

## Bundle Charitable Funds Committee 7 March 2019

9.30am, Boardroom, Ysbyty Gwynedd, Bangor LL57 2PW

### Agenda attachments

#### Agenda 07.03.19.docx

- CF19.01 Apologies & Declarations of Interest
- CF19.02 Minutes of the previous meeting held on 17th December 2018:
- CF19.02.1 Accuracy
  - CF19-02.1.docx
- CF19.02.2 Matters arising and summary action plan
  - CF19-02.2.docx
- CF19.03 Charitable Funds Finance Report Q3 2018/19
  - Ms R Hughes*
  - CF19-03 cover.docx
  - CF19-03.docx
- CF19.04 Charitable Funds Fundraising Report Q3 2018/19
  - Ms K Thomson*
  - CF19-04 cover.docx
  - CF19-04.docx
- CF19.05 Legacy Strategy
  - Ms K Thomson*
  - CF19-05 cover.docx
  - CF19-05.docx
- CF19.06 Charitable Funds Advisory Group: Draft minutes from 31st January 2019
  - Ms R Hughes*
  - CF19-06 cover.docx
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- CF19.07 Charity Risk Register
  - Ms R Hughes*
  - CF19-07 cover.docx
  - CF19-07.doc
- CF19.08 Rothschild Portfolio Report: Report to 31st December 2018
  - Ms R Hughes*
  - CF19-08 cover.docx
  - CF19-08.pdf
- CF19.09 ITEMS FOR DECISION: Request for Expenditure Approvals:
  - Ms R Hughes*
  - CF19-09 cover.docx
- CF19.09.1 Applications approved by the Charitable Funds Advisory Group For Ratification
  - CF19-09.1.doc
- CF19.09.2 Gwynt Y Mor Community Fund - Motiv8 Project
  - CF19-09.2.doc
  - CF19-09.2 appendix.doc
- CF19.09.3 Project Support for ChemoCare Version 6 Upgrade and Rollout to Haematology
  - CF19-09.3.doc
- CF19.10 Charity Budget for 2019/20
  - Ms R Hughes*
  - CF19-10 cover.docx
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CF19.11	Staff Lottery <i>Ms K Thomson</i> <u>CF19-11 cover.docx</u> <u>CF19-11.docx</u>
CF19.12	ITEMS OF GOVERNANCE: Charity Reserves Policy <i>Ms R Hughes</i> <u>CF19-12 cover.docx</u> <u>CF19-12.doc</u>
CF19.13	Charity Work Plan for 2019/20 <i>Ms R Hughes</i> <u>CF19-13 cover.docx</u> <u>CF19-13.doc</u>
CF19.14	Staff Engagement Strategy Update <u>CF19-14 cover.docx</u> <u>CF19-14.docx</u> <u>CF19-14 Appendix 1 Ward Managers Brochure.docx</u> <u>CF19-14 Appendix 2 Participant Journey.pdf</u> <u>CF19-14 Appendix 3 Survey Betsi Final.pdf</u> <u>CF19-14 Appendix 4 Be Proud Programme Induction Pack.doc</u> <u>CF19-14 Appendix 5 Be Proud Programme Introduction Pack.doc</u>
CF19.15	ITEMS FOR INFORMATION: Issues of significance to report to the Health Board
CF19.16	Date of next meeting: 20th June 2019 at 9.30am, YG

## Charitable Funds Committee Agenda

**Meeting to be held on Thursday 7<sup>th</sup> March at 9.30am  
Ysbyty Gwynedd**

CF19/01	<b>Apologies &amp; Declarations of Interest</b>	-
CF19/02	<b>Minutes of the previous meeting held on 17<sup>th</sup> December 2018:</b>  <b>CF19/02.1 Accuracy</b>  <b>CF19/02.2 Matters arising and summary action plan</b>	
CF19/03	<b>Charitable Funds Finance Report Q3 2018/19</b>  <i>Mrs R Hughes</i>	
CF19/04	<b>Charitable Funds Fundraising Report Q3 2018/19</b>  <i>Ms K Thomson</i>	
CF19/05	<b>Legacy Strategy</b>  <i>Ms K Thomson</i>	
CF19/06	<b>Charitable Funds Advisory Group: Draft minutes from 31<sup>st</sup> January 2019</b>  <i>Mrs R Hughes</i>	
CF19/07	<b>Charity Risk Register</b>  <i>Mrs R Hughes</i>	
CF19/08	<b>Rothschild Portfolio Report: Report to 31<sup>st</sup> December 2018</b>  <i>Mrs R Hughes</i>	
<b><u>Items for Decision</u></b>		
CF19/09	<b>Request for Expenditure Approvals:</b>	
.1	<b>Applications approved by the Charitable Funds Advisory Group For Ratification</b>	
.2	<b>Gwynt Y Mor Community Fund - Motiv8 Project</b>	
.3	<b>Project Support for ChemoCare Version 6 Upgrade and Rollout to Haematology</b>  <i>Mrs R Hughes</i>	

<b>CF19/10</b>	<b>Charity Budget for 2019/20</b> <i>Mrs R Hughes</i>	
<b>CF19/11</b>	<b>Staff Lottery</b> <i>Ms K Thomson</i>	
<b><u>Items of Governance</u></b>		
<b>CF19/12</b>	<b>Charity Reserves Policy</b> <i>Mrs R Hughes</i>	
<b>CF19/13</b>	<b>Charity Work Plan for 2019/20</b> <i>Mrs R Hughes</i>	
<b>CF19/14</b>	<b>Staff Engagement Strategy Update</b>	
<b><u>Items for Information</u></b>		
<b>CF19/15</b>	<b>Issues of significance to report to the Health Board</b>	-
<b>CF19/16</b>	<b>Date of next meeting:</b> 20 <sup>th</sup> June 2019 at 9.30am, YG	-

*Disclosure:*

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

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## CHARITABLE FUNDS COMMITTEE

### Draft minutes of the meeting held on Thursday 13<sup>th</sup> December 2018 in the Boardroom, Ysbyty Gwynedd

#### Present:

Mrs Bethan Russell Williams Independent Member (Chair)  
Ms Jackie Hughes Independent Member

#### In Attendance:

Mr Russell Favager Executive Director of Finance  
Ms Rebecca Hughes Charity Accountant  
Ms Kirsty Thomson Head of Fundraising  
Ms Faye Pritchard PA to Executive Director of Finance  
Ms Amanda Hughes Wales Audit Office  
Ms Sabel Wiliam Wales Audit Office

Agenda Item	Action
<p><b>CF18/44 Apologies for absence &amp; Declarations of interest</b></p> <p><b>CF18/44.1</b> Apologies of absence were noted from Mrs G Harris, Mr W Wilkinson, Ms J Rycroft-Malone and Ms Lyn Meadows.</p> <p><b>CF18/44.2</b> Mrs B R Williams reminded the committee of her Declaration of interest in any agenda items that involve Third Sector organisations, both in Gwynedd and across North Wales, due to her role as Chief Officer at Mantell Gwynedd.</p> <p><b>CF18/44.3</b> Ms J Hughes reminded the committee of her Declaration of interest in any agendas items affecting Radiology services due to her substantive BCUHB Radiology job role.</p> <p><b>CF18/ 44.4</b> Ms K Thomson notified the committee that she volunteers for the 'Love Hope Strength' foundation.</p>	

<p><b>CF18/45 Minutes of the previous meeting held on 11<sup>th</sup> June 2018:</b></p> <p><b>CF18/45.1 Accuracy</b> The minutes were approved as an accurate record, with one correction to be made on page 1 of Jo Rycroft Malone's name.</p> <p><b>CF18/45.2 Matters arising and review of summary action plan</b> The committee reviewed the summary action plan and reviewed the following:</p> <ul style="list-style-type: none"> <li>- <b>*Action*</b> CF18/32.2: Kirsty to circulate the leaflet to all members of the committee electronically and with a hard copy.</li> <li>- <b>*Action*</b> CF18/ 21: There are still 31 outstanding Joint Working Arrangements to be signed. Mr R Favager requested prior to the next committee meeting in March 2019 that Ms K Thomson sends updates via e-mail to himself 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, as opposed to 31.03.19, in line to be available for next committee in March.</li> </ul>	<p>KT</p> <p>KT</p>
<p><b>CF18/46 Annual Report and Financial Statements for 2017/18:</b></p> <p><b>CF18/46.1 Annual Report, Financial Statements and Letter of Representation</b></p> <p><b>CF18/46.2 Wales Audit Office ISA260 Report</b> <i>Ms Amanda Hughes, and Ms Sabel Wiliam Wales Audit Office in attendance for this item</i></p> <p>Ms A Hughes firstly expressed her thanks in the improved visual appearance and design layout of the Annual Report which Financial Management Graduate Trainee, Elgan Roberts led on. Ms A Hughes stated that the document holds much more value this year.</p> <p>Ms A Hughes picked up the highlights and main changes within the accounts. There was an audit adjustment for an adjusting Post balance sheet event, which was the reduction in the commitment in the Workforce and Organisational Development strategy by £205,000. This is reflected in accounts as a reduction in expenditure and an increase in funds held.</p> <p>There were also some minor audit adjustments for the inclusion of additional narrative and amendments to the Cash flow to make it clearer for the reader of the accounts. To note, the Letter of Representation was signed by both Ms Bethan Russell Williams as Chair of Charitable Funds Committee, and by Mr Russell Favager as lead Executive Director once the meeting had closed.</p> <p>Ms J Hughes noted that the Annual Report shows the charity spent more than it received in the year and queried how this may come across to the reader. Mr R Favager stated that the charity's strategy is to reduce the amount of money held and this fits in</p>	<p>RH</p>

<p>with that approach. However it was requested that the link between this and the financial figures is made more explicit in the Annual Report, so the reader understands why expenditure exceeded income.</p>	
<p><b>*Action*</b> To amend the context and wording of the Annual Report to link the figures to the strategy of reducing funds - page 4.</p>	RH
<p>Ms K Thomson informed the committee that she will provide all major donors with electronic and hard copies of the Annual Report.</p>	KT
<p>With regards to marketing, the committee discussed including the Annual report on messages via e-mail to all staff, on monthly newsletters, on the carousel on the website landing page and on all social media platforms.</p>	
<p>The Chair stated the need to measure impact on the charity's grants using impact statements to inform the differences that have been made with regards to improvements in individual's wellbeing due to these donations.</p>	
<p>Mr R Favager stated that impact statements could be reported via a Benefits Realisation exercise on a 12 months rolling period, for the Charitable Funds Committee's Cycle of Business to show the charity's impact, which will help form part of the Legacy strategy and Social Value work.</p>	
<p>Ms K Thomson informed the committee of the 'Hearts and Minds grant', which has now received 51 applications, via an online automated system. It is planned to roll out this system for all grant applications in the future, which will help with the collection of information on the benefits that have been seen as a result of the funding. .</p>	
<p>The Committee discussed the engagement of Fund Advisors and the need for funds to have expenditure plans. It was agreed that further conversations need to be held with regards to Fund Advisors. If no plans are in place or no engagement is taking place it's questionable whether they can continue to be a fund advisor.</p>	
<p>Ms K Thomson informed the committee of a new fund in January, available through the Alaw unit which all staff can apply for, to give extra funding for different training needs with a budget of £2k, but Mr R Favager stated that the training needs must be to better patient experience.</p>	
<p><b>*Action*</b> Request impact statements as a starting point for all 'Heart and Minds' grants.</p>	KT
<p><b>*Action*</b> The abbreviation CMATs on page 12 of the report needs to be written in full for readers to understand.</p>	RH
<p>Ms A Hughes clarified with the committee the route of the Annual Accounts. They weren't at Audit Committee 'for information' but as a final draft subject to auditing.</p>	
<p>Ms A Hughes congratulated the finance team on the quality of draft accounts; minor changes, with no issues to report.</p>	

<p>Ms B R Williams expressed her thanks to Mr R Favager and team, and to Wales Audit Office for a hugely rewarding, high quality prepared Annual Report and Accounts.</p> <p>The committee noted the Annual Report, Financial Statements and Letter of Representation with an unqualified audit opinion which will be signed by the Auditor General on the 8<sup>th</sup> January 2019. Ms Bethan Russell Williams as Chair of Charitable Funds Committee, and by Mr Russell Favager as lead Executive Director signed the Annual Report and Accounts once the meeting had closed.</p>	
<p><b>CF18/47 Charitable Funds Finance Report Q2 2018/19</b>  <i>Ms R Hughes</i></p> <p>Finance Report for Q2 2018/19 ending 30<sup>th</sup> September 2018. Ms R Hughes presented a brief overview of the report, noting the key highlights.</p> <p>Income from Donations and Fundraising has decreased by £36,000 (6%) on the prior year.</p> <p>Legacy income of £191,000 for the year to date is £174,000 (1.024%) higher than for the same period in 2017/18, which is pleasing to note for the committee.</p> <p>The grant funded charitable expenditure for Quarter 2 of 2018/19 totals £1,056,000 and shows a decrease of £48,000 (4%) compared to last year. The current year figures include the approval of the charity's administration and fundraising budget for 2018/19.</p> <p>Investments show an unrealised gain of £304,000 for the year to date, compared to a gain of £58,000 for the same period last year.</p> <p>Total cash at bank has decreased by £207,000 (24%) over the first half of the year, as a result of actual cash expenditure exceeding income as expenditure commitments are realised.</p> <p>Outstanding commitments have increased by £249,000 (17%) from the end of the last financial year to £1,686,000. These include £500,000 for the Hybrid theatre and £213,000 for the 2018/19 charity's administration and fundraising budget.</p> <p>Available unrestricted reserves total £4,422,000, compared to a target level of £3,060,000.</p> <p>Page 7 'Divisional Analysis' shows Cancer split out to North Wales Wide Services; a quarter of the charity's funds sit with Cancer services, which is vital information for the Charity in terms of future planning and where efforts need to be focused.</p> <p>Page 8 'Donated Income Trends by Division' Ms R Hughes stated that Donors see the hospitals and not the areas. Ms B Russell Williams wants the Communications Team informed for a strategy to tackle this.</p> <p>Ms R Hughes and Ms K Thomson informed the committee that within the Harlequin system, they're now able to track down source of donation from point of receipt. Every</p>	<p>KT</p>

<p>donation going forward is to be categorised, for accuracy and effectiveness to assure the committee and help plan for the future.</p> <p>Mr R Favager raised his concerns with regards to the outstanding commitment 'Wet rooms – Morfa Wards, LLGH'.</p> <p><b>*Action*</b> Mr R Favager to contact the Matron of Llandudno Hospital and also raise with the Estates team on behalf of the committee to understand in more depth the issues, and report back to March committee meeting, or prior if possible.</p> <p>The committee approved the finance report with a few actions raised.</p>	RF
<p><b>CF18/48 Charitable Funds Fundraising Report:</b> <i>Ms K Thomson</i></p> <p>Ms K Thomson started with some brief updates of examples of some good work done in addition to the Charitable Funds Fundraising Report:</p> <ul style="list-style-type: none"> <li>- Lloyds chose Awyr Las as 'Charity of the year'. £10k has already been raised, but they're on target to raise a further £9k.</li> <li>- Awyr Las concert last week raised £5k, hugely successful, with local sponsors.</li> </ul> <p><b>CF18/48.1 Fundraising Report Q2 2018/19</b></p> <p>Ms K Thomson talked the committee through some brief highlights contained within the report. Ms K Thomson assured the committee that all complaints have been dealt with as shown on page 2.</p> <p>A member of the fundraising team in the West has resigned, and recruitment will take place in January 2019.</p> <p>Mr R Favager and Ms B Russell Williams raised their confusions with the KPI Management table on page 3 of the report.</p> <p><b>*Action*</b> Ms K Thomson to reconsider the wording to set trajectories of KPI's of what's going to be done, when (Qualify and quantify outputs), as the table is currently showing Benefits Realisation.</p> <p><b>*Action*</b> Clarification on KPI's definition and to be certain we have realistic achievable targets being set.</p> <p><b>*Action*</b> All Working Agreements to be signed by the end of February 2019. Ms K Thomson to keep Mr R Favager updated.</p> <p><b>*Action*</b> Ms K Thomson to do a more meaningful piece of work on third sector groups, with clarity and transparency by the next committee meeting in March. Work with the Finance team for support.</p>	<p>KT</p> <p>KT</p> <p>KT</p> <p>KT</p>

<p>Ms B Russell Williams raised the lessons learnt on The Give 70 campaign. Many other Health Boards capitalised on the campaign. Issues around Awyr Las's strategy was raised and concerns over if the aims and objectives were clear enough.</p> <p><b>*Action*</b> Ms K Thomson to provide the committee with a paper which includes The Give 70 Campaign, to show comparisons with other Health Boards and anything we can learn from others or own.</p>	KT
<p>With regards to 'In Aid Of' Planned Events, Mr R Favager raised concerns over the length of time some are outstanding, dating back to August for monies to be handed over. Ms K Thomson confirmed that there is an initial process of writing to fundraisers, but if this is unsuccessful then the cases are referred to Counter Fraud.</p> <p><b>*Action*</b> Members of the Finance team to work with Fundraising team members to ensure system controls are in place. Ms K Thomson to feed back to the committee in March 2019.</p>	RH/ KT
<p>The committee were pleased to note the Alignment of Strategic Priorities table on page 14 (Ms K Thomson noted that there was an error on the second priority and the year should have been 2019). Ms R Hughes attended the last Planning and Service Development Group meeting where Mr J Darlington (Assistant Director of Planning) to encourage people to think about Awyr Las charity. The next meeting is being held on 17<sup>th</sup> December 2018 following which Mr J Darlington will feedback who is leading on what responsibility. Ms K Thomson will be attending the Group's meeting on the 16<sup>th</sup> January 2019 to discuss this further.</p>	KT
<p>The committee discussed the concerns over legal standards, responsibilities and health and safety of third party professional fundraising services. A standardisation is needed and a concern must be raised on behalf of the committee to the Chairman. (<b>*Action*</b>).</p> <p>Ms B Russell Williams declared our value with partnership and collaborative working, but all charities must be reminded of fundraising standards.</p>	KT
<p>The committee agreed to go with option A – 'All charities that come onto BCUHB property to promote their charity are requested to not use third party professional fundraising services'.</p> <p><b>*Action*</b> Ms K Thomson is to draft a letter working with Governance, and share with the committee prior to the Chairman signing. The committee must be careful not to alienate charities. The letter must be sent off before 31 December 2018.</p> <p>Ms K Thomson and Mr R Favager are meeting with Mr R Taylor (Director of Estates and Facilities) to discuss third sector groups and use of BCUHB property issues on 14 January 2019.</p> <p>The committee scrutinised the report well, with a number of actions and concerns arising.</p>	KT

<p><b>CF18/48.2 Legacy Strategy Overview</b></p> <p>Mr R Favager stated that he was pleased with the strategy, which shows a big leap forward from where we were previously.</p> <p>Ms J Hughes advised Ms K Thomson the need to also try and encourage younger people and target that younger age group.</p> <p>The below expectations of the committee were discussed by March 2019:</p> <ul style="list-style-type: none"> <li>- Ms K Thomson to provide evidence that actions have been completed.</li> <li>- Ms K Thomson to provide short report on events, outcomes, gains etc., including copy of mass mailing.</li> <li>- Legacy Strategy to be included as a standing item on CFC agenda going forward, to update report at each committee <b>*Action KT*</b></li> </ul> <p>Ms J Hughes suggested to link in with Trade Unions, such as Unison as they carry a lot of work out with other charities, which might help to promote Awyr Las charity.</p> <p><b>*Action KT*</b></p> <p>The committee were happy with where we are and note the positive steps taken to date, and also welcome development over next few months.</p>	<p>KT KT RH/ FP KT</p>
<p><b>CF18/49 Charitable Funds Advisory Group:</b> <i>Ms R Hughes</i></p> <p><b>CF18/49.1 Minutes from 11<sup>th</sup> October 2018</b></p> <p>The committee approved the minutes of 11<sup>th</sup> October 2018.</p> <p><b>CF18/49.2 Draft minutes from 29<sup>th</sup> November 2018</b></p> <p>The committee approved the draft minutes of 29<sup>th</sup> November 2018.</p>	
<p><b>CF18/50 Charity Risk Register</b> <i>Ms R Hughes</i></p> <p>The committee discussed the minor amendments that need to be made to the register.</p> <p>The committee approved the Charity Risk Register, subject to amendments.</p>	<p>RH</p>
<p><b>CF18/51 Rothschild Portfolio Report: Report to 30<sup>th</sup> September 2018</b> <i>Ms R Hughes</i></p> <p>Ms R Hughes summarised the key points of the Rothschild Portfolio Investments Reports as at 30<sup>th</sup> September 2018.</p> <p>It was noted that there had been a gain in the portfolios performance during the last 3 months (Q2) by +1.4%, which followed a positive first quarter.</p>	

The committee noted the report.	
<p><b>ITEMS FOR DECISION</b></p> <p><b>CF18/52 Request for Expenditure Approvals:</b> <i>Ms R Hughes</i></p> <p><b>1. Applications approved by the Charitable Funds Advisory Group For Ratification (£118,299.00)</b></p> <p>The committee approved all nine applications, as they've been considered in detail previously.</p> <p><b>2. Erw Groes: Opening Doors, Enhancing Lives (£15,940.00)</b> This bid is for the use of General funds. The committee agreed that homelessness is an increasing issue and this is a way to help more vulnerable members of the community to engage with healthcare services.</p> <p>The Committee approved the application.</p> <p><b>3. Patient Wigs – Dermatology Patients (£18,129.74)</b></p> <p>This bid is for the use of General funds. The committee agreed measuring impact, that it makes a real difference to the patients' lives to have these wigs. The committee approved the bid.</p> <p><b>4. Advancing the Primary Care Nursing Workforce, across North Wales £50,000)</b></p> <p>The committee agreed that this bid aligns well with Workforce and Organisational Development's future plans and also ties into the Primary Care agenda. Pressures in Primary Care mean this is a key area for recruiting and retaining staff. Additional training for these staff will provide positive impact across the health staff.</p> <p>The committee reiterated how very beneficial the Advisory Group meetings are, prior to the bids coming to the committee. The committee approved the bid.</p> <p><b>5. Complimentary Therapy (£59,296)</b></p> <p>The committee approved the bid.</p> <p><b>6. Disabled Bathroom and Sensory Room - Children's Unit, YG (£154,468)</b></p> <p>Gafael Llaw charity have donated £85,000 towards the scheme, which also includes a £10k donation from the RAF, specifically for the scheme.</p>	



<p>Ms K Thomson stated that the Children's Unit in YG have already been actively encouraged to try and raise money for the remainder of the funds. But if funds can't be raised for the shortfall, then General funds will be utilised for this bid.</p> <p>Ms B Russell Williams informed the committee that she's happy to be involved with a more personal face to face meeting with Gafael Llaw, to maintain a good relationship and value how much they're giving the charity.</p> <p>Ms B Russell Williams to report back via Emails in the first week of January 2019 with an update on meeting.</p> <p>The committee approved the bid.</p>	BRW
<p><b>ITEMS FOR INFORMATION</b></p> <p><b>CF18/53 Issues of significance to report to the Health Board</b></p> <p>There were no issues of significance to report to the Health Board.</p>	
<p><b>CF18/54 Date of next meeting</b></p> <p>Thursday 7<sup>th</sup> March 2019 at 10.00am, YG</p>	

*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
<b>Actions from 13.03.17 meeting</b>				
K Thomson	<b>CF17/19 Charity Fundraising Report</b> 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
	<b>CF18/21 Charity Risk Register (11.06.18)</b> 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
			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

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><b>CF18/45.2 Matters arising and review of summary action plan (17.12.18)</b></p> <p>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.</p>		<p>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.</p> <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>	31.03.19
<b>Actions from 17.12.18 meeting</b>				
K Thomson	<p><b>CF18/45.2 Matters arising and review of summary action plan</b></p> <p>Ms K Thomson to circulate the legacies leaflet to all members of the committee electronically and with a hard copy.</p>	07.03.19	Completed. Trustees were given the leaflet again at the Board meeting on 24.01.19	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
R Hughes	<b>CF18/46 Annual Report and Financial Statements for 2017/18</b> Ms R Hughes to amend the context and wording of the Annual Report to link the figures to the strategy of reducing funds.	31.01.19	The Annual Report was amended and submitted to the Charity Commission in January 2019.	Closed
K Thomson	<b>CF18/46 Annual Report and Financial Statements for 2017/18</b> Ms K Thomson to provide all major donors with electronic and hard copies of the Annual Report.	07.03.19	The Annual Report is now included on the Awyr Las website and has been shared with major donors and key contacts where possible.	Closed
K Thomson	<b>CF18/46 Annual Report and Financial Statements for 2017/18</b> Ms K Thomson to request impact statements as a starting point for all 'Heart and Minds' grants.	30.06.19	As part of the 'Hearts and Minds' grants process all applicants are required to complete an initial monitoring report within 3 months of receiving grant, again at 6 months and evaluation form at 12 months. The first monitoring reports have been completed by all successful candidates.	Closed
R Hughes	<b>CF18/46 Annual Report and Financial Statements for 2017/18</b> Ms R Hughes to amend the abbreviation 'CMATs' on page 12 of the report - this needs to be written in full for readers to understand.	31.01.19	The Annual Report was amended and submitted to the Charity Commission in January 2019.	Closed
K Thomson	<b>CF18/47 Charitable Funds Finance Report Q2 2018/19</b> Ms K Thomson to liaise with the Communications Team for a strategy to tackle the issue of donors focusing on the hospitals and not the Area services.	07.03.19	Ms K Thomson has met with the Assistant Director of Communications and is currently restructuring the Fundraising Support section of the Awyr Las Team to ensure better promotion of the charity on BCUHB property outside of the DGHs and in the community.	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
R Favager	<b>CF18/47 Charitable Funds Finance Report Q2 2018/19</b> Mr R Favager to contact the Matron of Llandudno Hospital and also raise with the Estates team on behalf of the Committee to understand in more depth the issues with the wet room development, and report back to March Committee meeting.	07.03.19	A verbal update will be provided at the meeting.	
K Thomson	<b>CF18/48.1 Fundraising Report Q2 2018/19</b> Ms K Thomson to reconsider the wording to set trajectories of the team KPI's of what's going to be done and when (qualify and quantify outputs).  Ms K Thomson to provide clarification on KPI's definition and to be certain we have realistic achievable targets being set.	07.03.19	This is included in the Head of Fundraising's Charity Committee Report	Closed
K Thomson	<b>CF18/48.1 Fundraising Report Q2 2018/19</b> Ms K Thomson to do a more meaningful piece of work on third sector groups, with clarity and transparency by the next committee meeting in March.	07.03.19	This is included in the Head of Fundraising's Charity Committee Report	Closed
K Thomson	<b>CF18/48.1 Fundraising Report Q2 2018/19</b> Ms K Thomson to provide the Committee with a paper which includes the Give 70	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	

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
	Campaign, to show comparisons with other Health Boards and what we can learn from others.		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 19.	
K Thomson & R Hughes	<b>CF18/48.1 Fundraising Report Q2 2018/19</b> 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.	
K Thomson	<b>CF18/48.1 Fundraising Report Q2 2018/19</b> Ms K Thomson to feedback on the January Planning and Service Development Group meeting.	07.03.19	This is included in the Head of Fundraising's Report.	Closed
K Thomson	<b>CF18/48.1 Fundraising Report Q2 2018/19</b> 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.	12.03.19
K Thomson	<b>CF18/48.2 Legacy Strategy Overview</b> Ms K Thomson to provide evidence that actions have been completed.	07.03.19	The legacy strategy update is 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
	Ms K Thomson to provide a short report on events, outcomes, gains etc., including copy of mass mailing.			
R Hughes & F Pritchard & K Thomson	<b>CF18/48.2 Legacy Strategy Overview</b> Legacy Strategy to be included as a standing item on CFC agenda going forward, with an update report at each Committee.	07.03.19	This has been included as a standing item on the agenda and added to the Committee Work plan for 2019/20.	Closed
K Thomson	<b>CF18/48.2 Legacy Strategy Overview</b> Ms K Thomson to link in with Trade Unions, such as Unison.	07.03.19	Ms Thomson has made contact with Unison and information has been shared and a discussion started about how the charity support team can work more closely with Unison.	Closed
R Hughes	<b>CF18/50 Charity Risk Register</b> Ms R Hughes to amend the risk register as discussed.	07.03.19	The risk register has been amended in line with Committee comments and the updated risk register is included on the agenda.	Closed
B Russell Williams	<b>CF18/52 Request for Expenditure Approvals: Disabled Bathroom and Sensory Room - Children's Unit, YG</b> Ms B Russell Williams to meet with Gafael Llaw, to maintain a good relationship and demonstrate how important they are to the charity.	07.03.19	A verbal update will be provided at the meeting.	

**Charitable Funds  
Committee**

 7<sup>th</sup> March 2019

CF19/03


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 Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

**To improve health and provide excellent care**

<b>Report Title:</b>	Charitable Funds Finance Report Q3 2018/19
<b>Report Author:</b>	Rebecca Hughes, Charity Accountant
<b>Responsible Director:</b>	Russell Favager, Executive Director of Finance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	Attached is the Finance Report for the Charity as at the 31 <sup>st</sup> December 2018.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The Report is brought for approval by the Charitable Funds Committee.
<b>Governance issues / risks:</b>	There are no governance issues for the Health Board of this paper.
<b>Financial Implications:</b>	<p>Key points to note are:</p> <ol style="list-style-type: none"> <li>1. Income from Donations and Fundraising has decreased by £70,000 (7%) on the prior year.</li> <li>2. 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 are not included in this figure.</li> <li>3. The grant funded charitable expenditure for Quarter 3 of 2018/19 totals £1,530,000 and shows a decrease of £57,000 (4%) compared to last year. The current year figures include the approval of the charity's administration and fundraising budget for 2018/19.</li> <li>4. 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.</li> <li>5. 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.</li> </ol>



	<p>6. 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>7. Available unrestricted reserves total £3,935,000, compared to a target level of £3,060,000.</p>
<b>Recommendation:</b>	The Committee is asked to approve the report and the actions being taken.

<b>Health Board's Well-being Objectives</b> <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>	√	<b>WFGA Sustainable Development Principle</b> <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	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<i>Not applicable</i>			
<b>Equality Impact Assessment</b>			
<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



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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Charitable Funds Finance Report

## December 2018

Rebecca Hughes

Charity Accountant  
Betsi Cadwaladr University Health Board

# 1. Executive summary

## 1.1 Items of Significance

- Income from Donations and Fundraising has decreased by £70,000 (7%) on the prior year.
- 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 are not included in this figure.
- The grant funded charitable expenditure for Quarter 3 of 2018/19 totals £1,530,000 and shows a decrease of £57,000 (4%) compared to last year. The current year figures include the approval of the charity's administration and fundraising budget for 2018/19.
- 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.
- 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.
- 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.
- Available unrestricted reserves total £3,935,000, compared to a target level of £3,060,000.

## 2. Summarised financial performance

### 2.1 Statement of Financial Activities

	Quarter ended 31 <sup>st</sup> December 2018 £'000	Year to 31 <sup>st</sup> December 2018 £'000	Year to 31 <sup>st</sup> December 2017 £'000
Donations & fundraising	327	895	965
Legacies (see Appendix 1)	5	195	194
Investment income	13	67	61
<b>Total income</b>	<b>345</b>	<b>1,157</b>	<b>1,220</b>
Grant funded charitable expenditure	(474)	(1,530)	(1,587)
Governance & support costs	(24)	(78)	(77)
Fundraising expenditure	(60)	(189)	(206)
Investment management	(12)	(37)	(36)
<b>Total expenditure</b>	<b>(570)</b>	<b>(1,834)</b>	<b>(1,906)</b>
Gain/(loss) on investments	(400)	(97)	255
<b>Net movement in funds</b>	<b><u>(625)</u></b>	<b><u>(774)</u></b>	<b><u>(431)</u></b>

#### 2.1.1 Income

- Income from Donations and Fundraising is showing a 7% reduction when compared to the first nine months of last year. This continues the downward trend in donated income shown in recent years. Income for Quarter 3 is £8,000 less than in the previous quarter (£335,000 in Quarter 2).
- Legacy income received is in line with the same period of 2017/18. This halt to the decline of legacies is pleasing, although it is too early to tell whether the trend will be reversed. Note that the figures reported do not include legacies received during the year that were accrued for in the prior year.
- Investment income is slightly higher than in the prior year, although it remains subdued due to the low level of interest rates.

#### 2.1.2 Expenditure

- Grant funded charitable expenditure of £1,530,000 is £57,000 (4%) lower than the same period last year and can be broken down as follows:
  - Actual expenditure in year: £858,000
  - 2018/19 commitments outstanding: £672,000

## 2. Summarised financial performance

- The 2018/19 commitments include the approval of the charity's administration and fundraising budget for 2018/19 (£123,000 outstanding commitment as at the end of December).
- Fundraising expenditure is £17,000 lower than at Month 9 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 are expected to be lower this year.
- Investment management fees are in line with the prior year.

### 2.1.3 Investments

- Investments show an overall loss of £97,000 (1%) on the 2017/18 portfolio closing value. Quarter 3 has seen a significant loss (£400,000) in the value of the investments which more than overturns the gains seen in the first half of the year. This is a marked difference to the £255,000 gain seen at the same point last year and reflects the uncertainty in markets at the present time.

## 2.2 Balance Sheet

	As at 31/12/18 £'000	As at 31/03/18 £'000
Long term investments	7,496	7,572
Land	135	135
<b>Total fixed assets</b>	<b>7,631</b>	<b>7,707</b>
Cash at bank and in hand	466	876
Debtors	516	841
<b>Total current assets</b>	<b>982</b>	<b>1,717</b>
Creditors falling due within one year	(175)	(390)
<b>Net current (liabilities)/assets</b>	<b>807</b>	<b>1,327</b>
Creditor for commitments	(1,615)	(1,437)
<b>Net assets</b>	<b><u>6,823</u></b>	<b><u>7,597</u></b>
Unrestricted fund balances	3,935	4,315
Restricted fund balances	2,888	3,282
<b>Net assets</b>	<b><u>6,823</u></b>	<b><u>7,597</u></b>

## **2. Summarised financial performance**

### **2.2.1 Assets and liabilities**

- Long term investments have decreased by 1% (£76,000) over the 2017/18 year end valuation, reflecting the fall in the value of the investment portfolio.
- During 2017/18 the charity was gifted a piece of land in Porthmadog. The District Valuer has estimated the value of the land to be £135,000. The Health Board's Estates department are currently marketing the land for sale, with profits to be used for the benefit of the Madog community, including Ysbyty Alltwn. It is expected that the sale of the land will be completed shortly.
- Cash deposits at bank and in hand have decreased by £410,000 over the period due to actual cash expenditure being higher than income. The 2017/18 year end cash balance was higher than would usually be held, however it was decided not to transfer an element of it to investments as it was anticipated that there would be cash requirements during 2018/19. The cash reduction seen this year is therefore in line with expectations.
- The provision for commitments is the value of outstanding expenditure that has been approved at past Committee meetings and is still unspent. Commitments have increased by £178,000 (12%) compared to the end of the last financial year and include £499,000 for the Hybrid theatre at YGC and £123,000 for the 2018/19 charity's administration and fundraising budget.

### **2.2.2 Reserves**

- Available unrestricted reserves total £3,935,000 compared to a target level of £3,060,000. Therefore the Charity is holding sufficient reserves.
- Available General Funds totalled a deficit of £231,000 at the 31<sup>st</sup> December 2018. The fundraising and administration costs of the charity for 2018/19 have been committed and so already removed from this figure.

## **2.3 Further actions**

- Continued focus on the implementation of the fundraising strategy to further increase 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

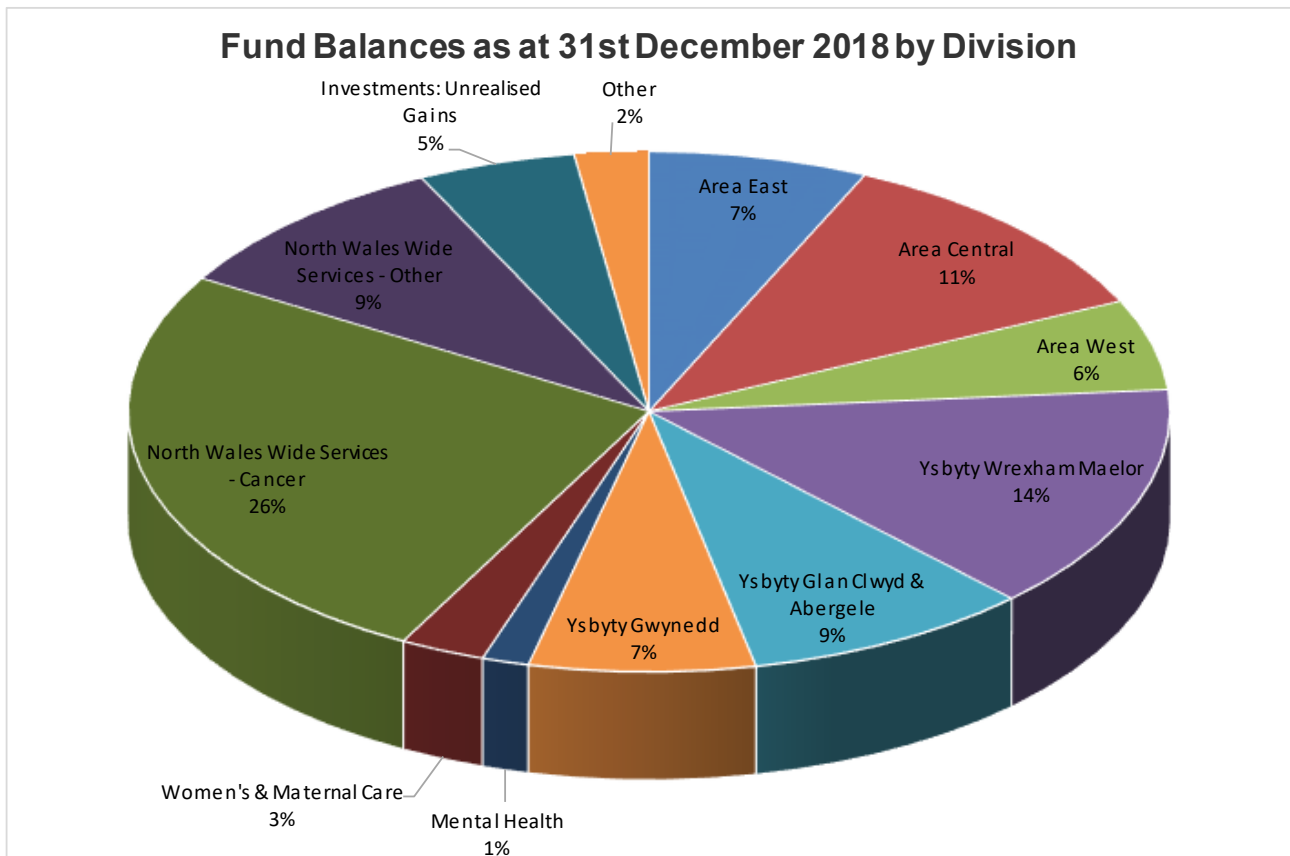
	Opening position at 1 April 2018 (Draft) £000	Income £000 (See 2.1)	Expenditure £000 (See 2.1)	New Unspent Commitments £000 (See Appendix 2)	Closing position at 31 <sup>st</sup> December 2018 £000	Key issues and actions
East Area	509	63	-108	0	464	Opening fund balances include outstanding commitments as at the end of the last financial year and agree to the 2017/18 accounts.  Committed expenditure is the balance on 2018/19 approvals that have not yet been spent.  Commitments are first allocated against divisional restricted funds where available.
Central Area	763	75	-72	0	766	
West Area	460	57	-72	-60	385	
Wrexham Maelor Hospital	926	163	-74	-53	962	
Ysbyty Glan Clwyd & Abergele	717	69	-112	-64	610	
Ysbyty Gwynedd	431	161	-78	-36	478	
Mental Health	137	17	-55	0	99	
Women's	186	6	-12	0	180	
North Wales Wide Services - Other	651	9	-29	0	631	
North Wales Wide Services - Cancer	1,696	377	-160	-156	1,757	
BCU Wide	19	0	-5	0	14	
<b>Subtotal</b>	<b>6,495</b>	<b>997</b>	<b>-777</b>	<b>-369</b>	<b>6,346</b>	
Other Miscellaneous	1,102	63	-385	-303	477	This includes the North Wales Cancer Appeal.
<b>Total Charity Balance</b>	<b>7,597</b>	<b>1,060</b>	<b>-1,162</b>	<b>-672</b>	<b>6,823</b>	

- 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.
- The largest balance, and a just under a quarter of the charity's funds (26%), sits within Cancer services. This is in line with donor support, as we consistently see that this is the area which donors wish to both give to and fundraise for.
- The Area divisions make up 24% of the charity, whilst the three hospital sites comprise 30%. The remaining divisions total 20%.
- Looking across the health economies (Areas and Secondary Care only), East is the largest with 21% of the charity's funds, Centre has 20% and West is the smallest

### 3. Divisional analysis

with 13%. This contradicts general opinion that the charity is more West focused. There is particularly strong support for Cancer services in the West and it may be that this is skewing opinions as to the geographical focus of the charity.

- Womens and Mental Health continue to comprise a very small proportion of the charity's funds, despite Mental Health in particular being one of the strategic focus priorities.

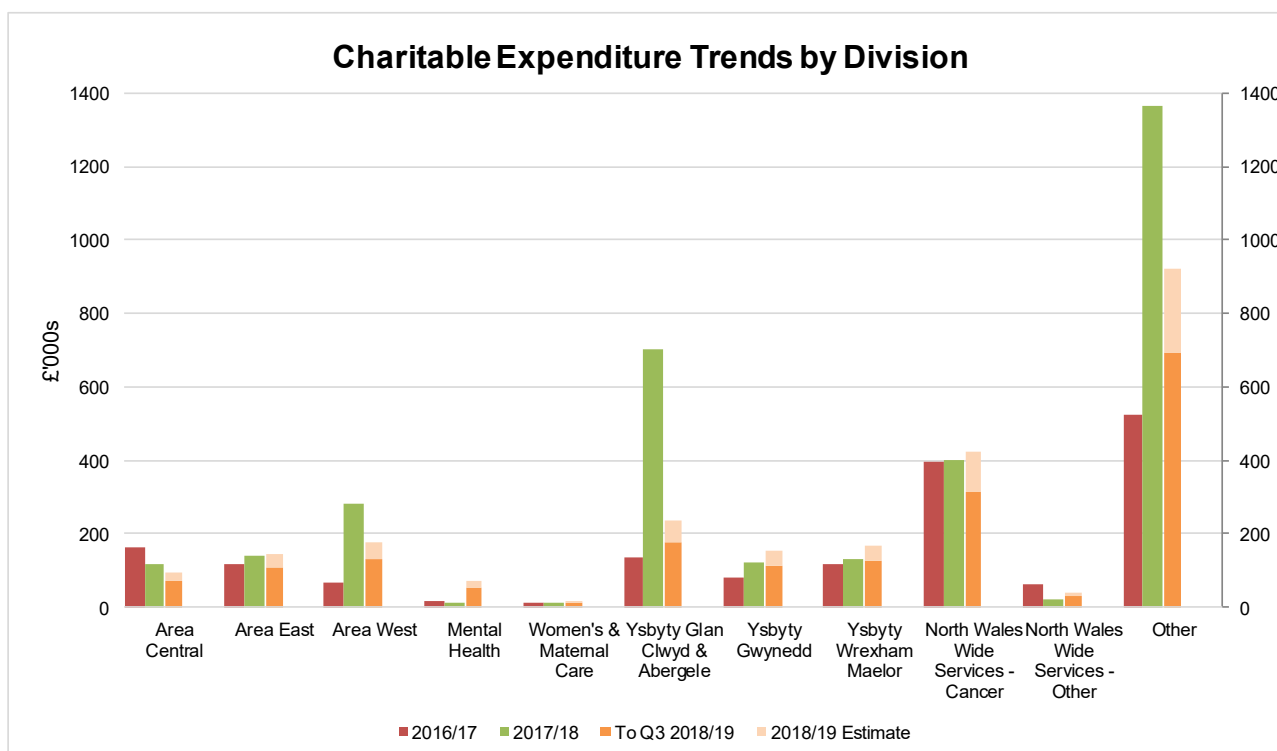
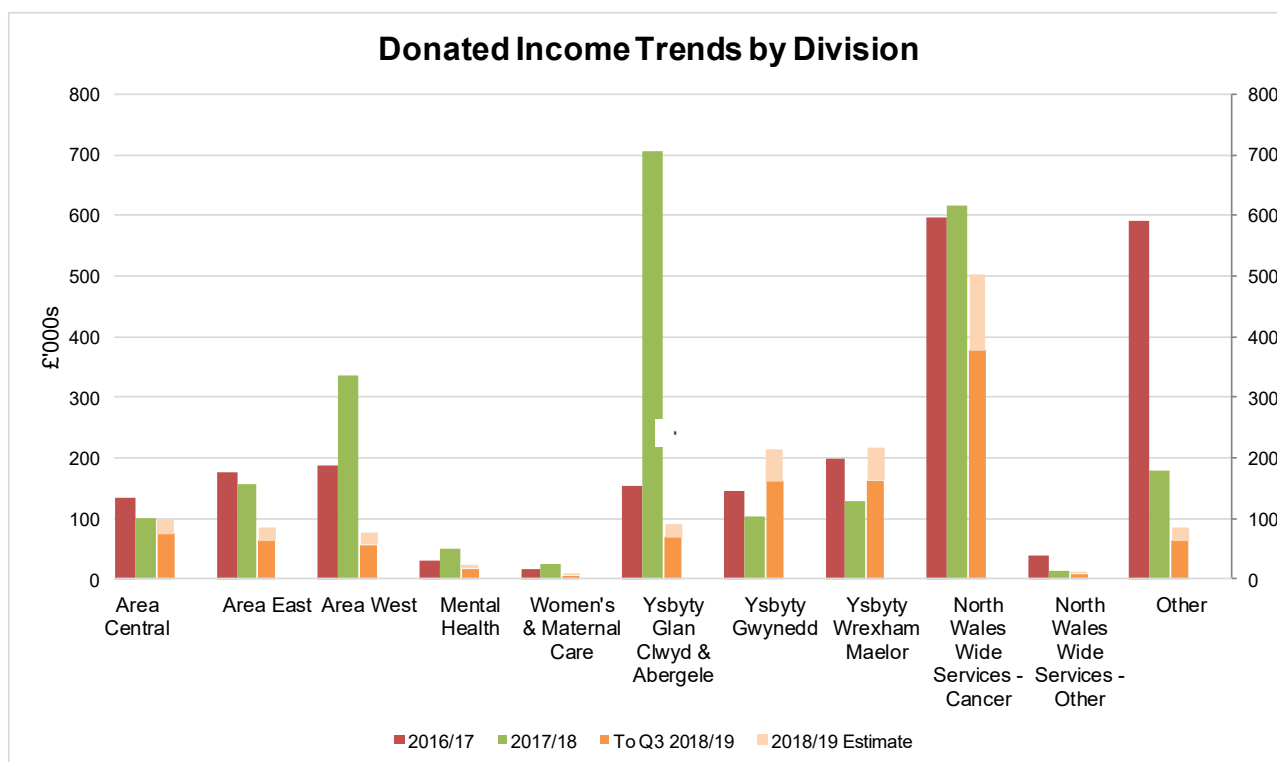


#### 3.2 Income and expenditure by division/directorate

- Income and expenditure trends from 2016/17 onwards are shown on the following two charts. The estimate of total income or expenditure for 2018/19 is pro rata, based on figures to date.



### 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.

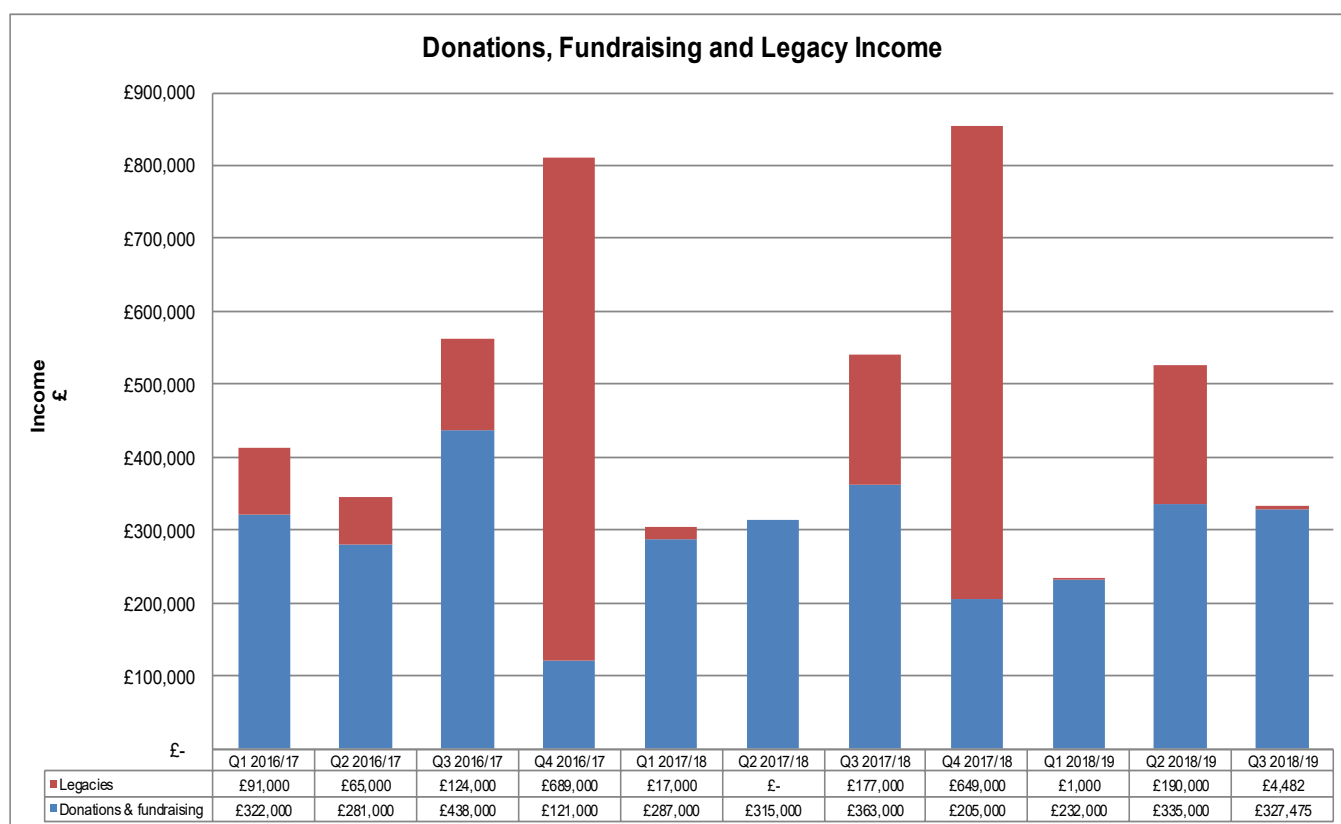
### 3. Divisional analysis

- Of the divisional/directorate categories, the highest level of income is consistently seen within Cancer services, which have again been separated out from the other services in North Wales Wide Services.
- The expenditure chart shows that Cancer services also has the highest level of expenditure over the period, which is consistent with the funding applications that we see and high level of income received.
- There is a spike in both income and expenditure in 2017/18 for Ysbyty Glan Clywd & Abergele. This relates to the £500,000 pledged by the Livsey Trust to fund the Hybrid theatre and the corresponding expenditure commitment.
- It is worth noting the predicted decline in 2018/19 income for the East and West Area divisions, whilst Centre Area income is forecast to remain static. Conversely, there is an expected increase in income for Ysbyty Gwynedd and Wrexham Maelor compared to previous years, whilst Ysbyty Glan Clywd & Abergele shows a drop. Hospital services have traditionally had higher levels of support than community services, however with the care closer to home agenda, we need to ensure that the Area services are fully supported to promote the work that they are doing to donors and potential donors.
- Despite the 'I Can' campaign launched this year for Mental Health, income for the division is forecast to be lower than in the previous two years. This is concerning, particularly given the strategic focus on Mental Health services.
- Expenditure trends forecast for 2018/19 appear to generally be in line with income.

## 4. Income and expenditure

### 4.1 Donations, fundraising and legacies

- Income from donations, fundraising and legacies since 2016/17 is illustrated below.

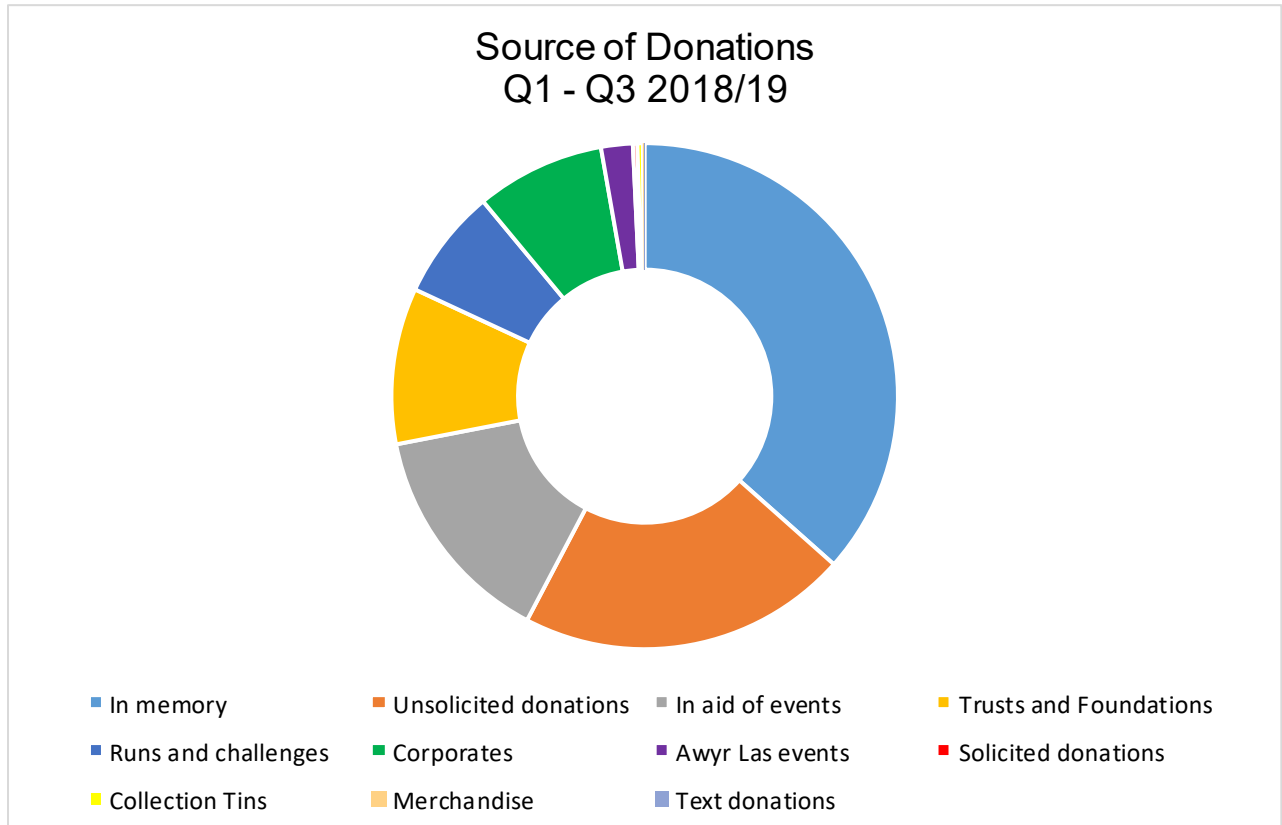


- On an average income basis, donations and fundraising are shown to have increased slightly in comparison to the previous two years. The average quarterly income from these sources for the first nine months of the year was £298,000, compared to a quarterly average of £293,000 for 2017/18 and £291,000 for 2016/17.
- The income from legacies is unpredictable and can vary greatly from year to year. The average legacy income per quarter for 2016/17 was £242,000 compared to an average of £211,000 per quarter for 2017/18. For the first half of 2018/19 it was just £65,000, however typically legacies increase in the final quarter of the year. Note that legacy income in Quarter 4 of each year is inflated by the year end legacy accruals which are made for legacies that are known and where probate has been granted, but the cash has not yet been received. This is a year end accounting adjustment.
- In 2018/19, legacies have accounted for 18% of donated income, compared to 29% for 2017/18 and 37% for 2016/17. This highlights how our reliance on legacies has decreased over the years. This is not a bad thing, but it highlights the need to look to other sources to provide a sustainable income stream, whilst also maximising what we can receive from legacies.

## 4. Income and expenditure

### 4.2 Source of donations and fundraising income

- Following the introduction of a new procedure for receipting donated income, analysis of the source of donations is now possible. Going forward, this will allow the charity to identify the main areas of donor support and help to direct the work of the Fundraising Support Team.
- Analysis of the donated income (donations and fundraising) from the first nine months of 2018/19 is shown on the chart below.



- This clearly demonstrates that over half of donated income arises from donations in memory (37%) 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.
- There is therefore a potential opportunity in terms of increasing income on the fundraising side from events and challenges, drawing on this underlying support.
- The proportion of income from both in aid of events and Awyr Las events has increased in the third quarter, which is linked to an increase in events in the run up to Christmas, particularly the #Give70 Christmas raffle.

## 4. Income and expenditure

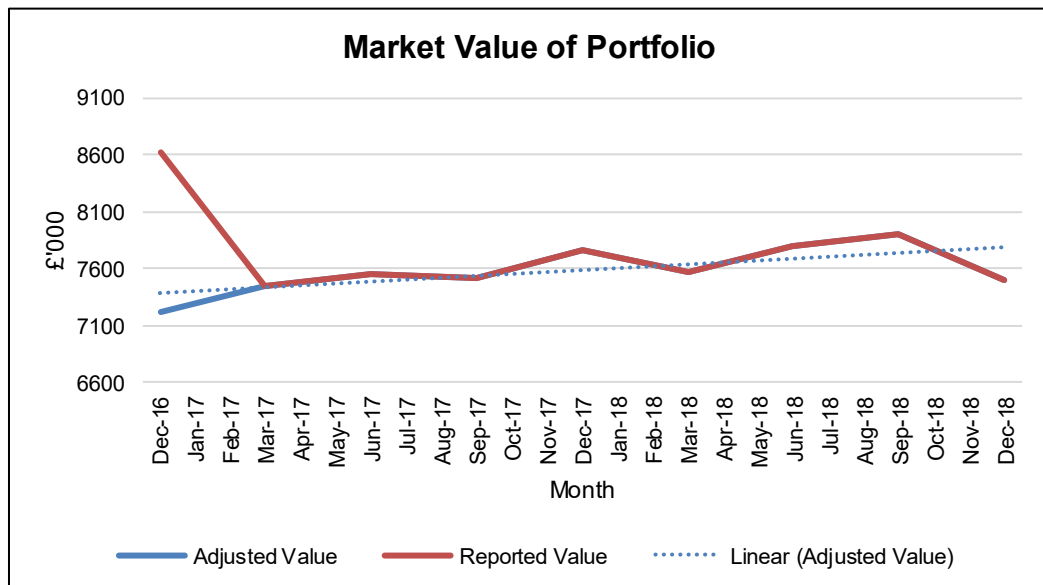
### 4.3 Items over £25,000

- 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.

Division	Fund	Income £'000	Expenditure £'000	Description
<b>Income</b>				
NWWS - Cancer	Cancer Charitable Fund - Glan Clwyd	47		Legacy – J Johnson
<b>Expenditure</b>				
NWWS - Cancer	Cancer Charitable Fund - Glan Clwyd		(55)	CO2 Laser
<b>Total</b>		<b>47</b>	<b>(55)</b>	

## 5. Management of resources

### 5.1 Investment performance



Note that the £1.4m withdrawn from the main portfolio in March 2017 has been removed from the Adjusted Values on the above graph for all dates, for the purposes of comparison.

Investment	Value at 31/12/18 £'000	Value at 31/03/18 £'000	Movement £'000	Movement %
Rothschild: Main	7,496	7,572	322	4%

- The portfolio has shown a decrease in the reported value of £76,000 during the first nine months of 2018/19, although there is still overall an upward trend 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 31/12/18 £'000	Balance at 31/03/18 £'000	Movement £'000	Interest rate %
Cash	466	876	(410)	0.50%

## 5. Management of resources

- Total cash held has decreased by £410,000 during the first nine months of the year, due to cash expenditure being higher than income. This is in line with expectations with additional cash being held at the end of 2017/18 to fund commitments.

## 6. Fundraising finances

### 6.1 Fundraising team budgets

	M9 2018/19 Budget £'000	M9 2018/19 Actual £'000	M9 2018/19 Variance £'000
Fundraising Staff Costs	150	157	7
Non-Pay Costs	37	21	(16)
<b>Total</b>	<b>187</b>	<b>178</b>	<b>(9)</b>

- The Fundraising Team staff costs are overspent by £7,000 compared to the budget due to cover for sickness within the team.
- The Fundraising Team non-pay costs (including travel) are underspent by £16,000 for the year to date. This gives an overall £9,000 underspend for the team.
- The costs of fundraising for events organised by fundraisers from outside the team are not included here. For the first nine months of 2018/19 these totalled £11,000 against a budget of £45,000, reflecting the fact that there has not yet been a significant fundraising event or campaign organised outside of the charity team.



# **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
Audas, M O	Mar-18	Residuary	CBCH, LLGH, YG, YGC General Fund	0	0	Estate Accounts approved and returned to the Executors in December 2018.
Byrne, B	Oct-18	Residuary	Cancer Centre, YGC	0	0	Letter from the Solicitors informing us of the bequest. Grant of Probate awarded October 2018. Estate accounts to follow.
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, N M	Jul-16	Residuary	North Wales Cancer Appeal	0	56,000	The solicitors have forwarded a copy of the death certificate, Will and Grant of Probate. Probate was granted in September 2017. The NWCA is due an 8th share of the estate.
Owen, Be	May-18	Residuary	Ysbyty Gwynedd General Fund	0	0	Estate Accounts approved and returned to the Executors in December 2018.
Rowlands, M	Mar-16	Residuary	Alaw Ward, YG	0	70,000	The sale of the deceased's property has been completed and an interim distribution has been received. A copy of the Preliminary Administration Account has been sent. The solicitors are waiting for HMRC to conclude their tax forms.
Sanders, J N	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 June 2018.

## Appendix 1.2: Closed Legacies

Name	Pecuniary / Residuary	Fund to Benefit	Received in Period £	Total Received £
Hughes, T J	Pecuniary	Llandudno General Hospital	100	100
Morris, T	Pecuniary	Cancer Centre, YGC	5,000	5,000
Hulme, S	Residuary	Glan Clwyd Hospital General Fund	41	123,155
Johnson, J	Residuary	Cancer Centre, YGC	46,514	46,514
Legacies Accrued in 2017/18			(46,800)	
		<b>TOTAL LEGACIES IN PERIOD</b>	<b><u>£4,855</u></b>	

## 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	
11/11/2015	31/12/2018	Staff Activities & Wellbeing	8T28	Awyr Las General Fund	5,000	1,422	3,578	Approval expired. Closed in January 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 originally anticipated. Two year extension awarded.	
22/11/2016	31/03/2019	North Wales Adolescent Service (NWAS): Experience Based Co-design (EBCD) Project	8F17	Denbighshire Child Development Centre	4,720	1,660	3,060	Ongoing project. Some initial delays. One year extension awarded.	
01/04/2018	31/03/2019	Thermometers for Patients Receiving Chemotherapy Treatment	9Q18	#TeamIrfon	750	144	606	Two year approval.	
01/04/2018	31/03/2019	Thermometers for Patients Receiving Chemotherapy Treatment	8T36	"By Your Side Appeal" Fund	1,500	0	1,500	Two year approval.	
25/05/2017	30/04/2019	Disinfectant Dishwashers - warranty	8B21	Conwy East Locality GP Fund	8,720	8,244	476	Items purchased. Two year service contract to be paid - final payment in 2018/19.	
12/06/2017	30/06/2019	Staff Engagement Strategy	8T48	Staff Engagement Strategy	245,107	101,143	143,964	Ongoing project.	

## 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	Staff Mental Health and Wellbeing Awareness	8T28	Awyr Las General Fund	3,000	624	2,376	Ongoing project. Twelve month extension awarded due to project lead sickness.	
31/08/2017	31/07/2019	Nasal Mucous Collection Study	8T28	Awyr Las General Fund	5,700	2,414	3,286	Ongoing project now planned to cover two hay fever seasons rather than the one originally anticipated. Twelve month extension awarded.	
20/10/2017	31/07/2019	Diabetes Education Groups	8B27	Diabetes & Endocrinology - Central	1,500	1,246	254	Ongoing project with some delays. Twelve month extension awarded.	
16/11/2017	30/04/2019	Alenti Chair Hoist - Service Contract	8B15	Denbigh South Locality - General Purposes Fund	399	133	266	Service contract to be paid 2019/20.	
16/11/2017	30/05/2019	Shower Room, Enfys Ward	8Q02	Cancer Charitable Fund - Glan Clwyd	10,000	0	10,000	Estates project delayed due to workload issues. Twelve month extension awarded.	
01/11/2019	31/10/2020	KESS Studentship	8Q03	Cancer Research Fund - Glan Clwyd	11,250	0	11,250	Ongoing project.	
04/12/2017	31/12/2018	Robin Ward Volunteers	8T36	"By Your Side Appeal" Fund	15,000	2,998	12,002	Funding transferred into the Robins fund to be used when required.	
04/12/2017	31/12/2018	Robin Ward Volunteers	8T28	Awyr Las General Fund	15,000		15,000	Funding transferred into the Robins fund to be used when required.	
08/02/2018	30/05/2019	Redecoration - Alaw Ward	9Q04	Janet Jones (Alaw) - YG	6,000	4,000	2,000	Estates project delayed due to workload issues. Twelve month extension awarded.	

## Appendix 2: Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
08/02/2018	31/01/2019	Complimentary Therapist - 12 months	9Q18	#TeamIrfon	23,296	14,347	8,949	Ongoing project.	
08/02/2018	31/01/2019	Complimentary Therapist - 12 months	8Q02	Cancer Charitable Fund - Glan Clwyd	20,800	16,800	4,000	Ongoing project.	
05/03/2018	31/03/2019	BK Ultrasound	9N16	Urology (West) GP Fund	23,000	0	23,000	Equipment ordered in November 2018. Nine month extension awarded.	
05/03/2018	31/03/2019	BK Ultrasound	9N20	GS/Colorectal (West) General Purpose Fund	32,000	0	32,000	Equipment ordered in November 2018. Nine month extension awarded.	
05/03/2018	31/03/2019	Equipment and Flooring - Alaw Ward	9Q04	Janet Jones (Alaw) - YG	56,000	6,186	49,814	Estates project on which preparatory work has been undertaken, but the rest of the work has been subject to delay. Six month extension awarded.	
05/03/2018	31/01/2020	Dewi Ward Development	9F19	Dewi Ward Development - Gafael Llaw	154,468	2,848	151,621	Estates project. Additional funding was required to complete and this was approved in December 2019. Twelve month extension awarded in line with additional approval.	
15/03/2018	31/03/2019	Viewpoint Kiosk	7Q02	Cancer Support Group - YMW	1,500	0	1,500	Ongoing project.	
15/03/2018	31/03/2019	Viewpoint Kiosk	8Q02	Cancer Charitable Fund - Glan Clwyd	1,500	0	1,500	Ongoing project.	

## Appendix 2: Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
15/03/2018	31/03/2019	Viewpoint Kiosk	9Q04	Janet Jones (Alaw) - YG	1,500	0	1,500	Ongoing project.	
15/03/2018	31/01/2020	Dermatology Suite, Ysbyty Alltwen	9B10	Madog Community and Hospital Fund	21,000	997	20,003	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.	
18/09/2017	31/03/2019	Hybrid Theatre	8B66	Livsey Fund	500,000	1,360	498,640	Estates project. Initial orders raised in November 2018.	
17/05/2018	31/12/2018	Car parking and signage, YGC	8T28	Awyr Las General Fund	12,000	8,237	3,763	Project under spent. Approval closed and funds released in January 2019.	
17/05/2018	31/12/2019	North Wales Urological Research Centre	7N17	Urology Fund - YMW	5,000	0	5,000	Ongoing project.	
17/05/2018	31/12/2019	North Wales Urological Research Centre	8T28	Awyr Las General Fund	6,250	0	6,250	Ongoing project.	
11/06/2018	31/05/2019	Chronic Kidney Disease Research Project	9B71	Renal Unit - YG	29,041	0	29,041	Ongoing project	
11/06/2018	31/05/2019	Chronic Kidney Disease Research Project	8T28	Awyr Las General Fund	29,041	0	29,041	Ongoing project	
11/06/2018	31/03/2019	Fundraising Budget 2018/19	8T28	Awyr Las General Fund	417,000	294,178	122,822	Charity budget for 2018/19.	

## Appendix 2: Outstanding Commitments

Date Approved	Approval Expiry	Description	Fund No.	Fund Name	Amount Approved £	Amount Paid/ Accrued £	Amount Outstanding £	Notes	Status
11/06/2018	31/12/2018	Diathermy Machines, Endoscopy, YGC	8Q02	Cancer Charitable Fund - Glan Clwyd	13,667	11,414	2,253	Project under spent. Approval closed and funds released in January 2019.	
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	30/06/2019	Sonosite Edge Ultrasound for Renal Department	7B47	Maelor Renal & Diabetes Fund - East	48,000	0	48,000	Equipment purchase was put out to tender in January 2019. Six month extension awarded.	
17/09/2018	30/09/2019	Wigs for Cancer Patients	8Q02	Cancer Charitable Fund - Glan Clwyd	25,000	4,932	20,068	Twelve month approval.	
17/09/2018	30/09/2019	Wigs for Cancer Patients	7Q02	Cancer Support Group - YMW	25,000	2,790	22,210	Twelve month approval.	
17/09/2018	30/09/2019	Wigs for Cancer Patients	9Q04	Janet Jones (Alaw) - YG	25,000	2,790	22,210	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
11/10/2018	31/01/2019	Server Upgrade for Chemo Care Version 6	8Q02	Cancer Charitable Fund - Glan Clwyd	9,000	0	9,000	Equipment has been received. Awaiting invoice.	
11/10/2018	30/09/2019	Urgent Care Pathways - BQL	9T27	Betsi-Quthing Fund	15,000	0	15,000	Ongoing project.	
11/10/2018	30/09/2019	Mindray Non-Invasive Monitors	7F03	Childrens Ward - YMW	16,518	16,147	371	Project under spent. Approval closed and funds released in January 2019.	
11/10/2018	31/01/2019	Lung Boards x 5	8Q02	Cancer Charitable Fund - Glan Clwyd	17,921	0	17,921	Items paid for in January 2019 and approval closed.	
11/10/2018	30/04/2019	Lumify Echo Machine	8B42	Cardiology Department Central - Patients Fund	7,000	0	7,000	Equipment purchase was put out to tender in January 2019. Three month extension awarded.	
11/10/2018	31/01/2019	Sim Man	8B42	Cardiology Department Central - Patients Fund	7,857	6,543	1,314	Project under spent. Approval closed and funds released in January 2019.	
11/10/2018	31/01/2019	Purchase of 8 televisions for the new Coronary Care Unit and installation	8B42	Cardiology Department Central - Patients Fund	24,000	0	24,000	Awaiting Estates availability to complete the required installation.	
03/12/2018	31/03/2018	Healthy Family Challenge	8T28	Awyr Las General Fund	4,656	0	4,656	Ongoing project	
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	0	10,000	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	31/12/2019	Patient Wigs - Dermatology Patients - West	8T28	Awyr Las General Fund	10,000	0	10,000	Twelve month approval.	
13/12/2018	31/12/2019	Patient Wigs - Dermatology Patients - Central	8T28	Awyr Las General Fund	10,000	0	10,000	Twelve month approval.	
13/12/2018	31/01/2020	Complimentary Therapist	7Q02	Cancer Support Group - YMW	10,000	0	10,000	Twelve month approval.	
13/12/2018	31/01/2020	Complimentary Therapist	9Q18	#TeamIrfon	23,296	0	23,296	Twelve month approval.	
13/12/2018	31/01/2020	Complimentary Therapist	8Q02	Cancer Charitable Fund - Glan Clwyd	26,000	0	26,000	Twelve month approval.	
13/12/2018	31/01/2020	Advancing the Primary Care Nursing Workforce across North Wales	8T48	Staff Engagement Strategy	50,000	0	50,000	Ongoing project	
29/11/2018	28/02/2019	Ultrasound probe	8T28	Awyr Las General Fund	15,000	0	15,000	Awaiting procurement of equipment.	
07/12/2018	31/04/2019	Business travel insurance for Ethiopia link.	8T08	Ethiopia Link Charitable Fund - Central	179	0	179	2019/20 cost.	

Key to Status coding:

**TOTAL**

**£1,615,340**

Approval closed
Ongoing
Extension awarded
Overdue

<b>Charitable Funds Committee</b>  7 <sup>th</sup> March 2019  CF19/04	 <div style="display: inline-block; vertical-align: middle;"> <b>GIG CYMRU NHS WALES</b> </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">         Bwrdd Iechyd Prifysgol          Betsi Cadwaladr          University Health Board       </div> <p><b>To improve health and provide excellent care</b></p>
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<b>Report Title:</b>	<i>Charitable Funds Fundraising Report Q3 2018/19</i>
<b>Report Author:</b>	<i>Kirsty Thomson, Head of Fundraising</i>
<b>Responsible Director:</b>	<i>Russell Favager, Executive Director of Finance</i>
<b>Public or In Committee</b>	<i>Public</i>
<b>Purpose of Report:</b>	<i>Attached is the Fundraising Report for the Charity as at the 31<sup>st</sup> December 2018 to provide Committee members an overview of activity carried out by the Fundraising Support Team along with proposed and scheduled activity.</i>
<b>Approval / Scrutiny Route Prior to Presentation:</b>	<i>The Report is brought for discussion and scrutiny by the Charitable Funds Committee.</i>
<b>Governance issues / risks:</b>	<i>There are no governance issues for the Health Board of this paper.</i>
<b>Financial Implications:</b>	<i>There are no financial implications for the Health Board of this paper.</i>
<b>Recommendation:</b>	<i>The Committee is asked to note the report and approve the actions being taken.</i>

<b>Health Board's Well-being Objectives</b> <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>	√	<b>WFGA Sustainable Development Principle</b> <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	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<i>Not applicable</i>			
<b>Equality Impact Assessment</b>			
<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 Report March 2019

**Kirsty Thomson, Head of Fundraising**  
February 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**

- The online Hearts and Minds grant received 52 applications from across BCUHB services and will be reopened for new applications in May 2019. A new Alaw Unit (the Cancer Care Unit in Ysbyty Gwynedd) specific grant scheme aimed at supporting staff training opportunities and equipment requests under £5,000 has now been launched and similar schemes for the 65 funds with a current balance of over £25,000 are being developed. This is an important development because the mechanisms are now in place for ensuring high quality monitoring and evaluation; this will provide rich output and outcome reporting for supporters.
- The Awyr Las Support Team has collated the unsuccessful Hearts and Minds applications to create a portfolio of small but impactful priorities that need to be funded. This information is being shared with local businesses, selected BCUHB suppliers and groups and associations to encourage support for these areas.
- The Awyr Las Inaugural #TeamIrfon Christmas Concert was a successful sell out which raised over £5,000. A new online ticketing system was used and the model for this event can now be replicated by other funds that want to hold Christmas concerts.
- The Fundraising Support Managers (FSMs) have begun approaching companies for support with the BCUHB Achievement Awards. 75% of sponsors from 2018 have expressed an interest in taking part again this year.
- The Ty Enfys Fund for family accommodation for patients receiving care on Children's Ward in Ysbyty Gwynedd has now been established. A transfer of over £40,000 has been made to this fund and representatives from Children's Services and the Awyr Las Support Team are now working with the Ty Enfys volunteers to draw up a plan for developing the accommodation. A £100,000 grant from an external charity has been guaranteed for Ty Enfys if the capital project can commence in 2020.
- The Livsey Trust (The Livsey Trust was established by the late Flora and Bob Livsey, local teachers who bequeathed their estate to support specific services in Ysbyty Glan Clwyd. To date the Trust has given £1,106,880 to fund equipment in the Catheter Laboratory and the new Hybrid Theatre and an ultra sound machine with probe) has expressed an interest in supporting more equipment used in the Hybrid Theatre. The Head of Fundraising is working with the Trust to arrange an agreement for the transfer of £85,000 to fund this additional equipment.
- The Awyr Las Support Team set up a Wales wide 'sharing session' for NHS Charity representatives. Fundraising and Finance representatives from across Wales joined the VC call, which will now be held every 8 weeks. A face to face meeting will now be held twice a year. The group discussed joint working, best practice and shared experiences relating to the NHS' 70<sup>th</sup> birthday celebrations, staff lotteries and internal communications.
- The Fundraising Support Manager for East has joined a newly formed North West UK NHS Charities Forum which plans to now meet quarterly. The intention is to improve bench marking and improve communication between the NHS Charities in the area.
- In February 2019 the Awyr Las Support Team received training from Social Value Cymru. This training has informed the changes to the Awyr Las grants system which will be implemented before 2019/20. Changes are now being made to the application and the monitoring and evaluation systems, with different questions being asked to ensure better reporting on the outcomes of all Awyr Las grants.

- The Awyr Las Support Team is working with Finance colleagues to test new Awyr Las vending machines, which see all profits returned to the charity. The test period will end in May and a decision on whether these should be rolled out across BCUHB will be taken in June.

## **2. Opportunities for Improvement**

The Fundraising Support Team monitors all complaints received to address issues and drive improvement. In this quarter we have received one complaint. This related to a thank you letter not being received. This complaint has been dealt with in accordance with BCUHB policy.

## **3. Collaborative Working Agreements Register**

**Total: 85 Collaborative working agreements**

**Complete: 60**

**Awaiting signature: 25**

All draft agreements have been completed and are with the organisations for signature. All have been followed up. Attend, the National Charity which oversees Leagues of Friends, is currently reviewing the agreements and is liaising with all Leagues of Friends in North Wales. We expect to have an update from Attend in March. Whilst this review is underway the documents will not be returned to the Charity Support Team.

The complete register will be circulated to all Committee Members in advance of the Charity Meeting.

## **4. Social Media Statistics**

### **Twitter**

- Followers - 3,124
- Impressions [number of times a tweet has been delivered to a timeline] 21,823
- Profile visits [number of times people viewed the Awyr Las profile] 672
- Mentions [number of time Awyr Las was tagged in a tweet] 41
- Link clicks [number of Clicks on a URL in a tweet] 3
- Retweets [number of times an Awyr Las tweet was retweeted] 16
- Likes [number of times a user liked an Awyr Las tweet] 40

### **Facebook**

Page likes - 9,591

#### **Last 28 days**

- Page likes +54
- Reach [number of people who had any post from Awyr Las appear on their screen] 24,942
- Post engagements [times people engaged with posts including likes, comments, shares] 10,181
- Video plays [number of times an Awyr Las video was played for at least 3 seconds] 467
- Fundraisers [number of people who set up Facebook fundraiser pages for Awyr Las] 1
- Donations [amount donated to Awyr Las via Facebook] £166

The Awyr Las Fundraising Support Team are carrying out a benchmarking and research exercise into its social media performance which other NHS Charities have now agreed to be part of. This will be presented in the June 2019 Charity Committee paper.

## 5. Third Sector Groups

The below table provides an overview of the Third Sector Groups that the Partnerships Support Manager supports. A plan is in place for the Partnerships Support Manager to work with all third sector groups listed here to ensure that the mutual benefits arising from the partnerships are maximised.

Over the past quarter, the Partnerships Support Manager (PSM) has been focussing on completing all Collaborative Working Agreements. In 2019/20 The PSM will:

- ✓ Complete the Collaborative Working Agreements overseen by the PSM which have not been signed off by the partner organisations' committees
- ✓ Complete plan for updating the BCUHB Volunteering Strategy to include partnership organisations and Awyr Las volunteers
- ✓ Complete Volunteer Strategy for Awyr Las
- ✓ Support with drawing up a paper for use of BCUHB premises by 3<sup>rd</sup> sector and commercial organisations
- ✓ Complete plan for use of charity tables in BCUHB premises

The below provides an overview of the groups the PSM supports.

Charity	Area	Charity Number	Gifting Method (to BCU / Health Board Charity)	Current Funds in Charity	Priority	Main Function	Approximate Annual Gifting	Frequency of gifting	BCUHB Premises use
CHIRK HOSPITAL CIRCLE OF FRIENDS	East	702508	BCU	£209,225	High	Fundraising	£25,000 to £100,000	No set pattern	Permanent sales table
DENBIGH INFIRMARY LGE. OF HOSPITAL FRIENDS	Central	501393	BCU	£321,532	High	Fundraising	£5,000 to £25,000	No set pattern	Tea Bar
GLAN CLWYD HOSPITAL LEAGUE OF FRIENDS	Central	1068777	BCU	£510,818	High	Café and Shop	Over £100,000	Annual agreement to fund agreed priorities	Shop and Café - Sales table on nominated days
MOLD LEAGUE OF FRIENDS	East	500708	BCU		High	Fundraising	£5,000 to £25,000	No set pattern	Tea Bar



Charity	Area	Charity Number	Gifting Method (to BCU / Health Board Charity)	Current Funds in Charity	Priority	Main Function	Approximate Annual Gifting	Frequency of gifting	BCUHB Premises use
RUTHIN COMMUNITY HOSP. LGE. OF FRIENDS	Central	500939	BCU	£145,928	High	Fundraising	£25,000 to £100,000	No set pattern	Tea Bar
THE GOOD COMPANIONS OF HOLYWELL HOSPITAL	Central	1028966	BCU		High	Fundraising	£5,000 to £25,000	No set pattern	Tea Bar
WREXHAM HOSPITAL LEAGUE OF FRIENDS	East	502242	BCU	£2,926,381	High	2 Shops and store room	Over £100,000	Annual agreement to fund agreed priorities	Shops + Trolley Service + Offices
CANCER & LEUKAEMIA IN CHILDHOOD	East		HB Charity		High	Fundraising	£5,000 to £25,000	Annual agreement to fund agreed priorities	
ABERGELE HOSPITAL LEAGUE OF FRIENDS	Central	504227	BCU	£69,928	Med	Café	£25,000 to £100,000	No set pattern	Café
Alltwn League of Friends	West	1132404	BCU	£22,339	Med	Fundraising	£5,000 to £25,000	No set pattern	
COLWYN BAY COMM. HOSP. LGE. OF FRIENDS	Central	515759	BCU		Med	Fundraising	£5,000 to £25,000	No set pattern	
LEAGUE OF FRIENDS - BRYN BERYL	West	505669	BCU		Med	Fundraising	£5,000 to £25,000	No set pattern	

Charity	Area	Charity Number	Gifting Method (to BCU / Health Board Charity)	Current Funds in Charity	Priority	Main Function	Approximate Annual Gifting	Frequency of gifting	BCUHB Premises use
LEAGUE OF FRIENDS – DOLGELLAU	West	507017	BCU		Med	Fundraising	£5,000 to £25,000	No set pattern	
LEAGUE OF FRIENDS – ERYRI	West	1119255	BCU	£45,633	Med	Fundraising	£5,000 to £25,000	No set pattern	Trolley service 2 hrs per week
LEAGUE OF FRIENDS - YSBYTY GWYNEDD	West	259210	BCU	£73,379	Med	Fundraising	£25,000 to £100,000	Annual agreement to fund agreed priorities	Sales table twice weekly
LEAGUE OF FRIENDS BLAENAU FFESTINIOG	West	501792	BCU		Med	Fundraising	Under £5,000	No set pattern	
LEAGUE OF FRIENDS DEESIDE	East	1055304	BCU		Med	Café	£5,000 to £25,000	No set pattern	Cafe
MAELOR VOLUNTARY SERVICE	East	1043613	BCU	£240,000	Med	5 Cafes	Over £100,000	Annual agreement to fund agreed priorities	Cafes/offices
TYWYN HOSPITAL APPEAL FUND	West	501274	BCU		Med	Fundraising	Under £5,000	No set pattern	
ALAW CANCER & HEAMATOLOGY FUNDRAISING GROUP	West	1150021	HB Charity		Med	Fundraising	£5,000 to £25,000	Annual agreement to fund agreed priorities	
BANGOR AND ANGLESEY CANCER GROUP	West		HB Charity		Med	Fundraising		Annual agreement to fund agreed priorities	

Charity	Area	Charity Number	Gifting Method (to BCU / Health Board Charity)	Current Funds in Charity	Priority	Main Function	Approximate Annual Gifting	Frequency of gifting	BCUHB Premises use
CHERISH	East	700027	HB Charity		Med	Fundraising	£5,000 to £25,000	No set pattern	
FRIENDS OF ALAW DAY	West	1133128	HB Charity		Med	Fundraising		No set pattern	
TREASURE CHEST	Central	1056003	HB Charity		Med	Fundraising		No set pattern	
Friends of Renal Care, Glan Clwyd	Central		HB Charity		Med	Fundraising	£5,000 to £25,000	No set pattern	
Wrexham Maelor Hospital's Shooting Star Appeal	Central	1079692	BCU			Fundraising	£25,000 to £100,000	No set pattern	Fundraising

The charities and groups in the table above have so far pledged to give a combined total of £970,733 this financial year (2018/19) to support patient services. Ysbyty Glan Clwyd League of Friends, Maelor Voluntary Service and the Wrexham Maelor League of Friends have all pledged to give over £200,000 to hospital services; their combined total contribution is £642,000.

The groups that the Partnership Support Manager (PSM) offers support for differ immensely. For example, the Maelor Voluntary Service (MVS) runs five cafes situated throughout Wrexham Maelor Hospital. MVS has over 130 volunteers that all give over 3 hours of support every month to help achieve the charity's mission. The volunteers are supported by ten paid charity staff members. This year MVS has supported a range of equipment from £5 gym equipment to £48,000 new cancer tissue analysis equipment for the North Wales Clinical Research Centre In contrast, Treasure Chest is a fundraising and support group set up by people who'd been diagnosed with breast cancer. The charity has no staff and meets regularly to listen to speakers and organise fundraising events. The support the PSM provides varies from organising presentation days, overseeing grant requests, supporting with the planning of AGMs, helping with PR and promotional opportunities and giving fundraising and charity regulation advice and support.

## 6. KPI Management

The Awyr Las Support Team are working towards the following KPIs in 2019/20

### 6.1 Financial KPIs

<b>Focus</b>	<b>Measurement</b>	<b>Significance (High / Medium / Low)</b>	<b>Total to complete / Target</b>	<b>Q1 2019/20</b>	<b>Q2 2019/20</b>	<b>Q3 2019/20</b>	<b>Q4 2019/20</b>	<b>Evaluation Completed</b>
Big Tea Party	Income	High	£20,000	£0	£20,000	£0	£0	
Awyr Las Raffle	Income	Medium	£10,000	£0	£0	£0	£10,000	
Hearts and Minds Fundraising Priorities	Income	High	£15,000	£2,500	£2,500	£5,000	£5,000	
Text Giving	Income	Medium	£1,000	£0	£0	£500	£500	
BCUHB Staff Lottery	Income	Medium	TBC					
Awyr Las Christmas Activity	Income	Medium	£2,500	£0	£0	£2,500	£0	
BCUHB Achievement Awards	Income	High	£20,000	£10,000	£10,000	£0	£0	
Challenges and Events	Income	Medium	£3,000	£0	£1,000	£1,000	£1,000	
Priority Appeal donations	Income	Medium	£10,000	£0	£2,500	£7,500	£0	

## 6.2 Awyr Las Events, Activities and Challenges

<b>Focus</b>	<b>Measurement</b>	<b>Significance (High / Medium / Low)</b>	<b>Total to complete / Target</b>	<b>Q1 2019/20</b>	<b>Q2 2019/20</b>	<b>Q3 2019/20</b>	<b>Q4 2019/20</b>	<b>Evaluation Completed</b>
Big Tea Party	No. of participants	High	200	200	0	0	0	
Awyr Las Raffle	No. of participating fundraisers	Medium	200	0	100	100		
Hearts and Minds Fundraising Priorities	No. of participants	High	20	10	5	5	0	
Text Giving	No. of participants	Medium	200	0	0	100	100	
BCUHB Staff Lottery	No. of participants	High	TBC					
Awyr Las Christmas Activity	No. of participants	Medium	50	0	20	30	0	
BCUHB Achievement Awards	No. of sponsors	High	15	10	5	0	0	
Challenges and Events	No. of participants	Medium	20	5	5	10	0	
Priority Appeal donations	No. of pledges	Medium	40	10	20	10	0	

### 6.3 Internal Engagement KPIs

<b>Focus</b>	<b>Measurement</b>	<b>Significance (High / Medium / Low)</b>	<b>Total to complete / Target</b>	<b>Q1 2019/20</b>	<b>Q2 2019/20</b>	<b>Q3 2019/20</b>	<b>Q4 2019/20</b>
Fund Advisors & Charity Champions	Fund Advisor Training	Medium	400	50	50	150	150
Fund Advisors & Charity Champions	Fund Charity Champion Training	High	400	50	50	150	150
Fund Advisors & Charity Champions	Examples of previous grants	High	400	150	150	50	50
Fund Advisors & Charity Champions	2 year Wish List	High	400	150	150	50	50
Fund Advisors & Charity Champions	2 year Fundraising Plan	Medium	400	50	50	150	150
Fund Advisors & Charity Champions	Fund's own small grants scheme	Low	65	10	10	20	25

#### 6.4 Support Engagement KPIs

<b>Focus</b>	<b>Measurement</b>	<b>Significance (High / Medium / Low)</b>	<b>Total to complete / Target</b>	<b>Q1 2019/20</b>	<b>Q2 2019/20</b>	<b>Q3 2019/20</b>	<b>Q4 2019/20</b>
Registered supporters	In Aid of Authorisation	High	80	20	20	20	20
Given supporters	Thank you recognitions	High	4645	1100	1250	1210	1085
Legacy advocates	Register for regular information	High	150	50	50	50	0
All	Follow on social media	Low	% of the above	20%	25%	30%	35%
All	Consent to keep in touch	Low	% of the above	50%	50%	50%	50%
All	Register interest in event / activity	Low	% of the above	25%	25%	25%	25%

## 6.5 Team Management KPIs

<b>Focus</b>	<b>Measurement</b>	<b>Significance (High / Medium / Low)</b>	<b>Total to complete / Target</b>	<b>Q1 2019/20</b>	<b>Q2 2019/20</b>	<b>Q3 2019/20</b>	<b>Q4 2019/20</b>
Website	% of basic agreed content added	High	100%	50%	25%	25%	0%
Website	Number of new news stories (PR & social content)	Medium	20	5	5	5	5
BCUHB Meetings (HMT / ATM & similar)	Number attended	High	20	5	5	5	5
Awyr Las Meetings	% team meetings included 1:1s completed	High	100%	100%	100%	100%	100%
Collaborative Working Agreements	Number of new agreements completed	Medium	20	5	5	5	5
Standard Operating Procedure Review	% of SOPs reviewed	High	100%	25%	25%	25%	25%



## 6.6 Awyr Las Grant related KPIs

A total of 200 previous grants from £10 to £1million which have not been monitored closely to date are being selected to be included in a 'previous grants evaluation project' to uncover the outputs and outcomes (the impact grants have on patients' wellbeing) of the funded project. All grant recipients will be required to complete an evaluation form by September 2019.

The appeal planning process can be broken down into 4 separate sections, each which carry an equal value of 25% of the appeal planning:

1. Business case / in depth description of project from service teams
2. Feasibility study, identifying and approaching potential major donors and appeal committee leads
3. Budget plan including income streams and associated expenditure and communications plan
4. Complete appeal plan with lead committee members secured and official launch agreed with Executive, Service and Communications teams

<b>Focus</b>	<b>Measurement</b>	<b>Significance (High / Medium / Low)</b>	<b>Total to complete / Target</b>	<b>Q1 2019/20</b>	<b>Q2 2019/20</b>	<b>Q3 2019/20</b>	<b>Q4 2019/20</b>
Older People	% of Appeal planning completed	Medium	100%	25%	25%	25%	25%
Early Years	% of Appeal planning completed	Medium	100%	25%	25%	25%	25%
Cancer Care	% of Appeal planning completed	Medium	100%	50%	75%	25%	0%
Mental Health (I CAN)	% of Appeal planning completed	Medium	100%	25%	25%	25%	25%
Funded Grants	Monitoring / Evaluation forms	High	200	50	50	50	50

## 7. The #Rhoi70 - #Give70 campaign

An evaluation report of #Give70 will be presented to the Charity Committee at the June 2019 meeting.

## 8. 'In Aid Of' and 'On Behalf Of' Planned Events

The Awyr Las Support Team follows the following process with all in aid of events:

- ✓ Before an event / activity takes place: Fundraisers organising events and activities in aid of Awyr Las are requested to transfer funds raised to the charity within six weeks.
- ✓ 2 working days after an event / activity takes place: All fundraisers receive a well done message within 2 working days of completing their fundraising event and are reminded that they should transfer funds within two weeks and must transfer funds within six weeks unless alternative arrangements have been agreed with the Support Team.
- ✓ 6 weeks after an event: If funds haven't been received six weeks after an event that the Fundraising Support Team have been made aware of, the Head of Fundraising sends an official letter reminding the fundraiser that it is their responsibility to transfer funds. If the fundraiser doesn't respond, Counter Fraud are made aware.

Event	End Date	Area of support	Region (C, E, W, All)	In Aid of / Charity Led	Funds Raised
Coffee morning	01/12/2018	SCBU	West	IAO	£850.00
Christmas Light Switch on	01/12/2018	Children's Services YG	West	IAO	March cheque presentation planned
Cheque Presentation	05/12/2018	Alaw Ward YG	West	IAO	£500.00
Cheque Presentation	05/12/2018	Glasyn Ward YG	West	IAO	£3,248.00
Elvis Gospel at Christmas	05/12/2018	Ysbyty Gwynedd	West	IAO	£40.00
#TeamIrfon Carol Concert	07/12/2018	#Timirfon	West	CL	£5,003.00
Bangor FC Collection	07/12/2018	Alaw Unit	West	IAO	£183.11
RAF Valley Present drop off	13/12/2018	Various Wards	West	IAO	£200.00
Cake and Tombola Stall	14/12/2018	Children's Ward	West	IAO	£622.00
Charity Bingo Evening	15/12/2018	Rupert and Paddington Wards YGC	Central	IAO	£560.00

<b>Event</b>	<b>End Date</b>	<b>Area of support</b>	<b>Region (C, E, W, All)</b>	<b>In Aid of / Charity Led</b>	<b>Funds Raised</b>
Spinathon 26 Miles	21/12/2018	Intensive Care Unit YG	West	IAO	Ordered chair for ward
Raffle and cake selling at Celtest Co Ltd	28/12/2018	Childrens Ward YG	West	IAO	£450.00
Psychic Night in Ebeneser Hall Llangefni	23/01/2019	Alaw Ward YG	West	IAO	£200.00
Bangor V Caernarfon Game	26/01/2019	Conwy Ward YG	West	IAO	£276.00
North Wales Guitar Circle Concert	29/01/2019	Alaw Unit	West	IAO	£183.11
DJ evening	01/02/2019	Alaw Ward	West	IAO	TBC
Susan Parry on behalf of Indiana Kylie	17/02/2019	SCBU YG	West	IAO	TBC
Fundraising evening	28/02/2019	Coronary Care Unit YGC	Central	IAO	TBC
Cake Stall at Capel Rhos y Gad Llanfairpwll	01/03/2019	Awyr Las	West	IAO	TBC
Chocolate Easter Egg Raffle	01/03/2019	Conwy Ward YG	West	IAO	TBC
Raffle/Quiz	02/03/2019	Alaw Ward YG	West	IAO	TBC
3 Peaks	15/03/2019	Alaw Ward YG	West	IAO	TBC
Loose 70lbs in a year for the 70 challenge	04/04/2019	I CAN	Central	IAO	TBC
Chocolate Tombola	16/04/2019	Ty Ni Dementia Ward	West	IAO	TBC
London Marathon	28/04/2019		West	IAO	TBC
Snowdon Walk	01/05/2019	Children's Ward	Wrexham	IAO	TBC
Concert and Head shave	31/05/2019	Childrens Ward YG	West	IAO	TBC

Event	End Date	Area of support	Region (C, E, W, All)	In Aid of / Charity Led	Funds Raised
Sponsored Walk - path of Hadrian's Wall	01/06/2019	I CAN	West	IAO	TBC
Snowdon 2gether Sponsored Walk	08/06/2019	Alaw Ward YG / Christies Manchester	West	IAO	TBC
Hog Roast Evening	15/06/2019	Urology Department YG	West	IAO	TBC
Zip Wire Challenge	15/06/2019	MS Support	West	IAO	TBC
NHS Big Tea Party	05/07/2019	All	All	CL	TBC
Various Marathons in 2018	31/12/2018	Alaw Ward YG	West	IAO	March cheque presentation planned

## 9. 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. Scoping document is being presented to the BCUHB Executive Team in March. Plans to develop a £250,000 charitable appeal are being drawn up.
  - b) Da Vinci Robot to perform surgery on urology patients, over 90% of whom will have cancer. Business case is currently being developed. Plans to develop a £500,000 charitable appeal are being drawn up.
  - c) Shooting Star Unit development for additional consultancy rooms and space for chemotherapy provision and additional services. Business case is currently being developed. Plans to develop a £750,000 charitable appeal are being drawn up.

Supporters will be able to donate directly to the priority areas from April 2019, but these priorities will not be promoted until details 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. The appeals will start to be officially launched from December 2019.

Whilst the plans for the strategic priorities are being developed, key learning from the Hearts and Minds grant scheme is being applied to all funds as follows:

- The Awyr Las application form is being adapted so that from the end of March all applicants will complete an online application designed to capture useful information on anticipated outcomes as well as outputs, which follows the design of the Hearts and Minds Grant application. All grant recipients will be required to complete monitoring and evaluation forms and systems are being introduced to ensure compliance.
- All designated funds with balances over £25,000 (65 funds in total, which amounts to 16% of funds) are being encouraged to establish their own small grants scheme, replicating the Hearts and Minds grant model.

## **10. Board support for Awyr Las' Priority Areas**

On January 24<sup>th</sup> the Health Board met for the annual Awyr Las Trustees meeting. The Board agreed to support the I CAN campaign and the Head of Fundraising suggests this is done as follows:

- All Board members invited to the I CAN centres to see first-hand how donations could help patients
- Board members take a visible lead in promoting the Big Tea Party when it launches in April (for example, communications signed by the Chair and Chief Executive, videos and record of division members taking part in the event, competition to see which division raises the most money through the event)
- Board members take part in the I CAN Walk, scheduled for October 10<sup>th</sup>, World Mental Health Day
- Board members take part in a Christmas activity to raise money for I CAN, details of which are to be decided

## **11. Challenges to be addressed raised by colleagues, partners and members of the public**

### **11.1 Use of Third Party Professional Fundraising Services by Partner Charities on BCUHB**

Following the use of third party professional fundraising services by local charities that wished to solicit support for their lotteries and direct debit schemes from patients, their families and NHS staff on BCUHB premises, a letter has been drafted by the Head of Fundraising for the Chair of BCUHB to send out to all local charities. The letter requests that all charities coming on to BCUHB property to promote their charity are to refrain from overt fundraising of any kind in the Main Entrances of BCUHB properties.

### **11.2 Use of BCUHB premises by third sector partners and commercial enterprises**

The Director of Estates and Facilities, Executive Director of Finance and the Head of Fundraising met in January. They agreed that a paper will be presented to BCUHB Executives outlining how existing inequalities in food and beverage provision and gifting by Third Party organisations on BCUHB property will be addressed. This paper will be presented in April.

## **Conclusion**

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

**Charitable Funds Committee**

 7<sup>th</sup> March 2019

CF19/05


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 Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

**To improve health and provide excellent care**

<b>Report Title:</b>	<i>Legacy Strategy Overview 2018/21</i>
<b>Report Author:</b>	<i>Kirsty Thomson, Head of Fundraising</i>
<b>Responsible Director:</b>	<i>Russell Favager, Executive Director of Finance</i>
<b>Public or In Committee</b>	<i>Public</i>
<b>Purpose of Report:</b>	<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>
<b>Approval / Scrutiny Route Prior to Presentation:</b>	<i>The Report is brought for scrutiny by the Charitable Funds Committee.</i>
<b>Governance issues / risks:</b>	<i>There are no governance issues for the Health Board of this paper.</i>
<b>Financial Implications:</b>	<i>There are no financial implications for the Health Board of this paper.</i>
<b>Recommendation:</b>	<i>The Committee is asked to note the report and approve the actions being taken.</i>

<b>Health Board's Well-being Objectives</b> <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>	✓	<b>WFGA Sustainable Development Principle</b> <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	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<i>Not applicable</i>			
<b>Equality Impact Assessment</b>			
<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*

## **The Awyr Las Legacy Strategy 2018/21 Update**

### **1. Background**

The Head of Fundraising presented an overview of the Awyr Las Legacy Strategy to the Charity Committee in December 2018. An update on progress with the implementation of this strategy will now be presented to the Committee on a quarterly basis.

### **2. Context**

Awyr Las has traditionally relied heavily on legacy gifts in comparison to other charities. Legacies have accounted for over 30% of total income every year since 2011/12. In three of the past seven years, legacies have accounted for over 50 % of total income.

The legacy marketing plan is being implemented with consideration being given to the following audiences and methods:

#### **Key audiences:**

NHS Staff (as advocates, not necessarily legators themselves)	NHS volunteers
Patients and visitors	Target age group 50+
Supporters & interested stakeholders	Target age group 30-50
Solicitors (as advocates, not necessarily legators themselves)	Target age group influencers (late teens early 20s)

#### **Key marketing methods:**

Leaflets and Posters (distribution channels essential)	Mailing and telethon
All presentations & meetings	Specific legacy events
Social Media	Press coverage
Website (drive audiences to it)	Surveying





### 3. Legacy Marketing Plan

2018/19

Audience	Method	Responsibility	Date of completion
All	Review website copy & video	Head of Fundraising	March 2019
All	Revised leaflet & posters	Head of Fundraising	March 2019
Solicitors	Mass mailing	FSMs	March 2019
Solicitors	Event (with Gwynedd Law Society)	Head of Fundraising	March 2019

### 4. KPIs

- I. Social media: minimum one reference to legacy giving per month  
*Introduced in February 2019. On target.*
- II. Press coverage  
*1 x press release planned from February 2019. On target.*
- III. Meet above timetable

Audience	Method	Responsibility	Date of completion	Update
All	Review website copy video	Head of Fundraising	March 2019	On target revised copy publication wk 04.03.19 Video end April 2019
All	Revised leaflet posters	Head of Fundraising	March 2019	On target completion wk 18.03.19
Solicitors	Mass mailing	FSMs	March 2019	On target mailing wk 25.03.19
Solicitors	Event (with Gwynedd Law Society)	Head of Fundraising	March 2019	Date not been set. Anticipated Jul 19 to coincide with NHS Big Tea

### 5. Monitoring and Evaluation

- I. Increase in request for legacy packs / information and reason for choosing to leave a legacy  
*No increase apparent as yet. A system to monitor this has been implemented.*
- II. Interest in specific legacy events  
*Promotion of the event had not begun at the time of publication of this report.*
- III. Feedback from surveys / discussions with solicitors and supporters  
*Two surveys have been drawn up, one for solicitors and one for Fund Advisors, to be published in March 2019.*

### 6. Complying with Regulation and Best Practice

Local solicitors Breese Gwyndaf have begun 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.

### 7. Budget

The planned activity funding is being met through the existing agreed fundraising budget.

**Charitable Funds Committee**

 7<sup>th</sup> March 2019

CF19/06


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CYMRU  
NHS  
WALES**

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Betsi Cadwaladr  
University Health Board

***To improve health and provide excellent care***

<b>Report Title:</b>	Charitable Funds Advisory Group
<b>Report Author:</b>	Rebecca Hughes, Charity Accountant
<b>Responsible Director:</b>	Russell Favager, Executive Director of Finance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	<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"> <li>1. Draft minutes from the Charitable Funds Advisory Group meeting held on the 31<sup>st</sup> January 2019.</li> </ol>
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The Report is brought for noting by the Charitable Funds Committee.
<b>Governance issues / risks:</b>	There are no governance issues for the Health Board of this paper.
<b>Financial Implications:</b>	There are no financial implications for the Health Board of this paper.
<b>Recommendation:</b>	The Committee is asked to note the discussions of the Advisory Group,

<b>Health Board's Well-being Objectives</b> <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>	✓	<b>WFGA Sustainable Development Principle</b> <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	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<i>Not applicable</i>			
<b>Equality Impact Assessment</b>			
<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 31<sup>st</sup> January 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

### In Attendance:

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

Agenda Item	Action
<p><b>CFAG19/01 APOLOGIES FOR ABSENCE &amp; DECLARATION OF INTERESTS</b></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 Frances Vernon, Ms Eryl Gilliland and Ms Anne Dennis.</p>	
<p><b>CFAG19/02 MINUTES OF PREVIOUS MEETING HELD ON 29<sup>th</sup> NOVEMBER 2018</b></p> <p>Ms Hughes took this opportunity at the beginning of the meeting to express the groups' sincere condolences on the sudden passing of Mr Elliott Wilson and informed the group that donations were collected at his funeral towards Awyr Las.</p> <p>Mr Morris added that out of all the groups Mr Elliott sat on, this the one he found most rewarding.</p> <p><b>CFAG19/02.1 Accuracy</b></p> <p>Ms R Hughes gave an overview of the actions from the previous meeting and informed the group that all actions were now closed.</p>	
<p><b>CFAG19/03 REQUEST FOR EXPENDITURE APPROVALS</b></p> <p><b>CFAG19/03.1 Replacement Flooring – Endoscopy Unit Corridor YG - £5,040</b></p>	

Ms Hughes gave a brief overview of the application which is to replace the current flooring which is carpeted with new vinyl flooring.

The group questioned why this was not done when the area was re-developed.

Ms Clayton reported that there had been many requests recently to aid purchases such as this. Ms Hughes added that they do need to consider costing for additional purchases when they are undertaking redevelopments.

Ms Sellar did not agree in principle that this application should be funded from Charitable funds, but would approve the bid.

Mr Morris asked if information could be sent out to fund managers suggesting that funds should be spent wisely.

The group agreed to approve this bid.

### **Outcome – Approved**

#### **CFAG19/03.2 Digital Reminiscence Therapy Software - £5,995**

Ms Hughes gave a brief outline of the bid, explaining to the group that this equipment was required for the social activities for patients. It is a touch screen, interactive system for dementia patients to relieve anxiety and stress.

Research has demonstrated that patients with a dementia diagnosis who are involved in activities of reminiscing and memory stimulation recover quickly and do not demonstrate challenging behaviour.

The group felt that this was good use of their funds.

### **Outcome – Approved**

#### **CFAG19/03.3 Study Assistance – Dr K Mottart – Kings Fund Top Management Programme - £12,739**

Ms Hughes gave a brief outline of the bid, which would be to provide Dr K Mottart the ability to join the King's Fund Top Management Programme, where she can develop her leadership skills.

The proposal would use all resources within the O V Jones Bursary after which it is proposed that the Charitable Funds Committee close this particular fund.

The group were happy to support the bid.

### **Outcome – Approved**

#### **CFAG19/03.4 Electro Navigational Bronchoscopy (ENB) Consumables - £13,074**

Ms Sellar presented this application and explained to the group that patients with suspected lung cancer currently received a high standard of care, but there are a

number of deficiencies and inefficiencies within the current diagnosis and treatment pathway.

Access to Electro Navigational Bronchoscopy (ENB), a new technology, would help to address these issues. The ENB uses new technology to create a 3D map of the lungs and guides the physicians to the area of the lung where the tumour is located to take a sample.

This application is for funding of consumables for 15 cases during which the feasibility of running ENB service within the Health Board is established. Training for both physicians and endoscopy staff, plus the medical equipment is provided by the company.

This is just a pilot to see if it is do-able and would be an amazing step forward in technology. If successful, funds would need to be sought to purchase the medical equipment required.

Ms Hoyle suggested that maybe the fund raising team were able to help with promoting and raising funds for this.

Ms Sellar would be happy to link in with the fund raising team.

The group were happy to support this bid.

**Outcome – Approved.**

#### **CFAG19/03.5 Teasdale Modified Axillary Retractor and Accessories £13,500**

Ms Hughes presented this application explaining that there are times where consultants are working alone and some of the operations are impossible without assistance. This equipment would enable them to perform these procedures without assistance and will avoid cancellation and delay of USC patients.

The group felt this was good use of their funds.

**Outcome – Approved.**

#### **CFAG19/03.6 Training Manikins for Advanced Life Support Course at Ysbyty Gwynedd x5 - £18,300**

Ms Hughes informed the group that this application was to come from General Funds.

Ms Hughes took this opportunity before presenting the application to make the group aware that General Funds is now at a minus balance and that they should be mindful when making the decision to use General Funds or not.

Ms Hughes informed the group that the manikins in YG are no longer suitable but are used for over 30 courses.

The group felt uneasy spending against a deficit and thought that these should be supplied from core funding.

**EJ**

Ms Hughes explained to the group that the Charity on a whole was fine and that she needs to highlight the fact that general funds were really low. There are difficult decisions to be made on what is deemed as an essential purchase.

The group were not happy to support this bid for 5 new manikins but would approve one.

**Outcome – Approved just 1 Manikin (£3,660)**

## **CFAG19/03 APPLICATIONS FOR COMMENT**

### **CFAG19/03.7 Security Access NWCTC - £28,200**

Ms Hughes presented the application for Security Access within the Cancer Centre, this is following a recent incident when a member of the public was found sleeping in the centre overnight.

Ms Hoyle informed the group that this application was not agreed at the previous Cancer Committee meeting as there were concerns around the amount as there was a general consensus that it was a lot of money.

Ms Hughes and Ms Clayton were unaware of this and would need to seek clarification through reviewing the minutes of that meeting to see what was actually agreed or not. Applications should not come to the Advisory Group without prior approval from the local Cancer Committee.

Ms Clayton informed the group that the charity does not usually approve security applications.

Ms Sellar added that if this has happened once it could happen again and it is the whole hospital that is vulnerable and not just cancer. Ms Sellar made the group aware that the new canteen would be opening shortly and that would reduce the amount of traffic passing through the cancer centre. There needs to be more discussion around this as it may not be as vulnerable once the canteen opens. Ms Sellar agreed to raise the issue at a site meeting.

**Outcome – Not approved.**

### **CFAG19/03.8 North Wales Community Public Access Defibrillator Support Officer - £30,000**

Ms Hughes informed the group that this application was for the three cardiology funds, to fund the Public Access Support Officer as there is no local contact for communities requiring information or CPR training in North Wales.

The Cardiac Charity SADS UK kindly offered to fully finance this project for its first year. They do, however wish to continue to support BCUHB with this project by offering to match fund the project for a further 2 years.

The application has not been approved by Director Martin Jones as he has raised the

**PC**

issue of the employment on the officer – which is self-employed but would be available 40 hours a week to perform duties. Mr Jones' concerns lie with employment rights and tax status. Ms Hughes has checked with the finance lead for tax and based on the information given, that person would fall under the criteria of an employed person and so be liable for tax and NI at source.

Mr Morris asked why BCU could not just employ this person.

Ms Hughes replied that this has been discussed and Mr Martin Jones also suggested this as an option.

Ms Sellar had been informed that the benefits of having the officer have been very good.

Ms Hoyle added that there are so many defibrillators in the communities now covering all North Wales it really is a full time job.

Ms Hughes informed the group that Mr Jones needs to approve the application as Hospital Director, or it cannot go ahead. If Mr Jones and Ms Starling worked together to resolve the employment issues and if it was all agreed, would the group be happy to support in principal for 2 years?

The group agreed that if Mr Jones were to approve this application, they would be happy to approve.

#### **Outcome – Pending**

#### **CFAG19/03.9 ENT Equipment £66,000**

Ms Hughes presented the application for new ENT equipment to upgrade the department, provide a better service for patients and keep up to date with national standards

Ms Hughes informed the group that the Cancer Centre Sub Committee have agreed to contribute 50%, and the remaining 50% to be identified. It had been suggested to obtain this from the By Your Side Charity Fund – Fund 8T36 but Ms Clayton informed the group that this would not be possible as that fund is fully committed.

The general opinion from the group is that they would be happy to support this bid but would need to go back to the Cancer Committee and suggest maybe with the help of the fund raising team the extra 50% could be sourced through funds raised.

#### **Outcome – Approved but will need to go back to Cancer Committee**

#### **CFAG19/03.10 Project Support for ChemoCare Version 6 Upgrade and Rollout to Haematology**

Mr Hughes gave a brief outline of this application is to secure funding for additional project support for 2 years, to assist with the essential software upgrade but also to expedite the roll-out of ChemoCare protocols to Haematology, minimising the risk from the current obsolete system OPMAS.

EJ



Ms Hoyle informed the group that this also was discussed at the Cancer Committee, they have had funding for the initial project before, and 10 years ago this would have come out of their budget.

Ms Sellar expressed her concerns again as it is felt that this should come from core funds, like a lot of applications that are coming through to CFAG. Ms Sellar suggested asking if we do not approve these applications which ones would actually get funded elsewhere.

However the group as a whole approved this application, based on the importance of implementing this software.

### **Outcome – Approved**

#### **CFAG19/04 Charitable Fund Balances as at 31<sup>st</sup> December 2018**

Ms R Hughes presented the fund balances for information.

#### **CFAG19/05 – Any Other Business**

##### **CFAG19/05.1 Motiv8 - £47,150**

Ms Hughes gave a brief outline of this applications stating that Motiv8 intend to fund this project by submitting an application to Gwyn y Mor Community Fund for external grant funding but they did not realise that they need approval from the CFAG first.

Ms Jones informed the group that this project would be a stepping stone and support for service users, who use the adult mental health services in Conwy to participate in activities, in order to build their confidence to engage with locally available community based groups and third sector organisations.

This will be done in several ways: Developing a model engagement, used by OT department where service users participate in groups in Nant y Glyn; develop activity groups jointly run with a variety of organisations; support in the setting up and promotion of Motiv8 annual event to showcase how all have progressed and to develop further links within the community and with other providers in order to look at alternatives.

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

The group agreed to approve this application and Ms Sellar asked if feedback could be provided if they do get their grant.

**EJ**

### **Outcome – Approved**

**CFAG19/05.02 DERMATOLOGY SUITE**

Ms Hughes informed the group that West Area were asking for an additional £4,000 towards the Dermatology Suite at Ysbyty Alltwen application (originally approved in March 2018, with additional costs approved in December 2018), again an estates issue on under estimated costs.

Ms Clayton informed the group that this was due to incurred additional costs.

Ms Sellar asked why this was so far under estimated.

Ms Hughes informed the group that estates would be looking into this.

**Outcome – Approved****CFAG19/06 DATE OF NEXT MEETING**

Next meeting to take place on: Thursday, 21<sup>st</sup> March 2019 at 10.00 a.m.

Finance Meeting Room, Ysbyty Gwynedd

*Meeting Room 3, Carlton Court*

*Chairman's Office, Wrexham Maelor*

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

<b>Charitable Funds Committee</b>		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
7 <sup>th</sup> March 2019	<b>To improve health and provide excellent care</b>	
CF19/07		

<b>Report Title:</b>	Charity Risk Register
<b>Report Author:</b>	Rebecca Hughes, Charity Accountant
<b>Responsible Director:</b>	Russell Favager, Executive Director of Finance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	Attached is the Charity's Risk Register.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The Report is brought for approval by the Charitable Funds Committee.
<b>Governance issues / risks:</b>	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.
<b>Financial Implications:</b>	There are no financial implications to the Health Board of this paper.
<b>Recommendation:</b>	The Committee is asked to review and approve the Risk Register.

<b>Health Board's Well-being Objectives</b> <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>	√	<b>WFGA Sustainable Development Principle</b> <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	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<i>Not applicable</i>			
<b>Equality Impact Assessment</b>			
<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 Risk Register

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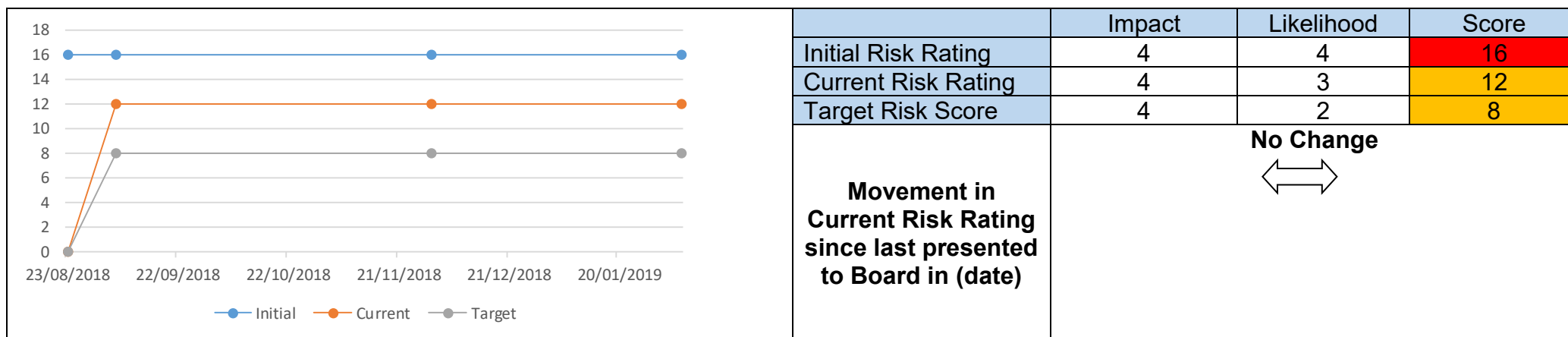
CFRR01	<b>Director Lead:</b> Executive Director of Finance	<b>Date Opened:</b> 4 September 2018
	<b>Assuring Committee:</b> Charitable Funds Committee	<b>Date Last Reviewed:</b> 6 February 2019
	<b>Risk:</b> Fundraising	<b>Target Risk Date:</b> 31 March 2019

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

This could be due to:

1. Involvement with third parties.
2. Not being aware of all the fundraising taking place in the charity's name.
3. Lack of resources meaning basic processes are not in place.
4. New regulations which the charity is not aware of.

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



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> <li>1. The Joint Working Protocol, which has established the need for signed Joint Working Agreements (JWA) for all relationships with third parties in order to clearly set out the terms and expectations of the relationship.</li> <li>2. The Charity Support Team maintains a log of fundraising that is</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish a marketing materials and stewardship plan to be reviewed by an external expert to provide assurance that the new legislation is being met.</li> <li>2. Ensure that all third party relationships have a signed Joint Working Agreement (or Memorandum of Understanding if more</li> </ol>

## Charitable Funds Risk Register

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taking place in the Charity's name.	appropriate).
3. The Fundraising Support team is working towards set targets for ensuring basic processes are in place.	3. Establish good communication links with staff, the public and donors so that everyone is aware of the need to seek approval from the Charity for any fundraising being undertaken in its name. This will form part of the engagement plan that is being developed.
4. The Charity Strategy provides the direction for the Charity and is crucial for informing what its priorities are and where fundraising efforts should be directed.	4. The process for authorising and recording fundraising being undertaken in the Charity's name will be reviewed to formalise it.
5. The Charity is a member of the Association of NHS Charities which provides updates on new legislation and regulations that may impact the Charity.	

Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
	8	Not Applicable	Not Applicable

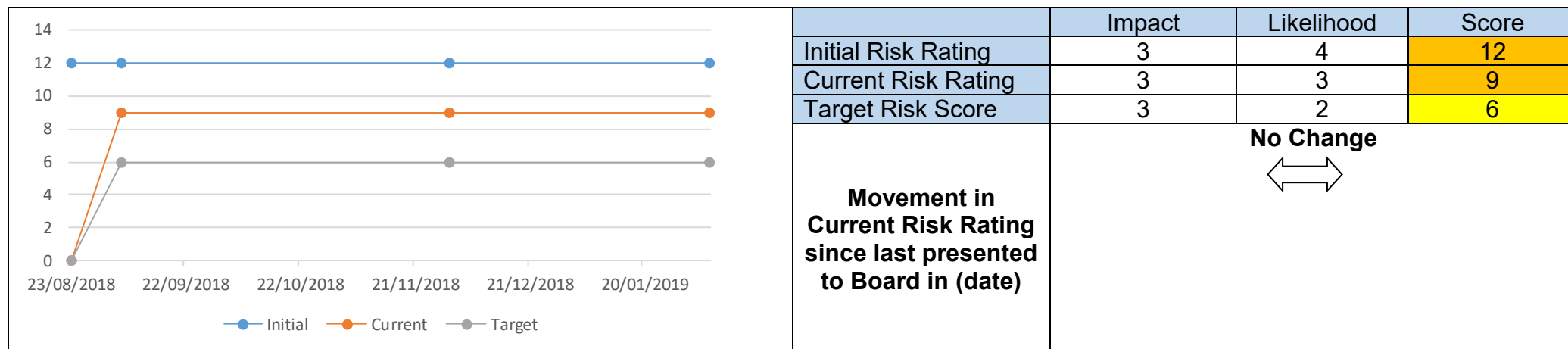
CFRR02	<b>Director Lead:</b> Executive Director of Finance	<b>Date Opened:</b> 5 September 2018
	<b>Assuring Committee:</b> Charitable Funds Committee	<b>Date Last Reviewed:</b> 6 February 2019
	<b>Risk:</b> Fund Advisors	<b>Target Risk Date:</b> 31 March 2019

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

This could be due to:

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

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



Controls in place	Further action to achieve target risk score
1. A Fund Advisor Handbook was developed and issued to all Fund Advisors, to provide guidance and support in discharging their responsibilities.	1. A rolling programme of Fund Advisor training is planned for 2019/20 to maximise the number of Fund Advisors that are reached.
	2. Updated Accountability Agreements need to be issued. It is

## Charitable Funds Risk Register

CF19/07

<p>2. Fund Advisor training days were held during 2017/18.</p> <p>3. An Accountability Agreement for all Fund Advisors was established to ensure that roles and responsibilities are understood and accepted. This will form part of an annual exercise for the Charity.</p> <p>4. The Handbook includes a requirement for all Fund Advisors to undertake an Annual Review of their fund.</p>	<p>proposed that this is done via the new Charity internet site to make completion easier and increase the response rate.</p> <p>3. The Fundraising Support Team needs to undertake further work to engage with Fund Advisors of the lesser active funds to help establish expenditure plans for the future. Fund Advisors need to be aware that funds should be used and they need to be clear and transparent about their plans.</p>
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Assurances	Links to		
Wales Audit Office Charity Commission	Strategic Goals	Principal Risks	Special Measures Theme
	8	Not Applicable	Not Applicable



# Charitable Funds Risk Register

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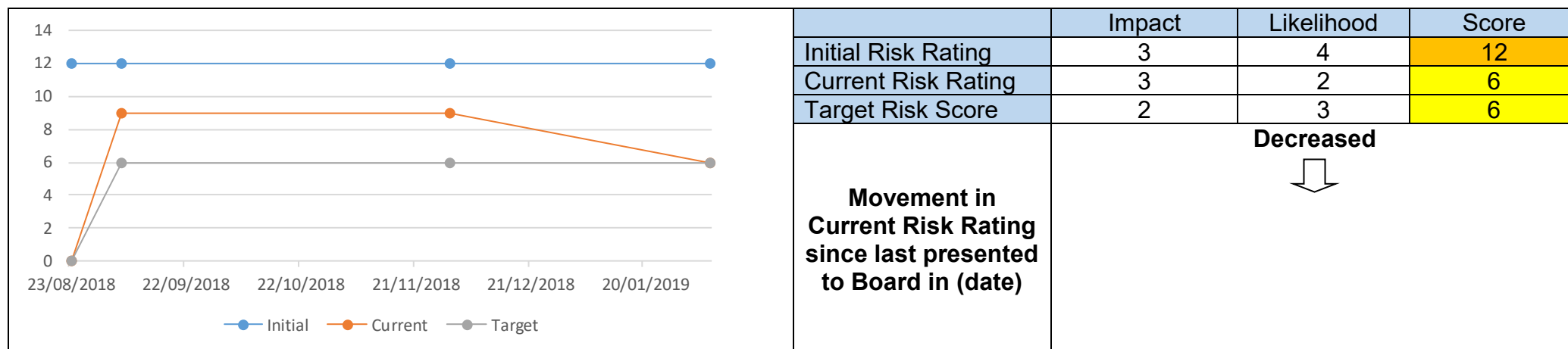
CFRR03	<b>Director Lead:</b> Executive Director of Finance	<b>Date Opened:</b> 5 September 2018
	<b>Assuring Committee:</b> Charitable Funds Committee	<b>Date Last Reviewed:</b> 6 February 2019
	<b>Risk:</b> Appeals	<b>Target Risk Date:</b> 31 March 2019

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

This could be due to:

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

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



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> <li>1. The Charity Support Team reviews the unfunded requests submitted to voluntary organisations and also those on the capital register.</li> <li>2. The Annual Review section in the Accountability Agreement requires Fund Advisors to formally document their priorities and identify any future fundraising that may be required.</li> </ol>	<ol style="list-style-type: none"> <li>1. Further engagement with staff, Fund Advisors and the senior Planning Team is required to fully establish the needs of the Health Board.</li> <li>2. An action plan for identifying a larger scale Appeal will be developed as part of the Charity Strategy.</li> </ol>

## Charitable Funds Risk Register

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

4. Discussions of the Health Board as Trustee have identified Mental Health as a key priority for the charity through the I Can campaign.

Assurances	Links to		
Wales Audit Office Charity Commission	Strategic Goals	Principal Risks	Special Measures Theme
	8	Not Applicable	Not Applicable

# Charitable Funds Risk Register

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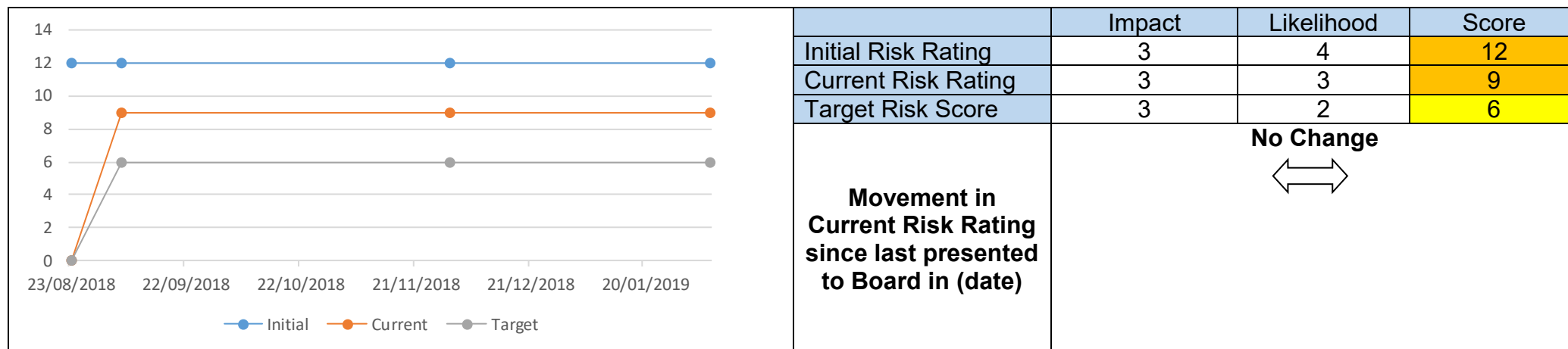
CFRR04	<b>Director Lead:</b> Executive Director of Finance	<b>Date Opened:</b> 5 September 2018
	<b>Assuring Committee:</b> Charitable Funds Committee	<b>Date Last Reviewed:</b> 6 February 2019
	<b>Risk:</b> Staff Engagement	<b>Target Risk Date:</b> 31 March 2019

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

This could be due to:

1. Lack of training.
2. The size of the Health Board making it difficult to communicate messages.
3. Negative media impacting on their opinion of the Charity.
4. Difficulty with placing orders.

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



Controls in place	Further action to achieve target risk score
1. The introduction of the Charitable Funds Advisory Group has allowed front line staff to become involved in decision making on charitable expenditure.	1. A network of Charity Champions at ward, department or locality level will be established to aid in the promotion of the Charity and the work that it is doing.

## Charitable Funds Risk Register

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<p>2. The Fund Advisor Handbook highlights to Fund Advisors that they have a key role to play in promoting the benefits of the Charity. This is reinforced through the Fund Advisor training days.</p> <p>3. An action plan for staff engagement, including working with Workforce &amp; Organisational Development and the Communications team has been developed as part of the Communication Strategy.</p> <p>4. The use of social media has been increased and used to promote good news stories about the Charity, as well as responding to any negative media coverage.</p> <p>5. A process for ordering items not available on Oracle has been agreed with Procurement, to ensure that staff can order the items that they want, whilst still complying with Procurement procedures and maintaining an audit trail.</p>	<p>2. Staff communications will be issued around the charity's Annual Report to help inform staff of the work that the charity does and how they can become involved.</p> <p>3. Linkages will be made with trade unions to ensure that they are aware of the charity and what it funds. This can then be cascaded down to their members.</p>
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
Wales Audit Office Charity Commission	8	Not Applicable	Not Applicable

## Charitable Funds Risk Register

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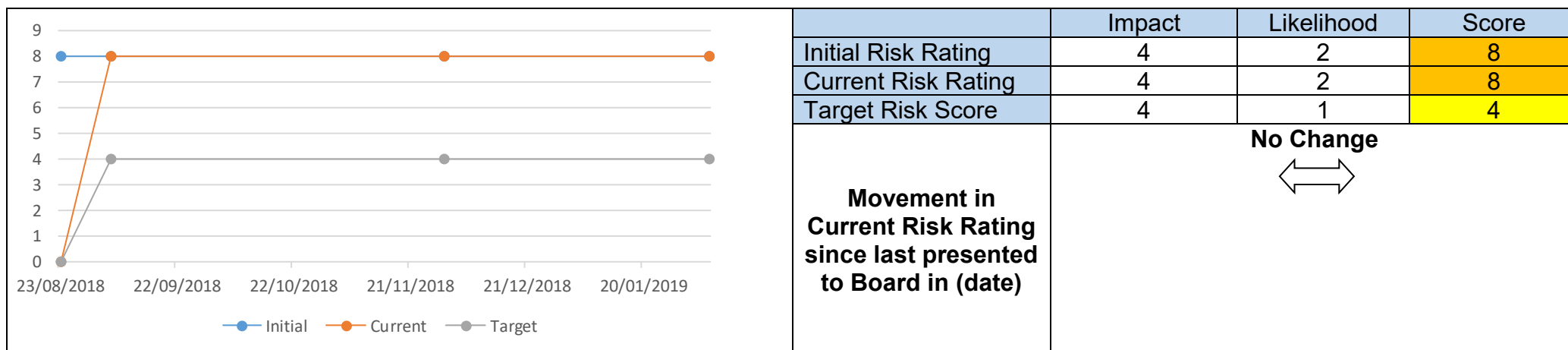
CFRR05	<b>Director Lead:</b> Executive Director of Finance	<b>Date Opened:</b> 5 September 2018
	<b>Assuring Committee:</b> Charitable Funds Committee	<b>Date Last Reviewed:</b> 6 February 2019
	<b>Risk:</b> Investments	<b>Target Risk Date:</b> 31 March 2019

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

This could be due to:

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

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



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> <li>1. The Charity's investment portfolio is monitored on a monthly basis by the Charity Support Team and on a quarterly basis by the Charitable Funds Committee.</li> <li>2. The investment policy is reviewed by the Committee on an annual basis, in conjunction with the Investment Managers, to ensure it remains relevant to the Charity's long term strategy.</li> </ol>	<ol style="list-style-type: none"> <li>1. Monitoring of investments and the portfolio performance needs to be a continual process. The investment policy needs to be reviewed in light of the income and capital needs of the Charity for the short to medium term.</li> </ol>

## Charitable Funds Risk Register

CF19/07

3. The Investment Managers attend Committee meetings on an annual basis, but are available to answer any issues raised throughout the year.	
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Assurances	Links to		
Wales Audit Office Charity Commission	Strategic Goals	Principal Risks	Special Measures Theme
	8	Not Applicable	Not Applicable

## Charitable Funds Risk Register

CF19/07

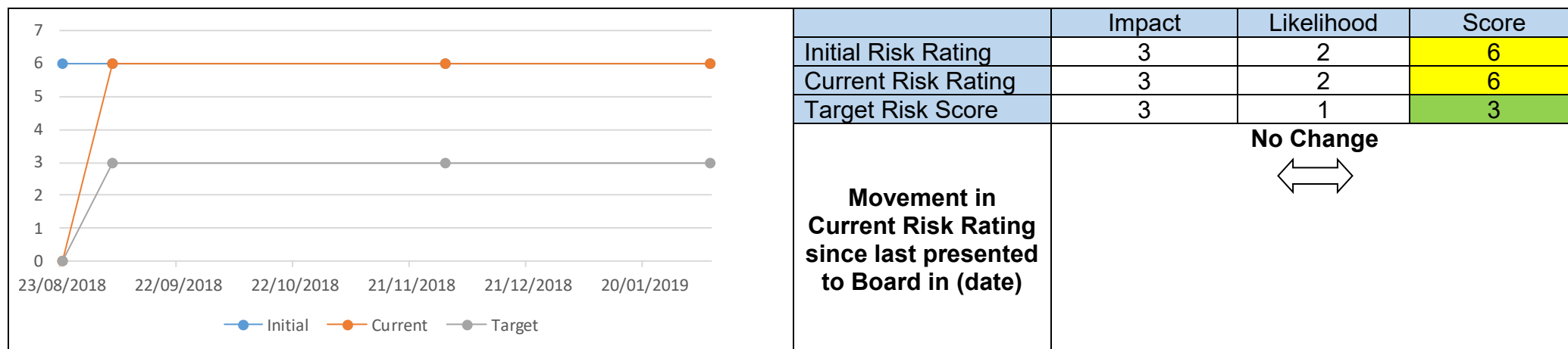
CFRR06	<b>Director Lead:</b> Executive Director of Finance	<b>Date Opened:</b> 5 September 2018
	<b>Assuring Committee:</b> Charitable Funds Committee	<b>Date Last Reviewed:</b> 6 February 2019
	<b>Risk:</b> Financial	<b>Target Risk Date:</b> 31 March 2019

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

This could be due to:

1. Reduction in the income to the Charity,
2. Approval of expenditure above the level of resources available.

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



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> <li>1. Funds available are monitored through the Reserves Policy, which is updated and reviewed by the Committee on an annual basis.</li> <li>2. The level of reserves is monitored against the target and reported to the Committee on a quarterly basis.</li> <li>3. Individual funds are checked to ensure there is enough monies available before any expenditure is approved from them.</li> </ol>	<ol style="list-style-type: none"> <li>1. Further work needs to be done to establish income plans in order to develop new and different income streams.</li> <li>2. A specification for a consultancy to support the Charity Team with carrying out a legacy audit and developing a strategic plan for legacy marketing has been drafted. Experts in the field will support the team with this.</li> </ol>

## Charitable Funds Risk Register

CF19/07

Assurances	Links to		
Wales Audit Office Charity Commission	Strategic Goals	Principal Risks	Special Measures Theme
	8	Not Applicable	Not Applicable



## Charitable Funds Risk Register

CF19/07

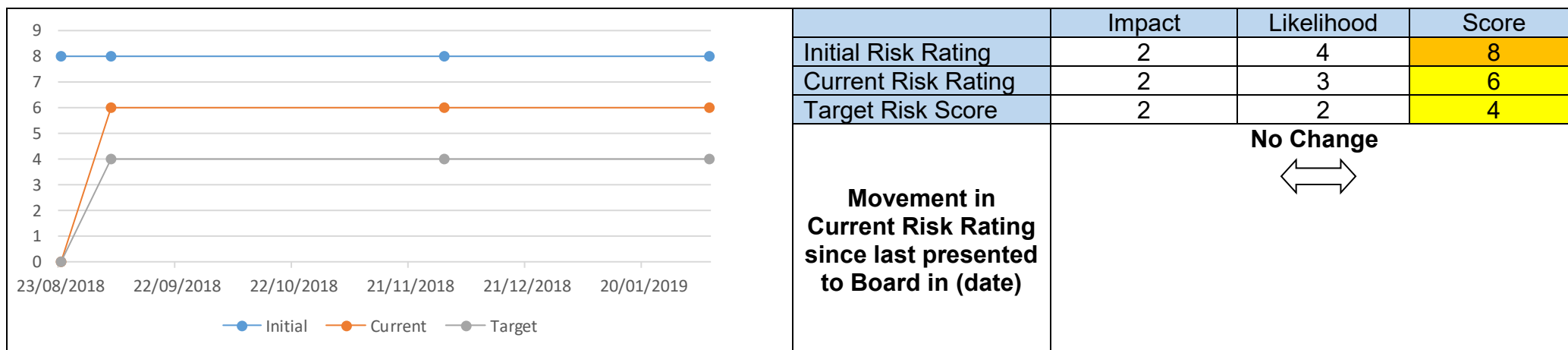
CFRR07	<b>Director Lead:</b> Executive Director of Finance	<b>Date Opened:</b> 5 September 2018
	<b>Assuring Committee:</b> Charitable Funds Committee	<b>Date Last Reviewed:</b> 6 February 2019
	<b>Risk:</b> Use of Technology	<b>Target Risk Date:</b> 31 March 2019

There is a risk that the Charity is not using technology as far as possible.

This could be due to:

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

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



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> <li>1. The Charity's internet site is being redeveloped. Some sections of this are now live.</li> <li>2. The Communications Strategy includes specific actions around social media to engage widely with the population of North Wales.</li> <li>3. New ways of donating, via text giving, Facebook and debit/credit card have been introduced to maximise the use of</li> </ol>	<ol style="list-style-type: none"> <li>1. Further developments to the internet site are required to allow the Charity to significantly improve its engagement with donors, volunteers and staff, whilst providing a platform for the promotion of events and social media streams.</li> </ol>

## Charitable Funds Risk Register

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technology in this area.

Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
Wales Audit Office Charity Commission	8	Not Applicable	Not Applicable

## Charitable Funds Risk Register

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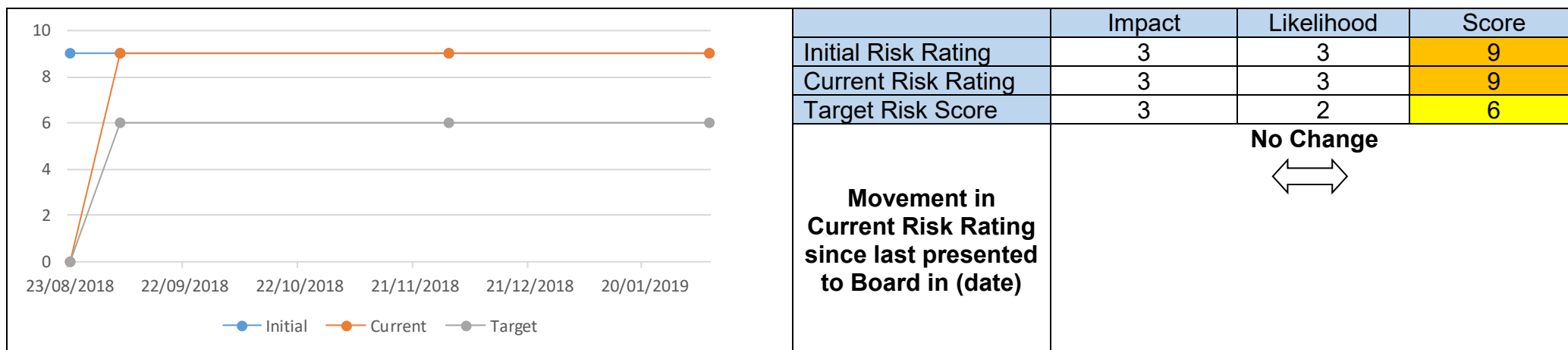
CFRR08	<b>Director Lead:</b> Executive Director of Finance	<b>Date Opened:</b> 5 September 2018
	<b>Assuring Committee:</b> Charitable Funds Committee	<b>Date Last Reviewed:</b> 6 February 2019
	<b>Risk:</b> Reputation	<b>Target Risk Date:</b> 31 March 2019

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

This could be due to:

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

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



Controls in place	Further action to achieve target risk score
<p>1. The Charitable Funds Advisory Group involves front line staff and public representatives in decision making on charitable expenditure.</p> <p>2. The use of the Charity's social media platforms has increased and is used to promote good news stories about the Charity, as well as responding to negative media coverage.</p> <p>3. There is an external audit and sign off of the charity's accounts and</p>	<p>1. Further developments to the Charity's internet site are required to improve engagement with staff, donors and the public.</p> <p>2. Consideration needs to be made of the public and donor view in all funding decisions, to ensure that grants awarded would pass the 'Daily Mail test', as recommended by the Association of NHS Charities.</p> <p>3. Improvements will be made to the funding application form to ensure</p>

## Charitable Funds Risk Register

CF19/07

annual report by Wales Audit Office.	that it allows applicants to clearly identify the impact that the grant will have for patients. This will help to support funding decisions.
4. Regular reporting of any complaints received to the Charitable Funds Committee, so that they can be monitored and assurance given that actions have been taken to address them.	

Assurances	Links to		
Wales Audit Office Charity Commission	Strategic Goals	Principal Risks	Special Measures Theme
	8	Not Applicable	Not Applicable

**Charitable Funds  
Committee**

 7<sup>th</sup> March 2019

CF19/08


**GIG  
CYMRU  
NHS  
WALES**

 Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

*To improve health and provide excellent care*

<b>Report Title:</b>	Rothschild Portfolio Report: 31 <sup>st</sup> December 2018
<b>Report Author:</b>	Rebecca Hughes, Charity Accountant
<b>Responsible Director:</b>	Russell Favager, Executive Director of Finance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	Attached is the Investments Report for the Charity as at the 31 <sup>st</sup> December 2018.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The Report is brought for noting by the Charitable Funds Committee.
<b>Governance issues / risks:</b>	There are no governance issues for the Health Board of this paper.
<b>Financial Implications:</b>	<p>Key points to note are:</p> <ol style="list-style-type: none"> <li>1. The last quarter of 2018 saw investor sentiment turn negative as macroeconomic and geopolitical concerns prompted the weakest quarter for global equity markets since 2011, and the worst December for the US equity market since 1931. Overall, World equity markets were down -12.5% over the final quarter of 2018 in local currency terms. Corporate bonds, commodities and hedge funds all failed to deliver positive full-year returns, and most assets that did achieve a positive return, such as gilts, lagged inflation. It is worth noting that the worst December since 1931 for US stocks has been followed by the best January since 1987, with the portfolio recovering +2.04% over the month.</li> <li>2. Against a difficult backdrop for global equity markets, 2018 saw the first year that the portfolio has experienced a negative return (-3.39%) since we were appointed in September 2011. Nevertheless, even taking this into account, over the longer term, the portfolio has delivered a cumulative positive return of +44.6% since inception - an annualised return of +5.16% which is comfortably ahead of inflation and the CPI +3% return objective for a 'Balanced' investment strategy. It is also worth noting that the BCUHB portfolio has benefited from the bounce back in markets that we have seen at the start of 2019.</li> <li>3. Global economic data has been weaker recently, but not yet dramatically so, and the direction of travel remains broadly</li> </ol>

	<p>positive. The Bank of England seems poised to raise interest rates again in 2019, but ongoing uncertainty and the threat of a “disorderly” Brexit may well force the policymakers into more aggressive action, and again, the money market is sceptical.</p> <p>4. Overall, the portfolio maintains a slightly reduced allocation of 62.7% 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 also maintains a slightly higher allocation of 37.3% 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. During the market sell off in the final quarter of 2018, the ‘protection’ positions performed positively and helped to cushion the portfolio from the worst of the market falls over the quarter.</p>
<b>Recommendation:</b>	The Committee is asked to note the report.

<b>Health Board’s Well-being Objectives</b> <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>	√	<b>WFGA Sustainable Development Principle</b> <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	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			

<i>Not applicable</i>
<b>Equality Impact Assessment</b>
<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*



# BCUHB

## Q4 2018 Portfolio Report

February 2019



# 1

Executive summary – Investment report to 31<sup>st</sup> December 2018



# Current portfolio positioning

## An overview for Q4 2018

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- 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 last quarter of 2018 saw investor sentiment turn negative as a cocktail of macroeconomic and geopolitical concerns prompted the weakest quarter for global equity markets since 2011, and the worst December for the US equity market since 1931. Overall, World equity markets were down -12.5% over the final quarter of 2018 in local currency terms. Indeed, more asset types performed poorly in 2018 than in any year since 2008. Corporate bonds, commodities and hedge funds all failed to deliver positive full-year returns, and most assets that did achieve a positive return, such as gilts, lagged inflation. It is worth noting that the worst December since 1931 for US stocks has been followed by the best January since 1987, with the portfolio recovering +2.04% over the month.
- Against a difficult backdrop for global equity markets, 2018 saw the first year that the portfolio has experienced a negative return (-3.39%) since we were appointed in September 2011. Nevertheless, even taking this into account, over the longer term, the portfolio has delivered a cumulative positive return of +44.6% since inception - an annualised return of +5.16% which is comfortably ahead of inflation and the CPI +3% return objective for a ‘Balanced’ investment strategy. It is also worth noting that the BCUHB portfolio has benefited from the bounce back in markets that we have seen at the start of 2019.
- Global economic data has been weaker recently, but not yet dramatically so, and the direction of travel remains broadly positive. As James Tobin once quipped, the stock market has predicted “nine of the last five recessions”. As the sugar high from US tax cuts begins to fade, a potent mixture of rising interest rates and slowing growth suggests there are likely to be some headwinds for corporate earnings in the year ahead, and we should expect to see some volatility across global equity markets as a result.
- The Bank of England seems poised to raise interest rates again in 2019, but ongoing uncertainty and the threat of a “disorderly” Brexit may well force the policymakers into more aggressive action, and again, the money market is sceptical.
- Overall, the portfolio maintains a slightly reduced allocation of 62.7% 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 portfolio also maintains a slightly higher allocation of 37.3% 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. During the market sell off in the final quarter of 2018, the ‘protection’ positions performed positively and helped to cushion the portfolio from the worst of the market falls over the quarter. In the event, the fall in global equity markets in Q4 2018 was not too severe and was relatively short lived as markets have bounced back in January of 2019. As a result, the ‘diversifying’ assets performed strongly in Q4 but were down overall for the year.



# Portfolio update – Q4 2018

Below we have provided an overview of the portfolio's performance and changes made within the portfolio over the course of the fourth quarter of 2018

## Portfolio changes – Q4 2018

### New positions

Mastercard	Return - Core	Nov
S&P 500 Put 2350 - Sep 2019	Diversifier	Nov
S&P 500 R Put 2200 - Dec 2019	Diversifier	Nov

### Increases

Ryanair	Return - Special Sit	Oct
Middleby	Return - Special Sit	Oct
S&P Global	Return - Special Sit	Nov
Moody's	Return - Special Sit	Nov

### Sales

Nestle	Return - Core	Oct
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## Portfolio activity – Q4 2018

- **Decreased consumer stock exposure:** During the quarter we continued to decrease our overall exposure to consumer stocks by selling **Nestlé**, a core portfolio position for a number of years. We reviewed the investment case as an extension of our work on consumer staples, which resulted in some other changes in the third quarter. We concluded that achieving attractive future returns from this point requires a level of revenue growth and profit margin improvement that the business may struggle to obtain.

## Portfolio activity – Q4 2018 (contd.)

- **Increased existing positions:** We increased our position in **Middleby**, (which was added to the portfolio in Q3 2018) as a lower share price coincided with the completion of further research into the commercial food processing and residential divisions. Combined with our work on the primary commercial kitchen equipment division, this has given us greater confidence in the company as a whole, and a higher forward return expectation as a result of the longer growth runway. We also increased our position in **Ryanair**. During the quarter the company issued a statement reducing their profit guidance for the year. This was due to the impact of higher oil prices and the expected impact of strike action on remediation costs and future bookings. While this caused the shares to fall almost 13% on a single day, our investment case remains strong and the drop provided an opportunity to increase our position at an attractive price.
- **New positions:** We initiated a position in **Mastercard** over the quarter as we are attracted to the company's central position in the payments space, where it acts as a processor of transactions globally. The shift away from cash and cheques to card payments provides a long growth runway for the business. Over the time we have been monitoring the company, and through our investment in **American Express**, we have developed a deeper understanding of the challenges presented by alternative payment methods and believe we are better positioned to monitor them.
- **Currency Hedges:** The outlook for Brexit remains uncertain. We continue to monitor the potential impact on the portfolio and currency exposures. Over Q4 2018 we hedged out a greater portion of our US Dollar exposure.

## Performance contributors – Q4 2018

- Over 2018, the BCUIB portfolio returned -3.4%. Over the same period, global equity markets were down -7.7% in local currency terms and UK equity markets were down -9.9%.
- In line with equity markets, our 'Return' assets produced negative returns during the weakest quarter for equity markets since the Global Financial Crisis. Such movements are testing and can be driven by broader macroeconomic or geopolitical concerns. Nonetheless, we remain confident in the businesses we are invested in. Our focus remains on monitoring the operating performance of the companies in the portfolio, using our roadmaps as a guide, and using equity market weakness to increase positions where our forward return expectations are enhanced.
- Other than the trend-following funds, ACL and CFM, which were adversely impacted by the volatility in markets, our Diversifying assets made positive contributions to performance. Notably, the put option warrants contributed positively as the expiry of older warrants was offset by significant appreciation in the values of the warrants held at the end of the quarter. These put option warrants were collectively up +134.6% over the quarter contributing +0.38% to overall performance for the same period. As we would expect, these positions, therefore, helped to partially offset the decline of the 'Return' assets.



# Our investment view

## Growth is slowing, politics is testing. But slowdown is not alarming, and Fed has paused

POLITICS	<b>TRUMP</b>		As President Trump's personal difficulties intensify – and a divided Congress adds to his frustration – he may talk and act even more impetuously. So far, lower taxes more than offset the impact of higher tariffs, and shutdown, and his lecture to the Fed was likely ignored. The balance of risks may be tilting, but constructive outcomes are still feasible
	<b>GEOPOLITICS</b>		Trade policy, European integration and the situation in the Venezuela are ongoing worries. In the case of trade at least, escalation is not a given. China, not the US, is the most protected big economy, and the current uneasy “truce” suggests that its approach may remain pragmatic: it knows that the US has a point. Talks are as yet inconclusive
	<b>EUROPE</b>		The risk of an “accidental” no-deal Brexit by default is growing: the EU partners may find the “alternative arrangements” they offer rejected by hardline Brexiteers. UK domestic politics remain a concern too. Meanwhile, France has replaced Italy as the main focus of euro concern
ECONOMY	<b>CHINA</b>		Data seems to have stabilised ahead of the new year break, and monetary and fiscal policy has been loosening, with more to come if needed. Tariffs worry us more than China's debt, which is a domestic matter, but President Xi's response has been measured – so far
	<b>INTEREST RATES</b>		Market nerves, global softness and the Fed's pause for reflection (just six weeks after its December rate hike), have eliminated market expectations of further US rate rises in 2019 – which may be premature. The ECB may back away from its forward guidance, and the BoE is hostage to Brexit. But inflation risk generally remains subdued
	<b>BUSINESS CYCLE</b>		Slower growth is not unexpected, and does not yet seem to herald a more dramatic end to the (increasingly mature) cycle. There have been few macro excesses requiring correction, and US consumers in particular still have plenty of fuel in the tank. But after 2018's blowout, a sharp US profits slowdown is underway - which helps explain market nerves
MARKETS	<b>VALUATIONS</b>		After selling off, stocks returned to more neutral valuations, and earnings estimates remain broadly plausible. Recent volatility and market nerves notwithstanding, they remain the most likely asset to deliver inflation-beating long-term returns. Most European government and investment grade bond yields are well below likely inflation
	<b>MARKET DYNAMICS</b>		Volatility has fallen back after Q4's spike – which was muted by comparison with some other post-GFC sell-offs. There are more realistic expectations now for social media; the cryptocurrency bubble has deflated; and bank lending has not been reckless. But automatic and high frequency trading remain concerns, and may again amplify future sell-offs

Source: Rothschild &amp; Co

# 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"> <li>• <b>Charity details:</b> 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.</li> <li>• <b>Source of wealth:</b> Donations and fundraising, legacies and investment income.</li> <li>• <b>Attitude to the charity assets:</b> 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.</li> </ul>
Income and Tax	<ul style="list-style-type: none"> <li>• <b>Income:</b> There is no specific income requirement from the investment portfolio, although this will depend on the generation of new funds and expenditure commitments.</li> <li>• <b>Tax:</b> 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.</li> </ul>
Return objective and risk	<ul style="list-style-type: none"> <li>• <b>Return:</b> 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.</li> <li>• <b>Risk:</b> The Trustees have agreed to adopt a 'balanced' portfolio strategy following the meeting in July 2015.</li> <li>• <b>Time Horizon:</b> Long-term time horizon (10 years+).</li> <li>• <b>Ongoing:</b> We recommend reviewing your return objectives and risk tolerance on a regular basis and confirm that nothing is 'set in stone'.</li> </ul>
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 <sup>st</sup> December 2018				
Period	BCUHB	Inflation*	Return objective (Inflation + 3%)	
Cumulative since inception (6th September 2011)	+44.57%	+14.18%	+41.27%	
Annualised since inception (6th September 2011)	+5.16%	+1.83%	+4.83%	
2018	-3.39%	+2.10%	+5.10%	} 'Balanced' investment strategy
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%	} 'Cautious' investment strategy
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			£7,501,761	
Estimated annual income & gross yield		£62,205	0.83%	

The portfolio has generated an annualised return of 5.16% since inception, which equates to a return of 3.3% above inflation per annum.

Source: Rothschild & Co, Bloomberg

## Notes

\* Inflation data is calculated from 31<sup>st</sup> August 2011 to 31<sup>st</sup> December 2018.

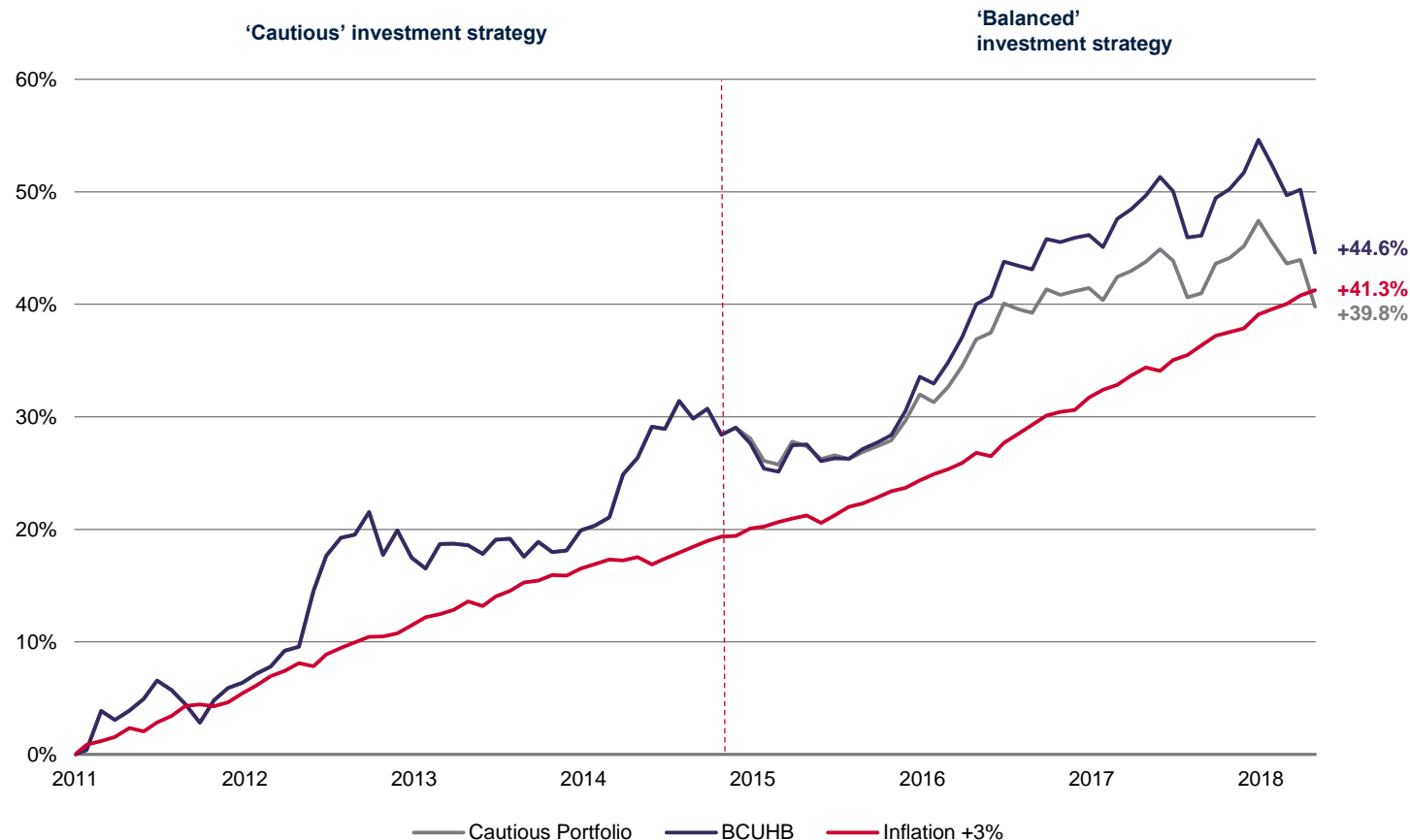
1. Past performance is not indicative of future performance and the value of investments and income from them can fall as well as rise.
2. Returns may increase or decrease as a result of currency fluctuations.
3. Portfolio performance is shown after all fees. Performance shown is total return, combining 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 31<sup>st</sup> December 2018



## Annualised Return

BCUHB	+5.2%
UK Equities	+8.1%
World Equities (£)	+11.8%

## Historical Volatility

BCUHB	5.0%
UK Equities	10.5%
World Equities (£)	10.1%

## Maximum Drawdown

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

Source: Rothschild & Co, Bloomberg

### Notes

1. Inflation data is calculated from 31<sup>st</sup> August 2011 to 31<sup>st</sup> December 2018.
2. Past performance is not indicative of future performance and the value of investments and income from them can fall as well as rise. Returns may increase or decrease as a result of currency fluctuations. Portfolio performance is shown after all fees. Performance shown is total return, combining income and capital growth.
3. Volatility is calculated as the annualised standard deviation of monthly returns. Maximum Drawdown is a measure of risk and shows, in percentage terms, the worst peak to trough decline over the period.
4. Indices used are: Inflation (UK Consumer Price Index EU Harmonised YoY NSA). UK Equities (MSCI UK All Caps Net Total Return). World Equities (MSCI World AC Net Total Return in sterling terms).



# Financial market context

The table below provides some market context over the period since the inception of the portfolio, 6<sup>th</sup> September 2011 to 31<sup>st</sup> December 2018

FINANCIAL DATA - TOTAL RETURNS					
Index (Total Return)	Q4 2018	2018	Since Inception	Annualised	Level
<b>Macro Data</b>					<b>Level</b>
UK CPI Inflation	+0.47%	+2.10%	+14.18%	+1.83%	
UK RPI Inflation	+0.53%	+2.70%	+20.97%	+2.63%	
UK Cash / BoE Base Rate	+0.18%	+0.56%	+3.17%	+0.43%	+0.75%
US Cash / Fed Funds Rate	+0.58%	+1.88%	+3.84%	+0.52%	+2.50%
<b>Currencies - Trade-Weighted (real)</b>					<b>Spot vs GBP</b>
Sterling	-1.20%	-0.56%	-1.66%	-0.23%	N/A
US Dollar	+1.20%	+4.89%	+30.14%	+3.66%	1.275
Euro	-1.14%	+0.58%	+4.03%	+0.54%	1.113
<b>Equities</b>					
World Equities in Local	-12.51%	-7.69%	+103.87%	+10.22%	
World Equities in GBP	-10.73%	-3.89%	+126.06%	+11.78%	
UK Equities	-10.67%	-9.89%	+77.44%	+8.15%	
Emerging Market Equities in USD	-7.46%	-14.57%	+16.33%	+2.09%	
<b>Equity Market Sentiment</b>					<b>Level</b>
VIX Index (Volatility)	+114.61%	+144.31%	-4.67%	-0.65%	25.42
<b>Fixed Income</b>					<b>Yield</b>
UK Gov't 1-10 Years	+1.36%	+0.68%	+16.37%	+2.09%	+1.28%
US Gov't 1-10 Years	+2.24%	+1.41%	+8.97%	+1.18%	+2.68%
<b>Hedge Funds</b>					
Global Hedge Funds in USD	-5.56%	-6.72%	+3.87%	+0.52%	
<b>Commodities</b>					<b>Price (\$)</b>
Brent Crude Oil in USD	-34.96%	-19.55%	-51.13%	-9.31%	53.80
Gold in USD	+7.47%	-1.63%	-32.56%	-5.24%	1,281.58
S&P Global Commodities in USD	-22.94%	-13.82%	-55.98%	-10.60%	

Source: Rothschild & Co, Bloomberg

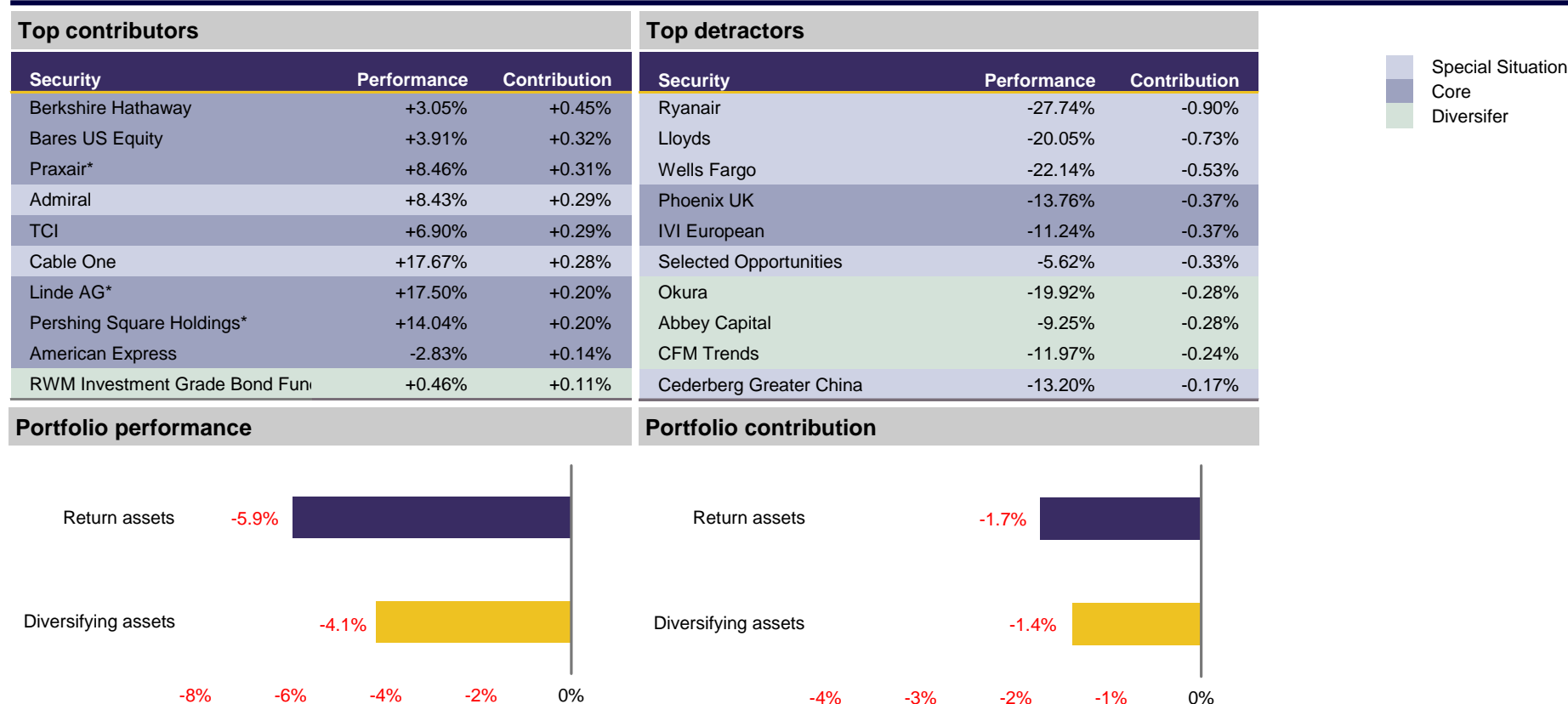
## Notes

1. 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.
2. Please refer to Important Information at the back of this document for a full list of the indices used above.



# Performance contribution

The tables below show the top contributors and detractors in the portfolio from 1<sup>st</sup> January 2018 to 31<sup>st</sup> December 2018



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 this year-to-date) are not included in the calculation of diversifying asset performance and contribution in the above bar charts.



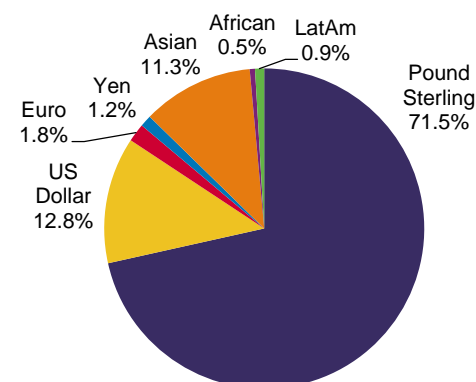
# Portfolio

The table below shows the portfolio split between Return and Diversifying assets as at 31<sup>st</sup> December 2018

RETURN ASSETS (62.7%)		DIVERSIFYING ASSETS (37.3%)	
<b>Equities - Companies</b>	<b>17.7%</b>	<b>Equities - Companies</b>	<b>17.3%</b>
Admiral	3.7%	American Express	3.4%
Cable One	1.2%	Comcast	2.2%
Charter Communications	1.0%	Deere	2.8%
DMGT	1.0%	Linde	2.5%
Liberty Broadband	0.5%	Mastercard	1.5%
Lloyds	3.2%	Moody's	2.4%
Middleby Corporation	1.4%	S&P Global	2.5%
Ryanair	2.7%		
Wells Fargo	3.0%		
<b>Equities - Funds</b>	<b>6.5%</b>	<b>Equities - Funds</b>	<b>21.2%</b>
Albizia ASEAN*	1.9%	Bares US Equity	4.1%
Cederberg Greater China Equity*	2.4%	Berkshire Hathaway	4.6%
Ward Ferry Asian Smaller Cos*	2.3%	IVI European	3.1%
		Lansdowne Developed Markets	3.5%
		Phoenix UK	2.6%
		TCI	3.3%
		<b>Alternative Strategies</b>	<b>6.5%</b>
		Abbey Capital	1.9%
		Artemis Volatility	0.9%
		CFM IS Trends	1.3%
		CFM Trends	1.8%
		Rubicon	0.6%
		<b>Portfolio Protection</b>	<b>2.4%</b>
		Okura	1.6%
		Euro Stoxx 50 Put 2800 - Mar 2019	0.1%
		Euro Stoxx 50 R Put 2900 - Jun 2019	0.3%
		S&P 500 Put 2350 - Sep 2019	0.2%
		S&P 500 R Put 2200 - Dec 2019	0.2%
		<b>Fixed Income - Investment Grade</b>	<b>25.9%</b>
		RMW Investment Grade Bond Fund	25.9%
		<b>Cash</b>	<b>2.5%</b>
		Cash	1.3%
		Cash / T Bills (SOF)*	1.1%
		<b>Currency Hedges</b>	
		GBP FX Hedge	17.7%
		EUR FX Hedge	-4.1%
		USD FX Hedge	-13.6%

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 charge a zero investment management fee within the SOF and RWM Investment Grade Bond Fund.
- \*\* Position held via the SOF and on a standalone basis.
- 1. 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.
- 2. We show the currency exposures of the portfolio on a "see-through" basis, looking into the currency exposures of underlying holdings. We do this to provide a more accurate view of actual economic currency exposures rather than use the base currencies of holdings (such as a security listed in USD or a Fund in GBP) which do not provide that currency exposure insight. The information is based on the most up to date information from the underlying security and fund providers.

4

Important information



# Important information

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<b>Charitable Funds Committee</b>		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
7 <sup>th</sup> March 2019	<b>To improve health and provide excellent care</b>	
CF19/09		

<b>Report Title:</b>	Request for Expenditure Approvals
<b>Report Author:</b>	Rebecca Hughes, Charity Accountant
<b>Responsible Director:</b>	Russell Favager, Executive Director of Finance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	The funding application requests received for this Committee are itemised in the following paper.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The Report is brought for approval by the Charitable Funds Committee.
<b>Governance issues / risks:</b>	The applications have all been to the Charitable Funds Advisory Group for consideration and comments are included at the end of each application.
<b>Financial Implications:</b>	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.
<b>Recommendation:</b>	The Committee is asked to review each application for approval or rejection.

<b>Health Board's Well-being Objectives</b> <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>	√	<b>WFGA Sustainable Development Principle</b> <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	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<i>Not applicable</i>			
<b>Equality Impact Assessment</b>			
<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	54,068	See attached	See attached

The total amount approved from General Funds is £3,660.

### 3.0 Applications for Consideration

Item	Title of Funding Application	Amount of Application £	Funding Source	Division
.2	Gwynt Y Mor Community Fund - Motiv8 Project	47,150	Grant Applied For	Mental Health
.3	Project Support for ChemoCare Version 6 Upgrade and Rollout to Haematology	92,000	Fund 8Q02	NWWS

**Total    £139,150**

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	Replacement Flooring, Endoscopy Corridor	5,040	Fund 9N02 & Fund 9B91	Ysbyty Gwynedd	The Group questioned why this was not done when the area was re-developed and felt that it should be an essential part of a redevelopment. However, given that it was not done and the obvious patient benefits, the Group approved it.
.2	Digital Reminiscence Therapy Software	5,995	Fund 7B09	East Area	The Group felt that this was good use of their funds.
.3	Study Assistance – Kings Fund Top Management Programme	12,739	Fund 9B83	Ysbyty Gwynedd	The Group were happy to support the bid and hoped that learning from the programme will be disseminated across BCU.
.4	Electro Navigational Bronchoscopy (ENB) consumables	13,074	Fund 8Q02	NWWS	This is just a pilot to see if provision of the service is possible. If successful, funds would need to be sought to purchase the medical equipment required. The Group suggested that the Fundraising team could help with promoting and raising funds for this. The Group were happy to support this bid.
.5	Teasdale Modified Axillar Retractor and Accessories	13,560	Fund 7Q05	NWWS	This equipment would enable clinicians to perform certain procedures without assistance, avoiding cancellation and delay of USC patients. The Group felt this was good use of their funds.

## 2. Applications Part-Approved by the Charitable Funds Advisory Group

Item	Title of Funding Application	Amount of Application £	Amount Approved £	Funding Source	Division	Comments of Advisory Group
.1	Training Manikins for Advanced Life Support Courses	18,300	3,660	General Funds	Ysbyty Gwynedd	<p>The Group felt there are difficult decisions to be made on what is deemed as an essential purchase and what is best use of the charity's money, particularly with General Funds being in deficit.</p> <p>The Group were not happy to support this bid for 5 new manikins but would approve 1.</p>

**TOTAL APPROVED     £54,068**

AWYR LAS  
**FUNDING APPLICATION FORM**

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

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

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

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

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

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

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

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

**Health Inequalities** (State how the scheme addresses health inequalities)

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

**Equalities Impact**

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

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

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

This is an open access project which will not discriminate against any of the protected characteristic groups and we will empower those individuals to express their potential within activities.

**Approvals**

	Name & Date Approved	Comments
Fund Advisor	Mark Morris Gaynor Gaskell	8D12
Capital Approval (Estates/IM&T/Medical Devices)	N/A	
Chief Financial Officer	Joanna Garrigan 18.02.19	



Area/Hospital/Secondary Care/Mental Health/Executive Director	Andy Roach 14.02.19	
Charitable Funds Advisory Group	CFAG 31.01.2019	Recommended for Approval by the Charitable Funds Committee 07.03.2019

## **Summary of the project.**

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

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

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

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

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

## **Who will the project benefit?**

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

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

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

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

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

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

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

### **Aim and outcomes of the project**

The aims and outcomes of the project would be to:

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

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

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

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

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

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

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

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

### **How have you identified this need?**

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

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

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

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

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

### **What evidence do you have to support this?**

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

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

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

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

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

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

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

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

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

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

**How will you measure the difference your project makes?**

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

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

AWYR LAS  
**FUNDING APPLICATION FORM**

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

coders, supporting a multidisciplinary approach to patient care.

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



ChemoCare USER  
NOTICE NUMBER 01\_2

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

•

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

**Service Benefit** (insert further rows if needed, must include patient care and financial benefits)

**Measure**



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

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

- The funding application is for a fixed term secondment of 2 years only.
- The software upgrade has already been funded within the initial tender.
- Annual maintenance costs for the software are incorporated into the Cancer Division budget.

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

N/A

**Health Inequalities** (State how the scheme addresses health inequalities)

ChemoCare software is used for all cancer patients, regardless of gender, age, race, language, religion or disability.


**Equalities Impact**

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

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

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



<u>Approvals</u>		
	Name & Date Approved	Comments
Fund Advisor	 Geraint Roberts, General Manager, Cancer Division	
Capital Approval (Estates/IM&T/Medical Devices)	N/A	
Chief Financial Officer	Elaine Cartwright 20.02.19	
Area/Hospital/Secondary Care/Mental Health/Executive Director	Steven Vaughan 20.02.19	
Charitable Funds Advisory Group	CFAG 31.01.19	Approved by the Group.

**Charitable Funds  
Committee**

 7<sup>th</sup> March 2019

CF19/10


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**To improve health and provide excellent care**

<b>Report Title:</b>	Charity Budget 2019/20
<b>Report Author:</b>	Rebecca Hughes, Charity Accountant
<b>Responsible Director:</b>	Russell Favager, Executive Director of Finance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	Attached is the proposed budget for the Charity for 2019/20.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The Report is brought for approval by the Charitable Funds Committee.
<b>Governance issues / risks:</b>	<ol style="list-style-type: none"> <li>1. The attached report details the Charity's proposed budget for 2019/20. This covers the costs of running the Charity, including administration, governance and fundraising.</li> <li>2. The report also includes the Charity's budgeted and forecast administration and fundraising costs for 2018/19 to provide a comparison.</li> </ol>
<b>Financial Implications:</b>	In agreeing to the proposed budget for 2019/20, the charity is agreeing to fund these costs for the next financial year.
<b>Recommendation:</b>	The Committee is asked to review and approve the budget for 2019/20.

<b>Health Board's Well-being Objectives</b> <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>	√	<b>WFGA Sustainable Development Principle</b> <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	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
Not applicable			
<b>Equality Impact Assessment</b>			
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*

## Charity Budget for 2019/20

### 1.0 Introduction

The Charity's budget for 2019/20 covers the costs of running the Charity, including administration, governance and fundraising.

### 2.0 Costs

All staff who work with the Charity are employed by the Health Board. The costs of the Fundraising Team are recharged in full to the Charity on a monthly basis. The costs of Finance staff involved in the charity are included within a monthly recharge from the Health Board, which is set at £96,000 per year. This charge also includes an element of overheads.

The Charity's non-pay costs predominantly relate to fundraising. These are split into costs incurred as part of the Fundraising Team's activities and other fundraising costs not initiated by the Team, which also includes costs incurred as part of a specific appeal.

### 3.0 Proposed Budget

The table below details the Charity's forecast administration, governance and fundraising costs for 2018/19, compared to the agreed budget and the proposed budgeted costs for 2019/20.

The total proposed budget for 2019/20 has been kept at the same level as the 2018/19 budget, although there have been some small movements between categories to take account of increased pay costs.

	2018/19 Budget £'000	2018/19 Forecast £'000	2018/19 Variance £'000	2019/20 Budget £'000
BCU Recharge - Finance Staff Costs	90	90	0	90
Fundraising Staff Costs	200	206	6	217
<b>Total Pay Costs</b>	<b>290</b>	<b>296</b>	<b>6</b>	<b>307</b>
BCU Recharge - Overheads	6	6	0	6
Fundraising Team Costs	50	36	-14	50
Other Fundraising Costs	60	20	-40	40
Investment Management Fee	50	50	0	50
Audit Fees	10	10	0	12
Bank & Other Admin Charges	6	5	-1	6
Software Fees	5	5	0	6
<b>Total Non-Pay Costs</b>	<b>187</b>	<b>132</b>	<b>-55</b>	<b>170</b>
<b>Total Costs</b>	<b>477</b>	<b>428</b>	<b>-49</b>	<b>477</b>

Points to note:

- Fundraising Staff Costs are projected to increase due to the NHS pay award and incremental drift. The forecast over spend for 2018/19 relates to cover for long-term sickness.
- Fundraising Team non-pay costs are forecast to be under budget in 2018/19 due to staffing issues in the team reducing their capacity to support projects. Costs are expected to rise in 2019/20 as the team becomes fully operational.
- Other Fundraising Costs; fundraising events that sit outside of the Fundraising Team are expected to increase in 2019/20 as the team work with Fund Advisors and Charity Champions to help them develop local events. However the budget has been reduced due to the large under spend forecast for 2018/19.

#### **4.0 Allocation of Costs**

As previously agreed by the Committee, all of the administration, governance and central fundraising costs for the Charity are charged to General Funds. General Funds receives all of the gains or losses on the investments plus the investment income and this is therefore used to pay for the Charity's costs. Additionally, when funds allow, the remainder can be used to support Health Board initiatives.

Other Fundraising Costs are charged to the fund that will benefit from that fundraising and so are not charged to General Funds.

The total charge to General Funds for 2019/20 would be £437,000. General Funds at the 31<sup>st</sup> December 2018 totalled a deficit of £231,000, therefore the proposed budget would increase the deficit to £668,000, pending future investment gains and income.

#### **5.0 Recommendations**

The Committee are asked to approve the budget for 2019/20.



**Charitable Funds Committee**

 7<sup>th</sup> March 2019

CF19/11


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<b>Report Title:</b>	<i>Awyr Las Staff Lottery Proposal Paper</i>
<b>Report Author:</b>	<i>Kirsty Thomson, Head of Fundraising</i>
<b>Responsible Director:</b>	<i>Russell Favager, Executive Director of Finance</i>
<b>Public or In Committee</b>	<i>Public</i>
<b>Purpose of Report:</b>	<i>Attached is a proposal to launch a BCUHB Staff Lottery in 2019-20. This report summarised the options available to implement a lottery and is designed to start a debate on whether Awyr Las should start a lottery.</i>
<b>Approval / Scrutiny Route Prior to Presentation:</b>	<i>The Report is brought for discussion by the Charitable Funds Committee. The Committee Members are asked to decide whether the Awyr Las Support Team should develop plans to launch a lottery.</i>
<b>Governance issues / risks:</b>	<i>There are no governance issues for the Health Board of this paper.</i>
<b>Financial Implications:</b>	<i>There are no financial implications for the Health Board of this paper.</i>
<b>Recommendation:</b>	<i>The Committee is asked to note the report and approve the actions being taken.</i>

<b>Health Board's Well-being Objectives</b> <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>	✓	<b>WFGA Sustainable Development Principle</b> <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	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<i>Not applicable</i>			
<b>Equality Impact Assessment</b>			
<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 Staff Lottery Launch Proposal**

### **Context**

Awyr Las currently faces two significant challenges.

1. 94.2% of the donations Awyr Las received in 2017-18 were designated donations, whereby donors specified exactly which service or ward they wished to support. Donation of £92,590 were given to undesignated (also known as general) funds in 2017-18. This means that currently that there aren't sufficient undesignated funds available to:
  - a) Support new grant requests from services that don't have designated funds
  - b) Pay for the operational costs of the charity.
2. BCUHB staff affinity with the charity. Whilst many staff may be aware of the charity, more work needs to be done by the Awyr Las Support Team to increase staff members' understanding and ownership of the charity.

One option which would help the Support Team manage both of these challenges is to establish an Awyr Las Staff Lottery.

### **NHS Staff Lottery Schemes elsewhere**

A large number of charities currently operate staff lottery schemes. According to Tim Diggle, the former Chair of the Association of NHS Charities' Fundraising Mutual Interest Group, this is because a lottery has proven to be a useful tool to generate additional income and improve levels of staff engagement and awareness of the charity. More NHS Charities are moving towards establishing lottery schemes because of this, with many choosing to have staff only schemes because they then do not directly compete with other local charities.

The Head of Fundraising has researched how other NHS Charities have set up their staff lottery schemes, what is required in order for a scheme to be successful and the barriers to setting up a scheme. The Aneurin Bevan Health Board has chosen not to introduce a lottery because it didn't wish to be seen to promote gambling. All other Health Trusts that were surveyed by the Head of Fundraising have considered this when deciding on introducing a lottery scheme, and have all implemented policies to ensure that the lottery is managed sensibly, restricting the number of 'plays' one person can make per week.

### **Example A Charity Staff Lottery**

This charity's lottery was established 10 years ago and now has approximately 5,000 plays per week. One player can have up to 5 plays per week. A play is £1. The draw takes place weekly and a normal draw has one winner who receives £1,000.

The charity has a number of 'super draws' during the year, where players have the opportunity to win a car, a £10,000 cash prize or a holiday of a lifetime. These prizes are bought by the charity (the car is purchased but the car dealership provides the charity with an additional branded car to use free of charge throughout the year).

The charity received income of £260,000 in 2018-19 through the lottery. 180,000 of the total funds generated were made available to fund grants. 50% of the staff lottery grants fund staff related projects and 50% fund patient focused projects.

The lottery is overseen by a full time Band 5 staff member. The 'play' fee is deducted by payroll weekly and the lottery is managed on the Harlequin Fundraising Database system. The Charity Support Team works closely with Unison to promote the lottery. The charity has no plans to outsource the lottery because it now works efficiently in house and because they want to ensure all promotion is managed by the Charity Support Team.

#### Example B Charity Staff Lottery

This charity's lottery was established 8 years ago and now has approximately 4,000 plays per week. The main differences between Example A and B charities are:

- ✓ With Example B the draw takes place weekly and a normal draw has one winner who receives £1,000 and 12 others receive prizes of between £25 and £250 every week. The total weekly prize outlay is £2,000.
- ✓ The charity has a number of 'super draws' during the lead up to Christmas only
- ✓ 100% of lottery grants fund staff related projects.
- ✓ The lottery is overseen by two part time Band 5 staff members.

The charity received income of £104,000 in 2018-19 through the lottery. Like Example A, the 'play' fee is deducted by payroll weekly and the lottery is managed in house on the Harlequin Fundraising Database system.

#### Example C Charity Staff Lottery

This charity has decided to launch a staff lottery and it intends to widen the scope of the lottery beyond staff after two years. The charity has decided to outsource the lottery to a third party provider, Zaffo. Zaffo oversee lotteries for Birmingham Children's and Women's Hospitals Charity, the Stroke Association and many others. The charity carried out an options appraisal and decided to outsource the lottery because it plans to promote the lottery to the general public. After analyzing costs, this charity understood that the fees associated with a third party service for a staff only lottery are comparable to the costs of having an in house service, but once a lottery extends beyond staff it is more profitable to use a third party provider.

#### **Anticipated budget**

The Head of Fundraising is currently collating data and information from other NHS Charities and third party providers in order for the Charity Accountant and Head of Fundraising to ascertain:

- How many staff could be expected to sign up to a lottery scheme year on year over a five year period
- What the exact costs of running a lottery in house would be and how this could best be managed
- How these costs compare with contracting a third party provider to run the scheme
- What pay-out model Awyr Las should employ (N.B. the value of weekly prizes and super prizes)
- How the initial costs of running a staff lottery could be funded

### **Options for the Awyr Las Staff Lottery**

1. Do not launch a staff lottery, foregoing an opportunity to generate substantial undesignated funds and increase staff affinity with the charity.
2. Launch a staff lottery managed in house using the Harlequin database system the Awyr Las Support Team currently uses. An additional member of staff would be needed to specifically oversee the staff lottery. The Staff Lottery would be included as an additional standing agenda item at the Charity Committee and the Charity Committee would decide what the profits from the lottery would fund, based on recommendations from the Awyr Las Support Team. There would be an option to contract the staff lottery to a third party provider at a later date should it become preferable to do so.
3. Launch a staff lottery managed by a third party provider with no additional in house support required. The Staff Lottery would be included as an additional standing agenda item at the Charity Committee and the Charity Committee would decide what the profits from the lottery would fund, based on recommendations from the Awyr Las Support Team.

### **Recommendation**

The Head of Fundraising favours option B above.

The ideal scenario would be to internally recruit a Band 5 Data Officer for a short term nine month contract initially to oversee the implementation of the Lottery Scheme and train up the current Awyr Las Support Administrators to administer the lottery. All Lottery Scheme promotion would be overseen by the existing Fundraising Support Team Members so it is imperative that the Charity Support Team is at capacity in order for this scheme to be a success.

The Awyr Las Staff Lottery will only be established if a business plan, which would include a five year budget plan and communications plan, is authorised by the Charitable Funds Committee.

### **Recommendation**

The Head of Fundraising requests that the Charity Committee reviews the proposal and approves for an Awyr Las Staff Lottery business case to be developed.

**Charitable Funds Committee**

 7<sup>th</sup> March 2019

CF19/12


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<b>Report Title:</b>	Review of Charity Reserves Policy
<b>Report Author:</b>	Rebecca Hughes, Charity Accountant
<b>Responsible Director:</b>	Russell Favager, Executive Director of Finance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	Attached is the Charity's Reserves Policy.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The Report is brought for approval by the Charitable Funds Committee.
<b>Governance issues / risks:</b>	<ol style="list-style-type: none"> <li>1. Reserves are that part of a charity's unrestricted income funds which are freely available to spend on any of the Charity's purposes. The reserves policy explains to existing and potential fundraisers, donors and other stakeholders why a charity is holding a particular amount of reserves.</li> <li>2. The Charity, drawing on Charity Commission guidance and examples of best practice from other charities, has adopted a reserves policy which includes a target level of reserves. In accordance with best practice, the Committee should review its reserves policy and target level of reserves on an annual basis, recalculating the target based on the latest audited accounts.</li> </ol>
<b>Financial Implications:</b>	There are no financial implications to the Health Board of this paper.
<b>Recommendation:</b>	The Committee is asked to review and approve the amended Reserves Policy and Target Level of Reserves.

<b>Health Board's Well-being Objectives</b> <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>	√	<b>WFGA Sustainable Development Principle</b> <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>	√
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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	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
Not applicable			
<b>Equality Impact Assessment</b>			
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*

## **Charitable Funds Reserves Policy**

### **1.0 Introduction**

Reserves are that part of a charity's unrestricted income funds which are freely available to spend on any of the charity's purposes. The reserves policy explains to existing and potential fundraisers, donors and other stakeholders why a charity is holding a particular amount of reserves. A good reserves policy gives confidence to stakeholders that the charity's finances are being managed and can also provide an indicator of future funding needs.

The reserves policy of a charity must be set out in its Annual Report. It should take into account the charity's financial circumstances and other relevant factors. It is good practice to keep the reserves policy under review to ensure it meets the changing needs and circumstances of the charity.

Deciding on the level of reserves that a charity needs to hold is an important part of financial management and forward financial planning. Reserves levels which are higher than needed may tie up money unnecessarily. However if reserves are too low then the charity's solvency and its future activities can be put at risk.

### **2.0 Current Policy**

The Charity's current reserves policy was revised in June 2018 and states:

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

*The Charity relies heavily on income from donations, fundraising and legacies. These are unpredictable sources that can vary year to year. Therefore the Charity needs sufficient reserves to be able to continue its activities in the event of fluctuations in its income.*

*The Charity has a target level of reserves of £xxx. This is based on the following calculation, with average figures taken from the last three years' of audited accounts:*

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

*The target level of reserves will be reassessed on an annual basis.*

*The Trustee will review the actual reserves held against the target throughout the year, to ensure that sufficient funds are held within the Charity, whilst also continuing to utilise funds within a reasonable period of receipt.'*



### 3.0 Target Level of Reserves

To establish the target level of reserves, a number of factors were considered:

- Anticipated levels of income for the current and future years;
- Anticipated levels of expenditure for the current and future years;
- Future needs, opportunities, commitments and risks. This includes looking at future plans, projects or other spending needs that cannot be met from the income of a single year's budget.

The vast majority of the Charity's income is from donations, fundraising and legacies. These are unreliable and unpredictable sources that can vary year to year. The Fundraising Support Team is working on diversifying and broadening the sources of income through identifying new potential donors and raising awareness of the Charity in different spheres of influence. This should help provide more security of income; however, there can still be no guaranteed level of income for any year.

The Charity's expenditure is primarily driven by funding approvals awarded by the Charitable Funds Advisory Group and the Committee. These are entirely within the Charity's control and the level of approvals can be reduced or increased depending on the reserves available.

The Charity does have ongoing expenditure arising from the costs of the Fundraising Support Team and Finance staff, the Investment Manager fee and Audit fees. The Committee can have little influence over these in the short term and so they should be taken into account when considering the reserves requirement.

The other large influence on the Charity's reserves is fluctuations in the investments, which can rise or fall in value on a monthly basis.

Taking the above into account and using average figures from the last three years' of audited accounts, the calculation of the target level of reserves is as follows:

- The reserves should include one year's administration costs (support costs, fundraising costs and investment management costs), which would allow the Charity to continue to run for this period even if no income was received. The three year rolling average is £427,000.
- To insure against the risk of a large fall in the investments, the reserves should include 25% of the three year rolling average value of the investments. This would allow for a significant fall in value and is based on the fact that during 2008/09, the investments of the three predecessor charities fell by 26%. The amount included in the target is £1,943,000.
- To allow the Charity to support larger projects that cannot be paid for with one year's worth of income and also to allow the Charity to continue to support projects if income was severely reduced, 25% of the grant funded activity expenditure should be included in reserves. Should income cease this would

allow the Charity to continue to fund projects at its current rate for three months, or at a reduced rate for six months. The three year rolling average is £691,000.

Based on the above figures, the target level of reserves for the Charity would be £3,060,000, which is the same as the current target.

#### **4.0 Assessment of Reserves**

The available unrestricted reserves as at the 31<sup>st</sup> December 2018 totalled £3,935,000. Compared to the target level of reserves of £3,060,000, the Charity is holding sufficient reserves.

#### **5.0 Recommendation**

The Committee is asked to review and approve the Reserves Policy and Target Level of Reserves.

**Charitable Funds Committee**

 7<sup>th</sup> March 2019

CF19/13


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<b>Report Title:</b>	Committee Work Plan for 2019/20
<b>Report Author:</b>	Rebecca Hughes, Charity Accountant
<b>Responsible Director:</b>	Russell Favager, Executive Director of Finance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	Attached is the Work Plan for the Charitable Funds Committee for 2019/20.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The Report is brought for approval by the Charitable Funds Committee.
<b>Governance issues / risks:</b>	<ol style="list-style-type: none"> <li>1. The Charitable Funds Committee, in common with other committees and sub-committees, needs to agree a cycle of business setting out regular business to be considered on a recurring basis each year. A work plan is also required, setting out additional and one-off items of business planned for each agenda in-year. Ad-hoc items can be added to this plan as and when issues arise.</li> <li>2. The Committee is asked to approve the cycle of business and work plan presented, as a starting point for the work to be undertaken in 2019/20.</li> </ol>
<b>Financial Implications:</b>	There are no financial implications to the Health Board of this paper.
<b>Recommendation:</b>	The Committee is asked to review and approve the Work Plan.

<b>Health Board's Well-being Objectives</b> <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>	✓	<b>WFGA Sustainable Development Principle</b> <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	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
Not applicable			
<b>Equality Impact Assessment</b>			
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*

**Charitable Funds Committee Cycle of Business & Work Plan 2019/20**

Agenda Item	June 2019	September 2019	December 2019	March 2020
<b>Opening Business</b>				
Apologies & declarations of interest	X	X	X	X
Minutes of the previous meeting	X	X	X	X
Matters arising and action plan	X	X	X	X
<b>Standing Items</b>				
Finance report	X	X	X	X
Fundraising report	X	X	X	X
Legacy Strategy	X	X	X	X
Charitable Funds Advisory Group minutes	X	X	X	X
Charity Risk Register	X	X	X	X
Investment manager's portfolio report	X	X	X	X
<b>Items for Decision</b>				
Request for expenditure approvals	X	X	X	X
Budget for forthcoming year				X
Audited accounts and annual report			X	
Wales Audit Office ISA 260 report			X	
<b>Items of Governance</b>				
Investment manager presentation	X			
Review of reserves policy				X
Committee work plan for forthcoming year				X
<b>Closing Business</b>				
Issues of significance	X	X	X	X
Date of next meeting	X	X	X	X
Planning / agenda setting for next meeting	X	X	X	X
<b>In Year / Ad hoc items</b>				

**Health Board /  
Charitable Funds  
Committee**

**7<sup>th</sup> March 2019**



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

***To improve health and provide excellent care***

<b>Report Title:</b>	<b>Engagement Strategy Update Report Staff</b>
<b>Report Author:</b>	Nia Thomas, Head of Organisational Development
<b>Responsible Director:</b>	Mrs Sue Green Executive Director of Workforce & Organisational Development
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	This paper gives the Committee a detailed update regarding progress towards achieving those elements of the Staff Engagement Strategy funded through Charitable Funds.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	Staff Engagement Strategy Update reports are also submitted to the Board and Local Partnership Forum.
<b>Governance issues / risks:</b>	
<b>Financial Implications:</b>	
<b>Recommendation:</b>	The Committee is asked to note the update

<b>Health Board's Well-being Objectives</b> <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>	√	<b>WFGA Sustainable Development Principle</b> <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*

## Charitable Funds Committee Staff Engagement Strategy Update Report

### 1. Purpose of report

This paper updates the Charitable Funds Committee on progress made on implementing the elements of the Staff Engagement Strategy that are funded by Charitable Funds. This report complements and builds on previous reports 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 Delivery Plan.

The Charitable Funds Committee have supported three key elements of the Strategy. These elements are crucial to support the organisation's effort to develop a listening methodology, deliver a high quality operational and clinical leadership training & development programme and develop cultural analysis tools which supports baseline measurements and identify 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 develop 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 engagement survey along with toolkits to enable improvements in staff engagement scores and team action planning

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



The OD team have engaged with senior leadership teams across the organisation, through regular attendance at senior team meetings and/or other identified meetings in order to promote the 3D model and engagement initiatives generally. Senior teams have been provided with comprehensive packs with relevant information in relation to



3D and other staff engagement platforms available within the Health Board. Emphasis is placed on highlighting how flexible 3D can be to fit around specific service needs by sharing local and relevant case studies and outcome documents. Support has varied with Area East being most engaged and taking forward not only 3D but promoting staff engagement as a whole across the division. From Quarter 4 2018/19 each Director will receive a quarterly report highlighting staff engagement activity within their divisions. As well as engaging with leadership teams, sharing the benefits of 3D with all levels of the organisation has continued. For example, hosting roadshows, attending meetings, visiting sites and sharing information on staff engagement where there is opportunity e.g. Junior Doctors Induction.

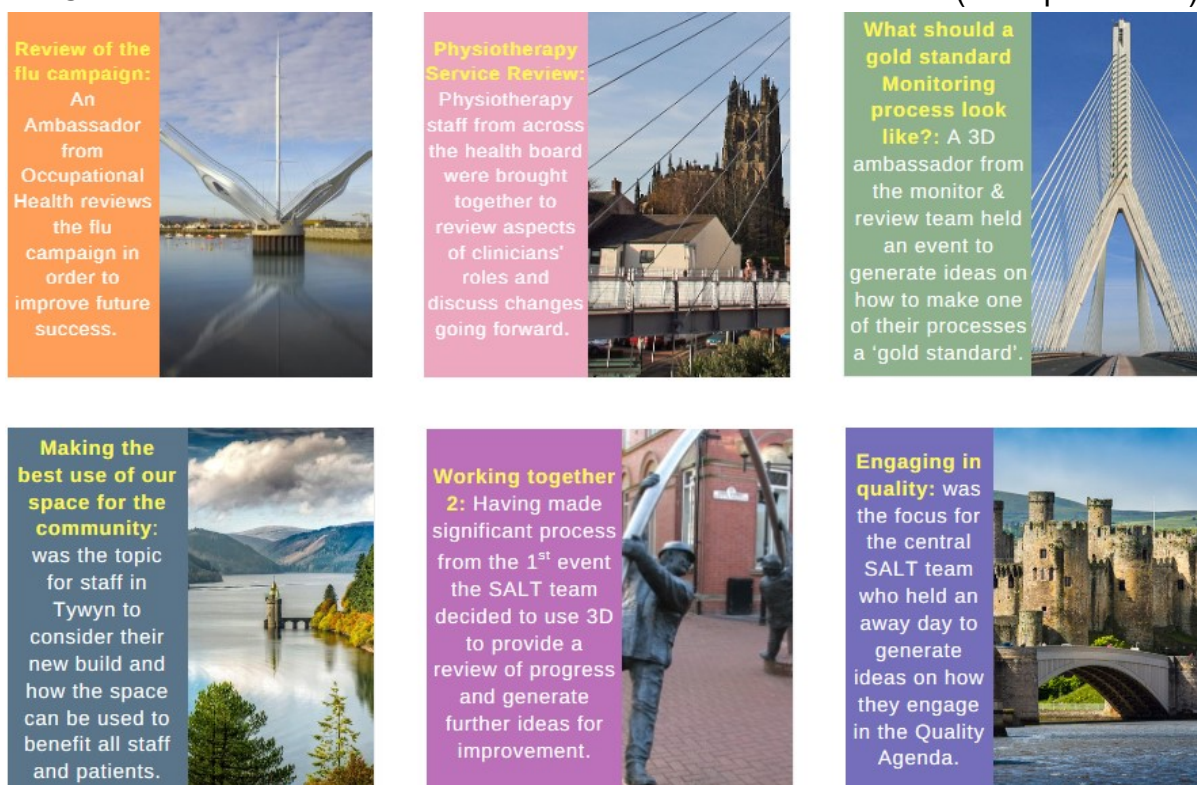
Staff interested in learning more about the 3D model are able to attend a formal half-day Induction or if more convenient one-to-one informal induction sessions within their workplace can be offered. Feedback from Ambassadors suggests that time can be a barrier for planning and facilitating events, hence further promotion of the flexibility of 3D. Staff can choose to facilitate full/half day events using 3D 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. For evaluation, learning and improvement, a smart survey was conducted with Ambassadors to gain their feedback on the model, changes have been made as a result of their feedback. In addition the 3D toolkit is available to all staff members online.

The work being conducted in the East Area is an example of good practice. The OD team have supported this team to develop and drive a 'Proud of' initiative to build staff engagement, groups within a number of community hospitals have utilised 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. A learning event has been arranged for April 2019 inviting all Staff Engagement Ambassadors, Listening Leads and Proud of members to attend with the aim of exploring the model used in Area East, learning lessons and transferring best practice to other areas.

A total of 83 Staff Engagement Ambassadors have attended an Induction to 3D with another 30 becoming Ambassadors throughout area East where 3D forms part of their toolkit to improve staff engagement.

As part of the feedback process, Ambassadors complete the '*you said, we did/what happened next*' poster which is then promoted widely. Emphasis is placed on sharing case studies for best practice and crucially to contribute towards organisational learning. There are currently 35 case studies on the intranet pages demonstrating actions/outcomes and impact of using the 3D model. 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,

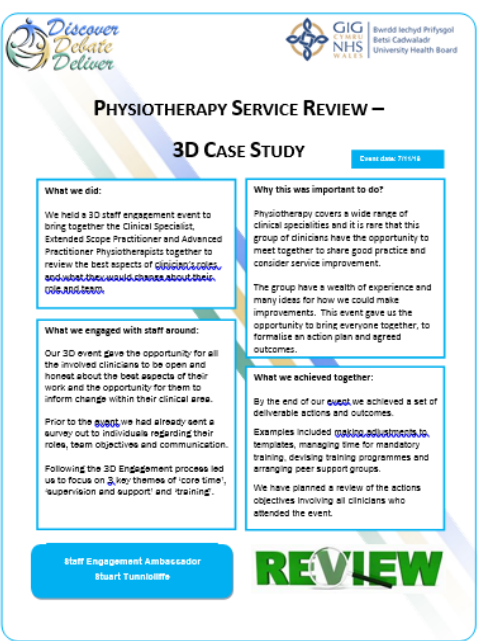
Listening Leads and Seren Betsi winners and nominations from Ysbyty Glan Clwyd. All Case studies and outcomes can be seen on the Intranet (example below).



Plans are also in place to link in with the wider engagement work of the public engagement team, who also plan to use the 3D model to take forward patient feedback. Other outcomes include staff wellbeing sessions and development of a discharge to assess model and more recent work has commenced across Women's Services to create a consistent approach to developing capability within the division.

Key Deliverables 2018/19	Q1	Q2	Q3	Q4
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 - <b>Achieved</b>		X		
A minimum of 75 additional Staff Engagement Ambassadors in place and fully "operational" across the organisation - <b>Achieved</b>				X
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'. - <b>Achieved</b>			X	

## Key Achievements



**PHYSIOTHERAPY SERVICE REVIEW – 3D CASE STUDY**

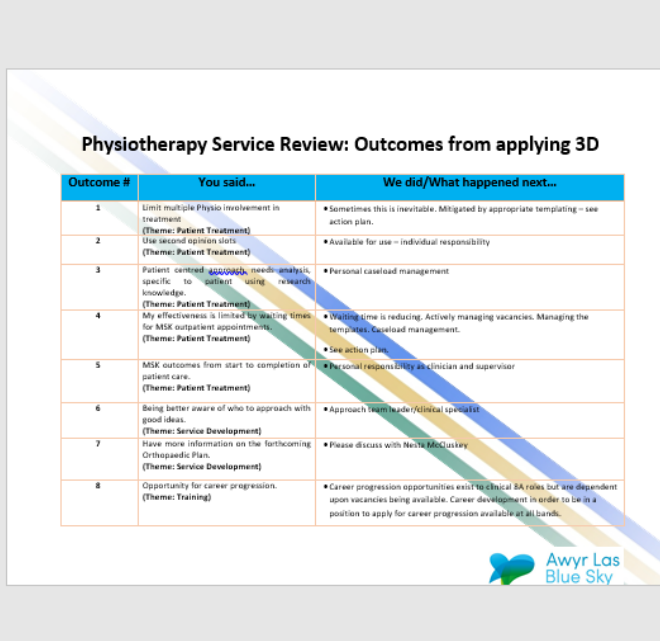
**What we did:**  
We held a 3D staff engagement event to bring together the Clinical Specialist, Extended Scope Practitioner and Advanced Practitioner Physiotherapists together to review the best aspects of clinical scope and what they would change about their job.

**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.

**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.

**Staff Engagement Ambassador**  
Shaerl Tunnicliffe

**REVIEW**



**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 Nestle McCuskey
		• Career progression opportunities exist to clinical BA roles but we dependent upon vacancies being available. Career development in order to be in a position to apply for career progression available at all bands.

**Awyrr Las Blue Sky**

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.”

It's a good idea for implementing change.”

## 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 will be launched in March 2019, with three cohorts running per year (East, West, Central). (See appendix 1 – Ward Managers Development Programme Brochure).

<b>Key Deliverables 2018/19</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Agreement reached on the revised Generation 2015 programme - <b>Achieved</b>	<b>X</b>				
Revised programme will have been launched and participants recruited - <b>Achieved</b>		<b>X</b>			
Demand scoped, capacity v demand established with trajectory for commencing and completing all B7 published – <b>Carried over to 2019-20 objectives</b>			<b>X</b>		
Established the detailed plans, if required, to expand capacity at current training venues - <b>expansion not required currently</b>			<b>X</b>		

## 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 will deliver the first five cohorts of the programme with the first cohort scheduled to begin in March 2019. (See appendix 2 – Participant Journey Brochure).

<b>Key Deliverables 2018/19</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Arranged initial meeting with the appointed bidder to establish organisational need and synergies with other leadership development programmes - <b>Achieved</b>		<b>X</b>		
Confirmed and agreed the appointed bidder's leadership development proposal and selection criteria - <b>Achieved</b>		<b>X</b>		
Delivered a presentation to the Board to agree proposal – <b>Proposal agreed by the Executive Team</b>		<b>X</b>		
Recruited participants to the first cohort - <b>Underway</b>			<b>X</b>	

## 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 has been awarded to an NHS Trust that has 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. The new branding is:



### **Organisational Survey**

The Organisational Survey has been redesigned and tailored to BCUHB with additional Wellbeing and Equality & Diversity questions. (see appendix 3 – 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.

Unfortunately the target timescale to roll out and launch the Organisational Survey has slipped due to several factors impacting on the project:

- The extended closing date of the NHS staff survey
- Governance requirements in terms of a Fair Processing Notice
- IT high level security issues that block the email survey from coming through from the provider Go Engage. Go Engage are working collaboratively on this issue with the IT department to identify a solution which will not pose a security threat.

### **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.

A Train the Trainer session has been held with the OD team. This allows the team to deliver this programme internally. 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 4 – BeProud Pioneer Programme).

As part of the ongoing priority work around HASCAS/Ockenden and unscheduled care, Teams have been nominated from these areas to undertake the first Pioneer Team Programme. The first cohort is due to start on the 20<sup>th</sup> March 2019. There are 2 teams nominated each from Ysbyty Gwynedd, Ysbyty Glan Clwyd, Ysbyty Wrexham Maelor and 3 Teams from Mental Health and Learning Disability Services. The response from the organisation has been extremely positive to the Pioneer programme from both managers and staff who are looking forward to attending and taking part.

## **7. Measuring Benefits**

Management of the Delivery Plan aligned to the new Workforce & Organisational Development Strategy 2019-22 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 multifaceted:

- 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 will be 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. It is expected to see improvements in areas such as recruitment and retention; agency spend, improved patient experience, improved staff health and wellbeing, quality of care and productivity as a result of implementing ByddwchYnFalch/BeProud.

- C. Workforce metrics triangulated with the HARMS dashboard and patient experience data. The data will track improvements in workforce costs such as absence and agency along with improved Appraisal rates and statutory/mandatory training rates, numbers of complaints and compliments received and clinical incidents. 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. Appendices**

1. Ward Managers Development Programme Brochure
2. Leading for Transformation – Participant Journey
3. BeProud – Sample Organisational Survey
4. 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 will enable 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 will be four distinct strands to the programme:**

Strand 1	<ul style="list-style-type: none"> <li>•Delivery of a programme of learning which will cover all the key elements of transactional and transformational management and leadership such as <b>'Effective Absence Management'</b>, <b>'Why do an Appraisal?'</b> and <b>How to performance manage to get the best out of the Team'</b>. There will be a pre and post evaluation of need and learning prior to commencement of the programme which will be approved by the line manager.</li> </ul>
Strand 2	<ul style="list-style-type: none"> <li>•Development of Action Learning Sets. The first 3 sets will be facilitated; the cohorts will then be equipped to continue with these sets if they wish, outside of the programme. The sets will focus on a real time issue the participants are experiencing or working through a relevant Patient Story</li> </ul>
Strand 3	<ul style="list-style-type: none"> <li>•Coaching and or mentor support. Each participant will be given the choice to receive support from a Coach or Mentor within the organisation.</li> </ul>
Strand 4	<ul style="list-style-type: none"> <li>•Healthcare Leadership Framework 360° feedback, will allow participants to gain direct 360° feedback from their line manager, direct reports and peers in a constructive and safe environment. this can then be used to support their development whilst undertaking the programme.</li> </ul>
Strand 5	<ul style="list-style-type: none"> <li>•The programme will be assured through the Institute of Leadership and Management, providing recognition to all participants that they have undertaken a quality assured programme of management and leadership development in partnership with Llandrillo College and the Institute of Leadership and Management.</li> </ul>



**Appendix 1**  
**Programme overview:**



**Programme detail:**

The programme will be delivered in 20 sessions, held once a fortnight over a 12 month period. Each session will be delivered in workshop format which will consist 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

## Appendix 1

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:

ILM Quality Assured Programme

The programme will be assured through the Institute of Leadership and Management.

DRAFT

## Appendix 2



# 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 need to:

- Seek nomination from their Line Managers ahead of applying
- 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
- Applications will open in November 2018 and selection interviews will take place from early Jan 2019 onwards.



# 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 21<sup>st</sup> 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)

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### Behavioural Coaching

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

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### 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
<b>Max. Programme time commitment</b>	<b>12 Days</b>	<b>1 hour min</b>

To reflect the level of investment in this programme, we ask that you anticipate attending no less than 80% of this programme. Demand is high, so we will prioritise applicants who will make the most of the opportunity.

## 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.

## Quarterly Pulse Check 2018/9 Q4

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 staff. Bydd y wybodaeth a gesglir yn helpu i roi gwybod a yw staff yn teimlo eu bod wedi ymgysylltu yn eu gwaith, eu 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: ein staff. 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 copiâu 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](mailto: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 staff. The information collected will help inform whether staff feel engaged to their work, their 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: our staff. 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](mailto:BCU.ABHTrainingGroup@wales.nhs.uk). A return address will be sent out to you with the paper version.

Thank you for your participation!

Sue Green

Executive Director Workforce and Organisational Development

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

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.	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
I have clear, planned goals and objectives for my job.	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
My manager gives me clear feedback on my work.	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
The organisation communicates clearly with staff about what it is trying to achieve.	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
I am well informed by my line manager about what is going on in our organisation.	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
I feel I understand the connection between my role and the wider vision of the organisation.	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>

# 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)						
<div></div>						
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)						
<div></div>						

## 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



ByddwchynFalch  
BeProud

# BE PROUD Staff Engagement Programme

## Pioneer Introduction Pack

## Contents

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# 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](mailto:Doreen.stuart@wales.nhs.uk)

Emma Farrell, Senior OD Practitioner, [Emma.farrell@wales.nhs.uk](mailto:Emma.farrell@wales.nhs.uk)

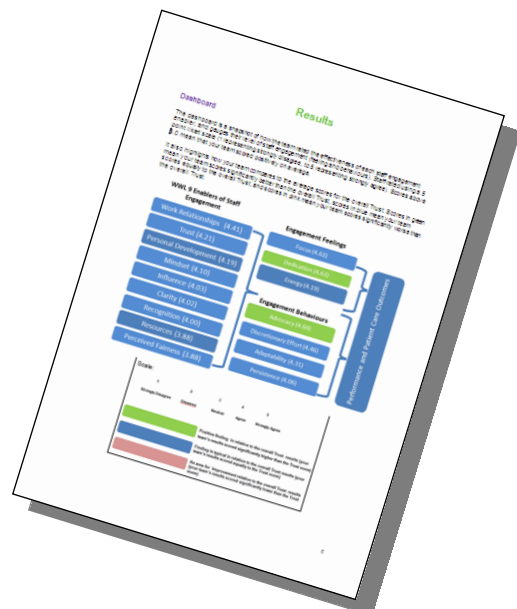
## What will you get from the staff engagement programme?

### 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 & ½

- 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.**

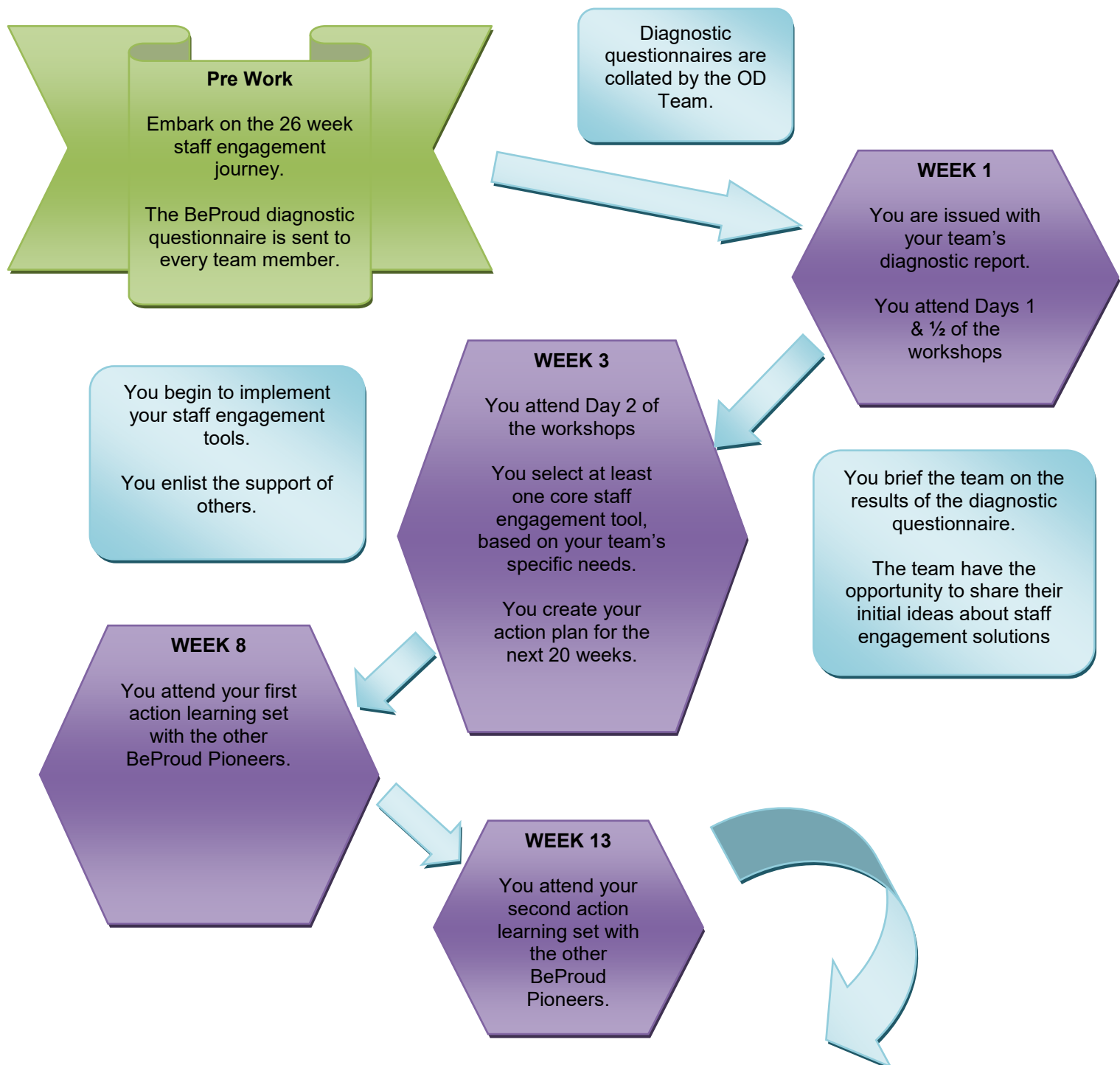


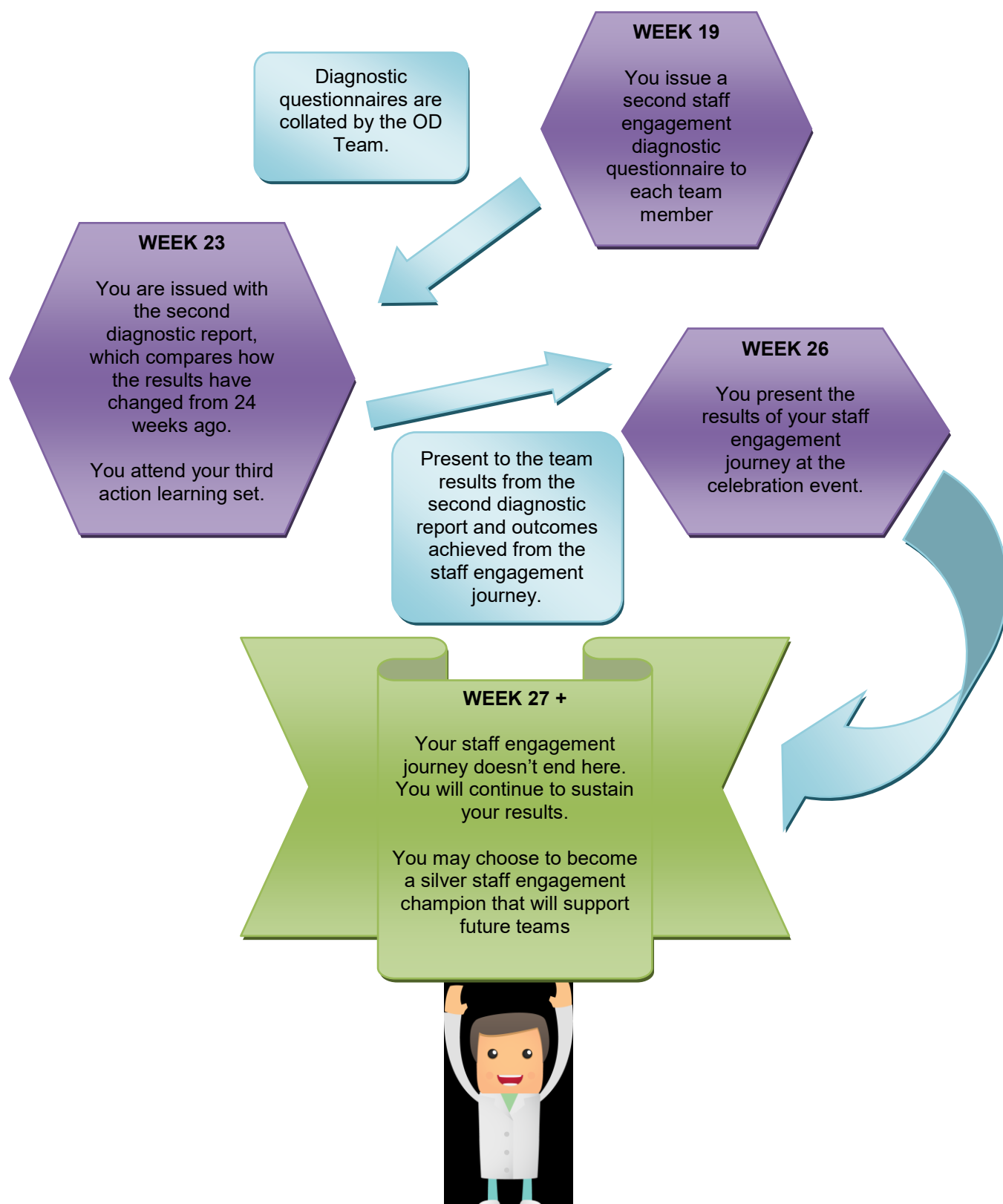
## What results can we expect?

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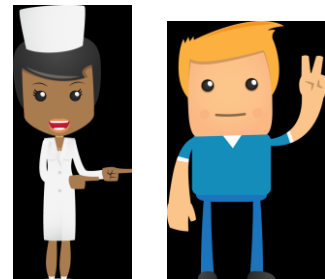
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## How does my team sign up?

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 20<sup>th</sup> 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:

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### 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](mailto: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 20<sup>th</sup> 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.**

<b>Team Name:</b>	
<b>Team Lead(s):</b>  <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>	
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<b>Why does your team want to take part in the Staff Engagement Teams Programme?</b>	
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.	
<b>What would your team like to achieve from the programme?</b>	

On a scale of 1 to 10, how engaged do you feel the team is at present?	Disengaged   1 2 3 4 5 6 7 8 9 10   Engaged
<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>	



ByddwchynFalch  
BeProud

# BE PROUD Staff Engagement Programme

## Pioneer Introduction Pack

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# 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](mailto:Doreen.stuart@wales.nhs.uk)

Emma Farrell, Senior OD Practitioner, [Emma.farrell@wales.nhs.uk](mailto:Emma.farrell@wales.nhs.uk)

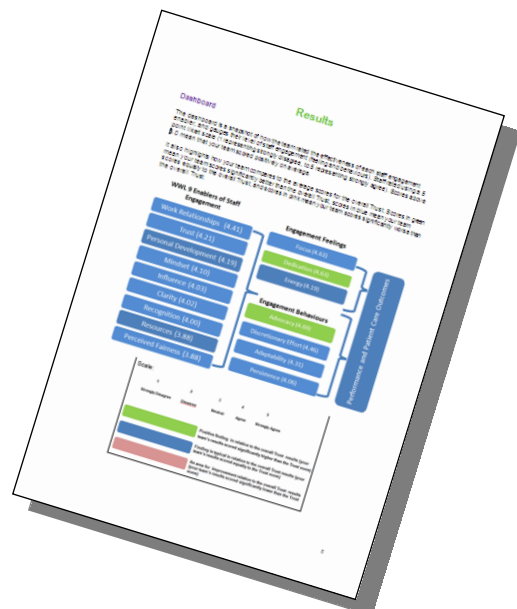
## What will you get from the staff engagement programme?

### 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

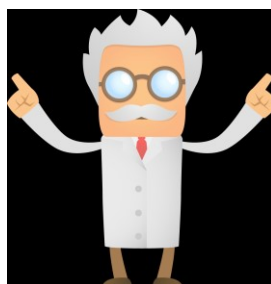
- Awareness of the four supplementary staff engagement tools:
  - Coaching techniques
  - Building resilience and wellbeing
  - Personal development techniques
  - Celebrating successes
- Selection of at least one core staff engagement tool, relevant to your team's specific needs.
- Creation of an action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

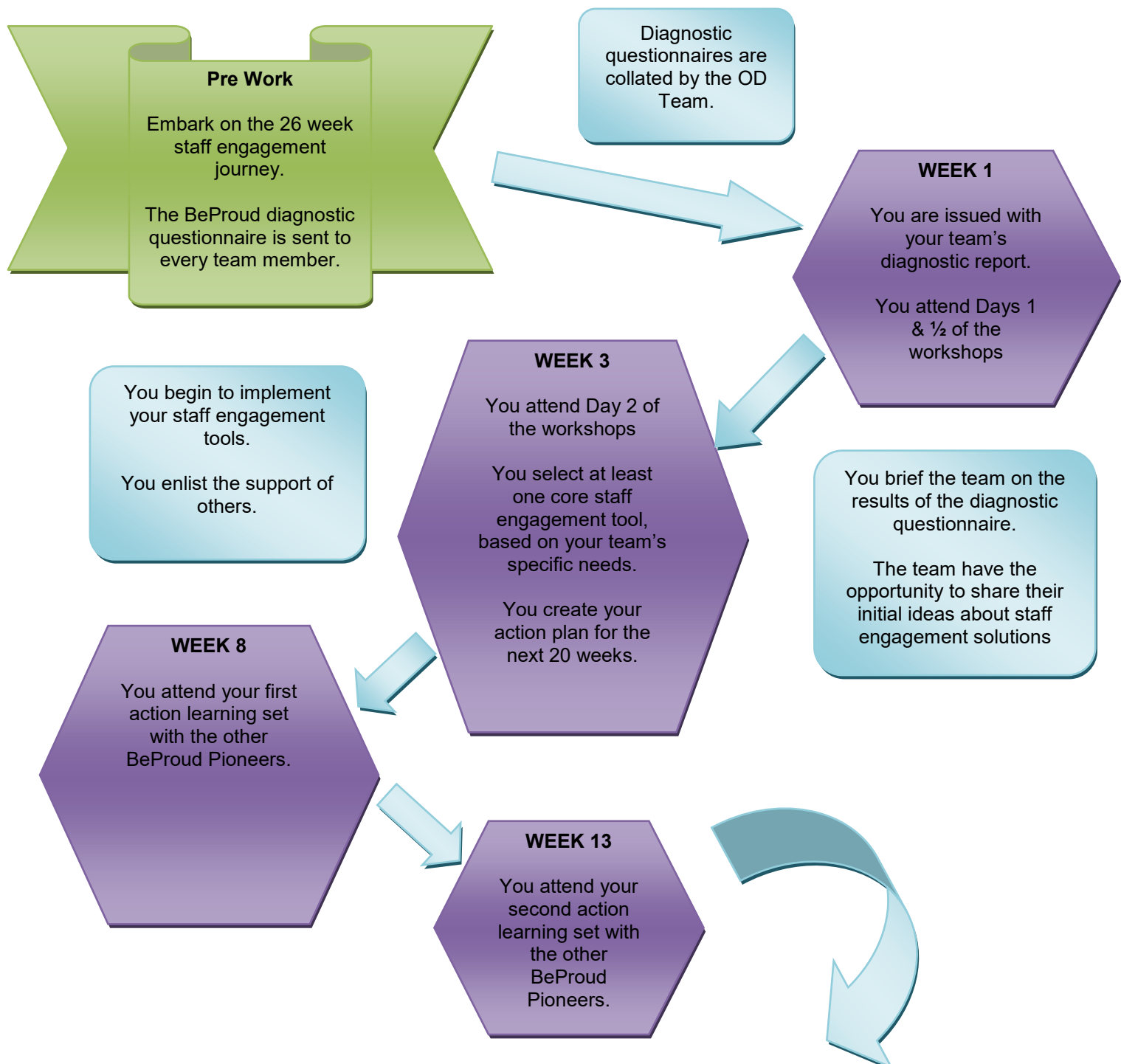


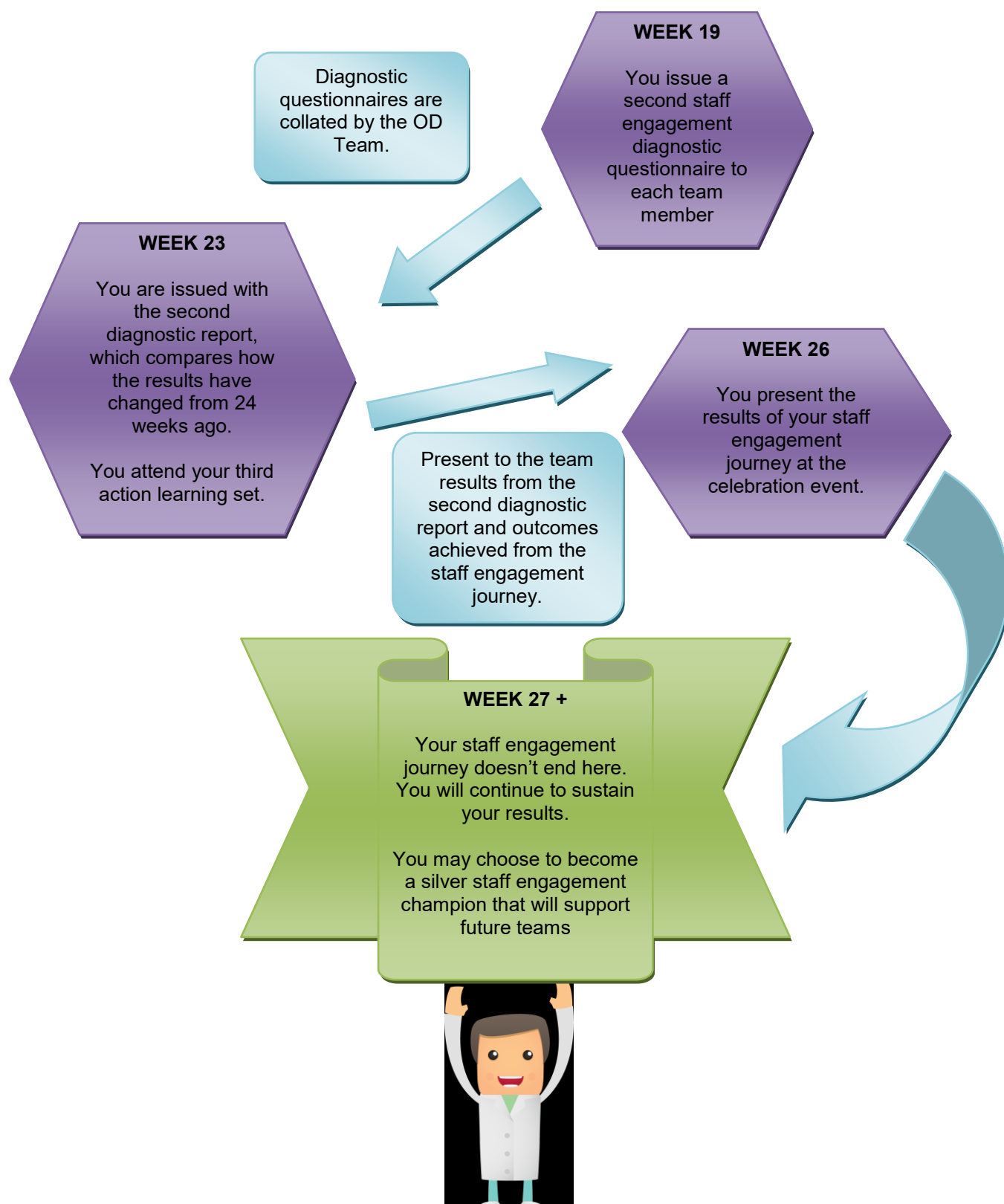
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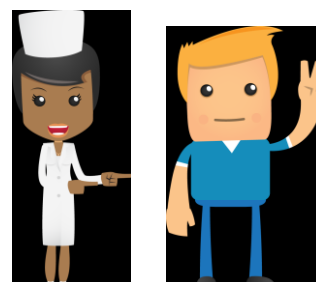
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