

# Charitable Funds Committee

Thu 27 October 2022, 09:30 - 12:15

Microsoft Teams



## Agenda

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**09:30 - 09:40** **1. Preliminary Matters**  
10 min

**1.1. Welcome and Introductions**

*Verbal* *Chair*

**1.2. Apologies for Absence**

*Verbal* *Chair*

**1.3. Declarations of Interest**

*Verbal* *Chair*

**1.4. Draft Minutes of the meeting held on 2nd August 2022**

*Attachment* *Chair*

 1.4 Draft CFC Minutes (Chair Approved) 02.08.2022.pdf (8 pages)

**1.5. Committee Action Log**

*Attachment* *Chair*

 1.5 CFC Action Log October 2022.pdf (6 pages)

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**09:40 - 09:45** **2. Committee Governance**  
5 min

**2.1. Committee Work Programme 22-23**

*Attachment* *Chair*

 2.1 CFC\_Committee Work Programme 2022-23.pdf (6 pages)

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**09:45 - 11:15** **3. Items for Approval**  
90 min

**3.1. Finance Report including Key Performance Indicators (KPIs)**

*Attachment* *Head of Financial Services & Accounting*

 3.1 CFC Financial Report for Period Ending 31 August 2022.pdf (8 pages)

 3.1A CFC Financial Report - Appendix A Static Funds.pdf (1 pages)

**3.2. Admin Charge & Unrealised Gain Apportionment 22-23**

*Attachment* *Head of Financial Services & Accounting*

 3.2 Administration Charges & Unrealised Gain Apportionment 22-23 v3.pdf (4 pages)

### **3.3. Proposed Partnership Agreement- Newport County Football Club & Neonatal Unit**

*Attachment Head of Financial Services & Accounting*

 3.3 Proposed Partnership Newport AFC and Neonatal Unit V2.pdf (4 pages)

### **3.4. Investment Management Contract Tender Update**

*Attachment Assistant Finance Director*

 3.4 Investment Management Contract Tender Update v2.pdf (3 pages)

### **3.5. Funds Available, Proposed Change in Accessing Charitable Funds and Small Grants Scheme**

*Attachment Assistant Finance Director*

 3.5 Available Funding, Proposed change in accessing Funds & Small Grant Scheme v3.pdf (5 pages)

 3.5a Appendix 1 -Proposed Change in Accessing Charitable Funds.pdf (6 pages)

#### **3.5.1. SGS 003- In Tune with Parent & Infant Mental Health Conference**

*Attachment Assistant Finance Director*

 3.5.1 SGS-003 In Tune with Parent & Infant Mental Health Conference.pdf (3 pages)

### **3.6. Bids to be considered by the Committee (relating to staffing or value over £25k)**

*Attachment Head of Financial Services & Accounting/Charitable Funds/PPM Manager*

 3.6 A Charitable Fund Bids for Approval v4.pdf (5 pages)

#### **3.6.1. CFC 255- Ratification of Person-Centred Care Bid**

*Attachment Head of Financial Services & Accounting/Charitable Funds/PPM Manager*

 3.6.1 CFC-255 Person Centred Care Staffing .pdf (6 pages)

#### **3.6.2. CFC 256- Nurse for ABUHB Mild Cognitive Impairment Clinic**

*Attachment Head of Financial Services & Accounting/Charitable Funds/PPM Manager*

 3.6.2 CFC-256 ABUHB MCI Clinic.pdf (6 pages)

#### **3.6.3. CFC 257- Well-being- Avoidable Employee Harm**

*Attachment Head of Financial Services & Accounting/Charitable Funds/PPM Manager*

 3.6.3 CFC-257 Wellbeing Avoidable Employee Harm.pdf (6 pages)

#### **3.6.4. CFC 258- Co-production Officer MH & LD's**

*Attachment Head of Financial Services & Accounting/Charitable Funds/PPM Manager*

 3.6.4 CFC-258 Co-production proposal MHL.D.pdf (10 pages)

#### **3.6.5. CFC 259- Occupational Therapy Staff Support**

*Attachment Head of Financial Services & Accounting/Charitable Funds/PPM Manager*

 3.6.5 CFC-259 Occ Therapy Staff.pdf (6 pages)

 3.6.5a CFC-259 Appendix 1 Occ Therapy.pdf (25 pages)

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## **11:15 - 11:45 4. Items for Information**

30 min

### **4.1. Update Report to include: Update on Land at Oakdale & Update on 13 Clytha Square**

*Attachment*                      *Head of Financial Services & Accounting*

 4.1 Update on Land at Oakdale & 13 Clytha Square v2.pdf (4 pages)

## **4.2. Legislation Updates**

*Attachment*                      *Assistant Finance Director*

 4.2 Legislative Changes.pdf (5 pages)

## **4.3. Audit of the Annual Accounts 2021/22**

*Verbal*                      *Assistant Finance Director*

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## **11:45 - 12:00 5. Fund Holders** 15 min

### **5.1. Brian Calcraft Legacy**

*Verbal*                      *Consultant Physician in General Medicine*

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## **12:00 - 12:00 6. Final Matters** 0 min

### **6.1. Any Other Business**

*Verbal*                      *Chair*

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## **12:00 - 12:00 7. Date of Next Meeting is Thursday 5th January 2023** 0 min

*Verbal*                      *Chair*

**ANEURIN BEVAN UNIVERSITY HEALTH BOARD**

**Minutes of the Charitable Funds Committee held on  
Tuesday 2<sup>nd</sup> August 2022 at 1.30 pm via Teams**

**Present:**

Katija Dew	Independent Member (Chair)
Pippa Britton	Independent Member

**In attendance:**

Rob Holcombe	Interim Director of Finance, Procurement & Value Based Healthcare
Mark Ross	Assistant Finance Director
Bryony Codd	Head of Corporate Governance
Estelle Evans	Head of Financial Services and Accounting
Alison Griffiths	Charitable Funds Manager
Stephen Chaney	Deputy Head of Internal Audit, Audit Wales
Claire Jordan	Senior Nurse, Person Centred Care

**Apologies:**

Rani Mallison	Director of Corporate Governance
Glyn Jones	Interim Chief Executive Officer
Louise Wright	Independent Member (Vice Chair)
Keith Sutcliffe	Independent Member

	<b>Preliminary Matters</b>
<b>CFC 0208/01</b>	<b>Welcome and Introductions</b> The Chair welcomed everyone to the meeting.
<b>CFC 0208/02</b>	<b>Apologies for Absence</b> Apologies for absence were noted.
<b>CFC 0208/03</b>	<b>Declarations of Interest</b> There were no Declarations of Interest to record.
	<b>Committee Governance</b>
<b>CFC 0208/04</b>	<b>Draft Minutes of the Meeting Held on the 3<sup>rd</sup> March 2022</b>  Estelle Evans, Head of Financial Accounting, highlighted some required corrections on page 4 of the minutes. Estelle Evans and secretariat to link outside of the meeting to discuss required amendments. <b>Action: Head of Financial Accounting/Secretariat</b>

	<p>Subject to required amendments, the minutes of the Charitable Funds Committee meeting held on the 3<sup>rd</sup> of March 2022 were noted as a true and accurate record.</p> <p>The amendments were recorded and corrected on page 4 of the minutes, as follows: -</p> <p><i>'Glyn Jones, the Interim Chief Executive, queried whether applying the Administration fee across all investments would cause a similar issue to the one outlined in the report. Estelle Evans assured members that this would not' should read 'Glyn Jones, the Interim Chief Executive, queried whether applying the Administration fee across all investments would cause a similar issue to the one outlined in the report. Estelle Evans informed members that applying the Administration fee across all investments would reduce the balance of the funds.'</i></p> <p><i>'The required £8,737k would now be funded from existing Covid charitable funds. Charitable Funds Committee approval was required as it relates to staffing' should read 'The required £8,737 would now be funded from existing Covid charitable funds. Charitable Funds Committee approval was required as it relates to staffing.'</i></p>
<p><b>CFC 0208/05</b></p>	<p><b>Charitable Funds Committee Action Log- June 2022</b></p> <p><b>CFC 1006/09 CCLA Investment Management Contract extension: 9 months prior to the expiry date a tendering process will be undertaken to secure an alternative investment management contract. The process to be added to the Committee's work plan.</b> The Committee workplan indicates item will be added to the agenda for discussion at the meeting in October 2022 'Tender for Investment Contract'.</p> <p><b>CFC 1006/12 Ratification of approved applications to NHS Charities Together (NHS CT) circulated between meetings- A joint communication statement on the change of approach to be developed.</b> Estelle Evans, Head of Financial Accounting, noted that this was in relation to development of a small grants scheme. An application form had been developed and the charitable funds (CF) team were in the process of developing a finalised communication to share with Divisions. Further discussion and assessment to take place outside of the meeting, with a finalised plan, including communications throughout the Divisions, to be presented at the next Charitable Funds Committee meeting.</p> <p><b>CFC 1101/05 Final Annual Accounts &amp; Report 2020/2021: The Committee requested assurance that Equality and Diversity Impact Assessments on all reports were populated going forward. Further guidance from the corporate team was requested. Head of Corporate Governance to liaise with Head of Financial Services and Accounting to share revised guidance.</b> Bryony Codd, Head of Corporate Governance, informed members that work was in progress to revise all templates for the Committees and the Board. Further update to come back to the Committee.</p>

	<p><b>CFC 0303/13 Patient Reported Experience Measures (PREMS)/Patient Reported Outcome Measures (PROMS) Update: The Committee welcomed wider discussions around this project at Board level and requested the progress be followed by CFC. To be included in the Committee's annual report.</b> Estelle Evans informed members that it was not included in the draft Annual Report, as included on the agenda, but would be included in the final version. Katija Dew, Independent Member and Committee Chair, requested that this also be shared with Board members.</p>
<p><b>CFC 0208/06</b></p>	<p><b>Draft Committee Work-plan 22-23</b></p> <p>Katija Dew, Independent Member and Committee Chair, requested that the format of the Committee Work-plan align with new templates used by other Committees. <b>Action: Head of Corporate Governance/Secretariat</b></p> <p>Mark Ross, Assistant Finance Director, provided the Committee with an overview of the workplan. Members were informed that the workplan required updating to include additional items and amend the frequency of items presented to the Committee. <b>Action: Assistant Finance Director/ Head of Financial Services and Accounting</b></p> <p>Rob Holcombe, Interim Director of Finance, requested the potential inclusion of a rolling programme of reports, outlining individual fundholders allocated spending, Further discussion to take place outside of meeting, to include Chair of Committee. <b>Action: Assistant Finance Director/Interim Director of Finance, Procurement &amp; Value Based Healthcare/Head of Financial Accounting</b></p> <p>The Committee thanked Mark Ross and the Charitable Funds Teams for the overview. The final work plan to be presented at the next meeting, and as a future standing item.</p>
<p><b>CFC 0208/07</b></p>	<p><b>Finance Report, including Draft Annual Report &amp; Accounts 21-22</b></p> <p>Estelle Evans, Head of Financial Accounting, provided an overview of the draft Annual Accounts and Annual Report for the year ending 31 March 2022 for Aneurin Bevan University Health Board Charitable Fund and Other Related Charities.</p> <p>Members were informed that the Draft Annual Accounts had been completed at the end of May 2022. A summary of the overall accounts was provided. It was highlighted to members that the final Annual Accounts required auditing by Audit Wales and submission to the Charities Commission by the 31<sup>st</sup> of January 2023.</p> <p>The Committee requested that the final Annual Report was shared with all Board Members. <b>Action: Head of Financial Accounting/Secretariat</b></p> <p>Rob Holcombe, Interim Director of Finance, Procurement and VBHC discussed the positive support provided throughout the year to both staff and students.</p>

	<p>It was requested that the report included the investment support provided to staff and students. <b>Action: Head of Financial Accounting</b></p> <p>Katija Dew, Committee Chair, requested that legislation updates be included on the committee workplan to ensure that the committee is informed of all Charitable Funds legislative changes on a routine basis that may impact the Health Board Charitable Funds. <b>Action: Head of Financial Accounting</b></p> <p>The Committee; -</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> the reports for <b>ASSURANCE</b> and compliance and thanked the Charitable Funds teams.</li> <li>• <b>APPROVED</b> the set-up of four new grant funds, as follows: <ol style="list-style-type: none"> <li>1. Grant - NHS CT COVID Recovery</li> <li>2. Grant – Health Hack – Ovarian Cancer</li> <li>3. Grant – Safer Beginnings</li> <li>4. Grant – Helpforce Volunteer to Career</li> </ol> </li> </ul>
<p><b>CFC 0208/08</b></p>	<p><b>Investment Management Contract Tender Specification</b></p> <p>Mark Ross, Assistant Finance Director, provided an overview of the Investment Management Contract Tender Specification and a draft service specification for consideration and approval.</p> <p>Members were informed that the investment management contract for the charity was due for retender and that a procurement exercise was required for a new contract to come into effect from 1<sup>st</sup> April 2023.</p> <p>Members were requested to nominate a member of the committee to be part of the tender evaluation process. Katija Dew, Independent member and Committee Chair, offered to support the tender evaluation process, alongside Pippa Britton, Independent Member to provide cover as required.</p> <p>The finalised report, to include a timeline of activity, to be shared with members. <b>Action: Assistant Finance Director</b></p> <p>The Committee <b>APPROVED</b> the draft tender specification and <b>NOTED</b> the next steps.</p>
<p><b>CFC 0208/09</b></p>	<p><b>Level of Reserves 22-23</b></p> <p>Mark Ross, Assistant Finance Director, updated the Committee on the level of reserves for 2022-23.</p> <p>The Committee had previously agreed a Reserves Policy which established a methodology to work out the level of reserves each year. This methodology had been applied for 2022-2023.</p> <p>Members were informed that to ensure that the Charity was able to cover the annual cost of the administration charge and any potential unrealised loss, the total reserve to be held for 2022/23 needed to be set at £288k, an increase of £22k on the previous year. The increased amount of £22k would be met by the unrealised gain for 2022/2023.</p>

	<p>The Committee; -</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the level of reserves to be held for 2022-2023 at £288k as described in the report.</li> <li>• <b>APPROVED</b> the use of the unrealised gain to fund the additional £22k required.</li> </ul>
<p><b>CFC 0208/10</b></p>	<p><b>Bids to be Considered by the Committee</b></p> <p>Estelle Evans, Head of Financial Accounting, presented an overview of the Charitable Funds bids for consideration and approval. The report outlined two bids that had been supported by the Executive Team.</p> <p>The two bids were as follows:</p> <ul style="list-style-type: none"> <li>• Bid CFC-253 - Accessible Psychological Support for People Affected by Covid-19</li> <li>• Bid CFC-254 CIVICA Patient Experience Platform</li> </ul> <p>Members were informed that the bids did not require funding from the Charitable Funds but required approval due to the nature and the value of the bids. Funding information was detailed within the report.</p> <p>Pippa Britton, Independent Member, noted that the bid for the CFC-254 CIVICA Patient Experience Platform was for one year only, and queried how funding would be allocated after the first year. Estelle Evans informed members that there had not been any additional recurrent costs identified for the second and third years within the bid. Further clarification of funding requirements for the second and third years would be reported back to the Committee. <b>Action: Head of Financial Accounting</b></p> <p>The Committee thanked the Head of Financial Accounting and <b>APPROVED</b> the bids, as outlined below:</p> <ul style="list-style-type: none"> <li>• Bid CFC-253 - Accessible Psychological Support for People Affected by Covid-19</li> <li>• Bid CFC-254 CIVICA Patient Experience Platform</li> </ul>
<p><b>CFC 0208/11</b></p>	<p><b>Funds Available and CFC Small Grants Scheme</b></p> <p>Mark Ross, Assistant Finance Director, provided the Committee with a summary of the report, outlining the up-to-date position in relation to the funds available to support grant requests submitted to the Committee.</p> <p>Members were reminded of the previous approval of a Small Grants Scheme. Transferring to a Small Grants Scheme enabled the Charitable Funds Committee to apply general funds for the benefits of patients and staff across the Health Board. Members were informed that <i>Table 1</i> of the report would be updated to include a column displaying the current Level of Reserve of £288k. <b>Action: Assistant Finance Director</b></p> <p>No grant requests had been received for scrutiny at the meeting. The current balance available to the Committee at the time of the meeting was noted as £49k.</p>

	<p>Katija Dew, Committee Chair, discussed the possibility of increasing the funds and improving the ability to administer them for the benefit of the population. A strategic plan to further improve and support fundraising for NHS Charities was discussed as a possible future consideration.</p> <p>The Committee thanked the Charitable Funds Team for the report and <b>NOTED</b> the balance available to support small grants of £49k.</p>
<b>CFC 0208/12</b>	<p><b>Key Performance Indicators (KPIs)</b></p> <p>Estelle Evans, Head of Financial Accounting, gave a short verbal update to the Committee on progress made on Key Performance Indicators. A report on KPIs to be included at the Committee meeting in January 2023. <b>Action: Head of Financial Accounting</b></p>
<b>CFC 0208/13</b>	<p><b>Request to Sell Strip of Land at Oakdale</b></p> <p>Mark Ross, Assistant Finance Director, informed the committee of the interest of a potential buyer for the land owned by the Charity.</p> <p>Members were informed that the land at Oakdale had previously been valued in 2019. For any potential sale to commence, an up-to-date valuation, alongside the support of the NHS Wales Shared Service Partnership (NWSSP) Estates Team would be necessary.</p> <p>Members discussed the request and called for further investigation into the potential planning development surrounding the land to take place prior to making a final decision to sell.</p> <p>The Committee <b>APPROVED</b> progression with an updated valuation on the land.</p>
	<p><b>Items for Information</b></p>
<b>CFC 0208/14</b>	<p><b>Spending Plans Over £25k</b></p> <p>Estelle Evans, Head of Financial Accounting, provided the Committee with a summary of the report, outlining the Health Board's spending plans for individual charitable funds in excess of £25k.</p> <p>Members were informed that at the time of the meeting, there were 430 individual charitable funds, of which 52 funds had balances over £25k. A number of responses had been received from fundholders outlining spending plans, with the pandemic and delays in the progression of planned building works delaying spending plans. Currently spending plans were reviewed annually, however members discussed the possibility to increase the frequency of these reviews.</p> <p>The Charitable Funds teams plan to meet with fund holders and facilitate regular reviews on spending plans and progress. The Chair requested that an exceptions report on the findings, mapping out spending plans, to be reported to the Committee every 6 months, with the first update in January 2023. <b>Action: Charitable Funds Manager</b></p>

	<p>Members discussed the available funds as listed in the report and requested that wider discussions take place with the Executive Team to look at utilising unrestricted funding, where acceptable, to improve services and support training and education.</p> <p>The Committee thanked the Charitable Funds team for the report and <b>RECEIVED</b> the report for <b>ASSURANCE</b>.</p>
<p><b>CFC 0208/15</b></p>	<p><b>Committee Terms of Reference</b></p> <p>The Committee received and endorsed the Terms of Reference (ToR) and operating arrangements, following consideration by the Board in March 2022. Mark Ross, Assistant Finance Director, assured the Committee that the ToR were compliant with the Healthcare Financial Management Association (HFMA) guidelines.</p>
<p><b>Fund Holders</b></p>	<p><b>Person Centred Care Charitable Funds</b></p> <p>Claire Jordan, Senior Nurse, Person-Centred Care, presented an overview of Person-Centred Care to the Committee.</p> <p>Members were informed that Person Centred Care covered a broad group of workstreams, including the Volunteer Service, Education and Patient Feedback. The Person-Centred Care team supported the Health Board's 300 volunteers.</p> <p>During Covid, volunteering services stopped, and funds were unspent. Services were now resuming, and 170 volunteers had returned. Members were informed that the Person-Centred Care team were in the process of contacting the remaining 130 and supporting those who wish to return.</p> <p>The following plans for unspent funds were discussed:</p> <ul style="list-style-type: none"> <li>• F103 ABUHB Chill Out in the Chapel- recommencing the service supporting staff, purchasing the required equipment.</li> <li>• F105 ABUHB Volunteering (Corporate)- employing a project manager for 12 months to support the implementation of the CIVICA Once for Wales Concerns Management System.</li> <li>• F713 ABUHB Ffrind i Mi Volunteer Service- looking to purchase a bespoke software solution to support the management of volunteers.</li> <li>• F702 ABUHB Person Centred Care Fund- A draft report would be presented to the Executive Team outlining the following recruitment bids, with the final report detailing the bids to be presented to the Committee. <b>Action: Charitable Funds Manager</b> <ol style="list-style-type: none"> <li>1. Short term funding for a Specialist Dementia Practitioner to train and support staff in caring for people living with Dementia.</li> <li>2. Supporting the recruitment of a Proof-of-Concept Band 7 specialist Chaplain to support Health Board staff, patients, and the current Chaplaincy team.</li> <li>3. The Person-Centred Care Team had been working alongside Helpforce on the project <i>Volunteer to Career</i>. A grant had been</li> </ol> </li> </ul>

	<p>received via Helpforce to fund a 12-month administration post which commenced in July 2022, to help support volunteers into careers within the Health Board.</p> <p>Katija Dew, Committee Chair, requested assurance that the Health Board were working with third sector partners when supporting volunteers. Claire Jordan informed members that the Health Board worked closely with third sector partners in Gwent such as Gwent Association of Voluntary Organisations (GAVO) and the Torfaen Voluntary Alliance (TVA), to ensure there were not duplications of volunteering services provided to the population.</p> <p>Pippa Britton, Independent Member, queried how data would be managed and outcomes monitored from the CIVICA Once for Wales Concerns Management System. Members were informed that discussions were ongoing to determine the management and reporting of system data, to enable improved patient outcomes and services.</p> <p>The Committee thanked Claire Jordan for the update.</p> <p><i>Claire Jordan, Senior Nurse Person Centred Care, left the meeting.</i></p>
	<b>Other Matters</b>
<p><b>CFC 0208/17</b></p>	<p><b>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</b></p> <p>There were no items to escalate to Board or other Committees.</p> <p>It was noted that agenda item <i>4.2 Arrears of Ground Lease and update on Sale of Residential Ground Leases</i> was deemed sensitive and taken to an in-committee discussion.</p> <p>Mark Ross, Assistant Finance Director, discussed the recent transfer of a low value painting, part of the T.P.Price Estate legacy, to a charity that took place. This approval had taken place outside of the meeting due to time pressures. Committee members, alongside the Chair of the Health Board had approved the handover of the painting to the charity and it was noted at the meeting for formal Committee approval.</p>
	<b>Date of Next Meeting</b>
<p><b>CFC 0208/18</b></p>	<p>The date of the next meeting was noted as: - Thursday 27th October 2022 09:30 -12:30 via Microsoft Teams.</p>

**Charitable Funds Committee  
October 2022  
Action Sheet**

(The Action Sheet also includes actions agreed at previous meetings of the Charitable Funds Committee and are awaiting completion or are timetabled for future consideration for the Committee. These are shaded in the first section. When signed off by the Charitable Funds Committee these actions will be taken off the rolling action sheet.)

**Agreed Actions Key:**

<b>Overdue</b>	<b>Not yet due</b>	<b>Due</b>	<b>Transferred</b>	<b>Complete</b>	<b>In Progress</b>
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<b>Action Ref</b>	<b>Action Description</b>	<b>Due date</b>	<b>Lead</b>	<b>Progress</b>	<b>Status</b>
<b>CFC 1006/06 Revised Terms of Reference</b>	The Committee requested any future changes to the Terms of Reference presented to the Committee showed as "tracked changes" to highlight the amendments.	<b>June 2023</b>	<b>Director of Corporate Governance</b>	Noted.	<b>Not yet due</b>
<b>CFC 1006/09 CCLA Investment Management Contract extension</b>	9 months prior to the expiry date a tendering process will be undertaken to secure an alternative investment management contract. The	<b>Oct 2022</b>	<b>Assistant Finance Director</b>	This is included in October 22 agenda item 3.4	<b>Complete</b>

	process to be added to the Committee's work plan.				
<b>CFC 1006/12 Ratification of approved applications to NHS Charities Together (NHS CT) circulated between meetings</b>	A joint communication statement on the change of approach to be developed.	<b>Oct 2022</b>	<b>Assistant Finance Director</b>	A finalised plan, including communications throughout the Divisions, to be presented at the next Charitable Funds Committee meeting. This is included in October 22 agenda item 3.5 (Appendix 1)	<b>Complete</b>
<b>CFC 1101/05 Final Annual Accounts &amp; Report 2020/2021</b>	The Committee requested assurance that Equality and Diversity Impact Assessments on all reports were populated going forward. Further guidance from the corporate team was requested. Bryony Codd to liaise with Estelle Evans to share revised guidance.	<b>Dec 2022</b>	<b>Head of Corporate Governance</b>	Draft report template shared with members of the committee for comment	<b>In progress</b>
<b>CFC 0303/06 13 Clytha Square</b>	The Chair requested further information with legal opinion. Estelle Evans to look at further options for the building and a timeline for any actions made.	<b>Oct 2022</b>	<b>Head of Financial Services &amp; Accounting</b>	This is included in October 22 agenda item 4.1	<b>Complete</b>

<b>CFC 0303/06 13 Clytha Square</b>	<p>If further confirmation stated that the property was Health Board owned, members requested that the report be presented to the Board for wider consideration.</p>	<b>Oct 2022</b>	<b>Head of Financial Services &amp; Accounting</b>	<p>Confirmation has been received that the property is registered in the name of the Health Board and not the charity.</p> <p>If the Charitable Funds Committee decide to sell 13 Clytha Square, a report will be submitted to the Board for approval</p>	<b>Complete</b>
<b>CFC 0303/10 Update of the Financial Control Procedure (FCP)</b>	<p>Members requested an annual review of the FCP in order to reflect any organisational changes, to be included in CF team annual work plan.</p>	<b>March 2023</b>	<b>Head of Financial Services &amp; Accounting</b>	<p>The FCP is reviewed on an ongoing basis and any changes will be presented to the Committee at the March meeting for approval. This has been included in the work plan.</p>	<b>Complete</b>
<b>CFC 0303/13 Patient Reported Experience Measures (PREMS)/ Patient Reported Outcome Measures (PROMS) Update</b>	<p>The Committee welcomed wider discussions around this project at Board level and requested the progress be followed by CFC. <b>Action:</b> To be included in the Committee's annual report Katija Dew, Independent Member and Committee Chair, requested that this also be shared with Board members.</p>	<b>Jan 2023</b>	<b>Head of Financial Services &amp; Accounting</b>	<p>This is not included in the draft Annual Report but will be amended for the final version.</p> <p>Information has been requested from the Value Based Team to be included in the Annual Report.</p> <p>The Annual Report with the Annual Accounts will be circulated for approval in January 23.</p>	<b>In progress</b>

<b>CFC 0208/06 Draft Committee Work-plan 22- 23</b>	The Committee Workplan to be updated to align with required template.	<b>Oct 2022</b>	<b>Head of Corporate Governance</b>	Workplan updated to revised template format.	<b>Complete</b>
<b>CFC0208/06.1 Draft Committee Work-plan 22- 23</b>	The workplan required updating to include additional items and amend the frequency of items presented to the Committee. Final workplan to be presented to the Committee.	<b>Oct 2022</b>	<b>Assistant Finance Director/ Head of Financial Services and Accounting</b>	Workplan updated and included in October 22 Agenda Item 2.2	<b>Complete</b>
<b>CFC0208/06.2 Draft Committee Work-plan 22- 23</b>	The Interim Director of Finance requested the potential inclusion of a rolling programme of reports, outlining individual fundholders allocated spending. Further discussion to take place outside of meeting, to include Chair of Committee.	<b>Ongoing</b>	<b>Assistant Finance Director/Interim Director of Finance, Procurement &amp; Value Based Healthcare /Head of Financial Accounting</b>	Agreed to have two Fund Holder at each meeting to present information on how their funds have been spent. This has been amended on the work plan.	<b>Complete</b>

<b>CFC 0208/07 Finance Report, including Draft Annual Report &amp; Accounts 21-22</b>	The Committee requested that the final Annual Report was shared with all Board Members.	<b>Jan 2023</b>	<b>Head of Financial Accounting / Secretariat</b>	The Audited Charitable Funds Annual Accounts require sign off by the Board The Annual Report with the Annual Accounts will automatically be circulated to Board Members for approval in January 23.	<b>Not yet due</b>
<b>CFC 0208/08 Investment Management Contract Tender Specification</b>	The finalised report, to include a timeline of activity, to be shared with members.	<b>Oct 2022</b>	<b>Assistant Finance Director</b>	Included in Agenda Item 3.4 – October 22	<b>Complete</b>
<b>CFC 0208/10 Bids to be Considered by the Committee</b>	Further clarification of funding requirements for the second and third years for CFC-254 CIVICA Patient Experience Platform would be reported back to the Committee.	<b>Aug 2022</b>	<b>Head of Financial Accounting</b>	This was minuted at the time of the discussion but was clarified later in the meeting during the presentation from Claire Jordan, Senior Nurse	<b>Complete</b>
<b>CFC 0208/11 Funds Available and CFC Small Grants Scheme</b>	Members were informed that <i>Table 1</i> of the report would be updated to include a column displaying the current Level of Reserve of £288k.	<b>Oct 2022</b>	<b>Assistant Finance Director</b>	Included in Agenda Item 3.5 – October 22	<b>Complete</b>

<b>CFC 0208/12 Key Performance Indicators (KPIs)</b>	A report on KPIs to be included at the Committee meeting in January 2023.	<b>October 2023</b>	<b>Head of Financial Accounting</b>	This is now included as a standard item within the Finance Report	<b>Complete</b>
<b>CFC 0208/14 Spending Plans Over £25k</b>	The Charitable Funds teams to meet with fund holders and facilitate regular reviews on spending plans. The Chair requested that an exceptions report on the findings, mapping out spending plans, to be reported to the Committee every 6 months, with the first update in January 2023.	<b>Jan 2023</b>	<b>Charitable Funds Manager</b>	Added to work programme for January 2023	<b>Not yet due</b>
<b>CFC 0208/16 Person Centred Care Charitable Funds</b>	F702 ABUHB Person Centred Care Fund- A draft report would be presented to the Executive Team outlining the recruitment bids, as recorded in the minutes. A final report detailing the bids to be presented to the Committee.	<b>Oct 2022</b>	<b>Charitable Funds Manager</b>	This has already been considered by the Executive Team. Ratification of the spending plan outlined at the meeting is included as an agenda item in October 22	<b>Complete</b>



## CHARITABLE FUNDS COMMITTEE PROGRAMME OF BUSINESS 2022/23

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.

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

- the Committee's Terms of Reference as agreed by the Board in March 2022;
- the Board's Assurance Framework (based on its Annual Objectives for 2021/22 and 2022/23).
- key risks identified through the Corporate (Strategic) Risk Register and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee); and
- key statutory, national and best practice requirements and reporting arrangements.

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			2 <sup>nd</sup> Aug	27 <sup>th</sup> Oct	5 <sup>th</sup> Jan	2 <sup>nd</sup> March			
<b>Preliminary Matters</b>									
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓			
Declarations of Interest		All Members	✓	✓	✓	✓			
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓			
Action Log and Matters Arising		Chair	✓	✓	✓	✓			
<b>Committee Requirements as set out in Standing Orders</b>									
Development of Committee Annual Programme of Business 2022/23	Annually	Chair & Director of CG				✓			
Review of Committee Programme of Business	Standing Item	Chair	✓	✓	✓	✓			
Annual Review of Committee Terms of Reference 2022/23	Annually	Chair & Director of CG				✓			
Annual Review of Committee Effectiveness 2022/23	Annually	Chair & Director of CG				✓			
Committee Annual Report 2022/23	Annually	Chair & Director of CG				✓			
<b>Financial Reporting</b>									
Financial Update including Investments Valuation	Standing Item	Head of Financial Services & Accounting	✓	✓	✓	✓			
Report on Significant Donations and Gifts	Standing Item	Head of Financial Services & Accounting	✓	✓	✓	✓			
Update on new and closed funds	Standing Item	Head of Financial	✓	✓	✓	✓			

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23							
			2 <sup>nd</sup> Aug	27 <sup>th</sup> Oct	5 <sup>th</sup> Jan	2 <sup>nd</sup> March				
		Services & Accounting								
Overdrawn Accounts	Standing Item	Head of Financial Services & Accounting	✓	✓	✓	✓				
KPIs Review	Standing Item	Head of Financial Services & Accounting		✓	✓	✓				
Legislation Changes	Standing Item	Head of Financial Services & Accounting		✓ (separate item)	✓	✓				
<b>Expenditure Approval</b>										
Funds available to the Committee	Standing Item	Assistant Finance Director	✓	✓	✓	✓				
Consideration of Bids/Small Grants	Standing Item	Assistant Finance Director	✓	✓	✓	✓				
<b>Fund Holders</b>										
Attendance at Meetings*	Standing Item	Head of Financial Services & Accounting	✓	✓	✓	✓				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23							
			2 <sup>nd</sup> Aug	27 <sup>th</sup> Oct	5 <sup>th</sup> Jan	2 <sup>nd</sup> March				
Spending Plans over £25k	Annually	Head of Financial Services & Accounting	✓							
Spending Plans Review	Annually	Head of Financial Services & Accounting			✓					
<b>Governance and Assurance</b>										
Level of Reserves	Annually	Assistant Finance Director	✓							
Review Investment Performance – CCLA to attend	Annually	Assistant Finance Director			✓					
Review of Financial Control Procedure	Annually	Assistant Finance Director					✓			
Specification for Investment Contract (Expires 31.3.23)	One-off	Assistant Finance Director	✓							
Tender for Investment Contract	One-off	Assistant Finance Director		✓						
Appointment of Investment Managers	One-off	Assistant Finance Director			✓					

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			2 <sup>nd</sup> Aug	27 <sup>th</sup> Oct	5 <sup>th</sup> Jan	2 <sup>nd</sup> March			
<b>General Reports</b>									
Approval of Admin Charge/Unrealised Gain Apportionment 22/23	Annually	Head of Financial Services & Accounting		✓					
Proposed change in Accessing Charitable Funds	Cmt Request	Head of Financial Services & Accounting		✓					
<b>Annual Accounts and Report</b>									
Draft Annual Report and Accounts	Annually		✓						
Final Accounts and Annual Report Approval	Annually				✓				
<b>Evaluation Reports</b>									
None expected as at June 22									

KEY	
D of CG	Director of Corporate Governance
D of FPV	Director of Finance, Procurement and Value
FCP	Financial Control Procedure
KPI	Key Performance Indicators

<b>*schedule of fundholders</b>	
<b>August</b>	Person Centred Care Charitable Funds
<b>October</b>	Calcraft Fund
<b>January</b>	TBC
<b>March</b>	TBC



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Charitable Funds Committee  
Thursday, 27<sup>th</sup> October 2022  
Agenda Item: 3.1

## Charitable Funds Committee

### Financial Report including Key Performance Indicators for the Period Ending 31 August 2022

#### Executive Summary

This financial report presents the following:

- Financial update including investment valuation
- Report on significant donations
- Overdrawn accounts
- Key Performance Indicators (KPIs)
- New Fund Requests
- Update to the Financial Control Procedure (FCP)

The Charitable Funds Committee is asked to approve the set-up of 1 new fund

- 1 fund for new legacies received

The Charitable Funds Committee is asked to note the remainder of this report.

**The Board is asked to:** (please tick as appropriate)

Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

**Executive Sponsor: Robert Holcombe, Interim Director of Finance, Procurement and Value Based Healthcare**

**Report Author: Estelle Evans, Head of Financial Services and Accounting**

**Report Received consideration and supported by:**

<b>Executive Team</b>		<b>Committee of the Board</b>	<b>Charitable Funds Committee</b>
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**Date of the Report: 26<sup>th</sup> September 2022**

Supplementary Papers Attached: Appendix A – Details of Static Funds

## **Purpose of the Report**

This financial report is a standard agenda item and includes the following items:

- Financial update including investment valuation
- Report on significant donations
- Overdrawn accounts
- Key Performance Indicators (KPI's)
- New fund requests
- Update to the Financial Control Procedure (FCP)

## **Background and Context**

### **1. Background**

This report provides a general financial update to the Committee and includes some standing items that were agreed as part of the annual work plan.

### **2. Issues**

#### **2.1 Financial Position as of 31 August 2022**

Table 1 below shows the financial position for the period to 31 August 2022 (month 05) compared to the draft 2021/22 Annual Accounts.

#### **Table 1**

<b>Financial Statement to 31 August 2022</b>	<b>Draft Accounts 2021/22 £000</b>	<b>Month 05 2022/23 £000</b>
<b><u>Income &amp; Expenditure</u></b>		
<b>Income</b>		
Donations	399	218
Legacies	170	46
Grants	99	211
Investment Income	187	87
Other Income	126	62
	981	624
<b>Expenditure</b>	930	294
<b>Gains / (losses) on investment assets</b>	480	-30
<b>Surplus / (Deficit)</b>	<b>531</b>	<b>300</b>
<b><u>Balance Sheet</u></b>		
Property	246	246
Investments	5,484	5,453
Debtors	231	57
Current Liabilities	-387	-115
Cash at Bank	373	606
Cash on Deposit	0	0
<b>Net Assets</b>	<b>5,947</b>	<b>6,247</b>
Funds of the Charity	5,947	6,247
<b>Total Charity Funds</b>	<b>5,947</b>	<b>6,247</b>

The following commentary supports the figures in Table 1:

### **2.1.1 Income**

Month 05 income totals £624K. This is higher than the equivalent period in 2021/22 due to the level of donations & grant income received to date in 2022/23.

To date in this financial year we have received one new legacy:

- Research into heart related illnesses £45K

#### Donations, legacies & grant income

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

<b>Fund Ref</b>	<b>Received From</b>	<b>Amount £</b>	<b>Location</b>
<b>Apr-22</b>			
F231 ABUHB DINKY DRAGONS	Avril Rymer	1,000.00	ABUHB
F303 ABUHB BREAST CENTRE	Just Giving	1,077.65	ABUHB
F703 ABUHB JACKS APPEAL	Taekwondo Arc Wales	1,000.00	ABUHB
F408 STW NEWPORT KIDNEY FUND (RENAL UNIT)	CHP Accountants	5,000.00	St Woolos
F003 ABUHB HOLDING ACCOUNT INT & ADMIN	Helpforce Community Grant	19,754.00	ABUHB
F997 ABUHB NHS CT GRANT COVID RECOVERY	NHS Charities Together Grant	93,905.00	ABUHB
		121,736.65	
<b>May-22</b>			
F363 STW DERMATOLOGY NURSE EDUCATION	Gwent Dermatology Patient	1,000.00	St Woolos
		1,000.00	
<b>Jun-22</b>			
F303 ABUHB BREAST CENTRE	L H Swift	1,075.00	ABUHB
F003 ABUHB HOLDING ACCOUNT INT & ADMIN	Hugh James Solicitors (Legacy)	45,384.46	ABUHB
F002 ABUHB CF COMMITTEE	Just Giving	1,810.44	ABUHB
		48,269.90	
<b>Jul-22</b>			
F231 ABUHB DINKY DRAGONS	Evol (Wales) Ltd - Tiny Rebel	1,500.00	ABUHB
F002 ABUHB CF COMMITTEE	Nevill Hall Hospital Thrombosis Fund	76,000.00	ABUHB
F295 ABUHB THE CARE PROJECT	Nevill Hall Hospital Thrombosis Fund	80,000.00	ABUHB
F703 ABUHB JACKS APPEAL	J E Methuen	1,000.00	ABUHB
F703 ABUHB JACKS APPEAL	JES Group Ltd	1,500.00	ABUHB
F703 ABUHB JACKS APPEAL	L K James	1,230.00	ABUHB
F191 ABUHB MATERNITY FUND	Rachel & Fred Morgan	2,830.00	ABUHB
F566 YYF RISCA WARD 3/1 (COE)	Mrs J M Burr	1,200.83	Ysbyty Ystrad Fawr
		165,260.83	
<b>Aug-22</b>			
F161 ABUHB GUH A3 GYNAECOLOGY	C M Fleming	1,000.00	ABUHB
F703 ABUHB JACKS APPEAL	M Hadley	3,000.00	ABUHB
		4,000.00	
<b>Overall Total</b>		340,267.38	

There has been a significant donation of £156k from the NHH Thrombosis fund. £80k of this has gone into a specific fund with £76k available for the general fund.

## 2.1.2 Expenditure

The year-to-date expenditure totals £294K and is lower than in the equivalent period of 2021/22. This is due to a higher level of COVID spend in 2021/22 compared to projected spend in 2022/23 along with a reduction in fixed term staffing costs which ended on 31.03.2022.

## 2.1.3 Gains / Losses on Investment Assets

At the 31 August 2022, the CCLA investment is presenting an unrealised loss of £30K against the 2021/22 year end value. However, given the market volatility of the underlying equity and bond investments, it is not possible to predict the final year end position at this stage.

## 2.1.4 Overall Position

The overall position for the period is an increase in funds of £300K. Excluding investment gains there would be an underlying increase of £330K, which indicates that income has exceeded expenditure so far this year.

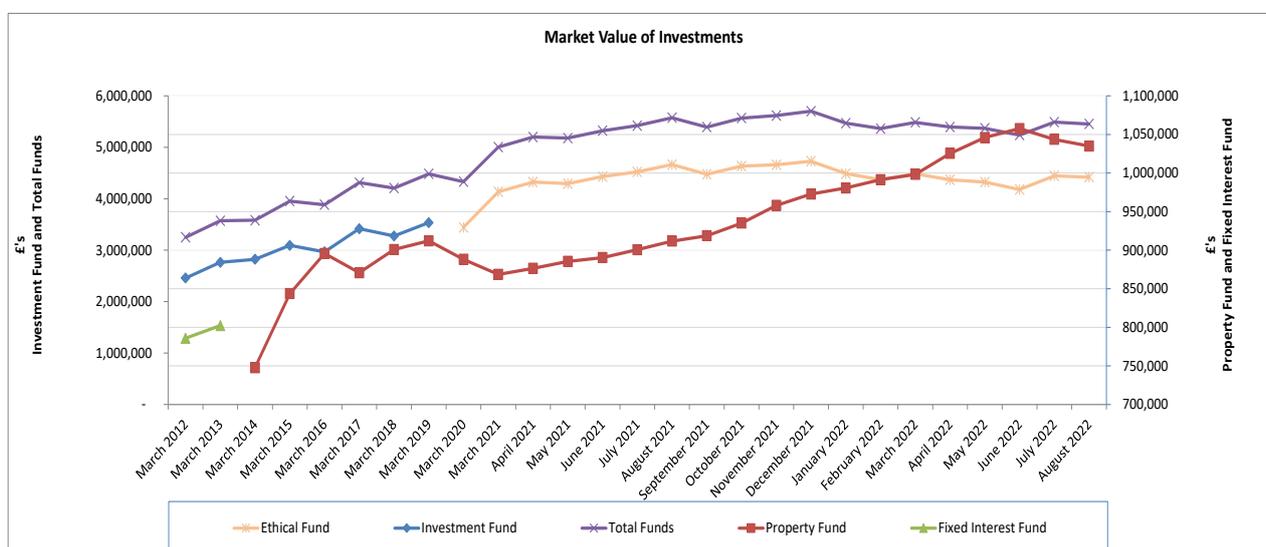
## 2.1.5 Balance Sheet

### Value of Investments

The investments valuation for CCLA as of 31 August 2022 is as follows:

Investment Valuation	No of Units	Valuation / Unit as at 31/08/22 Pence/Unit	Total Valuation £000
Property Fund	769,509	134.49	1,035
Investment Fund	-	-	-
Ethical Fund	1,511,068	292.40	4,418
Deposit Fund			-
<b>Total</b>			<b>5,453</b>

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



## Cash Balances

Overall cash balances have increased since the start of the year, and at the end of August we held £606K in current / bonus accounts as follows:

- £0.021M in the Santander Bonus Account (immediate access) at 0.01%.
- £0.584M in the RBS Current Account.
- £0.001M in petty cash.

## 2.2 Overdrawn Accounts

There are no overdrawn accounts as of 31 August 2022.

### 3. Streamlining of funds & Closed Funds

The following 5 funds have been closed because of being consolidated into 1 facilities fund - F134 which was NEW NEWPORT & SOUTH MON FACILITIES which has been renamed to F134 ABUHB FACILITIES

F130 CCH CHEPSTOW COMMUNITY GENERAL  
F131 YYF FACILITIES  
F133 CTY COUNTY FACILITIES  
F136 NHH NORTH GWENT FACILITIES  
F138 YAB GARDEN FACILITIES

### 4. New Funds

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

- LEGACY RESEARCH HEART ILLNESSES V WILLIAMS

### 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 period of time.

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

Charitable Funds Key Performance Indicators	Measurement		Quarterly Indicators	
			2021/22 Q4	2022/23 Q1
Number of funds	Number of funds	No	430	429
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	33

There has been a small decrease in the number of funds and a small increase in the number of static funds since the start of the financial year. Details of the static funds are shown in Appendix A.

Charitable Funds Key Performance Indicators	Measurement		YTD Indicators	
			2021/22 M01 - M12	2022/23 M01 - M05
Number of merged funds	Number of funds closed as a result of merger	No	8	5
Expenditure expressed as a percentage of the overall fund balance	Expenditure excludes admin charge to reflect 'true' spend	%	13.29	3.83
Donations received in the year	Number of Donations Received	No	1,145	361
	Value of Donations Received	£	399,434	218,065

There have been 5 funds merged since the start of the year.

Expenditure as a percentage of the overall fund balance should increase as the year progresses and more expenditure is incurred in future months. The aim is for this measure to be higher than the 2021/22 value by the end of the financial year.

The number and value of donations received to date are also detailed above, with the 2021/22 values shown as comparators.

The table below will be completed at the year-end & will reflect the average time period between the receipt of income and the corresponding expenditure being incurred.

Charitable Funds Key Performance Indicators	Measurement		Annual Indicators	
			2021/22 M12	2022/23 M12
Time between receipt of income and expenditure incurred	Donations Legacies Grants		To be updated for year end report	

## 6. Update to the Financial Control Procedure

Within the objects of the charity, shown below, wellbeing events are allowed.

*The trustees shall hold the trust funds upon trust to apply income and at their discretion, so far as permissible, capital, for any charitable purpose or purposes relating to the National Health Service within the area of Aneurin Bevan University Local Health Board.*

However, within the FCP wellbeing events are not specifically addressed. Under Expenditure, section 11.7.5. states that "A distinction should be made between

*work and work networking opportunities as opposed to purely social activities; the latter being inappropriate.”*

It is proposed that a new section, 11.7.6 is added to the FCP stating the following:

*“Wellbeing events are permissible from Charitable Funds but must be discussed with the Charitable Funds Manager prior to the event taking place.”*

### **Assessment and Conclusion**

This report provides a financial update for the Charitable Funds Committee for the period ending 31 August 2022.

### **Recommendation**

The Charitable Funds Committee is asked to approve the setting up of the 1 new fund, the amendment to the FCP and to note the remainder of this report.

### **Supporting Assessment and Additional Information**

<b>Risk Assessment (including links to Risk Register)</b>	<i>Sound reporting of the charity’s financial position helps ensure good financial management of the charity and reduces financial risk.</i>
<b>Financial Assessment including Value for Money</b>	<i>The charity finances show a similar position in terms of income and expenditure and net assets to previous periods and does not present any significant risks currently.</i>
<b>Quality, Safety and Patient Experience Assessment</b>	<i>The ability of the charity to support donations to the NHS in Gwent help deliver an improved patient experience.</i>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	<i>A co-ordinated approach to the use of monetary donations will ensure that all patient groups and associated wellbeing needs are fully considered and spend prioritised.</i>
<b>Health and Care Standards</b>	<i>No impact</i>
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	<i>Indirect link in as much as some purchases made through the charity could reduce pressure on the capital and revenue financial pressures of the main Health Board.</i>
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> - <i>Not applicable to this report</i>
	<b>Integration</b> – <i>Not applicable to this report</i>
	<b>Involvement</b> – <i>Not applicable to this report</i>
	<b>Collaboration</b> – <i>Not applicable to this report</i>
<b>Glossary of New Terms</b>	<i>KPIs – Key Performance Indicators</i>
	<i>FCP – Financial Control Procedure</i>
Public Interest	<i>Report available in the public domain as part of the Charitable Funds Committee papers.</i>

## Static Funds Q1 2022/23

Fund	Fund Balance Q1 2022/23 £	Expenditure Incurred Q2 20/21 - Q1 22/23 £	Details
<b>Legacy / Grant Funds</b>			
F010-LEGACY STW GEN G S WATKINS	- 26,325.45	1,226.29	Under the control of the Charitable Funds Committee
F018-LEGACY CCH GEN R W JONES	- 52,221.64	2,432.58	Under the control of the Charitable Funds Committee
F278-LEGACY RGH HAEM G S WATKINS	- 60,765.46	2,830.56	
F298-LEGACY RGH BREAST G S WATKINS	- 60,765.46	2,830.56	In view of the new breast unit opening up in Dec 23, it has been agreed to use this fund for equipment
F342-LEGACY NHH RHEUM I M MORRIS	- 100,188.96	4,666.98	The directorate are looking at how they can utilise their funds
F387-LEGACY RGH EYE G M GUNTER	- 29,560.83	1,376.99	A £43k equipment purchase was approved by the Charitable Funds Committee in March 22.
F414-LEGACY B E WOODS RENAL	- 40,162.92	1,104.05	Recently discussed with clinical director and directorate manager, awaiting further information
F552-LEGACY YAB B E WOOD	- 11,048.71	1,281.48	
F583-LEGACY NHH PALLIATIVE CARE I M MORRIS	- 29,132.85	1,479.68	
F811-LEGACY RGH CCU ARTHUR HENRY MORGAN	- 108,398.80	7,763.47	Expenditure of £2k - £3k has been incurred in each of the last 3 years
F817-LEGACY NHH DIAB G M GUNTER	- 29,560.83	1,376.99	
F831-LEGACY CALCRAFT J GRIFFITHS	- 100,323.58	220.75	New legacy received in December 2021
F997-ABUHB NHS CT GRANT COVID RECOVERY	- 93,905.00	-	New grant received in April 2022, expenditure has already been determined
	- 742,360.49	28,590.38	
<b>Unrestricted Funds</b>			
F057-RGH PG MRCOG	- 29,483.18	1,938.82	There are plans to replace all the audio systems in the Postgraduate Unit 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 this one
F103-ABUHB CHILL OUT IN THE CHAPEL	- 27,727.38	1,344.59	Services stalled for 2 years due to the pandemic, the service is now resuming
F105-ABUHB VOLUNTEERING (CORPORATE)	- 72,444.67	2,634.49	Credited with Clytha Square rental income - £14k per year. CF Committee approved bid for £50k in Aug 22 for staffing to implement a system for service user feedback
F270-NHH CLINICAL HAEMATOLOGY	- 39,026.24	1,897.54	This is being used for the new cancer centre on ward 2/4, NHH
F277-NHH WINDSOR SUITE	- 50,684.13	2,001.68	Additional donations of £19k received in 2021/22 and this fund will be used for the new cancer centre on ward 2/4, NHH
F300-NHH BREAST CARE FUND	- 45,489.22	2,953.77	In view of the new breast unit opening up in Dec 23, it has been agreed to use this fund for training purposes
F301-RGH BREAST CARE UNIT	- 71,694.90	3,339.68	In view of the new breast unit opening up in Dec 23, it has been agreed to use this fund for equipment
F303-ABUHB BREAST CENTRE	- 244,085.92	11,554.30	Additional donations of £57k received in 2021/22 - Unit due to be opened Dec 23
F340-ABUHB RHEUMATOLOGY	- 58,183.68	2,710.31	The directorate are looking at how they can utilise their funds
F367-RGH E N T RESEARCH/TEACHING	- 23,874.42	1,112.12	
F386-RGH POST GRADE EYE	- 86,807.19	3,026.98	A £43k equipment purchase was approved by the Charitable Funds Committee in March 22.
F400-RGH RLG UROLOGY FUND	- 43,309.79	3,115.42	Directorate currently reviewing funds
F407-RGH WINDSOR BOWSHER PROSTATE CANCER FUND	- 62,350.62	4,238.80	Directorate currently reviewing funds
F435-ABUHB DIET SHEET	- 25,864.45	1,230.41	
F497-ABUHB NEURO PHYSIO TRAINING	- 35,083.44	632.51	
F561-YYF PENALLTA (PALLIATIVE CARE)	- 24,786.17	2,172.89	
F586-NHH ONCOLOGY REHAB	- 75,767.61	3,526.53	This is being used for the new cancer centre on ward 2/4, NHH
F696-STW SPRINGFIELD FUND	- 111,000.43	5,790.88	With the uncertainty of the future of St Woolos, funds have not been used but the intention is to refurbish the wards in the unit
F816-NHH WENDY BOWEN TRUST DIABETES FUND	- 34,077.13	1,705.63	
F835-GUH B4 STROKE UNIT	- 24,188.29	1,731.81	
	- 1,185,928.86	58,659.16	
<b>Total Static Funds</b>	<b>- 1,928,289.35</b>	<b>87,249.54</b>	



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Charitable Funds Committee  
Thursday, 27<sup>th</sup> October 2022  
Agenda Item: 3.2

## Charitable Funds Committee

### Administration Charges & Unrealised Gain Apportionment 22-23

#### Executive Summary

In line with charitable funds authorisation procedures (items over £25k) the Charitable Funds Committee is requested to approve the forecast administration charges for 2022/2023 of £142k which is based on current information and to give approval for this to increase, should there be additional costs, to a revised maximum of £150k.

Additional costs may be incurred due to the figures being estimated as at 31<sup>st</sup> August 2022 and actual figures only will be used at year end so by putting in a range for the approval it will not be necessary to come back to the Committee for further approval.

In addition, the Charitable Funds Committee is requested to note the distribution of the interest, dividends and unrealised gain/loss across all funds.

#### The Board is asked to: (please tick as appropriate)

Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

**Executive Sponsor: Robert Holcombe, Interim Director of Finance, Procurement and Value Based Healthcare**

**Report Author: Estelle Evans, Head of Financial Services & Accountancy**

**Report Received consideration and supported by:**

<b>Executive Team</b>		<b>Committee of the Board</b>	<b>Charitable Funds Committee</b>
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**Date of the Report: 26<sup>th</sup> September 2022**

**Supplementary Papers Attached: None**

#### Purpose of the Report

The cost of administering charitable funds is apportioned across all funds (excluding property valuation funds) in order that normal revenue budgets are not used to subsidise the charity. Interest, dividends and unrealised gain/loss are also apportioned across all funds in the same way. This report outlines the administration charges for approval by the Committee and the apportionment of the interest, dividends and unrealised gain/loss.

## Background and Context

### Administration Charges

Administration charges are charged to each charitable fund annually and are apportioned based on the average monthly fund balance. This fee covers the cost of administering the funds on a day-to-day basis and includes finance and general administrative costs, the Committee's time, Procurement's time and audit fees together with accommodation and utility costs. The charge has been reviewed and updated for 22/23.

### Interest, Dividends & Unrealised Gain/Loss

Interest and dividends are placed in a holding account during the year and at year end they are apportioned across all funds (excluding property valuation funds) based on the average monthly balance.

The first call on the unrealised gain before the balance is distributed is to fund the reserves, currently £288k. The balance is then distributed across the funds, again based on the average monthly balance.

If our investments produce an unrealised loss at year end, we will consider the interest, dividends and administration charge and if the total results are a net benefit to fundholders we will apportion this unrealised loss across the funds in the same way. If there is an overall loss, we can choose to use the Reserves held by the Charitable Funds Committee to cover this loss or distribute the loss across the funds.

It is impossible to predict what the unrealised gain/loss is likely to be at any year end, but we have produced the table below showing the distributions over past years for information.

Year	Admin Charge		Int & Div		Unrealised Gain/Loss		Total	Total Increase/Decrease	Total Without Unrealised Gain/Loss		Total Funds Held
	£000's	%	£000's	%	£000's	%			£000's	%	
21/22	139	2.34%	171	2.88%	172	2.89%	204	3.43%	32	0.54%	5,947
20/21	126	2.31%	166	3.05%	673	12.36%	713	13.10%	40	0.73%	5,443
19/20	125	2.60%	171	3.55%	151	-3.14%	-105	-2.18%	46	0.96%	4,815
18/19	117	2.35%	167	3.35%	275	5.52%	325	6.53%	50	1.00%	4,980
17/18	114	2.38%	166	3.47%	95	1.98%	147	3.07%	52	1.09%	4,788
16/17	103	2.22%	169	3.65%	430	9.28%	496	10.70%	66	1.42%	4,636
15/16	102	2.22%	166	3.61%	70	-1.52%	-6	-0.13%	64	1.39%	4,599
14/15	101	2.21%	167	3.65%	372	8.12%	438	9.56%	66	1.44%	4,580
13/14	103	2.32%	173	3.90%	9	0.20%	79	1.78%	70	1.58%	4,433

As at 31<sup>st</sup> August 2022, our investments show an unrealised loss of £30k.

It should be noted that the unrealised gain for 21/22 was £480k but members will recall that £308k was used to make up the reserves fund and to reinstate the property funds to reflect their valuation.

## Assessment and Conclusion

The administration costs are identified in the table below.

	Actual	Estimate	Difference
	2021/22	2022/23	
Administration Charges	£	£	
Charitable Funds Office Staff	79,860	82,132	2,272
Senior Finance Staff	21,754	22,097	343
Audit Fees	16,314	16,314	0
Cost of Committee Meetings	9,828	10,101	272
Accommodation and Utility Costs	7,084	7,127	44
Procurement	2,674	2,830	156
Other Charges	1,944	1,442	-502
<b>Total Administration Charge</b>	<b>139,457</b>	<b>142,042</b>	<b>2,585</b>

The charge is estimated to be higher than last financial year by 1.85%. This is attributed to:

- An increase in staff costs due to the pay rise.
- A reduction in Other Charges as additional IT equipment was purchased in 21/22 for the Charitable Funds Team and in 22/23, we expect legal costs to produce a partnership agreement.

Further information relating to the charges is detailed below:

- The Charitable Funds staff charge relates to the day to day running of the charity. The staff also manage Patients Private Monies so only the proportion of the time they spend on charitable funds is charged here which varies between staff members. The amount of time spent on a list of tasks for each team member is recorded and the costs worked out based on their gross hourly rate. Tasks include bank and ledger reconciliations, recording receipts, processing payments, acknowledging donations, dealing with queries and enquiries, raising invoices, approving requisitions, designing and producing raffle tickets, producing information for reports and annual accounts.
- The Senior Finance Staff charge is based on the amount of time spent in relation to the governance of the funds and time for preparation and attendance at Charitable Fund Committee meetings, Audit meetings etc. and in the production of the annual accounts and report.
- The reversal of the 1.25% temporary National Insurance rate increase that will come into effect in November 2022 will be included within final costs.
- The audit fee of £16k is based on 21/22 charges and may be subject to change.
- The time of the Charitable Fund Committee members and the Secretariat staff in preparing for and attending meetings is included in the Cost of the Committee meetings.
- The accommodation and utility costs are based on the offices used by charitable funds and finance staff in relation to the costs charged for the Financial Services and Systems department as a whole.
- Other charges include legal costs, bank charges and other ad hoc charges incurred by the Charitable Funds Team.

## Recommendation

Approval for the estimate is requested before the end of the financial year which allows some certainty about the costs that are to be recharged to the main ABUHB revenue budget.

The Committee is asked to approve the estimated administration charge at a cost of £142k and to give approval for this to increase, should there be additional costs, to a revised maximum of £150k.

In addition, the Committee are asked to note the distribution of the interest, dividends and unrealised gain/loss.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	<i>Sound reporting of the charity's financial position helps ensure good financial management of the charity and reduced financial risk.</i>
<b>Financial Assessment, including Value for Money</b>	<i>The Charity administration charges show a similar position to previous years and do not present any significant risks currently.</i>
<b>Quality, Safety and Patient Experience Assessment</b>	<i>The ability of the charity to support donations to the NHS in Gwent help deliver an improved patient experience.</i>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	<i>No impact</i>
<b>Health and Care Standards</b>	<i>No impact</i>
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	<i>Indirect link in as much as some purchase made through the charity could reduce pressure on the capital and revenue financial pressures of the Health Board.</i>
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – <i>No implications for this report</i>
	<b>Integration</b> – <i>No implications for this report</i>
	<b>Involvement</b> – <i>No implications for this report</i>
	<b>Collaboration</b> – <i>No implications for this report</i>
	<b>Prevention</b> – <i>No implications for this report</i>
<b>Glossary of New Terms</b>	
<b>Public Interest</b>	<i>Report available in the public domain as part of the Charitable Funds Committee papers.</i>

## Aneurin Bevan University Health Board

Proposed Partnership Agreement between Newport County Football Club & our Neonatal Unit

### Executive Summary

The Neonatal Unit at Grange University Hospital have set up an internal group for fundraising for the unit, known as Dinky Dragons. They were approached by Newport County Associated Football Club to form a partnership to assist in their fundraising.

We have referred this to NWSSP Legal and Risk Team who are drafting a generic partnership template for use in this agreement and for any future agreements with other partners.

This partnership fits within the objects of the charity which are:

*The trustees shall hold the trust funds upon trust to apply income and at their discretion, so far as permissible, capital, for any charitable purpose or purposes relating to the National Health Service within the area of Aneurin Bevan University Local Health Board.*

The Charitable Funds Committee is asked to approve this partnership and the generic partnership template when it is available.

**The Board is asked to:** (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	√
Note the Report for Information Only	

**Executive Sponsor: Robert Holcombe, Interim Director of Finance, Procurement and Value Based Healthcare**

**Report Author: Estelle Evans, Head of Financial Services & Accountancy**

**Report Received consideration and supported by:**

<b>Executive Team</b>		<b>Committee of the Board</b>	<b>Charitable Funds Committee</b>
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**Date of the Report: 27<sup>th</sup> September 2022**

**Supplementary Papers Attached: None**

## Purpose of the Report

The purpose of this report is to inform the Charitable Funds Committee of a partnership arrangement between our Neonatal Unit at GUH (known as Dinky Dragons) and Newport County Associated Football Club. We have referred this to our Legal and Risk Team who are drafting a generic partnership template for use in this agreement and for any future agreements with other partners which will be circulated to the Committee for approval.

## Background and Context

Newport County Associated Football Club approached the Neonatal staff to support us with raising funds for the unit.

On advice from the Director of Corporate Governance we contacted NWSSP Legal & Risk Team who suggested that key staff at the unit (Senior Nurse, Consultant, Directorate Manager and members of the nursing team), together with the Charitable Funds Finance Team, meet with the Commercial Manager of Newport County AFC and scope out our expectations, which are listed below. From this they would produce a legal framework/partnership agreement.

### Objective

E.g., The purpose and aims of the partnership are to engage in positive mutual support which will benefit the Neonatal Unit at the Grange University Hospital.

### The charities' roles and responsibilities

E.g., **Dinky Dragons** will:

- Recognise the support of Newport County AFC by displaying their logo on social media, website and Just Giving page

### The corporate partner's roles & responsibilities

E.g., **Newport County AFC** will:

- Post their support of "Dinky Dragons" on social media and website
- Support fundraising efforts by allowing Dinky Dragons a stand at home games to sell merchandise and collect bucket donations
- Donate free tickets, signed merchandise for Dinky Dragons to raffle

### Other

- Agreement with the football club, the charity and the Health Board
- Link to each other's website and promotion of the website
- Use of logos for promotion – logos not to be adjusted or used by other sponsors
- Clause to review agreement annually – expectations for a long-term partnership
- Clause to cease the partnership at any time – applies to both parties
- Must be aligned to the Health Board's goals. (No alcohol, smoking etc). Sponsors they have a current agreement with have been thoroughly checked as they do not condone major Gambling, Alcohol and Smoking companies as they are a family orientated club and they try to promote local businesses. When matches are televised, they avoid advertisements of these so-called big companies
- Only use our procurement for any goods purchased

- Fundraising to be done by ABUHB staff only so money not handled by anyone outside of ABUHB
- Football club would allow bucket collections, stall for selling goods x times a year
- No charity to be set up separately for the Health Board, Health Board Charity or the Unit
- Right to determine how any fundraising is spent stays with the nursing team
- Football club to be advised how donations are spent

### Assessment and Conclusion

The Legal and Risk Team are in the process of drafting a partnership agreement and will put it into a generic template which will allow us to use it for other future partnerships. It will contain guidance notes as to the compulsory/optional clauses to be completed.

The cost of this will be approximately £500 and will be included within the charitable funds administration charge.

We would like to launch this partnership with assistance from our Communications Team on 17<sup>th</sup> November as this is World Prematurity Day which raises awareness of premature birth and the concerns of preterm babies and their families.

### Recommendation

The Charitable Funds Committee is asked to note this report and to approve the generic partnership agreement written by the Legal and Risk Team for use when it is available.

### Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	<i>The partnership agreement has been drafted by Shared Services – Legal &amp; Risk to mitigate any potential risks to the charity</i>
<b>Financial Assessment, including Value for Money</b>	<i>This partnership will increase visibility of the charity and specifically the Neonatal Unit which will likely lead to an increase in donations to the charity.</i>
<b>Quality, Safety and Patient Experience Assessment</b>	<i>Donations to the charity directly affect patient experience in a positive manner.</i>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	<i>No impact</i>
<b>Health and Care Standards</b>	<i>No impact</i>
<b>Link to Integrated Medium Term</b>	<i>No direct link</i>

<b>Plan/Corporate Objectives</b>	
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – <i>No implications for this report</i>
	<b>Integration</b> – <i>No implications for this report</i>
	<b>Involvement</b> – <i>No implications for this report</i>
	<b>Collaboration</b> – <i>No implications for this report</i>
	<b>Prevention</b> – <i>No implications for this report</i>
<b>Glossary of New Terms</b>	
<b>Public Interest</b>	<i>Report available in the public domain as part of the Charitable Funds Committee papers.</i>



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Aneurin Bevan University Health Board  
Thursday 27<sup>th</sup> October 2022  
Agenda Item: 3.4

## Aneurin Bevan University Health Board

### Investment Management Contract Tender Update

#### Executive Summary

The investment management service for the charity was tendered in 2017 with CCLA Investment Management Ltd being successful and awarded the contract. Their contact ran from 01/04/2018 until 31/03/2021 with an option to extend for 24 months which the Committee agreed. A procurement exercise is now required to retender for a new contract to come into effect from 1st April 2023.

Following the approval of the tender service specification at the last Charitable Fund Committee in August 2022, the Committee is asked to approve the evaluation/scoring criteria.

#### The Board is asked to: (please tick as appropriate)

Approve the Report	✓
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

**Executive Sponsor: Robert Holcombe, Interim Director of Finance, Procurement and Value Based Healthcare**

**Report Author: Estelle Evans, Head of Financial Services & Accounting**

**Report Received consideration and supported by:**

<b>Executive Team</b>		<b>Committee of the Board</b>	<b>Charitable Funds Committee</b>
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**Date of the Report: 4<sup>th</sup> October 2022**

**Supplementary Papers Attached: None**

#### Purpose of the Report

The investment management contract for the charity is due for retender and having agreed the service specification, this paper sets out the evaluation criteria for assessing companies and the timescales involved, for consideration by the Committee.

## Background and Context

Following the approval by the Committee of the tender specification of the Investment Management Service, a set of evaluation criteria has been produced to assess companies responding to the tender exercise as follows:

### CF Investment Management Draft Evaluation Criteria

Minimum Standards	Scores	Evaluation Criteria
Must be a registered investment advisor under the Investment Advisor Act of 1961, or a bank or insurance company, which is authorised and regulated by the Financial Services Authority		Pass/fail
Must have assets under management of at least £1Bn of which assets with UK based charitable institutions of at least £50m		Pass/fail
Must supply a copy of their most recent Assurance Report on Internal Controls and Annual Report and Accounts		Pass/fail
<b>Other Criteria</b>		
Past Investment Performance	20%	Please detail past performance for comparative portfolios being proposed for this charity. Performance data should be reported after costs, to show net returns over (a) 5 successive discrete 12 mth periods and (b) annualised % (p.a.) returns for 3 and 5 year periods. (c) provide comparison of returns to the ARC Charities 'steady growth' Index .
Fees	20%	Please set out clearly all proposed charges made against the investment fund or directly to the charity.
Ethical Investment Proposals and Investment Impact	15%	Please describe your ethical investment process proposals for this charity and provide the comparative impact of your ethical investment proposals on performance over the last 5 years
Investment Strategy & Process	10%	Please describe your proposal to support the charity in developing and implementing its investment strategy. Describe your investment process, philosophy and decision making framework
Interview	10%	Assessment at Interview
Previous Management/Experience of NHS Charities	7.50%	Provide at least two referees from charity clients, preferably NHS
Current Client Base	7.50%	Extent of NHS and charitable clients.
Values	5%	Demonstrate an understanding of environmental, social and governance issues affecting their business.
Reporting and Administration Arrangements	5%	Please describe your reporting and administration arrangements.
<b>Total</b>	<b>100%</b>	

## Assessment and Conclusion

Once the evaluation/scoring criteria is agreed, the tender documents will be issued by Procurement and a panel made up of members and attendees of the Charitable Funds Committee and Procurement staff will short list and interview for an Investment Management company.

It is hoped to complete this exercise by December 2022 and the tender will be awarded as soon as possible after that.

## Recommendation

The Committee is requested to discuss and agree the investment evaluation criteria to assess investment management companies who respond to the tender.

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	<i>Investment return risks are minimised through a diversified portfolio.</i>
<b>Financial Assessment, including Value for Money</b>	<i>There are potential implications for investment returns of the charity. By having a formal contract management process in place will help secure the best investment and financial gains for the Charity.</i>
<b>Quality, Safety and Patient Experience Assessment</b>	<i>Donations to the charity directly affect patient experience in a positive manner. Robust investments help to maintain the level of donations and offer additional potential for the value of the donations to be increased and maximised.</i>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	<i>No impact.</i>
<b>Health and Care Standards</b>	<i>No impact.</i>
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	<i>Indirect link in as much as some purchases made through the charity could reduce pressure on capital and revenue financial pressures of the main Health Board. Planned investments help to increase the value of the donations held and the potential increase in the purchases made.</i>
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – <i>No impact</i>
	<b>Integration</b> – <i>No impact</i>
	<b>Involvement</b> – <i>No impact</i>
	<b>Collaboration</b> – <i>No impact</i>
	<b>Prevention</b> – <i>No impact</i>
<b>Glossary of New Terms</b>	
<b>Public Interest</b>	<i>Report available in the public domain as part of the Charitable Funds Committee papers.</i>

## Charitable Funds Committee

### AVAILABLE FUNDING, ACCESS TO CHARITABLE FUNDS & SMALL GRANTS SCHEME

#### Executive Summary

The amount of general funds available to the Charitable Funds Committee is limited but total funds held in the charity remain high - currently £6.247 million. There is a need to make this large sum available more visible to the wider Health Board as a potential funding source and unlock the potential of the charitable funds across a range of areas.

The Committee has funded numerous bids from general funds over the years, however with limited funds now available, the Committee is asked to consider and approve a proposal outlined in appendix 1 for communicating the small grants scheme that was approved by the Committee in March 2022. This will allow individuals to engage with Charitable Fund Holders more easily 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. The Small Grants Scheme was approved by the Committee in March 2022 to reflect the limited funds available in the general fund now and the desire to fund as many projects as possible. This report outlines how the scheme will be communicated throughout the Health Board.

This report also provides the Charitable Funds Committee with details of funds that are available to them as at 31.08.2022 and presents one small grant request for consideration by the Committee.

#### **The Board is asked to:** (please tick as appropriate)

Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

**Executive Sponsor: Robert Holcombe, Interim Director of Finance, Procurement and Value Based Healthcare**

**Report Author: Estelle Evans, Head of Financial Services and Accounting**

**Report Received consideration and supported by:**

<b>Executive Team</b>		<b>Committee of the Board</b>	<b>Charitable Funds Committee</b>
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**Date of the Report: 26<sup>th</sup> September 2022**

**Supplementary Papers Attached:  
Appendix 1, Proposed Communication and Funding Approach.  
Small grant request SGS-003**

**Purpose of the Report**

The Committee is asked to consider and approve a proposal which would allow individuals to engage with all Health Board Charitable Fund Holders to potentially access a wider range of charitable funds if their request meets the purpose/criteria of that fund.

This report also provides the Charitable Funds Committee with details of funds that are available to them as at 31.08.2022 and presents one small grant request for consideration by the Committee.

**Background and Context**

Previously when individuals and departments were seeking funding for new equipment or for new improved ways of working, and did not have Charitable funds of their own, they have applied for funding directly to the Charitable Funds Committee. The level of funds available to the committee has reduced significantly over the years resulting in limited funds now available to the committee to fund such requests.

Historically, the charitable funds have been kept by site and directorates but as so many of our services now are integrated and cross over these boundaries, we are proposing a change in the way we view and hopefully utilise our charitable funds.

Attached in Appendix 1 is a proposal to be communicated on the Health Board's intranet making everyone aware of the funds held by the charity and how to access these funds.

The main change proposed is to make staff aware that there are Charitable Funds available across the organisation which it may be possible for them to use. We will communicate a list of the funds we hold and the Fund Holders who are responsible for those funds.

All Charitable Fund Holders will be notified in advance of the proposal being advertised.

**Assessment and Conclusion**

**Proposed change in Accessing Charitable Funds**

The proposal will allow individuals to engage with a wide range of Charitable Fund Holders to potentially access some of their charitable funds if their request meets the purpose/criteria of that fund.

Key points:

- All staff are informed what charitable funds are and who is responsible for them
- The Committee are transparent about the funds we hold

- Information is provided on how to access funds
- Small grants scheme is still available for requests that don't meet fund purpose/criteria or to top up a particular request.
- Funds utilised in a timely manner
- Fair treatment to all

## Funds Available to the Charitable Funds Committee

The following table shows the discretionary funding currently available to the Committee:

**Table 1**

<b>Charitable Funds Committee - General Funds</b>	ABUHB F002 £000's	STW F010 £000's	RGH F006 £000's	CCH F018 £000's	Land F008 £000's	Clytha Sq F007 £000's	Painting F559 £000's	Contingency F002 £000's	Reserves F002 £000	Total £000's
<b>Funds available as at 31.03.2022</b>	88	26	0	52	68	153	25	46	266	724
<b>Less Commitments</b>										
NHH Equipment Bid	-20									-20
YYF Radio Bid	-3									-3
Monies held in reserve re BID CFC-243 Volunteer Event	-15									-15
SGS-002 Chapel Wall Screens (not yet paid)	-1									-1
<b>Remaining available funds after commitments</b>	<b>49</b>	<b>26</b>	<b>0</b>	<b>52</b>	<b>68</b>	<b>153</b>	<b>25</b>	<b>46</b>	<b>266</b>	<b>685</b>
<b>2022/23</b>										
<b>Donations</b>										
NHH Thrombosis Fund	76									76
<b>Commitments</b>										
Increase in Reserves - 2022/23	-22								22	0
Potential Legal Charges - TP Price Estate	-5									-5
<b>Remaining available to the Committee as at 31.08.2022</b>	<b>98</b>	<b>26</b>	<b>0</b>	<b>52</b>	<b>68</b>	<b>153</b>	<b>25</b>	<b>46</b>	<b>288</b>	<b>756</b>

### Key points:

- A donation of £76k has been received from the NHH Thrombosis & General Research Charity
- The funds by site (STW £26K & CCH £52K) are made up of general legacy funds restricted by site and to comply with the terms of the legacy the money must be spent in the relevant site.
- 2 items of land remain in the TP Price portfolio at a value of £68k This comprises the land at Oakdale £50k and 1 residential freehold in Abertillery £18k.
- Valuations of 13 Clytha Square and "the Domestic Chaplain" paintings show at £153k and £25k, respectively.
- Current funds available to the Committee for general ABUHB use is £98K.
- As at 31<sup>st</sup> August 2022, our investments show an unrealised loss of £30k

### Small Grant Requests received

One grant request has been received as identified in the table below. A copy of the grant application is attached.

Grant Requests	Total Cost £	Ongoing Costs	Area of Benefit
SGS-003 In Tune with Parent and Infant Mental Health Conference	4,715	N/A	Staff, Young Children & Families
Total	4,715	0	

### Recommendation

The Committee is asked to approve the proposal detailed in Appendix 1 which would allow individuals to engage with Charitable Fund Holders to potentially access some of their charitable funds if their request meets the purpose/criteria of that fund.

The Committee is also asked to approve the small grant request and note the balance available to them to support the Small Grant Scheme.

### Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	<i>The aim of the report is to give clarity of funding position of the Committee and reduce the risk of allocating funding inappropriately.</i>
<b>Financial Assessment, including Value for Money</b>	<i>Decisions to support requests may have an indirect impact on revenue budget pressures within the main Health Board</i>
<b>Quality, Safety and Patient Experience Assessment</b>	<i>Donations to the charity directly affect patient experience in a positive manner.</i>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	<i>A co-ordinated approach to the use of monetary donations will ensure that all patient groups and associated wellbeing needs are fully considered and spend prioritised.</i>
<b>Health and Care Standards</b>	<i>No impact</i>
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	<i>Indirect link in as much as some purchases made through the charity could reduce pressure on revenue financial pressures of the main Health Board.</i>
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – <i>Not applicable to this report</i>
	<b>Integration</b> – <i>Not applicable to this report</i>
	<b>Involvement</b> – <i>Not applicable to this report</i>
	<b>Collaboration</b> – <i>Not applicable to this report</i>

	<b>Prevention</b> – <i>Not applicable to this report</i>
<b>Glossary of New Terms</b>	
<b>Public Interest</b>	<i>Report available in the public domain as part of the Charitable Funds Committee papers.</i>

## CHARITABLE FUNDS

### **What are Charitable Funds?**

Charitable funds are created from money donated by patients, the public and various organisations. To be deemed charitable, the funds must exist to provide public benefit and not be for the benefit of an individual. Various terms are used to describe charitable funds in the NHS, these include endowment funds, non-exchequer funds, trust funds and Funds Held on Trust (FHOT).

Aneurin Bevan University Health Board Charitable Fund and Other Related Charities is registered with the Charity Commission for England & Wales. Our working name is Aneurin Bevan Health Charity and our registered charity number is 1098728.

Charitable funds are to be used for items of expenditure relating to the Health Service which are not normally paid from the Health Board budgets and which provide those additional amenities that will improve the conditions under which patients are cared for and treated or in which staff work.

### **Who is responsible for Charitable Funds in the Health Board?**

The Health Board acts as the corporate trustee of the charitable funds and has appointed the Charitable Funds Committee to oversee the management of the charity. The Director of Finance is responsible for the day-to-day management and control of the charitable funds with the administration of the funds being delegated to the Charitable Funds Team.

### **Who are the Charitable Funds Committee?**

The Charitable Funds Committee comprises of a Chair and Vice Chair who shall be Independent Members of the Board plus a minimum of one other Independent Member plus two Executive Directors which should include the Chief Executive and Director of Finance.

### **How much do we hold?**



We currently hold £6.247 million which is held in 430 individual funds for wards and departments.

We need to ensure that funds received are utilised in a timely manner and that the Charity is transparent about the funds we hold and that funds are not being retained for a long period of time.

To ensure that everyone in the Health Board is aware of the funds held and the potential means of accessing these funds we have identified below key information that both fund holders and non-fund holders need to be aware of.

### **How to Access Charitable Funds**

With so many of our services now integrated we need to continue to ensure we use the charitable funds effectively and in a timely manner whilst respecting the donors wishes. Historically funds have been kept by site and directorates but so many of us cross over these boundaries, so our funds should cross over too.

We have provided a flow chart at the end of this document that will help you access charitable funds which may be available and which we have also summarised below:

### **Stage 1 – You have access to your own fund**

- Do you have access to your own Charitable Fund within your area of work?
- If yes, you can contact the fund holder to request the use of the fund for the items required
- If there are sufficient funds available and the request meets the Charitable Funds criteria, then the fund holder can approve the use of the fund for your purchase
- The purchase will then progress via the normal route which the fund holder will instigate

### **Stage 2 – Are there other funds available to use within your direct area of work?**

- If the fund is being retained for a specific purchase and the fund holder is unable to support your request, review the list of funds held by other fund holders within your area of work to see if any other funds are held (List attached at end of document)
- If you identify a similar fund, contact the fund holder to see if they would be able to support your request
- If they can support your request and the purchase meets the Charitable funds criteria the fund holder can approve the use of the fund for your purchase.
- The purchase will then progress via the normal route which the fund holder will instigate

### **Stage 3 - Potential use of “related” funds outside your direct area of work**

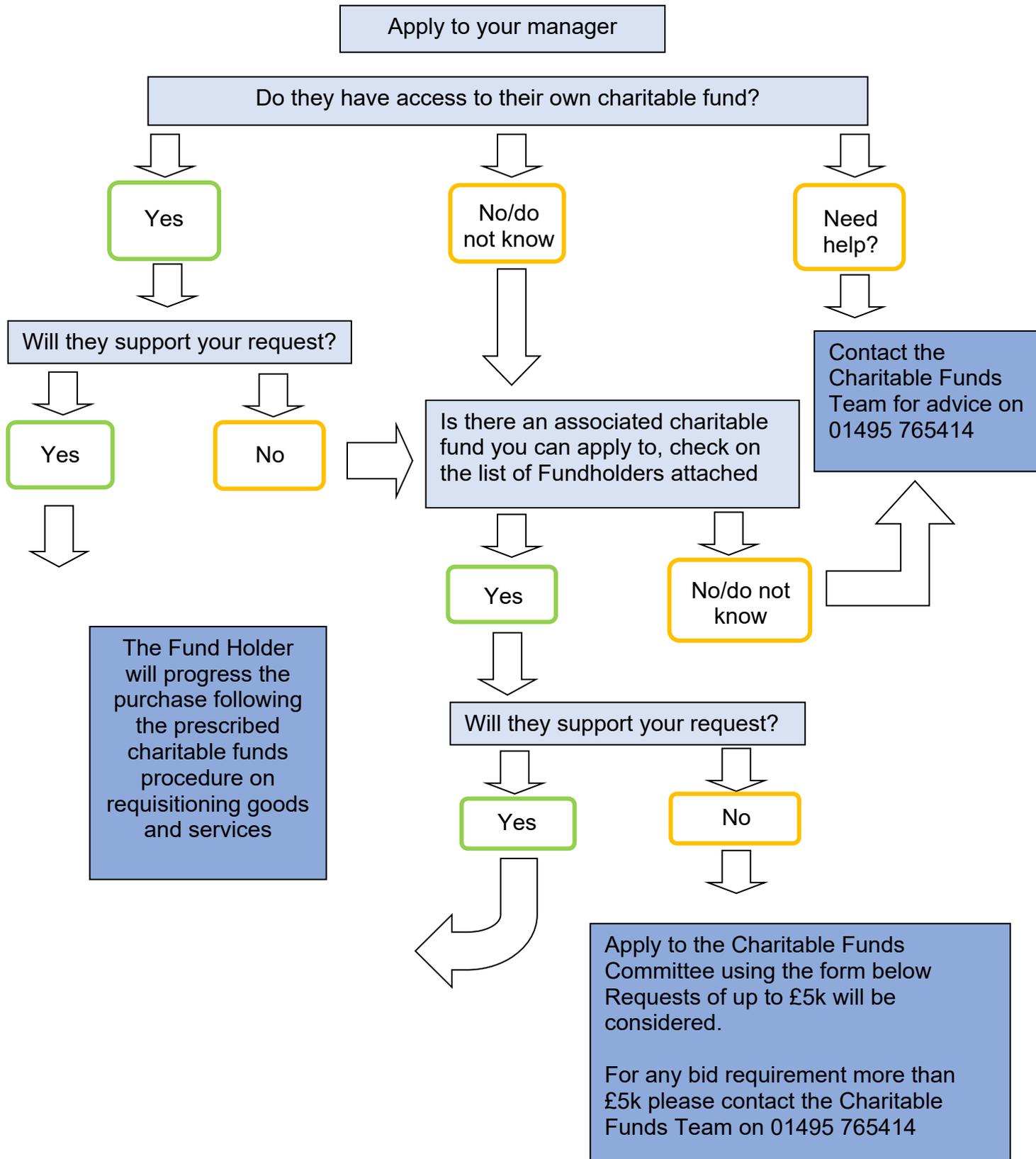
- If the fund holder is unable to support your request due to the funds being held for a specific purchase or insufficient funds, review the list of funds held to see if there are any cross-over funds. These types of funds are held within a specific area but could involve multi-functional teams e.g., a fund held under Stroke where the funding required is for a member of a physiotherapy to attend a stroke related training course
- Contact the various fund holders to see if they can support your request.
- If they can support your request and the purchase meets the Charitable funds criteria the fund holder can approve the use of the fund for your purchase.
- The purchase will then progress via the normal route which the fund holder will instigate

### **Stage 4 – Apply for a small grant scheme**

- If (once all avenues have been exhausted in relation to divisional and cross-divisional charitable funds) no funds have been identified, you can apply to the charitable funds committee to seek support of your bid up to a value of £5K.
- At this stage you will need to complete the attached form and submit this to the Charitable Funds department who will then take you through the process regarding review/approval for bids under £5K from general charitable funds held by the Charitable Funds Committee.
- If you need help with the completion of the form, please contact the Charitable Funds Team
- The funds available to the Charity are limited and as such even though this may meet the criteria your bid may not be approved by the Committee due to lack of funds or prioritisation of other requests.

**IF AT ANY POINT YOU ARE UNCLEAR AS TO THE CORRECT ROUTE TO FOLLOW REGARDING A POTENTIAL BID APPLICATION, PLEASE CONTACT THE CHARITABLE FUNDS TEAM WHO WILL BE ABLE TO OFFER SUPPORT AND CLARIFICATION ON THE PROCESS AND POSSIBLE FUND HOLDERS TO CONTACT WHO MAY BE ABLE TO SUPPORT YOUR BID.**

# How to apply for Charitable Funds



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

<b>1. Name of ward or department and hospital:</b>
<b>2. Description of item/service required:</b>
<b>3. Cost of item/service plus supplier information:</b> <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>
<b>4. How will this item/service benefit patients and staff:</b>
<b>5. Have you applied for funding for this item/service elsewhere, including your own charitable fund:</b> <i>Please give details of who you approached, and the response received.</i>
<b>6. Other supporting information:</b>

**7. Submitted by:**

Name:	Job title:
Telephone:	Email:

**8. Supported by:**  
*This must be signed by the Directorate Manager/Head of Service*

Name:	Date:
Job title:	
Signature:	

**For Charitable Funds Committee Use**

<b>Approved</b>	<b>Not Approved</b>
Next Action:	Reason:

## List of Funds, Purpose & Fundholders (Sample)

Directorate	Fund No	Fund Name	Fund Purpose	Authorised Signatory
E255-Vascular	F306	RGH VASCULAR LABORATORY	To provide equipment and training for the department	To be named
E255-Vascular	F308	ABUHB VASCULAR FUND	Books,meetings courses education,equipment and research	To be named
E267-Outpatients	F312	NHH OUTPATIENTS DEPT	To fund resources for the outpatients ares which will benefit patients,visitors and staff using these areas	To be named
E267-Outpatients	F313	RGH OUTPATIENTS DEPARTMENT	Patient and clinic welfare	To be named
E267-Outpatients	F316	YYF OUTPATIENTS DEPARTMENT	Patient and clinic welfare	To be named
E257-Orthopaedics	F319	LEGACY NHH T&O WARD E G HIRSTBROWN	Legacy - Restricted to T&O	To be named
E257-Orthopaedics	F320	NHH T & O RESEARCH & DEVELOPMENT	Research and Development	To be named
E257-Orthopaedics	F321	NHH WARD 3-1 T&O	To generate money from donations to purchase items for the ward to benefit patients and staff	To be named
E257-Orthopaedics	F322	GUH A0 T&O WARD	To generate money from donations to purchase items for the ward to benefit patients and staff	To be named
E257-Orthopaedics	F323	RGH FRACTURE/ORTHOAEDIC CLINIC	Patient equipment,items for the comfort of patients waiting and staff training needs	To be named
E257-Orthopaedics	F324	RGH WARD C5 WEST - T&O	Study days for staff,equipment for ward and patients Christmas presents	To be named
E257-Orthopaedics	F325	RGH WARD C7 EAST - T&O		To be named
E257-Orthopaedics	F326	RGH WARD D7 EAST T&O		To be named
E257-Orthopaedics	F327	RGH CASTING TECHNIQUES COURSE	To manage the administration costs of BOA Casting course & provide resources for training & development	To be named
E257-Orthopaedics	F328	RGH ORTHOPAEDIC DIRECTORATE	Research and Development	To be named
E257-Orthopaedics	F330	STW ORTHOPAEDIC SURGICAL UNIT		To be named
E258-Rheumatology	F340	ABUHB RHEUMATOLOGY	To support service development and training within the department	To be named
E258-Rheumatology	F341	NHH RHEUMATOLOGY CLINICAL NURSE SPECIALISTS	Nurse specialist education and resources	To be named
E258-Rheumatology	F342	LEGACY NHH RHEUM I M MORRIS	Legacy - restricted for Rheumatology	To be named
E260-Surgical - Audiology	F355	RGH HEARING/BALANCE UNIT	To benefit patients and/or staff as required	To be named
E261-Dermatology	F360	STW MULBERRY WARD- DERMATOLOGY	Donations for ward equipment,ward improvements and patient care.May also be used to pay for staff training	To be named
E261-Dermatology	F361	STW DERMATOLOGY RESEARCH	To pay for small costs associated with research, equipment and library for the Dermatology directorate	To be named
E261-Dermatology	F363	STW DERMATOLOGY NURSE EDUCATION	Dermatology Nurse education	To be named
E255-General Surgery - Vascular	F365	RGH WARD D2 WEST SURG & VAS	To fund nursing education,courses and conferences	To be named
E262-Surgical - ENT	F366	RGH ENT OUTPATIENTS	Education and equipment for nurses and patient care	To be named
E262-Surgical - ENT	F367	RGH E N T RESEARCH/TEACHING	Staff development	To be named
E262-Surgical - ENT	F368	RGH ENT EMERGENCY UNIT	To promote research & teaching and the advancement of ENT in South East Wales	To be named
E262-Surgical - ENT	F369	RGH HEAD & NECK FUND	Education,facilities and equipment for the care of ENT emergency patients	To be named
E262-Surgical - ENT	F370	RGH TEMPORAL BONE FUND		To be named
E262-Surgical - ENT	F371	RGH ENT NURSE PRACTITIONER		To be named
E263-Surgical- Maxillo Facial	F375	NHH ORTHODONTIC DEVELOP	To fund resources for patients,visitors and staff using the facility	To be named
E263-Surgical- Maxillo Facial	F376	RGH MAXOFACIAL NURSE EDUCATION FUND	For books and education	To be named
E263-Surgical- Maxillo Facial	F377	ABUHB DENTAL UNDERGRADUATE FUND		To be named
E264-Surgical - Ophthalmology	F385	RGH OPHTHALMOLOGY UNIT-NURSES FUND	Nurses fund to assist with nursing study leave costs and other general nursing needs	To be named
E264-Surgical - Ophthalmology	F386	RGH POST GRADE EYE	For purchase of equipment for the eye department at RGH	To be named

## Charitable Funds Small Grants Scheme Application – Max £5k CFC/SGS 003

### 1. Name of ward or department and hospital:

Gwent Parent and Infant Mental Service G-PIMHS and Monmouthshire Flying Start

### 2. Description of item/service required:

Our Aim is to host a conference to raise the awareness and good practice regarding Parent and Infant Mental Health, in line with current developments and emphasis on wellbeing across Wales.

Proposed Title of the Conference



## In Tune with Parent and Infant Mental Health

Proposed date **January/February 2023**

Participants **150 places**

This will be achieved through formal presentations and workshops by experts in the field across the UK and locally within ABUHB. The conference will include current research and reflections on services offering support and examples of good evidence based practice, and incorporate the importance of Staff Wellbeing to promote staff resilience.

### 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.*

### Conference Expenses

Costings	Details	Totals
Advertising	Through Eventbrite	£200 ?
Venue Hire	The Bridges Centre Monmouth	£650.00
Catering	For 170 people ie delegates, speakers and organisers. Tea and coffee x3 and Lunch	£2,665.00
Speakers	Costs accommodation and travel	£1,200.00
Total costs		£4,715.00
Income	Charge 50 x £20 (Free places will be reserved for attendees from ABUHB and Early Years Monmouthshire.)	<b>£1000.00</b>
<b>GRANT APPLICATION</b>		<b>£3715.00</b>

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

This conference will directly focus on Parent and Infant Mental Health and its importance in promoting life long wellbeing and good mental health. This is in line with the importance of the first 100 days and reduction of Adverse Childhood Experiences (ACE's) and implications for both physical and mental health in later life. This is fundamental to the Together for Mental Health Welsh Government strategy 2019-2022.

We are still learning about the impact of COVID 19 and social lockdown on the development and mental health of our children, families and communities aswell as staff in the NHS and Early Years Settings and social care. i.e. anxiety depression, isolation. As well the negative effects of online learning, non-face to face patient contact as well as the technical issues surrounding the many different types of delivering patient care and consultations.

This conference will endeavour to engage with staff through this face-to-face training, networking as well as delivering evidence-based knowledge for improved client care. It will also aim to demonstrate and recognise some excellent examples of good practice being undertaken within our teams, thus promotion of a confident, motivated and skilled workforce.

Additionally there is a need to consider the care for staff wellbeing and health as a fundamental principle for improved patient and client care. Strategies such as NHS Wales Principles of Health and wellbeing Charter "caring for People who Care" has a commitment of encouraging health and wellbeing of all its staff and recognises staff act as role model to the communities they serve in promotion and preventing ill health. This will broaden staff skills and deepen their understanding of parent and infant mental health in practice as well as the importance of taking care of ourselves.

#### 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 and both services have no Charitable Trusts.

#### 6. Other supporting information:

G-PIMHS is a relatively new service within ABUHB and was the first of its kind in Wales. It sits uniquely within Public Health Nursing and has demonstrated and evidenced the positive differences made to children across the five boroughs of ABUHB. It concentrates on prevention and early intervention for parents and infants from the antenatal stage across the early years. The staff work in partnership and collaboratively with Health Visiting, Midwives, Flying Start and other Early Years Workers, providing education and training, supervision and



consultation and direct client care for more complex cases. They have delivered successful webinars, however the time is right for this service to showcase and demonstrate face to face their expertise to others whilst gaining further knowledge from expert speakers in their field. This would be a beacon for ABUHB and for Wales with the potential to make a difference to so many young children and families.

**7. Submitted by:**

Name: Linda Guppy Flying Start HV	Job title: Flying Start Health Visitor Monmouthshire ABUHB Base Car Mawr Road Caldicot
Telephone:  Mob.07960424426	Email: Linda.guppy@wales.gov.uk

**8. Supported by:**

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

Name: Kolade Gamel Service Group Lead Manager Family and Therapies Lorraine Childs Professional Lead/ Senior Nurse Health Visiting	Date: 26/9/2022 Electronically sent Hard copy to be forwarded
Job title:	
Signature:	

**For Charitable Funds Committee Use**

<b>Approved</b>	<b>Not Approved</b>
Next Action:	Reason:



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Charitable Funds Committee  
Thursday, 27<sup>th</sup> October 2022  
Agenda Item: 3.6

## Charitable Funds Committee

Bids for Approval and Information

### Executive Summary

The Charitable Funds Committee are required to review and approve bids made from funds where the purchase is over £25K or where the employment of staff is involved.

We have received three bids where funding is available out of departmental charitable funds and external grants but due to the nature and value of the bids, they require approval by the Charitable Funds Committee.

The Committee are asked to approve these bids subject to confirmation that the bids are supported by the Executive Team.

A further two bids have been received requesting funding over £25k from the general funds available to the Committee.

One of these bids is requesting funding which is more than the total value available in the ABUHB general fund. This has been brought to the Committee for information only.

The other has come for consideration because it is within the overall funding available although it does represent a significant proportion (c50%). Approval of this however, would leave considerably less in the fund for the small grant scheme which was approved by the Committee in March and we are planning to communicate widely in the coming weeks.

The Committee is being asked to consider this scheme subject to confirmation that it has been supported by the Executive Team.

#### The Board is asked to: (please tick as appropriate)

Approve the Report	✓
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

**Executive Sponsor: Robert Holcombe, Interim Director of Finance, Procurement and Value Based Healthcare**

**Report Author: Estelle Evans, Head of Financial Services & Accounting**

**Report Received consideration and supported by:**

<b>Executive Team</b>		<b>Committee of the Board</b>	<b>Charitable Funds Committee</b>
<b>Date of the Report: 26<sup>th</sup> September 2022</b>			
<b>Supplementary Papers Attached: 5 Bids</b>			

## Purpose of the Report

The Charitable Funds Committee has previously agreed that all bids submitted to the Committee are initially scrutinised by the Executive Team to get a view as to whether the bids should be supported.

Subject to confirmation that the bids have been supported by the Executive Team the Charitable funds committee are asked to approve the 3 bids where funding is in place.

## Background and Context

### Bids where local funding is available – requiring approval

<b>Bids</b>	<b>Total Cost £000</b>	<b>Local Funds Available £000</b>	<b>General Funds Requested £ 000</b>	<b>Revenue Element £ 000</b>	<b>Comments</b>
<b>Funding Available</b>					
CFC-255 Ratification of Bid for Approval of Staffing from Person Centred Team	73	73	0	As detailed in bid	
CFC-256 – Nurse for ABUHB Mild Cognitive Impairment Clinic	50	50	0	N/A	One Year Band 6
CFC-257 Wellbeing – Avoidable Employee Harm Programme Lead	20	20	0	N/A	3 months Band 8B

There are three bids for consideration as follows:

- **Bid CFC-255 – Ratification of Bid for Approval of Staffing from Person Centred Team**

Members will already be aware that this request was presented at the last Charitable Funds Committee meeting by Claire Jordan, Senior Nurse, as part of their spending plan proposals. They independently obtained approval from the Executive Team for this complex bid which involved some revenue contribution which was granted on 21<sup>st</sup> July 2022.

- **Bid CFC-256 – Nurse for ABUHB Mild Cognitive Impairment Clinic**

A pilot Mild Cognitive Impairment Clinic has been held once a month in Newport since October 2021. The clinic has seen increasing numbers of referrals due to COVID and associated acceleration in cognitive decline for some people post COVID infection. This clinic is run jointly by ABUHB Older Adult Mental Health and Neurology Directorates. Funding for this project for a year has been granted from

Covid charitable funds and will allow the service to be expanded across all boroughs in Gwent.

- **Bid CFC-257 – Wellbeing – Avoidable Employee Harm Programme Lead**  
Bid is for £20k to support a full time, three-month fixed term contract for a post banded at 8B to introduce a programme focused on minimising the harm (to employees, HR officers, and the organisation) of unnecessary or poorly executed HR processes such as those related to gross misconduct.

**Bids over £25k - for consideration (funding requested)**

The Charitable Funds Committee have £98k available to be used at their discretion.

<b>Bids - For Information</b>	<b>Total Cost £000</b>	<b>Local Funds Available £000</b>	<b>General Funds Requested £ 000</b>	<b>Revenue Element £ 000</b>	<b>Comments</b>
CFC-259 – Occupational Therapy Support for Staff	45	0	45	N/A	Two year 0.4 Band 7
<b>Total</b>	<b>45</b>	<b>0</b>	<b>45</b>	<b>0</b>	

There is one bid as follows:

- **Bid CFC-259 – Occupational Therapy Support for Staff**  
The bid is for £45k to provide 0.4 of a band 7 Occupational Advanced Practitioner sessions over 2 years to enhance the Occupational Health Service with additional proactive support and interventions for employees with long term health conditions, including Post-Covid and Mental ill health.

**Bids over £25k - for information (funding requested but insufficient funds)**

<b>Bids - For Information</b>	<b>Total Cost £000</b>	<b>Local Funds Available £000</b>	<b>General Funds Requested £ 000</b>	<b>Revenue Element £ 000</b>	<b>Comments</b>
CFC-258 - Co-production (Patients/Service Users/Carers) Officer	106	0	106	N/A	Two year Band 6 plus other expenses
<b>Total</b>	<b>106</b>	<b>0</b>	<b>106</b>	<b>0</b>	

There is one bid as follows:

- **Bid CFC-258 - Co-production (Patients/Service Users/Carers) Officer**  
Although this bid is for £106k over 2 years, a year’s funding of £53k would be acceptable for a Band 6 post and related expenses to involve patients, service users and carers in the design, planning, monitoring and evaluation of, in this instance, mental health and learning disability services.

## Assessment and Conclusion

The bids where local funding is available do not require funding from the Charitable Funds Committee but in line with Charitable fund procedures require approval due to the nature and value of the bids.

Within the two bids over £25k requesting funding, the Committee may wish to consider one of these using monies they have available in their contingency fund or monies set aside for their small grant scheme. The other bid is included for information.

Future bids requesting funding over £5k will be returned explaining that the Committee currently have insufficient money available to afford them and directed to the fundholder list of funds for consideration. These bids will be collated and reported to the committee for information.

## Recommendation

The Charitable Funds Committee is asked to approve the bids within this report where local funding is available and to consider funding or part funding one of those bids requiring funding using money they have available.

Where funding is required for bids that the Committee are unable to consider for funding due to limited resources, the Committee are requested to receive these for information.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	<i>The aim of the report is to give clarity of the funding position of the bids sent to the Committee and reduce the risk of allocating funding inappropriately.</i>
<b>Financial Assessment, including Value for Money</b>	<i>Decisions to support bids may have an indirect impact on capital and revenue budget pressures within the main Health Board.</i>
<b>Quality, Safety and Patient Experience Assessment</b>	<i>Donations to the charity directly affect patient experience in a positive manner.</i>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	<i>No impact</i>
<b>Health and Care Standards</b>	<i>No impact</i>
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	<i>Indirect link in as much as some purchases made through the charity could reduce pressure on capital and revenue financial pressures of the main Health Board.</i>

<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – <i>No impact</i>
	<b>Integration</b> – <i>No impact</i>
	<b>Involvement</b> – <i>No impact</i>
	<b>Collaboration</b> – <i>No impact</i>
	<b>Prevention</b> – <i>No impact</i>
<b>Glossary of New Terms</b>	
<b>Public Interest</b>	<i>Report available in the public domain as part of the Charitable Funds Committee papers.</i>



## **Charitable Funds Committee Bid Ref: CFC – 255**

### **Bid for Approval of Staffing from Person Centred Team Charitable Funds**

#### **1. Introduction**

The Person-Centred Care Team have recently reviewed their services and availability of charitable funds and have identified a number of initiatives that they wish to undertake. Some of these initiatives require the short-term employment of staff as a 'proof of concept/service change' and therefore we are seeking approval of the Charitable Funds Committee in line with financial procedures.

The Charitable Funds Committee is asked to approve this request for staffing from existing Person-Centred Care Charitable Funds.

#### **2. Background**

The Person-Centred Team have previously been successful in applying for grants and bids to support several projects and pilot schemes such as the End-of-Life Volunteer Scheme and Patient Reported Experience Measured responses. Having reviewed their services and available charitable funds there are several projects and pilot schemes they would like to support as identified in this report. These schemes involve the short-term employment of staff and therefore require approval from the Charitable Funds Committee and each of the schemes have been identified as having the potential to drive forward both patient experience outcomes and wellbeing and staff experience.

#### **3. Key Issues**

##### **3.1 Category of Bid**

These staffing requests relate to patient's, staff welfare and family support and puts patients at the centre of service design and delivery. Its implementation would significantly improve patients, staff and carers experience of services provided.

### **3.2 Description of the Bid**

#### **Volunteer to Career Pathway**

ABUHB is the only Health Board in Wales to be piloting this exciting initiative.

Funding will support the Proof of Concept in outpatients, supporting people with dementia, sign posting etc. We have already received funding from Helpforce Grant to support a pilot, but this funding only allows for administrative support to implement the pilot. We have discussed a band 2 job description with WoD and this post would focus on patient wellbeing primarily in a hospital setting. We need to prove the concept that this role will support patients, carers and clinical teams, releasing capacity for clinicians to focus on the clinical aspects of care. 14 volunteers have expressed an interest in this initiative. Some have additional needs and this initiative may significantly support the employability of people with additional needs. There is a great deal of interest in our pilot across Wales and the Bevan Commission want to work alongside us as we develop the volunteer to career pathway. This will support patients, carers and staff.

Band 2 for 12 months.

#### **Person Centred Dementia- Meaningful Activities**

Meaningful activities alleviate boredom for patients, improves wellbeing and reduces the need for high cost 1:1 enhanced care. The Person Centred Care Team (PCCT) has funding for a 0.8 practice educator but wants to extend the responsibilities of this role to include a focus on meaningful activity, the development of a meaningful activity strategy aligned to the enhanced care framework, with the post holder working alongside teams and training staff to consider meaningful activity as part of rehabilitation and wellbeing whilst also aimed at reducing high cost 1:1 enhanced care. The post holder will also work with families to advise on how they can manage challenging behaviours at home through such activities, providing training to informal carers on strategies they may be able to use to de-escalate behaviours. Will support patients, carers and staff.

Shortfall in Band 7 for 2 years.

#### **Chaplaincy Proof of Change**

To undertake proof of change of Chaplaincy service model to support career progression, direct patient contact, staff wellbeing and enhance staff education. No additional resource was allocated to the team for opening of GUH.

Shortfall in existing budget for 12 months.

### **3.3 Outcome Measures & Benefits**

#### **3.3.1 Activity Analysis**

**Volunteer to Career** (outcome measures will be defined prior to the proof of concept)

- Number of patients attending outpatients with dementia. Numbers not yet define but will be monitored as part of the outcome
- Paid employment of a volunteer to prove the concept alongside wellbeing outcomes for patients, carers and the volunteer
- Increased capacity of clinical teams in outpatients due to volunteers support patients at the point of access to out patient clinics

#### **Person Centred Dementia Care**

Outcome measures will be defined prior to staff appointment. Outcomes will include

- Number of staff and informal carers trained to deploy meaningful activity
- Meaningful Activity Strategy agreed
- Alignment and potential reduction in enhanced 1:1 care

#### **Chaplaincy Proof of Change**

- Career progression pathway within the service that may improve recruitment and addresses national workforce challenges
- Increased awareness of religious and spiritual care across all disciplines
- Increased numbers of staff trained to deliver spiritual and end of life care
- Increase in the numbers of spiritual volunteers
- Increased wellbeing initiatives for staff

#### **3.3.2 Benefits**

##### **Volunteer to Career**

- People with dementia and their carers will be better supported when attending outpatient appointments
- Improved signposting
- Employability of current volunteers through a defined volunteer to career pathway

### **Person Centred Dementia Care**

- Improved outcomes for patients, carers and staff
- Staff more confident to care for people with dementia
- Meaningful activity recognised as integral to wellbeing and recovery
- Potential reduction in admissions and enhanced care if informal carers are better skilled to manage behaviours that escalate

### **Chaplaincy Proof of Change**

- Workforce sustainability/improved recruitment
- Enhanced well being initiatives
- More staff trained in spiritual care and end of life care
- Improved patient experience

### **3.4 If the Bid is not Supported**

Person centred care across the life course needs to be informed and shaped by people's experiences. This means patients, carers and staff. The initiatives present a real opportunity to improve patient experience and outcomes whilst also addressing workforce recruitment, sustainability and wellbeing. If the initiatives are not supported, we will continue to experience difficulties in recruiting to the chaplaincy service and miss opportunities to test models that have far reaching positive potential for ABUHB and the Welsh NHS, particularly as these initiatives relate to workforce sustainability and staff skills and knowledge. We need to drive forward the meaningful activity agenda and dedicated resource is needed to ensure that staff skills are enhanced to manage people who have behaviours that challenge through embedding meaningful activity so that the experience of people living with dementia and their carers is enhanced.

### **3.5 Bids relating to Additional Staff Resources**

The Committee is asked to approve staffing on a short-term basis as described in this report. Evaluation will be undertaken within 6 months to inform the potential inclusion of funding in the 2023 IMTP.

## **4. Financial Analysis**

### **4.1 Funding Requested**

No funding is required. The Person-Centred Care Team have allocated some funds from existing budgets and have charitable funds to support these initiatives for the next 12 months.

### **4.2 Availability of Local Charitable Funds**

The Costs totalling £72,446 are identified below and will be funded from the Person-Centred Care Charitable Fund F702 which has a current balance of £82,596.

Volunteer to Career	Band 2 WTE for 12 months Plus laptop (£1k)	25,510
Person Centred Dementia Care	Shortfall in funding for a band 7 for 2 years = 18,718 per annum. Plus Laptop (£1k)	38,436
Chaplaincy Proof of Change	Shortfall in existing Chaplaincy budget of £8,500 to test the change	8,500

#### **4.3 Revenue Costs - Affordability**

The proposals have been fully costed and the monies are available from budgets as described above with shortfall being picked up by our charitable funds.

#### **5.0 Conclusions and Recommendations**

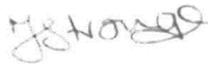
The Charitable Funds Committee are asked to approve this request for staffing from existing Person-Centred Care Charitable Funds.

#### **Further Information:**

Further information or discussion of the bid and process can be obtained from:

Tanya Strange, Associate Director of Nursing,  
[Tanya.strange@wales.nhs.uk](mailto:Tanya.strange@wales.nhs.uk)  
 Claire Jordan, Lead Nurse Patient Education and Engagement  
[Claire.jordan@wales.nhs.uk](mailto:Claire.jordan@wales.nhs.uk)

**Bid Prepared by:**

<b>Name:</b>	Tanya Strange
<b>Title:</b>	Head of Nursing Person Centred Care
<b>Signature:</b>	
<b>Date:</b>	26.06.22

*Please submit your bid to your General Manager for approval by your Divisional Management Team*

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**Bid Approved by Divisional Management Team**

<b>General Manager:</b> (Signature required)	<b>Linda Alexander</b> 
<b>Division:</b>	<b>Interim Director of Nursing</b>
<b>Date:</b>	<b>29/06/22</b>

**Approved at Executive Level**

<b>Chief Operating Officer:</b> (Signature required)	<b>As above</b>
<b>Date:</b>	



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Charitable Funds Committee  
Thursday 27<sup>th</sup> October 2022  
Agenda Item: 3.6.2

## **Charitable Funds Committee Bid Ref: CFC – 256**

### **Bid for Mild Cognitive Impairment Nurse For ABUHB Mild Cognitive Impairment Clinic At Aneurin Bevan ULHB**

#### **1. Introduction**

The committee is being asked to support the employment of a full time Band 6 Mild Cognitive Impairment (MCI) nurse for ABUHB Mild Cognitive Impairment Clinic.

The total cost of the bid is £49,338

#### **2. Background**

A pilot Mild Cognitive Impairment Clinic has been held once a month in Newport since October 2021. This clinic is run jointly by ABUHB Older Adult Mental Health and Neurology Directorates.

The clinic has seen increasing numbers of referrals due to COVID and associated acceleration in cognitive decline for some people post COVID infection.

The Newport pilot Mild Cognitive Impairment clinic is currently staffed by a Consultant Old Age Psychiatrist and a Neurology SpR, and an Older Adult Mental Health Memory/Research Nurse.

Funding for this pilot ended in July 2022, at which time we were able to confirm that the ongoing use of FDG PET scans, Amyloid PET scans and Dementia CSF analysis within the framework of the Mild Cognitive Impairment Clinic had helped to confirm diagnosis in difficult to diagnose cases. Also, some treatments were commenced, stopped and avoided because of provision of an early and accurate diagnosis. In addition, unnecessary investigations and consultations were avoided and there was an additional benefit of reduction in estimated duration of diagnostic uncertainty.

Additional funding is being sought for one year to expand the service provided by this clinic across all boroughs in Gwent.

Integral to the ongoing expansion of the service is the employment of a Band 6 Mild Cognitive Impairment Clinic nurse to pilot this service across the Gwent region. It is proposed that patients referred to the proposed ABUHB MCI clinic will initially be seen at a pre-screen clinic run by the MCI nurse who will take a comprehensive psychiatric history and undertake an ACEIII cognitive test. The MCI nurse will also assist in the further development of a post diagnostic pathway for patients seen in the ABUHB Mild cognitive impairment clinic providing follow up and tracking of these patients, ensuring prompt referrals to psychiatric, medical and or other agencies. The nurse will also use opportunities to provide health promotion and patient education, at primary care level about risk, prevention and recognition advising on promotion of brain health and prevention of dementia sourcing relevant leaflets and other awareness creation tools as required. In addition, the nurse will help bridge the gap in information patients receive following diagnosis around what to expect following diagnosis and what may happen to them, helping patients understand the changes they may encounter so that they can plan, prepare themselves and make modifications to their lifestyle.

### **3. Key Issues**

#### **3.1 Category of Bid**

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

Patient's welfare and amenities.

Staff education and welfare.

#### **3.2 Description of the Bid**

Over the years it has become evident that a proportion of people presenting with memory complaints across our five Memory Assessment Services in the ABUHB area present with subjective complaints of memory loss, more so following the recent COVID pandemic. A number of these people are diagnosed with Mild Cognitive Impairment (MCI is a heterogeneous group affecting up to 20% of people over 65). About a third of these people with MCI may get better (showing the symptoms were due to a transient physical or emotional illness). Others stay the same whilst the remaining third go on to develop dementia (15 times more likely

than the general population). Everyone with MCI is likely to be worried that they have, or are developing, Alzheimer's disease or another subtype of dementia.

It is important to recognise MCI because it occupies a position between normal ageing and dementia, similar to an abnormal glucose tolerance test for diabetes. By diagnosing it positively, or excluding other causes, it gives people who wish it, reassurance and certainty. Following people up is the only way at present to distinguish those people who are getting worse. This is also a great opportunity to talk about dementia risk reduction and prevention "What's good for your heart's good for your head". It is also a good opportunity to encourage people to take part in research. For every person with a diagnosis of MCI advice about the importance of healthy lifestyle (exercise, alcohol within recommended limits, no smoking), nutrition, keeping your brain active (puzzles, cross words, suduko) would be helpful (Jill Rasmusen C. K., 2017).

In the Gwent region there is a gap in provision for people diagnosed with mild cognitive impairment (MCI), due to a lack of resource to follow these people up most people with a diagnosis of MCI are discharged back to the care of their respective GPs.

Institution of the ABUHB Mild Cognitive Impairment Clinic will help to close the gap for adults with milder cognitive symptoms as the number of such people increase post COVID.

The existing memory services within ABUHB do not have the resources to undertake this additional work through core funding.

An application has been made to obtain funding for this project from the Regional Integrated Funds (RIF)

### **3.3 Outcome Measures & Benefits**

#### **3.3.1 Activity Analysis**

- Number of patients referred to clinic receiving an early diagnosis
- Number of patients pre-screened by MCI clinic nurse
- Number of patients following diagnosis were given appropriate lifestyle advice
- Number of patients following diagnosis who received psychosocial support
- Number of patients referred into clinical research

- Number of patients referred/suitable for early OT interventions including Home-Based Memory Rehab
- Assessment of Clinician satisfaction
- Assessment of Patient satisfaction

### **3.3.2 Benefits**

#### System Outcomes/Benefits

- Increase in earlier diagnosis of dementia syndromes within the ABUHB area
- Increase in the diagnostic rate for dementia within ABUHB
- Achieving more accurate diagnosis of the dementia sub-type
- Enabling earlier disease-specific treatment for dementia syndromes in ABUHB
- Avoiding unnecessary treatment that may potentially cause harm to patients.
- Enabling individuals to have earlier access to psychosocial support following diagnosis of dementia optimal time in the disease progression (specialist early rehab interventions)
- Reduction in carer burden following diagnosis of dementia
- Prevention of the burden and additional costs of further consultations and investigations.

### **3.4 If the Bid is not Supported**

If the bid is not supported, we will not be able to deliver the outcomes and benefits as described above.

### **3.5 Bids relating to Additional Staff Resources**

- A period of one year is requested to fund a Band 6 nurse
- The tenure of appointment proposed for the new staff is one year
- Accountability for this will be held by the Newport Older Adult Mental Health Senior Nurse
- When funding comes to an end for this staff, it is hoped that funding will be continued through RIF

#### **4. Financial Analysis**

##### **4.1 Funding Requested**

The total cost of the bid is £49,338 to fund employment of a Band 6 full time nurse

The nurse will be recruited through usual nursing recruitment channels

##### **4.2 Availability of Local Charitable Funds**

Subject to approval from the Executive Team and Charitable Funds Committee, funding has been agreed from the Covid Charitable Fund by signatory Tanya Strange, Assistant Director of Nursing

##### **4.3 Revenue Costs**

Not applicable

##### **4.4 Revenue Costs - Affordability**

Not applicable

#### **5.0 Conclusions and Recommendations**

The committee is being asked to support the employment of a full time Band 6 Mild Cognitive Impairment (MCI) nurse for ABUHB Mild Cognitive Impairment Clinic.

The total cost of the bid is £49,338 and funding has been agreed from the Covid Charitable Fund.

##### **Bid Prepared by:**

<b>Name:</b>	<b>Dr Chineze Ivenso</b>
<b>Title:</b>	<b>Consultant Old Age Psychiatrist</b>
<b>Date:</b>	<b>28/09/2022</b>

##### **Supported by Division**

<b>General Manager:</b>	
<b>Signature:</b>	
<b>Date:</b>	

**Executive Sponsor**

<b>Signature:</b>	
<b>Date:</b>	



## **Charitable Funds Committee**

### **Bid Ref CFC-257: Wellbeing – Avoidable Employee Harm Programme Lead**

**Bid** to seek permission to access the Employee Wellbeing Service Charitable funds account to staff on a temporary basis the Head of Avoidable Employee Harm Programme.

**For** Employee Wellbeing

**At** Whole Organisation

## **1. Introduction**

The Avoidable Employee Harm (AEH) Programme has been developed over the past six months as a collaboration between the ABUHB Wellbeing Service, ABUHB HR, and Cardiff University. The programme is currently focused on minimising the harm (to employees, HR officers, and the organisation) of unnecessary or poorly executed HR processes such as those related to 'gross misconduct' (GM). It is estimated that each gross misconduct case costs more than £25,000 and has a wide-ranging negative psychosocial impact on all who are involved. Even more significant when you consider that only 25% of GM cases in the past three years have resulted in significant sanctions to employees.

The AEH Programme was formally launched on 05 July 2022 with a very well attended internal training event called 'Looking after the People and Process'. Within two weeks of the event one clinical Division reported a reduction of GM cases from 11 to 2.

To expand this Executive Team approved workstream within ABUHB, to lead an All-Wales programme, and develop an income generating stream across the national public sector the AEH Programme needs a formal Lead.

This post was initially going to be funded for two years via the long-awaited Welsh Government, Wellbeing Centre of Excellence Bid. As this bid is now formally unviable, we have adopted a more pragmatic position and decided to fund it using existing resources from within the Wellbeing Service Charitable Bids Account.

We propose to fund the Avoidable Employee Harm (AEH) Programme Lead post as a three-month fixed term contract to allow us to maintain the momentum and secure further funds ideally via external income generated sources.

The total cost of the bid is £20,402 which supports a full time, three-month fixed term contract for a post banded at 8B.

## **2. Background**

The bid is intended to support the Employee Wellbeing Service's ambitions to improve the employee experience of work as well as reduce waste and avoid or mitigate potential harm. The proposed post will oversee a programme of work which is unique in the UK NHS, and which has received support from Welsh NHS Workforce Directors and the ABUHB Executive Team.

This programme will sit within the Wellbeing Centre of Excellence's (WCoE) Research, Innovation and Consultancy functions and will also secure income from external public sector organisations.

### **3. Key Issues**

The urgent need to support a programme of work that has the potential of supporting employee wellbeing, protecting ABUHB resources and generating income to support the Wellbeing Service during a period of unprecedented demand.

#### **3.1 Category of Bid**

This bid relates to:

Directly supporting employee wellbeing and developing the Wellbeing Centre of Excellence.

#### **3.2 Description of the Bid**

This post was initially going to be funded for two years via the long-awaited Welsh Government, Wellbeing Centre of Excellence (WCoE) Bid. As this bid is now formally unviable, and core funds are unavailable given the current financial restrictions we have adopted a more pragmatic position and decided to fund it using existing resources from within the Wellbeing Service Charitable Bids Account.

The bid will support a fixed term Lead post that will:

- Develop the existing and highly effective Avoidable Employee Harm Programme.
- Develop an All-Wales programme in collaboration with colleagues from across NHS and Social Care Wales.
- Develop as part of WCoE's External Consultation function a portfolio of work that generates and income that will in turn support new resources for ABUHB Employees.

#### **3.3 Outcome Measures & Benefits**

Outcomes of the workstream are clearly measurable, we are using a QI methodology for all our interventions including training and are working in collaboration with the Institute of Health Improvement (IHI), Improvement Cymry, and The Kings Fund to support our learning and assess impact on the wider organisation. This work is also linked to an MPhil at Cardiff University which is exploring the wider personal and

professional impact of these processes on a cross section of those involved.

This programme of work has the potential to both generate income which would not only provide self-sustainability, but also contribute to the wider People Plan with its focus on staff health and wellbeing.

### **3.3.1 Activity Analysis**

One example is that following our initial workshop (5<sup>th</sup> July, 2022) we observed changes (on pre and post workshop measures) linked to i. beliefs about the potential of HR processes to have a negative impact, ii. to beliefs linked to motivation to change well established professional behaviour, and iii. to beliefs linked to readiness to make positive changes to working practices. The intend audience were NHS managers and colleagues from Operational HR. We also observed significant post workshop change in the number of gross misconduct cases in one division reduced from 11 to 2.

### **3.3.2 Benefits**

Benefits should include:

- Positive impact on staff wellbeing by minimising or mitigating potential for harm (those involved in initiating, leading and being on the receiving end of formal HR processes).
- Saving the organisation resources (protecting finances and reputation).
- Supporting psychological safety and learning culture, by reducing the number of gross misconduct cases and increasing the appetite for alternative more constructive means / tools to address clinical errors, poor behaviour and conflict.
- Contributing to the Compassionate Leadership Culture and supporting meaningful staff engagement through the employee experience lens.
- Supporting ABHUB Wellbeing Service in its ambition to be a national leader in the field of public sector staff wellbeing (Wales and UK).
- To use the learning from the current focus on HR processes and apply the methodology to other areas of formal processes that are known to cause avoidable harm (in its various iterations) such as the various complains processes, internal investigations, court / legal

investigations, and professional conduct processes (E.g.: MC, NMC, and HCPC).

### **3.4 If the Bid is not Supported**

If unsuccessful we will be unable to progress the Avoidable Employee Harm Programme in any way and importantly will fail to maintain the momentum created by the 5<sup>th</sup> July event. This would also pose a threat to our short and medium term IMPT objectives.

### **3.5 Bids relating to Additional Staff Resources**

- *What period is the committee being asked to fund staff?*

Funding is not being sort at this stage; we are asking for permission to use our existing charitable account funds. A request to support funding may be necessary later but not now.

- *What is the tenure of appointment proposed for the new staff?*

Three months.

- *Who has accountability for the staff?*

Head of Employee Wellbeing

- *What happens when funding comes to an end to the staff and the new service that they have provided?*

The current aim is for this post to support income generation which will lead to self-sustainability. We have two public sector organisations interested in buying the programme, so the short term (0-6 months) looks promising.

## **4. Financial Analysis**

The post will cost £20,402 for three months.

### **4.1 Funding Requested**

The committee is not being asked for funds at this time.

The post has been put out to internal advert and an applicate has been interviewed and was successful.

## 4.2 Availability of Local Charitable Funds

F871 ABUHB EMPLOYEE WELL BEING SERVICE

Current balance is £77,656.37 as of 12 September 2022.

## 4.3 Revenue Costs

Not applicable.

## 4.4 Revenue Costs - Affordability

Not applicable.

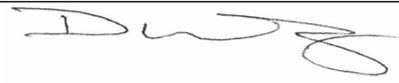
## 5.0 Conclusions and Recommendations

*This section should summarise what the committee is being asked to support.*

### Bid Prepared by:

<b>Name:</b>	Dr Adrian Neal
<b>Title:</b>	Head of Employee Wellbeing
<b>Date:</b>	13.09.22

### Supported by Division

<b>General Manager:</b>	Debra Wood-Lawson Deputy Director of Workforce & OD
<b>Signature:</b>	
<b>Date:</b>	16.09.2022

### Executive Sponsor

Director of Workforce and Organisational development	Sarah Simmonds
<b>Signature:</b>	
<b>Date:</b>	16.09.2022



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University Health Board

Charitable Funds Committee  
Thursday 27<sup>th</sup> October 2022  
Agenda Item: 3.6.4

**Charitable Funds Committee  
Bid Ref: CFC – 258**

**Bid for Co-production  
(Patients/Service Users/Carers)  
Officer For  
(Mental Health and Learning Disabilities Division  
(MH/LD))  
At Gwent wide (based at St. Cadoc's)**

**1. Introduction**

Co-production and the need to involve patients, service users and carers in the design, planning, monitoring and evaluation of, in this instance, mental health and learning disability services, is not only enshrined in NHS and other national laws, but is also a fundamental right for our citizens.

The Co-production Network for Wales states that “Co-production is an asset-based approach to public services that enables people providing and people receiving services to share power and responsibility, and to work together in equal, reciprocal and caring relationships. It creates opportunities for people to access support when they need it, and to contribute to social change”.

Whilst the ABUHB’s MH/LD Division provides ad hoc opportunities for involvement, there is currently no single Co-production strategy, system or process to enable the participation of individuals in shaping our services across our division and/or across Gwent for now and into the future.

The MH/LD Division is seeking funding for a two-year development post to help draft a comprehensive Co-Production strategy, with related planning for the operational system/process. The role will play a key part in embedding a cultural shift within our clinical and partnership-oriented working with citizens and patients, achieving long reaching outcomes.

Costs of the proposal we are ideally looking for:

<b>Year 1 Costs</b>	<b>Year 2 Costs</b>
Salary: Band 6 (top) £49,338.00	Salary: Band 6 (top) £50,808 (with 3% assumed COL rise)
Travel Expenses: £2,400 (based on up to 400 miles per month – subjective)	Travel Expenses: £2,400 (based on up to 400 miles per month - subjective)
Laptop/PC Equipment: £700	
Other equipment needed: £400 (ie, chair)	
<b>Total amount asked: £52,838</b>	<b>Total amount asked: £53,208</b>

Total amount requested: £106,046 for two years

**2. Background**

The concept of “Co-Production” or involvement of individuals (not staff) in shaping public services has been in existence for some time. Health Boards are made up of independent members of the public who put themselves forward for consideration and are selected through a public appointment process. This has dedicated resource associated to support.

Whilst specific Patient Forums exist, such as health related groups, programmes that involve patients in consultation about services, gathering and analysing patient experiences and stories to help shape service development, the existence of Community Health Council(s) mostly made up of independent volunteers, there is currently no clear system or process for directly facilitating opportunities for participation by individual citizens (patients/service users/carers) in mental health and learning disability services within ABUHB. This further relates to our statutory responsibilities for Chairing the Gwent Strategic Mental Health and Learning Disabilities Partnership Board and/or other related steering groups.

This is not to say that very useful and meaningful engagement does not happen, but it is usually unplanned and can be tokenistic, given short timescales. The systematic way of involving people on a continual basis and/or as a de-facto way of working across the Division, is not happening. This can have a negative impact on key transformation priorities such as development of the Special Inpatient Secure Unit (SISU). This is in part, due to a lack of dedicated resource and expertise to help support and direct the work.

The imminent release of a national “Co-Production Guide”, developed by members (service users/carers) of the National Mental Health and Wellbeing Forum, prescribes how people should be facilitated to participate in shaping mental health services within each health board area. ABUHB is one of the health boards who have both an opportunity of implementing this guidance as a pilot area, in addition to showcasing best practice.

### **3. Key Issues**

#### **3.1 Category of Bid**

This bid relates to:

Patient's welfare and amenities and staff education (cultural shift).

### **3.2 Description of the Bid**

- One comprehensive strategy developed in line with IMTP and Together for Mental Health (new strategy for Wales), underpinned by national Co-Production Guidance - with full direction and engagement/participation by patients, service users/carers (meeting NICE guidelines)
- Conduit for pathways of communication of intentions of strategy with our staff and partners, facilitation of direct engagement and contributions
- One stop-shop for all opportunities for participation – centrally held and advertised by our Intranet but also across all partner agencies and stakeholders in MH/LD
- One central database for patients/service users/carers to be held, comprehensive understanding of areas of interest and easy access for staff/stakeholders to ask for support in shaping service development
- Solves issues of consistent, meaningful engagement (participation) of patients/citizens/service users/carers in helping shape services (including the development of new builds/services going forward) which saves time/money
- Patients/service users/carers feeling they are making a difference and can have their voice heard in a consistent and meaningful way – consistent/centralised way of gathering evidence of how people are participating and evaluating impact
- Opportunity of developing a clear pathway for involvement through participation opportunities within the MH/LD Division, building direct experience with mental health/learning disability services, linked with opportunities to develop expertise/experience and apply for funded roles within the MH/LD Division such as Peer Mentoring/Support Workers. Currently this pathway is not clear to navigate and/or doesn't exist.
- New related policy and standard operating procedure for involving individuals/patients in direct participation in MH/LD (which supports short term participation involvement as well) and related funding processes. This has been raised as an ongoing issue across Directorates within the Division.
- Clearly identified pathway to support participation in shaping activities on all MH/LD wards, outlining differences in advertising participation roles through commissioned Third Sector services vs individuals who have lived expertise being

recruited to support patients on wards and/or in community settings

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

- We have not enough funding in our current budget to recruit an individual who can focus entirely on this development for two years, at this level
- There are several members of the team who are on secondments which means that funding a two-year post is not possible currently
- As it is a completely new role, we are hoping by seeking Charitable Funding, we can prove concept and build up opportunity for aligning core funding to be utilised

*What alternatives have been considered?*

- Service improvement funding was initially looked at – but with clear guidelines from Welsh Government on related priorities/criteria, the emphasis has had to be on funding clinical service improvement priorities along with reducing waiting lists for people seeking mental health and learning disability assessments and treatment.
- Seeking external funding, whilst not impossible, would prove time consuming and need dedicated resource. Due to timescales/pressures on getting the post filled as soon as is feasible, Charitable Funding was deemed most efficient and potentially viable option at this time

### **3.3 Outcome Measures & Benefits**

#### **3.3.1 Activity Analysis**

Measuring outcomes is somewhat subjective until we have guidance/direction from the Patient/Service User/Carer Steering Group (and so therefore may change/is based solely on current view). We also need to clarify the difference between an Outcome and Output. If you are seeking outputs, these could include:

- No of opportunities identified, where (ie, across all of Gwent or in specific localities/hospitals/meetings) for participation
- Type of activity/opportunity and what is most attractive
- No of training/briefing support sessions provided
- No of individuals recruited to fulfil opportunities
- No of people who have participated
- No of satisfaction or experience surveys sent out/filled

- No of case studies/video diaries/patient and staff journey(s) recorded and/or publicised
- Surveys of staff/people on management boards/steering groups who relate benefits of people being involved in shaping services
- Development of central database and analytics of page views/what people are most interested in
- No of communication pieces/advertisement of roles
- No of views of social media (such as Facebook or other social media ways of communicating opportunities – to be developed/spearheaded by steering group)
- Reduction in number of complaints received from service users/carers/patients
- No of people participating from harder to reach communities

### **3.3.2 Benefits**

- Staff stating that their way of working has changed and describe how/implementing system changes as a result, recording and sharing this across ABUHB (intranet) and other media opportunities
- Patients/service users/carers lives have changed for the better as a result of participation – ways of measuring this could include direct face to face evaluation, comments via social media, patients speaking of this with care coordinators or other staff, direct participation opportunities for involving people in this aspect of the role/project but also linking in with Community Health Council and other roles such as Peer Mentoring/Support Officers recruited in MH/LD.
- Benefit of a single pathway for involving volunteers who participate, move into funded roles (such as Peer Mentors) and/or other opportunities for staffing – Health Board benefits include meeting requirements of new HEIW Workforce Strategy and related plan.
- Diverse opportunities for being heard are being facilitated across communities in Gwent and public know how/where to go to volunteer or participate – and know that their contribution will make a difference – direct links with local Integrated Wellbeing Networks, Neighbourhood Community Networks (primary care), Third Sector Networks
- People feel listened to, valued, are seen as equal members of the team/board/steering groups and have equal share in voting and/or in deciding how services are to be developed
- All members on Strategic Management Boards have opportunities to share what a difference having people with

lived/direct experience of being in contact with services makes to the aims/objectives of the Board's remit and distance travelled can be measured regularly

- Benefits of true participation include shared power in decision making, social inclusion in action, shifts in culture and hierarchy, sharing difference perspective, rebalancing how decisions are made with people – ways of measuring this are numerable – and would benefit from having direct input from patients/carers/service users directing this – this will form part of the role's facilitation/steering group's remit
- Direct impact of participation on service changes/development – this may be measured through patient stories/experience, case studies
- No service-related activities take place without patient/service users/carer voice tangibly/measurably included or at least the consideration of involvement – this can be both measured through Minutes and/or Action Registers, but importantly, people know it to be the usual way of working – it becomes embedded in our ways of involving patients/carers/service users

It is hoped that the very nature of the bid will show how this meets public benefit – the role is about public participation in shaping MH/LD services. The role will focus on recruiting members of the public (or service users/carers/patients) who have lived expertise in being in contact with MH/LD services and will be supported to apply for the role.

### **3.4 If the Bid is not Supported**

We will need to find alternative funding from a different source. This is not impossible, but it is extremely challenging due to the uniqueness of the role and non-clinical nature. This is why we have waited for some time to apply for the funding from this charitable funding pot (we have been liaising with the Charitable Funding Manager who has been very helpful in her guidance.)

### **3.5 Bids relating to Additional Staff Resources**

- *What period is the committee being asked to fund staff?*
  - Two years only – we would in the second year be seeking alternative mainstream funding for a longer-term position – however, we would have “proved” the benefits of having had a central coordinator and embedded a different way of working across Directorates within the Division.

- *What is the tenure of appointment proposed for the new staff?*
  - Two years (with the understanding that as this is a fixed term post, the permanent post will need to be advertised and recruited to dovetail with completion of the two years fixed term.
  
- *Who has accountability for the staff?*
  - The MH/LD Partnership Manager (part of the Business Improvement Development Team) who is relatively newly in post (3.5 months) – who has direct expertise and a positive track record in setting up programmes of participation and involvement of service users/cares/patients/citizens in shaping public services.
  - The Assistant General Manager of MH/LD, who is championing the bid/proposal and directly oversees the Business Improvement Team’s work
  
- *What happens when funding comes to an end to the staff and the new service that they have provided?*
  - As mentioned, we will have time to prove the value of the role and seek agreement for mainstream funding within the Division’s budget and/or through Service Improvement Funding.

#### **4. Financial Analysis**

##### **4.1 Funding Requested**

<b>Year 1 Costs</b>	<b>Year 2 Costs</b>
Salary: Band 6 (top) £49,338.00	Salary: Band 6 (top) £50,808 (with 3% assumed COL rise)
Travel Expenses: £2,400 (based on up to 400 miles per month – subjective)	Travel Expenses: £2,400 (based on up to 400 miles per month - subjective)
Laptop/PC Equipment: £700	
Other equipment needed: £400 (ie, chair/phone)	
<b>Total amount asked: £52,838</b>	<b>Total amount asked: £53,208</b>

*What is the proposed procurement route?*

Procurement isn't applicable, but an open recruitment process will be facilitated, with a steering group made up of citizens/service users/carers directing. They will select the individual recruited through consensus agreement.

#### **4.2 Availability of Local Charitable Funds**

As we have sought advice and support from the Charitable Funding Manager over the last two months, this is the route advised to apply as other opportunities for funding are not appropriate.

#### **4.3 Revenue Costs**

None applicable

#### **4.4 Revenue Costs - Affordability**

Whilst this is not directly applicable, we believe that involving people directly in shaping mental health and learning disability services will lead to a reduction in complaints about services, a sense of equal power in helping to contribute to the improvement of service provision, new and different ways of providing services which may contribute to more efficient and holistic pathways of supporting people and helping people navigate what is a very complex system of care and support.

By directly involving people, it is inevitable that all staff will have an opportunity to view things from a service user lens/perspective which will contribute to embedding cultural shifts in valuing direct participation by people with lived expertise (and experience). By doing what matters for people, delivering prudent/value-based healthcare stops doing what doesn't matter/is not of value and therefore, helps focus resources on what is most of value. This links with new Outcome Measures recently embedded through the work of "Improvement Cymru" and the usage of Patient Experience and Patient Outcome measures.

#### **5.0 Conclusions and Recommendations**

We are asking the Committee to approve the two-year funding request for this important (and unique) new role within the MH/LD Division.

By funding this role, the Committee will themselves demonstrate support for Participation through empowering the successful recruitment of an individual, who will showcase the direct benefit in being recruited to a post which seeks to promote the value of people with lived expertise being involved in shaping our services.

This post will have wide reaching effect, working across our Directorates to embed a new modern strategy of Co-Production and related processes/systems for participation by patients/service users/carers. This initiative could also inform wider Divisions within ABUHB through its work and will certainly benefit the public as previously described.

**Bid Prepared by:**

<b>Name:</b>	<b>Freda Lacey</b>
<b>Title:</b>	<b>Menta Health and Learning Disabilities Partnership Manager</b>
<b>Date:</b>	<b>7 July, 2022</b>

**Supported by Division**

<b>Divisional Director:</b>	<b>Kathryn Walters</b>
<b>Signatures:</b>	
<b>Date:</b>	<b>13.07.2022</b>

**Executive Sponsor**

	<b>Chris O'Conner</b>
<b>Signature:</b>	
<b>Date:</b>	<b>15.07.2022</b>



## **Charitable Funds Committee**

### **Bid for dedicated Occupational Therapy Support for Staff**

#### **1.0 Introduction**

Aneurin Bevan University Health Board (ABUHB) values the health and wellbeing of its employees and recognises employee health and wellbeing as a priority with the People Plan and IMTP. This bid seeks to enhance the Occupational Health offer with additional proactive support and interventions for employees with long term health conditions, including post-Covid and mental ill health. This follows a scoping exercise that explored the potential impact of direct access to Occupational Therapy (OT). The key findings indicated the benefits were:

- An OT's unique perspective, holistic approach and core skills adds value and expertise to the occupational health support offered to staff.
- OT intervention increased engagement in staff members' activity; positive staff engagement by listening, understanding, supporting information and help, being involved in decision making and overall experience
- OT intervention demonstrated an increase in staff members' confidence in returning to work. Staff reported that the OT intervention provided would assist them in returning to work or to remain in work.
- Staff in work showed an improvement in work productivity after OT intervention.

It is important to note that whilst the scoping exercise considered a broad scope of practice, a particular focus was placed on the recovery of staff members post Covid-19 (see Appendix 1 for details of scoping exercise).

In view of organisational pressures ABUHB needs to ensure maximum efficiency regarding staff wellbeing and sickness absence management with the provision of early targeted interventions. Dedicated OT will assist in supporting other efforts being made to reduce sickness absence, minimise absence and maximise attendance at work.

The bid is for **£44,721** to provide 0.4 wte Band 7 OT advanced practitioner sessions for 2 years (£22,360 a year including on costs). It is proposed that a realignment of Occupational Health vacancy moneys would be utilised to provide the additional 0.4 wte Band 7 OT creating a 0.8 wte post aligned to the scoping exercise's recommendations. This is not considered suitable for a spend to save bid as the evidence for savings cannot at this stage be accurately quantified. However, in 2021/2022 ABUHB sickness cost over £26.2m with musculoskeletal and mental health costing £3.3m and £8.1m respectively.

## **2.0 Background**

Occupational Health delivers a high quality, evidence based, and confidential service to all staff. In addition to statutory obligations the service constantly looks to improve support for employee health and wellbeing.

In April 2022 two part time advanced OT practitioners (2 x 0.5 wte) completed a 3-month scoping exercise to explore the potential contribution of OT to Occupational Health. The benefits of work in terms of personal health and wellbeing are well documented; staying in and returning to work are associated with improved mental and physical health, provided the work is 'good work'.

This paper aims to illustrate the added value of strengthening the core Occupational Health service, currently provided by nurses and physicians, to include the expertise of Allied Health Professionals. We are looking to develop the capacity to work innovatively and proactively in supporting our staff at a time of increased demand and service pressures.

### **2.1 Long Term Health Conditions and Work**

As we age we are more likely to have one or more long term health conditions (LTC), with 45% of those aged 50 – 64 reporting at least one LTC, compared to 28% of those aged 30 to 49 (ONS, 2020a). There is also evidence to show that 15% of people at work have symptoms of a mental health condition and there is a strong link between physical and mental health conditions (Thriving at Work, 2017). People are now more likely to work longer and, for those with a LTC, this can mean that more support is required whilst in work.

The impact of the pandemic put additional pressure on staff health and wellbeing. In December 2021, the Office of National Statistics reported that 1.3 million people were experiencing post-Covid symptoms. The highest numbers were recorded in health and social care staff, women aged 35-69 years and those with pre-existing LTCs.

The introduction of dedicated OT would enable us to offer prompt support, treatment and advice and assist staff in being proactive in their self-care; any early intervention should be simple to access and locally available. OTs recognise that staff health and the work environment is influenced by a range of interacting factors and approach workplace issues with an unique perspective that considers the occupation, the needs of the individual, work group and organisation.

Any move to improve attendance carries the benefit of reducing the pressure that our highly committed teams experience in maintaining high standards of care. There is evidence that links staff health and wellbeing with patient

safety, patient experience and quality and effectiveness of patient care. Support and engagement has a positive impact on staff experience and shapes positive patient experiences and outcomes.

The scoping exercise showed improved triage and employee access with both telephone contact and face-to-face assessments. Whilst not all staff required a face-to-face consultation, they did receive access to expert support in a timely manner.

### **3.1 Category of Bid**

This bid relates to staff wellbeing and welfare.

### **3.2 Description of the Bid**

It is proposed that a dedicated OT service be provided to take referrals from managers and directly from staff.

## **BENEFITS OF THE SERVICE**

### **Clinical Improvement**

The scoping exercise showed that OT intervention increased engagement in staff members' activity and demonstrated an increase in staff members' confidence in returning to work, demonstrating that OT intervention is cost effective and essential within Occupational Health at a time when there is an increasing ageing workforce who are more likely to have long-term health conditions.

### **3.4 If the bid is not supported**

This service is not currently considered suitable for a spend to save bid as the evidence for savings cannot be accurately quantified. If this bid is not supported services will continue to be provided by nurses and physicians but will not be developed to include the specialist input of OTs.

### **3.5 Staff resources**

If this bid were successful, Occupational Health would 'buy' sessions from OT services. The service would not be invested in one individual and therefore available throughout the year regardless of individual absence such as annual leave.

Administrative support and IT equipment will be provided through existing resources within the department.

### **3.6 Financial Analysis/Funding request**

The cost for providing 0.4 wte OT support for staff a 2-year period is **£44,720 (including organisational on costs)**.

<b>Post</b>	<b>£ cost per annum (including organisational on costs)</b>	<b>Revenue Costs</b>
0.4 wte Band 7 OT	£22,360	NIL
<b>Total</b>	<b>£44,720</b>	<b>NIL</b>

### **3.7 Availability of Local Charitable Funds**

There are no available local charitable funds.

### **4.0 Next Stages and Actions**

If the Charitable Funds Committee approves this application the development of dedicated access to OT services for ABUHB's staff will be progressed. Referral pathways and guidance will be developed for use by the referring clinicians to ensure the new service is used appropriately. Routine audit of clinical outcomes will be in place to ensure proper evaluation of the new service. Appropriate management support and clinical supervision will be made available to the post holder/s within existing resources.

### **5.0 Conclusions and Recommendations**

#### **5.1 Conclusions**

There is evidence to support the OT role within Occupational Health and a recognised need within ABUHB. Staff with LTCs including post-Covid often share common difficulties and barriers. OT within Occupational Health could provide a timely and consistent approach for all staff requiring an OT intervention to return to or remain in work. Work has many positive benefits and the OT's holistic approach and core skills can enable staff to return to or remain in work, and provide quality and cost-effective solutions within the workplace. This would not be able to be provided by other individual services such as the long-term conditions team.

The project's findings showed that early OT intervention increased engagement in staff members' activity and demonstrated an increase in staff members' confidence in returning to work.

#### **5.2 Recommendations**

To develop and embed OT sessions within Occupational Health initially with a 0.8 wte Band 7 post, with the potential of increasing to a 1.0 wte Band 7

post to allow for increase in caseload, CPD, and role and service development.

To develop a two-way referral pathway into Post Covid Recovery Team for staff; to enable staff to be assessed in a timely manner by the right team/person. Additional education of staff and managers relating to the role of Occupational Health and Occupational Therapy within this. To dispel misconceptions and facilitate appropriate referrals and open conversations.

To consider a future staff self-referral system to aid work retention, prevention of absence, timely intervention, treatment efficacy and outcomes.

Development of a network of Occupational Therapists across ABUHB with a special interest in WORK, to provide support, development opportunities and sharing of resources. This in turn will have a positive impact on staff/service users.

The Charitable Funds Committee is asked to consider this proposal to enhance the current Occupational Health service with an investment of **£44,720** for a 2-year period.

#### **Bid Prepared by:**

<b>Name:</b>	<b>Elaine Lewis</b>
<b>Title:</b>	<b>Occupational Health Manager</b>
<b>Date:</b>	<b>1<sup>st</sup> July 2022</b>

Please submit your bid to your General Manager for approval by your Divisional Management Team

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#### **Bid Approved by Divisional Management Team**

<b>General Manager:</b>	
<b>Division:</b>	<b>Workforce and Organisational Development</b>
<b>Date:</b>	<b>25<sup>th</sup> July 2022</b>

**Approved/Not Approved** (please delete as appropriate)

<b>Chief Operating Officer:</b>	
<b>Date:</b>	

**Approved/Not Approved** (please delete as appropriate)

<b>Executive Team Chair:</b>	
<b>Date:</b>	

**Appendix 1**

April 2022 Scoping exercise to investigate the potential contribution of Occupational Therapy to the ABUHB Occupational Health Service



FINAL April 2022  
Scoping exercise to



**Scoping exercise to investigate the potential contribution  
of  
Occupational Therapy to the ABUHB Occupational Health  
Service**

Report written by: Diane Webb (Occupational Therapist Nevill Hall Hospital) & Adele Walters (Occupational Therapy Lead Torfaen Adult Mental Health Service)

## Purpose of the scoping exercise

Occupational Therapy Advanced Practitioner (2 x 0.5 FTE) engaged in a scoping exercise to investigate the potential contribution of Occupational Therapy to the ABUHB Occupational Health Service. While considering a broad scope of practice within this area the delivery and outcomes of the project will provide a particular focus on the recovery of staff members post Covid-19.

## Post Covid Recovery Service

ABUHB recognised the higher incidence of extended post Covid recovery symptoms (Long Covid) in people who worked in health and care related roles during the pandemic. Adferiad funding was used to enhance the response for NHS staff members within ABUHB by providing rehabilitation for staff with extended symptoms after covid, who are struggling to remain in work or return to work, delivered by Occupational Therapists employed to work in fixed term roles for a period of 5 months. There was also to be a focus on Long Term Health Conditions depending on the numbers of staff with Long Covid and Occupational Therapists capacity.

## Introduction

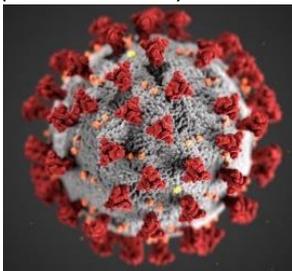
The benefits of work in terms of personal health and well-being have been well documented. 'Being in work, staying in work and returning to work are all associated with improved mental and physical health, provided the work is 'good work'. Working itself can have therapeutic benefits' (2019, Healthcare Professionals Consensus Statement for Action).

## Long Term health conditions and work

As people get older, they are more likely to have one or more long term health conditions (LTC), with 45% of those aged 50 – 64 reporting at least one LTC, compared to 28% of those aged 30 to 49, and 23% of those aged 16 to 29. The most common health conditions for those aged 50 – 64 are diabetes (39 %), cardiovascular issues (36 %) and musculoskeletal problems (36 %) (ONS, 2020a).

Evidence also shows that 15% of people at work have symptoms of a mental health condition. 71% of long-term mental health conditions are present alongside other long term health conditions such as musculoskeletal, chest or breathing problems, demonstrating a strong link between physical and mental health conditions (Thriving at Work, 2017).

Furthermore, a combination of factors has meant that people are working longer, such as better health in later life for most, improved life expectancy rates (recently slowed), and a rise in state pension age. 1 in 3 workers are now over 50 years old with 1 in 5 women and men aged 50-54 having at least one LTC. For those with LTC, this means more years are spent with poorer health, with more workers requiring employment that supports them in work (Centre for aging better, 2021). Women are also more likely to have a LTC or disability (DWP, 2021) and are more likely to be in work than their male counterparts (Powell, 2021).



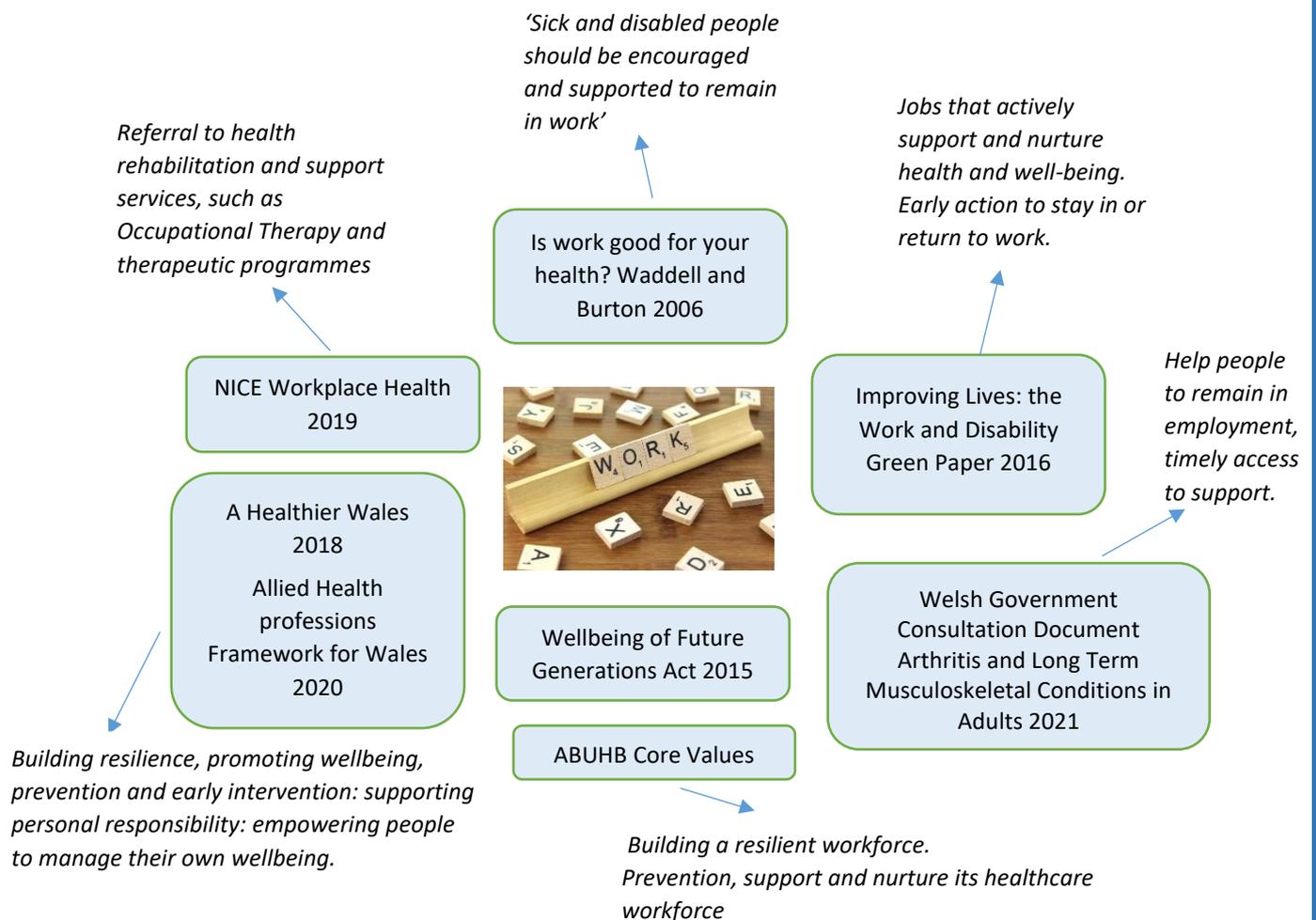
The impact of Covid has meant additional pressures on people's health and wellbeing adding to the complexity of the barriers to work and for some an additional or new Long Term health condition. The Office of National Statistics (ONS) reported that as of 6<sup>th</sup> Dec 2021, 1.3 million people were experiencing symptoms of Long Covid, with 40% diagnosed at least 12 months previously. The highest numbers have been recorded amongst health and social care staff, with women aged 35-69 years old and those with pre-existing long term health conditions.

In a survey conducted by the National Institute of Health Research, March 2021 71% reported Long Covid affecting family life, 39% impacting on ability to care for dependents and 80% as impacting on their ability to work. Both LTC and Covid have a significant effect on a person's ability to work and manage their usual activities or occupations as they would like with additional implications for the NHS, Health and Social Care whose staff are predominately women. Within the age range identified above, staff often have other responsibilities such as children or older relatives adding to the complexities of return-to-work barriers. With the majority of individuals spending a significant proportion of their time in work, it is often here that health concerns and work can arise.

ABUHB currently employs approximately 16,090 staff, of these 12,691 are female (78.88%) and male 3,399 (21.12%). Only a small percentage, 407 staff or 2.53% have declared a health condition, likely to be unrepresentative within the health board (ABUHB Workforce and Organisational Development, 11 March 2022)

There is also wide recognition that support is also required to enable individuals to remain in and return to work after a period of absence and demonstrated by the following diagram.

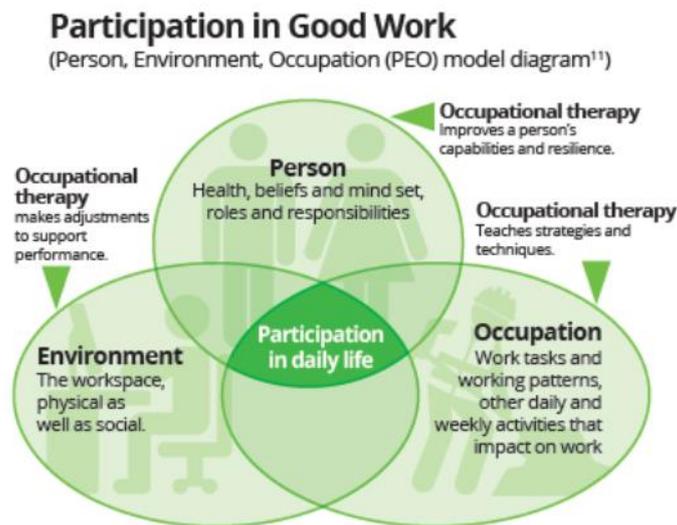
**Fig 1 Recommendations supporting work**



## Role of Occupational Therapy within work

Occupational Therapists recognise that the health of the employee and the work environment is determined by a range of interacting factors. The choice, performance, organization, and

satisfaction in occupations are influenced by the relationship between people and their environment. Occupational Therapists approach workplace issues with this unique perspective that considers the occupation, the needs of the individual worker, work group and the organization. The profession's belief in the inter-relationship among the person, occupation, and the environment uniquely positions Occupational Therapists to provide quality and cost-effective solutions for workplace issues. (CAOT 2010)



Occupational Therapists are highly skilled health care professionals who are the only health care profession dual trained comprehensively at an undergraduate level in both physical and psychological/mental health conditions. This core Occupational Therapy skill allows the Occupational Therapist to be able to ascertain the real narrative of the work performance and understanding of the environmental demands, ensuring that the correct intervention is implemented to keep the employee in work or to return to work. (RCOT, 2019)

Occupational Therapists have the unique ability to be able to break down an activity/job into its fundamental components that are required to perform the activity e.g., physical - gross motor and fine motor skills, cognition, perception, sensory, psychological/ work behaviour, motivation etc.

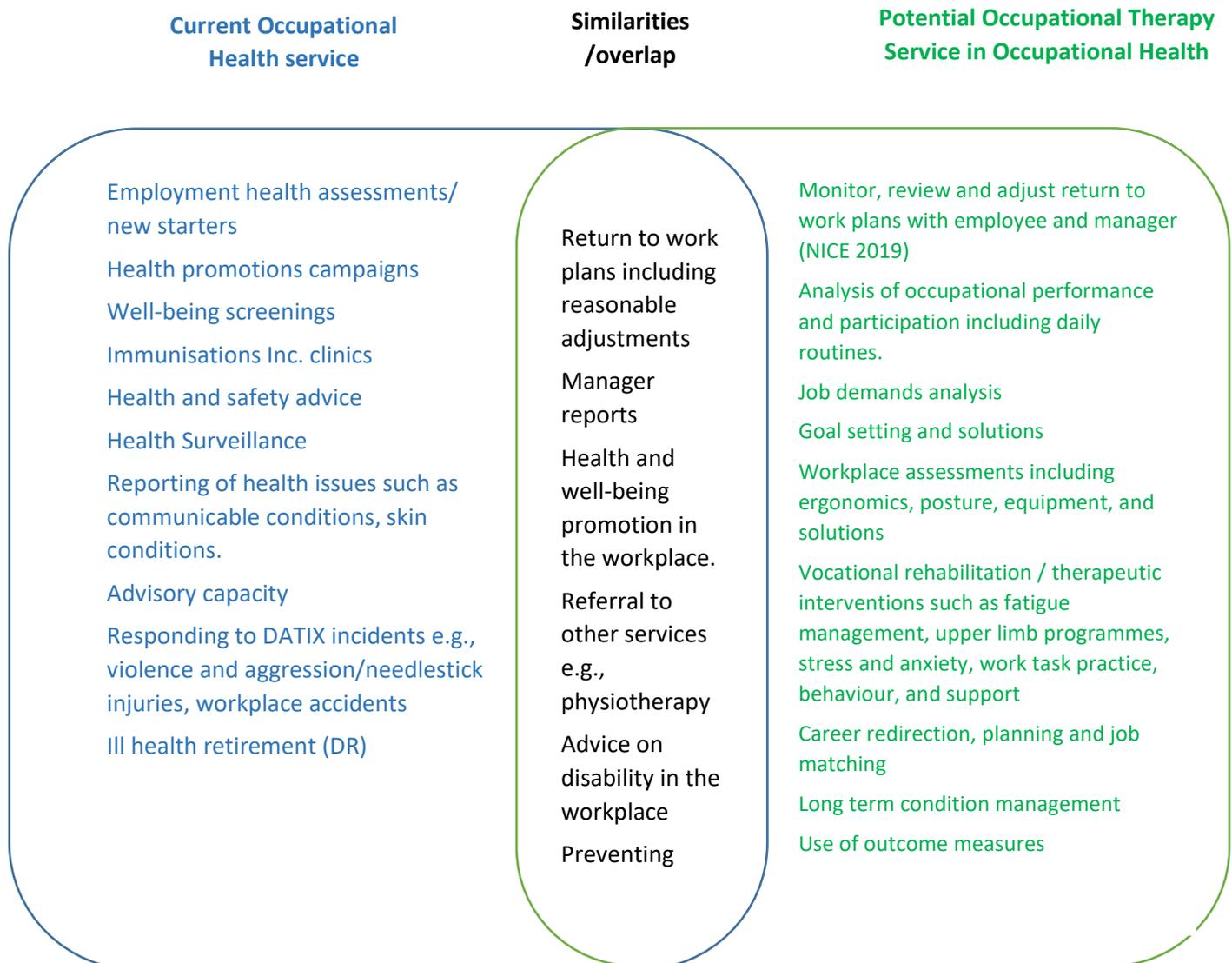
## Role of Occupational Health in the workplace

WHO definition: Occupational Health is an area of work in public health to promote and maintain highest degree of physical, mental, and social well-being of workers in all occupations.

Within ABUHB the Occupational Health department is a strictly confidential advisory service that is independent of management. It ensures that employees are physically and psychologically fit to do their job and that the working environment does not adversely affect their health. It does this by promoting the highest degree of physical, mental, and social well-being of employees and works to protect, support, and maintain a healthy working environment. Occupational Health is available to all employees of ABUHB regardless of where they live. As this is a strictly confidential service all Occupational Health records are therefore kept separate from Health Board medical records.

## Role of Occupational Health and Occupational Therapy

**Overlapping diagram** to illustrate the differences and similarities between services and scope of Occupational Therapy within this area. This was developed through shared conversations and discussion with Occupational Health, staff assessed by Occupational Therapists and evidence from Royal College of Occupational Therapists.



## Benchmarking examples

Extensive benchmarking enabled comparison and measurement of ABUHB against various health boards Occupational Health Departments and Post Covid Recovery Teams in Wales and England. **Appendix 1** illustrates a comparison of the benchmarked health boards.

Benchmarking both Wales and England health boards allowed us to identify and compare best practice. Currently there are no Occupational Therapists employed in Occupational Health

departments within health boards in Wales. Betsi Cadwaladr Occupational Health department previously employed an Occupational Therapist but were unable to recruit when the Occupational Therapist left the service. SBUHB Occupational Health department utilises Occupational Therapists employed within their staff wellbeing service.

SBUHB, Cardiff & Vale and Betsi Cadwaladr health boards have a joint head of service encompassing both Occupational Health department and staff wellbeing service. Their MDTs consist of a range of professionals that offer both physical and mental health interventions therefore providing a holistic service.

Liverpool & Broadgreen have a band 8a and band 6 Occupational Therapist that work across both Occupational Health and staff wellbeing service. The Occupational Therapist roles are well established and provide a range of clinics, educational sessions, holistic assessments, and interventions. Most Occupational Therapy assessments and interventions are acquired via self-referral, with some management referrals. None of the health boards Occupational Health departments utilise outcome measures.

Most health boards have a range of self-management long covid resources available via their websites. England have established post covid recovery teams in Leeds and Derby, and Burton that provide a range of excellent Covid-19 self-management resources. In Wales, Cwm Taff Morgannwg and Cardiff & Vale both have long covid rehabilitation teams and accept Occupational Health referrals.

Post covid recovery teams in Wales health boards all implement Adferiad Long COVID Service Evaluation: Patient-Reported Experience Measure (PREM) and Patient-Reported Outcome Measure (PROM): EQ-5D-5L outcome measures, advised by Welsh Assembly Government.

#### Themes from benchmarking

- No Occupational Therapists in current Occupational Health services in Welsh health boards.
- 3 health boards in Wales have joint head of service encompassing both Occupational Health department and Staff Wellbeing Service.
- More common for English health boards to have Occupational Therapists in Occupational Health service.
- Majority of health boards provide Post Covid resources, some have dedicated Post Covid Recovery teams.
- Occupational Health services do not appear to use outcome measures.
- Some Occupational Health departments can refer directly into Post Covid Recovery teams.

#### **Outcome measures used**

EQ-5D-5L Health Questionnaire as used by Post Covid Recovery team and All Wales via online link.

Patient Reported Experience Measure as used by Post Covid Recovery Team and All Wales via online link

Patient Reported Experience Measure developed to capture staff experience of Occupational Therapy in Occupational Health and used via online link.

#### TOMS (Therapy Outcome Measure)

This is used to measure change over the course of intervention in this case Occupational Therapy intervention. A comparison of scores (over time) can evidence progress in one or more of the 4 domains and can demonstrate areas where further intervention is required. Scales are used related to the persons presenting condition or impairment e.g., chronic fatigue syndrome/ME.

Measurements are taken in the four domains of: impairment, activity, participation, and wellbeing.

- **Impairment** describes the severity of the presenting disorder/condition.
- **Activity** provides information on the impact of the difficulty on the actions or functions of an individual, indicating levels of dependence and independence.
- **Participation** reflects on the impact of social participation, interaction, and autonomy
- **Wellbeing (individual/carer)** is concerned with emotions, feelings, concern, anxiety, and level of satisfaction.

Work Productivity and Activity Impairment Questionnaire: General Health V2.0 (WPAI:GH)  
Questions that ask about the effects of health problems on the ability of a person to work and importantly, carry out their daily usual activities.

#### Confidence Score 1-10 scale

Based on an individual's reported confidence in returning to work, 1 being not confident at all and 10 being extremely confident.

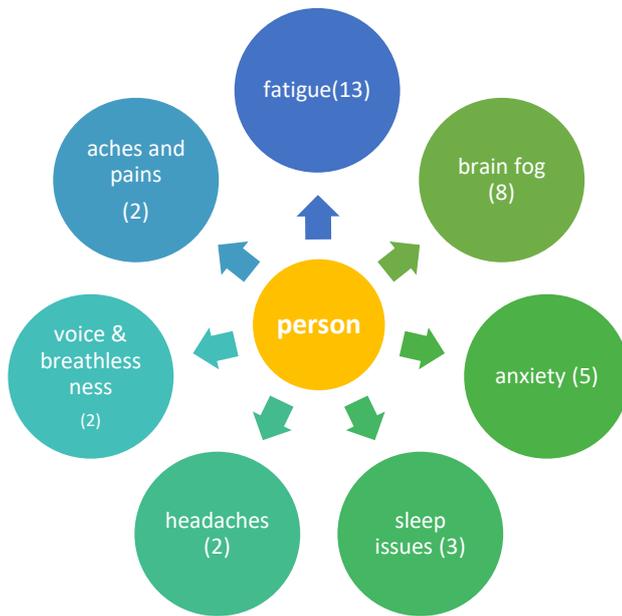
Care Aims Approach. It was important to us to be able to document the Occupational Therapy role through this person-centred approach that we were familiar with. The approach enables and supports people to be able to manage their own health condition and occupations. For therapist it supports reflective practice, evidence-based decision making and clinical reasoning.

## **Data & Findings**

### ***Perceptions and views of staff members diagnosed with Long Covid, contacted prior to commencing Occupational Therapy assessments.***

These were gathered from contacting staff by telephone, at random from Occupational Health records with Covid as a primary diagnosis. They provided valuable insights into their experiences and challenges of managing Long Covid including identifying gaps in service provision.

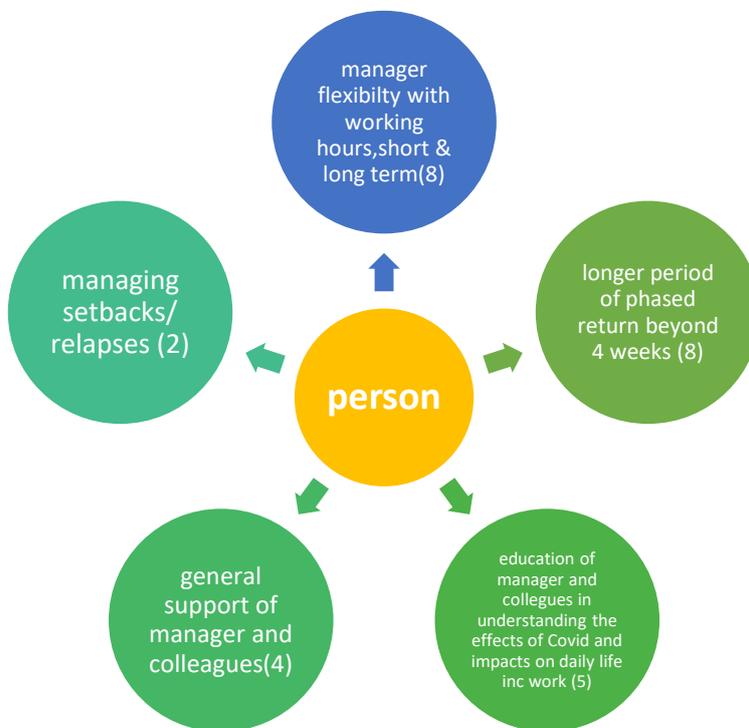
76 staff were identified from the Occupational Health list (Nov 20 – Oct 21) and had received the usual Occupational Health advice. 13 were contacted, 1 of these did not have long Covid, had no concerns and was therefore excluded. These included a range of job roles from administration, facilities, to healthcare professionals. 9 were back at work, of these, 6 were full time and 3 part time, 3 had returned following a previous failed return to work.



**Main Covid symptoms staff experienced**

Numbers in brackets = number of staff reporting symptom

**Those at work (9 staff)**  
Struggling with fatigue but felt would improve slowly (4)



**What staff reported *WOULD* have helped earlier in their *recovery*** Numbers in brackets = number of staff

**Staff currently back in work**

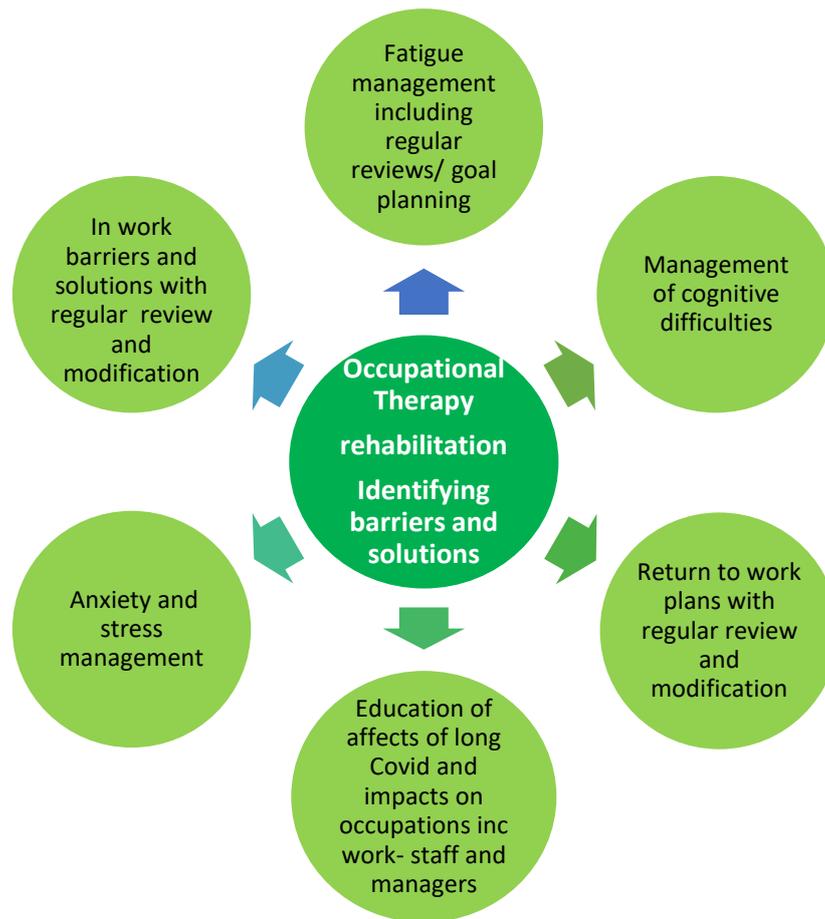
√ <b>What did help</b> No. in brackets = No. of staff	<b>X What didn't help</b>
√ Support from family and friends (2)	X putting pressure on self to return to work earlier due to staffing levels (5)
√ Change of work pattern (2)	X colleagues didn't appear to understand, work place expectations (4)
√ Phased return to work plan (2)	X planned review meetings of return to work plans didn't happen (2)
√ Using annual leave to ensure regular breaks(2)	X Covid app too complicated
√ Manager support (2)	X ignored Occupational Health advice and returned to work too soon (1)
√ Occupational Health 'fantastic' (1), Online support group(1), GP advice (1), Retiring (1)	X waiting to be seen by Post Covid Recovery Team (1)
√ Education programme for patients (EPP)(1)	X manager ignored Occupational Health advice expecting staff to return earlier (1)

**Only 5 out of 13 staff members had accessed resources i.e., EPP, Staff Well-being Service, online support groups or Post Covid Recovery Team via GP.**

**Staff currently off work – 4 staff all work full time**

√ <b>What is currently helping</b> No. in brackets = No. of staff	<b>X Barriers to returning to work</b>
√ Learning to pace self 'took a long time to recognise'(1), Education Programme for patients – Long Covid Course (1)	X experiencing continued symptoms with fatigue, voice, anxiety and headaches (having on going medical treatment)(1)
√ An extended phased return to work being planned with manager (1)	X a lack of contact and support from manager during this time (1)
√ Post Covid Recovery Team, physiotherapy with regular reviews on progress (1), Self exercise (1)	X expectations of self – 'will I be able to do my job physically and mentally?' (1)
√ Education Support from friends (1), Staff well-being service (1), Silvercloud online resources for mental health (1)	X expectations of others- 'will colleagues and managers understand varying symptoms and affects, can't be seen?' (1)

**Identified Occupational Therapy need / gap in current service provision within current Occupational Health Service**



***Data from Occupational Therapy assessments and interventions***

- 22 Staff were identified as appropriate for Occupational Therapy assessment. Primarily through Long Covid diagnosis and Occupational Health nurse direct referral. 1 referral received via Post Covid Recovery Team.

**Conditions/diagnosis**

- 2 Covid, less than 4 weeks
- 14 Long Covid (1 left ABUHB)
- 1 Neurological
- 2 Fibromyalgia
- 2 Mental health
- 1 Possible inflammatory arthritis (left ABUHB)

### Assessments completed

<b>20</b> Initial assessments were carried out	<b>20</b> Total Follow up appointments
<b>One</b> of these DNA 1 <sup>st</sup> assessment (mental health).	<b>1</b> DNA
<b>3</b> had no Occupational Therapy needs and were discharged	<b>1.5</b> Average number of follow ups Range 1- 4
<b>36</b> Total number of therapeutic appointments.	<b>2</b> Staff had left ABUHB

Variation in number of follow ups were dependent on the staff members level of need, highest being as expected for a deteriorating neurological condition.

2 staff members were to be followed up by Occupational Health nurse or Physician and 1 via Long Term Conditions team (already known) as Occupational Therapists finishing scoping exercise.

The average numbers of contacts including first assessment and follow ups for those with Long Covid were 2 (range 1-3).

This demonstrates that on average 1.5 contacts with Occupational Therapists were sufficient to demonstrate staff improvement through Occupational Therapy intervention strategies. Most staff required at least 2 combinations of Occupational Therapy interventions and are represented in the following chart along with the range of intervention provided.



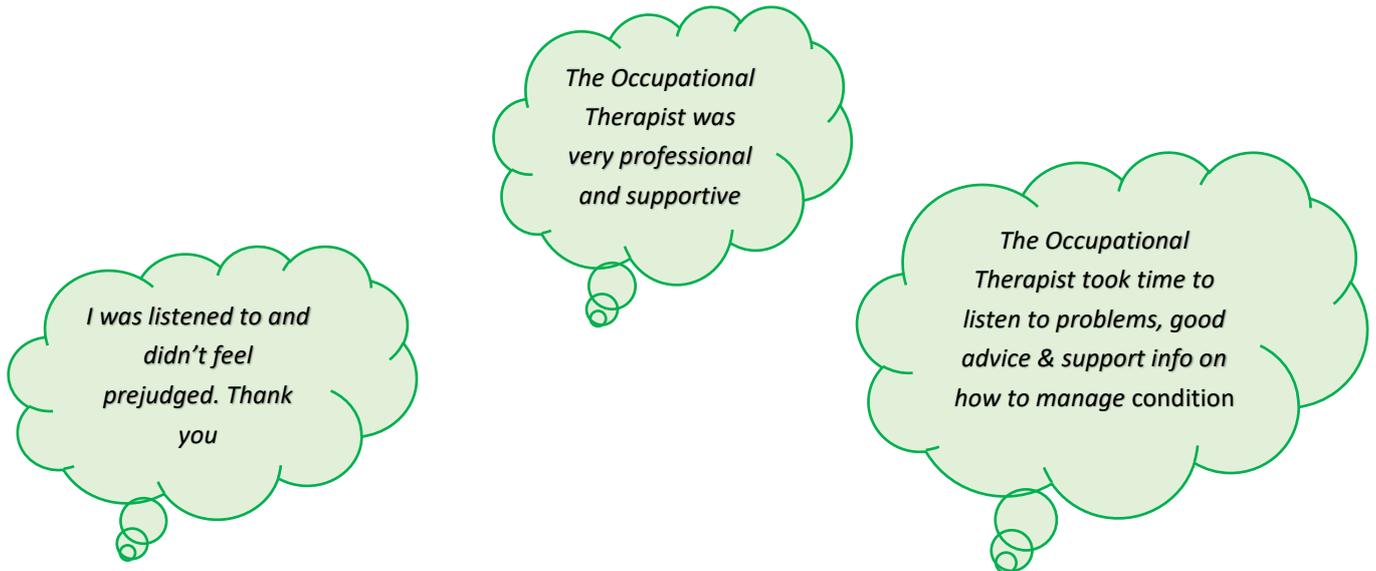
- The above chart correlates with the gaps previously identified in Occupational Health service from staff perspectives.
- No staff were needed to be referred to other services.

## Occupational Therapy Outcomes

### Patient Reported Experience Measure (see appendix 2)

8 Questionnaires were completed from 16 emailed, representing 50% return.

- Positive feedback was received through all questions: listening and understanding, supporting information and help, being involved in decision making and overall experience.

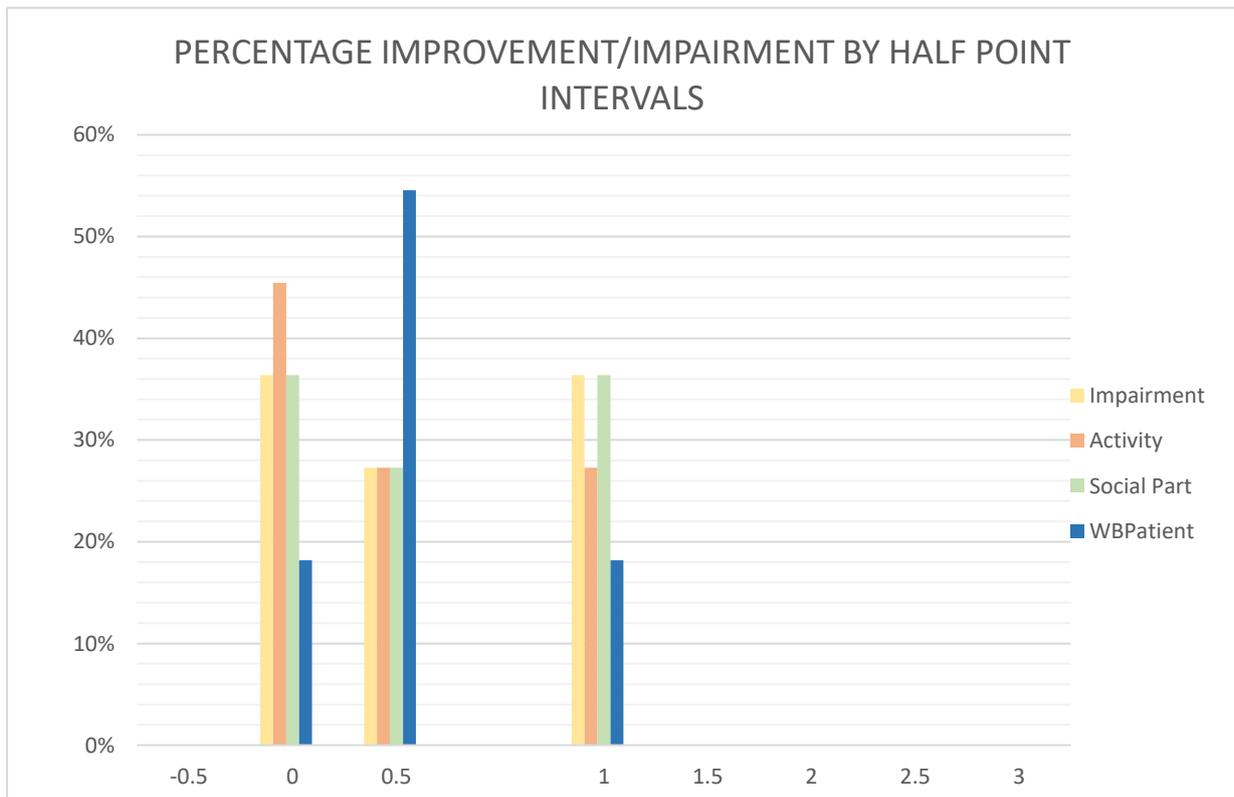


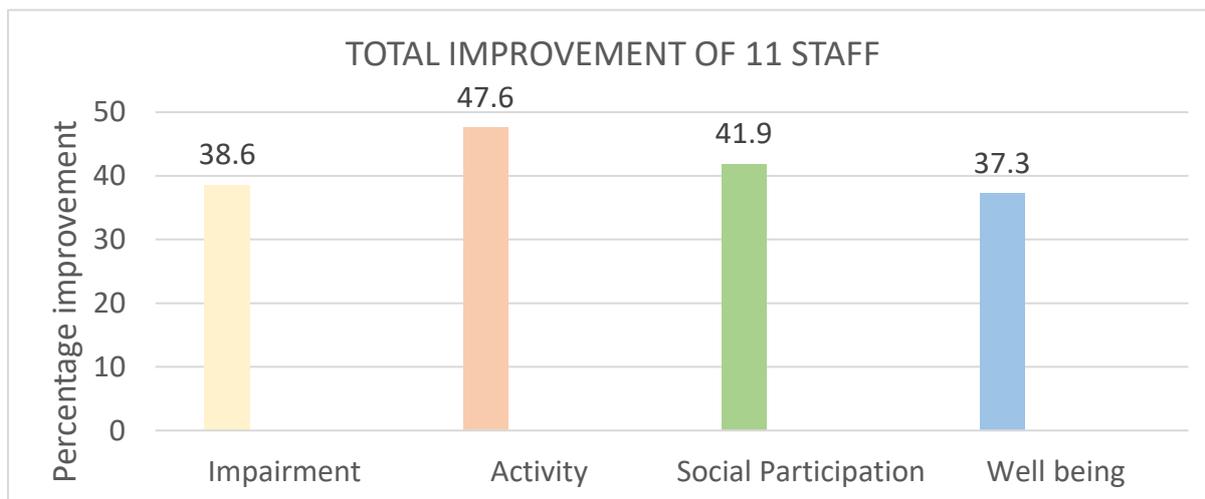
- Staff reported that the Occupational Therapy intervention provided **would** assist them in **returning** to work OR **remaining** in work, demonstrating the effectiveness of the interventions received.

**Manager Feedback** – this was not actively gathered but received as below, demonstrating positive feedback in two separate cases.



**TOMS (Therapy Outcome Measure) Chronic fatigue/ME Scale** used for those with a diagnosis of Covid (9 staff) and Fibromyalgia (2 staff).





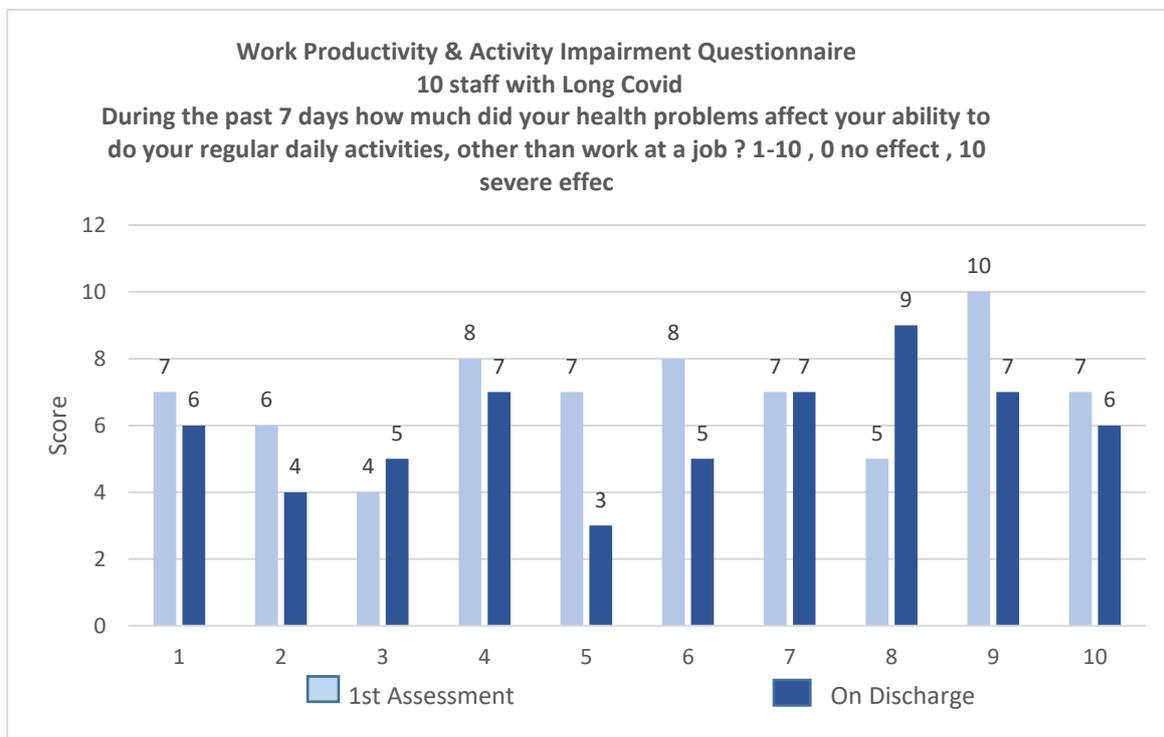
TOMS data demonstrates that the greatest improvement described by staff was an increase in activity. Evidence shows that people with long-term conditions are more likely to have poorer health, poorer quality of life and a higher risk of dying than those in the general population and frequently share common problems. They may have reduced mobility, chronic pain, shrinking social networks, incapacity to engage with work, and lower mental wellbeing. (NIHR, 2021) From the evidence and clinical experience, social activities are often the first activity to reduce during poor health, therefore it is positive that staff described an improvement in this area.

Surprisingly well-being had the smallest improvement, we surmise that this is due to the length of poor health and intervention at a later stage in their recovery. Self-expectations made it difficult for staff to see improvements over long periods of time, comparison pre-covid i.e. 'I used to be able to go running'. Having high expectations that were not achieved within a timescale they feel they should improve impacted on their wellbeing.

#### **TOMS - Neurological Disorders Scale (1 staff)**

Showed no improvement or deterioration in areas of impairment, activity, or participation. This was not unexpected with a deteriorating condition. 0.5 improvement was shown in area of wellbeing.

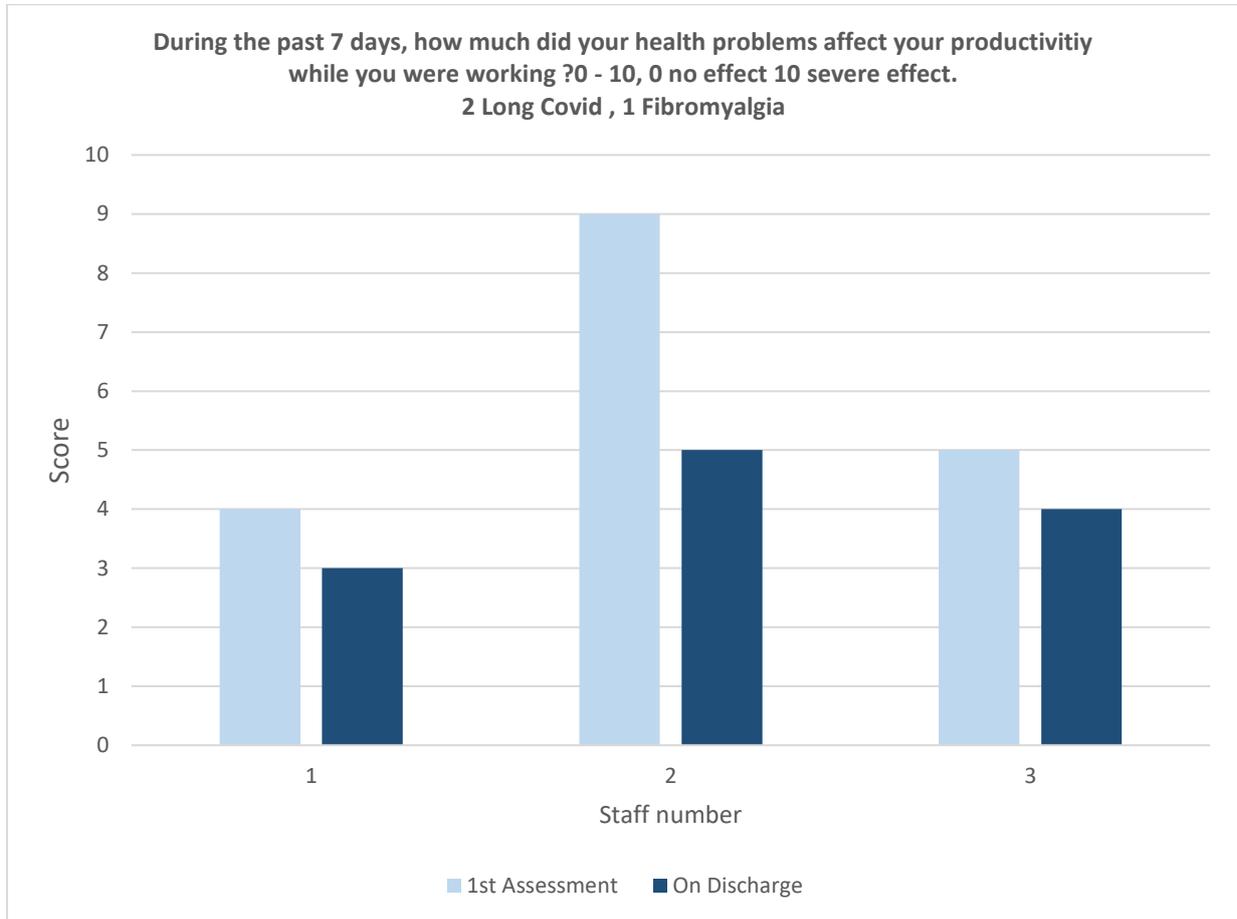
### Work Productivity and Activity Impairment Questionnaire (WPAI:GH): Staff not in work



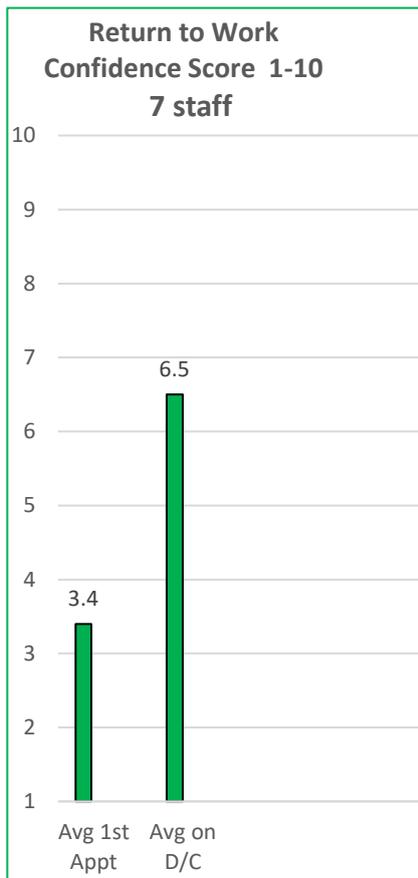
Most of the staff member’s ability to engage in regular daily activities scores decreased after Occupational Therapy intervention. 2 staff scores increased (Staff no.3, 1 point score increase, due to exacerbation of other long-term condition, expected to be temporary. Staff no.8, 4 point increase due to impact of work productivity negatively affecting home).

Data available for 1 staff member with Fibromyalgia (in work) showing 2 point increase due to medication, expected to be temporary, however positively a decrease of 1 point in work productivity. Not included in above data as different diagnosis.

### Staff in work



3 staff in work showed an improvement in work productivity after Occupational Therapy intervention.



### Return to Work Confidence Score

1-10 scale, 1 being not confident at all and 10 being extremely confident.

7 Staff. Average increase of 3.1 in confidence score.

Largest change in score of 1 to 4 and although this member of staff was not ready to return to work, this demonstrates improvements were being made, with the expectation of continued improvement over time.

Lowest change in score 6 to 7

2 staff scored 10, delay in return to work due to bereavement and exacerbation of long-term condition but despite this confidence was high. This demonstrates the positive impact of self-management via Occupational Therapy to cope with further impacts on health and wellbeing.

Other delays in returning to work

- Taking extended period of annual leave
- Second episode of Covid

**5 staff on discharge had anticipated return to work dates.**

### Case studies

Case studies are used to demonstrate the role of Occupational Therapists in Occupational Health and the staff experiences of this. **See Appendix 3**

*I felt like the Occupational Therapist had a proper understanding of what is going on for me... and how my impairments are having an effect on my life, not just the fact that I can't work at the moment... I felt better... this helped me so much*

*The Occupational Therapist listened to me and shared information and experience that helped me... the information was relevant to the symptoms I was suffering rather than generic information, so that helped a lot*

## Potential financial savings, examples

11 staff with Long Covid had between 1 – 13 months off work. An average staff member with Long Covid will need to take of 5.7 months off work.

Band 2 Healthcare Support Worker, 30 hours a week, off work for 6 months with Long covid

Anticipated without Occupational Therapy intervention would have stayed off work longer at cost of salary £1,659 per month pro rata + employer costs + replacement bank nurse costs.

Increasing stress to existing staff



3 Occupational Therapy sessions

Confidence score improved from 2 – 6  
Planned return to work beginning of April

Delay due to 2<sup>nd</sup> episode of Covid



Band 6 Registered Nurse, 40 hours a week, off work for 2 months with Long Covid

Anticipated without Occupational Therapy intervention would have stayed off work longer at cost of salary £2,847 per month + employer costs + replacement bank nurse costs.

Increasing stress to existing staff

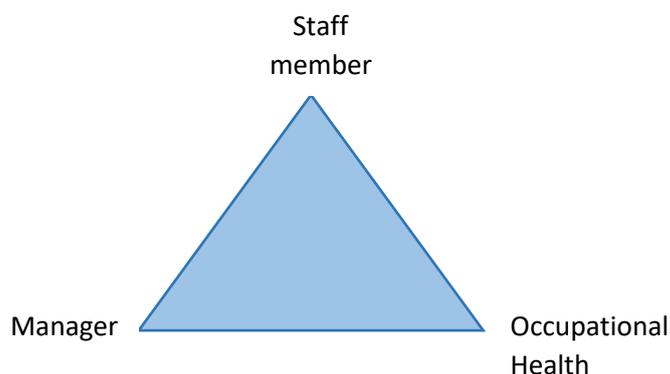


2 Occupational Therapy sessions

Confidence score initially 6. Returned to work engaging in an extended phased return to work plan.

Utilising pacing techniques to manage fatigue and anxiety management skills to manage anxiety.

## Perceptions of Occupational Health role



***From the initial perceptions and views of staff and staff receiving Occupational Therapy, it became apparent that positive communication and support between staff members and their managers were crucial in supporting return to work and that this can be facilitated through Occupational Health and the recommendations below.***

There was a reported general misunderstanding/misconception of the role of Occupational Health from the staff we communicated with, with uncertainty and anxiety around a management referral. Staff were reassured and roles explained to alleviate initial anxiety.

## Challenges and Solutions

### Challenges

### Solutions

Disparity in service between Occupational Health (available to all ABUHB employees regardless of residency) and the Post Covid Recovery Team (employees who reside in Gwent).

- Prompted further discussions between Occupational Health and Post Covid Recovery Team at management level.

COHORT (Occupational Health documentation system) and SharePoint - understanding the different systems and processes.

- Initial training given via experienced administrative staff.
- Will improve with regular use over time and with the continued support of Occupational Health staff.

Working across 2/3 teams with different processes, documentation and service user groups

- Being flexible and organised, open communication, with some boundaries.

Occupational Health referrals are predominantly manager referrals with varying amounts of information, and difficult to determine if appropriate for Occupational Therapy.

- Long Covid referrals triaged for Occupational Therapy and Occupational Health staff provided with Occupational Therapy referral criteria.
- All Wales electronic referral in development, all information needs to be completed. Enabling easier triaging of referrals for Occupational Therapy in the future.

Referrals are predominantly from managers requiring specific advice, therefore the AHP Health & Work Report would be insufficient alone or duplicate information if supplementary

•We developed a report template that is able to answer the managers questions and provide details of the Occupational Therapy intervention and staff identified work barriers an solutions.

Post Covid Recovery (PCR) Impact Questionnaire not suitable to use with staff with Long Term Conditions (LTC), and it did not explore work issues.

Supplement the PCR impact questionnaire with additional occupational therapy documentation and an expanded version for LTC. To demonstrate clinical reasoning, person centred goals, treatment plans and evaluation based on the Care Aims approach.

Using predetermined All Wales PROM & PREM for staff with Long Covid. Unable to differentiate what professional or team provided intervention. No data received, as data stream received by Post Covid Recovery Team.

•Devised own PREM and outcome measure for all staff.

No Outcomes/ return to work data is captured by Occupational Health, therefore comparison between Occupational Health and Occupational Therapy in terms of earlier return to work, presenteeism was not statistically possible.

.Used outcome measures that reflect the impact of Occupational Therapy interventions in returning to and remaining in work.

Inputing data, formating graphs, documents, etc...

•Sort assistance from various Admin staff.

## Recommendations

- Further development and embedding of Occupational Therapy role within Occupational Health initially with a 0.8 FTE band 7 post, with the potential of increasing to a 1.0 FTE band 7 post to allow for increase in caseload, CPD, and role and service development. To facilitate Occupational Therapy becoming an integral part of Occupational Health service.
- Consideration of the use of outcome measures within Occupational Health with possible return to work data and presenteeism.
- Development of a two-way referral pathway into Post Covid Recovery Team for staff; to enable staff to be assessed in a timely manner by the right team/person.
- Exploration of future education of staff and managers of the role of Occupational Health and Occupational Therapy within this. To dispel misconceptions and facilitate appropriate referrals and open conversations.
- Exploration of Care Aims approach to aid triaging/decision making.
- Consideration of a future staff self-referral system to aid work retention, prevention of absence, timely intervention, treatment efficacy and outcomes.
- Exploring staff and manager education / resources for medium and Long-Term Conditions management, to enable staff with work concerns to access information e.g., Education Programme for Patients and for managers to have an improved understanding of the challenges and barriers for those working with health conditions and how best to support them.
- Consideration of the development of a network of Occupational Therapists across ABUHB with a special interest in WORK, to provide support, development opportunities and sharing of resources. This in turn will have a positive impact on staff/service users.
- Occupational Health to provide training for managers, on the role of Occupational Health, including the importance of managers being supportive and flexible during staff members return to work. Positive communication between staff and managers is crucial in supporting staff back to work.
- Occupational Health to encourage extended phased return to work plans for long term conditions approximately 8-12 weeks.
- For any future similar exercises, dedicated admin support to assist with data entry, formatting, and documents etc.

## Conclusion

There is no standardised or typical service provision including staffing levels for Occupational Therapy in Occupational Health and no comparisons could be made between or within Occupational Health services with or without Occupational Therapy. However, there is strong evidence to support the Occupational Therapy role within Occupational Health and a recognised need within ABUHB. The Occupational Health service has been proactive and supportive in facilitating this scoping project recognising the potential of Occupational Therapy to the service.

In terms of staff, people with long term conditions including Long Covid often share common difficulties and barriers. Occupational Therapy intervention needs to be more frequent, timely and carried out over an extended period of time especially for those with more complex or multiple health needs. Staff seen by Occupational Therapy had been off work for a

considerable period of time and the project ended before being able to gather sufficient return to work data.

Despite this the majority of staff had improved to a point where they were able to have their own estimated return to work time frame and those at work reported positive outcomes. The numbers seen were relatively small but easily increased with embedding of the role of Occupational Therapy within this area and the recommendations above. Providing Occupational Therapy intervention to those with Long Covid was also a new area of clinical work using the skills Occupational Therapists have through longer term conditions areas of work and gaining new resources.

There is also the potential significant cost savings to the health board in terms of hours saved from staff being off work, use of agency / bank staff but also a reduction in the potential negative impacts on existing staff working in areas of staff shortages due to sickness absence.

Evidence shows that it is better for people to be engaged in meaningful occupations to stay well and that engaging in good work improves health outcomes. Occupational Health ensures that employees are fit to work, and that the working environment does not impact on health, this clearly fits with the core skills of an Occupational Therapy, who consider the occupation, staff member's needs, work team, work environment and organisation.

Occupational Therapy within Occupational Health provides a timely, fair and consistent approach to all staff requiring occupational therapy intervention to return to or remain in work. Work as an occupation, has many positive benefits and it's through an Occupational Therapists unique perspective, holistic approach and core skills that makes the difference to enable staff to return to or remain in work, providing quality and cost-effective solutions within the workplace. This coordinated staff service would not be able to be provided as a whole by other individual services such as Long-Term Conditions Teams.

Our findings show that Occupational Therapy intervention clearly increased engagement in staff members' activity and demonstrated an increase in staff members' confidence in returning to work, demonstrating that Occupational Therapy intervention is cost effective and essential within Occupational Health, at a time when there is an increasing ageing workforce who are more likely to have long-term health conditions.

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## Appendices

### Appendix 1 – Benchmarking



Appendix health  
board summary tabl

### Appendix 2 - Patient Reported Experience Measure



OT in OH  
Questionnaire respc

## Appendix 3 – Case Studies to illustrate the role of Occupational Therapy

### Case Study 1 - A pseudonym and model picture has been used.



Deborah was identified by an Occupational Health nurse that she would potentially benefit from Occupational Therapy intervention due to her work concerns. Deborah is 52 yrs. old and has worked for ABUHB for 10 years in a full-time administrative role in a busy clinic setting. She is an experienced member of staff who enjoys all aspects her work and the social contacts it gives her.

Deborah enjoys spending time with her family and days out with her husband.

Deborah was recently diagnosed with Motor Neurone Disease (MND). She has a good understanding of MND and is being supported by a specialist MND nurse and team. She has a supportive manager and work colleagues.

Following an Occupational Therapy Initial assessment, it was identified as important to Deborah to remain in work for as long as possible. A detailed work assessment was completed with Deborah at her work base where several barriers both out of and in work were identified as a concern for Deborah, and potential solutions jointly identified, and goals agreed.

At home it was taking Deborah a long time to get dressed and with frequent night toileting with her toilet being further away, this was impacting on Deborah's fatigue levels on arriving at work and productivity. Deborah was also no longer able to drive having to rely on her husband for lifts with the occasional taxi used.

Alternative dressing techniques were demonstrated to Deborah and advice on alternative clothing. Equipment was ordered for night use. Information on how to apply for Access to Work for funding for travel via taxi into work was also provided.

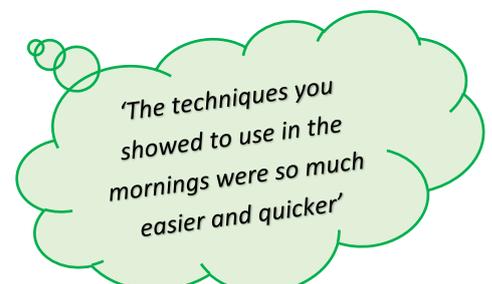
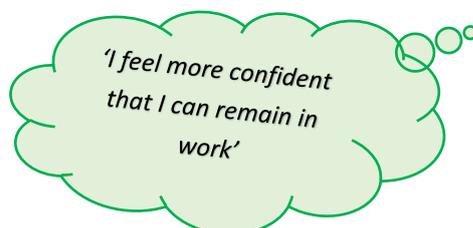
At work Deborah found carrying difficult as she was using crutches with limited mobility that was effortful. She was afraid of falling having done so previously. The disabled toilet was some distance away, the nearest toilet having a heavy door and insufficient support next to the toilet for Deborah to use confidently.



Alternative carrying techniques were discussed, modifications to toilet area and working from home one day a week were recommended. These were

communicated to Deborah's manager via a Managers Occupational Health Report and via email with option of open dialogue as needed. Adaptations are due for completion soon and Deborah is benefitting from the flexibility from working from home in terms of fatigue and travel arrangements with her husband. Deborah has therefore not needed to use the Access to Work scheme, with a subsequent recommendation of 2 days a week working from home.

***Although MND is uncommon, this case study demonstrates the Occupational Therapy specific role used to enable individuals to remain in work; a holistic person-centred approach and assessment focusing on occupations and what is most important to the person; detailed work assessment and job analysis including occupations out of work - identifying barriers and solutions; equipment and modifications, fatigue management and alternative techniques including review of goals and therapeutic interventions.***



## Case study 2

### **Background**

- Jane (Pseudonym) was referred to Occupational Health by her manager to determine whether a phased return to work was required, due to Jane continuing to experience long term symptoms of Coronavirus.
- Jane is 36 years old. She is a registered nurse.

### **Assessment**

- At the time of assessment Jane was absent from work for 7 weeks after testing positive for Coronavirus and experiencing ongoing symptoms of fatigue, headaches, migraines, brain fog and anxiety which was impacting on her ability to engage in daily living tasks.
- Jane wanted to return to work but was worried about her ability to engage in her work tasks, due to the impact of her ongoing symptoms and feeling exhausted.
- Jane works 4x 10 hour days during the week.
- Works across 2 different hospital sites – one site is closer to home.
- Majority of work tasks done standing and environment can be mentally demanding.
- Jane referred herself to ABUHB Staff Wellbeing Service, unfortunately there is a long waiting list, and therefore she plans to investigate whether she can receive some psychological therapy via her husband's employment.

### **Intervention**

Advice to manager:

- Extended phased return to work plan, gradually increasing the days/ hours, over 8-12 weeks or until Jane feels able to return to normal work duties or hours. Start with 2x 5 hour shifts per week and have rest days between shifts, increase shift times gradually, review on a weekly basis. Be based at hospital base nearest home, to reduce travel time. Allocate longer time to complete work tasks. Take regular breaks and sit down to rest when possible.
- Allow time off to attend Expert Patient Programme Long Covid education course.
- Allow time off to attend therapy sessions.

Advice to Jane:

- Practice self-management techniques to help manage fatigue, from resources sent by Occupational Health Occupational Therapist.
- Access Melo Cymru website to access self-management resources on anxiety.
- Review with Occupational Health Occupational Therapist in 4 weeks' time.

### **Outcome**

- Jane successfully returned to work and is engaging in an extended phased return to work plan.
- Jane continues to utilise pacing techniques to manage her fatigue.
- Jane has commenced counselling sessions which has helped her to learn techniques to manage her anxiety.
- Jane plans to attend Expert Patient Programme Long Covid education course, once her therapy is complete.
- Jane achieved her occupational goals, therefore was discharged from Occupational Therapy caseload.



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Charitable Funds Committee  
Thursday, 27<sup>th</sup> October 2022  
Agenda Item: 4.1

## Charitable Funds Committee

Update on Land at Oakdale & 13 Clytha Square

### Executive Summary

The Charitable Funds Committee previously agreed in principle to the disposal of Land at Oakdale. In addition, they have considered the future of 13 Clytha Square.

This report gives an update on the current position in relation to these matters.

**The Board is asked to:** (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

Note the Report for Information Only

✓

**Executive Sponsor: Robert Holcombe, Interim Director of Finance, Procurement and Value Based Healthcare**

**Report Author: Estelle Evans, Head of Financial Services & Accountancy**

**Report Received consideration and supported by:**

Executive Team

Committee of the Board

Charitable Funds  
Committee

**Date of the Report: 27<sup>th</sup> September 2022**

**Supplementary Papers Attached: None**

### Purpose of the Report

The purpose of this report is to update the Charitable Funds Committee on progress relating to the potential sale of land at Oakdale and 13 Clytha Square.

### Background and Context

#### Land at Oakdale

This 1 metre strip of land was retained on advice following the sale of land for housing some years ago and is valued at £50k.

Following an approach made to the Health Board by Bron Afon, our Specialist Estate Services met with their representative on 14<sup>th</sup> June to discuss the interest expressed.

Bron Afon, more specifically its subsidiary market housing company, is interested in buying the metre strip of land at Oakdale and are currently working up a development scheme for the allocated site to the north of the strip of land and have explored other alternative access without success. They therefore wish to transact with the Health Board.

### **13 Clytha Square**

The Charitable Funds Committee requested information on the costs of upgrading 13 Clytha Square. This property is currently valued at £153k within the Charitable Funds Accounts.

Minor Works advised we would need a condition survey report done, at a cost of around £3k, with a brief, specifying our requirements which would be very much dependant on what we wanted to do with the property, whether we wished to keep the existing office accommodation and upgrade and then to what extent the upgrade should go.

Linnells Property Consultants previously visited the property in February 2022 and observed that most of the surrounding properties have been repurposed to provide accommodation or converted into self-contained flats. On this basis, their recommendation was to market the property with a guide price of £220K - £250K with an informal tender/best bids approach.

## **Assessment and Conclusion**

### **Land at Oakdale**

Currently the subsidiary market housing company has not yet been set up and although Bron Afon is a Social Landlord it is their market housing company that are looking to purchase the land and therefore market valuations apply. Further checks will be made to see whether the adjoining land has secured planning consent or not.

Bron Afon is aware that the Health Board will be seeking ransom value for the strip of land together with possible overage and will contact us once they are able to begin a negotiation i.e., make an offer.

Overage means we would get a share of the uplift in the value of the land because of the development (usually around 30%) based on a Stokes v Cambridge valuation which deals specifically with ransom strips.

As and when agreement can be reached on Heads of Terms for a proposed sale, there will be a need to obtain a valuation to support the proposed sale price / recommended terms and there is a possibility this can be done at the cost of the purchaser. When agreement is reached on terms supported by our Specialist Estates Service, they will recommend approval of the sale.

Specialist Estates Services will also test the market to see if anyone else is interested in purchasing the land through advertising. It may be that no one else will be interested in

purchasing this land as it is of no value to anyone other than the owner of the adjacent land who wishes to develop it, but we need to test this.

### 13 Clytha Square

Minor Works recommend using a current valuation rather than spending time and money to improve the building in the hope of better sale price. Without a detailed brief of the work we require to upgrade the building, it is difficult and time consuming to get contractors to provide quotes especially when due to lack of funds it is unlikely the Committee would spend any money on updating the building.

Minor Works will therefore provide an estimate, free of charge, for improvement work on the existing office accommodation for an upgrade covering the essentials, flooring, lighting, decorating etc to bring it to a modern standard. The costs will also include replacing/repairing the fire escape.

We are anticipating receiving this estimate prior to the Charitable Funds meeting so will be able to provide a further verbal update regarding the estimates costs of leaving the accommodation as office accommodation but modernising it through out and addressing the fire escape issue.

### Recommendation

The Charitable Funds Committee is asked to note this updated information.

### Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	<i>The aim of the report is to give clarity to the Committee regarding the potential sale of the Charities Assets to secure further funding to be utilised for the good of the Gwent residents.</i>
<b>Financial Assessment, including Value for Money</b>	<i>The financial implications depend on the decision made by the Committee.</i>
<b>Quality, Safety and Patient Experience Assessment</b>	<i>Donations to the charity directly affect patient experience in a positive manner. By potentially releasing additional funds available to the charity via the sale of this piece of land could lead to enhanced patient experience with the funding utilised for the residents in Gwent.</i>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	<i>No impact</i>
<b>Health and Care Standards</b>	<i>No impact</i>
<b>Link to Integrated Medium Term</b>	<i>Indirect link in as much as some purchases made through the charity could reduce pressure on capital and revenue</i>

<b>Plan/Corporate Objectives</b>	<i>financial pressures of the main Health Board if the funds were secured in relation to the sale of this land</i>
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – <i>No implications for this report</i>
	<b>Integration</b> – <i>No implications for this report</i>
	<b>Involvement</b> – <i>No implications for this report</i>
	<b>Collaboration</b> – <i>No implications for this report</i>
	<b>Prevention</b> – <i>No implications for this report</i>
<b>Glossary of New Terms</b>	
<b>Public Interest</b>	<i>Report available in the public domain as part of the Charitable Funds Committee papers.</i>



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Charitable funds Committee  
Thursday, 27<sup>th</sup> October 2022  
Agenda Item: 4.2

## Charitable Funds Committee

### Legislative Changes

#### Executive Summary

As part of their governance role, the Charitable Funds Committee have asked to be notified of any legislative changes that may affect the charity.

The Charities Commission is introducing the Charities Act 2022, which will amend the Charities Act 2011 with changes expected to come into force in autumn 2022, spring 2023 and autumn 2023.

This report gives an overview of these changes and what impact they may have on the Charity.

#### The Board is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	✓

**Executive Sponsor: Robert Holcombe, Interim Director of Finance, Procurement and Value Based Healthcare**

**Report Author: Estelle Evans, Head of Financial Services & Accountancy**

**Report Received consideration and supported by:**

<b>Executive Team</b>		<b>Committee of the Board</b>	<b>Charitable Funds Committee</b>
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**Date of the Report: 27<sup>th</sup> September 2022**

**Supplementary Papers Attached: None**

#### Purpose of the Report

To inform the Charitable Funds Committee of legislative changes and the impact these changes have, if any, on the Charity.

## Background and Context

Changes are being introduced by the Charities Act 2022, which will amend the Charities Act 2011. The changes are expected to come into force in autumn 2022, spring 2023 and autumn 2023. An overview is listed below:

### Provisions of the Act expected to come into force Autumn 2022

- Section 4: Power to amend Royal Charters
- Section 5: Orders under section 73 of the Charities Act 2011
- Sections 6 and 7: Cy-près powers
- Section 8: Power of the court and the Commission to make schemes
- Sections 15 and 16: Ex gratia payments
- Section 30: Remuneration of charity trustees etc providing goods or services to charity
- Section 32: Trustee of charitable trust: status as trust corporation
- Section 36: Costs incurred in relation to Tribunal proceedings etc
- Part of Section 37: Public notice as regards Commission orders etc.
- Part of Section 40 and Schedule 2: Minor and consequential amendments

### Provisions of the Act expected to come into force Spring 2023

- Sections 9-14 and 35a: Permanent endowment
- Sections 17-23: Charity land
- Section 24 and Sch 1: Amendments of the Universities and College Estates Act 1925
- Sections 25-28: Charity names
- Section 38 and 39: Connected persons
- Part of Section 40 and Schedule 2: Minor and consequential amendments

### Provisions of the Act expected to come into force Autumn 2023

- Section 1-3: Charity constitutions
- Section 29: Powers relating to appointments of trustees
- Section 31: Remuneration etc of charity trustees etc
- Sections 33-35: Charity mergers
- Section 37: For remaining purposes
- Section 40 and Schedule 2: For remaining purposes

## Assessment and Conclusion

The impact of the above changes in Charity Legislation will be reviewed as part of the work programme for the All Wales Charitable funds group which is a sub-group of the main Technical Accounting Group (TAG) with their findings fed back to the main TAG group.

We have carried out a high-level review of the changes planned to come in to force in the autumn 2022, with a summary of the changes listed below. It is unlikely that any of

the changes will have an impact on the Health Board charity but a more detailed review will be carried out to confirm this.

### **Paying trustees for providing goods to the charity**

Charities already have a statutory power that they can use, in certain circumstances, to pay trustees for providing a service to the charity beyond usual trustee duties, or goods connected to that service.

This statutory power is being changed by the Charities Act 2022. As a result, charities will be able to pay trustees in certain circumstances for just providing goods to the charity.

So, using the statutory power, trustees could be paid for:

- services only, for example estate agency or computer consultancy
- services and associated goods, for example plumbing or painting service and any associated materials such as plumbing parts or paint
- following implementation of the Act in autumn, goods only, for example supplying stationery to the charity

### **Making moral or 'ex gratia' payments from charity funds**

Sometimes charity trustees receive a request to make a moral, or 'ex gratia', payment from their charity's funds or property, or to waive their right to receive funds or property. This most frequently occurs when a charity receives a legacy and there is evidence that the donor had changed their mind since making their will.

The Charities Act 2022 will introduce new powers which will enable:

- charities, where trustees could reasonably be regarded as being under a moral obligation, to process requests for 'small' amounts without applying to the Commission, based on factors like annual gross income and the amount of the request (see the table below)
- trustees to delegate the decision-making for ex gratia payments to other individuals or groups within the charity. For example, the chief executive or a trustee sub-committee

These powers will also be available to Royal Charter and statutory charities.

There are thresholds for enabling charities to use the new statutory power and if the payment exceeds the amount set out you must continue to apply to the Commission for authority to be able to proceed.

### **Fundraising appeals that do not raise enough or raise too much**

Sometimes, appeals do not raise the amount needed to deliver the aim you wanted or raise too much so that there are funds leftover. Or circumstances may change and you cannot use the donations as you intended.

The Charities Act 2022 will reduce complexity surrounding what trustees need to do in these situations. For example:

- the current requirement in some circumstances for charities to wait six months for donors to ask for a refund will no longer apply
- there will be a simpler process for obtaining our authority; this will replace the need for the Commission to make a scheme
- if the donations that can be spent on new purposes (different to the purposes you raised them for) are less than £1000, trustees can act without the Commission's involvement if they comply with the new legal requirements

### **Power to amend Royal Charters**

These charities will be able to use a new statutory power to change sections in their Royal Charter which they cannot currently change if that change is approved by the Privy Council.

### **Other provisions**

Other changes planned to come into effect in autumn 2022.

The Act will:

- confirm that the Commission's scheme-making powers include making schemes for charitable companies
- confer trust corporation status automatically to existing and future corporate charities in respect of any charitable trust of which the corporation is (or, in the future, becomes) a trustee
- update provisions relating to giving public notice to written consents and orders of the Charity Commission under various sections of the Charities Act 2011
- mean that when a charity changes its governing document by parliamentary scheme, under section 73 of the Charities Act 2011, the scheme will by default always be under a lighter touch parliamentary process (known as the negative parliamentary procedure)

Further guidance will be issued when the changes take effect.

### **Recommendation**

The Charitable Funds Committee are asked to note this report for information.

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	<i>The aim of the report is to advise the Committee of legislative changes that may impact on the Charity.</i>
<b>Financial Assessment, including Value for Money</b>	<i>Any financial implications will become apparent once further guidance is received.</i>
<b>Quality, Safety and Patient Experience Assessment</b>	<i>Any implications for Quality, Safety and Patient Experience will be identified once further guidance is received.</i>
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	<i>No impact</i>
<b>Health and Care Standards</b>	<i>No impact</i>
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	<i>No impact</i>
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	<b>Long Term</b> – <i>No implications for this report</i>
	<b>Integration</b> – <i>No implications for this report</i>
	<b>Involvement</b> – <i>No implications for this report</i>
	<b>Collaboration</b> – <i>No implications for this report</i>
	<b>Prevention</b> – <i>No implications for this report</i>
<b>Glossary of New Terms</b>	
<b>Public Interest</b>	<i>Report available in the public domain as part of the Charitable Funds Committee papers.</i>