

Charitable Funds Committee

Thu 09 June 2022, 09:30 - 12:30

Microsoft Teams



Agenda

09:30 - 09:35
5 min

1. Preliminary Matters

1.1. Welcome and Introductions

Verbal Chair

1.2. Apologies for Absence

Verbal Chair

1.3. Declarations of Interest

Verbal Chair

09:35 - 09:50
15 min

2. Committee Minutes and Action Log

2.1. Draft Minutes of the Meeting Held on the 3rd March 2022

Attachment Chair

2.1 Draft CFC Minutes 03.03.22 (Chair approved KD).pdf (8 pages)

2.2. CFC Action Log June 2022

2.2 CFC Action Log June 2022 v2.pdf (6 pages)

09:50 - 11:30
100 min

3. Items for Approval

3.1. Draft Committee Work-plan 22-23

Attachment Assistant Finance Director

3.1 Draft Committee Work Plan 22-23 v 2.pdf (3 pages)

3.2. Finance Report including Draft Annual Report & Accounts 21-22

Attachment Assistant Finance Director

3.2 CFC Financial Report including Annual Accounts for Period Ending 31 March 2022 v2.pdf (7 pages)

3.2a CFC Charitable Funds Annual Report 2021-22 v2.pdf (29 pages)

3.2b CFC ABUHB Draft Charitable Funds Accounts 2021-22 - App 1.pdf (20 pages)

3.3. Investment Management Contract Tender Specification

Attachment Assistant Finance Director

3.3 Investment Management Contract Tender Specification v2.pdf (4 pages)

3.4. Level of Reserves 22-23

Attachment Assistant Finance Director

 3.4 Level of Reserves 22-23 v2.pdf (3 pages)

3.5. Bids to be considered by the Committee

 3.5 Charitable Funds Bids for approval v2.pdf (3 pages)

3.5.1. CFC-253 NHS CT Grant-Accessible Psychological Support for People Affected by COVID-19

Attachment Assistant Finance Director

 3.5.1 CFC-253 NHS CT Psychological Support COVID Recovery.pdf (20 pages)

3.5.2. CFC-254 All Wales Citizen Experience Platform

Attachment Assistant Finance Director

 3.5.2 CFC-254- Once for Wales (CIVICA) Business Case.pdf (30 pages)

3.6. Funds Available and CFC Small Grants Scheme

Attachment Assistant Finance Director

 3.6 Funds Available and Small Grants Scheme.pdf (3 pages)

3.7. Key Performance Indicators (KPIs)

Verbal Assistant Finance Director

3.8. Request to Sell Strip of Land at Oakdale

Attachment Assistant Finance Director

 3.8 Land at Oakdale v2.pdf (3 pages)

 3.8a Savills - Valuation re Land at Oakdale.pdf (53 pages)

11:30 - 12:00
30 min

4. Items for Information

4.1. Spending Plans over £25k

Attachment Assistant Finance Director

 4.1 Spending Plans re funds over 25k v2(1).pdf (7 pages)

4.2. Arrears of Ground Lease and Update on Sale of Residential Ground Leases

Verbal Assistant Finance Director

4.3. Committee Terms of Reference

Attachment Chair

 4.3 Charitable Funds Committee ToR_March 2022.pdf (10 pages)

12:00 - 12:20
20 min

5. Fund Holders

5.1. Person Centred Care Charitable Funds

Verbal Senior Nurse- Person Centred Care

12:20 - 12:30
10 min

6. Final Matters

6.1. Any Other Business

Verbal

Chair

12:30 - 12:30
0 min

7. Date of the Next meeting is Thursday 27th October 2022

Verbal

Chair

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Charitable Funds Committee (CFC) held on Thursday 3rd March at 9.30 am via Teams

Present:

Katija Dew
Louise Wright
Rob Holcombe

Glyn Jones
Keith Sutcliffe

- Chair
- Independent Member
- Interim Director of Finance,
Procurement & Value Based Healthcare
- Interim Chief Executive
- Associate Independent Member

In attendance:

Estelle Evans

Gwen Kohler
Susan Gauntlett
Alison Griffiths
Emma Guscott
Daniel Davies

- Head of Financial Services and
Accounting
- Assistant Finance Director
- Assistant Head of Financial Accounting
- Charitable Funds Manager
- Secretariat
- Programme Manager, Value Based
Health Care

Apologies:

Rani Mallison
Stephen Chaney

- Board Secretary
- NWSSP

1	Preliminary Matters
CFC 0303/01	Apologies for Absence The Chair welcomed everyone to the meeting. The Group had not received any written questions prior to the meeting. Apologies for absence were noted.

CFC 0303/02	Declarations of Interest There were no Declarations of Interest to record.
CFC 0303/03	Draft Minutes of the meeting held on the 11th January 2022 The minutes of the Charitable Funds Committee (CFC) meeting held on the 11 th January 2022 were noted as a true and accurate record.
CFC 0303/04	Action Log CFC 1006/12 Ratification of approved applications to NHS Charities Together (NHS CT) circulated between meetings. The Committee noted the outcome of the bids was unknown and contact will be made if no response received. Estelle Evans informed members that a decision had not yet been made in relation to bids submitted to NHS Charities Together, due to a delay in the meeting due to take place in February 2022. Meeting has been delayed until the end of March 2022. CFC 1101/08 Reserves Policy Decision: The Committee was assured that the policy had been reviewed in line with previous Audit Wales recommendations. The Committee endorsed the proposal and agreed the reserve value of £266K for 2021/22 Action: The CF Team would amend the Reserves Policy and Charitable Funds procedure to reflect the changes. The Committee agreed this action was complete. CFC 1101/09 Administration Charges- It was discussed that the recent announcement of 1% increase for all workers up to and including Band 5s would need be taken into consideration. Action: A further update on figures would come back to the Committee in the March 2022 meeting. An update included on the agenda of the meeting. The Committee agreed the action as complete.
2	Items for Approval
CFC 0303/05	Admin Charge 21-22 Estelle Evans, Head of Financial Services and Accounting, presented the paper to the Committee. It was reported that there had been a slight increase in the admin fee since reported at the November 2021 meeting. The admin fee was now £131,144k an increase of approximately £4,500k from the admin fee for the previous year. Members were informed that the increase was due to the 3% wage award, 1% for Bands 1-5, an increase in Charitable Funds meetings and a potential increase in the Audit fees.

	The Committee noted the increase.
CFC 0303/06	13 Clytha Square Estelle Evans gave an update on the paper previously presented to the committee in November 2021 on the future of the property owned by the charity, 13 Clytha Square, Newport. The report provided additional information to assist the committee in making an informed decision as to the future of 13 Clytha square, Newport. The report outlined that during a review of the legal title, it was established that it is registered as owned by the Health Board and not the charity and as such any sale would have to be approved by both the Health Board and Welsh Government Members were informed of the two options outlined in the report, and of the concerns raised around the condition of the property and the safety of Health Board staff working there due to antisocial behaviour in the area. The current revenue from the rent of 13 Clytha Square was £14K; £10K of which currently funded the Volunteer Service. Members raised concerns that staff were housed in a building deemed as unsuitable for health conditions and requested assurance that, if the sale of the building went ahead, that staff would be appropriately rehoused. Members were informed that some maintenance work had been undertaken. Action: 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. Estelle Evans Further investigation of the legal title was required. Alison Griffiths, Charitable Funds Manager, informed members that there was some evidence that the Charitable Funds original purchased 13 Clytha Square as accommodation for medical staff. Action: If further confirmation stated that the property was Health Board owned, members requested that the report be presented to the Board for wider consideration. Estelle Evans The Committee noted the update. No decision was made.
CFC 0303/07	Property Valuation Funds/Use of Unrealised Gains Estelle Evans presented the paper to the Committee. Members were informed that previously the Charitable Funds had applied the administration fee across all funds. Upon doing this, it has resulted in

	the administration charge applied to the non-liquid assets reducing the actual value of the non-liquid asset below the actual market value of the asset. 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. Decision: The Committee approved the reinstatement of the market values of the non-liquid assets by utilising a one-off payment of £41K of the unrealised gain from 2021-22, as outlined in the report. Members also approved the amendment to the process; going forward an annual administration fee will not be charged against any non-liquid asset held by the Charity, ensuring that the values held within the accounts represent the market value.
CFC 0303/08	Bids to be Considered by the Committee CFC are required to review and approve bids made from funds where the purchase equates to over £25K or where the employment of staff is involved. Estelle Evans updated the Committee on the two outlined bids to be considered and informed members that both bids had been approved by the Executive Team. • CFC-249 Children & Young People in COVID Recovery- This had previously been presented to the Committee; however, on investigation, this could not be supported through revenue funding. The required £8737k would now be funded from existing Covid charitable funds. Charitable Funds Committee approval was required as it relates to staffing. • CFC-252 Ophthalmology Teaching Imaging Modules- a request for £43,200k, funded from existing Ophthalmology charitable funds. Charitable Fund Committee approval was required as it is over £25k. Decision: The Committee approved the outlined bids. Members noted the time delay in the approval for bid CFC-249. It asked that where bids were agreed in principle but redirected to seek alternative funds, that a fast-track process for approval by CFC is implemented should attempts to secure them fail to avoid gaps in service. a
CFC 0303/09	CFC Small Grants Scheme Estelle Evans updated the Committee on Small Grants Scheme. In view of decrease in general funds available to the CFC, it was

	previously agreed to operate a Small Grants Scheme where the maximum bid amount will be up to £5k. Members were informed that the CF team were undertaking a review of protocols for the Small Grants Scheme application process. Two applications had been received. Members discussed the following: • SGS-001 Care After Death Service Request- a request received from the Integrated care After Death team, to provide memory boxes to families of patients who have sadly passed away. This would be a benefit to relatives of patients in ABUHB. • SGS-002 Chapel Wall Screens- a request received from the Chaplaincy department in GUH for the provision of screens displaying restful and calming prints with the intention to positively aid the peace and sanctuary the Chapel space provides for both staff and patients. The Chair suggested spreading bid requests out over the year, providing guidance and deadlines and the possibility to receive focused bids, for example, staff training. Estelle Evans to look further at set request times for bids. The Chair recommended a further look at longer term funding, through Charitable Funds, for schemes that are recognised as great benefit to patients and staff. Decision: The Committee supported the bids totalling approximately £3K and the format of the Small Grants Scheme application form.
CFC 0303/10	Update of the Financial Control Procedure (FCP) Estelle Evans updated the Committee on the changes to the Financial Control Procedure (FCP). Members were assured that changes reflected previous audit recommendations. The FCP had previously been submitted to Internal Audit and the Executive Team for comment. Action: Members requested an annual review of the FCP in order to reflect any organisational changes, to be included in CF team annual work plan. Estelle Evans Action: The title 'Director of Finance, Procurement and Value Based Health Care', to be changed to 'Director of Finance', in line with the governance of the Charity. Estelle Evans Decision: Members approved the changes outlined in the report.

	Members thanked the team for their hard work and the comprehensive tracked changes, clearly showing amendments made. Action: The updated FCP to be sent to Audit, Finance and Risk Committee for their approval on the 7th of April 2022. Estelle Evans/secretariat
3	Items for Information
CFC 0303/11	Finance Report for the Period Ending 31st January 2022 Estelle Evans provided an update on the report outlining financial updates, significant donations, key performance indicators (KPI's) and new fund requests. The following was discussed: • Members were informed several legacies were associated with the same area, however, as these were separate, individual legacies, there was a legal requirement for individual accounts to be set up. • The CF team estimated that the income and expenditure would be slightly less for 2021-22 than the previous year, as a result COVID. At present, the estimated unrealised gain was noted at £465K, due to current market volatility this was difficult to predict until the end of the financial year. Action: CFC would be kept updated on figures. Estelle Evans • There were no overdrawn accounts. • Several CF accounts had been merged as part of an ongoing review, with the aim, where possible, to streamline and reduce the number of charitable funds. These were outlined in the report. • The annual accounts had been signed off by the Board on the 26th January 2022, the Auditor General on the 28th January 2022 and had been submitted to the Charities Commission prior to the deadline of the 31st January 2022. The current KPIs reported to the Committee were discussed. The CF teams requested feedback from members on what KPI's they would like to receive going forward. Glyn Jones explained how KPI's should be monitored to support spending money in an appropriate way and enable consolidation of accounts overtime if necessary. The Chair discussed how a metric displaying the turnaround from receiving money to appropriate spending would be a useful tool going forward. Susan Gauntlett, Assistant Head of Financial Accounting, informed members that the Static Fund Analysis should aid the review of how quickly funds are being spent. Louise Wright, Independent Member, requested further updates on how legacies funds outlined in the report would be spent by the CF

	team. Alison Griffiths informed members that the Calcraft Fund was managed by Doctor Miles Allison, and that a report would be produced outlining spending. Decision: The Committee noted the report and approved the request for six new funds. Five new funds for legacies received and legacies pending were approved. The request for a new fund for the Care After Death Service was approved. Other funds were considered for the Care After Death Service, notwithstanding keeping funds to a minimum. However, having an individual fund was deemed the most appropriate.
CFC 0303/12	Update on Grant Bid to NHS Charities Together Estelle Evans informed the Committee that the meeting of NHS Charities Together had been postponed until the end of March, and an update would come back at a later date.
	Comfort Break Committee members took a five-minute comfort break.
4	Fund Holders
CFC 0303/13	Patient Reported Experience Measures (PREMS)/Patient Reported Outcome Measures (PROMS) Update Daniel Davies, Programme Manager, Value Based Healthcare, gave an update to the Committee on the bid. The following information was shared with members. • Funding was secured for March 2020-September 2020 and used to appoint a programme support analyst; however, staff were redeployed due to COVID which delayed progress. • The aim for PREMS and PROMS data was to utilise patient experience and outcome measures to improve Health Board services. • Guidance on how and when data should be collected, and tools for utilisation were developed by the Value Based Healthcare teams. • Two electronic patient experience platforms were being utilised to collect data, Jisc Online surveys, and Dr Doctor. • Data has been collected across twelve different service areas within the Health Board, collecting 4938 patient experiences. Reports have been produced based upon collection of experience measures and data and shared with relevant services. Action: Reports to be shared with members outside of the meeting. Daniel Davies • Value Based Healthcare teams have successfully developed a prototype dashboard, 'Power BI', collecting measures across all hospital sites. An example of a Heart Failure PREM report and

	the Power BI dashboard, showing qualitative and quantitative measures, was displayed to members. One challenge noted was the follow up on specific negative experience measure data due to anonymised responses. Louise Wright requested assurance around how this data would be used to improve services and that the Health Board was seeing the benefits from these funded projects. Daniel Davies informed members that data had been presented to the Quality and Patient Safety Group. Rob Holcombe, Interim Director of Finance, Procurement and Value Based Healthcare, informed members that wider piece of work was underway on PROMS and PREMS and would be provided to the Board. Members were informed that this data would be linked to the Health Boards transformation programmes, helping influence future decision making and improve patient outcomes. The Chair queried if there had been an internal evaluation on the systems used, and if so, what were the outcomes. Daniel Davies assured members that the Health Board had a Value Based Healthcare Patient Reference Group, with representation from Digital Communities Wales, looking at possible areas of improvement. Members thanked Daniel for the update. The Committee welcomed wider discussions around this project at Board level and requested the progress be followed by CFC. Action: To be included in the Committee's annual report. Estelle Evans
5	Final Matters
CFC 0303/14	Any Other Business None noted.
6	Date of Next Meeting
CFC 0303/15	The next meeting is being held at 09:30am on Thursday 9 th June 2022 via Microsoft Teams.

Charitable Funds Committee
June 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:

Overdue	Not yet due	Due	Transferred	Complete
----------------	--------------------	------------	--------------------	-----------------

Action Ref	Action Description	Due date	Lead	Progress	Status
CFC 1006/06	Revised Terms of Reference The Committee requested any future changes to the Terms of Reference presented to the Committee showed as "tracked changes" to highlight the amendments.		Rani Mallison	Noted.	Not yet due
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	March 2022	Mark Ross/ Gwen Kohler	To be included in 22/23 Work plan. On the June 2022 meeting agenda Update received- in progress	Due

	be added to the Committee's work plan.				
CFC 1006/12	Ratification of approved applications to NHS Charities Together (NHS CT) circulated between meetings The Committee noted the outcome of the bids was unknown and contact will be made if no response received.	March 2022	Estelle Evans	Despite having our Stage 2 grant proposal for Meaningful Activities approved by NHS CT, our application was declined as the bid was too hospital based and did not demonstrate the financial partnership with nursing homes as they expected. With regards to the Post COVID Recovery Stage 3 grant, Welsh Government funding has now been made available for this. The requestor would like to explore the continuation of this work after April 2022 adapting their bid but NHS CT have said they will not support this. An engagement workshop hosted by Tanya Strange took place on 15th October to put together another application against the available NHS grant allocation for COVID recovery wellbeing psychological support – cancer and other services. This is being discussed with NHS CT before submitting for approval. 11/01/22 Estelle Evans updated the Committee on the progress. A revised bid has been submitted to NHS charities together and a response is expected by the end of February 2022. Update to come back to the March meeting.	Complete

				03/03/22 Estelle Evans informed members that a decision had not yet been made in relation to bids submitted to NHS Charities Together, due to a delay in the meeting due to take place in February 2022. Meeting has been delayed until the end of March 2022. May 2022 - We have now received confirmation that the bid was successful-EE	
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.	March 2022	Mark Ross/ Gwen Kohler	11/01/22 Estelle Evans noted that this was in relation to development of a small grants scheme. The team were in the process of developing a finalised communication to share with Divisions. An update on progress to come to the March Committee meeting. Discussions held in the March meeting regarding the application of the small grants scheme going forward. We are in the process of reviewing whether it would be more appropriate to open up the small grants scheme for bids to be received 4 times a year given the limited funds available. In progress.	Due

CFC 1101/05	Final Annual Accounts & 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. Bryony Codd to liaise with Estelle Evans to share revised guidance.		Bryony Codd	Work to review corporate reporting templates will be taken forward as part of governance improvement related objectives for 2022/23.	
CFC 1101/05	Final Annual Accounts & Report 2020/2021 The committee suggested that future annual reports include a short explanation on why Charitable Funds are being used as opposed to the main funding, with assurance that this is in line with the rules of the Charity.	June 2022	Estelle Evans	Included in the 2021/22 Annual Report on the June agenda.	Complete
CFC 0303/06	13 Clytha Square 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.	October 2022	Estelle Evans		Not yet due
CFC 0303/06	13 Clytha Square If further confirmation stated that the property was Health Board owned,	October 2022	Estelle Evans		Not yet due

	members requested that the report be presented to the Board for wider consideration.				
CFC 0303/10	Update of the Financial Control Procedure (FCP) Members requested an annual review of the FCP in order to reflect any organisational changes, to be included in CF team annual work plan.	March 2023	Estelle Evans		Not yet due
CFC 0303/10	Update of the Financial Control Procedure (FCP) The title 'Director of Finance, Procurement and Value Based Health Care', to be changed to 'Director of Finance', in line with the governance of the Charity.	March 2022	Estelle Evans		Complete
CFC 0303/11	Finance Report for the Period Ending 31st January 2022 At present, the estimated unrealised gain was noted at £465K, due to current market volatility this was difficult to predict until the end of the financial year. Action: CFC would be kept updated on figures.	March 2022	Estelle Evans		Complete
CFC 0303/13	Patient Reported Experience Measures (PREMS)/Patient Reported Outcome Measures (PROMS) Update Members thanked	June 2022	Estelle Evans	This is not included in the draft Annual Report but will be amended for the final version.	Due

	Daniel for the update. The Committee welcomed wider discussions around this project at Board level and requested the progress be followed by CFC. Action: To be included in the Committee's annual report.				
--	---	--	--	--	--



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Thursday, 9th June 2022
Agenda Item:3.1

Aneurin Bevan University Health Board

Charitable Funds Committee Work Plan 2022/23

Executive Summary

The purpose of this paper is to set out and agree a work plan for the Committee for 2022/23.

The Committee is asked to approve the work plan.

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, Director of Finance, Procurement & Value Based Healthcare

Report Author: Gwen Kohler, Assistant Director of Finance (Financial Systems & Services)

Report Received consideration and supported by :

Executive Team

Committee of the Board

Charitable Funds Committee

Date of the Report: 11th May 2022

**Supplementary Papers Attached:
None**

MAIN REPORT: No More than 5 pages.

Purpose of the Report

To approve the work plan for the Charitable Funds Committee for 2022/23.

Background and Context

In line with all Board committees a work plan for the forthcoming year should be agreed.

Assessment and Conclusion

This paper sets out a proposed work plan for the Committee which is shown below. It sets out a timetable for reviewing key issues within the following areas:

- Committee Business
- Financial Reporting
- Expenditure Approval
- Fund Holders
- Governance and Assurance
- General Reports
- Annual Accounts and Report
- Evaluation Reports

CHARITABLE FUNDS COMMITTEE WORK PLAN 2022/23	Meeting 1	Meeting 2	Meeting 3	Meeting 4
Agenda Item:	09 June 2022	27 Oct 22	5 Jan 23	2 Mar 23
Committee Business				
Review Terms of Reference of Committee	✓			
Agree Annual Work Plan 22/23	✓			
Financial Reporting				
Financial Update Including Investments Valuation	✓	✓	✓	✓
Report on Significant Donations & Grants	✓	✓	✓	✓
Update on new and closed funds	✓	✓	✓	✓
Overdrawn Accounts	✓	✓	✓	✓
Expenditure Approval				
Funds Available to the Committee	✓	✓	✓	✓
Consideration of Bids/Small Grants	✓	✓	✓	✓
Covid Funds Update	✓	✓	✓	✓
Fund Holders				
Attendance at meetings	✓	✓	✓	✓
Spending Plans over £25k	✓			
Spending details under £25k		✓		
Governance and Assurance				
Level of Reserves	✓			
Review Investment Performance - CCLA to attend			✓	
Specification for Investment Contract (Expires 31.03.23)	✓			
Tender for Investment Contract		✓		
Appointment of Investment Managers				✓
General Reports				
Approval of Admin Charge/Unrealised Gain Apportionment 22/23		✓		
KPI's Review	✓			
Approach for Grant Giving (KD)		✓		
Approach for Cross-over funding between directorates (RH)		✓		
Annual Accounts and Report				
Draft Annual Report & Accounts 21/22	✓			
Final Accounts & Annual Report Approval 21/22			✓	
Evaluation Reports				
None expected as of June 22				

Recommendation

The Committee is asked to approve the draft work plan.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	<i>Having a work plan in place with regular reporting should limit risks.</i>
Financial Assessment	<i>No direct impact</i>
Quality, Safety and Patient Experience Assessment	<i>Some approved bids will have an impact on patient experience</i>
Equality and Diversity Impact Assessment (including child impact assessment)	<i>No direct impact</i>
Health and Care Standards	<i>No direct impact</i>
Link to Integrated Medium Term Plan/Corporate Objectives	<i>No direct impact</i>
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<i>No direct impact</i>
Glossary of New Terms	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Charitable Funds Committee
Thursday, 9th June 2022
Agenda Item: 3.2

Charitable Funds Committee

Financial Report including Draft Annual Accounts and Annual Report for the Period Ending 31 March 2022

Executive Summary

This financial report presents the following:

- Financial update including investment valuation
- Draft Annual Accounts for 2021/22
- Draft Annual Report for 2021/22
- Report on significant donations
- Overdrawn accounts

The Charitable Funds Committee is asked to approve the set-up of 4 new grant funds.

The Charitable Funds Committee is asked to note this report and to provide comments on the Annual Accounts and Annual Report of the charity for 2021/22.

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:

Executive Team		Committee of the Board	Charitable Funds Committee
-----------------------	--	-------------------------------	-----------------------------------

Date of the Report: 29th May 2022

Supplementary Papers Attached: Draft Annual Accounts 2021/22 & Draft Annual Report 2021/22.

Purpose of the Report

This financial report gives an overview of 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. It highlights the key issues that are contained in the accounts and includes the following standard financial reporting items:

- Financial update including investment valuation
- Report on significant donations
- Overdrawn accounts
- New fund requests

Background and Context

1. Background

Aneurin Bevan University Health Board, as corporate trustee of its charitable funds, must file accounts for the year ended 31 March 2022 with the Charities Commission before 31 January 2023. The draft accounts and annual report are attached and will be subject to external audit by Audit Wales. The audit process is planned to start in early Autumn.

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

2. Key Issues

2.1 Annual Accounts

The detailed accounts are shown at Appendix 1 and the following are key points to note from the accounts for 2021/22:

Statement of Financial Activities for year ended 31 March 2022: (Page 2 of Accounts)

Income from Donations, Legacies and Grants has decreased by £235K from the previous year to £668K. There were 7 new legacies received in the year.

Investment Income (Note 7, Page 10 of Accounts)

Investment income has increased by £6K from the previous year to £187K due to an increase in income on investments.

Expenditure (Page 2 of Accounts and Notes 8 & 9, Page 11 of Accounts)

Expenditure has decreased by £311K. The main decrease in spend relates to patient & staff education & welfare and the purchase of new equipment.

The net impact of income and expenditure is an increase in funds of £51k before investment gains, compared with a decrease of £70k in the previous year. (Page 2 of Accounts)

Gain on Investment Assets (Page 2 of Accounts)

During the year there has been a net gain of £480K on investments which is mainly with CCLA reflecting stock market increases on underlying investments.

The stock market increases since the previous year caused our CCLA investments to increase from £5,004K on 1st April 2021 to £5,484K on 31st March 2022 (Note 16, Page 13 of Accounts).

The net movement in funds for the year is therefore an increase of £531K.
(Page 2 of Accounts)

Balance Sheet as at 31 March 2022 (Page 3 of Accounts)

Net assets / liabilities have increased by £531K reflecting the increase in funds during in the year. The main movement in the balance sheet consists of an increase in the value of the CCLA investments. The balances sheet movements are as follows:

	£000
Investments	480
Increase in Cash Balances	135
Increase in Debtor Balances	43
Increase in Creditor Balances	-127
Total	531

The following table gives a more detailed breakdown of fixed assets (Note 16, Page 13 of Accounts):

	Balance 1 Apr 2021 £000	Disposals £000	Realised Gains / (Losses) £000	Unrealised Gains / (Losses) £000	Balance 31 Mar 2022 £000
Fixed Asset Investments					
Investments					
CCLA	5,004	-	-	480	5,484
	5,004	-	-	480	5,484
Property					
13 Clytha Square	153	-	-		153
TP Price - Newport / Six Bells	18	-	-	-	18
TP Price - Strip of land Oakdale	50	-	-	-	50
	221	-	-	-	221
Other					
Painting	25	-	-	-	25
Total per Note 16 of the Accounts	5,250	-	-	480	5,730

Cash Balances (Note 18, Page 14 of Accounts)

Cash at 31 March 2022 totalled £373K as follows:

	£000
Nat West Current Account	351
Santander Bonus Account	21
Petty Cash	1
Total	373

2.2 Annual Report

The Trustees Annual Report is shown at Appendix 2 and is subject to audit, by Audit Wales in conjunction with the Annual Accounts.

2.3 Other Financial Issues

Donations, legacies & grant income

The following table shows donations, legacies & grant income exceeding £1,000 received since the previous report:

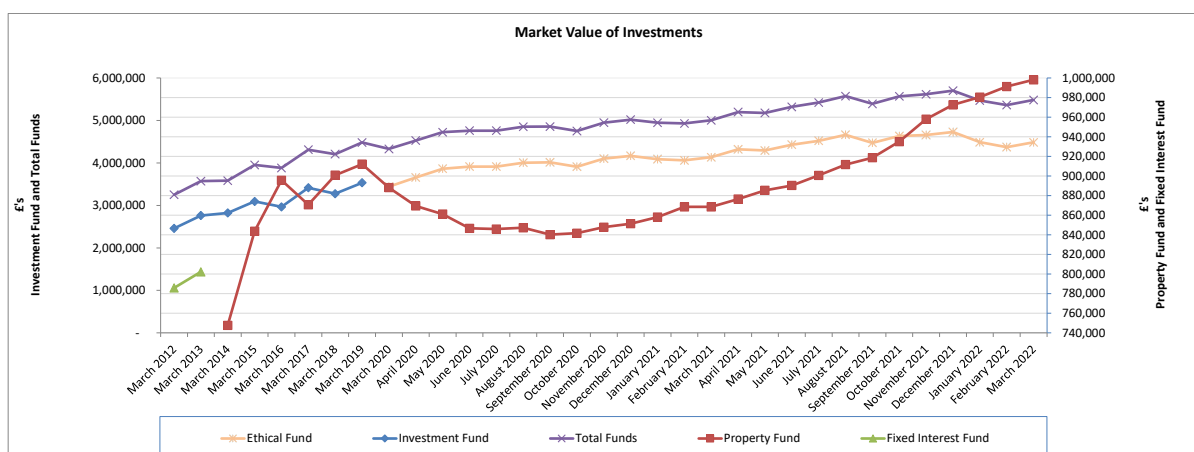
Fund Ref	Received From	Amount £	Location
Feb-22			
F613 LEGACY D L NORVAL SUBS MISUSE	Jacklyn Dawson - Legacy re D Norval	16,500.91	ABUHB
F703 ABUHB JACKS APPEAL	Scott Winnel	4,071.91	ABUHB
F303 ABUHB BREAST CENTRE	Masonic Society	1,000.00	ABUHB
F867 LEGACY STW CHEST CLINIC	S Richards - Legacy re Kelvin Perry	13,069.38	St Woolos
F824 LEGACY GUH CARDIOLOGY ACUTE CATH LAB	S Richards - Legacy re Kelvin Perry	19,333.04	GUH
F703 ABUHB JACKS APPEAL	Bedwas Trethomas	1,230.00	ABUHB
F809 GUH A2 CARDIOLOGY WARD	B Morgan	17,972.08	GUH
F303 ABUHB BREAST CENTRE	Charitable Giving	1,129.67	ABUHB
		74,306.99	
Mar-22			
F703 ABUHB JACKS APPEAL	Friends of the North	1,300.00	ABUHB
F833-LEGACY I M MEREDITH NHH COLORECTAL	Massers Solicitors - Legacy re Iris Meredith	20,000.00	ABUHB
F303 ABUHB BREAST CENTRE	Bargoed Town Council	1,350.00	ABUHB
F703 ABUHB JACKS APPEAL	Cwmfelinfach Community	1,350.00	ABUHB
F221 NHH WARD 2-3 PAEDIATRICS	The Magic Cottage	1,000.00	Nevill Hall
F703 ABUHB JACKS APPEAL	Fochriw Community	1,350.00	ABUHB
F408 STW NEWPORT KIDNEY FUND (RENAL UNIT)	Chloe Edwards	5,000.00	St Woolos
		31,350.00	
Overall Total		190,029.69	

Value of Investments

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

Investment Valuation	No of Units	Valuation / Unit as at 31/03/22	Total Valuation
		Pence/Unit	£000
Property Fund	769,509	129.72	998
Investment Fund	-	-	-
Ethical Fund	1,511,068	296.84	4,486
Deposit Fund			-
Total			5,484

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



2.4 Overdrawn Accounts

There are no overdrawn accounts as of 31 March 2022.

3. New Funds

Four new grant funds are requested to be set up as restricted funds as shown below:

- GRANT - NHS CT COVID RECOVERY (Tanya Strange)
- GRANT - HEALTH HACK – OVARIAN CANCER (Prof Paul Edwards)
- GRANT – SAFER BEGINNINGS (Midwife – Emma Mills)
- GRANT – HELPFORCE VOLUNTEER TO CAREER (Tanya Strange)

4. Next Steps and Actions

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

The final step will be to file the Annual Accounts and the Annual Report with the Charity Commission before the 31st January 2023 deadline, and the accounts and annual report will then be available on the Charity Commission website.

Assessment and Conclusion

This report presents the draft Annual Accounts and Annual Report of the charity for 2021/22 and provides a financial update for the Charitable Funds Committee for the period ending 31 March 2022.

Recommendation

The Charitable Funds Committee is asked to note this report and to provide comments on the Annual Accounts and any suggested changes or amendments to the Annual Report of the charity for 2021/22.

The Charitable Funds Committee are asked to approve the setting up of the four new grant funds and to note the remainder of this report.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	<i>Sound reporting of the charity's financial position helps ensure good financial management of the charity and reduces financial risk. The charity's reputation would be adversely affected if the accounts audit do not carry an unqualified audit opinion.</i>
Financial Assessment	<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>
Quality, Safety and Patient Experience Assessment	<i>The ability of the charity to support donations to the NHS in Gwent help deliver an improved patient experience.</i>
Equality and Diversity Impact Assessment (including child impact assessment)	<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>
Health and Care Standards	<i>No impact</i>
Link to Integrated Medium Term Plan/Corporate Objectives	<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>
The Well-being of	<i>No impact</i>

Future Generations (Wales) Act 2015 – 5 ways of working	
Glossary of New Terms	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities

Trustee's Annual Report and Accounts 2021-2022

Registered Charity No: 1098728





We receive monies given to Aneurin Bevan University Local Health Board from grateful patients, their loved ones and the wider community; thanking us for the NHS care and treatment we provide.

Aneurin Bevan University Local Health Board was established in October 2009 and achieved 'University' status in December 2013.

We serve a population of **639,000**

GWENT

Wiltshire
Gloucestershire
Monmouthshire
Cardiff
Caerphilly
Newport

21% of Wales

NHS Wales
Gwent Health
Dyfed-Dyfed Cymru
Cwm Taf Morgannwg

14,000
Staff members

On behalf of the corporate trustee, we present the Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities Annual Report together with the audited financial accounts for the year ended 31st March 2022.

Message from our Chair

It has been another tough year for all of us. Your donations continue to help us improve the care and treatment our patients receive and support our staff in delivering exceptional healthcare.

Please discover the story of our financial year and see the snapshot of the year below as a reminder of all that we have achieved.



You made it possible!

Thank You!

*Katija Dew, Chair
Charitable Funds Committee*

Message from our Chief Executive



As we reflect on the past year, my heartfelt thanks goes out to all those dedicated and generous donors who have supported us.

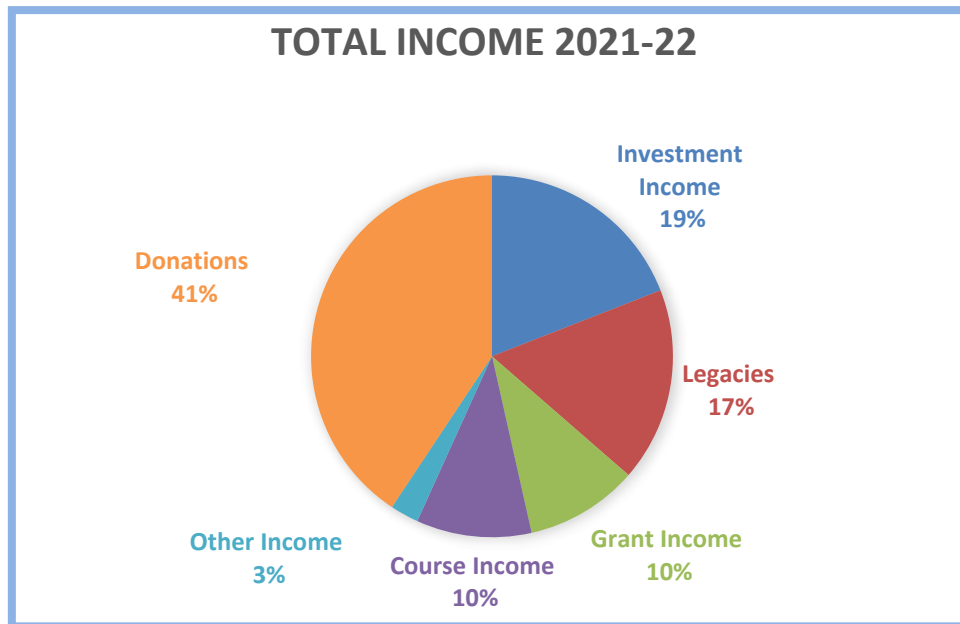
I am delighted to share our highlights with you

*Glyn Jones
Interim Chief Executive*

Snapshot of 2021-22

INCOME – How we received our money

This year we received £981,000



Donations £399,000

The donations we received is thanks to the generosity of patients, their relatives and friends in recognition of the care and treatment received from Aneurin Bevan University Local Health Board.

Courses and Other Income £126,000

We received £126,000 from course fees and sponsorship. These are run mainly through our Postgraduate department.

Income from Investments £187,000

We received £187,000 from our investment portfolio.

Legacies £170,000

We received ~~s~~ legacies totalling £170,000. We are extremely grateful to those individuals who have had the generosity to leave a gift to us in their will.

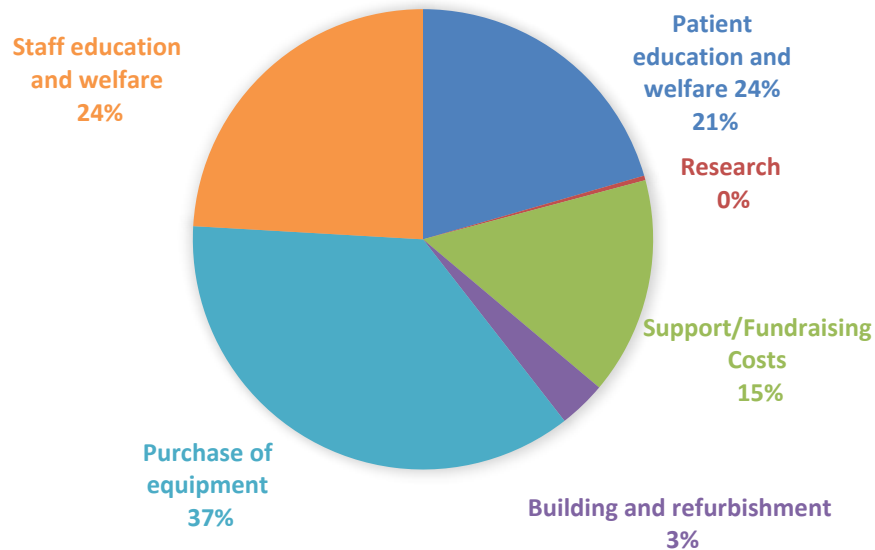
Grant Income £99,000

We have received £99,000 from external organisations to fund specific schemes / projects. Some of this funding was received from NHS Charities Together – monies raised by Captain Sir Tom Moore and others.

EXPENDITURE – How we spent our money

This year we spent £930,000

TOTAL EXPENDITURE 2021-22



Patient Education and Welfare £191,000

This year we have used this money to continue services including:

- an End-of-Life Companion service which enables trained volunteers to sit with patients who may be at risk of dying alone.
- The continued support of the Robins services, who assist patients with menu choices on the wards, mealtime support, contributing to their wellbeing and dignity, to Nevill Hall Hospital and the Grange University Hospital, providing an equitable service across our hospitals.

Building and Refurbishment £31,000

We spent this mainly on establishing a research office in Nevill Hall Hospital and improving the environment, making better use of our rooms for our patients and staff.

Research £3,000

This was used to pay for the cost of analysing samples for a research study.

Staff Education and Welfare £224,000

This was spent on additional support for our Employee Well-being Service and continued support for training, where it has been possible and the purchase of educational materials to develop our staff.

It was agreed to use charitable funds to purchase Hydration Bottles which were presented to staff to say thank you to all our staff and to recognise the exemplary contribution our staff have made and continue to make during the Covid-19 pandemic.

Support Costs £139,000

This covers the cost of the Charitable Funds Team, Corporate support and auditor fee in administering the funds.

Equipment £339,000

Because of you, we have been able to purchase numerous items of much needed equipment for various wards and departments across the Health Board.

This includes a number of tablets purchased from Covid funds to enable patients and families to maintain contact whilst there are visiting restrictions across our wards. Sadly, they have also been needed for patients and families to say goodbye where families are unable to be with them at the end of their life.

A list of key purchases follows.

Charitable Funds are spent in line with the Charity's objects and are intended to provide those additional amenities that will improve the conditions under which patients are cared for and treated or staff work.

- **RITA Dementia Packages x 2, Ysbyty Aneurin Bevan**



Reminiscence Interactive Therapy Activities (RITA) software is aimed at augmenting the care delivered to older people, those living with Dementia, Alzheimer's and learning difficulties as a means of supporting them and reducing their agitation,

isolation, depression and delirium. This equipment is particularly useful in this hospital where there are single bedded rooms.

- **ECG Systems x 2 for Cardiology Services at Grange University Hospital**

Additional machines to check the heart's rhythm and electrical activity

- **Bladder scanner for Monmouth District Nurses**

Bladder scanners are portable, handheld ultrasound devices which can perform quick, easy and non-invasive scans of the bladder and painless for the patient. It can be used to help identify bladder distension, causes of urinary frequency and bladder irritability and is useful assisting with accurate assessments of hydration status. The purchase of these additional bladder scanners has enabled the nursing staff to use them at the patient's bedside which is beneficial to both patients and staff.



is
in

- **Thera Trainer, Renal Unit**



The Thera Trainer is used as part of the treatment for patients to enhance their overall rehabilitation in a cohort of patients where achieving aerobic activity can be challenging.

- **PH Manometry Equipment for General Surgery, Nevill Hall Hospital**

PH Manometry equipment tests the functionality of the oesophagus i.e. can it move food to your stomach normally.

- PH – is a test that measures the amount and severity of acidic stomach contents that may be leaking from the stomach into the oesophagus
- Mano – a test that measures the pressure activity within the oesophagus and the sphincters (ring like muscles which close a natural orifice or passage at either end of the oesophagus).

Whilst ABUHB provides the largest benign Upper GI surgery service in Wales, it is the only Health Board in Wales that does not offer an oesophageal manometry service. As a result, patients are referred to Cardiff. This equipment will allow us to provide this service in house. Overall, this new service will significantly improve care provided to patients with acid reflux disease (GORD - *Gastro-oesophageal reflux disease*).

This equipment was funded from an outside charity, the Nevill Hall Hospital Thrombosis and General Research Fund which has supported the hospital for many years.

You made it possible

...for us to provide "Thank you" tokens to our staff.



"Thank you" Hydration Bottles

hydration bottles, which are a 'thank you' gift for our staff for the outstanding contribution they made and continue to make during the Covid-19 pandemic.

You made it possible

For the Person Centred Care Team to Help Patients and Welsh Learners

The Health Board's Person-Centred Care Team, in collaboration with the Welsh Language Unit and local Welsh medium schools, have designed and created a brand-new bilingual card game, named *Casglu* (Welsh for *To Collect*).

The game was made possible by funding from the RCN Foundation and the Welsh Language Unit Charitable Fund and is suitable for all ages, with the aim being for players to collect as many sets of cards as possible. Children in Welsh Medium education in the Torfaen and Newport areas played a big part in designing the game's pictures and sentences.



The game was recently piloted with patients, Serenity and Caleb, on the Children's Unit at The Grange University Hospital, who enjoyed playing with their families.

In the first instance, *Casglu* will also be made available to:



- The Children's Unit at The Grange University Hospital
- Staff who are learning / fluent in Welsh to aid with Welsh language communication skills.
- Health Board volunteers to help them support patients with meaningful activities
- Local children who helped design the game, as well as other schools in the Health Board area.

Once restrictions allow, it will also be part of the resources available for Intergenerational Activity in Care Homes and Community Wards. We look forward to seeing the game played across our communities and

Welsh language.

You made it possible

.... for us to say it with cards

Little things make a Big Difference



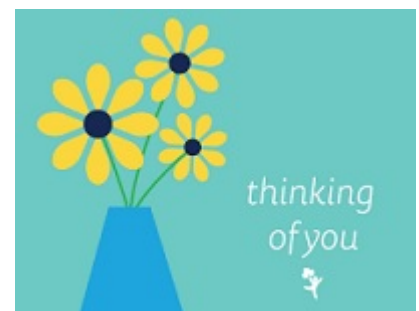
Staff at the Neonatal Unit, Grange University use your donations to purchase and send cards to those babies treated on the unit for their 1st Birthdays. While babies are in the unit, cards are sent from the babies to mums and dads, for Mother's Day and Father's Day.

While in hospital

Recently a patient was given a card and stamp so he could write to his wife whom he had not been able to see for some time. Sadly, and unexpectedly, the patient died...

When his wife came to collect his belongings, she was carrying the card and said it had become one of her most treasured possessions.

Thankfully, many patients recover and return home, but this small gesture made a significant difference to a loved relative.



Cards and stamps are available free of charge from the Chaplaincy department for any patient that might appreciate being able to write to a loved one.

Aftercare



Staff at our Accident and Emergency Units write notes in sympathy cards to relatives of those loved ones that have been admitted to hospital suddenly and passed away. Staff find it helps give closure to those relatives who were unable to be there at the end.

Your donations have made this possible.

End of Life Companion Case Study

The End-of-Life Companion volunteer service commenced at the very start of the pandemic and both grants and donations have been used to pay for a Clinical Skills Trainer and a Volunteer Co-ordinator for this service.

Companions were recruited and trained so they were ready to support any patient that was at the end of their life and at risk of dying alone. End of Life Companions have supported patients both as befrienders and provided support to patients who are in the last days of their lives.

Late last year, the Person-Centred Care Team had a request for the End-of-Life Companions to support a family in providing some additional company for their relative. The family members were exhausted. They had been sitting with their relative 24-hours a day; however, they did not want their relative to be alone.

The End-of-Life Clinical Skills Trainer met with the family to explain the Companion role and then arranged for three Companions to visit the following day so that the family could have some much-needed rest. The Clinical Skills Trainer also met with the ward staff so that they were aware of the support that had been put in place.

The Companions know they may be contacted at short notice and were very pleased that they could support both the patient and the relatives. It was during one of the Companion visits that the patient peacefully died and importantly, they were not alone, which was a comfort to both the patient and their relatives.

The Health Board is so grateful to our End-of-Life Companions who provide a very special and unique companionship in the final hours and moments of peoples' lives.

You made it possible

.... for us to reflect our experiences creatively

Calling all Sewers and Scrubbers!

Did you pick up a needle and thread to lend a hand in 2020? Are you still sewing and donating now? Would you be interested in taking part in a free staff & community textile project that will reflect on the amazing efforts people made to provide PPE masks, scrubs, scrubs bags and everything else in 2020?



We (Gwent Arts in Health & ABUHB) have raised funding through NHS Charities and NESTA for a creative project that aims to reflect our experiences at that difficult time through a series of community textile murals that will be hung in our hospitals.

At this stage, we would like anyone who would like to contribute and take part – sharing stories, stitching a piece or two, sharing with others – to get in touch so we can start planning the project together. The project will start in September and will offer sessions in person when safe to do so and remotely. Materials and expertise will be provided within COVID guidelines.



You made it possible

...by fundraising for us

Fundraising with a Zip for Staff Wellbeing

Around 30 staff from Complex Care and COVID-19 Testing completed a Zip Wire challenge to raise funds for Health Board's Employee Wellbeing Service.

The staff decided to take up the hair-raising challenge following the difficulties experienced during the pandemic, which has impacted the wellbeing of our staff.

If you would like to donate to their fundraising efforts, please visit their Just Giving page:

<https://www.justgiving.com/fundraising/ABUHB-Wellbeing>



Turn ABUHB Pink

Could you be a Pink Champion and organise your teams #Turnpink event?

Every October, people all over the world show their support for people affected by breast cancer. After a very difficult year, Health Board staff are being urged to take part in the biggest #TurnABUHBpink has ever seen to raise money for the new Breast Care Centre at YYF.

We would like to expand on the previous year's success and get even more departments involved in helping us. We are aiming to get as many staff and community groups as possible to come together to wear pink and donate. We will make sure you have everything you need to make your day fab and full of fun. Get in touch to see how you can "Turn Pink" leading up to a main event every October, which will take place across all our Health Board sites.

Local women gathered to create a 'tastefully tonless' calendar to raise

breast cancer or experience of the breast service and feel passionate about having an improved service for all.

You made it possible

Fundraising and the new Breast Care Unit

Unified Breast Unit at Ysbyty Ystrad Fawr – The construction of new purpose built Breast Unit will bring together diagnostic, treatment and surgical services that are currently spread across three hospitals. It is anticipated that work will start on the site of this new unit in November 2021, with completion expected in December 2022.



Name: Louise Davidson

JOB TITLE: **LEAD BREAST NURSE SPECIALIST**

"I am proud to be part of a passionate, caring, multidisciplinary team whose priority is to provide the best quality, individual service to those diagnosed with breast cancer. I'm excited for the future of breast services in the Health Board and centralisation in 2022 at YYF and a new purpose-built breast unit, a centre of excellence".

The Unit will support more than 5,000 women, and a number of men each year. The fundraising aims to support the patients and families to have a comfortable waiting room, counselling rooms with a sensitive design and décor to create a calm, light and dignified environment, where patients and their families can come to terms with their diagnosis and treatment.

"It's been a difficult few years with Covid restrictions having a direct effect on how we can continue to raise funds to support our NHS. The number of people continually getting involved in all departments raising money in innovative, tireless and sometimes virtual ways for our new breast unit makes you realise just how amazing people are."



Other events

Official Opening of the Grange University Hospital



First Minister Rt Hon Mark Drakeford led the official opening of The Grange University Hospital on Friday 27th August 2021. The Grange University Hospital is one of the key components of our Clinical Futures Strategy, which aims to revolutionise healthcare services in the Health Board area by providing care as close to patients' homes as possible.

The First Minister said: "The Grange University Hospital has already proved its value to the local community. My thanks go to everyone who worked hard to open the hospital earlier than planned. I'd also like to pay tribute to those NHS staff who work here for all their hard work during these difficult times."

The Charitable Funds Team



Alison Griffiths – Charitable Funds Manager



Linda Proudman – Charitable Funds Officer



Wendy Keyte – Charitable Funds Officer



Sue Turley – Charitable Funds Officer

With visits to hospitals restricted and internal conferences cancelled, the Charitable Funds Team will continue to promote charitable funds across the Health Board albeit in a new way of working with visits replaced by Teams calls.

Charity Governance, Audit and Finance

1. Reference and Administrative Details

Charity Name: Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities

Charity Working Name: Aneurin Bevan Health Charity

Registered Charity No: 1098728

Address of Charity: Headquarters
St Cadoc's Hospital
Lodge Road
Caerleon
Newport
NP18 3XQ

Administration of the Charitable Funds:

The accounting records and the day-to-day administration of the funds are undertaken by:

Charitable Funds Section
Corporate Finance Department
Aneurin Bevan University Local Health Board
Block C, Mamhilad House
Mamhilad Park Estate
Pontypool, Torfaen
South Wales NP4 0YP

Tel No: 01495 765431

E-mail: Charitable.funds.ABB@wales.nhs.uk

Professional Advisors:

Bankers: National Westminster Bank PLC
Government Banking Parklands
De Havilland Way
Horwich
Boulton
BL6 4YU

Santander
Customer Services Centre
Bootle
Merseyside
L30 4GB

Investment Managers:	CCLA Investment Management Limited Senator House 85 Queen Victoria Street London EC4V 4ET
External Auditors:	The Auditor General for Wales 24 Cathedral Road Cardiff CF11 9LJ
Internal Auditors:	NHS Wales Shared Services Partnership Audit & Assurance Services 4-5 Charnwood Court Heol Billingsley Parc Nantgarw Cardiff CF15 7QZ
VAT Advisor:	Ernst & Young LLP The Paragon Counterslip Bristol BS1 6BX
Legal advice for TP Price Estate:	Jacklyn Dawson Solicitors Equity Chambers John Frost Square Newport South Wales NP20 1PW Douglas-Jones Mercer Solicitors Axis Court 16 Mallard Way Swansea Vale Llansamlet Swansea SA7 0AJ
Estate Management TP Price Estate:	NHS Wales Shared Services Partnership for Specialist Estate Services 3 rd Floor, Companies House Crown Way Cardiff

Savills
2 Kingsway
Cardiff
CF10 3FD

**Valuations for
13 Clytha Square:**

The District Valuer
District Valuer Services
Ty Rhodfa
Ty Glas Road
Llanishen
Cardiff
CF14 5GR

Valuations for Painting: Bonhams
7-8 Park Place
Cardiff
CF10 3DP

2. Structure, Governance and Management of Charitable Funds

Objects of the Charity

The objects of the charity are as follows:

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.

The corporate trustee is Aneurin Bevan University Local Health Board. The executive directors and independent members of the Board share the responsibility for ensuring that the health board fulfils its duties as a corporate trustee in managing charitable funds.

The chair and independent members of the Board are appointed by the Welsh Government and the executive directors are appointed by the Health Board.

Trustee Arrangements

Aneurin Bevan University Local Health Board is the corporate trustee of the Charity. The directors who served the Aneurin Bevan University Local Health Board during the year to 31st March 2022 were as follows:

Ann Lloyd CBE
Emrys Elias

Chair
Vice Chair (Until 30th September 2021)

Pippa Britton	Independent Member (Third Sector) (Until 17 th October 2021)
Pippa Britton	Interim Vice Chair (From 18 th October 2021)
Philip Robson	Special Advisor to the Board
Chris Koehli	Special Advisor to the Board
Judith Paget *	Chief Executive (Until 1 st November 2021)
Glyn Jones *	Director of Finance & Performance / Deputy Chief Executive (Until 1 st November 2021)
	Interim Chief Executive (From 1 st November 2021)
Robert Holcombe*	Interim Director of Finance, Procurement & Value (From 1 st November 2021)
Dr James Calvert	Medical Director
Rhiannon Jones	Director of Nursing
Geraint Evans	Director of Workforce and Organisational Development (Until 31 st August 2021)
Sarah Simmonds	Director of Workforce and Organisational Development (From 22 nd July 2021)
Peter Carr	Director of Therapies and Health Science
Dr Sarah Aitken	Director of Public Health & Strategic Partnerships
Dr Sarah Aitken	Interim Director of Primary, Community and Mental Health Services (From 6 th December 2021 to 28 th February 2022) in addition to substantive role of Director of Public Health & Strategic Partnerships
Nicola Prygodzicz	Director of Planning, Digital & IT (Until 1 st November 2021)
Nicola Prygodzicz	Director of Planning, Digital & IT/Deputy Chief Executive (From 1 st November 2021)
Nick Wood	Director of Primary, Community and Mental Health (Until 5 th December 2021)
Dr Chris O'Connor	Interim Director of Primary, Community and Mental Health (From 28 th February 2022)
Katija Dew *	Independent Member (Third Sector)
Prof. Helen Sweetland	Independent Member (University)
Richard G Clark	Independent Member (Local Authority)
Paul Deneen	Independent Member (Community)
Shelley Bosson	Independent Member (Community)
Louise Wright *	Independent Member (Trade Union)
Keith Sutcliffe *	Associate Independent Member (Chair, Stakeholder Reference Group)

* Members of the Charitable Funds Committee.

Charitable Funds Committee

The Board of Aneurin Bevan University Local Health Board, as the corporate trustee, delegates its governance work to the Charitable Funds Committee which is a subcommittee of the Board. The Committee is required to:

- Control, manage and monitor the use of the fund's resources for the public benefit having regard for the guidance issued by the Charity Commission
- Provide support, guidance and encouragement for all its activities whilst managing and monitoring the receipt of all income
- Ensure that 'best practice' is followed in the conduct of all its affairs fulfilling all its legal responsibilities
- Ensure that the Investment Policy approved by the Health Board is adhered to and that performance is continually reviewed whilst being aware of ethical considerations
- Keep the Health Board fully informed on the activity, performance and risks of the charity

Membership of the Charitable Funds Committee is as follows:

Katija Dew	Independent Member (Chair)
Louise Wright	Independent Member
Keith Sutcliffe	Associate Independent Member
Judith Paget	Chief Executive (Until 1 st November 2021)
Glyn Jones	Director of Finance & Performance / Deputy Chief Executive (Until 1 st November 2021) Interim Chief Executive (From 1 st November 2021)
Robert Holcombe	Interim Director of Finance, Procurement & Value (From 1 st November 2021)

The following also attended the committee with other staff as appropriate for specific agenda items:

Mark Ross	Assistant Director of Finance, Financial Systems & Services (Until 31 st August 2022)
Gwen Kohler	Assistant Director of Finance, Financial Systems & Services (From 1 st September 2022)
Estelle Evans	Head of Financial Services and Accounting
Richard Howells	Board Secretary (Until 30 th November 2021)
Rani Mallison	Board Secretary (From 28 th November 2021 Until 13 th March 2022)

Rani Mallison

Director of Corporate Governance (From
14th March 2022)

Bryony Codd

Head of Corporate Governance

Independent Members are appointed to hold office for a period of up to four years in any one term. During this time, a member may resign or be removed by the Board. The Chair of the Health Board keeps under review the membership of Board Committees to ensure changes are made regularly to refresh the membership of each committee and respond to circumstances when new members join the Board.

Trustee Induction and Training

As part of their induction programme, new Executive and Independent Members of Aneurin Bevan University Local Health Board are made aware of their responsibilities as Board members and as a Corporate Trustee of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities.

At each Charitable Funds Committee meeting, members are advised of any changes in legislation or other requirements relating to charities.

Public Benefit

The objects of the charity are such that all expenditure from the charity is for the benefit of the National Health Service and as such is therefore for 'public benefit'. The Charitable Funds Committee is aware of its duties in relation to public benefit and ensures that all expenditure fulfils public benefit criteria. This is demonstrated further in this report in the Expended Resources Section of Item 7.

Management of Funds

The Director of Finance and Performance is responsible for the day-to-day management and control of the administration of charitable funds and reports to the Charitable Funds Committee. The Director of Finance has responsibility for ensuring that:

- The spending is in accordance with the objects and priorities agreed by the Charitable Funds Committee
- The criteria for spending charitable monies are fully met
- All accounting records are maintained
- Devolved decision making or delegated procedures are in accordance with the policies and procedures set out by the Board on behalf of the corporate trustee

Within the charity there are 424 internal funds which are delegated to authorised fund holders to approve expenditure within predefined limits. All expenditure requests exceeding £25,000 are subject to Committee

approval. A further 6 funds are controlled by the Charitable Funds Committee. The Health Board has a formal procedure that sets out guidance to delegated fund managers to aid them in the process of approving appropriate expenditure from funds.

3. Strategic Objectives & Activities

Charitable Funds received by the charity are accepted, held and administered as funds held on trust in accordance with the National Health Service (Wales) Act 2006.

The principal areas in which the funds are applied for the benefit of the public are:

- The purchase of medical equipment for use by Aneurin Bevan University Local Health Board
- The provision of patient welfare activities and amenities
- The education and welfare of staff

The corporate trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objectives of each fund. The trustee respects the wishes of our generous donors to benefit patient care and advance good health and welfare of patients and staff.

The charity is constituted of 365 unrestricted and designated funds and 65 restricted funds as at 31st March 2022. Material fund details are shown in Note 22 to the accounts. The current structure of the individual funds reflects the fact that most of the income and expenditure is focused where patients receive services. Fund managers exercise control over the funds donated to their management area.

4. Risk Management

The main risks associated with the charity relate to:

- Financial controls risk
- Investment risk

Financial Control Risk

A financial control procedure has been developed for Charitable Funds and agreed with the Charitable Funds Committee to ensure that there are sufficient management controls in place to ensure regulatory compliance and minimise risk of fraud and error. Specifically, to:

- Ensure the spending is in accordance with the objects of the charity and the priorities agreed by the Charitable Funds Committee

- Ensure the criteria for spending charitable funds are fully met
- Ensure all accounting records are maintained
- Ensure devolved decision making is within specified parameters

All other Financial Control Procedures covering core financial systems within Aneurin Bevan University Local Health Board are also applied to the financial administration of the charity.

An internal audit is undertaken periodically, based on the assessment of risk, to evaluate the adequacy of procedures and controls in place and to test compliance against those procedures. Audit Reports are presented to both the Charitable Funds and Audit Committees of the Health Board and this is a key measure in mitigating control risk. The latest Internal Audit report carried out in November 2021 provided substantial assurance on controls covering charitable funds. This definition of assurance generally means there is substantial assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively and that few matters require attention and are compliance or advisory in nature.

Financial reports showing the income statement and balance sheet together with analysis of significant financial changes are reported to each Charitable Funds Committee meeting. In addition, the Charitable Funds Committee reviews the draft annual accounts while the Board approves the final annual accounts of the charity.

The external audit of the accounts is undertaken by the Auditor General for Wales. The accounts have this year and historically received an unqualified audit opinion.

Investment Risk

This risk is mitigated by investing in a portfolio of investments through the professional advice of investment managers. Our investment managers, CCLA, usually attend the Charitable Funds Committee annually to present and discuss investment performance and strategy but due to Covid this was not possible this year, but we remain in regular contact with them.

5. Reserves Policy

The Charitable Funds Committee reviewed the Charity's reserve policy, observing both Charity Commission guidance on reserves and the current level of funds held.

If reserves are too high, the charity is retaining funds without justification and this could constitute a breach of trust. If reserves are

too low, the fund's ability to meet future commitments or needs may be at risk.

The Charity operates on the basis that it only spends what it has received and does not rely on future donations to meet its commitments. Therefore, the reserves should be set at a level sufficient to cover the liabilities that face the charity, namely the cost of administering the funds and any unrealised losses. and to hold some money in reserve to act as a buffer against stock market fluctuations.

The charity currently holds £266k in reserve (2020/2021 £246k).

The corporate trustee recognises the need to regularly review the level of reserves and the charity's activities and operations so that future reserves can be maintained at a level which will mitigate the risk of significant fluctuations in the levels of donations and investments, and provide financial stability for the charity, to ensure that its aim of being able to apply charitable funds within a reasonable time is achieved.

6. Grant Making Policy

The use of our funds is restricted by the governing document which established the charity for purposes connected with the NHS. Grants consist of:

General Funds

This consists of donations received by the charity where no preference as to its expenditure has been expressed by donors. The Charitable Funds Committee decides on how these funds should be spent by receiving requests from across the Health Board. The value of general funds held is £0.399m. There are also 3 property valuations totalling £0.246m.

Designated Unrestricted Funds

These consist of donations where a particular part of the hospital or activity was nominated by the donor at the time their donation was made. Whilst their nomination is not binding on the trustee, the designated funds reflect these nominations. The value of the designated unrestricted funds is £4.060m.

Restricted Funds

These consist of legacies and grants where a legal document and signed agreement restricts the use to the terms of the bequest/agreement. The value of restricted funds held is £1.242m.

During the year the charity made grants of £0.788m representing 70% of the total charitable expenditure. In making grants the trustee requires that the activity falls within the objectives of the charity and relate to the specific purpose of the individual funds from which it is being met.

7. Review of our Finances, Achievements and Performance

The financial statements for 2021-22 are presented at the end of this report.

The net assets of the Charity as at 31st March 2022 were £5.947 million (2021 £5.416 million). Overall net assets increased by £531,000.

Incoming Resources

Incoming resources when comparing against the 2020/21 position were £190,000 lower than the previous year. Donations decreased by £286,000, legacies increased by £128,000, investment income increased by £6,000, grant income decreased by £77,000 and income from charitable activities increased by £39,000.

The charity received seven legacies during the year, total value £170,000 (2020-2021 eight legacies, value £42,000).

The charity did not receive any new grants in 2021-2022 but has carried forward grants totalling £99,000 to cover related spend. (2020-2021 eight grant payments, value £176,000).

Expended Resources

Charity expenditure for the year totalled £930,000, a decrease of £311,000 from the previous year. Expenditure for the year was across several categories as follows:

I. Medical Research

Total expenditure on medical research was £3,000.

II. Purchase of Equipment

Total expenditure on equipment was £339,000. This was on a range of varied equipment across the Health Board.

III. Building and Refurbishment

Total expenditure on building and refurbishment was £31,000.

IV. Patients Education and Welfare

Total expenditure on patients' welfare and amenities was £191,000. This consists of various therapies, seasonal activities, support groups and other items of expenditure to benefit patients.

V. Staff Education and Welfare

Total expenditure on staff education and welfare was £224,000. The main items consist of seminars, training course fees, textbooks, professional journals and related travelling, subsistence and accommodation expenditure.

VI. Fundraising Costs

Total expenditure on fundraising costs was £3,000. This mainly relates to events for the new Breast Care Unit at Ysbyty Ystrad Fawr which is due to be opened in Winter 2022.

VII. Support Costs

Total expenditure on support costs was £139,000. This includes the audit fee of £16,000 and costs of the charitable funds office and corporate support.

Investment Properties

Investment properties owned by the charity are the T P Price Estate £68,000 and 13, Clytha Square, Newport £153,000.

The T P Price Estate comprises a leasehold property and a small parcel of land.

13 Clytha Square, Newport is a large Victorian building in the centre of Newport which is rented to Aneurin Bevan University Local Health Board to use as offices.

Income from the investment properties was £15,000 (2020-2021 - £15,000).

Investments on the Stock Exchange

The charity's investments are managed by CCLA Investment Management Limited, with the aim of managing the funds to achieve a balance of growth and income.

The charity's investment policy does not allow managers to invest in those companies whose main business is related to the production or

sale of tobacco or alcohol, or those companies involved in the arms trade.

Details of the investments (including cash held as part of the investment portfolio) and investment performance for 2021-2022 are shown in the table below:

Investment Performance 2021-22	
	CCLA
	£000
Balance 1 April 2021	5,004
Acquisitions	0
Disposals	0
Movement of Cash	0
Realised Gains/(Loss)	0
Unrealised Gains/(Loss)	480
Balance 31 March 2022	5,484
Income	171
Gains/(Loss) %	9.15%
Returns %	3.26%

Other Investments

"The Domestic Chaplain", a painting donated to the charity many years ago is valued at £25,000 and is currently on loan to the National Museum of Wales, Cardiff.



8. Key Achievements

Funding

The charity supported many bids from across the organisation from its general funds and via the 430 delegated charitable fund accounts. This support significantly enhanced services for the patients and staff in the Aneurin Bevan University Local Health Board.

Charitable Funds Strategy

Progress on streamlining funds has continued throughout the year.

Fundraising

Our fundraising campaign to supplement a new Breast Care Centre due to be opened in Winter 2022 in Ysbyty Ystrad Fawr continues.

Investment Management

CCLA continue to provide investment management services to the charity and we continue to invest in their ethical investment fund.

Governance Arrangements

Historically the accounts and trustees annual report have been produced on time with unqualified audit opinions and filed on time with the Charities Commission.

Risks

The Committee has used a considerable amount of its general funds which led to fewer bids being approved during the year, placing more pressure on the Health Board's internal capital programme.

9. Plans and Objectives for the Future

Income continues to be received by the charity due to the generosity of the public in recognition of the care and treatment received from the Health Board. The charity will continue to use its funds to improve patient experience.

Other objectives for the forthcoming year are to:

- Consider the effectiveness of support to staff in working with partners to obtain grants from companies, external organisations and charities for identified equipment and projects.
- Explore the objectives of the charity to ensure they remain relevant and appropriate for the Health Board.
- Ensure that all accounting or charity regulatory requirements are fully complied with.
- Continue to review funds for the redesign of service, in line with Clinical Futures Strategy.
- Retender for Investment Management services.

10. Events since the Year End

- Our investment company believes that the equity market will remain challenging for the next few months as a result of the war in Ukraine and a slowdown in the global economy. There are indications that economic growth will stabilise later in the year rather than deteriorate further, however this remains uncertain and depends principally on whether the global economy avoids recession.

With the downturn in global economic markets, CCLA has adopted a defensive position, holding higher than normal cash balances and remaining cautious about future investments.

- As part of the fundraising led by Captain Sir Tom Moore, NHS Charities Together (NHSCT) have allocated money for supporting Covid-19 projects across the NHS in the UK to be accessed through individual bodies' charitable funds. We have successfully obtained one grant of £308k and we have a further bid pending.

Approved on behalf of the Corporate Trustee

Ann Lloyd CBE

Chair

Aneurin Bevan University Local Health Board

Date:



Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities
--

The accounts for Funds Held on Trust.

FOREWORD

The Charity's accounts and annual report for the year ended 31st March 2022 have been prepared by the Corporate Trustee in accordance with the Charities Act 2011 and the Charities (Accounts and Reports) Regulations 2008.

STATUTORY BACKGROUND

Aneurin Bevan University Local Health Board is the Corporate Trustee of the Funds Held on Trust under the National Health Service (Wales) Act 2006.

The Aneurin Bevan University Local Health Board and Other Related Charities registered with the Charity Commission on 7th January 2011, registration number 1098728.

Statement of Financial Activities for the year ended 31 March 2022

	Note	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2021-22 £000
Incoming resources from generated funds:				
Donations, legacies and grants	4	399	269	668
Charitable activities	5	126	0	126
Investments	7	149	38	187
Total incoming resources		674	307	981
Expenditure on:				
Raising Funds	8	8	0	8
Charitable activities	9	716	206	922
Total expenditure		724	206	930
Net gains / (losses) on investments	16	442	38	480
Net income / (expenditure)		392	139	531
Transfers between funds	21	0	0	0
Net Movement in funds		392	139	531
Reconciliation of Funds				
Total Funds brought forward	22	4,313	1,103	5,416
Total Funds carried forward		4,705	1,242	5,947

Statement of Financial Activities for the year ended 31 March 2021

	Note	Unrestricted funds £000	Restricted Restricted Income funds £000	Total Total Funds 2020-21 £000
Incoming resources from generated funds:				
Donations, legacies and grants	4	685	218	903
Charitable activities	5	87	0	87
Investments	7	145	36	181
Total incoming resources		917	254	1,171
Expenditure on:				
Raising Funds	8	5	0	5
Charitable activities	9	954	282	1,236
Total expenditure		959	282	1,241
Net gains / (losses) on investments	16	526	145	671
Net income / (expenditure)		484	117	601
Transfers between funds	21	(7)	7	0
Net Movement in funds		477	124	601
Reconciliation of Funds				
Total Funds brought forward	22	3,836	979	4,815
Total Funds carried forward		4,313	1,103	5,416

Balance Sheet as at 31 March 2022

		Unrestricted funds £000	Restricted Income funds £000	Total 31 March 2,022 £000	Total 31 March 2,021 £000
	Note				
Fixed assets:					
Investments	16	4,483	1,247	5,730	5,250
Total fixed assets		4,483	1,247	5,730	5,250
Current assets:					
Debtors	17	211	20	231	188
Cash and cash equivalents	18	288	85	373	238
Total current assets		499	105	604	426
Liabilities:					
Creditors: Amounts falling due within one year	19	277	110	387	260
Net current assets / (liabilities)		222	(5)	217	166
Total net assets / (liabilities)		4,705	1,242	5,947	5,416
The funds of the charity:					
Restricted income funds	22	0	1,242	1,242	1,103
Unrestricted income funds	22	4,705	0	4,705	4,313
Total funds		4,705	1,242	5,947	5,416

The notes on pages 5 to 17 form part of these accounts

Approved by the Trustees on XXXXX 2023 and signed on its behalf by:

Signed :

Name: Ann Lloyd
(Chair of Trustees)

Statement of Cash Flows for the year ending 31 March 2022

	Note	Total Funds 2021-22 £000	Total Funds 2020-21 £000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	20	(52)	(100)
Cash flows from investing activities:			
Dividend, interest and rents from investments	7	187	181
Proceeds from the sale of investments	16	0	28
Net cash provided by (used in) investing activities		187	209
Change in cash and cash equivalents in the reporting period		135	109
Cash and cash equivalents at the beginning of the reporting period	18	238	129
Cash and cash equivalents at the end of the reporting period	18	373	238

Note on the accounts

1 Accounting Policies

(a) Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2019.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

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

In future years, the key risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

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

(b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified as a restricted fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from appeals, grants and legacies for specified purposes.

Those funds which are not restricted income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the Charity's reserves. The major funds held in each of these categories are disclosed in note 22.

(c) Incoming resources

Income consists of donations, legacies, grants, income from charitable activities and investment income.

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

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

(d) Incoming resources from legacies

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

Receipt is probable when:

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

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

(e) Resources expended and irrecoverable VAT

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

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(f) Support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 12.

(g) Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objects. The costs of generating funds consists of expenses for fundraising activities.

(h) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 9.

(i) Fixed Asset Investments

Ethical Fund Investments are stated at mid-market value as at the balance sheet date, and Property Fund investments are stated at net asset value. Investment properties are included at their open market valuation. The statement of financial activities includes the net gains and losses arising on revaluation and disposals throughout the year.

Quoted stocks and shares are included in the balance sheet at mid-market price, excluding dividend.

Other assets are valued on an open market basis by a professional valuer.

(j) Debtors

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

(k) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due.

(l) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

(m) Realised gains and losses

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

2. Key Judgements and Assumptions

Average fund balances are used to apportion certain balances between restricted and unrestricted funds, which is deemed to be the most appropriate methodology to use.

There are no material assumptions judged to affect the 2021/22 accounts.

As at 31st March 2022, there is no other information to show that assets/liabilities would need to be materially adjusted during 2022/23.

3. Related party transactions

The Aneurin Bevan University Local Health Board is the sole beneficiary of the charity.

The charity had significant material transactions with Aneurin Bevan University Local Health Board as follows:

	2021-22		As at 31st March 2022	
	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Aneurin Bevan University Local Health Board	930	24	175	5

The Corporate Trustee has interests in related parties as follows:

Member	Related Organisation	Relationship with Related Party	2021-22		As at 31st March 2022	
			Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
			£000	£000	£000	£000
Robert Holcombe	JW Bowkett (Electrical Installation) Ltd	Son is an Employee of the Company	1	0	0	0
Emrys Elias	Velindre NHS Trust	Spouse is Employee (Seconded to Health Inspectorate Wales)	0	0	0	0
Richard G Clark	Torfaen County Borough Council	County Borough Councillor, Deputy Leader and Elected Member	0	0	0	0
Prof Helen Sweetland	Cardiff University	Employed	6	1	6	1

The Corporate Trustee has interests in a number of related parties. All transactions with those related parties have been reviewed and there are nil transactions except for those listed above.

3. Related party transactions (continued)

In 2020-21 the charity had significant material transactions with Aneurin Bevan University Local Health Board as follows:

	2020-21		As at 31st March 2021	
	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Aneurin Bevan University Local Health Board	1,170	17	25	32

The Corporate Trustee had interests in related parties as follows:

Member	Related Organisation	Relationship with Related Party	2020-21		As at 31st March 2021	
			Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
			£000	£000	£000	£000
Glyn Jones	NHS Wales Informatics Service (Hosted by Velindre NHS Trust)	Sister is Project Manager	1	0	0	0
	Swansea Bay University Health Board	Niece is on the NHS Wales Graduate Finance Training Scheme	0	21	0	0
David Street	Caerphilly County Borough Council	Corporate Director, Social Services and Housing	0	1	0	0

The Corporate Trustee has interests in a number of related parties. All transactions with those related parties have been reviewed and there are nil transactions except for those listed above.

4. Income from donations, legacies and grants

	Unrestricted funds £000	Restricted Income funds £000	Total 2021-22 £000	Total 2020-21 £000
Donations	399	0	399	685
Legacies	0	170	170	42
Grants	0	99	99	176
	399	269	668	903

5. Income from charitable activities

	Unrestricted funds £000	Restricted Income funds £000	Total 2021-22 £000	Total 2020-21 £000
Course income	101	0	101	73
Other income	25	0	25	14
	126	0	126	87

6. Role of volunteers

Volunteers have the trust and understanding of the community and are invaluable in engaging with our patients and providing support to paid professionals. The services they provide include:

- welcome services at our hospitals, directing patients and visitors
- befriending service for patients in our hospitals and nursing homes
- end of life companion support for patients in our hospitals
- operating buffet /coffee bars through volunteer organisations such as the League of Friends
- raising funds to purchase equipment across our hospitals.

Due to the pandemic and in order to comply with Government guidelines and hospital infection control measures, some of these volunteer services were suspended during the year.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

7. Gross investment income

	Unrestricted funds £000	Restricted Income funds £000	Total 2021-22 £000	Total 2020-21 £000
Fixed asset equity and similar investments	149	38	187	181
Short term investments, deposits and cash on deposit	0	0	0	0
	149	38	187	181

8. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted Income funds £000	Total 2021-22 £000	Total 2020-21 £000
Fundraising office	0	0	0	0
Fundraising events	3	0	3	1
Investment management	0	0	0	0
Support costs	5	0	5	4
	8	0	8	5

The fundraising office costs relate to the new Breast Care unit and are no longer being incurred by the Charit
The investment management fee is shown as nil as this is deducted from capital held by the investment management company.

9. Analysis of charitable activity

	Grant funded activity £000	Support costs £000	Total 2021-22 £000	Total 2020-21 £000
Medical research	3	0	3	10
Purchase of new equipment	339	58	397	505
Building and refurbishment	31	5	36	18
Staff education and welfare	224	38	262	371
Patient education and welfare	191	33	224	332
	788	134	922	1,236

10. Analysis of grants

The majority of grants are made to the Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The charity makes grants to individuals from one specific fund which is used to support nominated medical students from deprived areas. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity is disclosed in note 9.

The trustees operate a scheme under which Fund Account Managers control how the Charity's designated funds should be spent. The day to day disbursements are in accordance with the directions set out by the trustees in the Charity's Standing Orders and Financial Instructions.

Where undesignated funds exist, the trustees do make grant awards based on applications from across the Health Board

11. Movements in funding commitments

	Current liabilities	Non-current liabilities	Total 31 March 2022	Total 31 March 2021
	£000	£000	£000	£000
Opening balance at 1 April	406	0	406	501
Movement in funding commitments	(132)	0	(132)	(95)
Closing balance at 31 March 2022	274	0	274	406

As described in notes 9 and 10, the charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year. However, some grants are paid over a longer period.

12. Apportionment of support costs

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of a charity.

	Raising funds £000	Charitable activities £000	Total 2021-22 £000	Total 2020-21 £000	Basis
Governance					
External audit	0	16	16	9	Average fund balance
Finance and administration	4	61	65	61	Average fund balance
Total governance	4	77	81	70	
Finance and administration	1	57	58	56	Average fund balance
Total Finance and Administration	1	57	58	56	
	5	134	139	126	

	Unrestricted funds £000	Restricted Income funds £000	Total Funds 2021-22 £000	Total Funds 2020-21 £000
Raising funds	5	0	5	4
Charitable activities	106	28	134	122
	111	28	139	126

13. Trustees' remuneration, benefits and expenses

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

14. Analysis of staff costs

The charity has no employees. Staff services are provided to the charity by Aneurin Bevan University Local Health Board, the Corporate Trustee of the charity, which has received reimbursement of £200,198 (2020-21: £359,974) for these services.

15. Auditors remuneration

The auditors remuneration of £16,314 (2020-21: £9,000) related solely to the audit of the statutory annual report and accounts.

16. Fixed asset investments**Movement in fixed assets investments**

	Investment Properties £000	Investments Listed on Stock Exchange £000	Cash Held in Investment Portfolio £000	Other Assets £000	Total 2021-22 £000	Total 2020-21 £000
Market value brought forward	221	5,004	0	25	5,250	4,607
Add: additions to investments at cost	0	0	0	0	0	0
Less disposals at carrying value	0	0	0	0	0	(28)
Add any gain / (loss) on revaluation	0	480	0	0	480	671
Movement of cash held as part of the investment portfolio	0	0	0	0	0	0
Market value as at 31st March 2022	221	5,484	0	25	5,730	5,250

All investments are carried at their market value.

The investment valuation has been performed by CCLA Investment Management Limited.

The valuation of investment properties, consisting of a freehold ground rent and a small parcel of land, is based on a professional assessment of market value, by independent RICS (Royal Institute of Chartered Surveyors) qualified valuers at least every five years.

The significance of financial instruments to the ongoing financial sustainability of Aneurin Bevan University Health Board Charitable Fund is considered in the risk management section of the trustees' annual report.

The Charity receive the majority of their income in the form of donations. However, significant investments are made and are the source of the main financial risk.

Interest rate risk - the Charity is exposed to fluctuations in interest rates on the monies invested in deposits and the stock market.

Liquidity risk - the majority of expenditure is financed from donations and legacies and there are no borrowings. The Charity is not, therefore, exposed to significant liquidity risk.

17. Analysis of current debtors

Debtors under 1 year	Total 31 March 2022 £000	Total 31 March 2021 £000
Accrued income	71	96
Trade Debtors	133	81
Prepayments	27	11
	231	188

18. Analysis of cash and cash equivalents

	Total 31 March 2022 £000	Total 31 March 2021 £000
Current Accounts	372	237
Petty Cash	1	1
	373	238

No cash or cash equivalents or current asset investments are held in non-cash investments or outside of the UK.

All of the amounts held on interest bearing deposit are available to spend on charitable activities.

19. Analysis of liabilities

Creditors under 1 year	Total 31 March 2022 £000	Total 31 March 2021 £000
Trade creditors	259	59
Deferred Income	125	200
Accruals	3	1
Total creditors	387	260

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

	Total 2021-22 £000	Total 2020-21 £000
Net income / (expenditure) (per Statement of Financial Activities)	531	601
Adjustment for:		
(Gains) / losses on investments	(480)	(671)
Dividends, interest and rents from investments	(187)	(181)
(Increase) / decrease in debtors	(43)	45
Increase / (decrease) in creditors	127	106
Net cash provided by (used in) operating activities	<u>(52)</u>	<u>(100)</u>

21. Transfer between funds

Transfers have been actioned between Unrestricted funds during 2021/22 to streamline the number of funds in line with the Charitable Funds Committee plans to merge and reduce the number of Charitable Funds.

22. Analysis of funds**a. Analysis of restricted fund movements**

	Balance 1 April 2021	Income	Expenditure	Transfers	Gains and losses	Balance 31 March 2022
	£000	£000	£000	£000	£000	£000
Royal Gwent Childrens Ward Legacy	153	5	(13)	0	5	150
Royal Gwent Coronary Care Legacy	112	3	(3)	0	4	116
ABUHB Calcraft Legacy Fund	0	100	0	0	0	100
Nevill Hall Rheumatology Legacy	96	3	(2)	0	3	100
Renal Unit Legacy	82	2	(12)	0	3	75
Nevill Hall Coronary Care Legacy	75	2	(5)	0	3	75
Royal Gwent Haematology Legacy	58	2	(1)	0	2	61
Royal Gwent Breast Care Legacy	58	2	(1)	0	2	61
Chepstow General Legacy	50	1	(1)	0	2	52
Other - 56 restricted designated funds	419	187	(168)	0	14	452
	<u>1,103</u>	<u>307</u>	<u>(206)</u>	<u>0</u>	<u>38</u>	<u>1,242</u>

The material funds specified in the above note will vary from year to year dependent on the closing year end balance.

We consider that a closing fund balance of £50,000 or greater are material for disclosure in these accounts.

22. Analysis of funds (continued)

The objects of each of the restricted funds are as follows:

The Royal Gwent Hospital Children's Ward Legacy Fund was bequeathed to the charity for the benefit of the Children's Ward. A proposal for the purchase of various equipment to improve patient care and access was approved by the Charitable Funds Committee.

The Royal Gwent Hospital Coronary Care Unit Legacy Fund was bequeathed to the charity for the provision of medical facilities, towards the cost of providing equipment for the heart unit at the hospital.

The ABUHB Calcraft Legacy fund was bequeathed to the charity to assist in colonoscopy practices within the Health Board.

The Nevill Hall Rheumatology Legacy Fund was bequeathed to the charity for the use of the Rheumatology department at the hospital.

The Renal Unit Legacy Fund was bequeathed to the charity for the purpose connected with the research and treatment of patients under haemodialysis treatment (kidney unit).

The Nevill Hall Coronary Care Legacy Fund was bequeathed to the charity for the use of the heart unit at the hospital.

The Royal Gwent Haematology Fund was bequeathed to the charity for the Haematology Unit at the Royal Gwent Hospital.

The Royal Gwent Breast Care Legacy Fund was bequeathed to the charity for the Breast Care Unit at the Royal Gwent Hospital.

The Chepstow General Legacy was bequeathed to the charity for the Chepstow Community Hospital.

The other 58 restricted funds also related to monies bequeathed to the charity for various wards and departments.

22. Analysis of funds (continued)**b. Analysis of unrestricted and material designated fund movements**

	Balance 1 April 2021	Income	Expenditure	Transfers	Gains and losses	Balance 31 March 2022
	£000	£000	£000	£000	£000	£000
ABUHB Charitable Funds Committee	186	12	(22)	216	7	399
ABUHB Breast Centre	171	57	(8)	10	6	236
Royal Gwent Property, 13 Clytha Square	117		0	36	0	153
St Woolos Springfield Fund	107	3	(3)		4	111
ABUHB Post Graduate Fund	106	5	(8)	0	4	107
Royal Gwent Casting Techniques Course	87	18	(5)		3	103
ABUHB Covid-19	85	51	(28)	(10)	3	101
Nevill Hall Voluntary Body	96	3	(7)		3	95
Royal Gwent Post Grad Eye	39	3	(2)	45	3	88
ABUHB Employee Well Being Service	60	27	(3)		2	86
Grange Critical Care Unit	110	8	(38)		3	83
ABUHB C.H.A.aT Volunteer Service	75	3	(18)	20	3	83
ABUHB Ffrind I Mi Volunteer Service	95	3	(18)		3	83
Nevill Hall Oncology Rehabilitation	73	2	(2)		3	76
Monmouth Chippenham Community Nurses	78	2	(11)		3	72
Royal Gwent Breast Care Unit	69	2	(2)		3	72
Royal Gwent Property, TP Price	54	2	(33)	45	0	68
Royal Gwent Prostate Cancer Fund	60	2	(2)		2	62
ABUHB Volunteering (Corporate)	42	16	(1)		1	58
ABUHB Rheumatology	56	2	(2)		2	58
Ysbyty Ystrad Fawr Adult Medicine	55	2	(4)		2	55
Nevill Hall Windsor Suite	32	20	(1)		1	52
Other - 343 unrestricted designated funds	2,460	431	(506)	(362)	381	2,404
	4,313	674	(724)	0	442	4,705

The trustees have delegated all unrestricted funds as designated funds to the ward or department the donations were intended for.

The material funds specified in the above note will vary from year to year dependent on the closing year end balance.

We consider that a closing fund balance of £50,000 or greater are material for disclosure in these accounts.

23. Events after the reporting period

Our CCLA investments have increased in value to pre-pandemic levels but growth in the year ahead is expected to be challenging as a result of the war in Ukraine and a slow down in the global economy.

Statement of Trustee's Responsibilities

The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the charity's financial activities during the year and its financial position at the end of the year. In preparing financial statements giving a true and fair view, the Trustee should follow best practice and :

- select suitable accounting policies and apply them consistently;
- observe the methods and principles of the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the charity and which enable them to ascertain the financial position of the charity and which enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. The Trustee is responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee confirms that they have complied with the above requirements.

By order of the trustee

Ann Lloyd
Trustee

Rob Holcombe
Financial Trustee

Dated:

The independent auditor's report of the Auditor General for Wales to the trustee of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities

Report on the audit of the financial statements

Opinion

I have audited the financial statements of Aneurin Bevan University Local Health Board Charitable Fund and Other Related Charities for the year ended 31 March 2022 under the Charities Act 2011. These comprise the Statement of Financial activities, Balance Sheet, Statement of Cash Flows and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2022 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Report on other requirements

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee is responsible for the other information in the annual report and accounts. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report;
- sufficient accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities

Responsibilities of the trustee for the financial statements

As explained more fully in the statement of trustee's responsibilities set out on page 17, the trustee is responsible for preparing the financial statements in accordance with the Charities Act 2011, for being satisfied that they give a true and fair view, and for such internal control as the trustee determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustee is responsible for assessing the charity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Adrian Crompton
Auditor General for Wales
xx xxxxxx xxxx

24 Cathedral Road
Cardiff
CF11 9LJ



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Thursday, 9th June 2022
Agenda Item: 3.3

Aneurin Bevan University Health Board

Investment Management Contract Tender Specification

Executive Summary

The investment management service for the charity was tendered in 2017 with CCLA (Churches, Charities & Local Authorities) Investment Management Ltd being successful and awarded the contract. Their contract 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.

This paper sets out a draft service specification for the retender exercise and the Committee are asked to approve this and to nominate a member of the committee to be part of the tender evaluation process.

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 :

Executive Team	☐	Committee of the Board	Charitable Funds Committee
-----------------------	--------------------------	-------------------------------	-----------------------------------

Date of the Report: 26th May 2022

Supplementary Papers Attached: None

Purpose of the Report

The investment management contract for the charity is due for retender and this paper sets out a draft service specification for consideration by the Committee.

Background and Context

The Charity Commission advises that when using an investment manager, trustees should:

- satisfy themselves that an investment manager can perform effectively in line with their investment objectives and policy.
- consider how the services offered by several different investment managers meet those needs, and compare them in terms of cost, investment approach and level of service.

A formal tendering process gives the trustees an opportunity to learn more about the potential investment manager and how they will implement the charity's investment policy. Charities should consider:

- whether the response to the tender meets their needs
- the firm's reputation and track record including short- and long-term performance, the type and number of portfolios held and the value of assets it manages; trustees should also bear in mind that a good performance history does not necessarily guarantee a good performance in the future
- what experience the investment manager has in charity investments including:
 - knowledge about investing for the charitable sector
 - knowledge of regulations that apply specifically to charities
 - whether the firm has existing charity clients
- the nature of the investment and risk review process such as how the investments will be selected and managed and what the decision-making structure is
- a realistic breakdown of all the fees and charges that may apply to a portfolio in the short and long term
- the reporting arrangements - what will be the frequency and content of written and face to face reports? the charity might request and review sample reports in order to assess past performance in this area
- flexibility - the investment manager's ability and willingness to modify their approach to suit the charity
- the investment manager's capacity to handle any ethical requirements; does the investment manager understand the charity's ethical policy and can they respond to the charity's requirements? What other experience do they have in investment approaches such as ethical investment or mission connected strategies for charities

Assessment and Conclusion

Based on this information, a draft service specification is listed below for the Committee's consideration and approval.

Draft Specification for an Investment Management Service for Aneurin Bevan University Health Board Charitable Fund Registered Charity No. 1098728

Background Information

Aneurin Bevan University Health Board provides primary, secondary, community and mental health services to the population of Gwent estimated at more than 639,000 people, which is around 21% of the total Welsh population and has an annual budget of £1.6billion and over 14,000 employees.

Aneurin Bevan University Health Board acts as corporate trustee for a registered charity managing donations and bequests from the public of approximately £5.7M. Of this, currently £5.4M is invested with a single investment management company.

The existing contract has been in place since 2018 and is now being retendered.

Service Specification

- To invest the charity funds in a diversified portfolio to provide an income and to maintain and grow the capital value of funds.
- The Health Board is corporate trustee of the charity within the National Health Service and so a cautious investment approach is required.
- An ethical investment policy is currently adopted to reflect the values of the healthcare organisation and therefore, the trustees are looking for clear ethical investment proposals and require an understanding of the likely impact on investment returns. Therefore, please provide an ethical investment proposal and the comparative impact on performance over the last 5 years.
- To advise the Aneurin Bevan Health Board on the most appropriate investment strategy to adopt to maximise investment return in the context of the strategy of the charity and current asset base.
- To make clear the level of investment risk associated with the strategy.
- Implement the investment strategy.
- Provide monthly investment valuations and quarterly benchmarked performance against other similar sectors or indices.
- To attend, at least annually and as required, the Charitable Fund Committee of Aneurin Bevan Health Board to present a report on the investment portfolio, its performance for the period and to provide advice on investment strategy going forward.
- To demonstrate comparative historic performance against benchmark indices and other providers.
- To clearly specify all investment management fees.
- Due to the ongoing situation in Ukraine, we would also request that our investment portfolio would have no ownership exposure to Russia, Ukraine or Belarus.

Once the specification has been agreed, arrangements will be made with Procurement to retender for this service and the Committee are asked to nominate a member to work alongside the Assistant Director of Finance, Procurement and Value Based Healthcare to be part of the evaluation process.

Recommendation	
The Committee is requested to discuss and agree the draft tender specification and to nominate a member of the committee to be part of the tender evaluation process.	
Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	<i>Investment return risks are minimised through a diversified portfolio.</i>
Financial Assessment	<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>
Quality, Safety and Patient Experience Assessment	<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>
Equality and Diversity Impact Assessment (including child impact assessment)	<i>No impact.</i>
Health and Care Standards	<i>No impact.</i>
Link to Integrated Medium Term Plan/Corporate Objectives	<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>
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<i>No impact.</i>
Glossary of New Terms	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Thursday, 9th June 2022
Agenda Item: 3:4

Aneurin Bevan University Health Board

Level of Reserves 2022-2023

Executive Summary

Trustees are under a legal duty to apply charitable funds within a reasonable time of receiving them but should also hold some money in reserve. The appropriate level of those reserves (the reserves policy) should be considered and reviewed regularly by the trustees.

The Charitable Funds Committee at its meeting in January 2022 agreed a new reserves policy with a clearly defined methodology for working out what those level of reserves should be.

The Committee is asked to approve the level of reserves of £288k for 22-23 as described in 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 & Value Based Healthcare

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

Report Received consideration and supported by :

Executive Team

Committee of the Board

**Charitable Funds
Committee**

Date of the Report: 27th May 2022

Supplementary Papers Attached: None

Purpose of the Report

The Committee previously agreed a Reserves Policy which established a methodology to work out the level of reserves to be held each year. This methodology has been applied for 2022-2023 and the Committee are asked to approve the level of reserves of £288k to be held as described in this report.

Background and Context

Our reserves policy taken from the Financial Control Procedures (FCP) 2022 states the following:

The Charitable Funds Committee has considered the Charity's reserve policy, observing both Charity Commission guidance on reserves and the current level of funds held.

If reserves are too high, the charity is retaining funds without justification and this could constitute a breach of trust. If reserves are too low, the fund's ability to meet future commitments or needs may be at risk.

The Charity operates on the basis that it only spends what it has received and does not rely on future donations to meet its commitments. Therefore, the reserves should be set at a level sufficient to cover the liabilities that face the charity, namely the cost of administering the funds and any unrealised losses.

The value of reserves held will change each year and will be maintained from several sources including those unrestricted funds that have not been committed and are freely available to spend on any of the charity's purposes and any unrealised gain.

For 2021/2022, the administration charge was estimated as £130k and based on historic information the level of unrealised loss was estimated at £136k. Therefore, a level of reserves of £266K was set for 2021/2022. This value will change each year.

To secure the sufficient reserves it was agreed to use the unrealised gain.

Assessment and Conclusion

Applying the same methodology for 2022/2023

- the estimated administration charge for 2022/2023 based on the actual for 2021/2022 is £139k
- the estimate for the unrealised loss still stands at 2.5% of funds held (£5.947M at 31.03.22) equates to £149k.

Therefore, to ensure that the Charity can cover the annual cost of the administration charge and any potential unrealised loss, the total reserve to be held for 2022/23 needs to be set at £288k, an increase of £22k on the previous year.

This increased amount of £22k will be met by the unrealised gain for 2022/2023.

Recommendation

The Committee is asked to set the level of reserves to be held for 2022-2023 at £288k and use the unrealised gain to fund the additional £22k required.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)

The report identifies the approach taken to create a revised reserve to ensure that any potential unrealised gain in future years is funded along with the annual administration fee charged to fund holders.

Financial Assessment

The paper proposes using part of the unrealised gains to establish a reserve level that is sufficient to cover the annual admin charge and any potential future unrealised loss.

Quality, Safety and Patient Experience Assessment	If sufficient reserves are not maintained this could impact the Charities position in relation to the services being provided.
Equality and Diversity Impact Assessment (including child impact assessment)	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.
Health and Care Standards	No impact
Link to Integrated Medium Term Plan/Corporate Objectives	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.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	
	Long Term – Ensure sufficient reserves are maintained to address any potential future unrealised loss and running costs of the department.
	Integration – the maintenance of a reserves policy helps to support the objectives and goals of the Charitable Funds
	Involvement – No impact
	Collaboration – No impact
	Prevention – revised reserves policy will help to prevent future issues/challenges.
Glossary of New Terms	FCP – Financial Control Procedure



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Charitable Funds Committee
Thursday, 9th June 2022
Agenda Item:3.5

Aneurin Bevan University Health Board

Charitable Funds Committee Bids for Approval

Executive Summary

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

We have received two bids where funding is available out of departmental charitable funds and external grants but due to the nature and value of the bids, 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.

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:

Executive Team	✓	Committee of the Board	Charitable Funds Committee
-----------------------	---	-------------------------------	-----------------------------------

Date of the Report: 27th May 2022

Supplementary Papers Attached: 2 Bids

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 both bids have been supported by the Executive Team the Charitable funds committee are asked to approve these bids.

Background and Context

There are two bids for consideration as follows:

Bids	Total Cost £000	Local Funds Available £000	General Funds Requested £ 000	Revenue Element £ 000	Comments
CFC-253 Accessible Psychological Support for People Affected by Covid-19	308	0	0	N/A	Funded by grant from NHS CT
CFC-254 CIVICA Patient Experience Platform	74	50	0	24	First Year Costs only
Total	382	50	0	24	

- **Bid CFC-253 - Accessible Psychological Support for People Affected by Covid-19**
Members will already be aware that an application was made to NHS Charities Together (NHS CT). Confirmation that the bid of £308k was granted in full was received on 1st April 2022 with half of the first year's costs of £94k paid to us on 22nd April 2022.
- **Bid CFC-254 CIVICA Patient Experience Platform**
This is to be funded partly from charitable funds and partly from revenue budgets. The cost of the Project Manager to support clinical teams in implementing the system will be supported from the Person-Centred charitable funds (£50k), with the system costs recently agreed to be funded from the budgets of the Executive Director of Primary Care, Community and MH (£12k) and Director of Operations (£12k). This agreement was reached after the bid was submitted for consideration. It should be noted that the Person-Centred Charitable Funds are only able to fund this because they did not incur volunteering costs during the past two years due to Covid.

Assessment and Conclusion

The bids submitted 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.

Recommendation

The Charitable Funds Committee is asked to approve the bids within this report.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	<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>
---	--

Financial Assessment	<i>Decisions to support bids may have an indirect impact on capital and revenue budget pressures within the main Health Board.</i>
Quality, Safety and Patient Experience Assessment	<i>Donations to the charity directly affect patient experience in a positive manner.</i>
Equality and Diversity Impact Assessment (including child impact assessment)	<i>No impact.</i>
Health and Care Standards	<i>No impact</i>
Link to Integrated Medium Term Plan/Corporate Objectives	<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>
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<i>No impact</i>
Glossary of New Terms	

NHS CT Stage 3 Covid-19 Recovery Grants Application form

INTERNAL USE ONLY	Date received:	
Pre-review checks (budget/allocation/consultation/signature)	Satisfactory	Not satisfactory
Application meets NHS CT Stage 3 Grant core criteria and eligibility	Yes	No
Applicant has submitted an adequate Stage 1.3 report	Yes	No
Application recommendation	Approved	Revise & resubmit

Please remember you must have submitted an adequate Stage 1.3 report prior to Stage 3 submission

- ✓ Please read the Stage 3 Grants Programme Guidance before completing this Application form.
- ✓ Applications must be submitted in word and signed pdf to grants@anhsc.org.uk by 31st December 2021, marking the subject of the e-mail 'S3 [Charity name]' in the subject line.
- ✓ Please try to be concise and clear, suggested word counts have been provided.
- ✓ Please avoid attaching multiple appendices and additional documents to your application. You can attach your detailed budget as a spreadsheet and any specific job descriptions in word or PDF.
- ✓ Avoid the use of jargon or acronyms, without first providing a definition.
- ✓ If your proposed work includes multiple projects, Section D must be completed for each project and a summary for all projects provided in Section C. We recommend funding fewer projects for longer to focus on sustainable health outcomes and funding for success.
- ✓ If you are resubmitting a revised application, please update the submission date and highlight any [amends in blue](#).

All projects must meet the following criteria:

1. Supporting the long-term health and recovery of NHS staff, patients, community and volunteers impacted by Covid 19.

Section A – Lead Charity and applicant contact details

A1 Charity name & number	Aneurin Bevan Health Charity 1098728	
A2 Charity address	PO Box 10, Pontypool, Torfaen NP4 0XG	
A3 Applicant name & job title	Tanya Strange, Head of Nursing, Person Centred Care	
A4 Applicant address	Aneurin Bevan University Health Board Headquarters St Cadocs Hospital Lodge Road Caerleon	
A5 Telephone number	07837 022488	
A6 Email address	Tanya.strange@wales.nhs.uk	

A7 Alternative contact name	Anne May, Lead Cancer Nurse
A8 Alternative contact email	Anne.may@wales.nhs.uk

Section B – Project partners

B1 Check the boxes below if you have consulted with:	
X	NHS Charity and Trust Leadership
X	NHS staff working in your Trust
X	Community organisations
X	Consultation or co-design with service users

Use this space if you would like to provide any additional information on the above. (250 words)

This psychological support proposal contains new, exciting and innovative service developments to improve people's experience (particularly vulnerable groups) and accessibility to both healthcare and psychological support services across primary, community and secondary care. The proposal is aligned to the Aneurin Bevan University Health Boards 3 year Integrated Medium Term Plan which takes a life course approach to population health and wellbeing. The proposal focusses on psychological wellbeing improvements needed following direct patient, relative and staff feedback throughout the COVID 19 pandemic. Predominately, the proposal focusses on cancer and screening services and improved access to psychological support for people who are waiting for a diagnosis/accessing cancer services, people who are Deaf, people who identify as LGBTQ+ and Black and Asian minority ethnic groups.

Although this proposal has been based on national evidence and local/national patient feedback during the pandemic, more consultation is required with people who use services and partner organisations to ensure that the COVID psychological recovery model is robustly targeted, co-produced and optimises people's psychological wellbeing through accessible services.

Section C – Overview of Project(s)

C1 Brief summary of the work this grant will fund (Approximately 50 words per project)
This proposal supports the long term health, psychological recovery and wellbeing of patients, relatives, NHS staff, volunteers and the wider community who have been impacted by COVID-19. It primarily focusses on psychological recovery in cancer and screening services through a model of enhanced psychological support (including peer support), patient and staff education, digital inclusion and improved accessibility for vulnerable groups.

Section D – Project details (Duplicate section D in full for each proposed project)

D1 Project details		
Project title	Accessible Psychological Support for People Affected by COVID-19	
Project partner	The ABUHB are currently consulting with our communities and partners to ensure that, if funding is approved, the psychological service model is robustly informed by peoples' experience and that the service model is co-produced from inception.	
	Partners Confirmed	Contact Made
	- Aneurin Bevan University Health Board - Macmillan Cancer Support - Community Health Council (CHC)	- Tenovus Cancer Charity - Action for Hearing Loss - Trans Aid Cymru (Transgender, Non-Binary and Intersex (TIN))

	• Gwent Association of Voluntary Organisations (GAVO) • British Deaf Association (BDA) Cymru • Stonewall Cymru • Digital Communities Wales (DCW) • People and their families (full engagement events contained within the proposal) • Cancer Board • Bellevue GP Surgery • Umbrella Cymru (Gender and Sexual Diversity Support Specialists in Wales) • Sight Cymru • Sightlife/RNIB Cymru • Sense Cymru (national disability charity that supports people with complex communication needs to be understood) • UCAN Productions- a performance and creative arts co-operative for blind and partially sighted children, young people and their friends.	• Diverse Cymru (pan-equality charity that focuses on all protected characteristics to challenge discrimination and reduce inequality). • Cancer Reference Group • Wales Cancer Network • Training colleges and universities
--	--	---

Proposed start date	March 2022	Proposed end date	March 2024
---------------------	------------	-------------------	------------

D2 What need have you identified for this funding (200 words)

During the pandemic, Aneurin Bevan University Health Board (ABUHB) identified a significant unmet need for psychological support for people accessing cancer services. Limited psychological support negatively impacted on people pre-diagnosis (waiting for results), when navigating the system and post treatment. We have also identified that people who are Deaf/hard of hearing are unable to access supportive counselling and people from the LGBTQ+ community are reluctant to attend screening services that could potentially identify a cancer.

Half of all people born since 1960 will be diagnosed with cancer in their lifetime. Each year, 3,500 people across our geographical area are diagnosed with cancer, and our local population have a greater chance of getting cancer than the national average. There were 28,854 referrals for suspected cancer to the Health Board in 2018/19 and increase of over 3000 from the year before. Cancer inequalities are evident across our populations living in economically deprived areas. Incidence is 20% higher, chance of survival at 5 years is 28% lower and mortality rates 50% higher compared to our least deprived population.

Many people living with cancer report having physical and psychosocial consequences from either their cancer or treatments (Macmillan 2013). These range from physical symptoms like fatigue or pain to practical concerns about returning to work, and managing finances and some of these consequences remain unmet.

Macmillan UK wide: 5,176 needs assessments carried out in 46 sites	ABUHB: sample 125 predominantly at diagnosis from Problem list with DrDoctor
1 Worry, fear or anxiety 2 Tired/exhausted or fatigued 3 Sleep problems/nightmares 4 Pain 5 Eating or appetite 6 Anger or frustration 7 Getting around (walking) 8 Memory or concentration 9 Hot flushes/sweating 10 Sex and fertility	1 Fears for the future 2 Coping with diagnosis 3 Coping with treatment

The top unmet needs of cancer patients from a national audit by Macmillan (2015) and from ABUHB specific data (not published 2021) can be viewed in the table opposite. In summary, **psychological and emotional** needs are the most prevalent. A survey of 187 people accessing cancer services within ABUHB during the pandemic showed that **80% were in psychological distress**.

The pandemic has inevitably caused barriers for many patients unable to access their usual support mechanisms, many of which were compromised due to isolation from friends and family. Many self-help groups closed, compounding even further a person's ability to gain support. Emotional support was also reduced from health care settings with the introduction of 'virtual' medicine at haste, removing the face to face relationship building between professional and patient. Lack of face to face contact meant that psychological distress was not always identified, there was a reduced ability to foster healing relationships, and limited psychological support negatively impacted on people's wellbeing and their confidence to self-care. Low confidence in cancer patients can impair self-management and this has been further exaggerated by the pandemic.

We have heard that people from the Deaf community have been and continue to be negatively affected due to staff having to wear face masks, a lack of physical/virtual British Sign Language support and, for those who need it, an inability to access psychological counselling support due to a lack of counsellors with BSL qualifications.

More recently, concern has been expressed about the experiences of people from the LGBTQ+ accessing screening services. The 2018 National LGBT survey found that:

- At least 16% of respondents who accessed or tried to access public health services had a negative experience based on their sexual orientation
- 38% have had a negative experience related to their trans status

Stonewall published an article early in the pandemic that gave some indication of the impact Covid and lock downs were having on the LGBTQ+ community.

How COVID-19 is affecting LGBT communities (stonewall.org.uk)

- Already, two in five trans people experience a lack of understanding of their specific health needs when accessing general healthcare services. Now, they face delays or cancellations on essential gender-affirming treatment, which many have been waiting years to access.
- For some Deaf and disabled LGBT people, it is difficult to practice social distancing and lip-read from two metres away. For some older LGBT people, accessing basic provisions such as their medication is difficult without their support networks. Organisations for older LGBT people like Opening Doors London are filling this gap.

With regards Trans and non-binary people, we recognise that they may be unwilling to/or not offered access to some screening services e.g. cervical smears and prostate, which are gendered, and there is limited psychological support available to them. Non-binary people may be concerned about staff and service understanding of their gender identity. There is much to do to better understand the experience of people from the LGBTQ+ community, how they have been impacted by the pandemic and the psychological support required in COVID recovery.

Although more research is needed in regards to access to cancer and screening services amongst people from Black, Asian and minority ethnic groups, from successive Cancer Patient Experience Surveys (EPES) undertaken by Macmillan (2014), people from the ethnic minority communities have a more negative experience in nearly all aspects of cancer care. These include delays in diagnosis, the provision of information, communication/interactions with healthcare staff and access to health and support. Within these surveys, people with cancer from the ethnic minority communities highlighted a number of emotional

and psychological needs including depression (35.1% in British South Asian patients following a cancer diagnosis compared to 16.8% in white British).

Black men are three times more likely to have prostate cancer with death rates from prostate cancer being 30% higher in black men compared to white men. Asian people are 1.5 and 3 times more likely to get liver cancer than white men. Black and Asian females aged 65 years and over are at higher risk of cervical cancer than white females. Incidences of oral cancer among South Asian people is higher than in any other ethnic group. The EPES surveys identified that people from ethnic minority communities are less likely to receive treatment summaries, less likely to have discussions about their needs, options and the support available to them, and less likely to have been informed of the signs and symptoms to look out for. They are also less likely to have been helped with the long-term physical and emotional impact of cancer and its treatment.

There is a need to raise awareness amongst healthcare staff around the specific needs of the ethnic minority communities when accessing screening/cancer services. Raised awareness will better prepare staff to signpost to relevant support services and ensure there is psychological support available at the relevant time of the person's journey, including post treatment.

Staff do not often recognise psychological distress and a lack of face to face appointments means that staff have also been unable to respond to psychological distress. The negative impact of the pandemic is that both patients and professionals are struggling to give and gain the required emotional support to allow them to either access screening or psychology services and/or adjust to a cancer diagnosis. This project aims therefore to increase ways to assist patients to emotionally adjust to cancer and its treatment, to support the Deaf community in accessible counselling support, and to determine issues faced by people from the LGBTQ+ and ethnic minority communities in order that barriers e.g. to cancer and screening services can be more accessible in post COVID care. This proposal would help us to both address local issues and share learning on a national basis.

D3 What do you aim to achieve with this funding i.e. how do you plan to address the above need (200 words)

A multi-disciplinary workshop was held on 15th of October 2021 to consider patient experience and determine the priorities for COVID-19 recovery in cancer and screening services. It is evident that for people (and their families) accessing these services, psychological distress is a significant issue and in supporting COVID recovery, and addressing this is therefore a key priority for us. The long term health, psychological recovery and wellbeing of, patients, relatives, NHS Staff, volunteers and the wider community needs to be addressed through a 'suite' of accessible psychological support services, including peer support, staff training and more accessible wellbeing support for people who are deaf, people from ethnic minority communities and people who identify as LGBTQ+.

The CREW study showed that psychosocial factors before treatment, particularly depression and a lack of confidence to manage illness-related problems (low self-efficacy), were as important as stage of disease for predicting people's long-term recovery of health and wellbeing. This project therefore aims to increase self-efficacy and reduce psychological distress by:

- training staff, volunteers and peer supporters to recognise psychological distress, with the aim of staff being able to offer immediate psychological support and signpost to well-being services
- developing a dedicated COVID recovery psychological support service for people affected by cancer
- improving access to clinical and non-clinical psychological support
- establishing peer support groups across the 10 cancer pathways, within the Deaf community, ethnic minority communities and LGBTQ+ community (utilising the skills of people with lived experience)
- ensuring that psychological/wellbeing information is available in a range of languages
- establishing and delivering patient and family education sessions (through an 'expert patient' type model) across the cancer pathways
- improving access to psychological wellbeing and counselling service for people who are deaf and from the ethnic minority communities
- training front line staff and volunteers to be Deaf aware and provide conversational BSL training for staff/volunteers across health and social care

- improving access to interpreters (online and face to face)
- training people who are deaf/use BSL to become counsellors, (offering counselling to support to both the hearing and non-hearing community).
- improving access to screening and psychological support services for people from the LGBTQ+ and ethnic minority communities
- raising awareness of both the impact of psychological distress and psychological recovery through digital story telling. This will include specific digital stories around the needs of the Deaf, LGBTQ+ and ethnic minority communities
- addressing digital poverty- scoping and improving digital inclusion with the aim of improved access to online/virtual psychological support and education across our communities, whilst building up a community team of Digital Champion Volunteers.

D4 Describe in detail the project or activities that will take place i.e. how will the funds be used (300 words)

- **Consultation and Engagement**

A series of consultation and engagement events with people, their families, frontline staff and partners will commence March 2022 to inform further the priorities for a psychological COVID-19 recovery service.

- **Staff Appointments**

Staffing resource from the Health Board will support the establishment and governance of the psychological service for the duration of the Grant. This will reduce the number of posts the Grant will need to fund.

- Triumvirate resource to oversee Grant and Project
 - Head of Nursing Person Centred Care
 - Clinical Psychologist
 - Lead Nurse- Cancer
- Senior Nurse from ABUHB to support patient education
- Volunteer Manager to support volunteering agenda for the service
- Counsellor support from Person Centred Care Team to secure and manage Counselling Placements
- Informatics Lead to manage Digital Inclusion Officer Work Programme
- Dedicated time of ABUHB Equality, Diversity and Inclusion Manager across Grant period

However, additional staffing resource is required to operationally manage the project and deliver on the specific initiatives. This includes:

- Wellbeing Project Lead (Band 6 WTE- 2 year appointment)
- Psychologist (Band 8a 0.6 WTE- 2 year appointment)
- Digital Inclusion Officer (Band 4 0.6 WTE- 1 year appointment)

- **Psychological Wellbeing to Support COVID Recovery in Cancer Services**

Based on the current evidence and patient feedback, a psychological wellbeing service will be developed to support patients accessing cancer and screening services and where identified, recover from the impact of COVID. This needs to be co-produced with patients and families and further consultation is needed to better understand the barriers to accessing psychological support and what people feel would improve their wellbeing, particularly for vulnerable groups. Initial indications suggest that people want:

- A number of needs led, accessible psychological wellbeing options, : one size does not fit all
- Peer Support- being able to speak to someone who has 'lived through it' and support that is culturally aware
- More support/information at key points of their journey e.g. pre-diagnosis and end of treatment, and accessible to individual need
- Face to face and online support (including telephone befriending and wellbeing apps)

- Counselling provision (particularly accessible counselling provision for those who are Deaf)
- Patient and family education to improve confidence in self-management, how to manage uncertainty and to anticipate 'next steps' in their journey
- Patient learning events (virtual and face to face) to better manage the consequences of cancer (physically, socially, emotionally and financially)
- Patient, relative and staff experience surveys integral

We shall work with the Universities to establish Counselling Placements at the new Cancer Service. This will increase access to a range of counselling sessions benefitting patients, relatives and staff and will ensure sustainability of counselling provision post the Grant period. The Grant will fund two additional child specific counselling courses to maximise our ability to provide counselling support specifically to children if, for example a family member has cancer, identifies as Trans etc.

- **Staff Training and Support**

Psychological distress is common in cancer patients. However, it is often unrecognized and untreated. Staff, Volunteers and Peer Support Volunteers will be trained to recognise and respond to psychological distress and will receive training to undertake the 'distress thermometer'. Training will commence in cancer services as a priority. This training will also focus on the particular needs of vulnerable groups.

Psychologists will lead the training and will also support staff, volunteers and peer supporters through peer supervision. The training will also be accessible to communities/partners going forward.

- **Volunteering**

The Aneurin Bevan University Health Board already has a robust volunteer framework that provides the governance for recruitment, training and ongoing supervision. To date we have over 400 volunteers working across the community and hospital wards. We aim to recruit a further 100 volunteers to support the psychological wellbeing agenda through the duration of this Grant.

- **Targeted Wellbeing Support to Support COVID Recovery and Improved Access for the Deaf Community**

Working closely with Deaf and Hard of Hearing communities and organisations to identify their specific needs and how they would prefer to access services and support.

Training for staff and volunteers: An introduction to the difficulties people face if they are Deaf/DeafBlind and basic sign language. These courses would be offered to frontline staff, volunteers and Peer Supporters

Working with the British Deaf Association to identify 3 people from the Deaf community (BSL users) would have access to a fully funded registered Counselling Course paid for through the Grant. This would significantly improve access to counselling for people who are Deaf, as well as mainstream deaf culture and BSL use in counselling services. As they would also be able to provide counselling services to hearing people with the use of an interpreter.

The Grant would enable us to purchase 'Sign Live' licences to ensure NHS staff are able to contact a BSL interpreter without delay. These licences would be available in primary, community and secondary care services, (cancer and counselling services as a priority)

Production of digital patient education/awareness films with BSL interpretation

Production of patient stories with BSL interpretation

- **Targeted Wellbeing Support to Support COVID Recovery and Improved Access for the LGBTQ+ Community**

Working with partner organisations (local and national) undertake a consultation engagement event with people from the LGBTQ+ community to better understand how they have been impacted by COVID

Work with the community to understand and eradicate barriers to cancer screening (coverage is lower in lesbian, gay, bisexual, and transgender (LGBTQ+) communities).

Explore accessible counselling support e.g. Trans specific counselling and work with Universities to explore potential for LGBTQ+ counselling courses/placements. Link with existing organisations such as Pink Therapy to identify local LGBTQ+ counsellors

Development of staff awareness/training Programmes, such as the introduction of the Welsh LGBTQ+ rainbow badge scheme, with supportive training and the Marie Curie LGBTQ+ train the trainers scheme.

Production of digital patient education/awareness films (with BSL interpretation)

Production of patient stories (with BSL interpretation)

- **Targeted Wellbeing Support to Support COVID Recovery and Improved Access for Ethnic Minority Communities**

Working with partner organisations (local and national) undertake a consultation engagement event with people from the ethnic minority communities to better understand how they have been impacted by COVID

Work with the ethnic minority communities to understand and eradicate barriers to cancer screening and psychological support.

Ensure production of culturally appropriate information.

Explore accessible counselling support and work with Universities to explore potential for specific ethnic minority counselling courses/placements. Link with existing organisations to identify culturally appropriate counsellors.

Development of cultural staff awareness/training Programmes, raising awareness and additional support needs amongst the cancer 'at risk' groups within the ethnic minority communities.

Production of digital patient education/awareness films (with interpretation)

Production of patient stories (with interpretation)

- **Peer Support and Patient Education**

At the less severe end of distress, patients will be assisted to gain knowledge of their cancer and how it affects them, to use existing coping strategies and directed towards self-help and peer support. We shall recruit, train and support 100 volunteers (with lived experience) to establish peer support groups:

- Across the 10 cancer pathways (60 Volunteers)
- Recruiting volunteers from the Deaf Community to act as Peer Support (10 Volunteers)
- Recruiting volunteers from the LGBTQ+ Community to act as Peer Support (10 Volunteers)
- Recruiting volunteers from the Ethnic Minority communities to act as Peer Support (20 Volunteers)

Peer support groups will be active across each of the 5 boroughs with targeted volunteer support sessions being offered within the new cancer service at Nevill Hall Hospital. Volunteer expenses will be met through the Grant. Volunteers will have access to Deaf/Deaf blind awareness training, Welsh Language Awareness, Equality, Diversity and Inclusion awareness and conversational BSL.

- **Digital Inclusion**

To support the digital aspects of the psychological service, a Senior Informatics Project Manager from ABUHB will be part of the Project Board. This Grant would allow us to employ a part time Digital Inclusion Officer for year one, working under the direct supervision of the Senior Informatics Manager, to work across cancer and screening services. This person would:

- Map the digital poverty footprint across our geographical area
- Assess availability of psychological wellbeing apps to support vulnerable groups which will include accessibility in different languages (including BSL)
- Support the creation of a digital inclusion and confidence offer for the project, with an immediate focus on sensory loss and language accessibility
- Curating training and support materials for patients and their families to develop their digital skills.
- Work with partners, including Digital Communities Wales, to develop a tablet loan scheme.
- Collate and share trusted Cancer-related and screening related digital resources including online support forums and message boards (e.g. Bowel Cancer offer)
- Support the recruitment and training of more digital companions across our communities
- Measure the impact of the digital support provided and share good practices across ABUHB.
- Train 100 additional volunteers as Digital Champions

The ABUHB has in place generic training for our volunteers and we offer additional digital inclusion training for these volunteers, enabling them to become Digital Champions. These Champions support people to use digital technology. Through the course of this proposal we aim to train a further 100 volunteers as Digital Companions.

D5 Please provide a timeline for your project, including key milestones and activities (Add table rows as required)- **This would need to be defined by the Project Board on notification of funding- draft timeline below**

Date/date range	Activity	Activity lead
February 2022	Establish Partnership Board and Terms of Reference.	Tanya Strange
March 2022	Advertise and Appoint: • Wellbeing Project Lead • Psychologists • Digital Inclusion Officer	Anne May Sarah Flowers Matt Lloyd
March 2022	Inaugural report to Cancer Board and Patient Quality and Safety Committee	Tanya Strange
March 2022	Scope areas and secure BSL Apps/Licences	Ceri Harris
March 2022	Scope Patient and Family Education for delivery during 1 st year: ➤ First 5 Cancer Areas ➤ Psychological Wellbeing	Claire Jordan Sarah Flowers Anne May
March 2022-May 2022	Consultation and Engagement • Patients and families • Deaf Community • LGBTQ+ Community • Ethnic Minority Communities • Partners	Anne May Rhian Collins Gino Parisi Ceri Harris
May 2022	Define Psychological Service and measurable outcomes based on feedback from consultation events	Tanya Strange Sarah Flowers
May 2022	Secure Counselling Courses for 3 members of the Deaf Community	Ceri Harris

May 2022	Scope numbers of staff/volunteers to undertake training	Project Board
May 2022	Develop Digital Inclusion Plan	Matt Lloyd
May 2022 (ongoing)	After 1 st month of consultation advertise for peer supporters	Tanya Strange Kathryn Thomas
May 2022 - December 2023 (ongoing throughout grant duration)	Staff Training to Recognise Psychological Distress- annual training programme over 2 years	Sarah Flowers
	Volunteer and Peer Support Training Programme (ongoing throughout duration of programme)	Kathryn Thomas Gino Parisi
May 2022- December 2023 (ongoing throughout grant duration)	Approach counselling colleges for placements and plan annual rota	Gino Parisi
May 2022	Develop and confirm outcome measures and evaluation framework	Project Board
March-May 2022	Advertise and recruit Peer Supporters/Volunteers across each of the cancer pathways (annual programme of recruitment)	Tanya Strange Kathryn Thomas Gino Parisi
March 2022- December 2023	Training programme in Deaf Awareness/Conversational BSL (annual Programme)	Ceri Harris
March 2022-December 2023	Training programme in Cultural Awareness (annual Programme)	Ceri Harris
April 2022	Purchase wellbeing equipment/digital kit	Matt Lloyd Rhian Collins/Project Manager
June 2022	Quarterly Reports	Project Manager
June 2022	Commence Patient Education (plan to be defined- annual programme)	Claire Jordan Anne May Gino Parisi
September 2022	Quarterly Reports	Project Manager
December 2022	Quarterly Reports	Project Manager
January 2023	Scope Patient and Family Education for delivery during 2nd year: ➤ Cancer	Claire Jordan Anne May
February 2023	End of Year Report to Cancer Board and Quality and Patient Safety Committee	Tanya Strange Anne May
March 2023	Annual Grant Report to Board	Tanya Strange
January 2024	End of Year Report to Cancer Board and Quality and Patient Safety Committee	Tanya Strange Anne May
February 2024	Report to NHSCT	Tanya Strange Anne May
D6 Tell us who the beneficiaries are, and approximately how many people will benefit (150 words)		
Through a psychological wellbeing service specification, defined pathways, briefings, consultation and marketing, beneficiaries will be: • People who are waiting a cancer diagnosis • People who are accessing cancer services • People nearing the end/at the end of their cancer care • People from the LGBTQ+ community accessing screening, cancer and counselling services		

• People from ethnic minority communities accessing screening, cancer and counselling services • People from the Deaf/Hard of hearing community accessing cancer, screening and counselling services • Families and informal carers • Staff Groups (including volunteers and Peer Supporters) • Trainers and Educationalists • Policy Makers • Partner Organisations • Advocates		
How many will benefit?	5,000 (estimate)	Patients: We currently have around 30,000 people accessing cancer services. We believe that all of these patients would benefit from improved information across the pathways, a better understanding of their cancer journey, better communication in regards to waiting times, after care etc. Based on the current numbers of people accessing the cancer services, we estimate that over the Grant period around 1/5th of people (including 480 people who are Deaf or their family and 1,552 people whose first language is not English) would benefit directly from more focused counselling/psychological and peer support, ranging from those who may benefit from condition specific education, those who would benefit from more accessible wellbeing information, those who may require signposting to local support services through to those with more complex psychological issues needing more specialist support or more targeted psychological support based on individual need. At this point in time we do not know how many people accessing cancer or screening services identify as LGBTQ+ or who are Deaf/hard of hearing Families: To date the number of families requiring support is not quantified. We do know however that a lack of awareness and education can make distress worse for both patients and families so this model will include families at inception. Staff and Volunteers: There are currently 40 specialist cancer nurses, 30+ registered counsellors working in primary care. These would be the initial staff to be trained in recognising and responding to psychological distress. However, we would wish to offer this training to the wider multi-disciplinary teams across health and social care and to our volunteers (in excess of 400). The numbers of staff in screening services who would require training needs to be scoped.
D7 What outcomes (differences) do you expect to achieve through the funding for the beneficiaries and the NHS (300 words)		
Patients and Family (Overall) • Year 1: 10% reduction in the number of people reporting they are distressed • Year 2: 20% reduction in the number of people reporting they are distressed • Year 1- 50% patient/family satisfaction in psychological support service, Year 2- 85%		

- From baseline **0%**, **100%** of patients and family offered patient education across 5 cancer sites Year 1, and **100%** of patients and family offered patient education across remaining 5 cancer sites Year 2
- From baseline **0%**, **50%** patients with cancer/suspected cancer and family have access to local peer support within Year 1 and **100%** in Year 2
- From baseline (to be scoped), **40%** increase in online psychological wellbeing support Year 1 and **80%** increase in Year 2

Deaf Community

- **3** members of the Deaf Community enrolled on counselling courses
- From baseline **0%**, **100%** of patients who are Deaf have access to online BSL Interpretation services in cancer, screening and counselling services within ABUHB
- From baseline **0%**, **100%** of patients and family offered patient education across 5 cancer sites Year 1, and **100%** of patients and family offered patient education across remaining 5 cancer sites Year 2
- From baseline **0%**, **50%** patients with cancer/suspected cancer and family have access to local peer support within Year 1 and **100%** in Year 2
- From baseline, **10%** increase in uptake of screening services by people from the Deaf Community in year 1 and **25%** increase in uptake in year 2
- From baseline (to be scoped), **40%** increase in online psychological wellbeing support Year 1 and **80%** increase in Year 2

LGBTQ+ Community

- From baseline, **10%** increase in uptake of screening services by people from the LGBTQ+ Community in year 1 and **25%** increase in uptake in year 2
- From baseline **0%**, **100%** of patients from the LGBTQ+ Community and family offered patient education across 5 cancer sites Year 1, and **100%** of patients from the LGBTQ+ Community and family offered patient education across remaining 5 cancer sites Year 2
- From baseline **0%**, **50%** patients from the LGBTQ+ Community with cancer/suspected cancer and family have access to local peer support within Year 1 and **100%** in Year 2
- From baseline (to be scoped), **40%** increase in online psychological wellbeing support Year 1 and **80%** increase in Year 2

Minority Ethnic Community

- From baseline, **10%** increase in uptake of screening services by people from minority ethnic communities in year 1 and **25%** increase in uptake in year 2
- **Year 1- 50%** of patients/family from minority ethnic communities are able to access culturally appropriate psychological/wellbeing advice and information and **Year 2- 100%**
- From baseline **0%**, **100%** of patients from minority ethnic communities and family offered culturally appropriate patient education across 5 cancer sites Year 1, and **100%** of patients and family offered patient education across remaining 5 cancer sites Year 2
- From baseline **0%**, **50%** patients from minority ethnic communities with cancer/suspected cancer and family have access to local peer support within Year 1 and **100%** in Year 2
- From baseline (to be scoped), **40%** increase in online psychological wellbeing support Year 1 and **80%** increase in Year 2

Staff and Volunteers

- **100%** Staff working in cancer and screening services report that they are confident to recognise and respond to psychological distress
- **100%** Staff working in cancer and screening services report that they are able to signpost to accessible psychological support services
- **100%** of staff working in cancer services will undertake equality and diversity training (including Deaf Awareness, LGBTQ+ and Cultural awareness)

- **100%** of volunteers/peer supporters will undertake equality and diversity training (including Deaf Awareness and Cultural Awareness)
- **40%** of **existing** volunteers will be trained as Digital Companions Year 1 and **80%** in Year 2. **100%** of **new** volunteers will receive digital companion training.
- **100%** of staff working in cancer, counselling and screening services will have access to online BSL interpretation services
- **20%** of registered nurses working in cancer services will be trained/able to use conversational British Sign Language during the 1st year (raising to **40%** in year 2)
- **20%** of counsellors employed in primary care will be trained/able to use conversational British Sign Language during the 1st year (raising to **40%** in year 2)
- Staff report improved job satisfaction- being able to support the psychological needs of patients and families

D8 How will you monitor, measure and report on the outcomes (differences) described above (300 words)

Outcome measures will be robustly defined following consultation with patients, family staff and partners.

- Designation/Number of staff trained in Equality and Diversity, Deaf Awareness, LGBTQ+ awareness,
- Designation/Number of staff trained to recognise and respond to psychological distress
- Number of volunteers recruited and trained
- Number of Digital Companions Recruited/impact reporting
- Number of Peer Supporters recruited and trained
- Number/Type of Peer Support Sessions
- Uptake of Peer Support Services
- Number/Type of Patient and Family Education Sessions
- Uptake of Patient/Family Education
- Surveys (patients, families, staff, volunteers, partners)
- Case Studies developed and disseminated
- Patient stories/films created
- Educational films created (patients and staff)
- Numbers of BSL Interpreters accessed
- Complaints and Compliments
- Patient and Carer satisfaction surveys- - pre, mid end of project
- Staff satisfaction surveys- pre, mid end of project
- Analysis/audit of distress thermometer (baseline, quarterly and end of project)
- Uptake of screening services

D9 Provide an itemised budget for each project (Add table rows as required)

Item	Description	Year 1	Year 2	Total
Counselling Provision and Equitable COVID Recovery Support for People with Sensory Loss				
Counselling Courses	3 Accredited Counselling Courses for BSL Speakers/Interpreters (£9k per course per person)	£13,500	£13,500	£27,000
Deaf/Deafblind Awareness and Basic Sign Language Courses	An introduction to the difficulties people face if they are Deaf/DeafBlind and would train staff in basic sign language. This course would be offered to frontline staff, volunteers and Peer Supporters	£3000	£3000	£6,000
British Sign Language Courses (Level 1)	BSL Courses at Level 1 for Primary Care Counsellors (12 counsellors year 1 and 12 year 2)	£5,174	£5,174	£10,348

	Deaf Awareness Courses for Cancer Nurses/Doctors (12 staff year 1 and 12 staff year 2)			
Digital BSL Access	Pilot and evaluate online access to BSL Interpreters to support patients and staff. Likely to be procured through an industry partner e.g. Sign Live which is the preferred access system identified by the Deaf Community	£18,000	Business Case for Health Board to fund depending on one year pilot	£18,000
Sensory Loss Peer Support	To recruit and train sensory loss wellbeing volunteers to advance peer support for people with sensory loss who would benefit. These volunteers would support people who are lonely and isolated in the community. Will require sensory inclusion 'kit' and interpreter support.	£5,000	-	£5,000
Staff and Volunteer Training , Education, Supervision and Support				
Registered Psychologist and Counsellor	3 days x 8a per week - to support training and supervision of staff and peer volunteers for wellbeing programme/service - to train and support a Recognising and Responding to Distress in People Living with Cancer Programme across pathways including community, primary care, ward and diagnostic staff etc. - to offer accredited Counsellor supervision to trainee counsellors and supporting psychological wellbeing of patients, families and vulnerable groups	£40,356	£40,356	£80,712
Digital Patient Stories	To develop a series of digital patient stories to raise awareness of psychological distress and aid 'listening and learning'	Costs met through existing ABUHB Charitable Funds	Costs met through existing ABUHB Charitable Funds	£0
Digital Education/Information Films	To develop a series of education films for patients and the public will include education around cancer specific topics, recognising psychological distress and who to contact. These	Costs met through existing ABUHB Charitable Funds	Costs met through existing ABUHB Charitable Funds	£0

	films would also need sign interpretation			
Psychological and Emotional Support				
Health and Wellbeing Project Manager	Band 6 Project Manager. This post holder will co-ordinate the development of the service and ensure it is co-produced with patients, relatives and staff. This is a lower banded post as a triumvirate approach and additional support from teams within ABUHB will support project delivery.	£49,000	£49,000	£98,000
Peer Support Service (Volunteers) for patients and families	Venues, refreshments and training. Recruitment and training will be managed by ABUHB Project Manager (referenced above) and ABUHB Internal Volunteer Recruitment Team. Funding required for promotion, training etc	Costs met through existing ABUHB Charitable Funds	Costs met through existing ABUHB Charitable Funds	£0
Volunteer Expenses	Travel and other out of pocket expenses	£2,000	£2,000	£4,000
Child specific Counselling	2 x courses per year for generic counsellors to access child specific additional counselling training. This will enable children to access wellbeing support if for example a family member is affected by cancer or for example, better understand when a parent identifies as Trans	Costs met through existing ABUHB Charitable Funds	Costs met through existing ABUHB Charitable Funds	£0
Digital Inclusion (staff)	Appointment of a band 4 Digital Inclusion Officer working 3 days a week for one year. This person will scope key need across our community and support people to be more digitally connected. They will also support the training of volunteers and peer supporters to ensure sustainability going forward.	£18,479	£0	£18,479
Digital Inclusion (kit)	Kit and data costs included (£23,300)	£23,300	£0	£23,300
Toolkit	Development of a range of psychological support which would include face to face sessions, exercise classes, advice sessions, relaxation therapies, pain management, back to work advice, benefits, and evidence based complimentary therapy etc. This will need to include interpretation to ensure equity of support.	£4,000	£4,000	£8,000
Equipment to support psychological activities	Relaxation mats CD players	£3,000	£3,000	£6,000

	MP3 players Arts and crafts Journals Complimentary therapy products I-Pads Well-being Apps (accessible in different languages and with BSL facility)			
LGBTQ+ (specifically Trans) and Minority Ethnic Community Wellbeing				
Engagement Events	To understand the impact of COVID on the LGBTQ+ and BAME community and how they access/barriers to wellbeing support (in person and online) To understand wider access to healthcare issues, particularly sexual health and treatment expectations	£2,000	£0	£2000
Screening Support	To determine with the LGBTQ+ and Minority Ethnic communities access issues in regards to public health screening (particularly smears, breast, prostate), better understand barriers to uptake (eg Trans man may still have a uterus but not wish to access women's clinics) and ensure learning is embedded into referral and access policies and procedures	Costs covered above	Costs covered above	£0
LGBTQ+ and Minority Ethnic Peer Support	To work with the LGBTQ+ and Minority Ethnic communities and existing support services to establish dedicated peer support across the area	£1,000	£0	£1,000
LGBTQ+ Psychological Support	To develop dedicated LGBTQ+ psychological therapy/counselling services (service will be developed in light of the engagement event)	Covered with Counselling Placements	Covered with Counselling Placements	£0
Minority Ethnic Psychological Support	To develop dedicated Minority Ethnic psychological therapy/counselling services (service will be developed in light of the engagement event)	Covered with Counselling Placements	Covered with Counselling Placements	£0
Patient Stories	In light of feedback above, to develop a series of digital patient stories to raise awareness of psychological distress for people from the LGBTQ+ and Minority Ethnic Communities to raise awareness and support 'listening and learning'	Costs met through existing ABUHB Charitable Funds	Costs met through existing ABUHB Charitable Funds	£0
Staff Training	To run a series of training events based on patient experience and outcomes of engagement events for front line staff. This will be delivered in-house but will require some funding for venues, training materials etc	Costs met through existing ABUHB Charitable Funds	Costs met through existing ABUHB Charitable Funds	£0

Total (£)	£187,809	£120,030	£307,839
-----------	----------	----------	----------

Use this space if you would like to provide any additional information on the above i.e. if NHSCT will not be the sole funder, provide information on what other funding has been received or sought for the project. (150 words)

Staffing resource from the Health Board will be allocated to this service for the duration of the Grant reducing the number of paid posts requested through the Grant:

- Triumvirate resource to oversee Grant and Project
 - Head of Nursing Person Centred Care
 - Clinical Psychologist
 - Lead Nurse- Cancer
- Senior Nurse from ABUHB to support patient education
- Volunteer Manager to support volunteering agenda for the service
- Counsellor support from Person Centred Care Team to secure and manage Counselling Placements
- Informatics Lead to manage Digital Inclusion Officer Work Programme
- Dedicated time of ABUHB Equality, Diversity and Inclusion Manager across Grant period

D10 Short description of how any ongoing costs will be met, how the benefits of the project(s) will be sustained, and how you will disseminate any learning (150 words)

If, as the project progresses we identified the need for longer term funding, business cases would be presented to the Health Boards Executive Team for consideration in financial planning. Project reporting will take place quarterly through the Cancer Board allowing ample time to identify any potential ongoing costs.

Over the course of the Grant, we will recruit and embed both peer support and digital champion volunteers. The ongoing supervision and management of these staff will be through local divisional teams, negating the need for a dedicated 'manager'. Ongoing recruitment of volunteers will be through the Person Centred Care Team.

The period of the Grant will also allow us to build strong relationships with community groups where the potential to prepare partnership bids if required, will be possible.

Learning will be shared through the Health Boards 'listening and learning' structures and reported to strategic groups including Cancer Board, Equality and Diversity Groups, Quality and Patient Safety Committee and the Stakeholder Reference Panel.

Ongoing learning from this work will be reported monthly through the All Wales Patient Experience Network.

We commit to publishing the results

Section E – Management and Governance

E1 Check the boxes below to confirm you and/or your delivery partners have the following in place:	
x	Equality and Diversity policy
x	Safeguarding policy (if applicable i.e. working with vulnerable groups/children & young people)
x	DBS (or Disclosure Scotland) checks for appropriate staff and volunteers (if applicable)
x	Relevant insurances

Use this space to provide any additional information on the above i.e. if you have had to consider additional safeguarding relating to use of technology, or additional considerations to ensure equality and diversity, etc. (150 words)

The ABUHB will abide by all safeguarding, equality and Information Management and Technology policies

A Technology Lead will be part of the steering group and will manage the governance around the use and dissemination of technology.

The organisations Equality, Diversity and Inclusion Lead is also part of the steering group and will proactively support engagement and consultation with vulnerable groups.

Discussions have also taken place with the British Deaf Association to scope the feasibility of paying for 3 people from the Deaf/Hard of Hearing community to train as counsellors. Deaf counsellors supporting the psychological wellbeing of both the hearing and non-hearing community will significantly support people and change culture

Training for staff to recognise and respond to psychological distress will be developed and delivered by registered psychologists.

Volunteer/Peer Support Governance will be managed through the existing organisational volunteering governance processes

Digital stories will only be produced with patient consent and will be in an accessible format e.g. with BSL interpretation

E2 Tell us how you will manage these projects including monitoring and reporting for your proposed projects (300 words)

Accountability and Governance:

Responsibilities, outcomes and reporting arrangements will be defined through a newly established Partnership Board.

- **Executive Director Lead**

Rhiannon Jones, Executive Director of Nursing

- **Project Leads (Triumvirate)**

Tanya Strange, Head of Nursing, Person Centred Care

Anne May, Strategic Cancer Lead Nurse

Adrian Neal, Consultant Clinical Psychologist or Sarah Flowers, Clinical Psychologist

- **Project Board**

Adrian Neal, Consultant Clinical Psychologist or Sarah Flowers, Clinical Psychologist

Rhian Collins, Macmillan Optimal Cancer Pathway Manager

Gino Parisi- Person Centred Care Manager (Vulnerable Groups)

Ceri Harris- Equality, Diversity and Inclusion Manager

Matthew Lloyd- Senior Informatics Project Manager

Alison Griffiths, Charitable Funds Manager

Claire Jordan, Senior Nurse (Patient Education)

Kathryn Thomas, Volunteer Manager

Jemma McHale- Chief Officer, Community Health Council

Representative from Public Health Wales (Screening Services)

Representatives from Patient Groups (to be determined)

- **Co-opted Members**

Representatives from Partner Organisations (to be determined)

GP Practices

Psychological Support Service Specification

The Project Board will be responsible for developing a Psychological Support Service Specification and in consultation with people, partners and staff, define the outcomes to be delivered. This will be agreed at the Cancer Board and Patient Quality and Safety Committee. The Project Board will meet monthly.

Monitoring and Reporting

Quarterly Reporting to:

- Strategic Cancer Board
- Patient Quality, Safety and Outcomes Committee
- NHS Wales Patient Experience Group

Six monthly reporting to:

- ABUHB Charitable Funds Committee
- Regional Cancer Board
- NHSCT

Annual Reporting to:

- Aneurin Bevan Board
- NHSCT

Section F – Summary programme budget and Finance

F1 Summary of funding request to NHSCT per project (Please check your calculations add up, and your total is in line with your grant allocation)

Projects number and title (Add table rows as required)	Year 1	Year 2	Total
Accessible Psychological Support for People Affected by COVID-19	£187,809	£120,030	£307,839
Total (£)	£187,809	£120,030	£307,839

Use this space if you would like to provide any additional information on the above. (150 words)

Some of the partners we would like to work with in developing this service are very small organisations and may require funding to participate e.g. travelling expenses. If this is the case we will approach the NHSCT to discuss or alternatively, will request funding from the ABUHB Charitable Funds. This will be identified at the start to ensure that partner costs are covered either through the Grant or via other sources.

F2 Provide the exact name of the organisation to which your grant award should be made i.e. how it appears on the Charity Commission or Bank Account

Aneurin Bevan University Local Health Board Charitable Fund

F3 Details of Management or Finance Officer:

Name	Alison Griffiths
Email address	Alison.griffiths3@wales.nhs.uk
Phone number	01495 765414

Section G – Funder Plus Support and feedback

G1 Please indicate if you would like additional support from NHSCT i.e. our Funder Plus Support (100 words)

We would like to be put in touch with any other organisations who may have developed psychological COVID recovery services particularly as it relates to vulnerable groups

G2 Provide us with feedback on the application process (250 words)

Excellent discussions with NHSCT lead prior to submitting this proposal. Guidance document is very good. We would request that more words are added to the count under D2 as it is difficult to evidence what we have found with a 200 word count.

Section H – Signature and Submission Date

By signing the below I confirm:

- I have read the Stage 3 Grants Programme Guidance before completing this Application form.
- I will abide by the terms and conditions of the award and reporting requirements.
- That the management accountant / finance officer has full knowledge of this project and funding application.
- I confirm that we have submitted a grant report for stage 1.3 funding¹

Signature		Date	16/11/2021
-----------	---	------	------------

Data Protection Statement:

The information supplied on the Application form will be used to process your Application. Your personal details will be retained to update NHS Charities Together records relating to applicants and grantees. Your details will not be disclosed by us to any third parties without your prior consent.

Please note that by submitting a completed Application form, you will be giving NHS Charities Together your explicit consent to our processing of your personal details as described. NHS Charities Together will contact you if further information is required.

¹ This application will not be accepted until the report and any supplementary information for stage 1.3 has been received and approved.



BUSINESS CASE TEMPLATE

This template should be used to document NEW investment cases greater

Title of Business Case: All Wales Citizen Experience Platform

Unique ref No.: To be completed by Corporate Support

than £50k, as per the Scheme of Delegation. Please refer to separate guidance on the content required for each section.

Directorate/Division: Corporate Nursing

Divisional Director: Rhiannon Jones, Executive Director of Nursing

Project Lead(s): Tanya Strange and Claire Jordan

Drafting and Approvals Status Record

Version No.	Date Issued	Amendment History	Accountable Manager
V1	06/01/22		
V2	28/01/22		
V3	20/02/22		
V4	09/03/22		

Integrated Divisional/Corporate team members involved in developing Business Case

Finance Business Partner Rachel Chivers

(Name)	
HR Business Partner (Name)	Shelley Williams
Capital Planning (if applicable) (Name)	
Approval by Divisional Manager / DMT (Name)	Rhiannon Jones, Executive Director Nursing

1. Executive Summary

Subject/Purpose

The purpose of this Business Case is to support the implementation of the All Wales (All Wales) Service User Feedback (SUF) system across Aneurin Bevan University Health Board (ABUHB). The All-Wales CIVICA system will replace the existing manual service user feedback systems currently in use across NHS Wales Health Boards and Trusts. This SUF electronic system will design, capture and assist in the analysis of surveys undertaken by patients, relatives, public and other users of the healthcare system in NHS Wales, and to support related activities by Health bodies in Wales as part of their duties under Putting Things Right (PTR) legislation.

The new SUF system, which has been subject to an All-Wales tender, is provided by a third-party supplier, Civica, and consists of individual instances of common database design. Each instance of the SUF will be holding data for each organisation; linked by common / core set of questions included that will be agreed at a national level or mandated by Welsh Government (Patients' NHS Wales experience (WHC/2018/042), along with questions developed locally by organisations.

The All-Wales approach and Civica platform, is a nationally agreed programme that is already being used in other Health Boards. It will allow for the continuous collection of patient feedback that can be easily accessed and reported to enable swift action to maintain or improve patient experience. Supporting this business case would ensure a person-centred focus to the foundations of service design and delivery.

Implementing the SUF system using the Civica system within ABUHB will provide consistency in the methodology, categorisation and security of information within any service user feedback and will assist with the resulting service improvements using said data.

Scope

Substantive and recurring funding of the system and 1-year WTE Band 6 Programme Manager to implement the system.

Stakeholders

All Divisions, patients, and families

Proposal- Preferred Option

Option 3

To procure and implement the All-Wales Civica System across ABUHB

Resource Implications

Cost Summary	Year 1 £	Year 2 £	Year 3 (and onwards) £
Revenue Staff	49,000	0	0
Revenue non-staff	25,283	22,033	22,033
Set up Cost	(52,250) inc above		
Less Savings *	0	0	0
Revised Total	74,283	22,033	22,033

Benefits and Risks of Preferred Option

Benefits Include:

- All Divisions will have access to a SUF electronic system
- Real time patient feedback secured
- PREMS are developed and aligned to specific divisions
- Hierarchy establishment will ensure robust management of the system
- Each Division will be able to report PREM feedback at internal QPS meetings
- Divisional responses to Committees and Board (Ward to Board reporting)
- All patients and carers will be able to provide feedback electronically wherever they experience care
- PREMS developed to reflect needs of the population using services e.g. bespoke PREMS for children
- Improvements in patient satisfaction and patient experience maintained
- Divisions are able to reflect patient feedback in service design and delivery
- Reduced complaints as issues identified in real time
- Increased triangulation between PREMS and Staff Experience

Risks including consequences, likelihood and mitigating actions(s):

- Funding not secured to introduce SUF system
- Unable to recruit Programme Manager to support implementation
- Patient experience not captured in a systematic way
- Lack of real time patient feedback and continued increase in complaints
- Increased pressures on clinically teams to physically capture patient experience

The paper sets out the solutions and financial requirements to implement the All Wales Civica system across ABUHB. This is a total investment of £74,283 year one and £22,033 recurring.

2. Case for Change

Current Service Provision

There is no systematic approach to collecting real time Patient Reported Experience Measures (PREMs) within ABUHB.

In 2019 the Person-Centred Care Team (PCCT) undertook a pilot of the National PREM survey (with additional questions). Seven staff visited 53 wards over 17 days between August 2019 and March 2020. The pilot was successful in as far as a number of patients receiving in-patient care were able to give their feedback. However, the pilot identified a number of issues:

- Gathering feedback was reliant on members of the PCCT physically attending the wards to speak to patients.
- The national PREM was not suitable for mental health, learning disabilities or children patient feedback
- Questions contained within the national PREM cannot be altered so additional questions needed to be added to ensure specific measures were included
- The national PREM does not allow for triangulation with staff feedback
- Only patients specifically visited were able to complete the survey as there was no means of sending the PREM directly to patients
- Some patients were uncomfortable completing a PREM whilst they were still a patient receiving care on the ward at the time
- There was no platform for reporting the PREMs once completed – the data was collected in an excel sheet and required staff to manually evaluate
- Lack of an electronic platform meant that themes from feedback needed to be manually identified
- Analysing and sharing outcomes were delayed due to needing to undertake manual analysis. This meant that feedback was no longer real time
- The PCCT were unable to manage their own workstreams whilst collecting PREMs

Whilst the methods adopted by PCCT are recognised and accepted ways of gaining feedback, they require physical attendance on site, manual collation of feedback and allow only limited reporting of patient and carer experience in 'real-time'. This, in turn, affects how well the organisation can use its feedback to drive improvement across the Health Board. Changes in health are important milestones in the lives of patients and Patient Reported Experience Measures (PREMs) can add real value in understanding the experience of patients accessing health care services. Therefore, systems need to be developed which are robust enough to gain the real time views of patients and carers across ABUHB, provide sufficient information on which to base service improvements, and to provide assurance to Board.

The new All Wales Service User Feedback (SUF) system replaces paper-based and different electronic tools in use across NHS Wales and is built on a Cloud platform. This system would enable the ABUHB to understand real time patient feedback, prioritise risk areas and drive service improvement, as well as highlighting positive comments/compliments. The system is facilitated by the supplier, Civica.

Patient Reported Experience Measures (PREMs) are questionnaires measuring the patients' perceptions of their experience whilst receiving care. The data sets can be used for research, quality improvement, clinician performance evaluation, audit, service change and economic evaluation. The project offers a revised SUF System using the Civica Cloud platform for the capture of information that is already being captured by NHS Wales Health Boards and Trusts in current manual and/or electronic systems (existing service user feedback systems in use by organisations).

The System provides dashboard analysis (see examples below) that support reporting frameworks.

Reporting suite

- ▶ Wide set of SSRS reports available
- ▶ Will create additional reports bespoke to each client
- ▶ Data feeds for data warehouse available

Rank	Service Line	Location/Ward	Score	Comments/Notes
1	Acute 24/7 services	The Dwyer (Rehabilitation Unit)	95.71%	1
2	Acute 24/7 services	The Dwyer (NDTU)	93.82%	1
3	Adult MH/Locality	Saffron Ground	93.82%	1
4	Older Peoples' Services	Come House (EMDAS)	91.47%	1
5	Adult MH/Locality	Come House, Station (Wellbeing)	91.47%	1
6	CAMHS	Deane Farm Clinic	90.62%	1
7	CAMHS	Oxford House (Child & Family Clinic)	89.29%	1
8	CAMHS	15 Forest Lane (Eating Disorder Services)	89.96%	1
9	Older Peoples' Services	Oxford House (Community Older People)	89.87%	1
10	Older Peoples' Services	Rosemead House (Community Older People)	89.36%	1
11	Older Peoples' Services	Come House (Community Older People)	89.34%	1
12	Health ID	LD Health & East Community Assessment &	84.87%	1
13	Adult MH/EMAS Locality	Oxford House (Room 2)	82.35%	1
14	Older Peoples' Services	Saffron Ground (Community Older People)	82.05%	1

League tables

Trust Site	Service		Speciality / Ward		Location		Discharge	
Site	Responses	1. Friendliness and Family Test	3. Dignity and Respect	4. Involvement in Care	5. Kindness and Understanding	6. Pain Control	7. Involvement in Discharge	Overall
Guys Hospital	110	91	93	95	95	89	95	96
St Thomas	35	97	100	96	97	98	93	94
Overall		93	96	96	94	92	95	91
Benchmarks		93	96	95	96	93	95	95

Heat Maps



Survey Analysis



Demographics analysis

Accident and Emergency									
Number of responses received on each mode of collection									
Mode	Response	Phone	Text	Web	Mail	Other	Response	Phone	Text
1	10	10	10	10	10	10	10	10	10

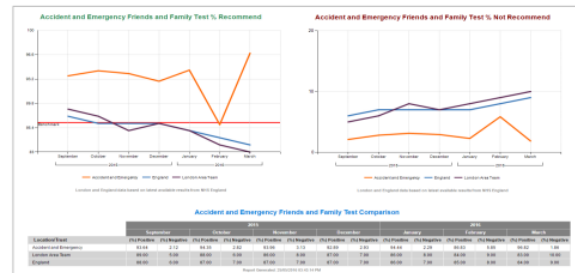
Statutory

Reporting suite

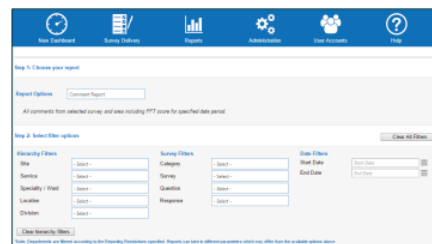
- Further example reports; can create additional reports bespoke to customer needs



'You said, We did' feedback posters, designed with your branding guidelines in mind



Trend and benchmarking



All reports filterable & exportable (XLS, PDF, PPT, DOC, CSV, JPG), XML 12

There has been a gradual increase in the need to capture service user feedback, and the implementation of the SUF system is in line with the predicted trajectory and allows all Health Bodies in Wales ongoing commitment to positive patient experience that can lead to improved quality of care and organisational reputation.

In the absence of a platform in which to gather patient feedback the Divisional benefits are identified above. The organisational benefits of implementing a real-time patient feedback system are:

- Publicly available and transparent system (that will comply with the Health Board's requirements under the Welsh Language Act), for people to provide feedback.
- Real time feedback will support patient safety, quality improvement and service improvement.
- Feedback will be used to enable cultures, behaviours and services to continually improve, adapt and transform.
- Positive feedback to promote good practice and raise morale.
- Early warning indicators relating to deterioration in service provision hence the potential to reduce the number of 'on the spot' concerns or complaints.
- Comparisons between areas to share good practice and lesson learnt.
- Potential to generate sufficient feedback for the data to be meaningful and for the organisation to have confidence in data received.
- Provide assurance to the Board in relation to patient and carer experience.

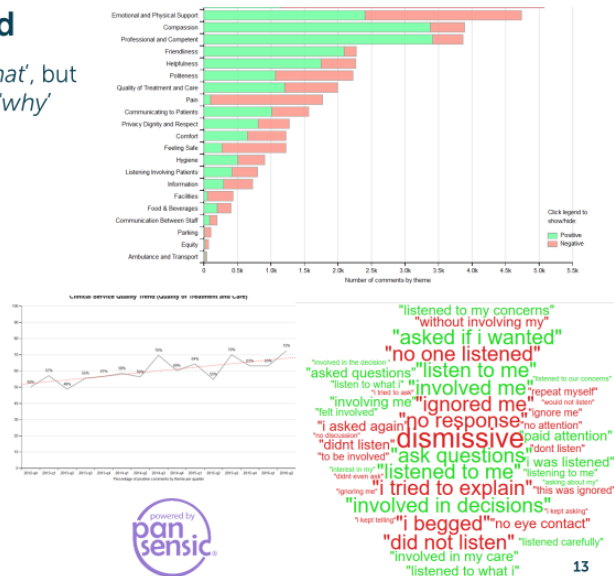
The SUF System will simplify patient feedback by presenting data in real time and delivering sentiment analysis, trends, word clouds right down to individual comments (see image below). SUF data will be provided in anonymised reports. ABUHB currently has no unified or structured method of collecting patient

experience and no standardised system for collating and sharing patient experience. This case lays out the benefits and requirements needed to provide ABUHB with an electronic Service User Feedback (SUF) system aligned to the All-Wales Concerns Management System.

Smart text analytics dashboard

Quantitative data helps you understand 'what', but only qualitative data helps you understand 'why'

- ▶ Emotion analytics
- ▶ 22 patient experience themes
- ▶ Positive and negative sentiment analysis
- ▶ Trend analysis
- ▶ In-context word clouds (by theme or emotion)
- ▶ Analysis by staff groups
- ▶ Interactive dashboard
- ▶ Drill down to verbatim comments
- ▶ Unique solution developed with the NHS



Service Demand Analysis

To comply with statutory duties placed on the organisations by the PTR regulations, requirements to capture feedback on services and other statutory duties (such as ombudsman reporting). The principal statutory duty covering the use of the system is the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 along with a number of other healthcare standards, health & safety and bespoke legislation which relate to the use of the system. The system is also linked to the requirement to gather data as part of the Duty of Quality outlined in the Health and Social Care (Quality and Engagement) (Wales) Act.

Every Division within the ABUHB should be collecting patient experience data. The PCCT are receiving increasing demands for support with the design, dissemination and analysis of patient experience feedback. This is currently not possible due to no dedicated system or resource in which to gather this data.

It is estimated that through this system, each Division will have access to 1,000 patient surveys per year.

Service Capacity Analysis

The collation of Service User Feedback is currently undertaken by organisations using different methods and is a requirement of organisations in the improvement of the quality of services. The Duty of Quality which will become a legal requirement on organisations will also require the capture and analysis of feedback from persons who use the services provided by a Health Board.

The purpose of collecting information within the system is to replace the current disjointed arrangements and to provide consistency in the methodology, categorisation and security of information within any service user feedback and will assist with the resulting service improvements using the data for service analysis and improvement.

Civica Experience can distribute and collect surveys from diverse populations and in different languages via multiple channels including: Online, SMS, IVR, iOS & Android app, Email, Paper, Agent calls, QR codes and NFC chips.

There is currently no SUF system in place across the Health Board. All Divisions, through an approved hierarchy need to have access to applicable service user feedback systems. The number of end user licences for the system would need to be informed through a management hierarchy of access.

Workforce Capacity and Demand Analysis/Challenges

As with DATIX, each Division will have in place a hierarchy of users for the CIVICA system. Unlike DATIX, there is currently no dedicated Programme Manager who can lead on the implementation of the CIVICA System. This will require a band 6 Programme Manager for the 1st year of adoption to manage service set up and implementation.

The license provided is organisation-wide, meaning that ABUHB will have an unlimited number of user accounts included in the fee for the core system. There is no limit to number of concurrent users, i.e. 30 staff users logged in at the same time is perfectly achievable.

Each user account can be customised to the user's role and requirements, meaning that accounts can be limited to access only certain surveys, certain parts of the hierarchy (all data is stored against an organisation hierarchy, e.g. Site, Service, Ward), or particular features. A typical setup would include: - 2-5 Admin users with full access rights (e.g. Person Centred Care Team, IT Team, responsible for overall management of system) - 50-500 Report users (e.g. Managers and Clinicians who access reports) - 10+ Data clerks (e.g. for inputting paper surveys if required). There are no restrictions on the number user accounts, or the number of concurrent users.

Information Flows

Information held in current service user feedback systems is considered to be aligned to but not part of medical records where there is anything which identifies the individual (however the majority of information held in the system is anonymised).

The NWSSP Central SUF System Administrative team are responsible for system maintenance, updates, error / issue investigation and e-form adjustments. The administrative team are NHS staff who are employed or managed by NWSSP on behalf of all NHS organisations in Wales.

Implementation of this system will require ABUHB to establish a hierarchy of users. As part of an agreed organisational hierarchy, identified staff within each organisation are given log-in credentials to the SUF system and this enables system leads to control which records, groups of records and data fields within records are visible, accessible or editable by users.

Some users will have access to the system to be able to undertake preparation and distribution of surveys. Some users will have access to extract and analyse the data that is collected from surveys. Local System Leads will be responsible for setting up accounts. Login access is a key element of data security to facilitate the audit trail.

Civica UK Ltd are the software suppliers for the SUF system and are third party hosts for servers in the cloud. The legal contract between Civica and NWSSP (on behalf of all Wales) outlines the data processing responsibilities. A copy of the signed Civica contract and Civica Cloud Assessment is embedded below



Managing the System

Sustainability of managing the system will be through the hierarchy and users at appropriate levels across the organisation. Civica Experience has an Admin zone for creating, managing and deleting User Accounts. Civica offers four levels of user account access as standard (Admin, Reports User, Survey User, Data Entry User). However each User Account can be individually configured to add or remove any system function to their account. This allows ABUHB to give a user one or two specific Admin functions without needing to upgrade their account to a full admin version.

Admins can also limit access by:

- Surveys, meaning they can only access data pertaining to particular surveys All Wales Concerns Management System Service User Feedback Design, Capture & Analysis
- Reports, meaning they can only run certain reports

- Data Hierarchy, meaning they can only access data to the Sites, Services, Wards, etc. that they have been assigned
- Features, meaning that they can only make use of certain features or reports

Using these as a basis ABUHB and Civica can jointly develop questionnaires using any combinations of questions and response options.

Survey library

- Manage all your surveys in one place
- Build your own surveys on-the-go

Statistics	Total Surveys	Active	Inactive	Responses (All Time)	Responses (90 Days)	Responses (30 Days)	Responses (7 Days)
	33	30	3	1072	0	162	1202

Survey Title	Created Date	Display Date	Types	Scope	Category	Status
Abdominal Survey	23/01/2015	N/A	Standard	External	Standard	Open
Blood Pressure Clinic Survey	27/02/2015	N/A	Standard	External	Standard	Open
Community Special Care Clinic	17/04/2015	N/A	Standard	External	Easy Read	Open
Day Surgery and Day Case	10/06/2015	N/A	Standard	External	Easy Read	Open
Day Surgery and Day Case	12/06/2015	N/A	Standard	External	Child (9-15 years)	Open
Day Surgery and Day Case	23/01/2015	N/A	Standard	External	Standard	Open
Emergency Care Questions - Children 0 years and over	23/01/2015	N/A	Standard	External	Standard	Open
Emergency Dental Service	23/01/2015	N/A	Standard	External	Standard	Open
Emergency Department Survey	23/01/2015	N/A	Standard	External	Standard	Open
Emergency Department Survey	20/02/2015	N/A	Standard	External	Child (9-15 years)	Open
Emergency Department Survey	20/02/2015	N/A	Standard	External	Parents/Carers	Open
Emergency Department Survey	20/02/2015	N/A	Standard	External	Easy Read	Open
Hospital at Home Survey	14/06/2014	N/A	Standard	External	Parents/Carers	Open
Hospital at Home Survey	23/02/2015	N/A	Standard	External	Easy Read	Open

Title	Questions	Page
1 Friends and Family Test	How likely are you to recommend our A&E Department to friends and family if they needed similar care or treatment?	1
2 Friends and Family Test	Please tell us the main reason for the score that you have given.	1
3 About You	Are you male or female?	1
4 About You	What is your age?	1
5 About You	What do you consider to be your ethnic background?	1

Responsibilities expected of the ABUHB during implementation

In order to deliver a tailored solution, Civica will need to establish strong channels of communication so that our insights support the co-design process. Relevant staff from each service areas would need to be available and empowered to make decisions.

Hierarchy

ABUHB will need to:

- Clearly identify primary contacts and back-up contacts (Civica will do the same).
- Ensure key stakeholders are available for an Implementation Workshop at the start of the implementation period.
- Send Civica a finalised version of the ABUHB hierarchy to be used in the system early on in the implementation period, as this functions as the back-bone of all data collection and reporting.
- Make space available for face-to-face training.

- Communicate with the incumbent contractor ahead of the contract start date (if applicable) to discuss migration
- Participate in regular project management meetings (telephone/Skype) to ensure all parties have a clear understanding of progress

There will need to be a close working relationship with Civica during the planning and ensuring the hierarchy is appropriate and through the set up and then ongoing through their support services.

Setup Workshop

Each implementation will entail Civica leading a half-day workshop onsite (or online depending on the situation) with staff identified on the hierarchy during the first week of implementation. This would promote further opportunity to engage with Patient Experience Leads, Informatics Leads, IT Managers, IG Managers, Service Managers, and other relevant stakeholders. This will be used to capture the requirements of all parties.

Setup Documentation

Following the setup workshop Civica will provide ABUHB with setup documents which are used to specify the solution configuration requirements. As part of the setup documentation Civica will support the ABUHB in developing a project plan outlining tasks, deliverables, roles and responsibilities, and implementation timings.

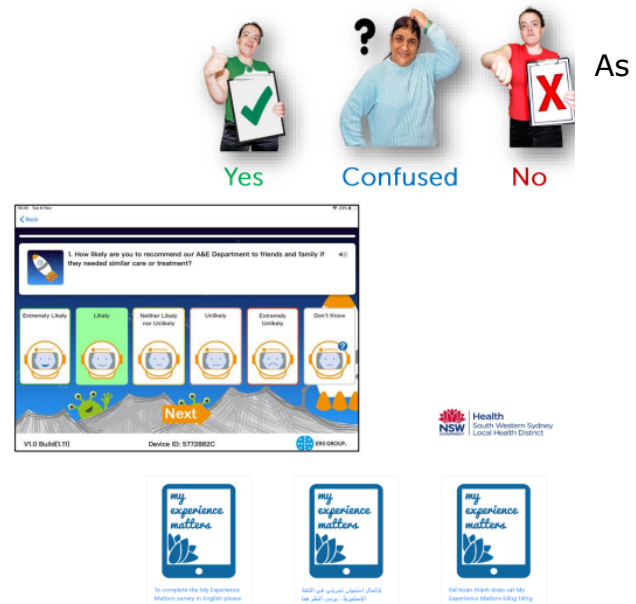
Civica will assist ABUHB in completing these documents, with detailed information about:

- Contacts
- System information, logos and URL
- Data hierarchy / Organisational structure
- Data collection methods
- Surveys
- Historical data
- Reporting and dashboards
- Administration – User accounts, Translations, Alerts, Action manager, Comment flagging
- Any additional requirements All Wales Concerns Management System Service User Feedback Design, Capture & Analysis
- Any additional requirements

Civica already has a wide a wide library of questionnaires and questions covering a wide range of care types, including in-patients, day case, outpatients, maternity, Accident and Emergency, Community Services, Mental Health, Primary Care (GP's, Dentists etc), Therapies etc

Survey accessibility

- Informative, clear and user friendly survey pages – logical layout, sharp colours and contrast
- Mobile friendly survey pages – rescale to screen size
- All surveys available in English and Welsh - other languages can also be added
- Photosymbols.com – learning difficulties
- Children & young people – themes
- Text-to-speech & speech-to-text – via mobile survey app
- Communication strategy support



part of the setup documentation Civica will also support ABUHB to develop a project plan outlining tasks, deliverables, roles and responsibilities, and timings.

Training

As part of the setup, Civica provides training opportunities to staff. Experience indicates that training is best provided face-to-face as it provides better opportunities for two-way communication, asking questions, and it allows the trainer to be flexible and dive deeper into areas identified as more important to the participants as the session progresses. However, should the current circumstances not allow this due to Covid-19, Civica can deliver this training virtually via Skype, WebEx, or similar. The type and level of training would be informed by the hierarchy and may include in-depth training of system leads and Super Users on the whole system, and briefer (1 hour) training session for managers and other staff who only need to view reports. Civica can also arrange for refresher training when needed, and this can often be done virtually. In addition Civica run a series of regular Webinars. There is no limit to the amount of customer support required.

In Scope:

- PREMs will be the only surveys to be conducted through this platform and may be completed by a relative or advocate where appropriate.
- The system will enable patients or their representatives the opportunity to provide real-time feedback
- Any chosen survey may be sent or made available to any chosen group of patients (surveys will be appropriate for the patient group with reference to age, language and accessibility requirements)
- Data may be used in service improvement projects, to share best practice, to provide evidence for audit and economic evaluation, for the purpose of

research and service evaluation (through the R&D protocols) and where appropriate may be used to evidence in personal reviews

- The system will allow patients to leave their details to facilitate asynchronous communication with appropriate Health Board staff
- There may be opportunity to add compliments through a bespoke survey.
- There is potential to capture compliments if not routinely recorded through DATIX.

Out of Scope:

- Patient Reported Outcome Measures (PROMs) will not be embedded in this platform.
- The system will not allow synchronous communication between patients and Health Board staff.
- The system will not manage complaints.

Resource Implications

Core Charge for the System: The core charge for the system is £19,200 per annum and this value is charged at pro-rata rate if the first year does not run for the full contact period. The core charge includes:

- Build and maintenance of the system
- Licensing
- Hosting
- Reporting
- Customer support
- Online survey module (including unlimited questionnaires and responses)

System Training: The All Wales Concerns Management System programme team will arrange initial training by the supplier for local systems leads and key users (based on the organisational hierarchy). Training is charged at £1,750 per system. Additional training will be charged at the rate charged by the supplier.

Transactional Charges and Additional Services: There are a number of transaction charges and additional services which may be purchased. The transactional charges will simply be cross-charged as they appear from the supplier and any queries addressed with local teams. Where the ABUHB elects to use additional services, these are cross-charged per annum separately from the core charge.

A breakdown of the transactional and additional charges is shown in the table below.

Service	Fee
SMS survey links – self-service	Transactional: £0.029 per SMS
SMS survey links – managed service	Annual fee: £2,000 Transactional: £0.029 per outbound SMS
SMS questions & answers as plain text – managed service (fees for typical survey with one open and one closed question, using Free-To-End-User shortcode for inbound SMS)	Setup: £1,500 Annual fee: £2,000 Transactional: £0.029 per outbound SMS and £0.044 per inbound SMS
IVR – managed service (fees for a typical 2-minute survey)	Setup: £1,500 Annual fee: £2,000. Transactional: £0.08p per connected IVR call
Email survey links – self-service (charge for sending links direct from system – no cost for separately sending these)	Transactional: £0.01 per outbound email
Email survey links – managed service	Annual fee: £2,000 Transactional: £0.01 per outbound email
Tablets incl. mobile app – incl.: 10x Tablet devices; 10x cases; 1x Delivery to one customer site; 10x MDM software licenses for remote device management; 10x Civica's mobile survey app (online & offline data collection) <i>[Need to ensure tablets can be included in organization's ICT system]</i>	Annual fee: £3,920
Paper – print, postage, scanning, processing, typing up text comments, etc.	Depends on requirements

Programme Support: To ensure successful implementation of the system, a WTE band 6 Programme Manager would be required for 12 months. This post holder would support the Project Team in developing and executing the project plan, providing direct support to service areas.

ABUHB Costs:

Cost summary	Year 1	Year 2	Year 3
	£	£	£
Capital	0	0	0
Revenue -Staff (Band 6 WTE)	49,000	-	-
IT resource			
Core Charge for system. The core-charge includes the build and maintenance of the system, licensing, hosting, reporting, customer support, the online survey	19,200	19,200	19,200

module (including unlimited questionnaires and responses).			
Training	£1,750		
Transactional charges for additional services-	• SMS self-managed 7000 (1000 per division) £203 • IVR. Set up £1,500 and annual £2,000. 7000 (1000 per division) £560 • Email survey links, self-managed. 7000 (1000 per division) £70.00	• SMS self-managed 7000 (1000 per division) £203 • IVR. Annual £2,000. 7000 (1000 per division) £560 • Email survey links, self-managed. 7000 (1000 per division) £70.00	• SMS self-managed 7000 (1000 per division) £203 • IVR Annual £2,000. 7000 (1000 per division) £560 • Email survey links, self-managed. 7000 (1000 per division) £70.00
Revenue - Non Staff	£25,283	£22,033	£22,033
Total	74,283	£22,033	£22,033
Less Savings	0	0	0
Revised Total			

3. Option Appraisal – to include at least 2 options

Option 1: Do nothing

To comply with statutory duties placed on the organisations by the PTR regulations, requirements to capture feedback on services and other statutory duties (such as ombudsman reporting). The principal statutory duty covering the use of the system is the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 along with a number of other healthcare standards, health & safety and bespoke legislation which relate to the use of the system. The system is also linked to the requirement to gather data as part of the Duty of Quality outlined in the Health and Social Care (Quality and Engagement) (Wales) Act.

There is a requirement to undertake patient experience surveys under the PTR legislation. Therefore, to do nothing is not an option.

Advantages:

- No cost for electronic system

Disadvantages:

- No platform in which to gather and report PREMS across ABUHB
- Unable to identify and act on real time feedback and potential for escalating concerns/complaints/harm
- Increased demand on PCCT to undertake PREMS via physical presence on wards
- Reputational damage

Option 2: Procure independently from the marketplace

The option for this has been discussed with the Assistant Director of the Informatics Directorate.

Advantages:

- A SUF system is designed and developed 'in house' to meet the needs of the Health Board

Disadvantages:

- The Informatics team would need to employ dedicated staff to design and manage a system comparable to the Civica All Wales system.
- There would be a significant delay in establishing a HB wide system while a business case is prepared, staff recruited and a system designed.

Option 3: Implement the CIVICA product procured via Welsh Risk Pool available on an All-Wales basis (preferred option)

Advantages:

- System is already designed, tested and running so would be 'up and running' quickly once agreed with a lead time of 12 weeks
- Meets the requirements of the Welsh Language Act
- Surveys can be developed/sent in preferred language
- Nationally agreed through a tendering process
- System used by other HBs who can provide guidance and support
- Opportunity to benchmark across Wales
- Nationwide learning
- Systems managed through Civica, including trouble shooting and training

Disadvantages:

- Annual system costs. However, this needs to be assessed against the current need to allocate clinical staff time to undertake physical PREMS.

4. Application of Prudent Healthcare Principles

Do No Harm

At present we are not actively asking patients about their experience so do not know whether we are potentially causing harm in relation to experience. Actively

asking gives patient easy option to share their experience and for the Health Board to respond where there is negative impact.

Carry out the minimum appropriate intervention

Actively asking people about their experience and responding may mitigate further action. Making changes where there are significant themes may reduce the negative impact on patients.

Organise staff by the 'only do what only you can do' principle

We should steer away from assumptions regarding what patients want/need and by asking for feedback may discover that we streamline what we do – 'what matters to me'

Promote Equity

Accessing realtime data will enable the HB to report themes occurring and share them HB wide so that all patients may benefit.

5. Impact Assessment, Resource Implications and Affordability of Preferred Option

Workforce Implications

1 x WTE band 6 project manager required for 12 months to support clinical teams across the organisation with implementation

Potential Service Impacts

An All-Wales Tender and reward of the contract means that all patients across Wales will be able to complete real time feedback questionnaires regardless of where they are accessing care. Services would have access to real time patient feedback. There would be need to train those staff identified within the hierarchy.

Cost Implications

This is a total investment of £74,283 year one and £22,033 recurring.

Capital requirements

None

Proposed Funding Source

There is no identified funding at this time. In the absence of secured funding it is proposed that each Division could ring fence a proportion of the costs year on year.

6. Implementation Plan and Measurement of Success

This would need to be fully scoped on agreement to fund the system

ID	Task Description	Named Lead	Estimated start date (ESD)	Estimated finish date (EFD)	Dependent on any preceding task/s	Status
1	Recruit to the Project Lead Post		May 2022	May 2023	Authorisation to proceed	
2	Establish Hierarchy		May 2022	June 2022	Authorisation to proceed	
3	Staff Training		July 2022	July 2022	Authorisation to proceed	
4	Roll out		August 2022		Authorisation to proceed	

7. Conclusion and Recommendation

To comply with statutory duties placed on the organisations by the PTR regulations, requirements to capture feedback on services and other statutory duties (such as ombudsman reporting). The principal statutory duty covering the use of the system is the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 along with a number of other healthcare standards, health & safety and bespoke legislation which relate to the use of the system. The system is also linked to the requirement to gather data as part of the Duty of Quality outlined in the Health and Social Care (Quality and Engagement) (Wales) Act.

It is proposed that ABUHB implements the Civica SUF system in order to gather real time patient experience feedback across all Divisions.

Detailed Benefits Realisation Plan based on Value Team definition
APPENDIX 1

Desired Objectives	Benefit	Current State (Baseline)	Target Future State	Timescale
<i>SUF implemented across the organisation</i>	<i>Real time patient experience gathered across all divisions. Ward to Board reporting</i>	<i>No electronic SUF system in place</i>	<i>1,000 patient experience surveys per division each year</i>	<i>By Q2 2022</i>
<i>SUF Hierarchy established across the organisation</i>	<i>Staff across Divisions able to access and analyse real time patient experience information</i>	<i>No electronic SUF system in place so unable to gather real time patient feedback</i>	<i>Hierarchy's established across all Divisions</i>	<i>By Q2 2022</i>
<i>Staff trained to use the system</i>	<i>Staff across Divisions able to access and analyse real time patient experience information</i>	<i>No electronic SUF system in place</i>	<i>Staff trained to use and analyse patient feedback to be reported through Divisional QPS.</i>	<i>By Q2 2022</i>
<i>SUF system in place</i>	<i>Organisational ability to undertake Ward to Board reporting</i>	<i>No electronic SUF system in place</i>	<i>Real Time patient feedback reported across and beyond the organisation</i>	<i>By Q3 2022</i>

Financial Schedule

APPENDIX 2 (i)

Revenue	WTE	Band / Scale	REC / NR	Cost Year 1 PYE	Cost Year FYE	Cost Year FYE
				£	£	£
<u>Direct Pay Costs – Staff Type</u>	WTE	Top of Scale	NR	LP		
1 x WTE Band 6 Project Manager						
<u>Impact on Support Departments</u>						
Do the IT Team need any additional support??						
TOTAL PAY						

Revenue	WTE	Band / Scale	REC / NR	Cost Year 1 PYE	Cost Year FYE	Cost Year FYE
				£	£	£
<u>Direct Non Pay Costs</u>						
Add CIVICA costs						
<u>Impact on Support Departments Infrastructure</u>						
Need advice on this from IT colleagues						

TOTAL Non PAY						
----------------------	--	--	--	--	--	--

Financial Schedule

Appendix 2(ii)

Revenue	WTE	Band / Scale	REC / NR	Cost Year 1 PYE	Cost Year FYE	Cost Year FYE
				£	£	£
TOTAL EXPENDITURE						
Less:						
INCOME/SAVING:						
No savings identified						
TOTAL INCOME				0	0	0
NET COST/(SAVING)						

CAPITAL	Cost Year 1 PYE	Cost Year FYE	Cost Year FYE
	£	£	£
Nil	0	0	0
TOTAL			

APPENDIX 3(i)

Risk Based Prioritisation of the Preferred Option *This is a 2-part matrix to assess the scale of your project, i.e., complexity, risk, capacity, support required, and its priority status against operational and strategic objectives. Choose the statement for each criterion that best fits your scheme proposal.*

Score for Complexity and Resource Consumption Criteria (Part 1)						
Criteria	1	2	3	4	5	Score
Scope	One main deliverable		Multiple deliverables		Complex and vague. Dynamic dependencies.	1
Costs	Resource neutral.	May involve some costs within departmental Scheme of Delegation i.e. <£50k. *	Investment required <£100k. Executive approval.	Investment required £100-£250k	Investment required >£250k	3
Workforce Dependencies	No changes to workforce.	Workforce impact involves changing practice and procedures. Provision of short training programmes provided through in house. May require recruitment but no	Workforce changes effect small number of staff and involve changes to base or rotas only (potential short term protection), which may require formal consultation under OCP or	Workforce changes impact staff and involve reduction of staff in post &/or changes to roles by 2 thirds &/or changes to bases &/or rotas (potential long term and short term protection	Significant workforce changes effecting a whole service, function or ward and involving reduction of staff in post &/or changes to roles by 2 thirds &/or changes to bases &/or rotas (potential long term and short	2

		current skills shortages and no risk of the use of agency or high cost variable pay. *	Requires provision of in house or external training or Will require recruitment but no current skills shortages identified and low risk that failure to recruit will require agency or high cost variable pay.	through formal OCP or Requires provision of external training and backfill of posts. Will require recruitment of skills already in short supply, & Likely risk of failure to recruit which will require agency usage or high cost variable pay.	term protection through formal OCP) or Requires external training and backfill of posts. Will require recruitment of skills where there are already significant vacancies and skills on occupational shortage lists and and will require agency usage or high cost pay to provide the level of resource requirements/or internal recruitment creates vacancies and high cost variable pay or other parts of the service.	
--	--	--	--	--	---	--

Indicative Capital Requirements * * It is recognised that capital requirements may not be clear at the scoping stage, so if you are unsure about how to score this, please contact Capital Team for advice.	No capital requirements *	Small scheme <£100k ABHB CEO / Dep. CEO approval required.	£100k to £500k ABHB Executive Team approval required.	£500k - £1m ABHB Board level approval required	>£1m External capital funding and approval required.	1
Stakeholder Involvement & Consultation	Needs only internal staff (or 'free' resources) to do the work and consuming very low effort Informal internal discussion with staff only.	Involves working across 2 or more service areas. Informal discussions with stakeholders such as CHC, patients and staff required. HR and Trade Union support may be required.	Involves working across 2 or more service areas, and external partners or bodies. Some corporate support may be needed. Informal discussions with	Formal discussions with Trade Unions, HR, CHC and patients advised. Executive or Board level approvals required.	Requires dedicated staff resources and its own budget to deliver. Formal public consultation required. Potential political interest. Likely stakeholder opposition.	3

			Trade Unions, HR, CHC and patients. Formal workforce consultation required.	Needs close working with other Divisions and/or corporate support to do the work. Requires some dedicated staff to do the work.		
Project Duration	Very short-term – <3 months	Short- term – 3-8 months	Medium 9-<12 months	Med-Long term 12-18 months	Long term >18 months *	5
Score for Complexity and Resource Consumption Criteria (Max score 30)					Total Score	15

* It is recognised that capital requirements may not be clear at the scoping stage, so if you are unsure about how to score this, please contact [Capital Team](#) for advice.

Score for Strategic Fit (Part 2)						
Criteria	1	2	3	4	5	Score
IMTP Strategic Priority: Degree of Alignment	Local priority e.g. improves efficiency, resolves local difficulty.	Key to delivery of Divisional objectives, e.g. financial or annual plans.	Key to delivery of ABUHB corporate objectives, e.g. financial balance, Clinical Futures	Key to delivery of a national priority e.g. target or strategy.	Delivers more than one national or regional or legislative directives	4

IMTP Strategic Priority: Health Inequalities	No/neutral impact on health inequalities.	Some small evidence that narrows gap in life or healthy life expectancy for small % of target Pop.	Some evidence of positive impact on moderate % of target Pop.	Good evidence of positive impact on significant % of target Pop.	Robust and convincing evidence on large % target Pop.	3
Organisational Risk Profile	Very low risk, if any. Failure not mission critical.	Low risk, modest changes, failure a local difficulty	Moderate risk profile (Amber). Major changes. Failure would have significant impact on business or operations.	Major changes. Failure would have major impact on strategic objectives and/or reputation.	High risk profile or mandatory compliance issue Red-rated risk on ABUHB Corporate Risk Register. Failure potentially catastrophic.	3-4
Evidence of Effectiveness	No evidence will have intended impact.	Limited amount of evidence predominantly from descriptive case studies, surveys or expert opinion.	Some evidence from non-comparative cross-sectional, or before and after studies, e.g. case control and cohort studies.	Moderate evidence from randomised and non-randomised comparative studies.	Strong evidence of effectiveness (well-conducted systematic reviews/meta-analyses).	3
Benefits/Value: Financial	Small financial benefit.		Makes a moderate contribution to the division's /organisation's savings target.		Makes a significant contribution to the division's/ organisation's savings target.	1

Benefits/Value Non-financial (inc QPS & EQIA)	Outcomes – capture of PROMS	Outcomes – capture of PROMS and clinical outcomes	Outcomes & Costing – transforming element of a pathway	Outcomes & Costing - transforming and capturing over a complete pathway	Full Integrated Practice Unit	4
Sustainability	Does not support Well Being Future Gens’ – Long term way of working or other ABUHB sustainability objectives, e.g. Clinical Futures.		Partially supports achievement		Fully supports achievement including impact on other services and the overall health and social care system.	5
Score for Organisational Priority (Max score 35)					Total Score	23

When you have scored the two matrices, check the outcome for each rating using the tables below. The see next page.

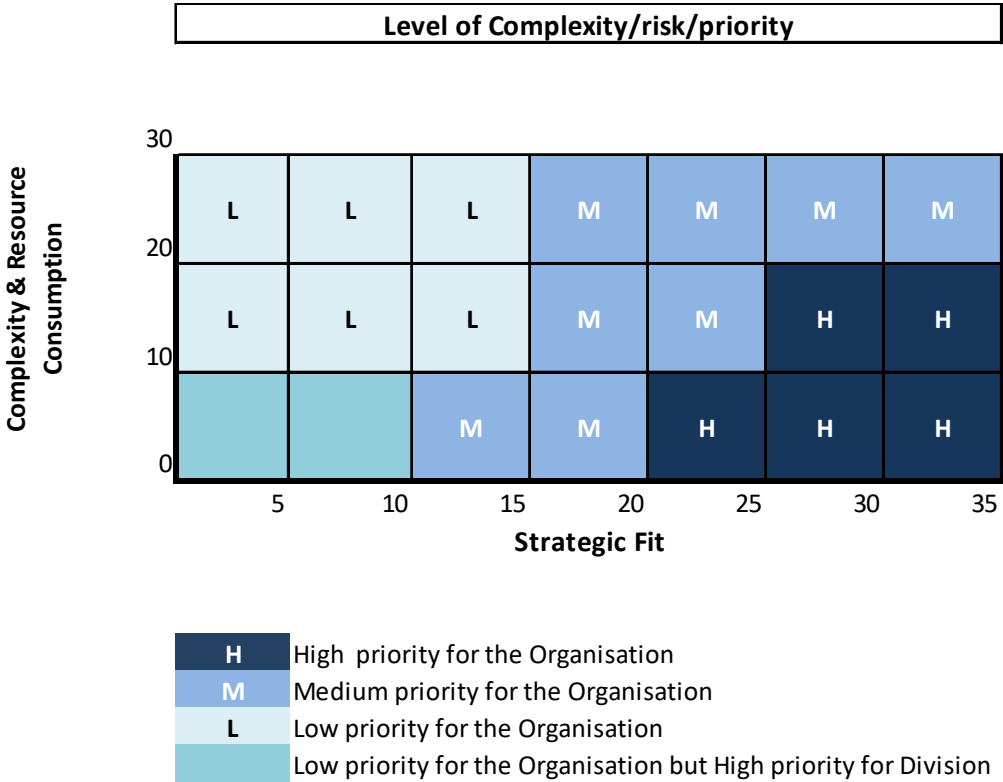
Score for Complexity and Resource Consumption Criteria	Outcome
< = 10	Low level consumption
11 - 20	Moderate level consumption
>20	High level consumption

Score for Strategic Fit	Outcome
< = 10	Low Priority for Organisation
11 - 20	Moderate Priority for Organisation
>20	High Priority for Organisation

Prioritisation of the Preferred Option

To comply with statutory duties placed on the organisations by the PTR regulations, requirements to capture feedback on services and other statutory duties (such as ombudsman reporting). The principal statutory duty covering the use of the system is the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 along with a number of other healthcare standards, health & safety and bespoke legislation which relate to the use of the system. The system is also linked to the requirement to gather data as part of the Duty of Quality outlined in the Health and Social Care (Quality and Engagement) (Wales) Act. This is a high priority for the organisation.

The prioritisation level for the Preferred Option in this business case is: High Priority.....





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Charitable Funds Committee
Thursday, 9th June 2022
Agenda Item: 3.6

Aneurin Bevan University Health Board

Small Grant Scheme Requests and Funding Available

Executive Summary

The amount left in the general funds available to the Charitable Funds Committee decreased in recent years and is unlikely to rise significantly unless for example the Charitable Fund is in receipt of a large legacy. In view of the reduction in available funds the Committee has agreed to operate a Small Grants Scheme where the maximum bid amount will be up to £5k.

No grant requests have been received for this meeting but this paper gives the Committee an up to date position of the funds available to them.

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 :

Executive Team

Committee of the Board

**Charitable Funds
Committee**

Date of the Report: 25th May 2022

Supplementary Papers Attached: None

Purpose of the Report

The purpose of this report is to provide the Committee with an up-to-date position in relation to the funds available to support grant requests submitted to the Committee.

Background and Context

The funds available to the committee has diminished. In view of this the Committee has approved a Small Grants Scheme where bids can be received up to a maximum value of £5K.

Available Funds

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

Table 1

Charitable Funds Committee - General Funds	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	Total £000's
Funds available 31.03.2021	153	25	17	50	68	153	25	491
Bid CFC-247 Thank You Hydration Bottles	-31		-17					-48
Bid CFC-251 Additional Hydration Bottles	-11							-11
Costs relating to sale of 3 Freeholds	-7							-7
Small Grants Scheme - SGS-001 Care After Death	-2							-2
Interest/Div/Unrealised Gain less Admin Charge 21/22	9	1		2				12
Total	111	26	0	52	68	153	25	435
Commitments								
Monies held in reserve re BID CFC-243 Volunteer Event	-15							-15
CF Committee Contingency Fund	-46							-46
SGS-002 Chapel Wall Screens (not yet paid)	-1							-1
Remaining available to the Committee as at 31.03.22	49	26	0	52	68	153	25	373

Key points:

- The funds by site (STW £25K & CCH £50K) are made up of general legacy funds restricted by site and in order 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.
- Having reinstated the valuations of 13 Clytha Square and "the Domestic Chaplain" paintings these now show at £153k and £25k, respectively.
- Current funds available to the Committee for ABUHB is £49k.
- The balance available considers the following:
 - recent commitments made by the Committee that have not yet been paid for.
 - a contingency of £46k that the Committee previously agreed to hold.
 - Reserves of £266k.

Assessment and Conclusion

By transferring to a Small Grants Scheme, the Charitable Funds Committee are still able to apply general funds for the benefits of patients and staff across the Health Board.

The Committee has a balance of £49k available to support small grants.

Recommendation
The Committee are asked to note the balance available to them to support small grants.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	<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>
Financial Assessment	<i>Decisions to support requests may have an indirect impact on revenue budget pressures within the main Health Board.</i>
Quality, Safety and Patient Experience Assessment	<i>Donations to the charity directly affect patient experience in a positive manner.</i>
Equality and Diversity Impact Assessment (including child impact assessment)	<i>No impact.</i>
Health and Care Standards	<i>No impact.</i>
Link to Integrated Medium Term Plan/Corporate Objectives	<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>
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<i>No impact.</i>
Glossary of New Terms	<i>STW – St Wools Hospital</i> <i>CCH – Chepstow Community Hospital</i> <i>RGH – Royal Gwent Hospital</i> <i>GUH – Grange University Hospital</i> <i>ABUHB – Aneurin Bevan university Hospital</i>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Thursday, 9th June 2022
Agenda Item: 3:8

Aneurin Bevan University Health Board

LAND AT OAKDALE

Executive Summary

Works and Estates have been contacted by Bron Afon Community Housing regarding a small parcel of land that is owned by the Charity. Bron Afon Community Housing are in dialogue with the owner of a site adjacent to Penrhiw Bengi Lane, Oakdale which adjoins the small parcel of land owned by the charity.

Bron Afon would like to open discussions with the Health Board to acquire the land to facilitate access to the site.

The Charitable Funds Committee is asked to consider this request based on the information provided in 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 & Value Based Healthcare

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

Report Received consideration and supported by:

Executive Team

Committee of the Board

Charitable Funds
Committee

Date of the Report: 26th May 2022

Supplementary Papers Attached: Valuation Report

Purpose of the Report

The purpose of this report is to request the Committee considers a request to sell land at Oakdale owned by the charity.

Background and Context

This piece of land comprises a small linear strip of land around 1 metre wide (indicated in red on map below) that has no beneficial use in its current form; it is overgrown with trees and shrubbery and acts as a barrier between a housing estate and land currently in agricultural use. It was retained, following the sale of land to Redrow in 2010, as it provides access to any potential future development on land situated directly to the north of the property.



The property was valued in February 2019 at £50k by Savills (Valuation Report attached) following an approach to the Health Board by the owner of the land north of the property who wanted to purchase it. This potential purchase did not materialise.

The current approach has been made by a housing association on behalf of the landowner.



Assessment and Conclusion

Listed below are various options to be considered by the Committee.

Option 1

Do nothing – this piece of land is only valuable to the owner of the land behind this piece of land as it provides access if they wish to develop their land. A do-nothing option may mean that going forward we will have lost any possibility of selling the land.

Option 2

Consider selling the piece of land – obtain a valuation as to the current market value of the land. The valuation obtained in 2019 was at a cost of £1K. Progress to the sale of the land via the most appropriate means ensuring that the Health Board obtain the best possible sale value and obtain value for money.

Recommendation

The Committee is asked to discuss this report and provide views as to whether to dispose of the land at Oakdale.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	<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>
Financial Assessment	<i>The financial implications depend on the decision made by the Committee</i>
Quality, Safety and Patient Experience Assessment	<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>
Equality and Diversity Impact Assessment (including child impact assessment)	<i>No impact</i>
Health and Care Standards	<i>No impact</i>
Link to Integrated Medium Term Plan/Corporate Objectives	<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 if the funds were secured in relation to the sale of this land</i>
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<i>No impact</i>
Glossary of New Terms	<i>None</i>

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of
1 to 10 Cefn Y Fferm, Oakdale, Blackwood



28 February 2019

Ref: SC/434244

Aneurin Bevan University Local Health Board Charitable Fund
PO Box 10
Pontypool
NP4 0XG

For the attention of Alison Griffiths

Dear Alison,

Scott Caldwell MRICS
E: scaldwell@savills.com
DL: +44 (0) 2920 368943
F: +44 (0) 2920 368999

2 Kingsway
Cardiff
CF10 3FD
T: +44 (0) 2920 368900
savills.com

**PROPERTY: FORMER T P PRICE ESTATE – OAKDALE RANSOM STRIP OF LAND LYING TO THE NORTH OF 1 to 10
CEFN Y FFERM, OAKDALE, BLACKWOOD.**

In accordance with the instructions contained in your email to us dated 5 February 2019, as confirmed in our letter to you dated 7 February 2019, we have inspected the property and made such enquiries as are sufficient to provide you with our opinion of value on the basis stated below. Copies of your instruction letter and of our letter of confirmation are enclosed at **Appendix 1**.

We draw your attention to our accompanying Report together with the General Assumptions and Conditions upon which our Valuation has been prepared, details of which are provided at the rear of our report.

We trust that our report meets your requirements, however should you have any queries, please do not hesitate to contact us.

Yours faithfully

For and on behalf of Savills (UK) Limited

A handwritten signature in black ink, appearing to be "Scott Caldwell", written over a faint, circular stamp.

Scott Caldwell MRICS
RICS Registered Valuer
Director

A handwritten signature in black ink, appearing to be "Andrew Weeks", written over a faint, circular stamp.

Andrew Weeks MRICS
RICS Registered Valuer
Associate Director

Offices and associates throughout the Americas, Europe, Asia Pacific, Africa and the Middle East.

Savills (UK) Limited. Chartered Surveyors. Regulated by RICS. A subsidiary of Savills plc. Registered in England No. 2605138.
Registered office: 33 Margaret Street, London, W1G 0JD

Contents

Executive Summary	1
1. Instructions and Terms of Reference	5
1.1. Instructions and Basis Of Valuation	7
1.2. Background	8
2. The Property, Statutory & Legal Aspects	9
2.1. Location & Situation	11
2.2. Description	12
2.3. Accommodation	13
2.4. Condition	13
2.5. Environmental Considerations	14
2.6. Town Planning	14
2.7. Tenure	16
3. Market Commentary	17
Property Market Overview	19
3.1. Local Market Summary	19
3.2. Sales Transactions	19
4. Valuation Advice	21
4.1. Approach To Valuation	23
4.2. Valuation	23
5. General Assumptions & Conditions to Valuations	25
5.1. General Assumptions and Conditions	27

Appendices

Appendices

Appendix 1 - Confirmation of Instruction

Appendix 2 – Ordnance Survey Extract

Appendix 3 - Property Market Overview

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



Executive Summary

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



Address	Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale	
Use	Land with no beneficial use in current form located between a housing estate and land currently in agricultural use.	
Location	Located to the north of Glynderwen Meadow, off Cefn Y Fferm, Oakdale in the County Borough of Caerphilly.	
Description	A small parcel of land retained by Aneurin Bevan ULHB as a ransom strip to provide access to any potential future development on land situated directly to the north of the property.	
Area	0.016 acres	0.006 ha
Planning	• The property forms part of a larger site which is identified within the LDP Plan as a site allocated for housing as provided within Policy HG1. • The land immediately to the north of the property (area A) is unallocated within the plan but within settlement limits and the land to the north east (area B) is again within settlement limits but designated as a Site of Importance for Nature Conservation (SINC). • The prospects of obtaining planning permission for residential development would be considered reasonable over area A, and whilst subject to a SINC designation, Area B also stands reasonable prospects of obtaining permission, meaning a potential development area of circa 4 gross acres, that could potentially be accessed across the ransom strip.	
Tenure	Freehold	
Market Value	£50,000	

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



1. Instructions and Terms of Reference

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



1.1. Instructions and Basis Of Valuation

You have instructed us to provide our opinions of value on the following basis:

- The current Market Value of the freehold with vacant possession ("Market Value");

1.1.1. General Assumptions and Conditions

All our valuations have been carried out on the basis of the General Assumptions and Conditions set out in the relevant section towards the rear of this report.

1.1.2. Date of Valuation

Our opinions of value are as at the date of this report, 28 February 2019. The importance of the date of valuation must be stressed as property values can change over a relatively short period.

1.1.3. Definition of Market Value

In undertaking our valuations, we have adopted the definition of Market Value as defined in the RICS Red Book, as detailed below:

Market Value (MV) is defined in IVS 104 paragraph 30.1 as:

"The estimated amount for which an asset or liability should exchange on the valuation date between a willing buyer and a willing seller in an arm's length transaction, after proper marketing and where the parties had each acted knowledgeably, prudently and without compulsion."

1.1.4. Purpose of Valuations

You instruct us that our valuations are required for internal accounts purposes.

1.1.5. Conflicts of Interest

We confirm that Savills (UK) Limited does not have a material connection or involvement with the subject property or any other parties and there are no other factors that could limit the valuer's ability to provide an impartial and independent valuation. Accordingly, we are reporting on an objective and unbiased basis.

1.1.6. Valuer Details and Inspection

The due diligence enquiries referred to below were undertaken by Scott Caldwell MRICS and Chloe Beard BSc MSc (Hons). The valuations have also been reviewed by Andrew weeks MRICS.

The property was inspected on 22 February 2019 by Abbey Bennett MRICS and Chloe Beard BSc MSc (Hons). We were able to inspect the whole of the property. The weather on the date of our inspection was dry and sunny.

Scott Caldwell MRICS and Andrew Weeks MRICS are RICS Registered Valuers. Furthermore, in accordance with VPS 3.2, we confirm that the aforementioned individuals have sufficient current local knowledge of the particular market and the skills and understanding to undertake the valuation competently.

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



1.1.7. Extent of Due Diligence Enquiries and Information Sources

The extent of the due diligence enquiries we have undertaken and the sources of the information we have relied upon for the purpose of our valuation are stated in the relevant sections of our report below.

1.1.8. Liability Cap

Our letter confirming instructions at **Appendix 1** includes details of any liability cap.

1.1.9. RICS Compliance

This report has been prepared in accordance with Royal Institution of Chartered Surveyors' ("RICS") Valuation – Global Standards 2017 incorporating the IVSC International Valuation Standards issued June 2017 and effective from 1 July 2017, and the RICS Valuation – Global Standards 2017 - UK national supplement issued 14 November 2018 and effective from 14 January 2019, together (the "RICS Red Book"), and in particular in accordance with the requirements of VPS 3 entitled Valuation reports and VPGA 2 Valuation of interests for secured lending, as appropriate.

Our report in accordance with those requirements is set out below.

1.1.10. Verification

This report contains many assumptions, some of a general and some of a specific nature. Our valuation is based upon certain information supplied to us by others. Some information we consider material may not have been provided to us. All of these matters are referred to in the relevant sections of this report.

We recommend that you satisfy yourself on all these points, either by verification of individual points or by judgement of the relevance of each particular point in the context of the purpose of our valuation. Our valuation should not be relied upon pending this verification process.

1.1.11. Confidentiality and Responsibility

Finally, in accordance with the recommendations of the RICS, we would state that this report is provided solely for the purpose stated above. It is confidential to and for the use of the party to whom it is addressed only, and no responsibility is accepted to any third party for the whole or any part of its contents. Any such parties rely upon this report at their own risk. Neither the whole nor any part of this report or any reference to it may be included now, or at any time in the future, in any published document, circular or statement, nor published, referred to or used in any way without our written approval of the form and context in which it may appear.

1.2. Background

The property previously formed part of a larger piece of land which was sold by Aneurin Bevan ULHB to Redrow in 2010. Aneurin Bevan ULHB retained the property as a ransom strip to provide access to any potential future development on land situated directly to the north of the property.

2. The Property, Statutory & Legal Aspects

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



2.1. Location & Situation

The property is located to the north of Glynderwen Meadow, off Cefn Y Fferm in Oakdale in the County Borough of Caerphilly.

The property is predominantly surrounded to the south, east and west by residential properties that form part of the Glynderwen Meadow housing estate, developed by Redrow in 2012. Directly to the north of the property lies a public pathway and open pasture fields belonging to Pen-rhiw Bengi Farm. Further to the north, approximately 1 mile from the property is Oakdale Business Park, a 400 acre site home to numerous national and global industrial occupiers.

The property is situated approximately 1.5 miles from the A467 which in turn connects to the A48 and the M4 which provides onward access to Newport and other cities/conurbations along the M4 corridor. Newport is located approximately 15 miles to the south, whilst Cardiff is approximately 25 miles to the south west.

We enclose below a plan showing the location of the property.



Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



2.2. Description

2.2.1. Overview

The property comprises a small linear strip of land retained by Aneurin Bevan ULHB as a ransom strip to provide access to any potential future development on land situated directly to the north of the property.

The land is overgrown with trees and shrubbery and currently acts as a barrier between Cefn Y Fferm and Pen-rhiw Bengi Farm.

Photographs of the property taken on the date of our inspection are provided below.



Facing the land north-east



Facing the land north-west



Access to land from adjoining housing estate



Land frontage

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



We attach an extract from the Ordnance Survey sheet at **Appendix 2** showing the property edged in red and its immediate vicinity.



2.4. Condition

Aneurin Bevan University Local Health Board Charitable Fund

2.5. Environmental Considerations

2.5.1. Informal Enquiries

As instructed, we have not carried out a soil test or an environmental audit. Following informal enquiries, we understand that the property is a greenfield site. On the basis of these informal enquiries, it would appear unlikely that land contamination exists. This comment is made without liability.

2.5.2. Assumption

As our informal enquiries have suggested that land contamination is unlikely, we have valued the property on the basis that it has not suffered any land contamination in the past, nor is it likely to become so contaminated in the foreseeable future. However, should it subsequently be established that contamination exists at the property, or on any neighbouring land, then we may wish to review our valuation advice.

2.5.3. Flooding

We have made enquiries with regard to potential flooding at the Natural Resources Wales website, www.naturalresources.wales and note that the property is located in an area that is considered to be at little or no risk of fluvial or coastal/tidal flooding.

2.6. Town Planning

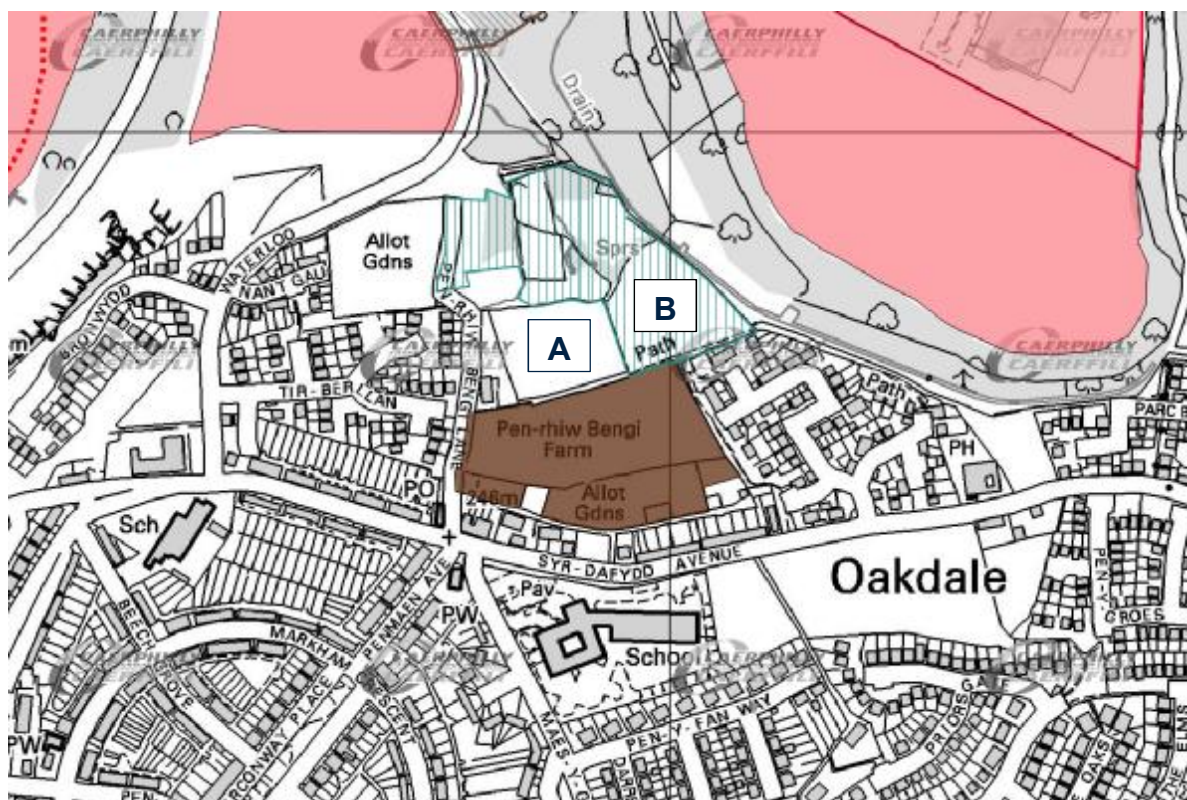
2.6.1. Statutory Background

We have made informal enquiries of the local planning authority, Caerphilly County Borough Council, who inform us that the statutory plan covering planning policy and development control for the area is the Caerphilly County Borough Local Development Plan (LDP), which was adopted on 23 November 2010.

The property forms part of a larger site which is identified within the LDP Plan as a site allocated for housing as provided within Policy HG1. This is the site that has subsequently been developed out by Redrow Homes for 65 new dwellings (Planning Application Ref: 07/0857/OUT) which were completed in 2012 and is shaded brown on the proposals map an extract of which is provided below.

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



The land immediately to the north of the property (annotated A on the extract above and having a site area of approximately 2 acres) is unallocated within the plan but within settlement limits and the land to the north east (annotated B on the extract above and hatched green and also having a gross site area of 2 acres) is again within settlement limits but designated as a Site of Importance for Nature Conservation (SINC). However, whilst identified as a SINC on the proposals map, it is used for similar agricultural purposes (and grazed) to Site A, whereas the land to the north of it which is also subject to the SINC designation is clearly more “constrained” from an environmental and ecological perspective.

As a result, subject to satisfying any site technical constraints, and design criteria, the prospects of obtaining planning permission for residential development would be considered reasonable over area A, and whilst subject to a SINC designation, Area B also stands reasonable prospects of obtaining permission, meaning a potential development area of circa 4 gross acres, that could potentially be accessed across the ransom strip. Access could be provided off Pen-Rhiw Bengi Lane to the west of the potential development land, but that road is considered substandard for development purposes and therefore is unlikely to have sufficient capacity (or the ability to widen) in order to deliver an alternative access to the site.

The area north of these two parcels is conserved ecologically sensitive and unlikely to come forward for development in the medium term.

2.6.2. VAT

Our valuation is exclusive of VAT.

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



2.7. Tenure

We have valued the freehold interest in the property as outlined in red on the Ordnance Survey Extract at **Appendix 2**.

2.7.1. Occupational Lease

There are stated to be no leases in existence, and therefore we have valued the property with the benefit of full vacant possession.

2.7.2. Occupation

At the date of our inspection the property was vacant.



3. Market Commentary

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



Property Market Overview

We enclose a Property Market Overview at **Appendix 3**.

3.1. Local Market Summary

According to the most recent Land Registry House Price Index, annual growth in Caerphilly was at 8.4%, higher than the average rise for Wales of 5.2%. The Land Registry average house price in Caerphilly in December 2018 was £137,993, showing a 0.72% price increase from the previous month. The average price of a detached house in Caerphilly was £224,013 in December 2018, having grown 7.9% from the previous year where the average price was £206,394.

Oakdale, with an average price of £158,601, was similar in terms of sold prices to nearby Grove Park (£161,000) but was more expensive than Argoed (£99,875) and cheaper than Croespenmaen (£205,779). Overall sold prices in Oakdale over the last year were 4% down on the previous year and 15% down on the 2012 level of £186,010.

3.2. Sales Transactions

In considering the potential development value of the subject property we have had regard to a number of sales of comparable properties for development land in the vicinity as follows:

Sir Dafydd Avenue, Oakdale, Blackwood

The site (the Redrow development adjoining the property) comprises 5.4 acres (5 net acres) and was bought with the benefit of outline permission by Redrow in April 2010 for £2,300,000, reflecting £425,926 per acre (£460,000 per net acre). Redrow built 65 units on the site, 18% of which were affordable. The S106 obligations equated to £200,000.

Hawtin Park, Pontllanfraith, Blackwood

The greenfield site comprises 36 acres (17.4 net acres) and was sold to Llanmoor in July 2017 for £4,727,000, reflecting £131,306 per acre (£271,667 per net acre). In total, 262 units are to be built on the site of which 22.5% are to be affordable. The S106 obligations equate to £637,644. Phase 1 of the development came to market in Summer 2018.

Former Bedwellty Comprehensive School, Pengam Road, Aberbargoed

The site comprises approximately 4.55 acres and was acquired by Llanmoor Homes unconditionally in January 2018 for £721,543, reflecting £158,500 per gross acre. The purchasers have subsequently submitted a planning application for a scheme of 55 new dwellings which is currently pending a decision.

Land at Ton Y Felin, Oakdale

The site comprises 4.15 acres (3.49 net acres) and was sold with outline planning permission for 45 units to Pobl in December 2016 for £950,000, reflecting £228,916 per acre (£272,206 per net acre). Pobl have now applied for 60 units to be built on the site.

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale





4. Valuation Advice

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



4.1. Approach To Valuation

We have firstly considered the likely value of the “ransomed property” in the event that the site owners were successful in obtaining planning permission for a residential development over the 4 acre site by reference to comparable land sale evidence.

The most recent sales evidence in this location is in the order of £150,000 per gross acre but that was for a site without planning permission. The sale at Hawtin Park was a much larger site with a higher proportion of non-developable land, however the net payable price at Hawtin Park and at Ton Y Felin at £270,000 per net acre is useful in establishing the valuation tone.

We have therefore assumed a net site area equivalent to 75% of the gross area to provide an estimate of the net developable area in the order of 3 acres before multiplying that by £270,000, to provide an indicative potential development value, assuming planning in the order of £810,000 (just over £200,000 per gross acre).

Assuming the property provided the only solution to access, we would expect a ransom payment to be made somewhere between 30% and 50% of the uplift in value, so assuming an existing use value equivalent of £10,000 per acre, would mean the development uplift is circa £770,000, meaning a ransom payment in the range of £230,000 - £385,000 depending upon the strength of the ransom argument and alternative options potentially available.

However, at this point in time, the site does not benefit from planning permission, so there are risks that all or part of it may not come forward, notwithstanding that we consider there to be reasonable prospects of planning success. Neither do we have any information in terms of likely site or technical constraints, nor are we certain that access cannot be delivered from other routes.

As such, as of present, the strip only has “hope value” for the potential to create a ransom to a development site at some stage in the future, and in valuing the ransom strip, consideration needs to be given to the amount that a speculator may pay for the potential opportunity of creating an uplift in value at a later date, whilst accounting for the potential risks associated with achieving this, as effectively the property has no existing use value without realising the ransom position.

We have evidence of a similar transaction which dates back to 2012, where a negotiated settlement for a potential ransom was settled at a consideration equivalent to 2.5% of the eventual with planning sale price. However, in that scenario, there was a very clear alternative access proposal, but the phase of development could be brought forward in a quicker timescale if the ransom strip was acquired, whereas the ransom position in this scenario appears to be stronger and on that basis, we consider the current value reflecting “hope” is in the order of £50,000 which is reflective of 6% of our anticipated development value and between 13% and 20% of the anticipated full ransom value once the planning and access risks have been fully determined.

Potentially, the current owner of the adjoining “ransomed land” may pay more for it, but they are effectively a special purchaser and we have not therefore reflected this in our assessment of Market Value.

4.2. Valuation

4.2.1. Current Market Value – Vacant Possession Value

Having carefully considered the property, as described in this report, we are of the opinion that the current Market Value of the freehold interest with full vacant possession, is in the order of:

£50,000
(FIFTY THOUSAND POUNDS)

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale





5. General Assumptions & Conditions to Valuations

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



5.1. General Assumptions and Conditions

5.1.1. General Assumptions

Unless otherwise stated in this report, our valuation has been carried out on the basis of the following General Assumptions. If any of them are subsequently found not to be valid, we may wish to review our valuation, as there may be an impact on it.

1. That the property is not subject to any unusual or especially onerous restrictions, encumbrances or outgoing contained in the Freehold Title. Should there be any mortgages or charges, we have assumed that the property would be sold free of them. We have not inspected the Title Deeds or Land Registry Certificate.
2. That we have been supplied with all information likely to have an effect on the value of the property, and that the information supplied to us and summarised in this report is both complete and correct.
3. That the property is not adversely affected, nor is likely to become adversely affected, by any highway, town planning or other schemes or proposals, and that there are no matters adversely affecting value that might be revealed by a local search, replies to usual enquiries, or by any statutory notice (other than those points referred to above).
4. That the property is connected, or capable of being connected without undue expense, to the public services of gas, electricity, water, telephones and sewerage.
5. That the property has not suffered any land contamination in the past, nor is it likely to become so contaminated in the foreseeable future. We have not carried out any soil tests or made any other investigations in this respect, and we cannot assess the likelihood of any such contamination.
6. That the property does not suffer from any risk of flooding. We have not carried out any investigation into this matter.
7. That the property either complies with the Disability Discrimination Acts and all other Acts relating to occupation, or if there is any such non-compliance, it is not of a substantive nature.
8. That the property does not suffer from any ill effects of Radon Gas, high voltage electrical supply apparatus and other environmental detriment.

5.1.2. General Conditions

Our valuation has been carried out on the basis of the following general conditions:

1. We have made no allowance for any Capital Gains Tax or other taxation liability that might arise upon a sale of the property.
2. Our valuation is exclusive of VAT (if applicable).
3. No allowance has been made for any expenses of realisation.
4. Excluded from our valuation is any additional value attributable to goodwill, or to fixtures and fittings which are only of value in situ to the present occupier.

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



5. Our valuation is based on market evidence which has come into our possession from numerous sources. That from other agents and valuers is given in good faith but without liability. It is often provided in verbal form. Some comes from databases such as the Land Registry or computer databases to which Savills subscribes. In all cases, other than where we have had a direct involvement with the transactions, we are unable to warrant that the information on which we have relied is correct although we believe it to be so.

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



Appendices

Report & Valuation

Oakdale Ransom Strip of Land Lying to the North of 1 to 10 Cefn Y Fferm, Oakdale



Appendix 1



7 February 2019

savills

Aneurin Bevan University Local Health Board Charitable Fund
PO Box 10
Pontypool
NP4 0XG

For the attention of Alison Griffiths

Our Ref: SC/434244

Scott Caldwell MRICS
E: scaldwell@savills.com
DL: +44 (0) 2920 368943

2 Kingsway
Cardiff CF10 3FD
T: +44 (0) 29 20 368900
F: +44 (0) 29 20 368998
savills.com

Dear Alison

PROPERTY: FORMER T P PRICE ESTATE - OAKDALE RANSOM STRIP OF LAND LYING TO THE NORTH OF BRYNHOWARD TERRACE, OAKDALE, BLACKWOOD

Confirmation of terms of engagement for the provision of valuation advice

1. Thank you for your email to us dated 5 February 2019. We are grateful to you for your kind instructions to advise and now write to confirm the terms upon which Savills (UK) Limited (**Savills, we or us**) will provide Aneurin Bevan University Local Health Board Charitable Fund (**you**) with a valuation report (the **Valuation or Report**) in respect of the above property or properties (each being a **Property**).
2. Our Valuation will be undertaken on the terms set out in this letter, including its appendices.
3. Please sign and return a copy of this letter to us to confirm your acceptance of the terms set out herein. In particular, we draw your attention to the fact that when signing this letter you are confirming your agreement to the limitation of our liability set out at paragraphs 8 -12 inclusive.
4. Please note we will be unable to formally issue our final Report to you, and you will be unable to rely upon the contents of our Report, until such time as we have received your signed copy of this letter.
5. To the extent that there is conflict or inconsistency between this confirmation of instruction letter and your email referred to above, this confirmation of instruction letter will prevail.
6. **Conflicts of Interest**

We confirm that Savills (UK) Limited does not have a material connection or involvement with the subject property or any other parties and there are no other factors that could limit the valuer's ability to provide an impartial and independent valuation. Therefore, the valuer will report an objective and unbiased valuation.

RICS Red Book

7. We shall prepare our Valuation in accordance with the RICS Valuation – Global Standards 2017 (incorporating the IVSC International Valuation Standards) and the RICS Valuation – Global Standards 2017 - UK national supplement, together the "**Red Book**". Accordingly, we confirm that:
 - (a) Identification and status of the Valuer
 - (i) The Valuation will be the responsibility of and the Report will be signed by Scott Caldwell MRICS, RICS RV, Director (the **Valuer**). The Valuer will work with colleague(s) as appropriate, and the Report will be counter-signed by at least one other RICS Registered Valuer;

Offices and associates throughout the Americas, Europe, Asia Pacific, Africa and the Middle East.
Savills (UK) Limited. Chartered Surveyors. Regulated by RICS. A subsidiary of Savills plc. Registered in England No. 2605158.
Registered office: 33 Margaret Street, London, W1G 0JD



- (ii) The Valuer has sufficient current knowledge of the particular market(s) and sufficiently developed skills and understanding to undertake the valuation competently.
- (b) Identification of the client and other intended users

The client is the addressee of this letter. We will address our Report to Aneurin Bevan University Local Health Board Charitable Fund (the **Addressee**).
- (c) Identification of the asset or liability to be valued
 - (i) The Property address is Oakdale Ransom Strip of Land Lying to the North of Brynhoward Terrace, Oakdale, Blackwood.
 - (ii) The interest to be valued is freehold. The Property will be valued with vacant possession, details to be confirmed in our Report.
 - (iii) The interest to be valued comprises land forming a ransom strip.
- (d) The valuation will be in pounds sterling.
- (e) Purpose of the valuation

The Valuation is required for Accounts purposes. It is important that the Report is not used out of context or for the purposes for which it was not intended. We shall have no responsibility or liability to any party in the event that the Report is used outside of the purposes for which it was intended, or outside of the restrictions on its use set out at sub-paragraph (i) below.
- (f) Basis of value

The basis of our Valuation will be Market Value, the definition (and source) of which are set out at **Appendix 1** (attached).
- (g) Valuation date

The Valuation date is the date of our report. You will appreciate that in providing you with our Valuation, we shall have regard to market conditions as at the Valuation date. Naturally, these are subject to change and it is therefore important that the Addressees take account of any such change in conditions that may occur from the Valuation date before making any binding decision in relation to the Property. Please do not hesitate to contact us ahead of making any binding decision which takes account of our Valuation if you have any concerns in this respect.
- (h) Extent of investigation

We will carry out an inspection of the Property and undertake investigations to the extent necessary to undertake the Valuation. We will not carry out a structural survey or test the services and nor will we inspect the woodwork and other parts of the structures which are covered, unexposed or inaccessible.

(i) Nature and source of information to be relied upon

- (i) We will carry out our Valuation on the information listed below:
- (ii) To the extent that you have provided us with information and / or instructed us to obtain it from a third party you agree, unless it is otherwise agreed by us in writing, that we can safely rely upon the accuracy, completeness and consistency of this information without further verification and that you will not hold us responsible in the event that any dispute regarding the Valuation arises from the accuracy of such information.
- (iii) Floor areas:

We will not be measuring the Property. It is agreed that we will rely on areas provided to us by you.
- (iv) We will not be measuring any part of the Property which we are unable to access. In such cases we may estimate floor areas from plans, or by extrapolation. Such measurements should not be relied upon for any other purpose.
- (v) We will not make formal searches with local planning authorities, but shall rely on the information provided informally by the local planning authority or its officers. We recommend you instruct lawyers to confirm the position in relation to planning and that the Report is reviewed in light of advice from your solicitors in this respect.
- (vi) For the avoidance of doubt, we accept no liability for any inaccuracy or omission contained in information disclosed by you or any third party or from the Land Registry or any database to which we subscribe. We will highlight in our Report where we have relied on such information.

(j) Assumptions and Special Assumptions

Unless otherwise agreed, our Valuation will be reported on the basis of the general assumptions attached at **Appendix 2**.

(k) Format of Report

We will adopt the relevant Savills (UK) Limited long form valuation report template, adapted, as necessary, to accommodate your instructions.

(l) Restrictions on use, distribution or publication

- (i) Our Report shall be confidential to, and for the use only of, the Addressee(s) and no responsibility shall be accepted to any third party for the whole or any part of its contents.
- (ii) Neither the whole nor any part of our Report or any reference to it may be included in any published document, circular or statement, nor published, reproduced, referred to or used in any way without our prior written approval (with such approval to be given or withheld at our absolute discretion).
- (iii) Where any addressee is a lender, in the event of a proposal to place the loan on the Property in a syndicate, you must notify us so that we can agree the extent of our responsibility to further named parties. If this is not done or we do not agree to be responsible to further named parties, we shall have no responsibility to any party other than the Addressee(s).

- (iv) Draft reports, if provided, will be sent on the basis that they are provisional (i.e. subject to completion of our final report) and for your internal purposes only. They must not be published or disclosed and you will not be entitled to rely upon them for any purpose whatsoever. Savills neither owes nor accepts a duty of care to you in connection with any drafts and shall not be liable to you for any loss, damage, cost or expense of whatever nature caused by your use of or reliance on them. Should you choose to rely upon a draft you do so entirely at your own risk and you are responsible for carrying out your own independent investigations.
- (v) We confirm that our valuation will be undertaken in accordance with the RICS Valuation – Global Standards (2017) which incorporate the International Valuation Standards (IVS) and the RICS Valuation – Global Standards 2017 - UK national supplement, together the "Red Book".
- (m) The basis on which the fee will be calculated
 - (i) The agreed fee for the provision of the Valuation is £1,200 inclusive of disbursements plus VAT and is payable in pounds sterling.
 - (ii) Our agreed fee and any expenses, together with any VAT (at the prevailing rate) on such amounts, shall become due and payable by you to us within 30 days of us issuing you with a valid VAT invoice in respect of such amounts. In the event that our fee is not paid by the date for payment we reserve the right to charge default interest at a rate of 4% above the Barclays Bank base rate for payment.
 - (iii) In the event of our instructions being terminated at any time prior to completion of our work, a fee will become payable on a time basis (at our prevailing rates) for work carried out up to the date of termination, subject to a minimum of 50% of the agreed fee, together with all expenses incurred.
 - (iv) If we incur any expenditure on solicitors or other third parties in order to recover the fee due, such amounts will be payable by you.
 - (v) If we perform any additional services for you, we will agree an additional fee with you in respect of such services and such fee shall be payable in the manner set out above.
 - (vi) You acknowledge that you shall not be entitled to rely upon our Report until such time as our fees have been paid as detailed here.
- (n) Savills Complaints Handling Procedure

A copy of our Client Complaints Handling Procedure can be made available to you on request.
- (o) Monitoring under RICS conduct and disciplinary regulations

Savills (UK) Limited is regulated by the RICS. Compliance with the standards set down in the Red Book may be subject to monitoring by the RICS under its conduct and disciplinary regulations.

Limitations on Liability

8. Subject to paragraph 12 below, our aggregate liability to any one, or more, or all of the Addressees or any other party who otherwise becomes entitled to rely upon the Report under or in connection with this agreement and our Valuation, however that liability arises (including, without limitation, a liability arising by breach of contract, arising by tort, including, without limitation, the tort of negligence, or arising by breach of statutory duty) shall be limited to the lower of:

- (a) 25% of the Value (as defined below) of the Property stated in our Report; and
 - (b) £75M.
9. In paragraph 8, **Value** means:
- (a) where more than one value is stated for the same Property on different bases, the highest valuation figure recorded in our Report; and
 - (b) in the case of valuations of portfolios, estates, shopping centres and other multi-unit properties within one Report, the aggregate of our valuations included in the one Report.
10. You acknowledge and agree that we shall not be liable under or in connection with this agreement and the provision of our Valuation in tort (including negligence), breach of contract, breach of statutory duty or otherwise due to, under and/or arising out of or in connection with this agreement to the extent such loss or damage is consequential, indirect, special or punitive.
11. You acknowledge and agree that none of our employees, partners or consultants individually has a contract with you or owes you a duty of care or personal responsibility. You agree that you will not bring a claim against any such individuals personally in connection with our services.
12. Nothing in this agreement shall exclude or limit our liability for death or personal injury caused by our negligence or for any other liability that cannot be excluded by law.

Insurance

13. During the period that we are producing our Valuation and for a period of six years thereafter, we will maintain in force, with insurers or underwriters approved by the RICS, professional indemnity insurance in an amount not less than the amount of our liability cap, as calculated pursuant to clause 8 above and shall, on your request, produce confirmation of the same from our insurance broker.

Reliance

14. As stated above, we accept responsibility for our Report only to the Addressees and no third party may rely on our Report. We do not accept any responsibility to, and shall have no liability in respect of, any third parties unless otherwise agreed writing even if that third party pays all or part of our fees, or is permitted to see a copy of our Valuation. In addition, the benefit of our Report is personal and neither you nor any other Addressee may assign the benefit of our Report to any third party without our prior written consent (with such consent to be given or withheld at our absolute discretion). You acknowledge that if we agree to extend reliance on our Report to any third party or to the benefit of our Report being assigned, we will require the relevant third party or assignee to enter into a reliance letter before such party is entitled to rely upon our Report. We will provide you with a copy of our reliance letter on request. If we agree to any such extension or assignment, we may charge you an additional fee.

Confidentiality

15. Neither party shall disclose any confidential information relating to the affairs, business, customers or clients of the disclosing party to any other party without the disclosing party's prior written consent except to those of the disclosing party's employees, officers, representatives and/or advisors who need to know the information for the purposes of carrying out the receiving party's obligations under this agreement (save to the extent that the receiving party is compelled to disclose such information by law).
16. Our Report is confidential to and for the use only of the Addressees, but the Addressees may disclose the Report on a non-reliance and without liability basis to their directors, officers, employees and professional

advisers provided the relevant Addressee procures any person to whom our Report is disclosed pursuant to this paragraph 16 keeps the Report confidential and does not disclose it to any other party.

Data Protection

17. We may use your personal information in our provision of services to you. Please see our Privacy Notice for details of how your personal information will be used. Our Privacy Notice can be found at the following web address: <http://www.savills.co.uk/footer/privacy-policy.aspx>

Reinstatement Costs

18. If you have instructed us to report on the reinstatement cost of the Property for insurance purposes, we will provide you with an approximate opinion of such cost only. You acknowledge and agree that the provision of our opinion of the reinstatement cost is provided to you strictly without liability and on a non-reliance basis. If you require a reinstatement cost figure on which you may rely, please let us know and we will ask our building surveying colleagues to provide a fee estimate.

Sub-Contracting

19. We may sub-contract the provision of any services to be performed by us pursuant to this agreement (including, without limitation, to other companies that are direct or indirect subsidiaries of Savills plc) provided that we will remain responsible to you for the provision of those services and the provision of our Report. We may request that you pay any sub-contractor directly for those of our fees which relate to work carried out by the sub-contractor. In these circumstances, the fees in question are to be paid by you directly to the sub-contractor and we will be entitled to assign to the sub-contractor any rights that we have in respect of those fees.

Money Laundering

20. You shall promptly, upon request, provide us with any information reasonably required to enable us to comply with our obligations under the Money Laundering Regulations and our internal compliance policies relating to the same. For the avoidance of doubt, searches may also be conducted on your directors and "beneficial owners" as is required by the legislation. You agree that we may retain such information and documentation for these purposes and make searches of appropriate databases electronically. If such information is not provided within a reasonable time or you do not meet the requirements set out in our relevant internal policies, we may terminate this instruction immediately upon written notice to you.

Health and Safety

21. If we are undertaking physical inspections of the Property, you shall take reasonable steps to procure that the owner and/or occupier of the Property: (a) advises us of any hazards to which our staff may be exposed at the Property (b) provides us with any relevant health and safety policies and (c) arranges for any site visits to the Property to be hosted by a representative of the owner/occupier of the Property.

Jurisdiction

22. This agreement and any dispute arising from the Valuation is subject to English jurisdiction and law.

Appendices

23. Your attention is drawn to the attached appendices which form part of the agreement between us and on which our Valuation will be reported. By signing a copy of this letter you are also confirming your agreement to them.

Yours sincerely



**Scott Caldwell MRICS Registered Valuer
Director**

Client Acceptance

I confirm Aneurin Bevan University Local Health Board Charitable Fund's agreement to this letter and the attached appendices and, in particular, confirm that the limitation on liability set out in paragraphs above is acknowledged, considered reasonable and accepted:

Signed by **Aneurin Bevan University
Local Health Board Charitable Fund**
by its duly authorised signatory

Name in capitals



ALISON GRIFFITHS

Position

CHARITABLE FUNDS MANAGER

Date

7/01/2019

Appendix 1: Definitions and Bases of Valuation - definitions

Assumption: A supposition taken to be true. It involves facts, conditions or situations affecting the subject of, or approach to, a valuation that, by agreement, do not need to be verified by the valuer as part of the valuation process. (RICS Valuation – Global Standards, 2017)

Depreciated Replacement Cost: The current cost of replacing an asset with its modern equivalent asset less deductions for physical deterioration and all relevant forms of obsolescence and optimisation. (RICS Valuation – Global Standards, 2017)

Existing Use Value: The estimated amount for which an asset or liability should exchange on the Valuation date between a willing buyer and a willing seller in an arm's length transaction after proper marketing and where the parties had acted knowledgeably, prudently and without compulsion, assuming that the buyer is granted vacant possession of all parts of the asset required by the business and disregarding potential alternative uses and any other characteristics of the asset that would cause its market value to differ from that needed to replace the remaining service potential at least cost. (RICS Valuation – Global Standards 2017 – UK national supplement)

NB Existing Use Value is to be used only for valuing property that is owner occupied by a business, or other entity, for inclusion in financial statements.

External Valuer: A valuer who, together with any associates, has no material links with the client, an agent acting on behalf of the client or the subject of the assignment. (RICS Valuation – Global Standards 2017). Unless otherwise stated, External Valuer does not refer to the role of an external valuer within the context of the Alternative Investment Fund Managers Directive 2011/61/EU and its implementing provisions in the United Kingdom unless agreed otherwise in writing.

Equitable Value The estimated price for the transfer of an asset or liability between identified knowledgeable and willing parties that reflects the respective interests of those parties. (IVS 104 – Bases of Value).

Fair Value: The definition adopted by the International Accounting Standard Board (IASB) is: The price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Investment Value (worth): The value of an asset to a particular owner or prospective owner for individual investment or operational objectives. (IVS 104 paragraph 60.1)

Market Rent: The estimated amount for which an interest in real property should be leased on the valuation date between a willing lessor and a willing lessee on appropriate lease terms in an arm's length transaction, after proper marketing and where the parties had each acted knowledgeably, prudently and without compulsion. (IVS 104 paragraph 40.1)

Market Value: The estimated amount for which an asset or liability should exchange on the valuation date between a willing buyer and a willing seller in an arm's length transaction, after proper marketing and where the parties had each acted knowledgeably, prudently and without compulsion. (IVS 104 paragraph 30.1)

Special Assumption: An assumption that either assumes facts that differ from the actual facts existing at the valuation date or that would not be made by a typical market participant in a transaction on the valuation date. (RICS Valuation – Global Standards, 2017)

Appendix 2: General assumptions and conditions applicable to all Valuations

Unless otherwise agreed in writing and /or stated in our report, our Valuation will be carried out on the basis of the following general assumptions and conditions in relation to each Property that is the subject of our Report. If any of the following assumptions or conditions are not valid, this may be that it has a material impact on the figure(s) reported and in that event we reserve the right to revisit our calculations.

1. That the Property is not subject to any unusual or especially onerous restrictions, encumbrances or outgoing and good title can be shown. Should there be any mortgages or charges, we have assumed that the property would be sold free of them. We have not inspected the Title Deeds or Land Registry Certificate.
2. That we have been supplied with all information likely to have an effect on the value of the Property, and that the information supplied to us and summarised in this Report is both complete and correct.
3. That the building(s) has/have been constructed and is/are used in accordance with all statutory and bye-law requirements, and that there are no breaches of planning control and any future construction or use will be lawful.
4. That the Property is not adversely affected, nor likely to become adversely affected, by any highway, town planning or other schemes or proposals, and that there are no matters adversely affecting value that might be revealed by a local search, replies to usual enquiries, or by any statutory notice (other than those points referred to above).
5. That the building(s) is/are structurally sound, and that there are no structural, latent or other material defects, including rot and inherently dangerous or unsuitable materials or techniques, whether in parts of the building(s) we have inspected or not, that would cause us to make allowance by way of capital repair (other than those points referred to above). Our inspection of the Property and our Report do not constitute a building survey or any warranty as to the state of repair of the Property. Our Valuation is on the basis that a building survey would not reveal material defects or cause us to alter our Valuation materially.
6. That there is unrestricted access to the Property and that it is connected, or capable of being connected without undue expense, to the public services of gas, electricity, water, telephones and sewerage.
7. Sewers, mains services and roads giving access to the Property have been adopted, and any lease provides rights of access and egress over all communal estate roadways, pathways, corridors, stairways and the use of communal grounds, parking areas and other facilities.
8. That in the construction or alteration of the building(s) no use was made of any deleterious or hazardous materials or techniques, such as high alumina cement, calcium chloride additives, woodwool slabs used as permanent shuttering and the like (other than those points referred to above). We have not carried out any investigations into these matters.
9. That the Property is free from environmental hazards and has not suffered any land contamination in the past, nor is it likely to become so contaminated in the foreseeable future. We have not carried out any soil tests or made any other investigations in this respect, and we cannot assess the likelihood of any such contamination.
10. That any tenant(s) is/are capable of meeting its/their obligations, and that there are no arrears of rent or undisclosed breaches of covenant.

11. In the case of a Property where we have been asked to value the site under the special assumption that the Property will be developed, there are no adverse site or soil conditions, that the Property is not adversely affected by the Town and Country Planning (Environmental Impact Assessment) Regulations 2017 that the ground does not contain any archaeological remains, nor that there is any other matter that would cause us to make any allowance for exceptional delay or site or construction costs in our Valuation.
12. We will not make any allowance for any Capital Gains Tax or other taxation liability that might arise upon a sale of the Property.
13. Our Valuation will be exclusive of VAT (if applicable).
14. No allowance will be made for any expenses of realisation.
15. Excluded from our Valuation will be any additional value attributable to goodwill, or to fixtures and fittings which are only of value in situ to the present occupier.
16. When valuing two or more properties, or a portfolio, each property will be valued individually and no allowance will be made, either positive or negative, should it form part of a larger disposal. The total stated will be the aggregate of the individual Market Values.
17. In the case of a Property where there is a distressed loan we will not take account of any possible effect that the appointment of either an Administrative Receiver or a Law of Property Act Receiver might have on the perception of the Property in the market and its/their subsequent valuation, or the ability of such a Receiver to realise the value of the property(ies) in either of these scenarios.
18. No allowance will be made for rights, obligations or liabilities arising under the Defective Premises Act 1972, and it will be assumed that all fixed plant and machinery and the installation thereof complies with the relevant UK and EEC legislation.
19. Our Valuation will be based on market evidence which has come into our possession from numerous sources, including other agents and valuers and from time to time this information is provided verbally. Some comes from databases such as the Land Registry or computer databases to which Savills subscribes. In all cases, other than where we have had a direct involvement with the transactions being used as comparables in our Report, we are unable to warrant that the information on which we have relied is correct.



Appendix 2





Appendix 3

UK Housing Market Update



First Time Buyers overtake Home Movers as largest buyer type

House prices rose 0.3% in January, according to Nationwide. This put annual growth at 0.1%, the lowest figure for 6 years. In part this is because January 2018, the strongest month of last year, has dropped out of the annual growth number.

The RICS Survey reflects this slowing growth. The number of surveyors expecting price falls increased for the 6th consecutive month and near-term sales expectations were at their lowest level since the series started in 1999. Numbers of new enquiries and instructions continued to fall, although slightly fewer surveyors reported falls than in the previous month. Transaction numbers remained largely flat in November for most regions, except in Wales, which saw a modest increase, and London, which continued its gradual downward trend.

Transaction numbers have been boosted in recent years by rising numbers of First Time Buyers and they are now the largest buyer type, having overtaken Home Movers. The last time First Time Buyers were the largest buyer type was 1995. They have been strongly supported by government policy, notably Help to Buy, while Home Movers have struggled to climb the housing ladder. The high street banks remain keen to grow their lending to this group. Lloyds recently announced a new 100% mortgage for First Time Buyers, to be secured by a family member opening a savings account, a move that seeks to further capitalise on the 'Bank of Mum and Dad'. Competition for borrowers was also reflected in slight falls in the average interest rate on fixed term mortgages between October and November last year.

The southern Welsh districts of Blaenau Gwent and Torfaen saw the strongest price growth of approximately 11%, followed by Newport at 10%, in the year to November 2018, albeit from a low base in both cases. London continued to struggle, with the largest falls in high value Westminster (-10%), followed by Camden and Ealing, both down approximately 5%.

Rental growth continues to be the strongest in the East Midlands with annual growth at 2.5%, followed by the West Midlands at 1.9%. London rental growth continues to be the weakest, up 0.1% on the previous year.

Figure 1 – Average price versus 2007/8 peak, Nov-18

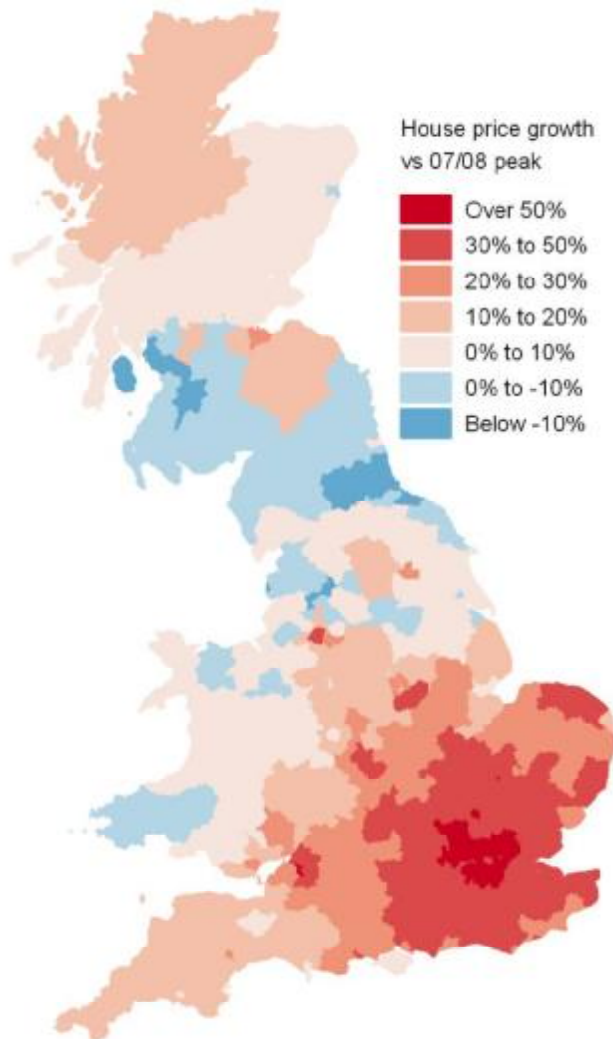
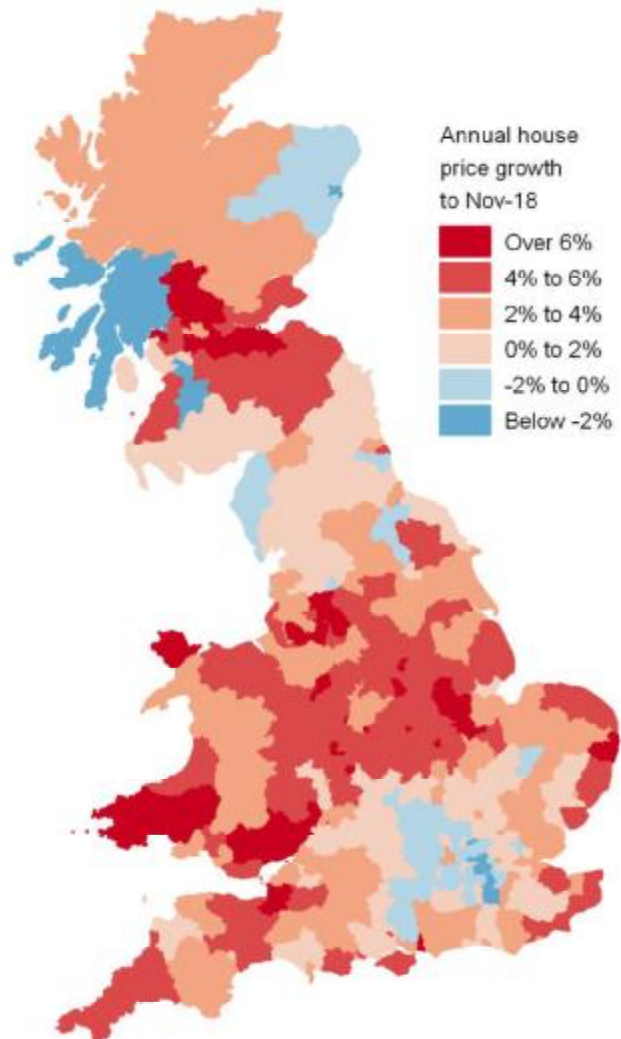


Figure 2 – Average price growth, year to Nov-18



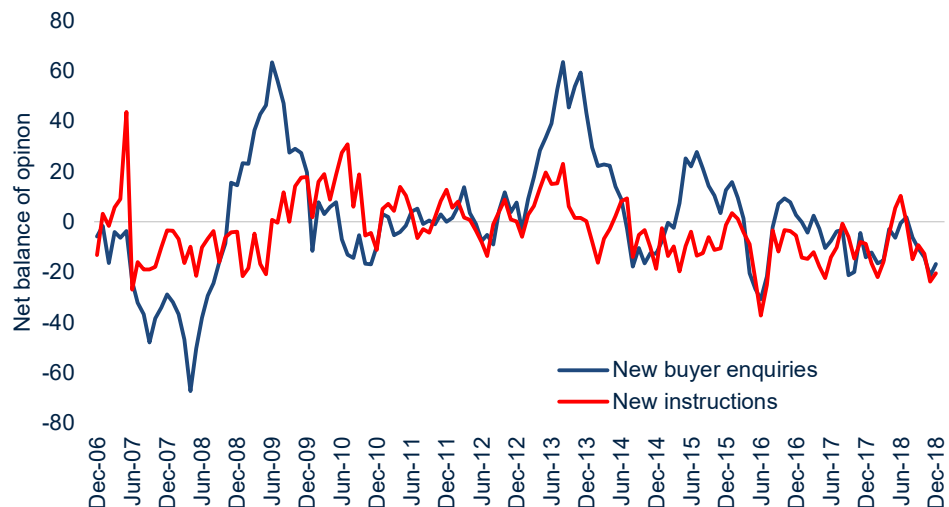
Source: Savills using HM Land Registry and Registers of Scotland (6 month smoothed)*

The number of surveyors reporting rising numbers of instructions and enquiries has been on a steep downward trend since June last year.

The most recent month, December, saw a slight uptick in sentiment, with reports of both new instruction and enquiries rising slightly.

Both measures are still negative, with the majority of surveyors reporting falls.

Figure 3 – Survey sentiment remains subdued



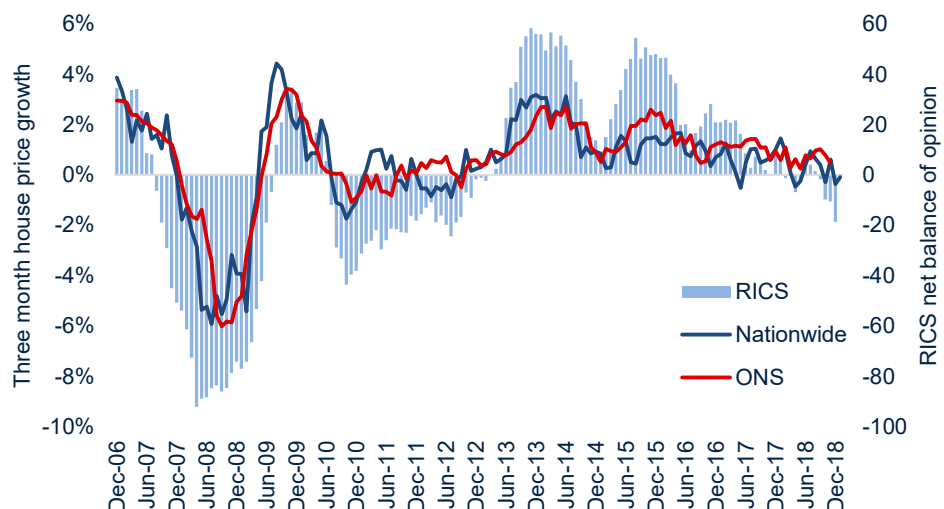
Source: RICS (seasonally adjusted)

The RICS Survey has, at times, been a good forward indicator of house price movements.

Surveyor perception of price growth currently sits firmly in negative territory at -19, the lowest it has been since 2012. Nationwide three-month price growth is flat, after the large fall in December.

The ONS index, two months behind Nationwide, is tracking downwards, which is likely to bring it more in line with the other measures.

Figure 4 – Price growth continues to struggle



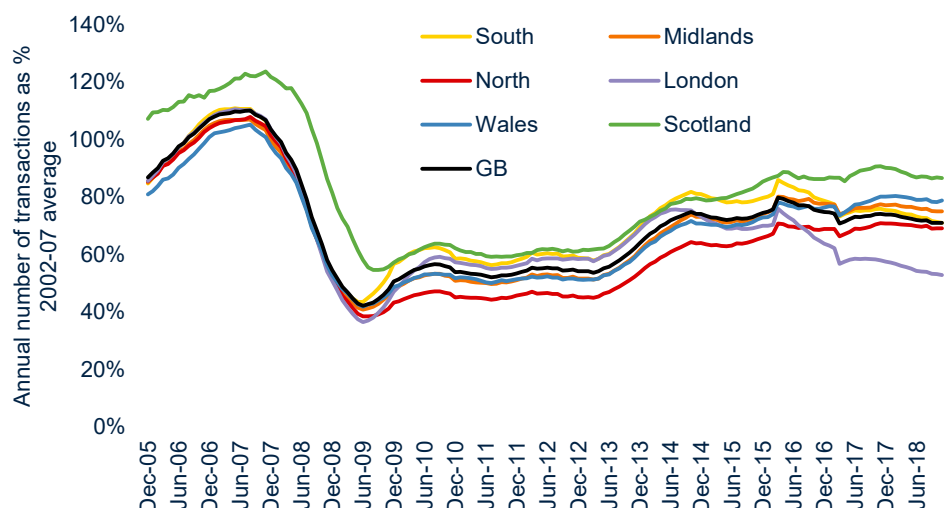
Source: RICS, Nationwide, ONS

Transactions at a national level and across most regions were flat in November, with the notable exceptions being Wales and London.

Wales saw transactions rise 0.7%. They were still down 1.6% on the previous year, but that was the smallest annual fall of any region.

London continues its downward trajectory, with the 12 months to November 2018 having an estimated 7.2% fewer transactions than in the preceding 12 month period.

Figure 5 – Transactions flatten out



Source: Savills using HM Land Registry (adjusted for count lag) and Registers of Scotland

February 2019

UK Housing Market Update



Recent house price growth

	Nationwide (to Dec-18 for regions, to Jan-19 for UK)			ONS (to Nov-18)			Savills (to Nov-18)		
	m/m	q/q	y/y	m/m	q/q	y/y	m/m	q/q	y/y
UK	0.3%	-0.1%	0.1%	0.1%	0.5%	2.9%	0.2%	0.9%	2.7%
London	n/a	0.1%	-2.2%	-0.3%	-0.3%	-0.6%	-0.3%	-0.3%	-1.8%
South East	n/a	-0.2%	-0.5%	0.4%	0.1%	1.1%	0.0%	0.4%	1.4%
East of England	n/a	0.0%	1.4%	1.0%	0.9%	2.6%	0.2%	0.7%	2.2%
South West	n/a	0.8%	1.5%	1.1%	1.5%	4.3%	0.4%	1.0%	3.4%
East Midlands	n/a	0.0%	2.9%	0.5%	0.6%	4.4%	0.5%	1.4%	4.7%
West Midlands	n/a	0.2%	1.6%	0.0%	1.2%	4.7%	0.5%	1.6%	5.1%
North East	n/a	0.6%	-1.7%	1.1%	2.6%	4.0%	-0.1%	0.3%	1.5%
Yorks & Humber	n/a	-0.3%	1.3%	-0.9%	-0.9%	2.0%	0.4%	1.2%	3.8%
North West	n/a	-0.2%	1.5%	-0.6%	0.7%	3.1%	0.4%	1.2%	4.1%
Wales	n/a	1.8%	1.8%	0.8%	1.0%	5.5%	0.7%	1.9%	5.6%
Scotland	n/a	-0.3%	1.7%	-0.8%	0.0%	3.0%	0.0%	1.4%	4.2%

Source: Savills using HM Land Registry and Registers of Scotland*, Nationwide (seasonally adjusted), ONS (seasonally adjusted)

Five year forecasts (first published November 2018)

	2019	2020	2021	2022	2023	5-year
UK	1.5%	4.0%	3.0%	2.5%	3.0%	14.8%
London	-2.0%	0.0%	2.5%	1.5%	2.5%	4.5%
South East	0.0%	2.0%	2.5%	2.0%	2.5%	9.3%
East of England	0.0%	2.0%	2.5%	2.0%	2.5%	9.3%
South West	0.5%	3.5%	2.5%	2.5%	3.0%	12.6%
East Midlands	3.0%	5.0%	3.5%	3.0%	3.5%	19.3%
West Midlands	3.0%	5.0%	3.5%	3.0%	3.5%	19.3%
North East	2.0%	5.0%	3.5%	2.5%	3.5%	17.6%
Yorks & Humber	2.5%	5.5%	4.0%	3.0%	4.0%	20.5%
North West	3.0%	6.0%	4.0%	3.0%	4.0%	21.6%
Wales	2.0%	5.5%	4.0%	3.0%	3.5%	19.3%
Scotland	2.5%	5.0%	3.5%	2.5%	3.5%	18.2%

Source: Savills

Contacts



Ed Hampson
Analyst
ed.hampson@savills.com
020 3107 5460



Chris Buckle
Director
cbuckle@savills.com
0207 016 3881

*Savills index is an unadjusted repeat sales index based on HM Land Registry and Registers of Scotland price paid data. Note that Savills national index (labelled UK) is for Great Britain, not including Northern Ireland.

This report is for general informative purposes only. It may not be published, reproduced or quoted in part or in whole, nor may it be used as a basis for any contract, prospectus, agreement or other document without prior consent. Whilst every effort has been made to ensure its accuracy, Savills accepts no liability whatsoever for any direct or consequential loss arising from its use. The content is strictly copyright and reproduction of the whole or part of it in any form is prohibited without written permission from Savills Research.

Scott Caldwell MRICS
Director

+44 (0) 2920 368943
+44 (0) 2920 368900
scaldwell@savills.com

Andrew Weeks MRICS
Associate Director

+44 (0) 2920 368944
+44 (0) 7870 999131
aweeks@savills.com



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Charitable Funds Committee
Thursday, 9th June 2022
Agenda Item: 4.1

Charitable Funds Committee

Spending Plans re Funds Over £25k

Executive Summary

The Aneurin Bevan University Local Health Board Charitable Fund has a total value of £5.947M consisting of 430 individual funds as at 31.03.22

There are 52 funds that have balances over £25k and they represent two thirds of the total value of funds held.

The Charitable Funds Committee supports the development of spending plans for these higher value funds.

This report provides an update on spending plans for funds in excess of £25K.

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 & Value Based Healthcare

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

Report Received consideration and supported by :

Executive Team

**Committee of the Board
[Committee Name]**

**Charitable Funds
Committee**

Date of the Report: 30th May 2022

Supplementary Papers Attached: None

Purpose of the Report

The purpose of this report is to inform the committee of the spending plans in relation to charitable funds with balances over £25k.

Background and Context

At the 31st March 2022, the Aneurin Bevan Health Charity has a value of £5.947M made up of 430 individual funds. Of these, there are 65 restricted funds and 365 unrestricted funds.

There are 52 funds with balances of more than £25k which total £3.778M. This represents 12% of the total number of funds held and 64% of the total value of funds held.

An analysis of these funds is shown below:

Analysis of Funds over £25k		
Type of Fund	No of Funds	Value of Funds £000's
Valuation Funds	3	246
Committee Fund	1	399
Covid Fund	1	101
Legacy Funds	15	976
Other Funds	32	2,056
Total Funds	52	3,778

Key points

- The 3 valuation funds relate to 13 Clytha Square (£153k), TP Price Estate (£68k) and the Domestic Chaplain Painting (£25k).
- The Charitable Funds Committee own fund (£399k) is included here which covers reserves, contingency monies, monies committed and remaining money available for its small grant scheme.
- The charity's own Covid fund has commitments against the full value of the fund which has previously been submitted to the Committee.
- Of the 15 restricted legacy funds, 2 funds for St Woolos (26k) and Chepstow Community Hospital (£52k) are under the control of the Committee and can only be used in these areas.

Assessment and Conclusion

The remainder of the 45 funds, 13 restricted legacy funds and 32 unrestricted delegated funds are summarised at the end of this report with details of spending plans.

Key points for consideration

- Due to the pandemic many funds have not spent as they normally would e.g., volunteering services, courses funds etc.

- High balances together with a good return on investments has further increased the balances of the funds.
- Relocation of services has had an impact on spending plans.
- Several funds such as Breast Care and Haematology are awaiting new units before committing their funds.
- Some funds such as Rheumatology and Monmouth Community Nurses struggle to use their funds as due to the nature of their roles, they do not require much equipment and they are small teams.
- Fundholders are asked to attend Charitable Fund Committee meetings to discuss their funds and plans.
- The Charitable Funds Manager is arranging meetings with Fundholders to discuss and assist with plans.

Recommendation

The Charitable Funds Committee is asked to note this report.

Assessment of the Impact of the Report:

Risk Assessment (including links to Risk Register)	<i>Sound governance of the charity ensures good financial management and reduces financial risk. The charity Commission would expect funds to be appropriately earmarked and used within a reasonable period of time.</i>
Financial Assessment	<i>Charitable funds should be used for the strategic benefit of the service or department and in accordance with the objects & priorities of the Charity. All funds should be spent in a timely manner.</i>
Quality, Safety and Patient Experience Assessment	<i>Donations to the charity directly affect patient experience in a positive manner.</i>
Equality and Diversity Impact Assessment (including child impact assessment)	<i>No impact.</i>
Health and Care Standards	<i>No impact.</i>
Link to Integrated Medium Term Plan / Corporate Objectives	<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>
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<i>No impact.</i>
Glossary of New Terms	
	<i>AV – Audio System</i>

--	--

Department	Fund Details	Balance £000's	Spending Plan
Nursing	F112 ABUHB NURSE CONFERENCE	27	Holding monies for when face-to-face conferences return
General Surgery	F295 ABUHB THE CARE PROJECT	44	Ongoing, used for student bursaries. Consultant has previously attended Committee
Postgraduate	F043 ABUHB POSTGRADUATE FUND	107	There are plans to replace all the AV kit (audio system) across the HB over the next 12 months which will potentially utilise most of the funds. A contribution will be made from each of the funds held, including those under £25k with the bulk of the costs from F043 and F051
	F051 RGH PG POSTGRADUATE NO 1 ACCOUNT	49	
	F057 RGH PG MRCOG	29	
Person Centred Care £251k	F103 ABUHB CHILL OUT IN THE CHAPEL	28	During Covid, volunteering services stopped and funds were unspent. Services are only now resuming. Bid to Committee June 22 to use £50k for staffing to implement system for service user feedback. Looking at purchasing a software solution to manage volunteers.
	F105 ABUHB VOLUNTEERING (CORPORATE)	58	
	F702 ABUHB PERSON CENTRED CARE FUND	83	
	F713 ABUHB FFRIND I MI VOLUNTEER SERVICE	83	
Breast Care £414k	F298 LEGACY RGH BREAST G S WATKINS	61	Monies left for equipment but awaiting opening of new unit at the end of 2022 before deciding how to spend. To be discussed with new Fundholders
	F300 NHH BREAST CARE FUND	45	Funds used for training, will consider further plans when new unit is open
	F301 RGH BREAST CARE UNIT	72	Fundholders retired, meeting to be arranged with new Fundholders to discuss
	F303 ABUHB BREAST CENTRE	236	Some funds used for fundraising but this is the appeal fund with monies

			to be used to refurbish area inside the new Breast Unit
Paediatrics	F207 LEGACY RGH CHILDREN's WARD - H M MILSOM	150	Planning a sensory room in GUH
Neonatal	F231 ABUHB DINKY DRAGONS	41	Planning to purchase furnishings etc for 2 Health Board properties in Mitchell Close, near GUH, which is going to be used for parent accommodation
Bladder & Bowel	F241 ABUHB BLADDER & BOWEL NURSING FUND	35	Used to support training, attendance at conferences. Planning to organise a conference or study day. Fund has built up over the years from sponsorship
Critical Care	F265 ABUHB GUH CRITICAL CARE UNIT	83	Concentrated on spending their legacy funds first, 3 funds left with total balance of £10k. Purchasing a virtual reality therapy kit for £8k, plus various training courses and conferences.
Haematology £200k	F270 NHH CLINICAL HAEMATOLOGY	39	Services changing, spending to be reviewed, awaiting new cancer treatment centre in Nevill Hall
	F273 RGH WARD B6 NORTH – HAEMATOLOGY	48	
	F277 NHH WINDSOR SUITE	52	
	F278 LEGACY RGH HAEM G S WATKINS	61	
Vascular Surgery	F306 RGH VASCULAR LABORATORY	34	Fund used regularly. £13k committed to minor works job to convert day room to treatment room
Orthopaedics	F327 RGH CASTING TECHNIQUES COURSE	103	Used to facilitate casting training. Monies raised from outside students covers cost of training for ABUHB staff. Plans to use money to cover salary costs of a course co-Ordinator. Teaching aids will also need to be revitalised
Rheumatology	F340 ABUHB RHEUMATOLOGY	58	Consultant previously attended the Committee explaining that they use very little in the way of equipment. Circumstances remain unchanged.
	F342 LEGACY NHH RHEUM I M MORRIS	100	

Ophthalmology	F386 RGH POST GRADE EYE	88	Merged all funds to form one fund. £13k to be used as below – F387
	F387 LEGACY RGH EYE G M GUNTER	30	Committed in full - Bid CFC-52 for teaching equipment for £43k submitted to CF Committee in Nov 21 with remaining £13k funded from main fund, F386
Urology £106k	F400 RGH RLG UROLOGY FUND	43	Directorate currently reviewing funds
	F407 RGH WINDSOR BOWSHER PROSTATE CANCER FUND	62	
Renal Unit	F411 LEGACY RENAL UNIT G BEST	75	To be followed up
Nephrology	F414 LEGACY B E WOODS RENAL	40	Recently discussed with Clinical director and directorate manager, awaiting further information
Dietetics	F435 ABUHB DIET SHEET	26	To be followed up
YAB	F550 BG YAB HOSPITAL FUND	48	One fund for the hospital, benefited from a large donation during the pandemic. Uses fund regularly for a variety of items.
Palliative/Oncology £105k	F583 LEGACY NHH PALLIATIVE CARE I M MORRIS	29	Fundholder retired, awaiting information from Senior Nurse.
	F586 NHH ONCOLOGY REHAB	76	
Monmouth Community Nurses	F660 MON CHIPPENHAM COMM NURSES	72	Fund has had a high balance for several years. Fund is used regularly but not much requirement for items for this small team
Springfield Unit	F696 STW SPRINGFIELD FUND	111	Meeting arranged for June 10 th with Fundholder to discuss
Diabetes & Cardiovascular	F770 YYF DIABETES & CARDIOVASCULAR R & D	55	Both Fundholders retired, contacted replacement and directorate manager for plans to use the fund. No monies have been paid into this fund for some time
Cardiology	F811 LEGACY RGH CCU ARTHUR HENRY MORGAN	116	ECG Package £8k
£191k	F813 LEGACY NHH CCU M T SPENCER-JONES	75	Used to support training, some training equipment on order for £3k
Diabetes £95k	F816 NHH WENDY BOWEN TRUST DIABETES FUND	34	Awaiting meeting to discuss with Fundholder.
	F817 LEGACY NHH DIAB G M GUNTER	30	

	F818 LEGACY RGH EJ WATKINS	32	
Endoscopy	F831 LEGACY CALCRAFT J GRIFFITHS	100	Recently received, Consultant to attend next CFC meeting, discussing ideas with WIMAT, the central endoscopy training body for Wales
Workforce & OD	F871 ABUHB EMPLOYEE WELL BEING SERVICE	86	Fundholder currently looking into providing additional psychology sessions
	TOTAL	2,953	



Charitable Funds Committee Terms of Reference – 2022/23

Document Title:	Charitable Funds Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Version:	Draft
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that *"The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Charitable Funds Committee**.

Aneurin Bevan University Local Health Board (ULHB) Charitable Fund and Other Related Charities, also known as Aneurin Bevan Health Charity, is registered with the Charity Commission following a Deed of Amendment dated 7th January 2011 with Aneurin Bevan University Local Health Board as the Corporate Trustee, registration number 1098728.

The Aneurin Bevan ULHB was appointed as corporate trustee of the charitable funds by virtue of the Supplemental Deed of Declaration and that its Board serves as its agent in the administration of the charitable funds held by the ULHB.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document. The Health Board, acting as trustee must approve any changes to these terms of reference.

2. Purpose of the Committee

The purpose of the **Charitable Funds Committee** ("the 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.

3. Delegated Powers and Authority

3.1. Authority

The Committee is authorised with the responsibility for

- Overseeing the day-to-day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the trustee and the requirements of the ULHB's Standing Financial Instructions;
- Scrutinising requests for use of the charitable funds to ensure that any such use is in accordance with the aims and purpose of any charitable fund or donation and are clinically and ethically appropriate. Committee members will bear in mind due diligence to Charity Commission and ULHB guidance regarding the ethical use of funds and acceptance of donations;
- The appointment of an investment manager (where appropriate) to advise it on investment matters and may delegate day-to-day management of some or all of the investments to that investment manager. In exercising this power the Committee must ensure that:
- The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;
- There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;
- The performance of the person or persons exercising the delegated power is regularly reviewed;
- Where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986;
- Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Director of Finance and Performance;
- Ensuring that the banking arrangements for the charitable funds should be kept entirely distinct from the Health Board's NHS funds;
- Ensuring that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts;
- Ensuring that the amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments;
- Ensuring the operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the LHB Board for applying accrued income

to individual funds in line with charity law and Charity Commissioner guidance;

- Regularly reviewing investments to see if other opportunities or investment services offer a better return.

The Committee may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice to support investment opportunities and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

4. Function and Work Programme

4.1. Delegated Powers and Duties of Director of Finance & Performance

The Director of Finance (as Financial Trustee) has prime responsibility for the Health Board's Charitable Funds as defined in the Health Boards Standing Financial Instructions. The specific powers, duties and responsibilities are:

- The administration of all existing charitable funds;
- To identify any new charity that may be created (of which the Health Board is trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity;
- To provide guidelines with respect to donations, legacies and bequests, fundraising and trading income;

- The responsibility for the management of investment of funds held on trust;
- To ensure appropriate banking services are available;
- To prepare reports to the LHB Board including the Annual Account.

4.2. Effective Assurance

The Committee's programme of work will be designed to provide assurance that:

- Within the budget, priorities and spending criteria determined by the Health Board as trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents.
- To ensure that the Health Board policies and procedures for charitable funds investments are followed.
- To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:
 - Trustee Act 2000;
 - The Charities Act 1993;
 - The Charities Act 2006;
 - Terms of the fund's governing documents.
- To receive at least twice a year reports for ratification from the Director of Finance and investment decisions and action taken through delegated powers upon the advice of the Health Board's investment adviser.
- To oversee and monitor the functions performed by the Director of Finance as defined in Standing Financial Instructions.
- To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.
- To monitor and review the Health Board's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

4.3. Access

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership

5.1. Members

The Committee shall comprise:

- Chair: Independent member of the Board
- Vice Chair: Independent member of the Board
- Other Members: Chair of the Stakeholder Reference Group
- Two (2) Executive Directors:
- Chief Executive*
 - Director of Finance and Performance (as Financial Trustee)*

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

5.2. Attendees

Other officers of the Health Board will attend:

- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter. These may include:

- ~ Director of Corporate Governance
- ~ Assistant Director of Finance – Financial Systems & Services
- ~ Head of Financial Services & Accounting
- ~ Charitable Funds Manager
- ~ Health Board's Investment Advisor

5.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

6. Support

6.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

6.2. Advice and Member Support

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;
and
- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

7. Committee Meetings

7.1. Quorum

At least three of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair, one other should be an Independent Member and one must be the Chief Executive or the Director of Finance

7.2. Frequency of Meetings

Meetings will be held **Quarterly** and otherwise as the Chair of the Committee deems necessary – consistent with the Health Boards plan of Board business.

7.3. Withdrawal of individuals in attendance

The Chairman may ask any or all of those who normally attend but who are not members of the Committee to withdraw to facilitate open and frank discussion of particular matters (an In Committee meeting).

7.4. Record of the Committee Meeting

A record of the meeting will be presented as notes and action points.

7.5. Public Meetings

The Committee will not routinely meet in public.

8. Relationship and Accountabilities with the Board and its Committees

The Committee is directly accountable to the Board, as Corporate Trustee, for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board and where appropriate its committees and groups, through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

9. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board (as Trustees) on the Committee's activities.
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair and Chief Executive (as Accountable Officer) of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

10. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. Review

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.