Board of Trustees Special

17 November 2020, 14:00 to 16:00

Agenda

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L .	Welcome & Introductions		Charles Janczewsk
4	Anglacias for Alexand		
.1.	Apologies for Absence		Charles Janczewsk
.2.	Declarations of Interest		Charles Janczewsk
3.	Minutes of the Trustee Meeting held on 22nd September 2	020	Charles Janczewsl
	1.3 Unconfirmed Sep Minutes - SR.pdf	(7 pages)	
4.	Action Log following meeting held on 22nd September 202	0	Charles Janczewsk
	1.4 Action Log September 2020.pdf	(2 pages)	
5.	Chair's Action taken since last meeting		
			Charles Janczewsk
	Items for Review and Assurance		
1.	Children's Hospital for Wales Legacy		Nicola Forema
	2.1 Noah's Ark Children's Hospital Legacy.pdf	(3 pages)	
	Items for Approval/Ratification		
1.	Bids recommended for approval following the CFC meeting	on 03.11.20	
	Gareth Bale Fund Proposals - Applications for Funding: - Proactive Wellbring Support - Staff Haven UHW - Keeping Me Well and Recovery from Covid-19		Joanne Brando
	Over £125K Applications for Charitable Funds		
	3.1 Trustees Meeting 17 11 20 Gareth Bale Fund Proposals.pdf	(3 pages)	
	 3.1 Trustees Meeting 17.11.20 - Proactive Wellbeing Support - Nicky Bevan.pdf 	(7 pages)	
	 3.1 Trustees Meeting 17.11.20 Staff Haven UHW - Bale Fund application. Revised Nov 2020 NB sig.pdf 	(6 pages)	
	3.1 Keeping me well & recovery from Covid 19.pdf	(13 pages)	
	3.1 Trustee Meeting 17.11.20 - OVER £125K CHARITABLE FUNDS APPLICATION (2).pdf	(2 pages)	
	 3.1 Appendix 1 Over £125k bid for approval - Trustee Meeting 17.11.20.pdf 	(11 pages)	
	Charitable Funds Committee Minutes:		
	i. 1st September 2020		Akmal Hanu

i. 1st September 2020

	3.2 i CFC Minutes Confirmed 1 Sep 2020.pdf	(10 pages)	
4.	Items for Noting and Information		
4.1.	Charity Trustee Annual Report		la con Dan da c
			Joanne Brandon
	4.1 Trustee Meeting 17.11.20 - Health Charity Annual Report.pdf	(2 pages)	
	▲ 4.1 Annual Report 2019-2020 v7.pdf	(40 pages)	
4.2.	Chair's Reports:		
	i. Charitable Funds Committee – 3rd November 2020		Akmal Hanuk
	▲ 4.2 i CFC Chair's Report.pdf	(4 pages)	
5.	Review of the Meeting		
			Charles Janczewski
6.	Any Other Business		
7.	Date and time of next meeting		
	Tuesday 26th January 2021		
	10.00am – 11.00am		

Unconfirmed Minutes of the Board of Trustee Meeting Tuesday 22nd September – 09:00am – 10:00pm Via Skype

Present			
Charles Janczewski	CJ	Trustee & UHB Chair	
Chris Lewis	CL	Interim Executive Director of Finance	
Akmal Hanuk	AH	Trustee & Independent Member - Community	
Martin Driscoll	MD	Trustee & Executive Director of Workforce &	
		Organisational Development	
Susan Elsmore	SE	Trustee & Independent Member – Local Authority	
Abigail Harris	AH	Trustee & Executive Director of Strategic Planning	
Michael Imperato	MI	Trustee, UHB Interim Vice Chair & Independent Member – Legal	
Fiona Jenkins	FJ	Trustee & Executive Director of Therapies & Health Sciences	
Stuart Walker	SW	Trustee & Executive Medical Director	
Sara Moseley	SM	Trustee & Independent Member – Third Sector	
Ruth Walker	RW	Trustee & Executive Nurse Director	
Dr Rhian Thomas	RT	Trustee & Independent Member – Capital and Estates	
In Attendance:			
Joanne Brandon	JB	Director of Communications	
Nicola Foreman	NF	Director of Corporate Governance	
Gary Baxter	GB	Trustee & Independent Member - University	
Eileen Brandreth	EB	T <mark>rust</mark> ee & Independent Member – ICT	
Secretariat:			
Raj Khan	RK	Corp <mark>orate</mark> Governance Officer	
Apologies:			
Steve Curry	SC	Trustee & Chief Operating Officer	
Fiona Kinghorn	FK	Trustee & Executive Director of Public Health	
John Union	JU	Trustee & Independent Member - Finance	

BT 20/09/001	Welcome & Introductions	Action
	The Interim Vice Chair (VC) welcomed everyone to the meeting.	
BT 20/09/002	Quorum	
	It was confirmed that the meeting was quorate.	
BT 20/09/003	Apologies for Absence	
	Apologies for absence were noted.	
BT 20/09/004	Declarations of Interest	
	The Executive Director of Therapies and Health Sciences (EDTHS)	
	declared she was a signatory to a paper on the agenda in regards to the	
	Gareth Bale monies.	
BT 20/09/005	Minutes of the Trustee Meeting held on 23 rd July 2020	



	The Director of Corporate Governance (DCG) took the Trustee through the minutes.	
	The Interim Executive Director of Finance (EDF) advised that minute reference 20/07/09 should be amended to state £1M in income was expected not general reserves.	RK
	Resolved that:	
	(a) Subject to the above amendment, the Trustee approved the minutes of the meeting held on 23 rd July 2020 as a true and accurate record.	
BT 20/09/006	Action Log following the Meeting held on 23 rd July 2020	
	The Executive Nurse Director (END) took the Trustee through the action log: • The first two items were complete	
	The two following items were on the agenda	
	Resolved that:	
	(a) The Trustee noted the action log update.	
BT 20/09/007	Health Charity Current Financial Position	
	The EDF advised that the report provided information on the year to date financial position for the first 5 months of the year and also forecasts for the financial position of the Charity against the commitments already made from general reserves.	
	 The following was summarised: Income resources of £1.2M Spend of 508,400 leaving net income resources of £619,000 Gains on investment of £431,000 Positive movement on Charity worth of £1.05M for the first 5 months of the year. 	
	The Trustee was referred to Table 2 in the report which showed the schedule of income and how it remained strong although it had slowed a little. There was a good possibility of additional income from NHS Charities association of £655,000 being received and bids would be made to secure this additional income.	
	In terms of the investment portfolio, this had hit a low point in March, dropping its value under £5.5M however at the end of August it had increased in value to £5.930M showing gains of £431,000.	
	Commitments against General reserves totalled £1.249M against reserves of £980,000, made up of a reserves balance of £549,000 and investment gains of £431,000. It was explained that the reserves value was dependent on how well the investment portfolio was performing and a potential second wave of Covid could impact again on the value of the portfolio. The over commitment had been reduced to £269,000 partly due to the growth in the investment portfolio since last reporting.	



	The Independent Member – ICT (IM-ICT) queried how the Gareth Bale donation tied into the general reserves. The EDF stated that it was not included within the general reserves figure as it was a separate fund set aside to be spent on UHW. He added for clarity that NHS Charities together funding was also not included.	
	The EDF summarised that the financial performance of the Charity so far was strong however there was still an over commitment against the general reserves therefore it was not in a position to make further expenditure from the general reserves.	
	The UHB Chair joined the meeting and queried whether the term "general reserve" meant money available for the Charity to disperse subject to application, the EDF confirmed this to be the case. The UHB Chair further queried whether the rest of the money was either restricted fund or in a pot being managed by a funds manager, the EDF confirmed that the rest of the money was delegated.	
	The UHB Chair asked how the commitments against the Charity were monitored. The EDF stated that a finance report was provided at each Charitable Funds Committee (CFC) and on a regular basis to the Board of Trustee meeting. The UHB Chair queried how, if that was the case, these over commitments had occurred as our forward commitments should be known so that we did not allow ourselves to become over committed.	
	The END highlighted that the issue of over commitment had been present for some time but was reducing and as Trustees we needed to focus on this area to ensure it continues to decrease and over commitment does not recur.	
	 Resolved that: (a) The Trustee noted the financial position of the Charity; (b) Noted the latest income position; (c) Noted the commitments against general reserves and actions being taken to mitigate these financial risks. 	
BT 20/09/008	Update on Dormant Funds	
	The EDF referred to the policy agreed at the July meeting where any unrestricted funds that had been dormant for two years were to be taken into general reserves.	
	In the first instance an implementation plan was agreed where expenditure plans demonstrating that these were not dormant funds and expenditure plans for those restricted funds that had become dormant were requested. Progress against the implementation plan was highlighted including the updating of the financial control procedure and communications being sent to all fund holders informing them of the change of policy. The expenditure plans for the end of October 2020 were awaited and at that point the EDF would be able to give the Trustee an assessment of the financial impact and effect on supporting general	CL
	reserves.	

	The EDF advised that the expenditure plans would be sense checked to assess if they were credible; those funds that did not return an expenditure plan would be withdrawn from the fund holders and placed back into general reserves in accordance with the policy.	
	Resolved that:	
	(a) The Trustee noted the progress being made in implementing the agreed policy on dormant funds.	
BT 20/09/009	Rookwood Legacy Update – verbal update	
	The Executive Director of Strategic Planning (EDSP) referred to the previous meeting where the Trustee had agreed to the sale of Rookwood on the open market and that before the final sale, the bids would come back to review.	
	The Trustee was advised that the individual managing this was currently occupied with the surge hospital so no further progress had been made.	
	The UHB Chair asked whether we were in a position to name an SRO for Rookwood. The EDTHS confirmed that the CEO had asked her to pick up the role of SRO which it was thought included its decommissioning but a 1:1 session would be set to finalise the role and provide clarity.	
	Resolved that:	
	(a) The Tru <mark>stee note</mark> d the verbal update.	
BT 20/09/010	Horatio's Garden Update	
	The EDTHS advised that regular meetings were taking place with Capital Estates and Specialist Services Clinical Board to look specifically at the link between Horatio's Garden and development of the Rookwood site. There was good patient involvement and there was also regular contact with Olivia Chapple.	
	 The following actions were outstanding and with the Estates Team: 1. Lease of Horatio's Garden – to sign off the lease before the UHB could tender for certain elements 2. Request for Horatio's Garden to relook at the lower ground – issues with the lower area needed review in order to have good fire service egress. 	
	The intention to tender the project this month with no slippage in completion was expected.	
	Independent Member – Local Authority (IM-LA) queried the levels of the maintenance cost. The EDTHS replied that Horatio's Garden were happy with the maintenance costs submitted being an appropriate sum of money	



	for it and that there was also a commitment to support maintenance from an array of other ways. IM-LA referenced the experiences from Hafn-Y- Coed gardens and commented how the need to build in maintenance costs was important. The UHB Chair concurred.	
	Independent Member – Capital and Estates (IM-CE) commented how there had been a lack of clarity on funding expectations for Horatio's Garden. The EDTHS confirmed that part of her role as SRO was to provide complete clarity to Horatio's Garden on this. Following the last meeting this was clearly set out in correspondence to Olivia Chapple who was pleased to receive the letter and confirmed her understanding of it.	
	Resolved that:	
	(a) The Trustee noted the contents of the report and assurances provided.	
BT 20/09/011	Update on Income Generating Activities including:a) Progress made with Gareth Bale Monies andb) The Raising of Additional Monies into General Reserves	
	The DC confirmed that the purpose of the paper was to provide and update on the £500,000 received in April which was discussed in the special CFC meeting and subsequent Trustee meeting on 23/07/2020.	
	 The Trustee had agreed that the money should be spent on UHW as per the Bale family request and in response to Covid-19 focusing on: 1. Staff Wellbeing 2. Bereavement 3. Link with the Arts Programme 	
	3 bids had now been received, 2 of which were previously brought to the Trustee and the third bid the EDTHS would present.	
	The EDTHS presented her submission for the Gareth Bale Money which related to Covid rehabilitation for patients. An increase in demand for rehabilitation was being seen which was unplanned for and without the ability to provide this care, longer term disability for patients could result.	
	 Having a virtual platform would support people with their self- management but recognising the cohorts of patients that need 1:1 or group treatments, the submission was made up of two elements: 1. Development of the website to provide good quality content, 	
	pertinent to our residents and guidance for those who had contracted the disease post covid, even those affected by Covid but had not had the disease for example those shielding. The bid included a multidisciplinary group with the expertise to develop the site and web designer. Resource to reach out to those digitally	



excluded was also important. There were currently over 200 patients waiting who had a need for this service in addition to the GP requests for a system to be put in place now.

2. The second element related to the strategic objectives of the Health Charity and supports the health and wellbeing of the population, enhancing innovation in health care, sustainable health care, also aiding the green agenda by signposting virtually.

It was proposed that the group would be called the Gareth Bale Covid Rehabilitation Group but endorsement would have to be sought from the family. It was also highlighted that there would be additional funding required as the costs were more than the Bale donation.

The UHB Chair welcomed the approach of contacting the Bale family to confirm that they were happy for the money to be spent in this way. He queried whether this had been reviewed by the Chair of the Charitable Funds Committee and whether it was in a position to recommend support of this bid. The Independent Member – Community (IM-C) and Chair of CFC stated that this had not been reviewed by himself or the Committee and proposed that it be reviewed in the next meeting. The UHB Chair understood that the bid had been brought to the Trustee due to timing issues but preferred that the Trustee had the benefit of the Committee's input and would like it to provide recommendations to the Trustee regarding bids.

The Independent Member – Third Sector commented that this was a great concept to meet the long term needs of people who were unwell. She stated that this would be an issue across the UK and queried what other web based resources or hubs were available and whether we were recreating something that existed elsewhere or something unique and how that benefit would be shared and used across a larger population. She also queried that if it was a bespoke system to the UHB, what the linkage would be to services as some of the services for those with long term rehabilitation needs would be NHS and social care services so would signposting to and from these services avoid charitable funds paying for what should be funded elsewhere. Her final query related to human contact and whether the service would be entirely online.

The EDTHS suggested that the members refer to the website <u>www.keepingmewell.com</u> which was in development but freely available to everyone. This was being developed for the UHB to benefit a wider population than just Cardiff and Vale. Other Health Boards were looking to see what they could do in the context of Covid rehabilitation but this was not part of the business plans that had been developed. Signposting would be put in place to provide information and the multi-disciplinary groups would provide the opportunity for 1:1 treatment and face to face

	 where needed as well as group sessions with face to face where needed. She highlighted that the website would be used as a point of intervention and guidance not just to provide treatment at home. The IM-LA sought assurance that local authorities had been approached particularly in relation to social care to ensure we were making the absolute most of the resource available. The EDTHS confirmed that the local authorities were aware where signposting had been put in place. 	
	The Executive Nurse Director highlighted that there were other bids to be considered so it would be helpful if all bids came to the CFC together to allow scrutiny before bringing to the Trustee.	JB
	Resolved that:	
	(a) This and other bids would be presented to the CFC and then recommendations brought to the Board of Trustee.	
BT 20/09/012	Any Other Business	
	There were no items of other business.	
BT 20/09/013	Items to bring to the attention of the Board	
	There were no items.	
BT 20/09/014	Date and time of next Meeting	
	Tuesday 26 th January 2021	
	10.00am – 11.00am	

Action Log Following Board of Trustee Meeting held on 22nd September 2020

MINUTE REF	SUBJECT	AGREED ACTION	LEAD	DATE	STATUS/COMMENT
Actions Compl	eted				
BT 20/07/009	Health Charity Current Financial Position	Requested that spending and commitments would be regularly reported to the Board of Trustee going forward.	Christopher Lewis	22/09/20	Complete On Agenda for 22/09/2020 and will be brought to meetings going forward
BT 20/07/011	Gareth Bale Donation and Spending Plan Options	Charitable Funds Committee to address how suggestions for spending the donation could be converted into ideas.	Nicola Foreman	Nov 2020	Complete Discussed by CFC on 07.10.20 and 03.11.20
BT 20/07/018	Rookwood Legacy	Update from Senior Responsible Officer on interest generated from Rookwood being placed on open market for Sale.	Abigail Harris	22/09/20	Complete On Agenda for 22/09/2020
BT 20/09/011	Update on Income Generating Activities including	Deadline to be set for all bids to come to the CFC to allow scrutiny before bringing to the Trustee.	Jo Brandon	03/11/20	Complete Bids brought to CFC meeting on 03.11.20 and on Special Trustee meeting agenda for 17.11.20.
Actions In Prog	jress				
BT 20/09/008	Update on Dormant Funds	To provide an update on expenditure plans received in October 2020 and financial impact on supporting the general reserves	Christopher Lewis	26/01/21	
Actions referre	d to Committees of t	he Board/Board Development			
BT 20/07/009	Health Charity Current Financial Position	Recommended the Health Charity fundraising team raise an additional £300,000.00 into general reserves.	Joanne Brandon	Sep 2020	Complete



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MINUTE REF	SUBJECT	AGREED ACTION	LEAD	DATE	STATUS/COMMENT
					To be reported to and progress monitored by the Charitable Funds Committee and Board of Trustee to be kept updated. On Board of Trustee Agenda for 22/09/2020, item 4.1 Included on September Charitable Funds Committee Agenda, item 3.1

Report Title:	Children's Hospital for Wales Legacy				
Meeting:	Special Board of Trustee Meeting		Meeting Date:	17/11/2020	
Status:	For DiscussionxFor AssuranceFor ApprovalxFor In			ormation	
Lead Executive:	Lead Executive: Director of Corporate Governance				
Report Author (Title):	Head of Risk and Regulation				

Background and current situation:

In August 2020 the General Manager for the Children's Hospital for Wales (Becci Ingram) contacted the Director of Corporate Governance regarding a legacy that had been left to the 'Wales Children's Hospital of Heath Park Cardiff'. The Legacy is estimated to be in the region of £175,000.00.

The Solicitor for the executor of the will initially made contact with the Noah's Ark Children's Hospital Charity ("the Charity") to arrange payment. This prompted the charity to contact the Children's Hospital to request confirmation that the Health Board, nor the Health Charity would object to payment of the Legacy to the Charity.

Barbara John, the Health Charity's Operational Manager, has experience dealing with similar requests and agreed to liaise with the Executor's solicitor to review the position. Following several emails with the Executor's solicitor and the Health Board's Finance team, Barbara sought further guidance from the Director of Corporate Governance.

In conjunction with the Director of Corporate Governance, the Head or Risk and Regulation reviewed the position and it was agreed that the Health Board would invite the Executor's solicitor to review the position with the Executor of the will and other family members to ascertain who they believed the intended recipient would be, given their knowledge of and relationship with the deceased.

Whilst Finance colleagues had adopted a literal interpretation of the Will and believed that the legacy should be left to the Health Charity, it was decided that the above approach would be adopted to minimise any potential conflict with the Charity, who were/are expecting to receive the legacy and with whom an ongoing working relationship will need to be maintained.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Following discussions with family members of the deceased and the Executor of the will the Executor's solicitor has confirmed that the Executor intends to the legacy to the Charity. The principal reasons highlighted for arriving at this decision are as follows:

- 1. The reference in the Will to "Wales Children's Hospital of Heath Park Cardiff CF14 8XW" is clearly intended to refer to the Noah's Ark Children's Hospital for Wales.
- 2. It was understood that Charity is the official Charity of the Noah's Ark Children's Hospital



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- 3. The Annual report of the Charity makes it clear that its principal activity is fundraising to provide equipment and other resources for the Noah's Ark Children's Hospital for Wales.
- 4. The deceased is believed to have made donations to the Charity in the past since he was on their mailing list.
- 5. The Charity have informed the Solicitor that this year their fundraising activities have been reduced significantly due to COVID but that 100% of the legacy if paid to them would be invested in the Hospital with no deduction for administration.
- 6. Clause 14 of the Will reads as follows: "If at my death any charity to which I have made a gift does not exist the gift will not fail but my Trustees may pay it to such other charity with similar aims as they shall think fit."

The Board of Trustees are asked to consider whether, in light of the above, it would be appropriate to challenge the decision of the Executor's Solicitor to make payment of the legacy to the Charity.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The Director of Corporate Governance and the Head of Risk and Regulation have reviewed the position and whilst there would be scope to challenge payment of the Legacy to the Charity on a strict interpretation of the Will it is not recommended that the Board of Trustees does so.

To adopt such and approach would go against the wishes of the deceased's family and the executor of the estate and would also frustrate the Health Board's working relationship with the Charity.

Should the Board of Trustees disagree, arrangement s can be made to obtain legal advice and assistance to challenge the decision.

Recommendation:

The Board of Trustees is asked to:

- Note the contents of this report, including the recommendations of the Director of Corporate Governance; and
- **Approve** the recommendation of the Director of Corporate Governance so that no objection is raised to the payment of the Legacy to the Noah's Ark Children's Hospital Charity.

Shaping our Future Wellbeing Strategic Objectives bould relate to at least one of the LIHB's objectives, so please tick th

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1.	Reduce health inequalities	х	6.	Have a planned care system where demand and capacity are in balance	
2.	Deliver outcomes that matter to people	х	7.	Be a great place to work and learn	X

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	•	onsibility for im d wellbeing	proving	ng		Work better toget deliver care and s sectors, making b people and technol	uppor est us	t across care	
populati	 Offer services that deliver the population health our citizens are entitled to expect 			 Reduce harm, waste and variation sustainably making best use of the resources available to us 					
care sys	stem t	anned (emerg hat provides tl ght place, first	he right	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			ment and		
Five Ways of Working (Sustainable Development Principles Please tick as relevant, click <u>here</u> for more information						onsidered			
Prevention		Long term	Int	egratio	n	Collaboration		Involvement	
Equality and Health Impact Assessment Completed: Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.					be linked to the	•			

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Report Title:	GARETH BALE FUND PROPOSALS - APPLICATIONS FOR FUNDING						
Meeting:	Board of Trustees Meeting 17.11.20						
Status:	For DiscussionVFor AssuranceFor ApprovalVFor Information						
Lead Executive:	Lead Executive: Ruth Walker, Exective Director of Nursing						
Report Author (Title):	Engagement						

Background and current situation:

Gareth Bale Family Donation – Cardiff and Vale Health Charity received a personal donation of £500,000 from Gareth and Emma Bale in April 2020. Mr and Mrs Bale expressed their wish for this donation to be spent specifically on the University Hospital of Wales and Covid -19 and requested feedback on how the funds will be utilised.

A decision was made in the Board of Trustee Meeting held on 23.07.20 that the allocation of Bale Fund monies requires Trustee approval and that applications are required to meet the following criteria:

"MINUTE: BT20/07/011

- Staff Wellbeing Providing permanent areas for rest and reflection;
- Bereavement Supporting families who have been bereaved during COVID-19, or those who had experienced significant illness during COVID-19;
- Link with the ARTS programme to discuss a permanent memorial, which could also be moved into UHW.

The Board of Trustee agreed the money needed to be spent wisely, with the majority of the donation being focused on patients and staff."

The Charitable Funds Committee (CFC) received 11 funding applications for consideration in its meeting held on 3rd November 2020.

The CFC considers that the following applications (Appendix 1) meet the funding criteria set by the Bale Family and the Board of Trustees (NB: please note that the figures submitted in the applications appended to this report have changed since submission and the below figures are the correct sums to be approved):

- CFCcovid05 Proactive Wellbeing Support for Staff and Managers £282,000
- CFCcovid10 COVID Rehabilitation: Keeping Me Well and Recovery from Covid £164,000
- CFCcovid 11 Provision of a Staff Haven at University Hospital Wales £54,000

Total Value:

£500,000

GIG CYMRU NHS WALES

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Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

This paper provides information on the funding applications received and recommendation by the Charitable Funds Committee for approval of funding from the Bale Fund as follows:

- CFCcovid05 Proactive Wellbeing Support for Staff and Managers
- CFCcovid10 COVID Rehabilitation: Keeping Me Well and Recovery from Covid
- CFCcovid 11 Provision of a Staff Haven at University Hospital Wales

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

 Reputational risk to Cardiff and Vale University Health Board and Cardiff & Vale Health Charity of delaying the decision to allocate funds provided for Covid related interventions.

Recommendation:

The Board of Trustees is asked to:

- Consider the recommended proposals for funding of applications of Bale Fund monies.
- Agree to write to the Bale Family confirming the funding and placing the information in the public domain, thanking them for their support
- Invite the Bale Family to become involved in the development of the funded projects
 Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance $$	
2. Deliver outcomes that matter to people	\checkmark	7. Be a great place to work and learn $$	
 All take responsibility for improving our health and wellbeing 	\checkmark	 Work better together with partners to deliver care and support across care sectors, making best use of our people and technology 	
 Offer services that deliver the population health our citizens are entitled to expect 	V	 Reduce harm, waste and variation sustainably making best use of the resources available to us 	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	\checkmark	 10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives 	

Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information

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Prevention $$	Long term	\checkmark	Integration	\checkmark	Collaboration	\checkmark	Involvement	\checkmark
Equality and Health Impact Assessment Completed:No If "yes" please provide co report when published.			the a	ssessment. This	s will .	be linked to the)	

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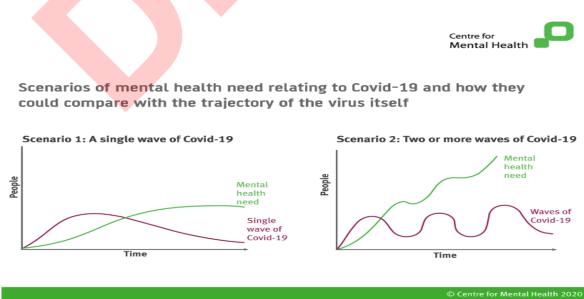
- 1. Please state the name of the project/bid: Proactive Wellbeing support for Staff and Managers
- 2. Please state the overall amount you are requesting: £282,000 Which equates to an investment in wellbeing of £9.03 per staff member per annum based on current head count
- 3. Please state the duration of the project/bid: Two years
- 4. Please provide an overall summary of what your bid is about and what it will achieve?

This bid had been revised in light of feedback from the Charitable Funds Committee and focuses on the initiatives and resources that have been identified rather than the ones still being explored.

The Centre for Mental Health (May 2020) maintains that, based on research from previous pandemics, Healthcare workers are at greater risk of developing mental health problems as a result of Covid19. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately.

Pre Covid19, it was widely reported that one in four individuals would experience a mental health issue each year. Research has however indicated that in some situations prevalence of significant distress is 50% higher in those who worked with SARS-CoV patients.

It is also acknowledged that the impact on mental health is likely to be long lasting and will not simply disappear as lockdown ends. The graphs below highlights the potential impact of Covid19 on Mental Health in the event of one or multiple waves of Covid19. Although difficult to confirm when and if a second or third wave will occur, it is essential that steps are taken now to learn lessons from the first wave and ensure resources are in place to support staff should further outbreaks occur.





The Society of Occupational Medicine, Royal College of Psychiatrists together with CIPD (June 2020) advocate a three-stage structured and systematic approach as one of the best ways to ensure the elimination/mitigation of stressors that contribute to mental ill health at work. These stages aim:

- to prevent mental ill health primary interventions
- to detect mental ill health secondary interventions
- to treat mental ill health tertiary interventions

Treat Stage

provides individualised reactive support for

staff

Detect stage aims to enable managers and staff to understand and support the wellbeing of colleagues in the workplace

Prevent stage aims to provide resources for all staff to utilise and access proactively

This concurs with Prof. Neil Greenberg (July 2020) who advocates that the most effective ways to sustain wellbeing is to follow the PIES Principles which promotes low intensity informal support from colleagues and line managers :

Proximity	Offer support in the workplace rather than send someone home if they				
	become upset				
Immediacy	Adopt a nip in the bud approach. Have early conversations about wellbeing.				
	Don't avoid the conversations. Don't medicalise something that a simple				
	"How are you" can help				
Expectancy	Reaction to circumstances may be entirely normal and not require				
	psychological intervention				
Simplicity	Focus on the basic wellbeing needs:				
	Sleep/talking/healthy eating/exercise				
	#MoveMoreEatWell #DoingOurBit				



Although an important aspect of wellbeing, it is essential that Tertiary interventions e.g. counselling, should not be considered as the first stage of supporting staff wellbeing. Evidence indicates that by following the PIES principles and ensuring that primary and secondary interventions which enable Line managers and staff to proactively support wellbeing in the workplace are in place, the requirement to treat staff reactively will be reduced.

The aim of this bid is to use the Society of Occupational Medicine's model to facilitate the development, implementation and review of a number of wellbeing resources and initiatives which will support a preventive and proactive approach to wellbeing across the whole UHB. The intention is to support staff and managers to rebuild their psychological resilience and develop ways to support wellbeing n the workplace not only in the current covid19 environment but also during the rest of their NHS career in accordance with the PIES principles approach.

The objective is to embed proactive well-being initiatives across the UHB and to target each clinical board so that all staff both clinical and non-clinical have access to resources to support wellbeing. Working collaboratively with LED and HR colleagues, will enable wellbeing to be introduced throughout an individual's career pathway including recruitment and induction

The specific wellbeing resources and initiatives are still being explored and benchmarked against existing and developing evidence based practice. Some have been identified e.g. REACT training, Schwartz rounds while others such as peer support models and mindfulness programmes require further exploration before confirming what are the best options for staff across the whole UHB. This bid is to support the resources that have been identified.

In order to achieve the above, staffing resources will be required in the form of wellbeing coordinators who supported by a project co-ordinator will be able to plan, implement and evaluate all resources. The proposal is that this team will report to the Head of Employee Health and Wellbeing Services while working collaboratively with Learning and Education, Employee Wellbeing Services, Mental Health Clinical Board and any other relevant stakeholders.

What are the breakdown of total funds reque	sted:
(a) Direct Costs:	REACTmh Train the trainers course : £500 +
	£1000 for REACTmh licence use
	Schwartz facilitator training - £1000
	Peer support Model – TBC*Mindfulness – TBC*
(b) Staff:	2 wte Band 7 Wellbeing Co-ordinators :
	£104,000 per annum (total £208,000 over 2 vears)
	1wte Band 5 Project co-ordinator: £34,008 per
	annum (total £68,016 over 2 years)
(c) Consumables:	**
(d) Equipment:	IT equipment: £1750 Telephone: £300
	Office equipment: £550
(e) Travel:	



(f) Other:	
(g) Indirect Costs:	

*bid does not include funding for these resources as they have yet to be determined.** bid does not include consumables as these have yet to be determined and may be absorbed within current budget

	Could funding from the Endowm			
6.	The bid must further a Charitable Purpose / Purposes your bid fits		se/purposes. Please tick (✓) which Charita	ble
(a)	The prevention or relief of poverty		(g) The advancement of amateur sport	
(b)	The advancement of education	V	(h) The advancement of human rights, conflict resolution or reconciliation, or the promotion of religious or racial harmony or equality or diversity	V
(c)	The advancement of religion		(h) The advancement of environmental protection or improvement	
(d)	The advancement of health or saving of lives	V	(j) The relief of those in need because of youth, age, ill health, disability, financial hardship	
(e)	The advancement of citizenship or community development		(k) The advancement of animal welfare	
(f)	The advancement of the arts, culture, heritage or science		(I) The promotion of the efficiency of the armed forces of the Crown or of the efficiency of the police, fire and rescue services or ambulance services	

7. The bid must relate to the National Health Service. Please tick (✓) fr your bid relates to the National Health Service:	om the below how
(a) Promotion of a health service designed to secure improvement:-	
 in the physical and mental health of people in Wales 	V
- in prevention, diagnosis and treatment of illness	٧
(b) And must provide:	
- Hospital accommodation	



-	Such other services or facilities for the care of pregnant women, women who are breast feeding and young children as they consider are appropriate as part of the health service	
-	Other accommodation for the purpose of any service provided under the Act e.g. GP Surgery	
-	Medical, dental, ophthalmic, nursing and ambulance services	
-	Such other services of facilities for the prevention of illness, the care of persons suffering from illness	٧
-	Services or facilities as are required for the diagnosis and treatment of illness	٧

8. Please explain how your bid is wholly/mainly for the service provided by Cardiff and Vale UHB?

This bid is wholly for services to proactively, maintain and support the wellbeing of Cardiff and Vale staff across the whole UHB regardless of whether hospital or community based

9. Please explain what your strategy is when the project/funding comes to an end? (e.g. if you bid is to fund the employment of a member of staff what will happen to that member of staff when the funding expires)

By including in the bid a project co-ordinator, the aim is that the resources and initiatives will be continuously evaluated thereby enabling the effectiveness to me monitored. Outcomes will be examined and a business case developed to embed successful initiatives into core wellbeing delivery



10. Please explain the expected outcomes/benefits of the project and how will these be measured? (please note you will be expected to report to the Charitable Funds Committee on an appropriate basis to demonstrate either the outputs of the project or that your project is being delivered as planned)

The aim of this project is to embed wellbeing throughout the career pathway of Cardiff and Vale staff. The majority of wellbeing interventions are routinely reactive i.e. for staff already off sick or in work but who's wellbeing is already negatively affected.

These initiatives are taking a proactive and preventative approach which will improve staff's workplace experience and wellbeing.

Outcomes that will be measured include:

- Staff engagement score from NHS Wales staff survey
- Numbers attending courses
- Feedback from attendees
- Impact on sickness absence
- Numbers referred to EWS and OH

Please note that if your bid is approved you will be required to present an outcome report to the Charitable Funds Committee when requested.

11. Please explain how your bid meets the Public perception test? (Can you see any reason why your bid would damage the reputation of the Charity to make this expenditure from Charitable Funds?)

This proposal highlights not only to staff but the general population that Cardiff and Vale UHB cares for its staff and is an exemplary place to work whether you are a nurse, a porter, a Clerical officer or a Doctor.

It evidences that as an employer we want to invest proactively in staff wellbeing and value our staff as our most important asset



Name: Nicola Bevan

Position: Head of Employee Health and Wellbeing Services

R "Endman.

Bid approved by: Rachel Gidman Position: Assistant Director of OD

Martin Driscoll Executive Director of Workforce and OD

(Please note that your bid should be approved by either Clinical Board Director or Executive Director)

Date: 16.9.20



- 1. Please state the name of the project/bid: Provide a Staff Haven at University Hospital Wales
- 2. Please state the overall amount you are requesting: $\pounds 52,000.00$
- Please state the duration of the project/bid: Six months to commission then to run permanently as an asset for the Health Board
- 4. Please provide an overall summary of what your bid is about and what it will achieve?

This bid had been revised in light of feedback from the Charitable Funds Committee and further development of the Lakeside Wing. We have successfully partnered with National Museum of Wales to provide art for the area at no cost and reviewed the refreshment offering with facility services and therefore the cost has been reduced to reflect these developments

The NHS achieves extraordinary things for patients, however in order to achieve this, safety and health and wellbeing of our staff is paramount. If we don't look after ourselves, and each other, we cannot deliver safe, high-quality care. COVID-19 has spurred the NHS on to put much greater focus on this, which we must continue and build on.

The pandemic has already had a significant physical, mental and psychological impact on our people – and this will continue for some time to come. Many individual are tired and in need of rest and respite. Evidence tells us that those in caring roles often wait until they are very unwell before raising their hand. So we must all encourage each other to seek help – and seek it as soon as it is needed. And leaders, teams and employers must keep offering people support to stay well at work, and keep offering it consistently, across teams, organisations and sectors. It is vitally important that both during this current COVID pandemic and in other times of challenges that our staff have access to a room within their estate to take time to retreat to and decompress at any time during their shift as required. This should be created now in the Response phase, and available through the Resilience and Restoration phases and become a permanent facility.

The concept is that a designated space known as a staff haven should be somewhere for any member of staff to take time out and access an environment to rest and reflect. Many of us choose to do this in different ways and therefore the room should be multifunctional without being overly cluttered, and well publicised so staff know what is on offer should they wish to engage.

Offering:



 Printed aide memoires for setting goals, breathing and grounding techniques and somewhere to take notice of affirmations and positive messages.
Notice boards clearly defining areas.
• A table with pens and notebooks for staff who may wish to use their time to write lists, set goals or simply doodle.
• Somewhere to lock their phone if they have it on them. It is important to disconnect with the news and outside world when staff are trying to decompress.
• Have a neutral colour theme and then print off Inspirational and Motivational prints. Creating Zen is a philosophy that recognises the power of words.
• Bringing the outdoors in. Greenspace can offer wonders for the mind-set and whilst a living wall might be too much, having some living plants and greenery in the room would help. Bringing in plants can boost productivity, help cleanse your air naturally, give your eyes a rest from staring at a computer screen and greatly improve your surroundings. Spider plants, philodendron, lemon balm and the peace lily are all great for purifying the air and boosting productivity and well-being.
• The aroma of essential oils or scented products can also help calm and allow our senses to focus on a different smell from their usual environments.
• Massage / de-stress equipment - be this chairs or items that can assist. E.g. balls for the feet or items which can be used to get right in to the muscles in the shoulders; do consult the physiotherapy professionals – they will know just the things!
• A 'Quiet Area' either simply to sit, without any stimulation, to let the busy- ness subside or to take a quick nap. It may be an unintentional or intentional – no judgement here – nap, but either way, a comfortable space to support moments of rest. Perhaps have a few timers available so they can set them for 20 mins and have a power relax/nap chill time.
 Access to talk through meditation as some people struggle to do it themselves or other advice that psychological therapies can assist with.
The area need to be flexible to meet the changing needs of staff



The monies would be used to buy appropriate furniture, fittings, lockers, drink facility, essential decoration and to ensure resources are available for all staff.			
https://www.nottinghamhospitalscharity.org. to-charity-appeal/	uk/news/rest-areas-for-nhs-workers-funded-thanks-		
https://www.nursingtimes.net/news/workforce/trusts-setting-up-wobble-rooms-to-give-nursing- staff-with-covid-19-respite-07-05-2020/			
https://florence-nightingale-foundation.org.uk/covid-19-and-the-provision-of-wobble-rooms-and- wellbeing-centres-for-healthcare-workers/			
https://www.england.nhs.uk/wp- content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf			
• Please note, costings are indicative and have yet to be sought due to the pace at which the Lakeside Wing project has progressed but we would proceed within the budget approved.			
5. What are the breakdown of total funds requested:			
(a) Direct Costs:			
(b) Staff:			
(c) Consumables:			
(d) Equipment:	£50,000.00		
(e) Travel:			
(f) Other:			
(g) Indirect Costs: Contingency	£2,000.00		

6. Could funding from the Endowment Fund support this bid? No

7. The bid must further a Charitable purpose/purposes. Please tick (✓) which Charitable Purpose / Purposes your bid fits under:



(a) The prevention or relief of poverty	٧	(g) The advancement of amateur sport	
(b) The advancement of education		 (h) The advancement of human rights, conflict resolution or reconciliation, or the promotion of religious or racial harmony or equality or diversity 	
(c) The advancement of religion		(h) The advancement of environmental protection or improvement	
(d) The advancement of health or saving of lives	V	(j) The relief of those in need because of youth, age, ill health, disability, financial hardship	V
(e) The advancement of citizenship or community development		(k) The advancement of animal welfare	
(f) The advancement of the arts, culture, heritage or science		(I) The promotion of the efficiency of the armed forces of the Crown or of the efficiency of the police, fire and rescue services or ambulance services	

The bid must relate to the National Health Service. Please tick (\checkmark) from the below how 8. your bid relates to the National Health Service: (a) Promotion of a health service designed to secure improvement:in the physical and mental health of people in Wales ٧ in prevention, diagnosis and treatment of illness ٧ (b) And must provide: - Hospital accommodation Such other services or facilities for the care of pregnant women, women who are breast feeding and young children as they consider are appropriate as part of the health service Other accommodation for the purpose of any service provided under the Act e.g. GP Surgery Medical, dental, ophthalmic, nursing and ambulance services Such other services of facilities for the prevention of illness, the care of persons suffering from illness Services or facilities as are required for the diagnosis and treatment of illness -

9. Please explain how your bid is wholly/mainly for the service provided by Cardiff and Vale UHB?



The bid is wholly for employees of Cardiff and Vale University Health Board but in particular for staff based on the University Hospital of Wales site and will be developed with engagement from staff

10. Please explain what your strategy is when the project/funding comes to an end? (e.g. if you bid is to fund the employment of a member of staff what will happen to that member of staff when the funding expires)

Once funding comes to an end the space will remain a resource for staff on the University Hospital of Wales campus

11. Please explain the expected outcomes/benefits of the project and how will these be measured? (please note you will be expected to report to the Charitable Funds Committee on an appropriate basis to demonstrate either the outputs of the project or that your project is being delivered as planned)

The expected outcomes will include raising awareness of staff wellbeing and resilience providing, information, advice and intervention that would work within our Staff wellbeing strategy and influenced by the expertise of the Employee Wellbeing Service and Occupational Health Service and the feedback from our staff.

The bid will assist the Health Board to meet its responsibilities in relation to staff wellbeing.

Please note that if your bid is approved you will be required to present an outcome report to the Charitable Funds Committee when requested.

12. Please explain how your bid meets the Public perception test? (Can you see any reason why your bid would damage the reputation of the Charity to make this expenditure from Charitable Funds?)

In the current climate I cannot envisage any negative public perception from this proposal



Name: Nicola Bevan

Position: Head of Employee Health and Wellbeing Services

Bid approved by: Rendman.

Position: Assistant Director of Organisational Development

(Please note that your bid should be approved by either Clinical Board Director or Executive Director)

Date: 10/11/2020



- 1. COVID Rehabilitation: Keeping Me Well and Recovery from COVID
- 2. Please state the overall amount you are requesting: £590,410 £500K from the Bale family donation and the balance from a further submission to NHS charities COVID donations
- **3.** Please state the duration of the project/bid: up to 3 Years for website and 18 months for the Bale COVID rehabilitation multidisciplinary programme
- 4. Please provide an overall summary of what your bid is about and what it will achieve?

Background

We are aware that Gareth Bale and family have donated £500K to the Charity to support COVID and UHW. This submission meets their donation requirements, focussing on the concept of rehabilitation, based out of UHW, which as well as being a core element of elite sport, is much needed by our patients and staff who have experienced COVID-19.

In developing the elements for the service that needs developing we identified that £500K would not meet all the requirements, therefore the outstanding balance will be requested from other charitable donations such as the NHS charities funding.

COVID rehabilitation is based on strong clinical evidence, and the need has arisen during the pandemic, and was not part of our core services before this. Our submission is aligned with all three of the Health Charity 2020-25 strategic objectives:

- It supports the health and wellbeing of our population and an initiative that enhances the public health of our patients and staff through an innovative healthcare experience (a bespoke on line resource, with public health content as well as COVID rehabilitation)
- 2. It supports the health, wellbeing and welfare of our staff who have had COVID-19, and is aligned with Occupational Health services to support staff to lead healthier lives.
- 3. It creates the best possible environment for sustainable healthcare, reducing travel requirements for advice/treatment, and maintains social distance, as well as making the best use of technology, thereby supporting the aims of the Health Charity.

COVID-19, is caused by novel coronavirus SARS-CoV-2, has led to a pandemic that is increasing the burden of disease and disability across the UK. Our knowledge of the range of impairments and disabilities is still evolving and we do not know the long-term sequelae of the condition. In March it was assumed that it was a respiratory illness, however, it affects almost every organ in the body with emerging evidence that shows many of those survivors are likely to have significant on-going health problems, including breathing difficulties, enduring tiredness, reduced muscle function, impaired ability to perform vital everyday tasks and mental health problems such as Post Traumatic Stress Disorder, anxiety and depression.



In Cardiff and Vale we are seeing increasing numbers of patients with post COVID rehabilitation needs being referred to outpatient and community therapy services, this is above and beyond what our core service would normally expect and what we had planned for, and types of multidisciplinary treatment models that we do not currently provide.

Due to the nature of the condition there is not one rehabilitation pathway that these patients can access and they are often requiring support from therapists / clinicians across a number of pathways. Patients that are frail or have neurological involvement have access to coordinated multi-disciplinary community rehabilitation but other patients particularly those reporting chronic fatigue like symptoms cannot access coordinated and patient centred rehabilitation. We know from studies of patients who had Sars, in the 2003 epidemic, almost half the survivors went on to have chronic fatigue or other long lasting symptoms. If people are unable to access timely and coordinated rehabilitation there is a risk of chronicity, high rates of anxiety and depression and people failing to recover fully from the virus which will inevitably increase the burden on existing core NHS services.

Over the past few months we have had to change the way we provide rehabilitation at pace. We have moved our services to virtual consultations where possible, developed remote resources and worked with Executive Director of Therapies and Health Science to develop the COVID Rehabilitation Model.

http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Cardiff%20and%20Vale %20Covid%20Rehab%20model%20May%202020.pdf

As a multi-disciplinary team of AHPs we identified the need to develop a trusted source of rehabilitation information and resources available on-line. With administrative staff we have begun to develop 'Keeping Me Well' (<u>https://keepingmewell.com</u>), a website designed to support people identified within the health board's COVID-19 Rehabilitation Model as having a mix of rehabilitation needs arising from the pandemic to be able to manage elements of their rehabilitation independently. We want to further develop this to be an interactive platform that will leave a legacy beyond the pandemic.

Extending across the four cohorts identified within the COVID rehabilitation model, the interactive digital platform will benefit the spectrum of members of the public, patients and health board employees that have been affected by the pandemic, from those with significant rehab needs following a stay on intensive care or in hospital with COVID-19 and those who have been ill with the virus at home, to those who have different rehabilitation needs as a result of the virus. This could be people who have had their treatment or care delayed or postponed, those



who have opted not to access available care due to anxieties related to COVID-19, or those whose condition may have deteriorated as a result of having shielded or self-isolated.

The initial development of the website has been undertaken by Cardiff and Vale UHB staff whose capacity to contribute to the project has been over and above their substantive roles and has been afforded by interruptions to their services during the COVID-19 pandemic. With services now resuming and under significant demand, the availability of this resource and therefore the project team's ability to produce the website within the desired timescale and to the necessary quality is diminishing. Additional technical skills are needed to make the website interactive, and work to ensure it supports those with limited digital skills and IT access.

This inability to rapidly develop the website into an interactive rehabilitation resource is to the detriment of a large number of people across the cohorts identified in the COVID-19 Rehabilitation Model requiring rehabilitation urgently. As the resource is intended to intrinsically link with and compliment the implementation of the proposed multi-disciplinary team to support patients with complex co-morbidities as a result of COVID-19, failure to establish the resource at the earliest opportunity would result in the team signposting service users to an incomplete, inadequate resource.

We also recognise that we are not providing a coordinated COVID rehabilitation service as described in the model. There is good support for medical management of patients post COVID, but not access to multi-disciplinary team coordinated care. There is considerable evidence that coordinated rehabilitation provided by an MDT delivered at the right intensity delivers better outcomes and therefore we should aim to deliver this for Cardiff and Vale, we propose to call this "The Bale COVID rehabilitation service".

We are aware that colleagues in NHS England have been developing plans for both a virtual and physical COVID rehabilitation model which is expected to be delivered later in 2020. Our proposal would enable us to rapidly develop this service for go – live in Q3 20-21.

The approach of combining a coordinated care delivered by face to face and virtual consultations supported by an online package is something that we should aspire to deliver and is also supported by emerging clinical evidence and a recommendation from a recent BMJ paper (<u>http://dx.doi.org/10.1136/bmj.m3026</u>). This is also commented by the Royal College of General Practitioners.

The Welsh Government has also set out an Evaluation Framework that supports health boards, local authority and third sector services to understand demand for and evaluate the impact of rehabilitation in the 4 populations affected by the Covid-19 pandemic. The Evaluation



Framework aligns with the National Clinical Framework and the principles of Value Based Healthcare. A coordinated COVID rehabilitation team will support capturing outcome data and enable us to both provide the treatment needed and evaluate its impact.

https://gov.wales/evaluating-impact-rehabilitation-services-post-covid-19

There has been an assessment of the demand of COVID rehabilitation in all settings. Currently there are:

- 1. 200 patients that have been identified through outpatient respiratory consultations as requiring rehabilitation post COVID
- 2. Currently an average of 10 additional patients per week identified through primary care and secondary care outpatient services as requiring rehabilitation post COVID
- 3. Within the current secondary care setting there are significant numbers of patients with prolonged lengths of stay beyond 14 days who will require focussed rehabilitation
- 4. Staff presenting to Occupation Health with ongoing symptoms particularly fatigue and anxiety post COVID impacting on their ability to return to work

There are significant gaps within our core inpatient, outpatient and community based rehabilitation service, which have not been scaled to deliver the amount, intensity and multi-professional services we need for COVID rehabilitation.

We are also mindful that we have many staff who have been impacted by COVID-19 and who also have rehabilitation needs that are currently not fulfilled. Occupational health services have developed their wellbeing services significantly during COVID, but do not provide multidisciplinary rehabilitation services. This model would complement the Occupational Health offer for staff.

We are beginning to see increasing demand across all therapy services particularly from patients who have not been hospitalised as a result of COVID. In a research letter in the JAMA *Carfi et al*, reported that patients followed up 60 days after first symptoms reported high levels of fatigue, breathlessness and joint pain we are seeing similar trends anecdotally in Cardiff and Vale. There is currently no service in Cardiff and Vale for Chronic Fatigue Syndrome and there is no access psychological support unless you have a condition that is supported by specialist commissioning or have a mental health diagnosis. With significant numbers of patients reporting symptoms of anxiety, post-traumatic stress disorder and chronic fatigue timely access to psychological interventions and therapy is crucial.

Proposal

We are applying to the charitable fund, Gareth Bale family donation, (and a follow on second submission to NHS Charities funding) to:



1. Support the development of the 'Keeping Me Well' interactive digital resource to benefit the CAVUHB staff and patients

2. Establish the Bale COVID rehabilitation team based at UHW to deliver early rehabilitation, and coordinate a community based rehabilitation to support patients with COVID via virtual, face to face and support them to self-manage their recovery post COVID. The two elements complement each other as the website material that patients will be able to interact with will support a "stepped care" approach to rehabilitation.

Alongside the Bale COVID rehabilitation team and the interactive digital platform development, a supplementary communications and engagement campaign will run to raise awareness and support engagement with the resource, with a particular focus upon digitally excluded and seldom heard groups. This is aimed to support both patients and staff in their COVID rehabilitation.

During the preliminary development of the website, the project team has tested multiple initial structural iterations of the website based on continual review and learning from the COVID-19 pandemic, and has honed an effective editorial approach to ensure that content representative of a range of allied health professions is presented in a manner that is easily consumed and puts visitors to the website first, so they are able to independently interact with the content and manage elements of their own rehabilitation. It is recommended that the expertise that has been developed among this project team should be maintained with the continual development of the resource, to include user involvement of the website which is intended to be used as a therapeutic intervention, as well as a source of trusted rehabilitation information and interactive resources, freely available.

To achieve awareness of and engagement with the resource, both on a widespread level but also among targeted groups of seldom heard communities - including those from BAME heritage - a communications and engagement campaign is required. In addition to a multi-channel targeted communications campaign, this will include engagement with groups and contacts specified by the Health Board's Equality Manager through a variety of engagement activity, such as focus groups, presentations or question and answer sessions as deemed appropriate. To complement this, it is recommended that there is provision of a number of digital hardware devices that do not require user Wi-Fi, which would be used to facilitate engagement with the Keeping Me Well website among digitally excluded groups. This would be delivered through a combination of the devices being loaned to patients and/or staff identified as both requiring access to the website as part of their care but without having access to the necessary equipment/Wi-Fi, as well as the



implementation of regular drop-in sessions that such people would be invited or encouraged to attend.

The Bale COVID Rehabilitation team intervention model for these patients will be individualised due to the variable complexity of the patient group. However it is known that the following components are required:

- Be a single point of access and expertise for all COVID patients requiring rehabilitation across the pathway;
- Development of a Rehabilitation Prescription tool to support coordination of individuals rehabilitation, audit the need and capture outcomes for COVID patients to support the requirements of the Welsh Government evaluation;
- Implement MDT for patient triage, assessment and management;
- Provide initial virtual assessment for all accepted patients supporting environmental impact
- Development delivery of a rehabilitation programme (face to face and virtual) to support people recover from COVID in the community or in secondary care;
- Develop a co-produced online resource to support recovery;
- Co-ordinate the care of all COVID patients with rehabilitation needs in Cardiff and Vale;
- Co-ordinate the collection of agreed outcomes;
- Develop links with Third Sector and Independently Living services to support patients to utilise community assets rather than a reliance on health services. This will also support the longer term community resilience promoting local exercise, leisure, environmental and sporting activities and community enhancement.

Resources

Due to the multi-disciplinary nature of the content, an editorial group comprising representatives of the MDT, communications officer and web developer is required to ensure that content is consistent throughout the digital resource, with each area represented appropriately. There will be an initial intensive focus on building and developing the website at pace, before its interactive content is fine-tuned, updated and managed on an ongoing basis, based both on feedback from users and incremental changes to advice and treatment for longer term recovery from COVID-19.

A video production specialist or agency will be required to produce a series of videos that will support visitors to the website to undertake a variety of tasks to help manage their own rehabilitation and ultimately keep themselves well. This will include graded exercise videos targeting a broad range of areas of the body that participants can progress through on their rehabilitation journey towards their rehabilitation goals, as well as content supporting patients around other areas of their rehabilitation needs, such as mental wellbeing, respiratory issues,



managing pain, and advice for preparing for treatment that has been delayed as a result of the COVID-19 pandemic.

Further videos will be produced featuring celebrity endorsement of the Keeping Me Well site, which will motivate and encourage visitors to engage with the content of the site as part of their rehabilitation journey. We would welcome endorsement of the web site by our celebrity benefactor if that would be acceptable to him, as well as by the health charity.

The resources will be phased, to give early impact to develop the website and commence the Bale MDT rehabilitation group. As online content develops, and the backlog of people needing rehabilitation is worked through, it is anticipated that the need for the MDT will decline in year two, as well as the impact of the impending vaccination programme which will reduce future demand.

The website is designed to have ongoing impact beyond the COVID pandemic, as rehabilitation content will be applicable for use for other rehabilitation needs – as set out in the UHB rehabilitation strategy in keeping with Shaping our Future Wellbeing.

Costings

Please note that these costs are estimates based on known current market values and have been reviewed by the UHB finance team.

Both the website and the MDT costs are co-dependent as there needs to be AHP input to web site development for production of the clinical content, including video clips and assessment of the evidence base.

Costings for the web site maintenance will be for longer than the MDT group, as it is essential that the interactive digital content remains up to date with administration oversight.



engagement among digitally excluded groups Welsh translation (50,000 words at £70/1,000 words) Ensure compliance with Welsh Language standards	Resource	Function	Cost
Rechnical support for issues or development needs for the website /ideo agency Production of website video content £20,000 /ideo agency Production of website video content £20,000 Communications and engagement campaign Achieve awareness and engagement among target groups including BAME groups £10,000 Digital hardware devices/Wi-Fi solutions Facilitate engagement among digitally excluded groups £38,450 Welsh translation (50,000 words at £70/1,000 words) Ensure compliance with Welsh Language standards £3,500	-	availability of	£1,000
website video contentCommunications and engagement campaignAchieve awareness and engagement among target groups including BAME groups£10,000Digital hardware devices/Wi-Fi solutionsFacilitate engagement among digitally excluded groups£38,450Velsh translationEnsure compliance with Welsh Language standards£3,500		for issues or development needs for the	£3,000
and engagement among target groups including BAME groupsrigital hardware devices/Wi-Fi solutionsFacilitate engagement among digitally excluded groups£38,450Velsh translation 50,000 words at £70/1,000 words)Ensure compliance With Welsh Language standards£3,500	ideo agency	website video	£20,000
Digital hardware devices/Wi-Fi solutions Facilitate engagement among digitally excluded groups Welsh translation (50,000 words at £70/1,000 words) Language standards Facilitate engagement among digitally excluded groups Ensure compliance with Welsh Language standards	Communications and engagement campaign	and engagement among target groups including	£10,000
Welsh translationEnsure compliance with Welsh Language standards£3,500	Digital hardware devices/Wi-Fi solutions	engagement among digitally	£38,450
TOTAL £75,950		Ensure compliance with Welsh Language	£3,500
	TOTAL		£75,950



Clinical and Communications Teams to be based at UHW. The clinical team will deliver rehabilitation and provide the clinical expertise to the development of the Website:

Post	Funding Required	Year 20/21	Year 21/22	Year 22/23
		Cost for 6 Months	Cost for 12 months	Cost for 12 months
AHP Lead	IP Lead 1 WTE Band 8a		59,451	
AHP Lead	0.2 WTE Band 8a			11,890
Dietician	0.5 WTE Band 7	12,975	25,949	
Occupational Therapist	0.6 WTE Band 7	15,569	31,139	
Physiotherapist	0.6 WT6 Band 7	15,569	31,139	
Psychologist	0.6 WTE Band 8a	17,835	35,671	
Speech and Language Therapist	0.5 WTE Band 7	12,975	25,949	
Podiatry	0.1 WTE Band 7	2,595	5,190	
Rehabilitation Support Worker	1 WTE Band 4	14,254	28,507	
Psychology assistant	0.5 WTE Band 5	8,502	17,004	
Administrator	0.7 WTE Band 2	8,251	16,501	
Senior Communications Officer	0.4 WTE Band 6	8,462	16,924	16,924
Communications Administative Officer	0.4 WTE Band 4	5,701	11,403	11,403
Website Developer	1 WTE Band 5	17,004		
Total:		169,416	304,826	40,217
3 Year Total:				514,460
5. What are the requested:	breakdown of total funds		I	1
(a) Direct Costs:		£37,500		
(b) Staff:		£514,460		
(c) Consumables:				
(d) Equipment:		£38,450		
(e) Travel:				
(f) Other:				



(g) Indirect Costs:

6.	Could funding from the Endowm	ent Fun	d support this bid? No					
7.	. The bid must further a Charitable purpose/purposes. Please tick () which Charitable Purpose / Purposes your bid fits under:							
(a)	The prevention or relief of poverty	x	(g) The advancement of amateur sport	x				
(b)	The advancement of education	x	(h) The advancement of human rights, conflict resolution or reconciliation, or the promotion of religious or racial harmony or equality or diversity	x				
(c)	The advancement of religion		(h) The advancement of environmental protection or improvement	x				
(d)	The advancement of health or saving of lives	×	(j) The relief of those in need because of youth, age, ill health, disability, financial hardship	x				
(e)	The advancement of citizenship or community development	x	(k) The advancement of animal welfare					
(f)	The advancement of the arts, culture, heritage or science		(I) The promotion of the efficiency of the armed forces of the Crown or of the efficiency of the police, fire and rescue services or ambulance services					

8. The bid must relate to the National Health Service. Please tick (✓ your bid relates to the National Health Service:	´) from the below how
(a) Promotion of a health service designed to secure improvement:-	
(b)	
- in the physical and mental health of people in Wales	X
 in prevention, diagnosis and treatment of illness 	X
(c) And must provide:	
- Hospital accommodation	
 Such other services or facilities for the care of pregnant wome are breast feeding and young children as they consider are app of the health service 	
 Other accommodation for the purpose of any service provided e.g. GP Surgery 	l under the Act



-	Medical, dental, ophthalmic, nursing and ambulance services	
-	Such other services of facilities for the prevention of illness, the care of	х
	persons suffering from illness	
		x
-	Services or facilities as are required for the diagnosis and treatment of illness	

9. Please explain how your bid is wholly/mainly for the service provided by Cardiff and Vale UHB?

The Bale rehabilitation team will be based at UHW to support early rehabilitation of patients recovering from COVID, supporting their timely discharge home and continued rehabilitation at home. The interactive website is being developed to support people living in Cardiff and Vale and UHB and our employees to either recover from COVID or to support them to make healthy lifestyle choices to keep themselves well.

10. Please explain what your strategy is when the project/funding comes to an end? (e.g. if you bid is to fund the employment of a member of staff what will happen to that member of staff when the funding expires)

The proposal aims to develop a digital resource to support long term the rehabilitation of people recovering from COVID. With the increased understanding and improvement in first line interventions and the development of a vaccine it is expected that the patient numbers requiring intensive rehabilitation will reduce overtime and therefore the need for a designated team will no longer be required. Patients can therefore be managed in existing teams, signposted to expert patient groups and third sector run services including community leisure centre facilities, NERS groups, local amateur sports groups, conservation groups, walking groups etc.

People will be supported to access the digital resources, reaching out to communities to aid digital inclusion. We have experience of reaching digitally excluded populations in community rehabilitation, and will draw on experience and patient feedback to further extend this.

The workforce plan provides AHP input to aid development of the clinical content of the website as well as for treatment. Roles will be offered for fixed term secondments to the clinical posts with the agreement to return to their substantive roles at the end of the secondment, by which time the web site content should be running at maintenance rather than development, and the treatment element absorbed into core services as demand reduces and online education is maximised.

Likewise with the administration and development for the <u>www.keepingmewell.com</u> web site, after the funding runs out this should be supported as a maintenance function by core services.



The funding will be initially used to put pace into the development of the web site, to make it interactive, and to establish the Bale MDT COVID rehabilitation service. If additional funding beyond the initial £500k is not provided the Bale COVID rehabilitation service will be scaled back and wound up sooner, and the work to develop the communications strategy and wider engagement with the population will also be scaled back, along with further website development.

11. Please explain the expected outcomes/benefits of the project and how will these be measured? (please note you will be expected to report to the Charitable Funds Committee on an appropriate basis to demonstrate either the outputs of the project or that your project is being delivered as planned)

Outcome / Benefit	Measure
Completion of a co-produced Keeping me Well	Patient Feedback / Stories
Website	Number of patients supported by Website
	Number of people accessing the website
Development of a co-produced COVID community	Patient Feedback / Stories
rehabilitation model of care and digital resources	PROMS and PREMS
to deliver	Number of Patient referred / accepted /
	discharged
	Number of sessions delivered
Completion of the Welsh Government Evaluation	Compliant with WG Framework
Framework for COVID Rehabilitation	
Patients at UHW receiving the right intensity of	Patient Feedback / Stories
rehabilitation to support timely discharge	PROMS and PREMS
	Number of Patient referred / accepted /
	discharged
	Number of treatment sessions delivered
	Length of stay
C&VUHB Staff accessing rehabilitation post COVID	Sickness absence rates for post COVID
as required to support returning to work	staff
	a pre and post measure

Please note that if your bid is approved you will be required to present an outcome report to the Charitable Funds Committee when requested.



12. Please explain how your bid meets the Public perception test? (Can you see any reason why your bid would damage the reputation of the Charity to make this expenditure from Charitable Funds?)

This proposal aims to support the needs of Cardiff and Vale population, patients and staff who have been effected by COVID and there is no reason why it would damage the reputation of the Charity, indeed charitable support for this application is intended to enhance the reputation of the Charity and its benefactor, - their endorsement for the website and the COVID rehabilitation service would be very welcomed.

Emma Cooke Head of Physiotherapy Services

Luke Fox Senior Digital Communications Officer

Bid approved by: Fiona Jenkins Position: Executive Director of Therapies and Healthcare Scientists

46 Jaino

(Please note that your bid should be approved by either Clinical Board Director or Executive Director)

Date: 7th September 2020.....

Report Title:	OVER £125k APPLICATIONS FOR CHARITABL	LE FUNDS					
Meeting:	Board of Trustees	Meeting Date:	17.11.20				
Status:	For DiscussionVFor AssuranceFor ApprovalVFor Information						
Lead Executive:	Ruth Walker, Exective Director of Nursing						
Report Author (Title):	Ruth Walker, Exective Director of Nursing/ Joanne Brandon, Director of Communication, Arts, Health Charity and Engagement						
Deelkareund end	ourrept cituation:						

Background and current situation:

Governance principles relating to the allocation of charitable funds held within Cardiff & Vale Health Charity requires all bids which exceed a value of £125,000 to be considered for approval by the Board of Trustees.

The attached bid was received by the Charitable Funds Committee (CFC) in its meeting held on 03.11.20

CFCcovid04 – Conscious Inclusion Bid - £298,500 (Appendix 1)

"A two year programme to embed inclusion as well as diversity across all of our nine protected characteristics. A programme of work focusing on the real life experiences of staff to focus on Leadership, Networks, recruitment, health and wellbeing. The ambition of the programme is to make inclusion a reality with tangible progress and outcomes, so we are not merely seen as acknowledging diversity and inclusion but seen to be tackling it and embedding it into our culture, values and the way in which we conduct our everyday business."

The CFC considered the proposal along with 10 other applications for Bale Fund monies, and agreed that the bid did not meet the required criteria. However, the CFC considers the application meets the criteria required for applications for potential future funding in line with Stage 2/3 Covid Grant monies available by NHS Charities Together, for which the Health Charity is in the process of applying.

Therefore the bid is recommended by the CFC for approval in principle by the Board of Trustees.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

This paper provides information on a bid for funding which exceeds £125k and therefore requires consideration for approval by the Board of Trustees. The bid meets the criteria required for inclusion in the Health Charity's application for potential future covid-19 funding from NHS Charities Together - Stage 2 and 3 grants.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

- Reputational risk to Cardiff and Vale University Health Board and Cardiff & Vale Health Charity of delaying the decision to allocate charitable funds.
- Non-compliance with the governance principles of Cardiff & Vale Health Charity relating to the approval of charitable funds.



Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board

CARING FOR PEOPLE KEEPING PEOPLE WELL

Recommendation:

The Board of Trustees is asked to:

Consider and approve in principle, bid CFCcovid04 - Conscious Inclusion Bid - £298,500 • for inclusion in the application for Stage 2 and 3 NHS Charities Together Covid-funding.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1.	Reduce	healt	h inequalities	;	\checkmark		6.		ve a planned ca mand and capao			\checkmark
2.	Deliver outcomes that matter to people			comes that matter to			7.	Be a great place to work and learn			and learn	\checkmark
3.		•	onsibility for ir d wellbeing	nprovin	ig √		8.	del sec	ork better togeth iver care and su ctors, making be ople and techno	upp <mark>or</mark> test us	t across care	\checkmark
4.	-	ion he	s that deliver ealth our citize pect		V		9.	sus	<mark>duce harm</mark> , was stainably making ources available	g best	use of the	\checkmark
5.	care sys	stem t	anned (emer that provides ght place, firs	the righ	nt √		10.	inn pro	cel at teaching, ovation and imp ovide an environ ovation thrives	orover	ment and	
	Fi	ve W	-						pment Princip		onsidered	
Pre	evention	\checkmark	Long term	VI	Integra	ation	ר ו		Collaboration	\checkmark	Involvement	\checkmark
He As	uality an alth Imp sessmer mpleted	act nt	No If "yes" plea report when	•	- ·	ру с	of the	e as	ssessment. This	s will l	be linked to the	

 Kind and caring Caredig a gofalgar
 Respectful Dangos parch
 Trust and integrity Ymddiriedaeth ac uniondeb
 Personal responsibility Cyfrifoldeb personol

CARING FOR PEOPLE KEEPING PEOPLE WELL



43/110



- 1. Please state the name of the project/bid: Conscious Inclusion
- 2. Please state the overall amount you are requesting: £ £298453.08 (total for 2 years)
- 3. Please state the duration of the project/bid: 2 Year Project
- 4. Please provide an overall summary of what your bid is about and what it will achieve?

The term 'equality and diversity' has been used in the NHS for a number of years, however more recently we are now also including the term 'inclusion'. Many people wonder if this is just a new buzz word. Here in Cardiff and Vale University Health Board (UHB) we believe it's not. A great quote by Verna Myers describes it perfectly.

If "diversity is being invited to the party, inclusion is being asked to dance".

We believe it takes more than acknowledging and talking about equality and diversity. This is key to progressing change in a positive way.

We aim to weave inclusion into everything we do whilst also having a dedicated focus on key areas. We are keen to actively promote the importance of inclusion in all our activities and this is an important emphasis within our strategic objectives as well as being embedded into our core values.

The Equality Act 2010 state the nine protected characteristics, but we feel inclusion is wider than just these.

Our ambition in Cardiff and Vale UHB is to make inclusion a reality throughout our health care system, and to adopt a conscious inclusive approach rather than an unconscious bias.





The two year project will have set objectives to ensure we are listening and embedding good practice.

The project will challenge the Organisation by being ambitious and courageous in our approach. This is to disrupt people's perception and views on inclusion. The first steps will be towards encouraging positive change.

The project will design and invest in excellent resources to support the development of inclusion, inclusive practice and leadership within the health system.

Being a great place to work and learn, the project will ensure we work in collaboration with inclusion experts across Wales and Nationally through all sectors. Especially with Quest colleagues where our CEO sits within the National Board.

We will lead the way in Wales with best practice influencing the inclusion agenda and adopting an agile and responsive approach. We will do this by spreading good practice.

We know that diversity and inclusion leads to improved health and greater staff, patient and citizen experiences of the NHS. The project will ensure education and wellbeing is triangulated with the inclusion agenda.

The two year project will look at initially three main areas

- Leadership and culture
- Workforce and Recruitment
- Wellbeing and population health

In the first year the following areas will be concentrated on although we understand that each characteristic does not stand alone and will cross over with one another. Each protected characteristic has an Executive sponsor which will assist with senior leadership in the Organisation.



The focus during year 1 will be on: Race / belief and religion, (Dis) ability, Welsh Language and Sexual orientation including transgender.

Race will be the first characteristic to be focused on which is being sponsored by our CEO.

The brutal death of George Floyd by American police has ignited anger and a call for an end to racism, discrimination and injustice for black people across the world.

For some of our communities it is a painful reminder of the parallels in the systemic racism here in the UK, which has led to health inequalities in our very own NHS.

These health inequalities can kill – we know that black, Asian and minority ethnic communities are disproportionately impacted by Covid-19. We know only too well the tragic impact on staff here in the health board.

We also know that women are five times more likely to die during childbirth than white women in the UK.

As a Health Board, we do not accept racism and hate crime. Our hospitals are places where all our staff and patients should feel safe, protected, welcomed and listened to.

Sadly, we know from our recent CEO led interviews on what it is like to work here, that this is not always the case.

We don't want anyone to have to continue experience this in their lifetimes and we are working to address this.

In light of all of this, we want all our staff who come from black, Asian or minority ethnic backgrounds, whoever they are, to feel included and confident that everything possible is being



done to support and protect them, and to ensure that their voices are heard and acted upon. We want this for all our staff.

We want all other staff to make themselves aware as to how they can step up to support their colleagues from black, Asian or minority ethnic backgrounds and those who share other protected characteristics and to become a truly inclusive ally.

We want our patients and members of the public from black, Asian or minority ethnic backgrounds to know that they are welcome and supported here and will be treated and cared for inclusively.

The success of this application will mean we will be able to work harder and smarter to help us drive towards our health service as an inclusive, equitable and more compassionate place to work and to receive care.

The intervention will be designed around what we hear from individuals whether that's implementation of education, wellbeing or other resources then we will develop the programme of work what actually matters to people.

The small inclusion team will be ensuring all the objectives set out in the programme of work will be implemented and outcome focused.

The project will start with gathering and listening to employee feedback, and exploring baseline demographic data to see where inequalities might exist.

We will build on employee experience and baseline demographic information with data on workplace behavior to see where people are getting the same opportunities to thrive, and where they are not.

Throughout the two years we will engage with our youth board, partners in the community and third sector to ensure the agendas are aligned.



Within 3 months of the work a full programme of work with time lines will be available for the charitable panel to be assured of all the planned work.

Some examples of good practice that could be an option

1. <u>Leadership programmes</u> to create greater levels of sustainable inclusion within the NHS by addressing the social, organisational and psychological barriers restricting BAME colleagues from progressing. This would involve updating the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered.

The Kings Fund programmes are designed to bridge the gap between where applicants are and where they need to be, to progress into more senior roles. Successful applicants will be empowered to drive forward the inclusion agenda and develop their skills and abilities in order to grow and progress. This would highlight wider body of powerful positive action work to promote diversity and inclusion throughout the health service. The ultimate aim is to develop more inclusive leaders at all levels of the NHS.

2. <u>Creating Networks</u> within the UHB for individuals to be proactively involved of solving problems and proactively leading on specific agendas related to the nine protected characteristics including Welsh Language.

3. Overhaul <u>recruitment</u> and selection practices to make sure that staffing reflects the diversity of the community we serve.

4. Discuss equality, diversity and inclusion as part of the <u>health and wellbeing</u> conversations with staff



5. Publish and produce resources, guides and toolkits to help leaders have productive conversations about race, and to support each other to make tangible progress on inclusion for all staff.

6. Develop a campaign to recruit people who may have seldom heard voices to Freedom to Speak Up advisor role.

The points below are recommendations from a staff member who wrote into our inclusion team following our CEO ask in his Staff connect.

These are their recommendations:

- There should a yearly update study day for all members of staff about the effects of racism and how to check bias.
- A framework for BAME patients to voice concerns if they feel they aren't being treated fairly e.g. not believed and this should be responded to in a timely manner.
- Staff members need a designated person to report to that is trained in racial inequality and racism and/or managers need extra training on how to deal better with these complaints.
- BAME background individuals should not be seen advertised on posters representing the health board if they are not seen throughout CAV in all areas including managerial roles of equal proportion.
- There needs to be a robust policy for patients refusing to be treated by BAME staff members and acknowledgment of how this affects staff members.
- Posters should be widespread that show NO TO RACISM as is seen No to violence and aggression. There needed to be a zero-tolerance of racism.



5. What are the breakdown of funds requested:	total
(a) Direct Costs:	Total Costs £298453.08 of the project
(b) Staff:	Band 7 Inclusion Facilitator £52,105.67
	Band 5 Inclusion Officer £34,144.66
	Band 3 administrator £25,476.21
	Total for 1 year = £111,726.54
	Total for 2 years = $\pm 223,453.08$
(c) Consumables:	£2000
(d) Equipment:	IT Equipment
	Educational materials Inc. Printer
	Expert speakers
	WL Simulations' translation equipment
	Total = £30,000
(e) Travel:	£3000
(f) Other:	Community venues £5000
	Visual graphics £5,000
	Documenting our story £10,000
	Evaluation of the project £5,000
(g) Indirect Costs:	£15,000

6.	Could funding from the Endown	nent Fu	nd support this bid? Yes / No	
7.	The bid must further a Charitabl Purposes your bid fits under:	e purpo	ose/purposes. Please tick (\checkmark) which Charita	ble Purpose /
(a)	The prevention or relief of poverty	✓	(g) The advancement of amateur sport	
(b)	The advancement of education	√	 (h) The advancement of human rights, conflict resolution or reconciliation, or the promotion of religious or racial harmony or equality or diversity 	 ✓



(c) The advancement of religion	•	(h) The advancement of environmental protection or improvement	
(d) The advancement of health or saving of lives	✓	(j) The relief of those in need because of youth, age, ill health, disability, financial hardship	✓
(e) The advancement of citizenship or community development	✓	(k) The advancement of animal welfare	
(f) The advancement of the arts, culture, heritage or science	•	(I) The promotion of the efficiency of the armed forces of the Crown or of the efficiency of the police, fire and rescue services or ambulance services	

relates to the National Health Service:	
(a) Promotion of a health service designed to secure improvement:-	
- in the physical and mental health of people in Wales	\checkmark
- in prevention, diagnosis and treatment of illness	\checkmark
(b) And must provide:	-
- Hospital accommodation	
- Such other services or facilities for the care of pregnant women, women who	
are breast feeding and young children as they consider are appropriate as part	
of the health service	
- Other accommodation for the purpose of any service provided under the Act	
e.g. GP Surgery	
 Medical, dental, ophthalmic, nursing and ambulance services 	
- Such other services of facilities for the prevention of illness, the care of	
persons suffering from illness	
	1

9. Please explain how your bid is wholly/mainly for the service provided by Cardiff and Vale UHB?

The project will be focusing predominately on the staff of Cardiff and Vale Health system.

It is recognised that the approach that we will be taking is both advantageous for staff but also for patients and their families and carers. Our approach prevents the organisation from falling in between the gaps of diversity and inclusion. It allows for a more integrated approach to equality, education and health and wellbeing. It will achieve a positive outcome for our staff and therefore for our patients.



The approach will employ a specialist, dedicated raising awareness team providing , information, advice and intervention that would work to a criteria set down not only by legislation but by the voices of our staff, patients and their communities

The bid will assist Cardiff and Vale UHB to meet its legal, social and corporate responsibilities in relation to its staff, though the provision of a high quality service. Learning and education opportunities will be provided to staff.

10. Please explain what your strategy is when the project/funding comes to an end? (e.g. if you bid is to fund the employment of a member of staff what will happen to that member of staff when the funding expires)

The approach to inclusion within the UHB is to ensure it is embedded and sustainable. The resources requested within the bid will be for 2 years to disseminate an approach which educates staff and empowers individuals to be consciously inclusive. The roles will be either fixed term or secondments to allow individuals to develop and champion the inclusion agenda. During this period of time these individuals will work closely with the education department, wellbeing and in partnership with Health and social care. Our approach is also based on organisational cultural change. This is deliberate. As was once said:" Culture eats strategy for breakfast". We are acutely aware that over 70% of strategic plans fail at implementation. We also know that culture, or more precisely ignorance of its affect, is at the heart of such failures. This is why our bid and the work involved is looking to locate the energy for change for a specific and concentrated period of time within the organisation. Our recent Strategic Equality Plan has laid a strong foundation To build on. A successful application means we will be able to build on that foundation and build and embed concrete pieces of work into our everyday practices.

This is a time of opportunity to improve and change what we have been doing. It is an exciting time. The commitment from our Board and Leadership teams are present



11. Please explain the expected outcomes/benefits of the project and how will these be measured?

There are a variety of measures across three broad categories of data that reflect dimensions of inclusion:

Benefits Matrix

- <u>Employee Experience</u>. Gaining feedback about how employees feel? Are they even talking about inclusion? Do they feel like they belong within the UHB?
- <u>Demographic</u>. Is there inequity in pay, position level, or promotion rate by gender, ethnic background, or other demographic segment? Does baseline data show any evidence that some groups are advantaged over others?
- <u>Behaviour</u>. Do people have equal opportunities to succeed? Are people included equally on priority initiatives, working documents, and meetings with key leadership?
- <u>Recruitment baseline will be initially measured regarding the diversity of our workforce and</u> two years on how this improves at all levels

Alongside this 2 year project a formal evaluation will take place in partnership with an academic Centre, monitoring and evaluating the project. A publication will be produced showing the positive outcomes and highlighting positive changes, throughout the UHB. Lessons learnt and recommendations will also be stated to help move the agenda forward even more.



Please note that if your bid is approved you will be required to present an outcome report to the Charitable Funds Committee when requested.

12. Please explain how your bid meets the Public perception test? (Can you see any reason why your bid would damage the reputation of the Charity to make this expenditure from Charitable Funds?)All the material and resources will be credible and professional representing the Health board and the health charity

Currently the inclusion agenda is very topical including BAME and Black lives matter with a huge learning element which shows everyone can learn and do more.

This project would not decrease the credibility of the charity and actually will raise its profile in the area of

inclusion. The added value to this project is that education will be cascaded to many and therefore impacting

to a wider number of people far past the small inclusion team.

Name: Rachel Gidman

Position: Assistant Director of OD

Bid approved by: Martin Driscoll Position: Executive Director of Workforce and OD

(Please note that your bid should be approved by either Clinical Board Director or Executive Director)

Date: 14.9.2020



Confirmed Minutes of the Charitable Funds Committee 1st September 2020 9:30am – 12:30pm Via Skype

Present: Akmal Hanuk		АН	Committee Chair and Independent Member - Community	
Members: Sara Moseley John Union		SM JU	Independent Member Committee Vice Chair and Independent Me - Finance	mber
In Attendance Nicola Foreman Joanne Brando Chris Lewis Ruth Walker Dr Fiona Jenkin Secretariat: Sian Rowlands	n n IS	NF JB CL RW FJ	Director of Corporate Governance Director of Communications Deputy Executive Finance Director Executive Nurse Director Executive Director of Therapies and Health S Head of Corporate Governance	Science
Susan Elsmore Mike Jones		SE MJ	Independent Member – Local Government Chair of Staff Lottery Bids Panel	
CFC20/09/001	Welcome & Intr	oductions		Action
	The Committee (Chair (CC) weld	comed everyone to the meeting.	
CFC20/09/002	Apologies for A Apologies for ab		ed.	
CFC20/09/003	Declarations of	Interests		
	There were no d	eclarations of ir	nterest.	
CFC20/09/004	Minutes of the 0 June 2020 and 8		etings held on 17 th March 2020, 23 rd	
	The Committee r	oviowed the m	inutes of the meetings held on 17 th March	

The Committee reviewed the minutes of the meetings held on 17th March, 23rd June and 8th July 2020.

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Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board

55/110

	The Independent Member (IM) advised that she was present at the meeting held on 23 rd June 2020.	SR
	Resolved that:	
	Subject to the above amendment;	
	The Committee	
	(a) Approved the minutes of the meetings held on 17 th March, 23 rd June and 8 th July 2020 as a true and accurate record.	
CFC20/09/005	Committee Action Log	
	The Committee reviewed the Action Log and noted the following updates:	
	CFC 19/09/007: Food Sense Wales To be marked as complete as on today's agenda, item 4.6(a).	
	CFC 20/06/006: "How the Arts and Health Charity have #spreadthelove during COVID-19" It was confirmed that this was on the HSMB agenda for 3 rd September.	
	CFC 20/06/007: Reflection / Remembrance area This item to be brought to the November meeting.	
	The CC noted that all other actions were now complete and would be removed from the Action Log for the next meeting.	SR
	Resolved that:	
	(a) the Committee noted the Action Log.	
CFC20/09/006	Down To Earth Proposal	
	The Director of Communications (DC) advised the Committee that this proposal had come out of the Orchard Committee which was chaired by the UHB Chair.	
	The Orchard Fund was set up following CFC approval in September 2016 and was officially launched in October 2017. The fund does not receive a great deal of financial contribution and to date work had been carried out at minimal cost. The Orchard Committee had identified that more specialist support was now required. The Orchard fulfils objectives 1 and 3 of the Health Charity Strategy and contributes to health and wellbeing.	
	It was proposed that Down to Earth, a third sector organisation, be requested to provide resources for 15 hours per week, plus travel to progress the project.	
	The costs as set out in the paper were confirmed as:	
	15 hours per week including travel time and expenses = \pounds 1,375 +VAT	



6 months = £1,375 x 26 weeks = £35,750 +VAT	
The DC confirmed that Down to Earth had a wealth of knowledge, credibility across Wales, their ethos complimented the UHB's values and they had expertise in education.	
It was confirmed that advice had been sought from Procurement and that a Single Tender Action would be appropriate due to the amount and due to the organisation's work with Health Boards over the years and level of expertise. The DC reported that Down to Earth was an award winning organisation and had strong political support, the report described the partnerships the organisation had been involved in.	
The Committee were advised that the cost would come out of the Orchard Fund and then the team would look at how money could be raised to further support.	
The Committee Vice Chair and Independent Member – Finance (CVC) queried whether at the time of approval there was any detail of likely cost and how much was currently in the fund.	
The Deputy Executive Finance Director (DEFD) confirmed that the Orchard fund was set up via legacy and managed as a delegated budget and within the resources available. There was no draw on general reserves and the item was coming to Committee for approval due to the amount. The DEFD confirmed that normal procurement processes would be followed and that he supported approval of the proposal.	
The CC noted the suggested 15 hours per week over 6 months and asked whether there was any more detail available in terms of the overall area of work, specification and completion time being asked of Down to Earth.	
DC confirmed that the programme of work would go before the Orchard Committee and that she would obtain that paper to share with the Committee. It was confirmed that broadly the 15 hours per week would develop the Orchard to benefit the patients using it, keeping in mind the rehabilitation focus of these locations. The programme of work was detailed and involved design, structure, working with patients and responding to their needs and complimenting Horatio's Garden.	
The CC commented that proper oversight was needed.	
The DEFD added that the delegated fund balance at the end of May was £45k and so approving the proposal would use most of that so caution was necessary to ensure that there were no hidden costs that would take us over the limit.	
The Executive Nurse Director (END) suggested approving the proposal as long as the delegated budget was not exceeded. She added that she was comfortable for this to be managed under the tender process and to receive confirmation from the Orchard Committee that it would not go outside the delegated budget.	

	Resolved that:	
	The Committee	
	 (a) Approved the spend from the Orchard fund to commission Down to Earth to manage the project in partnership with the Health Board for six months initially; (b) Noted that a single tender action would be pursued with Procurement. 	
CFC20/09/007	Health Charity Financial Position Update	
	The DEFD advised that Table 1 on page 2 of the report provided a good snapshot of the value of the Charity after the first four months of the year.	
	A net income of $\pounds 0.563m$ and market value gains on its investments of $\pounds 0.352m$ for the period compared to the March 2020 valuation was reported.	
	Table 2 showed the value of donations received. The Committee was advised that a lot more general donations had been received and that there could be an additional £655k coming in from the NHS Charities Association.	
	Table 4 showed the trend of investment performance; a low point was reached in March then a gradual increase had been seen with a market gain of £352k since the beginning of the year.	
	The DEFD provided the forecast position in relation to general reserves; at the end of July, there was £926k and against these general reserves the Charity had committed £1.274m which included the neurological garden. £264k had been committed to the Employee Wellbeing Service and there was a question of whether the Committee felt this could be funded by COVID donations to relieve the strain on general reserves.	
	The Committee were advised that the general reserves included gains on investments and that a second COVID peak could adversely impact on markets which could in turn negatively impact on the general reserves.	
	The IM commented that it would be helpful if papers requesting funding would set out the amount available in delegated fund. The DC confirmed that she would add this to future papers and inform the Orchard Committee of the balance.	JB
	The DEFD clarified that delegated fund holders are provided with a position statement every month.	
	Resolved that:	
	The Committee	
	(a) Noted the financial position of the Charity;	



	 (b) Noted the latest income position; (c) Noted the commitments against general reserves and actions being taken to mitigate these financial risks. 	
CFC20/09/008	Benefits and Outcomes from COVID Funds & Action Taken	
	The DC outlined that donations from NHS Charities Together should be spent on, "enhancing the well-being of NHS Staff, volunteers and patients impacted by COVID-19". A number of suggestions had been made on how this money could be spent within the stringent criteria to be applied.	
	The table on pages 1 and 2 of the report set out how the £143,500 had been allocated following receipt of bids. It was reported that outcomes and benefits from these bids would be obtained for future meetings.	
	The Committee were advised that a campaign had been launched to encourage bids and in response, around 40 bids had been received with the vast majority being between £500-£25k but none exceeding £25k.	
	Bids approved included: Engagement with BAME community and traveller community; Black Lives Matter art project, Orchard at UHL and for equipment to distribute via specialist asylum seeker midwives.	
	The process at Appendix 1 of the report had previously come to the Committee.	
	The DEFD advised that the Trustee had broadly approved the governance process.	
	The CC queried the membership of the Make It Better Panel for consideration of those bids between £500-£25k. It was confirmed that this membership was the same as the Staff Lottery Panel and had previously been approved.	
	The END clarified that the Make It Better Panel reported to this Committee and the Committee the Trustee. The need to align with our strategy was also mentioned and the insertion of headings on future papers to link with the strategy.	
	The DC advised that the only governance gap was with items over £25k and that the proposal was that monthly meetings of the Committee be arranged and used as needed for the discussion and approval of any bids over £25k.	
	The membership details and terms of reference of the Make It Better Panel would be circulated to Committee members.	JB
	Resolved that:	
	The Committee	



	(a) Noted the report and approved the governance arrangements and process for the management and administration of COVID-19 funding.	
CFC20/09/009	Charitable Funds Strategy: Implementation Plan & Proposal Outcomes	
	The Committee was advised that the Strategy was approved by the Trustee last month. The strategic focus continued to be, "Going above and beyond NHS services for the benefit of patients, staff and communities." It was acknowledged that the Charity has had to shift focus in response to COVID.	
	The DC confirmed that the aim was to, through the quarterly fundraising report, assess achievement against objectives in relation to bids received and outcomes of benefit. In addition, the Business Unit would provide updates in April and December so that the Committee could decide whether the Charity was focusing on the right things, see its performance and identify any gaps.	
	The CC commented that this was very helpful.	
	The IM queried where evaluation of impact to benefit could be found within the Strategy. The DC confirmed that this would be fed into the bids evaluation where those seeking bids would have a responsibility to impact assess. It was suggested bringing this back to Committee 6 monthly. The IM added that it would be helpful if the impact measurement could be explicit at the start of the paper.	JB
	The Executive Director of Therapies and Health Science (EDTHS) fully supported the paper.	
	Resolved that:	
	The Committee	
	(a) Support the planned approach to implementing and delivering the Health Charity Strategy 2020 - 2025.	
CFC20/09/010	Self-Assessment of Committee Effectiveness	
	The Director of Corporate Governance (DCG) confirmed that the report provided the outputs of this year's self-assessment, which was carried out for all Committees of the Board, and alongside that was an action plan to address areas where performance was not as strong.	
	The DCG advised Committee that overall, the position had improved from last year and the proposed action plan would further progress improvement.	
	The END commented that the results were pleasing and showed movement in the right direction; alignment with the strategy could be seen, governance was much clearer and timeliness of papers and report quality had improved.	

	Resolved that:	
	The Committee	
	 (a) Noted the results of the Committee's self-assessment Effectiveness Review for 2019-20; (b) Approved the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which will feed into the 2020-21 Annual Governance Statement. 	
CFC20/09/011	Staff Benefits Group Report	
	The report was received by the Committee for information.	
	Resolved that:	
	The Committee	
	(a) Approved the Staff Benefits Group report.	
CFC20/09/012	Staff Lottery Bids Panel	
	The report was received by the Committee for information.	
	Resolved that:	
	The Committee	
	(a) Noted the <mark>bids supported by the</mark> Staff Lottery Bids Panel in March and July 2020.	
CFC20/09/013	Horatio's Garden Update	
	The EDTHS confirmed that she had held discussions with Olivia Chapple (OC) and the Chair. The Trustee minute had been useful in responding regarding the funding position. OC was very grateful for the funds and that the Charity were able to fund the additional elements.	
	The paper provided set out the current position. It was confirmed that a discussion was to be had with Estates to ensure alignment between that department and OC's vision for Horatio's Garden.	
	The IM commented that it was great to see progress but that it would be good to see the plan for sustainability and maintenance given such a significant investment as there would be great reputational and financial risk around this.	
	The EDTHS confirmed that there was a good discussion at Board of Trustee about this and it would form part of her discussions with the Estates Department.	

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	It was confirmed that the schedule was tight to meet the completion target of spring 2021 but was on track and there was no reason to think it would not be achieved.	
	The EDTHS to bring back progress updates to the Committee.	
	Resolved that:	
	The Committee	
	(a) Noted the update provided.	
CFC20/09/014	Health Charity Fundraising Report	
	The DC presented the quarterly fundraising report which detailed activity and appeals; COVID donations were excluded and would be included in next quarter's report.	
	The Committee were advised that the Cardiff Half Marathon would be run on 2 occasions this year due to COVID, the cost of £2,220 would come from the Make It Better Fund and should be recovered but if the event was cancelled due to COVID then this investment would be lost.	
	The digital output had increased and the gifts and wills campaign was ready to launch.	
	Resolved that:	
	The Committee	
	(a) Approved the progress and activities of the Health Charity as advised.	
CFC20/09/015	Reporting Feedback on Successful CFC Bids	
	The report provided the Committee with assurance on bids accepted.	
	The Committee was advised that feedback was outstanding in relation to Sustainable Travel and that this would be brought back to the next Committee.	JB
	The CVC queried whether the sustainable travel service had been suspended due to COVID and whether perhaps the money was not being spent. The DC confirmed the contract continued and the service was still being used although not to the previous capacity.	
	The CC commented that it was helpful to see the evaluation and impact but that he would like to see a little more clarity in terms of difference being made and that visuals and percentages would help.	
	The DEDF added that this was the first time that this type of report had come to Committee which was a huge step forward and just some fine tuning was required.	

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GIG CYMRU NHS WALES

	Resolved that:	
	The Committee	
	(a) Noted the update on projects the CFC / Trustees have supported with charitable monies.	
CFC20/09/016	Health Charity Update Reports	
	The Committee received the update reports on Food Sense Wales and Better Life Appeal.	
	Resolved that:	
	The Committee	
	(a) Noted the Food Sense Wales update; (b) Noted the Better Life Appeal update.	
CFC20/09/017	Breast Centre Annual Report	
	The Committee received the annual fundraising report on the Breast Centre Appeal.	
	Resolved that:	
	The Committee	
	 (a) Noted the continued success of the Breast Centre Appeal and associated fundraising events/activities undertaken during 2019/20; (b) Noted the suspension of fundraising activities due to COVID-19. 	
CFC20/09/018	Any Other Business	
	There were 2 items brought before the Committee.	
	Monthly Skype Meeting of Committee – the DC requested that this be agreed to bring bids over £25k to this Committee. The DCG agreed to put it in the calendar monthly to ensure quoracy and the DC could flag whether it was needed.	NF / JB
	Maternity Unit Bids – the DC confirmed that 2 bids had been received from the Maternity Unit which equated to £26k. She advised that these could go through the normal process but that they were specifically for UHW so could conceivably be put one side to be considered under the Gareth Bale fund.	
	The END advised that the Trustee were concerned that a number of small bids would detract from the intent for the money.	
	The DC commented that this stood out as being specifically for UHW but added that a meeting was being arranged to look at how a health and	

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CYMRU NHS WALES

	 wellbeing physical space could perhaps be developed for support related to COVID-19. The END confirmed that she would go back to the Executive Team for further clarity and advised that a framework was needed for Clinical Boards. It would be a decision for the Committee and Trustee; the END agreed to provide a report around this to the next Trustee meeting. 	RW
CFC20/09/019	Items to bring to the attention of the Board / Trustee	
	There were no items to bring to the attention of the Board / Trustee.	
CFC20/09/020	Date and Time of Next Meeting	
	Tuesday 3 rd November 2020, 09:30am - 12:30pm Via Skype	



Report Title:	DRAFT CARD	IFF	& VALE HEALT		NNUAL REP	ORT 2019-	2020
Meeting:	Board of Trust	tees	;		Meeting Date:	17.11.20	
Status:	For Discussion	\checkmark	For Assurance	For Approval	For Inf	ormation	\checkmark
Lead Executive:	Ruth Walker, E	Exec	cutive Nurse Di	rector			
Report Author (Title):	Joanne Brand Engagement	on,	Director of Con	nmunications	, Arts, Healtl	h Charity a	nd
Background and	current situatio	n:					

Cardiff and Vale Health Charity ("the Health Charity") is the official charity and working/trading name of Cardiff and Vale University Health Board General Purposes Charitable Fund, Charity Registration Number 1056544.

Cardiff and Vale University Health Board holds Charitable Funds as sole corporate trustee and the board members of the Health Board are jointly responsible for the management of those charitable funds. The management of Charitable Funds is a delegated responsibility from the Trustees, via the Charitable Funds Committee, to the Finance Dept. of Cardiff and Vale University Health Board.

The day to day administration of funds and operational management of the Health Charity is undertaken by a team of staff based at Woodland House.

A draft Health Charity Annual Report is provided to the Charitable Funds Committee (CFC), prior to submission to the Auditor General for Wales for approval of the financial statement. Following any suggestions for amendment by the CFC and the Auditor General, a final version is submitted for in principle approval to the CFC and final approval by Trustees prior to publishing.

This draft report covers the activities of the Health Charity for the period 1st April 2019 - 31st March 2020 and was received by the CFC in its meeting held on 03.11.20.

Discussion in the CFC raised queries relating to the governance around the approval process. It was suggested that the CFC submits the draft report to the Trustees for comment, prior to financial sign-off and any subsequent amendments; following which the CFC will forward a final version with recommendation for Trustees approval.

It was also suggested that the annual report should perhaps have a comment from the Trustees above Akmal Hanuk's welcoming comment.

The trustees are asked to consider and advise the CFC on these suggestions.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

I support the submission of the draft 2019 - 2020 Draft Annual Report of Cardiff & Vale Health Charity for discussion by the Board of Trustees along with the suggestions raised by the CFC in the meeting held on 03.11.20.



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Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

- Stakeholder and public assurance around the receipt and expenditure of charitable funds by • Cardiff & Vale Health Charity on behalf of Cardiff and Vale University Health Board.
- Transparency and visibility of the Health Charity's fundraising activities and staff and public ٠ engagement, in line with governance requirements.

Recommendation:

The Board of Trustees is asked to review the report and consider the suggestions raised in the CFC meeting held on 03.11.20.

Shaping our Future Wellbeing Strategic Objectives This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report 1. Reduce health inequalities 6. Have a planned care system where demand and capacity are in balance 2. Deliver outcomes that matter to people √ 3. All take responsibility for improving our health and wellbeing √ 4. Offer services that deliver the population halth our citizens are ntitled to expect 9. Reduce harm, waste and variation sustainably making best use of the resources available to us 5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time 10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives Five Ways of Working (Sustainable Development Principles) considered
2. Deliver outcomes that matter to people √ 7. Be a great place to work and learn √ 3. All take responsibility for improving our health and wellbeing √ 8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology √ 4. Offer services that deliver the population halth our citizens are ntitled to expect 9. Reduce harm, waste and variation sustainably making best use of the resources available to us √ 5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time 10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives √
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care system that provides the right care, in the right place, first time provide an environment where innovation thrives
Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click <u>here</u> for more information
PreventionLong termIntegration \checkmark Collaboration \checkmark Involvement \checkmark
Equality and Health Impact Assessment Completed: Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.

 Kind and caring Caredig a gofalgar
 Respectful Dangos parch
 Trust and integrity Ymddiriedaeth ac uniondeb
 Personal responsibility Cyfrifoldeb personol

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Annual Report 2019-20



"We grow better tomorrow's when we plant good seeds today"

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You can find out more about us, the work we do, who we work with and and how you can get involved by visiting our website: www.healthcharity.wales

Introduction from the Chair of the Charitable Funds Committee



Firstly, I would like to say thank you to all our NHS colleagues who worked tirelessly during the Covid-19 pandemic to provide compassionate care to our patients.

Our fundraising year ended in March 2020 with lockdown measures in place to help save lives and protect our NHS. I am sure that I speak for everyone when I say we are so grateful for all that they have done, and continue to do so.

2019-20 was been another successful year for Cardiff & Vale Health Charity, supporting an ever-growing variety of patient and staff projects throughout Cardiff and Vale University Health Board.

Whilst the Health Charity is always looking at new and innovative ways to raise money, and relies on the support of our generous fundraisers, donors and volunteers, we continued to demonstrate a strong financial performance, generating an income of £1.38m.

The improved visibility of the Health Charity with new branding across our hospital sites, along with the introduction of a fundraising pod at the University Hospital of Wales; there is a greater awareness of the Health Charity across the organisation.

This year has seen the Health Charity team maximise on the success of annual events for their appeals. The Staff Lottery continues to grow, along with some new ventures such as the RHS Cardiff, Pride Cymru, Three Peaks Challenge and a Divas night.

Although the Health Charity spent £2.488m supporting numerous projects enhancing patient experience and staff wellbeing services across the Health Board, we have not been able to support all the projects that had applied for financial support as the Health Charity needs to work within the resources available.

Moving forward, the Charitable Funds Committee has been working to draft a Health Charity Strategy for 2019-25 and a calendar of events for the next twelve months. Due to the current Covid-19 pandemic, this will also include a series of 'virtual' events.

Finally, I would like to thank all our donors, patrons, trustees who have supported us throughout this year. My sincere gratitude to the members of the Health Charity team and the Comms team for their commitment and hard work to deliver these projects, and making the Health Charity a success.

Hope you will find the stories contained in the report as humbling, interesting and inspiring as I do.

Akmal Hanuk Chair of the Charitable Funds Committee

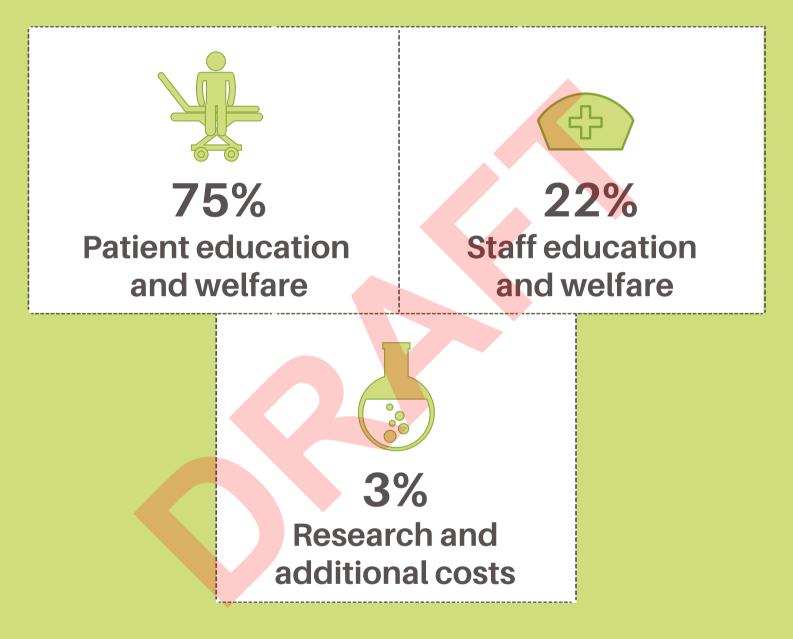
Our year at a glance

This year, you've helped to raise a total of £1.38 million pounds to help make things better.



How we've spent your money

This year, we've spent £2.12 million making things better for our patients and staff.



Fundraising Highlights

























April - June 2019



Cardiff and Vale University Health Board and Cardiff & Vale Health Charity won a Silver-Gilt medal and also Best Blossoming Bed at RHS Cardiff.

It was a real team effort to bring the Blossoming Bed to life with contributions from Men's Shed Cardiff, the activities team at Hafan y Coed Hospital, Natural Resources Wales, the Health Charity team and community volunteers.

Hundreds of people attended Cardiff Bay Barrage for the second Bed Push Challenge to support Doctors, Nurses, Allied Health, Professionals, Health Board Staff and supporters from Admiral Law who were all raising money for their local hospital wards and departments.

Fourteen teams took part in the Battle of the Beds, hoping to be crowned fastest team, racing their themed bed from one side of the barrage to the other.





First Minister, Mark Drakeford visited Our Orchard - Ein Berllan at University Hospital Llandough to plant a tree which will blossom and grow for the future.

Forget-Me-Not Productions took patients on Ward East 18 at University Hospital Llandough on a trip down the 1940s memory lane, on a reminiscence journey to help evoke memories of times gone by. East 18 is a dementia ward and when activities such as this take place on the ward, staff really notice a positive reaction from the patients.





Staff members Oliver Williams, Lisa Lewis and Jayne Catherall all took part in the Virgin London Marathon in 2019, raising money and awareness of the Health Charity.

July - September 2019



The Health Charity funded the increased frequency of the free Park and Ride Service from Pentwyn to the University Hospital of Wales. Instead of buses running every 20 minutes, they were increased to every 10 minutes.

The Health Charity has also funded the Park and Ride Service from Toys r Us Car Park to University Hospital Llandough. Both these services help to improve patient experience and make parking easier for both patients and staff.

Year 11 pupils from Ysgol Gymraeg Bro Morgannwg kindly volunteered their time to a project to improve one of the courtyard gardens in Barry Hospital.

The garden was transformed in a short space of time, with trees trimmed, bulbs planted, bee bombs scattered and weeding done. The finished result looked fantastic.





Fifteen people from all over South Wales took part in the first ever Health Charity Three Peaks Challenge. The team took in Cadair Idris, Snowdon and Pen Y Fan in 24 hours, all to raise money to make a difference to patients and staff.

Some new guests arrived at the University Hospital of Wales hundreds of bees have recently taken up residence in hives on the top of the Cochrane Building.

The hives will help the Health Board and Cardiff University, along with assistance from New Link Wales Buzzin' Project to work together to help make super honey as part of the WellBeeing Project.





A new pod landed at the University Hospital of Wales. The pod, which will act as a Health Charity hub, is located in the concourse to help those who wish to find out more information about the official Health Board charity and for staff to find out how to apply for charitable funds.

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October - December 2019



The Health Charity held its second Blue Tie Ball at Mercure Holland House Cardiff raising funds for the Prop Appeal which supports brain injury patients at Rookwood Hospital.

Almost 300 people attended the event. Former patients, staff, families and supporters wore blue ties and blue evening dresses to show their support to The Prop Appeal.

The Health Charity held its annual Pink Tie Gala Dinner at Cardiff Marriott raising funds for The Breast Centre Appeal which supports breast cancer patients with their recovery.

Almost 200 people attended the event, including former patients, staff, families and supporters came along wearing pink ties and pink evening dresses to raise money and show their support to The Breast Centre Appeal.





The Breast Centre at University Hospital Llandough teamed up with Splash Central to provide free swim and exercise sessions for those who have had surgery for breast cancer.

As part of the ongoing strategy to reduce waste across the Health Board, the Health Charity funded recycling bins for crisp packets which were introduced by the Capital, Estates and Facilities Team. The scheme, in conjunction with Terracycle, means that income received from recycling crisp packets will be donated back to the Health Charity.





The Health Charity was delighted to announce a new partnership with Nathaniel Cars to provide exclusive benefits to Cardiff and Vale University Health Board employees.

January - March 2020

The Health Charity launched its new website, which was updated to a fresh, modern design. The new look and feel site provides a better understanding of what the Health Charity does. The website now supports online payments for events, purchases and ticketing, making financial transactions much easier for donors and event participants.





The Staff Lottery MegaDraw delighted one lucky winner, Michelle Cawley, with a mega prize of £10,000. Michelle, who works in the Short Stay Surgical Unit at the University Hospital of Wales was delighted to win the prize said: "I'm totally choked. I don't normally get good news, thank you so much to the Health Charity for this win."

Caring during Covid-19 #SpreadTheLove

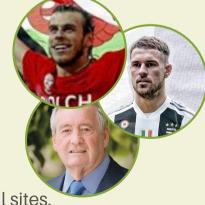


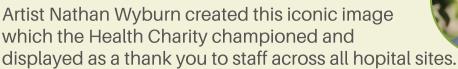
The Health Charity responded quickly to this unprecedented crisis by setting up a Justgiving campaign called #SpreadTheLove. Supermarkets set up donation points where the public could donate food, drinks, snacks and essentials. The Health Charity made contact with individuals, businesses, organisations and suppliers to ensure that frontline staff received food, drinks, snacks and essentials to help with staff wellbeing and welfare.

The Health Charity set up Staff Havens at University Hospital of Wales and University Hospital Llandough, where staff could take some time out from their wards and departments, to rest and recuperate during the Covid-19 pandemic.

The Health Charity received a number of large donations in April 2020 to the #SpreadTheLove campaign.

These large donations came from Gareth and Emma Bale, Aaron Ramsey and Sir Stanley Thomas, all to help staff on the frontline during Covid-19.







10/40

Beautiful rainbow pictures were sent in to staff by local school children to help boost morale. The Health Charity helped display these images on wards throughout the Health Board.

Annual Accounts 2019-20

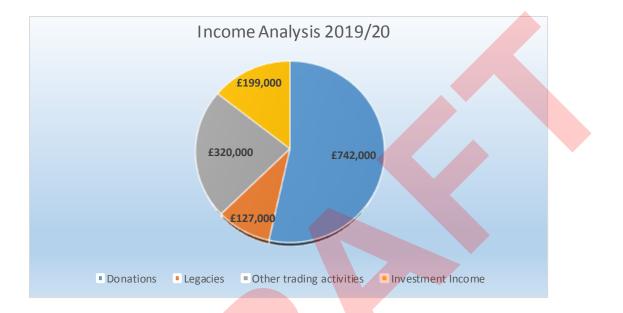
Financial Achievements and Performance

Income Summary

Incoming resources for the year 2019/20 totalled \pounds 1.388m which represents a decrease of \pounds 0.612m from the previous financial year.

The Charity's income was generated from donations, legacies, investment income and other trading activities.

Income Analysis



Donations (53% - £0.742m)

The Charity is very grateful to have received donations of £0.742m to help us achieve our goals and objectives.

Legacies (9% - £0.127m)

The Charity received £0.127m in legacies. We are extremely grateful to those individuals who remembered our wards and departments in their will.

Other Trading Activities (23% - £0.320m)

The Charity generated £0.245m from the Cardiff and Vale Staff Lottery and a further £0.075m from other trading activities.

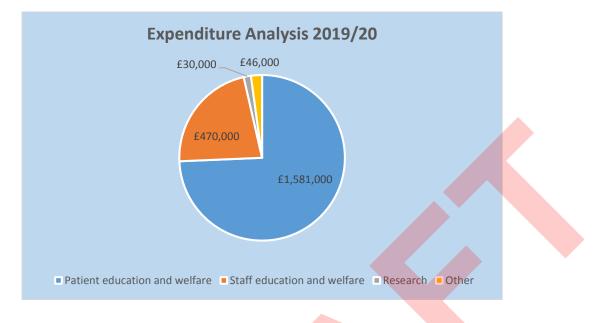
Investment Income (15% - £0.199m)

Dividends and Interest from the Charity's Investment Portfolio was £0.199m)

Expenditure Summary

In 2019/20 expenditure on charitable activities was £2.127m. This included patient education and welfare, staff education and welfare, research and other expenditure.

Expenditure Analysis



Investments and Performance

During 2019/20 the Charity had market value losses of £0.615m.

Overall financial position

The overall value of the Charity as at 31^{st} March 2020 has decreased from an opening balance of £10.679m to £8.957m. This movement of £1.722m is represented by net expenditure of £1.100m, investment losses of £0.615m and asset revaluation of £0.007m.

The Charity

The Health Charity was created on 3rd June 1996 by Declaration of Trust and following reorganisations of health services, was amended by Supplementary Deed on 12th July 2001 and 2nd December 2010. Cardiff and Vale University Local Health Board (UHB) is the Corporate Trustee for the Health Charity. The UHB delegates responsibility for the management of the funds to the Charitable Funds Committee. The aim of the Corporate Trustee (Trustee) is to raise and use charitable funds to provide the maximum benefit to the patients of Cardiff and Vale UHB and associated local health services in Cardiff and the Vale of Glamorgan, by supplementing and not substituting government funding of the core services of the NHS.

Registration

The Charitable Funds held by the Cardiff and Vale NHS Trust transferred to the Cardiff and Vale UHB by virtue of Statutory Instrument 2009 No. 1558 The National Health Service Trusts (Transfer of Staff, Property, Rights and Liabilities) (Wales) order 2009. The supplemental deed dated 2nd December 2010 formally changed the name of the Health Charity to Cardiff and Vale University Local Health Board General Purpose Charity – Registered Charity number 1056544. The Health Charity has a number of constituent charities and these are listed below:

- Catherine Jenkins
- Education and Training General Charity
- Rookwood Hospital Charity
- Rookwood Hospital General Charity
- Research and Development General Charity
- Staff and Patient Welfare and General Charity
- Training Research and Education Fund
- UHW General Charity

The registration also encompasses Cardiff and Vale University Health Board (Expendable Funds) Common Investment Fund. This combines the funds of the Health Charity into one pool for investment purposes.

Constitution

Cardiff and Vale University Local Health Board holds charitable funds as sole corporate trustee and the board members of the Health Board are jointly responsible for the management of those charitable funds. The membership of the board was as follows at the time the annual report was approved.

Independent Members

Maria Battle Charles Janczewski Akmal Hanuk Dawn Ward	Chair until 5 th August 2019 Interim Chair from 6 th August 2019 Independent Member – Local Community Independent Member – Trade Union
Eileen Brandreth	Independent Member – Information, Communication and Technology
Prof Gary Baxter	Independent Member – University
John Union	Independent Member - Finance
John Antioniazzi	Independent Member – Estates until 31 st October 2019
Sara Moseley	Independent Member – Third Sector
Michael Imperato	Independent Member – Legal Interim Vice Chair from 9 th October 2019
Susan Elsmore	Independent Member – Local Authority
Rhian Thomas	Independent Member – Capital & Estates (From 1 st February 2020)
Officer Members	
Leonard Richards	Chief Executive

Graham Shortland Dr Sharon Hopkins

Fiona Kinghorn Robert Chadwick Stuart Walker Martin Driscoll

Abigail Harris Dr Fiona Jenkins Ruth Walker

Steve Curry Nicola Foreman Jonathan Gray Peter Durning Chief Executive Medical Director until 18th April 2019 Director of Transformation and Informatics and Deputy Chief Executive until 23rd June 2019. Director of Public Health Executive Director of Finance Executive Medical Director from 17th July 2019 Director of Workforce and OD. Deputy Chief Executive from 1st November 2019. Executive Director of Planning Executive Director of Therapies and Health Sciences Executive Director of Nursing

Chief Operating Officer Director of Corporate Governance Director of Transformation from 2nd December 2019 Interim Executive Medical Director April 19th – 16th July 2019

Charitable Funds Committee

The Committee is empowered with the responsibility to:

- Control, manage and monitor the use of the funds resources for the public benefit, having regard for the guidance issued by the Charity Commission
- Agree Governance arrangements for standards and monitoring
- Review strategy to maximise benefits to the Health Charity
- Determine the Health Charity's investment strategy
- Agree expenditure plans
- · Determine fundraising objectives and strategy

The members of the committee who served during 2019/20 are listed below:

Akmal Hanuk	Committee Chair and Independent Member Community					
Fiona Jenkins	Executive Director of Therapies and Health Science					
John Union	Independent Member Finance					
Maria Battle	Chair – Cardiff and Vale Health Board					
Martin Driscoll	Executive Director of Workforce and OD					
Nicola Foreman	Director of Corporate Governance					
Charles Janczewski	Interim Chair - Cardiff and Vale Health Board					
Ruth Walker	Executive Director of Nursing					

Charitable Funds

Our Charity is made up of more than 300 different funds, each with a specific purpose whether for research, training or for a specific area of a hospital or department. All money received is allocated to these funds. The general purpose fund is used where the donor wishes the Charity to allocate money to support projects and activities most in need of support across the whole of the UHB. Each fund is managed by a specialist fund holder – generally a specialist in the particular field relevant to the fund. The Charity is responsible for providing guidance, financial information and advice to fund holders.

We manage three types of funds:

Unrestricted funds – these are general funds and are those funds that may be spent at the discretion of the Trustees to enhance the services across the UHB

Restricted funds – these can only be spent in accordance with the restrictions imposed when the funds were donated, granted or raised by the Charity.

Endowment funds – where capital funds are made available to our Charity and the Trustees are legally required to invest or retain them. Where a permanent endowment exists, Trustees have no automatic power to spend the capital. If the fund is an expendable endowment, trustees have the power to convert capital to income.

The day to day administration of funds is undertaken by:

Charitable Fund Department, Cardiff and Vale University Health Board 2nd Floor, Woodland House, Cardiff, CF14 4HH

Investment Risk Management

The Investment Management Company screen the investments prior to purchase for compliance with the ethical policy. In addition existing holdings are screened on a regular basis to ensure continued compliance. If the fund were to purchase a position in a holding which did not comply and was identified as part of the post purchase process, the investment would be subsequently sold.

The portfolio does not have investments in companies whose principal manufacturing activities are tobacco, alcohol, armaments and pornography / adult entertainment related. This includes common investment funds (and similar products) that incorporate these in their portfolio.

Reserves Policy

The strategy of the Corporate Trustee is to apply charitable funds within a reasonable time of receipt, ideally within one to two years, unless there are specific requirements attached to income. Historically, the level of expenditure has been generally approximated to the level of income, with greater than required reserves held to manage any fluctuations.

The current reserves policy states that the Charity should hold the following reserves:

- A separate fixed asset investment reserve, based on 10% of the value fixed asset investments (circa £550,000)
- A minimum of £500,000 to ensure that there is sufficient funds for on-going commitments

From a process point of view there is no individual fund that holds all the reserves, however the current level of reserves is considered more than adequate for current needs. Going forward the Charity will review the reserves policy to reflect any changes to the Charity's financial position.

Investment Contract Risk

Cardiff and Vale Health Charity currently has a contract with Cazenove Capital Management which was awarded in September 2015 for an initial period of two years with an option to extend for a further two years. The Charitable Funds Committee agreed to exercise the option of extending the contract for a further two years to September 2019. The current contract has been extended to October 2020.

The Charity seeks to maximise the total return on funds while adopting a conservative policy on risk and flexible structure in respect of Asset Class Distribution. The portfolio is structured to enable a range of investments in order to yield a competitive rate of return. The investment director has delegated authority to purchase and sell investments as market opportunities arise. The Investment Managers formally attend and report to the Charitable Funds Committee twice a year.

Financial Control Risk

A financial control procedure, expenditure guideline, governance framework and strategy have been developed to ensure that there are sufficient management controls in place to:

- Ensure that spending is in accordance with objects and priorities agreed by the Charitable Funds Committee
- Ensure the criteria for spending charitable monies are fully met
- Ensure that accounting records are maintained
- Ensure devolved decision making is within specific parameters.

Internal Audit also undertakes annual reviews to evaluate the adequacy of procedures and controls, to ensure compliance and to provide reasonable assurance over:

- · Achievement of management objectives for the systems
- Economic and efficient use of resources
- Compliance with policies and procedures
- Safeguarding of assets

The Internal Audit reports are presented to both the Charitable Funds Committee and the Audit Committee, and this is a key measure in mitigating control risk.

Advisors

Bankers	Government Banking Service Southern House 7th Floor Wellesley Grove Croydon CF9 1WW
Investment Managers	Cazenove Capital Management 12 Moorgate London EC2R 6DA
External Auditors	Auditor General for Wales 24 Cathedral Road Cardiff CF11 9LJ
Internal Auditors	NWSSP Internal Audit Department 1st Floor, Woodland House Cardiff CF14 4HH
VAT Advisors	Ernst & Young LLP The Paragon Counterslip Bristol BS1 6BX

CARDIFF & VALE HEALTH CHARITY ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

Foreword

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

Statutory Background

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

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

Main Purpose of the Funds Held on Trust

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

Statement of Financial Activities for the year ended 31st March 2020

	Note	Unrestricted funds £000	Restricted funds £000	Endowment funds £000	Total 2019-20 £000
Incoming resources from generated funds:		2000	2000	2000	2000
Donations and Legacies	3	670	199		869
Other trading activities	4	11	309		320
Investments	5	139	59	1	199
Total incoming resources		820	567	1	1,388
Expenditure on :					
Raising funds	6	206	155		361
Charitable activities	7	1,796	310	21	2,127
Total expenditure		2,002	465	21	2,488
Net gains / (losses) on investments	13	-523	-89	-3	-615
Net income / (expenditure)	-	-1,705	13	-23	-1,715
Transfer between funds		92	-91	-1	0
Net movement in funds	-	-1,613	-78	-24	-1,715
Gains / (losses) on revaluation of fixed assets	12			-7	-7
Reconciliation of Funds		-1,613	-78	-31	-1,722
Total Funds brought forward as at 1 April 2019	19	6,145	1,991	2,543	10,679
Total Funds carried forward as at 31 March 2020		4,532	1,913	2,512	8,957

The notes on page 22 - 36 form part of these accounts.

Cardiff and Vale University Local Health Board Charities Accounts 2019/20

Statement of Financial Activities for the year ended 31st March 2019

		Unrestricted funds	Restricted funds	Endowment funds	Funds Total
	Note	£000	£000	£000	2018/19 £000
Incoming resources from generated funds					
Donations and Legacies	3	947	525	0	1,472
Other trading activities	4	3	318	0	321
Investments	5	145	61	1	207
Total incoming resources		1,095	904	1	2,000
Expenditure on :					
Raising funds	6	211	157	0	368
Charitable activities	7	983	511	22	1,516
Total expenditure		1,194	668	22	1,884
Net gains / (losses) on investments	13	237	98	2	337
Net income / (expenditure)		138	334	-19	453
Transfer between funds		10	-6	-4	0
Net movement in funds		148	328	-23	453
Gains / (losses) on revaluation of fixed assets	12			43	43
Reconciliation of Funds		148	328	20	496
Total Funds brought forward as at 1 April 2018	19	5,997	1,663	2,523	10,183
Total Funds carried forward as at 31 March 2019		6,145	1,991	2,543	10,679

Cardiff and Vale University Local Health Board Charities Accounts 2019/20

Balance Sheet as at 31 March 2020

	Note	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total 31 March 2020 £000	Total 31 March 2019 £000
Fixed assets:						
Tangible Assets	12			2,476	2,476	2,503
Investments	13	3,929	1,534	36	5,499	6,114
Total fixed assets		3,929	1,534	2,512	7,975	8,617
Current assets:						
Debtors	14	135	42		177	498
Cash and cash equivalents	15	849	366		1,215	1,848
Total current assets		984	408	0	1,392	2,346
Liabilities:						
Creditors: Amounts falling due within one year	16	381	29		410	284
Net current assets / (liabilities)		603	379	0	982	2,062
Total net assets/ (liabilities)		4,532	1,913	2,512	8,957	10,679
The funds of the charity:						
Endowment Funds	19			36	36	40
Revaluation Reserve	19			2,476	2,476	2,503
Restricted income funds	19		1,913		1,913	1,991
Unrestricted income funds	19	4,532			4,532	6,145
Total funds		4,532	1,913	2,512	8,957	10,679

Director of Finance

Mr Robert Chadwick

Date.....

The notes on page 22 - 36 form part of these accounts.

Statement of Cash Flows for the year ending 31 March 2020

	Note	Total Funds 2019-20 £000	Total Funds 2018-19 £000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	17	-832	-270
Cash flows from investing activities: Dividend, interest and rents from investments Movement in Investment Cash Proceeds from the sale of investments Purchase of investments	5 13 13	199 -73 727 -654	207 104 1,570 -974
Net cash provided by (used in) investing activities		199	907
Change in cash and cash equivalents in the reporting period		-633	637
Cash and cash equivalents at the beginning of the reporting period	15	1,848	1,211
Cash and cash equivalents at the end of the reporting period	15	1,215	1,848

The notes on page 22 - 36 form part of these accounts.

NOTES TO THE ACCOUNTS

1. Accounting policies

a) Basis of Preparation

The financial statements have been prepared under the historic cost convention, with the exception of tangible fixed assets and investments which have been included at a valuation.

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

The accounts (financial statements) have been prepared to give a "true and fair" view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a "true and fair view". This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended practice effective from 1 April 2005 which has since been withdrawn.

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

In future years, the key risks to the Charity are a fall in income from donations or a fall in investment income but the Trustees have arrangements in place to mitigate those risks (see the Investment Risk Management and Reserves Policy sections of the annual report for more information).

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

- **b)** Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:
 - A restricted fund or
 - An endowment fund

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where the trustees have the discretion to spend the capital (expendable) and those where there is no discretion to expend the capital (permanent endowment). Those funds which are neither endowment nor restricted income fund, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the trustees' discretion, including the general fund which represents the charity's reserves.

c) Incoming resources

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

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

d) Income resources from legacies

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

Receipt is probable when:

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

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

e) Income resources from endowment funds

The incoming resources received from the invested endowment fund are wholly restricted.

f) Resources expended and irrecoverable VAT

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

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably. Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

A constructive obligation arises when:

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

The Trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees and any of the above criteria have been met then a liability is recognised. Grants are not usually awarded with conditions attached. However, when they are then those conditions have to be met before the liability is recognised.

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

g) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs are apportioned on an average fund balance basis.

h) Fundraising costs

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

i) Charitable Activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 7.

j) Debtors

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

k) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in 90 day notice interest bearing savings accounts.

I) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt. Amounts which are owed in more than a year are shown as long term creditors.

m) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value (or purchase date if later).

n) Fixed Assets

Investments are stated at market value at balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year. Tangible fixed assets are valued at current cost as follows:

- The land and buildings in respect of Rookwood Hospital was revalued as at 1st April 2017, and the revaluation reflected the restriction to hospital use only. Where appropriate between valuations an appropriate index, supplied from the Welsh Government, is applied to revalue the asset.
- ii) Assets in the course of construction are valued at current cost.
- iii) Capitalisation threshold is £5,000
- iv) Movements in revaluation are recorded in the revaluation reserve on the balance sheet

Professional valuations are carried out by the District Valuer Service every five years, which (as the commercial arm of the Valuation Office Agency) is part of HMRC. The valuations are carried out in accordance with Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual insofar as these terms are

consistent with the agreed requirements of the Welsh Government and HM Treasury. Movements in revaluations are recognised in the Revaluation Reserve.

Depreciation

- Depreciation is charged on each main class of tangible asset as follows: land and assets in the course of construction are not depreciated. Buildings, installations and fittings are depreciated on their revalued amount over the assessed remaining life of the asset as advised by the professional valuers;
- ii) Impairments, where incurred in the year, are separately identified in note 7 and charged to the funds of the charity where caused by price fluctuations and to the Statement of Financial Activities for the year when the impairment was recognised.
- iii) The estimated remaining life of the assets are split between engineering (15 years) and structure (45 years).

Donated Assets are capitalised at their valuation on full replacement cost basis on receipt and are revalued and depreciated as described above.

2. Related party transactions

Cardiff and Vale University Local Health Board is the Corporate Trustee of the Charity.

During the year, other than noted below, there are no other material related party transactions involving the Corporate Trustee, board members or senior key management staff.

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

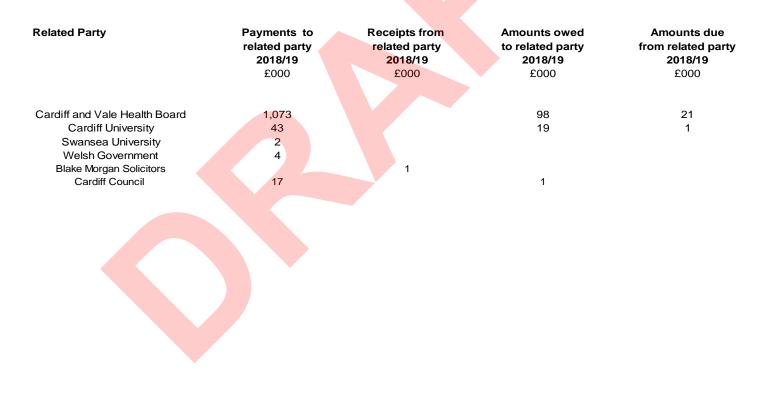
The Local Health Board has close links with Cardiff University which includes the sharing of staff as well as sharing accommodation on the University Hospital of Wales Site.

The table below relates to the related party financial transactions for financial year 2019/20.

Related Party	Income related party 2019/20 £000	Expenditure related party 2019/20 £000	Amounts owed to related party 2019/20 £000	Amounts due from related party 2019/20 £000
Cardiff Council		1		5
Cardiff and Vale Health Board		955	310	27
Cardiff University		44		1

Board Member	Related Party Relationship
Susan Elsmore	Cabinet Member for Social Health Care and Wellbeing for the City of Cardiff Council
Eileen Brandeth	Director of Information and Technology at Cardiff University
Len Richards	Independent Member of Cardiff University
Prof Gary Baxter	Pro Vice Chancellor College of Biomedical Life Sciences

The table below relates to the related party financial transactions for financial year 2018/19. The format of the note was changed for 2019/20 consistent with the LHB's revenue accounts. The tables for receipts and payment were replaced with income and expenditure for 2019/20.



3.Income from donations and legacies

	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total 2019-20 £000	Total 2018-19 £000
Donations	569	173		742	732
egacies	101	26		127	740
	670	199	0	869	1,472

4.Other trading activities

		Restricted		Total	Total
	Unrestricted	Income	Endowment	2019-20	2018-19
	funds	funds	funds		
	£000	£000	£000	£000	£000
Staff lottery		245		245	242
Other trading	11	64		75	79
	11	309	0	320	321
5.Gross investment income		Restricted		Total	Total
	Unrestricted	Income	Endowment	2019-20	2018-19
	funds	funds	funds		
	£000	£000	£000	£000	£000
Fixed asset equity and similar	131	56	1	188	198
investments.					
Short Term Investments	8	3		11	9
Deposits and cash on deposit					
	139	59	1	199	207
6. Anaysis of expenditure on raising funds		Restricted		Total	Total
	Unrestricted	Income	Endowment	2019-20	2018-19
	funds	funds	funds		
	£000	£000	£000	£000	£000
Fundraising office	189	81		270	266
Fundraising events		67		67	78
Investment management fees	17	7		24	24
	206	155	0	361	368

7. Analysis of charitable activity

	Activities taken £000	Support costs £000	Total 2019-20 £000	Total 2018-19 £000
Patient education and welfare	1,484	97	1,581	1,073
Staff education and welfare	457	13	470	367
Research	28	2	30	45
Other	24	2	26	11
Depreciation	20		20	20
-	2,013	114	2,127	1,516

8. Grants

The charity does not make grants to individuals or the Health Borad. The charity does operate a Charitable Funds Bids Panel which approves grants to the Third Sector on an annual basis.

During 2019/20 £0.033m was approved by the Charitable Funds Committee. During 2018/19 the Charity approved a sum of £0.025m to the Third Sector.

The table below provides the details of the grant payments.

Organisation	2019/20 £000	2018/19 £000
GLAMORGAN VOLUNTARY SERVICES	33	
RECOVERY CYMRU COMMUNITY		3
WALES COUNCIL FOR DEAF PEOPLE		2
CRUSE BEREAVEMENT CARE		4
CHURCH ARMY		7
ADHD		4
THE GOOD GYM LTD		5
Total	33	25

9. Allocation of support costs

	Raising funds £000	Charitable activities £000	Total 2019-20 £000	Total 2018-19 £000
Governance				
External audit (WAO)	0	10	10	10
Internal Audit	0	10	10	10
Investment Management Fees	24	0	24	24
Total governance	24	20	44	44
Finance and administration		94	94	94
	24	114	138	138
		Restricted		Total
	Unrestricted	Income	Endowment	Funds
	funds	funds	funds	2019-20
	£000	£000	£000	£000
Raising funds	17	7	0	24
Charitable activities	80	34	0	114
	97	41	0	138

10. Trustees' remuneration, benefits and expenses

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

11. Auditor's remuneration

The auditor's remuneration of £10,000 (2018/19:£10,000) relates to the audit of the statutory annual report and accounts only.

12. Tangible fixed assets

	Freehold Land	Freehold Land
	and Buildings	and Buildings
	2019/20	2018/19
	£000	£000
Cost or valuation		
Opening Balance	2,543	2,500
Additions	0	0
Revaluations	-7	43
Disposals	0	0
Impairments	0	0
Closing Balance	2,536	2,543
Accumulated depreciatio	<u>n</u>	
Opening Balance	40	20
Disposals	0	0
Revaluations	20	0
Impairments	0	0
Charge for year	0	20
Closing Balance	60	40
Opening NBV	2,503	2,480
Opening NBV	2,503	2,480

Rookwood Hospital is the only Tangible Fixed Asset recognised in "Freehold Land and Buildings"

13. Fixed asset investments

Movement in fixed	assets investments
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	Investments Listed on Stock Exchange £000	Cash Held in Investment Portfolio £000	Total 2019-20 £000	Total 2018-19 £000
Market value brought forward Add: additions to investments at cost	5,855 654	259	6,114 654	6,477 974
Less disposals at carrying value	(725)		(725)	(1,454)
Add any gain / (loss) on revaluation Movement of cash held as part of the	(617)		(617)	221
investment portfolio		73	73	(104)
Market value as at 31st March 2020	5,167	332	5,499	6,114

The loss on revaluation relates to the unrealised loss, however the overall loss of £0.615m, as shown in the Statement of Financial Activities is calculated by also adjusting for realised Gains of £0.002m. (2018/19 £0.116m).As at 31st March 2020 the following investment was considered material:UBS ETF MSCI USA Socially Responsible ETF. This holding represents 9.7% of the total portfolio.

The impact of Covid-19 on economic activity and financial markets has been significant with meaningful volatility in both directions. The key risk going forward is a potential return of the virus, resulting in another shut down towards the end of the year. In economic terms this would lead to a double dip recession with businesses closing again as restrictions on movement are re-imposed (resulting in a W shaped recovery). In either scenario a vaccine is expected to be developed and deployed by Q2 2021, allowing for a resumption of normal activity in Q3.

Recent volatility has shown the value of Cardiff and Vale's diversified portfolio, with the allocation towards alternatives assets and government bonds helping to provide some protection. Against the long term strategy the portfolio is marginally underweight equities. Volatility is likely to persist, however financial support from central banks and governments should help equity markets over the medium-term. The equity exposure is highly diversified across different sectors and geographies. To provide differentiated sources of returns, the portfolio is overweight to alternatives, such as infrastructure and gold. The portfolio holds a tactical cash holding weighting to allow for the investment advisors to take advantage of further volatility. The Cardiff and Vale Charity is being managed in line with other Charities at Cazenove Capital with a similar risk mandate.

The Charity's investment are handled by investment advisors appointed by the Charity, using the appropriate Health Board purchasing contract process. The Charity operates an investment policy that provides for a high degree of diversification of holdings within investment asset classes. A large proportion of investments are made with companies listed on a UK stock exchange or incorporated in the UK. The majority of expenditure is financed from donations and legacies and therefore the Charity is not exposed to significant liquidity risk. The Investment Management Company attends the Charitable Funds Committee twice a year to discuss all aspects of investment performance and the factors influencing the performance.

14. Analysis of current debtors

Debtors under 1 year	Total 31 March 2020 £000	Total 31 March 2019 £000
Other debtors	5	15
Prepayments	57	53
Accrued Income	115	430
	177	498
Total debtors	177	498

15. Analysis of cash and cash equivalents

	31 March 2020 £000	31 March 2019 £000
Cash in hand	1,215	1,848
	1,215	1,848
16. Analysis of liabilities		
	Total	Total
	31 March	31 March
	2020	2019
	£000	£000
Creditors under 1 year		
Other creditors	383	245
Accruals	27	39
	410	284
Total creditors	410	284

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

	Total 2019-20 £000	Total 2018-19 £000
Net income / (expenditure) (per Statement of	(1,715)	453
Financial Activities)		
Adjustment for:		
Depreciation charges	20	20
(Gains) / losses on investments	615	(337)
Dividends, interest and rents from investments	(199)	(207)
(Increase) / decrease in debtors	321	(260)
Increase / (decrease) in creditors	126	61
Net cash provided by (used in) operating activities	(832)	(270)

18. Role of volunteers

Cardiff and Vale Health Charity continue to be extremely grateful to all the volunteers who support fundraising with so much energy, passion, and skill. The Charity could not achieve all their objectives without the on-going commitment of the volunteers to make such a difference to patients and staff.

The Charity aims to work more closely with Health Board volunteers in order to develop more specific Charity Champion roles, including supporting our runners at the Cardiff Half Marathon and supervising the charity collection tins. In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

19. Analysis of Funds

	Balance 1 April 2019 £000	Income £000	Expenditure £000	Transfers £000	Gains and Iosses £000	Balance 31 March 2020 £000	
enkins	40	1	(1)	(1)	(3)	36	
	40	1	(1)	(1)	(3)	36	

b. Analysis of restricted and material designated fund movements

	Balance 1 April 2019 £000	Income £000	Expenditure £000	Transfers £000	Gains and Iosses £000	Balance 31 March 2020 £000
Cystic Fibrosis Better Life Appeal Fund	382	102	(8)			476
Phillips Legacy - Asthma Research	207	7	(5)			209
Breastcare Unit - General Purpose	193	115	(86)			222
May Legacy - Asthma Research	142	4	(3)			143
Murphy Legacy (Morfa Day Unit - General Purpo	101	3	(14)			90
Childrens Telemetry Appeal (General Purpose)	92	4	(2)			94
Chidgey Legacy	89	3	(2)			90
Gould Legacy (Haematology)	82	11	(2)			91
Gould Legacy (Bone Marrow Unit)	82	11	(2)			91
Bone Marrow Transplant Appeal	77	7	(2)			82
Other	544	300	(339)	(91)	(89)	325
_	1, <mark>991</mark>	567	(465)	(91)	(89)	1,913

c. Analysis of unrestricted and material designated fund movements

	Balance				Gains	Balance
	1 April	Income	Expenditure	Transfers	and	31 March
	2019				losses	2020
	£000	£000	£000	£000	£000	£000
Unrestricted Delegated	1,280		-475		-523	282
Unresticted Non Delegated	444		-315			129
Hughes Legacy (Cardiology)	318	10	-22			306
UHW Nurses	249	45	-15			279
Biggs Legacy Cardiac Research	150	4	-42			112
Geriatric Research (UHW)	134	4	-3			135
Leukaemia & Lymphona	127	20	-3			144
UHW Patients General	122	4	-10			116
Haematology Day Unit	106	16	-12			110
Cardiff & Vale Teenage Cancer Ward	50	32	-1			81
Other	3,165	685	-1,104	92		2,838
	6,145	820	-2,002	92	-523	4,532

d. Revaluation Reserve

	Balance 1 April 2019 £000	Income £000	Expenditure (Depreciation) £000	Transfers £000	Gains and Iosses £000	Balance 31 March 2020 £000
Rookwood	2,503		-20		-7	2,476
	2,503	0	-20	0	-7	2,476

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Additional Notes

20. Commitments

	2019/20	
	£000	
The funds have the following commitments:		
Charitable projects		
Total	1,182	Þ
Name of commitment	£000	
Horatio's Garden (CFC16/143) (1-3 Years)	500	
Employee Wellbeing (CTM 19/06/008) (1-3 years)	125	
Staff Recognition Awards (CFC 18/052) (4 Years)	20	
Disposal of Rookwood (CTM 19/06/009) (1-2 Years)	155	
UHB Transport Solutions (CT/19/03/007) (1-3 years)	382	
	1,182	

2010/20

21. Donated Assets

During the year the Charity purchased assets to the value of £0.061m. These are included in the Charity's Statement of Financial Activities and are classified as Donated Assets in the LHB Financial Statements.

22. Post Balance Sheet Events

The financial statements are required to reflect the conditions applying at the end of the financial year. Therefore no adjustments are made for any changes in fair value of investments between 31 March 2020 and the date the financial statements are approved. The fair value of the investments held by the Charity at 31st Match 2020 has changed in the intervening period as follows:

	31 March 2020	December 2020		
	£000	£000		
Investment	5,499			

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As Financial Trustee of the funds held on trust I am responsible for:

- the maintenance of financial records appropriate to the activities of the fund(s).
- the establishment and monitoring of a system of internal control.
- the establishment of arrangements for the prevention of fraud and corruption.
- the preparation of annual financial statements which give a true and fair view of the funds held on trust and the results of their operations.

.....On behalf of Financial Trustee

STATEMENT OF TRUSTEE RESPONSIBILITIES

IN RESPECT OF THE ACCOUNTS

The trustee is required to prepare financial statements for each financial year which give a a true and fair view of the charity's financial activities during the year and of its financial position at the end of the year. In preparing financial statements giving a true and fair view, the trustee should follow best practice and:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;

• state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements; and • prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustee is responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the charity and which enable them to

ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations and the provisions of the trust deed. The trustee is responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustee confirms that they have complied with the above requirements in preparing the accounts.

By order of the trustee

Signed:

Report Title:	Charitable Fur	nds Committee – C	chair's Report				
Meeting:	eting: Board of Trustee				Meeting Date: 17/11/202		
Status:	For Discussion	For Assurance	For Approval	For Informatio		X	
Lead Executive:	Committee Ch	nair and Independe	ent Member - C	ommunity	/		
Report Author (Title):	Corporate Gov	vernance Officer					
SITUATION							
To provide the Boa Committee held or		ith a summary of ke 2020.	y issues discus	sed at Cha	aritable Funds		
GARETH BALE F	UND - PROPOS	SALS					
The following bids	were discussed	by the Committee:					
Bid 1 – Safer and I	mproved Ward B	Environments for Pa	atients and Staf	f – UHW			
Bid 2 – Safer and I	mproved Ward E	Environments for Pa	atients and Staf	f – UHL			
BID 3 – COVID Me	emorial Garden S	Spaces <mark>at UHL</mark> , UH	W, C <mark>RI, St</mark> Dav	id's and Ba	arry Hospital		
BID 4 – Conscious	Inclusion						
BID 5 – Proactive	Wellbeing Suppo	ort for Staff and Mar	nagers				
BID 6 – St David's	Children Centre	e Environmental Imp	rovements Pos	t COVID			
BID 7 – COVID-19 Patient Experience Support Project							
BID 8 – SSSU Cha	anging Room Re	furbishment					
BID 9 – Recovery	and Wellbeing C	College Senior Peer	Trainer				
BID 10 – Keeping	me Well and Red	covery from COVID					
BID 11 – Provide a	a Staff Haven at	UHW					
		e Committee but it v would be looked at	•				
Bids 5, 10 and 11 of Trustee meeting		for the Bale Fund a	and would go fo	orward to th	ne Special Bo	ard	

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Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board 107/110 The total cost of the three bids would be approximately £564,000 and it was agreed that it would be good to be able to completely cover the three bids from the donation so enquiries would be made to clarify the costs.

ART PROGRAMME FUND – PROPOSALS

The Committee was advised that:

- Match funding of £59,494 had been agreed which was the amount needed to secure funding from the Arts Council in Wales;
- Arts Fund Ring Fenced Monies at £70k per annum. £70k agreed for one year and the Committee to reconsider at a later date for years 2 and 3 – depending on availability of funds.

The Committee noted the activity and achievements of the Arts Programme to date. There is possibility to provide funding from the "Make it Better" charitable fund and dormant funds and it was agreed that funding options should be explored in order for the Arts Programme to continue to benefit the wellbeing of patients, their families and our staff.

SURGICAL CLINICAL BOARD APPLICATION FOR ENDOWMENT FUND SPEND

This item was brought to Committee for sign off as it exceeded £25,000. The Committee was advised that all criteria had been met and approved the item.

HEALTH CHARITY FINANCIAL POSITION UPDATE – PERIOD ENDED 30th September 2020

The Committee was advised that financial performance for the 1st part of the year had been quite strong and was ahead of the previous 2 years at the same point and that moderate growth was expected for the remainder of the year.

The Committee noted the financial position of the charity, the latest income position and the commitments against general reserves and actions being taken to mitigate these financial risks.

BENEFITS AND OUTCOMES FROM COVID-19 FUNDS AND ACTION TAKEN

Committee was advised that all money had been allocated except for £40,000 in the over £25,000 allocation as well as the £50,000 received previously.

Bidding for money from 'NHS charities together' is a possibility.

The Committee agreed a temporary cut-off date for further applications of the 03.11.20 until further COVID funding was available.

UPDATE OF THE HEALTH CHARITY PARTNERSHIP WITH THE CHANGE ACCOUNT

Committee was advised that the Change Account is no longer in operation and there is an ongoing investigation by the Financial Services Authority into a company used by it.

The Committee was informed that the Change Account are looking at rebranding themselves as



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well as updating their offer.

It was noted that the priority is to safeguard staff and that information around Change Account has been removed from the CAV UHB website.

When a new offer is received this will be taken to the Staff Benefits group and the Committee agreed to review in 6 months to see if a new offer has been received that will be beneficial to staff.

REPORTING FEEDBACK ON SUCCESSFUL CFC BIDS – SUSTAINABLE TRAVEL

The Committee was informed that this is a very well received scheme that has multiple benefits not just to staff and visitors but also at an environmental level.

It was reported that the funding for this is nearly finished but the UHB is taking up the funding to support this further.

STAFF BENEFITS GROUP REPORT

The Committee approved the report and noted that the EDWOD is the new Chair for the Staff Benefits Group.

STAFF LOTTERY BIDS PANEL

The Committee was made aware of the increase in participants resulting in £11,000 being raised.

It was noted that other health boards admire our staff lottery model and are looking to us for inspiration.

The Committee noted that it was pleasing to see the range and diversity of areas in which the lottery funds are being spent.

HEALTH CHARITY FUNDRAISING REPORT

It was noted that there had been a lot of cancellations due to COVID-19 but the Health Charity had managed to keep the profile raised through virtual events.

The Committee were advised that legacy donations were being actively sought.

The Committee noted the progress and activities of the Health Charity as advised.

WALES FOR AFRICA

Wales for Africa has been in place since 2006 and active around the Arts for Wellbeing and the Committee noted the report provided.

The EDWOD agreed to explore whether there is scope to expand this into other areas given that there are many communities living in Wales originating from Africa.

HEALTH CHARITY ANNUAL REPORT

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The Committee reviewed and commented on the annual report.

From a governance perspective it was proposed that the Charity Trustee should sign off the annual report after receiving recommendations from the CFC Committee as the accountability for Charitable Funds remained with the Charity Trustee.

BREAST CENTRE UHL – FUNDRAISING UPDATE

The Committee received the annual fundraising report on the Breast Centre Appeal and noted the external fundraising support and that the loan from Charitable Funds had been repaid.

7	Shaping our Future Wellbeing Strategic Objectives This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report							
1.					6.		Х	
2.	Deliver outco people	eliver outcomes that matter to eople			7.	Be a great place to	Х	
3.	3. All take responsibility for improving our health and wellbeing			X	8.	Work better togethe deliver care and sup sectors, making bes people and technolo	x	
4.	4. Offer services that deliver the population health our citizens are entitled to expect				9.	Reduce harm, waste and variation sustainably making best use of the resources available to us		
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time			X	10.	Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives			
Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click <u>here</u> for more information								
Pre	evention	Long term	X Int	egratio	n	Collaboration	Involvement	
He As	Equality and Health Impact Assessment Completed: Not Applicable							



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