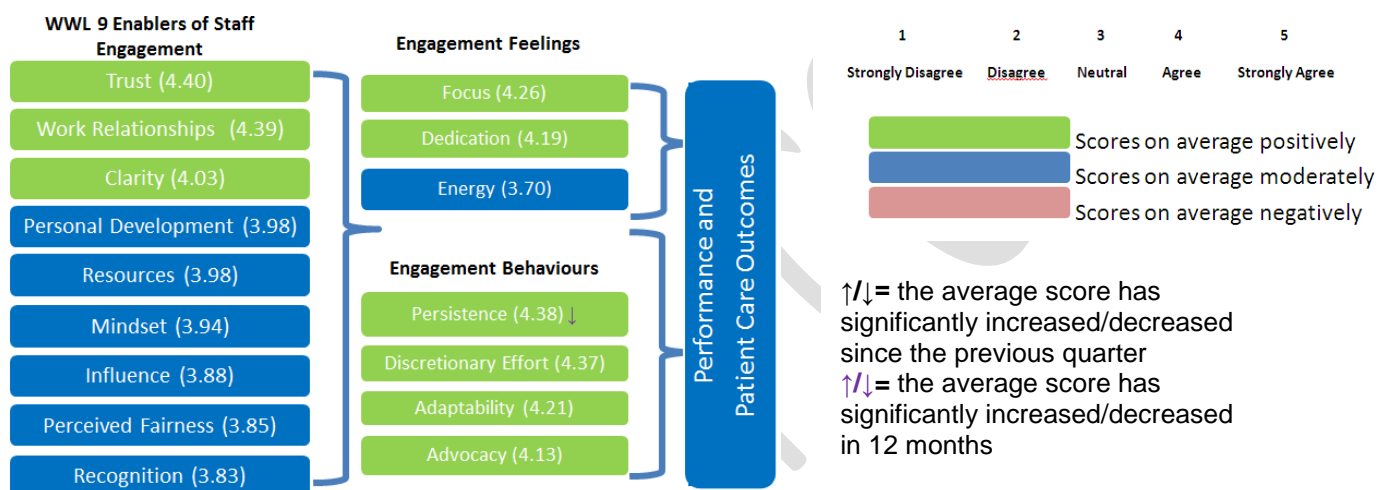
Staff Engagement Measures	Item	July 14 Score	Oct 14 Score	Jan 15 Score	April 15 Score	July 15 Score
Advocacy	Advocacy item 1	3.99	3.95	3.79	4.04	4.09
Dedication	Dedication item 1	4.24	4.18	4.09	4.29	4.33
Persistence	Persistence item 1	4.12	4.10	4.03	4.21	4.00

No areas of staff engagement have significantly declined over 12 months.

Divisional Results: Division 1

Number Invited to Complete Survey	Number Completed	Response Rate
92	66	39.0%
Level of Engagement Average percentage of positive scores across all measures of engagement = 84.1%		
Friends and Family Test <ul style="list-style-type: none"> 84.6% of staff would be happy with the standard of care provided by the trust if a friend or relative needed treatment 81.5% of staff would recommend the Trust as a place to work 		

Dashboard



Trends:

Compared to three months ago, there has been a significant improvement in:

- Discretionary Effort item 1 (April 15 = 4.34, July 15 = 4.58)

Compared to twelve months ago, there has been a significant decline in:

- Perseverance item 1 (July 14 = 4.71, July 15 = 4.51)
- Focus item 1 (July 14 = 4.49, July 15 = 4.25)
- Adaptability item 1 (July 14 = 4.40, July 15 = 4.11)

Comparisons

The following tables show the results for each directorate, staff group and job grade at a glance. There are two ways to read the results:

- From top to bottom: see the results for a specific group across all staff engagement measures.
- From left to right: see how each staff engagement measure differs between the groups.

The key below outlines how each group is scored:

	Positive finding in relation to the overall Trust results for this quarter (group results scored significantly higher than Trust results)
	Finding that is typical of the overall Trust results for this quarter (group results scored equally to the Trust results)
	An area for improvement in relation to the Trust results for this quarter (group results scored moderately lower than Trust results)
	Risk in relation to the Trust results for this quarter (group results scored significantly lower than Trust results)

All results are compared to the overall Trust results for this quarter. The number of respondents for each group is shown in brackets.

Table 4: Results comparison by division

	Division 1 (n=66)	Division 2 (n=29)	Division 3 (n=93)	Division 4 (n=74)	Division 5 (n=94)
Enablers of Staff Engagement					
Work Relationships					
Clarity					
Mindset					
Resources					
Personal Development					
Influence					
Recognition					
Perceived Fairness					
Trust					
Engagement Feelings					
Energy					
Dedication					
Focus					
Engagement Behaviours					
Persistence					
Discretionary Effort					
Adaptability					
Advocacy					

Table 5: Results comparison by staff group

	Staff group 1 (n=113)	Staff group 2 (n=85)	Staff group 3 (n=41)	Staff group 4 (n=9)	Staff group 5 (n=12)	Staff group 6 (n=10)	Staff group 7 (n=40)
Work Relationships							
Clarity							
Mindset							
Resources							
Personal Development							
Influence							
Recognition							
Perceived Fairness							
Trust							
Engagement Feelings							
Energy							
Dedication							
Focus							
Engagement Behaviours							
Persistence							
Discretionary Effort							
Adaptability							
Advocacy							

Table 6: Results comparison by job grade

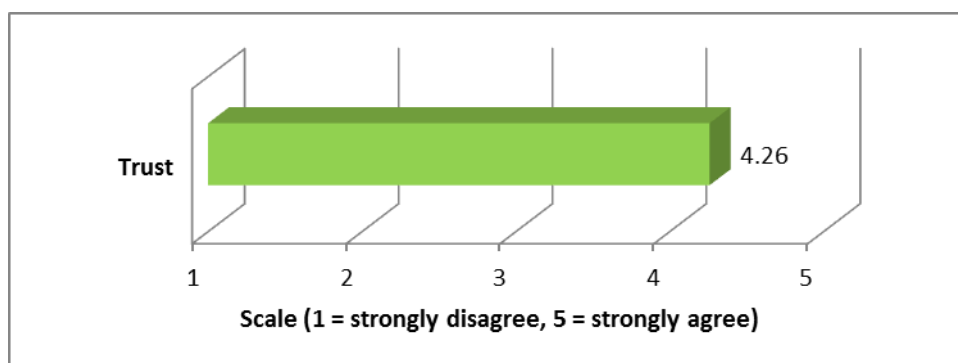
	Band Group 1 (n=138)	Band Group 2 (n=120)	Band Group 3 (n=28)	Band Group 4 (n=27)
Enablers of Staff Engagement				
Work Relationships				
Clarity				
Mindset				
Resources				
Personal Development				
Influence				
Recognition				
Perceived Fairness				
Trust				
Engagement Feelings				
Energy				
Dedication				
Focus				
Engagement Behaviours				
Persistence				
Discretionary Effort				
Adaptability				
Advocacy				

Appendix 1: Overall Results

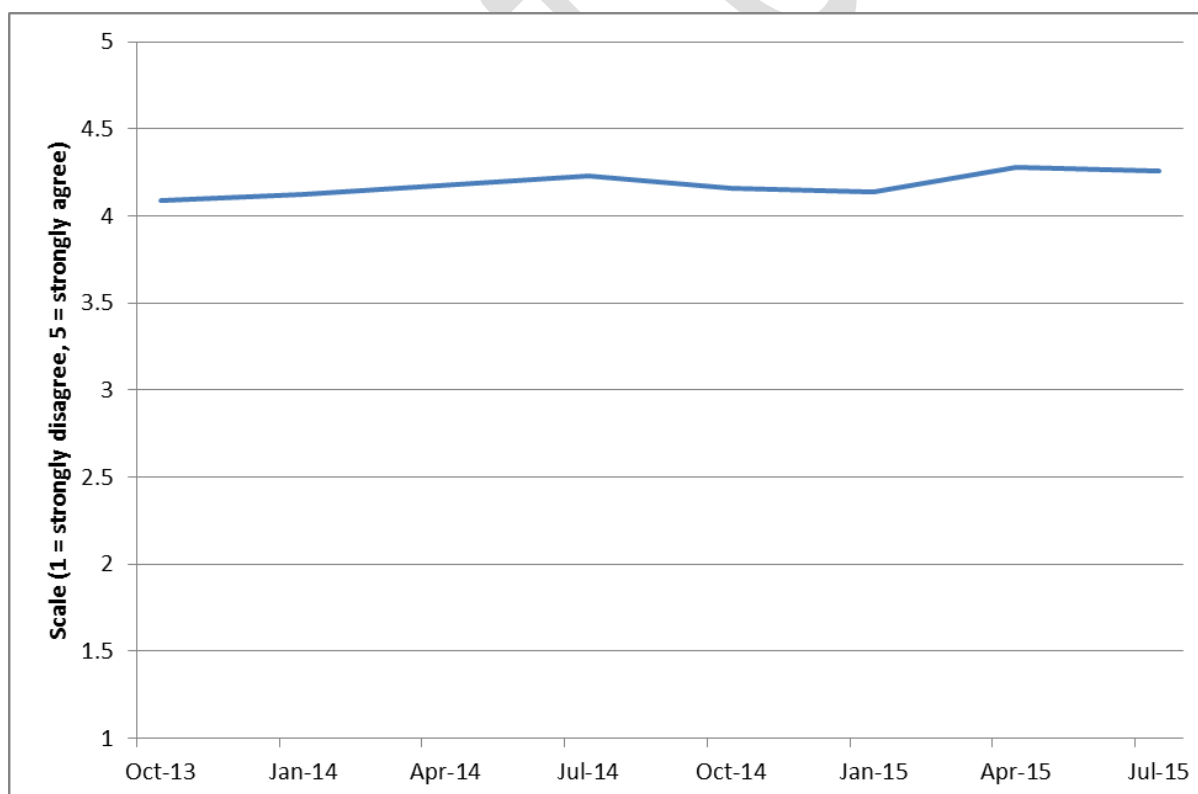
Enablers of Engagement: Trust

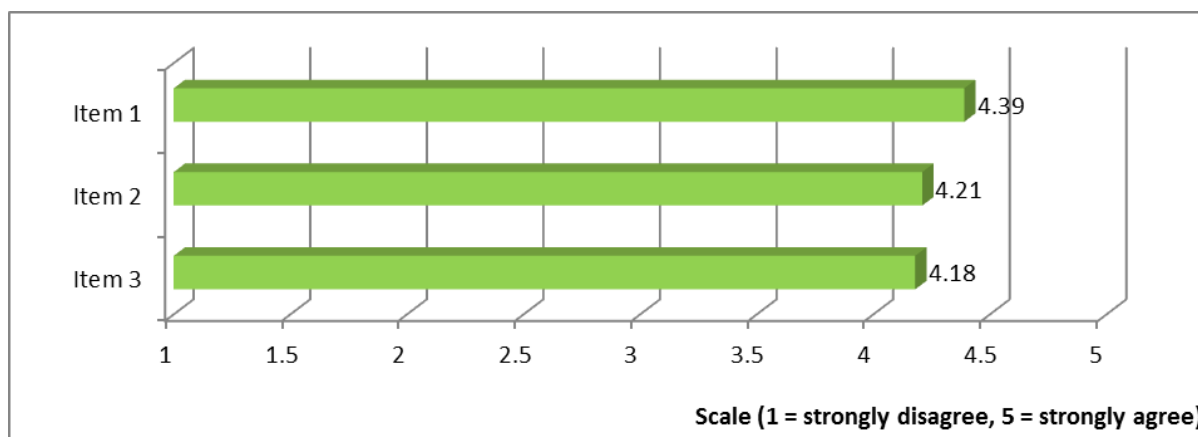
This factor measures the extent to which staff are trusted with responsibility and given the freedom to make decisions for themselves.

The overall response on trust:



Score on trust over time:



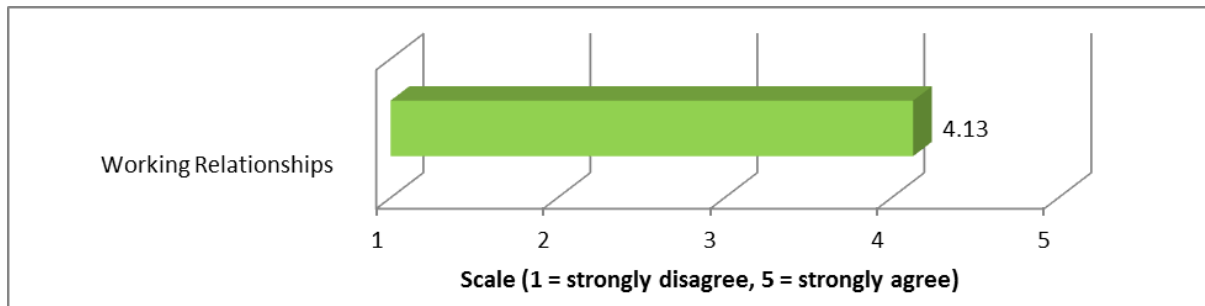
Responses on the individual items:**Feedback**

Feedback on score and staff comments regarding this enabler included here.

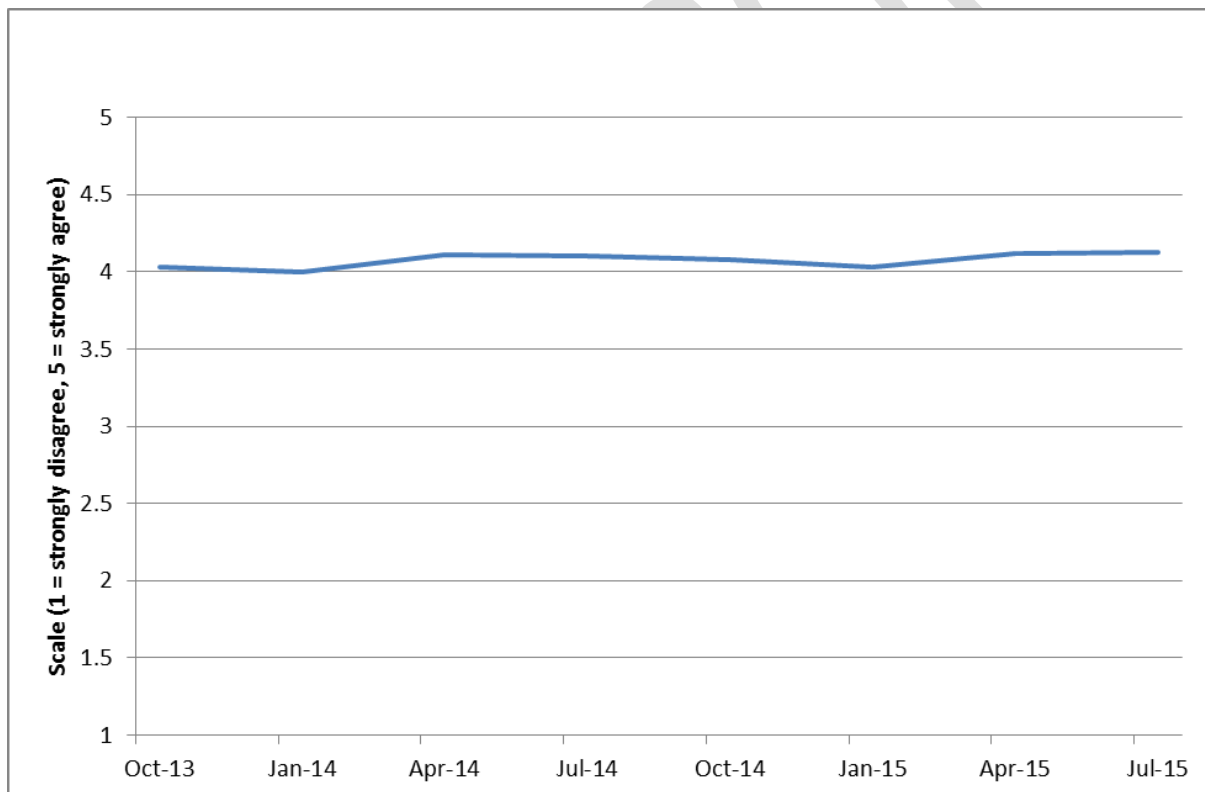
Enablers of Engagement: Working Relationships

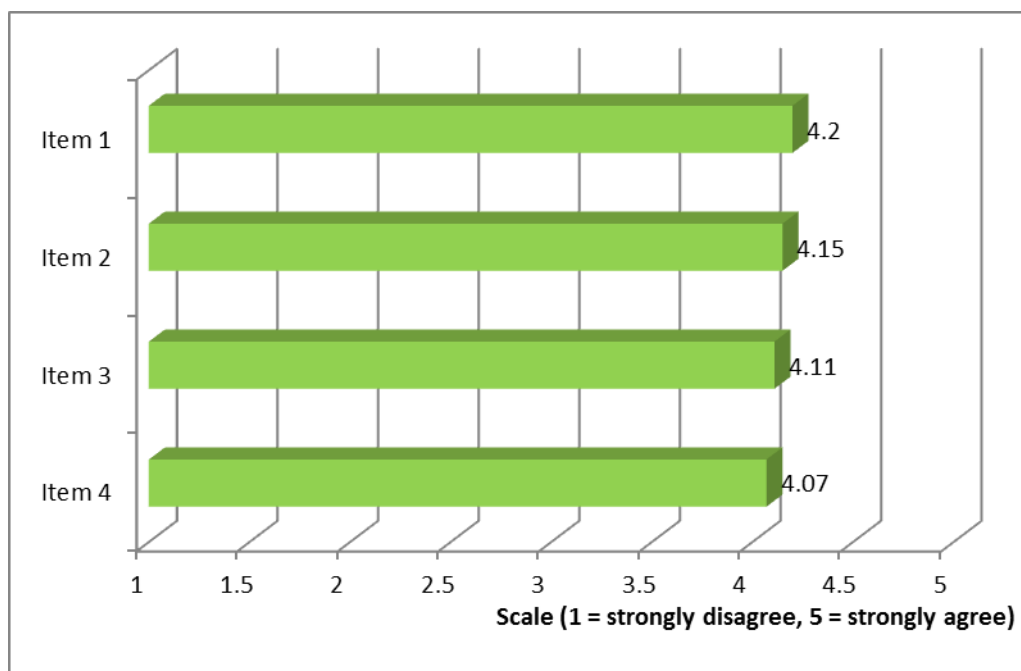
This factor measures the extent that staff perceive support from their line manager and colleagues.

The overall response on working relationships:



Score on working relationships over time:



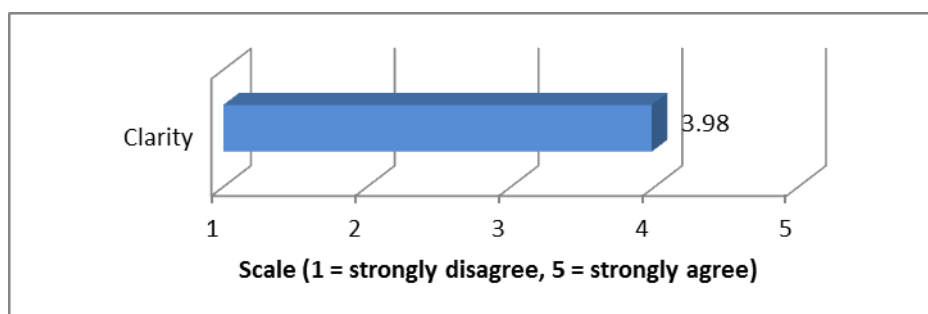
Responses on the individual items:**Feedback**

Feedback on score and staff comments regarding this enabler included here.

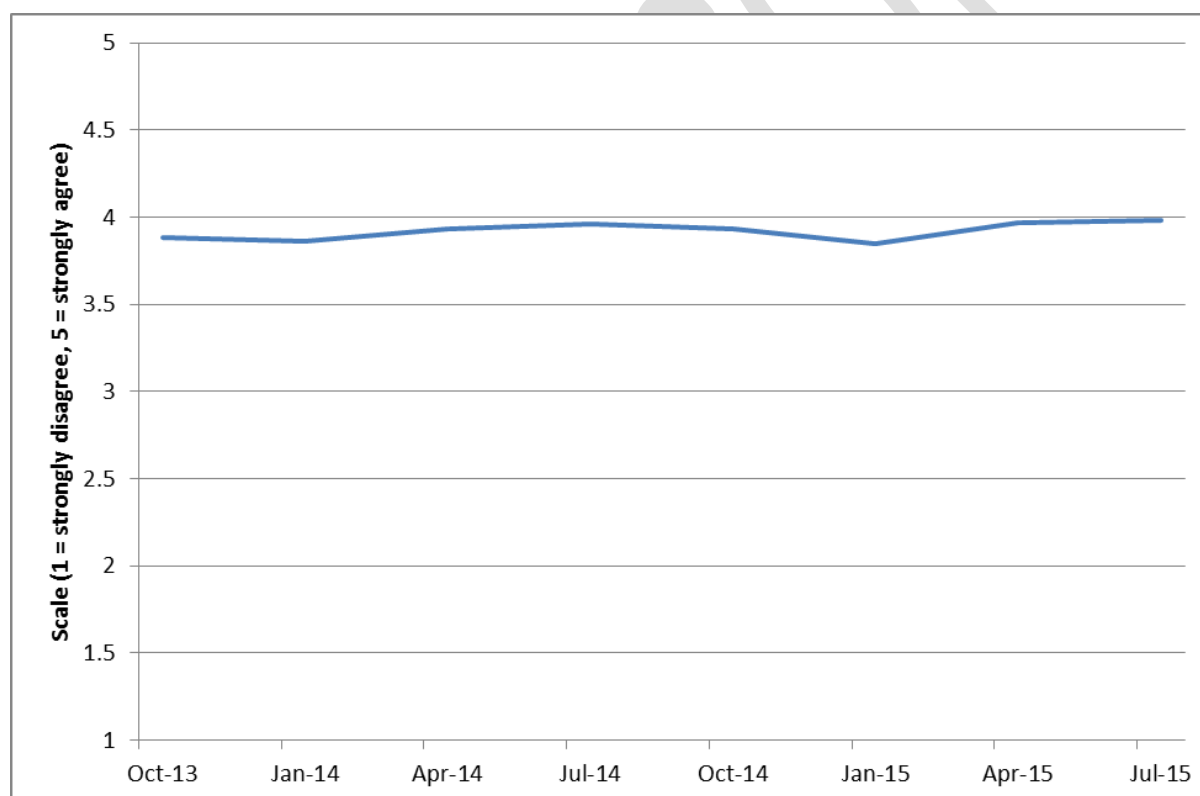
Enablers of Engagement: Clarity

This factor measures the extent to which staff have a clear understanding of what is expected of them, what the Trust's objectives are, and what is going on in their place of work.

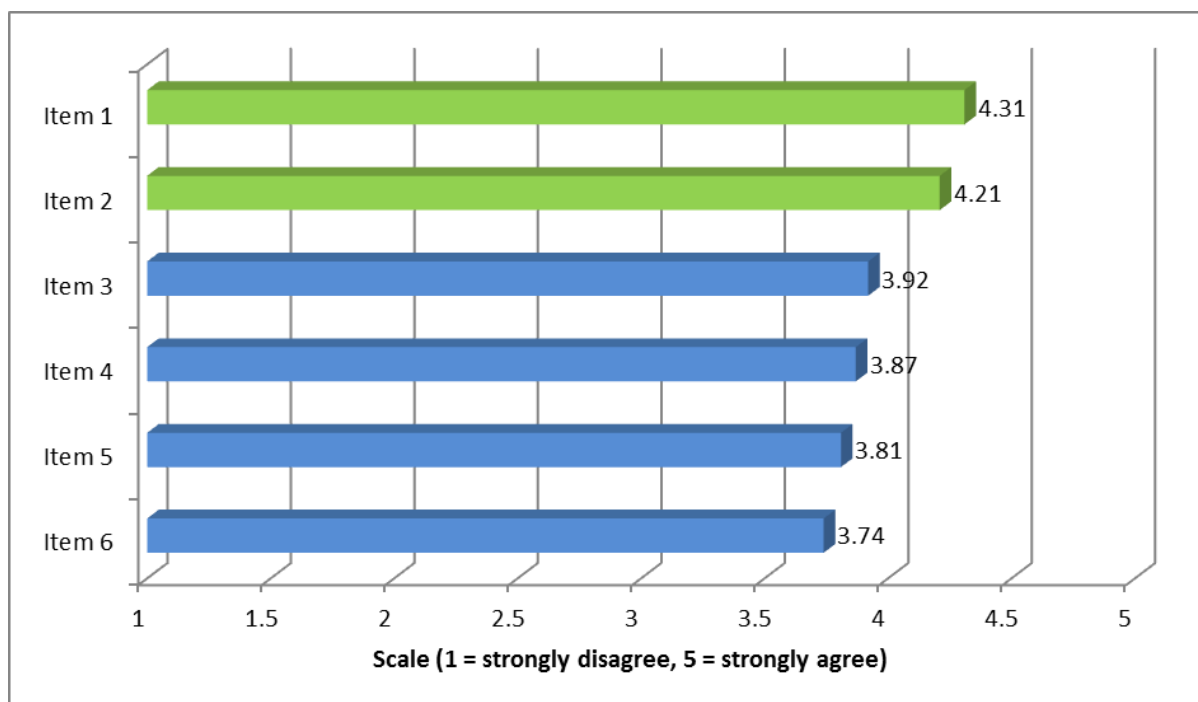
The overall response on clarity:



Score on clarity over time:



Responses on individual items:



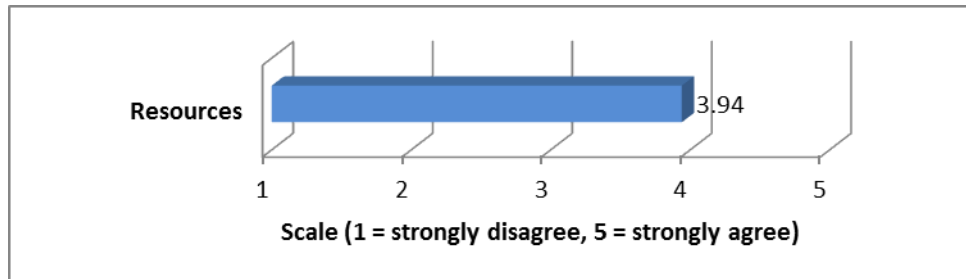
Feedback

Feedback on score and staff comments regarding this enabler included here.

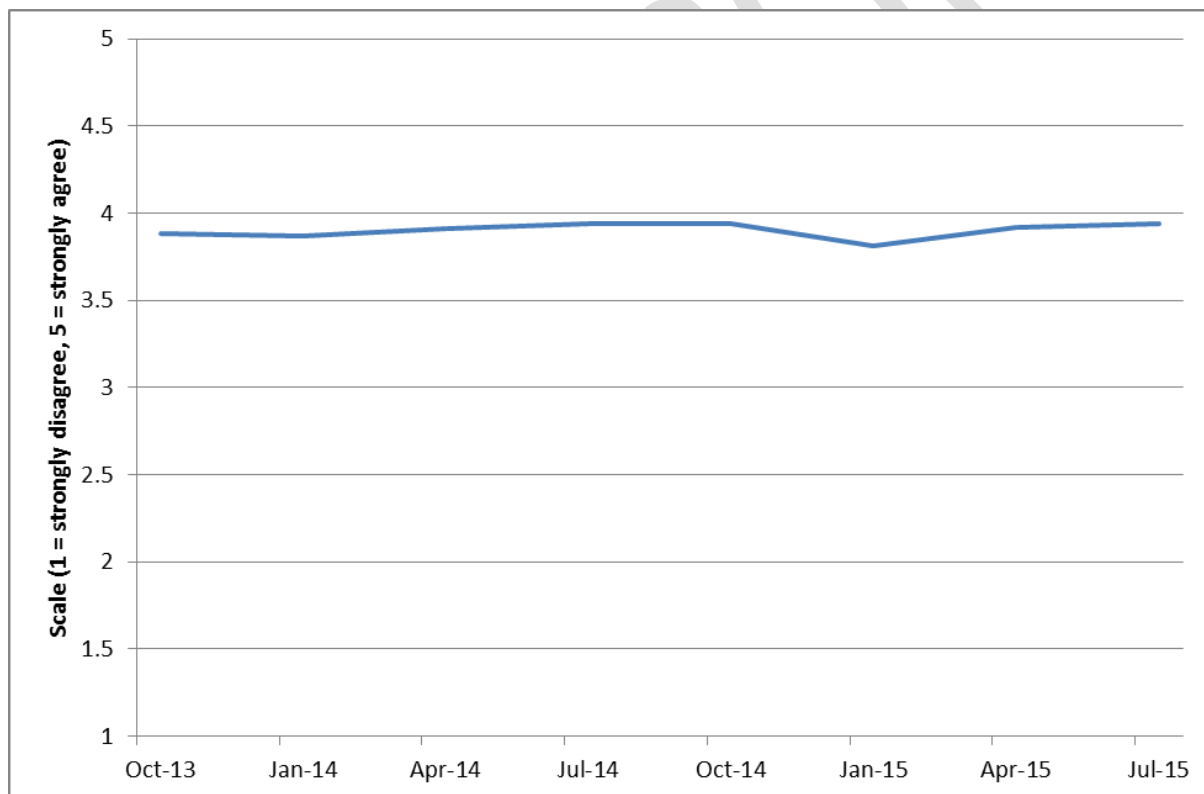
Enablers of Engagement: Resources

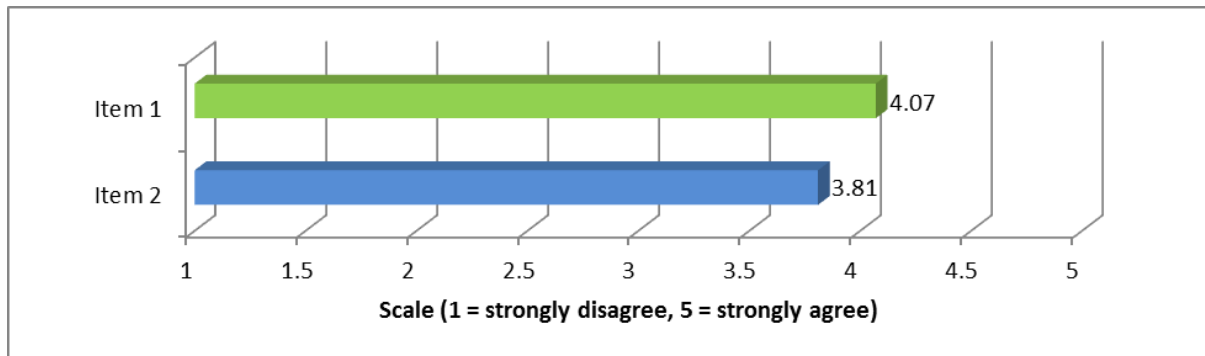
This factor measures the extent staff believe that they have the necessary tools, information and equipment required to do their work.

The overall response on resources:



Score on resources over time:



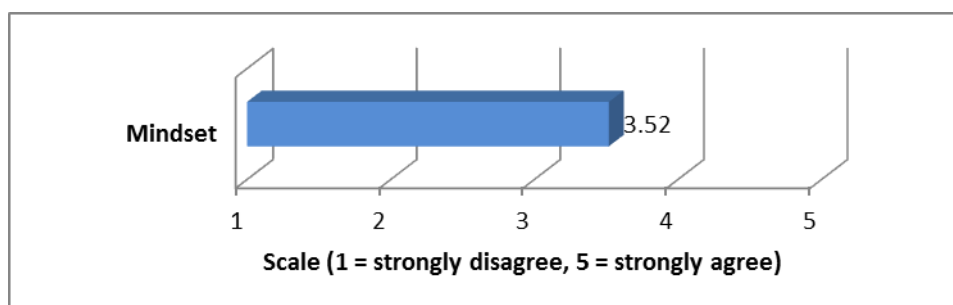
Responses on individual items:**Feedback**

Feedback on score and staff comments regarding this enabler included here.

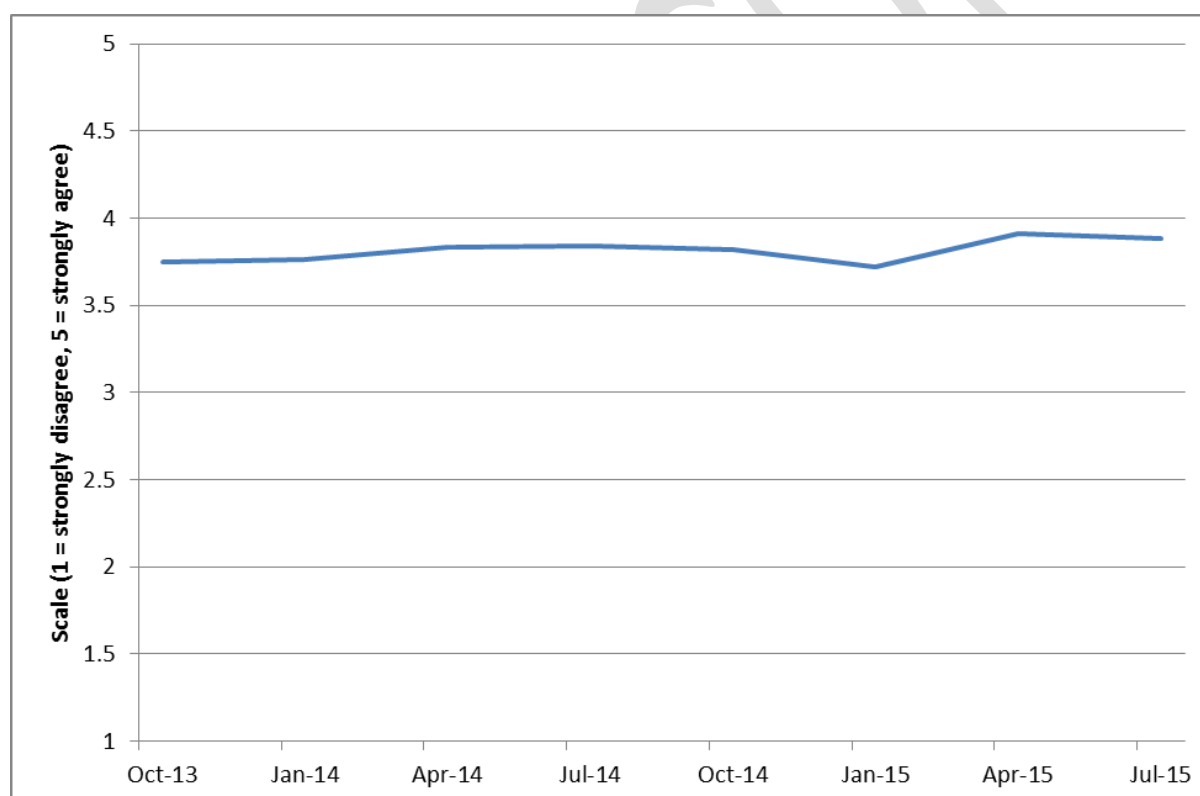
Enablers of Engagement: Mindset

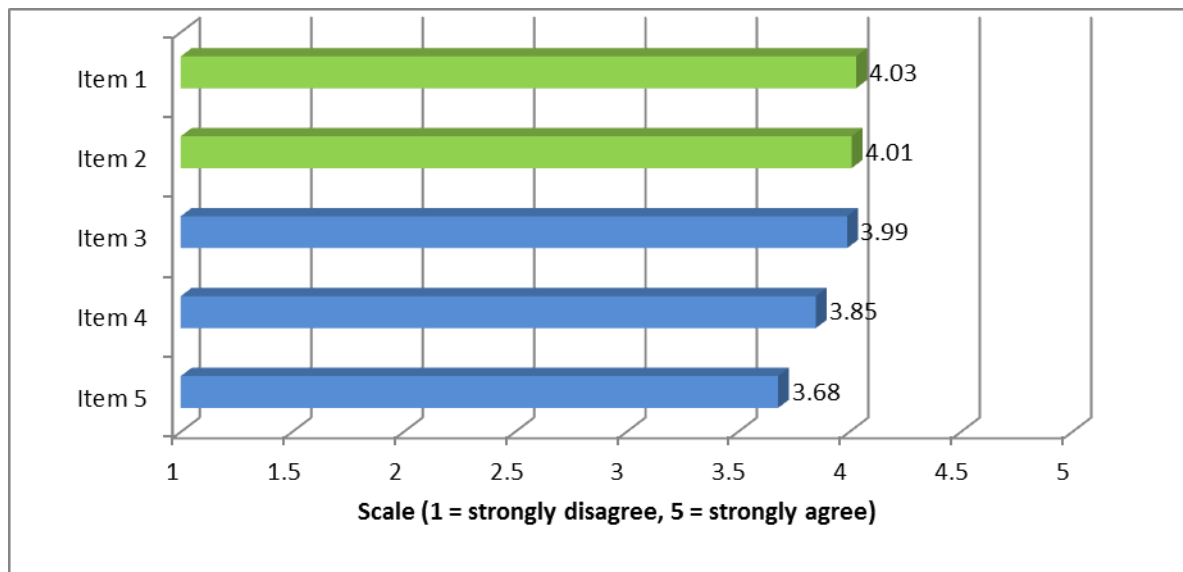
This factor measures the extent that staff are encouraged to believe in themselves, believe in moving forwards, and have a positive state of mind.

Overall response on mindset:



Score on mindset over time:



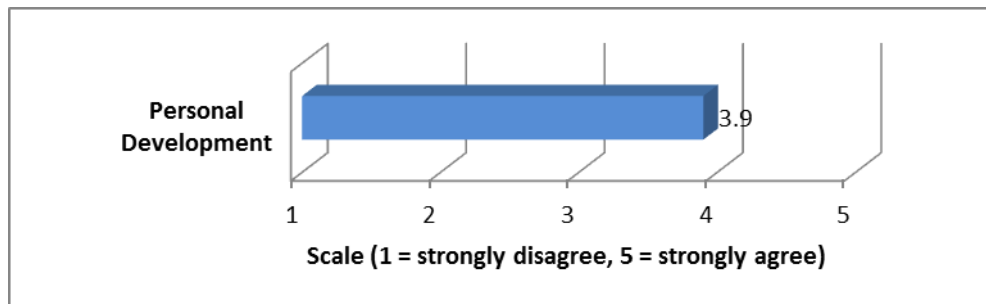
Responses on individual items:**Feedback**

Feedback on score and staff comments regarding this enabler included here.

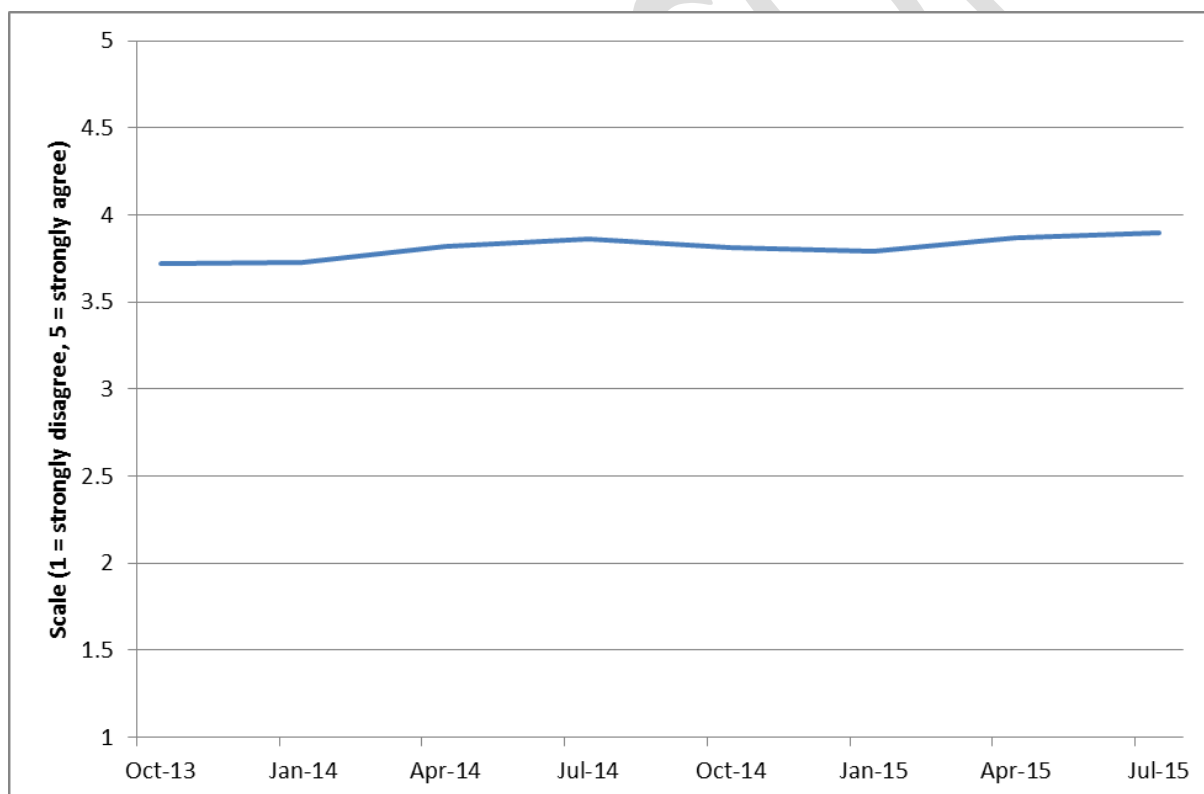
Enablers of Engagement: Personal Development

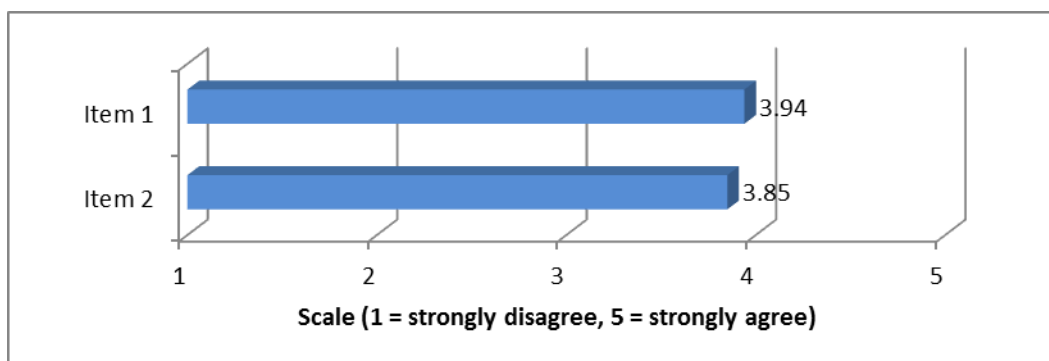
This measures the extent that staff perceive opportunities for personal growth, and experience opportunities to use their strengths.

Overall response on personal development:



Score on personal development over time:



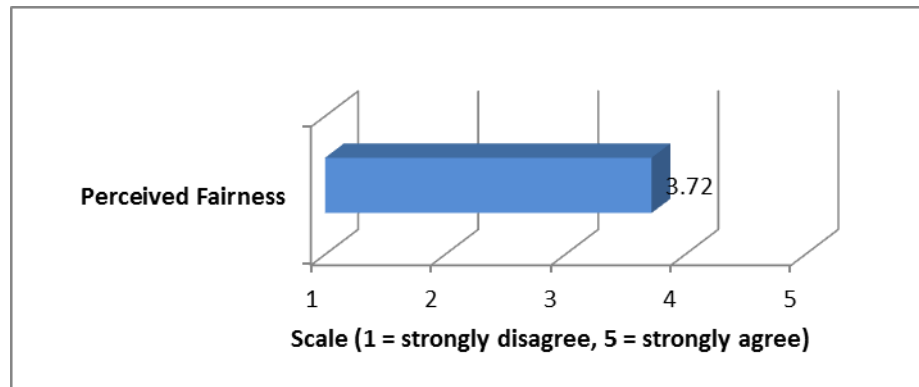
Responses on individual items:**Feedback**

Feedback on score and staff comments regarding this enabler included here.

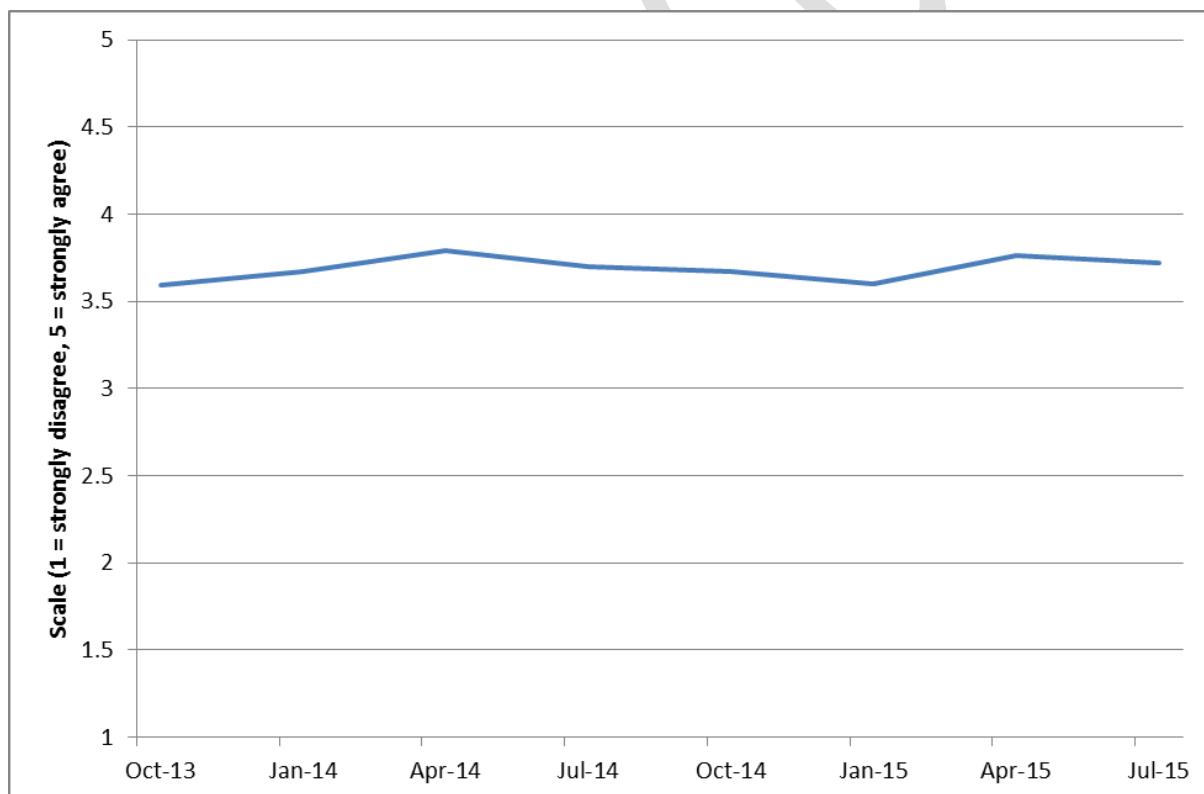
Enablers of Engagement: Perceived Fairness

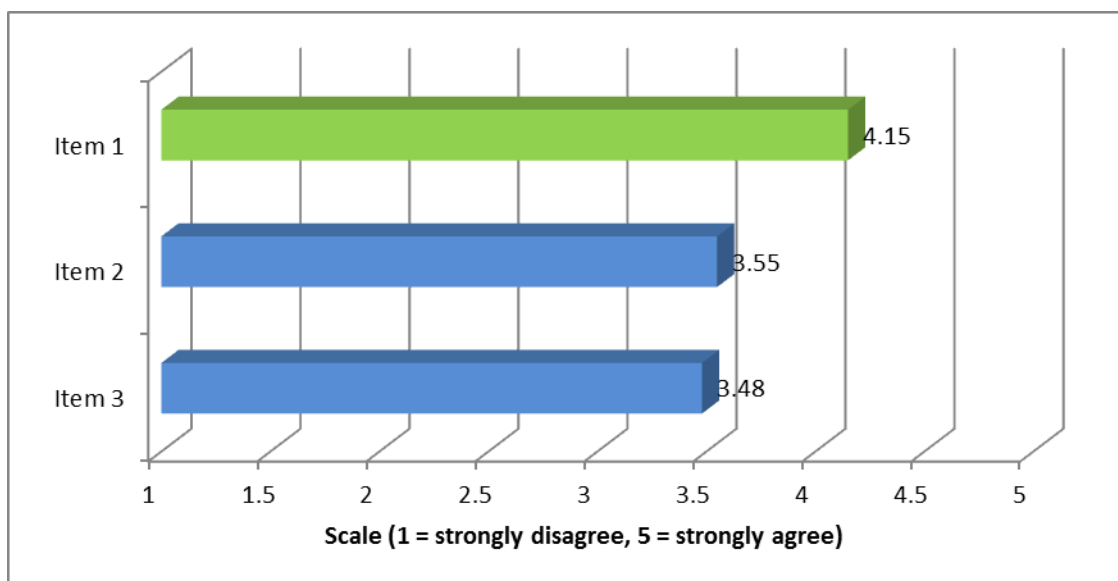
This measures the extent that staff perceive fair treatment within the Trust.

The overall reponse on perceived fairness:



Score on perceived fairness over time:



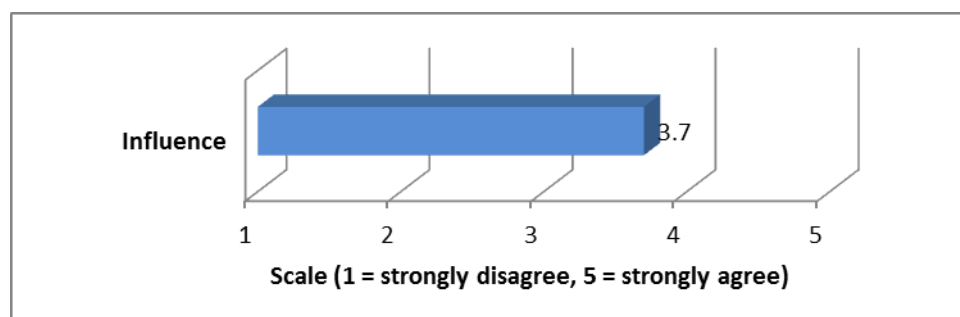
Responses for individual items:**Feedback**

Feedback on score and staff comments regarding this enabler included here.

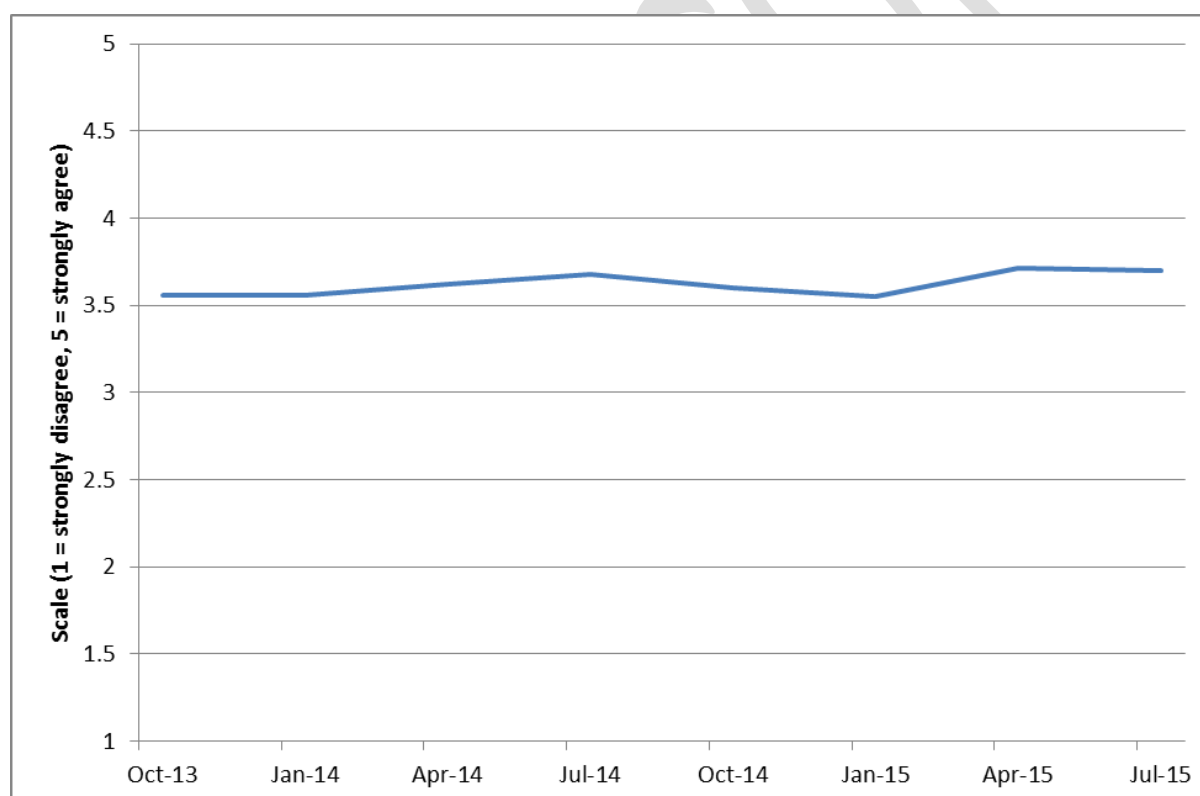
Enablers of Engagement: Influence

This factor measures the extent that staff are involved in wider decisions that may impact them.

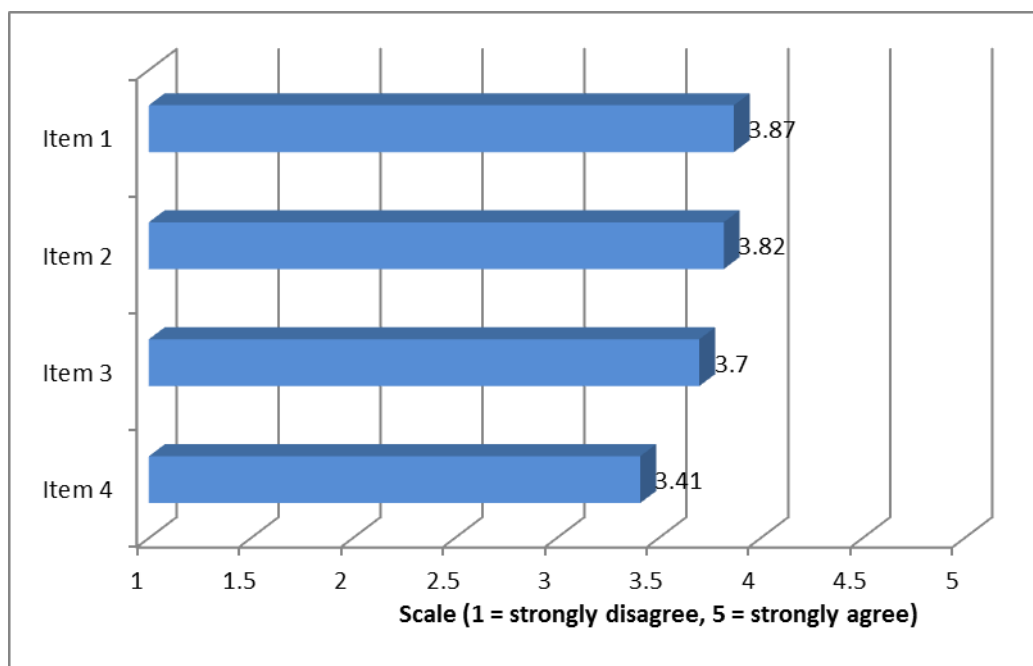
Overall response on influence:



Score on influence over time:



Responses on individual items:



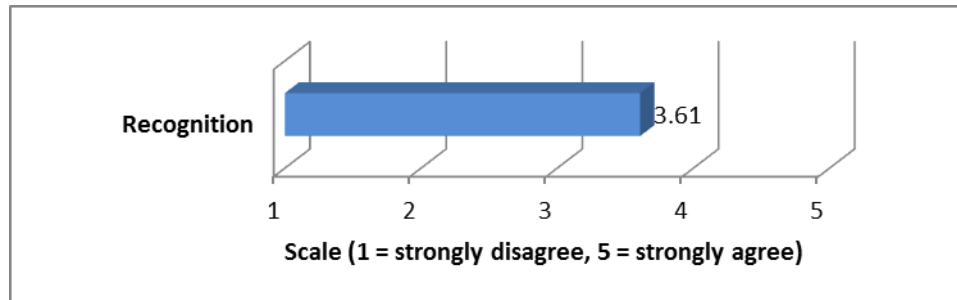
Feedback

Feedback on score and staff comments regarding this enabler included here.

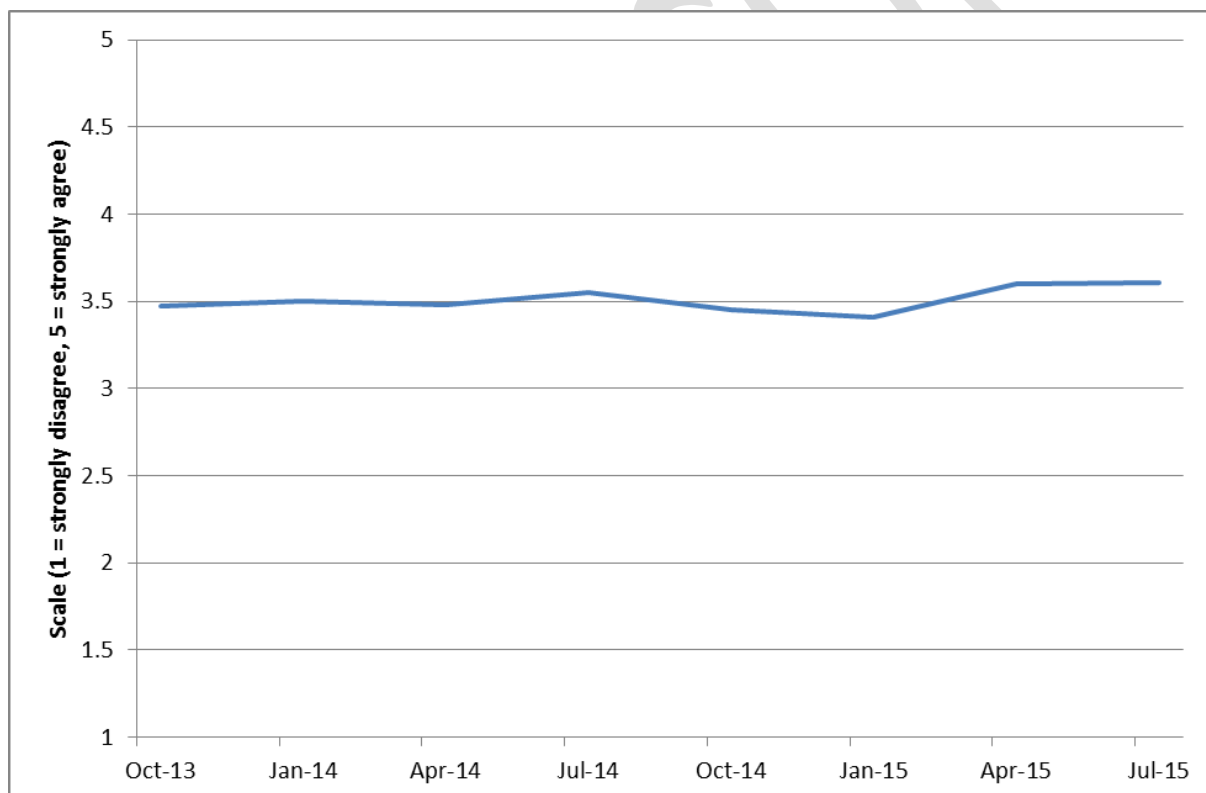
Enablers of Engagement: Recognition

This factor measures the extent to which staff receive recognition and perceive their contributions are valued.

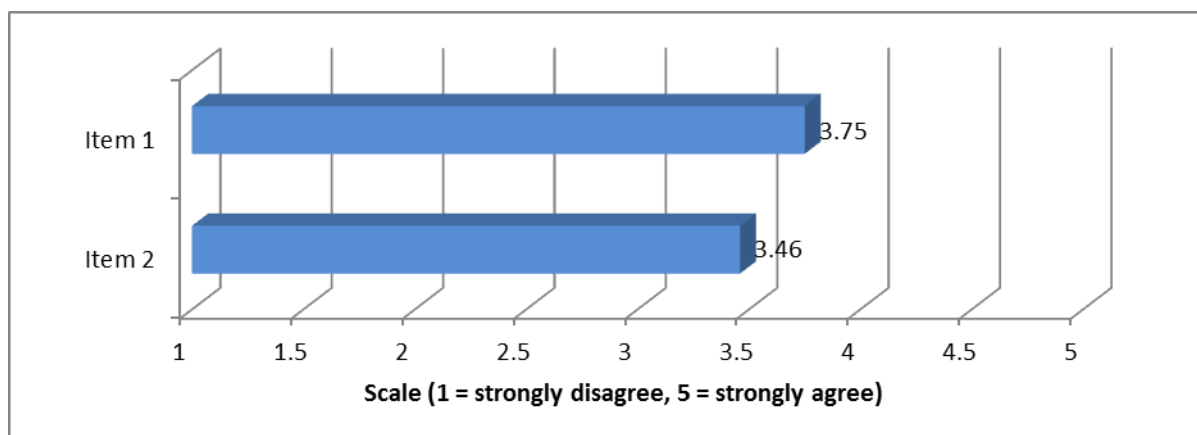
Overall response on recognition:



Score on recognition:



Responses on individual items:



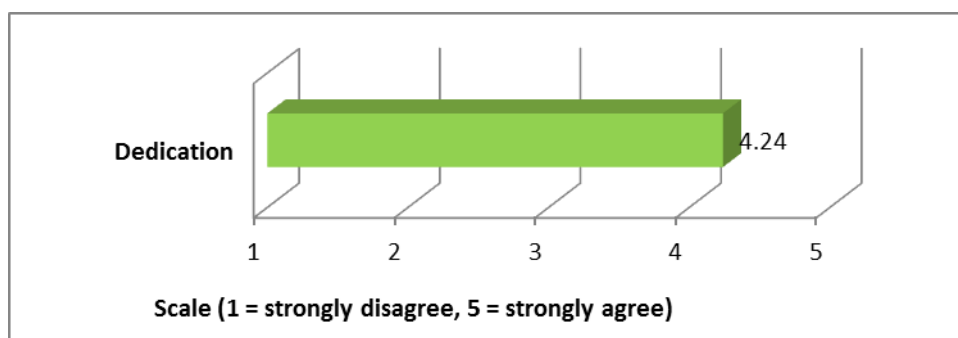
Feedback

Feedback on score and staff comments regarding this enabler included here.

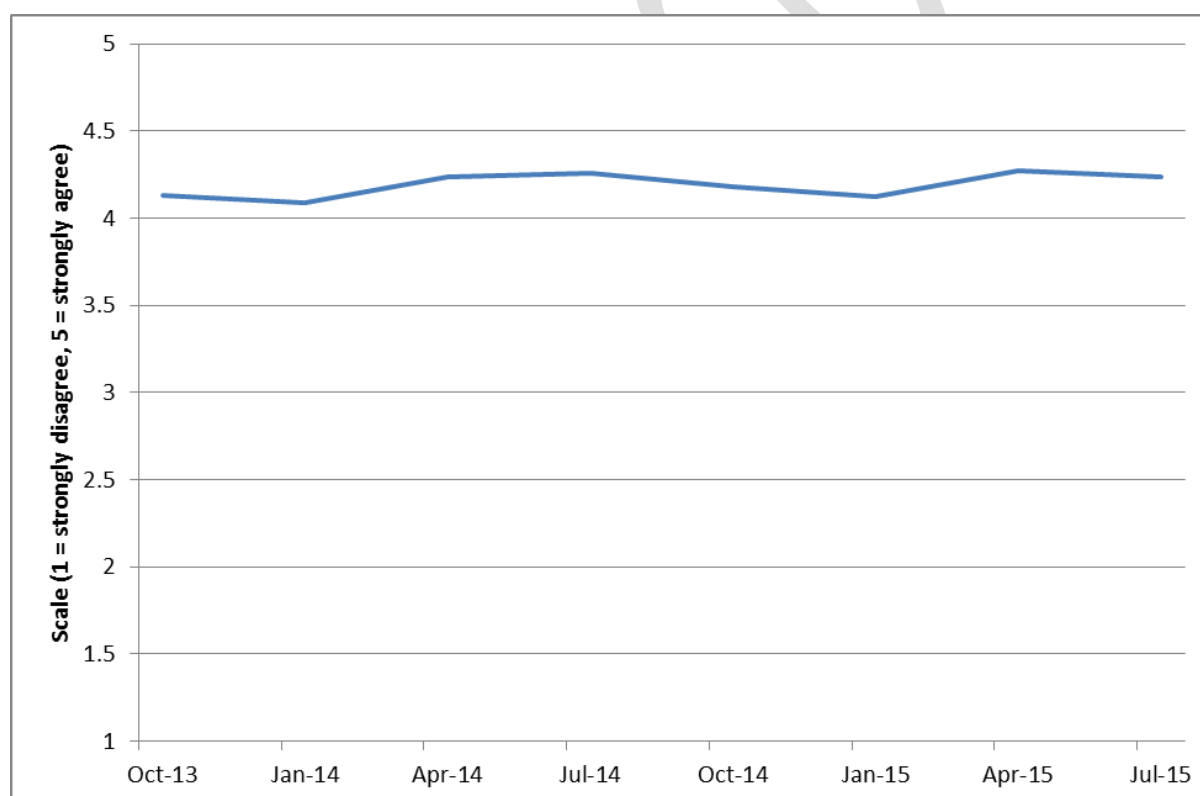
Engagement Feelings: Dedication

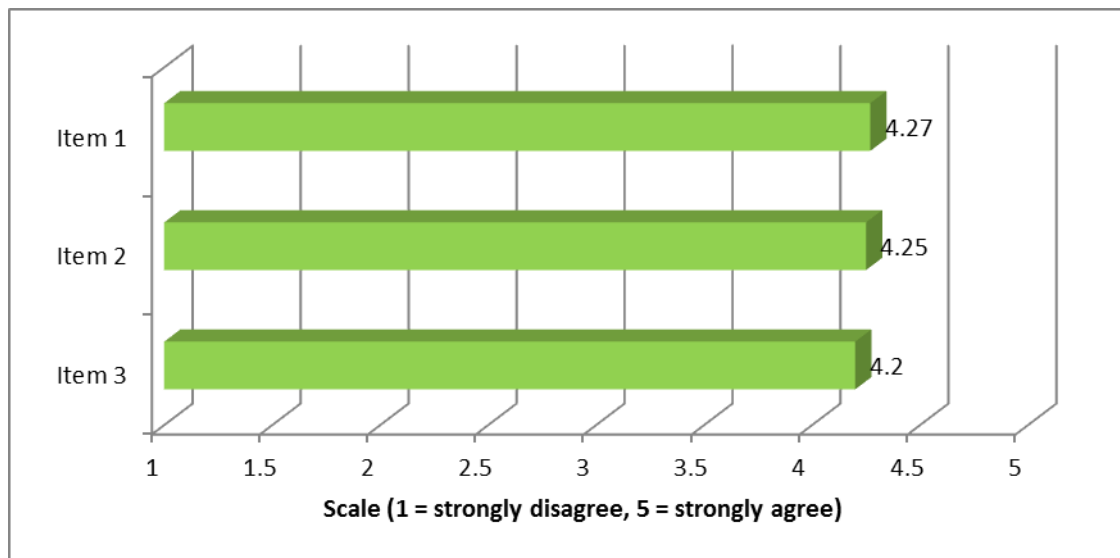
This factor measures the extent to that staff feel strongly involved in their work, and experience a sense of purpose, inspiration, pride and commitment.

Overall response on dedication:



Score on dedication over time:



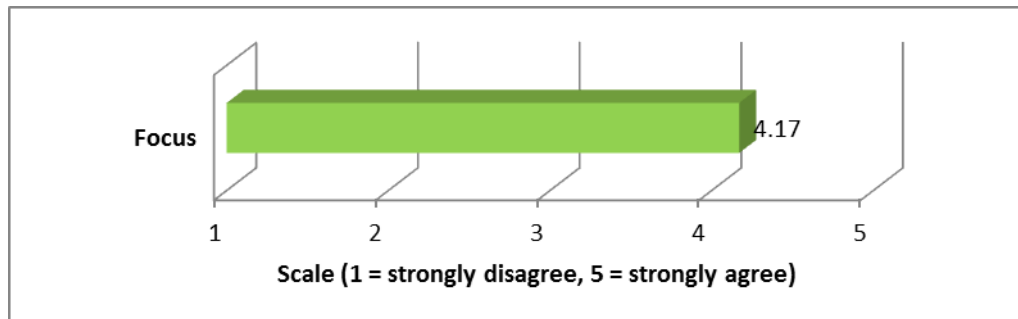
Responses on individual items:**Feedback**

Feedback on score and staff comments regarding this engagement dimension included here.

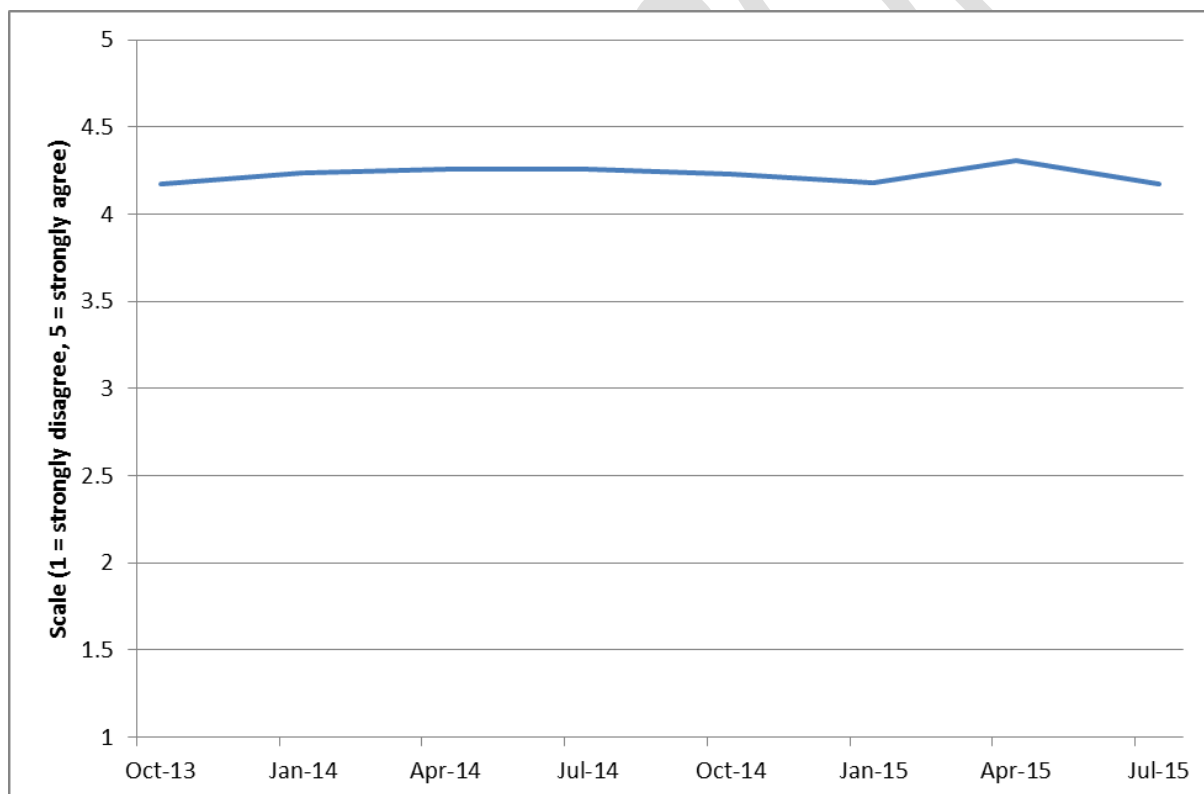
Engagement Feelings: Focus

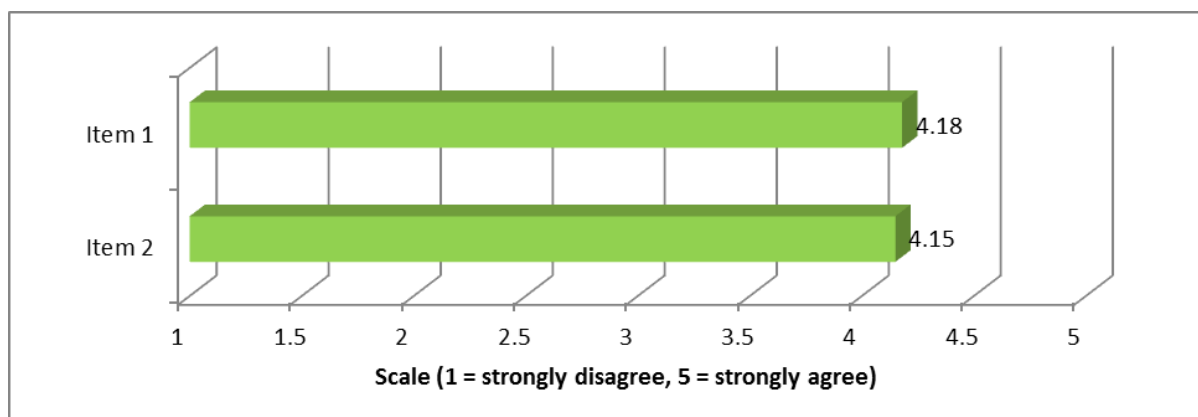
This factor measures the extent that staff feel fully engrossed in their work.

Overall response on focus:



Score on focus over time:



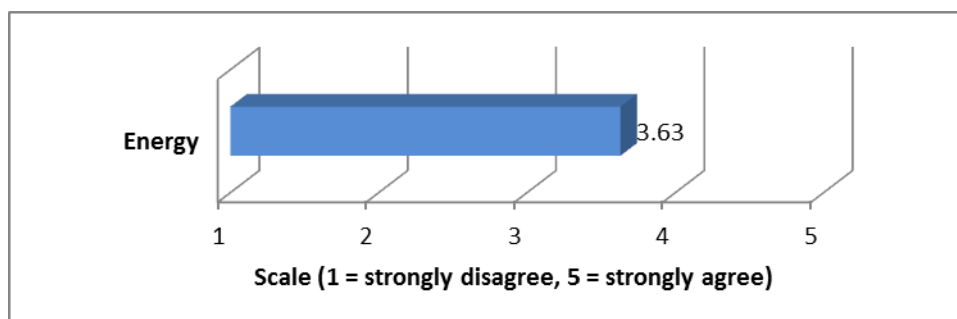
Responses on individual items:**Feedback**

Feedback on score and staff comments regarding this engagement dimension included here.

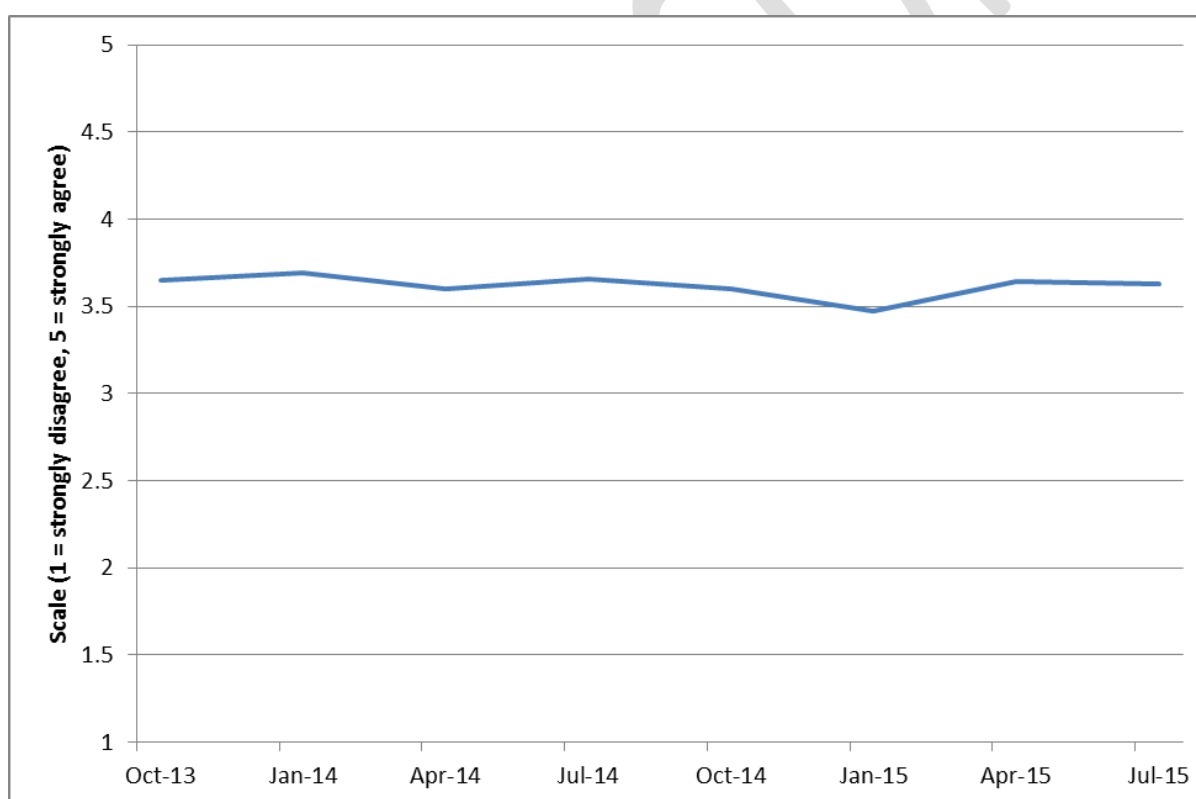
Engagement Feelings: Energy

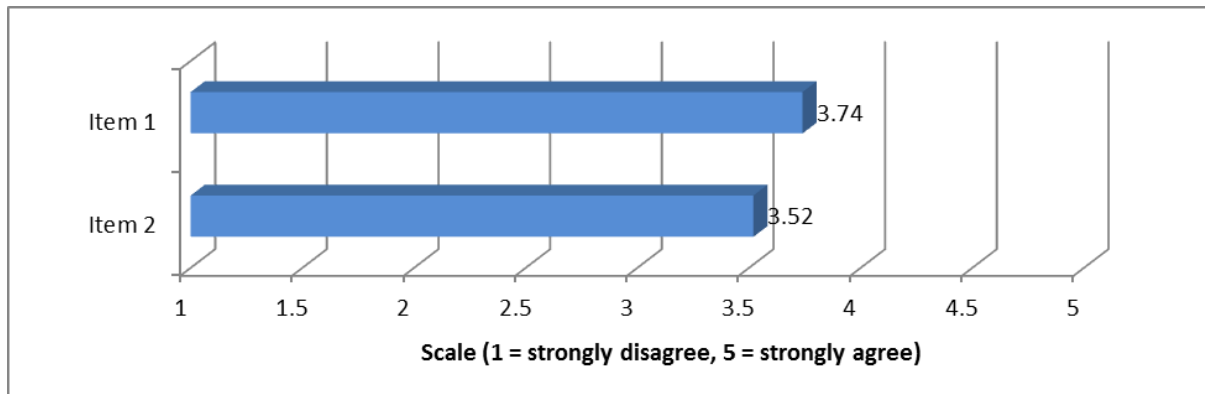
This factor measures the extent that staff feel willing to invest energy into their work.

Overall response on energy:



Score on energy over time:



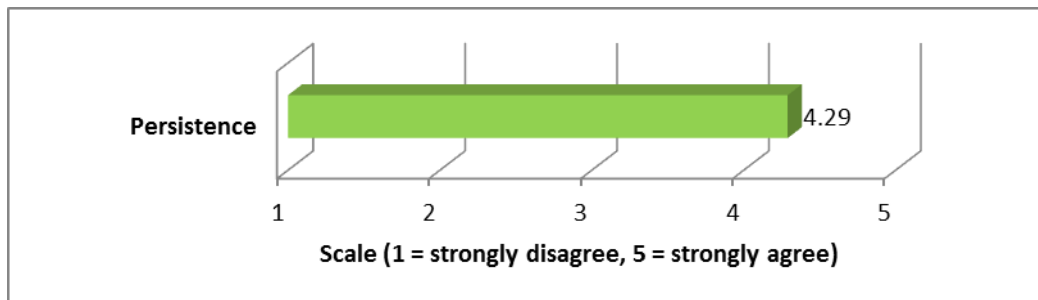
Responses on individual items:**Feedback**

Feedback on score and staff comments regarding this engagement dimension included here.

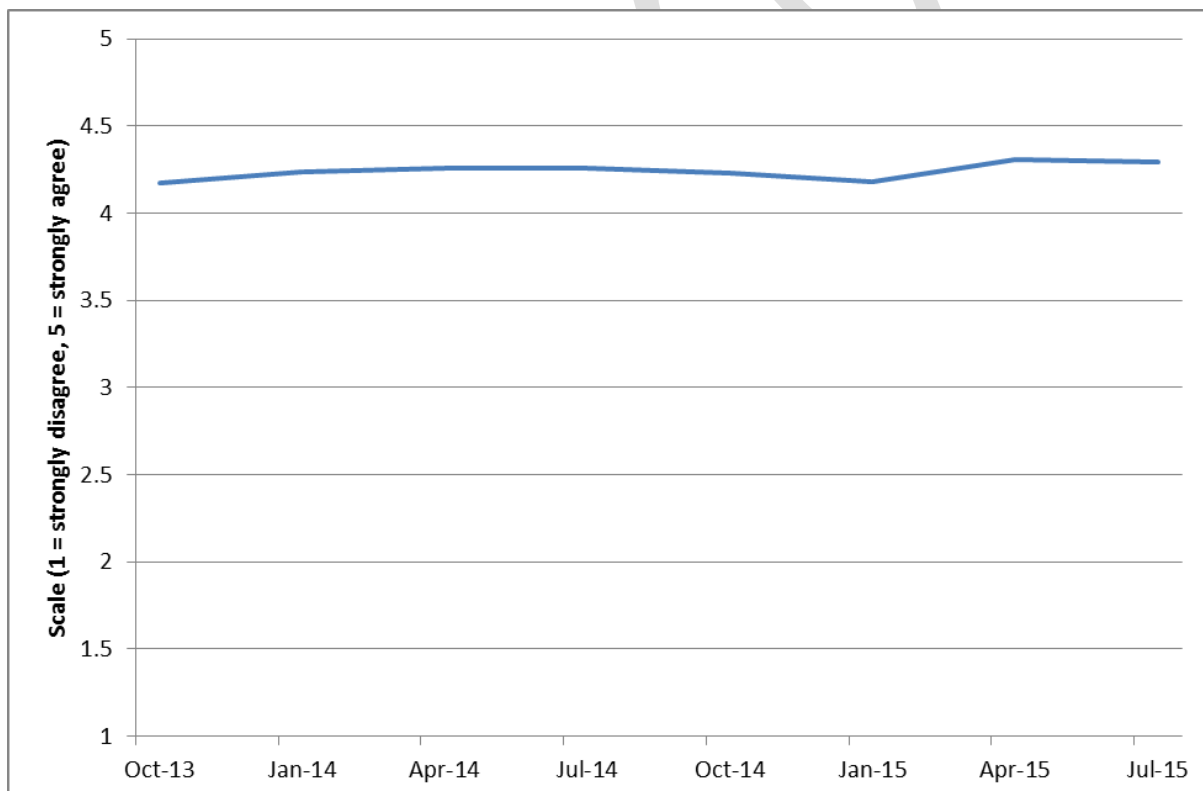
Engagement Behaviours: Persistence

This factor measures the extent that staff demonstrate effort and perseverance through challenges that they face at work.

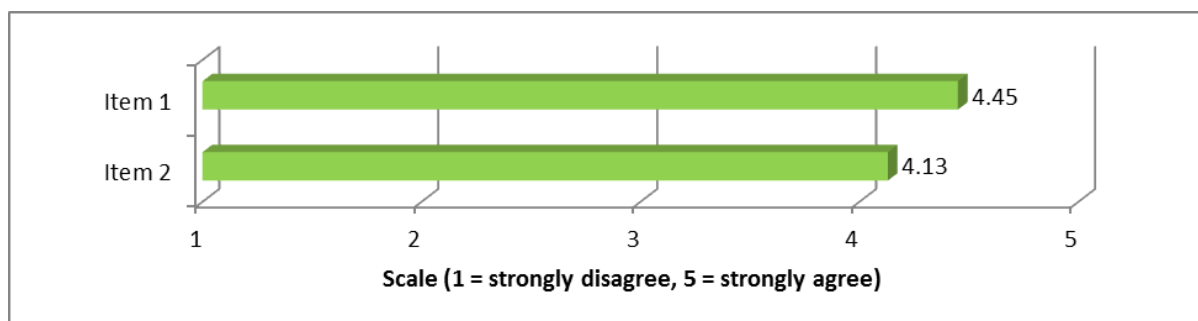
Overall response on persistence:



Score on persistence over time:



Responses on individual items:



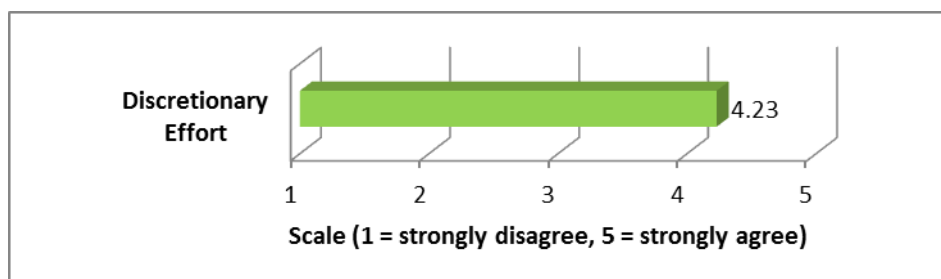
Feedback

Feedback on score and staff comments regarding this engagement dimension included here.

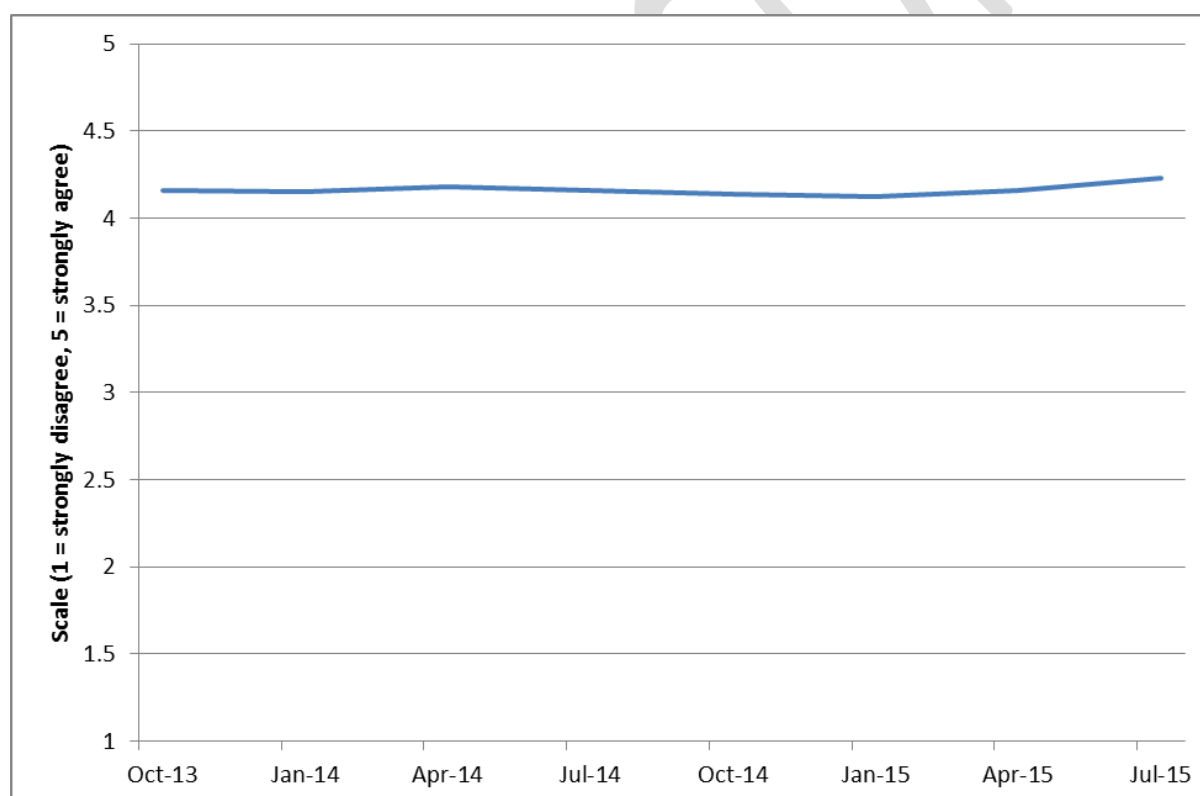
Engagement Behaviours: Discretionary Effort

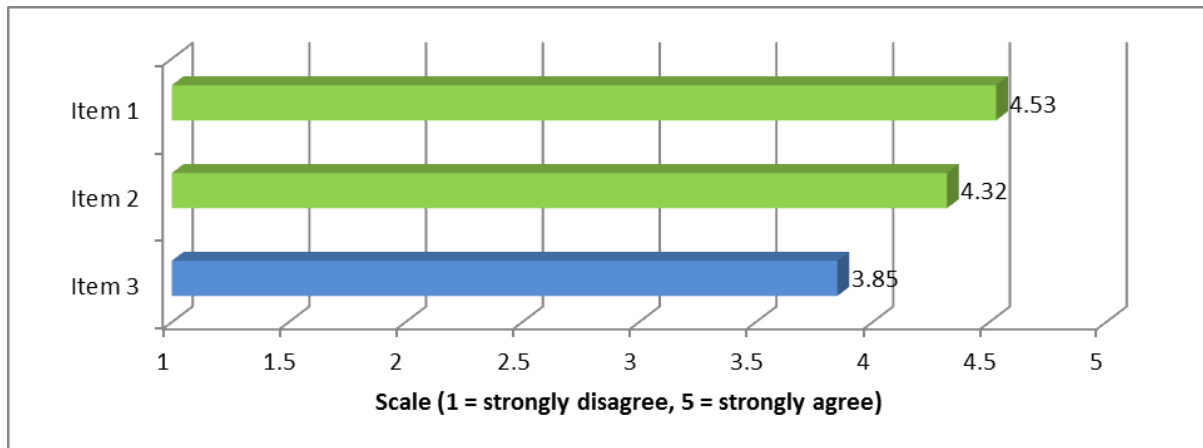
This factor measures the extent that staff step outside their role to help others and the Trust in general.

Overall response on discretionary effort:



Score on discretionary effort over time:



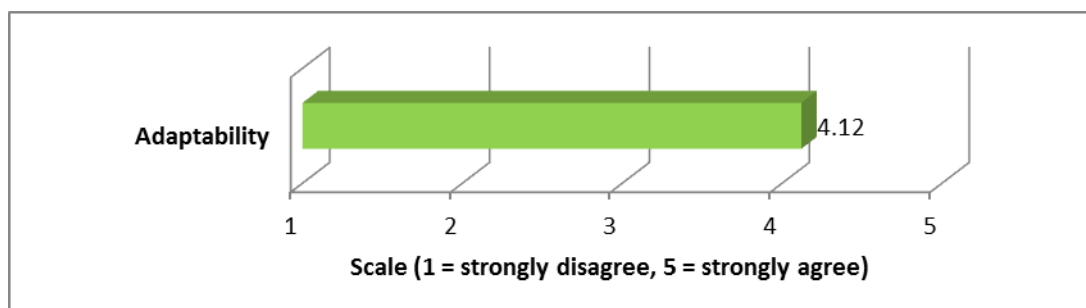
Responses on individual items:**Feedback**

Feedback on score and staff comments regarding this engagement dimension included here.

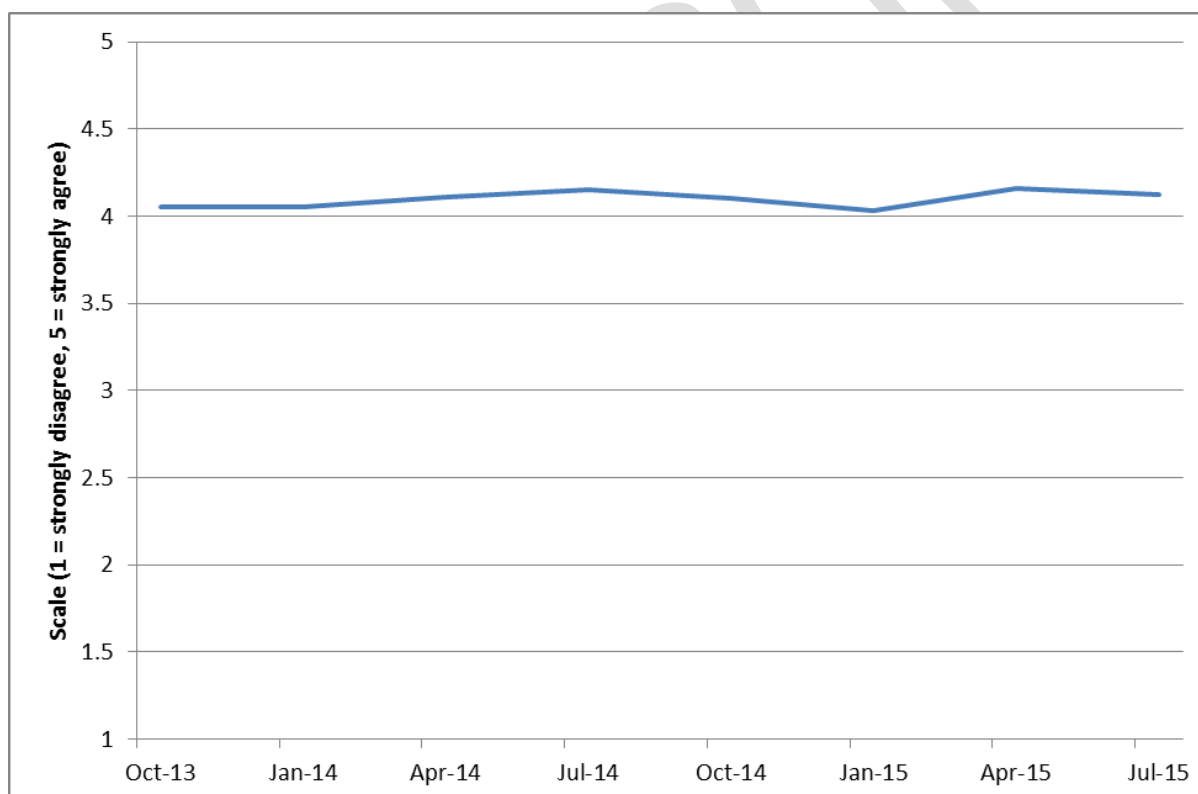
Engagement Behaviours: Adaptability

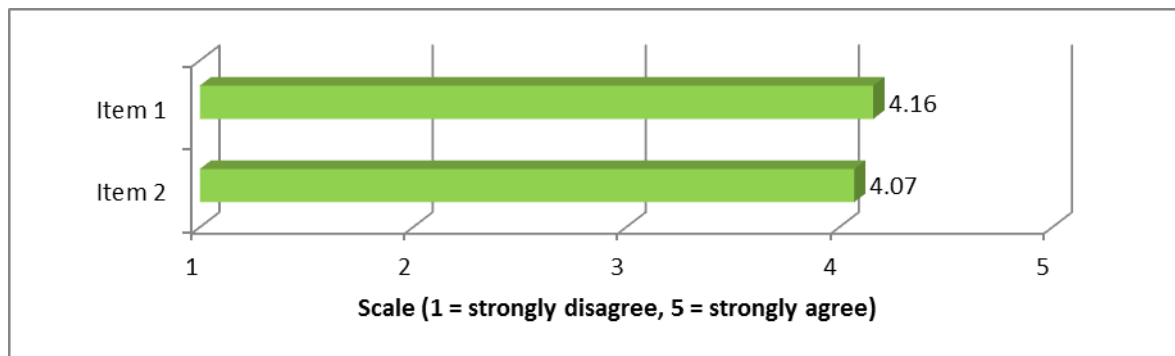
This factor measures the extent that staff respond to changes quickly and successfully.

Overall response on adaptability:



Score on adaptability over time:



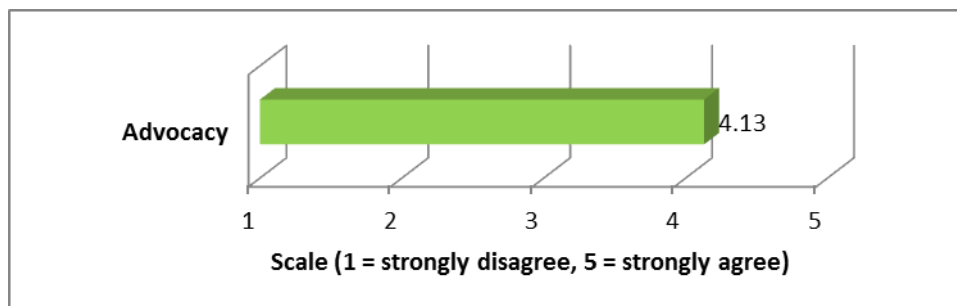
Responses on individual items:**Feedback**

Feedback on score and staff comments regarding this engagement dimension included here.

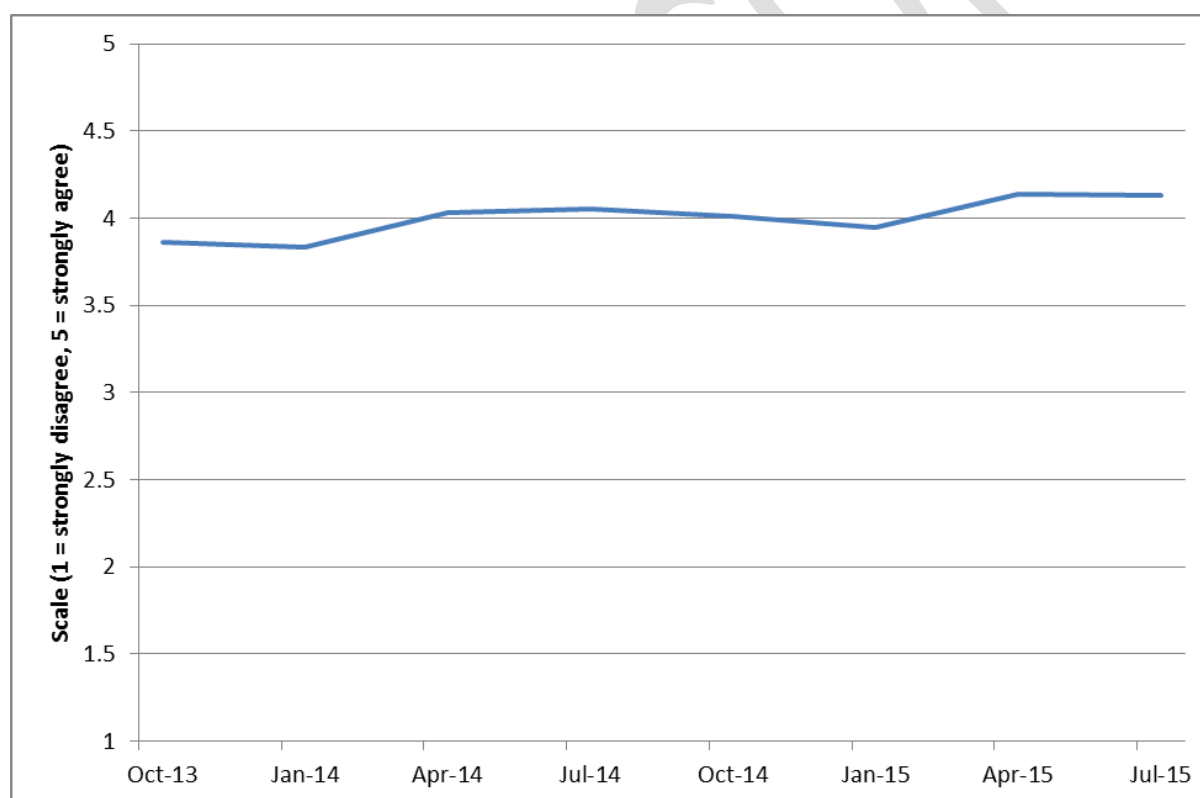
Engagement Behaviours: Advocacy

This factor measures the extent that staff have a positive representation of the Trust, and are willing to recommend the Trust to others.

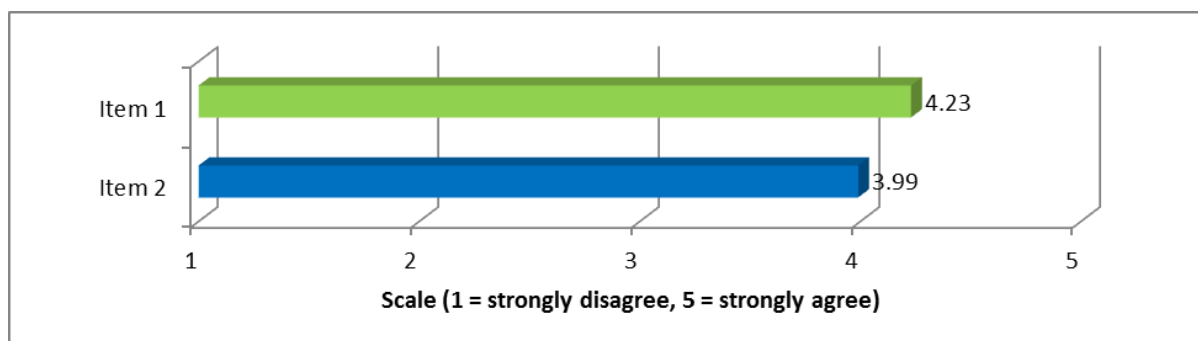
Overall response on advocacy:



Score on advocacy over time:



Responses on individual items:



Feedback

Feedback on score and staff comments regarding this engagement dimension included here.



ByddwchynFalch
BeProud

BE PROUD Staff Engagement Programme

Pioneer Introduction Pack



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Awyr Las
Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

Contents

Introduction	Page 3
What will you get from the staff engagement programme?	Page 3
What results can we expect?	Page 4
The journey	Page 5
How will we be supported?	Page 7
Your team itinerary	Page 8
Staff Engagement Award	Page 9
How does my team sign up?	Page 10
Application Form	Page 11

Introduction

Here at Betsi Cadwalder University Health Board, we know that **staff engagement is important**. The relationship you have with your work and the organisation can make a real difference to your experience at work, and the care that service users receive.

It is important to examine and address staff engagement at team level, as engagement can help you and your colleagues to develop **strong positive feelings and attitudes** towards your work and your team. This can really help you to thrive at work and continue to want to **give your best**, even when times get tough.

Becoming a Pioneer on this programme will give you the opportunity to **improve** and **sustain** staff engagement within your team, with guidance and support at each step of this 26 week journey.

The programme is coordinated by the Organisational Development Team.

For further details please contact:

Doreen Stuart, OD Manager, Doreen.stuart@wales.nhs.uk

Emma Farrell, Senior OD Practitioner, Emma.farrell@wales.nhs.uk

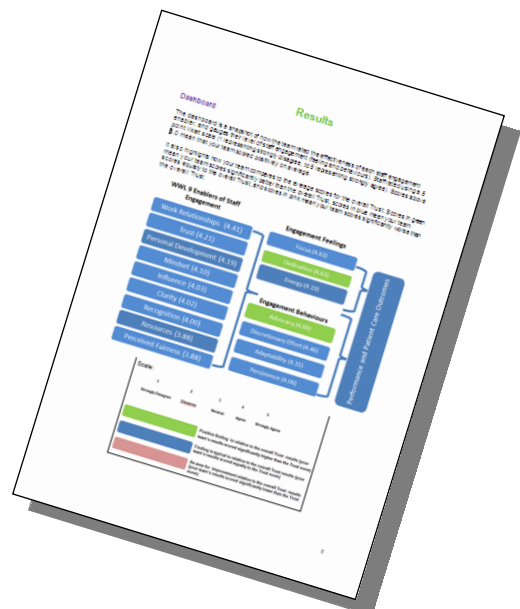
What will you get from the staff engagement programme?

Diagnostic Report

The staff engagement diagnostic is a questionnaire that staff within your team complete. It will help you to identify how engaged they feel, and the extent they demonstrate engagement behaviours at this moment in time.

It will also help you to identify what it is about the way your team currently functions, that is helping to enable or hinder staff engagement. By understanding what may be enabling staff engagement, you can identify what is currently working well. By understanding what is hindering staff engagement, you can identify what needs to change or improve about the way your team currently functions.

This report will also provide you with guidance on what you can do to change or improve the way your team currently functions. It will suggest which tools from the staff engagement toolkit may be best to improve staff engagement according to your team's specific needs.



Toolkit

The staff engagement toolkit has drawn upon the best practice from existing staff engagement initiatives and added further staff engagement techniques. The programme allows you to learn and understand more about the staff engagement tools available to you, so that you can select those that are most applicable to your team's specific needs, and understand how to put them into practice.

You will attend a two and a half day workshop during the start of the programme. This will help you to interpret and reflect upon your team's diagnostic report, gain further understanding of the tools within the staff engagement toolkit, select the core and supplementary tools you would like to apply, and create an action plan.

The workshop will cover the following:

Day 1 & 1½

- Introduction to the staff engagement pathway
- Interpretation and reflection of your diagnostic report
- Awareness of the four core staff engagement tools:
 - Communications cells and visual management
 - Listening events
 - Exposure techniques (walkabouts, back to the floor, shadowing, organisation raids)
 - Team charters and team building

Day 2

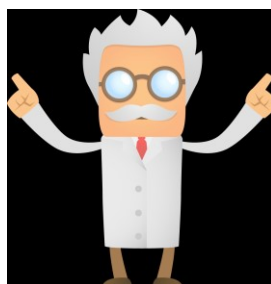
- Awareness of the four supplementary staff engagement tools:
 - Coaching techniques
 - Building resilience and wellbeing
 - Personal development techniques
 - Celebrating successes
- Selection of at least one core staff engagement tool, relevant to your team's specific needs.
- Creation of an action plan.

Action learning sets

Over your 26 week staff engagement journey, you will attend three action learning sets alongside Pioneers from other BeProud teams. This will allow you to share the successes and challenges of applying your staff engagement tools with likeminded individuals. It is also an excellent way to gain further support and guidance from others who are going through the same process.

Staff Engagement celebration event

At the end of your 26 week journey, you will have the opportunity to present your success story at our celebration event. The event showcases and celebrates all that has been achieved by the teams, and allows you to pass on your knowledge and experiences to the next cohort of teams. **The event is well attended by staff, leaders and directors across the organisation.**

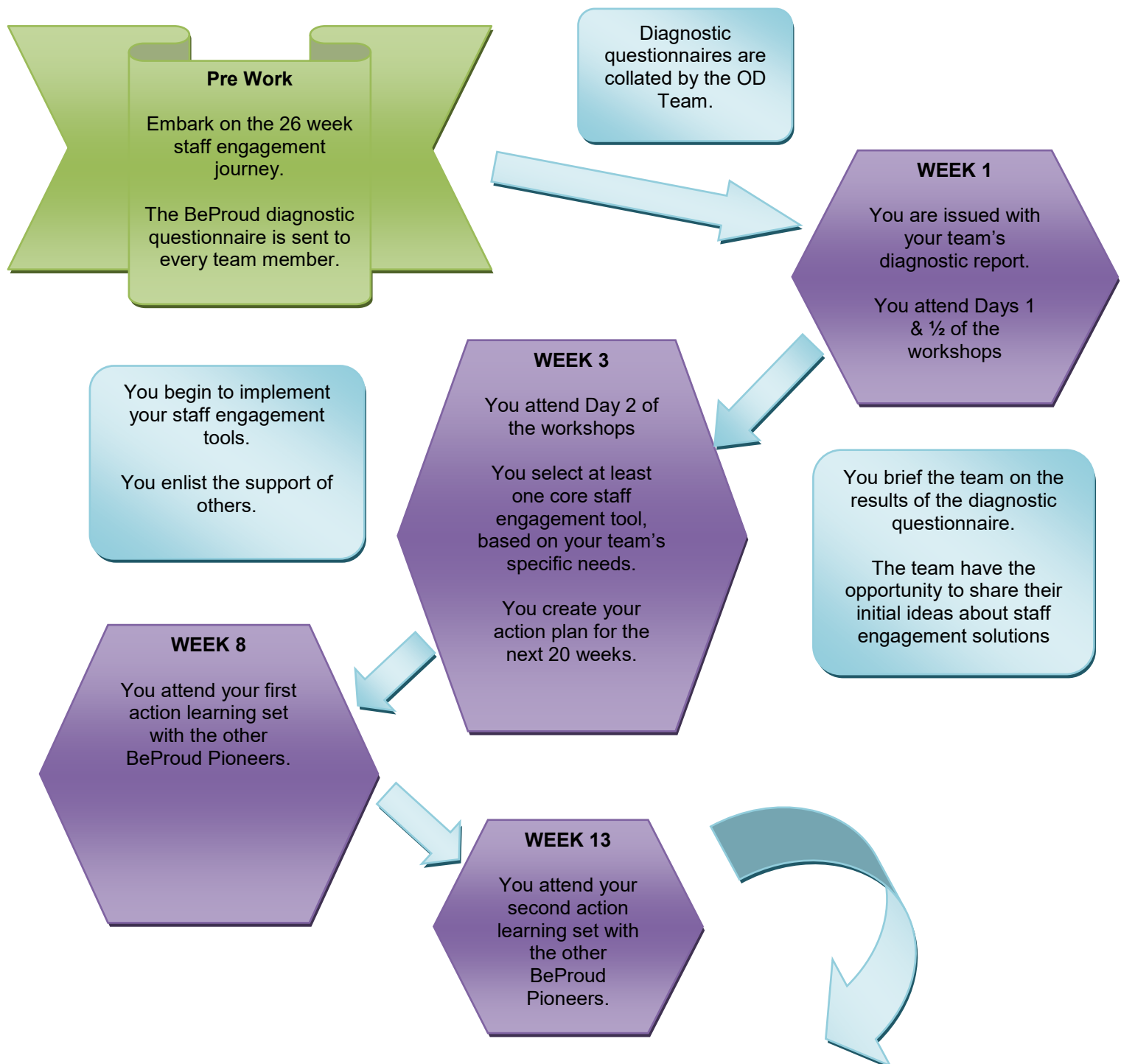


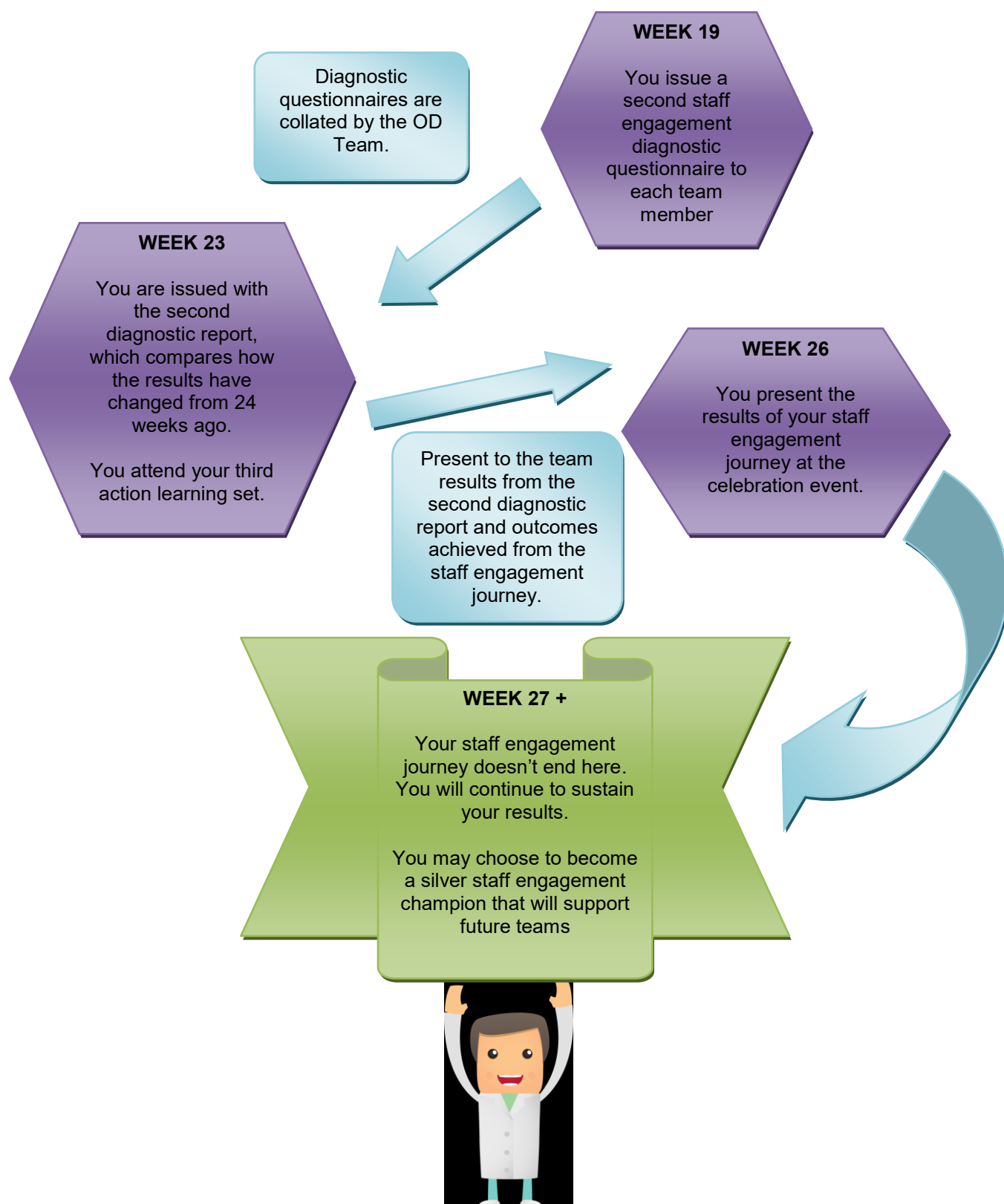
What results can we expect?

You will learn new skills and tools to increase staff engagement within your team both currently and into the future. The process will help you to develop important leadership skills. You can also expect to see improvements in staff engagement, which you will be able to measure using the staff engagement diagnostic.

Staff engagement is not a short term solution and it will be important to use your knowledge and experience to sustain levels of engagement beyond 26 weeks. If this is achieved, over time you may start to see additional outcomes such as improvements in staff morale, sickness absence, performance and patient care.

The Journey





How will we be supported?

There are several avenues of support during your staff engagement journey, who are able to offer specific advice and help.

OD team

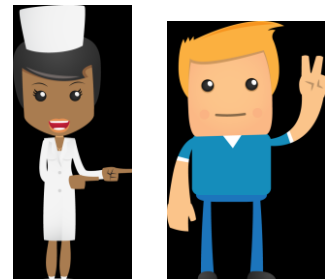
The team are responsible for managing and facilitating the teams during their journey. They are your source for all general information regarding staff engagement. They can offer you guidance on the diagnostic and toolkit, and will oversee that you are achieving your objectives at each stage of your 26 week itinerary. They also organise the celebration event.

Sponsor

You will have an exec or senior management level sponsor. They will be accessible to offer any support you may need for unlocking barriers, visiting the team, and acknowledging the work you are doing.

Your own Cohort

You will participate in three Action Learning Sets with your Pioneer peers. Action Learning is a valuable tool that helps participants resolve issues and develop actions. It is very powerful! Make use of these sessions and your cohort – it is likely you will get a lot out of it.



Where will the training take place?

All sessions will be held at Abergele Hospital in Training Room 2. The address is Llanfair Road, Abergele, LL22 8DP. Training Room 2 can be found on the top floor of the Residencies Building, which is on the right hand side opposite the top car park. It is signposted.

For those who are not familiar with the site, mobile reception can be poor once you enter the hospital grounds. There is a small canteen on site and a League of Friends Tea Bar which serves hot drinks and sandwiches.

Your Team Itinerary

It is suggested that the following team itinerary is populated early in your staff engagement journey. This will allow you to ensure you stay on track up until the celebration event.

Week	Date	Action	Details	Completed?
Pre - Work		Issue staff engagement diagnostic questionnaire to team.		
Week 1		Attend Workshop 1 & ½ of the BeProud Pioneer Programme. Receive and review staff engagement team diagnostic report.		
Week 2-3		Brief team on the results of staff engagement report. Gather their initial ideas about staff engagement solutions.		
Week 3		Attend Workshop 2 of BeProud Pioneer Programme.		
Week 4		Select at least one core staff engagement tool.		
Week 5-7		Create action plan for how you will implement your staff engagement tools, and send a copy to the staff engagement team.		
Week 8		Attend first action learning set.		
Week 9		Issue the leadership values questionnaire to your manager and direct reports.		
Week 13		Attend second action learning set.		
Week 19		Issue second staff engagement diagnostic questionnaire to the team.		
Week 23		Receive and review second diagnostic report.		
Week 23		Attend third action learning set.		
Week 24 - 26		Present to team the results from second diagnostic and outcomes from the staff engagement journey.		
Week 26		Present your success story at the Staff Engagement Pioneers event.		

Staff Engagement Awards

As part of driving the future for staff engagement, BCUHB will be recognising the achievements of those individuals who have been integral to implementing, growing and pioneering staff engagement.

As a Staff Engagement Team Lead, your role is to assist in driving forward the implementation of activity, service improvements or change, that proactively engage staff in the process.

There is an accreditation system in place for BeProud Team Leads that have achieved a certain level of knowledge and experience in staff engagement:

Level	Awarding Criteria	Awarding Process
Bronze	<p>Voluntary enrolment as a Staff Engagement Team Lead</p> <p>Completion of the Staff Engagement Teams Programme 2 and a half day workshop and 26 week programme</p> <p>Active participation in a staff engagement intervention, using the staff engagement toolkit and methodology, which has resulted in:</p> <ul style="list-style-type: none"> Above 7% improvement in engagement Sustained engagement levels at or above 80% Achieved target of 80% for the first time <p>Presentation of actions and results at the Staff Engagement celebration Event</p>	<p>Automatic award to individuals demonstrating that they have reached the criteria</p> <p>Led one active engagement cycle over 26 weeks within their team.</p>
Silver	<p>As bronze plus:</p> <p>Fulfils one of the three following criteria:</p> <p>Evidence of leading staff engagement activity over time (multiple cycles), integrating staff engagement methodology into everyday practice. There must be sustained, measurable positive levels of staff engagement results in the area you are working, after 12 months.</p> <p>Demonstrable role modelling and proactive encouragement of implementing staff engagement cycles outside of the confinements of their immediate area of work</p> <p>Dissemination beyond the organisation through regional recognition.</p>	<p>Individuals may nominate themselves or be nominated by another member of staff.</p> <p>Nominations must provide evidence of how the criteria have been met.</p> <p>Award decisions will be made by a panel comprising Chief Executive (or designated deputy), Staff Engagement Steering Group and a Governor.</p> <p>Awards will be made at the yearly Staff Engagement Celebration Event.</p>
Gold	<p>As silver plus:</p> <p>Evidence of multiple sustained and measurable organisation – wide staff engagement. Contributes to the continuing evolution of staff engagement</p> <p>Dissemination beyond the organisation through national recognition.</p>	<p>As silver</p>

How does my team sign up?

The OD Team are currently registering interest from teams who wish to take part in the next cohort of the Staff Engagement Teams Programme.

The 26 week programme officially begins from **Wednesday 20th March 2019**, but the process of creating your team diagnostic report will begin up to four weeks earlier.

Any teams wishing to sign up should take the following steps:

Step 1: Engage your teams

Ask your team if the programme is something they would all like to be part of and undertake. Their buy in will be important to the success of the programme.

You may also wish to identify one or two team members who will support you to lead the programme with your team.

Step 2: Check Dates

You will need to check that your team members and/or team leads are available for the following programme dates:

27/02/19:	Team members to complete staff engagement diagnostic survey (online or paper based survey).
20/03/19 & 21/03/19:	Team pioneers to attend Workshop 1 & ½ at
03/04/19:	Team pioneers to attend Workshop 2 of BeProud Pioneer Programme
08/05/19:	Team pioneers attend first Action Learning Set
05/06/19:	Team pioneers attend second Action Learning Set
03/07/19:	Team pioneers attend third Action Learning Set
17/07/19:	Team pioneers present at the Be Proud Staff Engagement Pioneers event

Step 3: Complete application form

You will need to complete the Staff Engagement Pioneer Teams Programme application form and return it to:

DoreenStuart Rheolwr Datblygu'r Sefydliad/Organisational Development Manager

Gweithlu a Datblygiad Sefydliadol / Workforce & Organisational Development
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Ffôn • Tel: (01978) 725319 (WHTN 1814 5319)

Mobile 07966 512489 e-bost • e-mail Doreen.stuart@wales.nhs.uk

Staff Engagement Teams Programme Application Form

Please complete the application form below, to sign up to the next cohort of the 26 week programme. The programme starts from Wednesday 20th March 2019, but pre-work will commence from up to four weeks prior. **A member of the OD team will contact your team to discuss your request to take part in the programme.**

Team Name:	
Team Lead(s): <i>Individuals will act as staff engagement team leads during the 26 week programme. It is recommended that team leads are the team manager and one or two team members from the team.</i>	
Team Lead(s) Telephone Number:	
Team Members:	
Why does your team want to take part in the Staff Engagement Teams Programme?	
Is your team undergoing other changes or processes that might have an impact? E.g. OCP, grievances? If yes please specify.	
Is anyone currently or within the last 6 months supporting your team? i.e. Workforce, Occupational Health? If yes please specify.	
What would your team like to achieve from the programme?	

<p>On a scale of 1 to 10, how engaged do you feel the team is at present?</p>	<p>Disengaged 1 2 3 4 5 6 7 8 9 10 Engaged</p>
<p>By signing this application form we confirm that we have read and agree to fully committing to the 26 week programme and associated activities, should we be offered a place.</p> <p> Name (Team Manager)..... Role..... Signature..... Date..... </p> <p> Name..... Role..... Signature..... Date..... </p> <p> Name..... Role..... Signature..... Date..... </p>	

Charitable Funds Committee		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
20 th June 2019	To improve health and provide excellent care	
CF19/27		

Report Title:	Request for Expenditure Approvals
Report Author:	Rebecca Hughes, Charity Accountant
Responsible Director:	Sue Hill, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The funding application requests received for this Committee are itemised in the following paper.
Approval / Scrutiny Route Prior to Presentation:	The Report is brought for approval by the Charitable Funds Committee.
Governance issues / risks:	The applications have all been to the Charitable Funds Advisory Group for consideration and comments are included at the end of each application.
Financial Implications:	The summary report details the individual funding applications, the amounts requested and the funding source. Each request is supported by an individual application which provides a more detailed explanation and justification. These are attached as appendices to this report.
Recommendation:	The Committee is asked to review each application for approval or rejection.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<i>Not applicable</i>			
Equality Impact Assessment			
<i>Not applicable – the report does not impact directly on staff or patients</i>			

Disclosure:

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

Request for Expenditure Approvals

1.0 Introduction

The following summarises the funding application requests submitted for consideration by the Committee.

2.0 Applications for Ratification

Item	Title of Funding Application	Amount of Application £	Funding Source	Division
.1	Applications Approved by the Charitable Funds Advisory Group	129,566	See attached	See attached

The total amount approved from General Funds is £11,696.

3.0 Applications for Consideration

Item	Title of Funding Application	Amount of Application £	Funding Source	Division
.2	Replacement Patient Chairs – Alaw Day Unit	40,920	Fund 9Q04	NWWS
.3	Additional Equipment – Hybrid Theatre	75,300	Fund 8B66	Glan Clwyd

Total £116,220

The above applications have all been reviewed by the Charitable Funds Advisory Group and a summary of the comments from the Group are noted at the end of the individual applications. The total amount requested from General Funds is nil.

4.0 Recommendation

The Committee is asked to review each application for approval or rejection.

Applications Submitted to Charitable Funds Advisory Group

1. Applications Approved by the Charitable Funds Advisory Group

Item	Title of Funding Application	Amount of Application £	Funding Source	Division	Comments of Advisory Group
.1	Filing Storage Cabinets	6,898	General Funds (approved from department funds)	Ysbyty Gwynedd	The department has sufficient funds for this application, but does not wish to use them for this purpose as their funds are to be used for staff development. However the Group agreed that the department should be using their own funds and would support the application if this was the case, but would not support from General Funds.
.2	Diathermy Machine for Orthopaedic Surgeon in Hossana	7,250	Fund 8T08	Corporate	This application is for a new machine which is based on advice from the surgeon who has worked in Africa. The Group felt that this was good use of funds.
.3	Video conferencing and presentation system	7,456	Funds 7F03, 7F10 & 7F11	East Area	Purchase of this equipment would be a cost saving due to the teaching sessions being presented over the system and saving travel time.
.5	Exploring Healthcare Professionals perspectives on Advance Care Planning: another piece of the puzzle	23,993	Fund 7Q03	East Area	A Palliative Care research project on advance care planning - a patient-led process of structured discussions between person/patient and their healthcare professionals. The discussions are aimed at eliciting and clarifying wishes and preferences of the patient for future care. Group agreed that this would be beneficial to the service in the long term and that the costs were reasonable.

Item	Title of Funding Application	Amount of Application £	Funding Source	Division	Comments of Advisory Group
.6	Pagewriter TC30 Cardiograph for Pre-Operative Assessment	5,368	Fund 9N20	Ysbyty Gwynedd	Purchase of equipment with direct patient benefits. Group confirmed that ongoing maintenance costs would be funded from budget.
.7	Cancer Centre Gardens	7,322	Fund 8Q02	NWWS	Re-structure of the garden by removing the decking and wooded gazebo and replacing with patio slabs to allow wheelchair access. The group felt that this was good use of their funds as it would be a benefit for patients, visitors and staff.
.8	Bladder Scanner – Enfys Ward	7,783	Fund 8Q02	NWWS	Purchase of equipment with direct patient benefits. The group felt this was good use of their funds.
.9	Patient Information Display Screens	9,800	Fund 8Q02	NWWS	The aim of the display screens is to provide information about the management of various conditions and treatments. In addition, the screens will be used to inform patients, relatives and carers on the items purchased through Charitable donations. The group discussed how effectiveness would depend on the information displayed.
.10	Complimentary Therapy – Shooting Star Unit	10,000	Fund 7Q02	NWWS	The Complementary Therapy service across North Wales has been a great success. The Shooting Star Unit in Wrexham has had lots of positive reviews and they hope to extend to another day, in order to move further in line with the rest of North Wales.
.11	Replacement Furniture – Dinas Ward	11,696	General Funds	MH&LD	The group were happy to approve this application but stated that if there is a redevelopment of the unit, all new furniture should be included.

Item	Title of Funding Application	Amount of Application £	Funding Source	Division	Comments of Advisory Group
.12	Equipment for Minor Operation Room	12,000	Fund 9B10	West Area	By purchasing this equipment, patients would have better access to various treatment options as close to home as possible and should help reduce waiting lists.
.13	Wet Rooms – Enfys Ward	20,000	Fund 8Q02	NWWS	A large donation of £10,000 from the Karen Keating fund was provided a number of years previously, for the upgrading of the bathroom on Enfys into a wet room. Due to various reasons the project had stalled, however a design is now underway. There has also been a further donation of £13,000 received by Ruthin Choir. The group were happy to approve as this is what the donations made were to be used for.

TOTAL APPROVED £129,566

2. Applications Rejected by the Charitable Funds Advisory Group

Item	Title of Funding Application	Amount of Application £	Funding Source	Division	Comments of Advisory Group
.1	Implementation of A Sustainable Educational Sessions to Primary Schools Within Central Area on Antimicrobial Stewardship Using NICE Accredited EBug Resources	12,443	General Funds	Central Area	<p>Aim of this application is to deliver sustainable educational lesson plans on the importance of antimicrobial stewardship to Year 5&6 pupils in Primary Schools within Conwy and Denbighshire using NICE accredited Ebug education resources via a 'train the teacher' approach. Costs appeared excessive and costs saving could be made by contacting the Local Education Authority and using staff inset training days to do the training and using the school nurse resource.</p> <p>The Group decided not to fund this application but would be willing to help them source alternative funding.</p>

Accessories for the ComfortLine2



Lamp



Handle



Luggage rack



Console table



Infusion pole



Patient table



Cover leg segment



Velo



USB port



Paper roll holder

Technical data	
Dimensions	
Width incl. armrests	90 cm
Width seat segment	58 cm
Total length	203 – 230 cm
Armrests	52 x 15,5 cm
Total weight	101 kg
Adjustments	
Back segment angle	75° – 0°
Seat segment angle	30° – 5°
Leg segment angle	5° – 30°
Footrest, electrical	28 cm
Height adjustment	54 – 74 cm
Electrical specifications	
Power supply / voltage	100 – 240 Volt 50/60 Hz
Protection class	II
Protection category	IPX 4
Motors	5
Operating voltage of accu (optional)	25,2 Volt
Capacity of accu (optional)	1800 mAh
Safety	
Safe maximum load	240 kg

The illustrated chair shows optional features, which are not included in the standard version. The chairs' standard design is unicolor Chrom grey.

Offering the best for your patient



ComfortLine²



Bionic Medizintechnik GmbH ... a JMS-corporation · Max-Planck-Straße 21 · D-61381 Friedrichsdorf/Germany
 Telefon: +49(0)6172-75760 · Fax: +49(0)6172-757610 · info@bionic-jms.com · www.bionic-jms.com

Right for technical modifications reserved
 B-MOBCL2E/01



ComfortLine2 – a new dimension of safety, design and comfort



The upright position for entry and exit is activated with one preprogrammed button.



The armrest can be adjusted to the desired position and even turned completely with one lever.



For optimum relaxation the ComfortLine2 offers individual adjustment of all segments.



The extra wide foot pedal activates the shock position, allowing the medical team hands-free operation.

The ComfortLine2 combines the latest standards in hygiene with the experience and well known technical properties. Smooth and compact surfaces make cleaning easy, compliment the design and underline the high quality standards. The excellent appearance and higher comfort are supported by the sophisticated upholstery technology.

Highly resistant, antibacterial and antimicrobial upholstery materials as well as many unicolor and bi-color designs are available. Please ask for our color chart.

Atoll	Royal	Orchidee	Cyclame
Kirsche	Karneol	Mint	Chrom (Standard)



Rotation of the armrest and lowering the front for the ideal puncturing position is intuitive and simple with the adjustment lever.



Your patient can adjust the height and position of the head pillow easily with one hand only and find the most comfortable position.



The illuminated hand switch is clear and simple. The upright position is available with one button only.



The shock position can be activated hands-free with the extra wide red foot pedal – from both sides.



Access to the five motors is located directly underneath the removable upholstery.



The completely closed leg segment with electrically adjustable footrest offers higher hygiene standards.



The central brake on both sides allows a fast fixation of all four wheels.



Equipotential bonding according to EN 60601 improves the safety for your patient.

AWYR LAS
FUNDING APPLICATION FORM

<u>Title of Funding Application</u>			Replacement of patient therapy chairs in Alaw Day Unit
<u>Name & Job Title of Lead Applicant</u>			Sister Jen Owens
<u>Name & Job Title of Other Applicants</u>			Matron Manon Williams
<u>Maximum Expenditure Requested</u>			£ 41,000
<u>Fund to be Sourced</u>	Fund Number & Title	Janet Jones (Alaw Fund) – Fund 9Q04	
	Current Uncommitted Balance	£ 416,380.30	
<u>Introduction and Background</u>			
<ul style="list-style-type: none"> • The chairs on Alaw chemotherapy unit are utilised for anything up to 10 hours a day / 5 days a week and the current chairs have broken • Utilising the charitable funds for the purpose of replacing these chairs has been approved by the Alaw charitable funds committee. 			
<u>Key Service Benefits and Measures</u> (to be reported back to the Committee 6 months after approval granted, unless otherwise stated in approval letter)			

Service Benefit (insert further rows if needed, must include patient care and financial benefits)				Measure
The new proposed chairs will provide further patient comfort and will include a means of adjusting the arm rests and head pillow.				
The chair has been on trial within the unit with very positive patient feed back				
Financial Management and Costing				
Pay				
Job Title	Annual Salary (inc. on-costs)	Period in Months	Project Role	£
Non-pay				
Quote or Estimate?	Description			
Quote valid for 60 days from 16 th of April 2019	11 comfortline2 therapy Chairs at £3,100 each			£34,100 Vat & 20%
Total Pay and Non-pay				£40,920.00
Ongoing Revenue Costs				
Ongoing revenue costs which will be charged to NHS budgets				£
Less: Savings generated by this application				£40,920.00
Net ongoing revenue costs charged to NHS budgets				£
Risk Assessment				

Risk (insert further rows if needed)		Mitigation
Exit Strategy (Charitable Funds cannot fund ongoing commitments)		
N/A – One off purchase.		
Dementia Strategy (State how the scheme meets the Health Board's dementia strategy)		
Chairs will be utilised by all cancer patients.		
Health Inequalities (State how the scheme addresses health inequalities)		
Chairs will be utilised by all cancer patients.		
Equalities Impact		
Will any racial equality groups (racial, gender, disability, sexuality, age, language, religion/belief be differently affected by this scheme?		NO
If YES, then please submit a copy of the Equality Impact Questionnaire with this form.		
If NO, then state below what information/evidence the decision is based on.		

No impact on any equality group.		
Approvals		
	Name & Date Approved	Comments
Fund Advisor	Alaw Committee	
Capital Approval (Estates/IM&T/Medical Devices)	N/A	
Chief Financial Officer	Elaine Cartwright 23.05.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Geraint Roberts 28.05.19	
Charitable Funds Advisory Group	CFAG 23.05.19	<p>The new chairs would be utilised for up to 10 hours a day/5 days a week. The application has been approved by the Alaw Charitable Funds Committee.</p> <p>This application is for 11 chairs; if VAT exemption is available on these items the amount would reduce to £34,000.</p> <p>Outcome – The group were happy to approve.</p>



Awyr Las
Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

CF19/27.3

Donation of £75,300 for Awyr Las Fund 8B66 from the Flora and Robert Livsey Trust Fund, Registered Charity Number 1122389

The Flora and Robert Livsey Trust Fund came into being when Robert Livsey passed away. The couple's wish was to give back to the services that they had benefitted from during their lifetime so other patients could also receive excellent care. The Livseys specified that the money left in trust should support the following services in Ysbyty Glan Clwyd: urology, cardiology and vascular, cancer and stroke rehabilitation.

The Livsey Trust has previously given £1,106,880 through Awyr Las for: the new Cath Lab in YGC; an Ultrasound Machine with Probe for diagnosis in the Rapid Access Urology Clinic in YGC; and the Hybrid Theatre in YGC. On 28th February 2019 representatives from the Livsey Trust and the Health Board met and the Livsey Trust Trustees agreed to award further funding of £75,300.

The Flora and Robert Livsey Trust trustees have agreed to transfer the £75,300 on the agreement that it will be used to fund the following:

- a) **AngioJet Thrombectomy System.** This equipment is used in catheter-based procedures used for thrombolysis. The AngioJet Thrombectomy is used to break up a blood clot that is causing partial or full obstruction of blood flow in an artery. The £42,000 donation will fund one new console and a care package including 5 catheters.
- b) **Doppler Ultrasounds.** A Doppler ultrasound is a test that uses high-frequency sound waves to measure the amount of blood flow through your arteries and veins, to help detect abnormal flow within an artery or blood vessel. This can help to diagnose and treat a variety of conditions, including blood clots and poor circulation. The £9,300 donation will fund three new machines and laptops to support it.
- c) **Dermatome machine.** This is a surgical instrument used to produce thin slices of skin from a donor area. This machine will allow vascular surgeons to perform skin grafts for vascular patients in Glan Clwyd Hospital. The £24,000 donation will fund this new machine.

A Memorandum of Understanding outlining the details of the donation has been drawn up for the Trustees of the Livsey Trust. The 8B66 Fund Advisor, Jo Garzoni, who is the BCUHB Vascular Network Manager, confirmed that the running costs for the above equipment will be funded through NHS core funds in advance of submitting the requests for funding to the Livsey Trust.

The Fund Advisors for Fund 8B66 request that the Charity Advisory Group and Charity Committee give authorisation for the funds received from the Livsey Trust be used for the above purposes.



Awyr Las
Blue Sky

Elusen GIG Gogledd Cymru
The North Wales NHS Charity

CF19/27.3

Any remaining funds given by the Livsey Trust to date will be directed towards the Livsey Hybrid Theatre.

The Fund Advisors for Fund 8B66 would like to take this opportunity to thank the Trustees of the Livsey Trust for their significant contributions to the Livsey Hybrid Theatre in recent years.