

Charitable Funds Committee

Wed 03 July 2024, 13:30 - 16:30

Microsoft Teams



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Agenda

0 min **1. PRELIMINARY MATTERS**

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the last Meeting held on 7th March 2024

Attached *Chair*

 1.4 Charitable Funds Committee Minutes 07.03.2024 Approved by PD.pdf (11 pages)

1.5. Committee Action Log

Attached *Chair*

 1.5 Charitable Funds Action Log - July 2024.pdf (8 pages)

0 min **2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

2.1. Committee Annual Programme of Business 2024/25

Attached *Director of Corporate Governance*

 2.1 CFC Cover Paper Forward Work Plan 2024_25 reviewed by Rani.pdf (3 pages)

 2.1 Final CFC FWP 2024-25 reviewed by Rani.docx v2 (1).pdf (5 pages)

2.2. Finance & Performance Report

Attached *Assistant Head of Financial Accounting*

 2.2 Finance Performance Report 17.06.2024.pdf (10 pages)

 2.2 Finance Report Appendix A.pdf (1 pages)

2.3. Available Funding & Consideration of Bids/Small Grants

Attached *Head of Financial Service and Accounting*

 2.3 Available Funding Consideration of Bids Small Grants.pdf (4 pages)

 2.3 Appendix 1 SGS -15 Application Moral injury workshops 2024.pdf (3 pages)

 2.3 Appendix 2 SGS -16 Application Baby tags.pdf (3 pages)

 2.3 Appendix 3 SGS -17 Application Women's Health Conference.pdf (6 pages)



 2.3 Appendix 4 CFC-267 Bid for Suicide Postvention Support Services in ABUHB Final.pdf (22 pages)

 2.3 Appendix 5 SGS-10 Evaluation - Clinical Supervision Programme.pdf (3 pages)

0 min **3. ITEMS FOR DISCUSSION**


3.1. Spending Plans over £25K

Attached *Head of Financial Services & Accounting*

-  3.1 Annual Spending Plans over 25k.pdf (4 pages)
-  3.1 Over 25k Spending Plans Appendix A.pdf (4 pages)

3.2. Level of Reserves

Attached *Assistant Finance Director*

-  3.2 Level of Reserves 2024-25 Final.pdf (4 pages)

3.3. Attendance of fund holders for slow moving funds

Oral *Director of Finance & Procurement*

- F140 ABUHB Media Funds - Jamie Marchant, Divisional Director of Estates and Facilities
- F696 STW Springfield Community Ward Project - Rachel Lee, Senior Nurse

0 min **4. ITEMS FOR INFORMATION**

There are no items for this section

0 min **5. OTHER MATTERS**

5.1. Items to be Brought to the Attention of the Board and Other Committees and Opportunities for Awareness

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Date of the Next Meeting

Oral *Chair*

Thursday 7th November 2024 10:00-13:00

DATE OF MEETING	Thursday 7th March 2024 9.30-12.30
VENUE	Microsoft Teams

PRESENT	Paul Deneen - Independent Member (Chair)
	Louise Wright- Independent Member (Vice Chair)
	Iwan Jones - Independent Member
	Nicola Prygodzicz - Chief Executive
	Robert Holcombe - Director of Finance and Procurement
IN ATTENDANCE	Richard Harries – Audit Wales
	Estelle Evans - Head of Financial Services and Accounting
	Alison Griffiths - Charitable Funds/PPM Manager
	Susan Gauntlett - Assistant Head of Financial Accounting
	Mark Ross - Assistant Finance Director
	Heather Lamont – CCLA
	Michelle Jones – Head of Board Business
	Catherine King – Senior Service and Improvement Manager
	Sarah Goodey – Arts Development Manager
	Fern Cook – Governance Support Officer
Thomas Jaynes – Governance Support Officer	
APOLOGIES	Rani Dash – Director of Corporate Governance

CFC/0703/1	Preliminary Matters
CFC/0703/1.1	Welcome and Introductions The Chair welcomed everyone to the meeting.
CFC/0703/1.2	Apologies for Absence Apologies for absence were noted.
CFC/0703/1.3	Declarations of Interest Robert Holcombe, Director of Finance and Procurement, noted he was the Executive sponsor for Decarbonisation proposal in item 2.4, however this wasn't a formal declaration of interest.
CFC/0703/1.4	Draft Minutes of the meeting held on Monday 22nd January 2024



Iwan Jones (IJ), Independent Member, questioned the accuracy of the 5% figure that was recorded as being invested in the property market and sought clarification as to whether this was a too large investment at this time. IJ clarified that it was lack of liquidity that was the risk and whether the committee's role was to invest or generate income and spend money.

Mark Ross (MR), Assistant Finance Director, clarified that the correct figure as for the property investments was 18%

Robert Holcombe (RH), Director of Finance and Procurement, proposed the amendment of 18% should be recorded and not 5%. RH commented that it was the lack of liquidity on the investment in the property portfolio which requires a six-month period to change.

Estelle Evans (EE), Head of Financial Services and Accounting, noted an amendment that Susan Gauntlett (SG), Assistant Head of Financial Accounting presented the financial report in the previous meeting not herself.

The Committee agreed to RH suggested amendments and with these changes they were an accurate record of the meeting.

Paul Deneen (PD), Independent Member, requested that a Board briefing session be held to engage the Board on the on the use and purpose of Charitable Funds and asked this to be included in the forward work plan.

Action:

- *Director of Corporate Governance to consider for the Board Briefing programme.*

*The Committee **AGREED** the minutes from the previous meeting subject to the amendments being made, as noted above.*

CFC/0703/1.5

Committee Action Log

The Committee received the Action Log and was content with progress made with outstanding actions.

*The Committee **RECEIVED** the report for information.*

CFC/0703/2

Items for Approval/Ratification/Decision

CFC/0703/2.1

Finance Report



Susan Gauntlett (SG), Assistant Head of Financial Accounting, presented the Finance report and provided an update to the Committee.

SG highlighted the following-:

- The Financial Position for the period as of 31st January 2024 including: expenditure; gains/losses on investment assets; overall position; balance sheet and cash balances. Income totalled £882K which was £257K lower than the equivalent period in 2022/2023 and confirmed that this was due to a decrease in the value of donations and income.
- Expenditure totalled £1044K which was £132K higher than month 10 in 2022/2023 and this was as a result of increased expenditure on equipment.
- CCLA investment presented an unrealised gain of £244K.
- Overall position for the period was an increase in funds by £82K and when investment gains were excluded there was an underlying decrease of 162K. The Committee noted that during the first half of the year expenditure exceeded income.
- No accounts were overdrawn as of 31st January 2024 with no accounts being closed in the period.
- 5 funds had been merged since start of the year;
- expenditure as a percentage of overall fund balance should increase as the year progresses and so far, to date there had been 730 donations.
- At Month 9, 411 funds had decreased in value compared to the previous quarter and 29 static funds had increased compared to the previous quarter.

SG noted approval was sought to set up two new grant funds as restricted funds:

- Grant - The Health Foundation Grant – Head & Neck Cancer (Reducing the delay from referral to diagnosis for Head and Neck Cancer patients)
- Grant – NHS CT – Stage 2 Community Partnership (Person Centred Meaningful Activities and Engagement)

SG noted that a bid was to be submitted to the Greener Communities 2024 Programme and if successful the Committee would be updated.

*The Committee **NOTED** the report and **APPROVED** two new grant funds as restricted funds.*



CFC/0703/2.2

Financial Control Procedure Annual Review

Susan Gauntlett (SG), Assistant Head of Financial Accounting, presented the amendments to the Charitable Funds Financial Control Procedure for approval and provided an overview of the proposed changes to be made as detailed in the report. The Committee noted that it was proposed to add three new sections into the procedure, that were:

- 11.7 Team Building
- 11.7 Staff Wellbeing
- 11.7 Appendix 1 including information on accessing funds

Robert Holcombe (RH), Director of Finance and Procurement, supported inclusions and thanked his team for their work.

*The Committee **APPROVED** the amendments to the Charitable Funds Financial Control Procedure.*

CFC/0703/2.3

Briefing Pack for Divisional Managers for Accessing Charitable Funds – Funds Available/Applications

Estelle Evans (EE), Head of Financial Services and Accounting, presented the report which introduced a separate guide on Accessing Charitable Funds, which when approved would be added to main Financial Control Procedure. The Committee noted since the briefing pack had been placed on the intranet a small number of requests had since been received and through the publication of this guide it was hoped that this would improve access and visibility of Charitable funds and would also be shared with fund holders in addition to being shared with individual teams. EE provided the Committee with the background to the guide and noted that the revised guide provides further clarity as to how to access funds.

Mark Ross (MR), Assistant Finance Director, commented that the purpose of the guide was to make managers and staff aware of the fund's availability, provide guidance on accessing funds and publish fund details and amounts.

Iwan Jones (IJ), Independent Member, commented that whilst he liked the guide, he noted concern in relation to the list of funds as the naming conventions may deter applications and suggested that explicit wording be provided to aid the reader.



Robert Holcombe (RH), Director of Finance and Procurement, sought clarification as to whether a record of refusals and reasons for refusals was maintained and whether fund holders as part of their Annual Report should maintain a list of the reasons and details of those applications that were not supported, which in time could then inform the users of the guide. The Committee noted that this record would be included.

Action:

- *Head of Financial Services and Accounting to add wording next to list of funds in guide to encourage people to apply for funding regardless of purpose of fund*
- *Head of Financial Services and Accounting to ensure fund holders include in their annual reports a list of refusals and reasonings why*

The Committee **APPROVED** the Accessible Charitable Funds Guide, and **AGREED** for it to be added to the Financial Control Procedure and published.

CCFC/0703/2.4

Charitable Funds – Small Grants Scheme Funds Available and Applications for Consideration

Estelle Evans (EE), Head of Financial Services and Accounting, provided the Committee with details of funds available to them and provided an overview of the two bids that had been received for consideration. EE noted 2 bids enclosed were in excess of 5K and both had executive director sponsorship as no other source of funding could be found. EE clarified the Committee had a £22.5K balance available and that there were therefore insufficient monies available to the Committee to approve both bids. EE outlined the two bids to the Committee; CFC-266 was a bid for Staff Recognition Awards and was a request for £25K. CFC-265 was a bid for staff resource for the Decarbonisation Programme at ABUHB and was an ask for funding of 13.5K.

Louise Wright (LW), Independent Member, questioned if other funds could be acquired from other departments. LW also queried whether CFC-265 was core business.

RH advised CFC-265 was not core business as there was no expectation for a clinician to do this work as part of their core employment. RH noted their work was under pressure due to their championing of the decarbonisation programme



and was appropriate to bring to this Committee as extra work needed to be supplemented by non-core funding.

Alison Griffiths (AG), Charitable Funds/PPM Manager, provided an overview as to how both bids could be funded which included using other funds and contacting fund holders to confirm if funding could be accessed.

RH advised it was preferred to request other funds to support the bid financially and a voluntary response rather than top slicing and suggested the Media Fund would fit with the purpose of the CFC-266 Staff Recognition Rewards bid.

Action:

- *Director of Finance and Procurement to look at the scope of authority of the Committee to steer use of funds where discretion is allowed.*

Mark Ross, (MR) Assistant Finance Director, suggested the Committee could contact funds and ask them to support a bid or can take monies and place in general account as long as it is from an unrestricted fund. MR added the Committee could top slice from each fund into the general-purpose fund but this would need careful thought and communication.

IJ questioned if there was no five-year plan by the fund holders or if fund had not been specified for a specific purpose the Committee could reallocate into the general pot.

MR agreed and noted the Committee could invite fund managers to the meeting to ask why they have not spent their funds and ask for it to be reallocated to the general pot. EE advised this will be captured by the Financial Control Procedure.

*The Committee **AGREED** in principle to support the two bids. The Committee **AGREED** the Media Fund should fund bid CfC-266 in its entirety. The Committee agreed CFC-265 will be funded in its entirety from the general pot but firstly other departments/funds will be contacted to see if they can top up the funding.*

CFC/0703/2.5

Development of Committee Annual Programme of Business 2024/25



	<p>Michelle Jones (MJ), Head of Board Business, noted the programme of business and that the Corporate Governance Team was developing a programme for 2024/25.</p> <p><i>The Committee NOTED the Annual Programme of Business.</i></p>
<p>CFC/0703/2.6</p>	<p>Committee Annual Report</p> <p>Michelle Jones (MJ), Head of Board Business, presented the Annual Report for the Charitable Funds Committee which summarised the work of the committee during the 2023/24 year.</p> <p>Paul Deneen (PD) Independent Member, welcomed the report. PD noted status of post/lead should be used rather than name. MJ advised this approach would be used going forwards</p> <p><i>The Committee NOTED the report.</i></p>
<p>CFC/0703/3.0</p>	<p>ITEMS FOR DISCUSSION</p>
<p>CFC/0703/3.1</p>	<p>CCLA Investments Review</p> <p><i>Heather Lamont joined the meeting</i></p> <p>Mark Ross, (MR) Assistant Finance Director, appraised the Committee of the discussion at the last Committee meeting the historical context that ensures that 85% of funds was invested in an ethical investment fund managed by CCLA and 15% was invested in a property fund which has a key benefit of producing income.</p> <p>MR advised the Committee that there were two options presented for consideration. The first option was for no change and to keep the situation under review at the annual meeting with the CCLA whilst the second option would involve a change to the proportion of the investment in the property fund, and to keep this under review.</p> <p>Paul Deneen (PD), Independent Member, suggested the Committee could review fund investments every 6 months and invited Heather Lamont (HL), CCLA to discuss.</p> <p>HL summarised the previous Committee desired an annual income stream but if the current Committee decided there was no need for an income stream there would be no need to remain with the property allocation fund.</p> <p>MR reflected the fund was providing an income on an annual basis and due to the current downturn in property value</p>



	<p>would not be the right time to sell. MR proposed to keep this on the Committee's agenda to discuss every 6 months and add to forward work plan.</p> <p>Iwan Jones (IJ), Independent Member, commented it was important to consider the purpose of the fund in order to decide whether to hold or to produce income.</p> <p>Robert Holcombe (RH), Director of Finance and Procurement, agreed and noted it was important the Committee decides whether it required assets or income.</p> <p>PD requested that the purpose of funds to be added to the forward work plan.</p> <p>Action:</p> <ul style="list-style-type: none"> • Governance Support Officer to ensure purpose of Charitable funds to be added to forward work plan <p>The Committee NOTED the report and agreed to review the property fund allocation in 6 months' time.</p>
<p>CFC/0703/4.0</p>	<p>ITEMS FOR INFORMATION</p>
<p>CFC/0703/4.1</p>	<p>Legislation Changes</p> <p>Estelle Evans (EE), Head of Financial Services and Accounting, informed the Committee there were no new updates to the legislation for noting.</p> <p>The Committee NOTED the update.</p>
<p>CFC/0703/4.2</p>	<p>Small Grant Scheme – Well Being Pop-Up Event – Terms of Reference Update</p> <p>Catherine King and Sarah Goodey joined the meeting.</p> <p>Catherine King (CK), Senior Service and Improvement Manager, updated the Committee on the Well Being Pop Up Events funded by the small grant scheme. The Committee noted that the feedback from staff from these events had been positive.</p> <p>The Committee NOTED the update.</p>
<p>CFC/0703/4.3</p>	<p>Spending Plans Over £25K</p> <p>Estelle Evans (EE) Head of Financial Services and Accounting, noted the historical context and advised the Committee that previously spending plans of funds with</p>



balances over £25K had been reviewed and had requested a report detailing how the Committee could assure themselves that the funds were being used and recommended to the Committee that fundholders could be invited to provide an overview of their plans for the funds.

In particular the Committee noted that there were 45 funds with a balance of over £25K totally over £2.688m and provided an overview of the traffic light system within the report. EE proposed that the fund holders with a red traffic light be invited to the Committee to discuss their plans at each of the next 3 Committee meetings.

Louise Wright (LW), Independent Member, raised concerns regarding the St Woolos fund and noted this fund had previously been discussed by this Committee but to date no outcomes had materialised.

Allison Griffiths (AG), Charitable Funds/PPM Manager, advised the Committee that an application had been made to the Charity Commission to alter the purpose of the fund and the Commission advised that the funds should follow where patients go as funds are to benefit the patients of that ward.

Robert Holcombe (RH), Director of Finance and Procurement, noted that funds had been transferred to Springfield Fund and acknowledged that the aspiration of the fund management was to build a conservatory at St Woolos but queried whether funds could have been redesignated to general fund.

AG clarified the Charities Commission had said funds need to either follow patients or staff who raised the monies even if the purpose of funds had changed.

RH advised this could be a lesson learnt and if this occurs in future funds should be redesignated into the general fund if the original purpose of funds cannot be met, subject to the relevant legislator conditions being met.

Action:

- *Assistant Director of Finance and team to create a proforma for use and contact the leads for high value funds that are designated as "red" to request completion of the proforma and to attend future Committee meetings*



	<p>Action:</p> <ul style="list-style-type: none"> • <i>Director of Finance and Procurement to review whether funds can be repurposed from non-legacy and non-restricted funds if the purpose of the funds can no longer be met.</i> • <i>Committee secretariat to update the fwp to include the presentation of those funds classified as red to the Committee</i> <p><i>The Committee NOTED the report and AGREED initially to focus on high value funds and NOTED that fund holders would be asked to attend a future meeting to present.</i></p>
<p>CFC/0703/4.4</p>	<p>Annual Accounts and Audit 2023/2024 Outline Timeframe</p> <p><i>Richard Harries, Audit Wales, joined the meeting</i></p> <p>Estelle Evans (EE), Head of Financial Services and Accounting, presented the report which outlined to the Committee the annual accounts and audit 2023/2024 timeframe.</p> <p>Richard Harries (RH), Audit Wales acknowledged that the approach for this year would follow the same approach but confirmed that the intention was for the majority of work to be completed by the end of the calendar year.</p> <p><i>The Committee NOTED the report and AGREED with the proposed timetable.</i></p>
<p>CFC/0703/5.0</p>	<p>OTHER MATTERS</p>
<p>CFC/0703/5.1</p>	<p>Items to be brought to the Attention of the Board and Other Committees</p> <p>No items were brought to the attention of the board.</p>
<p>CFC/0703/5.2</p>	<p>Any Other Urgent Business</p> <p>No urgent business was raised.</p>
<p>CFC/0703/5.3</p>	<p>Date of Next Meeting:</p> <p>Wednesday 3rd July 2024 13:30 – 16:30</p>



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**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN
BEVAN**

**ANEURIN BEVAN UNIVERSITY HEALTH BOARD –
CHARITABLE FUNDS COMMITTEE MEETING**

Agenda Item 1.5

Outstanding

In Progress

Not Due

Completed

**Transferred to another
Committee**

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
June 2022	CFC 1006/06	<p>Revised Terms of Reference</p> <p>The Committee requested any future changes to the Terms of Reference presented to the Committee showed as “tracked changes” to highlight the amendments.</p>	Director of Corporate Governance	July 2023	<p>Completed</p> <p>Future Terms of Reference when presented to the committee will highlight the amendments made.</p>
November 2023	CFC/0911/5.1	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>There will be a Board Development session in July 2024 which will involve discussions involving key issues affecting the Charitable Funds Committee.</p>	Paul Deneen-Chair	July 2024	<p>Completed</p> <p>Training on the Charities Act is scheduled for 10th July 2024 at which the work of the Charitable Funds Committee will be considered.</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
January 2024	CFC/2201/4.2	<p>Assessment and Outcomes of Previously Fund Bid: Incontinence</p> <p>A request from the Committee to have the Incontinence Project brought back to the Committee with a cover report and what the outcome was of the project. AG , was going to feedback to the team and have the report brought to a future meeting.</p>	Charitable Funds Manager.	July 2024	<p>Outstanding</p> <p>Victoria Coghlan Bladder Nurse Consultant and Bowel Nursing is unable to attend the July meeting but attendance is confirmed for the next meeting scheduled for 7th November 2024.</p>
March 2024	CFC/0703/2.3	<p>Briefing Pack for Divisional Managers for Accessing Charitable Funds – Funds Available/Applications</p> <p>Independent Member noted concerns in relation to the list of funds and naming conventions may deter applications and suggested explicit wording be provided to readers of the guide.</p> <p>Head of Financial Services and Accounting to add wording next to list</p>	Head of Financial Services and Accounting	June 2024	<p>Completed</p> <p>Each fund will be shown alongside the specialty it sits under e.g. urology, dermatology. This, together with the purpose of the fund will allow readers to decide where their application would fit.</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		of funds in guide to encourage people to apply for funding regardless of purpose of fund			
March 2024	CFC/0703/2.3	<p>Briefing Pack for Divisional Managers for Accessing Charitable Funds – Funds Available/Applications</p> <p>Director of Finance and Procurement noted it would be useful if a record of refusals and reasons for refusals were maintained by fund holders as part of their Annual Report.</p> <p>Head of Financial Services and Accounting to ensure fund holders include in their annual reports a list of refusals and reasonings why.</p>	Head of Financial Services and Accounting	June 2024	<p>Completed</p> <p>The grant request form already includes a section that identifies where other fund holders have been contacted to fund / contribute to the scheme but were refused.</p> <p>From 2024-25 onwards annual reports will include a section where Fundholders must list any grant requests they have supported or not.</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
March 2024	CFC/0703/2.4	<p>Charitable Funds – Small Grants Scheme Funds Available and Applications for Consideration</p> <p>A proposal was presented to the Committee regarding the Small Grants Scheme, Funds Available in the General Account and Applications for consideration. It was queried by the Chair and an Independent member if monies are not being used by a fund holder if these may be able to be reallocated by the Committee.</p> <p>Director of Finance and Procurement to look at the scope of authority of the Committee to steer use of funds where discretion is allowed.</p>	Director of Finance and Procurement	November 2024	<p>Not Due</p> <p>This will be included in the Financial Control Procedure that the Committee will receive at the November 2023 meeting. Future communication emphasising the need to spend, or funds may be reallocated will be issued. This will also be reiterated when slowing moving funds are presented to the Committee</p>
March 2024	CFC/0703/3.1	<p>CCLA Investments Review</p> <p>The Chair requested that the purpose of charitable funds to be added to the forward work plan.</p> <p>Review of CCLA fund every 6months.</p>	Governance Support Officer	July 2024	<p>Completed</p> <p>Forward work plan has been updated to reflect the frequency of reporting to the Committee.</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
March 2024	CFC/0703/4.3	<p>Spending Plans Over 25K</p> <p>A discussion was had throughout the Committee meeting regarding the purpose of Charitable funds and how funds can be repurposed by the Committee if funds holders are not using the monies.</p> <p>Chair will take to Board Business: the 5.2 million investments; whether funds should be liquidated or held to produce income; funds not being spent; unlegacy/unrestricted funds and the power of the Charitable Funds Committee to repurpose these funds</p>	Chair	December 2024	<p>Completed</p> <p>This will be considered at the Charitable Funds Committee meeting on 3rd July 2024.</p>
March 2024	CFC/0703/4.3	<p>Spending Plans Over 25K</p> <p>A discussion was had by the Committee regarding funds designated red which were funds that held substantial monies and with no spending plans. Chair requested finance team to create a proforma for use and for these fundholders to be contacted and request completion of</p>	Assistant Director of Finance	July 2024	<p>Completed</p> <p>Item added to July agenda at 3.1,.This will be a standing item going forward. The proforma already exists and will be issued as required.</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		said proforma and to attend future Committee meetings to discuss funds and plans for use.			
March 2024	CFC/0703/4.3	<p>Spending Plans Over 25K</p> <p>A discussion was had regarding unspent funds in the Springfield Fund and whether these charitable funds could be reallocated if the original purpose of the funds can no longer be met.</p> <p>Director of Finance and Procurement noted if this happened again in the future these funds could be redesignated into the general fund as the original purpose cannot be met.</p> <p>Director of Finance and Procurement to review whether funds can be repurposed from non-legacy and non-restricted funds if the purpose of the funds can no longer be met.</p>	Director of Finance and Procurement	July 2024	<p>Completed</p> <p>This fund was set up as an unrestricted fund but there was a public appeal for monies for a conservatory. Insufficient monies were raised and the Charities Commission were contacted to request the funds to be used elsewhere. The Charity Commission agreed that the funds could be used for the patients and staff that would have used the conservatory i.e. where the patients are</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					treated and staff work. The patients and staff have transferred to wards in Royal Gwent and it is planned to use the monies there.
March 2024	CFC/0703/4.3	<p>Spending Plans Over 25K</p> <p>Committee secretariat to update the Fwp to include the presentation of those funds classified as red to the Committee by fund holders.</p>	Governance Support Officer	July 2024	<p>Completed</p> <p>Added to forward work plan and next due to come to the Committee in July.</p>

All actions in this log are currently active and are either part of the Committee's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Committee meeting will be ready. Once the Committee is assured that an action is complete, it will be removed. This will be agreed at each Committee meeting.



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 July 2024
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds - Committee Forward Work Plan 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Board Business

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Charitable Funds Committee is asked to consider the draft Committee Forward Work Plan appended to this report for approval. The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2023/24 to enable the Committee to: -

- Fulfil its Terms of Reference;
- seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- seek assurance that governance, risk, and assurance arrangements are in place and working well.

Cefndir / Background

The purpose of the Charitable Funds Committee is to support the Board and ensure the stewardship and effective management of funds which have been donated, bequeathed and given to the Aneurin Bevan Health Charity for charitable purposes by making and monitoring arrangements for the control and management of the Health Board's Charitable Funds.

In line with good governance practice, a committee forward work plan has been developed to ensure statutory requirements for items of Committee business are scheduled in across the year. The work plan can therefore be utilised as a tool for informing and pre-empting committee business and support the agenda setting function.

Asesiad / Assessment

The Committee is requested to approve the Committee forward work plan as outlined in **Appendix 1** noting that the work plan will be presented at each Committee meeting for oversight and noting.

Argymhelliad / Recommendation

The Committee is requested to:

- **RECIEVE** and **APPROVE** the proposed Committee work plan and **NOTE** that it will be brought forward to each future Committee meeting for oversight.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

Annual Programme of Business for 2024-25

Charitable Funds Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The discharge of the business needs of the individual Directorates
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The Board's Assurance Framework and Corporate Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:
The purpose of the Charitable Funds Committee is to ensure the stewardship and effective management of funds which have been donated, bequeathed and given to the Aneurin Bevan Health Charity for charitable purposes by making and monitoring arrangements for the control and management of the Health Board's Charitable Funds.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Dates of Meetings				
			QTR 1/2 3 rd July	QTR 3 7 th Nov	13 th Jan (Accounts)	QTR 4 19 th Feb	QTR 1 17 th April
Preliminary Matters							
Attendance and Apologies	Chair	SI	√	√	√	√	√
Declaration of Interest	All Members	SI	√	√	√	√	√
Minutes of the Previous Meeting	Chair	SI	√	√	√	√	√
Action log and Matters Arising	Chair	SI	√	√	√	√	√
Meeting Reflections	Chair	SI	√	√	√	√	√
Committee Governance							
Development of Committee Annual Programme of Business 2024/25	DoCG	AN	√			√	√
Review of Committee Programme of Business	Chair	SI		√		√	√
Annual Review of Committee Terms of Reference 2024/25	DoCG	AN				√	
Annual Review of Committee Effectiveness 2024/25	DoCG	AN		√			

Committee Annual Report 2024/25	DoCG	AN					✓
Committee Self-Assessment Results 2024/25	DoCG	AN				✓	
Committee Assurance							
Finance & Performance Report to include:- <ul style="list-style-type: none"> • Report on Significant Donations, legacies and grant income. • Update on new and closed funds • Overdrawn Accounts • KPIs Review 	AFD	SI	✓	✓		✓	✓
Legislation Changes	HOFSA	SI	✓	✓		✓	✓
Funds available to the Committee	HOFSA	SI	✓	✓		✓	✓
Consideration of Bids/Small Grants	AFD	SI	✓	✓		✓	✓
Update on Property Matters	HOFSA	SI	✓	✓		✓	✓
Spending Plans over £25K	HOFSA	Bi-AN	✓			✓	
Level of Reserves	AFD	AN	✓				
Review of Investment Strategy and Performance (CCLA)	AFD	AN					✓
Review of Financial Control Procedure	AFD	AN				✓	
Approval of admin charge/unrealised	HOFSA	AN		✓			

Draft Accounts and Annual report	HOFSA	AN		v			
Final Accounts and Annual report for approval	HOFSA	AN			v		
Attendance of fund holders for slow moving funds - Action	DOFP	Action CFC SI	v	v		v	v
Evaluation of Bid CFC-261 Bladder Bowel	CFM	Action CFC	vD	v			

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development

DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair
AFD	Assistant Finance Director
HOFSA	Head of Finance
CFM	Charitable Funds Manager

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	!/2 yearly
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
COMMITTEE MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 July 2024
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Report for Period Ending 31 March 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Susan Gauntlett, Assistant Head of Financial Accounting

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report updates the committee on a range of financial issues, including the following items, that were agreed as part of the annual work plan:

- Financial update including investment valuation.
- Report on significant donations
- Overdrawn accounts
- Key Performance Indicators (KPI's)
- New fund requests
- Update on cash balances

A number of key issues are presented in this report:

- Compared to 2022/23, income is lower and expenditure is higher resulting in an overall decrease in the value of funds.
- Expenditure as a % of funds balance has increased 6% to 19% since 2021/22.
- Since 2021/22, both the total number of funds and number of static funds has decreased.

It should also be noted that whilst the CCLA Investment presented an unrealised gain of £403k in 2023/24, as at 31st May 2024 the investment is reflecting an unrealised loss of £105k against the 31st March 2024 value.

Cefndir / Background

1. Financial Position as at 31 March 2024

Table 1 below shows the financial position for the period to 31 March 2024 (month 12) compared to the previous reported month (month 10) and the 2022/23 Annual Accounts.

Table 1

Financial Statement to 31 March 2024	Final Accounts 2022/23 £000	Month 10 2023/24 £000	Month 12 2023/24 £000
<u>Income & Expenditure</u>			
Income			
Donations	418	208	228
Legacies	146	41	44
Grants	50	390	165
Investment Income	200	176	211
Other Income	330	67	158
	1,144	882	806
Expenditure	1,048	1,044	1,257
Gains / (losses) on investment assets	-370	244	402
Surplus / (Deficit)	-274	82	-49
<u>Balance Sheet</u>			
Property	355	330	330
Investments	5,102	5,346	5,505
Debtors	228	145	202
Current Liabilities	-442	-394	-957
Cash at Bank	527	425	641
Cash on Deposit	0	0	0
Net Assets	5,770	5,852	5,721
Funds of the Charity	5,770	5,852	5,721
Total Charity Funds	5,770	5,852	5,721

The following commentary supports the figures in Table 1:

1.1 Income

Month 12 income totals £806K. This is £338K lower than in 2022/23, mainly due to a decrease in the value of donations, legacies and other income received

in 2023/24. In 2022/23 Other Income included one-off monies received in respect of filming at St Cadocs Hospital together with an increase in income from courses post covid.

Donations, legacies, and grant income

The following table shows donations, legacies and grant income exceeding £1,000 received since the start of the year:

Fund Ref	Received From	Amount £	Location
Apr-23			
F703 ABUHB JACKS APPEAL	Crossford O&T Ltd	1,395.00	ABUHB
F831 LEGACY CALCRAFT J GRIFFITHS	Jacklyn Dawson - J G Jones legacy	9,634.19	ABUHB
F703 ABUHB JACKS APPEAL	Jack Thomas Celebra	2,000.00	ABUHB
F703 ABUHB JACKS APPEAL	Glantwymth Council	1,122.00	ABUHB
F322 GUH A0 T&O WARD	Mr G R & Mrs R King	2,000.00	GUH
F703 ABUHB JACKS APPEAL	Nentlodge CC	1,150.00	ABUHB
F303 ABUHB BREAST CENTRE	Breast Care	1,676.00	ABUHB
		18,977.19	
May-23			
F436 ABUHB SCUF SPECIAL CHILDREN'S UNIT FUND	Mrs L Morling & Mr P Osbourne	1,076.73	ABUHB
F003 ABUHB HOLDING ACCOUNT INT & ADMIN	Scheduled Care Fundraiser	2,044.51	ABUHB
		3,121.24	
Jun-23			
F436 ABUHB SCUF SPECIAL CHILDREN'S UNIT FUND	Cefn Crafters Group	1,200.00	ABUHB
F303 ABUHB BREAST CENTRE	Just Giving	1,254.69	ABUHB
F703 ABUHB JACKS APPEAL	Centrica Management	1,320.00	ABUHB
F703 ABUHB JACKS APPEAL	N Griffiths	1,200.00	ABUHB
F436 ABUHB SCUF SPECIAL CHILDREN'S UNIT FUND	Cefn Crafters Group	2,400.00	ABUHB
F436 ABUHB SCUF SPECIAL CHILDREN'S UNIT FUND	The Brecon Group	6,000.00	ABUHB
F003 ABUHB HOLDING ACCOUNT INT & ADMIN	Eventbrite	2,460.00	ABUHB
F703 ABUHB JACKS APPEAL	R Burston	1,394.00	ABUHB
F277 NHH WINDSOR SUITE	R A Shore	2,100.00	Nevill Hall
		19,328.69	
Jul-23			
F703 ABUHB JACKS APPEAL	Bedwas Trethomas	1,000.00	ABUHB
F703 ABUHB JACKS APPEAL	St Gwladys Private Fund	2,500.00	ABUHB
F231 ABUHB DINKY DRAGONS	Sabrina Moore	5,000.00	ABUHB
F638 STW SYCAMORE WARD EMI	Mr C Mander	2,000.00	St Woolos
		10,500.00	
Aug-23			
F003 ABUHB HOLDING ACCOUNT INT & ADMIN	Everett & Tomlin Legacy - Pamela Manning	34,247.67	ABUHB
F826 RGH ENDOSCOPY EQUIPMENT	Mr R C Butcher	10,000.00	Royal Gwent
F393 RGH URO-ONCOLOGY	Unknown	1,000.00	Royal Gwent
F231 ABUHB DINKY DRAGONS	GMB Newport Branch	1,000.00	ABUHB
F003 ABUHB HOLDING ACCOUNT INT & ADMIN	Reginald Watson	5,000.00	ABUHB
		51,247.67	
Sep-23			
F285 GUH SURGICAL ASSESSMENT UNIT SAU	Valerie Hartshome	1,000.00	ABUHB
		1,000.00	
Oct-23			
F003 ABUHB HOLDING ACCOUNT INT & ADMIN	Health Foundation - Grant - Head & Neck	31,500.00	ABUHB
F003 ABUHB HOLDING ACCOUNT INT & ADMIN	McGill Brown Legacy - RGH League of Friends	5,854.88	Royal Gwent
		37,354.88	
Nov-23			
F703 ABUHB JACKS APPEAL	Jack Thomas Celebration	1,200.00	ABUHB
F703 ABUHB JACKS APPEAL	Van Comm CNC	1,396.00	ABUHB
F703 ABUHB JACKS APPEAL	Llantwit Fardre Community Council	1,403.00	ABUHB
F703 ABUHB JACKS APPEAL	Plas Mawr Community	1,396.00	ABUHB
F231 ABUHB DINKY DRAGONS	Boots Canteen	1,070.00	ABUHB
F857 STW SLEEP CENTRE	Welsh SAS Balance	4,770.64	St Woolos
		11,235.64	
Dec-23			
F231 ABUHB DINKY DRAGONS	Carol Hemmings	4,000.00	ABUHB
F436 ABUHB SCUF SPECIAL CHILDREN'S UNIT FUND	NG Black	1,500.00	ABUHB
		5,500.00	
Jan-24			
F002 ABUHB CF COMMITTEE	Just Giving	1,186.61	ABUHB
F002 ABUHB CF COMMITTEE	Just Giving	2,373.82	ABUHB
F436 ABUHB SCUF SPECIAL CHILDREN'S UNIT FUND	Susan Fowler - Stephen Fowler	2,770.00	ABUHB
		6,330.43	
Feb-24			
F303 ABUHB BREAST CENTRE	Caerphilly County Borough Council	2,631.83	ABUHB
F703 ABUHB JACKS APPEAL	CSUK Current	2,000.00	ABUHB
F569 YYF OAKDALE WARD 2/1 (REHAB)	N Walkley	2,000.00	Ystrad Fawr
F231 ABUHB DINKY DRAGONS	The Provincial Gra Monmason 97	1,000.00	ABUHB
		7,631.83	
Mar-24			
F241 ABUHB BLADDER & BOWEL NURSING FUND	Cheerington & Brow	25,000.00	ABUHB
F231 ABUHB DINKY DRAGONS	Masonic Charitable MCF	1,000.00	ABUHB
F002 ABUHB CF COMMITTEE	Much Loved ML81234	1,679.39	ABUHB
F002 ABUHB CF COMMITTEE	Just Giving	2,918.18	ABUHB
F404 LEGACY UROLOGY M JONES	Harding Evans Solicitor	2,000.00	Royal Gwent
F002 ABUHB CF COMMITTEE	Just Giving	1,502.11	ABUHB
		34,099.68	
Overall Total		206,327.25	

1.2 Expenditure

The year end expenditure totals £1,257K which is £209K higher than in 2022/23. In 2023/24 there has been increased expenditure on equipment, specifically in Ophthalmology & Urology and defibrillators in the community. In addition, the staffing costs in relation to grant funded schemes is significantly higher this year.

1.3 Gains / Losses on Investment Assets

At 31 March 2024, the CCLA Investment presented an unrealised gain of £403K against the 2022/23 year end value. In 2022/23 the CCLA investments presented a loss of £382K.

1.4 Overall Position

The overall position for the period is a decrease in funds of £49K. Excluding investment gains there would be an underlying decrease of £451K, indicating that expenditure has exceeded income during 2023/24.

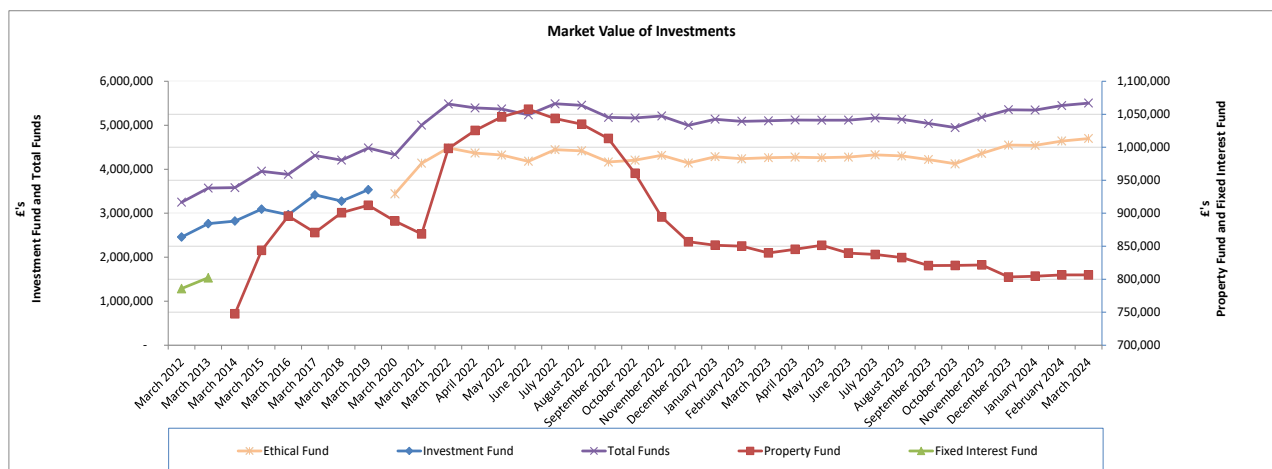
1.5 Balance Sheet

Value of Investments

The investments valuation for CCLA as of 31 March 2024 is as follows:

Investment Valuation	No of Units	Valuation / Unit as at 31/03/24	Total Valuation
		Pence/Unit	£000
Property Fund	769,509	104.81	807
Ethical Fund	1,511,068	310.91	4,698
Total			5,505

The following chart shows the movement in the market value of the CCLA funds since March 2012.



Cash Balances

Overall cash balances have increased since the start of the year. At the end of March, we held £641K in current / bonus accounts.

2. Overdrawn Accounts

There are no overdrawn accounts as of 31 March 2024.

3. Streamlining of funds and Closed funds

The following 4 funds have been closed as follows:

- F409-LEGACY RGH A TAYLOR - Spent
- F410-LEGACY RGH UROLOGY F PHILLIPS – Spent
- F622-MCH HIRAETH DAY HOSPITAL – Merged
- F720-STW OUTPATIENTS DEPT – Merged

4. New Funds

Approval to set up the following new legacy funds as restricted funds is requested:

- F014-LEGACY ABUHB L G NICHOLLS
- F029-LEGACY RGH LOF M E I EVANS
- F404-LEGACY UROLOGY M JONES

We also require the following funds:

- F004-ABUHB RESERVES – To identify and keep separate our reserves.

As discussed with the chair of the CFC to set up alongside Just Giving pages to encourage donors to give generally and to choose between patient welfare or staff welfare.

- ABUHB PATIENT FUND
- ABUHB STAFF FUND

5. Key Performance Indicators (KPIs)

Setting Key Performance Indicators (KPIs) allows the Committee to measure the performance of the Charity across a range of objectives over a set period.

Following discussions, the following KPIs have been identified to report to the Committee. The KPIs are split between those that are measured quarterly, year to date & annually:

Charitable Funds Key Performance Indicators	Measurement		Quarterly Indicators					
			2021/22 Q4	2022/23 Q4	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4
Number of funds	Number of funds	No	430	419	424	418	411	413
Number of static funds	A static fund is classed as any fund where the cumulative expenditure is less than 10% of the average fund balance over a 2 year period	No	32	30	28	25	29	23

The KPIs in relation to the number of funds and number of static funds have been updated for Q4. There has been a decrease in the number of funds since the start of the year following the merger and closure of some funds. The increase from the previous quarter relates to restricted funds for new grants and legacies.

The number of static funds has decreased because of increased expenditure and details are shown in Appendix A.

Charitable Funds Key Performance Indicators	Measurement		YTD Indicators						
			2021/22 M01 - M12	2022/23 M01 - M12	2023/24 M01-M03	2023/24 M01-M06	2023/24 M01-M08	2023/24 M01-M10	2023/24 M01-M12
Number of merged funds	Number of funds closed as a result of merger	No	8	12	-	1	5	5	7
Expenditure expressed as a percentage of the overall fund balance	Expenditure excludes admin charge to reflect 'true' spend	%	13.29	15.65	4.24	9.37	12.53	15.64	19.18
Donations received in the year	Number of Donations Received	No	1,145	855	240	455	609	730	855
	Value of Donations Received	£	399,434	417,866	54,920	125,683	167,729	197,849	227,762

There have been 7 funds merged since the start of the year.

Expenditure as a percentage of the overall fund balance should increase as the year progresses and as more expenditure is incurred. At the year end this measure is showing a higher value than that reported for 2022/23 indicating that the level of expenditure has increased this year.

The number and value of donations received in the current year are also detailed above, with the 2021/22 & 2022/23 values shown as comparators.

The table below reflects the average time between the receipt of legacy / grant income and the corresponding expenditure being incurred and the monies spent in full. 5 legacies and 1 grant have been spent in full during the year.

Charitable Funds Key Performance Indicators	Measurement		Annual Indicators		
			2021/22 M12	2022/23 M12	2023/24 M12
Time between receipt of income and expenditure incurred	Legacies	Mths	79	98	115
	Grants	Mths	23	32	22

6. Update on Grants from NHS Charities Together (NHS CT)

NHS CT is launching a £16m Workforce Wellbeing Programme to support NHS staff across the UK later this year. This ambitious programme aims to improve the health and wellbeing of NHS staff, in turn making sure patients are provided with the care they need.

They will commit just over £6 million to support healthcare staff across the UK, with the fund being shared proportionately across the four nations, along with aspirations to fund a further £5 million over the duration of the three-year programme.

In England, NHS Charities Together's contribution will be match-funded by NHS England, who will contribute £5 million to the programme as part of its People Plan to support staff wellbeing. NHS CT are in conversation with the NHS in Northern Ireland, Scotland and Wales on the Workforce Wellbeing Programme, and will be working with members across all four UK nations to codesign the programme. NHS staff will also be involved in the codesign.

The Workforce Wellbeing Programme will run for three years, with all NHS Charities Together members invited to apply for funding for initiatives that are co-designed and co-led by NHS staff. Support will be tailored to the individual needs of the NHS organisations and their workforces, supplementing existing support provided to staff.

This information has been forwarded to the Assistant Director of Workforce and Organisational Development who has several ideas/suggestions on how this might be used.

7. Annual Accounts and Annual Report 2023/24

The draft Annual Accounts and Annual Report are currently being produced and will be circulated to Committee members and Audit Wales once finalised.

The audit is expected to commence in the Autumn. Once the audit is complete, the final Accounts and Annual Report will be presented to the Board for approval.

The final step will be to file the Annual Accounts and the Annual Report with the Charity Commission before the 31st January 2025 deadline, and the accounts and annual report will then be available on the Charity Commission website.

Asesiad / Assessment

This report provides a financial update for the Charitable Funds Committee for the period ending 31 March 2024.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to approve the set-up of the new funds detailed in 4 and to note the remainder of the report.

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Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the wellbeing and engagement of our staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	KPIs – Key Performance Indicators
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Not Applicable
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper

<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies</p> <p>Choose an item.</p>

Static Funds Q4 2023/24

Fund	Fund Balance Q4 2023/24 £	Expenditure Incurred 2022/23 - 2023/24 £	Details
Legacy / Grant Funds			
F278-LEGACY RGH HAEM G S WATKINS	- 58,644.29	3,563.34	Although the new cancer centre on ward 2/4, NHH is on hold, the bulk of the funds is going to be kept for this.
F298-LEGACY RGH BREAST G S WATKINS	- 58,644.29	3,563.34	It was agreed to use this fund for equipment requirements for the new breast unit which has been operational since February 24. As there are still capital monies available for the unit it is unlikely this money will be used in the near future but consideration is now being given to pooling all the breast funding to purchase a new scanner.
F411-LEGACY RENAL UNIT G BEST	- 70,308.21	6,341.24	The renal unit is privately run and there are no plans for any large purchases in the near future. As well as this legacy they also have another unrestricted fund for the department which is used for small purchases.
F583-LEGACY NHH PALLIATIVE CARE I M MORRIS	- 27,723.08	2,101.20	Fundholder is using fund for training courses. Further requisitions are continuing to be received.
F812-LEGACY NHH CARDIO V WILLIAMS	- 43,883.82	1,500.64	Cardiology has several large legacy funds and are currently using others for their equipment needs which are frequent. This fund will be used when the other funds are depleted.
F817-LEGACY NHH DIAB G M GUNTER	- 28,528.93	1,733.48	Plans for a large spend as soon as the executive agree that the new location of the service in Gilwern Ward will be permanent and it will be converted into a diabetes centre.
F831-LEGACY CALCRAFT J GRIFFITHS	- 106,135.69	6,222.15	The fund will be used to offer travelling fellowships to attract doctors to work in ABUHB. This fund is being monitored as a fund over £25k.
	- 393,868.31	25,025.39	
Unrestricted Funds			
F057-RGH PG MRCOG	- 28,454.01	1,728.91	The audio systems in the Postgraduate Unit are being replaced - this is ongoing, other funds within Postgrad have already been charged. The MRCOG course is run periodically and spend should increase over the coming year.
F140-ABUHB MEDIA FUND	- 62,430.24	2,268.20	The Fundholder agreed to fund the ABUHB staff award event at a cost of £25k and requisitions of this value have been received. In addition to this we have received numerous requisitions for items to improve the environment and well being of the facilities staff totalling £25k. We expect this fund to be spent at the end of 24/25. Fundholder attending CFC 3rd July meeting.
F211-ABUHB GWENT CYSTIC FIBROSIS FUND	- 20,690.59	1,242.82	Meeting requested with Fundholder to discuss plans to use this fund.
F233-ABUHB BABY COOLING EQUIPMENT	- 20,500.72	1,242.47	Fund originally set up to provide cooling equipment on ambulances for transporting babies between hospital sites. Meeting requested to discuss how this can be progressed.
F270-NHH CLINICAL HAEMATOLOGY	- 37,947.40	2,535.86	Although the new cancer centre on ward 2/4, NHH is on hold, the bulk of the funds is going to be kept for this.
F277-NHH WINDSOR SUITE	- 51,896.47	4,289.39	Although the new cancer centre on ward 2/4, NHH is on hold, the bulk of the funds is going to be kept for this.
F301-RGH BREAST CARE UNIT	- 67,719.70	5,771.71	It was agreed to use this fund for equipment requirements for the new breast unit which has been operational since February 24. As there are still capital monies available for the unit it is unlikely this money will be used in the near future but consideration is now being given to pooling all the breast funding to purchase a new scanner.
F303-ABUHB BREAST CENTRE	- 260,183.41	20,320.54	The unit was completed and operational from February 24. A number of items have been purchased including furniture, murals, an interactive table for the children's play area as agreed by the Breast Care Group but these were all funded from Capital. Patient gowns and a micropigmentation machine has been ordered for £4k using the charitable fund. Consideration is now being given to pooling all the breast funding to purchase a new scanner.
F306-RGH VASCULAR LABORATORY	- 32,627.23	1,981.12	Keeping bulk of funds to replace portable scanner as original was purchased over 5 years ago out of charitable funds - approximate £25-30k.
F340-ABUHB RHEUMATOLOGY	- 55,489.71	4,074.87	Fundholder attended CF Committee meeting on 9th November to see how they can be supported to spend funds. Orders have been submitted for 2 scanners, 1 for RGH and 1 for NHH at a cost of £35k.
F367-RGH E N T RESEARCH/TEACHING	- 23,041.03	1,400.01	Fundholder invited to CF Committee meeting on 9th November to see how they can be supported to spend funds. Have plans for staff workshops and teaching equipment for the seminar room etc. The department in E Block, RGH was recently flooded.
F586-NHH ONCOLOGY REHAB	- 80,517.32	4,484.05	Although the new cancer centre on ward 2/4, NHH is on hold, the bulk of the funds is going to be kept for this.
F696-STW SPRINGFIELD COMM WARD PROJECT	- 107,513.57	6,521.28	Wards have transferred from St Woolos to Royal Gwent. Funds to be used on upgrading bathrooms, creating day rooms and external team building/wellbeing professionals to support staff. Fundholder attending CFC 3rd July meeting.
F761-GUH ACCIDENT & EMERGENCY	- 18,477.52	1,695.15	Meeting took place with Fundholder 30.04.24 to discuss plans to use this fund which is to be renamed ABUHB Accident & Emergency (Majors). Considering additional staff training and items to support dementia and vulnerable patients while at the unit.
F839-RGH NEUROLOGY FUND	- 19,774.15	1,201.51	Signatory recently transferred to the Clinical Director following the unexpected departure of current signatory. Further meeting to be arranged to discuss spend.
F861-STW CHEST CLINIC RESEARCH	- 19,875.91	1,306.23	Concerns re the transfer of services from St Woolos to RGH has put a hold on purchasing from this fund. Fundholder will review when future of location of the department is confirmed.
	- 907,138.98	62,064.12	
Total Static Funds	- 1,301,007.29	87,089.51	



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 July 2024
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Available Funding & Consideration of Bids/Small Grants Scheme
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Estelle Evans, Head of Financial Services & Accounting

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

This report provides the Charitable Funds Committee with details of funds that are available to them as at 31.03.2024 and includes 3 grant requests and 1 bid for consideration.

It also includes an evaluation report for a grant previously supported by the Committee.

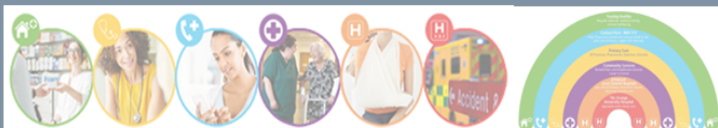
**ADRODDIAD SCAA
SBAR REPORT**

Seyllfa / Situation

The Charitable Funds Committee approved a scheme allowing individuals to engage with Charitable Fund Holders to potentially access some of their charitable funds if the request meets the purpose/criteria of that fund. Once these avenues of funding have been explored the individual will be able to apply to the Committee for a small grant (£5k or under) either in whole or as a top-up to funding they have been able to secure.

In addition to this, the Committee agreed to consider larger bids if supported by an Executive member.

The Committee is asked to note the funds available to them and consider the requests received.



Cefndir / Background

General funds available to the Charitable Funds Committee after commitments total £45k which includes £25k received from the sale of 3 High Street previously held in reserve.

Asesiad / Assessment

Requests Received

Three small grant applications have been received as shown in the table below. Copies of the applications are attached.

	Total Cost £	Ongoing Costs	Area of Benefit
Small Grant Requests			
SGS-15 Moral Injury Workshops	4,600	0	Staff
SGS-16 Baby Tags, Maternity Services	3,185	0	Patients
SGS-17 Women's Health Conference	5,000	0	Patients and Staff
Total Bids	12,785	0	

One bid request has been received as identified in the table below although there are currently insufficient funds available for this. The applicant has been told the Committee has limited funds available, so they have broken the cost down over 3 years and would be grateful for any funding the Committee could make available as that would allow them more time to look for external funding. A copy of the application is attached.

	Total Cost £000's	Ongoing Costs	Area of Benefit
Bids for consideration			
CFC-267 Bid for Suicide Postvention Support Oct 24-Mar 25	25	0	Patients (relatives and staff)
CFC-267 Bid for Suicide Postvention Support Apr 25-Mar 26	50	0	Patients (relatives and staff)
CFC-267 Bid for Suicide Postvention Support Apr 26-Mar 27	50	0	Patients (relatives and staff)
Total Bids	125	0	

Key points

- The requests are being submitted to the Committee as no other source of funding could be found.
- The Charitable Funds Committee can apply general funds for the benefits of patients and staff across the Health Board.
- The Committee **has a balance of £45k** available to support requests.



- There are currently insufficient funds available to support bid CFC-267 Suicide Postvention Support Services in full, but the Committee may wish to consider funding the first year, allowing them more time to look for external funding.
- If the Committee were to support the 3 small grant requests and the first year of the bid, they would have £7k remaining.

Evaluation Reports Received

An evaluation report has been received in respect of the following small grant scheme and is attached for information.

- SGS 010 Clinical Supervision Programme – Approved June 23

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to note the funds available, consider funding the requests and note the evaluation report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	NA
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:



Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	SGS – Small Grants Scheme
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Choose an item.



Charitable Funds Small Grants Scheme Application – Max £5k CFC/SGS 15

1. NAME OF WARD OR DEPARTMENT AND HOSPITAL:
Clinical Supervision Training based in the Quality and Safety Department, Mental Health and LD, St Cadoc’s Hospital, Caerleon, Newport
2. DESCRIPTION OF ITEM/SERVICE REQUIRED:
<p>4 x Staff development in nature one day retreats working with Moral injury and Moral distress in Health staff. Cost of Nature Outdoor Venue 375 p/day x 4=1500 Materials = 100 (Arts materials, Flipchart) Tutor Fees= £3000 (£375 x 8. Each session is co facilitated) Cost for each member of staff equates to just under £100 per head Max 12 spaces per group No VAT required</p>
3. COST OF ITEM/SERVICE PLUS SUPPLIER INFORMATION:
<p><i>Please provide a quote if available and ensure that any costs for delivery and installation are included. Please state if your costs include VAT. If there is any ongoing maintenance or consumable costs, please explain how you intend paying for this.</i></p>
<p>£4600 in total</p> <ul style="list-style-type: none"> The visiting tutor supporting the lead tutor is an existing supplier and the fee to support the co leaders will be £375 each per session (3k). £100 for materials to support the programme eg Flipchart, charcoal & arts materials The ‘outdoor fee’ is to support the introduction of a nature-based unit on the programme on a one off pilot basis to see if it works. It involves hiring 2 rooms at the RSPB Wetlands for 4 days (£1500). <p>There will be no ongoing maintenance costs</p>
4. HOW WILL THIS ITEM/SERVICE BENEFIT PATIENTS AND STAFF:
<ol style="list-style-type: none"> 1. Moral distress occurs when individuals cannot follow through with what they believe is right because of organizational or institutional constraints. Moral injury occurs after one or more exposures to morally harmful events occur, leading to deeper psychological or existential wounds (British Medical Association, 2021). 2. Opinions have formerly differed about whether unethical nursing situations parallel the brutality of war but with the onset of the COVID-19 pandemic, however, comparisons between hospitals and “war zones” became more prevalent, further exposing the application of moral injury principles to health situations. (Stephenson & Warner Stidham 2024) When does it happen? Moral Injury can occur as a result of <ul style="list-style-type: none"> a lack of power or agency; or structural limitations such as insufficient staff, resources, training or time. (BMA) It can produce feelings of profound guilt or shame, betrayal, anger and moral disorientation. (BMA) It can lead to impaired psychological function and harm for health professionals. (BMA 2021). Whilst not a mental health diagnosis in and of itself, MI can lead to symptoms such as depression, burnout and suicidal thoughts and certainly accounts for a proportion of the mental health problems facing NHS staff today (Redlin 2024) 3. Workforce retention : Threats to the shrinking workforce of nurses and doctors should be taken seriously and interventions to improve the mental health and morale of frontline medical staff must be



prioritised. (Stephenson & Warner Stidham 2024)

4. **Support** Aside from the broad recommendations of increased resourcing for health, staffing and structural support; at a micro level, the BMA recommends that support is provided for employees, that affected staff have spaces to talk about their moral distress and injury, develop support networks, develop a sharing and open workplace culture. The BMA emphasises that *'it is imperative to mitigate the risks of moral distress and moral injury, both for the wellbeing of medical professionals and the patients they treat'*.
5. **Designing support for Moral distress and Moral injury.** Redlin (2024), has actively worked in this area and she recommends retreats with periods of silence, safe story telling themes of professional identity, self forgiveness and post traumatic growth.
6. **Proposed ABUHB Support** : This paper proposes to make a contribution toward the wellbeing of the staff in ABUHB by offering 4 staff development full day private 'retreats'. Each retreat would comprise of 10 to 12 participants with 2 co facilitators and would take place in a nature setting away from hospital premises. The work will take place in very small confidential groups with a well designed compassionate staff development programme bearing these needs in mind.
7. **Retreat Leadership** The clinical supervisor trainer is a qualified Nurse, Psychotherapist, Lecturer and Balint group leader and will lead this intervention. She has led very many reflective practice (Balint) groups with Doctors, regionally and nationally and internationally and also extensively with other health professionals in addition. She is very well placed to lead this intervention on behalf of ABUHB staff for ABUHB staff. She proposes co lead these workshops with Dr Kathryn Walters,: Psychology, with Gerald Hewer, Arts Psychotherapy, Helen Gower, Counsellor with Vets, Kerri Miles – Nurse Psychotherapist.
8. **Retreat Design:** The exercises have been specifically designed by the clinical supervisor trainer to promote gentle self-reflection, sharing, a gentle exploration, sharing and ultimately consolidation of professional identity with exercises on self-compassion and self-forgiveness. There will be time for whole and subgroup reflective and confidential discussion. Each retreat will be evaluated, see attached
9. **Target Staff** The retreats will be aimed to facilitate groups of health staff as follows i) Doctors, ii) Nurses, iii) Counsellors and Psychologists and iv) a mixed group of staff which invites those who were working in administration and corporately who dealt/deal with distressing calls during or post Covid who may perceive a day like this to be beneficial for their mental health and wellbeing. Often these groups can be forgotten about yet play a vital back of house role in supporting the health board to deliver its work in the service of patients.

If successfully evaluated the CST will propose that such retreats are supported on an ongoing basis for staff and this funding will have kicked off an awareness and support campaign for health staff.

5.HAVE YOU APPLIED FOR FUNDING FOR THIS ITEM/SERVICE ELSEWHERE, INCLUDING YOUR OWN CHARITABLE FUND:

Please give details of who you approached, and the response received.

No other funds available

6. OTHER SUPPORTING INFORMATION:

Please let me know if there is any further information you require.

7. SUBMITTED BY:

NAME:
Amelia Lyons

JOB TITLE:
Clinical Supervisor Trainer

Telephone:
07741539662

Email:
Amelia.lyons@wales.nhs.uk

8. SUPPORTED BY:



THIS MUST BE SIGNED BY THE DIRECTORATE MANAGER/HEAD OF SERVICE	
Name: Kathryn Walters	Date:
Job title: Head of Psychology, Counselling & Arts Therapies	20 June 2024
Signature: Kathryn Walters (E-mail approval received)	

For Charitable Funds Committee Use

Approved	Not Approved
Next Action:	Reason:

References

Evans, W et al (2020) **The Moral Injury Workbook**. New harbinger publications. Oakland, Canada

Jones, S. (2024) **This isn't about a lack of resilience**. RCN Magazine March 2024

British Medical Association (2021) **Moral Distress and Moral Injury. Recognising and Tackling It for UK Doctors**. BMA.

Redlin, S (2024) **Moral injury : A Manifestation of Shame in Healthcare Workers**. Welcome Foundation.

Stephenson, P and Warner-Stidham, A (2024) **Nurse Reports of Moral Distress During the COVID-19 Pandemic** Sage Open Nursing Volume 10, 1-9



Charitable Funds Small Grants Scheme Application – Max £5k CFC/SGS 16

1. Name of ward or department and hospital:

Maternity Services

2. Description of item/service required:

Baby Tags from X-Tag Medical

3. Cost of item/service plus supplier information:

Please provide a quote if available and ensure that any costs for delivery and installation are included.

Please state if your costs include VAT.

If there is any ongoing maintenance or consumable costs, please explain how you intend paying for this.

PRODUCT CODE	SPECIFICATION	NET PRICE
XTM6-STRAPTAG	Baby tag for newborns (minimum order quantity of five tags) Requires XT-STRAP-10	£60.00

The price per tag excludes VAT

6 rolls of tape are required for 30 tags at £139 per roll plus VAT

XT-CARRIAGE	Our standard carriage charge, which typically arrives within 1-2 working days after being processed (inland estimate only)	£20.00
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Summary of Costs					
Item	Qty	Unit Price	Total	Vat	Total Cost
Baby Tags	30	60.00	1,800.00	360.00	2,160.00
Tape	6	139.00	834.00	166.80	1,000.80
Carriage	1	20.00	20.00	4.00	24.00
					3,184.80

Total Cost £3,184.80

4. How will this item/service benefit patients and staff:

These tags are part of core business to support the safety of babies on the maternity ward. We have unprecedented numbers of babies being born and the demand on the tags is vast. We are struggling to keep up with the demand using revenue and maternity charitable funds have been



significantly drained.

Patient Management

Midwives give each baby a unique ID used to track the location and safety status of babies throughout the day. This is especially useful in maternity and neonatal departments that have large quantities of new-borns every day.

Maternity and Neonatal Ward Security

Greatly enhances patient security and reduces the rising risk of infant abduction. The systems are used to play an integral part in an effective overall safeguarding strategy in a busy hospital environment.

5. Have you applied for funding for this item/service elsewhere, including your own charitable fund:

Please give details of who you approached, and the response received.

We have not applied for any other funding; however, we have utilised our own charitable funds to support increasing demand. Having support to purchase more tags will provide both services with assurance that we have sufficient supply. To support this increased demand, we are asking support to buy an additional 30 tags and 30 rolls of strapping.

6. Other supporting information:

Over both the maternity and neonatal unit we require 54 tags if all rooms were occupied. We currently have 23 tags on Maternity and 13 tags on neonatal. Active Tagging recommends having 20% more tags than patient beds in the event of tags gone for repair or broken.

7. Submitted by:

Name:
Kerry Jeffries

Job title:
Assistant Service Manager Maternity

Telephone:
Kerry 07989 141007

Email:
Kerry: kerry.jeffries@wales.nhs.uk

8. Supported by:

This must be signed by the Directorate Manager/Head of Service

Name: Jayne Beasley

Date: 16th May 2024

Job title: Head of Midwifery



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Signature: <i>J. Bevan</i>	
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For Charitable Funds Committee Use

Approved	Not Approved
Next Action:	Reason:



Charitable Funds Small Grants Scheme Application – Max £5k CFC/SGS 17

1. Name of ward or department and hospital:
Aneurin Bevan Public Health Team – St Cadocs Headquarters
2. Description of item/service required:
Funding for a ABUHB Women’s Health conference on International Women’s Day 2025
3. Cost of item/service plus supplier information: <i>Please provide a quote if available and ensure that any costs for delivery and installation are included.</i> <i>Please state if your costs include VAT.</i> <i>If there is any ongoing maintenance or consumable costs, please explain how you intend paying for this.</i>
Influential Speakers x 3 = 1250 Women’s Health Merchandise = 250 Venue hire, including catering and refreshments x 300 attendees Bryn Meadows Golf Hotel & Spa = 3500 Total costs £5000
4. How will this item/service benefit patients and staff:
Women often struggle to be heard and to have their health and wellbeing needs met. There have been and continues to be many missed opportunities for public service providers and private sector employers to improve the health and wellbeing of all women. Please see Section 6 for Gwent data and info-graph produced for Women’s International Day 2024 to launch the Women’s Network. First and foremost, the event aims to bring together those working in the health and care system and partner organisations to bring awareness of the difficulties women face on the daily basis. Second and more important, the opportunity to discuss practical solutions to the experiences women have, both in terms of their access to and experience of the health and care system, community provision and disparities in outcomes. The conference will provide an excellent opportunity for ABUHB and partner organisations to gain the latest insights and data in women’s health. This will enhance their knowledge and skills, leading to improved patient care and community provision across Gwent. Equipped with the latest research and best practices, ABUHB and partner organisations will be better prepared to address complex women health issues, leading to enhanced patient outcomes and care quality.

Attendees will have the chance to network with leading experts, researchers and other colleagues from various organisations. This can foster collaboration, idea sharing and professional growth.

Focusing on women's health can inspire and empower professionals across Gwent highlighting the importance of their roles and contributions to overcome the healthy gender gap we have in Gwent.

The conference will facilitate interdisciplinary learning and cooperation among professionals from different sectors/ organisations. Promoting a more integrated and holistic approach to women's health. Developing a shared purpose, shared decision making within a safe, inclusive environment in which everyone can contribute fully.

Additionally, to improve the working lives of everyone at ABUHB and promote equality, the Gwent Women's Network was launched in March 2024. This network provides a nurturing space for growth and support, raising awareness of the barriers and biases women face in the workplace, and serving as a key influence on gender equality. It also recognises and celebrates the achievements of women and their impact across ABUHB. This conference will be an excellent opportunity to promote the network, bringing its members together and providing them with more information and opportunities to engage.

Finally, the importance of this conference is highlighted by the recommendations from the Women's Health Quality Statement published by the Welsh Government. This statement emphasises the need for health boards to collaborate across health services to ensure equity of access for women, maintain consistent standards of care and address unwarranted variation.

Following these recommendations, under the leadership of Executive Director of Public Health and Strategic Partnerships, Tracy Daszkiewicz, the Aneurin Bevan Public Health team have initiated a plan for a Gwent Women's Health Joint Needs Assessment (JSNA). Tracy Daszkiewicz is supportive of this application. The Chief Operating Officer, Leanne Watkins is the Sponsor of the Women's Network and supportive of this application.

This conference will serve as a vital platform for public and stakeholder engagement, facilitating the collaboration needed to support the delivery of this JSNA and improve health outcomes for women across Gwent.

Event Exhibitors

We plan to invite event exhibitors such as:

- Fair Treatment for The Women of Wales
- Ethic Minority Women in Welsh Healthcare
- Health and Care Research Wales
- The Faculty of Sexual & Reproductive Healthcare
- Bevan Foundation
- WCVA

5. Have you applied for funding for this item/service elsewhere, including your own charitable fund:

Please give details of who you approached, and the response received.

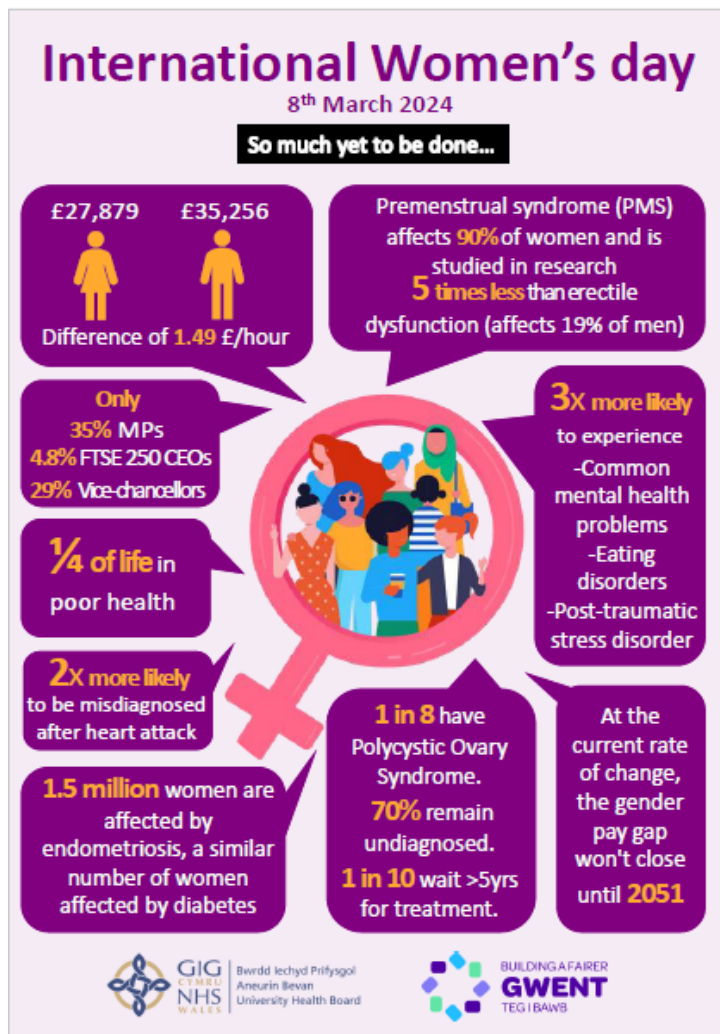
We have contacted the charitable funds manager. We are aware there are only two funding streams associated to women's health under maternity and gynaecology. Unfortunately, there is limited funding available, and this funding has already been allocated to other departments

6. Other supporting information:

Women's Health Conference Evaluation

We will provide feedback to the charitable funds committee in the form an evaluation of the Women's Conference including recommendations of future development

Gwent Joint Strategic Assessment – Women's Health Data



Life expectancy at birth (2018-2020)

Male 78.1
Female 81.7

Females Gwent data (over the years)

2014-16 82
15-17 81.9
2016-2018 82
2017-19 82.1
2018-2020 81.7

Healty life expectancy at birth (18-20) (without being limited by illness, disability or other health related conditions)

Males 60.1
Females 58.9

Females Gwent data (over the years)

2014-16 59.3 (vs Wales 62.6)
15-17 59 (vs Wales 62)
2016-2018 59 (vs Wales 62)
2017-19 59.4 (vs Wales 62.1)
2018-2020 58.9 (vs Wales 62.4)

Below the value for Wales by 2.8 years and 3.5 years over the past 5 years (2014 to 2020). In 2018/20 females in Gwent were expected to live 58.9 in health. This is lower than the value for Wales where females were expected to live 62.4 years in a healthy life state.

Females living in Gwent are expected to live 72.1% if their live in a healthy state (2018-2020). This is lower than the average for Wales where females live 76% of their life in a healthy state.

Despite living longer, the average woman spends nearly a quarter of her life in poor health compared with a fifth for men.

Population and deprivation

Deprivation -The Gap in years at birth between the most and the least deprived people living in Gwent

GAP LIFE EXPECTANCY

Females 6.4
Males 6.6

GAP HEALTHY LIFE EXPECTANCY

Females 20.5 (Wales 16.9)
Males 12.8 (Wales 13.3)

Females living in the least deprived areas are expected to live 20.5 years longer in a healthy life state compared to females living in the most deprived areas. It is unacceptable to have a large difference in healthy life expectancy between most and least deprived because it reflects a profound injustice, where females' opportunities for a long and healthy life are unfairly determined by their socioeconomic circumstances perpetuating inequality and social disadvantage.

Education

87.7% of females (aged 12-64) qualified to UK national qualification framework (organises and compares different education qualifications helping people understand their level of education and skills) level 2 or above in Gwent national qualification framework in 2022. This is 0.4% below than the national average for Wales (88.1)

Under 18 conceptions

Per 1000 (age-group), 17 under 18 year old girls get pregnant in Gwent. This is higher than the Welsh national average (15.2)

Employment

GROSS MEDIAN EARNINGS FOR GWENT RESIDENTS employed full time by gender in 2022

Females– 27,879 (Females working in Gwent 27,749)
 Males - 33,325

% OF ECONOMICALLY INACTIVE due to health conditions/illnesses lasting more 12 months 2022
 35% (29.8% in wales 2022)

Domestic abuse

Gwent police rate of recorded domestic abuse related incidents and crimes per 1000 population by year

2020 - 40.3

2021 - 41.1

2022 - 44.6 (*this is 58% above the rate of wales of 28.3 and 78% above the rate for England and Wales combined*)

In 2021/22 Gwent had the highest recorded domestic abuse rate across all police force areas in England and Wales.

Alcohol & smoking

The alcohol-attributable and alcohol-specific admissions for Gwent in females is the highest of the 7 Welsh health boards (standardised rates with 403 per 100,000)



and specific 352)

Smoking 12% female adults who daily/occasionally smoke (22-23)

During pregnancy - From 20% (in 2016) to 13% (in 2022)

7. Submitted by:

Name: Beveleigh Evans

Job title: Assistant Director of
Population Health

Telephone: 07969505617

Email: beveleigh.evans@wales.nhs.uk

8. Supported by:

This must be signed by the Directorate Manager/Head of Service

Name: Professor Tracy Daszkiewicz

Date: 14/06/2024

Job title: Executive Director for Public
Health & Strategic Partnerships

Signature: 

Name: Leanne Watkins

Date: 14/06/2024

Job title: Chief Operating Officer

Signature: 

Please note you will be asked to complete an evaluation form to demonstrate how your small grant has made a difference.

For Charitable Funds Committee Use

Approved

Not Approved

Next Action:

Reason:



**Charitable Funds Committee
Bid Ref: CFC – 267**

**Bid for Suicide Postvention Support Service
For ABUHB Population
Across Gwent**

1. Introduction

The committee are asked to support this bid to enable the continuation of local specialist suicide bereavement service, currently provided by a local charity: [Jacob Abraham Foundation](#) (JAF). Funding for this provision ends on 30th September 2024.

The grief process for any death is always difficult. Research shows that bereavement by suicide is more complex, and often complicated by shame, guilt, stigma and trauma. People bereaved by suicide are at greater risk of suicide themselves. Research highlights the need for a specialist bereavement support service for this vulnerable group of the population (see Appendix 1).

Support for anyone affected by a sudden death, including suicide, of a child/young person aged 25 and under is provided across Wales by a national charity: 2wish. There is no equivalent national service for anyone affected by a death by suicide of someone aged 26 and over.

Since September 2020 the residents of ABUHB area, unlike other Health Board areas in Wales, have had access to an all-age suicide bereavement support service, which has been funded from short term funding streams.

JAF, a local charity, provide immediate, short, long-term, and historic support for anyone living in ABUHB area who has been affected by a death by suicide of someone aged 26 and over. Their funding finishes on 30th September 2024. Funding streams to continue this service after October 2024 have been explored without success.

Funding to the enable the continuation of a local all-age suicide bereavement support service for ABUHB, i.e. funding the current national gap in provision of support provided to people affected by a death by suicide of someone aged 26 and over, is therefore being requested.

The amount of funding being sought is: £125,000. This will enable a local specialist suicide bereavement support service to continue until end of financial year 2026/27.

We are aware that the Committee have limited funds available at present, so we would be happy to receive

funding for the first year which would give us more time to seek out external funding.

2. Background

This bid is seeking funding to enable the continuation of a local specialist suicide bereavement support service, currently provided by [Jacob Abraham Foundation](#) (JAF) from 1st October 2024 until the end of the financial year 2026/2027. This will coincide with the evaluation and recommissioning of a national suicide bereavement support service, which has just been commissioned but not yet operational. This new national service will provide a one-stop national phoneline to signpost people bereaved by suicide to local support services (where available), and limited telephone counselling.

Current local provision, from JAF, includes a personal contact to offer support within 48 of the death, the offer of a person-centred approach to support (i.e. by phone, email or in person) which includes the offer:

- Of a home-visit and/or short-term virtual/face-to-face support to help navigate the coroner/inquest/police process and provision of supportive resources including details of wider services available.
- Of medium-term support including counselling and
- Of long-term support through local peer-support groups.

Data collected by Gwent Police indicates the number of annual deaths by suicide in ABUHB area have ranged from 65-74 deaths over the last three years. This equates to more than one suspected death by suicide a week in the ABUHB area.

Research indicates that for each person who dies by suicide, between 6 and 135 other people could be exposed, affected, or bereaved and requiring support¹. Families and friends bereaved by suicide are at greater risk of mental health and emotional problems and are at higher risk of suicide themselves. The purpose of post-suicide bereavement programmes is therefore to aid the grieving process and

¹ [Consultation Template \(gov.wales\)](#)

reduce the potential for contagion by using counselling and education.

Most deaths by suicide – in ABUHB area and across Wales – occur in people aged 25 and over. Suicide bereavement support is outlined as one of Welsh Government's six objectives: '*to provide support for those bereaved or affected by suicide*' in its current national suicide and self-harm strategy: Talk 2 Me Too. There is a vast amount of evidence to highlight the positive impact of specialist suicide bereavement support services (see Appendix 1). However, specialist bereavement support for anyone affected by a death by suicide of **someone aged over 25** widely varies across Wales, and provision is reliant on locally identified funding and/or resources.

Since 2012, 2wish, a national charity, has provided support for anyone affected by a sudden and unexpected death of **someone aged 25 and under** across Wales. This includes deaths by suicide.

From September 2020 to March 2023, utilising external funding secured by the ABUHB Public Health Team, 2wish piloted an extension of their service, in the ABUHB area only, to include the provision of support to anyone affected by a death by suicide regardless of the age of the person who died. This pilot was commissioned in response to the evidence base (see Appendix 1) and lack of specialist support available in the ABUHB area for anyone bereaved by suicide of someone aged over 25.

During the 30 months' duration of the pilot project, there had been 145 deaths by suspected suicide in ABUHB of people aged over 25 and over. During this period, 2wish received a total 104 death referrals, of which 86 were immediate death referrals and 18 were historic death referrals. Support was provided to over 400 local ABUHB residents who were bereaved by suicide of someone aged 26 and over during this period. This pilot was deemed a success by the Gwent Suicide and Self-harm Prevention Steering Group, who commissioned and monitored it.

Since March 2023, Jacob Abraham Foundation (JAF), a Welsh suicide support charity, has continued the work of 2wish by providing immediate, short, long-term, and historic support for anyone living in ABUHB area who has been affected **by a death by suicide of someone aged 26 and over**, which now complements the 2wish national provision. 2wish chose not to submit a bid when the service went out to re-tender due to their new business model being to extend into England.

JAF also provides a similar suicide bereavement support service across the Cardiff and Vale University Health Board area.

In their first 13 months of providing a service in ABUHB area, JAF have supported 86 individuals from 51 death referrals.

Since September 2020 people who live in the ABUHB area, who have been affected by a death by suicide, regardless of the *age* of the person who has died or *when* they died, have had access to a timely specialist service, unlike all other Health Board areas. This funding has enabled this vulnerable population group within ABUHB to have access to [NICE Suicide Prevention Quality Standard](#) level support.

Funding for this service provision has been secured from various funding streams which has meant short term contracts. Funding for the JAF service is due to finish on September 30th, 2024.

The commissioning of an all-age national suicide bereavement liaison service is in process. We had been assured by Welsh Government that this service would be operating by the 1st of April 2024. At the time of writing this bid, there has been no formal announcement as to which organisation has been awarded the contract or the details of service provision to be delivered, if anything, at local level. Early indications provided at the recent WG Suicide and Self-Harm Prevention Regional Forum meeting, are that this service will ONLY provide a national single point of contact (phoneline) which signposts to local services, with funding being used to commission and manage the phoneline, supported by a limited offer of telephone counselling.

The ABUHB Public Health team have been involved in internal ABUHB bereavement model conversations and supported the recent ABUHB 'Big Conversation' event, which highlighted the

need for a local bereavement support model. Although no funding has yet been identified to provide and/or commission a local bereavement support service, there is evidence of need. The specific needs of people bereaved by suicide will be included in its development.

This funding bid will enable the continuation of existing immediate and person-centred postvention support provided by JAF, to which the national phonenumber could signpost.

The funding would allow JAF, or another similar service provider if the contract went out to re-tender and JAF were not successful, to provide a sustainable offer to families. Families like to re-engage at certain points and the benefit of a three-year offer would support re-engagement throughout the initial stages of their grief journey. The service also provides support to families of historic deaths, who may not have had the opportunity for support at the time of the death or chosen not to engage at the time of death.

3. Key Issues

3.1 Category of Bid

This bid relates to: *(please delete as appropriate)*

~~Purchase of equipment.~~

Patient's welfare and amenities.

Staff education and welfare. (NB: the service supports staff affected by a death by suicide, personally or professionally)

3.2 Description of the Bid

If funding is received, this will allow JAF (or an equivalent service if the service went out to tender and JAF were not successful) to continue with the current service provision which includes:

- Offering immediate support to anyone affected by a death by suicide, through professional referral and/or self-referral.
- Offering talking therapies, counselling, alternative therapies, peer support and play therapy to anyone aged under 16, provided by a trained and registered Therapist.
- Provision of a listening service.

- Provision of 'Grief Care' packs which include at a minimum the WG resource Help is at Hand, to bereaved relatives and families.
- Offering practical support and advice on attending inquests, dealing with the media and funeral planning, and guidance on dealing with other appropriate services.
- Offering monthly local bereavement support group meetings, and events/activities as appropriate.

The JAF service is person-centred and accessible. If necessary, staff will visit clients in their own homes or offer transport/mobility support to attend meetings. Support is offered by telephone, online as well as face to face.

Any referral is responded to within 48 hours, and several attempts are made to follow up non-responders of referrals.

Staff cover is available every week of the contract and an out of hours service message provides signposting to alternative sources of immediate support.

Self-referrals are encouraged but most referrals are currently made by Gwent Police, who respond to deaths by suicide. The service is responsible for promoting their service to local partners including Gwent Police, ABUHB, WAST and Primary Care service providers at local engagement events/training.

JAF seek to continuously improve their service offer in response to feedback from those offered support. For example, families consistently reported a lack of support for children when a family member died by suicide. Families spoke about their concerns around children displaying unhealthy emotions and behaviours and they felt unequipped to support their children. JAF therefore employed a dedicated Play Therapist to provide children between 3-18 years old with bereavement support through creative therapies.

Please explain why this request is not being met through core funds.

There are currently no core funds for specialist bereavement support.

What alternatives have been considered?

Since September 2020, a range of short-term grant money funding streams have been used to commission this service which includes WG Service Improvement Fund and the WG Regional Integration Fund.

3.3 Outcome Measures & Benefits

3.3.1 Activity Analysis

Current monitoring of the service is based on the NICE Quality Standards on Suicide Prevention². This Quality Standard includes a Quality Statement for specialist suicide bereavement support: *'Supporting people bereaved or affected by suspected suicide people bereaved or affected by a suspected suicide are given information and offered tailored support'*.

Performance

Performance measures include:

- Number of referrals received relating to recent deaths by suicide (to be compared with actual data of suspected deaths by suicide)
- Number of referrals received for historic deaths by suicide
- Total number of individuals supported by the service
- Details of any waiting lists/waiting times
- Feedback from clients such as stories, case studies including how support has helped and what could be done better

Activity

Monitoring of activity will be conducted by written report on a quarterly basis, including the following indicators:

- Number of contacts (new calls received)
- Number of actual engagements (subsequent calls engaged)
- Local area contact resides in ABUHB area (i.e. Caerphilly, Torfaen, Newport, Monmouthshire, or Blaenau Gwent)
- Support offered
- Client details: age (range), ethnicity, time since bereavement, time since referral, route of referral
- Any safeguarding concerns flagged
- Number of instances signposting to/from a local partner organisation, and which organisation

² NICE (2019) Suicide prevention. Quality standard – www.nice.org.uk/guidance/qs189

Activity monitoring for the Gwent Postvention Support Service
provided by JAF, **April 2023-May 2024:**

- Number of contacts: **51 referrals**, leading to engagement with **86 individuals**
- All individuals have received at least one text message with **47 receiving at least one therapeutic session.**
- **12 group sessions offered once a month** within the community with regular attendees.
- Prominent engagement areas - Pontypool, Torfaen, Blaenau Gwent. Referrals also received from other local authorities throughout Gwent
- Referrals received from: Gwent Police, Social Services, Family Support, Private Counsellors, Employers, Self, Prison service, Grange Hospital.
- Contacts predominantly identify as White British/Welsh. The age range varies from 8 to 76. **Main engagement ages between 25-50.**
- Additional support and events offered including local rugby clubs, fire services, intensive care unit, advice for Prison service, community awareness raising events.
- Families are **offered support within 48 hours** of the death illustrating the immediate offer already in place to meet the complex needs of those referred.

3.3.2 Benefits

The benefits of a specialist suicide bereavement support service are outlined below, with further details in Appendix 1:

- **Support findings from *Everybody's Business: A report on suicide prevention in Wales*** (National Assembly for Wales, 2018)³. The report highlighted the importance of access to appropriate and timely specialist services for people affected by a death by suicide. It stated that (i) people who have been bereaved by suicide *are at increased risk of suicide themselves*, and (ii) that there was overwhelming evidence that access to postvention support needed to improve in Wales.

³ National Assembly for Wales. Health, Social Care and Sport Committee (2018) - *Everybody's Business. A report on suicide prevention in Wales*

- **Aid the grieving process and reduce the potential for contagion by using counselling and education.** Research indicates that for each person who dies by suicide, between 6 and 135 other people could be exposed, affected, or bereaved and requiring support⁴. Families and friends bereaved by suicide are at greater risk of mental health and emotional problems and are at higher risk of suicide themselves. A consistent offer of the bereavement support groups provides the opportunity for those engaging with the service to have a sense of normality to their journey developing a shared experience and community with others bereaved through suicide. See Appendix 1 for a list of evidence sources.

Cost-saving. Every life lost to suicide is a tragedy and is estimated to impact on up to 135 people⁵. A recent Samaritans report⁶ conservatively estimated the cost to the Welsh economy in 2022 from suicide was £0.48 billion. They estimated that each death by suicide cost on average £1.46 million⁷.

Based on recent data this would be an estimated cost of £100m in ABUHB area. The current bereavement specialist support service costs around £50,000 a year.

In addition, the National Assembly for Wales report³ acknowledges that supporting the mental health and wellbeing of those bereaved through suicide could lead to reduced demand for NHS services.

The overall aim of the service provided by JAF is to provide immediate and person-centred support to all families referred within the ABUHB region. The funding would allow a local service to offer a sustainable approach to families, some of whom may access for a short time and others for a longer period. It has become evident that families like to re-engage at certain points and having the benefit of a three-year offer would support re-engagement throughout the initial stages of their grief journey. JAF are keen to continue providing this service and obtained their recent contract

⁴ [Consultation Template \(gov.wales\)](https://gov.wales)

⁵ [How Many People Are Exposed to Suicide? Not Six - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/)

⁶ [The economic cost of suicide in the UK \(samaritans.org\)](https://samaritans.org)

⁷ [The economic cost of suicide in the UK \(samaritans.org\)](https://samaritans.org)

from a tendering process. We will be guided by ABUHB Procurement as to whether we need to go back out to tender.

A testimonial from a bereaved partner supported by JAF reads:

*"I would like to express how instrumental the JA foundation has been in supporting me through the most traumatic moment in my life. 8 weeks ago, my husband took his life in the most horrific way, and I felt like there would never be a way through my grief. With the support of my counsellor, I have begun to work through the pain and grief and somewhere deep inside I know one day I will be ok again. **I would never have been able to achieve this without the support I have received.** I have 2 kids who need their mum and the support I am receiving is enabling me to carry on being a mum."*

Performance and activity measures are based on the NICE Suicide Prevention Quality Standard and are described in Section 3.3.1.

Key outputs include:

- To respond to a referral within 48 hours, contacting the client being referred/self-referring.
- To provide a person-centred approach to support, offering face-to-face, telephone and/or email contact.
- To ensure that the referred client is made aware of the support available to them from the service, and that it is clearly communicated that this support is available at any point within their bereavement journey.
- To send a follow up email/letter to clients who declined immediate support, providing a reminder of your service provision and where to access further information and sources of support including the WG resource: [Help is at Hand](#).

Outcome measures, taken from the NICE Suicide Prevention Quality Standard, include:

- Proportion of people bereaved or affected by a suicide who are satisfied with information and support.
This will be measured through feedback provided by those supported by the service.
- Number of suicides among people bereaved or affected by a suicide.

This will be measured through feedback to the service, as well as through ABUHB routine suicide surveillance data.

3.4 If the Bid is not Supported

If the bid is not supported, then there is likely to be no specialist suicide bereavement support service after October 1st, 2024. The ABUHB Public Health Team have already sought funding from WG funding sources and not been successful.

Jacob Abraham Foundation have already applied for funding from the Henry Smith fund and were unsuccessful. They are unable to apply to the Big Lottery as another of their projects is funded by Big Lottery making them unable to submit another bid.

3.5 Bids relating to Additional Staff Resources

This bid will enable ABUHB to continue commissioning a service provided by JAF, or an equivalent organisation. JAF employ dedicated staffing to support this project. No additional staff resources will be required outside of those provided by JAF, or an alternative provider.

4. Financial Analysis

4.1 Funding Requested

A total of £125,000 is requested within this bid. This funding will enable the existing bereavement support provision to continue seamlessly until the end of the financial year 2026/2027.

Annual breakdowns are as follows:

Current funding for the service finishes on September 30th, 2024.

October 2024 - March 2025: £25,000

April 2025 – March 2026: £50,000

April 2026 – March 2027: £50,000

Further breakdowns of costings are provided below:

Revenue	Six Month Costings	2025-2026 costings	2026-2027 costings	Total Costings

Qualified staff to provide: Counselling, play therapy, bereavement support groups and listening service	£22,249.74	£46,499.48	£48,359.46	£117,108.68
Expenses and Travel	£1000.00	£2000.00	£2000.00	£5000.00
Grief Care Comfort and resource packs	£400.00	£800.00	£800.00	£2000.00
Venue Hire	£150.00	£300.00	£350.00	£800.00
Total	£23,649.74	£49,299.48	£51,159.46	£124,908.68

The above funding has been based on the following support model:

- Providing immediate support to anyone affected by a suicide loss in the ABUHB area.
- Offer talking therapies, counselling, alternative therapies, peer support and play therapy to anyone under the age of 16 with a trained, registered Therapist.
- Providing a listening service.
- Providing Grief Care Comfort packs and 'Help Is At Hand' resource packs to bereaved relatives and families.
- Offering practical support and advice around inquest, media and funeral and guidance with any other appropriate services.
- Holding monthly bereavement support groups.
- Supporting regional events and activities, as advised (e.g. participating in ABUHBs Big Conversation).
- Offering a person-centred support service in the community.
NB: JAF are an adaptable and accessible service, who offer to travel to homes or places to accommodate mobility issues or transport challenges and offer online, telephony or face to face services if required.

The proposal covers staff costings (inclusive of tax and NI) at the rate of 36 hours per week, travel, expenses, core services, Grief Care Comfort and resource packs and counselling. The Jacob Abraham Foundation will absorb management costs throughout the duration of the piloted project.

What is the proposed procurement route?

Advice will be sought from ABUHB Procurement Team as to the proposed procurement route. We would prefer to continue funding the established JAF provision but will be guided by procurement guidelines.

4.2 Availability of Local Charitable Funds

We have enquired as to whether there are any suitable charitable funds available but unfortunately there are not.

4.3 Revenue Costs

There are no revenue costs.

4.4 Revenue Costs - Affordability

Not applicable.

5.0 Conclusions and Recommendations

The committee is asked to support a funding proposal for £125,000.00 to secure the ongoing commissioning of bereavement support for those affected by suicide, from October 2024 until March 2027.

The service currently provided by JAF complements that provided by 2wish, a national charity providing bereavement support for those affected by death by suicide of a person aged 25 and under only.

Securing sustainable long term bereavement support for people affected by death by suicide will enable the new national phoneline to effectively signpost to local, person-centred, tailored face to face services.

Provision of local bereavement support services is in line with NICE Quality Statement on Suicide Prevention.⁸


The purpose of post-suicide bereavement programmes is to aid the grieving process, support the mental health and wellbeing of those affected by suicide, and reduce the potential for contagion through counselling and education.

⁸ <https://www.nice.org.uk/guidance/qs189/resources/suicide-prevention-pdf-75545729771461>

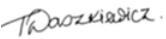
Bid Prepared by:

Name:	Jackie Williams
Title:	Senior Public Health Practitioner
Date:	10th June 2024

Supported by Division

General Manager:	Emily Clark
Signature:	
Date:	10th June 2024

Executive Sponsor

	Professor Tracy Daszkiewicz
Signature:	
Date:	10th June 2024

APPENDIX 1

Summary of Evidence to Support Specialist Suicide Bereavement Services Drafted by Jackie Williams, ABUHB Feb 2024

To be read in conjunction with:

- Support After Suicide: A Guide to Providing Local Services - [support_after_a_suicide.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- National Suicide Prevention Alliance – Developing and Delivering Suicide Local Suicide Bereavement Services - https://suicidebereavementuk.com/wp-content/uploads/2020/09/NSPA_Developing-Delivering-Local-Bereavement-Support-Services
- National Suicide Prevention Alliance – Evaluation Local Suicide Bereavement Support Services - [NSPA Evaluating-Local-Bereavement-Support-Services.pdf \(suicidebereavementuk.com\)](https://suicidebereavementuk.com/NSPA_Evaluating-Local-Bereavement-Support-Services.pdf)

The National Assembly for Wales's 'Everyone's Business: A Report on Suicide Prevention for Wales'⁹ highlighted the *importance of access to appropriate and timely specialist services for people affected by a death by suicide*. Other key findings within the report were:

- For each death by suicide in Wales it has been suggested that an average 6 people are deeply affected, though this figure is thought to be an underestimate, and many other people would be affected too.
- People who have been bereaved by suicide are at increased risk of suicide themselves, and as such be recognised as a vulnerable group when considering suicide prevention.
- Overwhelming evidence that access to postvention support needed to be improved in Wales, as many people were left alone to pick up the pieces with no support. This was compared to support provided if their relative had been bereaved in other ways such as road traffic accident they would have received support of police family liaison officers.
- Support should be based on lived experience.

⁹ National Assembly for Wales. Health, Social Care and Sport Committee (2018) - Everybody's Business. A report on suicide prevention in Wales

The NICE Quality Standard on Suicide Prevention¹⁰ included the Quality Statement on suicide bereavement tailored support: *'Supporting people bereaved or affected by suspected suicide people bereaved or affected by a suspected suicide are given information and offered tailored support'*.

The rationale behind this statement provided was that children, young people and adults who are bereaved or affected by a suspected suicide are themselves at increased risk of suicide. Providing support after a suspected suicide can reduce this risk, especially when tailored to the person's needs. It is important to identify people who may need support as soon as possible so that they can be given practical informational and access support if, and when, they need to.

Quality measures within this Quality Statement include:

- *'Evidence of local processes to give information to people bereaved or affected by a suspected suicide and to ask if they help'*
- *'Evidence of local services that can provide support to people bereaved or affected by suspected suicide'*.

The outcome measure being the 'proportion of people bereaved or affected by a suicide who are satisfied with information and support'.

Welsh Government Integrated Impact Assessment for Suicide Bereavement Liaison Service (Sept 2022)

The WG drafted a proposal to engage an agency that has demonstrable experience in bereavement by suicide that can ensure a consistent and timely community response to people affected by sudden deaths that are unexplained or a suspected suicide. This was in response to a listening exercise commissioned from Opinion Research Services, Swansea which elicited insights from people living with bereavement by suicide in Wales. It complemented and built on the report 'From Grief to Hope'¹¹ published by Manchester University. This report provides a compelling case, not only for crisis care, but also for the long-term support for those bereaved or affected by suicide.

Objectives identified:

- Ensure the needs of those affected are compassionately, and comprehensively assessed by an appropriately qualified and

¹⁰ NICE (2019) Suicide prevention. Quality standard – www.nice.org.uk/guidance/qs189

¹¹ [McDonnell-et-al.-2020.-From-Grief-to-Hope.pdf \(nspa.org.uk\)](https://www.nspa.org.uk/wp-content/uploads/2020/06/McDonnell-et-al.-2020.-From-Grief-to-Hope.pdf)

experienced (suicide) bereavement liaison officer, and plans agreed collaboratively with the persons affected, to meet those needs.

- Ensure that those affected are offered options, so that they can choose the support available that is best suited to them, their situation and their location.
- Ensure that those affected feel they have been acknowledged, that their specific situation is understood, and that they have someone to 'come alongside' them on their bereavement journey for however long they need that support.
- Identify those areas of Wales where there is poor or sub-optimal provision to support bereavement by suicide, to inform further investment and service planning
- Identify areas of good practice, learning from localised quality provision that is particularly reliable and responsive to people's needs, with a view to extending this to areas of poorer provision.

Welsh Government – Draft Guidance on responding to people affected by suicide (ended 20 Jan 2023)

Link to responses: [Consultation Template \(gov.wales\)](#)

"The aim of the guidance is for all providers of specialist bereavement services, or agencies who deliver at significant 'touch points' on a bereavement journey following a sudden or unexplained death that could be a possible suicide, to use the guidance to identify aspects of their service that can be improved or developed to achieve the most compassionate and helpful response to those impacted.

Additionally for Commissioners and planners of services across regions to use the guidance to ensure that the different components of support that meet the needs of those affected by a suspected suicide are in place and sustainable. This will require collaborative working across public and third sectors, through safeguarding mechanisms, Regional Partnership Boards (RPBs) and other funded alliances".

WG (2015) Talk to me 2 Suicide and Self-Harm Prevention Strategy for Wales 2015-2020

[talk-to-me-2-suicide-and-self-harm-prevention-strategy-for-wales-2015-2020.pdf \(gov.wales\)](#)

Objective 3; Information and support for those bereaved or affected by suicide and self-harm.

41. "Families and friends bereaved by suicide are at greater risk of mental health and emotional problems and may be at higher risk of suicide themselves. Timely effective support will be facilitated by having effective local responses to the aftermath of suicide in place"
WG Consultation Document: Responding to people bereaved, exposed, or affected by suicide

[Consultation Template \(gov.wales\)](https://gov.wales)

"Providing support for those bereaved by suicide is both postvention and prevention. Research suggests that for each person who dies, between 6 and 135 other people could be exposed, affected, or bereaved and requiring support. Those who have lost someone through suicide are also at increased risk of suicide themselves. Too often people with lived experience say they have not felt supported at the very time they most needed it."

[welsh-government-integrated-impact-assessment.pdf](#) – see page 10.....

7.2 What are the most significant impacts, positive and negative?
The positive impacts of the liaison service will be that people will have equitable access to bereavement by suicide services and touch point agencies will improve their response to suicide bereavement. An additional £300k has been made available to commission the Suicide Bereavement Liaison Services covered in the 'Responding to people bereaved, exposed or affected by suicide' draft guidance to ensure people are offered support and connected with appropriate support in response to their needs in a timely manner

From Grief to Hope (University of Manchester and Support after Suicide partnership, 2020) – The collective voice of those bereaved or affected by suicide in the UK

[From-Grief-to-Hope-Report.pdf \(suicidebereavementuk.com\)](#)

Sample size: over 7,150 in UK of those with lived experience bereaved by suicide.

Key findings:

1. Impact
2. High risk behaviours following a suicide
3. Relationship to the deceased
4. Accessing support
5. Support requested by those bereaved by suicide

Support requested by those bereaved by suicide - Participants bereaved or affected by suicide told us that immediate, proactive support was important. Some participants were not always ready to seek or receive this help, but they stated that information should be presented in an easily accessible format such as the 'Help is at Hand' support booklet, or an available person to contact for support when they were ready to receive it. After initial contact with agencies in the days and weeks following the death, participants indicated that ongoing follow-up support should be available with a specialist suicide bereavement support worker. Having access to support when they needed it was widely requested, with follow-up at 3, 6, 12 or 18 months after the suicide occurred

Suicide bereavement in the UK: Descriptive findings from a national survey (2022)

[Suicide bereavement in the UK: Descriptive findings from a national survey - McDonnell - 2022 - Suicide and Life-Threatening Behavior - Wiley Online Library](#)

First published 25 May 2022

National cross-sectional study using online survey 7,158 participants who had been bereaved or affected by suicide. *"Those bereaved by suicide are a high-risk group of adverse health outcomes and suicidal behaviour"*

Results: Suicide had a major impact on 77% of participants, including those who had lost a friend and those exposed to suicide at a professional level. Mental and physical health problems linked to the suicide were reported in half. Adverse social outcomes and engaging in high-risk behaviours following the suicide were common. Over a third reported suicidal ideation and 8% had attempted suicide as a direct result of the suicide loss. Most had not accessed support services, with the majority viewing provision of local suicide bereavement support as inadequate.

Conclusions: Our results highlight the need for a multi-disciplinary approach in postvention and the provision of proactive outreach to support those bereaved by suicide. Postvention efforts need to acknowledge the death of a friend by suicide as a significant loss.

Samaritans. The Economic cost of suicide in the UK (March 2024) - [The economic cost of suicide in the UK \(samaritans.org\)](#)

Key findings. In the UK, in 2022:

- 6588 deaths by suicide were recorded
- One death by suicide cost on average £1.46 million
- Suicide cost the economy at least £9.58 billion

- £0.5 billion in Wales
- Employment productivity losses due to suicides were £3.1 billion – accounting for one third of all suicide costs
- One suicide of a 10–14-year-old cost on average £2.85 million
- One suicide of a woman aged 25-29 cost on average £1.96 million
- One suicide of a man aged 30-34 cost average £1.7 million

Charitable Funds Small Grants Evaluation Form

CFC/SGS 010

Amount of Grant £ 3,500

1. Name of ward or department and hospital:

Clinical Supervision Programme based in the Quality and Safety Department, Mental Health and LD, St Cadoc's Hospital, Caerleon, Newport

2. Description of grant given:

This grant focussed on raising the **standards and quality** of in-house training through offering an **accredited** clinical supervision programme which is recognised externally as well as internally.

3. How did your grant make a difference:

Gaining accreditation made a difference in the following ways:

- Resulted in a rise in the professional standing and career progression for ABUHB health professionals.
- Achieving the accreditation enabled staff to gain an externally accredited Diploma in Clinical Supervision and with this, there was a rise in standards and quality of the in-house programme.
- This also enhanced the credibility of staff's professional training.
- The organisation is now producing clinical supervisors of a high (externally validated) standard.
- To gain the Diploma staff must exhibit a high level of skill and commitment to pass the assessments leading to the Diploma. More highly trained and professional staff, means they are looking after the staff they supervise in a more professional way and this influences the staff they supervise to improve and reflect upon the work they do with patients
- Likewise, because the Diploma is externally accredited, the teachers also have to conform to high standards of assessment and teaching practice which are externally checked, reported upon and validated.
- Research indicates that clinical supervision helps facilitate staff retention and staff's capacity to reflect on their professional interventions.
- Clinical supervision also contributes to enhancing staff wellbeing.

4. How did patients & staff benefit directly or indirectly:

Through offering this programme, patients benefited by their staff being supervised by highly trained professionals. In practise, this means **patients are thought about more carefully in supervision and their care and treatment is consequently more deliberate and vigilant.**



5.How did you evaluate the impact of your grant:

The following evaluation questionnaire was completed on Microsoft forms, and was anonymous

	Friday 12th January: The Professional's Story AL/GH	Friday 26th January Roles (Alan Sugar) Group Dynamics & Leadership (Bion) AL	Friday 2nd February: The Tietze Model AL/AH	Friday 9th February: Proctor Group Alliance Model AL & 'The Emerging Professional' (GH Plasticine)	Friday 23rd February: Group Skills Assessment session	Friday March 8th: CBT in Supervision (KM) & the Concept of the Drama Triangle (CH).	Friday March 22nd Supervision Overview, Nature morning. Closing reflections. Final supervision groups. (HG, MG, AH, JW)	Peer Study Support (TB & FGJ)			
1	anonymous	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	
2	anonymous	Absent	Excellent	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Excellent	
3	anonymous	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Good	Excellent	Absent	
4	anonymous	Excellent	Good	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Excellent	
5	anonymous	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	
6	anonymous	Good	Good	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	
7	anonymous	Good	Good	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	
8	anonymous	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	
9	anonymous	Excellent	Good	Excellent	Excellent	Good	Good	Excellent	Good		
10	anonymous	Excellent	Excellent	Excellent	Absent	Excellent	Excellent	Excellent	Excellent	Excellent	
11	anonymous	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	
12	anonymous	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	
13	anonymous	Excellent	Absent	Excellent	Good	Good	Good	Good	Good	Excellent	

The evaluations were more extensive than this and we are happy to share with you how to access Teams to get into the results, but here is an extract emanating from the Spring Term. There were many more positive responses and more questions.

Sample results. Please use the following links to access the results comprehensively
Spring results :

<https://forms.office.com/Pages/DesignPageV2.aspx?subpage=design&FormId=uChWuyjgkCoVkM8ntyPrprRXCaTrsJA9IfeM7X5q5UMVgxVEswM0IYOUFMSjNCVUNXTEk2NVIDMC4u&Token=437b939e4ddd4d0dbe85eb848185a8a8>

Autumn results

<https://forms.office.com/Pages/DesignPageV2.aspx?subpage=design&FormId=uChWuyjgkCoVkM8ntyPrprRXCaTrsJA9IfeM7X5q5UODdTOUIJU1ZS1JLTk9OMzBZSkc0SVNWVC4u&Token=3cf1f1c7439e4811a01a0762a00cf188>

Overall, it can be seen that the first year of the program was very successfully evaluated by the professionals and additionally by the External body that accredited the program.



6. Please provide patient and staff comments received resulting from the receipt of the grant:

All the tutors on the course have been supportive, encouraging and lovely to work with. I just want to say how much I have enjoyed it and that it will impact on the rest of my working life. Thank you so much for all your hard work and support.

I particularly valued the way creativity was respected and used. I really enjoyed the use of the outdoors - the Wetlands at the start and finish and those occasions when we went outside - I have been able to use some of this as a model in my own practice.

I would like to see more of that in the course. I also valued the playfulness and the sense of safety that allowed for some personal risk-taking - there was an air of adventure about the course that woke something up in me which I really like.

The course has had a big impact on my practice. I am very grateful for all the support from the tutors to get me through the course. I look forward to providing good quality supervision in the future.

I feel this is essential for anybody who is going to work with groups. The way groups evolve, the changing dynamics, how I function in a group and how that may change over time - all such useful experience.

Being part of a group in a reflective space with the challenge to observe myself as participator and observe the group as a whole has led to more self-awareness and a deeper understanding of what to be conscious of when working with a group and what to watch for in myself. It has also helped me to think more deeply about group facilitation, my own responses to facilitating and being facilitated and the facilitator/group dynamic.

Having a live opportunity to learn, supports me to embed the learning fully through feeling it, doing it and reflecting on it. I can then further my learning by being reflexive and putting it into practice.

I would definitely recommend the course to colleagues who are interested in developing the use of reflective practise in their roles. It also adds so much to one's own personal development.

It is a brilliant course that covers all styles of supervision for individual and group supervision, but it is a lot of work as well as your day-to-day work so make sure you keep on top of everything.

7. Submitted by:

Name:
Amelia Lyons

Job title:
Clinical Supervisor Trainer

Date: 17th June 2024



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 July 2024
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Spending Plans over £25k
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Estelle Evans, Head of Financial Services & Accounting

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

The Charitable Funds Committee continuously review spending plans of funds with balances over £25k and monitor these plans against spend to ensure that funds are spent in a timely manner.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Aneurin Bevan University Local Board Charitable Fund held a total value of £5.721M consisting of 401 individual funds as at 31.03.24. Of this, there were 44 funds that had balances over £25k representing 11% of the total number of funds held and 45% of the total value of funds held.

The Charitable Funds Committee want to ensure spend is made from these funds on a timely basis and wish to further develop spending plans to encourage spend. Monitoring actual spend against planned spend allows the Committee to target those Fundholders whose funds remain unspent.

Cefndir / Background

An analysis of funds with balances over£25k is shown below:



Analysis of Funds over £25k	31.03.22	31.03.23	31.03.24
	£000's	£000's	£000's
Value of Funds over £25k	2,954	3,099	2,563
Number of funds over £25k	45	45	49
Funds added to over £25k category		6	4
Funds removed from over £25k category		-2	-9
Number of Funds over £25k	45	49	44

Key points

- The value of funds over £25k has decreased by 13% over the past two years reflecting increasing spend in that period.
- The 44 funds consist of 15 restricted legacy funds totalling £836k (33% of the total) and 29 unrestricted funds totalling £1,727k (67% of the total)
- Grant funds are excluded from this exercise as they are already committed under the terms of their agreements.

Asesiad / Assessment

The spending plans are summarised in the appendix to this report with details of previous spending plans shown against actual expenditure.

Key points for consideration

- Fundholders are invited to attend Committee meetings to present their spending plans.
- Several Fundholders are keeping their funds awaiting the build of new units.
- Some Fundholders use their funds on a regular basis but struggle to spend significant amounts from their funds due to the nature of their department, in that they do not require much equipment and they are often small teams.
- There are several funds that are being closely monitored and where there is still little or no evidence of their planned spend, those Fundholders will be contacted to attend the next available meeting.
- A schedule of attendance for 24/25 is shown below:



Department	Fund Details	Attendance at Charitable Fund Committee
Facilities	F140 ABUHB MEDIA FUND	3rd July 2024
St Woolos Hospital	F696 STW SPRINGFIELD COMM WARD PROJECT	3rd July 2024
Nephrology	F414 LEGACY B E WOODS RENAL	7th November 2024
Diabetes & Cardiovascular	F770 YYF DIABETES & CARDIOVASCULAR R & D	7th November 2024
Orthopaedics	F327 RGH CASTING TECHNIQUES COURSE	19th February 2025
Monmouth Community Nurses	F660 MON CHIPPENHAM COMM	19th February 2025

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to discuss this report to see how they can further ensure funds are spent in a timely manner.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.



**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

**Effaith: (rhaid cwblhau)
Impact: (must be completed)**

	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Choose an item.



Spending Plans over £25k Update

No	Department	Fund Details	Balance			22/23	23/24	24/25	CFC Attendance
			31.03.22 £000's	31.03.23 £000's	31.03.24 £000's				
1	Facilities	F140 ABUHB MEDIA FUND	-	63	62	-	New joint fund between Communications & Facilities - received monies for filming at St Cadocs.	The Fundholder agreed to fund the ABUHB staff award event at a cost of £25k and requisitions of this value have been received. In addition to this we have received numerous requisitions for items to improve the environment and well being of the facilities staff totalling £25k. We expect this fund to be spent at the end of 24/25. Fundholder attending CFC 3rd July meeting.	Fundholder attending July 24 Meeting
2	General Surgery	F295 ABUHB THE CARE PROJECT	44	119	105	Ongoing, used for student bursaries. Paid out £65k in bursaries this year but received the majority of this in income from the Shaw Foundation. Plus received a large donation from NHH Thrombosis charity when closing.	Bursaries ongoing. £57k paid out and £45k income received from Shaw Foundation.	Educational bursaries and income of similar amounts to previous years expected to be paid out in 24/25. In addition £8k will be spent on PG certification courses.	Fundholder previously attended CFC to present spending plans which are ongoing
3	Postgraduate	F043 ABUHB POSTGRADUATE FUND	107	62	56	There are plans to replace all the AV kit (audio system) across the HB over the next 12 months which will potentially utilise most of the funds. A contribution will be made from each of the funds held, including those under £25k with the bulk	Additional monies to be spent on upgrading the audio visual systems across the postgraduate sites. Course fees are being paid into some of these funds, expenditure is still going through	Course fees are being paid into some of these funds, expenditure is still going through. Significant balances still held.	Funds are being monitored as no evidence of significant spend
4		F051 RGH PG POSTGRADUATE NO 1 ACCOUNT	49	47	50				
5		F057 RGH PG MRCOG	29	29	28				
6		F059 RGH POSTGRADUATE NO 2 A/C	-	-	26				
7	Person Centred Care	F105 ABUHB VOLUNTEERING (CORPORATE)	58	71	31	During Covid, volunteering services stopped and funds were unspent. Services are only now resuming. Fundholder attended CF Committee and presented plans for various staffing and are looking at purchasing a software solution to manage volunteers.	The Team struggled to recruit to posts they sought approval for in June 22 which caused a delay in spend but most posts appointed to now, reflected in the balances.	Funds continued to be used - some posts were over a 2 year period.	Fundholder previously attended CFC to present spending plans which are ongoing
8		F713 ABUHB FFRIND I MI VOLUNTEER SERVICE	83	64	28				
9		F715 ABUHB DEMENTIA FUND	-	39	38				
10	Breast Care	F298 LEGACY RGH BREAST G S WATKINS	61	61	59	Monies left for equipment but awaiting opening of new unit at the end of 2022 before deciding how to spend. To be discussed with new Fundholders	Unit due to open in December 2023. Fundholders are aware of funds available and will purchase equipment as and when they require it and not wait for the opening of the unit.	It was agreed to use this fund for equipment requirements for the new breast unit which has been operational since February 24. As there are still capital monies available for the unit it is unlikely this money will be used in the near future but consideration is now being given to pooling all the breast funding to purchase a new scanner.	Committee to be updated on decision and will have to approve request for scanner because of the amount (Over £25k)
11		F300 ABUHB BREAST CARE TRAINING FUN	45	46	43	Funds used for training, will consider further plans when new unit is open	Agreed to rename and use this for training when the new unit opens as any monies/donations received will go to main unit account.	Ongoing, to be used for training. Unlikely to receive future income. Requisition received for tuition fees of £2k	
12		F301 RGH BREAST CARE UNIT	72	70	68	Fundholders retired, meeting to be arranged with new Fundholders to discuss	As F298 above.	As F298 above.	
13		F303 ABUHB BREAST CENTRE	236	261	260	Some funds used for fundraising but this is the appeal fund with monies to be used to refurbish area inside the new Breast Unit	Plans are being drawn up for the new unit and money will be allocated shortly for the interior of the building including the services of a designer. Funds continue to be raised.	The unit was operational from Feb 24. Items that were planned to be charged to the charity are now being met by capital funding. A micropigmentation machine has been ordered for £4k. Consideration is now being given to pooling all the breast funding to purchase a new scanner.	
14	Paediatrics	F207 LEGACY RGH CHILDREN'S WARD - H M MILSOM	150	106	97	Planning a sensory room in GUH	Purchased a needle guide for £18k and a Billycocoon Light system for £17k and two thermo care cots are on order at £5k each. They are still planning to purchase items for the sensory room and are working with works and estates re installation.	The unit has depleted its own charitable fund and are now reliant on this legacy fund. In constant use but some spend is small. Minor works request and requisition placed for Sensory room	

15	Neonatal	F231 ABUHB DINKY DRAGONS	41	46	55	Planning to purchase furnishings etc for 2 Health Board properties in Mitchell Close, near GUH, which is going to be used for parent accommodation	Actively raising funds for the unit. Purchased bottle warming systems for £10k. One property at Mitchell Close has recently opened, the second one is due to be opened next financial year. They have their own internal department meeting to agree spend. They support various parent groups and use small amounts on a regular basis.	Have placed requisitions for £12k for V-Create - software system so that parents can access video of babies when off the unit. Will be paying £8k for ANNP courses and £4k for ongoing research database.	
16	Haematology	F270 NHH CLINICAL HAEMATOLOGY	39	39	38	Services changing, spending to be reviewed, awaiting new cancer treatment centre in Nevill Hall	Majority of monies being kept for new cancer unit in Nevill Hall.	Although the new cancer centre on ward 2/4 NHH is on hold, plans remain unchanged. The bulk of these funds are going to be kept for the new unit as it is unlikely that this amount of money will be received in the future.	
17		F273 RGH WARD B6 NORTH - HAEMATOLOGY	48	45	44				
18		F277 NHH WINDSOR SUITE	52	54	52				
19		F278 LEGACY RGH HAEM G S WATKINS	61	61	59				
20	Vascular Surgery	F306 RGH VASCULAR LABORATORY	34	34	32	Fund used regularly. £13k committed to minor works job to convert day room to treatment room.	Minor works request was funded from revenue/capital as money made available at year end. Plans to purchase a scanner for GUH.	Replacing a portable scanner later this year, original was purchased over 5 years ago out of charitable funds - approximate cost £25-30k.	
21	Orthopaedics	F327 RGH CASTING TECHNIQUES COURSE	103	104	110	Used to facilitate casting training. Monies raised from outside students covers cost of training for ABUHB staff. Plans to use money to cover salary costs of a course co-Ordinator. Teaching aids will also need to be revitalised.	£11k has been spent on training equipment and a further £5k spent on training expenses. Income from courses has raised further monies. Training costs ongoing. Monies to be used for anatomical models for training on orthopaedic wards.	Fund used on a regular basis for training purposes. Course income is received into this fund from external candidates. Fund is used across the unit. Fundholder is retiring this year and new Fundholder has been appointed. Spending plans will be presented to the Committee after discussion with directorate manager.	Fundholder invited to attend February 25 meeting
22	Rheumatology	F340 ABUHB RHEUMATOLOGY	58	58	55	Consultant previously attended the Committee explaining that they use very little in the way of equipment. Circumstances remain unchanged.	After further discussion with directorate, laptops purchased at £10k. Some other IT equipment on order.	Orders have been submitted to purchase 2 new scanners, one for Nevill Hall and one for Royal Gwent at a cost of £35k.	Fundholder previously attended CFC to present spending plans which are ongoing
23		F342 LEGACY NHH RHEUM I M MORRIS	100	86	83				
24	Ophthalmology	F386 RGH POST GRADE EYE	88	89	34	Merged all funds to form one fund. £13k to be used as below - F387	As F387 below	Ongoing	
25	Urology	F407 RGH WINDSOR BOWSHER PROSTATE CANCER FUND	62	63	56	Directorate currently reviewing funds	Directorate looking at equipment requirements, purchased a Trans perineal Needle at a cost of £14k. Various small items of equipment being purchased including fridge and microwave for staff.	Plans for medical equipment include £4k for shielded trocars, £8k for hemlock applier and £30k on intelligent flow system including additional warranty.	
26	Renal Unit	F411 LEGACY RENAL NEWPORT G BEST	75	74	70	To be followed up	The renal units are privately funded and currently do not require large purchases.	The renal unit is privately run and there are no plans for any large purchases in the near future. Funds will continue to be used for those smaller purchases.	
27		F417 LEGACY RENAL MAMHILAD P MANNING	-	-	33	-	-	New legacy. The renal unit at Mamhilad is privately funded and currently does not require any large purchases. Fund is used regularly for small items.	
28	Nephrology	F414 LEGACY B E WOODS RENAL	40	35	34	Recently discussed with Clinical director and directorate manager, awaiting further information	Purchased laptops, projector and large interactive TV and other training equipment - £6k	Fundholder to be invited to CF Committee meeting to see how they can be supported to spend funds.	Fundholder invited to attend November 24 meeting
29	Dietetics	F432 RGH DIETETIC FUND	-	-	25			New signatory in post, has merged some funds bringing balance over £25k, awaiting spending plans for 24/25.	
30	Palliative	F583 LEGACY NHH PALLIATIVE CARE I M MORRIS	29	29	28	To be followed up	Fundholder is reviewing.	Funds to be used to support training. Requisitions are being received for this.	Funds are being monitored as no evidence of significant spend
31	Oncology	F586 NHH ONCOLOGY REHAB	76	76	81	Fundholder retired, awaiting information from Senior Nurse.	Senior Nurse confirmed that majority of monies would be made available for new oncology unit in Nevill Hall - see Haematology above.	Donations are still being received into this fund. While waiting update on the new cancer unit at Nevill Hall, several items of medical equipment have been ordered to the value of £10k (urinalysis analyser, weighing scales, therapy chair) and further items will be purchased as needed.	

32	Monmouth Community Nurses	F660 MON CHIPPENHAM COMM E32	72	66	60	Fund has had a high balance for several years. Fund is used regularly but not much requirement for items for this small team	Purchased laptops. Looking at upgrading office furniture and team building events.	Fundholder to be invited to CF Committee meeting to see how they can be supported to spend funds.	Fundholder invited to attend February 25 meeting
33	Chepstow Community Hospital	F018 LEGACY CCH GEN R W JONES	-	52	39	Was under the control of the Charitable Funds Committee until February 23	Plans to convert rooms to create a reception area on Cas Gwent ward and to make a garden for patients on the external balcony.	Further minor works jobs are planned to improve the environment	
34	St Woolos Hospital	F696 STW SPRINGFIELD COMM WARD PROJECT	111	111	108	Meeting arranged for June 10th with Fundholder to discuss	It has now been confirmed that the Springfield/Casnewydd unit is staying, monies will be used to refurbish the wards. Plans to develop the day rooms due to lack of facilities and concerns raised by patients/relatives.	Wards have transferred from St Woolos to Royal Gwent. Funds to be used on upgrading bathrooms, creating day rooms and external team building/wellbeing professionals to support staff.	Fundholder attending July 24 Meeting
35	Diabetes & Cardiovascular	F770 YYF DIABETES & CARDIOVASCULAR R & D	55	52	50	Fundholders retired and semi-retired. No monies have been paid into this fund for some time. Monies was intended to pay for a research nurse for 12 months	Research nurse was not funded as difficulty in recruiting for a short time. Fundholder asked to attend CF Committee to be supported to spend funds.	Fundholder has submitted plans for this money to be used in total towards 2 research projects with regard to thyroid disease.	Fundholder invited to attend November 24 meeting
36	Cardiology	F811 LEGACY RGH CCU ARTHUR HENRY MORGAN	116	141	60	ECG Package £8k	The ECG was purchased. An echo valve system has recently been ordered for £8k and a minor works request for £8k for the installation of automatic doors on the unit in the Grange has been approved. Further income of £51k was received for this legacy.	This fund is constantly used to support the cardiology unit. Plans include recliner chairs £5k, laptops and some minor works	
37		F812 LEGACY NHH CARDIO V WILLIAMS	-	45	44		New legacy received	Cardiology has several large legacy funds and are currently using others for their equipment needs which are frequent. This fund will be used when the other funds are depleted.	
38		F813 LEGACY NHH CCU M T SPENCER-JONES	75	70	67	Used to support training, some training equipment on order for £3k	Used on a regular basis since new signatories took over from retired fundholder.	To be used for training mainly, don't have access to other funds	Funds are being monitored as no evidence of significant spend
39	Diabetes	F816 NHH WENDY BOWEN TRUST DIABETES FUND	34	30	29	Awaiting meeting to discuss with Fundholder.	IT equipment and other items to support the team in their endeavour to provide top class education and training to both patients and staff in ABUHB.	See F817 below	Funds are being monitored as no evidence of significant spend
40		F817 LEGACY NHH DIAB G M GUNTER	30	30	29		Plans for a large spend in Nevill Hall once the location of the Diabetes Service has been confirmed as permanent.	Plans for a large spend as soon as the new location of the service in Gilwern Ward has been agreed and that it will be permanent and converted into a diabetes centre.	
41		F818 LEGACY RGH EJ WATKINS	32	31	28		Identified equipment for the team that will require funding so will endeavour to spend as soon as possible. Minor works request sighted.		
42	Gastroenterology	F831 LEGACY GASTROENTEROLOGY FELLOW	100	110	106	Recently received, Consultant to attend next CFC meeting, discussing ideas with WIMAT, the central endoscopy training body for Wales	Consultant attended October meeting with plans for an Endoscopy Fellowship. When the unit is ready to progress this they will submit a detailed request for approval.	Consultant retired. Discussed at directorate meeting and new signatory appointed. Agreed to offer travelling fellowships for the life of the fund to attract doctors to work in ABUHB.	Fundholder previously attended CFC to present spending plans - unchanged. Fund being monitored as no evidence of intended spend
43	Workforce & OD	F871 ABUHB EMPLOYEE WELL BEING SERVICE	86	84	61	Fundholder currently looking into providing additional psychology sessions	To be used for employing additional psychologists for service. One request for £20k was submitted to the Committee and approved in October and a further bid for £42k for staffing was approved in March. Fund balance has increased re monies received for training.	Requisitions have been placed for Vivup at a cost of £24k and £8k.	Fundholder previously attended CFC to present spending plans which are unchanged and ongoing.
44	Pharmacy	F477 ABUHB PHARMACY	-	-	42			Fundholder reviewed funds and merged all pharmacy funds together to form one ABUHB fund which now has a balance over £25k. Plans to use funds for staff wellbeing and training.	

	TOTAL	2,551	2,753	2,563					
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 <p>GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING</p>
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DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 July 2024
CYFARFOD O: MEETING OF:	Charitable Funds Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Level of Reserves 2024-25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Estelle Evans, Head of Financial Services & Accounting

<p>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</p>
<p>Ar Gyfer Trafodaeth/For Discussion</p>
<p>It is a requirement of the Charitable Funds Financial procedure for a reserve to be maintained by the Charitable Funds Committee.</p> <p>At the Charitable Fund Committee meeting held on 28th June 2023 the committee approved the creation of a reserve to offset any future loss on investments.</p> <p>At the end of 2022/23 given the volatility in the markets there was an unrealised loss of £382K and therefore all available reserve was needed to offset this meaning that no reserve was held and needed to be built up in subsequent years.</p>

<p>ADRODDIAD SCAA SBAR REPORT</p>
<p><u>Sefyllfa / Situation and background</u></p> <p>The Charitable Funds Committee approved the creation of a reserve for 2023/24 based on the below principles.</p> <ul style="list-style-type: none"> Retain the interest and dividends at the end of the year for 2023/24 and 2024/25.



- Retain any unrealised gain on investments at the end of the year as an interim measure, accepting that this can fluctuate significantly between years.
- If this remains insufficient to create the required reserve, top slice the balance from the individual funds held apportioned based on the fund balance at the end of March.

The reserve created in 2023/24 equated to £624K which was made up of the following.

- Retain the interest and dividends at the end of the year - £196K (£175K from CCLA, £21K from interest on our GBS account and Santander Account.
- Retain any unrealised gain on investments at the end of the year - £403K.
- £25K from the sale of one of the Charities Fixed Assets – 6 Bells, Abertillery. This has subsequently been transferred to the general-purpose fund to support small grants etc.

Assessment

The reserves policy was set up to cover the annual administration fee and to cover any stock market fluctuations in relation to our investments should the Charity be in a position where a loss on investments is incurred during any given year.

The table below shows the losses made over the last 10 years. Based on the table below the average of the unrealised loss over the past 10 years is 4.0% which equates to £215k of funds held as at 31.03.25.

This is based on an average loss of 4% (2022/23 7%, 19/20 3% and 15/16 2%) x the total funds held at the end of 2023/24 of £5.721m = £215K.

Year	Admin Charge		Int & Div		Unrealised Gain/Loss		Total £000's	Total Increase/Decrease %	Total Without Unrealised Gain/Loss		Total Funds Held £000's
	£000's	%	£000's	%	£000's	%			£000's	%	
23/24	165	3%	196	3%	403	7%	434	8%	31	1%	5,721
22/23	146	3%	184	3%	382	7%	- 344	-6%	38	1%	5,770
21/22	139	2%	171	3%	480	8%	512	8%	32	1%	6,044
20/21	126	2%	166	3%	673	12%	713	13%	40	1%	5,416
19/20	125	3%	171	4%	151	3%	- 105	-2%	46	1%	4,815
18/19	117	2%	167	3%	275	6%	325	7%	50	1%	4,980
17/18	114	2%	166	3%	95	2%	147	3%	52	1%	4,788
16/17	103	2%	169	4%	430	9%	496	11%	66	1%	4,636
15/16	102	2%	166	4%	70	2%	- 6	0%	64	1%	4,599
14/15	101	2%	167	4%	372	8%	438	10%	66	1%	4,580



To try and mitigate any potential downward stock market fluctuations the level of reserves required for 2024/25 is calculated at £215K.

The reserves policy also requires that the Charity reserve covers the annual administration fee. For 2024/25 this is estimated to be £160K

To ensure that the Charity can cover the annual cost of the administration charge and any potential unrealised loss the reserve held for 2024/25 needs to be for the minimum amount of £375K.

The reserve held is currently in excess of the minimum amount required. However, £403k of this relates to last years unrealised gain which has now dropped by £103k in the first 2 months of the year. Although this is sufficient to cover the calculated reserve required, because nearly 2/3 of the reserve is made up of the volatile unrealised gain, the interest and dividends need to be held for at least another financial year in line with the plan. This will allow sufficient reserve to be built up allowing for the potential to release some money in the following financial year.

Argymhelliad / Recommendation

The committee are asked to note the contents of this report and to note that the reserve will be further increased during the current year in line with the plan.

**Amcanion: (rhaid cwblhau)
Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance



Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	SGS – Small Grants Scheme
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Is EIA Required and included with this paper No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Choose an item.

